Ready-to-Launch Health Care Access Grants

Final Report

Date submitted: July 8, 2020

Total amount of grant funds spent: $65,540

Performance period for the grant: September 2019 – May 2020

Name, organization, phone, title, and email of person submitting report:

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1. Description of Transportation Solution Implemented

    a) **Please provide a brief (2-3 line) description of the solution you implemented.**

    Envida implemented a limited launch of a demand-responsive transportation solution that reduced barriers to care and rider anxiety, identified affordable and effective transportation options, and lowered healthcare costs. Envida's solution reduced barriers to schedule and travel to appointments and reduced lost opportunity costs for providers due to no shows and cancellations.

    b) **Please explain the components of the solution you implemented, including the following:**

    - **Vehicles, operators, software, type of service (on-demand, advanced notice demand-response, fixed route), hours, service area, etc.**
    - **The avenues through which you connected with customers (e.g., open marketing, through organizations)**
    - **Fare structure**
    - **Any other operational details about the solution**

Envida created a limited launch of a planned service and geographic expansion to include Mobility on Demand (MOD) access in Park County and Teller County, Colorado. The limited launch used our Demand Response (DR) service in El Paso County to provide transportation services for Behavioral Health patients to and from mental health and substance use disorder appointments. In the grant period, one vehicle and driver were added though a grant from the Colorado Community Health Alliance (CCHA). By establishing partnerships with service providers AspenPointe and BethHaven, Envida provided facility portal training to case managers and care coordinators to allow them to schedule transportation services at the time a behavioral health appointment was scheduled. This closed the gap between the provider scheduling an appointment and the client separately seeking transit options.

Because these are NEMT rides for Medicaid participants, no fares were charged directly to the clients. By integrating behavioral health clients directly into our existing demand response scheduling software, the limited launch could be based on the expansion of current ride-scheduling and customer management software and operations. Allowing direct online access for partner providers to request services limited the internal workload of the expanded service offering.

2. Customer Desirability

   a) **Who were the intended key customer groups that you had focused on as you implemented your solution (please include end users, organizational partners, short-term and projected long-term funders)? Who were the actual key customer groups who took advantage of your solution? Did this represent a change from what you expected?**

   The key customers for the limited launch were behavioral health providers located in El Paso County, and their patients on Medicaid with limited transportation options. Prior to the grant award, four providers were contacted and expressed interest:

   - AspenPointe
   - BethHaven
   - Cedar Springs Hospital
   - Peak View Behavioral Health

   Of these, only AspenPointe and BethHaven engaged during the limited launch. The experience with both AspenPointe and BethHaven indicated that utilization was low until an internal advocate was identified who understood the opportunity to easily access reliable transportation services and until Envida leveraged their feedback in support at training sessions and through internal communications channels.

   While the lack of participation in the limited launch from potential partners was disappointing, the number of new clients and rides requested prior to the limitations imposed by the COVID-19 pandemic exceeded expectations.

b) Please summarize how customers (individual, organizational, etc.) view the benefits of the program and services? Please provide any quotes from individuals or organizations related to the solution that was implemented.

First quarter client surveys completed in March show 77% report keeping all follow-up appointments and 15% kept all but one or two appointments. Similarly, 54% of clients surveyed reported they felt a great deal better because they could access care, and 15% reported feeling a lot better. Clients feel safe and respected when riding with Envida, as 85% reported always feeling safe and respected and 15% of riders usually felt safe and respected when riding with Envida.

Similarly, in the second quarter survey, 50% of clients reported improved behavioral health outcomes since Envida transportation services became available.

Providers were enthusiastic about being able to offer Envida services at the time a behavioral health appointment was made. All providers trained in using the facility portal continued to use it throughout the limited launch. Due to appointment and facility restrictions after March 16, no additional providers were added or surveyed for the second quarter (April-June) period.

A client, Elizabeth Asher, stated, "Before I rode the city bus and I had too much anxiety. Envida is smaller, friendlier, and very helpful. I no longer have anxiety attacks getting to my appointments."

