



Case Study

Partnering to Create Transportation Options for Families of Children with Special Health Care Needs

San Joaquin County 5Cs

Prepared By

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“We have no major medical center in the county, so a lot of our kids go either to Davis or the Bay Area. This is true for surgery, for sure, but also for heart specialists, pulmonary care specialists, neurological specialists...We were told that families were canceling their appointments – families weren’t getting there. So we thought we should find out what the available transportation is. We found 26 or 30 agencies that said they provided Medical Transport. Come to find out, there was only one going out of county and at one point there was zero out of county transport. It turns out they were not being paid for wait time, and so why go out of county when you could do six runs in the county in the time it would take to take someone to Davis.” – *Ann Cirimele, former Director of Family Resource Network and former 5Cs Project Director (interview in 2017 about why the 5Cs Collaborative began working on access to transportation issue in 2015).*

Setting: San Joaquin County, California

Located in California’s Northern Central Valley and east of the San Francisco Bay Area, San Joaquin County has a total land area of more than 1,400 square miles. Children under the age of 18 make up 26.8% of the county’s total population of 762,000.¹ In San Joaquin County, 16% of these children are estimated to have special health care needs, a prevalence exceeding the overall prevalence in the state of 15%.²

For many of these children, health care needs are profound. In San Joaquin County, 3.5% of children have major disabilities compared to 3.1% of California, overall.³ As of 2014, more than 4,200 children in the county were served by California Children’s Services (CCS), a statewide program that provides funding for treatment of children with certain physical limitations and chronic health conditions or diseases.⁴ Enrollment in Medi-Cal, California’s Medicaid program, is also higher in San Joaquin County, with children under 21 enrolled at a rate of 57.4% compared to California’s rate of 49.7%, as of 2018.⁵ Medi-Cal in San Joaquin County is administered by two health plans, Health Plan of San Joaquin with approximately 90% of enrollees, and Health Net with 10% as of 2019.

The county grapples with a shortage of health care resources and does not have a local children’s hospital. There is a shortage of physician specialists, as well as primary care providers. San Joaquin County is located in a part of California that is designated as a Health Professional Shortage Area by The Health Resources Services Administration.⁶ The area of California known as the San Joaquin Valley, of which San Joaquin County is a part, has just 39 primary care providers per 100,000 population compared to the recommended ratio of 60-80 per 100,000. The San Joaquin Valley has just 65 specialists per 100,000 versus the recommended range of 85-105.⁷ A 2019 report of The California Health Workforce Commission warns that this disparity is growing and that demographic trends portend future shortages.⁸

The Inception of San Joaquin 5Cs: A Collaborative of Agencies Serving Children with Special Health Care Needs

With the assistance of a grant from the Lucile Packard Foundation for Children's Health (LPFCH),⁹ San Joaquin County 5Cs began working to improve systems of care for children with special health care needs (CSHCN) in January 2015.¹⁰ The group built upon previous local collaboratives serving CSHCN to establish their county-based "5Cs" group – San Joaquin's California Community Care Coordination Collaborative.¹¹ With Family Resource Network serving as the lead agency, the 5Cs Collaborative also included commitment and participation from San Joaquin County Public Health Services, California Children's Services, Valley Mountain Regional Center, First 5 San Joaquin/Help Me Grow San Joaquin County, Health Plan of San Joaquin, and many other health care providers and school districts.

The 5Cs Collaborative baseline survey of its membership identified the need to access medical care outside the county (usually in the San Francisco Bay Area) as a major challenge for families of children with special health care needs. It typically takes two hours or more, one-way, to travel to facilities in the Bay Area. Many San Joaquin families and the agency representatives who serve them had reported that they could not secure transportation, frequently resulting in rescheduled and missed appointments. This led the 5Cs Collaborative, in addition to pursuing broad issues of care coordination at monthly or every other month meetings of the partners, to investigate what types of systems changes would ease transportation problems faced by families.

The 5Cs Collaborative planned to prepare a guide identifying available resources for families, but learned in the process of contacting the 26 licensed vendors in the county that only one, and, at one point, no vendors were willing to actually provide these services. The vendors cited low reimbursement rates and a preference for local trips because payment for out-of-town trips did not compensate them for the lengthy and time consuming trip out of the county, including waiting time. The 5Cs Collaborative prepared a memo about this lack of resources and circulated it widely, including with local political figures, putting the issue on the agenda for a number of agencies.

