NON-EMERGENCY MEDICAL TRANSPORTATION PLAN FOR LAKE COUNTY, CALIFORNIA

Final Report

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Final Report

Introduction

Although transportation is not traditionally discussed in health policy circles, transportation is a key determinant of health outcomes. Communities that lack good transportation systems face many barriers to good health. Low income and rural communities are disproportionately harmed when transportation systems are underfunded, don't operate effectively or can't address pockets of need. This contributes, in part, to health disparities.

More than one in five Americans ages 65 and older do not drive because of poor health or eyesight, limited physical or mental abilities, concerns about safety, or because they have no car. More than half of non-drivers, or 3.6 million Americans, stay home on any given day—and more than half of that group, or 1.9 million, have disabilities.[1] For those over the age of 65, this equates to roughly 22% fewer trips per year than non-senior individuals[2] or, 15 percent fewer trips to the doctor; 59 percent fewer trips to shops and restaurants; and 65 percent fewer trips for family, social, and religious activities.[3] Isolation is especially acute in both rural communities and sprawling suburbs, particularly among the elderly and persons with disabilities for whom walking to a distant bus stop can be problematic.

Often individuals in communities with limited access to transportation can resort to dialing "911" for non-emergency medical transportation, placing an undue burden on city and county emergency response systems. Non-emergency medical transportation is the preferred form of medical transportation in non-emergency situations for transport from one location to another and where family members or others are unavailable or cannot assist. The cost for non-emergency medical transportation tends to be significantly lower than that for emergency transportation and is a more appropriate utilization of scarce services.

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[1] Bureau of Transportation Statistics, Issue Brief #30, "Transportation Difficulties Keep over Half a Million Disabled at Home," 2003.
http://www.bts.gov/publications/issue_briefs/number_03/html/transportation_difficulties_keep_over_half_a_million_disabled_at_home.html.

[2] Rosenbloom, Sandra, "The Mobility Needs of Older Americans: Implications for Transportation Reauthorization," Center on Urban and Metropolitan Policy, 2003.
http://www.brookings.edu/es/urban/publications/20030807_Rosenbloom.pdf.

[3] L. Bailey, "Aging Americans: Stranded Without Options," Surface Transportation Policy Project, 2004.
http://www.apta.com/research/info/online/documents/aging_stranded.pdf

About this Study's Process In response to these issues and with an awareness of the specifics of Lake County, the Lake County/ City Area Planning Council sought and secured a competitive grant from Caltrans to develop a plan by which to address non-emergency medical transportation (NEMT) needs. The grant identified numerous elements for examination and required as an end product a plan to provide direction to key stakeholders for meeting unmet non-emergency medical transportation needs of Lake County residents.

This document compiles and analyzes information from the study's outreach and data gathering efforts. To identify non-emergency medical transportation needs and resources, a mix of quantitative and qualitative tools were utilized. A countywide household survey was undertaken with its findings reported here, reaching out to over 33,000 households. An agency survey to almost 200 human services and other Lake County organizations brought back additional information. Public meetings in several settings, with intercept surveys at a senior center and the Tribal Health Consortium, all contributed to an understanding of the issues. Interviews with additional key stakeholders extend and enrich a growing appreciation of the scale and characteristics of non-emergency medical transportation needs within Lake County and to medical services in neighboring counties. An estimated 1,315 individuals directly contributed to survey findings. Gaps in service for non-emergency medical transportation needs are examined, drawn from these extensive public input processes.

Technical Advisory Group Building upon the numerous letters of support provided to Lake City/County APC for the original Caltrans NEMT proposal for this study, an interdisciplinary technical advisory group (TAG) was convened to provide input and guidance though the study process. The TAG's invitees and participants are identified in Appendix A. The group met, in varying configurations, four times.

Many of the themes identified by TAG members at its first meeting in June 2010 helped guide this study process. Several described responses to the non-emergency medical transportation challenge that have either unraveled or not yet been realized, including:

- ***Sutter Lakeside Hospital's*** van used by the Healthy Families program discontinued service earlier this year due to operating costs with a vehicle that broke down repeatedly and had rising maintenance costs.
- ***Catholic Charities*** had a ten-year program of interfaith volunteer drivers receiving mileage reimbursement to transport individuals to out-of-county medical facilities including Santa Rosa and St. Helena. This was discontinued in 2002 when funding shrunk and the all volunteer-driver-board aged and was not easily replaced.
- ***Redwood Coast Regional Center's vendor, People Services Inc.*** has an extensive passenger vehicle fleet, many of them aging vehicles, but does have a capability of providing some trips to persons who are not its consumers but no ready way to connect with such potential riders.
- ***County Public Health Department*** is concerned about closing medical facilities, including a south shore facility providing taxi vouchers to help bring patients to its facilities. Similarly, emergency services personnel are concerned about inappropriate use of the ambulance resources within the county or for out-of-county trips, committing vehicles and personnel.

- ***St. Helena Hospital, Clearlake*** Its Healthy Start collaboration, funded partly by First Five Lake provides some, but not enough, kid-medical-transport. Integrated chronic care appointments are often missed when individuals say they can't get there due to transportation difficulties.

About the Plan's Direction to Lake County The outreach process findings are summarized in seven categories of ***institutionally-related needs*** with almost 30 possible projects and in five categories of ***consumer-oriented needs***, along with 15 possible projects. Three organizing principles for an NEMT plan are identified related to sustainability, to demonstrating costs and benefits, and to the critical role of coordination. Various service alternatives are discussed to explore NEMT responses. Selected institutional barriers are also discussed, to be addressed in some manner in order to ensure increased non-emergency medical transportation capacity of Lake County residents. Most critical among these is the dilemma of leadership, that no clear leader of an NEMT service was identified.

Making a "strong" case for the cost savings capability and for the cost-effectiveness of expanded non-emergency medical transportation, a national research effort on NEMT cost and benefits is discussed in some detail.[4] Important to Lake County are two guiding recommendations that develop from the overall study process and form a foundation for a Lake NEMT plan:

- ***a program of projects approach*** appears the most responsive design where individual pilot initiatives can be developed and tested, based upon interests, willingness and abilities of sponsoring agencies;

- ***a brokerage-type infrastructure*** is indicated to extend individual agency initiatives and to provide leadership in weaving these into a countywide program responsive to a broader needs-base and with increased capacity to seek continuing funding and achieve some economy of scale.

To support a potential Lake County NEMT effort, twelve funding sources or opportunities are discussed. Funding that is both short-term, as in pilot funding, or possible longer-term continuing funding is considered. To implement the guiding recommendations, eight action steps are enumerated, identifying the responsible parties and general timeframes for each. A preliminary budget is presented that address three cost areas: one, detailing costs for five direct service projects; secondly, costs for the mobility management / brokerage; thirdly, costs for enhancements to Lake Transit to serve NEMT purposes. Annual costs for each year of a three-year pilot period are presented. Projected numbers of one-way passenger trips and of unique persons to be served for the direct service cost components are estimated.

Importantly, an evaluation framework is presented to provide Lake County stakeholders with the tools necessary to evaluate the effectiveness and viability of its NEMT program. This evaluation process will enable decision-makers to determine the program's ability to move out of a pilot, test-period and into a sustainable Lake County non-emergency medical capability.

[4] "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", P. Hughes-Cromwick, R. Wallace, H. Mull, J. Bologna, C. Kangas, J. Lee, S Khasnabis; Altarum Institute, Ann Arbor, Michigan. Transportation Research Board, Transit Cooperative Research Program [TCRP] of the National Academies of Science, Washington DC, October 2005.

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Chapter 1 - Health Care Existing Conditions Related to Reform

This chapter sets the stage for considering transportation issues in the context of the changing health care scene. As coordinated responses will likely be important as neither Lake County public transit nor its health care providers can single-handedly meet these hard-to-serve needs, some understanding of reform implications is useful.

Health Care Reform

Expenditures in the United States on health care were nearly $2.5 trillion in 2009. The approximately $2.5 trillion in national health expenditures (NHE) in 2009 represents 18.0% of the Gross Domestic Product (GDP). The rising cost of health care in the United States is no longer sustainable and health care reform was placed as a legislative priority for the President in 2009.

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law. The core themes of the new law focus on expanding insurance coverage, paying for the expanded coverage, payment and delivery system reform. The core themes are listed below along with the proposed strategies to meet the core themes.

Expanded Insurance Coverage

- Subsidies for moderate income individuals
- No exclusions for pre-existing conditions
- Create new entrants/market competition for health insurance (e.g., co-ops, exchange, multi-state health plans)
- Individual and employer mandates

The expansion of coverage will expand the size and scope of both the Medicare and Medicaid programs -- potentially introducing tens of millions of new participants -- while also introducing new measures that attempt to improve their efficiency and effectiveness. Medicaid has played an important role in the development of medical transportation and will continue to do so in the future. Millions of people nationwide depend upon their Medicaid coverage to pay for rides to and from essential health services provided by community transportation.

In turn, transportation providers depend upon Medicaid as a funding source to ensure that they can continue to provide the link by which people access their health care. Such changes are likely to produce substantial numbers of new riders for non-emergency medical transportation services. The final legislation also includes incentives and/or fines to compel all employers--including transportation providers--to offer health insurance to their employees, or support their employees in purchasing coverage on their own. The exclusions for pre-existing conditions will expand coverage for all individuals by barring restrictions based on age or condition and establishing caps on yearly out-of-pocket costs, potentially increasing the need for medical trips. When combined, these aspects of the inter-

relationship of health care policy with transportation present the most direct implications for community and public transportation providers of any legislation beyond the authorization of our nation's surface transportation legislation.

Paying for Expanded Insurance Coverage

- Increase payroll taxes on high earners
- Tax on "Cadillac" plans
- Disproportionate Share Hospital (DSH) payments reduced
- Drug companies, medical device, health insurers assessed fees

Payment Reform

- Reduced payment for hospitals with higher than expected readmission rates
- Implementation of value-based purchasing ("VBP") program– hospitals and physicians
- Further payment reductions for healthcare-acquired conditions
- Increase in payments for primary care services – more for shortage areas

Delivery System Reform

- Medicare Bundling pilots
- Accountable Care Organizations ("ACO")
- CMS Center for Medicare and Medicaid Innovation (CMI)
- Medicaid payment demonstration projects

The development of Accountable Care Organization (ACO's) present unique opportunities for innovative strategies to healthcare delivery and transportation.

An Accountable Care Organization ("ACO") is an organization that can provide or manage the continuum of care for patients as a real or virtually integrated delivery system, are willing to take responsibility for overall costs and quality of care for a population, and have the size and scope to fulfill this responsibility. The development of ACO's will place a renewed focus on primary care development, assure geographic coverage, focus on care coordination, redesign office practice models, reduce hospital readmissions, and develop predictive models to identify high risk-high cost patients. To accomplish these tasks healthcare organizations will be forced to develop partnerships with the transportation sector to better serve their patient population. Collaborative initiatives will be critical to successful health reform.

A Massachusetts Best Practice Model

Massachusetts's new transportation law provides an example of a fresh opportunity – albeit at the state level -- to make such critical connections between transportation policy and health. The law establishes a "healthy transportation compact," convening Health and Human Services and Transportation leaders to develop health supportive policies and practices. The compact will also institute a health impact

assessment for use by planners, transportation administrators, and developers. These provisions have great potential for helping Massachusetts build healthier and more equitable communities.

As the state continues implementation of health care reform and works towards the elimination of health disparities, it must also engage non-traditional stakeholders in strategies to improve the public health. Interventions in sectors such as transportation create a more comprehensive "health reform" agenda, addressing barriers outside of the health care system that impact health and wellness.

Strategic Responses

Promoting inter-agency cooperation to develop programs that support healthy transportation is a key to successful reforms in both health care and transportation. The following strategies should be used as guidelines in developing policies around non-emergency medical transportation.

1. Establishing an advisory council with private and nonprofit advocacy for non-emergency medical transportation alternatives.

2. Adopting best practices to increase efficiency to achieve positive health outcomes through the coordination of land use, transportation and public health policy.

3. Prioritizing investments in public transportation, including regional connections, as well as local services that improve access to medical care and other basic services.

4. Continuing the public-private partnership developed for the purpose of this study to support healthy transportation with private and nonprofit institutions.

5. Creating incentives and accountability measures to ensure that transportation plans account for their impacts on health, safety, and equity.

6. Developing tools and improving service options, at a pace consistent with local resources and priorities.

7. Nurturing relationships at both management and staff levels among health care and transportation providers.

Summary Conclusions

The implementation of the Patient Protection and Affordable Care Act presents unique opportunities for collaboration among the health care and transportation sectors. The new legislation can also mark an important step toward building stronger partnerships with public and private entities to meet the transportation challenges in our local communities.

Now is the time to tap into creative energies and demonstrate a willingness to face transportation challenges jointly and highlight to the level of federal policy those successes from partnerships like the ones that can be developed and implemented in Lake County. Pilot demonstration projects between health care and transportation are likely to be welcomed and encouraged by the new Federal administration and with the State of California's senior health advisory bodies that have shown interest in promoting new health care projects.

Chapter 2 – Selected NEMT Related Studies and Plans

A brief review of current NEMT-related studies was conducted to inform the developing Lake County planning process by identifying issues in recent NEMT published studies and planning efforts. We selected three current studies and three relevant initiatives that provide additional context for this study. Summarized are: 1) a potential state-wide NEMT assessment that examined trip broker tools; 2) a national cost-benefit study of NEMT programs; 3) a Florida state study that analysized the return on investments the state could expect from funding its transportation disadvantaged programs, which include NEMT programs; 4) report on a health assessment recently completed in Lake County; 5) report on a current statewide initiative which identifies NEMT issues as a priority area; and 6) the coordinated public transit-human services plan prepared by Caltrans for Lake County.

Uniform Statewide NEMT Feasibility Study

In response to 2008 legislation, Maryland's Department of Health and Mental Hygiene contracted the Hilltop Institute to explore the potential of creating a uniform statewide NEMT program to serve Maryland's Medicaid Program enrollees. The resulting 2008 report, "Non-Emergency Medical Transportation Study Report" [5] delineates the study's purposes as: qualifying the feasibility of such a program, identifying any potential cost savings and quality improvements and the impact a statewide program would have on local health departments.

At the time of this study, Maryland's Medicaid program managed a NEMT local jurisdiction brokerage program to provide advance schedule, shared-ride, curb-to-curb (door assistance provided when medically necessary) NEMT transportation to its clients. In effect since 1993, the program provides over 700,000 one-way trips to per year to over 600,000 Medicaid enrollees. Research methods involved various stakeholder interviews and public participation, analysis of the current NEMT programs operations data and quality initiatives, and a review of 10 other statewide NEMT programs representing diverse models, including a cost-per-trip analysis of all models.

Of relevance to this study effort, the reviewed NEMT models demonstrated the capability of broker programs to successfully provided cost-efficient, high quality NEMT. The surveyed states attributed the cost-efficiencies of the broker program to two attributes: 1) the broker's role as a gatekeeper, assuring the most cost-effective rides only for eligible individuals; and 2) the broker system deterring fraud and abuse. Researchers found that the ***local jurisdiction broker program*** has realized considerable savings from years prior to 1993, with trip costs in the range of the other models [emphasis added].

[5] "Non-Emergency Medical Transportation Study Report." Prepared by The Hilltop institute. Prepared for the Maryland Department of Health and Mental Hygiene, Maryland. September 26, 2008.

Despite the documented advantages of the broker model, researchers concluded there was no compelling evidence that a statewide Maryland would achieve cost efficiencies of quality improvements solely from transitioning to a uniform statewide NEMT program. Finally, the impact of implementing a statewide program on local governments would vary by county, however, on a whole, 199 county government full-time positions would lose funding.

Importantly, nearly all of Maryland's counties expressed concern that a statewide program would negatively impact Medicaid enrollees. Specifically, it was stated that the familiarity and coordination that occurs currently at the local level works in the best interest of clients.

NEMT National Cost-Benefit Analysis

A "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation" [6] was prepared in 2005 for the Transit Cooperative Research Program as part of Project B-27. In this report, the culmination of an in-depth national study, the authors look at the prevalence of specific medical conditions and the potential cost benefit of providing NEMT to the 3.6 million Americans who are transportation-disadvantaged and missed non-emergency medical treatments due to transportation barriers. The hypothesis investigated was that improving healthcare for the transportation-disadvantaged population will lead to improved quality life and an overall decrease in healthcare costs. The researchers also worked under the understanding that, "transportation issues that result in missed trips will potentially exacerbate the diseases afflicting these individuals and may result in costly subsequent medical care (specialist visits, emergency room visits, and possibly hospitalizations)."[7] Data analyzed for this study was collected through the 2001 and 2002 National Health Interview Surveys (NHIS) and the Medical Expenditures Panel Survey (MEPS) of 2001.

The target population—individuals who are transportation-disadvantaged and missed non-emergency medical treatments due to insufficient transportation—characteristically is low-income, disproportionately female, has a higher minority representation, is nearly one-half as likely to possess a four-year college degree (as compared to the rest of the US population), is older, and is distributed across urban and rural areas.[8] This population not only exhibits a higher prevalence of serious conditions than that of general US population, individuals in this group are more likely to suffer from multiple conditions, or co-morbidities, and exhibit a higher severity of individual conditions. These

[6] "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation." P. Hughes-Cromwick, R.Wallace, H. Mull, J. Bologna. Altarum Institute, Ann Arbor, Michigan. October, 2005. Prepared for the Transportation Research Board, TCRP Project B-27.

[7] Burt, C.W., Schappert, S.M. 2004. *Ambulatory Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1999-2000,* National Center for Health Statistics, Vital Health Statistics 13 (p. 157).

[8] Braverman, P., Marchi, K., Egerter, S., Pearl, M., Neuhaus J. 2000 "Barriers to Timely Prenatal Care Among Women With Insurance: The Importance of Prepregnancy Factors," *Obstetrics and Gynecology* 95: 874-80.

individuals also utilize healthcare service at a higher rate then the rest of the US population—directly correlated to the severity of illness demonstrated by this group.

The researchers designed this study with a condition-specific approach due to recent research suggesting that 30% of the growth in health care costs is attributed to five medical conditions, both chronic and preventative: *heart disease, pulmonary disease, mental health, cancer, and hypertension.* The target population exhibits a high prevalence of all of these conditions. A total of 12 critical conditions, prevalent in the target population, were selected for a cost-effectiveness analysis. A three-year merged NHIS data set (2001-2003) demonstrates that nearly two-thirds of the target population suffers from at least one of those chronic conditions.

Cost-effectiveness was measured by first creating cost estimates of non-emergency medical transportation for various service needs and trip modes. Researchers used 2004 data from various transportation providers across the nation. In order to estimate health care cost and benefits derived from providing NEMT to the target population, researchers used the QALY factor—quality of life combined with life expectancy to comprise the quality adjusted life year—and used a cost-effectiveness analysis (termed CEA), a method that is widely used to understand the value of healthcare outcomes. A scale was developed ranging from moderately cost-effective to cost-saving.

Of the 12 selected medical conditions, the researchers found that providing additional NEMT is cost-effective, and, for four conditions, providing additional NEMT is cost-saving, that is, "additional investment into transportation leads to a net decrease in total costs when both transportation and health care are examined".[9] These outcomes led the researchers to conclude that the net decrease in health care costs exceeds potential increases in transportation costs—and, the improved quality of life and life expectancy justifies the cost of providing additional NEMT to those suffering from these conditions.

Return on Investments from Florida NEMT Programs

A 2008 study[10] conducted by the Marketing Institute of Florida State University's College of Business explored what returns the State of Florida can expect from its investments in transportation disadvantaged programs. Florida statues define the "transportation disadvantaged" as individuals who because of age, disability, or income restraints are unable to transport themselves or utilize public transit options. The study's resulting report, "Florida Transportation Disadvantaged Programs: Returns on Investment Study," calculated the return on investments the state could realize from five transportation disadvantaged programs: medical, employment, education, nutrition, and life-sustaining/other.

[9] (2) AHRQ. 2002. "Researchers Examine U.S. Dental Care Expenditures," Agency for Healthcare Research and Quality, *AHRQ Research Activities* 264: 16-17.

[10] Dr. J. Cronin, J. Hagerich, J. Horton, J. Hotaling, "Florida Transportation Disadvantaged Programs: Returns on Investment Study," Prepared by the Marketing Institute, Florida State University College of Business, March 2008.

Methodology involved determining the cost and benefits of the five identified services. Program costs were provided by 2007 data from the Commission for Transportation Disadvantaged, provided to the Commission by transit providers. Eight of Florida's counties, who together represent urban, rural, large and small areas, were selected to identify relevant program benefits. Mean benefit was used when calculating the return on investment as it provided the most conservative estimate.

Florida's transportation disadvantaged program related to medical transportation focus on supporting preventative medical care in order to keep these vulnerable populations out of nursing homes and hospitals. These programs also support pregnant women who would otherwise not have access to prenatal care.

The researchers learned that when considering nursing home and adult day care costs, the state of Florida will benefit in providing funding for preventive medical care as it will avoid funding assisted living costs. A conservative calculation found that if 1% of trips funded result in avoiding a hospital stay, the state will be paid back $11.08 for each dollar it invests in medical transportation programs, a return of 110.8%. Additional benefits to the state include healthier, more independent citizens and a reduction in investing in Medicare/Medicaid programs.

Similar savings were calculated for the four other program types. The authors reported that this study demonstrated that "transportation disadvantaged programs are an excellent investment and worthy of continued study and funding."[11]

Caltrans' Mobility Action Plan

Propelled by the 2005 SAFETEA-LU legislation, Caltrans launched its Mobility Action Plan to explore further coordination between transportation services provided by transit and those provided by human services agencies. The four project goals are:

1) Coordinate between California's Business, Transportation and Housing, and Health and Human Services Agencies to promote and improve coordination and to identify specific coordination tasks and funding sources that can be coordinated and leveraged toward improved services;
2) address duplicative laws, regulations and programs regarding transportation funding;
3) ensure continuity in improving coordination through improved data, information, reporting and implementation of mobility management techniques; and
4) establish an entity with a clear, long-range mission to improve statewide coordination.

Phase 1 Implementation Study specifically addressed goals 2 and 4 and included a review of human service and transportation legislation, a review of California's local agencies' Coordinated Public-Transit-Human Services Transportation Plans, and stakeholder involvement. The outcome of this phase was a

[11] Ibid.

Strategic Implementation Plan with 12 recommendations, now in its draft form as comments from stakeholders are considered.

Two of these recommendations relate to NEMT:

Goal #7) Coordinate efforts to develop a state-level NEMT research pilot project on public transit reimbursement;

Goal #8) Coordinate efforts to develop a state-level NEMT transportation brokerage pilot.

State administrators are encouraging that these and other MAP goals be addressed at the local level considering that state-level projects may not be feasible in this climate.

Healthy Lake County – Countywide Health Needs Assessment

Concurrent with this study, a county-wide assessment of health-related needs has been underway. This is in response to SB 697 which requires the conduct of community health needs assessments every three years. The County's two hospitals, with the public health department and several key health and non-profit organizations formed an ad hoc collaborative to undertake this study, hiring Barbara Aved Associates to conduct the study on their behalf.

Review of Related Assessments

Recently completed, the study's final report is being presented the hospital's boards as of this writing. Although a peripheral item to this study's interest, transportation is addressed in several areas of the document. In their review or other related assessments addressing unmet needs, this reach team cited multiple findings related to transportation and/or access to health care services, including:

- Area Agency on Aging of Lake and Mendocino Counties conducted a needs assessment of individuals 60 years and older, finding that 18.4% of the 564 individuals interviewed cited transportation as one of the top problems they face.
- Children and youth face a lack of early access to service, as reported by the Lake County Mental Health 2004-2005 Lake County Mental Health Department Mental Health Services Act (MHSA) 3-Year Plan for Community Services and Support (CSS).
- The 2007 Update to the Children's Report Card, Lake County Department of Social Services, found that transportation continues to be a barrier to children's access to health care services.

Community Survey

The Health Need's Assessment included a community survey, resulting in 896 responses from individuals throughout the county. Importantly, transportation was cited as a concern in multiple categories of question.

- 5% (47 individuals) reporting driving distances/transportation as a health detriment of Lake County.

- When asked to identify the three most important health needs for people in Lake County, 9% (80 individuals) selected transportation However those with a self-reported "poor" health status were more likely select transportation as a need, with 18% (38 individuals) of this group citing transportation as a top problem.
- Interestingly, when asked is transportation was usually a problem when they or family members needed medical/dental care, 16% (141 individuals) stated that transportation usually was a barrier, while 81% (708 individuals) stated that is wasn't.
- Respondents were asked to select from a list and prioritize 3 strategies for improving the health of Lake County residents. "Improving public transportation options" was selected as *First Priority* by 3% (22 individuals), *Second Priority* by 7% (59 individuals) and *Third Priority* by 7% (65 individuals).

Community Focus Groups

An additional effort of this study was hosting community focus groups. A total of 126 individuals participated in 6 groups, drawing participants from throughout the county. Three groups, in which a total of 74 individuals participated, found transportation as a need, especially to supportive-type services, such as mental health counseling and senior center activities.

Key Informant Interviews

During the course of this study, key informants from the health and human services community as well as advocates and individuals from public and community organization were indentified and invited to participate in an interview. Of this group, 15 individuals gave interviews regarding their understanding of unmet health needs and the many factors that can affect community health and access to care.

- More than half of these 15 informants addressed lack of transportation (to all types of services) as a negative factor of Lake County. This conversation included a lack of public transportation options, as well as the geography of the county itself and the misperception of distance as a barrier due to the distance between many destinations.
- 6 informants mentioned non-emergency medical transportation as an unmet need
- Asked to prioritize strategies that were most important for improving health in Lake County, 4 informants suggested Transportation options, such as vouchers; cab company contracts; paratransit vehicles.

Recommendations

While transportation is not directly addressed in the study's health needs assessment recommendations given consumer-reported perceptions, addressing transportation needs is woven through the various strategies and support services that are recommended. Such strategies include promoting non-traditional transportation strategy especially for the county's seniors), such as volunteer drivers, effective use of taxi services, gasoline vouchers. Other strategies include good site location of services to ensure that they are near to where targeted populations live and continuing to develop collaborative

partnerships that work across systems to address such needs. Importantly, one of the four recommended priorities, *Preventative Health,* is a goal of this study's own recommendations.

Coordinated Public Transit-Human Services Transportation Plan – Lake County

Finally, the development in 2008 of the Coordinated Plan by Caltrans for Lake County is an important element in the present picture, as it helped support Lake APC's bid for planning funds to develop this document and contributed to successful funding of the FTA § 5317 Live Oaks Senior Transportation project and FTA § 5310 vehicle grants secured by People Services. Inc. The Coordinated Plan is required under Federal regulation, an element of the Federal Transit Administration's §5310, §5316, §5317 programs which are all geared to filling gaps in the public transportation network and addressing mobility challenges of special needs populations that may not easily be met by regular, fixed-schedule services or are in isolated, rural areas where all public transit is a challenge.

The Coordinated Plan is focused on seniors, persons of low income and individuals with disabilities and their mobility needs. Regulation required an assessment of existing conditions and preparation of a resource inventory, identification of service gaps and defining the priorities for meeting these gaps, with respect to the target populations.

Priorities identified by and for Lake County relevant to this study included:

- expanding Lake Transit's service frequencies and hours of coverage;
- providing specialized medical and dental trips;
- providing out-of-county medical trips; and
- expanding or replacing vehicles – including development of pilot projects to provide more specialized transportation -- to serve these trips.

These were among the key priority areas identified and, as such, have contributed to Lake County's ability to successfully secure some additional funding for transportation projects. In addition to this Caltrans planning assistance grant, funds were also secured through the FTA §5311(f) Rural Intercity Bus program, FTA §5317 New Freedom program and FTA §5310 vehicle capital grant program, all of which either require or are supported by the fact that proposed projects must be "derived from the locally-developed Coordinated Plan".

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Chapter 3 – Public Transit Resources and Existing Conditions

This section summarizes key features of the Lake Transit Authority public transportation program. Its service structure, services to medical facilities in Lake County and its last full-year operating expense and revenue are presented along with discussion of two partnerships relevant to NEMT needs.

Transit Services

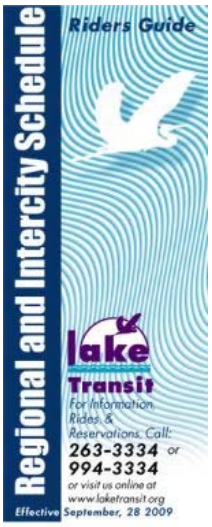
Lake Transit Authority was developed as a joint powers authority of the County and the two cities, with a Board of Directors comprised the same members as Lake County/ City Area Planning Council. Using a fleet of 22 active vehicles, Lake Transit operates service six days a week, although not on Sundays and Federal holidays.

Lake Transit operates eight fixed-schedule routes, showing the countywide configuration in Figure 1. Routes 1, 2, 3, 4 and 7 provide inter-city and regional connections. Service to Clearlake and Lower Lake is provided with Route 5 (North loop) and 6 (South loop). Service in and around Lakeport is provided with Route 8. Figures 2, 3, 4, and 5 show county sub-areas and respective routes.

Demand responsive service is available to any person who may request it but priority is given to ADA certified individuals, those persons who, because of their disability cannot use fixed-route service. Demand responsive service, reserved the day before and when space is available on the same day, will pick-up riders within one mile of the fixed-route service and within the cities of Clearlake and Lakeport.

During the past full fiscal year, FY 09/10, Lake Transit provided 305,589 passenger trips, down almost 4% from its prior year total of 317,600 trips. That FY 08/09 year had been a four year high in ridership levels which had grown steadily over the three preceding years. Lake Transit's annual report notes "the 2009/10 ridership total is still the second best result in the history of the transit system."

Of last year's trips provided, almost 8% or 23,521 trips were provided by dial-a-ride in Clearlake and Lakeport, with 92% of trips provided by fixed-scheduled route service.

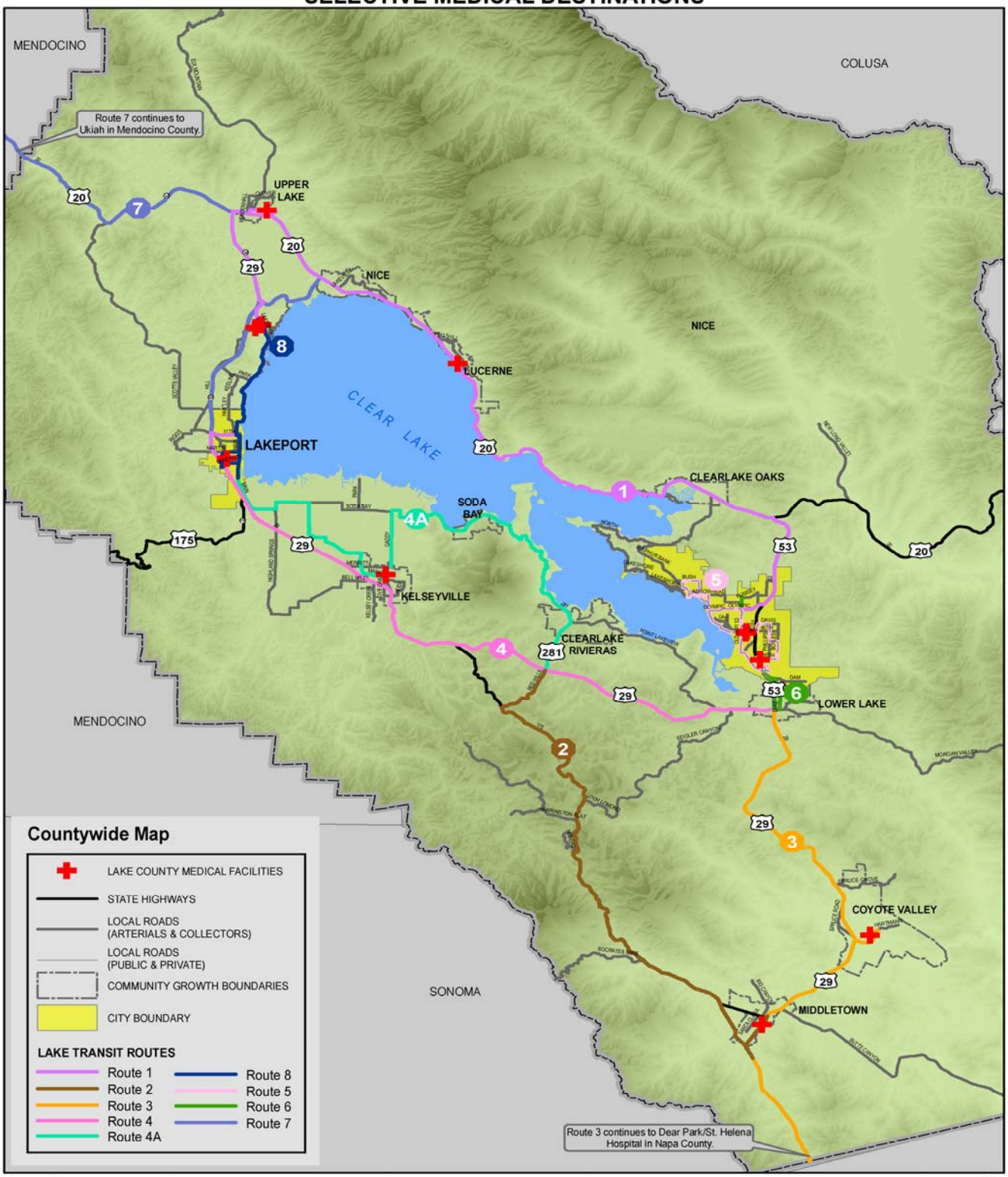


Revenue hours are the mechanism by which Lake Transit measures its quantity of service and it utilized 38,979 hours to provide these trips. Lake Transit's revenue hours stayed the same for two years, at 38,737 revenue hours, increasing by 0.6% in FY 09/10 to make modest increases in scheduling for Route 3, the Clearlake to St. Helena route.

A 2009/2010 marketing effort was undertaken to provide for improved regional and intercity information and promote greater use of Routes 3 (Clearlake to St. Helena), Route 4 (Lakeport to Clearlake) and Route 7 (Lakeport to Ukiah), "branded" as Rt. 347.

Figure 1

LAKE TRANSIT ROUTES AND SELECTIVE MEDICAL DESTINATIONS



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367 N. STATE STREET, SUITE 206
UKIAH, CA 95482

LAKE COUNTY, CALIFORNIA

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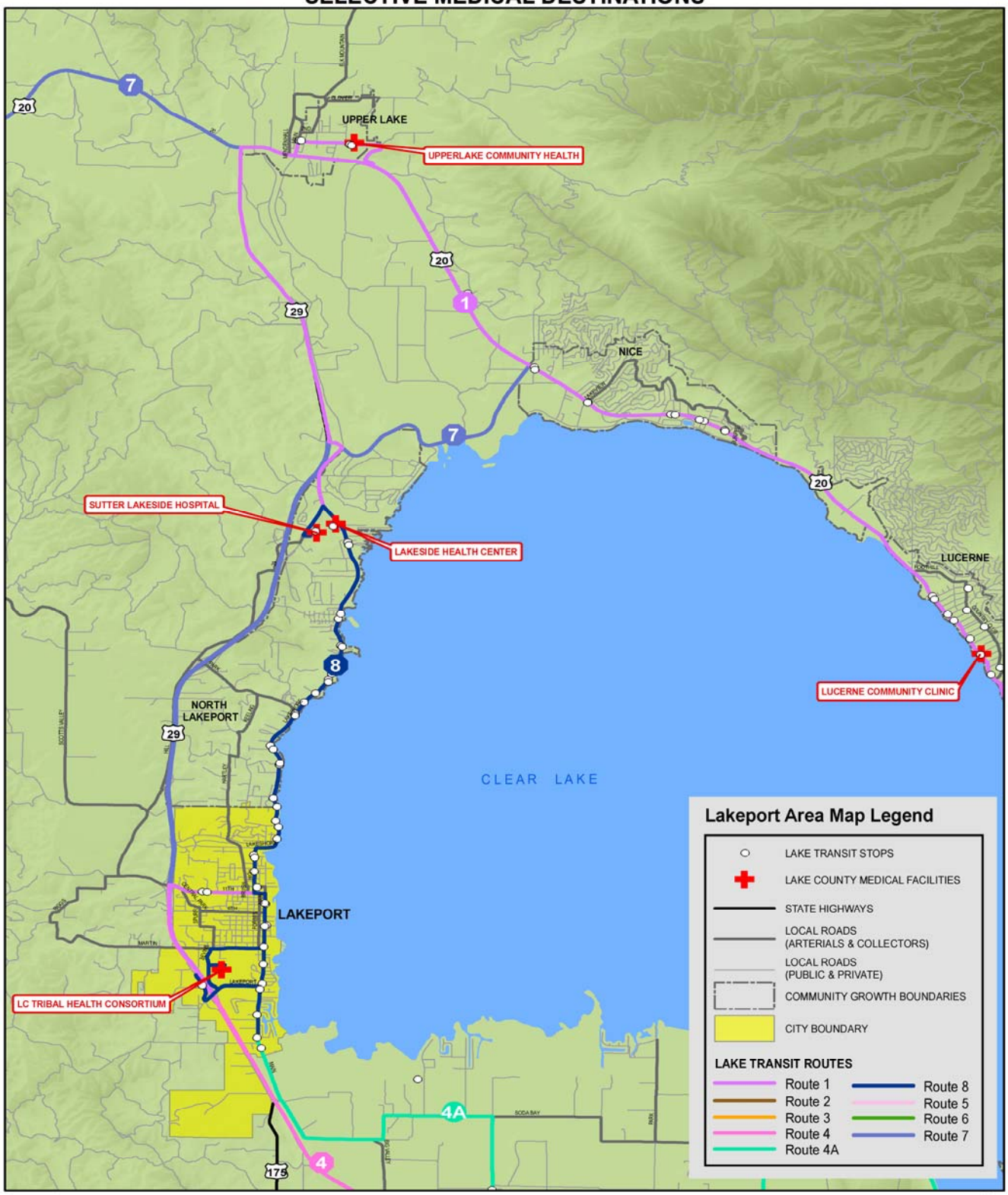
Figure 2

LAKE TRANSIT ROUTES AND SELECTIVE MEDICAL DESTINATIONS



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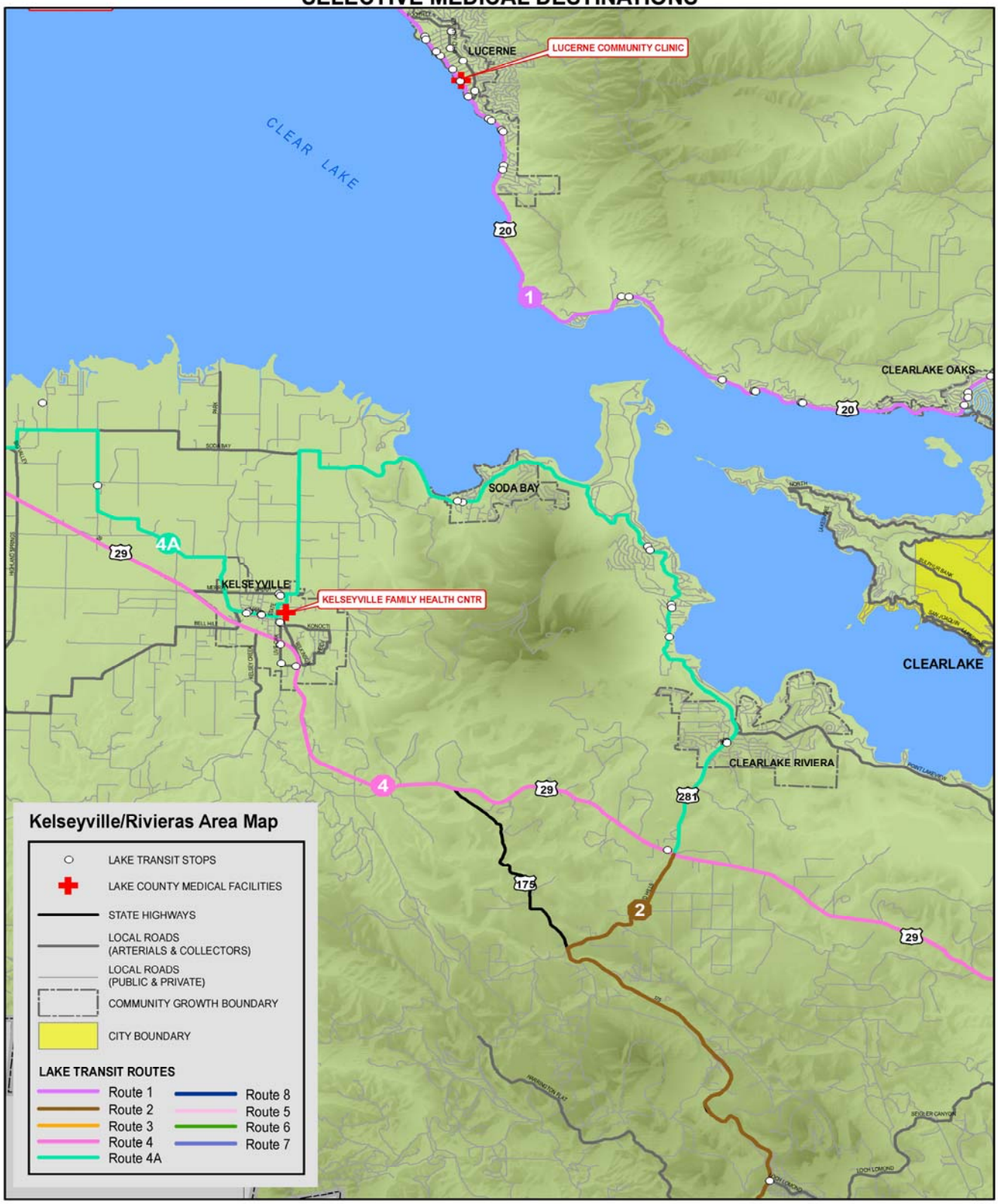
LAKEPORT AREA

