

FTA

FEDERAL TRANSIT ADMINISTRATION

Annual Report on FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2019

DECEMBER 2019

FTA Report No. 0147
Federal Transit Administration

PREPARED BY

Federal Transit Administration
Office of Program Management
Rural and Targeted Programs Division



U.S. Department of Transportation
Federal Transit Administration

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1200 New Jersey Avenue, SE
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Metric Conversion Table

SYMBOL	WHEN YOU KNOW	MULTIPLY BY	TO FIND	SYMBOL
LENGTH				
in	inches	25.4	millimeters	mm
ft	feet	0.305	meters	m
yd	yards	0.914	meters	m
mi	miles	1.61	kilometers	km
VOLUME				
fl oz	fluid ounces	29.57	milliliters	mL
gal	gallons	3.785	liter	L
ft³	cubic feet	0.028	cubic meters	m ³
yd³	cubic yards	0.765	cubic meters	m ³
NOTE: volumes greater than 1000 L shall be shown in m ³				
MASS				
oz	ounces	28.35	grams	g
lb	pounds	0.454	kilograms	kg
T	short tons (2000 lb)	0.907	megagrams (or "metric ton")	Mg (or "t")
TEMPERATURE (exact degrees)				
°F	Fahrenheit	5 (F-32)/9 or (F-32)/1.8	Celsius	°C

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13. ABSTRACT This report provides an update on projects selected pursuant to two FTA Notices of Funding Opportunity (NOFO) (81 FR 17549 and 83 FR 46534) for Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Public Law 114-94, Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). The primary purpose of these projects is to find and test promising, replicable public transportation health care access solutions that support the goals of (1) increase access to care; (2) improve health outcomes; and (3) reduce health care costs. Access and Mobility Partnership Grants (formerly "Rides to Wellness") is a Coordinating Council on Access and Mobility (CCAM) initiative that works to build partnerships, stimulate investment, and drive change across the health and transportation sectors to ensure that transportation disadvantaged Americans can access non-emergency medical transportation to the health care services they need. CCAM is a federal interagency council established by Executive Order 13330 49 U.S.C. 101 note.			
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EXECUTIVE SUMMARY

Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Pub. L. 114-94, created the Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of nonemergency medical transportation (NEMT) for persons who are transportation disadvantaged.

Section 3006(b) further requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends.

The ICAM Pilot Program was authorized for \$2 million in Fiscal Year (FY) 2016, \$3 million in FY 2017, \$3.25 million in FY 2018, and \$3.5 million in FY 2019 and FY 2020.

To date, FTA has published two Notices of Funding Opportunity (NOFO) for this pilot program. In FY 2016, FTA issued a NOFO (81 FR 17549) for the ICAM Pilot Program called "Rides to Wellness Demonstration Program."

As a result of the FY 2016 NOFO, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 ICAM Pilot Program funding. These 11 projects are included in this report.

On September 13, 2018, FTA announced the availability of funds for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. The two competitive grant programs included in the NOFO (83 FR 46534) will improve options for people with limited transportation choices and bridge the gap between service providers in the transportation and health sectors.

On May 22, 2019, FTA announced the selection of 23 ICAM Pilot projects totaling \$7,394,124. Selected projects under the ICAM Pilot Program will finance innovative capital projects for the transportation disadvantaged, with the goal to improve the coordination of transportation and NEMT services. These 23 projects are included in this report.

SECTION

1

Legislative Background

Section 3006(b) of the FAST Act, Pub. L. 114-94, created the new Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of nonemergency medical transportation (NEMT) for persons who are transportation disadvantaged. Funding, which is intended for organizations that focus on coordinated transportation solutions, was authorized for \$2 million in FY 2016 and increases incrementally each year to \$3.5 million in FY 2019 and FY 2020. A summary of the program funding is shown in Table 1.

Table 1
*ICAM Funding,
 FY 2016–2020*

	FY 2016 (mil \$)	FY 2017 (mil \$)	FY 2018 (mil \$)	FY 2019 (mil \$)	FY 2020 (mil \$)
Competitive ICAM Pilot Program	2.00	3.00	3.25	3.50	3.50

Additionally, Section 3006(b) requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends. The report shall include a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of the performance measures described in paragraph (3)(D).

In accordance with Section 3006(b)(3)(D), each applicant was to identify specific performance measures the eligible project will use to quantify actual outcomes against expected outcomes.

FY 2016 Selected Projects

In FY 2016, the Federal Transit Administration (FTA) issued a NOFO (81 FR 17549) for the ICAM Pilot Program called “Rides to Wellness Demonstration Program.” As a result of this NOFO, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 FAST Act Section 3006(b) ICAM Pilot Program funding. These 11 projects are included in this report.

