Denver Regional Accountable Health Communities Model: Strategies and Recommendations for Transportation Service Improvements

Presented by the Accountable Health Communities Model team at Denver Regional Council of Governments, fall 2020.
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Executive Summary

As a bridge organization, the Denver Regional Accountable Health Community facilitates clinical and community-based organizations in identifying and addressing unmet health-related social needs to enhance the overall health and well-being of residents across the Denver metro area. Gaps in the availability of, and barriers to accessing, transportation services strongly affect the health and well-being of individuals and communities. Based on existing and emerging solutions to address service gaps, both in Colorado and across the nation, this report presents key strategies and priority recommendations for improving transportation services for people who are most in need. By developing comprehensive transportation systems, individuals throughout the Denver metro area may be able to access the goods and services they need to thrive and achieve optimal well-being.

The Denver Regional Accountable Health Communities Model team evaluated the availability of transportation to older adults and people with disabilities throughout the Denver area.
Introduction

In May 2017, the Center for Medicare and Medicaid Innovation (the Innovation Center) launched the Accountable Health Communities Model, a five-year national demonstration project to address gaps between clinical care and community-based services. The Denver Regional Council of Governments (DRCOG), a quasi-governmental association of 58 local governments, manages the Denver Regional Accountable Health Community (AHC) and functions as the bridge organization for a network of health, community, and public partners. The Denver Regional AHC aims to align and improve the care connection between clinical and community settings for Medicaid and Medicare beneficiaries in Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties.

Through the standardized screening of Medicare and Medicaid beneficiaries in clinical settings, the Accountable Health Communities Model identifies housing, food, utilities, transportation and safety needs and connects individuals to community-based organizations that provide pertinent resources. Through the clinical-community continuum of care it created, the Denver Regional AHC addresses individuals’ health-related social needs (HRSNs) to help people improve their health and reduce total health care costs.

While often used interchangeably, social determinants of health (SDOH) and HRSNs are separate concepts. In the context of the Denver Regional AHC, SDOH are understood as the upstream factors that affect a community’s well-being, such as the laws, policies and regulations that are part of the larger, political, economic and social systems. HRSNs are the individual, nonmedical needs that affect a person’s overall health, such as stable and safe housing, transportation, nutritious food and protection from violence or abuse.\(^1\) Data demonstrates that HRSNs affect health care outcomes, causing illness, suffering, premature death and expense. Clinical care represents only 20% of the modifiable determinants of health, whereas socioeconomic factors including HRSNs, contribute to 40% of health outcomes.\(^2\)

Transportation represents a compounding intersection of HRSNs, prominently affecting the overall well-being of individuals and communities. Inaccessible transportation directly affects health if an individual is unable to travel to doctor’s appointments or pick up prescriptions. An individual experiencing food insecurity may not be able to visit a food pantry during operating hours without


public transit options near their home. Without transportation to a job or job interview, an individual cannot earn a sufficient wage to pay rent, and their family may experience housing instability. Without affordable transportation, it’s harder for individuals to obtain personal care, such as haircuts, or attend spiritual and cultural events. Being unable to take care of one’s personal and social needs not only affects individuals and families, but the larger community. The availability of affordable, accessible, and reliable transportation systems allows for the utility and efficacy of the health care, education, employment, and cultural system to operate, sustain and build stronger communities.

The Accountable Health Communities screening tool asks, “In the past 12 months has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?” In over 30,000 (n=30,910) screenings completed between May 1, 2018, and August 31, 2020, by DRCOG’s AHC Model team, 11% of Medicare and Medicaid beneficiaries reported a transportation need, representing more than 3,000 people with unmet transportation needs across the region. People who are most at-risk, including older adults, people with disabilities and people with low incomes, often struggle to find affordable and accessible transportation options. Such unmet needs represent an opportunity for the region to expand, innovate and improve transportation systems and services to ensure people across communities have access to the necessary transportation to live their full, daily lives.

In light of the integral relationship between health and the opportunity to access health-sustaining transportation services, the Denver Regional AHC presents this report which includes research on the gaps inherent in, and barriers to, transportation in its six-county service area (Figure 1). The gap and barrier analysis is followed by existing and emerging strategies and activities to address these service gaps in Colorado, as well as case studies from other cities and regions nationwide. The Denver Regional AHC Model team concludes this report with key strategies and priority solutions to improve transportation services for people who are most in need. With an informed and community-driven approach, transportation systems and services may successfully support greater overall health and well-being in the region in the years to come.
Figure 1. Denver Regional Accountable Health Community Service Area consists of Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties. Areas highlighted from light to dark purple represent neighborhoods with the greatest number of households screened for unmet health-related social needs (HRSNs) between May 1, 2018, and Feb. 29, 2020.
Assessment of Transportation Needs

As part of its ongoing work to improve availability and accessibility of community-based services, the Denver Regional AHC develops an annual Gap Analysis to assess and prioritize service gaps and barriers, and present strategies for improvement. In order to develop a comprehensive assessment of current transportation needs in the region, 2020 Gap Analysis report findings, as well as results from a Coordinated Transit Plan engagement questionnaire administered in 2020 by DRCOG’s Transportation Planning and Operations division, were included in the Assessment of Transportation Needs.

