

FTA

FEDERAL TRANSIT ADMINISTRATION

Opioids Misuse: Increasing Access to Transportation

*Region III HHS & Federal Partners Opioid
Taskforce Meeting*

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U.S. Department of Transportation
Federal Transit Administration

April 9, 2019

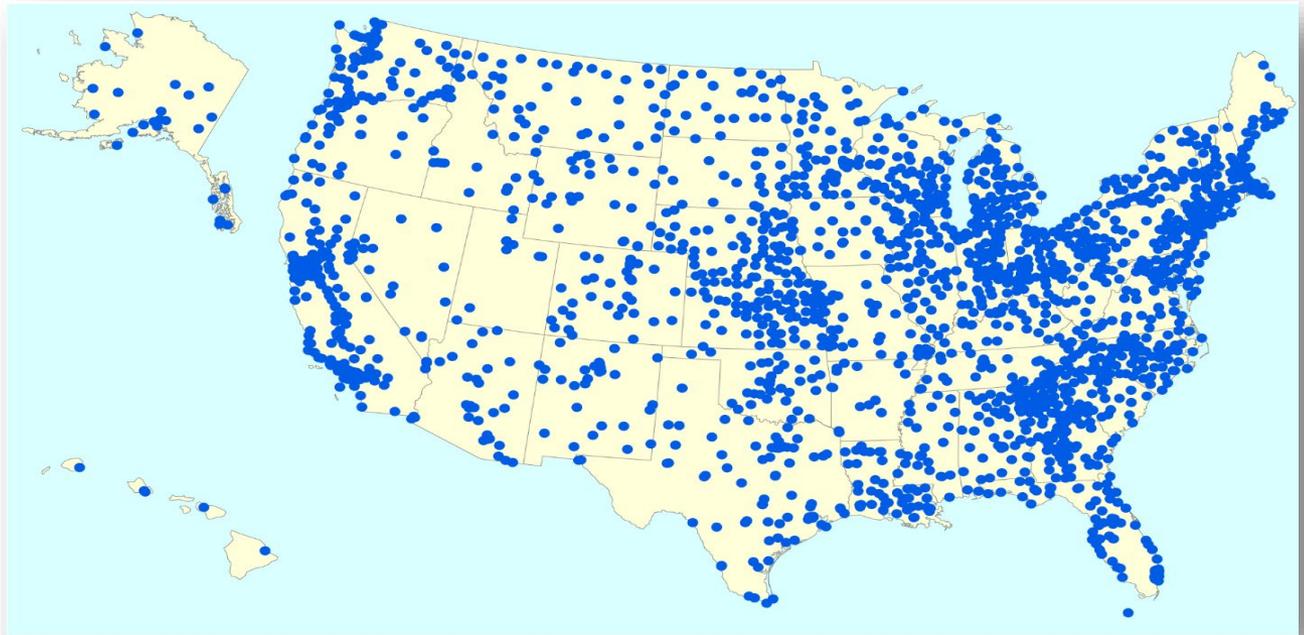
Public Transportation Industry

Profile Transit Passengers

FTA provides funding that delivers over 10 billion trips to public transportation customers, supporting access to jobs, education, health care and other important activities.

