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Final Report on FAST Action Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility, Fiscal Year 2020 January 11, 2024

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EXECUTIVE SUMMARY

Aaron E. Henry Community Health Services Center, Inc. (AEH) is a Federally Qualified Health Center with a mission to improve the health of people in the Mississippi Delta and Delta-Hills communities by increasing access to integrated, comprehensive primary and preventive health care and related services while stimulating economic development. Aaron E. Henry serves as a catalyst for workforce and economic development by providing accessible transportation and other needed community support services. Accessible sites are in communities where the poor can receive services on a sliding fee basis and regardless of inability to pay.

A coalition within the healthcare and transportation industries partnered through the Innovative Coordinated Access and Mobility Program (ICAM) to demonstrate how coordination could improve health outcomes. Transit providers in two vastly different regions of the state provided public transport services for seniors, individual with disabilities and low-income transit dependent persons seeking services at Federally Qualified Health Centers, hospitals, specialty, and sub-specialty locations. To achieve the Triple Aim, a compass to optimize health system performance, rural residents need access to health care services in a timely manner. The program demonstrates the importance of communication and coordination across industry sectors.

The Rides to Recovery (R2R) program met with several challenges during the period of performance that included access to equipment and technology enhancements, the COVID 19 pandemic, and the process of coordination between regional groups. Although challenges existed, there were opportunities that led to increased primary care and wellness visits. Additionally, the program resulted in a successful response to scheduling COVID 19 screening and vaccination. A new relationship between a regional transportation provider and an urban Federally Qualified Health Center that had not existed previously was a benefit. Two Mobility Managers were hired to bridge the communication gaps that existed between the request for services and the actual provision of rides. A total of 1,231 one-way trips were provided because of the capital grant funds which leveraged other public and private resources. Working closely with the Public Transit Division of MDOT, a new technology platform was implemented at no cost to the program.



***Antionette Gray-Brown, CCTM, CSSR
DARTS, Transit Director***

BACKGROUND

Access to public transportation is a major barrier for many in Mississippi, especially for underemployed, unemployed, physically challenged, and low-income residents. A coalition of stakeholders within the healthcare and transportation industry sought to demonstrate how improved coordination of public transit and human services transportation systems could improve health outcomes. The purpose of the ICAM grant was to seek innovative capital projects that improve the coordination of non-emergency medical transportation services and to provide more effective and efficient transportation services to seniors, individuals with disabilities and low-income individuals.

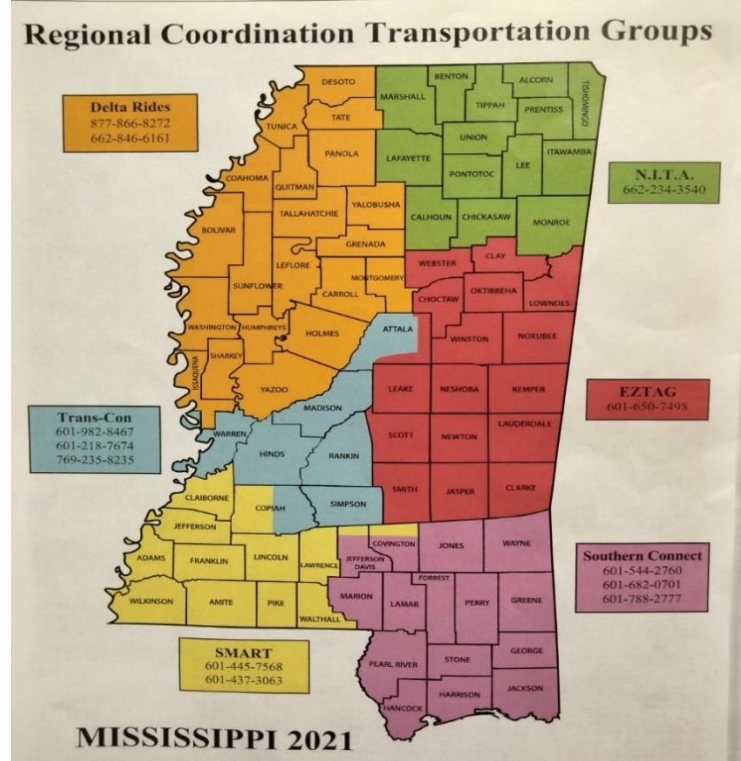
The Triple Aim – enhancing the patient experience, improving population health, and reducing cost is widely accepted as a compass to optimize health system performance. The ICAM program’s goals of 1) increase access to care; 2) improve health outcomes; and 3) reduced healthcare cost supports those of the healthcare system. Aaron E. Henry Community Health Services Center, through its Delta Area Rural Transit System took the lead to establish the Rides to Recovery Program leveraging relationships with other Federally Qualified Health Centers and Regional Transportation Coordination Groups across the State of Mississippi. AEH used lessons learned from the Health Care Assess Design Challenge grant received from the National Center for Mobility Management.

