



MISSOURI RURAL HEALTH ASSOCIATION

Fiscal Year 2018 and 2019 Competitive Funding
Awards: FTA Innovative Coordinated Access and
Mobility Pilot Program (ICAM) and Human Services
Coordination Research (HSCR) Grant Program

[Abstract](#)

Missouri Rural Health Association- HealthTran ICAM Mobility Management

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Executive Summary

Across the state of Missouri, from community-based to associations, state government agencies and more, transportation is noted as one of the top three barriers to a better quality of life. However, it is typically not addressed, or individual organizations opt to secure a vehicle/driver with time-limited grant funding. Due to magnitude of the issue, MRHA explored how rural Missouri transportation barriers could be addressed through mobility management and coordination. The mission was to utilize technology, education, mobility managers, and resources to increase transportation options, efficiency, and awareness of access barriers, while working to advocate and support access solutions. HealthTran works to reduce transportation barriers and improve access and ridership which results in:

- Providing transportation gap analysis in improve existing transportation (including first/last mile public transit connections and group transport)
- New funding streams through medical providers, social service agencies, employers, educational institutions, and private individuals to support the cost of transportation.
- Increased ridership of new customers, medical patients without access to care but with health insurance, transport dollars from medical providers.
- Sustainability - sharing the cost of transportation across multiple organizations and communities.
- Impact data to help advocate, increase awareness, identify needs, etc.
- Reduced time, stress, and confusion of scheduling transportation.
- Access to care at the right time, in the right place, at the right cost.

MRHA identified three (3) primary goals for the ICAM funding:

1. Expand knowledge through Regional Mobility Coordination (RMC)
2. Develop a certificate training program to increase marketable skills in the workforce
3. Development of a one-stop scheduling platform

HealthTran is best known for the Volunteer Driver Program. With over 20 active drivers at one time, the program has provided 3,360 rides in 44 counties. Direct services are rides scheduled on the platform by members and include pick up and drop off counties. Our members refer customers for transportation and pay for the rides.

HealthTran helps communities, organizations and health providers understand transportation barriers through demonstrations, webinars, and conference presentations. The outreach expanded the HealthTran programs mission to an additional 38 counties reaching an audience of 82 Missouri counties.

The HealthTran model streamlines the launch, start up and cost of a volunteer driver model. It also improved efficiency with technology, increased reporting capabilities to help address and create real solutions in localized areas, created more policies, procedures, and processes to define roles and streamline communication and understanding. At this time, MRHA HealthTran is working with MTM to bring its volunteer driver program to rural areas where patients under Medicaid Managed Care live as another way to decrease access barriers. Integration of technology and processes with a continued focus on the individual needing transportation, is MRHAs focus.

Introduction and Background

Poor access to reliable, safe, timely, consistent transportation to/from healthcare appointments and services that affect the social determinants of health is a KEY driver of poor health outcomes AND is ineffective and expensive for care providers. HealthTran was designed to solve this complex problem-especially for aging and low-income individuals. HealthTran combines technology and mobility management training consulting to address transportation barriers in specific areas and for specific needs.

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A report issued by the Missouri Foundation for Health in October 2018 identified transportation as an issue for rural Missourians and called for “greater collaboration between public and private stakeholders to address funding, statutory and regulatory barriers to promote even greater innovation”. Transportation comes up in virtually every conversation about rural health care, particularly in the last few years as hospital closures have increased the distances many patients need to travel. The Missouri Hospital Association reports Missouri has closed fifteen hospitals since 2014, victims of cutbacks in reimbursement from insurers and the government. Distances patients must travel are increasing, as a full 2/3 of these closures were rural facilities.

The COVID-19 pandemic further damaged health care infrastructure and resulted in many people delaying care.

As policymakers look at ways to improve the health of rural Americans even as they trim costs, it’s becoming clear transportation is a critical missing link between patients and providers. The problem isn’t necessarily a lack of rides; many places, like Missouri, have transportation options for people who can’t drive. Medicaid provides some non-emergency transportation for eligible patients. The need is addressing all the social determinants of health, getting people to not just their health care appointments, but those activities that improve their health and quality of life, such as, work and school, grocery stores and pharmacy visits. This is increasingly important as people are aging in place and working longer.