One of the benefits of improved transportation services for older adults and people with disabilities is the ability for them to receive the nutrition and maintenance medications that keep them healthy at home and prevent unnecessary visits to the emergency department.
Gap Analysis

The gaps and barriers\(^3\) to transportation services presented in the Denver Regional AHC’s most recent Gap Analysis are based on input provided by community-facing navigation staff who assist people in accessing community-based services like transportation during the fall of 2019 and early spring of 2020. The Denver Regional AHC project team facilitated two focus groups with community-facing staff across seven clinical partner settings, including the Denver Health Emergency Department, Denver Health Sam Sandos Westside Family Health Center, Doctors Care, Dominican Home Health Agency, Jefferson Center for Mental Health, STRIDE Community Health Center, and Tri-County Health Department. The discussions involved a variety of professionals, including navigators, care managers and dieticians representing providers of emergency care, primary care, behavioral health and home health, with direct experience assisting and providing navigation services for people with transportation needs.

Community-facing staff identified the following three most significant gaps and barriers that people face when attempting to access transportation services in the Denver area:

1.a. Reliability of transportation services

1.b. Lack of resources for individuals who do not have Medicaid or a disability, are not older adults (ages 60 and older), or are not in special circumstances (i.e. veterans, homelessness)

1.c. Lack of transportation for nonmedical appointments (i.e. grocery trips, spiritual/religious activities, hairdresser/grooming)

Other reported gaps include:

2.a. Limited provider options which limit where people can travel based on pick-up location, business hours of operation, medical-only appointment restrictions

2.b. Differing eligibility for transportation services for Medicaid members, i.e. not every Medicaid member qualifies for nonemergent medical transportation (NEMT)

\(^3\) Gaps in transportation services are defined as a lack of services for certain geographic areas, populations served or types of services, whereas barriers to transportation services represent obstacles or difficulties people encounter when trying to access services, such as certain scheduling procedures, operational hours or accessibility of vehicles, Denver Regional Accountability Health Community.
2.c. Restrictions on Medicaid passenger vehicle-use for HRSN (nonmedical) needs

Other reported barriers to accessing transportation services include:

3.a. Specific requirements to schedule transportation services (must plan many days in advance; no flexibility)

3.b. Automated scheduling/notification systems (causes challenges for older adults with functional or hearing difficulties)

3.c. Discomfort with public transportation (safety, cleanliness)

3.d. Lack of knowledge of Regional Transportation District (RTD) services

3.e. Misunderstanding and lack of awareness about NEMT

3.f. Logistical challenges when using NEMT (multiple transfers; escort approval process)

3.g. Challenges in mileage reimbursement for Medicaid members

3.h. Difficulty using Medicaid passenger vehicles (extensive paperwork process)

Coordinated Transit Plan Engagement Questionnaire

In May and June 2020, DRCOG’s Communications and Marketing division administered a questionnaire to help inform an update to the region’s Coordinated Public Transit Human Services Transportation Plan (Coordinated Transit Plan). The Coordinated Transit Plan incorporates regional stakeholder engagement to better understand the needs of older adults, individuals with low incomes and/or disabilities, and other vulnerable populations, and guide future transportation improvements and investments. The questionnaire was sent via email to more than 500 individuals and shared with additional constituents during several local meetings. A total of 138 questionnaires were returned, representing all six counties of the Denver Regional AHC, as well as Boulder, Clear Creek and Weld counties.

An additional 120 responses were obtained through an interactive poll administered in virtual local stakeholder meetings (Denver Regional Mobility and Access Council, Arapahoe County Local Coordinating Council, RTD Citizens Advisory Committee, Denver Community Active Living Coalition, Denver Local Coordinating Council, DRCOG Advisory Committee on Aging, Boulder Local Coordinating Council).
Data from demographic questions showed 36% of respondents were age 45-64 and 18% age 65 or older; 81% identified as white; 7% make less than $45,000 annually; and 10% have a limitation or disability that affects their mobility.

When asked to rank the most persistent needs previously identified in the 2040 Coordinated Transit Plan (Appendix 6), adopted in 2016, respondents prioritized three major needs:

4.a. access to health care for nonemergent visits
4.b. service expansion to meet increased demand
4.c. affordable fares

Results from the interactive poll revealed the same priorities. Questionnaire respondents also identified current gaps and barriers that were not included in the 2016 plan. Newly reported gaps included:

5.a. dependability, infrastructure, services in rural areas, service time, and trip types, and newly reported barriers to services included accessible vehicles and affordability.

Participants in the interactive poll pointed to the following needs that were not previously included in the 2016 plan:

6.a. technology, infrastructure, funding, first-mile/last-mile problem4, and safety as improvement needs not included in the previous Coordinated Transit Plan.