N

Figure 3

LAKE TRANSIT ROUTES AND SELECTIVE MEDICAL DESTINATIONS



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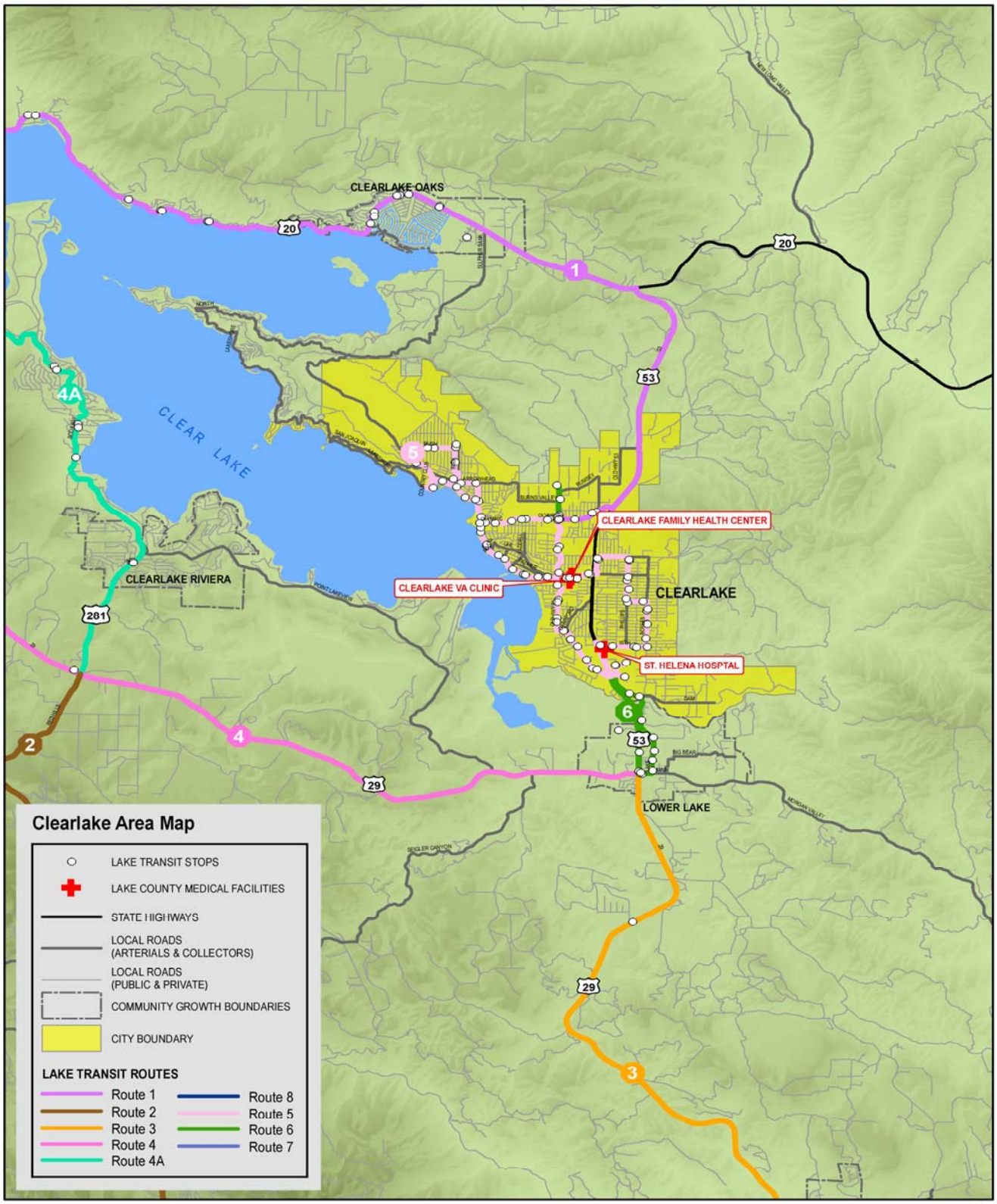
KELSEYVILLE / RIVIERAS AREA

N

Figure 4

LAKE TRANSIT ROUTES AND SELECTIVE MEDICAL DESTINATIONS



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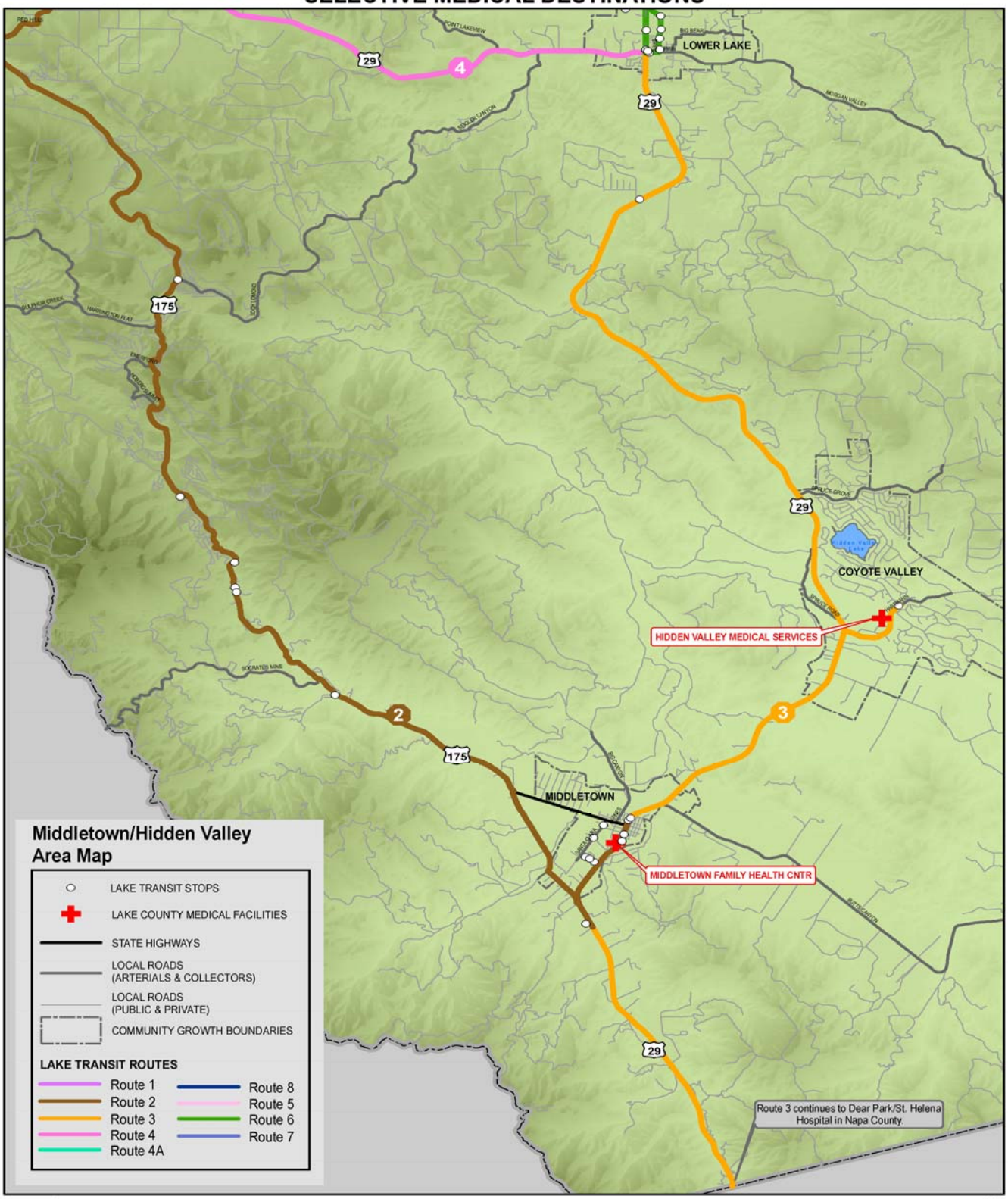
CLEARLAKE AREA

N

Figure 5

LAKE TRANSIT ROUTES AND SELECTIVE MEDICAL DESTINATIONS



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UKIAH, CA 95482

MIDDLETOWN / HIDDENVALLEY LAKE AREA

N

Public Transit to Medical Destinations

Table 1 following presents the Lake Transit routes in relation to key medical facilities, showing the routes, some general information about where bus stops are located, as well as the days and hours of service which those routes operate. Such destination-oriented information can be of value to health care personnel and social workers who may be trying to assist consumers in getting to their facilities but do not themselves know Lake Transit routing and schedules.

Notably, most of the medical facilities are within Lake County, including the two hospitals (identified in with blue shading on Table 1), the Tribal Health Consortium and various community health clinics. Additionally, at least four out-of-county facilities are directly served. Identified with yellow shading on Table 1 these include: St. Helena Hospital in St. Helena, the Ukiah VA, the Ukiah Valley Medical Center and the Calpella Consolidated Tribal Health facilities in Redwood City.

Lake Transit and Special Partnerships

Health Care Funds for Public Transit – Route 3 Historically the Lake Transit Authority has had a funding relationship with the St. Helena Hospital organization which has contributed $13,000 annually to help support Route 3, traveling between Clearlake, Calistoga and St. Helena with a bus stop directly at this Napa County hospital. This assistance, which has counted as fare box for Lake Transit, has both helped to support Lake County's connection to this out-of-county medical facility to the south and it contributed positively to that critical fare box recovery indicator by which the overall system is measured.

Live Oak Transportation Project A second new partnership has developed during the past year with the Area Agency on Aging for Lake and Mendocino Counties (LMAAA) to go after and secure FTA §5317 funding for the Live Oak Transportation Project. This project is a two-year pilot whose purpose is to provide additional transportation for persons living along State Highway 20 between Lucerne and Spring Valley. Trips provided include to the senior center's nutrition and other programs, as well as to selected medical services in and around Clearlake.

Funded under the Federal New Freedom program (FTA §5317) which provides limited funding for projects that "go beyond the Americans with Disabilities Act" required complementary paratransit services. The New Freedom program supported numerous transit and human service transportation partnerships and the Live Oak Transportation Project is very much in that vein. This project is funded by $45,000 annually for two years from the FTA §5317 funds, $22,500 annually by Lake Transit, $8,000 from the AAA IIIC funds of the Live Oak Senior Center and $37,000 from OAA Title C-1 Live Oaks Senior Center.

Table 1, Lake Transit Services to Selected Medical Facilities within Lake County

Facility	*Affiliated with:*	Location	Accessible by Lake Transit?	Stop Location / Intersections	Days of Services/ Frequency
Sutter Lakeside Hospital	*Sutter Health*	5176 Hill Road East Lakeport, CA 95453	**Route 1**	Sutter Lakeside Hospital: Stop and gazebo at the main entrance. Dial a Ride will enter the campus as needed to take disabled or senior riders. Passenger can request door to door assistance if required. Drivers are not allowed to enter buildings.	Monday-Saturday; Hourly 6 a.m to 5:30 p.m. Westbound; 7 a.m to 8 p.m. Eastbound
			Route 8		Monday-Saturday; Every Two hours - 7:30 a.m - 6:30 p.m.
Upperlake Community Health Clinic	*Sutter Lakeside Hospital*	Upper Lake High School, 752 Old Lucerne Rd Upper Lake, CA 95485	**Near Route 7**	First & Main, Upperlake:	Monday - Saturday; 4 runs daily
			Near Route 1	Upper Lake High Schol	Monday - Saturday; 7 runs daily
Lakeside Health Center	*Mendocino Community Health Clinic*	5335 Lakeshore Blvd. Lakeport, CA 95453	**Route 8**	Lakeside Health Center:	Monday-Saturday; Every Two hours - 7:30 a.m - 6:30 p.m.
Lake County Tribal Health Consortium		925 Bevins Court Lakeport CA 95453	**Route 8**	Bevins Court Health Center:	Monday-Saturday; Every Two hours - 7:30 a.m - 6:30 p.m.
Consolidated Tribal Health	*Consolidated Tribal Health Project, Inc.*	6991 N. State Street Redwood Valley, CA 95470	**Route 7**	Consolidated Tribal Health, Calpella	Monday - Saturday - Stops once daily, Westbound; Twice daily Eastbound
Kelseyville Family Health Center	*St. Helena Hospital*	5920 State Street Kelseyville, CA 95451	**Near Route 4**	Main & Third:	Some runs Monday - Friday; others Monday - Saturday
Middletown Family Health Center	*St. Helena Hospital*	21337 Bush Street Middletown, CA 95461	**Near Route 2**	Young St. & 29:	Monday - Friday; 4 runs daily
			Near Route 3	Twin Pine Casino:	Monday - Saturday; 5 runs daily
Clearlake Family Health Center (Redbud Clinic)	*St. Helena Hospital*	15230 Lakeshore Drive Clearlake, CA 95422	**Near Route 5, North Loop**	Austin Park:	Monday - Saturday; Hourly 7 a.m. to 6 p.m.
				Burns Valley Mall:	Monday - Saturday
St. Helena Hospital, Clearlake (Redbud Community Hospital)	*Adventist Health, St. Helena, St. Helena*	15630 18th Avenue Clearlake, CA 95422	**Route 5, North Loop**	St. Helena Hospital: Stop just short of the driveway entrance. Plans for a shelter. Dial a Ride will enter the campus as needed to take disabled or senior riders. Passenger can request door to door assistance if required. Drivers are not allowed to enter buildings.	Monday - Saturday; Hourly 7 a.m. to 6 p.m.
			Route 6, South Loop		
Clearlake VA Outpatient Clinic, Clearlake	*SF VA Medical Center*	15145 Lakeshore Drive Clearlake, CA 95422	**Route 5**	Across the street at CFHC	Monday - Saturday; Hourly 7 am to 6 pm
			Route 6	Veteran's Clinic	
Out-of-County Destinations					
St. Helena Hospital, St. Helena, Napa County	*Adventist Health*	10 Woodland Road St. Helena, CA 94574	**Route 3**	At St. Helena Hopsital. Stop and bench at the main entrance door.	Monday - Saturday; two runs daily
Consolidated Tribal Health	*Consolidated Tribal Health Project, Inc.*	6991 N. State Street Redwood Valley, CA 95470	**Route 7**	Consolidated Tribal Health, Calpella:	Monday - Saturday - Stops once daily, Westbound; Twice daily Eastbound
Ukiah VA Outpatient Clinic, Ukiah	*VA Medical Center, S.F.*	630 Kings Court Ukiah, CA 95482	**Route 7 (provides limited stops at VA clinic)**	VA Outpatient Clinic	Monday - Saturday; Four runs daily
Ukiah Valley Medical Center	*Adventist Health*	275 Hospital Drive Ukiah CA 95482	**Near Route 7**	VA Outpatient Clinic:	Monday - Saturday; four runs daily
Kaiser, Santa Rosa, and other Napa Locations			**Transfer from Route 3 at Calistoga to Napa VINE**		Monday - Saturday; Four runs daily

Transit Funding

Revenues and Expenditures

Lake Transit is moving through a complex funding period where a significant portion of its state funding was reduced and then eliminated – the State Transit Assistance funds – only to be re-instated for the new budget year. At the same time, additional federal funding was procured, through the American Recovery and Reinvestment Act to pay for preventative maintenance and from the FTA 5311(f) Intercity Bus program for operating costs for the intercity bus routes, consistent with this program's intent. These federal dollars helped to offset the difficulties of declining sales tax receipts, a critical funding source for transit through the Local Transit Funds, and the machinations of state government.

Table 2 following summarizes Lake Transit FY 2009/10 income and expenses by expenditure type and source of funding and revenues. In fiscal year 2010 Lake Transit spent $2.6 million on both operating and capital expenses while receiving only $2.3 million in state and federal funding plus passenger fare revenue. Operating expenses totaled almost $2 million, representing 76% of all expenditures. The greatest category of expense to the transit system was contracted operations and maintenance services combined, representing 83% of operational expenses and 63.4% of total expenses. Fuel for operations was also a significant expense, at 12% of operating expenses.

Capital expenses totaled just under $616,000, roughly 24% of the all expenses. Funding the capital equipment replacement reserve was the greatest capital expense at 53% of all capital expenses. Funding for the current Live Oak Transit Program will be drawn from this pot. The second largest capital expense was preventative maintenance at 35%.

Notably, Lake Transit was able to cover the difference between revenues and operating expense by using unspent funds from prior years. Its ability to do that in the future is very limited.

Key Performance Measurement

Lake Transit, like all public transportation systems in California, is measured by various performance indicators and must attain certain minimum standards in order to protect its California Local Transportation Fund (LTF) dollars. One such key indicator is its fare box recovery ratio, the relationship of rider's fares to total operating costs. By state regulation, operators must attain a 10% minimum fare box return rate for rural public transportation.

With local fares collected from riders of $165,603, plus intercity fares of $130,768 for Route 3,4, and 7 in addition to special transit contract fares of $161,660, Lake Transit just achieves the 10% minimum fare box recovery ratio against its total operating cost of $1.9 million. Any new or increased service that Lake Transit might consider must not only find sufficient operating funding but it must ensure that ridership – and fares – are sufficient to meet minimum state-mandated fare standards.

Table 2

Lake County Transit Authority 09/10 Financial Summary

Revenues		% of Total revenues	
Fare box Revenue - Passengers	$165,603	7.1%	
Fare box Revenue R-7 FTA §5311(f)	$130,768	5.6%	
Special Fares	$161,660	7.0%	
CA Local Transportation Funds (LTF)	$1,149,672	49.6%	
CA LTF Carryover	$245,311	10.6%	
FTA §5311 Regional	$261,938	11.3%	
CA Proposition 1B PTMISEA	$145,230	6.3%	
CA Proposition 1B PTIMISEA Carryover 08/09	$54,674	2.4%	
Auxillary Trans (advertising)	$3,381	0.1%	
Grand Total Revenue	**$2,318,237**		
Expenses Operating		% of Operating	% of Total Expenses
Management Contract	$104,148	5.2%	4.0%
Operations & Maintenance Contract	$1,194,405	60.2%	45.9%
Operations Contract Rt 347 5311 (f)	$350,038	17.6%	13.5%
Printing	$9,990	0.5%	0.4%
Promotional Materials	$2,765	0.1%	0.1%
Postage	$10	0.0%	0.0%
Advertising	$7,579	0.4%	0.3%
Promotional Campaigns	$4,249	0.2%	0.2%
Fuel	$194,303	9.8%	7.5%
Fuel for Route 3-4-7	$104,295	5.3%	4.0%
Utilities	$6,758	0.3%	0.3%
Facility Maintenance	$6,722	0.3%	0.3%
Total Operating	**$1,985,262**		**76.3%**
Expenses Capital		% of Capital	% of Total Expenses
Bus Stop Improvements FTA §5311	$6,186	1.0%	0.2%
Capital Equipment/ Vehicles	$4,916	0.8%	0.2%
Software, Radios, GPS/AVL	$889	0.1%	0.0%
Preventative Maintenance	$213,632	34.7%	8.2%
Rt 3,4, and 7	$61,173	9.9%	2.4%
Capital Equipment Replacement Reserve	$329,008	53.4%	12.6%
Total Capital	**$615,804**		**23.7%**
Grand Total Expenses	**$2,601,066**		

Summary Discussion

Lake Transit Authority is using a mix of Federal and State funds, plus passenger fares and local partnerships to support public transportation services operating six days weekly across much of the county, with connections to medical destinations in neighboring counties. It is challenged to match revenues and operating expenses but added Federal support, effective management and local partnerships have resulted in no service cutbacks during the current, complicated economic period.

Chapter 4 – Human Services Agency Resources and Existing Conditions

Lake County human services agencies and organizations and private, for-profit entities were invited to participate in this study, providing information about their own services and their perceptions of need for non-emergency medical transportation. This chapter reports on that survey process and selected interviews that augmented survey findings.

Agency Survey

Survey Design

A survey to a range of agency groups identified through the Lake County 2030 Blueprint Process was designed to locate potential partners and to further detail non-emergency medical transportation needs of Lake County residents. The survey was comprised of 17 questions addressing the organization's consumers, their transportation patterns and needs, the organization's transportation program and funding—if any—and one open-ended question inviting comments about possible improvements to NEMT for their clients. A memo-style cover letter from Lake APC introduced the survey.


Lake County Health Care Access Transportation Survey
Stakeholder Agency Survey

Please return by Friday, July 30th, 2010

THIS SURVEY MAY ALSO BE FILLED OUT ONLINE AT: www.lakenemt.tk

OR, RETURN THE SURVEY IN THE ENCLOSED, ADDRESSED ENVELOPE TO:

An online version of the survey was also created. A short, recognizable link that directed to the survey—www.lakenemt.tk —was printed on the survey, allowing agencies to respond online if they so chose.

Survey Distribution

Utilizing multiple databases with input from the Technical Advisory committee and Lake APC staff, a list of stakeholder agencies was compiled. Agencies numberings almost 200 were mailed the survey and included health and human service organizations, health care providers, faith-based organizations, agencies that work with seniors and people with disabilities, and community organizations. Additionally, an email blast, which included a PDF version of the email as well as a link to the online version of the survey, was sent to the 80 individuals for whom emails were available. Responses were invited to be returned by mailed, fax, or by completing the survey online.

NOTE: A survey of medical and social service providers is also being conducted to understand their services and the transportation needs of their patients and clients. For more information on this "agency survey", contact Terri Persons at (707) 263-7799 or personst@dow-associates.com

Who Responded?

The agency survey received feedback from 36 agencies, however, after removing duplicate responses from the same agency or representative, the total response included 30 unduplicated agencies[12]. The table on the following page lists the names and locations of responding agencies (Table 3). Follow-up interviews were conducted with several key players after receiving their agency surveys. These included representatives of Lake County Health Services Department, Lake County Department of Mental Health, First Five [California?], Saint Helena Hospital, Clearlake, Live Oaks Senior Center and the Lakeport Fire Protect District.

Table 3

Lake County NEMT Agency Survey, Responding Agencies	
Agency	City
California Human Development Corporation	Lakeport
Catholic Charities	Middletown
Church of Christ	Kelseyville
Clearlake Oaks Community-United Methodist Church	Clearlake Oaks
Community Care	Ukiah
Department of Rehabilitation	Lakeport
First 5 Lakes	Lakeport
Hartley Lodge No. 199	Lakeport
Hey Taxi, Inc.	Ukiah
Highland Senior Center	Clearlake
Hospice Services of Lake County	Lakeport
Lake County Fire Protection District	Clearlake
Lake County Health Services	Lakeport
Lake County Mental Health	Lakeport
Lake County Office of Education, Child Development Division	Lower Lake
Lake County Sheriff's Department	Lakeport
Lake County Social Services	Lower Lake
Lake County Tribal Health Consortium	Lakeport
Lake Family Resource Center	Kelseyville
Lakeport Fire District	Lakeport
Lakeport Senior Center	Lakeport
Middletown Rancheria Pomo Indians of California	Middletown
Middletown Senior Citizens, Inc.	Middletown
People Services, Inc.	Lakeport
S.D.A. Church	Upper Lake
San Sousee Adult Residential Facility	Clearlake
Sunrise Special Services	Upper Lake
Sutter Lakeside Hospital, Community Health Center	Upper Lake
Ukiah VA Clinic	Ukiah
Wheelcare Express, Inc.	Santa Rosa

[12] Duplication happened where several individuals responded online as well as by mailing back a survey, or in the case of one agency, three individuals within the same department responded. In such cases, responses were compared and/or compiled so that complete responses were included in the analysis.

Client/ Consumer Base and Reported Transportation Needs

Twenty agencies reported caseload data: seven were public agencies, nine private non-profits, one a private for profit, and three were faith-based organizations. Together, these agencies represent a significant portion of Lake County's residents: 30,620 individuals. Some duplication of clients is likely, suggested further by the large proportions reported by public agencies (72% of total clients) and private non-profit organizations (27% of total clients).

Table 4, Agency Reported Caseload Information

Reported Caseload Characteristics	All	Public Agency	Private, Non Profit	Private, For-Profit	Faith Based
n=	20	7	9	1	3
Total Enrolled Clients/Consumers	**30,620**	**22,182**	**8,266**	**5**	**167**
% of Total	*100%*	*72%*	*27%*	*0%*	*1%*
Total Daily Attendance	**1,001**	**561**	**360**	**5**	**75**
% of Total Enrolled	*3.3%*	*1.8%*	*1.2%*	*0.0%*	*0.2%*
Total Daily Needing Transportation	**303**	**174**	**108**	**3**	**18**
% of Daily Attendees	*30.3%*	*17.4%*	*10.8%*	*0.3%*	*2%*
Total Daily in Wheelchairs	**67**	**24**	**38**	**0**	**5**
% of Daily Attendees	*6.7%*	*2.4%*	*3.8%*	*0.0%*	*0.5%*

Together, these agencies reported 30.3% of clients (303 individuals) who attend daily need transportation. Of consumers estimated to attend daily agency activities, an estimated 7% are in wheelchairs. (Table 4).

Agency Vehicle and Trip Resources Reported

Agencies were asked if they provided some form of transportation services, and if so, the number of vehicles they own and trips they provided. Nine of the responding agencies provide transportation services ranging from operation of transportation to arranging and or subsidizing trips. (Table 5).

These nine agencies reported 85 vehicles, 24 of which of wheelchair lift-equipped. A reported 2,596 one-way weekly trips are reported with agencies, with an estimated two thirds likely non-emergency medical trips. The largest single provider of these trips was the private company, Wheel Care Express, a Santa Rosa-based provider vendored to serve Medi-Cal reimbursed trips, as well as private-pay NEMT trips. People Services, Inc., the second largest provider, is a Redwood Coast Regional Center vendor and reports that none of its trips are NEMT-type trips. The total trips reported suggest almost 130,000 annual one-way trips, almost five times Lake Transit's 23,500 annual dial-a-ride trips.

Table 5, Reported Vehicle Resources and Trips Provided

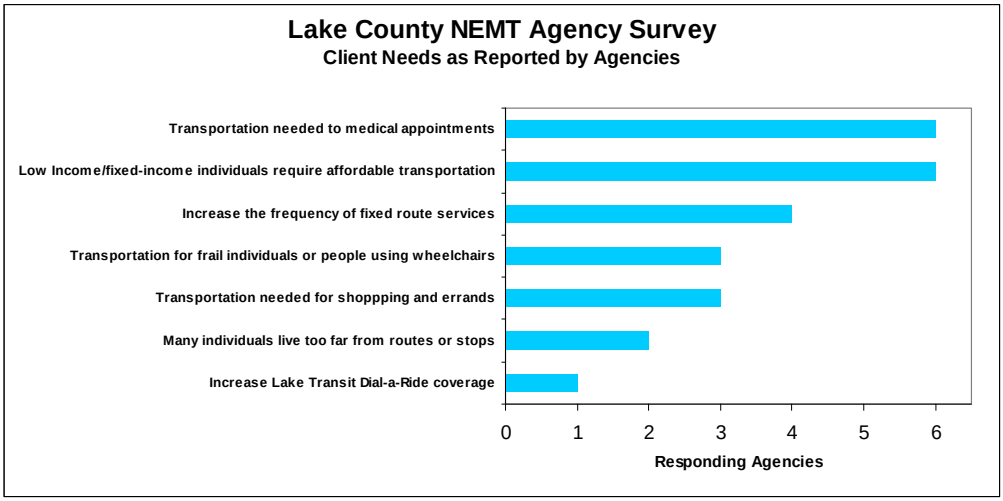
Agencies Reporting Transportation Operation, Vehicles or Trips	Agency Type	Transportation Provided?	# Agency Owned Vehicles	% of Total	# Lift-Equipped Agency Owned Vehicles	% of Total	Avg. 1-Way Trips per Week	% of Total	Avg. 1-Way NEMT Trips per Week	% of Total
ALL TOTALS			***85***	*100.0%*	***24***	*100.0%*	***2596***	*100.0%*	***1540***	*100.0%*
Hey, Taxi, Inc.	Private for profit	Operate	**3**	*3.5%*	**2**	*8.3%*				
Lake County Dept. of Mental Health	Public	Operate, Subsidize	**15**	*17.6%*			**26**	*1.0%*	**25**	*1.6%*
Lake County Tribal Health Consortium	Public	Operate, Subsidize	**2**	*2.4%*			**60**	*2.3%*		
Lakeport Fire Protection District	Public	Operate	**4**	*4.7%*						
Middletown Senior Citizens, Inc.	private non profit	Arrange w/info, Arrange w/ drivers & cars					**2**	*0.1%*	**2**	*0.1%*
People Services, Inc.	private non profit	Operate	**46**	*54.1%*	**8**	*33.3%*	**970**	*37.4%*		
San Sousee Adult Residential Facility	Private for profit	Operate	**1**	*1.2%*			**18**	*0.7%*	**7**	*0.5%*
United Methodist Church, Clearlake Oaks	Faith Based	Subsidize, Arrange w/ drivers & cars					**20**	*0.8%*	**6**	*0.4%*
Wheelcare Express, Inc.	Private for profit	Operate	**14**	*16.5%*	**14**	*58.3%*	**1500**	*57.8%*	**1500**	*97.4%*

Needs Reported through Survey

When asked if agency clients had a need for non-emergency medical transportation, 25 of the 30 responding agencies reported that their clients did have such a need, with 19 of these agencies providing further detail about NEMT need. They reported that on average, one in four clients attending program sites each day have a need for NEMT assistance.

Figure 6 following depicts the comments offered by agencies relating to their clients' needs, responding to either of two open-ended questions were provided on the agency survey. Detailed responses are provided in Appendix B. The most frequently-cited needs were for transportation to medical appointments and for affordable transportation for low-income / fixed-income individuals, with six agencies indicating such needs. Another commonly reported need was for increased frequency of fixed-route transportation. Four agencies indicated this as a concern of their client.

Figure 6



Supplemental Agency Interviews

To augment these agency survey findings, the project team conducted six key-agency interviews. Summaries of these follow, with additional, related information included in Chapter 6, Public Outreach.

People Services, Inc.

People Services, Inc. provides transportation to its client base, individuals with developmental disabilities and clients of Redwood Coast Regional Center. Generally, People Services' vehicle fleet numbers 46 in total, but only a portion of those are used for transporting people. An unspecified number of vehicles are lift-equipped, procured through the FTA Section 5310 capital grant program. Vehicles are not new, have maintenance issues and some are in need of replacement. The agency's transportation focuses on bringing consumers to its program sites.

People Services daily consumer transportation is completed for the morning by 9:30 a.m. and doesn't start back up again until 3 p.m. This middle period of the day is potentially available to provide transportation to other individuals, if the costs of doing so can be covered. People Services recently began a contracted transportation service, providing charter trips for special purpose events. This represents a model that could be used to support some level of coordinated trip-brokering.

The agency's consumers do have some out-of-county medical trip needs – to Children's Hospital in San Francisco and to Santa Rosa medical facilities. They report it is very difficult to get these trip needs met; usually requiring that program staff leave the facility to transport clients. Sometimes a car must be rented. Sometimes Hey Taxi is an option. Some consumers do use Lake Transit, an important resource. People Services staff are pleased to be getting a Lake Transit bus stop and shelter, outside their facility.

Live Oak Senior Center

This Senior Center, located in Clearlake Oaks along Highway 20 on the north side of the lake, is the key player in a new partnership between Lake Transit, the Lake/ Mendocino Area Agency on Aging and the Live Oak Senior Center. Successfully securing operating funds in a statewide competition for FTA §5317 New Freedom funds and obtaining a donated, used cut-away van. The program began operation in July 2010 and is providing trips on weekdays to the senior center and on Tuesdays and Thursday into Sutter Lakeside Hospital. They hope to expand to provide trips into doctors in Clearlake.

The program's administrator does not want to duplicate any Lake Transit service but rather serve trip needs not otherwise met, including trips for Spring Valley residents not now served by Lake Transit, as well as for dial-a-ride type trips, door-to-door for frail consumers who are more than a mile from Lake Transit's Route 1, along Highway 20. The program has established a reservation system and already sees need for a second vehicle. This is not so much because of the volume of demand – trip requests

are still growing modestly – but because of the geography of the area which makes it difficult with a single vehicle to get to the riders and get them to their respective destinations.

The transportation program is operating with a half-time driver position, plus in-kind staffing support around the trip reservation function. Funding provided includes Caltrans, Lake Transit, and Lake/ Mendocino AAA contributions, plus $22,500 from the Live Oaks Senior Center operating funds for a total overall program budget of $90,000 annually. There is concern about how to raise additional funding, both to expand the program by one vehicle and to secure its future beyond the pilot period.

First Five Lake

This past year, as it has for a number of years, the First Five Lake organization provided $9,000 in funding to two agencies, Easter Seals and Clearlake Hospital, $4,500 each. Easter Seals uses these funds for inter-county non-emergency medical transportation for families with economic hardship and transportation difficulties, placing these into the Verna Morris fund. The agency also adds funds but First Five Lake staff report that demand for these dollars always exceed what is available.

LCOE has a van that it uses to transport individuals to medical appointments and dental clinics in Clearlake and Lakeport. Each clinic blocks out time and Healthy Start staff transport children to the clinics so as to maximize the time available. About 95% of the available appointments are reportedly filled as a result. They are also transporting children to an oral surgery center in Windsor, CA, near Santa Rosa. The First Five Lake organization has a declining funding base, anticipating it will lose another $100,000 this year. While staff expect that, for the immediate future, these two transportation grants will continue, it is not likely that First Five Lake will be able to continue to do so much beyond the next three years.

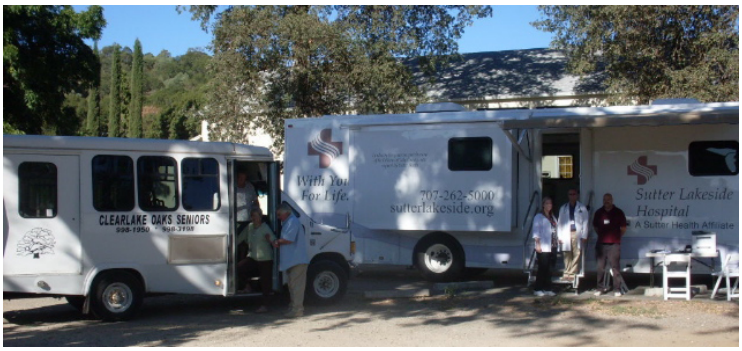
Tribal Health Consortium

Two full-time drivers and two vehicles are operated by the Tribal Health Consortium, with an annual budget of about $100,000. These vehicles are generally used full-time, almost exclusively for non-emergency medical transportation purposes. Existing vehicles are not lift-equipped and it would be a help if wheelchairs could be loaded into vehicles. There are additional vehicle and driver resources available through Community Services and the Mental Health/ Behavioral Health programs. Among the persons provided with transportation are the more frail seniors, those with advanced diabetes, with cancer or for ophthalmological and retinal screenings where driving is impaired vision after tests. Out-of-county NEMT trips include travel to St. Helena Hospital for cancer treatments, to UC Davis for a special obesity program, to San Francisco and Sacramento for children medical services and for alcohol and drug specialty programs.

County Public Health Department

Supporting Transportation This county department spends annually between $12,000 to $14,500 in bus passes and taxi trips to ensure that needed medically-related trips are made. Its funding comes from the California Dept. of Health Services and from private donations and grants. Through various means, funding is provided directly to the consumer involved so that they can get to other appointments outside the health department. The department itself does not provide any transportation.

New Medical Service Delivery Capabilities Two recent initiatives, spearheaded by various stakeholders, are helping to address the problems of non-emergency medical transportation. The recent opening of the new Veteran's Administration Clinic at 15145 Lakeshore Drive, Clearlake, begins seeing patients in November 2010. Spearheaded in part by the Public Health Department, this will help considerably as veterans have had to travel to Santa Rosa, Sacramento and even San Francisco for most of their medical care until now.



The second initiative is Sutter Lakeside's Mobile Health Services Unit (MSU) operated by Sutter Hospital. This has the ability to travel to individuals and provide them with basic medical care, helping to identify and treat medical problems earlier and more easily than if individuals wait or cannot get to medical care. The facility is licensed as a medical clinic and has a full-time physician who is able to both treat and refer patients, as needed. It is providing various health screenings, immunizations and certain basic treatments. The MHSU accepts the following insurance: Medi-Cal, Medicare, CMSP, Family Pack (green card), Healthy Families, Cal Kids and Private insurance.

Role of Emergency Service Providers One area of difficulty in the county has been the problem for emergency service personnel when they are called for transport of individuals with mental illness whose conditions have deteriorated and need to get to a hospital or other facility. Payment for trips is not uncommonly denied by Medi-Cal and other insurers. Sutter Lakeside Hospital has funded two "cage" cars which are used to transport individuals on the weekends. The intent is to utilize these cars for selected trips, at much lower cost than the fully-equipped ambulance that would otherwise be dispatched. On weekdays, there are more transport options, including mental health agency staff

but these trips remain a thorny problem for the emergency services personnel, in part because they are not reimbursed and in part because they can remove emergency vehicles and personnel from the county for long periods of time, if the individual has to be transported to a medical facility out-of-county.

Lake County Mental Health Department

The Alcohol and Drug Program and the Mental Health Department of the County Mental Health Services Department each have modest transportation budgets to support their 200-person consumers' participation at four clinics and a drop-in center. The programs view public transit as essential to their mission as most persons with mental illness or in treatment for drug abuse are ambulatory and able to use fixed-schedule bus service. Towards that end, the Department does purchase bus tickets for Lake Transit's fixed-route and dial-a-ride services and provides some limited travel training.

Transportation for those consumers during times when they are unable to travel independently is generally in County-owned sedans, which are not lift-equipped, with program staff as drivers who typically have other, clinical responsibilities.

The Mental Health Department personnel do provide "5150" medical transports during weekdays, transportation that is not required of LCMH or compensated. This "safe car" transportation is undertaken in consultation with the Emergency Room physician and LCMH assessment staff to ensure the method is safe and appropriate. These are instances where an individual is deemed to be dangerous to self or others and can be forcibly committed to a psychiatric holding environment while an assessment is made. For a sample nine-week period, prior to June, they had transported eight clients for "5150" holds.

For time periods when LCMH staff cannot assist with these psychiatric emergencies, the governing State regulation under Title 22 is clear that, after proper screening of individuals in the field, if it is clear that they are a danger to themselves or others, it is the responsibility of emergency services personnel to transport them to a location where they can receive treatment. Medicare regulation does allow for chemical restraints under such circumstances, if deemed necessary by emergency personnel. Sutter Lakeside Hospital's purchase this year of two Crown Victoria, fuel-cell powered vehicles do provide a safe alternative to use of the county's ambulances in those instances where transport is needed.

The Mental Health Department does, and has for several years now, actively participate in the Inter-Facilities Transport Committee (IFT), a group resulting from the growing concern of ambulance services required for emergency transports to out-of-county inpatient psychiatric facilities, most often "5150 trips." Recommendations from the IFT and the Departments own mission to provide care "close to home" have resulted in considerable reduction of acute psychiatric hospitalizations. This is helped to diminish the demand placed on emergency service personnel and vehicles. In the past 5 years, the percentage of transports to facilities within 100 miles of Lakeport has increased by 3.5%; however, the number of transports has decreased by 41% and the total distance of transports has seen a 60%

reduction, both significant reductions[13]. The proximity of the receiving facility is always considered when transportation in considered.