But the systems have problems and gaps. Medicaid rides must be ordered three days in advance, and cannot include secondary stops, even visiting a pharmacy to fill a prescription after a doctor visit, without prior approval. Van and bus services run intermittently on fixed schedules and routes that may not match a patient's appointment times. Medicaid brokers can meet required success rates without serving rural residents; as a result, rides get cancelled or transports don't show in rural areas. There are Medicare plans with transportation services provided to seniors in some plans, but not all. Navigating those services becomes overwhelming and burdensome.

The current system puts the burden of navigating options and schedules on patients, even as they are struggling with illness and symptoms like pain, confusion, and fatigue. In Missouri, when getting a ride isn't simple and affordable, patients forego care. That means their conditions can worsen until they become acute and result in an ambulance ride to the ER instead. Clearly, the existing system doesn't work well for anybody. Patients are overwhelmed and often give up. Doctors and hospitals lose time and revenues because of "no shows." Ambulance companies are transporting patients who didn't know who else to call, and don't get paid if the insurance company or Medicaid decides it wasn't an actual emergency.

Social and economic factors exert the greatest influence on health in terms of chronic illness, disability, injury, and complications resulting in poor health outcomes including premature death. Studies indicate large gaps in income inequality can adversely impact health and have linked poverty and low levels of social integration to increased risks of mortality. While social impacts are difficult to quantify, low income and poverty reduce the ability of citizens to access basic health care. A transportation solution is one way to decrease barriers.

MRHA applied for the grant due to the unique resources and connections across the state and to better link health and transportation industries. MRHA is unique in its ability to work and understand health providers, social determinants of health and transportation needs in rural Missouri. The relationships, collaborations and partnerships provide an opportunity to "connect the dots" to begin conversations addressing long-term access barriers and break down silos.

MRHA programs connect the dots:

- MO Dept. of Health and Senior Services: Memory Home Care Solutions and the Alzheimer's Association. Building awareness of senior needs.
- MO Foundation for Health: Rural Opioid Response (ROR) state technical assistance team
- MO Foundation for Health: E-Care and E-Hospitalist pilots in five rural hospitals in Missouri. Building Telehealth-Avera and MRHA partnership.
- HealthTran: Mobility Management and Volunteer Driver Program: Receive support from Federal Transit Administration, MODOT and Managed Care Providers.

MRHA collaborative partnerships and connections create opportunities for advocacy and leadership. These partnerships include:

- Community Asset Builders, LLC, health focused grant writing
- National Center for Mobility Management, education, and training

Missouri Rural Health Association: FTA ICAM Final Report

- University of Missouri, School of Medicine, health disparities
- University of Missouri Extension, Canvas training platform
- Missouri Association of Community Action, community resources
- Missouri Public Transit Association, transportation providers
- Missouri Council of Governments, transportation guidance
- Missouri Association of Area Agencies on Aging, technical assistance for seniors
- Missouri Transportation Task Force, Missouri focused solutions for all
- National Rural Health Association, technical assistance

The Missouri Rural Health Association is a 501c3 nonprofit mission is to *Safeguard and Improve the Health of Rural Missourians*. MRHA accomplishes its mission by engaging in partnerships and providing leadership on rural issues through advocacy, communication, and education. Transportation is always one of the top two barriers listed in rural communities across Missouri. As the elephant in the room, it is seen and discussed, but seldom addressed due to the magnitude of the issue.

The Missouri Foundation for Health, a philanthropic organization to eliminate underlying causes of health inequities, transform systems, and enable individuals and communities to thrive, funded the HealthTran pilot of 2014-2017. Using mobility coordination across multiple public and health transport services, 733 unduplicated individuals received over 4,700 rides, which gathered data across 9 south-central rural counties. The data gathered proved access to care improved health outcomes, decreased missed and no-show appointments, and increased revenue for health providers. The findings from the pilot inspired the HealthTran program of today.

The Missouri Foundation for Health Transportation and Health Convening Report, <https://mffh.org/the-foundation/publications/> completed December 12, 2019, confirmed the pilot findings.

- Transportation system is shaped by complex Policy and Funding structures
- Upstream impact requires data sharing and cross-sector planning efforts
- Transportation solutions must be community centered and reflect local context
- Existing transportation resources and assets can be better aligned and coordinated
- Need Statewide Assessment of service gaps using common data/language

MRHA addresses the elephant in the room to help improve the lives of rural Missourians, increasing access to care through education, resources, and the HealthTran rural transport solution.

