



Federal Transit
Administration



US DOT FTA iCAM “Access to Care” Grant

Summary, Outcomes, Learnings & Best Practices

FINAL REPORT



**PILOT-END PERFORMANCE EVALUATION
FOR FTA’S ACCESS TO CARE PROGRAM:**

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EXECUTIVE SUMMARY

What iCAM Is

Innovative Coordinated Access and Mobility (iCAM) Projects are funded by Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act (Pub. L. 114-94, Dec. 4, 2015) which authorizes the FTA to award grants for innovative coordinated access and mobility projects for the transportation disadvantaged population that improve the coordination of transportation services and non-emergency medical transportation services.

Who We Are

Feonix – Mobility Rising provides transportation solutions for the health and wellbeing of every person in every community. We serve communities by removing transportation barriers and promoting equitable mobility. We do this by collaborating with local leaders, utilizing innovative technology, and building dependable and safe transportation networks.

On April 21, 2021, Central Midlands Regional Transit Authority (The COMET) engaged Feonix – Mobility Rising to implement an Innovative Coordinated Access and Mobility Program to provide first and last mile, and door-to-door rides for veterans, older adults, and single parent households to access medical, dental, pharmacy and health related appointments as part of the “Access to Care” Program.

The Problems We Solve

Access to transportation is one of the social determinants of health and supports the prevention of health problems resulting from various social and economic factors. Feonix Access to Care continues to fill this vital gap for at-need older adults, veterans, single parents, and individuals with disabilities. Additionally, findings from surveys completed by medical providers and patients indicate that patients need door-to-door transportation due to a variety of physical, psychological, and medical reasons. In fact, 85% of patients using the program stated that without the Feonix Access to Care service they would have had no way to get their healthcare appointment.

Who We Serve

We serve at risk and vulnerable patients residing in Lexington and Richland counties, South Carolina. These patients do not have reliable transportation to non-emergency medical appointments. Their medical providers are in those same counties. Patients may have multiple conditions including heart disease, diabetes, and renal failure. Illnesses like these and others need treatment on a prompt, scheduled basis to avoid further complications.

PROJECT DESCRIPTION

What Needed Funding

Feonix Access to Care has performed the program in partnership with Central Midlands Regional Transit Authority (The COMET). It originated as a pilot program which was funded by the federal Innovative Coordinated Access and Mobility (ICAM) grant.

Funding was been inclusive of 40 hours of service per week and provided 1443 rides over the course of the 14 months. It also included the cost of the vehicle, driver, vehicle insurance, customer support, dispatch, ride booking technology, driver training and education, cleaning supplies, gas, driver administrative oversight, and program outreach.

Why It Matters

Herbert, a senior living in Columbia SC, knows all about the challenges of finding transportation, he has been unable to drive since having heart surgery. “I was referred to the ‘Feonix Access to Care’ medical transportation program by my doctor’s staff,” says Herbert. “Finding this service has helped in reducing stress and is enabling me to focus on my recovery.”

At-risk individuals without affordable transportation are unable to get to their medical appointments which severely impacts their health and quality of life. A first quarter 2022 survey of patients who used Feonix Access to Care revealed that 85% could not have found a way to get to their appointments, 77% do not own a vehicle, 38.5% cannot take public transportation and 31% cannot drive due to medical reasons.



KEY PARTNERSHIPS

The COMET

The scope of the grant enabled Feonix to offer services to residents in Richland and Lexington counties of South Carolina. The purpose of the grant was to provide health and wellness related trips for anyone within the target populations regardless of eligibility criteria and uninsured have been welcome.

Feonix implemented the Non-Emergency Medical Transportation (NEMT) first and last mile and door-to-door mobility service with the goal of increasing use of The COMET fixed route transit services and committed to collaborating with and providing information to The COMET regarding the efficiency and use of the operation of the services.

Riders completed a Transportation Survey prior to their first ride which provided The COMET with insights into an individual's access to public transportation and their ability to utilize the services that are available.

The following questions were asked to gauge the interest of riders in additional public transportation programs:

You may qualify for additional subsidized transportation programs through The COMET. Would you like to learn more? May someone contact you?