5Cs Collaborative members continued to pursue change after their LPFCH grant had concluded in the summer of 2016. Inspired by the possibility of making better transportation options a reality for San Joaquin County families, the group applied for a new LPFCH grant and was issued a \$12,000 grant for the period September 1, 2017, through August 30, 2018. The scope of the new grant was to support the 5Cs Collaborative's work on systems change, including a plan to partner with San Joaquin Council of Governments, coordinate payer agencies to support clients to use a new system, and coordinate messaging information among service agencies and partnerships to maximize ridership.¹² The two leaders of the transportation project were Kelly Mraz of First 5 San Joaquin, and Dr. Armando Valerio, Therapy Services Manager, California Children's Services Medical Therapy Program. The story of San Joaquin 5Cs' collaborative efforts to secure and support systems change, a new system of out-of-county non-emergency medical transportation services (NEMT), follows.

A Coalition Process

In mid 2016, Dr. Valerio met with Gary Prost, Senior Field representative for Congressperson Jerry McNerney of California's 9th District. Dr. Valerio learned that improvements to public transportation options and the process to seek systems change were governed by the local Council of Governments. This was the second time he'd heard that the San Joaquin Council of Governments (SJCOG) was the body with the power to fund and order changes to local transportation systems. A San Joaquin Regional Transit District (RTD) official had also told him that changes and the funding to support those changes would need to come from SJCOG. And so, as the initial San Joaquin County 5Cs' grant from LPFCH was concluding, Dr. Valerio made his initial appearance in front of the full SJCOG Board in August 2016 during the time allotted for public comment. There, he shared the purpose of the 5Cs Collaborative and the transportation challenges facing CSHCN, explaining that the challenge was that there were no vendors offering this service. Per the minutes, Dr. Valerio explained:

“[N]o transportation providers have been found and these are children with special health care needs. The collaborative is looking for someone to be a champion for them because they are running across barriers. Stanislaus County has a Medi-Van that they provide [for] medical transportation out of their county to the Bay Area.”

The Board directed SJCOG staff to collect information from the 5Cs Collaborative and to explain processes within SJCOG that were designed to receive community requests for service additions. In the ensuing months, Dr. Valerio and 5Cs facilitator Kelly Mraz worked closely with the SJCOG staff. SJCOG staff explained their yearly process to identify and rectify “unmet transportation needs,” as well as the internal procedural avenue that could potentially lead to funding of services. They would learn that “unmet transit needs” (UTN) are defined by SJCOG as “transportation services not currently provided to those residents who would use public transportation regularly, if available, to meet their life expectations. This includes but is not limited to: trips for medical and dental services, shopping, employment, personal business education, social services, and recreation.” They also learned that through the Transportation Development Act (TDA), California provides two sources of funding for public transportation, including the Local Transportation Fund (LTF) and the State Transit Assistance Fund (STA). Funds are intended to support public transportation needs. Designated funds are allocated to areas of each county based on certain formulas. Counties with fewer than 500,000 people have the option to use LTF for local streets and road projects if it can be shown that there are no unmet transit needs. Oversight of the process of determining whether there are unmet needs to be funded prior to further distribution is provided by the California Department of Transportation. There are certain minimum requirements for conducting an annual assessment to determine whether there are unmet needs in the county.¹²

As part of its unmet needs process, SJCOG conducts an annual assessment and, using the information gained, makes specific written findings about unmet needs. There is a two-step process in making findings about needs:

1. An initial finding states whether each issue raised is, in fact, an “unmet transit need” pursuant to guidelines; and

2. When there is an initial finding of unmet need, SJCOG uses guidelines to arrive at a finding about whether the need is “reasonable to meet.” Unmet transit needs that are reasonable to meet must be addressed before Transportation Development Act funds are allocated to local jurisdictions for non-transit purposes.

The scope and nature of the assessment is described in SJCOG documentation:

In conducting the annual transit needs assessment, SJCOG’s role is to perform the following:

1. Ensure that several factors have been considered in the planning process, including size and location of groups likely to be dependent on transit, adequacy of existing services, and potential alternative services and service improvements that could meet all or part of the travel demand.
2. Hold a public hearing to receive testimony on unmet needs.
3. Determine definitions for “Unmet Transit Needs” and “reasonable to meet.”
4. Adopt a finding regarding Unmet Transit Needs and allocate funds to address those needs, if necessary, before street and road allocations.

– Unmet Transit Needs Final Assessment 2017-2018.¹³

Working with SJCOG staff, 5Cs members Armando Valerio and Kelly Mraz became immersed in the unmet needs process and in building a plan for new transit options for CSHCN. Much of the process is managed through the Unmet Transit Needs Subcommittee of a standing SJCOG committee, Social Services Transportation Advisory Committee (SSTAC). Kelly Mraz and Dr. Valerio both joined SJCOG committees as representatives of the 5Cs Collaborative. They began attending monthly meetings and participating as regular committee members.