Delta Area Rural Transit System (DARTS) is a program that provides access to affordable, ADA accessible, Section 5311 Rural General Public Transportation through passenger service, vehicle maintenance, transit system management and other related services. With the home office and Regional Transit Maintenance Facility in Clarksdale, DARTS’ services are provided to residents of a rural seven-county area. AEH has operated the DARTS program for close to 30 years.

The transition in healthcare reimbursement from volume to value-based care created the need to increase the number of preventive care and wellness visits to achieve attribution. Transportation is a vital component. Through our Delta Area Rural Transit System (DARTS), we make sure the people who need our services can get our services. The system operates every weekday and is part of the backbone of our operation.

PROJECT DESCRIPTION

For rural residents to have sufficient healthcare access, necessary and appropriate services must be available which can be accessed in a timely manner. Transit providers will provide more effective and efficient public transport services for seniors, individuals with disabilities



and low-income individuals that receive services at three Federally Qualified Health Centers, hospitals, and other specialty locations. The project will employ mobility management strategies, new technology and service improvements that fill identified gaps in service. Mobility Managers for each region will coordinate the project, provide education and training, as well as ensure implementation and evaluation from a central location. Each health center will hire a community health navigator (CHN) whose job will be to schedule patients that need rides to all sites for annual wellness visits, primary care, and preventive services.

The Rides to Recovery Program seeks to address individual challenges in getting to healthcare, such as getting to the doctor, returning home from a hospital procedure, getting to rehabilitation services, accessing behavioral health services, picking up prescriptions from the pharmacy, and appointments for annual wellness or other free health screenings. These services are scheduled directly through mobility managers embedded or employed by the FQHC and connected to regional transportation networks. Using mobility on demand technology will improve the customer experience with both healthcare and transportation services.

Monthly reports and data are collected and submitted to the lead agency to show:

- Increased number of primary care medical trips by type,
- Increased ridership by elderly, disabled and general public
- Decrease in missed appointments
- Increase in annual wellness visits
- Increase in primary care visits
- Decrease in emergency department utilization
- Fewer hospital admissions and readmissions

While the primary purpose of the program is to provide access to transportation to underserved populations in under resourced communities, the public dollars invested will leverage healthcare dollars to sustain the program beyond the grant cycle.

Aaron E. Henry/DARTS had several discussions with Route Match representatives in hopes of securing an affordable mobile technology option. In support of the R2R process, the objective was to leverage the existing community transportation reporting system through Intelligent Transportation Systems (ITS) or advanced transportation technologies. The use of ITS to manage patient transportation options during and post hospitalization may be managed through various technology components, including web portals and mobile apps. These enhancements would be used to increase and encourage stakeholder participation. Using the proposed new mobile technology, service eligibility and mobility information could be readily available on computers. This planning process and model would be used to teach other regions how to work together. The Route Match option was too expensive for the funds available and MDOT was working on another solution for the entire state.

Vehicles were not available for purchase due to low production during the pandemic. This was a restricting factor along with the rising price of gasoline. AEH and other transit providers used vehicles from the existing fleet.



Pictured above: DJ Transit van driver picking up client for medical appointment.

KEY PARTNERSHIPS

Local coordinated transportation planning is spearheaded through two of the six regional groups. Delta Rides and Southern Connect are two of the regional groups partnering with health care providers on this project. The Regional Transportation Coordination Groups meet on a regular basis and the Rides to Recovery initiative seized this opportunity to establish the R2R workgroup and plan for implementation and sustainability.