In summary, the following priorities are labeled using a naming convention 7.a through 7.j as a reference tool. Each of the final proposed priorities at the end of this report connect to one of these community priorities and are labeled accordingly (7.a-7.j). The findings below — the most reported, prioritized transportation needs analyzed through the Denver Regional AHC Gap Analysis and Coordinated Transit Plan engagement activities — are listed for informational purposes only and are not in any particular order of priority:

7.a. Reliability of transportation services

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4 The first- and last-mile problem refers to the effort to improve access to and from transit (from an origin, like a home, to a destination, like a job) for a wider breadth of people and transportation modes (such as walking, biking and other micromobility options) in order to widen the area served by a transit stop and increase transit ridership (see RTD’s First Mile Last Mile Strategy).
7.b. More service options for people who do not have Medicaid or a disability, are not older adults (ages 60 and older) or are not in special situations (i.e. homelessness)

7.c. More services for nonmedical and nonemergent trips (i.e. hairdresser/grooming, spiritual/religious activities, grocery trips)

7.d. More transportation providers and service options to expand geographical service areas and operating hours

7.e. Increase awareness of Colorado’s Non-Emergency Medical Transportation (NEMT) services including eligibility through different waivers

7.f. Improve eligibility and logistical process of NEMT services (i.e. application/approval processes and pick-up/transfer processes)

7.g. Support and/or increase existing low-cost transit options

7.h. Ensure sufficient fleets of accessible vehicles for people with disabilities

7.i. Improve technology used to manage and schedule transportation services

7.j. Ensure safe and clean transportation options

Understanding the needs of older adults, individuals with low incomes and/or disabilities, and other vulnerable populations is crucial for guiding future transportation improvements and investments.
Strategies and Activities to Address Identified Needs and Service Gaps

In this section of the report, strategies and activities designed to address transportation needs and service gaps are explored via two approaches: 1) expansion and adaptation of current programs and services and 2) development of new programs and services. Program staff conducted an environmental scan of local and transportation programs and models in other states to inform descriptions of program methods, strengths, successes and limitations. Each of the recommendations below are cited according to the gap or barrier it addresses.

Expansion and Adaptation of Current Programs and Services

Numerous public, community-based and volunteer transportation providers support overall community well-being by facilitating access to necessary goods and services such as health care, employment, grocery, spiritual and religious activities and cultural events. The programs and services described below were investigated in the environmental scan of local and transportation programs and models in other states and are recommended for expansion or adaptation to address most-recently reported gaps and barriers to transportation in the region.

Regional Transportation District

The Regional Transportation District (RTD) serves eight counties across 2,342 square miles with bus, light rail, commuter rail and additional programs for people who are older, have disabilities or low incomes. Fixed-route services include bus and light rail networks where vehicles run on regular, scheduled routes with predetermined stops. Recent expansions to fixed-route service include the addition of the University of Colorado A Line to Denver International Airport and the B Line segment to Westminster in 2016, the R Line to Aurora in 2017, the G Line to Wheat Ridge and Southeast Rail Extension in 2019, and the N Line to Thornton in 2020. RTD’s non-fixed-route services include Access-a-Ride, Access-a-Cab, FlexRide and SeniorRide.

Access-a-Ride provides free shared ride paratransit for individuals who cannot access RTD’s fixed-route bus and train system. This service is required by the Americans with Disabilities Act. It is complementary paratransit service that must be available for individuals with disabilities that have barriers that prevent them from accessing fixed-route services, and it must be provided within ¾ of a mile from fixed route bus and train. Access-a-Ride has had a 14% increase in service hours and 5% increase in boardings between 2010 and 2018. It expanded during the COVID-19 public health crisis to include grocery delivery from supermarkets and food pantries. FlexRide is a shared bus service.
available to the general public that provides transportation for short trips or first- and last-mile connections. In 2018, the 21 FlexRide service areas covered 206 square miles and had a total of 477,960 boardings. This was a 21% increase in boardings since 2010. During the morning and afternoon peaks, demand for FlexRide service often exceeds the available supply of vehicles.

The low cost of these services compared to car ownership and other transportation services makes transit more affordable and popular for the general public, especially for older adults and people with disabilities. However, due to the high cost of providing these services — FlexRide has a $19.97 average subsidy per boarding and Access-a-Ride has a $46.14 average subsidy per boarding — RTD has limited capacity to support riders in need. The COVID-19 public health crisis also forced RTD to dramatically trim service availability. With service cut by 40% in April and a $1.3 billion cumulative shortfall by 2026, RTD has implemented workforce cuts, which could ultimately reduce the number of Access-a-Ride drivers and ride availability for people most in need.

Following calls for more formalized state oversight of RTD, in June, Gov. Jared Polis announced that DRCOG would be the independent agency to host a new RTD Accountability Committee. The committee comprises five members appointed by Gov. Polis and six appointed by the legislature, drawing from experts in finance, transit planning, equity in services and local government. The group is examining the long-range financial stability of the agency and how the agency can achieve stability and growth while still meeting its core mission. It is reviewing RTD’s plans for how to expand ridership, address service gaps, prioritize route planning and serve its entire geographic area in order to determine how RTD can better serve all riders, including transit-dependent populations and those with disabilities. The committee is expected to complete its own findings and present a final report to state officials and the RTD Board by July 2021. Separate from its future findings, the AHC model transportation working group has determined possible recommendations for RTD to reduce gaps and barriers to transportation.