The 5Cs Collaborative also invited SJCOG staff to 5Cs meetings to explain the unmet needs process, the existing county transportation services that were most accessible for CSHCN, and the plan for public non-emergency medical transportation outside of San Joaquin County. In December 2016, 5Cs partners distributed and responded to the SJCOG annual survey designed to elicit unmet transit needs. Through a 5Cs Collaborative partner, Family Resource and Referral Center, callers to the county’s line¹⁴ were invited to participate in the unmet needs transportation survey.

Following the close of the SJCOG unmet needs survey and public comment period in December 2016, the comments were compiled, and SJCOG staff noted that the most frequently requested service was non-emergency medical transport (NEMT) to the Bay Area. The UTN subcommittee and SSTAC committee reviewed comments and concluded that the request was, in fact, an unmet need. Members could not reach a consensus, however, through multiple meetings, on whether the need was “reasonable to meet,” under the guidelines. SJCOG staff issued a written recommendation that NEMT be identified as a “reasonable to meet” unmet transit need, notwithstanding the views of SSTAC. The reasons expressed by staff were articulated in a report (included in an endnote),

and focused on the fact that NEMT was the most requested service, that the service would benefit disadvantaged populations, that there was considerable ridership in Stanislaus County (2,300 riders/year) and much expressed need in San Joaquin County, and that the potential to partner with the Stanislaus service could increase operational feasibility and save substantial cost.¹⁵

Over the course of April, May, and June of 2017, further reviews and opportunities for feedback about the recommendations of staff were held in multiple SJCOG committees, and 5Cs members Armando Valerio and Kelly Mraz attended each to answer questions and offer feedback. As with the joint meetings of SSTAC and ITC (Interagency Transit Committee), the members of the SJCOG Citizen's Advisory Committee, the Technical Advisory Committee, and the Management and Finance Committees all ultimately voted to recommend that there be a finding of an unmet transit need that was not reasonable to meet. Reasons expressed largely focused around insufficient ridership information and concern about cost effectiveness as well as funding. There was concern expressed about impact to local community funding. The Executive Committee did vote to recommend that NEMT be affirmed as an unmet transit need that was reasonable to meet as recommended by SJCOG staff.

With this contradictory set of votes, the issue came before the full SJCOG Board. On June 22, 2017, SJCOG staff presented an overview of the process and committee votes and recommended that the Board defer a final decision as to unmet transit needs and set aside \$35,000 for implementation studies about NEMT and another request for new transit service. Dr. Valerio brought a pediatric wheelchair with a doll with braces and showed the Board a video he had made of a family with a child with special health care needs. Kelly Mraz, responding to the concerns expressed in committees about lack of data about numbers of patients requiring transportation from the County for medical care in the Bay Area, read emails with information gathered from social workers based at Bay Area providers and from local medical personnel. Tammy Evans, San Joaquin Public Health Services Director, spoke of the universal benefit that improved transportation options could offer to a great variety of patients. The president of Cancer Kids of San Joaquin County also spoke of the considerable benefits the service could provide for the families reached by Cancer Kids.

After considerable discussion, the Board voted, five votes to four votes, to adopt findings that NEMT is an unmet transit need that is reasonable to meet, and to set aside budget authority of \$250,000 to address development of service implementation of an NEMT service. The Board stipulated that initial expenditures were limited to planning and that further Board approval would be required before funds were spent for operations.

The Development of Care Connection

From July through October of 2017, RTD developed a service plan as contemplated by the SJCOG Board. There were periodic meetings with 5Cs representatives during this timeframe to answer questions and plan for potential rollout of services and promotion of those services to families and agencies that might refer or pay for transportation services. The 5Cs partners were ideally situated to partner in this effort.

“We can relay info back and forth to agencies who work with people whose mobility is limited. So it’s a good partnership for us – absolutely.”

– Kelly Mraz, *First 5 San Joaquin*

“Working with Kelly and 5Cs has brought a lot of light to new ideas for mobility options. It’s given us new ideas.”