An additional eight projects were funded through FTA’s Public Transportation Innovation program (49 U.S.C. 5312) in the amount of \$2,865,233. An annual report on Section 5312, *FTA Annual Report on Public Transportation Innovation Research Projects for FY 2018*, captures these eight projects in the Transit and Health Access Initiative section on page 33: <https://www.transit.dot.gov/research-innovation/fta-annual-report-public-transportation-innovation-research-projects-fy-2018>.

Of the 11 ICAM projects awarded based on the 2016 NOFO, two are completed and the remainder are ongoing. Appendix I contains a summary of reported data and outcomes from these projects.

FY 2019 Notice of Funding Opportunity

On September 13, 2018, FTA announced the availability of funds for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. The two competitive grant programs included in the NOFO (83 FR 46534) will improve options for people with limited transportation choices and bridge the gap between service providers in the transportation and health sectors. Two funding sources supported the NOFO: Section 3006(b) of the FAST Act, which funds eligible capital projects, and the Public Transportation Innovation program (49 U.S.C. 5312), which funds projects that include operating expenses.

FTA's Access and Mobility Partnership Grants focus on transportation and technology solutions to reach medical appointments, access healthy food, and improve paratransit services. The program emphasizes better coordination between health care providers and transit agencies, as well as technology improvements such as mobility-on-demand, shared transportation services, and smart phone apps for booking services.

On May 22, 2019, FTA announced project selections totaling approximately \$9.6 million to 37 projects led by transit agencies, governmental authorities, and nonprofit organizations to support innovative transportation solutions to expand access to health care.

Of the 37 total projects awarded, 23 projects were selected for funding under the ICAM Pilot Program, totaling \$7,394,124. The ICAM Program will finance innovative capital projects for the transportation disadvantaged, with the goal to improve the coordination of transportation and NEMT services.

The projects are 18 months long and will commence once funds are obligated in a grant. Each grantee must submit a detailed final report of its results to FTA within 90 days of project completion. No reports have been completed to date, as project implementation is currently underway. Performance measures and outcomes of the selected projects will be reported in future FAST Act Section 3006(b) reports.

FTA also awarded \$2,207,857 for 14 Human Services Coordination Research (HSCR) projects funded through FTA's Public Transportation Innovation program (49 U.S.C. 5312). Research activities awarded under this competitive program will support the implementation of innovative strategies in the coordination of human services transportation to provide more effective and

efficient public transportation services to seniors, individuals with disabilities, and low-income individuals. Projects selected for funding under the HSCR program will be reported in the *FTA Annual Report on Public Transportation Innovation Research Projects*.

SECTION

4

FY 2019 Selected Projects

FTA announced FY 2019 Innovative Coordinated Access and Mobility grants award on May 22, 2019. These projects will demonstrate sustainable and replicable solutions for the transportation disadvantaged that improve the coordination of transportation services and NEMT. A map of the states receiving ICAM funds is shown in Figure 1. The list of funded projects is shown in Table 2.