At conception, HealthTran focused on improving long-term health outcomes by reducing barriers to care, gather data to support the theory that transportation does, in fact, improve health outcomes, and create a replicable program that can be expanded across Missouri. MRHA has taken access to care as a priority mission in 2018. Partnering and collaborating with national, state, and community leaders to bring technical support, resources, training, education opportunities to address the lack of knowledge and skills to take on transportation

barriers and explore technology to improve transit options in rural areas. MRHA-HealthTran finds and cultivates Community Champions to address local issues and upstream data, concerns and solutions that work. Gathering whispers to build a voice for change. Education and shared knowledge have increased a workforce with mobility management skills. Addressing rural transportation barriers by building a volunteer driver program and linking local transportation resources through technology.

Rural Missouri faces multiple barriers not seen in urban and metro areas. Through listening sessions during the HealthTran Pilot and continued communities/organization discussions, the below list was created and remains accurate today.

- Transportation is nonexistent, limited, expensive and restrictive
- Finding and coordinating rides is a nightmare, confusing, stressful and time consuming
- People are unable to get to health, food, medicine-anywhere
- Rural populations face higher health risk
- Growing senior populations need access to remain in the home
- Silos of service and programs
- Scattered information without a single point of knowledge
- Inability to schedule rides quickly across multiple transits-need specific
- Lack of connecting transit services for long-distance needs
- Inconsistent availability of services including weekend and evenings.
- Federal/state funded vehicles sitting unused when the need is great
- Lack of knowledge of mobility coordination

MRHA-HealthTran took lessons learned from the pilot and approached the rural access barrier understanding that rural Missourians face barriers unknown to urban and metro populations. In rural Missouri Broadband has little to no service, the distance to care can exceed 100 miles for specialty medical care, older and less educated populations with high disabled populations complicates transport and limited public transit, sometimes with no more than 2 available transports per month, little to no other transit options escalates the inability to receive follow up and maintenance health care. In addition, rural residents have an inert distrust of government programs and services.

HealthTran approached increasing access to care through training, education, and a sustainable transit option.

Project Description

MRHA identified three (3) primary goals for the ICAM funding:

4. Expand knowledge through Regional Mobility Coordination (RMC)
5. Develop a certificate training program to increase marketable skills in the workforce
6. Development of a one-stop scheduling platform

Goal 1. Expand Knowledge through Regional Mobility Coordinator (RMC)

The grant provided contracted funds for supporting in-house Mobility Coordinator across four rural communities. With the goal of creating local leaders and facilitators- A Community Champion. The RMC would collect and share data, lead planning efforts, build collaborations/partnerships to address community centered solutions, link to state and federal groups to upstream/downstream knowledge regarding funding, resources, and help develop sustainable transit access goals.

RMC's received core competency training through virtual meetings providing resources, process and policy guidelines, educational materials, connections, and presentations to increase awareness, skills, and knowledge. Each RMC received core training, advocacy, and educational goals. Each organization identified a special project, unique to the service area, to address local need.

- West Central Missouri Community Action Agency- Develop a Community Network to support local transportation efforts.
- Delta Area Economic Development Corporation-Connect Headstart Vans to provide community transportation for low-income families during off hours.
- Jefferson-Franklin Community Action Agency-Act as the transportation hub beginning with a mental health collaboration of three providers within the service area.
- Boonslick Regional Planning Commission: Increase the service of the MO RIDES transportation referral system to include a self-pay model to streamline individuals' ability to find transportation to work, education, health, food, or other needs.

The comprehensive training included bi-weekly virtual trainings, training manual, and presentations by the Mobility Management Certificate partners and others. The RMC's acted as the test group for the MM Certificate training program and the RMC Handbook was used as a guide to develop the Mobility Management Certificate Program.

Goal 2. Expand educational opportunity with a Mobility Management Certificate Program

Goal: Increase knowledge of mobility management to support hire ability and income potential for rural workforce. Provide a knowledgeable workforce to support access barriers for health providers, nonprofits, for profits, and governmental programs. Decrease access barriers through knowledge and skills. The training focuses on the "rider" needs with areas of ADA, seniors, and low-income and addresses barriers to social determinants of health. Ten (10) students will be enrolled by the end of the grant period.

Rural Missourians face transportation barriers that limit fullness of life and basic needs such as health, food, education, employment, and social interaction. Because transportation is tangled, complicated and expensive, though identified as one of the top two barriers in communities across Missouri, it is not addressed.