Veteran's Administration

The Veteran's Administration assists veterans with transportation in two ways: through its volunteer-based Disabled American Veterans transportation program originating in San Francisco or through mileage reimbursement paid to individuals. At the national level, the VA recently increased is transportation assistance benefit from $0.14 cents per mile to $0.41 cents per mile reimbursed to the driver transporting the veteran with eligible service-related conditions. A recent TCRP survey reports that VA expenditures are increasingly rapidly and are now the second highest transportation expenditures nationally – of a human services system – second only to the Title XIX, Medicaid transportation program. [14]

Characteristics of American veterans of relevance to this study include the fact that disproportionate numbers settle in rural areas and they are returning home from America's two on-going wars after surviving significant injuries. And the impact of isolation – due to their medically-related conditions and other factors – are also contributing to their general ill-health. Today's veterans fall into two categories. Those few remaining World War II veterans, those of the Korean conflict and Vietnam have reported different characteristics and transportation-related needs from those returning now from the Iraq and Afghanistan theatres. The younger group is, in some cases, more severely injured – often with head injuries – and the affects of repeated deployments and re-deployments.

Summary Discussion

The agency survey conducted helped to document both resources and key players in the county. Vehicles do exist but the vast majority are operated privately, by taxi and Medi-Cal vendored providers. Human service agency vehicles, People Services, Live Oak Transportation, American Cancer Society's Road to Recovery program, and St. Helena Hospital's Clearlake Healthy Start program were among those identified, as well as the two new secure car vehicles procured to assist with emergency transport of persons in psychiatric distress.

Transportation funding identified is generally used to purchase bus passes or taxi trips for selected consumer groups, through the Public Health Department, the Mental Health Services Department and Healthy Families. Aside from existing public transportation investment, only modest transportation

[13] "Data on Acute Psychiatric Transport in Lake County Comparing Fiscal Years 2005/2006 and 2009/2010," Kristy Kelly, Mental Health Director, County of Lake Mental Health Department, December 7, 2010

[14] Burkhardt, J. 19th Rural Transportation Research Board Bi-Ennial Conference Presentation, TCRP Project J-6, Improving Mobility for Veteran's, October 2010.

funding to provide for direct operations is provided by Redwood Coast Regional Center, First Five/Lake grants and one FTA §5317 New Freedom grant.

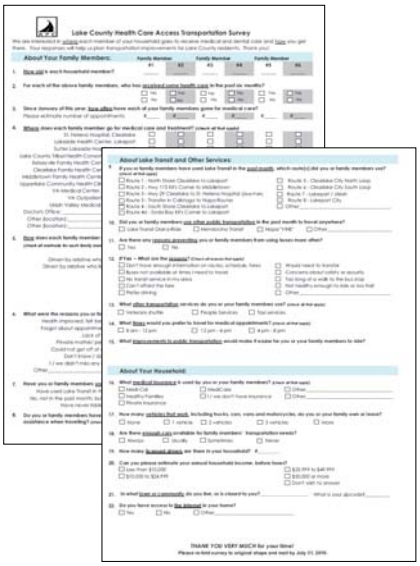
A breadth of needs are presented by these agencies that can be briefly summarized in terms of the following categories of concern:

- ***For lowest income individuals***, the costs of purchasing transportation – bus tickets, taxi trips or private auto – are often beyond the means of those on supplemental social security or public assistance and have medical trip needs.
- ***Geography is complex*** and adds to transportation challenges in Lake County with isolated pockets and persons living at a distance from the transit network that does exist.
- ***Lake Transit's service levels*** of reasonable coverage around the lake but limited service frequencies can make public transit inconvenient at best or not workable in some cases for meeting medical trip needs.
- ***Lake Transit's dial-a-ride service*** is limited to the two major cities and some of those needing trips live beyond the 1 mile coverage envelope of Lake Transit's fixed-route services.
- ***Individuals' health conditions*** impact their transportation options and include problems of the very frail or medically fragile for whom use of public transit is too difficulty; the mentally ill whose medical conditions have deteriorated and are too anxious or distraught to use public transit or may need more secure transportation; the very young or those returning from surgical procedures who need door-through-door assistance not possible with public transit.
- ***Safe equipment or replacement vehicles which are lift-equipped*** are among the capital needs identified by human service agencies that are providing significant numbers of passenger trips.

Chapter 5 – Needs Assessment: Household Survey

This chapter reports the findings from a countywide household survey of Lake residents, included with Lake County/City APC's newsletter and to which over 3% of the county's households responded.

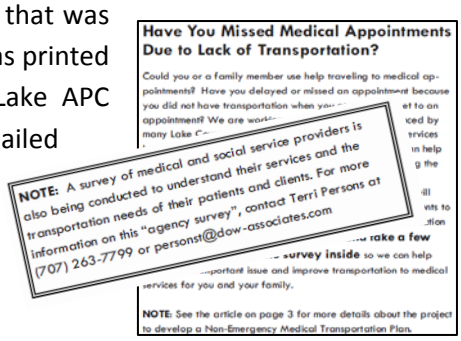
Approach


Lake County Health Care Access Transportation Survey

Survey Design To identify gaps within the existing public transit network and more clearly understand the county's non-emergency medical transportation needs, particularly where and when residents travel for medical reasons, we undertook a countywide survey of households. A two page mail-back, primarily check box survey was developed to learn from Lake County households, distributing this through the Lake County/ City APC's semi-annual newsletter.

The survey asked questions at two levels: about the individual and about the household. On behalf of individuals in the household, we asked about the frequency, methods used, and places to which he or she travels for non-emergency medical purposes, as well as any reasons for missing appointments. On behalf of the whole household, respondents were asked their use – if any – of Lake Transit and other public and private transportation services, reasons preventing their use of public transportation and other demographic characteristics. One open-ended question invited residents to comment on improvements to public transit to make its use easier for their family.

Survey Distribution The study team worked to create a survey that was accessible, inviting and could be distributed widely. The survey was printed on portfolio sized paper, folded twice and inserted into the Lake APC summer newsletter, *Transformation Information Outreach,* and mailed to all residents receiving the newsletter, 33,500 households.[15] A short, engaging "advertisement" and a brief article was printed on an earlier page of the newsletter. Appendix C1 presents the actual survey data for all questions, with comments presented in Appendix C5. Key findings are reported below.


Have You Missed Medical Appointments Due to Lack of Transportation?

Could you or a family member use help traveling to medical appointments? Have you delayed or missed an appointment because you did not have transportation when you... appointment? We are work... many Lake C...

NOTE: A survey of medical and social service providers is also being conducted to understand their services and the transportation needs of their patients and clients. For more information on this "agency survey", contact Terri Persons at (707) 263-7799 or personst@dow-associates.com

...ake a few ...survey inside so we can help ...portant issue and improve transportation to medical services for you and your family.

NOTE: See the article on page 3 for more details about the project to develop a Non-Emergency Medical Transportation Plan.

[15] Survey design included one outer side to inform residents of the survey's purposes and provide instructions for its return. The second outer side included the Business Reply Mail insignia and labels, to return the survey without postage required by the respondent.

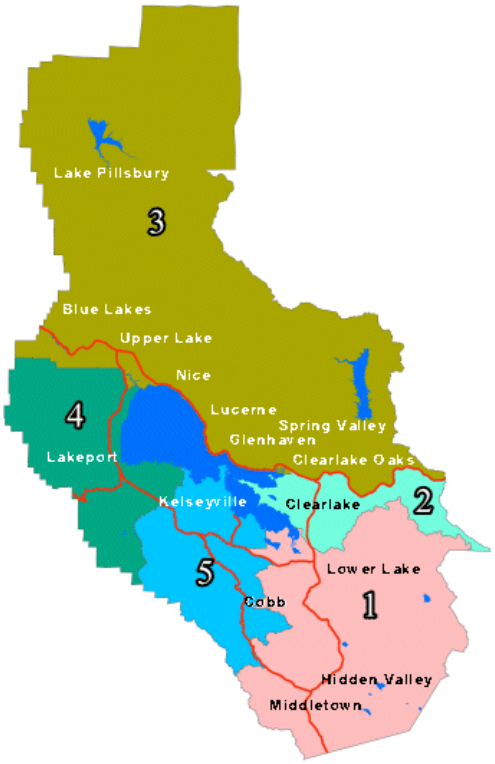
Household Survey Findings

Who Responded?

The household survey received a modest, yet relatively regionally balanced, response rate. A total of 1,052 households responded, representing 1890 individuals, are reported on in this subsection. Additional surveys received after the survey cut-off date increased the overall response rate to 1,078[16]; with 33,500 pieces mailed, this survey achieved a 3.2% response rate. Survey findings are discussed in terms of three sub-regions of the county, in terms of the age of respondents and in relation to overall responses.

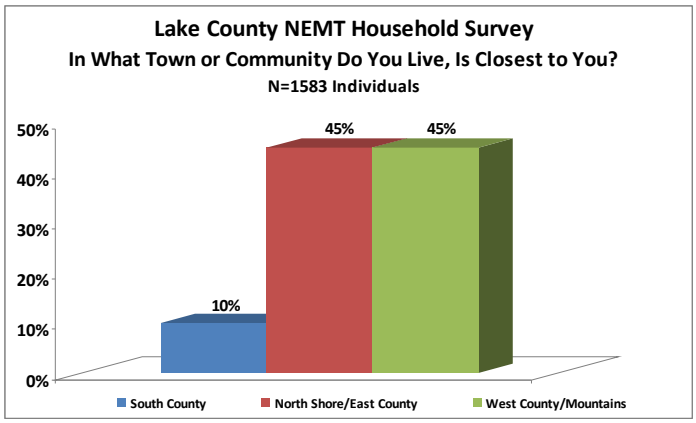
Regions were organized as South County (Supervisorial District 1), North Shore/East County (Supervisorial Districts 3 and 2) and West County/Mountains (Supervisorial Districts 4 and 5) (Figure 7)

Figure 7, Lake County Supervisorial Districts



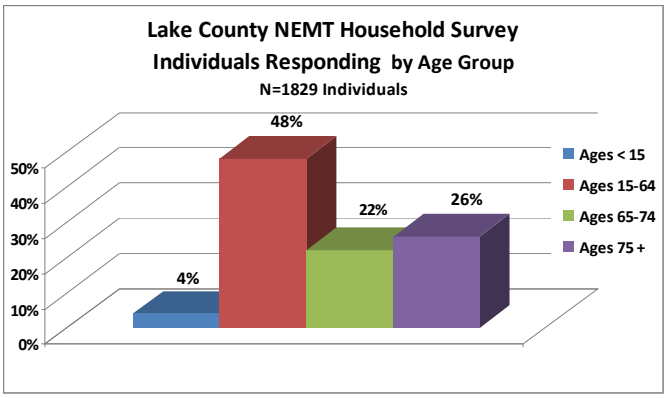
While the smallest proportion of responses was received from the South County region (10% of individuals who reported their home location), responses were evenly divided from the other two regions: 45% of responding individuals were from North Shore/East County and 45% were from West County/Mountains. Broken down by Supervisorial District, again, the lowest response was received from the southern portion of the county, with the responses from other areas fairly balances: 9% of 1,052 responding households were from Supervisorial District 1, 21% from Supervisorial District 2, 17% from Supervisorial District 3, 18% from Supervisorial District 4, and 19% from Supervisorial District 5 (Figure 8)

Figure 8



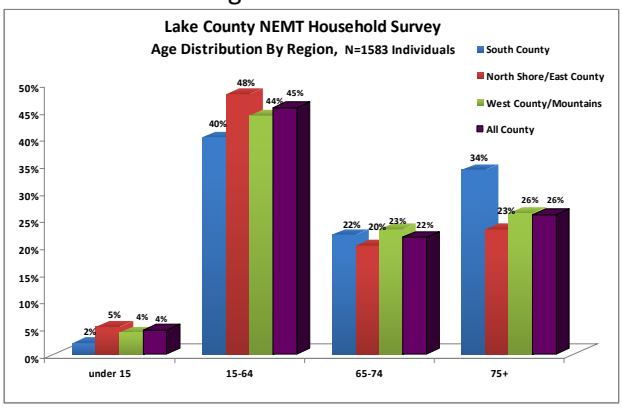
[16] Twenty-six surveys came in over the weeks after the cut-off date for survey analysis. The narrative responses to question 15 from these late surveys are included among the overall survey comments presented in Appendix C-5.

Figure 9



The 1,050 households represented 1,890 individual household members of whom 1,829 persons provided their age. Children and youth represented the smallest age group with 4% (79 individuals) under the age of 15. Slightly less than half at 45% (870 individuals) were between ages 15 and 64. Another 48% were age 65 and older. Among seniors, 22% (470 individuals) were between the ages of 65 and 79. And a slightly larger proportion 26% (473 individuals) were ages 80 and older. The oldest individual was 102. (Figure 9)

Figure 10



In terms of distribution of individuals by age, around the county, survey respondents from the North/ East County regions represented a slightly larger proportion of non-senior adults, than the countywide proportion – 48% versus 45% countywide. And of the oldest-old, persons 75 and older, there was a higher response rate from South County ZIP codes, 34% versus 26% countywide. (Figure 10)

How Does The Survey Response Compare to US Census Data for Lake County?

About Lake County Residents Generally

Lake County residents are somewhat older and with a higher proportion living below the poverty levels than California residents as a whole. Lake County residents live in smaller household sizes, with almost 18% ages 65 and older contrasted with an 11% statewide average, and with 17.9% of households below the poverty level, almost five points above the statewide proportion of 13% (Table 6).

Table 6

Selective Characteristics	State of California, Census QuickFacts 2009	Lake County - American Community Survey, 2007	
	Total Population	Total Population	
Househousing Units			**34,926**
Household Size	**2.87**		**2.56**
Median Age	**34.4**		**41.7**
Adults 65+	**11.2%**	64,555	10,806 **16.7%**
Individuals with Disabilities \1	**17.3%**	60,058	13,820 **23%**
Households Below the Poverty Level \2	**13.2%**		**17.9%**

\1 State of California persons 5+ with a disability

\2 State of California households below poverty level as a % of 2009 households

Age and Household Size Characteristics Clearly a larger proportion of seniors responded to the survey, 48% of those providing age information, contrasted with the American Community Survey (ACS) (2007) estimate that 16% of Lake County residents are age 65 and older. As a group, survey respondents were considerably older than that of the county as a whole, supporting the notion that this topic is of greater concern to seniors. The 2007 American Community Survey (ACS) reported the median age in Lake County as 41.7 while the median age of survey respondents was 64 years old and the average 60.2 years of age.

As demonstrated in Table 7, the average household size of respondents at 1.7 is significantly smaller than the countywide mean of 2.56, suggesting that more individuals who live alone or possibly are single parents were interested in the survey topic and responded. As a related characteristic, this population is of lower income than the broader County population, as measured by the proportion of households with less than $10,000 annual income: survey 10.5% versus ACS 5.8%.

Table 7

Selective Characteristics	State of California, Census QuickFacts 2009	Lake County - American Community Survey, 2007			Lake County -- NEMT Household Survey, 2010			Survey Difference from 2007 ACS
	Total Population	Total Population			Total Population			
Househousing Units				**34,926**			**33,500**	**-1,426**
Household Size	**2.87**			**2.56**			**1.7**	**-0.88**
Median Age	**34.4**			**41.7**			**64**	**+ 22.3**
Adults 65+	**11.2%**	64,555	10,806	**16.7%**	1,829	880	**48%**	**+ 32%**
Individuals with Disabilities \1, \3	**17.3%**	60,058	13,820	**23%**	1,890	340	**18%**	**-5%**
Households Below the Poverty Level \2	**13.2%**			**17.9%**				
Households with $10,000 Income or Less		24,896	1,438	**5.8%**	1,052	110	**10.5%**	**+ 4.7%**

\1 State of California persons 5+ with a disability

\2 State of California households below poverty level as a % of 2009 households

\3 NEMT survey asked if individual has a mental, physical, developmental, or health condition due to which they need assistance when travelling

Disabilities The responding individuals appear to be representative of those with disabilities. Individuals were asked if they had a mental, physical, developmental, or health condition that meant they needed assistance when traveling -- 18% (340 individuals) responded affirmatively. The 2007 ACS reports that 23% of the County's population are individuals with disabilities, although there is some concern that the 2000 Census item upon which this is based over-counts the general population.[17]

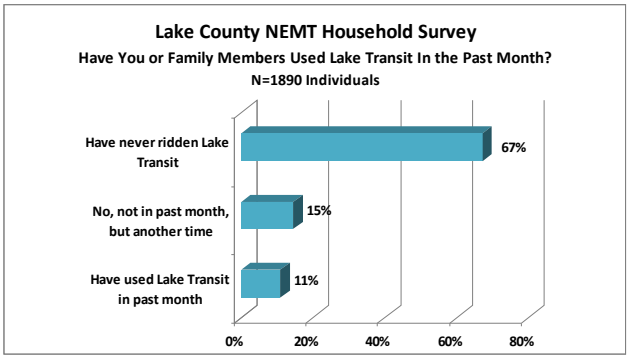
Area of Residence In terms of geographic distribution of the respondents, there is some underrepresentation of the South County area, with just 10% of survey respondents living in ***South County*** ZIP codes versus 16% of all residents countywide, as reported by ACS. ***North Shore/ East County*** ZIP codes reported by 45% of respondents is equivalent to ACS estimates that 45% of the County's residents live in these areas. The ***West County/ Mountains*** area ZIP codes were reported by 45% of respondents, slightly more than the 40% estimated by the ACS data. This suggests that the survey topic may have been of higher relative interest to those living in Lake County's western and mountain areas than, for example, those in the south county areas.

[17] As reported in "Lake County Coordinated Public Transit-Human Services Transportation Plan" (2008), the US Census Bureau has determined that it overstated the number of people with disabilities due to unclear instructions in the 2000 Census questionnaire, specifically with respect to the number of people with "go outside the home disability".

In conclusion then, the NEMT survey respondents' marked disparities in age with the general population, the smaller household size and the somewhat over-representation of the west county and mountains residents suggest that this survey was completed by those for whom non-emergency medical transportation is a real concern—those living alone, older adults and those individuals living in the less populated areas.

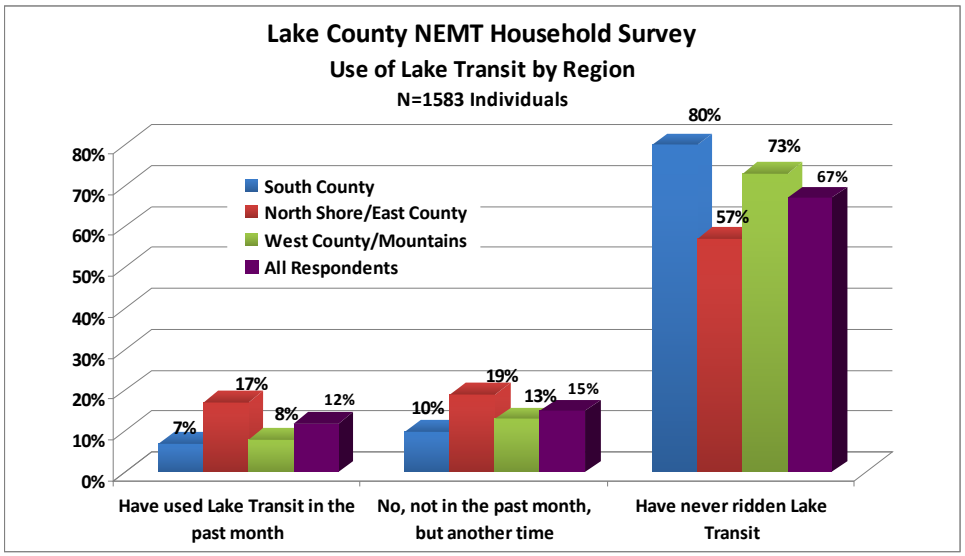
What Did We Learn about Transit Use?

Figure 11



Lake Transit Use Respondents report significant use of Lake Transit—26% of the 1,890 responding individuals, reported using Lake Transit at some time in the recent past, with 11% of households having ridden Lake Transit in the past month. Both proportions are substantially above the two to four percent of individuals who nationally report use of public transit to travel to work. Not surprisingly, the majority of respondents, 67% reported having never used Lake Transit (Figure 11).

Figure 12

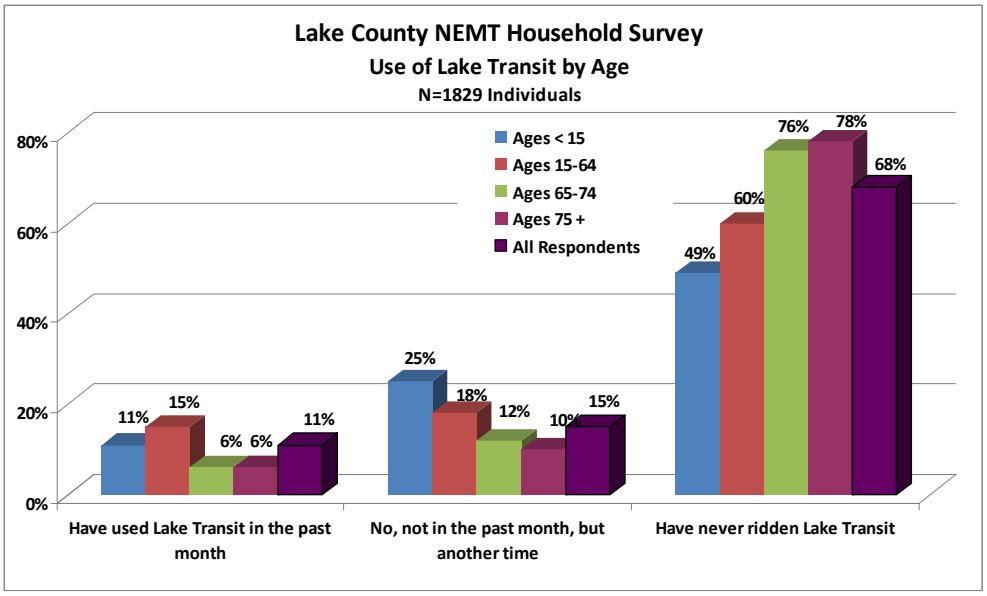


Looking more closely at these responses, the individuals who were <u>least likely</u> to use public transit are those from South County (90% of these residents). Residents <u>most likely</u> to use public transit were respondents living in the North Shore/ East County communities. These individuals reported proportionally the highest rates of public transit use (17% of these residents). (Figure 12).

Transit usage differences by age groups are reported. Just over one in ten youth (11%) had ridden during the past month and a slightly higher 15% of Adults under age 65 had ridden during the past month. Equal proportions of 6% of younger seniors (age 65 to 74) and 6% of older seniors (age 75+) had ridden Lake Transit in the past month. Youth were the largest groups to have reported some transit use,

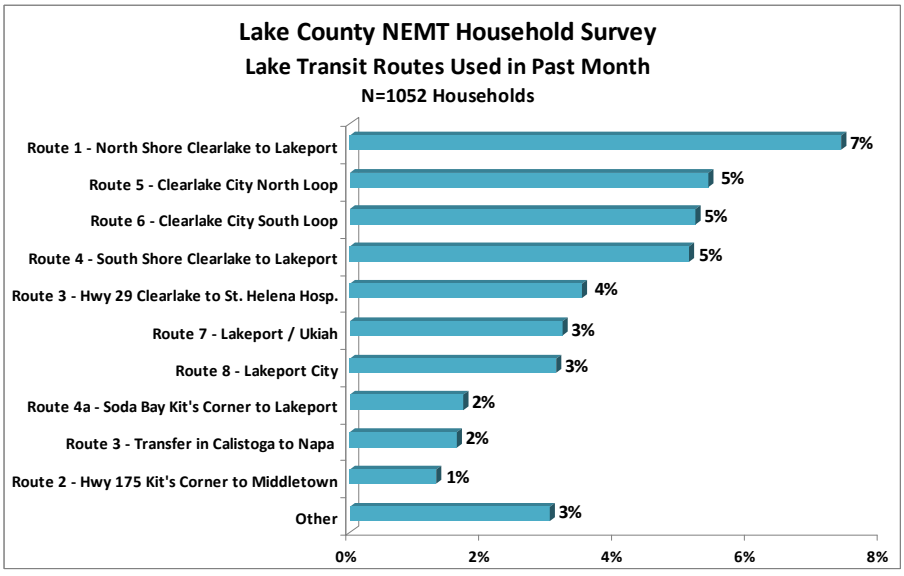
although not in the past month. Both age groups of seniors -- younger and older -- were most likely never to have ridden Lake Transit (Figure 13).

Figure 13



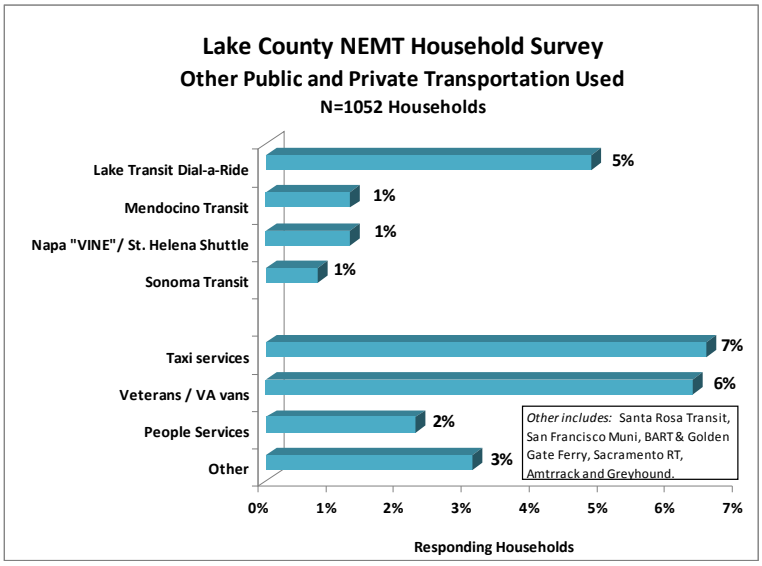
In terms of which Lake Transit routes people are riding, Figure 14 shows the specific routes household members used in the past month. Route 1 was most used, reported by 7% or 78 of 1,052 responding households. Routes 5, 6 and 4 were identified at similar levels, each with 5% of responding households reporting use of these lines. These proportions are generally consistent with Lake Transit's annual ridership by route reported in 2009/10 Annual Report, with Route 1/ Route 8 (a local loop within Clearlake) by far the highest use routes (Figure 14).

Figure 14



Other Transportation Services

Figure 15

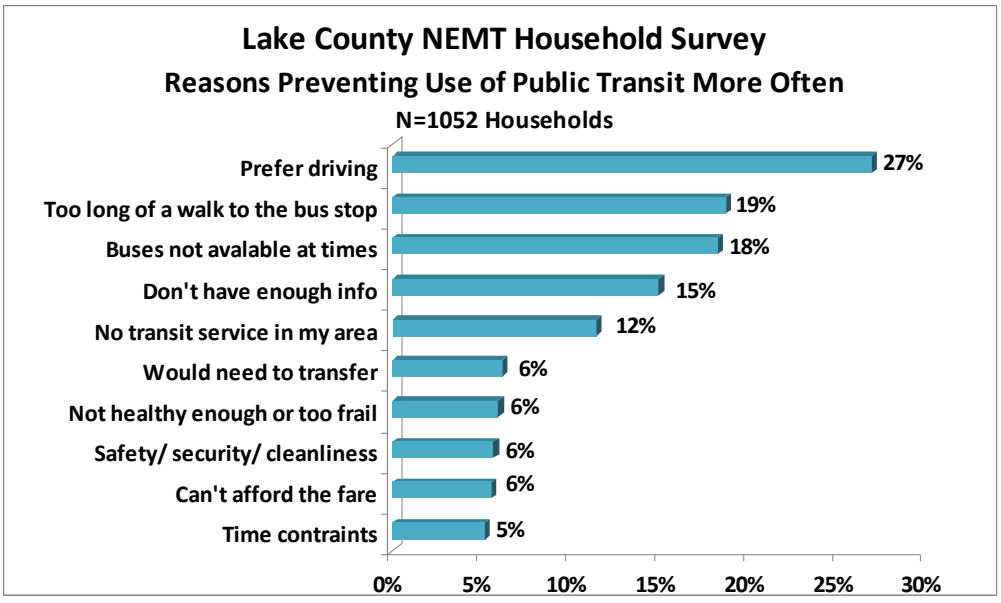


Fifty households, 5% of respondents, indicated they have used Lake Transit Dial-a-Ride. Smaller numbers of households indicated they had used Mendocino, Napa or Sonoma public transit services in the past month (Figure 15).

Private transportation services most commonly identified included taxi services and the VA/ Disabled America Veterans' vans, at 6% and 7% respectively. Use of People Services, Inc. vans were reported by two dozen households. A broad range of "other" transportation services were also identified as used within the past month, including San Francisco MUNI, BART and the Golden Gate Ferry in the greater San Francisco area, as well as Sacramento RT, Amtrak and Greyhound. Several respondents indicated they use public transit when away from Lake County on vacation (Figure 15).

Finally, with regard to public transit use, household members were asked to identify the reasons that prevent their using transit more often. Figure 16 documents the preference for driving as most commonly identified (27%).

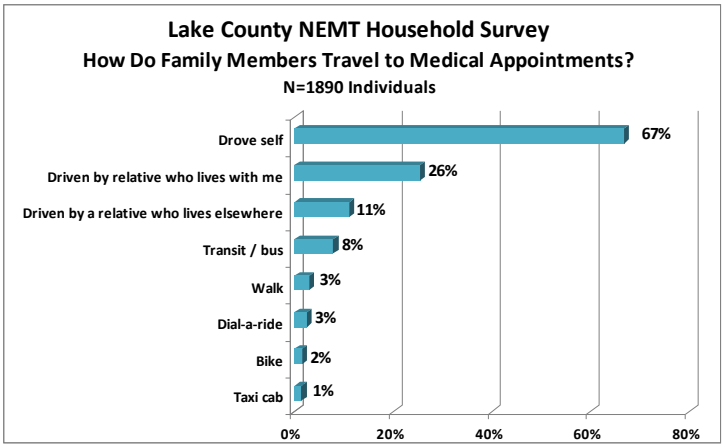
Figure 16



Specific transit concerns most commonly identified include coverage and frequency issues: the "bus stop is too long a walk" (19%) or the "bus not available at times I need it" (18%) and "no transit service in my area" (12%). These are classic public transit challenges in almost any environment but are especially difficult to address in low density, rural areas that typify much of Lake County. On the other hand, barriers such as "don't have enough information" (15%) and possibly perceptions about "safety/ security/ cleanliness" can potentially be addressed with relatively low-cost public information initiatives and travel training tools. The survey asked for comments from riders as to what improvements to public transportation would make using transit easier form their household. Responses, varying from a need for greater coverage in specific areas of the county, to a need for more bus shelters and benches as stops were among those identified with further detail in Appendix C-5.

Figure 17

Traveling to Medical Appointments In terms of how individuals report travel to medical appointments, while the majority drive or are driven by others, 8% do indicate they use Lake Transit to get to medical appointments and 3% use Lake Transit's Dial-a-Ride service (Figure 17). Among survey respondents, this represents 178 individuals currently using public transit for non-emergency medical purposes, or almost 10% of this group.



Of great interest to this study is to understand when transportation is a factor in health care, including when individuals might have missed medical appointments due to lack of transportation. To get at this question, surveyed households were asked a number of questions as to why they miss appointments, with responses ranked in Figure 18. Most people indicate they do not miss appointments, but of those who do, lack of transportation is identified as the most common reason (12%), followed at some distance by a range of other reasons.

Figure 18

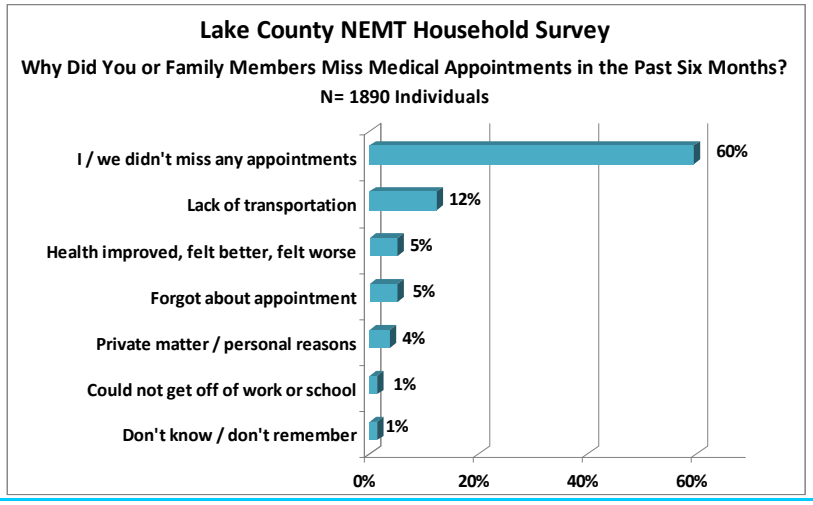
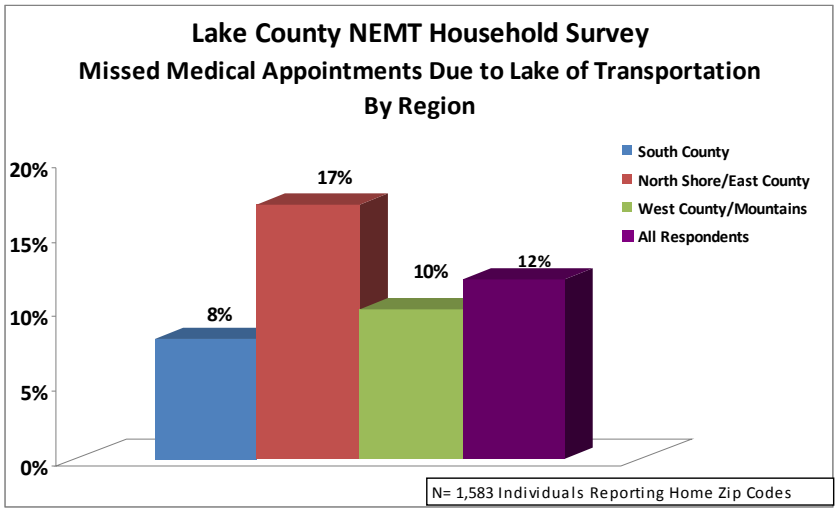


Figure 19



Considering this question in terms of where persons live, those with ZIP codes in the North Shore/ East County were the most likely to report that transportation difficulties prevented their getting to medical appointments (17% of North Shore/ East County residents) while those in South County were least likely to indicate that (8% of South County residents). This contrasts with the average of 12% of individuals that could be geographically located by ZIP code or community name (Figure 19).

There are also interesting differences by age group, in terms of missed appointments due to lack of transportation. Looking within each age group, of all reporting youth, 23% reporting missing medical appointments due to transportation difficulties, almost double the 12% mean of all respondents reporting similar difficulties. Among persons ages 15 to 64, these non-seniors reported the second highest rate of missed appointments due to transportation, 16% of those responding in this age range. Seniors in both age groups were least likely to miss medical appointments due to transportation issues. Seven percent of those ages 65 to 74, and the lowest response rate of all groups at 6% for the oldest-old, persons age 80 and older, were both well below the 12% mean of all respondents (Figure 20).

Figure 20

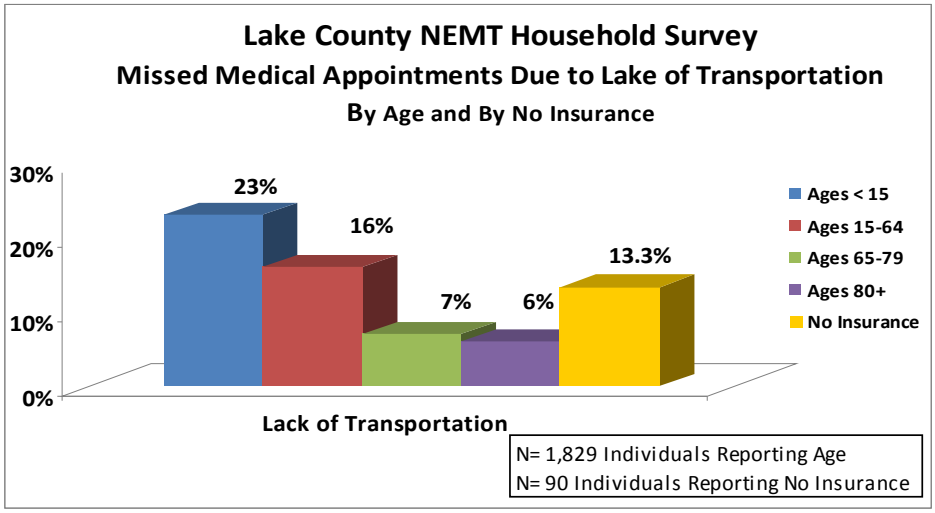
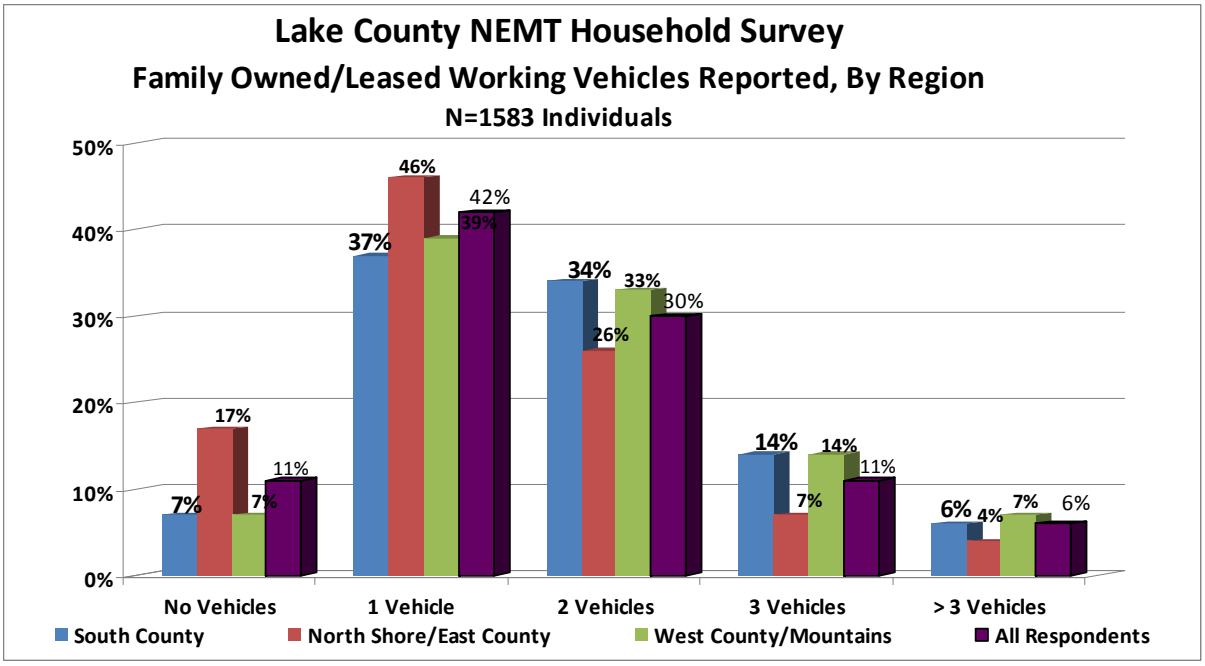


Figure 20 also presents missed appointment data for individuals in 50 households who reported they had no health insurance. Among these, 13.3% reported missing medical appointments due to transportation, just over the 12% mean for all respondents.

About Personal Vehicles and Drivers Available

Getting to medical appointments on one's own in Lake County most predictably requires a car and licensed driver. Figure 21 shows the distribution of vehicles by individuals' home ZIP code, across the county. Countywide, 11% of respondents report that they have zero vehicles and the largest proportion of these individuals are in North Shore/ East County ZIP codes.

Figure 21



When asked about perceptions of the availability of enough cars to meet household needs, a smaller proportion – of 8% -- indicated there were *Never Enough* vehicles. Another 8% indicated *Sometimes Not Enough* vehicles to meet household travel needs (Figure 22).