– Bea Thao, *Mobility Analyst, RTD*

Ultimately, RTD developed a service plan which it presented to the SJCOG Board in October and November 2017 with 5Cs members in attendance. The plan, which was ultimately launched in the spring of 2018, identified the following Care Connection services to be implemented:

- Bay Area service via Stanislaus Regional Transit (StaRT) Medi-Van: Stanislaus County has operated a Medi-Van service from Modesto to the Bay Area, four days per week for many years. The service provides stops at medical facilities in Livermore, Oakland, San Francisco, Palo Alto and other Bay Area locations. RTD negotiated with StaRT to add a connection stop in San Joaquin County (Tracy) on the Medi-Van route. Passengers can access the service on their own, or can use an RTD contracted “curb-to-curb” service via Uber or Journey Via Gurney (JVG) (for customers functionally requiring that level of service). Pricing was ultimately \$9 for Medi-Van and \$3 for connector service, per trip.
- Bay Area service via existing routes: ACE trains provide four roundtrips daily and RTD Commuter Route 150 (bus) provides nine roundtrips daily to BART stations. The new services added were the optional connections from home either by Uber or JVG as described above, however passengers would need to book their own way from the train and bus route stops to medical facilities.
- Sacramento service via existing commuter routes: RTD’s added service allowed passengers to access medical destinations in the Sacramento area after regular commuters were dropped downtown with service to be requested in advance. Connection service, as above, available. Pricing: regular fare of \$7.
- Coordination services by RTD to allow inquiries and booking by passengers.

In April 2018, RTD launched the bus service to Sacramento, and in May launched the connection services from passengers’ homes. Service to the Bay Area via Medi-Van began operating in June 2018, following delays in negotiations with StaRT, which was operating the Medi-Van from Stanislaus County and had to agree to offer the stop in San Joaquin County.

The coordination services offered by RTD included telephone access to a trained outreach specialist who responded to inquiries and advised customers about the available routes and how to access them. Whether a prospective rider began the process through a telephone call or online, the initial step was to fill out a registration form, available online. The coordinator filled out the form on behalf of the passenger when inquiries came by telephone and also processed the registration forms filled out and submitted online. Riders who wished to access the Medi-Van service to the Bay Area were directed to contact StaRT to make a reservation. Riders who wished to travel to Sacramento worked with the coordinator to arrange their stop. The Care Connection Coordinator arranged all requested connections from passengers' homes to the Tracy stop to access Medi-Van, to the other existing routes to the Bay Area, and to the bus stops for the Sacramento commuter routes. If a connection was requested, the coordinator determined if the rider required Journey Via Gurney service (for those requiring specialized medical accommodation) or Uber service and arranged the initial pick up and return drop off, as requested.

Successes

Key Stakeholders

As seen above, the San Joaquin 5Cs Collaborative has been committed for the long haul, having pursued the transportation issue for more than three years. This is an example of the importance of a stable and consistent coalition that has a range of members who can draw on their collective knowledge and networks to marshal data and information to support system change and to advocate on behalf of CSHCN. With a coalition, too, there is more likely to be accountability and maintenance of system changes over the long term, which is important for CSHCN. While it appears that out-of-county transportation barriers in San Joaquin have abated, the presence of the 5Cs Collaborative makes it more likely that this will be monitored over time.

The network of partners in the San Joaquin 5Cs was indispensable to ultimate success. By way of example, only, they prepared and submitted letters of support, circulated transportation surveys, supported 211 access to clients to respond to transportation surveys, and helped accumulate supportive data. They helped plan and promote the new transportation services, once in place. The Director of Public Health Services supported Dr. Valerio in taking time from his duties to participate in seeking this system change and also made an in-person appearance at the Board hearing the night of the final vote to testify in support of the 5Cs mission there. Transportation has become a familiar service structure to many San Joaquin County social and health service community agencies as a result of these efforts.

The 5Cs team did not attempt to simply ask for changes at SJCOG and RTD without offering to help in the process. They fully engaged, joining committees and partnering with those who knew the system. They showed up, month after month, year after year. They worked with staff, gathering information that was requested and partnering to brainstorm how to promote the new service. The 5Cs experience in transportation services broadened horizons for its partners, as well. Kelly Mraz, who initiated new programs for First 5, advises, “Before it would not have occurred to me when setting up a project to bring somebody from transportation. And now, I don’t think I would set up a project without bringing someone in.” And RTD’s Bea Thao says their organization, as well, has benefited from the partnership. [The partnership] “has brought a lot of light to new ideas for mobility options.”

SJCOG was, and is, a key stakeholder. As the governing body that identifies local transit needs and administers transportation funding, no system change was possible unless that body understood and embraced the needs of local patients. As seen above, the process was complex, with deep regulatory content and institutional process that was completely foreign to 5Cs representatives. The availability and assistance of committed SJCOG staff was critical to the ability to traverse nearly two years of processes before service changes were ultimately implemented. SJCOG staff are extremely knowledgeable of the law governing unmet need and maintained a steady process, even in the face of multiple negative votes at committee presentations prior to the final vote before the Board. The 5Cs team saw SJCOG staff as key partners in their own right.