Elizabeth Holden, Director of Clinical Quality Management at Colorado Community Health Alliance, shared that in the CCHA organization that Envida has a reputation for being consistent and provides a great service.

Katie Blickenderfer, Director of Case Management at AspenPointe responded that Envida has a reputation within their organization for having great services and is known for excellent COVID transport.

c) What type of feedback did you receive from these customers? How was that feedback received? (If you have it, please include the number of customers from whom you have received feedback and the percentage of your total customers those giving feedback represented plus survey or other data.)

Separate quarterly surveys for clients and providers were developed and completed. Thirteen riders were surveyed in the first quarter and thirteen new riders have been surveyed so far in the second quarter.

d) Please add further explanatory comments here.

The limited launch of survey collection also allowed Envida to revise questions and better align answer scales between the first and second quarter surveys. Based on initial research, Envida had also planned to access behavioral health appointment and outcome data from the Colorado All Payor Claims Database (CO APCD), but access to this data was not possible due to HIPPA compliance concerns. Nevertheless, analysis of internal data on rides requested and provided allowed Envida to demonstrate a positive impact on behavioral health.

3. **Operational feasibility**

a) **Please indicate how many individual customers enrolled to use the solution. Was there a different between the number enrolled and those who actually used the solution? Please provide any reasons you have for this difference.**

113 clients were enrolled for behavioral health rides in the limited launch. All enrolled clients completed at least one ride. 80 clients completed more than one ride in that timeframe.

b) **Please indicate how many organizational customers agreed to engage in implementation of the solution (e.g, by enrolling customers, funding rides). Was there a different between the number who expressed interest and those who actually engaged with the solution? Please provide any reasons you have for this difference.**

Prior to the limited launch, Envida contacted four organizations representing behavioral health and residential service providers. Due to internal personnel changes and related reorganization, Peak View was unable to participate as expected. Two training sessions were provided to Cedar Springs personnel, but no rides were scheduled despite repeated invitations to access the facility portal.

c) **Please provide these data (by month if you have it or at least for the first and last months) between the beginning of the implementation phase through the end of February 2020 (before the COVID-19 pandemic):**

- # riders
- # rides scheduled
- # rides completed
- # rides completed that were shared rides (>1:1 ratio of driver:rider)—*This is not something Envida was measuring, and everything changed under COVID.*
- # no-shows and as percentage of total rides scheduled
- # Miles traveled (or average miles per ride)

Nonemergency medical transport- behavioral health	Nov. 19	Dec. 19	Jan. 20	Feb. 20	Mar. 20	Apr. 20	May-20
Total number of rides scheduled	87	73	140	402	330	116	152
Total number of completed rides	51	55	111	290	231	74	108
Percentage of completed rides	63%	75%	79%	72%	70%	64%	71%
No Show	14	3	10	38	35	17	16
Percentage No Show	16%	4%	7%	9%	11%	15%	11%
Cancellations	22	15	19	74	64 (149)	25 (142)	28 (186)
Percentage Cancellations	25%	21%	14%	18%	19%	22%	18%
Number of riders	18	14	31	52	64	33	27

Table 1: Behavioral Health Rides November 2019 - June 2020

In order to show the COVID impact on Envida NEMT transportation services two sets of cancelation data are included. The first number for March (64), April (25) and May (28) indicates rides canceled within a twenty-four-hour period of the scheduled ride.

The second number, in red, March (149), April (142) and May (186) reflect canceled appointments due to COVID-19.

The average distance traveled per ride for behavioral health clients in the limited launch period was 4.95 miles.

d) **Please provide the following data with regard to interactions with organizational partners:**
   - **# of partner staff engaged. Please indicate how there were engaged (e.g., trained, helped to assess potential customers, help to enroll customers)**

System access and facility portal training was provided to 79 individuals. After training, 14 staff members from provider partners assessed clients' needs and scheduled rides. We attribute this disparity to internal procedure alignment within the partner agencies to focus scheduling within an existing call center function.

e) **Please describe any other operational activities not described above and provide any metrics you have for those.**