Figure 22

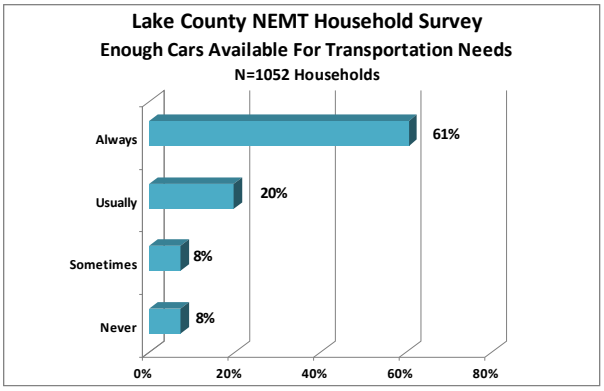
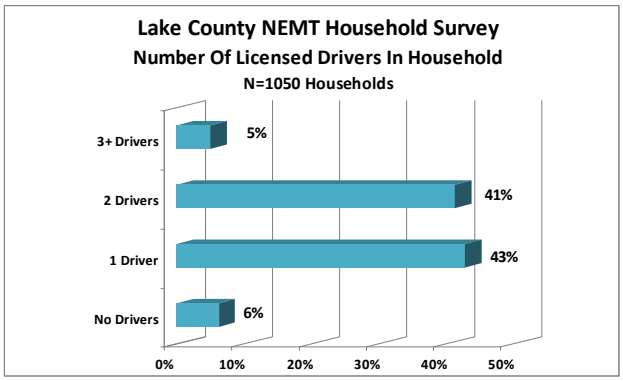


Figure 23

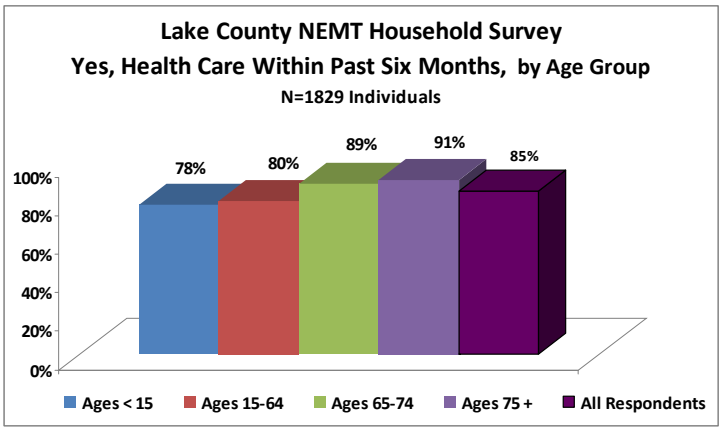


Considering household mobility in another way, the information on number of licensed drivers per household, suggests that of the households responding to this survey, 42% had only one driver, potentially making it difficult to get to medical services when that individual was not able to drive. For 6% of respondent households, there is no licensed driver available (Figure 23).

What Did We Learn about Heath Care Use?

This survey asked several questions about health care households and individuals have received or sought. In terms of use of health care, 85% of respondents overall reported having received some health care in the past six months.

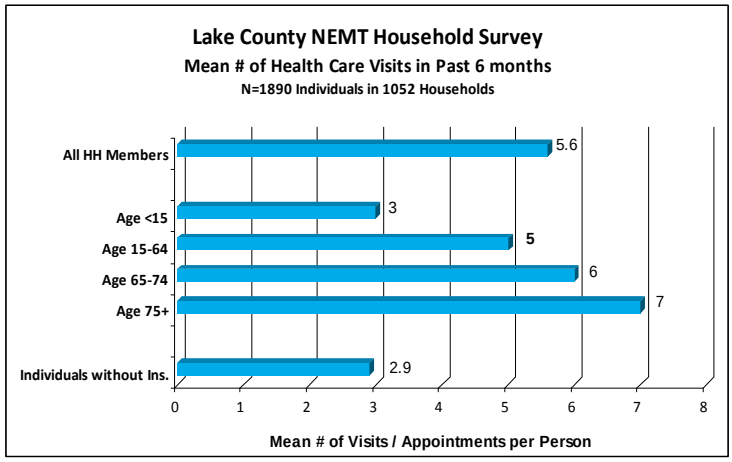
Figure 24



The oldest seniors were most likely, at 91%, to have received some health care within the past six months. Youth, under age 15 in Figure 24, were least likely at 78% of respondents reporting ages of household members. We also examined survey responses in terms of whether or not individuals had medical insurance. For individuals reporting "I/ we have no health insurance", only 67% reported receiving health care within the past six months, significantly below the overall average of 85% for All Respondents (Figure 24).

To assess frequency of use, the survey asked: "Since January of this year, how often have each of your family members gone for health care?" The number of responses per household member ranged widely from 0 to 84 visits within the six month period. Figure 25, following shows an overall mean of 5.6 visits per individual, as well as means by age group and for those reporting no health care insurance. The youngest persons, in this case age 15 and under, reported a mean of 3.0 visits during this period with the smallest range, 0 to 15 appointments. Non-senior adults reported a mean of 5 visits, close to the mean of overall respondents, with a considerably larger range of 0 to 53 appointments or visits (Figure 25).

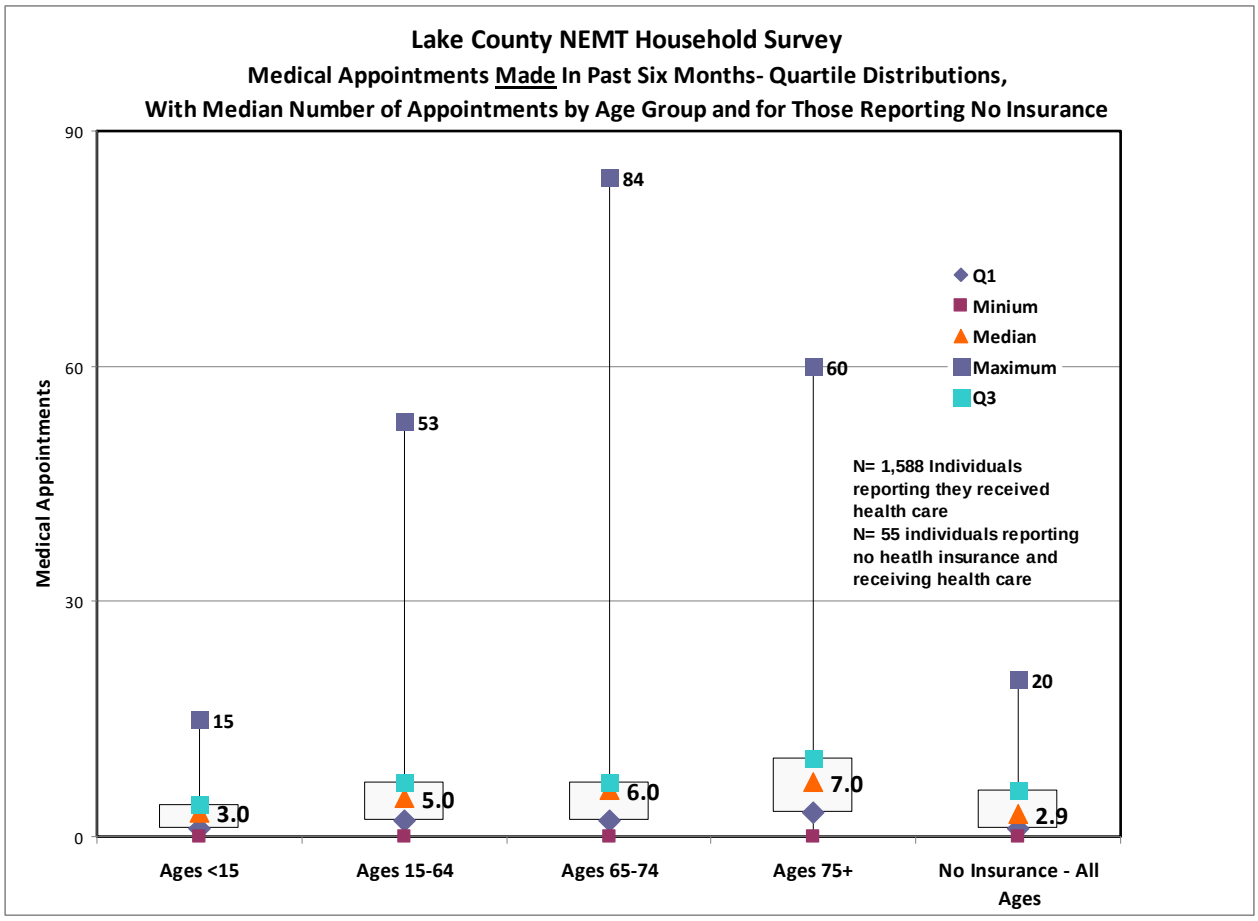
Figure 25



The younger senior group, those ages 65 to 74, reported a mean of 6.0 appointments or visits with a range of 0 to 84, the largest range reported by any group. The oldest-old, seniors ages 75 and older had the largest mean of visits at 7.0, and a smaller reported range of 0 to 60 appointments or visits during this six month period. Perhaps not surprisingly, those without insurance reported the lowest mean, at 2.9 appointments or visits during the past six months. Notably, persons reporting no health insurance are mostly non-senior adults as persons age 65 and older are covered by Federal Medicare and low-income children and youth can be covered by the state's program - Healthy Families (Figure 25).

As suggested above, there are differences in the range of appointments reported by age groups with youth reporting the smallest range in numbers of appointments and seniors the largest (Figure 26).

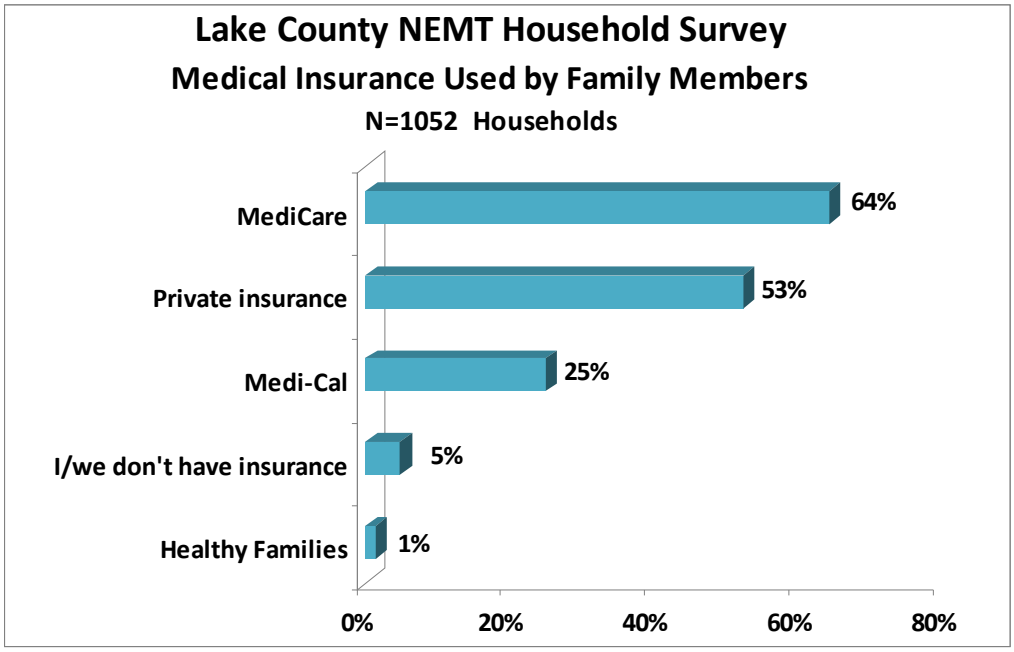
Figure 26



The box plots presented in Figure 26 preceding depicts the middle range of values reported for the number of medical appointments of each family member. The smaller box, as with children under age 15, with the box between 1 and 4 and a median value of 3.0 shows the middle range of responses for these children and youth. Oldest seniors, age 75 and older, have the largest box, the box second from the right in Figure 26, showing that the middle range of appointments were between 3 and 10 visits, with a median of 5 visits and a maximum value of 60 medical appointments. The box on the right depicts the 55 individuals who reported no insurance but received health care. This group exhibits the same median value (3.0) as that of children and youth, but with a larger middle range, between 1 and 6 visits, and a higher maximum of 20 (Figure 26).

Medical insurance types reported were most likely to be Medicare (64%), consistent with the large proportion of responding seniors. Private insurance was reported by nearly half (53%). Those with Medi-Cal were one-quarter (25%) of respondents while those without insurance were 5% of this group. Health care through the Veterans Administration was reported by 4% of responding households (Figure 27).

Figure 27



Households who selected the "other" option where most commonly specifying the name of their private or Medi-Cal insurance provider. These responses were included in the categories demonstrated in Figure 27. Commonly cited insurance providers reported included: Kaiser, Blue Cross, Blue Shield/ Anthem, CalPers, Union Health Care, Tri Care, AARP and Aetna.

About Health Care Facilities Visited

Survey respondents were invited to tell us where they most commonly go for medical services, treatments and appointments. Table 8 following presents these responses, in terms of the home community-ORIGIN and the medical facility-DESTINATION. Such information is useful to transit planners to consider the directness and speed of travel when considering proposed transit services from particular areas to specific destinations.

Respondents could, of course, identify more than one destination of importance to them. So percentages in Table 8 relate to proportions of instances where household members identified destinations as visited (2,166 identified destinations visited overall). Not surprisingly, doctors' offices were the most frequently identified destination – the one most difficult to service consistently with public transit. Overall, it was identified as important to a household in six out of ten instances (63%). At the regional level, where responses are shared among a more localized destinations, it represented about four out ten responses – 45% for South County residents, 42% for West County/ Mountains residents and least frequently, at 29% by North Shore/ East County residents. Given other survey information suggesting that residents of these communities were somewhat less likely to have access to a vehicle, it is interesting to speculate that these individuals may be getting into doctors offices less frequently than do residents of other areas of the county and therefore potentially utilizing emergency services more frequently.

Also not surprisingly, the two hospitals, Sutter Lakeside (25%) and St. Helena, Clearlake (24%) were the most frequently identified destinations, other than unspecified doctors' offices. Following at some distance, in terms of countywide responses, were the Clearlake Family Health Center (11%) and Lakeside Health Center, Lakeport (10%).

At the regional levels, in ***South County***, while un-specified doctors' offices (45%) and St. Helena Clearlake (24%) were first and second, in terms of frequency identified, the Middletown Family Health Clinic (10%) and the Clearlake Family Health Center (7%) followed as third and fourth ranked, most-visited.

For those living in ***North Shore/ East County*** ZIP codes, again the doctor's offices were most likely to be identified (39%), Ranked respectively second and third most-visited were St. Helena Hospital (18%) and Sutter Lakeside Hospital (13%). The Clearlake Family Health Center (10%) and the Lakeside Health Center (6%) were in the fourth and fifth ranked-visited facilities.

Among ***West County/ Mountains*** respondents, doctors' offices were identified in 42% of the instances, followed by Sutter Lakeside Hospital (28%). Third most commonly identified was Lakeside Health Center (8%) (Table 8).

Table 8, Lake County NEMT Household Survey –
Home Origin and Medical Trip Destination Information

ORIGINS - Home Community		DESTINATIONS - Medical Facilities Visted														% of Total Destinations Visited, All
Home Community	Region	St. Helena Hospital, Clearlake	Lakeside Health Center, Lakeport	Sutter Lakeside Hospital, Lakeport	Lake County Tribal Health Consortium, Lakeport	Kelsey-ville Family Health Clinic	Clearlake Family Health Center	Middletown Family Health Center	Upperlake Community Health Clinic	VA Medical Center, SF	VA Clinic, Ukiah	Ukiah Valley Medical Center, Ukiah	Unspeci-fied Doctor's Office	Total Destinations Visited	% of Total, By Region	
Anderson Springs	South County												1	**1**	1%	
Hidden Valley Lake		12		1			2	7		1			23	**46**	23%	
Lower Lake		24	3	7		1	6	2		5	2	1	42	**93**	47%	
Middletown		12	1	5			5	10		3			23	**59**	30%	
Total Destinations Visited - This Region		48	4	13	0	1	13	19	0	9	2	1	89	199	100%	
% of Destinations Visited by South County Respondents		**24%**	**2%**	**7%**	**0%**	**1%**	**7%**	**10%**	**0%**	**5%**	**1%**	**1%**	**45%**	**100%**		**9%**
Clearlake	North Shore / East County	130	24	44	9	3	82	11	1	23	20	11	211	**569**	55%	
Clearlake Oaks		38	6	15			17	1	1	5	4	5	61	**153**	15%	
Clearlake Park		5		2	1	1	4						13	**26**	3%	
Glenhaven		3		2			1		1				4	**11**	1%	
Lucerne		4	16	36		1	2		2	6	11	3	58	**139**	13%	
Nice		2	17	27	3	1	1		4	4	5	2	40	**106**	10%	
Spring Valley		6	1				1	1					9	**18**	2%	
Upperlake			1	3					1		1	1	5	**12**	1%	
Witter Springs				1					1			1	1	**4**	0%	
Total Destinations Visited - This Region		188	65	130	13	6	108	13	11	38	41	23	402	1,038	100%	
% of Destinations Visited by North Shore/ East County Respondents		**18%**	**6%**	**13%**	**1%**	**1%**	**10%**	**1%**	**1%**	**4%**	**4%**	**2%**	**39%**	**100%**		**48%**
Buckingham	West County / Mountains			2								1	2	**5**	1%	
Clearlake Riviera		1	1	2	1	1							3	**9**	1%	
Cobb		7	5	15	1		3	8		3	2	2	30	**76**	8%	
Cobb Mountain				1									1	**2**	0%	
Finley			2	3								1	4	**10**	1%	
Jago Bay				1									1	**2**	0%	
Kelseyville		19	27	88	6	13	1	3		16	17	13	147	**350**	38%	
Lakeport		7	36	138	8	7			1	13	20	17	186	**433**	47%	
Loch Lomond		3	2	6		1		1					6	**19**	2%	
Riviera			2	3						1	1		5	**12**	1%	
Riviera Heights				1									1	**2**	0%	
Soda Bay			1	3					1		1		3	9	1%	
Total Destinations Visited - This Region		37	76	263	16	22	4	12	2	33	41	34	389	929	100%	
% of Destinations Visited by West County/ Mountains Respondents		**4%**	**8%**	**28%**	**2%**	**2%**	**0%**	**1%**	**0%**	**4%**	**4%**	**4%**	**42%**	**100.0%**		**43%**
Grand Total of DestinationsVisted		509	214	549	42	36	246	76	24	127	127	82	1,372	2,166		
% Total of Destination Visited by All Respondents		**24%**	**10%**	**25%**	**2%**	**2%**	**11%**	**4%**	**1%**	**6%**	**6%**	**4%**	**63%**	**100%**		**100%**

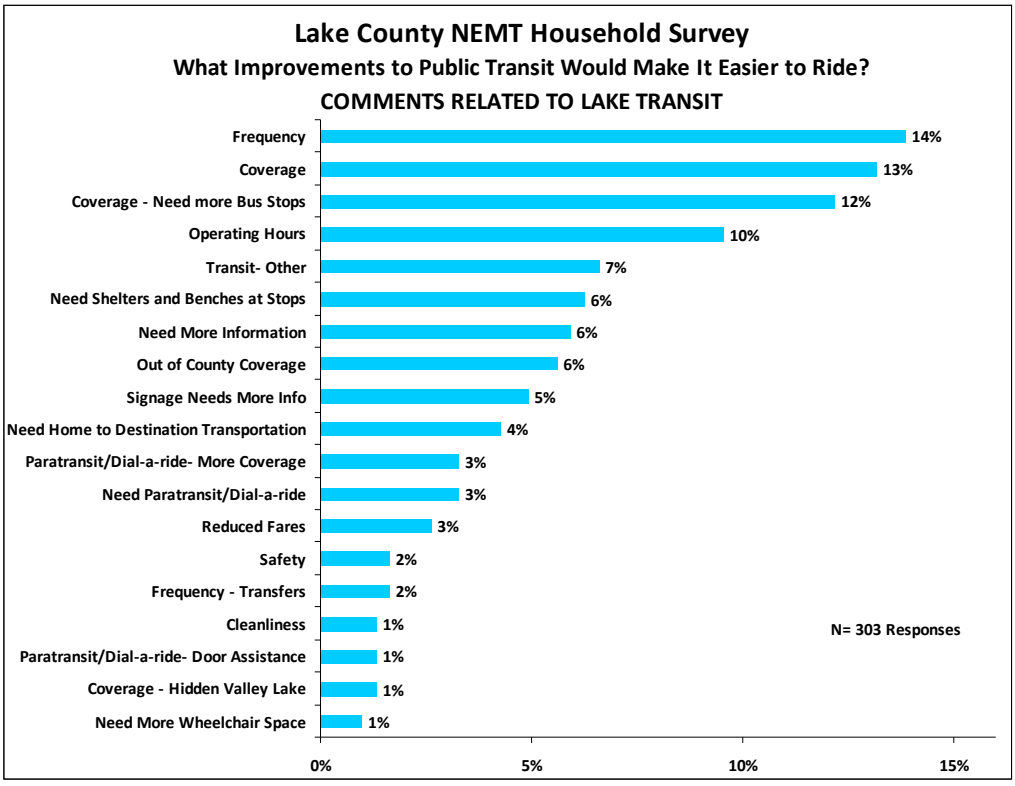
Out-of-county medical destinations were also identified one-quarter of survey respondents (250 households) as noted in the comments response to this question. Ranked by frequency of response, for those destinations where the county or city could be identified, these frequencies and named destinations were as follows:

- **Santa Rosa**, **Sonoma Co**. – 50%-- to Santa Rosa Kaiser and VA
- **Ukiah, Mendocino Co.** —13% – various doctors' offices, VA Ukiah
- **Napa County –** 12%-- St. Helena, Kaiser and Queen of the Valley Hospital
- **Various Bay area destinations**—10%-- San Rafael in Marin County, the greater Oakland area and San Francisco
- **Davis and Sacramento** – 5% -- UC Davis Medical Center, VA Sacramento
- **Other Sonoma County**– 3% -- Petaluma, Sebastopol destinations
- **Other Mendocino County** – 2% - Willits Howard Memorial Hospital
- **Solano County** – 1% - Fairfield Kaiser, Travis Air Force Base
- **Other** – 2% - Oregon, Los Angeles, Arizona, New Mexico, Nevada

Open-Ended Comments Received

From over 300 surveys with comments, responding to the open-ended question "What improvements to public transit would make it easier to ride", Figure 28 shows the frequency of the most common categories of comment. Increasing frequency and improving coverage are in the top two positions.

Figure 28



In the third-ranked position is a category we labeled "need more bus stops." Sometimes individuals describe where they want a bus stop placed, hoping then that that will mean that the buses will follow. In such instances, this relates most closely to expanding service coverage. Expanded operating hours – evenings and Sundays follow that. A raft of other responses is identified and included in Figure 27 above in relation to their relative frequency of comment. Specific consumer responses to this question are included in Appendix C-5.

Summary Discussion

Respondents this countywide survey of Lake County households documents responses from 1,052 households and 1,890 individuals, including many who appear more likely to be concerned about non-emergency medical transportation with a 3.2% response rate. Respondents were older than the countywide mean, a median age of 64 versus the county median of 42. They were slightly over–represented by west county and mountain area ZIP codes and somewhat under-represented by south county ZIP codes. These individuals also appear to be somewhat lower income than the county as a whole, based upon 10% reporting household incomes of less than $10,000 versus the 2007 American Community Survey estimate that 5% countywide subsist at this income level.

Transit Use and Transportation Alternatives Encouragingly for a study about transportation needs and resources, an above-average rate of public transit use was reported, with over one in ten respondents using Lake Transit in the past month and another 15% having used it not in the past month but at another time. This 26% of the responding population is well-above the 2% to 4% of persons nationally who use public transit for commute purposes. This suggests both a positive orientation to public transit and a knowledge base about Lake Transit by a significant proportion of this group.

Respondents also report using Lake Transit' Dial-a-Ride services (5%), and public transit in Napa, Sonoma and Mendocino Counties. Additionally reported was use of area taxi services (7% of households), the VA transportation (6% of households) and People Services (2% of households), as highest ranked among other named transportation. So again, this responding group is using – and to a significant degree finding—the alternatives to driving in a private auto that they may need.

Identified barriers to transit use included the predictable list of coverage and frequency limitations in the first and second ranked reasons. These are complicated challenges for public transit to address as they can represent competing needs for limited resources. Increasing the reach of where transit goes can sometimes mean decreasing – or not adding to – frequencies with which buses arrive. It can certainly mean increasing the length of travel time. Long transit trips are typically a reason why people prefer to travel in their own cars.

The third ranked-barrier related to not having enough information and this does represent an area that Lake Transit can continue to tackle as it works to extend the distribution of its attractive and clearly-

written route information. Similarly, continuing to address bus stop placement and shelter and bench placement, as are currently underway, will address concerns identified by some respondents.

Traveling to Medical Appointments These issues lie at the heart of this study. Several notable facts emerge. Public transit use explicitly for medical purposes was reported at 8% of individuals who will use fixed-route and 3% of individuals who will use dial-a-ride. There is some overlap between these groups so the percentages don't total, but essentially one-in-ten of these respondents are now using public transit for health care reasons. This underscores the importance of good coordination of Lake Transit's routing and stops with existing medical facilities.

Availability of cars to provide transportation was identified by 8% of households as *Sometimes Not Available* and by another 8% as *Never Available.* Households with zero licensed drivers were reported at 6%. In response to these characteristics, while seven in ten respondents reported traveling to medical facilities by driving themselves, just over three in ten are driven by others – a quarter (26%) driven by a relative in the same household and another 11% driven by a relative [or friend] who lives elsewhere.

Numbers of Medical Appointments and Visits When asked about the number of medical appointments or visits made by individual household members over the past six months, there were interesting differences in response by sub-groups. Countywide, the 1,890 individuals averaged 5.6 visits over the preceding six months. Youth, less than age 15, were far below that at a mean of 3.0 visits. Non-senior adults followed close to the countywide mean at 5.0, with younger seniors above the mean at 6.0, and the oldest seniors, age 75+ reporting a mean of 7.0 mean medical visits within the past six months.

Persons who reported they had no health insurance only reported a mean of 2.9 visits in the past six months, above the mean for youth but well below the mean for non-senior adults. Notably, persons reporting no health insurance are mostly non-senior adults as persons age 65 and older are covered by Medicare and low-income children and youth can be covered by Healthy Families.

Medical Origins and Destinations Significant primary information was generated through this survey about the origin and medical destinations of responding residents. This may be useful to Lake Transit in thinking about future service modifications. Within Lake County, much is predictable, in terms of the catchment areas of Lake County's two hospitals and the distribution of various medical clinics. However, difficult for Lake Transit to address are the largest single category of destinations named -- individual doctors' offices which are widely distributed across the county. Significant numbers of out-of-county medical trips are reported to numerous individual destinations, most frequently to Santa Rosa, Ukiah and Napa County medical facilities. This information suggests that individualized responses are indicated, to help persons who cannot otherwise get to doctor's offices. And that it is also important to continue to ensure that Lake Transit services are provided to as many known medical facilities as possible.

Significant Out-of-County Medical Destinations With a quarter of respondents identifying facilities beyond Lake County, exploring and promoting connections that smooth such travel are important. While Santa Rosa ranked highest, there were numerous other neighboring counties' medical facilities identified. With several individuals traveling to out-of-area destinations, connections to the airports (Sacramento and Santa Rosa) are also noted.

Missed Medical Appointments In terms of missed appointment information, 12% of these respondents report missing medical appointments in the past six months due to lack of transportation. Among age groups, this problem was greater for youth (23%) and for non-senior adults (16%) by considerable margins. Seniors, appear to be somewhat more likely to get their medically-related transportation needs met, with only 8% of the younger seniors and 5% of seniors over 75 reporting missed medical appointments due to lack of transportation. Respondents with North Shore/ East County ZIP codes were also more likely to have transportation-related difficulties (17%), as were individuals with no health insurance (13.3%). These responses suggest potential subgroups to whom to target NEMT activities.

Breadth of Open-Ended Comments The fact that over 300 persons offered comments on how to improve Lake Transit is encouraging. It suggests interest and attention, and this could possibly translate to new riders with time and energy. While many of the requested improvements require considerable investment that is unlikely in this economy, some that point to information and educational opportunities suggest some potential. They also suggest project areas by which Lake Transit may prioritize expenditures, when and if increased funding does become available.

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Chapter 6 - Needs Assessment: Public Outreach

Public outreach was undertaken to ensure that this study included representative input and experience of all Lake County residents, especially vulnerable populations, such as Native Americans, low-income individuals, and Spanish speaking individuals. Study efforts included an intercept survey at the Tribal Health in Lakeport, two community workshops, and community leader interviews.

Intercept Survey, Tribal Health Consortium, Lakeport

Through dialogue with community stakeholders, consultant staff determined that a productive and efficient tribal outreach effort would best be held at the Lake County Tribal Health Consortium, at their new facility which represents six Lake County Native American tribes, but provides services to non-tribe members as well. Coordinating with Tribal Health staff, the AMMA team set up a reception area at the facility on a day when several groups were scheduled to attend the consortium. Individuals arriving and leaving were invited to fill out a consumer survey and/or engage in dialogue about their NEMT needs. An attractive, hand drawn sign was used to identify the project and participation was encouraged by entering individuals into a drawing for a grocery store gift card. Surveys were completed with 32 individuals. Approximately half of these individuals identify with one of the local tribes. Key findings from the survey are identified as follows.

Non-Emergency Medical Transportation

Type of Transportation The majority of tribe-affiliated survey participants (approximately 30 percent) drive their personal vehicles to their medical appointments. Approximately 10 percent of respondents use Lake Transit and another 10 percent use the Lake County Tribal Health Consortium transportation service. Others receive a ride from family members, borrow a car, or use public transportation if they cannot afford gas.

Non-tribal affiliated participants tend to drive their own cars, pay a driver, or ask for a ride and pay for the gas. One participant who does not identify with one of the tribes takes a Lake Transit bus.

Potential Transportation Improvements Survey participants were asked to suggest potential transportation improvements to transportation services in the County. Tribal-affiliated participants suggested providing more transportation, such as at least one hourly bus, that meets residents' transportation needs. Others stressed the importance of guaranteeing on-time departure and arrival and adhering to a schedule.

Participants who do not identify with a tribe suggested expanding bus routes and increasing the number of buses, providing appropriate travel for physically disabled residents, and enhancing signage to clarify

transportation routes. Transit drivers suggested hiring additional drivers so that existing driver work shifts are more manageable.

Largest Problem Getting to Medical Appointments The largest problem participants who identify with a tribe have getting to medical appointments is the lack of available appointments and transportation.

The largest problem non-tribal affiliated participants have include: a lack of frequent buses; a scarcity of money and health insurance support; inconvenient departure and arrival times; confusion regarding transit routes and stops; and a lack of services for people with disabilities and elderly patients.

Demographic Information

Location of Residence Participants were asked where they live in Lake County. Survey respondents selected the following regions and communities as their location of residence. The greatest percentage of participants (27 percent) lives in Lakeport. Only those communities identified by at least one individual appear (Table 9).

Table 9

Region	Community Name	Number of Participants	Percentage of Participants
South County		0	0%
North Shore / East County	Clearlake	7	23%
	Clearlake Oaks	2	7%
	Nice	5	18%
	Upper Lake	3	10%
	Potter Valley	2	6%
	Witter Springs	1	3%
West County / Mountains	Lakeport	8	27%
	Cobb Mountain	1	3%
	Kelseyville	1	3%
Total		**30**	**100%**

Age of Participants Participants were asked to select their age bracket. The majority of participants (88 percent) were non-seniors, between the ages of 18 and 64 years old (Table 10).

Table 10

Age (years)	Number of Participants	Percentage of Participants
17 and under	3	9%
18 to 64	28	88%
65 to 79	1	3%
80+	0	0%
Total	**32**	**100%**

Tribe Affiliation Approximately half of participants (47 percent) identify with one of the tribes and 59 percent of participants selected one the Rancherias as their tribal affiliation, presented below. More participants (32 percent) identify with the Robinson Rancheria than any other in the County (Table 11).

Table 11

Rancheria	Number of Participants	Percentage of Participants
Robinson	6	32%
Ohawa	2	11%
Big Valley	2	11%
Round Valley	1	5%
Elem	3	15%
Cherokee	1	5%
Comache	1	5%
Upperlake	2	11%
Oneida	1	5%
Total	**19**	**100%**

Location of Medical Appointments and Point of Origin Survey participants provided the location of the majority of their medical appointments and their departure location. Respondents selected the following locations. The majority of participants (82 percent) attend Lake County Tribal Health Consortium. Additional facilities used by this group included those identified in the table below or specific doctor or dentist offices (Table 12).

Table 12

Medical Appointment Location	Origin of Participants	Destination of Participants	Percentage of Participants
Sutter Lakeside Hospital, Lakeport	-	1	3%
Lake County Tribal Health Consortium, Lakeport	▪ Clearlake ▪ Cobb Mountain ▪ Upper Lake ▪ Lower Lake ▪ Nice ▪ Lakeport	26	82%
Clearlake Family Health Center	▪ Lakeport	1	3%
Upperlake Community Health Clinic	▪ Lakeshore	1	3%
Indian Health, Santa Rosa	-	2	6%
Chapa-De-He, Woodland	-	1	3%
Total		**32**	**100%**

Time of Medical Appointments Respondents selected the typical time they generally schedule medical appointments. The majority of participants attend medical services between 8:00 a.m. and 12:00 p.m. Some survey respondents visit the doctor when there is an available appointment, monthly for medication refills, and when they or their children require medical attention. Notably the intercept survey took place between 10 a.m. and 2 p.m. so there was a high likelihood that this group of individuals would indicate a preference for morning appointments (Table 13).

Table 13

Time	Number of Participants	Percentage of Participants
8:00 a.m. – 12:00 p.m.	18	78%
12:00 – 4:00 p.m.	5	22%
4:00 – 8:00 p.m.	0	0%
Total	**23**	**100%**

Additional comments Survey participants were given the opportunity to provide additional comments regarding transportation in Lake County. The free Lake County Tribal Health (LCTH) transportation is valuable and appreciated by respondents. Participants consider LCTH transportation drivers to be skilled and friendly.

Respondents suggested providing County transit bus passes, medically-related home visits, and partnering with medical facilities to provide affordable transportation. It is important to participants to equip shuttle buses with ADA-accessible amenities. One participant shared that the Tribal Health facility driveway could be improved. It is difficult to see people entering and exiting via the driveway.

Community Workshops

Two community workshops were organized to invite more residents to share their needs and concerns about NEMT and discuss improvements. These workshops were advertised through various channels:

- ***an email blast*** with a printable flyer was sent to the TAG list and the agency survey mailing list;
- ***press releases and PSA announcement***s were sent to the list of media contacts in the region;
- ***meeting announcements*** were included in regular radio broadcastings prior to the workshops;
- ***bus flyers*** were created and installed on Lake Transit buses in the week prior to the workshops.

The morning workshop was held at Lake Transit's Operations Center. The turnout for this Saturday workshop was small, but rich discussion ensued. Lake APC, consultant staff and a Home Health Supervisor, Fire Battalion Chief and Senior Center Director were present for the Lower Lake workshop. Comments from this discussion are incorporated into the "Themes" section immediately following.

The afternoon workshop, held at the Lakeport Senior Center garnered written responses from 15 community members, received at a later date.

- Ten individuals of 15 reported receiving medical services from their local doctor; of these, three identified Lakeport as their doctor's location, while two identified Kelseyville.
- Other facilities identified were Lakeport Medical Group, Lakeport Health Clinic and Sutter Hospital.
- Out-of-county facilities reported were the Kaiser in Santa Rosa, the V.A. clinic in Ukiah and various medical specialists in Ukiah.
- Six of the 15 (40%) described difficulties getting to medical appointments.
    - One individual reported that the ride on Lake Transit is "too grueling" and she becomes exhausted,
    - Two expressed difficulty when their caregiver or family member is unavailable to drive them,
    - One individual experienced difficulty when she was unable to drive herself.
- Five persons suggested improvements that would facilitate their riding Lake Transit:
    - Two individuals requested expanded Dial-a-Ride type service, small vans that offer home pick up, due to their need for assistance or difficulties in getting to a bus stop;
    - One individual requested benches at bus stops;
    - One individual requested a daily shuttle to the V.A. Clinic in Ukiah (but noted that the new V.A. Clinic in Lake County will make transportation much easier);
    - One individual requested a bus stop closer to her home.

Two persons offered compliments to Lake Transit, one stating that it is a good service and the other that the new buses look nice.

Community Interviews Interviews were conducted with various community leaders, augmenting those previously reported, to ensure input from potentially under-represented populations. The individuals interviewed represented Middletown Rancheria Pomo Indians of California; Casa de Luz; Stops, Inc; Grace Church, Kelseyville; Consolidated Tribal Health Project; and Lake County Tribal Health Consortium. Issues of need from these interviews are summarized in the next section and were, to some degree, discussed in the preceding Chapter 4, Agency Resources and Existing Conditions.

Themes From Public Outreach Workshops Regarding NEMT Issues

Community feedback from the workshops is provided below:

Current Conditions

- Two demographics:
  - 1) Those who are working and insured – call 911 when really ill
  - 2) Those who use 911 as basic care
- Change: Now ambulance patients go to triage, rather than receiving immediate care.
- Multi-generational; hard to break cycle
- Certain demographics are growing in these areas (elderly, low-income, and disabled).

Survey Results

- Hard to tease trips apart – are they emergency trips or not?
  - People going to the hospital via 911 may not have answered the survey.
- Sutter Hospital versus the St. Helena Hospital, Clearlake
  - The actual numbers are opposite from the survey number results.
  - This may be due to receiving more feedback in the Sutter Hospital area.

Challenges

Transportation Users

- Elderly couples – reluctant to access care if they are the caretaker of their spouse
- Those who over utilize care versus those who are reluctant
- Volunteer networks can be over utilized.
- Homeless calls – hungry and cold
- Insured and uninsured – tracks to groups

Other Medical-Related Issues

- Challenge is maintaining medication is not always a transportation issue, but a money issue.

Emergency vs. Non-Emergency Transportation

- The Veterans Affairs Clinic has two vans to transport patients.
- Lakeport Clinic tried to open on Saturday to reduce non-emergency trips.
- St. Helena – most patients go to the hospital and then to the Clinic
  - The majority of these patients arrive via ambulance.
  - It is the opposite at Sutter Hospital – most patients go to the Clinic and then to the hospital.
- Need transportation to cover non-emergency trips – currently come through 911
- Normal follow-up appointments with SVCS are not available locally.
  - How can we move these individual patients?
  - Example: 24-hour test and need to return for the results
- Emergency room vehicles – there is an issue with return trips
- Can call dispatch (individual numbers, but no #211-Human Services Info and #511-Transit Info).

Infrastructure and Signage

- There is infrastructure behind metropolitan areas to support non-emergency transportation.

  - Example: in Santa Rosa
  - In Lake County, there are private providers and not enough density to support this.
- Issues with signage, access to fixed route stops

Funding and Costs

- If Medi-Cal and Medicare do not always reimburse transportation costs.
- If Medicare rural access funding goes, it will be a big issue! The funding off-sets the cost.
- Title 22: must respond and provide care – there is a need for creativity to access Medicare and Medi-Cal funding.
- $1 is barrier for some.
- Other barriers: Convenience, cost, no appointment

Opportunities

Key Areas and Programs to Expand

- Key areas: the Oaks
- New clinic in Hidden Valley
- "Dial-a-Ride" is only available in Clearlake and Lakeport.
  - Needs to expand!
  - Map service areas.
- Spring Valley – 900 homes but isolated!
  - Funding to bring people from Spring Valley – advertise in the bulletin.
- Sherriff's "You Are Not Alone" program: daily check-in calls
- Area agency on aging

Training

- Transit training and travel training needed for many subgroups in the population.

Funding

- There is an opportunity for Lake County to participate in the Medi-Cal pilot program.
- Redbud healthcare district money
  - Redbud District – Margaret Warn takes proposals
  - They fund Clearlake Senior Center and others in their district.
- Neighbor network – could work with reimbursements.
- Plan leads to funding opportunities (Caltrans and USDA) and partnerships!

Marketing

- Would information tools help?
  - No! Need to retrain public on how to access medical care.
- Model in Placer County – cards that tell where rider came from and information to schedule return trip.
- "File of Life" program – basic stats
  - NEMT phone on file of life
- Email blasts – people have computers
- Need to train consumers and system.
- Better marketing of existing services – TV ads, schools, less confusing information
- More advertisement of services

Partnerships

- Partnerships – connect Lake Transit with key destinations
- Help service community assist public.
- Coordination for missed trips – flaky caregivers, etc.
- Inter-system dialogue
- Mobility management as strategy

Research

- Fire Department can provide areas with concentration of 911 calls.
- Tool for provider:
  - Questions to ask for medical provider – "do you have a ride here?" and resources
- Look at history: breakdown - trips that needed ambulance versus those that didn't.