**Recommendation:**

Prioritize public transportation to ensure regular and reliable service to the general public, with special focus on supporting programs that serve at-risk populations who may not have other transportation options, including older adults (60 and older), people with disabilities and people with low incomes. *(7.a, 7.b, 7.c, 7.g, 7.h, 7.j)*
When considering where to cut, and eventually reestablish service, the AHC model team recommends that RTD should prioritize preservation of higher-demand lifeline routes that serve transit-dependent populations, essential workers and medical facilities. (7.a, 7.b, 7.c, 7.g, 7.h, 7.j)

In accordance with RTD’s First and Last Mile Strategic Plan, supplement FlexRide vehicles with non-RTD vehicles during morning and afternoon peak hours in order to meet demand. These nondedicated vehicles (NDVs) would be operated by vendors that could provide certain FlexRide trips more cost effectively, based on a per-trip cost structure rather than charging by service hour. (7.a, 7.b, 7.c, 7.d, 7.g, 7.i)

Community Organizations

Community organizations that provide transportation beyond RTD services and boundaries, focused on supporting older adults and people with disabilities include: A-LIFT of Adams County, Broomfield Easy Ride, Lakewood Rides, Omnibus in Littleton, To the Rescue in Parker, Via Mobility Services serving Adams, Arapahoe, Boulder, Denver, Jefferson and Weld counties, Clear Creek Prospector, Englewood Trolley, Littleton Shopping Cart, and Gilpin Connect. Many of these programs are funded by DRCOG’s Area Agency on Aging through the federal Older Americans Act and state Older Coloradans Act.

*Shared ride paratransit and bus services, such as Access-a-Ride and FlexRide enable individuals with disabilities to access fixed-route services and overcome first- and last-mile connection issues.*
Organizations that support people of all ages and abilities include: To the Rescue, the Clear Creek Prospector, the Englewood Trolley and Gilpin Connect. Most of the services in both categories above are also ADA accessible, affordable, and fill a critical transportation gap for riders in the community (given limited RTD service). However, there are barriers and limitations to people using these community-based programs. The services are generally only available weekdays during business hours, must be scheduled at least two days in advance, and have limited capacity given current funding levels and due to dependence on the Older Americans Act and Older Coloradans Act successful reauthorizations.

Within the DRCOG region, there are nine local coordinating councils (LCCs), alliances of community organizations, which work to understand the needs of at-risk and dependent service users, coordinate and optimize transportation services in the region, and achieve common goals regarding human service transportation. LCCs promote efficient, accessible and easy-to-arrange transportation options in their communities. The Denver Regional Mobility and Access Council serves as the local coordinating council for the City and County of Denver and the regional coordinating council for most of the DRCOG region, facilitating coordination between LCCs. The work of the LCCs is separate from this report.

Recommendation:

Increase funding to expand community transportation programs to operate more frequently (such as during weekends and in the evenings) and to be more demand-responsive (such as same- or next-day scheduling) to increase convenience and capacity. (7.a, 7.c, 7.d, 7.g, 7.h, 7.i, 7.j)

Volunteer Driving Services

Volunteer driving services that provide transportation within and beyond RTD boundaries include: A Little Help in Jefferson County, Aging Resources of Douglas County, the American Cancer Society, Castle Rock Senior Activity Center, DRMAC Rides in Arapahoe County, Faith in Action in Boulder County and Love INC in Littleton. These transportation services predominantly support older adults and people with disabilities, providing lower-cost options. However, the services are generally only available limited hours during weekdays, operate a limited supply of accessible vehicles, must be scheduled at least two days in advance, and have limited capacity given driver availability and current funding levels.
Recommendation:

Expand volunteer driving services to recruit additional drivers, to operate more frequently (such as during weekends and in the evenings), and to be more demand-responsive (such as same- or next-day scheduling) to increase convenience and capacity. (7.a, 7.c, 7.d, 7.g, 7.h, 7.i, 7.j)

Health First Colorado Transportation Services

IntelliRide is the current transportation provider for Health First Colorado’s (Medicaid) members. Medicaid members receive no-cost transportation for medical and nonmedical trips depending on their approved Medicaid benefits. Successful elements of the service include ADA accessibility and affordable medical transportation. However, scheduling must occur during business hours Monday through Friday, and transportation is unavailable during the weekend. Nonemergency trips are difficult for Medicaid members to secure since eligibility varies by type of Medicaid coverage and waivers. Many providers and Medicaid members report enrollment and scheduling processes are confusing.

Recommendation:

Adapt the Health First Colorado transportation services to make enrollment in nonmedical transportation options simpler for those eligible and allow for more on-demand scheduling with day-of requests. Streamlining and simplifying enrollment practices and allowing for on-demand scheduling, would improve the rider experience while ensuring services are available when they are needed. (7.c, 7.e, 7.f, 7.i)

Development of New Programs and Services

While expansion and adaptation of existing transportation programs can alleviate certain service gaps and barriers, innovative service models are necessary to enhance rider choice and experience, improve coordination within and across provider organizations, and optimize cost and efficiency. This section investigates new local program models being developed to gauge early successes and present recommendations for further effectiveness. Case studies follow from other states to explore alternative program and service models that the Denver metro area may replicate or adapt. By exploring the most current and evolving transportation solutions, locally and nationally, the region’s decision-makers can use evidence to determine how to further advance the efficacy and sustainability of transportation services to meet residents’ needs today and in the future.
Local Models

**Aging and Disability Resource Center (ADRC) Transportation Voucher Program Pilot, Area Agency on Aging**

The Aging and Disability Resource Center (ADRC) voucher program, funded through DRCOG’s Area Agency on Aging and housed in the same division as the Denver Regional AHC, provides free transportation for six personal trips per week (round-trip for spiritual/religious, hygiene, shopping, social and other purposes) and unlimited medical trips (20 miles each way) through a variety of contractors including RTD and HopSkipDrive. It serves adults age 60 and older in Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties who are not residents of a skilled nursing or assisted living home and who are not covered by Medicaid Long Term Care or a Home and Community-Based Services Waiver. The program successfully fills a major gap in coverage for nonmedical trips, while remaining affordable for riders.