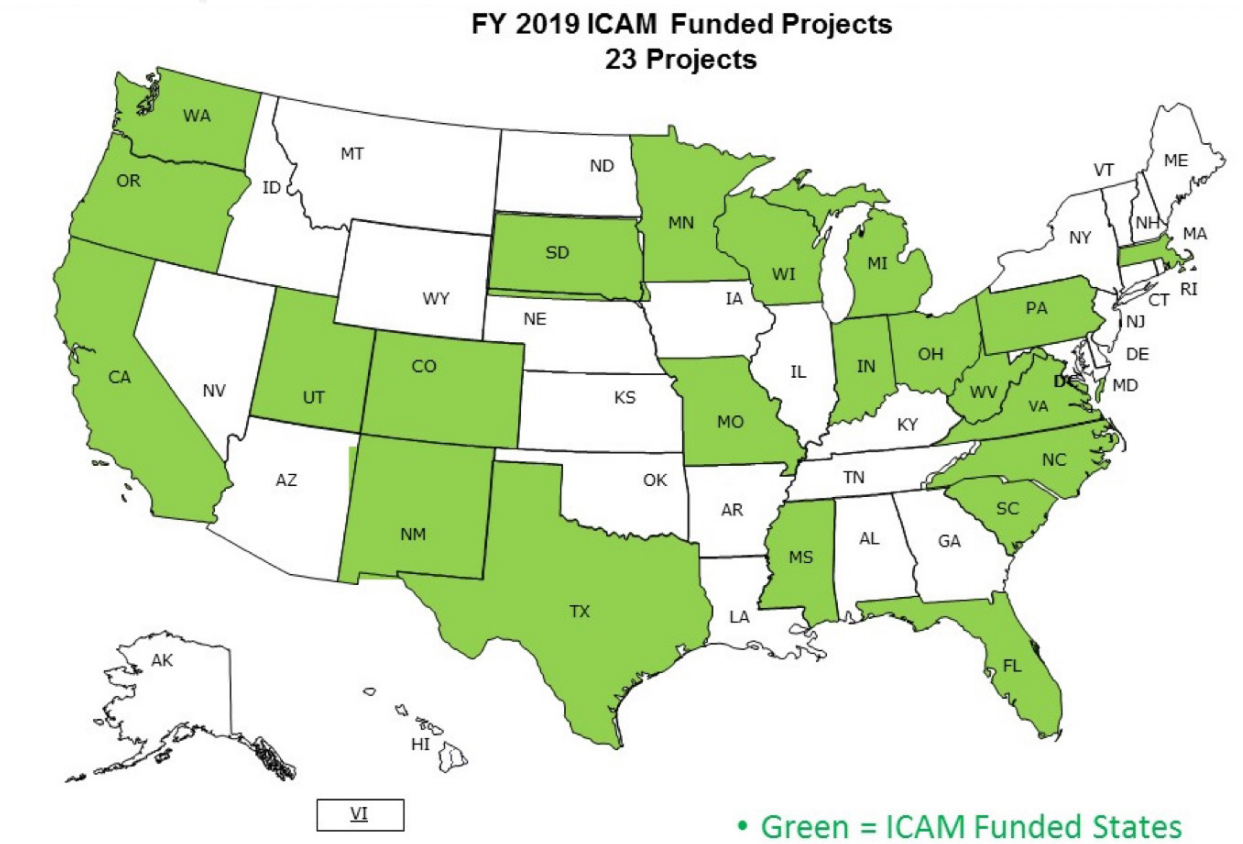


Figure 1

States Awarded FY 2019 Funded FAST Act Section 3006(b) Pilot Program Projects

Table 2

FY 2019 Capital-Only ICAM Grants

Project Title	Project Recipient	City & State	Award Amount
MTS Access Trapeze Module Enhancement	San Diego Metropolitan Transit System	San Diego, CA	\$536,000
Mobility as a Service: Changing and Saving Lives	Disability Services Inc., dba Envida	Colorado Springs, CO	\$249,526
Improved Health Outcomes for DC Seniors Through Peer Transportation Navigation and Health Support Services	Capitol Hill Village	Washington, DC	\$290,500
On-demand Vehicle Dispatch	Pinellas Suncoast Transit Authority	Pinellas, FL	\$100,000
Indiana University Health Patient Transportation Assistance Pilot Program	Indiana University Health, Inc.	Marion, IN	\$208,352
RideCare – Pioneer Valley – NEMT Coordination and Partnership	Pioneer Valley Transit Authority	Hampden, MA	\$333,000
MTA Bridging the Gaps	Flint Mass Transportation Authority	Flint, MI	\$734,752
SouthWest Prime MD – NEMT Public Microtransit Service	SouthWest Transit	Hennepin, MN	\$290,500
Health Tran – Enhancing Health Care Access in Rural Missouri Through Mobility Management	Missouri Rural Health Association	Concordia, MO	\$592,328
Rides to Recovery (R2R) NEMT Services	Aaron E. Henry Community Health Services Center, Inc.	Clarksdale, MS	\$360,540
Access to Quality Healthcare in Mecklenburg County	The C. W. Williams Community Health Center, Inc.	Charlotte, NC	\$112,000
Northwest New Mexico Transportation Alliance – Innovative Coordinated Access and Mobility Project – NEMT Initiative	Capacity Builders, Inc.	Farmington, NM	\$130,000
OnDemand Transportation – Coordinating NEMT for Older Adults in the Cincinnati Region	Council on Aging of Southwestern Ohio	Cincinnati, OH	\$470,000
Ride Connection – Providence Health and Services Mobility Resource Desk	Ride Connection, Inc.	Portland, OR	\$96,921
Geisinger Transportation Initiative: Combining Management and Technology Solutions.	Geisinger Clinic	Danville, PA	\$499,484
Mobility as a Service, Enhancing Coordinated Care in Columbia, SC	Central Midlands Regional Transit Authority	Columbia, SC	\$249,912
Customer Access via Smartphone Apps	West River Transit Authority, Inc.	Spearfish, SD	\$220,000
My Ride North Texas 2.0 – NEMT	North Central Texas Council of Governments	Arlington, TX	\$511,106
Electronic Voucher (E-Voucher) Software Development	Utah Transit Authority	Salt Lake City, UT	\$700,125
Health Awareness and Promotion Program – Transportation	Boat People S.O.S., Inc.	Falls Church, VA	\$101,928
Children’s Health Connector	People For People	Yakima, WA	\$206,846
Southwestern WI Travel Management Coordination Center (SWTMCC)	Southwestern WI Community Action Program, Inc.	Dodgeville, WI	\$205,360
TRAC (Transportation for Rural Appalachian Counties) – NEMT Coordination	Southern Highlands Community Mental Health Center, Inc.	Princeton, WV	\$194,944
		TOTAL	\$7,394,124

SECTION

5

Program Evaluation

The ICAM Pilot Program grants are 18-month projects that will begin when funds are obligated. Although the selections were announced at the same time, each 18-month project has its own implementation date. The date of implementation signifies the project’s actual “go live” date – not including preparation activities such as buying software or training, but the date when the project was in service, or “up and running.” All projects had pre-award authority from the date of announcement of project selection.