Prevention

- Incentive: ER/In-patient costs will decrease if trips to primary care/clinics increase
  - Encourage treatment/preventative care.
- Timing issue: go to doctor at the beginning of an illness for treatment versus waiting and going to the ER.
- How to get people to go to clinics earlier? Mobile unit has helped…Also, word-of-mouth
- Provide alternatives to 911

Alternatives to Travel

- Pharmacies are good about delivering and mail order
- Pilot conducted 8 years ago: going out to do medical care with no transport involved – prevents need for ER visits, $75 flat fee
  - But need to justify 911 calls! Not considered "emergency calls"

Summary Discussion

This broad-based public outreach process reached Lake County residents potentially concerned about non-emergency medical transportation. It included an intercept survey, widely-noticed public meetings and supplemental interviews with representative stakeholders. The individual comments reported here do, to a large degree, mirror issues already raised, while adding some additional specifics to our understanding of the characteristics of non-emergency medical transportation needs and resources.

Issues re-emphasized or detailed here include:

***Some NEMT resources do exist*,** such as the Tribal Health transportation service and volunteers at local churches, transporting individuals who might not otherwise get to medical services. These have some limitations. For example, tribal affiliated participants would like to see their Tribal Health Consortium vans be lift-equipped and made ADA accessible. Volunteer programs are valuable as volunteers can go into medical facilities with the individual needing the trip, often an important door-through-door escort. But volunteers, particularly those that can go out-of-county are hard to find and to retain.

People are using public transit. An encouraging 10 percent of intercept survey respondents who identified with one Lake County's six Native American tribes are using Lake Transit, a rate of use higher than one might expect.

Awareness and knowledge of Lake Transit services was mixed, with some of those interviewed unaware that the buses stopped at the county's two hospitals or that Lake Transit service was possible to out-of-county medical facilities in Ukiah or to St. Helena. One individual asked how much the bus cost and others said they didn't know where to find the bus.

Concerns about using public transit, from those with some apparent familiarity with it, included the problem that it doesn't travel to many of the unincorporated areas where some individuals with NEMT needs live. There was concern too that the trip takes too long, is too "grueling" as one elderly individual characterized it. Or that day gets take too long when getting home from a medical appointment when the bus comes infrequently. Fares also surfaced as a concern. The cost of the bus ticket, ranging from $0.50 locally to $1.50 regionally is too much for some. With the added $1.25 for the flex-route, a round trip could cost $5.50. For those on fixed-income, or those facing multiple treatment visits, this cost can be difficult to absorb. Comments about travel training, at individual and community levels, are potentially indicated although that does not address some of the realities of rural public transit, namely that it may come infrequently and inconveniently. The comment was made too that sometimes individuals on public assistance may have to choose between paying for medication, paying for food or paying for bus service.

Challenges of geography and infrastructure remain with some specific unserved area named that include Spring Valley, Hidden Valley, the Oaks, and the Soda Bay area. Additionally, there are problems of poor or non-existent sidewalks and no shoulders on the road where people must walk to get to the Lake Transit bus stops.

Cultural communication issues exist with the Spanish-speaking population, particularly the elderly, unable to read English, many don't drive and are otherwise isolated.

Individualized consumer needs impact non-emergency medical transportation needs and these related to the individual's medical condition, their treatment requirements and his or her ability to locate or organize resources if they cannot drive themselves to a medical appointment. Same-day surgery, eye exams, on-going cancer treatments, dialysis treatments are all among the types of need that present. Difficulties getting home exist, when individuals arrive by ambulance or are otherwise taken to a hospital, for some it is very complicated to get home upon discharge. This is particularly the case for out-of-county medical services and those who live alone or have frail social networks.

Different types of users of non-emergency medical transportation was a very interesting insight that emerged from one community workshop. Particularly in relation to calling 911 for medical transport, the two groups include:

1) Those who are working and likely insured or insured through Medicare and are likely really ill. Some of these individuals would benefit from getting into doctors' offices earlier so that their condition does not deteriorate to an emergency situation and yet some of these individuals are least likely to do so. Whether this relates to an age demographic, the Depression-era senior who does not believe in asking for help or for a working-aged person who does not or cannot take time off of work to get to medical services.
2) Those who use 911 as basic care, may be homeless, are sometimes cold and hungry and call emergency services because someone will come or may be confused and similarly do so.

Difficulties in coordinating services, whether as an individual consumer or an agency staffer, it can be hard to know where to go to get services or just what service might be available. There is no 211 – Information for Social Service or 511 – Public Transit Information in Lake County. There is no single number to call to begin to sort out what might be available to address a range of needs, and non-emergency medical transportation among them. Similarly, it is difficult for services to connect with consumers who might need them, such as the new Live Oak Transportation service which is trying to determine how to locate seniors and persons with disabilities who need transportation assistance but who are not now in the senior center information loop.

Emergency services personnel are caught in the midst of various dilemma with regard to non-emergency medical transport needs. Because in this county emergency services are provided directly by the Fire and Sherriff's department, and not sub-contracted to ambulance companies, they experience directly any sense of over-use or stresses to their funding base. Three issues were discussed:

1) Data provided by the Fire Department battalion chief suggested that out-of-county trips are modest in number; however, when those trips require inter-facility transfers out-of-county and remove ambulances from the county for large periods of time, there is understandably a disproportionate level of concern.
2) Non-emergency medical transfers between hospitals and skilled nursing facilities are often a responsibility of emergency services personnel. These too, particularly if they are not reimbursed, are an area of concern where they move the counties finite emergency service-resource from available to unavailable and sometimes are not reimbursed for these trips.
3) The emergency services role around the "5150" trips supposedly to be addressed with the secure vehicles purchased by Sutter Lakeside Hospital and available for use on weekends. It is not clear however, that this is happening as intended and the responsibly is still met by the inter-facility transfer ambulances.

NEMT responses identified included:

- Promoting alternative health care solutions that provide alternatives to travel and takes away the need for the trip (mobile health clinic, pharmacy mail order, clinics in outlying communities).

- Continuing to make improvements to public transit that expands its coverage and frequency.
- Increased marketing and continuing public education about how to use public transit, where to get public transit and how to travel to NEMT destinations.
- Procuring vehicles that are lift-equipped for non-emergency medical transport, including for the Tribal Health Consortium.
- Support of volunteer responses to assist with the out-of-county transportation and the individualized door-through-door transportation that is needed

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Chapter 7 – NEMT Service Gaps and Alternative Responses

Development of an effective NEMT plan is contingent upon the identification and prioritization of the gaps that the plan must address. This chapter examines the gaps identified through the study's extensive data collection and outreach efforts and proposes categories for response. It discusses alternative responses to service gaps in the context of a "program of projects."

Identified Gaps in Service

The preceding chapters presented a wealth of detail about non-emergency medical transportation needs within Lake County and to medically-related facilities outside of Lake County. The gaps described here are drawn from the stories, experiences, policy dilemma and funding realities previously detailed.

1. **Need for Alternatives to Traveling** -- There is continuing need to promote medical care innovations, at all levels of the health care delivery system that remove or minimize the need to travel. This may include promoting primary care alternatives to travel within Lake County and for specialty care services for travel out of Lake County. Expanding use of the Mobile Health Unit and coordinating other non-traditional transportation, such as the Live Oak Transportation service, will continue to be valuable. Locating additional services within the county, such as the new VA clinic, the recently opened Hidden Valley community clinic and St. Helena Hospital's Live Well, wellness program must all continue as high priority. The goal of such health care initiatives is to make trips shorter and local or to remove the need for the trip at all by assuring access to preventative and early-intervention health care.

   Concurrent with this study has been the conduct of the Community Benefit Assessment process of the two hospitals. While transportation is not directly addressed in that health needs assessment's overall recommendations, addressing transportation needs is woven through the various strategies and support services that are recommended. Importantly, one of the four recommended priorities, *Preventative Health,* is echoed by this study's orientation to developing alternatives to traveling.

2. **Addressing Missed Appointments Due to Lack of Transportation** – For those subsets of the population who are not getting to medical services due to lack of transportation, targeted strategies are indicated to match or link individuals with transportation services that do exist. The scale of the population missing medical appointments due to lack of transportation is not huge – 12% of the responding survey population overall, but ranging from a high of 17% in the North Shore/ East County areas to a low of 8% in the South County communities. For individuals without insurance, they too reported a higher mean, 13% of missing medical services due to lack

of transportation. National survey data suggest smaller proportions of the general population; 8.6% for those who are transportation dependent.

Individual situations include chronically ill individuals, frail seniors, some of whom live alone or with a spouse whose health is equally impaired, and the low-income working poor who cannot leave work to get to health care or for whom the single household vehicle is unavailable to the ill family member. Children and youth under age 15 were reported through this household survey as having measurably fewer medical appointments – less than half the overall mean of 6.0 medical trips in the prior six months with a range of total appointments substantially smaller than for every other age group. Therefore, for children and youth, missing more medical appointments due to transportation problems may have a greater impact than for older age groups, simply because they get to the doctor less frequently. Hence, one missed appointment can have greater consequences.

3. **Need for Continued Improvements to Lake Transit Services and to the Streets and Road Network** -- Clearly there is continuing need for increases to Lake Transit's funding base in order to increase the frequency of service, possibly in selected areas of the county to increase coverage, and to increase LTA operating hours. With most intercity service running every two hours or just several times a day, it is complicated to meet medical trip needs. The comparatively high levels of Lake Transit utilization by selected sub-groups within the county suggest that what is in place ***is working*** and that potentially more service could attract additional patronage.

   Lake Transit services do not run on holidays, on Sundays or in the later evenings. Emergency services personnel report "911" calls by some otherwise transit dependent persons during the periods when Lake Transit services are not operational. Potentially expanded transit services might divert such emergency calls. Household survey respondents did report that 9% of households used public transit to travel to medical appointments and 3% traveled by dial-a-ride services. That said, most non-urgent health care is delivered during the days and times when Lake Transit is operational. The kinds of trips to be served by expanded operating hours and days could be evening wellness-based programs or urgent care trips to evening or weekend urgent care clinics.

   Equally important, physical infrastructure needs continue and developing pedestrian improvements along the state highways ringing the lake will enable people to feel safe walking to a bus stop. Also important is the continuing need to identify and make more visible the existing bus stops, bus shelters and Lake Transit signage so that new and prospective riders can more easily find their way to and onto the service.

4. **Need for Expanding Public Transit Information and Travel Training With Regard to NEMT Trips** Educating the public about available transit services is a universal and ongoing need in this car culture that typifies American generally and California specifically; probably even more so in

rural environments. Destination-oriented information is needed to help potential riders realize that they can "get there from here", albeit with some accommodation and patience. There are encouraging proportions of survey respondents using Lake Transit – with 12% using it within the past month and a total of 27% using Lake Transit at some point in the recent past.

Growing this ridership base requires an array of strategies. High among them is the need to continue development and refinement of exiting information tools provided to the public, and from this study, to focus specifically on medical destinations currently served by Lake Transit. Conveying such information to the public through existing print and website media methods is important. Also important is developing travel training opportunities for special groups to help them understand how available transit will meet selected medical transportation needs.

5. **Lowest-Income Individuals' Subsidy of Bus Tickets –** Persons on supplemental social security income for whom the choice of food-versus-medicine-versus-bus fare is a very real concern may benefit from some relief in that cycle through provision of free or near-free transportation options. Public transit services are already heavily subsidized by the Federal and State governments and performance in California requires achieving minimum fare box recovery standards. Because of this, public transit cannot "discount" its service to the lowest-income individuals. However, human service agency purchases of bus passes can count as "fare box" and can be directed through agency resources to its most needy clientele. One such arrangement is already in place with St. Helena's contribution to costs for Route 3 to St. Helena Napa County. Promoting agency purchase of bus passes for select groups, as well as for developing targeted, low-cost NEMT transportation available to the lowest income individuals are important alternatives to relying upon expensive 911 emergency services transport.

6. **Accessible Vehicle and Capital Replacement Needs** -- Old vehicles, non-accessible vehicles and additional vehicle were among the needs spoken to by various stakeholders. Vehicle procurement is both difficult and easy. It is difficult because there must be sufficient operating funds to run the vehicle once it is obtained and moving through complex capital procurement processes can be daunting. But it also potentially easy because historically there have been available FTA §5310 vehicles returned to the state: lift-equipped and ADA accessible vehicles, whose sponsoring agencies have decided to cease transportation operations. And, recently, new joint vehicle procurement capabilities have been developed by CalAct through the Morongo Basin Transit Authority, to provide for statewide, large-scale procurements that achieve some cost-saving economies of scale. Identifying and communicating appropriate vehicle grant programs and capital procurement processes for potential Lake County audiences is indicated to facilitate non-emergency medical trips.

7. **Emergency Vehicles/ Personnel Use for NEMT Trips** -- Emergency services personnel participated throughout this study, detailing topics of continuing concern with regard to non-emergency medical transportation and the role of emergency services. The County fire

department is the ambulance provider for the County's entire population and experiences directly the use of 911 services for non-urgent transport needs. Two issue areas presented in terms of non-emergency medical trips and emergency services personnel; one, related to trips requested of the emergency system when Lake Transit services were not operating; two, related to inter-facility transfers and "5150" transports.

Emergency Service Use During Lake Transit After-Hours Anecdotal evidence was provided to suggest that when Lake Transit is not operating that the 911 transportation option is more frequently used. Emergency personnel reported that this is noticeable on weekends, holidays and in the evenings, that they experience increased rates of calls, trips that may otherwise be made on Lake Transit during its regular operating hours.

Inter-facility Transfers and "5150" Transport The second utilization of emergency services for non-emergency purposes involves inter-facility transfers where patients must be moved to hospital or diagnostic facilities outside of Lake County for continuing specialty medical care. These are not emergency trips and, as such, they do not always qualify as "medical necessity" under Medi-Cal for individuals on that low-income insurance program. Reimbursement is just one concern for the fire department, also reporting concerns of removing emergency vehicles from the county for non-emergency transportation purposes. For psychiatric care, following or during 72 hour hold periods, the inter-facility transfers are problematic because there are no in-patient psychiatric beds within the county. Neither are there in-county mental health diagnostic capabilities for persons who are in crisis and in need of this type of assessment.

A related issue involves the "5150" transport calls, which were addressed previously in this document. While certain psychiatric emergency calls do remain in the purview of the emergency services, there does not appear to be clarity about the use and garaging of the two secure cars purchased by Sutter Hospital to specifically to assist with these calls.

Various County departments, and particularly the Mental Health Department, are committed to reducing the number and length of these trips. As noted in Chapter 4, LCMH shows a measureable reduction in both numbers of transports and miles traveled, reflecting a variety of factors. A detailed comparison of FY 2005-2006 and FY 2009-2010, which documents this effort to provide care "close to home," is provided in Table 14 below. The continuing dialogue through the *Inter-facilities Transport Committee* (ITC) remains a forum for supporting Lake County based improvements in mental health care services.

Table 14, Acute Psychiatric Transport in Lake County

LCMH Transports	FY 05/06	FY 09/10
Number of admissions	**194**	**114**
Daily average patient admissions	**0.53**	**0.31**
Total R/T mileage to receiving facility	**33,865 miles**	**13,634 miles**
Percentage within 200 mile R/T	**67.50%**	**71%**

Reductions in numbers of trips is in part due to growth in local psychiatric service capabilities, as well as instituting in-county programs that help to reduce individuals' need for the expensive, usually out-of-county trips and placements during psychiatric emergencies. Nonetheless, as observed through this study process, there remains continuing difficulty at the service delivery level – for both the first responders and Lake County Mental Health professionals – around these long-distance, inter-facility transfers. This points to a continuing, policy-based role for the County to encourage locally-based services, including transportation solutions that reduce need for longer, more problematic trip-making for individuals in crisis.

Organizing Framework for an NEMT Plan for Lake County

Organizing Principles

Addressing the range and variety of issues identified by these service gaps which surfaced through the study suggests that numerous types of responses are necessary. Even very modest initiatives can be expected to have some impact upon the individuals for whom NEMT issues present. And, given that the numbers of trips needed is likely small, modest impacts are important. A "program of projects" approach, whereby an NEMT program may be comprised of a number of project-oriented responses, is therefore proposed, with a foundation of three organizing principles:

- Projects proposed must be sustainable; that is, there must be an identifiable plan or approach to continuing, long-term funding for any proposed pilots;
- The costs and benefits of proposed projects must be clearly demonstrated, or at a minimum assessed through implementation to inform the long-term decision-making process and to define success or failure of any given project; and
- Coordination of resources – including vehicles and/or funding – is desirable and necessary in this rural environment where resources are scare and limited for all parties; coordination helps to ensure that existing resources across transit, health care and human services sectors are cost-effectively utilized and leverage one another to the greatest extent possible to meet NEMT need.

Relating Needs to Projects

In order to conceptualize potential responses to NEMT need, a matrix follows which presents the needs described through the study's activities and relates these to possible projects or strategies. Two categories of need are identified in Tables 15 and 16 following which summarize the NEMT gaps and begin to identify particular project responses:

1) Table 15 presents ***institutional areas*** of need and possible projects or strategies by which t o respond.
2) Table 16 presents ***individual areas*** of need that are specific to particular target groups, as well as potential responses.

Table 15

Non-Emergency Medical Transportation Categories of Need: INSTITUTIONALLY-RELATED NEEDS		
1. Public Transit Availability, Service Levels & Reliability		**Possible Projects or Strategies**
Coverage	Lake Transit doesn't come near where I live; living 10 miles from closest route.	Expand LTA service area coverage. Develop non-traditional transit alternatives for outlying areas including volunteer mileage reimbursement programs, van pool and ride-share options, and shared taxi options, among others. Some capability for a transportation broker to field service requests and match the individual with most appropriate service and develop capability to purchase individual trips with agency reimbursement.
	Requesting expanded dial-a-ride services, not just in Clearlake and Lakeport.	
	Need service in areas not now served: Cobb, Robin Hill, Kelseyville Idle Wheels Park, Spring Valley Road; Hidden Valley Lake; stop at Soda Bay and Meadow Drive.	
Frequencies	Timing is difficult – takes too long to go and come from doctor's; looped service long.	Increase LTA service frequencies.
	Increased frequency of buses; have to wait too long to get to and from destination.	
Operating hours and days	Operating hours, extended to early evening hours and starting earlier; arriving in Ukiah earlier in the morning. Holiday service – on selected legal holidays – may help to reduce use of 911 calls.	Expand LTA operating hours. Expand service to selected holidays. Promote non-traditional transportation alternatives for after hours trips, including early morning trips.
Bus Stops and Shelters	Concerned about walking to and from the bus stops; no sidewalks along roads	Pedestrian-oriented street and road improvements; sidewalk improvements; increased number of bus shelters with benches, solar lighting and current transit information; review of bus stop placement to ensure that distances are appropriate and adjacent to significant trip generators. Pursue and secure grant funding for non-motorized bike and pedestrian street and road enhancements that can assist transit users (SB 821).
	More bus stops with stops closer to one-another; stops too far apart.	
	Bus stops more visible, with schedules and benches for waiting.	
	More bus shelters; "a place to wait out of the sun and rain;" shelters with seats.	
	Bus stops at some distance from medical treatments; have to walk distances for lab work and x-rays.	Review bus stops specifically in relation to medical facility entrances and determine if/ where bus stop placement changes can be made and disseminate NEMT destination-oriented transit information.
Wheelchairs	More wheelchair spaces available on the buses.	Consider wheelchair seating options with next vehicle procurements.
Service Reliability	Concerned that bus isn't on time.	Promote bus on-time performance and communicate in marketing information, in travel training sessions with the public and in periodic press releases about LTA and its service performance.

Non-Emergency Medical Transportation Categories of Need: INSTITUTIONALLY-RELATED NEEDS		
2. Public Transit and NEMT Information Needs		**Possible Projects or Strategies**
Route information	Buses need to be marked to better identify where they are going. Concerned that bus was missed but uncertain.	Review bus signage options and transit schedule information available at bus stops, including posting of "early bus" policies (e.g. bus arrives no more than 2 minutes before the scheduled time). Consider high use and transfer locations for technology solutions for real-time bus information. Explore web-based or TWITTER-based solutions for riders to track bus schedules in real time or to be notified if particular route(s) run late or are delayed.
Bus Schedules	Schedules not available at the bus stops; don't know when to expect the bus.	Provide for schedule information at bus stops, starting with highest use and transfer location stops.
Bus Stops	Don't know where the bus stops are.	Promote LTA branding, adding more bus stop signs and refreshing existing signage. Develop a bus stop maintenance program to ensure that signs are still in place and visible and that areas around stops are free from trash and not un-inviting.
Spanish Language	Information is only available in English; need printed materials and dispatch in other-than-English (Spanish).	Provide for Spanish-language schedule information, at least on the LTA website initially.
Travel Training	Older adults are unaware of Lake Transit Unsure how to use services for persons with disabilities	Develop and deliver targeted travel training programs for seniors and other special needs groups; provide such training several times a year, or on a periodic, rotating basis to different audiences.
NEMT Information	Know there are various transportation services that exist (Live Oak, First Five shuttles, LTA dial-a-ride) that can get consumers to medical services but don't know what travels where and who may be eligible for these services. Don't have ONE NUMBER to call to find NEMT info.	Potential for a brokerage to collect and communicate information about available NEMT services; broker is one mechanism for establishing a ONE NUMBER transit 511 or human services 211 information capability. Promote LTA medical destination information on stakeholder websites: LTA, hospitals, agencies, etc.
3. Pedestrian Access Issues		**Possible Projects or Strategies**
Path of Access	Path-of-access issues make it difficult for pedestrians to get to bus stops along Hwy 20 and 29. Lack of shoulders and lack of sidewalks can be unsafe for pedestrians to get from their homes to transportation access points, particularly in the communities of Nice and Clearlake Oaks.	Promote programs to improve safe pedestrian access along these state highways and in vicinity of bus stops. Explore grant opportunities to improve streets and road infrastructure for transit (and potential transit) users – SB 821, JARC, New Freedom.

Non-Emergency Medical Transportation Categories of Need: INSTITUTIONALLY-RELATED NEEDS		
4. Vehicle Replacement/ Vehicle Expansion / Vehicle Coordination Needs		**Possible Projects or Strategies**
Lift-equipped vehicles	Agency-reported needs for replacement or expansion of ADA accessible, lift-equipped vehicles	Monitor and disseminate information to agency mailing list about Section 5310 vehicle capital grants program for seniors and persons with disabilities (11.88% local match requirements). Monitor and disseminate information to agency mailing list about Section 5316 Job Access and Reverse Commute program with its capital grants program for transportation services oriented to low-income riders and work or work-related trips (20% local match requirement).
Vehicle seat availability	Potential need for knowing where vehicles are, particularly if an NEMT trip is being made out-of-the-county. Interest in knowing vehicle location and brokering of vehicles for trips potentially to be purchased – but not provided – by an agency.	Brokerage a potential tool for securing NEMT trips on vehicles already traveling out-of-the-county.
5. Out-of-County Transportation for Medical Purposes		**Possible Projects or Strategies**
In-County Alternatives	Specialty clinics, including in-patient psychiatric care, are often located in neighboring counties requiring long trips.	Policy emphasis on building in-county health care alternatives to reduce need for out-of-county NEMT travel through promotion of prevention and early medical care alternatives.
9-1-1 Transport	Fire Department (9-1-1) is called upon for out of-county medical transports, taking patients between hospitals Termed inter-facility transfers, these trips are longer, requiring travel from a Lake County hospital usually to an out-of-county destination. Medi-Cal may not recognize (reimburse) these trips where individual has been stabilized but continuing medical care must be given elsewhere. No in-county psychiatric in-patient care and no psychiatric evaluation capability requiring transport. Likely increase of psychiatric medical emergencies due to increased number of veterans suffering from PTSD.	Policy issue to be addressed with Medi-Cal regarding reimbursement issues. Promotion of prevention and early medical care intervention critical. Moving to Medi-Cal managed care model may alleviate some of these concerns where it allows the Lake County Medi-Cal managed care provider to pay some portion of transportation costs under its per capita rate structure. Policy emphasis on building in-county health care alternatives remains critical.

Non-Emergency Medical Transportation Categories of Need: INSTITUTIONALLY-RELATED NEEDS		
Destinations	Napa and Sonoma County medical destinations; Kaiser in Santa Rosa; UC Davis Medical Center in Sacramento area	Volunteer mileage reimbursement and other non-traditional methods may be most cost-effective means of response for these long trips. Promote LTA connections to other medical facilities with those facilities themselves (Route 347).
Intermodal Connections and Information	Would like improved connections for Greyhound (UCSF) so that stopping overnight isn't necessary, Need connections to regional rail and Amtrak.	Need to promote existing LTA connections through Route 347 with Greyhound, and Amtrak while continuing to work on new/ improved connectivity. Communicate these connections with medical care point persons.
6. Coordination Issues		**Possible Projects or Strategies**
Coordination	For emergency services personnel, issues remain around transport for 5150 holds, despite procuring the new "cage" cars.	Policy level issue to develop more in-county specialty services, including emergency mental health services. Need to promote preventative care options, including NEMT for medication and pre-crisis intervention. Pursue pilot NEMT projects through - California Dept. of Health Services for Medi-Cal reimbursement, - Caltrans MAP-PAC brokerage project and - Federal Veterans' Administration initiatives supporting expanded NEMT options for veterans. - Other rural or specialized transportation through Federal Transit Administration projects - Other human services agency program funding sources.
	On behalf of Lake County emergency services, issue of inter-facility transfer between hospitals and skilled nursing facilities is problematic for emergency personnel and in terms of emergency vehicles, limiting availability to respond to in-county emergencies.	
	No single number, no easy way to locate resources for consumers who have NEMT needs or for agencies with potential transportation resources to link with consumers needing rides.	Develop potential for a brokerage to collect and communicate information about available NEMT services; broker is one mechanism for establishing a ONE NUMBER transit 511 or human services 211 information capability.

Table 16

Non-Emergency Medical Transportation Categories of Need: INDIVIDUAL AND CONSUMER GROUP-BASED NEEDS		
1. Able-Bodied Seniors		**Possible Projects or Strategies**
	Don't believe they need transit; but if living alone, sometimes need assistance	Develop and promote targeted travel training, focused on the destinations likely to be used by seniors in a given community. Provide this ongoing training, perhaps several times a year, to invite individuals to focus on it when they are able to consider their individual need for alternative transportation methods.
	Aware that it might be necessary "one day;" some anxiety around that but little planning.	
2. Frail Elderly, Chronically Ill or Severely Ill Individuals		**Possible Projects or Strategies**
	Need origin-to-destination transportation; cannot readily transfer	Non-traditional transportation methods might be most cost-effective, including: - volunteer mileage reimbursement; - purchased "seats" on vehicles already traveling out-of-county; and - subsidized taxi trips that buys-down a half or some portion of local trips. Potentially such non-traditional transportation services can provide the portal-to-portal transportation identified as needed.
	Door-to-door transportation: "pick me up at my door and bring me back to my door"	
	Takes too long to get between places and back – get too tired.	
	Individuals who live alone and manage significant health issues can have difficulty getting home from hospitalizations. No one to bring them home. Even more difficult for out-of-county hospitalizations.	May be assisted by a broker or specialized transportation "dispatch" capability to help develop the return trip options.
	Individuals in crisis/inter-facility transfers: there is inadequate staff in Lake County to assess, evaluate, or provide any psychiatric assistance in a timely fashion for individuals in a mental health crisis, causing these individuals to require transport out-of-county.	Importance of continuing to develop in-county treatment alternatives, both prevention and urgent-care based. Continued reliance expected, and required by statute, for first responders in emergency and crisis situations.
3. Veterans		**Possible Projects or Strategies**
	Those with sufficient service-related conditions receive some DAV transportation assistance, either mileage reimbursement or transport by the DAV. This can involve long trips and long waits.	Coordination with VA services on behalf of current and future vets resident in Lake County is desirable. Communication between emergency services personnel for those urgent care cases and with the DAV or local VA representatives could be facilitated through a brokerage or ONE NUMBER type of response. Exploration of pilots with the VA system is desirable.
	Increased need by veterans for medical services is expected, given the growth in the number of veterans retiring to rural settings and the nature of their service-related injuries. These veterans are more likely to be suffering from PTSD and head-related injuries that can require emergency, or urgent non-emergency medical transport.	

Non-Emergency Medical Transportation Categories of Need: INDIVIDUAL AND CONSUMER GROUP-BASED NEEDS		
4. Individuals without Insurance/ Low-Income Individuals		**Possible Projects or Strategies**
	No vehicle or no vehicle available to get to medical services. Less likely to have regular doctors' appointments or clinic or physician relationship; may be more likely to call 911.	Promotion of prevention and early medical care intervention critical. Moving to Medi-Cal managed care model may allow for purchase of transportation through a brokerage model, where some portion of transportation costs can be paid under a per capita rate structure.
	Working poor families may only have one car that is used by the breadwinner and not available to the "ill" family member for transport.	Non-traditional transit solutions may offer some help when Lake Transit is not available or too far away. Volunteer mileage reimbursement programs can enable asking for assistance from a neighbor.
	Lower income individuals cannot afford bus fares.	Agency bus pass purchase likely to continue to be valuable for the poorest individuals.
5. Families with Children		**Possible Projects or Strategies**
	Study reports a greater proportion of missed appointments due to transportation and lower mean appointments, for youth, compared to other populations—one missed NEMT trip can therefore represent a significant impact on health care received.	Promotion of prevention and early medical care intervention remains critical. Moving to Medi-Cal managed care may assist with some trips. Moving delivery of service to non-traditional settings, such as the schools, may be particularly important for young children. Continuing the First Five dental shuttle for children and youth may be an important support for lowest income families.
6. Non-English Speaking Individuals		**Possible Projects or Strategies**
	Difficult to communicate as to what is available, to non-English speaking households.	Providing for development of Spanish-language transit information materials is desirable. These could be introduced onto LTA's website in printable formats so that they are readily available when needed to key stakeholders, for example faith-based organizations and health care personnel. If a ONE NUMBER, 211 or 511 capability is developed, it will be important to ensure that there Spanish translation capabilities are available.

Selected Service Alternatives

This subsection examines characteristics of selected service alternatives that are responsive to NEMT needs. These service alternatives or "projects" are drawn from the preceding Tables 14 and 15, but by no means inclusive of all the project ideas that may be possible for Lake County. Outlined below are seven project areas that seem most readily implementable and responsive:

- Selected Lake Transit service improvements
- mileage reimbursement volunteer projects
- taxi user-side subsidies / trips of last resort projects
- human service agency transportation trip-by-trip purchasing
- travel training workshops
- mobility management including one-stop information / brokerage capabilities
- one number/ information service

Such alternatives are discussed generally below in terms of their basic characteristics.

1. Lake Transit Service Improvements

` Purpose: To expand Lake Transit service in ways that will facilitate use of Lake Transit by patrons to travel to medical appointments and destinations

- Lake Transit personnel and Lake APC should pursue all grant opportunities that will enable expansion of the service footprint, the days of operation or the length of the operating day. Increasing service into the early evening hours could facilitate participation in preventative health and specialty clinics operated by the two hospitals, the VA Clinic or the Tribal Health Consortium.
- Prioritizing the expansion of service is likely to depend upon the potential funding opportunity: expanded evening hours could support clinics; expanded weekend and holiday service could potentially reduce the emergency services calls.
- Lake Transit should develop regular contacts with key individuals at these facilities to identify changes in programming or specialty services that could have a public transit implication.
- Lake Transit should continue to coordinate its schedules with out-of-county transit providers to help promote convenient transfer to other services traveling to medical facilities in adjacent counties.
- Lake Transit should promote and work with the County and the local jurisdictions to develop bus stops, bus shelters, amenities and improved paths-of-access that promote transit use.

2. TRIP-Type Mileage Reimbursement Project

Purpose: To establish a low-cost, volunteer based program that potentially can provide individuals with door-through-door transportation assistance. Program can be self-limiting and eligibility for participation determined in a variety of ways.

- A sponsor agency can provide volunteer drivers or the individual consumer can locate a neighbor or near-by friend who is able and willing to provide the trip. The volunteer serves as both driver and escort at the destination and end of trip, thus providing door-to-door or door-through-door assistance.

- Driver agrees to basic set of parameters, including current insurance.

- The individual consumer reports the trips monthly and requests the mileage reimbursement on behalf of the driver.

- Mileage may be capped at 200 to 300 miles per month or several times the expected round-trip distance between the individual's home and key medical destinations. Family members may be excluded as volunteer drivers, on the assumption that these individuals should be responsible already for transportation assistance without recompense. Volunteer eligibility can be managed at agency level.

This program is directly responsive to a range of needs identified and potentially easy to implement where partner agencies can be found, where some level of funding can be identified and where there is a likely pool of volunteers. The model of Riverside County's TRIP does not provide the volunteers but supports individual consumers in determining how to develop their own volunteer driver, how to ask neighbors or friends for assistance with transportation.

3. Taxi User-Side Subsidy/ Trips of Last Resort Project

Purpose: This utilizes existing private transportation resources and can enable passengers to get immediate assistance, particularly important for those trips that cannot be planned ahead of time. It can be used as a rationed resource for eligible participants or only on a "last resort" basis when no other transportation option is immediately apparent.

- Taxi cooperatives agree to participate and *door-to-door* assistance may potentially be negotiated by drivers, recognizing that these are independent contractors who will provide trips to riders. Taxis can be utilized for *portal-to-portal* transportation, bringing passengers directly from one location to their destination without requiring the transfer sometimes necessary on public fixed-route transit.

- Eligibility would be managed by the agency where the contract with the taxi co-op resides.

- Agency must think through who is eligible, the limits on eligibility and the limits on the taxi scrip available and make such limitations clear in all public information as these programs can quickly become oversubscribed.

- A $20 cab fare subsidy would provide for varying trip lengths dependent upon meter rates in different areas. Taxi subsidy programs are potentially very popular and must be carefully

structured so as not to run out of funding and to limit opportunities for fraud and abuse. Monitoring is also important to ensure that individual taxi drivers are adhering to the rules established by the program, such as basic acceptance of the vouchers and the distances covered, and provision of the service needed by riders including portal-to-portal transportation.

This program is highly desirable by consumers as it gives them a high degree of choice and may provide the portal-to-portal service that enhances riders' convenience and safety. It is however, more expensive than a volunteer-based program and there are mixed reports from consumers about taxi drivers' limited willingness to provide *door-to-door* assistance that may be needed by the most frail individuals in need of a non-emergency medical trip.

4. Purchase-of-Service on Existing Human Service Agency Transportation Project

Purpose: This option draws upon the existing transportation capabilities that reside within human service agencies and organizations within Lake County, developing mechanisms for them to serve trips to non-agency personnel who need to travel to the same locations as agency clients.

Non-traditional transit services can involve obtaining trips on human service transportation that is already traveling to key destinations for other consumers. Linking non-affiliated riders with agency transportation services is potentially complicated but works on the presumption that since the vehicle is making the trip anyway, it is conceivable that other riders could be transported for a fee that covers the marginal cost of these additional riders.

- Infrastructure has to be developed to link human service agency transportation services with individuals who need trips. Agencies can conceivably "sell" trips but a variety of issues need to be worked through, not only the cost of the trip, but liability issues, trip scheduling expectations, return trip expectations, and basic agency safety practices related to vehicle maintenance and driver training.

- Developing the capacity of such programs involves defining potential partners and the limits of what the transportation-providing agency might provide. There needs to be an individual or an organization with authority to develop these arrangements, including agreements that might underwrite the transfer of dollars.

5. **Travel Training Workshops**

Purpose: Recurring Lake Transit travel training workshops, geared to a variety of audiences and held at different locations around the county will serve to introduce individuals to Lake Transit services in the moment when they are open to what it might offer them. Specific focus on NEMT destinations can help prospective users consider how they might use Lake Transit to meet selected medical transportation needs.

- Simple, rider-oriented travel training curricula can be developed for presentation by the Mobility Manager.

- Sessions can be scheduled and held quarterly at a variety of locations around the county, including senior centers, community centers, regular hospital clinics serving chronic health conditions, certain Wellness clinics such as St. Helena's program, and other such settings. Envision two upper county and two lower county workshops annually.

- Ideally one workshop annually, or biennially, could schedule with simultaneous Spanish translation and a few handouts printed in Spanish. This could, for example, be targeted to Spanish-speaking seniors who can be brought current with changes in Lake Transit services that could serve NEMT trips.

- Some workshops can be geared specifically to the transit users; while others can be oriented to agency personnel to help them assist their own consumer base in understanding Lake Transit services, discussing some specific health care destinations and the routing to get to those locations.

- Workshops participants – both general public and agency personnel – could potentially be provide with two to four free trip tickets on Lake Transit, to encourage them to use Lake Transit services.

- A follow-up letter to participants, within thirty days after each workshop, could include a postcard response inviting participants to report on any use of Lake Transit post the workshop and provide feedback on the travel training itself, supporting its improvement over time.

Travel training activities, even of modest duration and emphasis, will have value if they are locally based and focused upon the kinds of trips people in that community or that neighborhood might want. An NEMT dimension can be developed with input from health care professionals, to identify particular clinic times and hours, potentially offering the workshop at the clinics themselves or at times when target individuals might be present. Creative methods can be developed to "introduce" people to public transit, revealing to them a service that has been there all along but may otherwise be invisible.

6. Mobility Management/ Brokerage Capabilities

Purpose: Some additional infrastructure is necessary to knit together the various disparate opportunities, needs and potential resources that exist in Lake County by which to address NEMT. Mobility management and brokerage functions are discussed here as means for coordinating and growing countywide NEMT response.

Two concepts are presented here somewhat synonymously, namely that of ***mobility management*** which has been funded through the Federal Transit Administration JARC and New Freedom programs and involves promotion and education around transportation services and ***brokerage***, an

older concept involving linking riders and with available trips. These are discussed together here because of their overlapping elements.

- The mobility management function is a local or regional transportation expert that helps to connect individuals with available transportation through education and information. A mobility manager is a person – full-time or part-time – whose expert knowledge of transportation increases access to services for the individuals with whom they work. For this NEMT focus, it will be critical that this individual is also, and possibly primarily, a health care expert as well. That knowledge base allows access to and participation in health care decision-making as it may relate to transportation services.

- Outreach responsibilities are a key mobility management activity, with outreach oriented both to consumers for education purposes and to agencies for resource development and staff education about available resources.

- Mobility management must involve program design/ program development of services, potentially including building volunteer-based programs, taxi or scrip-based door assistance resources, and encouraging local providers to consider providing NEMT trips on a space-available, cost-reimbursement basis.

- One-number resource capabilities can be championed by the mobility manager; given that Lake County has neither 211, the human services resource phone number nor 511, the transportation resource number. It may be feasible to piggy-back on the Bay Area's MTC 511.org resource.

- The brokerage function, as distinct from mobility management' program development orientation, is more focused linking consumers needing trips with the most appropriate transportation service. The brokerage function can support the mechanics of linking consumers with trips, helping to ensure that these services are safe, charging appropriately and that necessary reporting is happening.

- The mobility manger/ broker can be mandated with responsibility to negotiate with funding partners and with service providing partners, working through issues or regulation, funding requirements, reporting and auditing concerns.

- The mobility manager/ broker should have lead, but not exclusive responsibility, for seeking new or expanded funding alternatives to support NEMT. For example, this entity might work through the Medi-Cal reimbursement processes with key stakeholders and develop grants to respond to appropriate funding sources. Efforts to secure a continuing funding base are a critical activity of the mobility manager/ broker.

- A brokerage function may negotiate with the destination-end of the trip, engaging medical offices or treatment facilities in grouping individuals' appointments such that they can be cost-effectively brought together from a distant area. For example, certain clinic services for given chronic health conditions could be served on the same day, grouping appointments of individuals who might otherwise be seen at various times. Similarly, if a community knows that there is a particular travel day to a given out-of-county medical facility, individuals might be empowered to make their own medical appointments within that travel window.

- The broker may rely upon some level of technology, such as paratransit providers' trip scheduling software [e.g. Route Match or Trapeze] or the more open-architecture rideshare capabilities such as the San Francisco Bay Area's 511.org or www.rideamigos.com

- With a locally-defined orientation to mobility management/brokerage, the mobility manager or broker could be housed in a partner human services agency, public agency or potentially, even a private taxi operation. Aside from hiring for the outgoing attributes of a communicator and educator, a critical external factor is the access to a pool of riders or potential riders. Also important is some knowledge of health care service delivery systems.