The purpose of this course is to provide Mobility Management trainees the skills, knowledge, and resources that will improve transportation access for Missourians who have the greatest need. Upon completion of the course the trainee will be able to identify their community's transportation resources and barriers, communicate with others using non-biased language, collaborate effectively, identify funding resources to assist consumers with transportation cost, and identify requirements and restrictions of funding for consumers. Additionally, trainees will create their own National, State, and Local Mobility Management Resources Toolkit that is focused on the trainee's community of service.

Throughout the course, Mobility Management trainees will explore transportation resources and gaps through the lens of Context, Community, Consumers, Providers, Partnerships, Advocacy, and Assistance Programs. Each module introduces the trainee to a specific aspect of mobility management that is necessary for the trainee's future success in their local community as a Mobility Manager. For example, Module 1 focuses on defining Mobility Management in the context of the local community. Context is a vital component of successful mobility management because no two communities will have exactly the same transportation resources or needs (gaps).

Goal 3. Technology: Develop a One Stop Scheduling Platform

Coordinating transportation is a nightmare; confusing, stressful, difficult, and time-consuming for those outside the transit industry. Health provides working to ensure continuum of care, spend hours trying to locate, arrange and pay for transportation with little success. Patients struggling with health issues face pain, confusion, and fatigue and "give up" trying to find transportation and fail to make appointments resulting in worsen conditions and may result in ambulance trips to the ER. Clearly, the existing system doesn't work well for anybody. Patients are overwhelmed. Doctors and hospitals lose time and revenues because of "no shows." Ambulance companies are transporting patients who didn't know who else to call, and don't get paid if the insurance company or Medicaid decides it wasn't an actual emergency.

The goal of a "One Stop Scheduling Platform" would eliminate the nightmare by providing a single point of entry to schedule rides using local, public, and volunteer driver programs. MRHA set the following features as priority:

- HIPPA & PHI Secure
- Cloud Based
- Data Collection
- Report Capabilities
- Expandable - Built for Rural
- Simple-Effective-Affordable

Kaizen Health, a Chicago based technology platform, was selected as the scheduling portal. Kaizen Health had a successful record of accomplishment working with hospitals and medical transport and was active in the St Louis area. The company had active contracts with fee-for-service, medical transport, and Uber/Lyft transport providers and was willing to contract with rural public transit providers and local transit options. MRHA-HealthTran was successfully using Assisted Rides (AR) Volunteer Program to manage volunteers and track rides. With over 10 years of experience, Assisted Rides operates in 35 states with 65,422 clients and has provided over 4,335,054 rides and services through the platform. Connecting the two programs through an API would provide a One Stop solution. The Kaizen portal was opened October 2019.

Target Audiences

Certificate Training: MRHA wanted to target the audiences of health, community, and transportation through education. Available on-line training through National Center for Mobility Management (NCMM), Community Transportation of America, and National Training Institute are mainly focused on public transit, fee for service, ADA, and Medicaid transporters. What was lacking was education opportunities for front-line workers addressing access barriers for at risk customers. A primary focus of the curriculum was meeting the unmet needs of Social Workers and Community Health Workers. This course has been promoted by Missouri Primary Care Association-Community Health Worker program, Missouri Community Health Worker Association of Missouri, Community Health Worker/Health, and Senior Services. The Promised Land, north of St Louis, is a dead zone for transportation. A Washington University Community Health Worker has been tasked to find a solution to address access barriers for this area. As a new MMCP student, MRHA is providing resources and brainstorming to explore sustainable options. Providing technical assistance and support will increase the success rate of the project. One student commented, "This program is enlightening and helping me build my toolkit to solve the Promised Land barriers."

An unexpected audience is developing with civic and community leaders addressing local needs. A retired Army Engineer Lieutenant Colonel, recent graduated student, is building his toolkit to address affordable housing and transportation initiatives. The leadership will affect Nonprofits arenas in Kansas through organizations such as Thrive, Stronger Ground and Flinthills Wellness Coalition. Funding and support have been secured since taking the course. This course is free and self-directed. In rural Missouri, training opportunities often come with a cost and long-distance travel. MRHA provides an opportunity to enhance employment and employment advancement for rural citizens. The course is supported by the Missouri Hospital Association, Missouri Primary Care Association, University of Missouri Extension and Univ. of MO School of Medicine and the National Community Health Workers Association. In looking at the median Missouri Community Health Care Worker salary \$37,130 per year and the median Mobility Manager salary is \$49,406. It shows having mobility management skills would have a positive effect on long-term employability. Those with mobility management skills have a greater success rate of employment, job site selection, and job growth.