Only a very small percentage responded to the questions and only one rider has implemented an additional subsidized transportation program.

Bus Stop Fixed Route Infrastructure Improvement Report

In the fall of 2021, to fulfill a requirement of the FTA iCAM grant, Feonix – Mobility Rising completed an assessment of the public transit fixed route bus stop infrastructure to provide The COMET with information that may be utilized when considering improvements to bus stop infrastructure. The assignment included visiting 25 bus stops that are close to medical facilities, highlighting specific features at the stops, documenting findings, and taking photographs.

In summary, bus stops are well appointed to meet the basic needs of mobile and ambulatory riders. Of all stops visited, 100% have visible and easily understandable signage, and 96% of bus stops were clean and in excellent condition. Only one was located near a dumpster. However, to meet the needs of all citizens and residents, a greater focus and investment would need to be made in benches, seating, shelters, lighting, and accessible curbs so that those who are



non-ambulatory or who have physical challenges that impact their abilities to move about independently, are able to utilize The COMET fixed route bus system to meet their needs.

The most notable findings in relation to the needs of the grant target populations are:

Of 25 bus stops serving medical facilities:

- ▶ 28% have shelters
- ▶ 36% have benches
- ▶ 12% have lighting
- ▶ 32% have accessible curbs
- ▶ 32% are accessible by wheelchair



The COMET provides Richland and Lexington counties with 1,262 stops, 81 of which are within ¼ mile radius of one of the 14 major hospital facilities and 13 renal dialysis centers within The COMET service area. The COMET provides an excellent service to residents and visitors by providing as many stops as there are in the service area and as evidenced, the stops have the basic infrastructure needs to be serviceable for ambulatory riders. However, for the service to be of a greater value and to be more accessible to those who need it the most; our older adults, veterans, and single parents, a greater investment must be made in the features that they require. The addition of or improvements to shelters for security, benches/seating for resting, lighting for safety, and accessible curbs for accessibility must be addressed in order for the service to truly provide access to care for all people in Richland and Lexington counties.

Highlights from the Partnership

The original goal was for 33% of Program Participants to respond in survey results that they have an improved quality of life due to enhanced access to healthcare services.

The Result:

- ▶ 42% of surveyed participants responded
- ▶ 100% stated an improved quality of life
- ▶ 75% reported a very high rate of improvement in health

The program surpassed the target goal to provide transportation and access to transportation utilizing ride booking technology by achieving 120% of target goal.

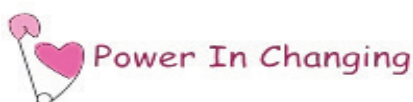


Medical and Community Partnerships

Feonix Access to Care collaborated with eleven medical and community partners including major hospitals, medical facilities, nonprofit and social service agencies—Able SC, American Renal, FoodShare, Lexington Medical Center, Lexington Richland Alcohol Drug Abuse Centers (LRADAC), Power in Changing, Prisma Health, Richland Library, SC Department on Aging, United Way of the Midlands, WellPartners Eye and Dental Clinics.

Many of these partners have multiple departments and locations using the program. Trained partner medical professionals, called Operation Specialists, identified patients who do not have transportation and qualify them for service. Then they schedule patient rides with Feonix Access to Care.

Return on Investment for healthcare partners has been significant. When patients arrive at medical appointments on time providers can improve patient throughput, health care quality, stabilize and improve patient outcomes, increase billings to insurance companies and Medicaid, and reduce stress for their case managers and care coordinators.



IMPLEMENTATION

The program was launched in June 2021 with the hiring and training of a NEMT Driver and an accessible vehicle. Engaging medical and community partners had been ongoing since February 2021 with many meetings, presentations, and engagements taking place all the while COVID-19 was raging worldwide.

First rides started on July 5, 2021 serving patients of 4 Prisma Health practices, 2 Lexington Richland Alcohol Drug Abuse Centers (LRADAC) clinics, the United Way of the Midlands WellPartners dental and vision clinics, FoodShare - a food pantry, and Power in Changing - a source for infant care products for single parents and those in need.