Delta Rides is a network of non-profit organizations that provide public transportation services within the Mississippi Delta region. While many of these organizations provide special services for seniors, persons with disabilities or Medicaid eligible customers, they also provide public transit services that are available to anyone.

The Southern Connect Regional Coordination Group serves 13 counties in south Mississippi. The public transit systems in this region offer non-medical transportation, student, faculty and staff of colleges transport services, and job access services to area businesses. Southern Connect volunteered to help coordinate the mobility managers job duties and responsibilities.

DJ Transit, Inc. was established in October 2009 as a non-profit organization. The organization's first program was Job Access Reverse Commute (JARC) services that provided guaranteed rides home from un-urbanized areas to more urban areas in Lawrence, Jefferson Davis, Jones, and Covington Counties. In October of 2013, the organization expanded its service under the MDOT Section 5311 Community Transportation Program. This enabled DJ Transit to offer transportation to the entire community for medical, recreational, employment, and educational trips.

Delta Area Rural Transit System (DARTS) is a program of AEH that provides access to affordable, ADA accessible, Section 5311 Rural General Public Transportation through passenger service, vehicle maintenance, transit system management and other related services. With the home office and Regional Transit Maintenance Facility in Clarksdale, DARTS' services are provided to residents of a rural seven-county area. AEH has operated the DARTS program for close to 30 years and is a member of the Delta Rides network.

Mississippi Access Group Network-Health Center Controlled Network (MAGnet-HCCN) is a Mississippi chartered corporation consisting of five community health centers with a mission to strengthen collaboration and coordination for improved health access, performance, outcomes, and cost efficiencies. Aaron E. Henry is a member of MAGnet. The other health centers in MAGnet collaborated with the Regional Transportation Coordination Group to support solutions to increase access to health care services. The lead agency implementation team and MDOT representatives attended meetings and invited healthcare providers and additional stakeholders to participate.

MAGnet-HCCN's vision is to improve the health status for all Mississippians through integrated health. This partnership consists of: Central Mississippi Civic Improvement Association d/b/a Jackson-Hinds Comprehensive Health Center, Aaron E. Henry Community Health Services, Inc.,

Greater Meridian Community Health Center, Dr. Arenia G. Mallory Community Health Center, and Southeast Mississippi Rural Health Initiative, Inc.

Southeast Mississippi Rural Health Initiative, Inc. was formally organized in May 1979 for the purpose of improving the health status of the residents of a predominantly rural area of southeast Mississippi. The health center has a total of 17 clinic sites that serve the Pine Belt area and the surrounding communities, providing access to much needed health care. An additional 22 school clinics are also listed in SeMRHI's scope of services.

Greater Meridian Health Clinic and Choctaw Transit were included in the original project, but the MOU to expand services didn't materialize. It was discovered during the planning meeting that Choctaw Transit was currently working with the community health center, but only operating within the city limits. It was highly suggested that other stakeholders that could operate outside the city limits be added to the stakeholder list.

IMPLEMENTATION

The ICAM grant was originally expected in late January or early February 2019, however it was not awarded until May 2019. Aaron E. Henry/DARTS developed a new timeline and modified goals and objectives to meet expectations. Some of the restricting factors to getting the program implemented was the process of awarding the funds through MDOT for reimbursement purposes, acquiring vehicles, identifying affordable mobile technology, and hiring staff. Some of these factors were overcome using existing agency vehicles, using existing staff, and waiting for a technology solution underway for the state reporting system.

A consultant from the National Aging and Disability Transportation Center (NADTC) was assigned by FTA in August 2019 to provide technical assistance. This included monthly ZOOM meetings with the FQHC executive directors, ICAM team members and Mobility Managers. The monthly meetings have proven beneficial to the team and provided opportunities for information sharing from similar projects.

During this time, planning meetings were held with stakeholders and NADTC requested a survey be completed regarding the learning collaborative webinars. Questions asked were:

1. How have the webinars been helpful?
2. Was the content pertinent to your project?
3. What additional content/topics would be useful?
4. Please comment on ways you have had to pivot your work on the ICAM grant due to COVID-19 restrictions.
5. How has this pivot impacted things like your service, engagement, project as a whole?