Technology and Rural Access Solution-HealthTran: HealthTran targets health providers and others who wish to provide transportation to their customers to provide a scheduling platform and mobility coordination and service. The membership model provides unlimited access and training for unlimited staff on the scheduling platform. The program addresses HIPPA compliance, Stark and Anti-Kickback laws, reduces time/stress for staff, provides affordable and flexible transport and gather data to support continued transportation.

Trained schedulers are able to arrange transport for a customer in under two minutes. Track the ride in a real-time calendar and make changes such as update time/date, destination, and add a stop such as a pharmacy pickup.

The scheduler sets up a rider profile, which provides data to help drive change, address

The Future and Sustainability

Many pilot programs addressing transportation barriers include purchasing a vehicle(s), driver, scheduler, and administration time to coordinate rides. Setting up a system for ride referrals and providing rides for in-house customers. Once grant funds are gone, the pilot closes. This type of solution is expensive, prohibits sustainability and creates another silo of service. HealthTran developed a volunteer driver program which provides cost effective transport with an NCMM support and linkage to additional training and commitment to expansion certification/training that would have Continuing Education Units attached.

MRHA works to bring an affordable viable solution for health providers and works with communities to advocate local transit sustainable solutions. Exploring the Regional Mobility Coordinator positions showed the benefits and drawbacks of having local leadership in local organizations. A better investment would be to hire inhouse Regional Mobility Coordinators.

Building mobility coordination and service knowledge was a first step in helping communities create transportation solutions themselves, grassroots level implementation and understanding of transportation barriers, build mobility management network or platform that could share information and knowledge. Though the pandemic stopped in-person collaboration, the shared knowledge with local champions and on the community platform, NCMM blog, and the curriculum will continue to grow and expand for future successes.

Expanding HealthTran. HealthTran is doubling its service area, now at 40 counties with 16 members, and continued new interest. The future is bright.

Key Partnerships

Regional Mobility Coordinators were trained to expand the knowledge and importance of mobility management across rural Missouri. Five organizations submitted a proposal of work and four were selected to receive \$50,000 during the 18-month period at \$2,777.77 per month for staffing one person estimated .5 FTE. The position was to work within the community to build a network of likeminded organizations to discuss and find viable solutions to increasing access to care.

West Central Missouri Community Action Agency (WCMCAA) assigned Kelly Ast, Genuine Living Director as the lead with Kenny Hutchinson as the RMC trainee. WCMCAA works to help people and the community reach their fullest potential by cultivating and coordinating resources, building partnerships, and advocating for change. The agency operates across nine counties and is working to develop a transportation network to address local access issues. The counties include: Benton, Cass, Cedar, Henry, Hickory, Jackson, Morgan, St Clair, and Vernon.

Delta Area Economic Opportunity Corporation selected Scarlett Loomas, Project Manager and RMC. The agency operates multiple programs; Head Start and Early Head Start, Childcare Food Program, Energy Assistance, Adult Education Center, Outreach Programs, Weatherization, Home Repair, Homeless Services and Victim Response Team. These programs address social determinants of health barriers for seniors, low-income and the disabled. Transportation is a major barrier for these populations and the bootheel region of Mississippi, Dunklin, New Madrid, Pemiscot, Scott, and Stoddard counties.

Boonslick Regional Planning Commission operates MO Rides, a mobility management program that serves every region of the state. MO Rides connects individuals in need of transportation assistance with providers best able to meet each person's unique needs. Beyond these referrals and providing a centralized directory for finding transportation providers in Missouri, MO Rides partners with organizations and communities to help them build the capacity for greater transportation coordination.

Jefferson Franklin Community Action Agency led by Jill Quaid, CEO and Lisa Buchanan RMC. JFCAC is a not-for-profit Community Action Agency in Jefferson and Franklin counties working to improve communities by creating strong partnerships to address the causes and conditions of poverty. Transportation was identified as a barrier to obtaining healthcare, employment, education, and healthy food choices.

Mobility Management Certificate Program partners, University of Missouri, School of Medicine, and University of Missouri Extension provided technical assistance and guidance in development of the modules. The MU Extension houses the on-line training platform, Canvas.

The following partnerships participated in monthly meetings to develop the modules. Each partner brought extensive knowledge and ideas to the table.