Participants can find scheduling to be a challenge, as they must order HopSkipDrive rides three or more days in advance and RTD rides a week or more in advance to receive Access-a-Ride tickets. Demand-responsive scheduling would make the service more accessible and flexible for riders. Additionally, rides are limited to service areas covered by the Area Agency on Aging’s current contractors. Private transportation providers are in low supply in rural areas such as Clear Creek County, Gilpin County and Evergreen, so connecting people in those areas of the region to medical facilities in the Denver metro area remains difficult. Because the program also relies on contractors like HopSkipDrive and soon Lyft and Uber, costs and availability fluctuate based on the number of drivers operating, making rural areas more difficult to serve.

Ride coordination is also time-consuming and expensive, with one ride costing up to $25 to coordinate from the time of registration to completion of a trip. Coordination of the program requires working in multiple systems to ensure documentation and confirm rider eligibility, to request the ride, to approve payment, and to confirm that the ride was provided. The average rider also requires follow-up to ensure they understand which provider will pick them up and when. Many riders have sight or other limitations that prevent them from independently managing rides with available technologies, so additional support by ADRC staff is often required.

**Recommendation:**

Expand voucher-based programs to increase availability of affordable transportation options for riders, transportation for nonmedical trips, and for trips that operate outside of regular business hours.
Increasing the number and types of providers who contract with voucher-based programs will allow for greater rider choice and accessibility options. *(7.a, 7.c, 7.i, 7.j)*

Provide additional staff and technology to voucher-based programs to better manage rider registration, ride scheduling and provider reimbursement. By implementing and using voucher management technology and personnel staffing appropriately, the operational and cost efficiency of services will be enhanced. *(7.a, 7.c, 7.i, 7.j)*

**Ride Alliance, Area Agency on Aging**

DRCOG’s Area Agency on Aging Ride Alliance is a pilot one-call, one-click cloud-based portal that connects human services transportation providers within its website. The project was funded with grants from the Federal Transit Administration and the Colorado Department of Transportation (CDOT). Instead of visiting multiple websites or calling multiple providers, people can visit one website or make one call to find and schedule a ride. Ride Alliance also helps providers by making it easier to coordinate long-distance trips, efficiently fill vehicles on both outbound and return trips, and consolidating many funding sources for transportation within the system to ensure that providers get paid, while the platform simultaneously tracks funding sources and allocations within the system.

Program managers have found administration of Ride Alliance to be challenging because developing an integrated software system and platform involves multiple agreements, memorandums of understanding, and contracts to manage, protect, store and share data. It also requires developing a method for coordinating funding from federal and state sources and automating financials within the hub so providers do not need to mail invoices to each other. Facilitating provider participation in the pilot was also time-consuming because it was new and unfamiliar. However, based on the success of other coordination programs such as in Honolulu, the potential for enhanced coordination, cost-efficiency and rider satisfaction is high.

Ride Alliance addresses priorities developed in the Denver Regional Mobility and Access Council’s 2013 Transportation Coordination Systems study that evaluated ways to improve coordination of human service transportation in the Denver region. The study examined how to improve coordination of trip requests, booking and scheduling. Recommendations from the study focused on three components: administrative and financial aspects of the coordination system, shared regional supports for coordinating transportation services, and technology and interagency communication protocols.
Recommendation:

Increase provider engagement and funding for integrated transportation coordination efforts and technology platforms to increase reliability and cost-effectiveness of community-based transportation services. By integrating transportation networks, economies of scale may be achieved to allow for greater and more efficient service availability defined by service type (i.e. ADA accessible), longer operational hours, and geographical distance served. (7.a, 7.d, 7.f, 7.h, 7.i, 7.j)

Models from Other States

ACCESS Paratransit Services (Allegheny County, Pennsylvania)

ACCESS is a network of six transportation service providers that coordinate and provide door-to-door, advanced reservation paratransit service. The operational model involves an administrative, decentralized brokerage service, technical assistance for the network of for-profit and nonprofit providers, and providers who serve designated geographical areas. Transportation providers offer a hand-to-hand service for individuals, ADA services, and the ACCESS Connections first- and last-mile program. ACCESS is supported by a variety of funding streams which promotes coordination and is sponsored by the regional transit provider, Port Authority of Allegheny County.