Mobility management and brokerage capabilities require both individual and organizational commitment and leadership to bring about effective service responses. The mobility management function can relate to consumer education and information, as well as helping to grow available transportation resources for individuals. The brokerage function can represent the infrastructure for connecting individuals with services, on a trip-by-trip basis and ensuring that appropriate rules, law and reporting are addressed.

7. One-Number/ One Call Information Services

Purpose: Lake County officials should explore the potential to fold in an information-component, possibly by web, by telephone or otherwise, to bring together the array of information sources related to transportation.

- Development activities for 511 [transit] and 211[social service information] should be monitored and an appropriate role sought for Lake County, to ensure that the general public has access to consolidated information services and can readily find its way through the current multiplicity of information sources available.

- The information function can, and possibly should, be rolled into the Mobility Management function but should be separately identified and monitored as a function critical to helping individuals connect with available services to make non-emergency medical trips.

Institutional Barriers

Several institutional barriers are considered here that may impact delivery of NEMT services. This discussion contributes to the NEMT plan development.

1. **Health service delivery reimbursement issues** -- *managed Medi-Cal versus fee-for-service reimbursement methods and the uncertainty of health care reform.*

   Funding and reimbursement for health care are potentially changing and these are critical factors in the external environment that can impact future NEMT services and the ability to pay for them. Just how this will play out is uncertain, but potential advocates for non-emergency medical transportation should ensure that NEMT issues remain on the collective agenda. If Lake County moves to a "managed care" county for Medi-Cal reimbursement, in lieu of or in addition to the existing "fee-for-service" Medi-Cal reimbursement process, this can make it easier to develop transportation service contracts and possibly even to pay for selected preventative or non-urgent care trips that are currently not reimbursable under existing Medi-Cal allowable transportation rules.

   Similarly, as the emphasis in health care reform focuses on cost containment and cost reduction, it is very possible to argue that NEMT trips – and a contribution to those costs – must be a component of any cost containment package. It will be important for public transit personnel to continue to educate themselves about changes to Lake County's health care delivery and reimbursement construct, in order to effectively advocate for a transportation component in emerging service delivery and service reimbursement practices. Similarly, it is critical for the County's health care industry to recognize the role of NEMT in protecting the health outcomes that they seek on behalf of their patients.

2. **Potential value of brokerage role but no clear lead agency** - *administering a "program of projects" approach to meaningfully address the breadth of NEMT needs identified points to an effective broker, able to develop resources, promote them and effectively link consumers with resources.*

   The numerous projects highlighted in Table 15 and Table 16 of the previous section, as well as the discussion of potential service alternatives, all points to a mix of project responses to effectively address NEMT needs in Lake County. The development and administration of such responses potentially falls to a breadth of players, although no clear oversight or responsible party is immediately apparent. The brokerage capabilities that have developed elsewhere hold some promise for coordinated, effective management of a "program of projects" responsive to NEMT needs and to other Lake County mobility needs not readily met by the Lake Transit Authority. Such a structure can take many forms and sizes, dependent upon local need and resources.

Appendix I presents a description of Lake Transit's contractor Paratransit Services brokerage responsibilities in Washington State. Identifying the responsibilities of a potential Lake County NEMT broker, the resources available to it and just where it should be housed are critical. Between public transit and health care service delivery, there are important differences in language, in mission, in definition of outcomes and in how outcomes are measured. The challenge of an effective NEMT program entails participation by both the public transportation and health care industries. For Lake County, because the county's scale is such that most key players know one another, already with working relationships, decisions about an effective administrative structure are possible, once there is commitment to addressing NEMT needs.

3. **Existing CTSA but administrative only, with modest current programming -** Lake *Transit Authority does have an existing "consolidated transportation services agency" (CTSA) whose mission it is to promote specialized transportation solutions, but with a very small funding base and limited programming.*

CTSAs are provided for in California statute, the Social Services Transportation Improvement Act (1981, Government Code Section 15950-15952). CTSAs were developed to promote and improve linkages between human service organizations and public transit entities. Regulation provided for development of such CTSA entities through the public transportation planning processes, but with no secure or continuing funding.

Lake Transit Authority's CTSA, which is an adjunct of its Board of Directors, provides for the match to the Live Oak Senior Center transportation initiative. The Lake County CTSA's current primary function is largely as an administrative entity to process the FTA §5317 grant which provides the Federal match funding for the Live Oak transportation project.

One of the challenges of an effective NEMT initiative is that it not become a *transit-centric project,* namely that it not become the sole responsibility and prerogative of the public transit administrators. As such, it is not likely to be successful, given the complexities of service demand and constrained funding, among others. It is important therefore, that any Lake County NEMT service structure that may develop from this study have meaningful participation by both public transit and the health care system at all levels, but especially at its administrative and governance levels.

4. **Role of Lake City/ County APC's SSTAC advisory committees and other coordinating committees of the County in addressing NEMT issues** – *a number of coordinating groups and standing meetings currently exist. Discussion of how these can support and enhance NEMT resources within Lake County is important as so many issues cut across service delivery systems.*

   Lake City/ County APC is required by statute to establish an SSTAC, social services transportation advisory committee, for several purpose including promoting dialogue about unmet transit needs and developing responses to those needs. In terms of overlapping groups and meetings, some participants through this study spoke of meeting with many of the same stakeholders in various other forums. It is important therefore, if any kind of new NEMT initiative is to be considered, to piggy-back on existing groups or coordinating bodies and not invent yet another entity with time and meeting obligations to further stretch limited resources. How can existing groups provide regular input to or participate in some type of on-going NEMT service structure that provides for additional trips of this nature to be made available to Lake County residents?

Summary Discussion

This chapter presents a careful examination of the needs and potential responses, guiding principles for developing a plan, and emerging institutional barriers. Carefully detailed are seven categories of need or unmet need with regard to non-emergency medical transportation in Lake County:

1. Need for alternatives to traveling.
2. Addressing missed medical appointments due to a lack of transportation.
3. Need for continued improvements to Lake Transit services and to the streets and road network.
4. Need for expanding public transit information and travel training with regard to NEMT trips.
5. Lowest-income individuals' subsidy of bus tickets.
6. Accessible vehicle and capital replacement needs.
7. Emergency vehicles/personnel use, including inter-facility transfers and for "5150" transport

In light of these areas of need, and the discussions that unfolded through the study's process, several organizing principles are proposed, augmenting the previously proposed project goals. These are:

- Projects proposed must be **sustainable**, that is there must be an identified plan or approach to continuing, long-term funding for any proposed projects;

- The **costs and benefits** of proposed projects must be clearly demonstrated, or at a minimum assessed through implementation to inform the long-term decision-making process and to define success or failure of any given project; and

- **Coordination of resources** – including vehicles and/or funding – is desirable and necessary in this rural environment where resources are scarce and limited for all parties. Coordination

helps to ensure that existing and new resources across transit, health care and human services are cost-effectively utilized and leverage one another to the greatest extent possible to meet NEMT needs.

To begin to give form and shape to responses to the NEMT needs identified, an examination is presented of the "institutionally-related" needs and the "individual and consumer group-based" needs. The **institutionally-related needs** are considered in relation to 1***) Public Transit Availability, Service Levels And Reliability; 2) Public Transit and NEMT Information Needs; 3) Pedestrian Access Issues; 4) Vehicle Replacement/ Expansion and Coordination Needs; 5) Out-of-County Transportation for Medical Purposes; and 6) Coordination Issues.*** Almost 30 strategic responses are presented in relation to these needs.

The **consumer-oriented needs** identified by group were: ***1) Able-bodied Seniors; 2) Frail Elderly, Chronically Ill or Severely Ill Individuals; 3) Veterans; 4) Individuals without Insurance/ Low-Income; 4) Families and Children; and 5) Non-English Speaking Individuals.*** Another 15 strategic responses are detailed, some overlapping with those presented in relation to institutional-issues and some new.

To consider how selected strategic responses might be implemented, seven are discussed in slightly greater detail: Lake transit improvements, a mileage reimbursement project, a taxi user-side subsidy/ trips of last resort project, travel training workshops, mobility management/ brokerage capabilities and a one-number capability. It is anticipated that the particular projects that go forward will be dependent upon the interest, willingness and abilities of the project's lead and partner agencies.

Finally, four institutional barriers are discussed, emerging through the issues discussed in this chapter and conversations held through the course of the project. These are:

1. Health service delivery reimbursement issues, related to Medi-Cal and to the uncertainty of health care reform.
2. Potential value of a brokerage, but no clear lead agency emerging.
3. Existing CTSA [consolidated transportation services agency] with modest current programming, but no leadership role or authority;
4. Role of Lake City/ County APC's advisory committees and other committees in the county with overlapping areas of responsibility and authority.

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Chapter 8 – NEMT Implementation Plan for Lake County

This concluding chapter presents the NEMT plan for Lake County, leading with a summary of the findings from a national cost-benefit analysis of expanded NEMT that establishes the core rationale for investing in NEMT services. Twelve potential funding sources are considered. The recommended pilot NEMT Program of Projects is presented discussed in relation to basic guiding principles. Plan components include: implementing action steps; the preliminary budget for direct services and the mobility management/ brokerage function; and a program evaluation framework.

A Cost and Benefit Analysis of Providing Non-Emergency Medical Transportation

Referenced in Chapter 2 of this document, with a longer summary included as Appendix G, much can be learned from the Transportation Research Board's (TRB) Transit Cooperative Research Program (TCRP) study ***"Cost Benefit Analysis of Providing Non-Emergency Medical Transportation"***[18] Although the findings of the 2005 study are based upon cost and health incidence data collected in the early 2000's, their findings remain directly relevant that for twelve health care conditions, including chronic and preventative health care, benefits of increased access to non-emergency medical transportation can be documented.

The study builds a very methodical and deliberative case for costing both transportation services and health care services and then for determining ways in which to measure the benefits of increased access to non-emergency medical transportation. Specifically, the researchers identify an NEMT target population, using the National Health Interview Survey (2002) with its 90,000 total person data set: those individuals who indicated that transportation is a barrier to getting to medical care. Researchers then assessed a variety of health indicators for this target population whose medical care they eventually characterize as "poorly managed" given more limited access to health care due to a lack of transportation. As measured against numerous indicators, the target population individuals showed increased incidence of chronic health conditions and much greater frequency of multiple health conditions or diseases, when compared to the non-target population, those from among the overall data set who did not identify transportation problems in accessing medical care. The TCRP researchers noted:

> "*Transportation issues that result in missed trips will potentially exacerbate the diseases afflicting these individuals and may result in costly subsequent medical care (specialist visits, emergency room visits, possibly hospitalizations). Even when this is not the case – i.e. the potential does not exist to decrease subsequent utilization by more prompt care of an existing condition – there are important quality-of-life concerns."*[19]

[18] "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", P. Hughes-Cromwick, R. Wallace, H. Mull, J. Bologna, C. Kangas, J. Lee, S Khasnabis; Altarum Institute, Ann Arbor, Michigan. Transportation Research Board, Transit Cooperative Research Program [TCRP] of the National Academies of Science, Washington DC, October 2005.

[19] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 30.

Their analysis, which was condition-specific basis for twelve preventative or chronic health conditions, concluded that no condition fails cost-effectiveness tests and four conditions are actually cost-saving. To be cost-effective, added costs to extend a healthy life must be below a reasonable cost standard. Noting the considerable uncertainty that exists in their study's computations at the condition-specific level, the TCRP researchers nonetheless argue, with the emphasis below their own, that:

> *"….**a strong case** is made that improved access to NEMT for transportation-disadvantaged persons is cost effective in terms of better health care. In some cases this cost-effectiveness translates directly into decreases in health care costs that exceed the added transportation costs. In other cases, longer life expectancy or improved quality of life….justify the added costs of improved access to NEMT."*[20]

Program of Projects Approach to NEMT for Lake County

Design Rationale for an NEMT Plan

The preceding discussion of costs and benefits of non-emergency medical transportation makes the case for the cost-effectiveness, and in some cases the cost-savings, of increased NEMT access. That analysis, published in 2005 and based upon health costs and transportation costs of 2002 and earlier, would require some updating to be made current to today's cost environment and to reflect the specifics of Lake County. Additionally it cannot yet be know in what ways the emerging health care reform might transform the discussion and that cost and benefit analysis. In many respects, Lake County's NEMT target population, as described through Chapters 4, 5 and 6 of this document, parallels that of the national NEMT study. The combination of need, plus the described benefits of meeting those needs, provides the fundamental rationale for addressing the Lake County unmet non-emergency medical transportation need. Chapter 7 detailed the characteristics of such needs and a breadth of possible project responses in Figures 16 and 17.

The organizing framework for a Lake County NEMT plan presented in Chapter 7 enumerated three organizing principles: of sustainability; of demonstrated cost and benefit assessment to inform the long-term decision-making process; and of the critical role of coordination to extend scarce resources. The additional fundamental finding of this study effort has been that no clear champion has emerged, no single player to whom to assign taking the lead on an NEMT program-development. Resources are tight for every single agency or service sector and no new funding has been secured, as of this writing, making it difficult for any entity to offer itself to the obligations and responsibilities of a leadership role.

[20] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 89.

Therefore, in order to build upon existing NEMT-related resources already in play, two guiding recommendations are made:

- ***a program of projects approach*** appears the most responsive design where individual pilot initiatives can be developed and tested, based upon interests, willingness and abilities of sponsoring agencies;

- ***a brokerage-type infrastructure*** is indicated to extend individual agency initiatives and provide the leadership that weaves them into a countywide program responsive to a broader needs-base and with increased capacity both to seek continuing funding and achieve some economy of scale.

Potential Funding Resources for a Lake County NEMT Brokerage Program

This subsection discusses twelve funding opportunities that could support parts or elements of an NEMT brokerage initiative for Lake County. Considered together these hold promise for a vibrant and responsive program, certainly sufficiently viable to test its assumptions about need, partnerships and project opportunities for a time-limited period. Transportation-related funding potentially available to support at least a pilot initiative falls into the two categories: one-time, grant funding versus on-going, continuing funding. Both types of funding potentially available for a Lake County NEMT program are summarized here in relation to the sponsoring organization.

1. Transportation Development Act (TDA), Article 4.5 Local Transportation Funding (LTF)

The TDA's Local Transportation Fund is the primary funding source of Lake Transit Authority's overall program, augmented only by several smaller Federal grants and fund sources, by one other capital-oriented State funding program and by passenger fares. Statute does provide for the allocation of some LTF funding to a CTSA – *consolidated transportation services agency* – an entity that is the creation of state statute and oriented to transportation needs of seniors, persons with disabilities and persons of low income through coordinated solutions. This was discussed previously in relation to Lake Transit's support of the Live Oak Transportation Project. Up to 5% of Lake County's total LTF allocation may be put towards its CTSA activities. Lake Transit's administrator does believe that an additional $25,000 could be budgeted to the CTSA. This sum will augment an existing annual allocation to the CTSA of $25,000 for two-years for the Live Oak Transportation Project, matched by Federal Section 5317, New Freedom funding and Area Agency on Aging funding. Such modest CTSA allocations are potentially available to an NEMT brokerage annually, as this point-of-sale, sales tax based funding source is provided annually to Lake County for public transit purposes.

2. Existing Lake County Human Service Agency Funding

Several, presumably general fund allocations were identified by the County Public Health Department and by the Mental Health Services Department for client transportation. These funds are now spent on bus passes to assist the lowest-income individuals in getting to needed services on available public transportation. Although this is important, it is possible that an alternative use of these funds could generate more trips for needy riders. Potentially, such funding could be funneled through an NEMT broker and used cost-effectively through mileage-reimbursement programs, through a marginal cost reimbursement for trips brokered onto existing paratransit programs or for the purchase of last-resort, taxi-based services. Even modest grants of $10,000 to $15,000 per agency could match potentially available public transit funding and extend services to the County's targeted consumers.

3. Mental Health Services Act Funding

Called by some the millionaire's tax because it taxes California's highest income residents and directs this funding to the mental health services system, this funding source is being used in modest amounts in other counties to support transportation services for the mental health population. For example in Ventura and in San Diego Counties projects that include travel training, transit buddies and mileage reimbursement initiatives are planned or are being provided. The direction of a small grant between $10,000 to $15,000, could contribute to the Mental Health Department's continuing focus on improving access to local mental health services, supporting continued activity to reduce frequency of need for expensive inter-facility transfer, out-of-county trips.

4. First Five Lake Grants

This tobacco revenue settlement funding is provided to agencies and organizations across the state through the First Five initiative, working to improve the health and quality of life of children zero to five years of age, in hopes that this gives them a stronger start in life. First Five Lake currently contributes funding through St. Helena Hospital for a shuttle for children related to dental and other preventative health care services. If this funding – which is expected to decline given the diminishing nature of the primary funding source – could be re-directed through an NEMT brokerage, and possibly even bumped up to between $5,000 to $10,000, these dollars could contribute to launching a program that could have life after the First Five dollars are no longer available. Notably, this was the only funding source identified that was targeted to children. This population was demonstrated through both the Lake County household survey and national research to be particularly vulnerable to the negative health consequences of missed medical appointments due to lack of transportation.

5. Veteran's Administration National Transportation Pilot Project Opportunities

Increasing numbers of veterans, many living in rural areas, coupled with the need for long trips to specialty Veterans Administration services has resulted in exponential increases in transportation funding through the VA system nationally. The Community Transportation Association of America (CTAA) has been working with VA officials at the national level to encourage them to work collaboratively with other entities also working on the challenges of NEMT and increased connectivity between rural and urban and suburban regions. The opening of the new Clearlake VA clinic ameliorates this considerably. However, trips are still needed to the more-distant specialty services available at VA facilities in Santa Rosa, Ukiah, Sacramento and San Francisco. There may be opportunity, with the support and involvement of local VA clinic administrators, to pursue national VA transportation pilot funding. Conceivably, such funds can be targeted to one-number, call center type functions that will help to link veterans with both VA resources and other resources. This could be pursued simultaneously through the Clearlake clinic and through the CTAA administrator who has been working closely with the national VA officials. Unknown levels of funding are potentially available to test collaborative ways of meeting veterans' transportation needs cost-effectively. As it is termed "pilot" funding, it is probably limited, one-time funding but could lead to a tighter, continuing relationship with both the VA system and its Disabled American Veterans transportation program.

6. Tribal Transit Grant Opportunities/ Federal Transit Administration Grants

The Tribal Health Consortium's two-vehicle NEMT program represents both need and opportunity. With an annual budget of around $100,000, this service is strictly for its own population, a characteristic shared by Veteran's services, the Regional Center funding through People Services and others. This program is in need of lift-equipped vehicles and could benefit from collaboration with a mobility management program that could help them secure a vehicle grant, probably through the FTA §5310 program administered by Caltrans. At the national level, the FTA §5311 (c) is the Tribal Transit Program, with $45 million allocated over the life of the SAFETEA-LU for direct grants to tribes to support public transportation on tribal reservations or for tribal members. The Tribal Transit program is competitive, encouraging coordination among tribes and with other local transportation providers. There was a competitive offering in 2010 for ARRA Funding for which 71 tribal organizations requested funds and $17 million was awarded to 39 tribal entities. Additional fund offerings are not likely until the federal re-authorization of public transportation legislation but a strong competitive position could be developed on behalf of the Tribal Health Consortium, if it chose to develop a relationship with a burgeoning Lake County NEMT mobility manager/ brokerage program.

7. Redwood Coast Regional Center/ People Services, Inc. Transportation Authorizations

The Department of Developmental Services' regional centers provide funding for consumer transportation to and from the workshops, day programs and day activity centers attended by their

clients, persons with developmental disabilities. People Services, Inc. in Lakeport is among the vendors of the Redwood Coast Regional Center with responsibility for regional center clients who are Lake County residents. People Services provides significant amounts of client transportation, largely to and from its workshop locations but also, to a limited degree, to medical appointments that include out-of-county trips. With its several dozen passenger vehicles, People Services represents a significant resource to an emerging brokerage for operating vehicles, potential capacity for out-of-county trips and expertise in running specialized transportation services.

Redwood Coast Regional Center and its vendor People Services Inc. could participate in several ways. First, the regional center could conceivably place its non-emergency medical transportation mileage allowance into a brokerage "pot" to be made available only to eligible regional center clients who may need such trips. In other words, the brokerage could become a vendor of the regional center for medically-oriented trips on behalf of regional center consumers.

Secondly, People Services may be in a position to contribute in-kind resources to a brokerage, including expertise and vehicle excess capacity. It will be important to reimburse human service providers, such as People Services Inc, on at least a marginal cost basis, for trips provided. For example, if People Services are transporting its consumers to an out-of-county medical facility, it could potentially "sell" seats on that same vehicle, advising the broker of the anticipated vehicle trip sufficiently in advance so as to "book" non-agency clients on that trip.

Finally, trips could be purchased from People Services, on a fully-allocated cost basis, where the program is able to make available vehicle time (and drivers) during periods when its own consumers are not traveling. In these instances, the program is providing trips it would not otherwise serve and would presumably need to be reimbursed on a fully-allocated basis, unless selective fixed-costs can be excluded from the full-cost allocation and/or counted as in-kind contributions.

8. <u>Caltrans Mobility Action Plan Pilot NEMT Funding Opportunity</u>

Caltrans Division of Mass Transportation is soon releasing its final Mobility Action Plan, a statewide planning document that provides guidance and direction on state-level coordination of public and specialized transportation. Two areas of recommendation were described in Chapter 2, addressing non-emergency medical transportation and directing state officials to develop NEMT pilot initiatives. Details on such an offering are not available, as of this writing, including likely funding levels or match requirements. However, it is presumed that this study's level of analysis and its various programmatic and costing assumptions all serve to place Lake County stakeholders in a strong position to compete for NEMT pilot project funding that becomes available through the MAP-PAC.

That said, it will be important to recognize that any multi-year funding that may be received through the MAP-PAC efforts will be one-time, time-limited. If Lake County were to be successful in securing such funding, it would be necessary from the earliest point, to begin to work towards a sustainable, on-going funding source. Given the slowness with which various bureaucratic processes take place

to locate and then allocate continuation funding, the start-up opportunity offered by a pilot project is both attractive and needed.

9. Caltrans Statewide Competitive Rural Grants - FTA §5316-JARC and §5317-New Freedom Programs, Cycle 2012/ 2014

A statewide competitive offering is anticipated for the spring of 2011 for distribution of the remaining rural allocation for FTA §5316-JARC and FTA §5317-New Freedom programs, likely for one to two-years of project funding for eligible projects that address the fund purposes of these programs. The JARC program can support specialized transportation for low-income individuals and work-related trips. The case has been successfully made that non-emergency medical transportation facilitates job trips and therefore is fund-worthy through the JARC program. The New Freedom program is for persons with disabilities for trips beyond the Americans with Disabilities Act. Given that Lake Transit Authority's current demand responsive program is oriented to the two cities of Clearlake and Lakeport, a New Freedom NEMT project proposal could easily be developed. Similarly, a JARC-funding argument could be made that expanded work opportunity is facilitated by increased work-access possible with increased operating hours.

These projects require a 50 percent match for operating funding, such as some of the specific pilot initiatives discussed in Chapter 7. For the mobility management or brokerage functions, these are considered capital projects and require only a 20 percent match by local funding. In either case, some or all match dollars may be in-kind, if a strong case can be made that such in-kind contributions are in fact a viable expense of the project. If such proposals were submitted, they would likely go through Lake Transit Authority, or conceivably, through another sponsoring human services organization. Currently Lake County does have an existing New Freedom project, the Clear Lake Oaks Transportation Project, jointly funded with New Freedom, Lake Transit Authority and the Area Agency on Aging, as discussed in Chapter 4.

10. Caltrans Statewide Competitive FTA §5310 Vehicle and Vehicle Related Equipment Program, Grant Cycle 2012

Also a statewide competitive offering, this long-standing capital grant program provides federal funding to non-profit organizations and public agencies for vehicles and vehicle-related equipment. Such other equipment can include requests for software and dispatching technology, potentially providing funding for any technology pieces that might be appropriate for a Lake NEMT mobility management/ brokerage function. The program is highly competitive, heavily oversubscribed each cycle and, as a consequence has developed an extensive and detailed application document and proposal scoring process. With some operating experience and greater clarity about partners, 5310 applications from a Lake NEMT project could be very competitive. While it seems unlikely that the NEMT would itself want to own vehicles, it could develop the grants – with agency participation – and procure lift-equipped replacement vehicles for such entities as People Services, the Tribal Health Consortium and the Live Oak Transportation Program, among others. As the program is

targeted to seniors and persons with disabilities, it would not be an appropriate funding source for children and youth transportation programs, such as the St. Helena and First Five Lake shuttle.

For grants approved under Caltrans Section 5310 program, the local match requirement is just 11.88% with an 88% Federal match. Under some circumstances, the application of state acquired toll credits to the match can mean that no local match dollars are required. [21]

11. Health Care Initiatives Sponsored by Sutter and St. Helena Hospitals / Patient Protection and Affordable Care Act (2010)

Lake County already has long-standing, active support from its largest health care institutions, the two primary care facilities of Sutter and St. Helena Hospitals, in relation to selected transportation needs. Sutter Lakeside Hospital has provided support around the "5150" trips, funding the purchase of two Crown Vic secure-transport vehicles. St. Helena Hospital Clearlake has been a partner through provision of local match funding for Lake Transit Authority's Route 3 to St. Helena, Napa County. It has also, through its wellness clinic, partnered with First Five Lake to transport children and youth to various preventative care services. Representatives of both hospitals have contributed actively to this study's process.

These institutions are expected to continue, and hopefully broaden, their individual commitment to addressing NEMT needs. The largest unknown in the current puzzle are the implications of health care reform and the extent to which the new legislation may incentivize financial participation in expanded transportation access. This Lake County NEMT plan provides both rationale for doing so and some direction as to just how that might be done. The hospitals could be invited to make basic, small partner grants of $5,000 to $10,000 to assist in funding the local match shares of a Lake NEMT pilot program. Beyond that, funding could be made available to purchase trips for individuals who might meet particular eligibility conditions, either by virtue of income, disease condition or to encourage ready access to preventative care services. As the details of national health care reform emerge, support for NEMT participation may also become clearer. Financial participation by the hospitals in a proposed Lake County NEMT program, in part to reduce utilization of expensive emergency room or in-patient hospital services, should actively pursue.

12. **Medi-Cal Managed Care and Existing Fee-For-Service NEMT Reimbursements**

Medi-Cal as an NEMT funding source, along with expanded participation by the hospitals, represents potentially the largest on-going funding opportunities for a Lake County NEMT plan. At work though is the fact that there are two funding streams currently through California's Medi-Cal program: 1) a fee-for-service and 2) managed care (Medi-Cal health maintenance organizations like

[21] For more information see: "Use of Toll Credits in Lieu of Non-Federal Share Match for Local Assistance Federal Highway Projects" http://www.dot.ca.gov/hq/LocalPrograms/DLA_OB/DLA-OB-10-09_Rev.pdf

Kaiser). The reimbursement and cost dynamics are totally different in the two systems. The Medi-Cal fee for service reimbursement system is long-standing and in place all across California.

Twenty-five counties currently use the managed care service structure, mostly large urbanized counties. Lake County is not among this group. As reported on the California Dept. of Health Services website, through this structure ….

> *"The Medi-Cal Managed Care Division (MMCD)… provides high quality, accessible, and cost-effective health care through managed care delivery systems. MMCD contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. Today, approximately 3.9 million Medi-Cal beneficiaries in 25 counties receive their health care through three models of managed care: Two-Plan, County Organized Health Systems (COHS) and Geographic Managed Care (GMC). Medi-Cal providers who wish to provide services to managed care enrollees must participate in the managed care plan's provider network."*
>
> http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx

In the Medi-Cal managed care environment it is readily possible to contract for transportation services of a variety of types and to pass along the reimbursements for these to a range of providers: private for-profit, human service provider, public transit agency. None of the previous authorization impediments stand in the way of reimbursement for transportation services that exist in the fee-for-service environment where "medical necessity" must be demonstrated. Lack of access to existing public transportation does not meet the medical necessity tests currently in place.

Encouraging Lake County's designation as a managed care county and developing the structures likely to support that may well provide additional resources to increased NEMT.

These twelve funding opportunities and their partner agencies and organizations can be expected to play important roles --- to greater and lesser extents – in a developing Lake County NEMT program.

Recommended Action Plan – Lake County Pilot NEMT Program

The following eight action steps are proposed for a Lake County Pilot NEMT Program, providing direction to begin addressing needs and realizing the opportunities set forth in this document. A sample implementing budget follows, showing various line-item costs in three parts: a start-up package of projects; a mobility manager/ brokerage function and Lake Transit service enhancements. Additionally projected are transit-related outcomes of passenger trips and unique persons served by this initially proposed budget.

Table 17, Action Steps to Implement a Lake County Pilot NEMT Program

	Action Step	Responsible Parties	Timeframe
1.	Determine the interest, willingness and ability of Lake County agency partners to participate in a program-of-projects approach to meeting NEMT needs.	Lake APC and TAG members, other interested parties	Immediate
2..	Identify and develop the near term and longer-term grant applications and solicit letters-of-interest necessary to go forward with initial funding requests. Potential funding opportunities include Caltrans MAP-PAC, JARC and New Freedom Call for Projects and Veterans' Administration national pilot project opportunities.	Lake APC lead with support from prospective partner agencies	Immediate
3.	Develop the "suite of projects" to be undertaken during an initial pilot project phase. The project list will be directed, in part, by the ability of partner agencies to identify current or future levels of financial participation, at even modest amounts, including in-kind contributions.	Lake APC with partner and prospective partner agencies	Immediate, but possibly concurrent with development of grant applications
4.	Determine the optimal organizational structure of the Lake County NEMT Pilot Brokerage (e.g. a CTSA-entity, an adjunct to an existing hospital-based initiative, or some new stand-alone, non-profit structure.) Develop necessary agreements, memorandum of understanding or other arrangements to go forward. Define the on-going oversight role of partner agencies, with the new structure.	Lake APC with partner and prospective partner agencies	Near term Start-up phase
5.	Undertake the hiring of Mobility Manager/ Broker and task him/ her with development of first-year operating plan based upon the initial, provisional suite of projects and committed partner agencies. Expect completion of operating plan within sixty-days after hire.	Oversight by Lake APC and possibly Lake Transit of new Pilot Project Mobility Manager	Start-up
6.	Determine cost reimbursement pricing for human service agency purchased trips and price structure for other trips potentially purchased by the broker.	Pilot Project Mobility Manager	Start-up phase

Table 17, Action Steps to Implement a Lake County Pilot NEMT Program , *continued*			
7.	Undertake local research and potential negotiations for Medi-Cal reimbursement to the brokerage for eligible trips that may be provided through a mix of private sector, taxi-based services, LTA's public transportation vehicle resources and human service agency resources.	Lake APC, Lake Transit, TAG members and Pilot Project Mobility Manager	Ongoing,, upon decision to go forward
8.	Undertake first year and second year formal evaluations, assessing program implementation against guiding principles and other important measures. Conducted by an outside third-party, the completion of these evaluations prior to the end of each fiscal year will inform decision-making about the future of the pilot. Must ensure that critical data for each project is reliably collected and compiled.	Third-party contractor	Initially during start-up regarding data to track; quarterly summaries and year-end report

Preliminary Pilot Program Costs

The following Tables 18-A, 18-B, 18-C introduce an estimation of probable costs associated with three years of operation of the proposed NEMT direct services projects, of a mobility management / brokerage pilot program and for selected Lake Transit enhancements. The individual projects can be enacted in whole or in part. These tables are calculated using general assumptions to create an overall cost basis for the program. Additionally, for individual direct service projects, estimates of potential numbers of passenger trips provided and unique persons served; in addition to project costs will be useful to seeking potential funding.

Operating components for five direct service projects are presented on Table 18-A. These include a mileage reimbursement program allowing for long distance or out of county trips; a taxi subsidy program to provide trips of last resort; a transportation voucher program for use on existing human service transportation programs; and a travel training function designed to introduce, and educate potential riders on utilizing available transportation options.

The mobility management/ brokerage sample budget, presented on Table 18-B consists of a full time professional to implement the operating plan, manage available projects, and coordinate available transportation resources. This project also includes an initial part-time administrative assistant providing internal project support, and moves to a full-time position in the second project year. Infrastructure costs for rent, utilities, supplies, equipment and marketing; and an annual stipend for third party analysis and program evaluation are also presented.

All costs presented are estimates and will require a full cost analysis prior to implementation of any proposed project component. As presented, the first year proposed budget of $331,435 is comprised of $208,570 in direct service projects and $122,865 in mobility management/ brokerage expense. An estimated minimum of 38,000 one-way passenger trips and at least 420 unique persons are anticipated

to be served in the first program year. Second and third year expense increases modestly with small increases in labor; more if a technology component is added. Comparable, if not higher, numbers of trips provided and persons served can be expected with subsequent full-year operations as the program moves beyond its start-up phase. The spreadsheets for building these budgets will be provided to Lake City/ County APC, enabling them to readily put in actual costs for various line items, as they work with these in an implementation phase.

Table 18-C presents the costs for various Lake Transit enhancements which could be implemented individually or collectively. With additional detail provided in Appendix J, these estimates represent the increased number of revenue hours to add service to selective routes and on selective days. These include:

- The JARC/ NEMT Evening Hours Service Project for South County is presented as responsive to a petition by a number of CalWorks participants requesting evening bus service to Yuba College. It would also address evening hour needs for NEMT preventative care and evening doctors' appointment needs, discussed in this document.

- The Extended Clearlake/ Lower Lake Service to 10:30 p.m. would add runs to Routes 5 and 6 to provide for continuous operation of these routes from 6:00 a.m. to 10:30 p.m. and would supplement the Yuba College runs identified in that service module. IT would allow for travel throughout the evening to and from hospital or health clinics in the Clearlake/ Lower Lake area, while also increasing support for more service sector jobs.

- Holidays, Sundays and Evenings Countywide Expanded Service is estimated based upon a Saturday service schedule and as well as costing a modest demand responsive NEMT paratransit program that could operate countywide.

These estimates also assume a three percent annual increase in service cost and a farebox recovery ratio of 20 percent.

Table 18-A, Direct Service Pilot Projects Preliminary Budget

Direct Service Pilot Projects	Year One	Year Two	Year Three	# of Annual One way Trips	# of Unique Persons Served	Project Assumptions and Calculations
Mileage Reimbursement						
Long Distance Trips	151,200	176,400	201,600	7,560	45	6 trips per mo. @ avg 70 miles per trip @ $.40 per mile by 30/35/40 persons per year
Cost per mile	$0.40	$0.40	$0.40			
	$60,480	$70,560	$80,640			
Local Trips	96,000	108,000	120,000	16,200	55	10 trips per mo avg of 20 miles per treip @ $.40 per mile by 40/45/50 persons per year
Cost per mile	$0.40	$0.40	$0.40			
	$38,400	$43,200	$48,000			
Total Reimbursement	**$98,880**	**$113,760**	**$128,640**	**23,760**	**100**	
Taxi Subsidy (trips of last resort)						
Trips	2,080	2,184	2,293	6,557	61	8 trips per day M-F annualized and capped at 3 trips per person per month
Total Program Cost	**$52,000**	**$54,600**	**$57,330**	**6,557**	**61**	$25.00 per trip + 5% increase in trips each year
Voucher Program (Human Service Trans)						
Marginal Cost Service Trips	2,600	2,730	2,867	8,197	76	8 trips per day M-F annualized and capped at 3 trips per person per month
Cost	$39,000	$40,950	$42,998			$15.00 per trip + 5% increase in trips each year
Fully Allocated Cost Service Trips	120	126	132	378	40	10 trips per month M-F annualized and capped at 3 trips per person per month
Cost	$9,600	$10,080	$10,584			$80.00 per trip + 5% increase in trips each year
Total Program Cost	**$48,600**	**$51,030**	**$53,582**	**8,575**	**116**	
Travel Training Workshops						
Labor	$1,440	$1,440	$1,440			Assumes 3 employees @ 8 hours per meeting @ $30 burdened rate @ 4 meetings
Mileage	$450	$450	$450			200 miles for upper Lake & 50 miles for lower Lake @ $.50 per mile, 3 persons
Handouts	$400	$400	$400			Assumes $100 per meeting
Refreshments	$500	$500	$500			Assumes $125 per meeting
Interpreter/Translator	$1,400	$1,400	$1,400			Assumes $350 per meeting
Bus Passes for existing services	$4,900	$4,900	$4,900	840		Assumes 35 monthly LTA passes per meeting @$35 - (2) trips per person (1) month
Total	**$9,090**	**$9,090**	**$9,090**	**840**	**420**	
Total Direct Services	**$208,570**	**$228,480**	**$248,642**	**38,000 to 45,000 one-way trips**	**420 to 650 unique persons**	All trips are counted as one-way passenger trips, and persons served are unduplicated

Table 18-B, Mobility Management/ Brokerage Preliminary Budget

Mobility Management/ Brokerage Pilot	Year One	Year Two	Year Three	Project Assumptions and Calculations
Professional Mobility Manager				
Hourly Rate	$25.00	$26.25	$27.56	Include 5% salary increase per year
Hours	2,080	2,080	2,080	
Labor Cost	$52,000	$54,600	$57,330	
Overhead @ 13.5%	$7,020	$7,371	$7,740	13.5% Empoyer share of Federal and State taxes and other benefits
Burdened	**$59,020**	**$61,971**	**$65,070**	
1/2 FTE Administrative Assistant				
Hourly Rate	$13.00	$13.65	$14.33	Include 5% salary increase per year
Hours	1,040	2,080	2,080	.50 FTE first year and full-time second and third years
Labor Cost	$13,520	$28,392	$29,812	
Overhead @ 13.5%	$1,825	$3,833	$4,025	13.5% Empoyer share of Federal and State taxes and other benefits
Burdened	**$15,345**	**$32,225**	**$33,836**	
Brokerage Expenses				
Rent	$18,000	$18,000	$18,000	Priced at $1500 per month
Marketing and Education Materials	$6,000	$6,000	$6,000	Printing costs for handouts and brochures
Supplies	$2,500	$2,500	$2,500	office supplies (paper, ink, postage, stationary etc.)
Local Travel	$6,500	$6,500	$6,500	250 miles per week first year. @$.50 per mile
Computer Purchase	$2,000	$200	$200	(2) Computer, monitor, printer and software (unless already available at site location)
TRB Conferencing		$1,500		Includes conference membership, travel and boarding
CaACT Conferencing	$1,000	$1,100	$1,200	Includes conference membership, travel and boarding
Utilities	$500	$500	$500	
	$36,500	**$36,300**	**$34,900**	
Annual Evaluation Piece				
Year end quantitative and qualitative report	**$12,000**	**$10,000**	**$7,750**	Performed by third party consultant
Technology Piece	**n/a**	**TBD**	**TBD**	
Total Mobility Management/ Brokerage	**$122,865**	**$140,496**	**$141,556**	
Total Direct Services (from Table 18-A)	**$208,570**	**$228,480**	**$248,642**	
TOTAL PROJECT	**$331,435**	**$368,976**	**$390,197**	**38,000 to 45,000 one-way trips** / **420 to 650 unique persons served**

Table 18-C, Lake Transit Enhancements

Lake Transit Service Enhancements			Year One	Year Two	Year Three
For detail on estimates,, assuming $58/ revenue hour cost, see Appendix J.					
Yuba College Exapnsion of Hours					
		rev hours			
Routes 1,3,5-6		3055	$177,190	$182,506	$187,981
	5 days per week				
	Estimated Fare Revenue & $1.50		($35,438)	($36,501)	($37,596)
	Net Total Costs		$141,752	$146,005	$150,385
Extend Clearlake/ Lower Lake to 10 p.m.					
		rev hours			
Routes 5 and 6		1300	$75,400	$77,662	$79,992
	5 days per week	Fares @ $1	($15,080)	($15,532)	($15,998)
		Net	$60,320	$62,130	$63,993
Holidays Expanded Service					
Saturday Schedule - 105.52 hours		*rev hours*			
	11 days	1160.72	$67,322	$69,342	$71,422
		Fares	($13,464)	($13,868)	($14,284)
		Net	$67,322	$55,473	$57,138
NEMT - 60 hours		660	$38,280	$39,428	$40,611
	11 days	Fares	($7,656)	($7,886)	($8,122)
		Net	$30,624	$31,543	$32,489
Sunday Service					
Saturday Schedule = 105.52 hours		*rev hours*			
	52 days	5487.04	$318,248	$327,795	$337,629
		Fares	($63,650)	($65,559)	($67,526)
		Net	$254,598	$262,236	$270,103
NEMT - 60 hours					
	52 days	3120	$180,960	$186,389	$191,980
		Fares	($36,192)	($37,278)	($38,396)
		Net	$217,152	$149,111	$153,584
Evenings					
Lakeport Area NEMT - 3 hours		*rev hours*			
	365 days	1095	$63,510	$65,415	$67,378
		Fares	($12,702)	($13,083)	($13,476)
		Net	$50,808	$52,332	$53,902
Clearlake Area NEMT - 6 hours		rev hours			
	365 days	2190	$127,020	$130,831	$134,756
			($25,404)	($26,166)	($26,951)
			$101,616	$104,664	$107,804

Evaluation of a Lake County NEMT Program of Projects

Evaluating the impact of a Lake County NEMT pilot effort will make it possible to make several types of determinations. It will be necessary to identify what quantities and types of services were actually provided, the process indicators that measure the program's outputs. And importantly, it will be of value to measure what impact these activities may have had on the NEMT target populations, to the extent that this can be known.