Each grantee must submit a detailed final report of its results to FTA within 90 days of project completion. As grantees complete these projects and submit reports, FTA will perform a comprehensive evaluation of the outcomes and impacts of each grant project and include findings in future reports. No reports have been completed to date for the projects awarded through the FY 2019 NOFO. Given the project timeframes, FTA anticipates it will be able to begin to report on the results of several projects in next year’s report.

Summary of Reported Data and Outcomes

Jacksonville Transportation Authority

Project Title:	I-Click to Wellness
Location:	Florida
Status 07/2019:	Project ongoing
Partners:	University of Florida Health, Cambridge Systematics, Smart Transit, Health Planning Council

Project Description:

The Jacksonville Transportation Authority (JTA) received \$399,200 to develop a software interface connecting medical scheduling programs and transit schedules to estimate transit travel times and costs for health care receptionists and patients as they choose appointments. The project aims to improve health outcomes by connecting patient appointments with transit availability. With the potential to link a large number of health care providers to mobility management nationally, the project will provide pilot data to prove the value of linking transportation options with medical appointments.

Data and Outcomes:

The goal of the Rides to Wellness (R2W) project is to determine whether providing transportation information and choosing appointment times that are convenient for patients using transit will have a positive impact on no-show rates. The design needs to provide the correct travel information to the right set of users at the most appropriate times. However, the design cannot interfere with the existing tasks of customer service representatives (CSRs) that schedule appointments. Finally, the design needs to be replicable to other clinics and hospitals.

The initial design was created by Derek Edwards and Reagan Lynn during onsite visits to the University of Florida (UF) Health Call Center and the UF Health Community and Family Medicine Clinic on September 12–13, 2018. The Community and Family Medicine Clinic is one of the pilot sites selected for this R2W study. During the visits, they observed and interviewed CSRs at the call

center and staff at the clinic. CSRs and clinic staff are responsible for a wide array of tasks including scheduling appointments, handling prescription refill requests, transferring medical records between clinics, and more. The resulting design attempts to provide accurate and timely travel information while minimizing any impact to the already busy schedule of CSRs and clinic staff.

The proposed designs were reviewed, and options were discussed on a joint call with UF Health, Cambridge Systematics, JTA, and Epic. The group decided that none of the options would meet the spirit of the grant, and in the interest of pursuing a solution that meets the needs and spirit of the grant, the group reconvened after UF completed their multi-version upgrade to the November 2018 version of Epic. Due to the late 2019 start to data collection, data will be reported in the FY 2020 report.

Rides Mass Transit District

Project Title:	Transportation Coordination & Mobility Management for Patients in Southern & Southeastern Illinois
Location:	Illinois
Status 07/2019:	Project completed August 31, 2018
Partners:	MedTrans, Memorial Hospital of Carbondale, Marshall Browning Hospital, Franklin Hospital, Herrin Hospital, Rural Medical Transportation Network of Southern Illinois University School of Medicine-Center for Rural Health & Social Service Development, Rides Mass Transit District with funding from Downstate Operating Assistance Program

Project Description:

The Rides Mass Transit District (RMTD) received \$518,844 to establish a One-Call/One-Click Center, expand mobility management services for patients at risk of re-hospitalization, and initiate transportation coordination for patients seeking drug-abuse and mental health services in an area with a disproportionately low number of health care providers. The project was intended to close the gap in access to mental health services due to transportation challenges in rural areas and builds on a 2015 FTA-funded Rides to Wellness (R2W) Health Care Access Challenge Grant through the National Center for Mobility Management.

Data and Outcomes:

The accessibility improvements offered by adding mobility managers to RMTD call centers has been significant enough to warrant adopting the model as part of ongoing operations after the initial project was completed. Data collection met challenges due to short staffing at hospitals and substance abuse

treatment providers, as well as concerns about Health Insurance Portability and Accountability Act (HIPAA) violations.

Among outcomes that the grantee was able to measure were:

- A year-over-year increase in access to care, evidenced by a 36% increase in the number of trips coordinated by the Rides Plus call center serving providers in the Southern Region.
- Consistent usage of public transportation and satisfaction with the service, observed in a focus group with behavioral health/substance abuse client participants, including the fact that public transportation was the most commonly used method of getting to healthcare appointments for clients in the focus group, with 72% having used the service; 55% reporting never having difficulty obtaining transportation to healthcare appointments, while another 18% had trouble less than 20% of the time; and 63% agreeing that public transportation in the region is providing a good service and 45% say it is meeting their healthcare transportation needs very well.