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<thead>
<tr>
<th>Role of ACCESS as Broker</th>
<th>Role of Service Providers</th>
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<tbody>
<tr>
<td>• customer service</td>
<td>• vehicle procurement and maintenance</td>
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<tr>
<td>• travel training</td>
<td>• risk management and insurance coverage</td>
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<tr>
<td>• coordination of demand</td>
<td>• maintaining work force and staff training</td>
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<tr>
<td>• service monitoring</td>
<td>• reporting to broker</td>
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<tr>
<td>• technical assistance</td>
<td>• reservations, scheduling, dispatch</td>
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<tr>
<td>• accounting, reporting, contracting</td>
<td>• transportation services (see above)</td>
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<tr>
<td>• eligibility determinations</td>
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<td>• public participation</td>
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Benefits of the ACCESS network include: exceeding minimum ADA paratransit requirements; services available countywide (not just within ¾ mile of transit lines); a base ADA fare equal to fixed-route fares; long operational hours (daily from 6 a.m. to midnight); same-day service on a space-available basis; will-call return service (for appointments with unpredictable end times); convenience fares for ADA conditionally eligible riders (twice the ADA fare); amenities such as assistance with car seats,
booster seats, and packages; and hand-to-hand service for people who need continuous support and supervision. Challenges inherent in the network include coordinating six service providers with annual procurement, with annual quality reevaluations. This may cause confusion for riders because riders initiate service by calling the designated provider for their region, which can change due to procurement cycles.

**Recommendation:**

The AHC model team recommends that the Denver region increase provider engagement and funding for integrated transportation coordination efforts and technology platforms to increase reliability and cost-effectiveness of community-based transportation services. By integrating transportation networks, economies of scale may be achieved to allow for greater and more efficient service availability defined by service type (i.e. ADA accessible), longer operational hours, and geographical distance served. *(7.a, 7.b, 7.c, 7.d, 7.f, 7.h, 7.i, 7.j)*

**GoLink On-Demand Microtransit Service and GoPass App (Dallas, Texas)**

Beginning in March 2020, Dallas Area Rapid Transit (DART) conducted a six-month demonstration pilot of an on-demand, curb-to-curb shared microtransit service called GoLink in two Dallas neighborhoods. Riders request pickup by GoLink from a transit station or other location to reach any destination within the neighborhood. GoLink improves first-mile/last-mile access to DART transit for all people including individuals with disabilities, provides multimodal travel options other than driving alone, and provides same-day service for riders with disabilities who use wheelchair-accessible vehicles. Riders can request GoLink through DART’s GoPass payment and scheduling app. The demonstration project was funded by $1.5 million from the Federal Transit Administration’s Mobility on Demand (MOD) Sandbox Demonstration Program.

**Recommendation:**

In accordance with RTD’s First and Last Mile Strategic Plan, supplement FlexRide vehicles with non-RTD vehicles during morning and afternoon peak hours in order to meet demand. These nondedicated vehicles (NDVs) would be operated by vendors that could provide certain FlexRide trips more cost-effectively based on a per-trip cost structure rather than charging by service hour. *(7.a, 7.b, 7.c, 7.d, 7.g, 7.i)*
Honolulu Rides (Honolulu, Hawaii)

Honolulu Rides is a mobility management center operated by the nonprofit Innovative Paradigms for the City of Honolulu. Passengers may request van rides for direct service or door-to-door service. The program established an innovative partnership with the local Goodwill which expanded its vehicle fleet, services provided and riders served. Services are ADA-accessible and affordable at $2 per trip. The application process for eligibility to ride paratransit includes individual interviews with a mobility coordinator through the Eligibility Center, a separate operation housed within the same entity as the Mobility Management Center.

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<thead>
<tr>
<th>Role of Mobility Management Center</th>
<th>Role of Eligibility Center</th>
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<tbody>
<tr>
<td>• information and referral services</td>
<td>• in-person functional assessment</td>
</tr>
<tr>
<td>• online and printed database</td>
<td>• established procedures for eligibility, conditional eligibility, temporary eligibility</td>
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<tr>
<td>• planning, grant writing</td>
<td>• travel training</td>
</tr>
<tr>
<td>• coordination support: vehicle placement that provides vehicles to local partner agencies</td>
<td></td>
</tr>
<tr>
<td>• travel training</td>
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Although Honolulu Rides provides affordable transportation for riders, there is limited capacity based on the number of drivers and vehicles available. The program is funded with grants that were initially matched by partner agencies but are now matched by the City and County of Honolulu general fund revenues, yet funding remains a challenge.

Recommendation:

The AHC model team recommends that the Denver region establish matches with local funding for paratransit and other community-based transportation programs. By providing a local match to eligible programs, community-based organizations may diversify funding sources and improve long-term capacity and financial stability. (7.d, 7.g, 7.h)

Develop partnerships among existing public transit and community-based programs and other local nonprofit organizations that have passenger vehicle fleets. By increasing pooled vehicle fleets, passenger vehicles may be used at full capacity to increase service availability and geographical areas served and lower overall costs. (7.d, 7.g, 7.h)
Reach a Ride (Washington, D.C.)

Reach a Ride is an online gateway including a searchable database for all specialized transportation options in the Washington, D.C., region. Individuals enter their start and end addresses and are immediately connected with transportation options in their area. Funded by the Metropolitan Washington Council of Governments (MWCOG), riders can search for all available transportation. There is also an ADA-accessible toll-free telephone support line, though a website that allows riders to find their own rides and limits the time and expense of phone support by metropolitan planning organization staff.