The initial patient selection focused on riders who could include a minimum of one leg on a COMET fixed route bus, however, it was quickly learned that 97% of all riders could not include the fixed route bus due to physical, mental, or medical limitations, or access to a bus stop.

OPERATING PLAN

Patient Survey – Mid-Point

The Mid-Point Data Collection Survey was deployed during February and March 2022 to patients who have received ride services from July 5, 2021 – January 31, 2022.

In summary, 19 surveys were mailed by USPS to riders who had no upcoming rides booked, and 11 surveys were handed out by Access to Care Lead Driver, Dantrell Ashford, to riders who had upcoming rides. A total of 30 patient riders received the survey either by hand or by USPS mail, 13 anonymous responses were received by March 31, 2022.

The first data point to be surveyed was ‘shuttle performance’. As many patient riders had been unable to utilize The COMET as a means of transportation due to limited physical and medical reasons, the shuttle service has been of prime importance. The questions asked to evaluate this data point were based on quality of customer service, accessibility of the vehicle, patients’ access to medical treatment without Access to Care, and patients’ alternate methods of transportation.

The second data point to be surveyed was ‘health outcomes’. Most patients found the question asked to evaluate improvement or changes in medical conditions was challenging. They were unable to provide concrete, objective information and responded with vague positive statements of thanks indicating an improved quality of life.

- ▶ 85% could not have found a way to get to their appointments
- ▶ 100% rated the accessible vehicle as easily to access
- ▶ 85% rated the service as excellent
- ▶ 38.5% cannot take public transportation due to medical reasons
- ▶ 77% of the patients do not own a vehicle
- ▶ 31% cannot drive due to medical reasons
- ▶ 100% indicated an improved quality of life

Patients also provided satisfaction feedback through the same survey. The following comments were received in relation to two factors – medical condition and quality of life.

Medical Condition:

- My condition has improved
- I was able to get to surgery

Quality of Life:

- The driver takes care of my needs
- Life has definitely improved
- I agree that life has improved
- It's very true that life is better
- I absolutely agree that life is better
- I love this because it gets me there and back
- I can rely on the driver
- They are very respectful, kind and reliable
- I hope they don't go away, please keep it up!

Medical Provider Satisfaction

During the same period we surveyed the medical providers and Operations Specialists at our medical and community partners. We received 12 responses to the anonymous survey.

Overall satisfaction with the Access to Care service

✓ 100% extremely satisfied

Ease of use of the booking platform

✓ 50% Extremely easy to use

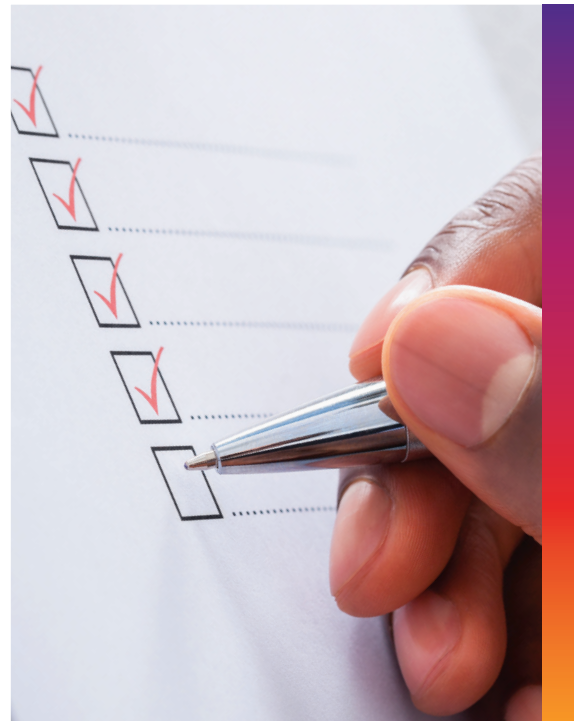
✓ 50% Moderately easy to use

Satisfaction with the amount of time needed to book rides

✓ 100% Extremely Satisfied

Satisfaction with the customer service received

✓ 100% Extremely Satisfied



Mid Point Performance Measures

The mid-point of the 14-month grant came January 31, 2022. The following are the Performance Measures that had been achieved.