   N/A

f) **Please describe any changes you made during the months the solution was implemented in any areas related to operational feasibility.**

Three staff members attended a certified Mental Health First Aid (MHFA) training in order to address possible concerns with supporting clients being transported for behavioral health appointments. The training was reviewed with the drivers, but in general was seen as overly comprehensive for our needs. We have developed a module for our in-house driver training to cover needs of and responses to this population.

g) **Please add additional relevant outcomes related to your project assumptions being tested (e.g., patient/user access; healthcare provider buy-in and adoption; patients' adherence to health plans, etc.).**

Converting rides from the local ambulance service to more cost-effective specialized transit was in the original scope of the grant proposal. Of the five clients who reported having used ambulance services, 80% reported they no longer use emergency services and 20% reported rarely using it.

h) **Please add further explanatory comments here.**

Envida is pursuing an MOU with a health services district (former ambulance district) in Teller County to handle less urgent return trips following rides given for critical needs to hospitals and other care facilities.

4. Financial feasibility

   a) **Please provide the total amount of the grant spent on providing service (including direct and indirect costs)**

   Of the total grant amount ($65,540), $51,113 or 78%, was spent on providing service.

   b) **What data were you able to gather in-house or from organizational partners that helped you identify the cost-effectiveness of your solution. Below are some potential formulas that could apply:**

   > **We spent X on rides, this led to a % decrease in missed appointments, which saved the organization $X in nonbillable hours**

   > **We spent X on rides, this led to a % decrease in late arrivals to appointments, which saved the organization valuable staff time trying to juggle appointment schedules**

   > **We spent X on rides, this led to a X% increase in customers reporting that they are now following through on recommended treatments (e.g., getting to pharmacies, therapy)**

   We spent $33,004 on rides; this led to 77% of customers reporting attending all follow-up appointments, and 15% attending at least 70% of follow-up appointments

   Our initial plan was to access pre- and post-implementation data on client adherence to treatment plans from the Colorado authorized database or the Regional Accountable Entity database. This data is not available due to HIPPA restrictions from either the authorized agencies or the provider partners.

   Based on the cost of a behavioral health appointment, we have calculated the potential savings to the provider for use in future negotiations. With AspenPointe's cost per appointment of $156, we have calculated based on the first quarter of data a potential monthly saving to them of $4,316.

   c) **Please describe any changes you made in implementation processes to improve financial feasibility.**

   We know that Envida's services act as a connector between individuals, residential programs and behavioral health providers. As we work to extend services to the full operational launch serving behavioral health clients and providers in Teller and Park counties, we are contacting entities such as the Fourth Judicial District and local school systems to identify concentrations of needs to make overall services more efficient.

   In addition, we can now provide a mobile application for *clients* to schedule rides to behavioral health appointments using their smart phone or a web browser. Providers see this as an important step for clients' ability to manage and take responsibility for their own care.

   d) **Please describe your plans to pursue long-term sustainable funding. Which of the following types of funding sources will you pursue *(check all that apply)*?**

☐ Received funding from our implementation partner organizations/agencies to continue services (please include the amount of funding)

☑ Received funding from other community organizations/agencies to continue services (please include the amount of funding)

Envida has been awarded a grant from the Colorado Community Health Alliance (CCHA) of $150,000 for operations, training, staff and equipment to support expanded services to behavioral health clients in two largely underserved counties adjacent to our current service area.

Envida has been awarded a grant from the Colorado Springs Health Foundation (CSHF) of $309,800, a portion of which will support the software and technology requirements of the expanded service area.

☑ Received local, state, or federal funding to continue the program (please include the amount of funding)

Envida has been awarded an Innovative Coordinated Access and Mobility (ICAM) grant from the FTA of $249,526 to expand services to behavioral health clients in two largely underserved counties adjacent to our current service area.

Envida has been awarded a MultiModal Options Fund (MMOF) grant from the Colorado Department of Transportation and administered through the Pikes Peak Area Council of Governments of $150,000 to purchase an additional vehicle and other services in support of the expanded operational area.

