Opioids Misuse: Increasing Access to Transportation in Rural Communities

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Rural & Targeted Programs

Federal Transit Administration Mission

- Deliver an outstanding national program of financial assistance, technical assistance, and oversight to improve public transportation for America’s Communities

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FY 2018 FTA Program Allocations

**Formula ($9.9 billion)**
- Urbanized Area
- State Safety Oversight
- State of Good Repair
- Rural
- Tribal Formula
- Appalachian
- Growing States/High Density States
- Enhanced Mobility (Seniors/PWD)
- Buses and Bus Facilities
- Metropolitan Planning
- Statewide Planning

**Competitive ($3.3 billion)**
- Capital Investment Grants
- Buses and Bus Facilities
- Passenger Ferry
- Public Transportation Innovation
- Low-No
- Tribal Competitive
- Emergency Relief
- TOD Pilot
- Bus Testing
- Research
- Access & Mobility Partnership Grants
Key Concepts

- Formula funds are allocated to states, territories and urbanized areas (UZAs)—not to individual transit providers.
- Urbanized areas are defined every ten years by the U.S. Census.
- Large UZA: 200,000+
- Small UZA: between 50,000 and 200,000
- Rural: under 50,000

Coordinating Council on Access and Mobility (CCAM)

Mission

The CCAM issues policy recommendations and implements activities that improve the availability, accessibility, and efficiency of transportation for the following targeted populations:

- People with Disabilities
- Older Adults
- Individuals of Low Income

CCAM Chair

Secretary of Transportation (DOT)

CCAM Members

- Secretary of Health and Human Services (HHS)
- Secretary of Education (ED)
- Secretary of Labor (DOL)
- Secretary of Veterans Affairs (VA)
- Secretary of Agriculture (USDA)
- Secretary of Housing and Urban Development (HUD)
- Secretary of the Interior (DOI)
- Attorney General (DOJ)
- Commissioner of Social Security (SSA)
- Chairperson of the National Council on Disability (NCD)
- CCAM Chair

Figure 1 illustrates the number of programs each CCAM agency funds for which transportation is an eligible expense.*

Figure 2 illustrates agency spending on transportation for targeted populations in 2010, the most recent year with available data.*

HHS

31

HUD

12

ED

12

DOL

10

DOT

7

VA

3

DOI

3

USDA

2

Figure 2 illustrates agency spending on transportation for targeted populations in 2010, the most recent year with available data.*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Relevant Programs</th>
<th>2010 Transportation Spending in Millions (based on available data)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>Total</td>
</tr>
<tr>
<td>HHS</td>
<td>31</td>
<td>$6.11</td>
</tr>
<tr>
<td>HUD</td>
<td>12</td>
<td>$24.1</td>
</tr>
<tr>
<td>DOL</td>
<td>10</td>
<td>$81.0</td>
</tr>
<tr>
<td>DOT</td>
<td>7</td>
<td>$746.0</td>
</tr>
<tr>
<td>VA</td>
<td>3</td>
<td>$1,375.3</td>
</tr>
</tbody>
</table>

Agencies are not required to track transportation spending, and spending data is only available for 28 of the 80 programs.

*Program and spending data is from GAO-12-647, published in June 2012. A full list of the 80 federal programs for which transportation is an eligible expense and the related spending data can be found in Appendix II of the report.
Section 5310 Program Is

The Enhanced Mobility for Seniors and People with Disabilities Program, a flexible State-managed program that connects seniors and individuals with disabilities to their communities.

Program purpose: "To improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility options available."

Section 5310 Program Is

The Coordinated Plan Defined

A locally developed, coordinated transportation plan:

- Identifies the transportation needs of individuals with disabilities, seniors and people with low incomes
- Provides strategies for meeting those needs
- Prioritizes transportation services for funding and implementation
Fixing America’s Surface Transportation (FAST) Act, 2015 Changes to Section 5310

- Added as possible recipients: State or local governmental entities that operate a public transportation service
- Requirement for the collection of best practices
- Section 3006(b) created a discretionary pilot program for innovative coordinated access and mobility – 2018 Notice of Funding Opportunity (NOFO)
- 2018 NOFO

Access and Mobility Partnership Grants FY 2018 Notice of Funding


  - ICAM: Innovative projects for the transportation disadvantaged that will improve the coordination of transportation services and non-emergency medical transportation (NEMT) services.
- $2,434,767 in funding for a Human Services Coordination Research (HSCR) Program FTA-2018-006.
  - Research activities awarded under this competitive program will support the implementation of innovative strategies in the coordination of human services transportation.

Transit & Health Access Initiative: Rides to Wellness Community Scan

- National survey of transportation barriers & missed appointments at HRSA-funded community health centers (CHCs)
- 188 responses, 15% of CHCs
- 25 questions, cross-sectional design with a mixed-methods approach
- Based on the national survey findings:
  - no-show rates ranging from 11-30%, but the reasons for missed appointments are not being tracked

*https://www.transit.dot.gov/ccam/about/initiatives
Rides to Wellness Community Scan, Cont.