Performance Measures	Midpoint: January 2022
Individual riders/patients	39
Trip legs booked	584
Trip legs completed	412

PROGRAM DEVELOPMENT

In February 2022, we continued to engage additional medical and community partners and enrolled new riders. Additional medical and health partners that joined us over the next few months are:

- ▶ Prisma Health – 2 additional practices
- ▶ Lexington Medical Center
- ▶ American Renal – 2 clinics
- ▶ Richland Library

The same trend with ridership continued with most patients unable to utilize the fixed route public transportation system. By the end of the grant, only 14% had included one or more legs on the bus. 86% of riders are unable to utilize the public system due to physical, mental or medical limitations, or access to a bus stop.

Effects of COVID 19

The FTA iCAM grant, initiated as a collaboration between The COMET and Feonix – Mobility Rising in 2018, was awarded in 2019 to enhance access to healthcare by utilizing mobility management, health and transportation provider partnerships, technology, and other actions that drive change. The onset of COVID-19 delayed the grant launch until February 2021, patient transportation started in July 2021, the grant ended on August 31, 2022. Since the pilot program began in July 2021, during the pandemic, participation from medical providers and patient ridership steadily increased to more than what 1 vehicle and 1 driver could provide during a five-day, 40 hour, week.

Patients were required to complete a verbal COVID protocol compliance agreement during which they agreed to comply with all COVID regulations including the wearing of masks, allowing for windows in the vehicle to be opened slightly, sitting in the back right hand side seat of the vehicle if possible.

Feonix Access to Care staff regularly connected with stakeholders. This included interviews and surveys of patients and Operations Specialists. Monthly task force meetings to discuss successes and areas for improvements, included Operations Specialists, healthcare managers and directors, social workers, advisors, community partners and interested community members were held virtually instead of in-person as had been originally planned.

Patient & Medical Provider Surveys – End of Grant

Patients were again surveyed in June and July 2022. Surveys were sent to 42 patients and 20 medical providers who had been involved in rides from February 1, 2022 – July 31, 2022.

Twenty-six surveys were mailed by USPS to patients who had no upcoming rides booked, and 16 surveys were handed out by Access to Care Lead Driver, Dantrell Ashford, to riders who had upcoming rides. A total of 42 patient riders received the survey either by hand or by USPS mail, 17 anonymous responses were received by August 5, 2022.

Twenty surveys were sent via Jotform and email to medical providers, social workers and Operations Specialists who were involved with referring patients and booking rides to Access to Care, 13 anonymous responses were received by August 5, 2022.



Patient Survey Responses

The patients were surveyed for their demographic information, mobility capability, life situations, use of the program, and noticeable health improvement. They were also asked to provide feedback on how they would manage their medical transportation without Access to Care transportation.

Demographic Information

Age:

- ▶ 47% 55-64 years old
- ▶ 41% 65+
- ▶ 12% Younger than 55

Recipient Category:

- ▶ 77% Older Adults
- ▶ 18% Single Parents
- ▶ 5% Veterans

Mobility Capability

- ▶ 41% Slight Mobility Challenges
- ▶ 29% Good & Very Good Mobility
- ▶ 25% Excellent Mobility
- ▶ 5% Severe Mobility Challenge



- ▶ 88% of riders are older adults, age 55+
- ▶ 46% have limited mobility
- ▶ 75% have more than 1 medical appointment per week and have limited finances
- ▶ 50% cannot use public transportation
- ▶ 47% have utilized Access to Care consistently, more than 20 rides, to access medical appointments
- ▶ 88% have been able to keep medical appointments
- ▶ 53% have been able to receive consistent and/or additional medical attention
- ▶ 81.5% indicate that they are experiencing a very high level of health improvement
- ▶ 88% indicate that they would not be able to keep scheduled medical appointments without the service
- ▶ 47% believe that without the service, they will end up in the hospital Emergency Room

Medical Provider Survey Results

Medical providers, including social workers and operations specialists, were asked for information on the number of rides they book, the amount of time they save, their satisfaction level with the booking platform and the overall level of ease or difficulty in utilizing the technology. They were asked for their feedback on how the program helps alleviate their on-the-job stress and, they were also asked to select from a list of problems that Access to Care as helped them to overcome. Finally, they were asked how the program might be improved and what the greatest benefits of the program are.