6. What other barriers have impeded moving your grant forward?
7. Please describe your plans for obtaining funding to continue the work of this grant.
8. Who do you think has benefited most from this grant?
9. Please describe the benefit.
10. Additional Comments:

A planning meeting was scheduled with the partners of the ICAM grant for mid-February 2020. The planned agenda for the meeting was to develop and solidify the workplan based on the goals and objectives of the ICAM grant and identify additional stakeholders. Additional stakeholders were presented with the work plan and were asked to provide a letter of commitment on behalf of the ICAM plan. On February 28, 2020, the ICAM team met at MDOT in Jackson, MS.

The team's overall function for this meeting was to brainstorm ideas, set priorities and timelines. Some of the key takeaways points from this meeting were:

- Where the Mobility Managers are stationed
- Clearly defined duties and responsibilities of the Mobility Manager
- Current vehicle inventory of transit partners and the ordering process for new vehicles.
- Developing MOUs for other stakeholders
- Setting a more defined timeline for implementation
- Establish the demographic focus for each health center patient to transport

In March 2020, the COVID-19 pandemic was upon us and there was a mandatory shut-down causing major disruptions for the healthcare system and transportation industry across Mississippi. However, individuals were forced to work from home, tasking only the essential workflows and adjusting to the new normal. There was an immediate decrease in ridership. Finally, in April 2020 the team was able to reassemble virtually to further discuss the Ride to Recovery (ICAM) plans and move forward.

A virtual meeting was held on April 2, 2020. The main objective of this meeting was to make sure that each team member understood their roles in assisting with implementing the grant. Each community health center was tasked to hire a mobility manager no later than July 2020. The DJ Transit Inc. Executive Director, and chairperson for Southern Connect Regional Coordination Group volunteered prepare the Mobility Manager's job duties and responsibilities. SeMRHI was assigned the task of producing a marketing plan and providing sample a MOU agreement with transit partners and providers.

The Mobility Manager position was filled and housed at Aaron E. Henry in July 2020 and at SEMRI in August 2020. The mobility managers are responsible for coordinating transportation for the wellness clients and assisting the outreach workers as needed. These services also contributed to the increase in ridership for the transportation department.

The Mobility Managers Job Duties included:

- Provide public speaking presentations to groups on transportation services available
- Set up and maintain booth/display at public events of existing public transit services and other transportation options through Mobility Management.
- Assist in the development of transportation resource information including, but not limited to resource manuals, brochures
- Participate in the quarterly Regional Coordination Group (Delta Rides) meetings
- Conduct outreach to community service and transportation providers to identify unmet needs
- Keep abreast of transportation funding sources.
- Identify unmet transportation needs through data collection on transportation requests and rides provided across the service area in collaboration with pertinent Regional Coordination Group (Delta Rides)
- Work through the appropriate Regional Coordination Group (Delta Rides) with existing transportation service providers to identify strategies to eliminate service gaps
- Develop person centered transportation plans to match a individual travel needs to existing resources in the community
- Conduct travel-training services to assist individuals utilizing community transportation resources independently
- Conduct an annual survey of the number of Aaron E. Henry Community Health Center Inc. transit trips, ridership demographics, including number of persons with disabilities, purpose of ride, income level, age, gender, family composition.
- Assist with other duties as assigned by the Transit Manager.



Pictured: Mobility Managers Doris Green & Calvin Glover after filming a TV feature story on project.

During the next several months the Mobility Managers were tasked to promote the concept of connecting healthcare and transportation with a stronger presence in the community. Providing transportation to receive the COVID-19 vaccination was a priority. People will know that they do not have to miss any appointments where in the past transportation was a barrier.

Currently two of the three mobility managers are on board from early as July 20, 2020. The Mobility Managers have been working diligently to be creative in getting the wellness clients to their appointments. These appointments have been scheduled for (1) WIC clients, (2) HIV clients, (3) Medicaid appointments.

