

**Long-Term Services and Supports Scorecard:
Emerging Innovations**

Mobility Managers

*Transportation Coordinators for Older Adults,
People with Disabilities, Veterans, and Other
Members of the Riding Public*

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Independent Consultants

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AARP Public Policy Institute



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AARP's Public Policy Institute informs and stimulates public debate on the issues we face as we age. Through research, analysis, and dialogue with the nation's leading experts, PPI promotes development of sound, creative policies to address our common need for economic security, health care, and quality of life.

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Profile of a Mobility Manager

Holly Keenan is a certified mobility manager for Lutheran Social Services of Wisconsin and Upper Michigan (LSS), working in a program called Make the Ride Happen (MRH), which connects people to services. The program dates back to 2004, when Keenan began developing it.



Back then, officials in the mostly rural, tricounty area of Wisconsin that Keenan and her team now serve saw the value of creating a central call-center hub to provide information on transportation options for older adults, individuals with disabilities, and their families. Many of these people live on Social Security and have very restricted incomes. In 2005, MRH started a volunteer driver program to help fill some gaps that existing programs were not able to serve, and the program expanded from there.

MRH has enabled many individuals get to medical appointments, shop for needed items, and meet other daily needs. Here Keenan shares just one such example:

[Last holiday season] an LSS service coordinator contacted MRH. This service coordinator works with older adults and individuals with mental health disabilities within federally subsidized housing locations in Winnebago County. On that particular day, she had nine clients in two different buildings who needed to pick up their Christmas basket from the Salvation Army in Outagamie County.

Any of these clients may have used the public bus to get to the Salvation Army, but the Wisconsin winter—combined with the amount of items that they had to pick up—presented obstacles to them using public transportation. Additionally, due to their limited finances, even a subsidized cab ride was cost prohibitive.

To enable the clients to complete their trip, an MRH mobility manager coordinated with Salvation Army staff to line up two volunteer drivers, on three different days and using an MRH-owned van, for these clients to pick up their Christmas baskets. MRH requested that each rider provide a donation of \$3.00 in exchange for a trip. This is the second year that we worked with the service coordinator to help make clients' Christmas a little brighter.

About this Paper

Mobility management is a relatively new approach to coordinating community transportation services in both urban and rural areas. Rather than focusing on managing the provision of a specific service or mode of service such as rail, bus, or van service, the mobility manager focuses on the *customer* and solving his or her transportation challenges using a variety of providers, service modes, and strategies.

This paper addresses who mobility managers are and what they do—and why they are important now and in the future. It highlights emerging innovations via five case studies. It also presents the results of a national survey and inventory of mobility managers, and it discusses how mobility management can lead a transformation in transportation.

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Introduction

Most people with long-term supports and services (LTSS) want to live in their own homes and communities, even when they no longer can drive. More than 8 million Americans ages 65 and older do not drive, and the number of nondrivers is growing as the population ages.¹ Many people ages 70 and older are expected to outlive their driving years—men by seven years and women by 10, on average.²

The *LTSS State Scorecard* identified transportation as one of the biggest obstacles for people who do not drive but want to live at home and in the community.³ Older nondrivers predominantly rely on family caregivers for transportation.

A lack of transportation options for older adults and people with disabilities too often results in frustration and social isolation. Without transportation, individuals face difficulties seeing their doctors, going grocery shopping, and socializing with family and friends—and this problem is especially felt by older nondrivers

living in rural or suburban communities. The need for “a ride” is often one of the top reasons that people contact the ElderCare Locator, a call center and website at <https://eldercare.acl.gov> of the US Administration on Aging, that connects older adults and their families to services.

Mobility managers can be an important source of information and referral for assisting people with finding and accessing transportation. They can help people “find a ride” by connecting them to transportation options in their communities. They can also help by participating in coordinated human service public transportation planning and other related efforts; similarly, they can serve on state or regional human services transportation coordinating councils as well.

The problem is that very few people know about mobility managers. There is no national database of mobility managers or a standard definition of this profession. Yet, they remain a transportation resource with untapped potential.

Findings

AARP worked collaboratively with the National Center on Mobility Management, the National Aging and Disability Transportation Center, and the Federal Transit Administration to identify and survey mobility managers across the United States and to highlight emerging innovations. The authors prepared and conducted a survey to elicit information about mobility managers, with more than 700 mobility and transit managers receiving Survey Monkey questionnaires. The following highlights emerged from the over 200 responses:

- Funding for mobility management comes primarily from the Federal Transportation

Administration (FTA), and specialized transportation for older adults and persons with disabilities (Section 5310) is the primary funding program. Other federal funding sources include the Veterans Administration (VA), the Older Americans Act, and the Department of Labor.

- While mobility managers serve various clients, the predominant customers are older adults, persons with disabilities, veterans, and people with low incomes, with older adults being the largest group.

1 AARP Public Policy Institute analysis of 2017 National Household Travel Survey.

2 D. Foley et al., “Driving Life Expectancy of Persons Aged 70 Years and Older in the United States,” *American Journal of Public Health* 92, no. 8 (2002): 1284–1289.

3 Susan C. Reinhard et al., *Picking Up the Pace of Change. A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* (Washington, DC: AARP Public Policy Institute, June 2017), <http://www.longtermscorecard.org>.

- Mobility managers coordinate and arrange rides for myriad programs, but by far most rides are arranged for and coordinated with Americans with Disabilities Act (ADA) paratransit, fixed-route bus, and demand response services for human service programs.
- Although ride coordination is the focus of most mobility managers, they perform numerous other tasks, including developing new strategies for filling service gaps, participating in the development of the locally developed, coordinated public transit-human services transportation plan, and addressing service coordination and duplication issues.

Mobility Managers: Roles and Functions

WHAT IS MOBILITY MANAGEMENT?

“Mobility management is an approach to designing and delivering transportation services that starts and ends with the customer. It begins with a community vision in which the entire transportation network—public transit, private operators, cycling and walking, volunteer drivers, and others—works together with customers, planners, and stakeholders to deliver the transportation options that best meet the community’s needs,” as defined by the National Center for Mobility Management.

A mobility manager is an on-the-ground transportation service coordinator and problem solver. Mobility managers work in real time to solve the travel and transportation service challenges of individuals and customer groups. They coordinate and develop partnerships with transportation service providers, funders, and other entities to arrive at effective, cost-efficient, and meaningful transportation service solutions. Mobility managers rely heavily on building personal relationships in the community that can be leveraged to connect individual customers to transportation services and identify and fill gaps in service.