Difficult Situations Alleviated:

- ▶ 69% Reduced waiting times for return pick-up
- ▶ 54% Missed appointments
- ▶ 46% Late appointment arrival
- ▶ 46% Appointment rescheduling
- ▶ 38% Return transportation



Recommendations for Program Improvement:

- ▶ 61.5% More service availability
- ▶ 17.5% Saturday service
- ▶ 7% Patient access to book rides
- ▶ 7% Multilingual
- ▶ 7% No public transportation requirement



Reduction in Work-place Stress:

- ▶ 92% Yes
- ▶ 8% No

Type of Stress Reduction:

- ▶ 60% Improved patient care and service
- ▶ 40% Ease of patient financial burden

The greatest benefits of the service for the medical providers:

- ▶ 68% Free door to door, dependable, and reliable service
- ▶ 23% Appointment compliance

The most requested improvement for the service for medical providers:

- ▶ 79% Increased availability of vans, drivers, schedule

- ▶ 85% of medical workers report saving up to 3 working hours per week
- ▶ 92% report a reduction in work related stress most closely related to their ability to provide patient care and service
- ▶ 79% suggest that an increase in service availability would be a program improvement



Medical Partner Perspectives and Feedback

“Since working with Feonix Access to Care, we have been able to greatly improve access to health-related services for patients with transportation barriers. For example:

- ▶ *We have been able to transport patients to Harvest Hope Food Bank for food pick up to address food insecurity issues.*
- ▶ *Countless patients can get to and from medical visits which in turn helps to reduce or eliminate the need to exhaust family members and friends who are already stretched due to their other obligations.*
- ▶ *The program assists our patients in remaining independent while coordinating their own care.*
- ▶ *The service has allowed patients who qualify for Modivcare but have had their service discontinued leaving them with no transportation options, to get to and from critical appointments.*
- ▶ *Access to Care has filled in the gaps where there have been no other available resources, for example, helping the single mom with a wheelchair dependent child who has no other transportation options.*

As a Social Worker, I encounter patients with various transportation barriers. Many do not own or have access to a vehicle nor do their family or friends. They may be on a bus line but are unable to get to the closest bus stop safely. They may have Medicaid and qualify for Modivcare, but not have access to the services.

Access to Care is a Godsend for so many. Recently we discovered a pediatric patient who is diagnosed with leukemia and will require chemotherapy twice a week. The child does not have access to Medicaid nor their transportation services. The Feonix Access to Care program is the only option for the mother. If it were not for Feonix Access to Care, this patient could have been hospitalized for treatment instead of being able to remain at home reducing the cost of treatment, stabilizing, and improving the patient's outcome, and reducing stress on the health care system.

Our patients are thoroughly pleased with the caliber of services that they are receiving. For example, we have an 88-year-old patient, Ms. Ford, who has been using Feonix Access to Care for several months. She is out of the catchment area for DART and does not have transportation benefits through her insurance



company. She has a car but is not able to drive due to her health. She has been utilizing Feonix Access to Care for necessary appointments and is thrilled with the program. She reports the driver is always on time, and she remarks what a pleasure he is to be with. She shared that he made her laugh and laugh when he said, “Ms. Ford, ain’t nothing wrong with being a turtle” regarding her pace walking to the car. Ms. Ford has worked with the South Carolina Department of Recreation and Aging and knows the importance of accessible transportation for seniors. She is very upset at the thought that the Feonix Access to Care program may no longer be available after August, as she knows what a resource it is for those in need.