- Missouri Primary Care Association
- Missouri Hospital Association

- Community Health Worker
- Dept. Of Health and Senior Services:
- Missouri Area Agencies on
- Missouri Public Transit Association
- OATS, Inc (public transit provider)

In addition, the four Regional Mobility Coordinators, acted as first students to test the training platform. MRHA-HealthTran utilized the RMC's training manual as a prototype.

Technology

Assisted Rides is a scalable, cloud-based technology program developed for volunteer programs. The program operates in 35 states and has provided a system for over 4,341,450 rides and services. The system offers customizable options and technical support to create a program that is effective, easy to use, and affordable.

Kaizen Health was developed to bridge healthcare and transportation in Chicago, IL. The logistic hub was designed for both patients and health providers to relieve administrative burden on the provider and the financial strain on the patient. The system links multiple fee for service transits, including Uber/Lyft in a single point of entry.

HealthTran worked with Kaizen Health, as the entry point for ride scheduling and linked the volunteer driver program through Assisted Rides through an API link to track all ride types, volunteer, and fee for service. The one-stop shop concept.

On August 1, 2021, HealthTran moved from the Kaizen portal as the point of entry to Assisted Rides. The Assisted Rides technology provided more accurate, timely and reporting for members. Data was completed for July 1, 2021, in order to have a semi-annual report capabilities.

Implementation

Developing the **Mobility Management Certificate** began with selection of stakeholders who met specific needs such as knowledge of transportation coordination, community health worker program, public health or transit, resources, education, or government programs. Meetings were held to define top training needs or modules. The course training was designed for entry level case managers, community health workers, health provider schedulers and community members working to improve transportation for those they served. The partners used the MRHA Regional Mobility Coordinator training materials and curriculum as a guide to set eight modules for core competencies. The training creates a Tool Kit, developed by each student for their own local or organization service area and populations to be served. The University of Missouri School of medicine facilitated the group and the University of Missouri Extension technology platform, Canvas, was chosen for placement of the free training. MU will continue to house the training and it will be offered to anyone wishing to take the course.

Upon completion, the four Regional Mobility Coordinators tested the site and provided feedback. Then the course was limited to 10 students with enrollment beginning January 1, 2022. The Missouri Primary Care Association promoted the training to a small selection of Community Health Workers. There were many small glitches and learning curves to be overcome with the first test group regarding communication, alerts, and notifications, grading and building relationships. The training will have open enrollment and can house unlimited students in the future with a qualified mobility manager to provide technical support and assist students with toolkit development and goals.

A total of 12 students were enrolled in the course by March 31, 2022. To date, two have received certificates and new students are being added monthly.

The Regional Mobility Coordinator positions were selected through a Request for Proposal application. Proposals were sent to all RPC/COG and Community Action agencies. Each proposal was evaluated for ability to implement, goals, and location. Four proposals were received, three community action and one RPC. The contract provided \$50,000 during the 18-month period with a monthly stipend upon completion of a monthly report, attendance, and progress on individual goals.

West Central Missouri Community Action Agency (WCMCAA) assigned Kelly Ast, Genuine Living Director as the lead with Kenny Hutchinson as the RMC trainee did not have any turnover in staff. WCMCAA had received a previous planning grant and worked towards implementation. WCMCAA has developed a network focused on addressing transportation barriers across their nine counties. They implemented the Volunteer Driver Program March 2021 and fund rides for health, education, food, medicine, and employment. They have been successful in addressing local barriers. More can be learned from their website: <https://newgrowthmo.org/rural-living/transportation/>. MRHA and WCMCAA partner on several levels and continue to promote mm and look for rural transit solutions.

Delta Area Economic Opportunity Corporation selected Scarlett Loomas, Project Manager and RMC. The first assigned staff did not have the abilities or desire for mobility management. After failed action, Ms. Loomas took over and is still currently the RMC. DEAOC set using the Head Start buses for expanding local community transportation for the families served under the umbrella services of DEAOC. The goal was not reached due to restrictions of funding by Head Start program, lack of communication from the RMC and pandemic. DEAOC is still supporting local groups and providing technical assistance on Transportation discussions across the service area. The partnership with MRHA remains strong.