ARE THERE DIFFERENT TYPES OF MOBILITY MANAGERS?

Within the broad definition of mobility management above, the role of the mobility manager can take several forms. There are generally three categories of mobility managers, although there may be overlap among these groups:

1. **Service mobility managers are often directly involved in governmental planning and**

regulatory, financial, and governance processes. They develop planning and organizational partnerships to solve transportation service needs, address service gaps, and better coordinate existing services to achieve a higher level of efficiency and effectiveness for the public. For example, they may be involved in creating and staffing the public transit–human service coordination plan required by federal law (49 U.S.C. 5310). The intent is often to improve the workings of the local or regional passenger network to ensure better service delivery.

2. **Trip-making mobility managers are involved in helping individuals and special customer groups connect with transportation services.** These mobility managers work with customers to help them understand and connect with the transportation options that best meet their needs.
3. **Agency mobility managers are employed by a specific program to serve the participants of that program in making travel arrangements.** For example, Medicaid brokers work exclusively to get Medicaid clients to medical appointments. Brokers of ADA paratransit service arrange rides for people with disabilities who cannot use conventional fixed-route transit services, regardless of income. The Veterans Transportation Services program has mobility managers to arrange veterans’ transportation to more than 100 VA medical facilities.

WHAT ARE MOBILITY MANAGEMENT SYSTEMS?

In addition to these three categories of mobility managers, there is a growing emphasis within the larger transportation community on creating mobility management systems. These initiatives range from the development of “one-call/one-click” transportation resource centers to newly emerging “Mobility as a Service” platforms.

One-call/one-click centers offer one-stop shopping for community members to find information on available transportation options.

Mobility as a Service (MaaS) is an emerging concept that refers to the integration of various forms of public and private transportation services that enable end-to-end journeys paid for as a single charge. To be successful, the MaaS system should:

- Help with decision making about which option to choose, considering schedule and price;
- Make it easy to book a trip within the platform;
- Allow the customer to arrange a trip with a combination of services (e.g., a customer could use an Uber/Lyft/taxi, then a transit bus and then walk); and
- Accept payment for all transportation options used to complete travel from point a to point b through a single instrument. MaaS platforms may offer monthly subscriptions.

MaaS can be expanded to include the needs of non-drivers with mobility limitations.⁴

Common to each of these concepts—one-click/one-call resource centers, mobility management, and Mobility as a Service—is they all offer a customer-centered approach.

The Need for Mobility Managers

In the second half of the 20th century, most human service programs began to shift away from segregated institutional care arrangements to an emphasis on keeping persons with disabilities, older adults, and others active and integrated within their communities. This shift improved quality of life for these individuals served and helped them live in their local communities. To remain active members in their communities, clients had to reach program support services, jobs, health care, and other community functions. Transportation connections were needed for this community-based focus to work, so many human service programs began to offer or sponsor transportation services. In 2012, the US General Accountability

Office identified 73 federal programs providing funding for transportation for disadvantaged populations—funding that frequently supported their own transportation services.⁵ As of May 2019, the Coordinating Council on Access and Mobility (CCAM) identified 122 federal programs that provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income.⁶

While this investment in needed transportation was welcomed, it led to several problems that still exist to this day:

1. **Duplication of services.** Overlapping services became common and wasteful. It was not

4 Jana Lynott, *Universal Mobility as a Service* (Washington, DC: AARP Public Policy Institute, September 2018), <https://www.aarp.org/content/dam/aarp/ppi/2018/08/universal-mobility-as-a-service-aarp-ppi.pdf>.

5 US Government Accountability Office, “Transportation-Disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened,” US Government Accountability Office, Washington, DC, June 2012, <https://www.gao.gov/assets/600/591707.pdf>.

6 The criteria for inclusion in this inventory is that transportation service for one or more CCAM target populations is an eligible program expense, but inclusion does not necessarily imply grantees are using funds for such purpose. The inventory is posted on the CCAM website at <https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/regulations-and-guidance/ccam/about/132531/ccam-program-inventory-may-2019.pdf>. The list will be considered final in 2020 when the CCAM submits a final report to Congress and the President in September.

uncommon for more than one agency's vehicle to show up in the same neighborhood, each picking up only one passenger. Congress demanded more coordination of federally assisted services. The CCAM partnership was established in 2004 to promote service coordination and efficiency.

2. **Gaps in service provision.** While one human service program would get an individual to a job or medical appointment, it often ignored the broader array of individual service needs, such as providing transportation to shopping, religious services, community events, and social events. A siloed approach to service provision was not meeting the needs of individuals, hindering their ability to remain active and successful in their communities.

3. **Service maze for customers and travelers.** The variety and proliferation of separate service programs presented a confusing quagmire of services that was difficult for individuals to navigate. Finding the most effective ride options became a barrier to meeting customers' mobility needs.

As a result, the federal, state, and local governments, along with transit agencies, began to turn to mobility managers to coordinate transportation services, reduce inefficient services, address service gaps, and help prospective customers find their way to meaningful transportation service. Mobility managers have become both travel agents for older Americans, persons with disabilities, and others looking for local mobility options and conveners of community conversations about mobility needs so that service gaps can be filled.

Funding for Mobility Managers

Because mobility management is a relatively new transportation function, communities are working to cobble together funding to support it. Stable and reliable funding sources for mobility managers are still evolving; however, the US Department of Transportation (DOT), in an effort to encourage investment in mobility management, offers grant recipients broad flexibility to tap federal funding sources.

At the DOT, several transit programs can fund up to 80 percent of the cost of mobility managers and mobility management systems such as one-click/one-call centers. The specialized transportation services for older adults and persons with disabilities (Section 5310 program) is typically the catalyst or foundation for successful mobility management investment.⁷ Other Federal Transit Administration funding includes the major urbanized transit formula program (Section 5307

program) and the rural transit program (Section 5311 program).

The required 20 percent matching funds that must be provided by entities receiving federal transit funds may be drawn from other non-DOT federal human service programs, such as Older Americans Act Supportive Services (Title III-B), administered by the US Administration for Community Living. As a result, mobility management activities can be *completely* funded from federal resources. This funding flexibility is a powerful incentive to coordinate federally

Mobility management activities can be COMPLETELY funded from federal resources.