Transit Agencies & Assets

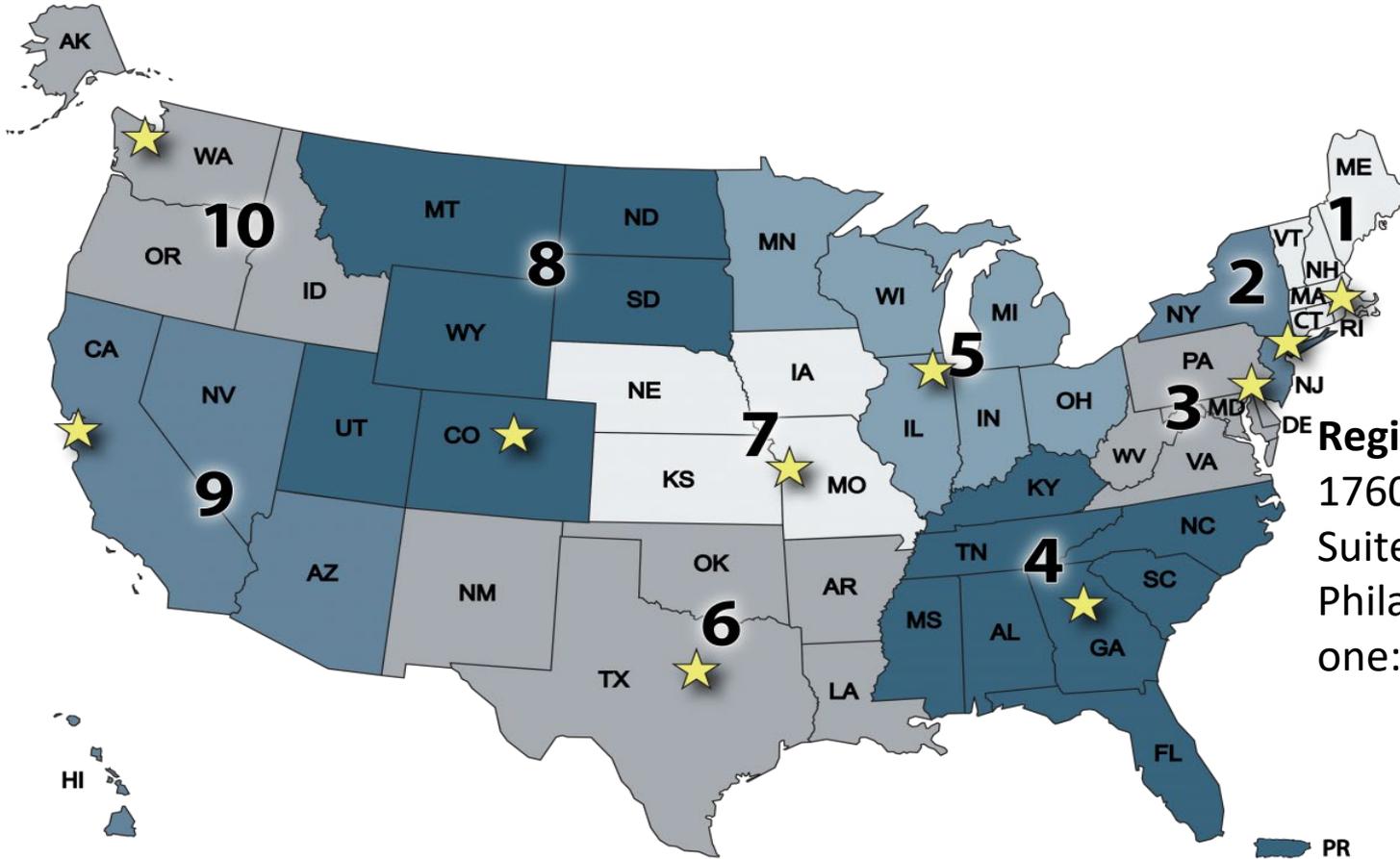
- 4,000 public transit providers
 - 900 FTA grantees (States, transit agencies & Tribes)
 - 3,000+ Recipients of FTA funds through the States
- 130,000 transit vehicles



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**

FTA Regional Offices



Region 3 Office

1760 Market Street
Suite 500
Philadelphia, PA 19103
Phone: (215) 656-7100

FTA Region 3 Overview

Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and DC

Fiscal Year	Federal Funding Awarded	Federal Funding Portfolio	Open Grants
2018	150 grants/\$1.5 billion	\$6.1 billion	539
2017	126 grants/\$1.6 billion	\$7.6 billion	550
2016	148 grants/\$1.4 billion	\$7.5 billion	552

Current and historical data for each state can be found at the FTA [Data Dashboard](#) and the [National Transit Database](#) (NTD)

Region 3 Apportionments: Formula Grants for Rural Areas

The total FY 2019 available amount based on funding authorized under The Fixing America's Surface Transportation Act (FAST) and The Consolidated Appropriations Act, 2019 (Pub. L. 116-6)

STATE	RURAL AREA PROGRAM (Section 5311 & 5340)	RURAL TRANSIT ASSISTANCE PROGRAM (RTAP) (Section 5311(b)(3))	APPALACHIAN DEVELOPMENT PUBLIC TRANSPORTATION ASSISTANCE PROGRAM
Delaware	\$1,941,404	\$91,917	\$0
Maryland	\$6,317,468	\$156,083	\$636,000
Ohio	\$26,668,523	\$448,405	\$964,000
Pennsylvania	\$24,945,192	\$421,868	\$4,788,000
Virginia	\$16,935,907	\$296,566	\$1,150,000
West Virginia	\$8,873,281	\$183,585	\$1,892,000
TOTAL	\$85,681,775	\$1,598,424	\$9,430,000

- **Program Purpose:** Provides capital, planning, and operating assistance to states to support public transportation in rural areas, where many residents often rely on public transit to reach their destinations. It also provides funding for state and training and technical assistance
- **Eligible Projects:** Planning, capital, operating, and Job Access and Reverse Commute projects. At least 15% must be used for intercity bus transportation unless the Governor certifies needs are adequately met
- **Eligible Recipients:** States and Tribes. *Nonprofits, local government authorities, or operators of public transportation are eligible as sub-recipients*

Disability & Addiction

Section 5310 Fact Sheet:

“A person whose addiction to drugs poses a substantial limitation on one or more major life activities is a person with a disability and is eligible to receive transportation through this program, including to a drug treatment center”

https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/37971/5310-enhanced-mobility-seniors-and-individuals-disabilities-fact-sheet_1.pdf

Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities

	FY 2019
Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310)	\$278,247,957

- **Program Purpose:** To improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options
- **Eligible Recipients:** States, Tribes and Designated Recipients. *Nonprofits, local government authorities, or operators of public transportation are eligible as sub-recipients*
- **Eligible Projects:** Vehicles, volunteer driver programs, mobility management, technology, travel training, etc.