The COVID-19 pandemic has forced the team to develop alternative methods to deliver only essential services to the wellness clients such as:

- Transportation to COVID testing sites.
- Transportation to food distribution sites and medicine refills.
- Transportation to get PPE and essential supplies.



Calvin Glover, Mobility Manger at a health and transit day event

Those clients that have taken chances during COVID, kept their appointments and allowed the transit to pick them up for their appointments have benefited and the burden of lack of transportation has been lifted from their shoulders.

The Ride to Recovery process has been a game changer as the client's transition with the change in time. The Mobility Managers are being tasked to promote the concept of connecting healthcare and transportation with a stronger presence in the community. People will know that they do not have to miss any appointments that have transportation as a barrier.

PERFORMANCE MEASURES

The Performance measures initially established for this project in August 2020 are as follows:

ACTIVITY OBJECTIVE	NUMERICAL TARGET
a) Schedule meetings with stakeholders from healthcare and transit industry	6 meetings
b) Hire Mobility Managers and drivers	Two months
c) Identify or purchase vehicles	2 to 6 months
d) Select and/or acquire technology platform and sign agreements	6 months
e) Negotiate agreements between health center	MOUs signed by April 30, 2020
f) Market services to customers	Social Media & Mass Distribution
g) Provide transit services to Health care related Wellness services for health centers and other health care facilities	1,500 trips
h) Decrease the number of missed appointments	5% Decrease
i) Mobile technology acquired, staff trained and implemented	9.30.2020

The success of the project met and exceeded expectations and the timeline of the project was extended.

ACTIVITY OBJECTIVE	NUMERICAL TARGET
a) Schedule meetings with stakeholders from healthcare and transit industry	16 meetings
b) Hire Mobility Managers and no drivers were hired	July and August 2020
c) Identified vehicles through MDOT fleet	Completed
d) Implemented technology platform upgrade through MDOT	January 2021
e) Negotiate agreements between health center	MOUs signed June 2020
f) Market services to customers	Brochures and website launched
g) Provide transit services to Health care related Wellness services for health centers and other health care facilities	1,231 trips
h) Decrease the number of missed appointments	15% Decrease
i) Mobile technology acquired, staff trained and implemented	Deleted

In January 2021, DARTS implemented the new QRyde scheduling software. This software has enhanced scheduling, dispatching, reporting and other features. Data is being captured in the system to designate trips for health care purposes.

The transportation marketing plans have been implemented and can be viewed on the websites. (<https://www.aehchc.org/darts/>)

- The social media options for the regional group have been named and created.
- The rebranding and other marketing tools have been discussed with the regional group.
- The transportation services at Aaron E. Henry CHC are posted on the agency’s newly created website as of December 2021. (www.yourdeltarides.org)
- Billboards are present in all service areas and has helped to increase the knowledge of the services that Aaron E. Henry CHC/DARTS provides.



AEH staff, DELTA RIDES
www.yourdeltarides.org

OUTCOMES

OUTCOMES
Strategic plan developed with needs, workplan and resources identified
MOUs signed between all partners
Increased access to services using mobile technology
Customer satisfaction surveys indicate 85% approval rate
By the end of the year there will be a 5% increase in healthcare related trips
Decrease ER utilization rate by 20% for health center patients

AEH has updated the Strategic Plan as a principle of practice for the period 2020 through 2025. Transportation is a major part of its mission and working with the Regional Transportation Coordination Group is an objective.

MOUs were signed by all parties participating. Due to the rural nature of Mississippi and lack of access to Broadband technology or mobile devices for customers, mobile connectivity does not work adequately and hasn't been deployed in the State system. With the focus on infrastructure to increase the availability of broadband, the state has put mobile technology in the queue to roll out later in 2024.

The staff did not collect customer satisfaction surveys during the project period. However, the ridership was provided a needs assessment survey. There was a 90% reduction in ridership because of the system shutdown during the pandemic.

Due to the pandemic, most transit and healthcare providers experienced a decrease in users and encounters. The R2R program provided other support services to address social determinants of health related to those with a status of not able to leave their homes. Partnering with local nonprofit organizations to address food insecurity, food was delivered to seniors daily. These numbers were not captured in ridership.