⁷ National Highway Cooperative Research Program, *Expanding Access to Our Communities: A Guide to Successful Mobility Management Practices in Small Urban and Rural Areas*, Washington, DC: NCHRP, unpublished contractor's final report, January 2018), [http://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP20-65\(68\)_FR.pdf](http://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP20-65(68)_FR.pdf).

assisted transit and human service transportation programs and support mobility management, including establishing mobility managers in a community.⁸ Often these arrangements can and are incorporated in the coordinated public transportation–human service plan developed in almost every state and region throughout the United States.⁹

In addition to federal transit funding, other departments subsidize transportation, including mobility management functions. The Medicaid program provides approximately \$3 billion annually for transporting Medicaid clients to health care appointments.¹⁰ Many states employ mobility managers to arrange transportation services for clients. The US Administration for

Community Living permits funding under the Older Americans Act to be used for transporting older adults and for the mobility managers who address these needs. The VA too uses funding to transport veterans to its medical services. Each VA hospital has a mobility manager to make these arrangements for its patients. Funding at the federal departments of Labor, Education, and Housing and Urban Affairs also may be used for transportation activities.

Federal transit formula funding may be matched with these programs to fund mobility managers and mobility management activities without having to dip into local funding resources.¹¹

Many state and local resources can also be used to support mobility management activities.

Emerging Innovations

Mobility managers and their organizations seek to deliver services cost effectively and establish mechanisms to help customers find the rides they need. Some of the ingredients that make up successful mobility management programs include (a) a champion who believes in this person-centered philosophy; (b) relationship and partnership building; and (c) technology.

The following examples highlight innovations of mobility managers in various organizations:

- A nonprofit human service organization (HealthTran in Missouri);

- Transit authorities (Kansas City Area Transportation Authority in Kansas and Missouri, and Dallas Area Regional Transit in Texas);
- A county social services department (Tompkins County Department of Social Services in New York); and
- A state professional association (Wisconsin Association of Mobility Managers).

The authors compiled profiles of these organizations from three sources: (a) interviews

8 For more information, see: National Aging and Disability Transportation Center, *Section 5307, 5310, and 5311: Using Non-DOT Federal Funds for Local Match* (<https://www.nadtc.org/news/blog/section-5307-5310-and-5311-using-non-dot-funds-for-local-match/>), FTA Fact Sheet: *Enhanced Mobility of Seniors and Individuals with Disabilities* (<https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-people-disabilities-fact-sheet-section-5310>) and FTA Circular: *Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions* (<https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>), and Administration for Community Living, *Older Americans Act*, <https://acl.gov/about-acl/authorizing-statutes/older-americans-act>.

9 US Department of Transportation, Federal Transit Administration, *Coordinated Public Transit Human Services Transportation Plans*, <https://www.transit.dot.gov/funding/grants/coordinated-public-transit-human-services-transportation-plans>, accessed February 7, 2019. The plans by state can be accessed at <https://nationalcenterformobilitymanagement.org/states-at-a-glance/>.

10 National Academies of Sciences, Engineering, and Medicine, *Impact of the Affordable Care Act on Non-Emergency Medical Transportation: Assessment for Transit Agencies* (Washington, DC: The National Academies Press, October 2014), http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rrd_109.pdf.

11 National Aging and Disability Transportation Center. (March 31, 2017) "Section 5307, 5310, and 5311: Using Non-DOT Federal Funds for Local Match" blog, <https://www.nadtc.org/news/blog/section-5307-5310-and-5311-using-non-dot-funds-for-local-match/>.

with case study program managers; (b) information from the authors' contacts; and (c) existing case studies for mobility management training developed by the National Transit Institute (NTI) and the National Highway Cooperative Research Program (NHCRP) Guide to Successful Mobility Management Practices in Small Urban and Rural Areas. Providing recommendations of emerging innovations to highlight in this paper were staff from the

National Center for Mobility Management (NCMM), including representatives from American Public Transportation Association (APTA), Community Transportation Association of America (CTAA), and Easter Seals, as well as from the Rural Technical Assistance Program.

The authors are grateful to the program managers who provided data and insights for the case studies.



HEALTHTRAN, A PROGRAM OF THE MISSOURI RURAL HEALTH ASSOCIATION (MRHA)

Mission	To safeguard and improve the health of rural Missourians
Organization Type	MRHA is a human service non-profit health care organization 501(c)(3)
Population Served	Serves rural Missourians of all ages who have health barriers and are unable to access care. Focuses on those most in need: chronically ill, disabled, veterans, older adults, and individuals with low/fixed income.
Services	A health-focused program using a technology platform combined with support and training to implement mobility management at the local level. Trained mobility managers, within minutes, can access multiple transportation options (local public and private transportation vendors, ambulance services, and volunteer drivers) under a one-stop system. HealthTran works with members and communities to resolve transportation barriers.
Service Area	Missouri Counties: Andrew, Buchanan, Clinton, DeKalb, Caldwell, Lafayette, Carroll, Ray, Phelps, Crawford, Dent, Texas, Howell, Douglas, Texas, Wright, Ozark, and Oregon; expansion is expected across the state
Trips Provided	Pilot program (Aug 2014–May 2016) 4,729 trips; 794 trips in 2018 (startup under new partners model July–December 2018) * Expected to increase 3x–4x in 2019
Total Revenue	\$259,681 in 2018
Top Revenue Sources	Grants, health plans, private foundations
Notable Achievement	Fills transportation gaps in rural communities; links health and transportation providers to increase access to care; and works to build community awareness and solutions to address transportation barriers
Website	www.morha.org and www.healthtran.org
Contact	Mary Gordon, HealthTran Manager, mary@cabllc.com , 573-616-2740

Mission

To improve the health outcomes of rural Missourians by reducing the barriers to health care, HealthTran increases transportation options and improves clients’ ability to find and schedule appropriate transportation. To help address transportation barriers across Missouri, HealthTran gathers data to advocate at the local, state, and federal levels.

Program

HealthTran is an innovative mobility coordination and service program designed to address rural transportation limitations and barriers. With a primary focus on health, this flexible system can coordinate and schedule rides within minutes or at a month in advance through a one-stop technology platform.

HealthTran was designed to bridge the transportation gap between patients and providers. It creates partnerships among transportation agencies, health providers, and communities in a defined region to expand and coordinate transportation options; its goal is to reduce health disparities, improve health outcomes, gather data, and build economic security in rural areas. This framework, known as Community Mobility Management (CMM), provides a single point of customer access to multiple travel modes for anyone with a transportation barrier to health and wellness. HealthTran works within a community to develop strategies that address transportation barriers to get to health and wellness appointments, eliminate food deserts, and decrease isolation, so all community members have an opportunity to be healthy.