Please consider the sustainability of this program which has been invaluable to our patients and their families. Without it we will have very limited or no other transportation options for the patients at Prisma Health Midlands. “

Warm regards,

Sandra Romero Diaz, LMSW

Supervisor, Continuum of Care – Social Work

“I wanted to write to express my and my patient’s appreciation for the Feonix transportation program. I have multiple patients who cannot drive due to vision problems, memory/cognitive deficits, or other disabilities. They often have to see multiple specialists, and getting them to and from their many appointments is a significant burden on friends and families. There are other transportation programs, but these often drop people off well before their appointments or pick them up hours afterwards. Many patients have heart failure and leg edema that gets worse when they are sitting for prolonged periods. It’s difficult to elevate your legs while sitting in a doctor’s office lobby. There is the increased infection risk of being exposed to sick patients who are also in the lobby or in the van with you, and some patients have cognitive or behavioral issues for which it would be better if they weren’t sitting relatively unattended for extended periods of time. These concerns often lead to patients refusing to go to all of their appointments, and they subsequently miss out on some of the medical care that they need.

My patients who have used the Feonix transportation program have raved about it. They are incredibly appreciative and have been much better at making it to all of their appointments.

I would strongly recommend extending this program if possible. It provides a much needed service for our community.”

Sincerely,

Ted Belsches, MD

Internal Medicine Blarney Drive

“The Feonix Access to Care transportation program has been a tremendous help to the patients that we serve in Lexington County. We do have one patient who accesses the services on a consistent basis because of their dialysis needs (3xs per week). Their family member reports that “transportation has been a blessing and their mother would not have been able to get to dialysis without it.” The social workers who are primarily responsible for coordinating transportation for our patients have told me that the staff with the Access to Care Transportation Program is very responsive and a great team to work with.”

Thanks,

Karen M. Williams, LMSW ACM-SW

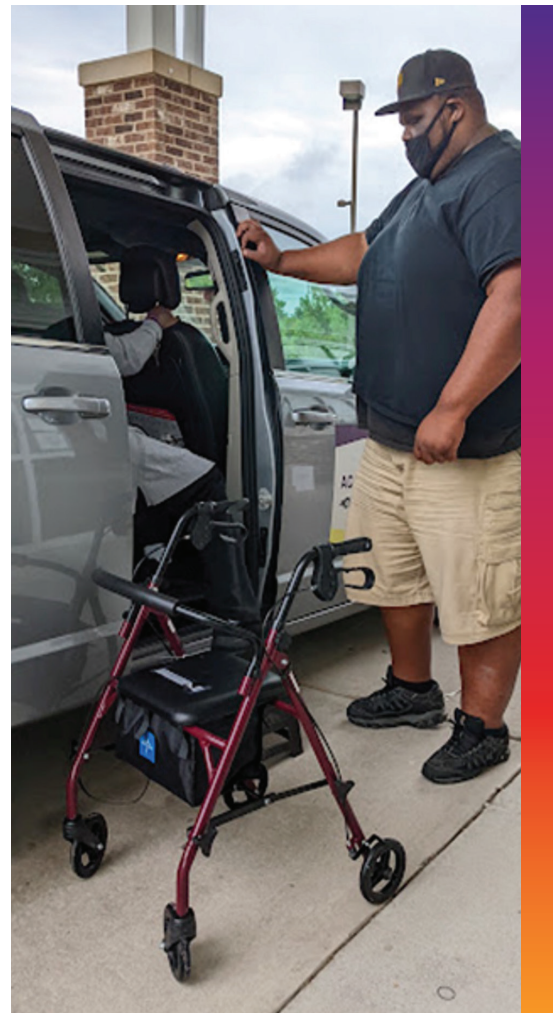
Manager of Medical Social Services

Patient and Driver Perspectives

Dialysis patient, Retha Nelson, requires treatment 3 times a week and cannot use public transportation due to dementia and her inability to navigate the bus system. The team at Lexington Medical Center books rides with Access to Care. *“My Mom loves the reliability and knowing that she is taken care of is a big relief for me and my sister” says daughter Christin. “We both work during the day and now neither of us can take her.”*

A Driver’s Story – Dantrell Ashford

“I see many changes for our passengers, and all for the good. They want to get better and they’re appreciative of our service. Many are less fortunate than I am, and I want them to know they can depend on me. They appreciate being taken from point A to point B without having to multiload and they are so relieved that they will get home after appointments, that’s a big difference for them.”