Envida has applied for an Accelerating Innovative Mobility (AIM) grant from the FTA for $791,250 for operating funds, staffing and additional software costs associated with the service expansion.

Envida is applying for a CTAA Transit Planning for All grant to specifically address regulation to overcome access barriers. We need new legislation to ensure inclusive transportation.

☐ Partnered with a university or research organization to continue services, as part of a larger initiative (please include the amount of funding)

☐ Have submitted proposals for funding to any of the above

☐ Have received no external funding, but will become self-sustaining

☐ Have no plans to sustain the project

e) **Please indicate how you will use longer-term funding. Will this be to maintain the current level of service or expand services? What partners will you target? What data will you share with them?**

Funding above and from additional sources will be used to expand behavioral health to Teller and Park counties, two underserved counties immediately west of our current service area in El Paso County and Colorado Springs.

Working with traditional service providers, local health and emergency response agencies as well as judicial districts and school systems, Envida will offer Mobility on Demand and demand response services in areas with limited public and private transportation options.

Teller and Park counties, immediately west of Colorado Springs, have been identified in statewide demographics as including above average rates of undiagnosed or untreated mental health and substance use disorders. In addition, they are somewhat geographically remote from services available in Colorado Springs as access requires a trip over Ute Pass on US Highway 24.

By addressing barriers to transportation in underserved and hard-to-reach communities, Envida has demonstrated an ability to increase access to treatment and improve behavioral health outcomes. Data on transportation, including completed rides, cancellations and no-shows, will be shared with providers in order to demonstrate adherence to treatment plans and identify additional barriers to treatment. If available, long-term data on completion rates, access of emergency services, and health outcomes will be used to further evaluate effectiveness of services.

5. **Partnerships**

a) **Please list your major individual and organizational partners in this project and, if it is not clear by their title, what their role they have with your end users.**

AspenPointe
Katie Blickenderfer, Director of Case Management
Charlton Clarke, Director of Healthcare Services
Ryan Smith, Director of Business Operations

BethHaven
Lisa Simmons, Residential Care Coordinator

Colorado Community Health Alliance
Megan Billesbach, Community Liaison
Amy Yutsy, Director, Medicaid Programs

<u>Peak View Behavioral Health</u>
Taline Meredith, CEO
Eric Giggs, Director of Business Development

b) If your partners changed as the project progressed, please indicate why and how.

Although additional partners were listed in the initial grant proposal, Cedar Springs has dropped away due to internal leadership changes and reorganizations. Peak View Behavioral Health will join once COVID-19 restrictions allow for on-site training. Once engaged, no partner left as the limited launch progressed.

c) Please describe any lessons learned about how to keep partners engaged.

Envida maintained regular contact with partner providers, including monthly service reports and information on specific clients with unusual incidents of cancellation or no-shows.

d) Please describe any long-term partnerships that you anticipate will grow out of this project.

Both Aspen Pointe and BethHaven have multiple service locations in Colorado Springs, and we anticipate growing demand for services as COVID-19 restrictions are reduced. AspenPointe, Ute Pass Regional Health Service District, Peak Vista Community Health Centers and private providers serve Teller County and could be key partners in the expansion there.

e) Please describe any strategies you have regarding most effective management of a multi-sector partnership.

NCMM's design thinking approach has been a successful strategy to engage community partners and other sectors for solutions to community issues.

6. Replicability

   a. **Please explain the generic steps/strategies/approaches you took in this project that could help other communities replicate components of your project (e.g., building community partnerships, collecting performance measures, successfully connecting with a new group of riders, piloting innovative software/transportation strategies).**

   Establishing effective partnerships with behavioral health providers is the primary indicator for successful implementation. For Envida, our Behavioral Health Mobility Manager played a critical role in meeting with agency leadership and treatment staff prior to the introduction of services. As we seek to expand our geographic service area, participation in regional alliances or similar bodies has allowed us to establish expertise as well as provided opportunities to identify potential partners.

   Identifying the most effective access point for scheduling rides varies by agency but is also critical to a successful implementation. This might be the treatment provider, a care coordinator, call center or other centralized appointment staff, or directly by the client. Finding one internal peer advocate to demonstrate the efficiency of scheduling

transportation in conjunction with each client appointment also improved utilization of the service.