Under a grant from the Missouri Foundation for Health, HealthTran began as a pilot program sponsored by MRHA and the Missouri Public Transportation Association from 2013-2016. It is now, for the most part, a fee-based, self-sustaining membership program. Section 5310 grants from the Missouri Department of Transportation and UnitedHealthcare supplement member program resources. HealthTran members include rural health providers such as hospitals, health clinics, and federally qualified health centers. HealthTran is working with community-action agencies and other nonprofit organizations to address issues

of access to nutritional foods and pharmacy/medicine, among other challenges.

Transportation services are delivered by public transit operators, medical transportation providers such as ambulance districts, taxis, and a volunteer driver program. MRHA provides the management and fiscal support for the system. The nonprofit company Feonix Mobility Rising partnered with HealthTran in 2017 to develop a technology platform that meets the needs associated with linking health and transportation. Feonix offers training and support to HealthTran staff and has developed webinars and video trainings for providers, members, and volunteers. Addressing preventive and routine medical care up front reduces health care costs and, ultimately, improves patients' lives. Feonix was instrumental in developing the volunteer driver program format and the transportation driver recruitment methods. After working over the past six months with two federally qualified health centers, the HealthTran and Feonix teams are ready to expand the program across rural Missouri.

Here's how HealthTran works:

1. Organizations or communities interested in offering HealthTran services contact MRHA for an initial review and become an MRHA member.
2. A community launch strategy is completed; it includes marketing, training, community involvement, and setting the service area and first ride date.
3. Prior to first ride, local mobility managers and schedulers are trained to use the platform to ensure that patient transportation needs are being met. All available transportation options are entered into the system. MRHA volunteers are recruited and vetted.
4. Individuals with transportation barriers are identified. Referring members have the flexibility to set guidelines of those to be served.

Photo courtesy of Missouri Rural Health Association.





5. Schedulers enter the ride request onto the platform.
6. The local mobility manager monitors the technology program to ensure that all rides are accepted and assigned.
7. The HealthTran coordinator (regional) supports the local mobility managers in all aspects of mobility coordination.
8. MRHA provides monthly usage reports—that is, one statement for all costs incurred.
9. Monthly reports are available within the system for tracking individual riders, locations, etc.

The MRHA HealthTran program manager (state-level) is the lead for the local/regional program launches, working with members and communities to increase transportation infrastructure and address local transportation barriers and needs. The program manager and the members/community determine the service region and set a marketing plan and deadlines for service implementation.

An MRHA HealthTran coordinator provides guidance and training to participating members and staff. The coordinator works primarily with in-house mobility managers and schedulers to understand transportation coordination, running reports, tracking trips, and coordinating transportation providers.

In the future, MRHA envisions communities working together through a HealthTran network administrator (HTNA) to address regional coordination and strategic planning. Using a local strategic partner, such as a regional planning commission or community action agency, would build community solutions, create networks, and improve health outcomes across multiple counties. The HTNA would operate as the link between all members within the service region, and the role would be determined by the members he or she leads.

Local mobility managers are employees of a member organization located in each region; currently, there are three regions and three mobility managers. Local mobility managers monitor and coordinate with transportation

providers and volunteers, providing general oversight of performance.

Schedulers, most often front-line or designated staff, are given personal logins and passwords. Schedulers receive training and support from the local mobility manager and HealthTran staff.

Funding

Funding is sustained through HealthTran's membership model. There are both one-time and ongoing fees associated with a HealthTran launch; members also have the option to use the HealthTran platform via a monthly subscription fee, which covers the costs associated with use of the technology, a booking fee per scheduled ride, and the cost of transportation. The fee varies based on the number of trips that the subscriber plans to provide. MRHA bills HealthTran members monthly and provides a detailed monthly report with each bill. HealthTran members may cover the cost of all transportation with designated funds or pass the expense to the customer.

The following components comprise the fees:

- Annual membership of \$250 nonprofit/\$500 for profit
- Monthly subscription beginning at \$37.50 per month for up to 20 scheduled trips
- \$3 booking fee per scheduled ride
- Direct transportation expenses incurred for trips
- A launch fee for the 90-day set-up and implementation process. (Launches begin with understanding the community and service area as well as gathering logistics data. Depending on the service area size and usage, a launch champion can consist of one or a group supporting access to care. Launch fees begin at \$20,000 and include technology set-up, training, and recruitment.)

Per ride costs plus the booking fees typically are as follows:

- In town rates within a 2 mile radius are \$5.20 for volunteer driver ride and \$5.00 for city transit ride; and
- Outside city limit rates within 10 miles are \$14.00 for volunteer driver ride, \$10.50 public transit route, and \$22.00 for public transit on demand (based on 20 minutes time).¹²

To ensure that transportation resources serve vulnerable and underserved populations, MRHA has been working for the past four years in partnership with Community Asset Builders, LLC, to include transportation funding in health-related grant applications. Addressing transportation barriers to care has become a priority across multiple agencies within Missouri, as a result of MRHA's ongoing work, the annual Rural Health Conference, and inclusion of transportation in grants.

Origin

HealthTran began with three years of funding from the Missouri Foundation for Health in 2013. In 2015, HealthTran also received a \$25,000 Federal Transit Administration/National Center for Mobility Management Design Challenge Grant for Rides to Wellness as well as general technical assistance from CTAA. With this guidance a membership model was developed. In addition to the financial support generated from memberships, HealthTran is also supported by FTA Section 5310 federal/state funds, UnitedHealthCare plan, and private foundations.

Outcomes

An estimated 25 percent of missed doctor's appointments are due to not having a ride, according to MRHA. The association learned that providing rides at no cost is cost-effective for clinics and hospitals because it reduces the number of no-shows. Missed appointments result

¹² HealthTran members pay for the trips for their patients/riders; they also pay an additional monthly subscription fee. Program administrations are working to open the program to the public, whereby the riders would pay.

in lost insurance revenues for the hospital and can negatively affect patient health.

HealthTran acts as the hub in connecting and supporting transportation across membership service areas. MRHA provides a health transportation service coordinator (mobility manager) who works with in-house/local community mobility managers for all aspects of the program.