PROGRAM CONCLUSION

Final Performance Measures

The FTA iCAM grant concluded on August 31, 2022 with achievements in excess of goals in all performance measures, and all but one of the outcome measures. Only the number of program participants utilizing The COMET for at least 1 trip leg ended at 14%, well below the target of 75%.

Performance Measure	Target	Actual on August 31, 2022	% of Target
Nurses, Social Workers, and Medical Support personnel trained to use the AARP Ride@50+ platform to book rides for patients and understand how public transit fixed vs. demand response/paratransit works.	37	37	100%
Unique passengers using the first/last mile and door-to-door service provided by the partnership to book rides online.	100	120	120%
Taskforce meetings for Medical and Health Community members held throughout the grant to discuss the technology and implementation.	18	18	100%
Non-profit/agency partners collaborating with The COMET/ Feonix to provide supportive service for individuals to access medical facilities.	12	12	100%
Trip legs booked by community health workers/medical personnel using the service to set up supportive rides to access medical appointments or other health supportive services.	1735	1854	107%
Trip legs completed	1250	1443	115%

Outcomes

A – 75% of Program Participants use the pilot service provided by Feonix to access fixed route public transit.

14% - 17 riders have taken a bus ride, all other riders listed as Bus Alternative

B – 33% of Program Participants respond in survey results that they have an improved quality of life due to enhanced access to healthcare services.

42% of surveyed participants responded: 100% state an improved quality of life, 76.5% reported a very high rate of improvement in health

C – 30% of Hospitals in the Columbia region have a staff member who has been trained on how The COMET fixed route, paratransit, and AARP Ride@50+ Program.

30%: Prisma Health (6 practices), LRADAC (2 locations), WellPartners (2 clinics), FoodShare, Power in Changing, Lexington Medical Center, American Renal (2 clinics), Richland Library

LESSONS LEARNED

Program adoption

We quickly learned that the program implementation and operation would need to be managed by the medical community. Without the commitment of a social worker or medical partner, managing the patients would have been extremely challenging. Reaching out to the medical partners, finding a way to make the program and process simple and efficient enough to gain their commitment to the investment of time and effort, was more than we had originally anticipated.

Learning that patients were unable to utilize the fixed route bus system was also not anticipated. The goal that 75% of riders would utilize a bus for one leg of their journey seemed very attainable initially, but it was one of the first learnings and prompted questions on the first survey.

Learning that the door-to-door service would be in such high demand had not been anticipated.

Identifying medical partners that would adopt the program was more challenging than anticipated. Even those who originally supported the concept through Letters of Support were unable to utilize the program once it had launched.

Learning how to explain the concept, gain agreement, provide training, and sustain use of the program has all required creative efforts from the Feonix team. Medical providers are focused on providing medical care and attention, adding transportation as an extension of that care is a new concept to most.

Logistics

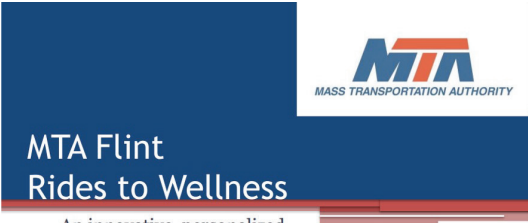
Finding dispatch and routing for trip optimization software has been a challenge. We continue to search for technology that integrates the booking and dispatch platforms but currently rely on the human element to manage the information transfer as well as the technology. This requires a local dispatch agent who knows the community and traffic regulations, who can transfer patient information provided by medical staff from one program to another, and someone with excellent communication, problem-solving, and customer service skills. Communication from the medical provider through the technology to the driver can be misinterpreted, and the dispatcher plays a key role in ensuring that information is understood by all.