FY 2019 Region 3 Section 5310 Funding to Urbanized Areas (60%)

Amounts Apportioned to **Urbanized Areas 200,000 or more in Population:**

Allentown, PA--NJ	683,186
Baltimore, MD	1,941,730
Harrisburg, PA	438,192
Huntington, WV--KY--OH	250,825
Philadelphia, PA--NJ--DE--MD	5,063,660
Reading, PA	271,395
Richmond, VA	862,545
Roanoke, VA	229,783
Scranton, PA	442,101
Virginia Beach, VA	1,155,814
Washington, DC--VA--MD	3,220,497
York, PA	234,786
Youngstown, OH--PA	447,109
TOTAL	\$15,241,623

FY 2019 Region 3 Section 5310 Funding to Small Urban (20%) & Rural Areas (20%)

Amounts Apportioned to State Governors for Small Urbanized Areas 50,000 to 199,999 in Population:

Delaware	236,737
Maryland	934,997
Pennsylvania	2,124,531
Virginia	1,206,420
West Virginia	1,039,734
TOTAL	\$5,542,419

Amounts Apportioned to State Governors for Rural Areas Less than 50,000 in Population:

Delaware	195,110
Maryland	607,375
Pennsylvania	2,368,603
Virginia	1,473,438
West Virginia	895,957
TOTAL	\$5,540,483

Section 5310 Requires a Coordinated Transportation Plan

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



Coordinated Transportation Plans

If you have coordinated transportation plans that are not listed here, please

Alabama

- [West Alabama Coordinated Public Transit Plan 2011 Update \(PDF\)\(13.4 MB\)](#)
- Coordination plans for all other regions in Alabama be found on the [Alabama DOT website](#)

Alaska

- [Central Kenai Peninsula Human Services Public Transportation Plan](#)
- [City of Juneau Coordinated Human Service Transportation Plan](#)
- [Mat Su Valley Coordination Plan \(PDF\)\(259 KB\)](#)

Arizona

- [Flagstaff Coordinated Public Transit-Human Services Coordinated Transportation Plan](#)
- [Maricopa Coordination Plan \(PDF\)\(2 MB\)](#)
- [Pima Public Transit-Human Services Coordinated Transportation Plan](#)
- [Southeastern Arizona Regional Transportation Coordination Plan \(PDF\) \(3.0 MB\)](#)

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

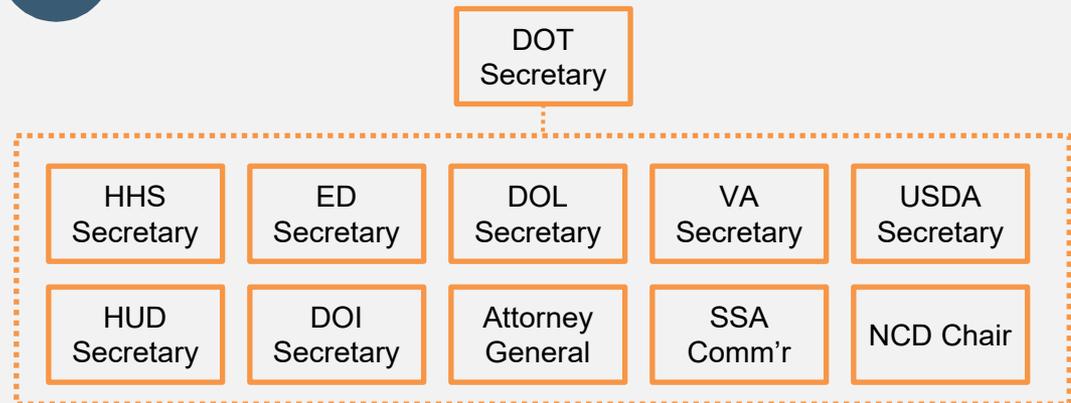


History

The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the federal agencies that fund transportation for targeted populations.



Organization



What federal programs fund transportation?

Below is a sample of the 80 federal programs that may fund transportation services for people with disabilities, older adults, and individuals of low income.

Department of Health and Human Services

- Children's Health Insurance Program (CHIP)
- Medicaid
- Block Grant for Community Mental Health Services
- Centers for Independent Living (CILs)
- Older Americans Act (OAA) programs
- Health Center Program

Department of Labor

- Workforce Innovation and Opportunity Act (WIOA) programs
- JobCorps

Department of Agriculture

- Supplemental Nutrition Assistance Program (SNAP)
- Community Facilities Loan and Grant Program

Department of Veterans Affairs

- Veterans Transportation Program (VTP)
- Beneficiary Travel Service

Department of Transportation

- Formula Grants for Rural Areas
- Enhanced Mobility of Seniors and Individuals with Disabilities
- Urbanized Area Formula Program



Did you know?