Here's how it played out at one rural hospital system: In just 17 months, HealthTran provided 2,470 rides for patients receiving services, at a cost of just over \$66,000. Taking into account staffing and the total cost of coordinating and paying for transportation, the hospital earned \$7.68 in patient insurance reimbursement for every dollar invested in transportation; this amount resulted from the additional services the hospital was able to bill because its patients could make their appointments. The return on investing in transportation is so strong that it can pay off even for individual doctors. A missed appointment means missed revenue, loss of provider productivity, patient rescheduling, and—most likely—a sicker patient.¹³

Data from the pilot program found the following:

- Between August 2014 and May 2016, HealthTran arranged 4,729 rides. The direct transportation costs were approximately \$147,850, or about \$31.27 per ride. The rides were completed by state-approved public transportation providers: roughly 37 percent of these trips were provided by Missouri DOT public transit operators and 63 percent by the nonemergency medical transport division of public ambulance districts.
- Surveys show that 72 percent of the patients using HealthTran services had not been readmitted to the hospital, and 75 percent of the participants had not been admitted to the emergency room in the past six months after having health access.
- The pilot showed a need to create a “One Stop” technology program that allows for multiple transportation options to be seen by schedulers across the state so that these schedulers could—within minutes—schedule a ride for the client with mobility limitations as well as estimate the time for and find the most cost-effective trip.
- For the most part, regular public transit routes were unable to meet health care needs. Appointments, especially for specialty care, could not be met through regular route hours and days. Patients in many cases were physically or mentally unable to withstand the long hours of travel.
- The pilot revealed that public transit has high-quality service, training, and vehicles that provided safe and effective transport for those with limited mobility.¹⁴

13 Suzanne Alewine, “Why Doctors Should Consider Giving Their Patients a Ride?” *Politico*, April 24, 2017, <https://www.politico.com/agenda/story/2017/04/24/why-doctors-should-consider-giving-their-patients-a-ride-000420>.

14 Gwen Martin, *HealthTran: Half-Time Program Evaluation Report* (Missouri: Evalytics LLC, June 2016), <https://www.morha.org/wp-content/uploads/2016/07/HealthTran-Report-June-2016-Final.pdf>.



KANSAS CITY AREA TRANSPORTATION AUTHORITY (KCATA)

Mission	To connect people to opportunity through quality, seamless regional transportation
Organization Type	Regional transit authority
Population Served	2.1 million
Services	Fixed-route bus and bus rapid transit, paratransit, flex routes, vanpooling, and on-demand services
Service Area	Bi-state agency serving seven counties in Missouri and Kansas
Trips Provided	12.4 million
Total Revenue	Approx. \$9.3 million in 2018
Top Revenue Sources	Kansas City, MO; Federal Transit Administration
Notable Achievement	RideKC Freedom On-Demand; Free Rides for Veterans
Website	www.kcta.org
Contact	Jameson T. Auten, Vice President of KCATA Regional Service Delivery and Innovations, jauten@kcata.org

Mission

Public transit authorities are being challenged to rethink how best to serve their communities and to incorporate rapidly developing new technology-driven service innovations. Instead of just operating their traditional bus and rail systems, cutting-edge transit agencies are moving to expand their role by helping connect communities and travelers to a wider variety of existing and emerging services to satisfy a whole range of consumer travel needs. They are beginning to embrace a wider task: an architect of universal mobility, offering coordinated access to a set of diverse customer services. This makes it possible for the consumer to find coordinated mobility choices in one place, rather than encountering a confusing set of fragmented transportation services that are often difficult to understand and navigate.

KCATA is one such agency undergoing a transformation. It is shifting from a traditional public transit agency to a mobility management agency that focuses on customer needs by coordinating a variety of traditional and emerging

community transportation services—public, private, and nonprofit.

A bi-state agency created by a compact between the states of Missouri and Kansas, KCATA owns and operates passenger transportation vehicles and facilities within the seven-county Kansas City metropolitan area and is responsible for the planning and construction activities within that system.



Photo courtesy of KCATA.

Services

The concept of mobility management began to resonate with KCATA in 2011. Initial efforts focused on identifying all public and private mobility offerings in the region. In 2013, KCATA hired a full-time mobility manager to help customers bridge gaps in service, focusing on older adults and people with disabilities. That same year, KCATA helped form the Regional Transit Coordinating Council, headquartered at the Metropolitan Planning Organization (MPO), to oversee coordination efforts. Composed of decision makers and staff from each of the area's major transit operators and stakeholders, including elected officials and county and city managers, this council has been a catalyst for change. It has invited public input and conducted a study to build a baseline of services available and identify both well-served and underserved areas.

Over time, KCATA has embraced mobility management and expanded its scope. One of its first challenges was to address the confusion of disparate transit services in the region. Jurisdictional boundaries may appear arbitrary to the traveling public as people crisscross the area to access jobs, medical facilities, and entertainment. To present a more unified approach, transit providers agreed to adopt a single RideKC brand for all the transit systems of the Kansas City region. Buses were rebranded as RideKC, and a regional map was drawn up to show where and how routes connect. A single website was developed for information about schedules, routes, and fares; new, easy-to-navigate transit schedules and new RideKC bus stop signs were installed. Moreover, all agencies adopted the same fare structure, allowing people to buy one pass and use it on different bus systems in the region.

In addition to unified branding, one regional eligibility process was created for ADA paratransit and taxi voucher programs, replacing three different processes. Four separate call centers were turned into one access point, so people can book demand-responsive paratransit trips or get fixed-route information for any service in the same place.



Photo courtesy of KCATA.

The agency more recently introduced RideKC Freedom On-Demand. This new pilot expands travel options for riders with disabilities and others in the community. Using an app similar to those of Uber or Lyft, anyone can book a cab ride without providing 24-hours' notice, as required of the traditional ADA paratransit service, RideKC Freedom. RideKC Freedom On-Demand is breaking down traditional silos that relegate people with disabilities to separate, often inferior, paratransit services. Through RideKC Freedom On-Demand, people with disabilities can access the same convenient on-demand service as others in the community, but only those who qualify for ADA paratransit service qualify for a reduced fare. The general public can use these on-demand services for \$10 for the first 5 miles and \$2 for every mile after. Riders without a smartphone can call the RideKC call center to connect with a taxi dispatcher. Similar to Lyft and Uber's revenue generation model, 5 percent of the fare comes back to the transit authority. KCATA is looking to collaborate with additional external partners to offer more mobility options through the RideKC Freedom On-Demand platform. About 100,000 trips have been completed on RideKC Freedom On-Demand since the project launched in May 2017. It now provides 8,000 trips each month.

Partners

With key partners such as the MPO, the chamber of commerce, and other private transportation

operators, the agency is identifying how its interests can be served by working together toward a shared outcome.