Maryland Transit Administration

Project Title:	Allegany County Mobility Management Program
Location:	Maryland
Status 07/2019:	Project ongoing
Partners:	Western MD Health System (WMHS), Tri-State Community Health Center, Allegany Co. Health Department, Core Service Agency

Project Description:

The Maryland Transit Administration received \$103,344 to increase capacity of the mobility management program that addresses barriers for low-income individuals in Allegany County in western Maryland who lack reliable access to transportation. The project coordinates and provides transportation to and from nonemergency medical appointments at no cost to the individuals and includes transportation coordination software.

Data and Outcomes:

When the Mobility Management Program (MMP) first started, it had a total of 250 clients that it served in Allegany County, Maryland. Currently in FY 2019, it is serving almost 1,954 people in Allegany County, and growing each month. The program serves clients who live at the Union Rescue Mission, clients from Allegany County Behavioral Health Department, WMHS Schwab Cancer Center, and those who are low income and need transportation to regular primary care provider appointments.

In FY 2016, the program started with three community partners. In FY 2019, there are seven community partners who buy-in and refer their clients to the program. Serving almost 2,000 clients in Allegany County to health providers across the county has helped fill the gap for people who could not afford to pay for transportation or those who had dialysis and medical appointments scheduled at times before local bus companies began running. The MMP program has increased partnership with local Western Maryland Hospital to get clients to their routine doctors' visit, treatments, and surgeries to prevent Emergency Department visits.

Program coordinators estimate a 43% decrease in readmission rate for users of MMP who have demonstrated improved health outcomes. Any appointment made for an MMP user is scheduled within a 72-hour notice. With help from grants to buy new computer software (Trip Master) to better manage and effectively track clients and appointments, the program has been able to schedule appointments within 36 hours.

Montachusett Regional Transit Authority

Project Title:	Integrating Medicaid Rides with Paratransit and Council on Aging Rides in North Central Massachusetts Region
Location:	Massachusetts
Status 07/2019:	Project completed July 2018
Partners:	Software companies, Ashby, Leominster Council on Aging Center

Project Description:

The Montachusett Regional Transit Authority received \$200,000 to implement technology to analyze routing/dispatching among several providers to integrate management of rides to health care in western Massachusetts and boost underused fixed route and paratransit services. Software will allow paratransit and Council on Aging systems to bid on demand-response, long-term, and shared-ride contracts so people seeking fixed-route, paratransit, and senior ride services can request additional rides or mix rides to maximize efficiencies. It will also determine if a provider has capacity to deliver service.

Data and Outcomes:

July 2017–July 2018:

- Total passengers: 675
- Vehicle miles: 47,634
- Vehicle hours: 167,804
- Passenger miles: 2,468
- Revenue hours: 150,115

Michigan Department of Transportation

Project Title: Michigan Access to Wellness Project (MAWP)
Location: Michigan
Status 07/2019: Project ongoing
Partners: Michigan Public Transit Association, MassTrans, Community Transportation Association of America, area health centers

Project Description:

The Michigan Department of Transportation received \$1 million to expand a brokerage-based program previously available only in certain parts of the state to a statewide model. The program manages and delivers nonemergency medical transportation for older adults, people with low incomes, and people with disabilities, ensuring they have access to nonemergency health care. Coordination of software records trips reserved by county in each region is based on trip types, procedures, and clinic visits. Local health centers will integrate software and refer clients to service.

Testimonial: "I would not know what to do without Michigan Transportation Connection service. I love them, and their service. I would not be alive without it."
 – Dana Dean

Data and Outcomes:

Ride/Trip Data:

	Inbound	Queued	Handled	Abandons
June 2018	217	217	192	25
July 2018	380	380	347	33
August 2018	539	539	507	31
September 2018	450	450	439	11
October 2018	491	491	477	14
November 2018	426	426	407	17
December 2018	345	345	337	6
January 2019	477	477	467	12
February 2019*	240	240	236	4
March 2019*	23	23	23	1
April 2019*	20	20	18	
May 2019*	16	16	14	2
June 2019*	16	16	12	1

*The numbers decrease in February of 2019, as there was a change with the Michigan Department of Health and Human Services contract. The brokerage has signed additional state/local contracts since that time, and the numbers are beginning to increase again.

Call Data (April 2017–December 2019):

Inbound: 2689 Queued: 2689 Handled: 4080 Abandons: 925
 Average (avg.) Handle Time: 00:02:00 Active Talk Time: 123:50:43

Reasons for Cancellations:

- Weather: participants do not like going out if the roads are bad or in extreme cold
- Michigan Transportation Connection (MTC) would schedule a month in advance for recurring dialysis trips, then the participant started receiving dialysis at home so it was necessary to cancel already scheduled trips
- Illness
- Fear of going to the doctor
- Personal issues
- Emotional barriers

Reasons for No Show:

- Hospitalization: clients admitted to the hospital w/o MTC knowledge
- Death: a couple of participants passed away overnight or had a death in the family
- Participants overslept and missed appointment, did not answer the door when the volunteer driver or transit provider showed up
- Lack of understanding: participants did not realize how a no-show would affect the medical office or other patients or volunteer drivers