If an organization receives funding from one of these programs, **a portion of the funds may be used for transportation services.**

Funding recipients may collaborate across these federal programs to provide more transportation options for the community.

CCAM Member Transportation Data

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

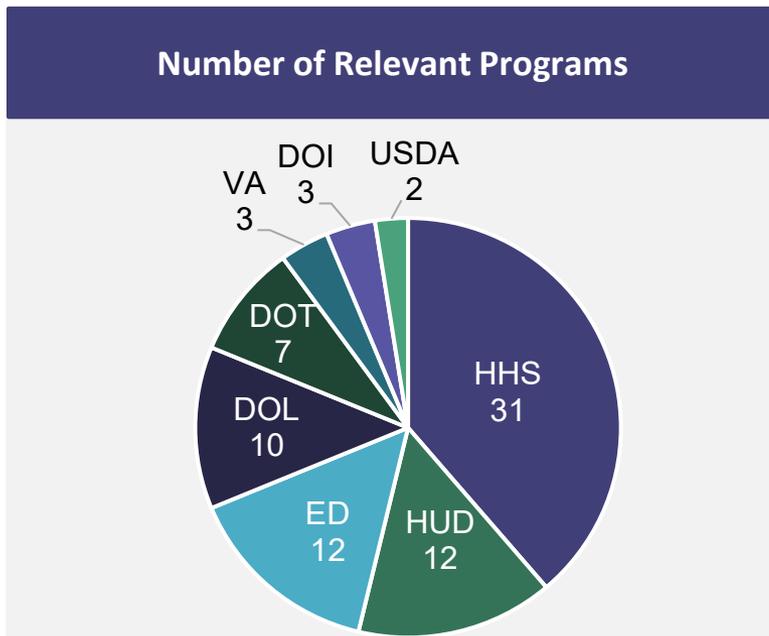


Figure 1 n=80

SSA, DOJ, and NCD have no programs for which transportation for targeted populations is an eligible expense.

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

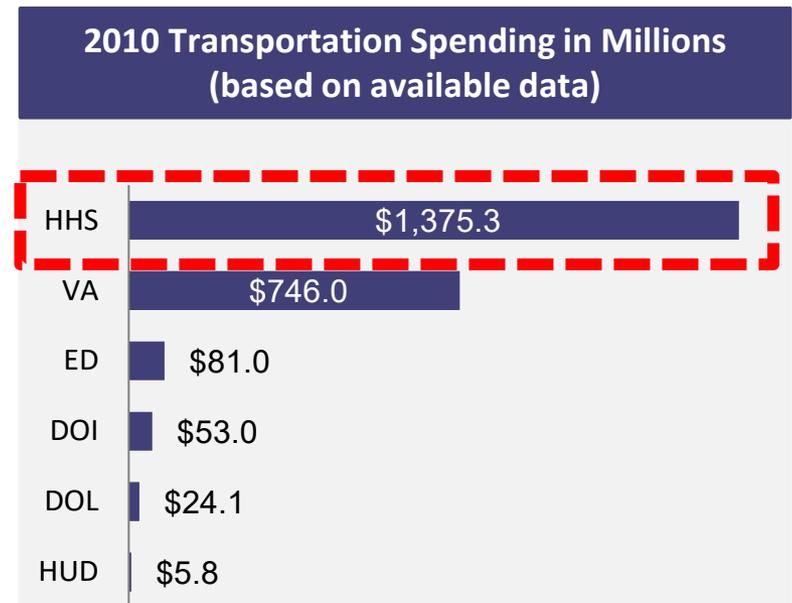


Figure 2 Excludes DOT spending data

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.

2018 CCAM State Focus Group Findings

The barriers to transportation coordination reported by focus group participants are organized into barrier categories. The following barriers emerged across a majority of focus group sessions and stakeholder groups as the most prevalent barriers to coordination.

	Barrier	Description
	Limited Awareness	A lack of awareness of the federal funding sources available for human service transportation, the policies that enable transportation coordination, and/or the community's transportation options for targeted populations
	Unengaged Stakeholders	Challenges associated with establishing and maintaining the organizational and community partnerships necessary to pursue transportation coordination
	Program Restrictions	Reporting obligations, eligibility criteria, trip purpose restrictions, and other program rules that make it difficult to coordinate across different transportation programs
	Insufficient Incentives	A lack of incentives or financial motivation for human service providers to pursue transportation coordination initiatives
	Limited Federal Guidance	An absence of the federal guidance that states and local communities need to coordinate transportation in compliance with federal law

Is Coordination Happening?