Boonslick Regional Planning Commission set expanding the MO Rides program to include scheduling and paying for individual trips for individuals via the MO RIDES website. Corey Schmitt, the original RMC, had the goal of combining the strengths of HealthTran and MO Rides to provide a statewide system. With his leadership, this would have been accomplished. Mr. Schmidt took another job out of state and the second RMC had no experience or desire to work towards this goal. After leaving, the third replacement was hired months later and did not receive RMC training. The CEO chose to close the program and not complete the goal. The current MO RIDES staff person is taking the MMC program and works well with MRHA on MM goals.

Jefferson Franklin Community Action Agency led by Jill Quaid, CEO and Lisa Buchanan RMC. Lisa Buchanan is the second RMC after months of having no staff allocated for the roll. An extension of 3 months was provided for the new hire. Ms. Buchanan focused transportation on Franklin County due to its rural location and lack of transit options. The original goal of receiving transportation referrals for mental health providers was not completed due to the Covid-19 pandemic. Strained relationships with JFCAA developed due to unrealistic expectations and staff turnover.

HealthTran is best known for the Volunteer Driver Program. With over 20 active drivers at one time, the program has provided 3,360 rides in 44 counties. Direct services are rides scheduled on the platform by members and include pick up and drop off counties. Our members refer customers for transportation and pay for the rides. Members ranged from one to 1201 rides and cost of \$6.75 to 30,585.30 spent during the grant period.

Developing the one-stop scheduling platform took the HealthTran staff, and both technical programs staff six months to develop the API linking both programs. Multiple roadblocks slowed the progression due to conflicts between the tech companies and what MRHA wanted. HealthTran wanted data collection, ability to schedule rides across multiple transit providers, simple-effective-affordable and ease of use. Kaizen Health viewed HT as another transportation provider option-volunteers. The program shown by Kaizen Health and contracted for, was not provided. A new program in development was linked with HealthTran and did not provide the promised needs for HT. Assisted Rides had requested to be the primary and Kaizen was chosen due to the link with multiple transit providers. This was a mistake. After 3 months of use of the Kaizen platform, red flags began appearing. Ride and billing reports were up to 4 months behind, scheduled rides on fee for service transit providers ran up to \$900 for an under 20 mile ride. Members were frustrated with having to cancel rides to update times and days. Nothing

was working for rural. HealthTran switched to using Assisted Rides program as the primary solution on August 1, 2021, with positive results. As of the submission of this report, Kaizen Health is no longer part of the MRHA HealthTran approach.

HealthTran helps communities, organizations and health providers understand transportation barriers through demonstrations, webinars, and conference presentations. The outreach expanded the HealthTran programs mission to an additional 38 counties reaching an audience of 82 Missouri counties.

Performance Measures

NOTE: Overall ride referrals reduced due to COVID-19 Pandemic.

	Performance Measure	Target	Actual	Percent of Target
1	Increase ride referrals to annually	6,000 rides during report period (original) Revised Goal: 3,000 by March 31, 2022	3360	112%
2	Increase service area	20 counties	44 Direct	220%
3	Increase HealthTran memberships	20 members	20	100%
4	Convene and facilitate the curriculum team meetings/calls	6 meetings/calls	15	216%
5	Create ownership of certificate.	4 organizations sign MOU's	4	100%
6	Establish process and procedure for enrollment	10 students enrolled	12	120%
7	Contract with Regional Planning Commissions or community action agencies	4 positions	4	100%
8	Hire a volunteer driver manager	1	1	100%
9	Create policy and procedures for volunteer driver's handbook	1	1	100%

Outcomes

Mobility Management (Regional Mobility Coordinators and Certificate Program)

- Mobility Management in Missouri is becoming a common phrase
- MM is being viewed as a solution for transportation barriers
- MRHA is building long-term support for MM resources, knowledge, and addressing health disparities,
- Increase resources and providing guidance on how to use/find
- Increase education opportunities. Certificate, NCMMM resource sharing, creating of a national MM Certification
- Understanding resources for tools to address transportation
- Communication increased in communities- break down silos
- Understanding and revising human services plan, MODOT revised 5310, getting the right people involved.
- MODOT changing 5310 toward volunteer driver programs.
- TA center in house more efficient and effective
- network through community platform

HealthTran

- more than 2/3 of state (82 counties) know about HT And the benefits of health providers supporting transportation.
- MRHA increase access awareness and rural transportation barriers and solutions
- presentation, conferences, marketing, data to help with grassroots education,
- people getting to where they need to go
- affordable and sustainable for health providers
- reducing no shows
- increase adherence
- simple effective scheduling
- Community input to solve local transit barriers