MOVING FORWARD/ SUSTAINABILITY

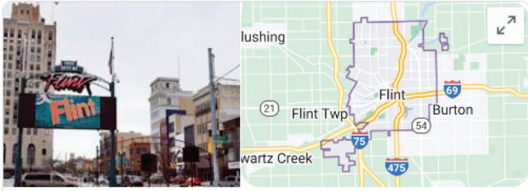
In September 2022, Feonix was awarded a DOT FTA ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES Chapter 53 Section 5310 Grant providing for the continuation and expansion of Access to Care. Feonix is sourcing 20% matching funds in the amount of \$62,058. Funding has been received from Prisma Health - \$5,000. And Sister of Charity - \$5,000.. Pending applications are with Dominion Energy, Blue Cross Blue Shield, Prisma Community Health and Richland County.

The 5310-funding has enabled Feonix to expand service to two vehicles, 1 ambulatory and 1 accessible, and two drivers as of November 1, 2022. Average number of rides per day has increased from 9 to 17 immediately, with more demand arriving daily. We see the potential of this program as growing exponentially during the 2022 – 2023 grant year and anticipate being prepared to more than double the service, each year, into the coming years. As with Rides to Wellness in Flint Michigan, we expect to expand the program through continued FTA funding, through state operating assistance, and fares.



MTA Flint
Rides to Wellness

An innovative, personalized approach to assisting Flint residents in accessing critical services



Flint
City in Michigan

Flint is the largest city and seat of Genesee County, Michigan, United States. Located along the Flint River, 66 miles northwest of Detroit, it is a principal city within the region known as Mid Michigan. At the 2020 census, Flint had a population of 81,252, making it the twelfth largest city in Michigan. [Wikipedia](#)

Area: 34.1 mi²

Weather: 71°F (22°C), Wind NE at 3 mph (5 km/h), 73% Humidity
[weather.com](#)

Population: 95,999 (2020)

Rides to Wellness –
Three years of sustained growth

September 2016

- One Mobility Manager
- Five drivers
- Three vehicles
- One community partner
- 169 trips for the month

September 2019

- Three Mobility Managers
- Seven coordinators
- 130 drivers/attendants
- 80 vehicles
- 13 community partners
- 10,000 – 11,000 trips/month
- Operational costs are funded by fares and state operating assistance
- Capital costs are paid for with other grants like FTA capital grants and other state capital and innovation grants

NEXT STEPS

In Richland and Lexington counties, the next steps are to continue expansion of the program through increasing medical partner participation and to continue to identify funding for program expansion. The existing community partners such as United Way of the Midlands, SC Dept on Aging, Senior Resources and Able SC offer opportunities to promote the program to their clients and patients. Communicating information about the availability of the program directly to consumers will enable us to network with medical providers. We encourage patients to speak with the doctors, nurses, social workers and other medical professionals to help us open doors and access those who are deeply concerned and committed to not only providing the medical care and assistance needed by their patients, but to think holistically about the patient and know that getting to and from needed medical care is as important as the actual care itself.

BEST PRACTICES

Building relationships and trust is the top priority to ensuring Access to Care, or any similar program, will be successful. This requires a commitment to open and honest communication amongst the internal team to ensure that the program operates efficiently. Drivers are important team members, as they are the front-line workers, and represent the program for the patients. It is key to find individuals who are committed to the mission of the program and who truly care about the wellbeing of their riders. The Dispatcher must be detail oriented and invested in ensuring that patient and medical provider needs are met. The Program Manager must always be communicating with the existing medical partners, reaching out into the community for program expansion, problem-solving and connecting with the riders through ride-along visits. When the program operates effectively, the medical partners are more likely to be willing to assign time for their staff to book the rides. The patient perspective and rider experiences must remain top priority for ongoing success.

Recognize and acknowledge that any new process takes time. During the first three months of Access to Care we learned much of what has been referenced in this report. From learning that patients in Richland and Lexington counties could not utilize the fixed route bus system to managing the technology effectively, it has taken patience to implement a process and system that is not only working but is growing rapidly.

Know that this is a service program. Although the grant promotes the use of technology to provide the service, people are what truly matters. The technology is just a tool like any other and may or may not improve the quality of the service. Utilize technology for the right reasons, to enhance the service delivery, but know that the program is about the riders and providing improved access to healthcare.