The National Center for Mobility Management (NCMM) conducted a survey to gather input from local stakeholders and to inform the strategic direction of the CCAM

The NCMM survey:



Was designed to identify **promising practices, barriers, and challenges** around coordinated transportation



Reached **200 individuals** who work at transportation and human services organizations that receive HHS funding¹



Was conducted from **June to November 2018**

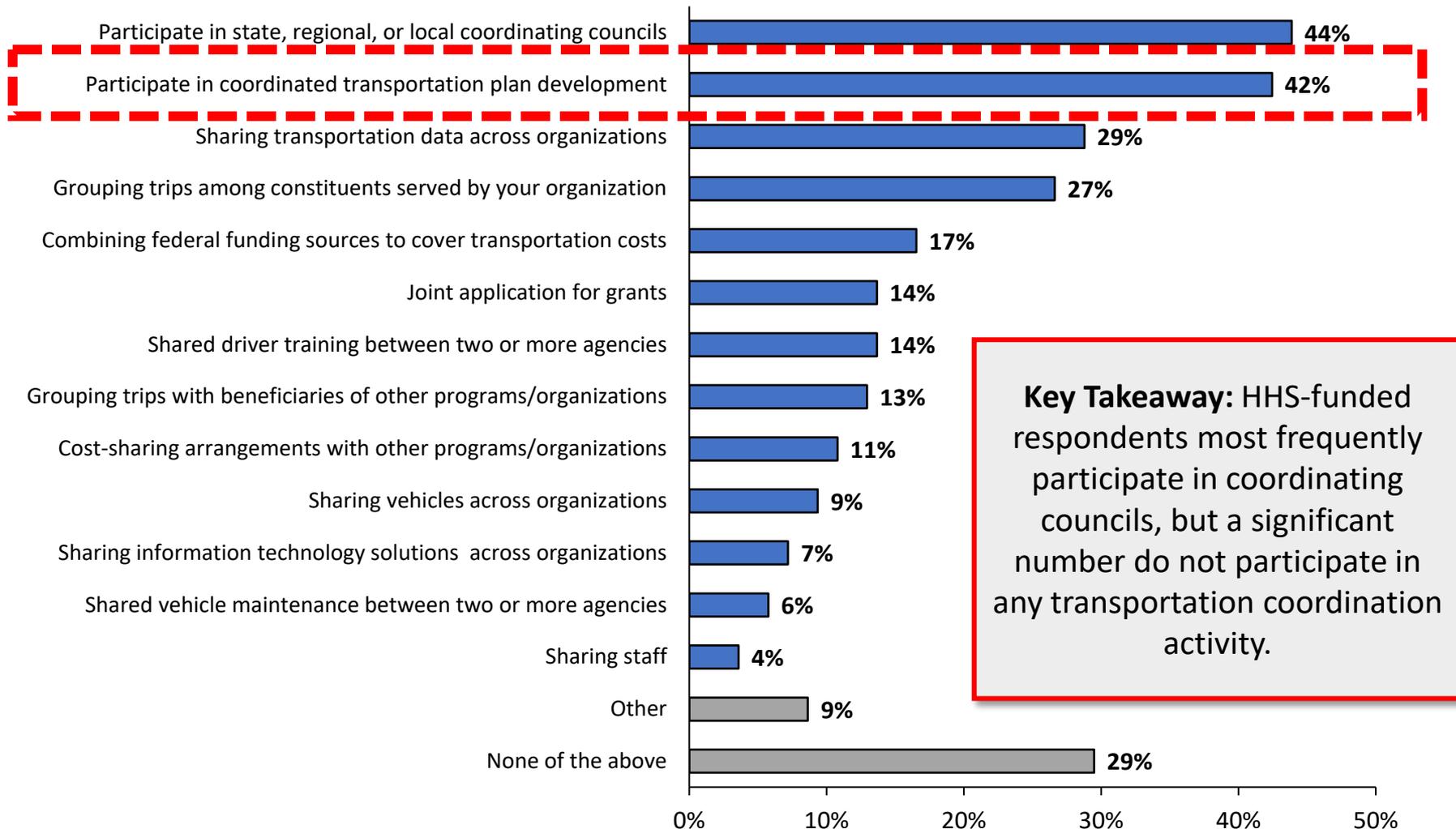
The next slides analyze a selection of the survey questions, considering only the responses from respondents who receive HHS funding.

¹A total of 549 respondents completed at least part of the survey. During the data cleaning process, 22 responses were removed due to incomplete or low-quality responses. 527 respondents were included in the final overall analysis.

Note: The percentages in the figures throughout this report may not add to 100% due to rounding.