- Key takeaways:
  - Missed appointments are a problem & impact key clinical outcomes
  - CHCs:
    - Are engaging in quality improvement efforts to decrease missed appointments
    - Acknowledge transportation is a top reason patients miss appointments & certain patient subgroups are disproportionately affected
    - Are not tracking reasons or costs for missed appointments in a consistent way, making it difficult to pinpoint the % of missed appointments due to transportation issues

Rides to Wellness Community Profiles

Health Centers by the Numbers

<table>
<thead>
<tr>
<th>Measure</th>
<th>West Virginia (n=27)</th>
<th>National (n=1373)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average spending per health center</td>
<td>$11,328,725</td>
<td>$18,643,409</td>
</tr>
<tr>
<td>Average number of patients per health center</td>
<td>16,601</td>
<td>19,792</td>
</tr>
<tr>
<td>Average number of FTEs per health center</td>
<td>0.24</td>
<td>0.55</td>
</tr>
<tr>
<td>Average funds per health center spent on transportation</td>
<td>$8,178</td>
<td>$37,015</td>
</tr>
<tr>
<td>Percent of health centers that reported using health IT to coordinate or provide enabling services such as transportation, outreach, language translation, case management</td>
<td>74.07%</td>
<td>79.39%</td>
</tr>
</tbody>
</table>

Pilot Program for Innovative Coordinated Access & Mobility (ICAM) Demonstration Grants

- Purpose: find and test promising, replicable public transportation health care access solutions that support the pilot program goals
  1. increased access to care
  2. improved health outcomes
  3. reduced health care costs

- Transit & Health Access is a CCAM initiative, working to build partnerships, stimulate investment, & drive change across the health & transportation sectors, to ensure that transportation disadvantaged Americans can access nonemergency medical transportation to the health care services they need
FY 2016 ICAM Grants

- Demand exceeded available funds
  - FTA received 78 project proposals requesting $28 million from 34 states
- 19 projects were selected totaling $7,211,518

Transportation Coordination & Mobility Management for Patients in Southern and Southeastern Illinois

- Goal: close the gap in access to mental health services due to transportation challenges in rural areas

**Performance Measures:**
- Increased access to care: # of trips for patients at risk of re-hospitalization referred to mobility management services & # of trips compared to previous year; surveys of patients, case coordination staff & participating behavioral health providers
- Improved health outcomes: surveys of transportation & health providers, patients, & behavioral health providers measuring project effectiveness
- Reduced hospitalizations: survey of participating hospitals on reducing costs due to fewer re-hospitalizations due to transportation barriers; patients, behavioral health providers measuring reduced costs due to fewer hospitalizations related to drug abuse & other mental health illnesses
- Percentage-based comparison: # of patient re-hospitalizations referred from participating hospitals compared to same hospitals prior to inception of project; median cost of re-hospitalizations for participating hospitals; & reduced re-hospitalization costs calculated by multiplying cost of hospitalization by % reduction of re-hospitalizations

**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, Rides Mass Transit District with funding from Downstate Operating Assistance Program

Improved Access to Health Care through Community Transit

- Vermont is training Community Health Center staff as mobility managers to help individuals schedule & attend medical appointments & help patients, medical providers & social service agencies identify individuals most at risk & provide alternative transportation options via local transit providers. Goal: better health outcomes, reduction in missed appointments & reduction in use of ED services for routine medical care.

**Performance Measures:** # & % of no-shows; % of compliance for certain chronic illnesses that are appointment heavy; ranking of transportation barriers on community health assessment & change in those barriers; total cost of care; total # of well visits; # of ED visits, excluding trauma; & # of ambulance trips

**Partners:** Vermont Agency of Transportation, Community Health Centers, local transit providers
Michigan Access to Wellness Project

- **Michigan** is expanding a small non-profit brokerage-based NEMT program into a statewide model. Coordination software records trips reserved by county in each region based on trip types, procedures & clinic visits. Local health centers are integrating the software & referring clients to the service.

- **Performance Measures**: # of late/missed trips or cancellations; # of no-shows; trips reserved by county in each region based on trip types, procedures, clinic visits, trip requests, mental health services; # of complaints filed & complaint resolutions; average hold times on calls; # of abandoned calls; & average time for returning calls.


Jacksonville Transportation Authority 1-Click to Wellness Program

- **Jacksonville FL** is developing a software interface connecting medical scheduling programs & transit schedules to generate transit travel times & costs for health care receptionists & patients as they choose appointments.

- **Performance Measures**: missed appointments (tracked by University of Florida Health)

- **Partners**: University of Florida Health, Cambridge Systematics, Smart Transit, Health Planning Council

Video: Flint, MI Rides to Wellness Program
https://www.youtube.com/watch?v=Yvp5s0Ybadl
The term disability has the same meaning as in section 3(1) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). The term “disability” means, with respect to an individual—

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment.