Lessons Learned:

- Volunteers drivers were up to date in the Community Health Automated Medicaid Processing System (CHAMPS) per Department of Health and Human Services (DHHS). As they moved forward, that was not the case, and MTC had to spend quite a bit of time ensuring everything was up to date in CHAMPS and had to teach the volunteer drivers how to access the CHAMPS website; some volunteers did not have computers.
- Clients were used to having the same driver for every appointment. “We did our best to ensure that accommodation was met using the most cost-effective way.”
- Transportation of dialysis clients on transit – pickup times and dropoff times would make for a super long day (most clients live in very rural areas) for the patient. They usually accommodated the client with volunteer transportation so there was no wait time after their treatment.
- Dialysis clients needed to be picked up earlier as they needed to be in the chair and ready for treatment at the appointment time. Example: 7:30 AM appt time meant they needed to be at the dialysis center by 7:15 AM.

- Nursing homes have their own transportation – some clients would be admitted and continue to call MTC for transport not realizing that the nursing home can accommodate them.

Barriers:

The following barriers to coordination were discovered:

- Negotiating rates with transit providers was challenging.
- In some cases, obtaining monthly beneficiary updates from the CRC in each county was difficult because the client would not turn in documentation as required by Medicaid.
- SSI disability determination was a barrier.
- Recruitment of volunteer drivers was challenging. Initially, the drivers came from DHHS.
- It was often difficult to assign Ride Sharing-Match riders to the most cost-effective mode of transportation, especially when transporting to the same doctor in the same city.
- There were frequent no-shows or cancellations at the door, and MTC was not notified when a client was hospitalized or had passed away overnight. Sometimes the driver became aware the day before when confirming for next day transport.

Flint Mass Transportation Authority

Project Title: MTA Rides to Health and Wellness

Location: Michigan

Status 07/2019: Project ongoing

Partners: Flint MTA Mobility Managers, Valley Area Agency on Aging, Program for All-Inclusive Care for the Elderly, Genesee Health System, state/local Departments of Health & Human Services, Greater Flint Health Coalition, Michigan Children’s Health Access Program, Jewish Community Services

Project Description:

The Flint Mass Transportation Authority (MTA) received \$310,040 to develop a mobility-management program, including coordinated nonemergency medical transportation, trip planning, and training. The program provides rides to wellness appointments for behavioral health patients, dialysis patients, primary/urgent care for families, elderly, and elderly disabled patients in Flint and Genesee County, both impacted by Flint’s municipal water crisis. Building on a 2015 FTA-funded Health Care Access Mobility Design Challenge Grant, the project will improve local coordination and access to health care in the community.

Data and Outcomes:

MTA reports that their project performed far better than anticipated. In September 2016, the project served 169 trips; in June 2019, it was up to 10,000 trips. To provide better service for clients, the grantee sought to combine the advantages of public transportation, such as familiar drivers in uniforms operating agency-owned vehicles, with the conveniences people like about Transportation Network Companies, such as automatic dispatching with rides at convenient times. To accomplish this, they had to originate new technology, which was developed by a Michigan-based software company selected through a Request for Proposal (RFP). This technology differentiated the service from a traditional paratransit service. As the service grew rapidly, the Rides to Wellness grant helped add vehicles to accommodate demand.

A key partner early on was the Michigan Department of Health and Human Services, which wanted to utilize the service to provide health and wellness-related trips such as grocery shopping that were not covered by Medicaid. Local hospitals also were eager to participate once they understood they could replace expensive taxi services. The project added an online scheduling portal, funded through Rides to Wellness, to save hospital staff time and make it easier to schedule trips.

Local veteran services offices not only utilized the service to transport veterans, their spouses, and widows to government agencies and social services, but also became a valuable source of drivers to help expand the program.

Providing service in the Flint area presented some challenges. For instance, the city lacked full-service grocery stores, and that became an important destination to improve nutrition for clients. With Flint's issues with contaminated water, the State provided grants to transport individuals to centralized locations to receive cases of water, food, clothing, and other resources, and the transit agency was able to get people immediately to healthcare providers to be tested for lead.

The service is now self-sustaining with respect to operating costs, but may need future assistance with capital costs. As a result of the program's success, MTA regularly consults with other transit agencies seeking to start their own programs, and the software solution developed for their needs is being adapted and sold to other providers.