Figure 2: Transportation Coordination Activities

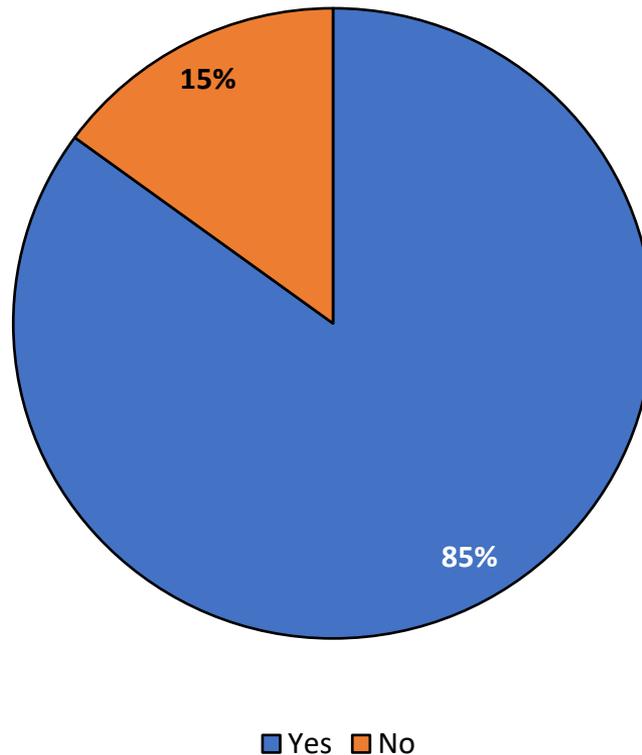
Question: Does your organization or its grantees participate in the following transportation coordination activities? Select all that apply.



Key Takeaway: HHS-funded respondents most frequently participate in coordinating councils, but a significant number do not participate in any transportation coordination activity.

Figure 1: Usefulness of Transportation Coordination

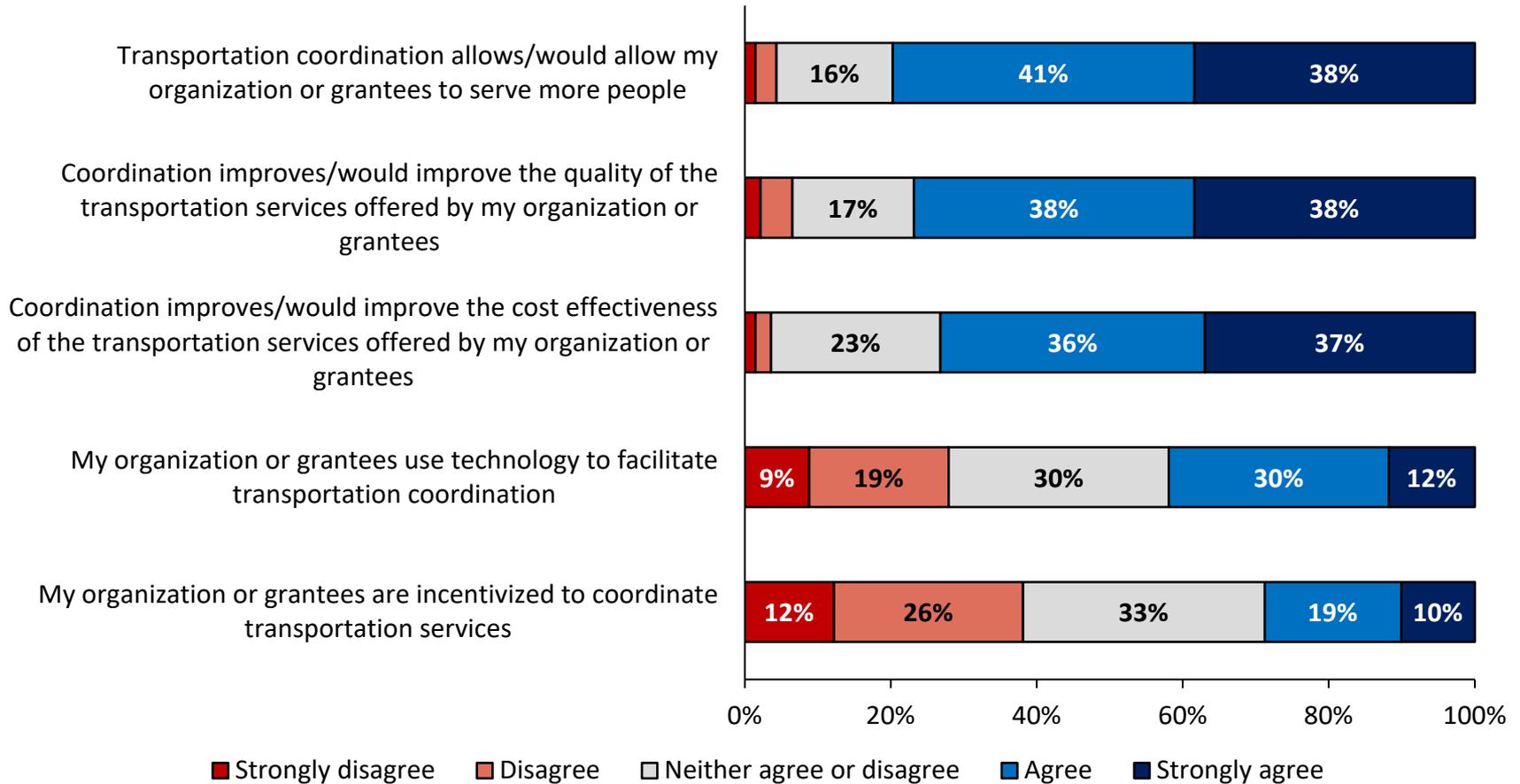
Question: Do you believe that transportation coordination enhances your organization's ability to serve its constituents?