Recommendation:

The AHC model team recommends that the Denver region maintain and enhance online platforms to efficiently connect riders to transportation providers in the region so that program support staff on information assistance lines have more capacity to provide assistance to riders who may not be able to independently navigate transportation providers themselves. (7.a, 7.d, 7.f, 7.h, 7.i, 7.j)

Ride Connection (Portland, Oregon)

Ride Connection offers demand-responsive door-to-door service, community shuttles in areas with common trip requests and a shared vehicle program that allows organizations to borrow vehicles. The program liaises between public transit agencies and service partners, offers veteran transportation services as a partner with Aging and Disability Services and the Veterans Administration, and provides transportation for cancer patients as a partner with the American Cancer Society. Its innovative Ride Together program provides reimbursement for caregivers for transportation expenses incurred while providing care.

Beyond transportation services, Ride Connection coordinates and provides a centralized call center for scheduling and support for numerous ride providers; offers driver training, technical assistance and support, data management and reporting support; supports web tools for daily operations; conducts outreach and joint marketing of regional transportation services; advocates for special transportation needs; assists with volunteer recruitment; and plans some services (including coordination of existing services for efficiency and creation and implementation of innovative ideas).

Operationally, Oregon Department of Transportation, Federal Transit Administration (FTA), State Transportation Fund (STF), and TriMet funds are used to incentivize coordination and to expand mobility management programs. Non-DOT federal funds for programs such as Title III-B of the Older
Americans Act, Medicaid Community-Based Waiver Programs, and Temporary Assistance for Needy Families (TANF) are used efficiently.

Dedicated funding from the cigarette tax through Oregon’s Special Transportation Fund, TriMet and FTA has contributed to Ride Connection’s success. Its web portal scheduling application, RouteMatch, also works with central dispatch and IT support and supports six of the largest providers in the Ride Connection network. Ride Connection may also soon include a data clearinghouse for integration with other systems. It provided approximately 11,700 rides in its first year and now provides more than 416,000 rides annually, demonstrating demand for its programs and services. The Ride Connection network has about 700 drivers, of which two-thirds are volunteers, illustrating the importance of and dependence on volunteers to support services. The RideWise travel training program serves over 2,000 riders annually with training and access to public transportation. In 2020, Ride Connection hired new drivers, purchased several new Kia Nero EV EXs, and expanded service. Because Ride Connection depends on volunteer time for many services — in a given year, volunteers contribute more than 52,335 hours of service — the program can be vulnerable if volunteer availability decreases.

**Recommendation:**

The AHC model team recommends that the Denver region increase provider engagement and funding for integrated transportation coordination efforts and technology platforms to increase reliability and cost-effectiveness of community-based transportation services. By integrating transportation networks, economies of scale may be achieved to allow for greater and more efficient service availability defined by service type (i.e. ADA accessible), longer operational hours, and geographical distance served. (7.a, 7.d, 7.f, 7.h, 7.i, 7.j)
**Proposed Priorities**

In this section of the report, authors present their top priorities to improve transportation systems and services. Priorities are based on the frequency a key recommendation arose in the environmental scan of local and state programs and models addressing persistent transportation gaps and barriers. Priorities are evaluated in three steps: 1) based on three criteria: impact, cost and ease of implementation, then 2) by the amount of supporting evidence of success, based on environmental scan findings, and finally 3) by the number of needs addressed that were identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire. Priorities are listed in descending order based on the three criteria and amount of supporting evidence. Brief descriptions of strategies for implementation are also listed below each priority.

**Definitions of criteria:** *Criteria are ranked on a scale from low/easy to medium to high.*

<table>
<thead>
<tr>
<th><strong>Impact</strong></th>
<th><strong>Cost</strong></th>
<th><strong>Ease of implementation</strong></th>
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<tbody>
<tr>
<td>The potential to address the identified gap or barrier.</td>
<td>The funding required to implement and operate, while considering existing infrastructure and funding streams.</td>
<td>The administrative demands on existing staff and resources, organizational capacity required to adapt or expand.</td>
</tr>
<tr>
<td>[low, medium, high]</td>
<td>[great, medium, small]</td>
<td>[difficult, medium, easy]</td>
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5 Reported transportation gaps and barriers are based on the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire results.
**Priority 1: Expand Technology-Based Transportation Coordination Efforts**

Increase provider engagement and funding for integrated transportation coordination efforts and technology platforms to increase reliability and cost-effectiveness of community-based transportation services. By integrating transportation networks, economies of scale may be achieved to allow for greater and more efficient service availability defined by service type (i.e. ADA accessible), longer operational hours, and geographical distance served.

- **Impact:** high
- **Cost:** medium (high but initial infrastructure has already been established)
- **Ease of implementation:** medium (high but initial infrastructure has already been established)
- **Evidence from environmental scan:** Area Agency on Aging Ride Alliance, ACCESS Paratransit, Ride Connection, Metropolitan Washington Council of Governments Reach a Ride
- **Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire:** services for nonmedical trips, more service options and geographical distance served, spending funding efficiently, improving access through coordination and technology (7.a, 7.d, 7.f, 7.h, 7.i, 7.j)

**Priority 2: Prioritize Public Transportation as an Essential Service**

Prioritize public transportation as an essential service to ensure regular and reliable service to the general public, with special focus on supporting programs that serve at-risk populations who may not have other transportation options, including adults older than 60, people with disabilities, and people with low incomes. When considering where to cut, and eventually reestablish service, the AHC model team recommends that RTD prioritize preservation of higher-demand, lifeline routes that serve transit-dependent populations, essential workers, and medical facilities.