New Hampshire Department of Transportation

Project Title:	Bridge to Integration
Location:	New Hampshire
Status 07/2019:	Project ongoing
Partners:	New Hampshire DOT, Department of Health & Human Services, Department of Education, Governor's Commission on Disability, New Hampshire Transit Association, Endowment for Health, United Way, Granite State Independent Living, AARP, Easter Seals, Univ. of New Hampshire Institute on Disability, Aeronautics, New Hampshire Department of Transportation, Upper Valley Lake Sunapee Regional Planning Commission, Coordinated Transportation Solutions, Tri-County Community Action Program

Project Description:

The New Hampshire Department of Transportation received \$182,880 to fund technology that bridged the gap between Medicaid-funded transportation brokers and New Hampshire DOT's coordination software vendor system. This innovation is being tested at three pilot sites with the goal of increasing access to transportation for health care appointments for Medicaid recipients, older adults, and people with disabilities. Under New Hampshire's managed care model authorized in 2011, all Medicaid populations must be in a managed care program, resulting in an increase in the Medicaid care management population. Partnering with brokers and implementing a coordinated software system allows more efficient and effective coordination of transportation resources and assets throughout New Hampshire.

Data and Outcomes:

There were three pilot sites designated for the program. North Country Transit had difficulty with the system and dropped out of the pilot early on. The Cooperative Alliance for Seacoast Transportation (COAST), an independent public body that provides fixed-route public transit, with complementary ADA paratransit and is the lead agency/call center for demand-responsive and volunteer transportation services in the Region 10 area, severely reduced its Medicaid NEMT trips because they felt the rate being provided by Coordinated Transportation Solutions (CTS)—the NEMT broker—was not sufficient. The Cooperative Alliance for Regional Transportation (CART), in the Salem-Derry region, did participate for the entire length of the pilot, from December 2017 to July 2019.

CART

Total Number of Trips:

- Offered: 1,157
- Accepted: 9,420
- Performed: 8,692
- Declined: 2,154
- Average Labor Hours per Month: 30.81
- Shared Rides: 4,313
- Non-Shared Rides: 6,625
- Average % Shared Rides: 22.72%
- Average Passengers per Vehicle Hour: 1.66

Research Triangle Regional Public Transportation Authority

Project Title:	GoHealth! in Durham County, North Carolina
Location:	North Carolina
Status 07/2019:	Project ongoing
Partners:	GoTriangle, GoDurham ACCESS, Durham County Cooperative Extension (Durham County ACCESS), Department of Social Services, Alliance Behavioral Health Care, Carolina Outreach, Duke University Health System, Lincoln Community Health Center, Project Access of Durham County

Project Description:

The Research Triangle Regional Public Transportation Authority received \$65,600 to expand GoTriangle's Regional Call Center to improve coordinated transit planning and application assistance for paratransit riders who are low income, uninsured, or have mental health special needs. By co-locating paratransit mobility management services with fixed-route mobility management services, the project will increase access to care. The project builds on a 2015 FTA-funded R2W Health Care Access Challenge Grant through the National Center for Mobility Management that tested solutions for transportation for low-income, uninsured, or Medicaid consumers of behavior health care and developed a plan to implement solutions.

Data and Outcomes:

Project staff trained clinicians in the variety of transportation options available in the area and their eligibility requirements, significantly increasing their comfort with lesser-known modes of transportation and increasing their comfort with booking rides for clients. Meetings among stakeholders resulted in the creation of a flowchart tool that helps clinicians and clients navigate their options quickly and easily. GoTriangle hired, trained, and supervised a call center operator to be housed at its Regional Call Center. This operator was equipped to help callers determine the best mode of transportation for their individual needs and to connect them directly by phone to those services that required an application process. Along with clinician partners, GoTriangle developed the call center script and decision tool to be utilized by the call center operator. The five participating clinics then shared information about how to call the dedicated line at the call center to get assistance with finding transportation to behavioral health appointments. Between 7/1/2018 and 05/31/2019, the number of total weekday paratransit trips was 127,359, including medical, work, and recreational trips. To encourage the use of less-costly fixed-route services when possible, GoTriangle issued free 31-day bus passes to clinician partners to distribute to clients. This resulted in 890 trips taken on the bus between July 1, 2018, and February 26, 2019.

Pennsylvania Department of Transportation

Project Title:	Integrated Medical/ Transportation Scheduling (IMATS) via FindMyRidePA
Location:	Pennsylvania
Status 07/2019:	Project ongoing
Partners:	Keystone Health, Family Health, Smart Transit, rabbittransit

Project Description:

The Pennsylvania Department of Transportation received \$1,190,000 to fund a One-Call/One-Click Center and real-time transportation service serving a three-county area in central Pennsylvania. Building off the One-Call/One-Click Center concept developed by the FTA-funded Veterans Transportation and Community Living Initiative project, this project will address the challenge of missed health appointments due to lack of transportation in a targeted community, then be scaled for deployment in other areas of Pennsylvania.