Key Takeaway: Almost all HHS-funded respondents believe that transportation coordination enhances their ability to serve constituents.

Figure 3: Transportation Coordination

Question: Please indicate the level to which you agree or disagree with the following statements:

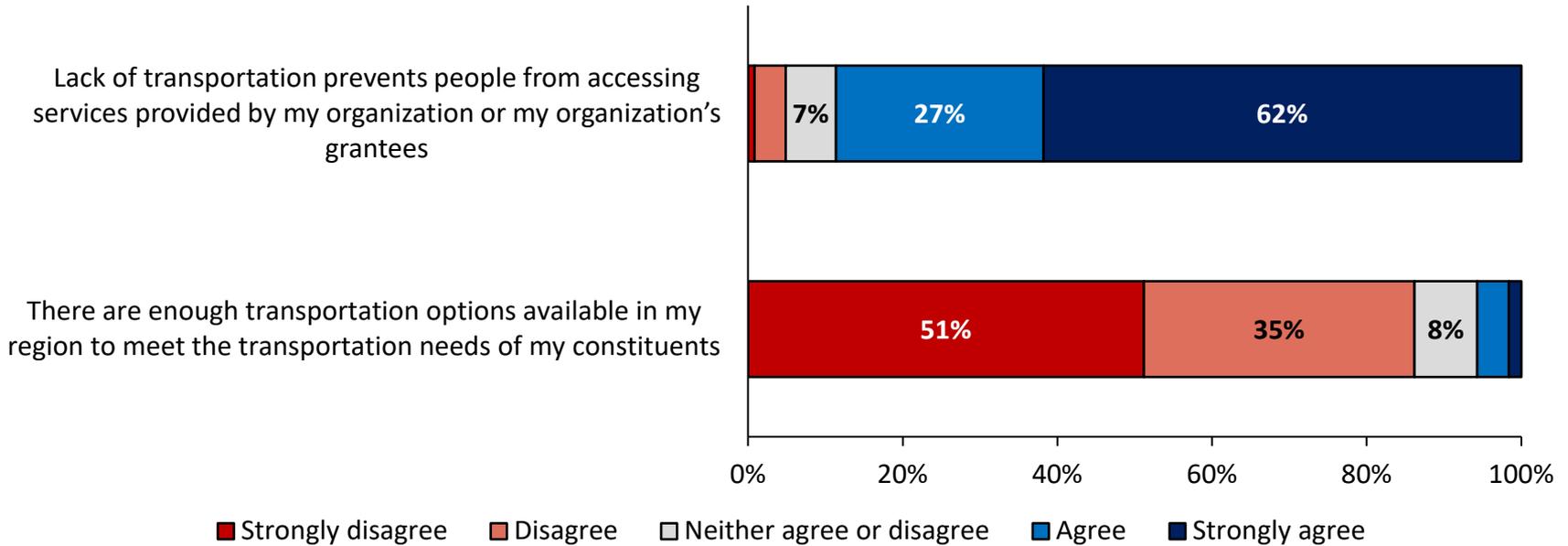


Key Takeaway: Most HHS-funded respondents believe that coordination improves service delivery, but far fewer feel incentivized to implement coordination activities.

n=136-139

Figure 4: Availability

Question: Please indicate the level to which you agree or disagree with the following statements:



Key Takeaway: Almost all HHS-funded respondents believe that their communities lack sufficient transportation services and options, impeding access to HHS-funded services.

What Respondents are Saying About Transportation Coordination

“We have vans across the state with empty seats going to health facilities. If we can fill the seats even though they aren’t necessarily a Medicaid recipient we can bridge the gap. It will help keep health care costs down by keeping trips from becoming emergent and enable the residents access to the health care they desperately need.”

“Most of the passengers we serve are the same people who receive other social services. Working as a team with other social service entities enables us to provide a ‘total package’ of needed services.”

“If transportation services were available for our patients they would be able to keep their treatment appointments.”

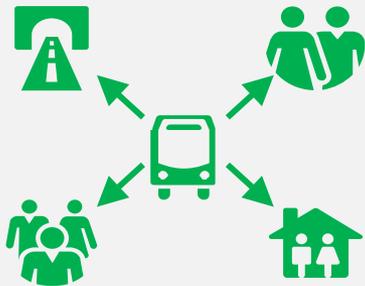
“Agencies believe, whether rightly or wrongly, they cannot ‘share’ funds to provide transportation services. If coordination continues to be promoted, federal laws, regulations, guidance, needs to require or encourage resource sharing at the state level. Then, presumably, the states will push that to the county level.”

Destination Coordination: Access for All Americans

Coordinated transportation ensures that otherwise underserved populations, such as **older adults**, **people with disabilities**, and **people of low income**, are able to contribute to their community and the economy and lead healthy, productive lives.