The MPO is a partner in the planning process to advance mobility for individuals who live in the region. For the chamber of commerce, collaboration is about expanding access to jobs. For the transit providers, the benefit of collaboration is to make access simpler, so people use their services. For companies like Transdev, which operates taxi and paratransit services in the region, collaboration on the RideKC Freedom On-Demand program has enabled them to compete with companies such as Uber and Lyft.

As KCATA's role advances from a transit provider to a provider of mobility management services, a more customer-centric approach and more coordinated efforts have been necessary. The agency is working with human service agencies in the region to streamline subsidized service for its clients. Traditionally, human service agencies have purchased and handed out to their clients paper bus passes from KCATA. In place of this antiquated system, KCATA has offered unlimited transit passes to these riders. In exchange, the agencies provide the same level of funding to KCATA that they previously spent on bus passes for their clients. One example of this arrangement is with the VA partnership to provide free bus rides for all Kansas City veterans. Similarly, the public school system helps KCATA defer the cost of providing free passes to students.

Human service agencies and other service-oriented nonprofits are now also able to write transit funding into their larger grant applications. RideKC Connections acts as the nonprofit 501(c)(3) wing of the agency, allowing social service organizations to roll transportation funding needs into its grant applications. In this way, KCATA's costs for

moving human service–agency clients back and forth to jobs, homeless shelters, or hospitals are covered.

KCATA complements the public and nonprofit sector investment by recruiting corporate sponsors to help fund the subsidies. In exchange, these corporate sponsors are promoted on wrap-around bus ads. The transit system can get more revenue from these sponsorships than from advertising revenue, by tapping company philanthropic budgets rather than more limited marketing budgets.

KCATA is now working on alliances with the health sector that would bring down the overall cost of care for an individual. KCATA can provide transportation services that cost less than most current options for health care rides. KCATA is talking with Uber Health, an initiative of Uber, to cover this segment, and it is working with a foundation and a health care network to develop this idea and provide fixed-route, cab, paratransit, or other mobility services to ensure that people can make their follow-up visits.

LinkforCare is the region's one-call/one-click equivalent, providing information on more than 50 transportation services in the region. Eventually, KCATA hopes to build a single platform and Mobility as a Service app with all the region's mobility options.



Photo courtesy of KCATA.



TOMPKINS COUNTY DEPARTMENT OF SOCIAL SERVICES

Mission	To educate and empower the Tompkins County community with transportation resources through events, phone, e-mail, in-person consultations, online tools, and social media
Organization Type	County department
Population Served	103,000
Services	Way2Go Community Mobility Education Program
Service Area	Tompkins County, NY
Trips Provided	n/a
Total Program Funding	\$221,296 in FY 2019
Top Program Funding Sources	Federal Transit Administration Section 5311 Rural Formula and Section 5307 Urban Formula Programs; NY State Department of Transportation & Local Funds
Notable Achievement	Operational since 2010
Website	http://ccetompkins.org/community/way2go and www.way2go.org
Contact	Dwight Mengel, Chief Transportation Planner, 607-274-5605, dwight.mengel@dfa.state.ny.us

Mission

Since 2006, Tompkins County in Ithaca, New York, has operated its mobility management program from the transportation planning unit in the department of social services. The county's mobility management strategy integrates coordinated transportation planning with its federal and state public transportation grant work. The county secures funds that support nonprofit and governmental agencies to develop and operate customer and mobility services for the public.

In 2008, the Tompkins County Coordinated Transportation Planning Committee identified the lack of a comprehensive community mobility education program as a systemic deficiency of the local mobility system. In general, community residents, human services agencies, and the mobility operators did not have a common or widespread understanding of the scope of mobility services in the county.

In 2009, Tompkins County and Cornell Cooperative Extension of Tompkins County (CCETC) entered into an agreement to develop the Way2Go consumer-centric, community mobility education program. Way2Go's mission is to expand access to transportation by connecting people to existing options and helping develop new community mobility solutions. Its vision is that all people and communities have the transportation they need to thrive.

Through events, phone, e-mail, in-person consultations, online tools, and social media, Way2Go educates the Tompkins County community about transportation resources. Way2Go's partnerships with other organizations—such as the Human Services Coalition, the Ithaca City School District, Ithaca Carshare, AARP, and Department of Social Services—have also had positive outcomes on the transportation knowledge, skills, and access

of target audiences: those with limited English proficiency, disabilities, and limited income as well as older adults, rural populations, and newcomers.

Services

Way2Go first created a comprehensive website of all mobility services, including public transit, private and nonprofit mobility services, and active transportation of walking and biking. After receiving an increased number of phone calls from consumers, Way2Go began a partnership with the local 2-1-1 information and referral services to answer questions about mobility services around the clock.

The next strategy to increase public access to mobility services and choices was to conduct training for human service agency staff, mobility service staff, employers, and local neighborhood organizations; this engagement is ongoing. When this training began, it created two-way conversations about how well mobility services operated, problems with service gaps, and trip failures. This was the first time a comprehensive snapshot of all mobility services was collected. Way2Go provided feedback to mobility operators and raised consumer concerns in an organized fashion. Collecting candid feedback from consumers marked the beginning of a new era of public accountability of service providers.

Way2Go next organized periodic informal meetings of staff from mobility services, community and institutional stakeholders,

community advocates, and human service and public agencies. The purpose was to discuss issues, concerns, and solutions in an informal setting. These meetings were separate from official transportation planning organizations. They provided time for short presentations and information sharing, and for the establishment of a consensus of the common challenges faced by mobility operators and consumers. Given the name “Faster & Farther,” these meetings were based on the notion that positive results would come from working together.

The county contracts with Cornell Cooperative Extension for Way2Go, allowing it to tap this public institution’s over 100 years of experience in applying research to program development and public engagement with rural and urban communities. Way2Go, along with AARP, operates programs for older adults to strengthen driving ability and provide information on issues related to retirement from driving. It creates short, cost-effective videos on using mobility services, translating them into multiple languages so they are accessible to people with limited English proficiency. Way2Go has worked with the largest school district to improve staff access and help them resolve transportation questions from students’ families, provide rides through a volunteer driver service, and encourage carpooling for after-school activities. These are only three initiatives in a long list of programs that Way2Go was instrumental in developing to serve mobility needs of Tompkins County.