- **Impact:** high
- **Cost:** great
- **Ease of implementation:** easy
- **Evidence from environmental scan:** RTD
- **Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire:** reliability of services, low-cost, affordable fare options, spending funding efficiently (7.a, 7.b, 7.c, 7.g, 7.h, 7.j)
**Priority 3: Expand Community-Based Transportation Capacity**

Expand community-based programs by recruiting additional drivers to operate more frequently (such as during weekends and in the evenings) and to be more demand-responsive (such as same- or next-day scheduling) to increase capacity and convenience.

- **Impact:** high
- **Cost:** great
- **Ease of implementation:** difficult
- **Evidence from environmental scan:** community organizations, volunteer driving services
- **Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire:** reliability of services, more services for nonmedical trips, more service options for people who do not qualify due to age or disability, more provider and service options (7.a, 7.c, 7.d, 7.g, 7.h, 7.i, 7.j)

**Priority 4: Coordinate Providers that Accept Ride Vouchers**

Expand voucher-based programs to increase availability of affordable transportation options for riders, transportation for nonmedical trips, and for trips that operate outside of regular business hours. Increasing the number and types of providers that contract with voucher-based programs will allow for greater rider choice and accessibility options.

- **Impact:** high
- **Cost:** medium
- **Ease of implementation:** medium
- **Evidence from environmental scan:** ADRC voucher program
- **Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire:** more services for nonmedical trips, more provider choice and service type, improving access through coordination, low-cost, affordable fare programs (7.a, 7.c, 7.i, 7.j)
Priority 5: Supply First and Last Mile Connections

In accordance with RTD’s First and Last Mile Strategic Plan, supplement FlexRide vehicles with non-RTD vehicles during morning and afternoon peak hours in order to meet demand. These nondedicated vehicles (NDVs) would be operated by vendors that could provide certain FlexRide trips more cost-effectively, based on a per-trip cost structure rather than charging by service hour. (7.a, 7.b, 7.c, 7.d, 7.g, 7.i)

- Impact: high
- Cost: medium
- Ease of implementation: medium
- Evidence from environmental scan: RTD, DART GoLink and GoPass
- Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire: low-cost, affordable fare programs, ensure sufficient fleets for people with disabilities, first- and last-mile connections, technology improvements (7.a, 7.b, 7.c, 7.d, 7.g, 7.i)

Priority 6: Improve Technology and Staffing for Voucher Programs

Provide additional staff and technology to voucher-based programs to better manage rider registration, ride scheduling and provider reimbursement. Implement and use voucher management technology and strategically align staff roles to enhance the operational and cost efficiency of services.

- Impact: high
- Cost: medium
- Ease of implementation: medium
- Evidence from environmental scan: Aging and Disability Resources Center voucher program
- Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire: spending funding efficiently, low-cost, affordable fare programs, technology improvements (7.a, 7.c, 7.i, 7.j)
Priority 7: Leverage Existing Resources through Public-Private Partnerships

Develop partnerships among existing public transit and community-based programs and other local nonprofit organizations that have existing passenger vehicle fleets. By increasing pooled vehicle fleets, passenger vehicles may be used at full capacity to increase service availability and geographical areas served and lower overall costs.

- Impact: high
- Cost: low
- Ease of implementation: medium
- Evidence from environmental scan: Honolulu Rides
- Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire: expand geographical service areas, ensure sufficient fleets for people with disabilities, spending funding efficiently, low-cost, affordable fare programs (7.d, 7.g, 7.h)

Priority 8: Adjust Health First Colorado Transportation Services

Adapt the Health First Colorado transportation services to make enrollment in nonmedical transportation options simpler for eligible individuals and allow for on-demand scheduling including day-of requests. Streamlining and simplifying enrollment practices and allowing for on-demand scheduling would improve rider experience while ensuring services are available when needed.

- Impact: medium
- Cost: great
- Ease of implementation: difficult
- Evidence from environmental scan: IntelliRide, Health First Colorado (Medicaid) transportation provider
- Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire: improve eligibility and logistical process of Health First Colorado NEMT services, reliability of services, technology improvements (7.c, 7.e, 7.f, 7.i)
Priority 9: Establish Local Funding Matches

Establish matches with local funding for paratransit and other community-based transportation programs. By providing a local match to eligible programs, community-based organizations may diversify funding sources and improve long-term capacity and financial stability.

- **Impact:** high
- **Cost:** great
- **Ease of implementation:** medium
- **Evidence from environmental scan:** Honolulu Rides
- **Addressed priorities, identified via the AHC Gap Analysis and Coordinated Transit Plan engagement questionnaire:** low-cost, affordable fare programs, ensure sufficient fleets for people with a disability (7.d, 7.g, 7.h)

Disclaimer

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Many community-based transportation providers rely on volunteers to help older adults and people with disabilities get to medical appointments, the grocery store or social engagements.