RTD, became a key partner after the SJCOG Board found NEMT to be an unmet transit need and asked RTD to develop services in response to the need. RTD partnered with the 5Cs Collaborative to identify the best ways to promote the new services, including attending 5Cs meetings to present information for circulation to member agencies and providers who interfaced with families likely to need out-of-county transportation. RTD developed a connection service and coordination service to improve the likelihood that riders could understand the various services offered and to assist them in planning their out of county appointments.

The partners in 5Cs were critical, throughout this process. At the outset, they were the source of information from families about the nature of the problem. They worked diligently to catalog and investigate transportation vendors and define the problem in a transportation memo that they shared widely toward the close of their first LPFCH grant. They circulated the memo widely, but did not stop their efforts on behalf of CSHCN during a lengthy period when they had no funding or mandate to continue their work. They searched for possible solutions, and when SJCOG was identified as a partner that could help effect change, they waded into the very deep waters of transportation law and policy. This was a completely foreign world, as 5Cs primarily “lives” in the disciplines of health and social services. Exercising diplomacy and determination, they learned the lay of the land, found allies, and continued to support the efforts of their partners.

The 5Cs team was able to find allies at different points in time that bolstered their case. For example, although the Director of “Cancer Kids” had never been part of 5Cs, his testimony in front of the SJCOG Board was persuasive and may even have been more helpful because he was not part of the 5Cs Collaborative. It strengthened the premise that out-of-county transport was a need that spanned across the community. Although the 5Cs is focused on children, adults and others who require non-emergency medical transportation (NEMT) also stood to benefit, and this made the issue one of even broader concern for the entire community, and one that Board members could relate to.

By broadening the concerns beyond CSHCN to include all children and all adults who might now or someday need NEMT, most people could envision some personal impact. While it would have been impactful to bring actual families of CSHCN before the SJCOG, that was not possible. Instead, Dr. Valerio brought a pediatric wheelchair together with a doll fitted with braces typically seen on children in his clinic. He brought a video he’d made of an interview with a family that struggled with transportation. This took the issue of transportation out of the realm of abstract problems and cost effectiveness considerations and focused concern on the disadvantaged population that required the systems change.

Changes to the transportation system did not come easily or quickly. There were years of work and much negative pushback before the 5Cs got a “yes” from policymakers.

“Even SJCOG staff who were concerned the COG board would not support the proposal indicated they would be changing their recommendation to the Board to vote on allocating \$35,000 to study the proposal further...and we said we were going forward with our presentation to the Board anyway.”

– *Armando Valerio, DPT*

As it happens, on a parallel track, advocates were also working on systems change in the state legislature to improve Medi-Cal coverage by incorporating transportation services to specialty medical services, pharmaceutical services, and even behavioral health services. And that system change may have solved the problem even more completely than the addition of services ordered by SJCOG.

“Health care delivery and financing is never ending change. The only thing you can do is keep standing up for the powerless people. I did not have any second thoughts. And you know why? It’s because I knew who I was advocating for. And because the program I run is CCS [supported] and we provide care to these children. So I knew intimately who it was that I was fighting for. So I never thought am I going to give up? If they say no in the end, then at least I can say that I tried for the kids.”

– *Armando Valerio, DPT*

Challenges

Timing

As of February 2019, ridership on Medi-Van was low. The RTD mobility analyst who answered inquiries and arranged connections reported that 14 registrations had been completed and eight “trips” (each one-way ride counted as a “trip”). This was likely a total of four riders. As of February 2019, there had been no trips on the commuter routes to Sacramento. There was one registration for that route, but the rider later canceled.

The 5Cs journey to secure transportation options for families of CSHCN was a lengthy and demanding one that involved multiple agencies and systems. The Stanislaus County StaRT Medi-Van had been very successful in serving county clients for many years. The SJCOG record during hearings shows that the Medi-Van generated 2,300 rides per year from Stanislaus County to the Bay Area. The level of frustration expressed among patients and providers in San Joaquin County with transportation to the Bay Area, combined with the fact that San Joaquin County has a 35% larger population than Stanislaus County, led the 5Cs Collaborative to believe the service would be very well used.