ADA Title II Technical Assistance Manual (https://www.ada.gov/taman2.html) defines drug addiction as an impairment under the ADA.

II-2.2000 Physical or mental impairments. The first category of persons covered by the definition of an individual with a disability is restricted to those with “physical or mental impairments.” Physical impairments include --

1) Physiological disorders or conditions;
2) Cosmetic disfigurement; or
3) Anatomical loss.

Specific examples of physical impairments include orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

People who are in recovery for substance use disorder under the ADA: https://www.usccr.gov/pubs/ada/ch4.htm

“Qualified individuals” under the ADA include those individuals:

- who have been successfully rehabilitated and who are no longer engaged in the illegal use of drugs;
- who are currently participating in a rehabilitation program and are no longer engaging in the illegal use of drugs; and
- who are regarded, erroneously, as illegally using drugs.

A former drug addict may be protected under the ADA because the addiction may be considered a substantially limiting impairment. However, according to the EEOC Technical Assistance Manual on the ADA, a former casual drug user is not protected.

(A) person who casually used drugs illegally in the past, but did not become addicted is not an individual with a disability based on past drug use. In order for a person to be “substantially limited” because of drug use, s/he must be addicted to the drug.
Section 5311 Rural Program

Provides funding to States for the purpose of supporting public transportation in rural areas including funding for Tribal, Appalachian region, Intercity Bus and technical assistance programs and services.

Trends in Rural Programs:
- Over 1300 rural and small urban communities have public transit service supported by the 5311 program
- 60 million Americans live in rural communities
- Over 167 million rural transit trips per year are provided
- Primary trip purposes for rural transit users:
  - Work and work related activities: 29%
  - School/church: 20%
  - Vacation and other social/recreational: 17%
  - Medical/dental: 7%

FAST Act Authorized Funding For Rural Areas (Section 5311) in millions of dollars

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
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<tbody>
<tr>
<td>Formula Grants for Rural Areas</td>
<td>$552.6</td>
<td>$564.8</td>
<td>$577.7</td>
<td>$591.1</td>
<td>$604.8</td>
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<tr>
<td>Rural Technical Assistance</td>
<td>$12.4</td>
<td>$12.6</td>
<td>$12.9</td>
<td>$13.2</td>
<td>$13.5</td>
</tr>
<tr>
<td>Appalachian Formula Program</td>
<td>$20.0</td>
<td>$20.0</td>
<td>$20.0</td>
<td>$20.0</td>
<td>$20.0</td>
</tr>
<tr>
<td>Tribal Transit Program</td>
<td>$35.0 M</td>
<td>$35.0 M</td>
<td>$35.0 M</td>
<td>$35.0 M</td>
<td>$35.0 M</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$620.0</td>
<td>$632.4</td>
<td>$645.6</td>
<td>$659.3</td>
<td>$673.3</td>
</tr>
</tbody>
</table>

Federal-to-Federal Match

- FTA allows for local match to come from other federal non-DOT programs
- When funds are leveraged in this way, programs can be 100% federally-funded

[Image of chart showing funding for rural areas]
Match Partners

In order to match FTA funds, other federal programs must specifically allow their funds to be used as match.

Such programs include:
- Employment
- Training
- Aging
- Medical
- Community Services
- Rehabilitation Services

Examples of Match Partnership

- The Administration for Community Living (ACL), allows their Older Americans Act (OAA) Title IIIB (Supportive Services) federal funds to be used as match for 5310.
  - [ACL website](http://www.acl.gov/about-acl/about-the-older-americans-act)
- The USDA’s Summer Food Service Program (SFSP) ensures that low-income children continue to receive nutritious meals when school is out.
  - For State Agencies: [SFSP newsletter](http://www.fns.usda.gov/sites/default/files/sfsp/newsletters/states112015.pdf)
  - For Program Sponsors: [SFSP newsletter](http://www.fns.usda.gov/sites/default/files/sfsp/newsletters/sponsors112015.pdf)

Technical Assistance Centers

- Supports grantees, mobility managers, and partners in promoting customer-centered mobility strategies that advance good health, economic vitality, self-sufficiency, and community.
- Promotes the availability and accessibility of transportation options that meet the needs of older adults, people with disabilities, and caregivers.
  - Focuses on the Section 5310 Enhanced Mobility of Seniors & People with Disabilities program.
- Addresses the training and technical assistance needs of rural and tribal transit operators across the nation and supports state RTAP programs.
Tap into Resources

National Center for Mobility Management
www.nc4mm.org

National Aging and Disability Transportation Center
www.nadtc.org

Rural Transit Assistance Program
www.nationalrtap.org

Shared-Use Mobility Center
www.sharedusemobilitycenter.org

ACL Inclusive Transportation Partnerships

Federal Transit Administration
www.fta.dot.gov