DALLAS AREA REGIONAL TRANSIT (DART)

Mission	Embracing regional growth and leveraging technology to provide multiple choices of services to all potential customers while maintaining safe, reliable, and efficient public transportation consistent with our 5 star values
Organization Type	Regional transit authority
Population Served	12,196 certified ADA paratransit riders in Sept. 2018
Services	Bus, light rail, commuter rail, streetcar, paratransit, and vanpool services
Service Area	13 cities, 700 square miles in the Dallas/Fort Worth area
Trips Provided	Total Agency: 62.7 million Fixed Route: 61.3 million Bus: 30.3 million LRT: 29.0 million TRE: 2.0 million (commuter rail) Paratransit: 771,000 Vanpool: 596,000
Total Revenue	\$2,166,271 in FY 2018 (cash/coupon ADA revenue)
Top Revenue Sources	\$3 cash or fare coupon per trip
Notable Achievement	Request for qualification technology process
Website	www.dart.org
Contact	Doug Douglas, Vice President of Mobility Management Services, ddouglas@dart.org

DART is another example of a regional transit authority expanding its role from owner and operator of transit services to that of mobility management systems developer. DART administrators understand that new technologies are paving the way for successful mobility management transformations. Technology improves the ability of different service providers to share trip information, enabling passengers to share trips on consolidated rather than separate services. Technology enhances the transit agency's ability to increase vehicle productivity and offer the passenger more instantaneous service and reduced travel times. Technology can more precisely track vehicles and passengers

to offer better service. It can also simplify and consolidate fare payment and ease passenger trip scheduling challenges. DART is at the forefront of implementing these new technology systems that enhance and make possible mobility management advances.

Services

DART initiatives include:

ADA Paratransit Enhancements—The DART Department of Mobility Management Services (MMS) provides accessible, origin-to-destination, curb-to-curb public transportation services in Dallas. To enhance the customer experience, the department has implemented wireless vehicle

communication and equipment enhancements geared toward improving mobility options for persons with disabilities, older adults, veterans, and individuals with limited incomes.

Lyft Pilot Program—MMS is running a pilot program with Lyft from May 2017 through September 2019 to explore the viability of using a transportation network company to perform certain trips for ADA-eligible customers, offering a more flexible and personalized service.

Travel Ambassador Program and Other Community Training Options—The goals are to (a) increase the familiarity and comfort level of older adults, persons with disabilities, and the general public with DART’s fixed-route system; and (b) encourage health and human services caseworkers, nonprofit transportation providers, and people with disabilities and their families to consider the fixed-route system as their first choice.

Regional Transportation Information/Database—DART has worked with a full 102 transportation providers in a 16-county area of north-central Texas to create a searchable, comprehensive, and current online database of transportation resources for people with disabilities, older adults, and other transportation-disadvantaged populations. This database is the first step toward the creation of a regional one-call/one-click resource center that enables individuals,

caregivers, and caseworkers to find and book trips via one centralized source. Initially designed to assist veterans and active military, especially those who need specific accommodations because of disability, the database is now available to everyone. This project, called My Ride North Texas, went live to the public in 2017.

GoPass—The regional GoPass app and tap card is an all-in-one travel tool that enables riders to plan their trips in real time with step-by-step navigation. Transit riders may pay for their trips with a reloadable tap card, or they may purchase transit passes and store them for up to 60 days on their mobile phones. To address the needs of those without a credit card or banking account, customers can load cash onto their digital GoPass wallet at area retail locations. Customers can also link to Lyft and Uber ride-hail services through the app. DART has an FTA Mobility On-Demand Sandbox grant to expand GoPass to include taxi, dynamic carpooling, and microtransit such as small shuttles. Agency officials have also begun meeting with the paratransit and accessibility advisory committee to expand the tap card to paratransit riders so that they too can access the built-in loyalty discount program.

MicroTransit—DART is testing an on-demand microshuttle service. Customers can request a ride with a mobile app and receive curb-to-curb service anywhere within 12 defined zones. While



Photos courtesy of DART.

the service is open to anyone, all vehicles meet ADA requirements, offering wheelchair lifts or ramps to accommodate riders with disabilities. A one-hour advance reservation is required, and the average wait time is 10 to 11 minutes. If the pilot proves successful, DART hopes to eliminate high-cost fixed-route service in areas with low ridership by replacing that service with on-demand microtransit.

Mobility as a Service Future—DART’s long-range vision is to build a technology platform that will integrate all of the requirements of providing a true mobility management service model (Mobility as a Service) to people with disabilities, older adults, veterans, and the general riding public. The technology platform will integrate all elements to provide a seamless service to the customer—regardless of the type of service each customer requires. Service providers will include fixed-route rail and bus, large lift-equipped van service providers, taxicab companies, transportation networking companies, and other local transportation service providers.



Photos courtesy of DART.



WISCONSIN ASSOCIATION OF MOBILITY MANAGERS (WAMM)

Mission	To develop and maintain the mobility network in Wisconsin; mobility management is the practice of using all available resources and developing new ones to improve mobility, increase efficiency, and reduce costs
Organization Type	501(c)(6)
Population Served	Older adults, people with disabilities, low-income individuals, and the public
Services	Volunteer driver programs, paratransit, demand-response, shared-ride taxi, private transportation operations, public transit, travel training, voucher programs, vehicle loans, vehicle repairs, employment transportation, and one-call/one-click centers
Service Area	State of Wisconsin
Total Revenue	Mobility management: \$1,475,718 from Section 5310; state 85.21 specialized transportation funding, tax levy, and other local sources
Association Funding	Member dues and conference proceeds
Notable Achievement	Mobility management certification program, annual mobility management conference and advocacy work on behalf of members’ interests
Website	www.wi-mm.org
Contact	Carrie Diamond, Older Americans Act Consultant – Transportation and Volunteer Specialist, Greater WI Agency on Aging Resources Inc., Carrie.Diamond@gwaar.org

Mission

Several states have active programs to support the implementation of mobility managers and mobility management networks. As the only state with a mobility management certification program, Wisconsin has been a leader in the development of mobility management networks for more than 10 years.

The Wisconsin Department of Transportation (DOT) invested heavily in an intensive training program for mobility managers. The department held the first training at the College of Menominee Nation in Keshena in spring 2008. A state program manager worked with the ambassador for the federal initiative, United We Ride, to develop a curriculum taught in four, three-day conferences each year for three years. At the end of 2018, 18 participants received certificates, and three more mobility managers achieved certification in April 2019.



Photo courtesy of Rock County Council on Aging.

By 2010, certified mobility managers, with guidance from Wisconsin DOT, had created and then incorporated the Wisconsin Association of Mobility Managers (WAMM) as a 501(c)(6) nonprofit organization. WAMM then assumed management of the certification program.