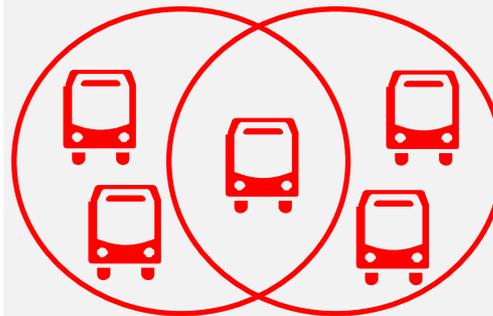
Coordinated transportation fosters:

Availability and Accessibility



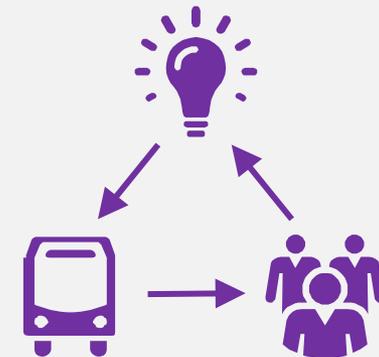
Provide more transportation options by streamlining policies and encouraging collaboration.

Efficiency



Share resources, save funds, and reduce redundancy within the 80+ federal programs that fund transportation.

Innovation



Improve customer service by developing and implementing future transportation models.

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



FTA Rides to Wellness Grant

- **Rural Southern IL One-Call/One-Click Center** for patients seeking drug abuse and mental health services in an area w/ a high rate of mental health & substance abuse & a disproportionately low number of healthcare providers. 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 health care costs: survey of participating hospitals on **reducing costs due to fewer re-hospitalizations**; survey of behavioral health providers measuring reduced costs due to fewer maladies and diseases related to drug abuse & other mental health illness
 - Percentage-based comparison: **# of patient re-hospitalizations referred from participating hospitals compared to same hospitals prior to inception of project**; median cost of re-hospitalization for each participating hospital; & 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

Federal-to-Federal Match

- Local match may come from other federal non-DOT programs
- When funds are leveraged in this way, programs can be 100% federally-funded
- *More info:*
 - *Section 5307, 5310, and 5311: Using Non-DOT Federal Funds for Local Match* <http://www.nadtc.org/news/blog/section-5307-5310-and-5311-using-non-dot-funds-for-local-match/>

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
- Disability
- Medical/Behavioral Health
- Community Services
- Rehabilitation Services



Mobility Management Training

National Transit Institute (NTI) [Advancing Mobility Management](#) course in Des Moines, IA on April 23-24, 2019. *The course is free for government agencies & public transit.* There are two additional course offerings this year: **Charleston, WV on May 8-9, 2019** and Anchorage, AK on June 11-12, 2019. The course is designed to help build the capacity of community professionals to implement and scale up mobility management strategies and initiatives and expose participants to promising practices in the field. Topics to be addressed include:

- Leading change in your organization and community
- Articulating a mobility management vision, goals and desired outcomes
- Building connections among integration partners
- Tools to assist in partnership development
- Measuring mobility management success and performance
- Program and project implementation
- Communication, outreach and marketing

Register [here](#).

For those new to mobility management, there's another course, [Managing Community Mobility](#) offered in Providence, RI on April 10-11, 2019 and Boise, ID on June 11-12, 2019. Register [here](#).

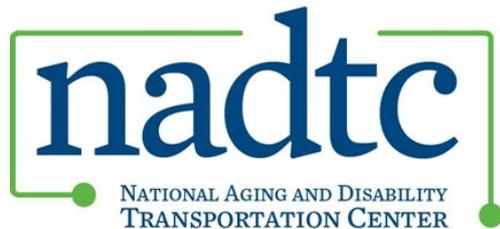
Tap into Resources



[National Center for Mobility Management](#)

website: www.nc4mm.org phone: 1-866-846-6400

email: info@nc4mm.org



[National Aging and Disability Transportation Center](#)

website: www.nadtc.org phone: 1-866-983-3222

email: contact@nadtc.org

NADTC supports the [Grants for Enhanced Mobility for Seniors and Individuals with Disabilities Program \(Section 5310\)](#). A person whose addiction to drugs poses a substantial limitation on one or more major life activities is a person with a disability and is eligible to receive transportation through the [Section 5310 Program](#), including to a drug treatment center.



[Rural Transit Assistance Program](#)

website: www.nationalrtap.org 1-888-589-6821

email: info@nationalrtap.org



Solicitation: Cost Allocation Technology for NEMT (Open 2/19/19 – 4/22/19)

FTA is seeking small businesses to submit project proposals for the FY19 Small Business Innovation Research (SBIR) Solicitation on *Cost Allocation Technology for Non-Emergency Medical Transportation*.

The SBIR program encourages domestic small businesses to engage in Federal Research/Research and Development that has the potential for commercialization.

Links

[Learn more about U.S. DOT's SBIR program](#)

[Read FAQ](#)

[DOT Volpe Center website](#)

[Federal Business Opportunities.](#)