Based on the 2022 yearend report for Medicare beneficiaries prepared by the Accountable Care Organization for which the agency contracts for shared savings, AEH experienced a decrease in Risk Adjusted ER visits for the period from 2019-2022 of 31%. This exceeded the goal of 20%. This is attributed to aggressive performance of Annual Wellness Visits and Closing the Gaps in Care.

SUSTAINABILITY

A growing number of initiatives are emerging to address social determinants of health. Some of these initiatives seek to increase the focus on health in non-health sectors, while others focus on having the health care system address broader social and environmental factors that influence health. For example, the availability and accessibility of public transportation affects access to employment, affordable healthy foods, health care, and other important drivers of health and wellness.

The community health centers partnering on this initiative have integrated the position of Community Health Worker into their existing operations and continue to work with Mobility Managers in transit to schedule rides for patients. Managed Care Organizations, understanding the importance of access, are supporting these efforts. However, there are not enough resources to meet the needs.

The Mobility Manager position at DARTS has been built into the 5311 Rural General Transportation budget as a capital expenditure and is further sustained by local contracts and Medicaid revenue. DARTS provided 8,236 Medicaid trips during the reporting period.

LESSONS LEARNED

Partnering with Faith based organizations to address Food Insecurity was an opportunity to use the transit vans to deliver meals and take clients to pick up meals during the pandemic.

While the primary purpose of the program is to provide access to transportation to underserved populations in under resourced communities, the public dollars invested will leverage healthcare dollars to sustain the program beyond the grant cycle.

The Route Match option was too expensive for the funds available, and this prompted MDOT to begin working on another solution for the entire state.

Technology is great if you can get it, and it makes life easier for all involved. Whether it's telehealth or scheduling software, most citizens (especially the elderly population) are going to need help to navigate through the process.

IMPACTS OF COVID-19

The pandemic has been a constant presence since 2020. It started with massive changes to our operating practices that appeared to threaten our very existence. We saw our staff and communities being devastated, both in terms of disease and economics. AEH immediately adapted programmatic focus to respond to the needs of the community. From increasing access to screening and testing for COVID-19, providing free public transportation, increasing access to PPE, providing direct support to families; to providing support to children in schools to help mitigate the impact from exposure, AEH has responded through generous donations from foundation partners and federal funds.



When the COVID 19 pandemic started, many organizations were forced to lay off staff, temporarily close or severely limit services they offered. In addition to screening thousands and testing close to 10,000 citizens we re-engaged with our patients to serve over 8,000.

Because healthcare and transit providers were considered Essential Community Providers, the impact of COVID 19 on staff and clients was traumatic. The organization was flooded with calls for testing and called upon the Mobility Manager to manage the call system. That made it possible to schedule both the screening and rides at the same time. There was a lack of

knowledge by community residents on protective measures (hand washing, social distances) and all departments were trained to deliver the messages, including the transit department.

Transporting clients and at the same time following the CDC guidelines in regards, to social distancing and maintaining proper PPE supplies for riders and drivers was challenging. And there was a process of reassuring clients that we can provide a safe environment for care. COVID has limited our ability to do group rides or health fairs. Clients were brave and persistent enough to keep their appointment and the transportation barrier was minimized by offering free transportation. There was more than a 90% decrease in ridership.

COVID-19 has taken an immense toll on Mississippi Delta families, especially youth and families from minority communities and other vulnerable populations. As the nation continues to address the existing and lingering impacts from the coronavirus pandemic on the nation, it is imperative to both recognize and address the presenting mental and physical health needs of marginalized under resources communities. Mississippi spends millions of dollars on health care annually, but people of color and those with low income are systematically excluded from those resources. This is a project about advancing health equity, justice, diversity, inclusion, building the groundwork for stronger community health system, and addressing health disparities related to physical and mental health.

The under-developed built environment for transit infrastructure, broadband access, shelters, or benches where riders can wait to board transit vehicles, park and ride facilities, places to gather

and play, etc. is viewed as barriers to physical and mental health for the population. Aaron E. Henry CHC has developed strategies and partners to address some of the Social Determinants of Health that lead to the severe health disparities that dominate the primarily, African American population served.