The reason for low ridership on Care Connection transit may not be fully understood. However, a change in transportation benefits provided by Medi-Cal is a likely explanation. California’s Assembly Bill 2394, technically effective July 1, 2017, but likely not fully implemented immediately, expanded the obligations of Medi-Cal to offer transportation services to medically necessary treatment appointments.¹⁶ The legislative history of the bill reveals that much of the motivation by sponsorship of the bill was the plight of residents in rural areas and specifically acknowledges the need for residents to access care to specialists some distance from their homes, often on an ongoing basis. The bill’s author notes that even though previously existing law assured many transportation benefits, the availability of transportation and implementation of these benefits varied widely across the state.¹⁷

An “All Plan Letter” to California’s managed Medi-Cal health care plans (MCPs) following the bill’s effective date clarifies the existing as well as the expanded obligations of health plans.¹⁸ The law expanded access to transportation benefits for recipients who do not require medically equipped vehicles (NMT – nonmedical transportation) and coordination and reimbursement requirements are set forth. Concerning NEMT (non-emergency medical transportation), the letter clarifies and underlines the obligations of health plans:

MCPs are required to provide medically appropriate NEMT services when the member’s medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services. MCPs are required to provide NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches. MCPs shall also ensure door-to-door assistance for all members receiving NEMT services.

The law's affirmative duty on health plans to assure transportation services for their members is believed to have changed practices among payers for services accessed, including the Medi-Cal health plans covering patients in San Joaquin County. Both plans serving the county are reported to have contracted with a service that coordinates and facilitates transportation requests from patients as of October 2018.

Logistics

The RTD and 5Cs partners conducted a promotional campaign for the new services, marketed as "Care Connection." Promotional efforts included:

- Brochures
- RTD website information
- Radio and television promotions. A video was produced by RTD.¹⁹

Yet as of the end of June 2018, only one rider had used the Care Connection system. In July 2018 a more targeted outreach and promotion campaign was conducted to agencies with eligible clients for the Care Connection service. Promotional efforts included:

- Outreach to medical clinics and providers, including personal discussions and presentations about the services and how to access them
- Presentations by 5Cs partner agencies and communications to 5Cs members to circulate to agencies
- Inclusion of information in multiple listservs circulated to agencies and providers likely to work with prospective users of the new services.

The transportation coordinator at Valley Mountain Regional Center voiced an objection, early on, as to the difficulties posed by requiring customers to purchase tickets directly from StaRT for the Medi-Van. She pointed out that many potential riders do not have credit cards and could not be expected to buy their tickets online. RTD responded to this concern by buying some tickets to make available for cash purchase at Stockton's RTD downtown transportation center. Even with this accommodation, it is possible that working through multiple transport systems (RTD for connections and StaRT for Medi-Van) is difficult for riders and for payers who would be motivated to provide the most efficient service possible.

"... a little difficult because you almost had to have the health plan pay for the ticket or reimburse the client for the ticket and you needed two kinds of tickets – one for the servicer coming from Modesto [Medi-Van] and another one coming from RTD [connection trip]."

– *Armando Valerio, DPT*

"Health plan has been giving people [in Stanislaus County] tickets to ride the van from Stanislaus County [StaRT Medi-Van] for years. But we do not believe they have been doing that in our County since we got the new service."

– *Kelly Mraz, First 5 San Joaquin*

“We are asking different agencies to change their practice. I think most agencies who provide transportation out-of-county already have vendors set up. So, when their client calls, they can just easily forward that call or trip to the vendor. Whereas with this, it requires some coordination with RTD, and I just think that extra level of work doesn’t offer them an incentive to change. That’s just my personal opinion.”

– *Toan Tran, RTD*

The 5Cs Collaborative tried on multiple occasions to identify those at Health Plan of San Joaquin who are responsible for transportation coordination, but were unsuccessful in identifying the health plan’s considerations and potential for using public transportation for medical services outside the county.

Still Moving Forward

When the SJCOG Board approved and funded new transport options in San Joaquin County, they did so with the provision that at the end of one year of service, SJCOG would review ridership and performance to make a decision about whether to maintain or discontinue the current service. At the time this report was written, the one-year period was to expire in April 2019 for the Sacramento routes and in June 2019 for the Medi-Van service. It appeared this matter would be scheduled for review and discussion in April or May 2019. There was the possibility that the Medi-Van stop in San Joaquin County could continue in light of the fact that there were no ongoing costs for RTD, other than supporting coordination and connections. It also depended on agreement by Stanislaus County authorities to continue to operate the service.

It is encouraging that the 5Cs partners have not heard continuing complaints about out-of-county transportation problems for families of CSHCN. In a meeting of family support counselors at First 5 San Joaquin, those gathered stated that transportation is no longer an issue. “There are so many options now.” The families of the patients that Dr. Armando Valerio treats no longer complain about inability to travel to medical appointments. The “health navigator” partners at 5Cs meetings do not bring this to the meeting table as a nagging issue.