Implementation of an effective Memorandum of Understanding (MOU) with partner providers should include agreement to share data from both before and after service implementation, service levels, training, expected usage, cost savings, supplemental funding and access to survey agency personnel and clients.

b. Please explain the missteps/invalid assumptions/strategic mistakes you made that would help others learn from your experience.

Without the restrictions imposed due to the COVID-19 pandemic, Envida might have reached a point where the demand for services was growing faster than the agency could manage to add capacity. Agencies seeking to offer services to behavioral health providers should manage the addition of new partners or locations for existing partners carefully. This could include estimating unmet demand for services prior to launch, or negotiating a limit to the number of rides available.

7. COVID-19 impacts

a) Please summarize changes to your project environment that occurred as a result of the COVID-19 pandemic (e.g., changes in state/local restrictions, lower enrollment of participants, changes in partner engagement, change in customer interactions with your solution)

The first case of COVID-19 in El Paso County was reported on March 5, 2020. Additional cases were reported on March 13 and 14. On Monday, March 16, our primary provider partner, AspenPointe, shut down all in-person behavioral health appointments and began closing most their facilities. Existing appointments were converted to a telehealth model. The Lighthouse Acute Treatment Center providing crisis intervention services was the only clinic open for in-person care.

The Governor of Colorado implemented a stay-at-home order on March 26, reducing the demand for non-emergency medical transportation to a minimal amount. The stay-at-home order was replaced on April 27 with a program titled Safer at Home, which implemented a phased reduction of business closures and operating restrictions, while still encouraging all residents to stay at home as much as possible.

Overall demand for Envida services fell 70% beginning the week of March 16 as local stay-at-home orders were developed and implemented.

b) Please document any actions you have taken or changes in services you have implemented to mediate the effects of the COVID-19 environment.

On March 23, Envida notified providers in Teller and Park counties with which we were developing the full implementation scenario, originally scheduled for May 13, to let them know that we would provide rides or transportation services such as grocery delivery as needed in advance of the full launch of services. Though only a few such requests were made, they typically were high-impact requests for transportation to appointments like dialysis services where access for the client was critical.

The City of Colorado Springs opened an isolation shelter for homeless individuals who were exhibiting symptoms of COVID-19 on April 5. In the initial stages of planning, access to the shelter was identified as a critical component to successful implementation. Envida signed on to provide transportation from area hospitals and established shelters to the isolation center so that infected individuals who do not need more intensive care had a safe place with trained supervision to rest and recover while the virus runs its course. To accommodate this need in the community, Envida expanded hours of operation and designated a vehicle and driver to support this service. Effective decontamination procedures were developed and implemented to ensure the vehicle was disinfected after each trip.

In addition, Envida ran a program in April and May to call clients and check on their overall well-being. Drivers and the mobility manager contacted all transit clients to ensure they were safe, and their physical and transportation needs were being met. Most clients who received a call were pleased for the contact, and occasionally the conversation extended well beyond the intended purpose. Protocols were developed to ensure appropriate follow-up with clients who expressed concerns or fears about their situation or emotional state.

8. **Additional comments**

We welcome all additional comments about your experiences, outcomes, or future plans. Also, please attach any documents, photos, or other materials that you think would help us in capturing your progress in this project. Please indicate if we have permission to use any photos for educational purposes by including a signed statement to that effect.

NCMM funding for the limited launch was critical for Envida to test assumptions and learn how to effectively serve a new population of clients. Specifically, we learned how to approach and partner with behavioral health providers, the importance of an internal champion when seeking to partner with a large organization, and the pent-up demand for transportation services for this sector. We have been able to demonstrate that our services are easy to access for both providers and clients, and that we are a dependable partner for those agencies which are seeking to improve behavioral health outcomes.

Most importantly, Envida and its drivers recognize that our service isn't just about transportation. It's about giving people the tools to connect to the services they need, to community, and to a more fulfilling life.