Most critically, this evaluation process should provide the basis for a decision-making process about whether to continue this NEMT brokerage program beyond its initial life as a pilot. A robust evaluation effort should provide both "Lessons Learned" within the life of the pilot project and determine what measurable benefits of the service can be documented. But most importantly, the evaluation process must ascertain and document the extent to which – and under what conditions – continuing, sustainable funding can be sought.

Evaluation requires measurable indicators of success. Four categories of evaluation indicators are identified here and Table 19 following enumerates specific indicators used for evaluating coalition building and pilot demonstration projects.

1. Project Context indicators: Social, technological, economic, environmental and political conditions that could influence the project's ability to be completed as intended. These are monitored to assess influence over the process indicators.
2. Capacity indicators: Knowledge, skills, experience and resources of the team or coalition who is managing the project.
3. Process indicators: Activities and outputs to build capacity and manage the project through the four steps of the policy-change process.
4. Outcome indicators: Anticipated changes resulting from advocacy efforts. Outcome indicators can range from shorter-term (i.e., what is initially expected to change as a direct result of advocacy efforts) to longer-term (i.e., what is expected to change as a result of sustained changes in the policy system).

Equally important will be the tracking of traditional transit indicators of performance, numbers of one-way passenger trips, cost per trip and – depending upon how the trip is provided, such performance measurements as cost per revenue hour, trips per revenue hour or non-traditional measures of volunteer-aided trips, destination-based trip counts and so forth.

Careful tracking of both the coalition building and of the outputs of any actual pilot demonstration projects will be critical. This information will help to determine the relative strength of coalition-building initiatives and to report the utilization of various pilot project initiatives. It will be important for policy makers to carefully review the Lessons Learned reporting and determine which initiatives are meeting expectations, which may be falling short and what action steps may then be indicated for the longer-term.

Table 19, Coalition Building and Pilot Demonstration Project Evaluation Indicators

Project Context *(measuring the external influencers)*

- Social norms, events, and current media messages
- Technological changes and trends
- Economic conditions and disparities
- Environmental conditions, externalities, and planning guidelines
- Political climate, networks and system dynamics

Coalition Capacity *(measuring the inputs)*

- Infrastructure development (e.g., coalition structure, bylaws, roles, meeting process)
- Leadership (e.g., envisioning, planning, coordinating, collaborating)
- Staffing (e.g., recruitment, management)
- Skill development (e.g., training, facilitated planning retreats)
- Partnering and forming alliances
- Fund raising

Process *(measuring the activities and outputs – separated in the evaluation)*

- Reframed problem strategically to recruit new coalition support
- Assessed stakeholder position and power
- Conducted policy analysis and select solution(s)
- Established relationships with elected officials and staff
- Established relationships with administrative officials and staff
- Established relationships with private and non-profit organization officials
- Defined the problem (written definition for use in all communications)
- Drafted briefing documents and press releases about the problem
- Educated policymakers and bureaucrats
- Educated media
- Educated the general public
- Presented proposed solutions (e.g., policy proposal)
- Advocated and/or lobbied for solutions
- Used internet for grassroots communication (e.g., listservs, websites, email)
- Polled citizen opinions
- Increased media reliance on coalition as “information resource”
- Purchased mass media (e.g., advertising)
- Earned mass media (e.g., inviting to events; sending news releases; pitching stories)
- Earned organizational media (e.g., provided features, inserts, tips)
- Voter education (prior to an election)
- Conducted community-based meetings
- Conducted advocacy events (e.g., rallies, marches, gatherings)
- Conducted meetings with governmental technical staff
- Conducted pilot or demonstration projects/sites
- Coalition incorporates evaluation findings into “lessons learned” for future campaigns

Table 19, Coalition Building and Pilot Demonstration Project Evaluation Indicators, *continued*

Outcomes *(measuring the short, medium and long-term outcomes)*

- Coalition referenced/contacted as "expert" on issue
- Coalition continues to exist and monitors issue and conditions
- Coalition continues to exist and translates skill to a new problem
- Citizen watchdog group established
- Problem framed appropriately in public/media discourse
- Policy issue becomes part of decision-makers' policy agenda
- Policy developed
- Policy enacted/adopted (e.g., ordinance, ballot measure, legislation, contracts)
- Policy implemented (e.g., rules and regulations, budgets, program activities)
- Policy enforced (e.g., licensing, monitoring, citing and adjudicating)
- Bureaucracy reports on implementation outcome to policy makers and suggests improvements
- Policy makers sponsor additional improvements based on problem definition
- Pilot programs succeed
- Pilot programs become "model programs" for other communities
- Improved physical environments (e.g., self-report by affected citizens; observation)

APPENDICES

Appendix A – Lake County Technical Advisory Group Members and Invitees

Technical Advisory Group (TAG) Invitees and Participants

X	Bill	Garcia,	"Hey Taxi," Inc. Medical Taxi
X	Lisa	Judd,	"Hey Taxi," Inc. Medical Taxi
X	Mike	Parkinson,	Area Agency on Aging
	Denise	Rushing,	Board of Supervisors
X	Hedy	Montoya,	Catholic Charities
X	Stephanie	Husted, MSW,	Community Care / St. Helena Hospital Home Care Service
	Nina	Presmont,	Department of Rehabilitation
X	Jennifer	Fitts,	Department of Social Services
	Joan	Reynolds,	Healthy Start, Lake County Office of Education
X	James	Dowdy,	Kelseyville Fire District
	Georgina	Lehne,	Lake County Community Action Agency
X	Willie	Sapata,	Lake County Fire Protection District
X	Dr. Karen	Tait,	Lake County Health Services
X	Dr. Kristy	Kelly,	Lake County Health Services
	Jim	Brown,	Lake County Public Health
	Sherylin	Taylor,	Lake County Public Health
	Gloria	Flaherty,	Lake Family Resource Center
X	Wanda	Gray,	Lake Transit Authority
X	Mark	Wall,	Lake Transit Authority
X	Ken	Wells,	Lakeport Fire Protection District
X	Lydia	Wells,	EMT
	Bob	Ray,	Lakeport Fire Protection District
	Lori	Conroy,	Lakeside Health Center
X	Pat	Grabham,	Live Oaks Senior Center
	Lee	Tyree,	Lucerne Senior Center
	Robert	Vallinet,	Lucerne Senior Center
	David	Meek,	Lucerne Senior Center
X	Christine	Scheffer,	Paratransit Services
X	Ilene	Dumont,	People Services, Inc.
X	Randy	Lyman,	REACH Headquarters
X	Courtney	Singleton,	Redwood Coast Regional Center
X	Linda	Shulz,	Saint Helena Hospital, ClearLake
X	Scott	Anderson,	Saint Helena Hospital, Clearlake / Clearlake Family Health Center and Integrated Chronic Care Program
X	Matthew	Beehler,	Saint Helena Hospital, Clearlake / Clearlake Family Health Center and Integrated Chronic Care Program
X	Ilona	Horton,	Saint Helena Hospital, Clearlake / Clearlake Family Health Center and Integrated Chronic Care Program
	Dr. Mike	Shepard,	St. Helena Family Practice
	Dr. Bruce	Deas,	Sutter Lakeside Hospital
	John	Gorbenko,	Sutter Lakeside Hospital
X	James	Huston,	Sutter Lakeside Hospital
X	Alisha	Acker,	Tribal Health Clinic
	Dr. Linda	Mulligan,	VA Clinic

X = Individuals who have participated by attending meetings/workshops or via phone conversations or emails, or who have been represented by another member of their organization.

Appendix B – TAG Meeting Agendas

B-1 Kickoff Meeting Agenda – June 3, 2010

LAKE COUNTY/CITY AREA PLANNING COUNCIL

Non-Emergency Medical Transportation Plan
for Lake County, California
Lake County/City Area Planning Council

Kickoff Meeting Agenda
1:30 – 3:30 p.m. – Thursday, June 3rd, 2010
Umpqua Bank
805 11th Street, 2nd floor
Lakeport, CA.

Introduction to Lake County's Non-Emergency Medical Transportation (NEMT) Operating Plan Development
Lisa Davey-Bates, Lake County Area Planning Council

Overview of AMMA's Approach to NEMT Project
Heather Menninger, AMMA Transit Planning

Health Care Reform: What Does Access Look Like in the Future?
Dora Barilla, PhD., Loma Linda University Medical Center

Public Outreach Activities:
June Mail-Back Household Survey
Fall Public Meetings
Heather and all

Review of Project Schedule and Next Steps *Lisa and Heather*

Adjournment

B-2 Meeting Agenda – November 1, 2010

LAKE COUNTY/CITY AREA PLANNING COUNCIL

Non-Emergency Medical Transportation Plan for Lake County, California Lake County/City Area Planning Council

Meeting Agenda

1:30 – 3:30 p.m. –Monday, November 1st, 2010
Lake Transit Authority Offices

9240 Highway 53, Lower Lake, CA 95457
Lake Transit reception information (707) 994-3334

Introductions and Welcome

Lisa Davey-Bates, Lake County Area Planning Council

Presentation of NEMT Study's First Working Paper

Draft Report on Needs and Resources Related to NEMT in Lake County

Heather Menninger, AMMA Transit Planning
Dora Barilla, DrPH, Loma Linda University Medical Center

Update on the Statewide Mobility Action Plan Activities

Kimberly Gayle, Div. of Mass Transportation, Caltrans

Discussion

Heather and all

Review of Next Steps *Lisa and Heather*

Adjournment

B-3 Interdepartmental Conference Call Agenda – December 7, 2010

Non-Emergency Medical Transportation Plan for Lake County, California
Lake County/City Area Planning Council

Conference Call Meeting Agenda
Tuesday, December 7, 2010
11 a.m. to 12:30 p.m.

Introductions (5 minutes)
Lisa Davey-Bates, Lake County/City Area Planning Council

Key Findings from Lake ACP NEMT Project (10 minutes)
Heather Menninger, AMMA Transit Planning

Mobility Action Plan [MAP] Recommendations and Opportunities for Lake County (10 minutes)

Research and Evaluation of Coordination Concepts:
#7 – Medi-Cal Transportation Provider Reimbursement
#8 – Non-Emergency Medical Transportation (NEMT) Brokerage
Lisa Davey-Bates, Lake APC and Mark Wall, Lake Transit

Discussion of Partnership Opportunities for a Brokerage Capability and Potential Medi-Cal Reimbursement (45 minutes)
All

Identifying Next Steps (10 minutes)
Heather Menninger, AMMA Transit Planning

Adjournment

B-4 Final TAG Meeting – Conference Call, Jan. 18, 2011

Developing a

NON-EMERGENCY MEDICAL TRANSPORTATION PLAN FOR LAKE COUNTY

Final TAG Meeting/ Conference Call – January 18, 2011

1

Today's Agenda

TAG Conference Call, Jan. 18, 2011

- **Introductions**
  Lisa Davey-Bates, Lake APC
- **Study Purposes, Overview of Approach and Plan Recommendations**
  Heather Menninger, AMMA Transit Planning
- **Discussion of Proposed Plan**
  Lisa and All
- **Discussion of Partnership Opportunities - All**
- **Identifying Next Steps - All**

2

Appendix C – Agency Survey Open-ended Comments

#5) Do your clients need Non-Emergency Medical Transportation? Comment on client needs:	#17) What comments do you wish to offer abour improving public transportation or NEMT service options in Lake County?
Clients are all low income with a lack of transportation.	Lake County's main consumer resources are located in Lakeport and Clearlake. Much of the area is rural. The elderly often find lack of transportation to be a major problem.
Shopping and errands	Our clients can't afford to pay a lot for transportation. They are under conservatorship and only have $80.00 a month for personal needs. This includes tobacco, hygiene products, clothing, etc.
Appointments	Sutter Lakeside Hospital used to provide transportation for patients to appointments, but since aquiring the Mobile Health Services Van, has discontinued this service.
They rely solely on this facility for all medical, dental, podiatrist, psychiatrist, optometrist, appts. Shopping, church, entertainment, and all recovery groups/meetings they attend. We are their only transportation.	Front wheelchair lifts on fixed routes. Dial-a-Ride should be throughout the county, not just Clearlake and Lakeport.
Most of our patients are low income without a working vehicle or are young people unable to drive.	What should be included in planning is funding for children's safety car seats so families can safely transport their children to non-emergency medical appointments.
Transportation needs vary by program with the greatest need being frail seniors served through IHSS, APS, Public Guardian and Medi-Cal.	We have four clinics (including AoDS) and a drop-in center. Public Transit is essential to our mission! Thanks for including us in the survey! Comments: Expand the public transportation system to meet the needs of the county's residents by making the schedules more user friendly as they are very confusing and difficult to read. More frequent routes with additional stops.
Very low income people who find it difficult to afford bus fare on a regular basis and live too far off the routes	We are interested in helping with NEMMT, but with our budget constraints, we have serious concerns about moving forward with any transportation services that are not funded by a source other than Catholic Charities.
Many clients (average 20 daily) depend on public transportation to get to their program and counseling appointments. Many do not have vehicles or do not have a drivers license. Majority are on fixed income	We provided paratransit services for those with special need in the Bay area 25 years ago. Since our agency moved to Lake County 20 years ago and became a non-profit, we have not been involved in transportation. I am familiar with the needs and will be interested in developing a weekend, evening, or NEMT service. Keep us in your mailing list. Thank you.
Because we don't have NEMT, we don't discuss it--but need is there.	We occasionally have patients who need NEMT. Our social workers coordinate those transportation needs either by calling a taxi or calling a volunteer.
Wheelchair bound	Buses stop too early, some folks get out of work at 6. I would like to suggest "shift change" schedules: 9-5, 8-4, 7-3
They are low income and generally need to ride a bus to appts and shopping	Times and dates of pick-up from Twin Pine Casino by Lake County Transit.
Medical, dental appointments for clients, especially spouses and kids	Currently lake Transit comes by the senior center several times a day, BUT ONLY ONCE PER DAY DURING HOURS OF OPERATION.

Appendix D – Household Survey Characteristics Compared to Selected US Census Information

Age of Lake County Residents	NEMT Household Survey, 2010		American Community Survey, 2007		Difference from 2007 ACS
under 15	79	**4%**	11,381	**18%**	**- 14%**
15-64	870	**48%**	42,368	**66%**	**- 18%**
65-74	407	**22%**	5,448	**14%**	**+ 8%**
75 +	473	**26%**	5,358	**8%**	**+ 18%**
Total	1829	**100%**	64,555	**100%**	

Survey Population vs. 2000 US Census	South County				
	NEMT Survey	% of Pop.	2000 US Census	% of Pop.	% Difference from 2000 US Census
Total Population	151	10%	9,186	16%	**- 6%**
Under 15	3	5%	1,941	3%	**+ 2%**
15 - 64	60	40%	15,023	26%	**+ 14%**
65 - 74	33	22%	2,965	5%	**+17%**
75 +	51	34%	577	1%	**+33%**

Survey Population vs. 2000 US Census	North Shore/East County				
	NEMT Survey	% of Pop.	2000 US Census	% of Pop.	% Difference from 2000 US Census
Total Population	720	45%	25,719	44%	**+ 1%**
Under 15	36	5%	4,997	9%	**- 4%**
15 - 64	344	48%	14,638	25%	**+ 23%**
65 - 74	144	20%	2,251	4%	**+ 16%**
75 +	169	23%	2,734	5%	**+ 18%**

Survey Population vs. 2000 US Census	West County/Mountains				
	NEMT Survey	% of Pop.	2000 US Census	% of Pop.	% Difference from 2000 US Census
Total Population	712	45%	23,404	40%	**+ 5%**
Under 15	30	4%	4,569	8%	**- 4%**
15 - 64	315	44%	5,782	10%	**+ 34%**
65 - 74	164	23%	886	2%	**+ 21%**
75 +	187	26%	1,946	3%	**+ 23%**

Appendix E– Lake County health Care Access Transportation Survey Reports

E-1 Summary: 1052 Households; 1890 Individuals
E-2 Summary by Region
E-3 Summary by Age Group
E-4 Summary: 50 Households Reporting No Insurance; 90 Individuals
E-5 Summary: Route 7-Lakeport/ Ukiah: 34 Households; 77 Individuals
E-6 Consumer Comments Provided to Open-Ended Question #15 – Improvements to Public Transportation
E-7 Additional Survey Data

Appendix E-1 – Summary: 1052 Households; 1890 Individuals

Lake County Healthcare Access Transportation Survey

1052 households; 1890 individuals; average household size: 1.7

1. Ages of family members in your household

60.2 / 64.6	Avg Age (overall / avg of hh avg)
1 - 102	Range

Age distribution:

79	4.2%	<15
870	46.0%	15-64
407	21.5%	65-74
473	25.0%	75+
61	3.2%	Missing

2. Since January, family members reciving some health care in past six months

1588	84.0%	Yes
235	12.4%	No

3. Number of appointments since January

5.6	Avg # appts since January
0 - 84	Range

4. Where do family members go for medical care and treatment?

449	23.8%	St. Helena Hospital, Clearlake
224	11.9%	Lakeside Health Center, Lakeport
658	34.8%	Sutter Lakeside Hospital, Lakeport
54	2.9%	Lake County Tribal Health Consortium, Lakeport
39	2.1%	Kelseyville Family Health Center, Kelseyville
203	10.7%	Clearlake Family Health Center, Clearlake
74	3.9%	Middletown Family Health Center, Middletown
31	1.6%	Upperlake Community Health Clinic, Upperlake
91	4.8%	VA Medical Center, San Francisco
97	5.1%	VA Outpatient Clinic, Ukiah
85	4.5%	Ukiah Valley Medical Center, Ukia

5. How do family members usually travel to scheduled medical tests/treatments

1259	66.6%	Drove self
482	25.5%	Driven by relative who lives with me
210	11.1%	Driven by a relative who lives elsewhere
27	1.4%	Taxi cab
150	7.9%	Transit / bus
48	2.5%	Dial-a-ride
28	1.5%	Bike
55	2.9%	Walk

6. Reasons family members missed medical appointments in the past six months

96	5.1%	Health improved, felt better, felt worse
97	5.1%	Forgot about apointment/treatments
231	12.2%	Lack of transportation
68	3.6%	Private matter / personal reasons
27	1.4%	Could not get off of work or school
24	1.3%	Don't know / don't remember
1126	59.6%	I / we didn't miss any appointments

7. Family members using Lake Transit in past month to travel anywhere

207	11.0%	Have used Lake Transit in past month
277	14.7%	No, not in past month, but another tim
1271	67.2%	Have never ridden Lake Transit

8. Any family members with conditions requiring assistance when traveling

340	18.0%	Yes
1420	75.1%	No

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Lake County Health Care Access Transportation Survey Summary, p2

1052 households

9. Lake Transit routes used in past month

78	7.4%	Route 1 - North Shore Clearlake to Lakeport
14	1.3%	Route 2 - Hwy 175 Kit's Corner to Middletown
37	3.5%	Route 3 - Hwy 29 Clearlake to St. Helena Hosp.
17	1.6%	Route 3 - Transfer in Calistoga to Napa Routes
53	5.0%	Route 4 - South Shore Clearlake to Lakeport
18	1.7%	Route 4a - Soda Bay Kit's Corner to Lakeport
57	5.4%	Route 5 - Clearlake City North Loop
54	5.1%	Route 6 - Clearlake City South Loop
34	3.2%	Route 7 - Lakeport / Ukiah
33	3.1%	Route 8 - Lakeport City
27	2.6%	Other

10. Other public transportation used

50	4.8%	Lake Transit Dial-a-Ride
13	1.2%	Mendocino Transit
11	1.0%	Napa "VINE"
48	4.6%	Other

11. Reasons preventing use of buses more ofte

622	59.1%	Yes
357	33.9%	No

12. If yes, what are the reasons

157	14.9%	Don't have enough info
193	18.3%	Buses not avalable at times
127	12.1%	No transit service in my area
59	5.6%	Can't afford the fare
286	27.2%	Prefer driving
65	6.2%	Would need to transfer
55	5.2%	Safety / security
200	19.0%	Too long of a walk to the bus stop
64	6.1%	Not healthy enough to ride, or too frail
97	9.2%	Other

13. Other transporation services used

66	6.3%	Veterans shuttle
23	2.2%	People Services
68	6.5%	Taxi services

14. Preferred times to travel to medical appointment

616	58.6%	8 am - 12 pm
313	29.8%	12 pm - 4 pm
68	6.5%	4 pm - 8 pm

1 Summary P2 **10/26/2010 12:41:37 PM**

Lake County Health Care Access Transportation Survey Summary, p3

1052 households

16. Medical Insurance used by family member

263	25.0%	Medi-Cal
14	1.3%	Healthy Families
552	52.5%	Private insurance
676	64.3%	MediCare
50	4.8%	I/we don't have insurance
196	18.6%	Other

17. Owned or leased working vehicles

110	10.5%	None
418	39.7%	1 vehicle
327	31.1%	2 vehicles
121	11.5%	3 vehicles
60	5.7%	More

18. Are there enough cars availble for family members' transportation needs

636	60.5%	Always
208	19.8%	Usually
79	7.5%	Sometimes
79	7.5%	Never

19. Number of licensed drivers in househol

65	6.2%	0
450	42.8%	1
435	41.3%	2
47	4.5%	3 or more

20. Household annual income

110	10.5%	Less than $10,000
333	31.7%	$10,000-$24,000
251	23.9%	$25,000-$49,999
207	19.7%	$50,000 or more
114	10.8%	Don't wish to answer

22. Internet access in home

653	62.1%	Yes
383	36.4%	No
10	1.0%	Other

1 Summary P3 **10/26/2010 12:44:57 PM**

Appendix E-2 – Summary by Region

Lake County Health Care Access Transportation Survey
Summary by Region
1890 individuals from 1052 households
Region coded for N= 1583 household members from 882 households

	All		South County		North Shore/ East County		West County/ Mountains	
Individuals	1583	100%	151	10%	720	45%	712	45%
1. Ages of family members in household								
Avg age	59		66		59		61	
Range	1 - 102		2 - 98		1 - 102		1 - 98	
Age distribution								
under 15	69	4%	3	2%	36	5%	30	4%
15-64	719	45%	60	40%	344	48%	315	44%
65-74	341	22%	33	22%	144	20%	164	23%
75+	407	26%	51	34%	169	23%	187	26%
2. Received health care in past 6 mos								
Yes	1,347	85%	129	85%	595	83%	623	88%
No	186	12%	17	11%	99	14%	70	10%
3. Number of appointments for medical care								
Avg number of appointments	6		6		6		6	
Range	0 - 84		0 - 84		0 - 50		0 - 53	
4. Locations for medical treatment								
St. Helena Hospital, Clearlake	380	24%	67	44%	266	37%	47	7%
Lakeside Health Center, Lakeport	197	12%	6	4%	86	12%	105	15%
Sutter Lakeside Hospital, Lakeport	584	37%	17	11%	173	24%	394	55%
Lake County Tribal Health Consortium, Lakeport	48	3%	0	0%	24	3%	24	3%
Kelseyville Family Health Center, Kelseyville	36	2%	1	1%	10	1%	25	4%
Clearlake Family Health Center, Clearlake	176	11%	16	11%	156	22%	4	1%
Middletown Family Health Center, Middletown	59	4%	25	17%	18	3%	16	2%
Upperlake Community Health Clinic, Upperlake	17	1%	0	0%	15	2%	2	0%
VA Medical Center, San Francisco	84	5%	9	6%	41	6%	34	5%
VA Outpatient Clinic, Ukiah	87	5%	2	1%	43	6%	42	6%
Ukiah Valley Medical Center, Ukiah	72	5%	1	1%	30	4%	41	6%
Doctor's Office	800	51%	80	53%	319	44%	401	56%
5. How do family members travel to scheduled medical tests and treatments?								
Drove self	1,040	66%	116	77%	415	58%	509	71%
Driven by relative who lives with me	409	26%	38	25%	187	26%	184	26%
Driven by relative who lives elsewhere	182	11%	18	12%	95	13%	69	10%
Taxi cab	27	2%	2	1%	25	3%	0	0%
Transit / bus	141	9%	6	4%	93	13%	42	6%
Dial-a-ride	45	3%	1	1%	26	4%	18	3%
Bike	26	2%	1	1%	17	2%	8	1%
Walk	52	3%	1	1%	36	5%	15	2%

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Lake County Health Care Access Transportation Survey
Summary by Region
1890 individuals from 1052 households
Region coded for N= 1583 household members from 882 households

	All		South County		North Shore/ East County		West County/ Mountains	
Individuals	1583	100%	151	10%	720	45%	712	45%
6. Reasons for family members' missed medical appointments in the past six month?								
Health improved, felt better, felt worse	87	5%	5	3%	48	7%	34	5%
Forgot about apointment/treatments	82	5%	3	2%	50	7%	29	4%
Lack of transportation	205	13%	12	8%	125	17%	68	10%
Private matter / personal reasons	53	3%	2	1%	34	5%	17	2%
Could not get off of work or school	23	1%	2	1%	10	1%	11	2%
Don't know / don't remember	20	1%	1	1%	11	2%	8	1%
I / we didn't miss any appointments	943	60%	119	79%	375	52%	449	63%
7. Have family members used Lake Transit in past month to travel anywhere?								
Have used Lake Transit in the past month	184	12%	10	7%	119	17%	55	8%
No, not in the past month, but another tim	244	15%	15	10%	138	19%	91	13%
Have never ridden Lake Transit	1,053	67%	121	80%	411	57%	521	73%
8. Family members have condition requiring assistance when traveling?								
Yes	303	19%	30	20%	153	21%	120	17%
No	1,176	74%	116	77%	508	71%	552	78%

Summ by Region P2 10/26/2010 12:48:59 PM

Lake County Health Care Access Transportation Survey
Summary by Region
1890 individuals from 1052 households
Region coded for N= 882 households

	All		South County		North Shore/ East County		West County/ Mountains	
Households	882	100%	90	10%	403	46%	389	44%
9. If used Lake Transit in past mo., which rts?								
Route 1 - North Shore Clearlake to Lakeport	71	8%	1	1%	54	13%	16	4%
Route 2 - Hwy 175 Kit's Corner to Middletown	13	1%	2	2%	2	0%	9	2%
Route 3 - Hwy 29 Clearlake to St. Helena Hosp.	29	3%	3	3%	19	5%	7	2%
Route 3 - Transfer in Calistoga to Napa Routes	13	1%	1	1%	10	2%	2	1%
Route 4 - South Shore Clearlake to Lakeport	49	6%	1	1%	31	8%	17	4%
Route 4a - Soda Bay Kit's Corner to Lakeport	15	2%	0	0%	3	1%	12	3%
Route 5 - Clearlake City North Loop	51	6%	1	1%	45	11%	5	1%
Route 6 - Clearlake City South Loop	49	6%	4	4%	40	10%	5	1%
Route 7 - Lakeport / Ukiah	32	4%	2	2%	17	4%	13	3%
Route 8 - Lakeport City	31	4%	1	1%	12	3%	18	5%
Other	26	3%	1	1%	15	4%	10	3%
10. Use of other public transit in past month								
Lake Transit Dial-a-Ride	45	5%	2	2%	24	6%	19	5%
Mendocino Transit	13	1%	0	0%	7	2%	6	2%
Napa "VINE"	11	1%	1	1%	7	2%	3	1%
Other	46	5%	0	0%	32	8%	14	4%
11. Reasons preventing use of buses								
Yes	522	59%	58	64%	249	62%	215	55%
No	300	34%	25	28%	129	32%	146	38%
12. If yes, reasons								
Don't have enough info on routes, schedule, fares	128	15%	14	16%	57	14%	57	15%
Buses not available at times I need to travel	163	18%	15	17%	83	21%	65	17%
No transit service in my area	104	12%	17	19%	42	10%	45	12%
Can't afford the fare	54	6%	3	3%	33	8%	18	5%
Prefer driving	235	27%	25	28%	91	23%	119	31%
Would need to transfer	52	6%	7	8%	29	7%	16	4%
Concerns about safety or security	41	5%	2	2%	23	6%	16	4%
Too long a walk to the bus stop	162	18%	19	21%	81	20%	62	16%
Not healthy enough to ride or too frail	60	7%	8	9%	35	9%	17	4%
Other	84	10%	9	10%	45	11%	30	8%
13. What OTHER TRANSPORATION services do family members use?								
Veterans Shuttle	60	7%	2	2%	36	9%	22	6%
People Services	20	2%	4	4%	13	3%	3	1%
Taxi services	61	7%	4	4%	43	11%	14	4%
14. TIMES prefered for medical appointments								
8am - 12pm	535	61%	50	56%	258	64%	227	58%
12 pm - 4 pm	263	30%	33	37%	128	32%	102	26%
4 pm - 8 pm	53	6%	2	2%	35	9%	16	4%

Summ by Region P3 10/26/2010 12:49:53 PM

Lake County Health Care Access Transportation Survey
Summary by Region
1890 individuals from 1052 households
Region coded for N= 882 households

	All		South County		North Shore/ East County		West County/ Mountains	
Households	882	100%	90	10%	403	46%	389	44%
16. Medical insurance used by family members								
Medi-Cal	229	26%	12	13%	150	37%	67	17%
Healthy Families	12	1%	1	1%	3	1%	8	2%
Private Insurance	456	52%	58	64%	173	43%	225	58%
MediCare	578	66%	60	67%	268	67%	250	64%
I/we don't have insurance	41	5%	1	1%	22	5%	18	5%
Other	171	19%	22	24%	87	22%	62	16%
17. Family owned/leased working vehicles								
None	100	11%	6	7%	67	17%	27	7%
1 vehicle	370	42%	33	37%	187	46%	150	39%
2 vehicles	262	30%	31	34%	103	26%	128	33%
3 vehicles	95	11%	13	14%	29	7%	53	14%
more than 3 vehicles	49	6%	5	6%	15	4%	29	7%
18. Are there enough cars for family members' transportation needs?								
Always	521	59%	65	72%	209	52%	247	63%
Usually	185	21%	13	14%	82	20%	90	23%
Sometimes	67	8%	5	6%	37	9%	25	6%
Never	73	8%	4	4%	51	13%	18	5%
19. Number of licensed drivers in household								
Avg number	1.5		1.5		1.3		1.6	
20. Annual household income, before taxes								
Less than $10,000	96	11%	6	7%	62	15%	28	7%
$10,000-$24,999	293	33%	21	23%	163	40%	109	28%
$25,000-$49,999	207	23%	30	33%	96	24%	81	21%
$50,000 or more	173	20%	25	28%	41	10%	107	28%
Don't wish to answer	88	10%	7	8%	31	8%	50	13%
22. Does home have access to internet?								
Yes	543	62%	62	69%	222	55%	259	67%
No	333	38%	28	31%	177	44%	128	33%
Other	9	1%	3	3%	3	1%	3	1%

Summ by Region P4 10/26/2010 12:51:11 PM

Appendix E-3 – Summary by Age

Lake County Health Care Access Transportation Survey
Summary by Age Group
1890 individuals from 1052 households
N= 1829 household members from 1015 households reporting age

	All		Ages <15		Ages 15-64		Ages 65-74		Ages 75+	
Individuals	1829	100%	79	4%	870	48%	407	22%	473	26%
1. Ages of family members in household										
Avg age	60		7		49		69		82	
Range	1 - 102		1 - 14		15 - 64		65 - 74		75 - 102	
2. Received health care in past 6 mos										
Yes	1,550	85%	62	78%	696	80%	362	89%	430	91%
No	222	12%	12	15%	142	16%	36	9%	32	7%
3. Number of appointments for medical care										
Avg number of appointments	6		3		5		6		7	
Range	0 - 84		0 - 15		0 - 53		0 - 84		0 - 60	
4. Locations for medical treatment										
St. Helena Hospital, Clearlake	433	24%	11	14%	183	21%	96	24%	143	30%
Lakeside Health Center, Lakeport	216	12%	16	20%	104	12%	51	13%	45	10%
Sutter Lakeside Hospital, Lakeport	640	35%	20	25%	266	31%	156	38%	198	42%
Lake County Tribal Health Consortium, Lakeport	50	3%	8	10%	34	4%	2	0%	6	1%
Kelseyville Family Health Center, Kelseyville	39	2%	1	1%	23	3%	7	2%	8	2%
Clearlake Family Health Center, Clearlake	195	11%	17	22%	111	13%	28	7%	39	8%
Middletown Family Health Center, Middletown	73	4%	4	5%	35	4%	17	4%	17	4%
Upperlake Community Health Clinic, Upperlake	30	2%	4	5%	16	2%	5	1%	5	1%
VA Medical Center, San Francisco	88	5%	0	0%	24	3%	25	6%	39	8%
VA Outpatient Clinic, Ukiah	92	5%	0	0%	28	3%	23	6%	41	9%
Ukiah Valley Medical Center, Ukiah	80	4%	1	1%	36	4%	21	5%	22	5%
Doctor's Office	928	51%	17	22%	342	39%	239	59%	330	70%
5. How do family members travel to scheduled medical tests and treatments?										
Drove self	1,229	67%	5	6%	571	66%	318	78%	335	71%
Driven by relative who lives with me	476	26%	57	72%	188	22%	101	25%	130	27%
Driven by relative who lives elsewhere	199	11%	4	5%	91	10%	33	8%	71	15%
Taxi cab	22	1%	0	0%	11	1%	5	1%	6	1%
Transit / bus	146	8%	7	9%	107	12%	16	4%	16	3%
Dial-a-ride	45	2%	1	1%	24	3%	6	1%	14	3%
Bike	23	1%	1	1%	20	2%	0	0%	2	0%
Walk	52	3%	2	3%	37	4%	9	2%	4	1%

Summ by Age P1 10/26/2010 1:00:04 PM

Lake County Health Care Access Transportation Survey
Summary by Age Group
1890 individuals from 1052 households
N= 1829 household members from 1015 households reporting age

	All		Ages <15		Ages 15-64		Ages 65-74		Ages 75+	
Individuals	1829	100%	79	4%	870	48%	407	22%	473	26%
6. Reasons for family members' missed medical appointments in the past six month?										
Health improved, felt better, felt worse	92	5%	3	4%	54	6%	16	4%	19	4%
Forgot about apointment/treatments	93	5%	4	5%	55	6%	17	4%	17	4%
Lack of transportation	217	12%	18	23%	139	16%	34	8%	26	5%
Private matter / personal reasons	66	4%	0	0%	43	5%	13	3%	10	2%
Could not get off of work or school	26	1%	3	4%	22	3%	0	0%	1	0%
Don't know / don't remember	24	1%	0	0%	16	2%	3	1%	5	1%
I / we didn't miss any appointments	1,099	60%	34	43%	460	53%	279	69%	326	69%
7. Have family members used Lake Transit in past month to travel anywhere?										
Have used Lake Transit in the past month	195	11%	9	11%	133	15%	26	6%	27	6%
No, not in the past month, but another tim	271	15%	19	24%	153	18%	50	12%	49	10%
Have never ridden Lake Transit	1,244	68%	39	49%	526	60%	308	76%	371	78%
8. Family members have condition requiring assistance when traveling?										
Yes	327	18%	5	6%	155	18%	60	15%	107	23%
No	1,384	76%	64	81%	647	74%	328	81%	345	73%

Summ by Age P2 **10/26/2010 1:00:57 PM**

Appendix E-4 Summary: 50 Households Reporting No Insurance; 90 Individuals

Lake County Healthcare Access Transportation Survey

50 households reporting no insurance; 90 individuals; average household size: 1.8

1. Ages of family members in your household

51.3 / 54.4	Avg Age (overall / avg of hh avg)
2 - 83	Range

Age distribution:

3	3.3%	<15
72	80.0%	15-64
4	4.4%	65-74
5	5.6%	75+
6	6.7%	Missing

2. Since January, family members reciving some health care in past six months

55	61.1%	Yes
31	34.4%	No

3. Number of appointments since January

2.9	Avg # appts since January
0 - 20	Range

4. Where do family members go for medical care and treatment?

11	12.2%	St. Helena Hospital, Clearlake
9	10.0%	Lakeside Health Center, Lakeport
19	21.1%	Sutter Lakeside Hospital, Lakeport
2	2.2%	Lake County Tribal Health Consortium, Lakeport
5	5.6%	Kelseyville Family Health Center, Kelseyville
8	8.9%	Clearlake Family Health Center, Clearlake
7	7.8%	Middletown Family Health Center, Middletown
2	2.2%	Upperlake Community Health Clinic, Upperlake
3	3.3%	VA Medical Center, San Francisco
4	4.4%	VA Outpatient Clinic, Ukiah
2	2.2%	Ukiah Valley Medical Center, Ukia

5. How do family members usually travel to scheduled medical tests/treatments

54	60.0%	Drove self
17	18.9%	Driven by relative who lives with me
7	7.8%	Driven by a relative who lives elsewhere
		Taxi cab
8	8.9%	Transit / bus
		Dial-a-ride
4	4.4%	Bike
4	4.4%	Walk

6. Reasons family members missed medical appointments in the past six months

6	6.7%	Health improved, felt better, felt worse
1	1.1%	Forgot about apointment/treatments
12	13.3%	Lack of transportation
2	2.2%	Private matter / personal reasons
2	2.2%	Could not get off of work or school
1	1.1%	Don't know / don't remember
45	50.0%	I / we didn't miss any appointments

7. Family members using Lake Transit in past month to travel anywhere

10	11.1%	Have used Lake Transit in past month
24	26.7%	No, not in past month, but another tim
51	56.7%	Have never ridden Lake Transit

8. Any family members with conditions requiring assistance when traveling

10	11.1%	Yes
71	78.9%	No

1 Summary P1 no ins **10/26/2010 11:38:50 AM**

Lake County Health Care Access Transportation Survey Summary, p2

50 households reporting no insurance

9. Lake Transit routes used in past month

6	0.6%	Route 1 - North Shore Clearlake to Lakeport
4	0.4%	Route 2 - Hwy 175 Kit's Corner to Middletown
4	0.4%	Route 3 - Hwy 29 Clearlake to St. Helena Hosp.
0	0.0%	Route 3 - Transfer in Calistoga to Napa Routes
3	0.3%	Route 4 - South Shore Clearlake to Lakeport
3	0.3%	Route 4a - Soda Bay Kit's Corner to Lakeport
5	0.5%	Route 5 - Clearlake City North Loop
4	0.4%	Route 6 - Clearlake City South Loop
2	0.2%	Route 7 - Lakeport / Ukiah
2	0.2%	Route 8 - Lakeport City
0	0.0%	Other

10. Other public transportation used

1	0.1%	Lake Transit Dial-a-Ride
0	0.0%	Mendocino Transit
0	0.0%	Napa "VINE"
2	0.2%	Other

11. Reasons preventing use of buses more ofte

28	2.7%	Yes
20	1.9%	No

12. If yes, what are the reasons

5	0.5%	Don't have enough info
12	1.1%	Buses not avalable at times
6	0.6%	No transit service in my area
3	0.3%	Can't afford the fare
12	1.1%	Prefer driving
6	0.6%	Would need to transfer
0	0.0%	Safety / security
8	0.8%	Too long of a walk to the bus stop
4	0.4%	Not healthy enough to ride, or too frail
3	0.3%	Other

13. Other transporation services used

3	0.3%	Veterans shuttle
0	0.0%	People Services
2	0.2%	Taxi services

14. Preferred times to travel to medical appointment

24	2.3%	8 am - 12 pm
10	1.0%	12 pm - 4 pm
5	0.5%	4 pm - 8 pm

1 Summary P2 no ins **10/26/2010 12:16:09 PM**

Lake County Health Care Access Transportation Survey Summary, p3

50 households reporting no insurance

16. Medical Insurance used by family member

3	0.3%	Medi-Cal
0	0.0%	Healthy Families
5	0.5%	Private insurance
3	0.3%	MediCare
50	4.8%	I/we don't have insurance
3	0.3%	Other