Moving Forward/Sustainability

Sustainability for volunteer driver program has been successful. The membership driven program offers health providers and others the ability to provide transportation. n to customers with a one-time startup fee of \$750 per address (see cost sheet). After startup, members pay for transportation only at \$1.75 per passenger mile with a five-mile limit. Members are billed monthly and have access to multiple reports and real time ride data via the Assisted Rides platform (as of August 1, 2021) Volunteer drivers receive a mileage reimbursement for passenger miles of \$.80 per mile with a five-mile minimum. Drivers select available rides via a smart phone that meet their availability and receive mileage reimbursement twice a month.

A contract for Missouri Managed Care is in process to help improve access for at risk populations and reduce cost for Members paying for Medicaid transportation.

MRHA is working to increase mobility management resources and connect those with transportation barriers through a community platform. The CCAM grant was awarded and MRHA will be building a resource center within the MRHA website to continue the MM vision.

MRHA facilitates and grades the MM Certificate students through the modules. New modules will be developed and included as need arises. New students will be recruited from the CHW program, Missouri Hospital Association, HealthTran, and Missouri Primary Care Association. This training is currently available at no cost to anyone in the USA. In the future, a small fee may be attached to the certificate to cover the platform fees.

Regional Mobility Coordinators were successful and will be more so when hired through MRHA. Two positions were funded through the CCAM grant. The primary goal is to provide rural communities with a advocacy, resources, and leadership to develop local solutions; secondarily to help health providers understand and assist with access to care to improve health outcomes.

The HealthTran model streamlines the launch, start up and cost of a volunteer driver model. It also improved efficiency with technology, increased reporting capabilities to help address and create real solutions in localized areas, created more policies, procedures, and processes to define roles and streamline communication and understanding. At this time, MRHA HealthTran is working with MTM to bring its volunteer driver program to rural areas where patients under Medicaid Managed Care live as another way to decrease access barriers. Integration of technology and processes with a continued focus on the individual needing transportation, is MRHAs focus.

Lessons Learned

Regional Mobility Coordinators Lessons:

- Identified staff were not allocated time to complete the goals of the RMC. Missing training sessions, webinars, and unfinished work towards individual local goals.
- Roll over in staffing caused extended training and shortened time for working on local goals. DEAOC had one change in staff. JF had two changes in staff, Boonslick had three changes in staff, and WC had no changes in staff.
- Mobility Management is a concept that takes an individual with both the abilities to see local as well as national goals. Not all RMC had the “want to” to become a community leader.
- MM must think independently and be self-motivated. In the roll over staff, many did not have this quality.

Mobility Management Curriculum Development Lessons:

- Moving to a single person monitoring the training will provide a more one-on-one and team building experience. (Mary will be doing this in the future)
- Regional Mobility Coordinators did not invest due diligence with practice sessions; MRHA identified glitches when first students enrolled.
- Smaller workgroups get things done more quickly.
- Engage academia staff at the beginning; we reallocated funding to identify a lead (Sherry McDonald) and the process was improved.

Technology/HealthTran Platform Lessons:

- Having a more experienced IT person for the lead would have been beneficial and would have reduced time in identifying technology gaps.
- Transit Technology is not built for rural.
- Transit technology is built for single provider use and did not easily blend. Kaizen tried but was not successful.
- Kaizen did not enroll local transit providers as stated in the contract. Tech company/ Kaizen Health did not work in rural areas which led to complications which included a lag time of over 3 months for billing. MM created extreme high ride cost. One ride was charged \$900 as the transit provider drove from Kansas City to ST Joseph for a 17-mile ride. Three other rides had extreme cost due to the wait on ride reports from Kaizen. All rides were not done by volunteers but by fee for service transits. Charges were adjusted for each ride and Kaizen took the responsibility but the confidence in the system was lost.
- Assisted Rides was identified as a new alternative, and is now our front line of entry for volunteer driver rides. Switched August 1, 2021.

Impacts of COVID-19

The COVID-19 Pandemic led to the following impacts:

- Lag in HealthTran expansion
- Temporary suspension of the volunteer driver program
- Delays in recruitment of volunteer drivers
- Turnover in Regional Mobility Coordinators; this prohibited true networking and rapport building between communities.
- Policies and procedures needed to be developed.
- Learning curve of urban vs rural on value and belief structures