All partners in San Joaquin 5Cs were surveyed at the end of 2017 and again at the end of 2018 about their experience in participating in the 5Cs Collaborative. Partners were asked to rate a number of potential community challenges to care coordination for CSHCN. During the initial survey period of November-December of 2017, the partners’ highest rated challenge was “families have difficulty securing transportation to needed services.” The average rating by 5Cs Collaborative partners at that time was 9.5 on a scale of 1-10 with 1 signifying “not really a challenge in our community” and 10 signifying “one of the greatest care coordination challenges in our community.”

When San Joaquin’s 5Cs partners responded to a follow-up survey in November and December 2018 as part of follow up evaluation, they were again asked to rate the degree to which a range of possible care coordination challenges impacted the San Joaquin County community. Unlike the previous year, “families have difficulty securing transportation to needed services” was no longer the highest rated challenge, and, in fact, fell to 7th place out of 11 listed challenges. That is not to suggest that the underlying problem that leads to the need for out-of-county transportation has improved. In fact, 5Cs partners’ highest rated challenge at the end of 2018 was, “specialty care is unavailable or scarce/ there is no major medical center in our community.”

If it is the change in the Medi-Cal law that is leading to increased transportation options for families, that change is a greater systems improvement than the newly offered public transportation options. If families are able to call a line for transportation support or go online to schedule it, and receive door-to-door transportation at convenient times, families will have fewer or no connections and potentially little or no waiting time.

Another encouraging possibility is the continual evolution of technology in transportation. For example, as of Spring 2019, RTD was piloting a program called “VanGo” that is an on-demand service like Uber. RTD is partnering with Uber, but the VanGo vehicles are accessible and all

drivers are professionally trained and licensed. While the 14 vehicles are currently limited to travel within the county, Toan Tran, the RTD Mobility Director, said that, in time, and with appropriate funding, it could be possible for those vehicles to travel outside the county. “I am very confident that there will be options for people who need assistance.”

Since the conclusion of this case study, the SJCOG Board of Directors voted on August 22, 2019, to discontinue NEMT services. Armando Valerio, appealing on behalf of 5Cs, expressed appreciation for the Board’s willingness to support the one-year pilot. The SJCOG staff thanked Dr. Valerio and Ms. Mraz for their efforts on behalf of NEMT.

Appendix: List of Interviewees

Ann Cirimele, former Director of Family Resource Network

Kelly Mraz, Contracts Analyst
First 5 San Joaquin

Bee Thao, Mobility Analyst
San Joaquin Regional Transit District

Toan Tran, Director of Mobility and Strategic Affairs
San Joaquin Regional Transit District

Armando Valerio, PT, DPT, Therapy Services Manager
California Children's Services Medical Therapy Program
San Joaquin County Public Health Service

References

1. United States Census (estimate for July 1, 2019). Retrieved from <https://www.census.gov/quickfacts/fact/table/sanjoaquincountycalifornia/PST045219>
2. Children with special health care needs are defined as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. [Data as of 2011-2012] As cited on kidsdata.org, Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, Advancing data-in-action partnerships for children and children with special health care needs in California counties and cities using synthetic estimation from the 2011/12 National Survey of Children's Health and 2008-2012 American Community Survey. Retrieved from <https://www.kidsdata.org/topic/1920/special-needs70/table>
3. Estimated percentage of children ages 0-17 with one or more serious difficulties in hearing, vision, cognitive ability, ambulatory ability, self-care, and/or independent living. Major disabilities include serious difficulties in hearing and vision among all children, serious difficulties in cognitive ability, ambulatory ability, and self-care among children ages 5-17, and serious difficulties in independent living among children ages 15-17. [Data as of 2011-2015.] As cited on kidsdata.org, U.S. Census Bureau, American Community Survey. Retrieved from <https://www.kidsdata.org/topic/600/special-needs-ccs/table>
4. As cited on kidsdata.org, Stanford Center for Policy, Outcomes, and Prevention, analysis of CCS claims data (2017, June). Retrieved from <https://www.kidsdata.org/topic/600/special-needs-ccs/table>
5. Average percentage of children and youth, ages 0-20, enrolled in Medi-Cal per month, by age group. As cited in kidsdata.org, California Dept. of Health Services, "Eligible Individuals under Age 21 Enrolled in Medi-Cal (July 2019) California Dept. of Finance, Population Estimate and Projections, 2000-2009, 2010-2060 (May 2019). Retrieved from <https://www.kidsdata.org/topic/733/medi-cal-monthly-enrollment-age/table>
6. Health Resources and Services Administration. *Health Professional Shortage Areas (HPSAs)*. Retrieved from <https://bhwh.hrsa.gov/shortage-designation/hpsas>
7. California Physicians: Quick Reference Guide, California Health Care Foundation, 2017, www.chcf.org/publication/2017edition-California-physicians-who-they-are-how-they-practice, cited in Meeting the Demand of Health: Final Report of the California Future Health Workforce Commission, California Future Health Workforce Commission (February 2019). Retrieved from <https://futurehealthworkforce.org/>
8. Meeting the Demand of Health: Final Report of the California Future Health Workforce Commission, California Future Health Workforce Commission (2019, February). Retrieved from <https://futurehealthworkforce.org/>
9. Lucile Packard Foundation for Children's Health. *Community Engagement*. Retrieved from <https://www.lpfch.org/cshcn/community-engagement>
10. First 5 San Joaquin, <http://sjkids.org> and Family Resource Network, www.frcn.org