More than 45 mobility managers operate out of a range of entities: Centers for Independent Living, transit agencies, Aging and Disabilities Resource Centers, VA programs, regional planning commissions, community action programs, and so on. Programs offered include car sharing, volunteer driver programs, voucher programs, car purchase loans, car repair loans, fixed-route transit, shared-ride taxis, ADA paratransit, travel training, and many others.

Services

WAMM is active in developing and maintaining its mobility manager network. Some activities include:

- **Networking of Statewide Mobility Managers.** One of the problems facing mobility managers is the political and funding barriers established by cross-county trips. In many instances, with stronger connections established through the mobility manager network, managers can better coordinate trips across counties.
- **Certification Program.** WAMM has a detailed certification program that includes courses related to professional development, information and management skills, presentation skills, involvement in WAMM, and mentoring. Mobility managers must pass an exam and complete at least two years in



Photo courtesy of Rock County Council on Aging.

the practice of mobility management to be certified.

- **Training and Education.** The primary purpose of WAMM is to train and educate mobility management professionals and other transportation-system stakeholders. WAMM hosts an annual conference as well as occasional workshops or seminars. It also develops position and policy papers on topics and legislation relevant to members.
- **Monthly Calls and Committee Work.** WAMM maintains a listserv and facilitates monthly conference calls with its members. These calls serve to inform members of activities and maintain and support an internal mobility management network. Members are encouraged to participate on the WAMM board or on one or more of WAMM’s committees.

Although Wisconsin is the leader in the training and support of mobility managers, several other states, such as New York and Virginia, have mobility manager networks.

Conclusion

Society is moving toward a new era, one increasingly dominated by on-demand transportation services. Simply put: transportation systems and services must adjust to customers' needs. The need to drive—a travel barrier for millions of older Americans, people with disabilities, and others who cannot either physically operate or afford a vehicle—may no longer divide Americans into two publics: the mobile public with access to a car, and the mobility-constrained public relying on limited and less flexible public transportation and paratransit choices.

Mobility management approaches and mobility managers are well suited for this emerging era. Big transit systems and fixed-infrastructure agencies of the past century have too often

focused on assets, such as vehicles, than on their customers. To adapt to the changing environment, these systems will need to integrate with more flexible and customer-friendly services made possible by technological change.

The mobility management approach offers this flexibility. Mobility management and managers focus on the customer. They are not rooted to one system or one choice of mode. Mobility managers tailor solutions to customer needs, utilizing all available options and seeking to achieve efficiencies. The creators of mobility management systems are embracing new technology. Mobility management is a strategy that welcomes and seeks to implement and support those changes that improve customer service and, in turn, improve lives.



Resources

[COORDINATION & MOBILITY MANAGEMENT/ TRANSIT MANAGER TOOLKIT](#)

Presents a piece on mobility management from the Transit Manager Toolkit for rural transit operators.

[FEDERAL INTERAGENCY COORDINATING COUNCIL ON ACCESS AND MOBILITY \(CCAM\)](#)

Source of information on federal actions and policies to promote transportation coordination.

[FEDERAL TRANSIT ADMINISTRATION \(FTA\)](#)

Federal guidance on FTA grant programs mentioned in this paper (5310, 5307, and 5311).

[MOBILITY INNOVATION HUB-AMERICAN PUBLIC TRANSPORTATION ASSOCIATION](#)

Links to transit case studies and useful information and tools related to mobility management.

[NATIONAL AGING AND DISABILITY TRANSPORTATION CENTER](#)

Technical and information center to promote the availability and accessibility of transportation options for older adults, people with disabilities and caregivers.

[NATIONAL CENTER ON MOBILITY MANAGEMENT](#)

Technical and information center on mobility management services and practices.

[NATIONAL TRANSIT INSTITUTE](#)

Offers information on two courses on mobility management for the transit industry as well as human service transportation professionals.

[RHIHUB TRANSPORTATION TOOLKIT](#)

Provides information, strategies, and resources to help rural communities implement transportation programs, including program models and examples of how to implement, evaluate, and sustain a program in rural communities.

[SHARED USE MOBILITY CENTER](#)

A public-interest organization dedicated to achieving universal, affordable, and sustainable mobility in urban and metropolitan regions of the United States through the efficient sharing of transportation assets. Through piloting programs, conducting new research, and providing policy and technical expertise to cities and regions, this center seeks to extend the benefits of shared mobility for all.

[UNIVERSAL MOBILITY AS A SERVICE: A BOLD VISION FOR HARNESSING THE OPPORTUNITY OF DISRUPTION](#)

Explains the concept of interconnected mobility for all.



Primary Authors

M. Douglas (Doug) Birnie (mdbirnie@gmail.com) is a retired US DOT/FTA official with more than 40 years of federal service in community transportation. He created and managed transportation programs that addressed the needs of people with disabilities, older adults, and low-income populations. He led interagency efforts to coordinate multiple federal programs serving transportation-dependent populations, to reduce service duplication and inefficiency while increasing service options to those populations. This effort was conducted under the direction of the federal interagency Coordinating Council on Access and Mobility, chaired by the Secretary of Transportation, and is known as the United We Ride Initiative. Birnie introduced mobility management and market-based transportation concepts to address mobility challenges faced by customers, businesses, and community groups. The variety of solutions range from traditional transit to more tailored paratransit, taxi, car and vanpool, and other vehicle sharing, and volunteer transportation services provided by public, private, and nonprofit organizations. He also was instrumental in formulating federal paratransit and private-sector policies for FTA.

James J. McLary (james.mclary@gmail.com) is a veteran mobility management advocate. He managed the Madison, Wisconsin, transit system and started one of the first specialized services for people with disabilities in 1975, under Section 504 of the National Rehabilitation Act of 1973. He designed the first mobility management course for the National Transit Institute (NTI) and has taught that course more than 100 times over the last 14 years; he is now a co-instructor for the new NTI mobility management course. He has served on numerous Transportation Research Board and Transportation Cooperative Research Program committees and panels. He was on the board of directors of the Taxicab, Limousine, and Paratransit Association and was the first chairman of the Paratransit Committee. He served on the steering committee for Project ACTION and was instrumental in developing several taxicab products, with a special emphasis on people with disabilities. He also was an adjunct professor at Indiana University, teaching a class in public transportation. He presently serves on the board of directors of the Bloomington, Indiana, transit system.

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Photos courtesy of KCATA, Rock County Council on Aging, and DART.

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