Data and Outcomes:

The purpose of the program—a partnership between the Pennsylvania Department of Transportation (PennDOT) Bureau of Public Transportation (BPT) and the Central Pennsylvania Transit Authority (rabbittransit)—is to develop and implement innovative solutions to help solve the transportation-healthcare access gap that has been identified as a major inhibitor to health outcomes. The original premise for Pennsylvania’s R2W Grant was that missed medical appointments caused by transportation barriers could be reduced if medical facility administrative staff made transportation reservations at the same time as medical appointments, eliminating what is currently a two-step process for patients/riders. PA is in a unique position to test this premise because of transportation technology investments that have been made over the last decade with the assistance of FTA. Specifically:

- Ecolane, a comprehensive paratransit software package that has been deployed throughout PA apart from Allegheny and Philadelphia counties
- FindmyRidePA.com, a website which makes online trip reservations possible, created in part through an FTA Veterans Community Transportation Livability Initiative Grant

Before preparing the final application for the FTA grant funds, PennDOT and rabbittransit initiated a scoping study to better understand the complexity of healthcare and transportation issues and related technology in PA. The purpose was to specifically identify the major mobility challenges of transit users and to determine what changes could be made at the state and public transit authority levels to help mitigate transportation issues and decrease no-show rates for medical appointments. The scoping study also focused on testing the theory that technology solutions, including FindmyRidePA, could make reserving a public transportation trip easier, more convenient, and readily-accessible to patients and healthcare providers. The scoping study focused on Franklin County, Pennsylvania, the identified pilot area for the PA R2W Project. Franklin County is served by Keystone Health, a Federally Qualified Health Center (FQHC) that provides comprehensive healthcare services regardless of ability to pay.

PennDOT completed a scoping study which pushed back project implementation—the official launch was June 2019. The project, now underway, has several major phases. Due to the late 2019 start to data collection, data will be reported in the FY 2020 report.

Knoxville Area Transit

Project Title:	Rides to Wellness, Knoxville, Tennessee
Location:	Tennessee
Status 07/ 2019:	Ongoing
Partners:	Cherokee Health Systems, Knox County Health Department, Knoxville Regional Transportation Planning Organization

Project Description:

The Knoxville Area Transit (KAT) received \$200,000 to expand the 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to health care facilities in the region. The project will improve local coordination and access in the community and train public information staff, health care providers, and residents on how to use KAT buses.

Travel Trainer Testimonial:

“I was standing at the bus stop after leaving my clinic hours at CHS Western Avenue. As I waited for my bus, I came across a previous client I trained a few weeks ago. The gentleman asked if I was taking the bus to downtown. I said yes and we waited together ... he is now employed.”

Data and Outcomes:

Primary Measures:

- One-on-one travel training sessions: 17
- Passes handed out for medical trips: 16/9
- Group/class travel training sessions: 16
- Number of individuals in the group/class: 16
- Customer engagement on social media: 900
- Increase in transit inquiries to 2-1-1 over the same 9-month period in previous year (Jun–Feb): 54%
- Number of Medicaid appointment trips by transit to partner agencies: 9
- Partner agency staff participation in training: 34
- Number of outreach efforts 22
- KAT ridership at clinic stops (after implementation)
 - Western Ave: 548 (+11%)
 - Fifth Ave: 584 (+12%)
 - Dameron Ave: 33 (+0.6%)
 - Martin Luther King Jr. Ave*: 472 (+10%)

*Facility was undergoing renovations during majority of the program’s duration.

Social Media Campaign:

The hashtag “#BoardTheBusToBetterHealth” was used starting in June 2018 and caused an increase in page likes, engagement, reach, and impressions. Page likes increased 38%, from 248 (June 2018) to 343 (February 2019). In January and February, reach increased by 40,811 while new impressions increased by 48,609. This is primarily due to a campaign for National 2-1-1 Day. In total, reach and impressions grew by 761% and 546%, respectively.

Lessons Learned:

- The animated graphics performed the best on social media, garnering more than 7,000 ten-second video views within the Knoxville area. This enforced the idea to create an “explainer video” and use segments of this video on social media platforms.
- As staff engaged with potential customers, R2W learned one of the primary objections was the inability to afford transit fare (at one outreach event, 8 out of 10 interactions ended with potential customer saying they could not afford to ride KAT). R2W reached out to social service programs that provide free bus passes so that staff would have this information on hand. It would have been preferable to have this information ready for customers during outreach events from the beginning.
- They discovered that even though the Spanish-speaking population is not a high percentage of the population, the number of Spanish speakers during outreach events was high enough that R2W decided to create Spanish marketing materials. R2W realized that other language translations might be beneficial to outreach efforts.
- R2W learned that Twitter was not as effective for this program’s messaging.

Travel Trainee Survey Feedback:

Of the 34 partner agency employees that received the initial training, nine provided follow-up surveys. Key elements of the survey:

- Travel Trainee Survey Feedback – 8 out of 9 indicated they had recommended the 2-1-1 Travel Training program to clients, patients, or staff.
- 4 out of 9 indicated they felt the awareness of the program was about average, while 3 of the 9 indicated it was above average.
- 8 out of 8 responses indicated they felt the 2-1-1 Travel Training program was helpful to patients.



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