11. San Joaquin County 5Cs Grant. Retrieved from <https://www.lpfch.org/cshcn/grant/san-joaquin-county-5cs>
12. Links to governing statutory authority can be found at: <http://www.dot.ca.gov/drmt/sptda.html>. Retrieved from <http://www.dot.ca.gov/hq/MassTrans/State-TDA.html>
13. San Joaquin Council of Governments. *Unmet Transit Needs, Fiscal Year 2017-2018*. Retrieved from <http://ca-sjcog2.civicplus.com/ArchiveCenter/ViewFile/Item/497>
14. San Joaquin 2-1-1. Retrieved from <http://www.211sj.org/>
15. Reasons for recommending “reasonable to meet” finding: San Joaquin Council of Governments. *Social Services Transportation Advisory Committee and Interagency Transit Committee Agenda*. Retrieved from http://www.sjcog.org/AgendaCenter/ViewFile/Agenda/_05012017-673, Staff Report 5/17:
 - (1) Community Acceptance. NEMT was the most requested service from respondents, as San Joaquin County residents that require medical services from hospitals outside the region (ex. Oakland’s Children Hospital, Stanford Hospitals and Clinics, San Francisco Hospitals, etc.) do not have an existing transit option to travel to their destinations.
 - (2) Equity. This service would benefit disadvantaged populations including those below the poverty line, disabled, elderly, and those who lack personal vehicles.
 - (3) Potential Ridership. Conversations with agencies such as the San Joaquin County Public Health Services suggests that significant demand exists for a NEMT service, but it is difficult to accurately estimate potential ridership due to the fact that no NEMT service currently exists. Potential users of a San Joaquin County NEMT service currently make whatever arrangements they can to reach appointments in the Bay Area, including taxi, transit (multiple system transfers), and private automobile. The NEMT service in Stanislaus County yields approximately 2,300 riders per year. San Joaquin County has a 35% larger overall population than Stanislaus County.
 - (4) Cost Effectiveness. If deemed a “reasonable to meet” Unmet Transit Need in San Joaquin County, NEMT service could be made possible by partnering with the Stanislaus County NEMT. This service currently runs through San Joaquin County on its way to and from the Bay Area, offering an opportunity for cost savings for both counties. The potential San Joaquin County NEMT service would require a pick-up/drop-off point along the existing route, a \$50,000 per year “feeder van” serving San Joaquin County, along with a likely contribution toward the \$210,000 per year for the main bus that runs to medical facilities in the Bay, thus reducing costs for both partners. Fares collected by San Joaquin County riders would work to offset the \$210,000 cost.
 - (5) Operational Feasibility. As described in the bullet above, NEMT service in San Joaquin County could be made possible, and simplified, through a partnership with StaRT and their existing NEMT service.
 - (6) Funding. Annual operating costs for a standalone service may total approximately \$260,000. Some of this cost could be reduced by partnering with StaRT on their existing

NEMT service. Typically, Unmet Transit Needs deemed “reasonable to meet” are funded with Local Transportation Funds; however, SJCOG would like to explore the possibility of using other funding types to minimize the impact to the Local Transportation Fund source. One potential alternative could be the bus transit category of Measure K.

16. California Legislative Information. *AB 2394 Medi-Cal: Non-medial Transportation*. (2016, September) Retrieved from https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2394
17. Senate Committee on Health. *Mental Health Services Act: County-by-County Spending Reports*. (2016, June) Retrieved from https://mhsoac.ca.gov/sites/default/files/documents/2016-07/FINAL08-5_AB_2279_Enclosure04.pdf
18. Department of Health Care Services. *Non-emergency Medical and Non-medical Transportation Services*. (2017, July) Retrieved from <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2017/APL17-010.pdf>
19. RTD Care Connection. *Reconnect with Health Commercial*. Retrieved from <https://www.youtube.com/watch?v=-iEdtSnmf3U>