17. Owned or leased working vehicles

2	0.2%	None
30	2.9%	1 vehicle
9	0.9%	2 vehicles
6	0.6%	3 vehicles
1	0.1%	More

18. Are there enough cars availble for family members' transportation needs

22	2.1%	Always
18	1.7%	Usually
4	0.4%	Sometimes
4	0.4%	Never

19. Number of licensed drivers in househol

1	0.1%	0
25	2.4%	1
16	1.5%	2
4	0.4%	3 or more

20. Household annual income

6	0.6%	Less than $10,000
21	2.0%	$10,000-$24,000
15	1.4%	$25,000-$49,999
1	0.1%	$50,000 or more
5	0.5%	Don't wish to answer

22. Internet access in home

29	2.8%	Yes
20	1.9%	No
0	0.0%	Other

1 Summary P3 no ins **10/26/2010 12:19:03 PM**

Appendix E-5 Summary: Route 7- Lakeport / Ukiah: 34 Households; 77 Individuals

Lake County Healthcare Access Transportation Survey

Route 7 - Lakeport / Ukiah: 34 households; 77 individuals; average household size: 2.2

1. Ages of family members in your household

51.2 / 53.4	Avg Age (overall / avg of hh avg)
8 - 96	Range

Age distribution:

3	3.9%	<15
46	59.7%	15-64
12	15.6%	65-74
6	7.8%	75+
10	13.0%	Missing

2. Since January, family members reciving some health care in past six months

64	83.1%	Yes
8	10.4%	No

3. Number of appointments since January

6.7	Avg # appts since January
0 - 50	Range

4. Where do family members go for medical care and treatment?

12	15.6%	St. Helena Hospital, Clearlake
18	23.4%	Lakeside Health Center, Lakeport
35	45.5%	Sutter Lakeside Hospital, Lakeport
6	7.8%	Lake County Tribal Health Consortium, Lakeport
1	1.3%	Kelseyville Family Health Center, Kelseyville
9	11.7%	Clearlake Family Health Center, Clearlake
		Middletown Family Health Center, Middletown
4	5.2%	Upperlake Community Health Clinic, Upperlake
6	7.8%	VA Medical Center, San Francisco
9	11.7%	VA Outpatient Clinic, Ukiah
6	7.8%	Ukiah Valley Medical Center, Ukia

5. How do family members usually travel to scheduled medical tests/treatments

28	36.4%	Drove self
15	19.5%	Driven by relative who lives with me
12	15.6%	Driven by a relative who lives elsewhere
5	6.5%	Taxi cab
24	31.2%	Transit / bus
8	10.4%	Dial-a-ride
9	11.7%	Bike
4	5.2%	Walk

6. Reasons family members missed medical appointments in the past six months

8	10.4%	Health improved, felt better, felt worse
6	7.8%	Forgot about apointment/treatments
25	32.5%	Lack of transportation
3	3.9%	Private matter / personal reasons
		Could not get off of work or school
2	2.6%	Don't know / don't remember
27	35.1%	I / we didn't miss any appointments

7. Family members using Lake Transit in past month to travel anywhere

35	45.5%	Have used Lake Transit in past month
22	28.6%	No, not in past month, but another tim
6	7.8%	Have never ridden Lake Transit

8. Any family members with conditions requiring assistance when traveling

24	31.2%	Yes
37	48.1%	No

Summary P1 Rt7 **10/26/2010 1:29:47 PM**

Lake County Health Care Access Transportation Survey Summary, p2

Route 7 - Lakeport / Ukiah : 34 households

9. Lake Transit routes used in past month

17	50.0%	Route 1 - North Shore Clearlake to Lakeport
4	11.8%	Route 2 - Hwy 175 Kit's Corner to Middletown
5	14.7%	Route 3 - Hwy 29 Clearlake to St. Helena Hosp.
4	11.8%	Route 3 - Transfer in Calistoga to Napa Routes
13	38.2%	Route 4 - South Shore Clearlake to Lakeport
5	14.7%	Route 4a - Soda Bay Kit's Corner to Lakeport
8	23.5%	Route 5 - Clearlake City North Loop
7	20.6%	Route 6 - Clearlake City South Loop
34	100.0%	Route 7 - Lakeport / Ukiah
11	32.4%	Route 8 - Lakeport City
3	8.8%	Other

10. Other public transportation used

9	26.5%	Lake Transit Dial-a-Ride
8	23.5%	Mendocino Transit
3	8.8%	Napa "VINE"
5	14.7%	Other

11. Reasons preventing use of buses more ofte

23	67.6%	Yes
9	26.5%	No

12. If yes, what are the reasons

6	17.6%	Don't have enough info
14	41.2%	Buses not avalable at times
6	17.6%	No transit service in my area
4	11.8%	Can't afford the fare
2	5.9%	Prefer driving
6	17.6%	Would need to transfer
5	14.7%	Safety / security
11	32.4%	Too long of a walk to the bus stop
4	11.8%	Not healthy enough to ride, or too frail
8	23.5%	Other

13. Other transporation services used

7	20.6%	Veterans shuttle
2	5.9%	People Services
3	8.8%	Taxi services

14. Preferred times to travel to medical appointment

26	76.5%	8 am - 12 pm
15	44.1%	12 pm - 4 pm
5	14.7%	4 pm - 8 pm

Summary P2 Rt7 **10/26/2010 1:35:31 PM**

Lake County Health Care Access Transportation Survey Summary, p3

Route 7 - Lakeport / Ukiah : 34 households

16. Medical Insurance used by family member

18	52.9%	Medi-Cal
2	5.9%	Healthy Families
12	35.3%	Private insurance
19	55.9%	MediCare
2	5.9%	I/we don't have insurance
8	23.5%	Other

17. Owned or leased working vehicles

11	32.4%	None
12	35.3%	1 vehicle
8	23.5%	2 vehicles
0	0.0%	3 vehicles
3	8.8%	More

18. Are there enough cars availble for family members' transportation needs

9	26.5%	Always
5	14.7%	Usually
10	29.4%	Sometimes
9	26.5%	Never

19. Number of licensed drivers in househol

4	11.8%	0
18	52.9%	1
6	17.6%	2
4	11.8%	3 or more

20. Household annual income

8	23.5%	Less than $10,000
13	38.2%	$10,000-$24,000
4	11.8%	$25,000-$49,999
6	17.6%	$50,000 or more
3	8.8%	Don't wish to answer

22. Internet access in home

16	47.1%	Yes
18	52.9%	No
0	0.0%	Other

Summary P3 Rt7 **10/26/2010 1:36:53 PM**

Appendix E-6 – Consumer Comments Provided to Open-Ended Question #15: Improvements to Public Transportation

#15) What improvements to public transportation would make it easier for family members to ride?	Category 1	Category 2	Category 3
The light blue cells indicate the responses received after the completion of our analysis and, therefore, were unable to be included, but whose comments are provided here.			
Transit- Cleanliness:			
Cleaner buses	Transit- Cleanliness:		
Seat belts and car seats, bleach wipes.	Transit- Cleanliness:	Transit- Safety:	
Cleaner buses.	Transit- Cleanliness:		
Regular user of route 1 + 8. Seats should be of washable material. Old buses seats looks peed on and very filthy. Since route 1 is a long route, bathroom break would be nice. A consolidation of schedules 1 schedule in 1 pamphlet would help immensely. More	Transit- Cleanliness:	Transit- Need Shelters and Benches:	Transit- Coverage: Need More Bus Stops
Expand the area in which transportation is available to those of us who live in more remote, rural places - e.g.: Hendrick Road - Dessie Drive.	Transit- Coverage:		
Transit- Coverage:			
Would like to go to Santa Rosa by bus.	Transit- Coverage:		
Our rural residents is 10 miles to the nearest bus stop. Population density too low to warrant bus service.	Transit- Coverage:		
Route including going on more streets like Jenaya (Kelseyville) where there are steep hills that make it impossible to walk to main route.	Transit- Coverage:		
Better access to public transportation, and closer.	Transit- Coverage:		
Have service in our area.	Transit- Coverage:		
Cobb coverage.	Transit- Coverage:		
Have service on Robin Hill.	Transit- Coverage:		
Some closer connection to greyhound or Amtrak.	Transit- Coverage:		
Transportation for concerts when they were available at Konocti	Transit- Coverage:		
More routes - more remote service/more often.	Transit- Coverage:		
Provide buses in our area.	Transit- Coverage:		
Have services where convenient to all people or be able to call for pick-up. (i.e.. HVL)	Transit- Coverage:	Transit- Paratransit/Dial-a-ride: More Coverage	
Better coverage from Blue Lake to Sutter.	Transit- Coverage:		
Extend service past the gooseneck to the…	Transit- Coverage:		
Better bus/schd. To match real needs of outside area.	Transit- Coverage:		
It's a problem for HVL people who are elderly and single to get a straight route from HVL to Middletown clinic or St. Helena Hospital in St. Helena (Deer Park).	Transit- Coverage:		
Would like to see routing from hospital to hospital such as Santa Rosa to Lakeport to St. Helena etc.	Transit- Coverage:		
Local Clearlake Oaks + Clearlake	Transit- Coverage:		
More locations and information	Transit- Coverage:	Transit- Need More Information:	
Need bus service for Spring Valley area.	Transit- Coverage:		
Bring service farther out Morgan Valley Dr.	Transit- Coverage:		
Better coverage.	Transit- Coverage:		
Bus stop location / routes.	Transit- Coverage:		
Direct service to Sutter Lakeside Center from Kelseyville - No transfer.	Transit- Coverage:		
To and from Hospital, after surgery and release.	Transit- Coverage:		
Direct route to Sutter.	Transit- Coverage:		
Expansion into rural areas.	Transit- Coverage:		
Extended, rural routes/access.	Transit- Coverage:		

Extend routes.	Transit- Coverage:		
More routes around town, Clearlake.	Transit- Coverage:		
Have to go to Lakeport to catch shuttle. Need one in Clearlake.	Transit- Coverage:		
Extend the line all the way to Pine Oaks Fire House	Transit- Coverage:		
Bus stops in Hidden Valley Lake - schedule info on how to take bus from HVL to So	Transit- Coverage: Hidden Valley Lake	Transit- Need More Information:	
Access to routes and stops.	Transit- Coverage:		
Service to area.	Transit- Coverage:		
Need way to get from my house to the closest bus stop.	Transit- Coverage:	Transit- Coverage: Need More Bus Stops	
Transit- Coverage: Hidden Valley Lake			
Shuttle through Hidden Valley Lake to trans on Hartman Rd.	Transit- Coverage: Hidden Valley Lake		
Local bus stops nearest is 5 miles away, we live in Hidden valley lake	Transit- Coverage: Hidden Valley Lake	Transit- Coverage: Need More Bus Stops	
Place more stops in HVL, stops are very hard to get to if you don't drive.	Transit- Coverage: Hidden Valley Lake		
Have more buses running to and from Hidden Valley Lake. More bus hours. Create bus stops closer to my home.	Transit- Coverage: Hidden Valley Lake	Transit- Operating Hours:	Transit- Coverage: Need More Bus Stops
Transit- Coverage: Need More Bus Stops			
More bus stops - Closer to each other - Not a mile in between stops.	Transit- Coverage: Need More Bus Stops		
To let the bus stop on the highway or an undesignated stop as long as there was enough room for the bus to pull off.	Transit- Coverage: Need More Bus Stops		
A bus stop at the end of Robin Hill, Lakeport - at sterling shores mobile home park	Transit- Coverage: Need More Bus Stops		
too far to bus stop - if health prevent me from driving, I'd have no way to get to pm areas. Also I'd like to see some sort of shuttle service to airports (i.e. SF, Sac, St Rosa) for medical attention and to Napa + St Helena	Transit- Coverage: Need More Bus Stops	Transit- Coverage: Out of County	
We think you have a great system for such a small population and limited funding - we just don't fit it	Transit- Coverage: Need More Bus Stops		
Stops near house	Transit- Coverage: Need More Bus Stops		
Buses closer than one mile from home.	Transit- Coverage: Need More Bus Stops		
Bus needs to enter hospital grounds bus stops on top of hill and it is at least a 6 block walk to the hospital for lab work and x-rays and other needed test.	Transit- Coverage: Need More Bus Stops		
Bus stop closer to my house.	Transit- Coverage: Need More Bus Stops		
Need bus stop very close to Pine Ave. off of Polk Ave.	Transit- Coverage: Need More Bus Stops		
More pickup areas.	Transit- Coverage: Need More Bus Stops		
We live too far from bus stops and really prefer to drive	Transit- Coverage: Need More Bus Stops		
A stop near house. Public restrooms available.	Transit- Coverage: Need More Bus Stops		

A bus stop on Soda Bay Rd/ Meadow Dr.	Transit- Coverage: Need More Bus Stops		
Close bus stops.	Transit- Coverage: Need More Bus Stops		
More stops on existing routes. My husband and I plan on using public transportation much more starting in August.	Transit- Coverage: Need More Bus Stops		
1. Bus stop and turn out @ Emerford + 175 in Cobb/Hobergs on loop thru Hobergs. 2. Better coordination with Sonoma + Napa transits schedule.	Transit- Coverage: Need More Bus Stops	Transit- Frequency: Transfers	
I live in Kono Tayee. Bus stop is accessible across highway 20 and is dangerous to cross. A stop in the development would make it easier.	Transit- Coverage: Need More Bus Stops		
Probably just easier access.	Transit- Coverage: Need More Bus Stops		
Need more stops during normal working/business hours, including the outlying areas such as Middletown and KV Riviera.	Transit- Coverage: Need More Bus Stops		
Easily accessible/available bus stops.	Transit- Coverage: Need More Bus Stops		
More stops on 1st. St. in Upperlake.	Transit- Coverage: Need More Bus Stops		
More stops in Clearlake Oaks (Orchard Shores)	Transit- Coverage: Need More Bus Stops		
Bus stops closer to home.	Transit- Coverage: Need More Bus Stops		
Bus stops going into neighborhoods.	Transit- Coverage: Need More Bus Stops		
More options; easier access to pick up points.	Transit- Coverage: Need More Bus Stops		
Pickup closer to home.	Transit- Coverage: Need More Bus Stops		
Please put in a Lake Transit (Route 1) stop at (or close nearby) Lakeview Drive and Hwy 20, Clearlake Oaks. Also, please finish placing bus signs on Old Hwy 53--they are missing!	Transit- Coverage: Need More Bus Stops	Transit- Need More Information:	
Seating at stops	Transit- Coverage: Need More Bus Stops		
Less time waiting, more bus stops	Transit- Coverage: Need More Bus Stops		
More stops	Transit- Coverage: Need More Bus Stops		
Transit- Coverage: Out of County			
If they traveled to Santa Rosa or Sacramento	Transit- Coverage: Out of County		
We need transportation UCSF San Francisco.	Transit- Coverage: Out of County		
Later would be much easier having to stop overnight from Greyhound from UCSF	Transit- Coverage: Out of County		
Shuttle to my area (and shuttle to Sacramento Airport - non medical)	Transit- Coverage: Out of County		
Same as #12 and also to Santa Rosa	Transit- Coverage: Out of County		
Commuter bus line to Santa Rosa.	Transit- Coverage: Out of County		

When I had cancer treatments in Santa Rosa I had to drive. Now there is nothing at all and they have the best closest specialist.	Transit- Coverage: Out of County		
Airport shuttle.	Transit- Coverage: Out of County		
Go to Santa Rosa!	Transit- Coverage: Out of County		
Rides to SFO + OAK airport - shuttles	Transit- Coverage: Out of County		
Would love to take public transportation to Santa Rosa Mall once a month instead of driving. I am 84.	Transit- Coverage: Out of County		
Whatever happened to Greyhoundr-AMTRACK bus services? Why not a bus going to Santa Rosa, transit down-town? I will ride, but lets work with the users of the county your self! Work with the physical + mentally disabled more closely. Have community meetings	Transit- Coverage: Out of County	Transit- Other:	
Nice, CA to Benicia, CA. Route plan and time of pick-up and delivery in Benicia and pick-up and delivery in Nice. 2 or 3 day stay over with kids.	Transit- Coverage: Out of County		
Schedule to Kaiser, Santa Rosa.	Transit- Coverage: Out of County		
Transit- Frequency			
If the routes were a bit more frequent.	Transit- Frequency:		
Shorter waiting times. Stop in my area!	Transit- Frequency:	Transit- Coverage: Need More Bus Stops	
have 2 buses within the same hour - but over all excellent service, bus drivers courteous and good driver	Transit- Frequency:		
If I didn't have to wait 2 hours in the heat for the bus at bus stop.	Transit- Frequency:	Transit- Need Shelters and Benches:	
More buses & times.	Transit- Frequency:		
Buses running more often	Transit- Frequency:		
More bus stops buses run more frequently and later	Transit- Frequency:	Transit- Operating Hours:	
Route 1 should have a route from Lakeport to arrive Clearlake at 8am and every hour there after and vice versa. Should have good coordination of time between transfer.	Transit- Frequency:		
Timely, more routes.	Transit- Frequency:		
If they were to increase ride schedule more often	Transit- Frequency:		
Less travel time, less stops. If there were more buses more often I would not have to ride an hour and stay for the whole loop to get to my home or where I need to go. I have also had to walk because I did not have change only had 5 dollar bill. My e	Transit- Frequency:		
More accessible, more often.	Transit- Frequency:	Transit- Coverage: Need More Bus Stops	
More buses - More stops throughout day (not just one a day) like now.	Transit- Frequency:		
More frequent route trips and closer bus stops.	Transit- Frequency:	Transit- Coverage: Need More Bus Stops	
More buses.	Transit- Frequency:		
To run routes more often than every two hours.	Transit- Frequency:		
Buses runs more often to/from Cobb.	Transit- Frequency:		
More frequent buses. Better routes.	Transit- Frequency:	Transit- Coverage:	
Having a bus run on Spring Valley Rd. "every" hour would do.	Transit- Frequency:		
Sheltered benches, more frequent schedule, same day flex stop	Transit- Frequency:	Transit- Need Shelters and Benches:	

schedule enhancement	Transit- Frequency:		
Frequency.	Transit- Frequency:		
More buses - more times.	Transit- Frequency:	Transit- Operating Hours:	
Make buses available + reasonably priced.	Transit- Frequency:	Transit- Reduced Fares:	
More frequent busses.	Transit- Frequency:		
More frequent trips to Lakeport (route 4). There is no bus service to Spring Valley!!	Transit- Frequency:	Transit- Coverage:	
More busses and routes	Transit- Frequency:	Transit- Coverage:	
Transit times improvement.	Transit- Frequency:		
In order to use the VA shuttle to S.F. I have to be in Clearlake at 5am.	Transit- Frequency:		
More bus runs, times.	Transit- Frequency:	Transit- Operating Hours:	
From Clearlake to (or back) Clearlake Oaks more frequent, especially noon till 3pm.	Transit- Frequency:		
More frequent.	Transit- Frequency:		
Earlier and more often buses from and to Soda Bay.	Transit- Frequency:	Transit- Operating Hours:	
#4 Lakeport to Kelseyville 11AM next 2PM. To much time in between. Maybe 1PM bus.	Transit- Frequency:		
More timely buses.	Transit- Frequency:		
Arrive at Mendocino College in Ukiah before 9:00 AM to make AM classes.	Transit- Frequency:		
More stops, more buses.	Transit- Frequency:		
More scheduled trips.	Transit- Frequency:		
More pick-ups in the Riviera.	Transit- Frequency:		
Easier more clear transfer, not so long of a wait to transfer later hours.	Transit- Frequency: Transfers		
Better connections between buses.	Transit- Frequency: Transfers		
Greyhound stops at Ukiah 6:45pm - Last #7 stops at Robinson Rancheria 7:34 pm with no connection to #1 Glenhaven Clearlake Oaks.	Transit- Frequency: Transfers		
Make it less complicated. Make better connections. It takes all day to go from Finley to Clearlake and back - get too tired - bus stops are uncomfortable - not really place you can rest	Transit- Frequency: Transfers	Transit- Need Shelters and Benches:	
Increase number of busses / more frequency. Late evening night buses.	Transit- Frequency:	Transit- Operating Hours:	
Transit- Home to Destination			
If I can not drive - Need to be picked up at my house.	Transit- Home to Destination		
Transportation from my home.	Transit- Home to Destination:		
Pick up at home.	Transit- Home to Destination:		
It's a dream but svs from my door to the hospital complex (North.Lakeport) on demand and (here's the hard part) non-stop.	Transit- Home to Destination:		
Pick up at home	Transit- Home to Destination:		
To be picked up at door and returned.	Transit- Home to Destination:		
A regular schedule / a door to door service - go to St. Helena Hospital in St. Helena. Large Vans not buses.	Transit- Home to Destination:		
Wheelchair accessible- assistance from house to bus.	Transit- Home to Destination:		

The service in 1999 would pick you up at your home.	Transit- Home to Destination:		
Where they pick up person to doctor or appointments + bring you home.	Transit- Home to Destination:		
Door to door Medical Transportation.	Transit- Home to Destination:		
Door to door	Transit- Home to Destination:		
More wheelchair spaces.	Transit- More Wheelchair Space:		
I'm in wheelchair- I'm always put in the back. I get severe car sickness.	Transit- More Wheelchair Space:		
Transit- Need More Information			
1. Knowing which bus is the right bus, without asking each bus driver at Ray's grocer., "Am I on time? Is this the bus that goes to?"	Transit- Need More Information:	Transit- Signage: Need more information	
Information concerning public transportation for the disabled	Transit- Need More Information:		
Know the schedule and bus stops.	Transit- Need More Information:		
Need more information.	Transit- Need More Information:		
Information	Transit- Need More Information:		
We need to become more informed, as we will need it in time.	Transit- Need More Information:		
Better information, more bus stops to catch bus, more buses running.	Transit- Need More Information:	Transit- Coverage: Need More Bus Stops	Transit- Frequency:
What transportation is available where stops are, when + can no longer drive myself to appt. help seniors plan for future - lots of seniors can pay for it, but don't know where to find it.	Transit- Need More Information:		
Maps schedules, Hidden Valley Lake pickup need info.	Transit- Need More Information:		
Public announcement of routing, stops, general timing in Lakeport area.	Transit- Need More Information:		
More info regarding times and bus stops.	Transit- Need More Information:		
More information time + schedule	Transit- Need More Information:		
Published rates and schedule in L.C. Record Bee.	Transit- Need More Information:		
Able to find out more about it - friendliness.	Transit- Need More Information:		
Copy of bus schedule	Transit- Need More Information:		
I am unclear about car seats (for children). Would I have to provide my own? Are there car seats provided? How many?	Transit- Need More Information:		
Transit- Need Shelters and Benches			
To build a place to wait out of the sun and rain.	Transit- Need Shelters and Benches:		

Shelters with seats	Transit- Need Shelters and Benches:		
Sheltered bus stops and more of them.	Transit- Need Shelters and Benches:		
Shelter at bus stops.	Transit- Need Shelters and Benches:		
Shelter and seating at bus stops.	Transit- Need Shelters and Benches:		
Seating + weather protection at bus stops- bus stops closer to home.	Transit- Need Shelters and Benches:	Transit- Coverage: Need More Bus Stops	
Bus stops should include locking bicycle racks - shade covers and benches.	Transit- Need Shelters and Benches:		
More benches at bus stops. More covered seats would be nice.	Transit- Need Shelters and Benches:		
More seats or benches at bus stops.	Transit- Need Shelters and Benches:		
Bus stops that are visible and benches at stops (covered benches) to protect from rain and sun,	Transit- Need Shelters and Benches:	Transit- Signage: Need more information	
Benches to sit or protected area. Can't stand to wait for bus.	Transit- Need Shelters and Benches:		
Sheltered stops. Closer stops on Olympic Dr. Nothing to sit on at City Hall except a rock.	Transit- Need Shelters and Benches:		
To hot on the bus in the summer. Can't stand long at stop in the weather.	Transit- Need Shelters and Benches:		
Rain and shade shelters.	Transit- Need Shelters and Benches:		
Better bus stops. Kiosks with clear, permanent maps, etc.	Transit- Need Shelters and Benches:	Transit- Need More Information:	
Transit- Operating Hours			
Routes running past 5pm would help.	Transit- Operating Hours:		
Sunday buses (7 days/week - esp. for events - esp. summer) - more routes out of the county - newer buses.	Transit- Operating Hours:	Transit- Coverage: Out of County	
Longer hours and Sundays.	Transit- Operating Hours:		
Need longer hours.	Transit- Operating Hours:		
Home pick-up. No transportation for medical appointments that go late in the afternoons. Some med procedures are only given in the PM. I can get there but no ride home.	Transit- Operating Hours:	Transit- Home to Destination:	
Later evening routes- Clearlake-9pm availability Sunday Church Route? Passes to Calistoga Wkly/Mo.	Transit- Operating Hours:	Transit- Coverage:	
Availability	Transit- Operating Hours:		
After 8 pm for workers to get home.	Transit- Operating Hours:		
Bus service to arrive in Ukiah by 0800.	Transit- Operating Hours:		
Times available.	Transit- Operating Hours:		

Extended hours and days of service especially in summer into the evening time also the frequency of transportation of routes from Clearlake & Lakeport. Doing this would allow and encourage the public to take part in activities that they may not be able to	Transit- Operating Hours:		
5 am. Travel times.	Transit- Operating Hours:		
5 am. Travel times.	Transit- Operating Hours:		
More times available in Cobb.	Transit- Operating Hours:		
I have needed early appointments for several procedures, my friend has to take me as I cant drive home, maybe 6am-7am	Transit- Operating Hours:		
Want 4A on Sat. During Lakeport downtown events area marked set for buses only. Ride to Middletown on Sat. Heavy ride times with bigger buses.	Transit- Operating Hours:		
More routes. Longer hours.	Transit- Operating Hours:	Transit- Coverage:	
Later and extended hours.	Transit- Operating Hours:		
More bus service during evening hours and Sunday.	Transit- Operating Hours:		
Lake Transit really needs to have more transits on all routes and on Sundays. Have had negative experiences with bus drivers being rude, not informative, and does not care about passengers. Need to employ workers that actually care about their jobs.	Transit- Operating Hours:	Transit- Other:	
If there were night busses into town then we could go out at night, when it is cooler & easier to travel.	Transit- Operating Hours:		
Sunday service on routes 1,4,5,6	Transit- Operating Hours:		
Buses could run later, maybe until 9pm.	Transit- Operating Hours:		
Transit- Other			
Being on time. Too many buses break-down.	Transit- Other:		
Stopping at any location to pick-up	Transit- Other:		
Better buses.	Transit- Other:		
Put the system in private hands.	Transit- Other:		
Reliability	Transit- Other:		
Do not need it - stop wasting my tax money.	Transit- Other:		
Done know, never ridden yet. Please put a trash can at bus stop on Hwy 20/Keys in CLO.	Transit- Other:		
Have working air condition on buses.	Transit- Other:		
A separate wheelchair bus on #5, #6 and #8 intercity to keep scheduled transit more on time.	Transit- Other:		
Comfortable seats	Transit- Other:		
All Clearlake area routes buses need air condition rides they have gone a long time without + am told by regular passengers.	Transit- Other:		
Non stop! From and to Cobb area.	Transit- Other:		
Attitude shift.	Transit- Other:		
Affordable transport to bus stop at Clearlake Park.	Transit- Other:		
I think public transportation supported by our top dollars is a waste of my tax payer money and goes further to encourage unemployed to live in our area.	Transit- Other:		

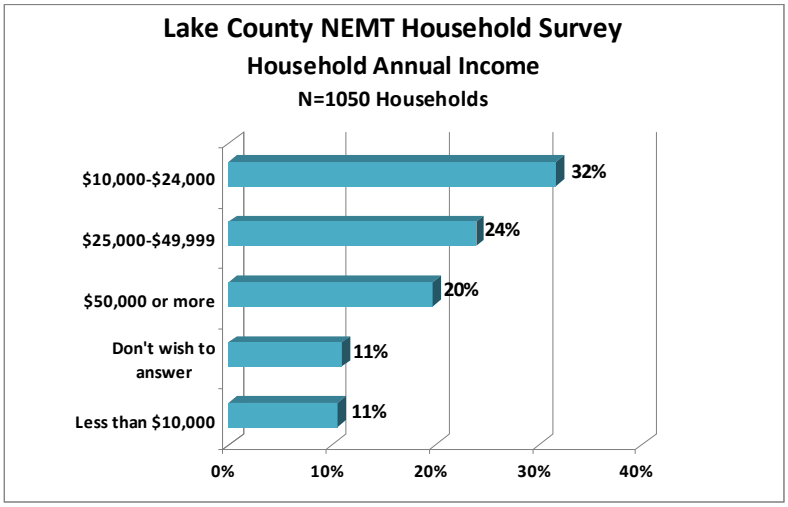
None. I have no interest in using Lake Transit. How much money does the Transit System owe annually + how much does the tax payer, me, put out for that?	Transit- Other:		
Going to Senior Center, all should come on same bus, waste of gas, and time coming one or two at a time.	Transit- Other:		
Air conditioner/ Be on time. Cover structure with bench on stops for sun/rain.	Transit- Other:	Transit- Need Shelters and Benches:	
Transit- Paratransit/Dial-a-ride:			
Shuttle service for seniors in Lakeport.	Transit- Paratransit/Dial-a-ride:		
Dial a ride operation.	Transit- Paratransit/Dial-a-ride:		
Dial a ride.	Transit- Paratransit/Dial-a-ride:		
Access at anytime.	Transit- Paratransit/Dial-a-ride:		
Pick me up + let me off at my home. Legally blind, live too far from hwy 20 to use Lake Transit. A neighbor charges 9$ an hour to drive me to doctor visits, grocery stores. 5-6 hours out of county medical trips are costly,	Transit- Paratransit/Dial-a-ride:		
Door to door service for seniors with limited mobility, arthritis or who need time to walk from one point to another + who use assistive devices; considerate drivers.	Transit- Paratransit/Dial-a-ride:		
Quicker approval of ADA cards - us care givers have enough problems without people adding to them by making us have to follow up on things, a month plus it's too long.	Transit- Paratransit/Dial-a-ride:		
Dial - a - Ride	Transit- Paratransit/Dial-a-ride:		
Dial A Ride only. Same as "other" question 12.	Transit- Paratransit/Dial-a-ride:		
More Dial-a-Ride.	Transit- Paratransit/Dial-a-ride:		
Car only--too painful in bus or vans. Need elder or disabled persons taxi as Medford, OR used to have. They	Transit- Paratransit/Dial-a-ride:		
Pick-up at residence.	Transit- Paratransit/Dial-a-ride:		
Allow passengers more room and time to carry groceries on Dial-a-Ride.	Transit- Paratransit/Dial-a-ride:		
Transit- Paratransit/Dial-a-ride: More Coverage			
Extend dial a ride to Nice. The bus that meets the time and disability (multiple disabilities) door to door with room for two power chairs and an attendant.	Transit- Paratransit/Dial-a-ride: More Coverage	Transit- Paratransit/Dial-a-ride: Door Assistance	
Dial a ride services to house in Kelseyville Idle Wheels Park.	Transit- Paratransit/Dial-a-ride: More Coverage		
Would love for dial-a-ride to go to Santa Rosa plus Santa Rosa Airport and Sacramento Airport at a minimum. Being able to wait inside with AC and heated places is very important. On time plus accessible times plus places are important.	Transit- Paratransit/Dial-a-ride: More Coverage	Transit- Coverage: Out of County	
Front wheelchair lifts on buses on fixed routes and dial a ride throughout the county, not just Lakeport and Clearlake.	Transit- Paratransit/Dial-a-ride: More Coverage	Transit- More Wheelchair Space:	
Perhaps an "on call" service (bus).	Transit- Paratransit/Dial-a-ride: More Coverage		

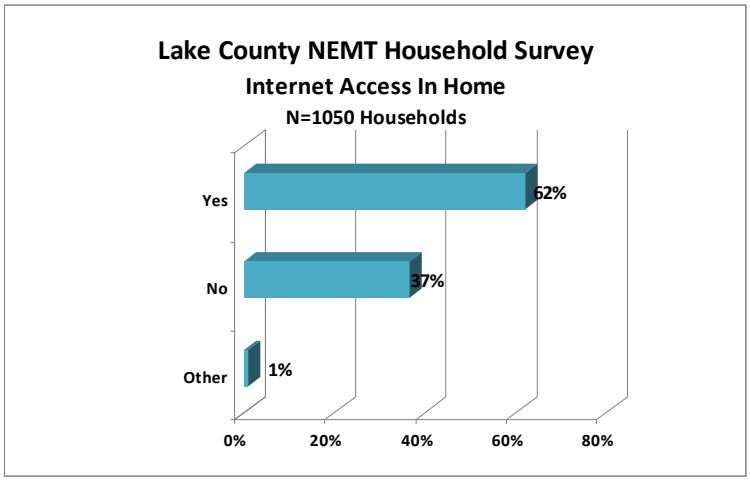
Have Dial-a- Ride available to Kelseyville.	Transit- Paratransit/Dial-a-ride: More Coverage		
Dial-a-Ride more available for Kelseyville.	Transit- Paratransit/Dial-a-ride: More Coverage		
having Dial - A - Ride available where we live.	Transit- Paratransit/Dial-a-ride: More Coverage		
When I have to go to the Hospital and can't drive I should be able to get Dial-a-Ride service. But it doesn't come in the Oaks.	Transit- Paratransit/Dial-a-ride: More Coverage		
Add Dial-a-Ride to Nice area.	Transit- Paratransit/Dial-a-ride: More Coverage		
Transit- Paratransit/Dial-a-ride: Need Door Assistance			
Help with disability	Transit- Paratransit/Dial-a-ride: Door Assistance		
Need physical assistance walking - can't climb stairs need a scooter to get around.	Transit- Paratransit/Dial-a-ride: Door Assistance		
Door to door service/wheelchair accessible.	Transit- Paratransit/Dial-a-ride: Door Assistance		
Transit- Reduced Fares:			
Smaller fee, I travel from Nice to Lucerne and have to pay as much as traveling to Clearlake.	Transit- Reduced Fares:		
Free plus reduced fares smaller buses	Transit- Reduced Fares:		
If it cost less and ran frequently which is nearly impossible in our car culture.	Transit- Reduced Fares:	Transit- Frequency:	
More access; more affordable	Transit- Reduced Fares:	Transit- Coverage:	
Lower fare for public transportations. Free would be nice.	Transit- Reduced Fares:		
Keep fares low cost.	Transit- Reduced Fares:		
Lower fares. Frequent use discount.	Transit- Reduced Fares:		
Some agencies give taxi tickets for various riders.	Transit- Reduced Fares:		
Transit- Safety:			
Would never use due to answer on question 12. Your drivers are dangerous drivers.	Transit- Safety:		
Legal and safe passing areas in Lakeport to take bus to and from Ukiah and back again.	Transit- Safety:		
When in a wheel chair at the back of bus it is worse then a roller coaster which would probably be safer. Its scary and hurts. Buses run later in the evening.	Transit- Safety:	Transit- Operating Hours:	
Make it safe.	Transit- Safety:		
Nice driving, slow down, be one time.	Transit- Safety:		
Transit- Signage: Need more information			
All bus stops need to be marked.	Transit- Signage: Need more information		
Information and Public Signs	Transit- Signage: Need more information		

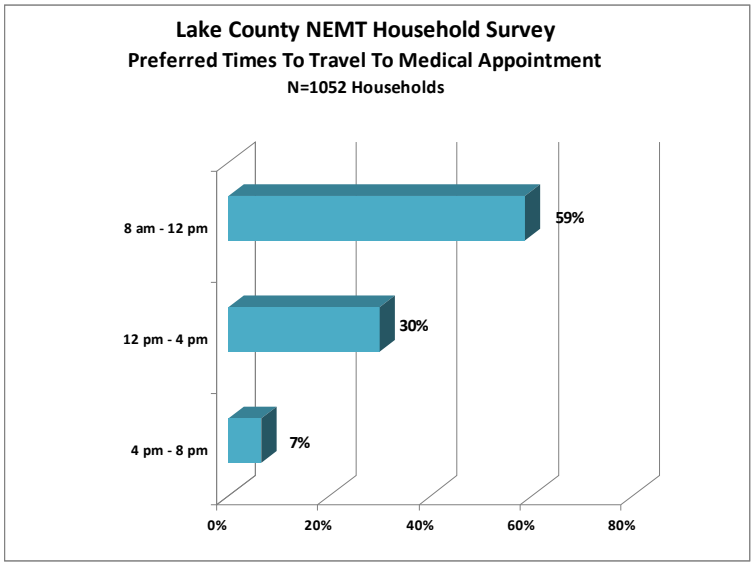
Better signage at bus stops. Upper lake has two bus stops (unmarked) across the street from each other. Somehow you are suppose to divine which stop serves which route!	Transit- Signage: Need more information		
Make bus stops more noticeable.	Transit- Signage: Need more information		
Advertise area + time.	Transit- Signage: Need more information		
Signs posting schedule at each stop so we could walk up and know without having to find a schedule. Also, to have a bus available to make a connection to Sacramento.	Transit- Signage: Need more information	Transit- Coverage: Out of County	
Print out bus routes + times clearly. I used to try to figure out routes from Kville to SFO airport. Was surprised the connection between lines well thought of + coordinated + other out of county transport. So appreciative of the good planning. However, I	Transit- Signage: Need more information		
Post schedule at bus stop.	Transit- Signage: Need more information		
Marked bus stops. Schedules @ stops.	Transit- Signage: Need more information		
More clearly marked bus stop; later service on Routes 2 and 6.	Transit- Signage: Need more information	Transit- Operating Hours:	
Post route/schedule/fare info at one stop in each town. More frequent service.	Transit- Signage: Need more information	Transit- Frequency:	
If I were to ride public transportation, I would want to know the exact time approximately of arrival at my particular stop, so any appointments, etc. would be met in time, as planned.	Transit- Signage: Need more information		
Readily available bus schedules and more routes available.	Transit- Signage: Need more information	Transit- Coverage:	
Better signs- where are the stops? Where are the route directions? Could you make notice of buses at food stores or post offices? What is the cost to ride the bus?	Transit- Signage: Need more information	Transit- Need More Information:	
Non-Lake Transit			
More rail options (light- rail + regional/Amtrak)	Non-Lake Transit-:		
At some point in our life we will probably need transportation to and from-- when that happens, I'm hoping we can call and have home service even if it costs a little more. Autos are expensive also. Smaller shuttles with home service seem nice.	Non-Lake Transit-:		
Tax Payer Concerns			
Close it- use a taxi or move to more metropolitan area--we can't afford busses.	Tax Payer Concerns-:		
Not Coded			
Don't need public transportation at this time.			
None, its fine the way it is already!			
Don't know.			
Do not ride public transportation.			
The service does a great job.			
We don't know but are happy about shuttle to CLOaks Senior Center. Thank you!!!			
I do not need this service presently but one day maybe to Clearlake for eye appointments.			
I do not depend on public transportation. Used it once 3 years ago, and no complaints.			
I haven't had the need to use public transportation yet. Many of my friends do. My day will soon come and its something we need here in Lake County.			
Not sure.			
We haven't had to use public transportation.			

We need non emergency transport to medical services for our seniors in Lake County. Urgently, many people cannot get to routine services due to physical limitations.			
Due to our rural location, we don't expect busses to travel out to our country road.			
I don't need public transit at this time, but do think it is necessary for our senior, etc. in Lake County			
So far, able to drive or have family member drive me.			
Have no idea.			
Not sure- need to investigate			
I have a car for now.			
No improvements needed, love Lake City Transit.			
Never will so do what you want. We wont be on it.			
At the moment I don't know of any. I've yet to try the bus.			
I don't' know. Nearly all my visitation is in the Bay area or Sac region.			
Never ridden any.			

Appendix E-7 – Additional Survey Data







Appendix F– Additional Stakeholder Interviews

Freddie Rundlet

Consolidated Tribal Health Project, Redwood Valley (NEN, Ukiah)

- Majority travel to the Lake County Tribal Clinic. Probably not going to the Redwood Valley Clinic
- Need to look at the ridership numbers. They never see buses with more than five people.
- Haven't heard that people can't get there. They seem to get rides.
- Very surprised to hear that there's a bus route from Lake County that goes to their clinic.
- Public transit doesn't work well. They have a Valley bus stop, but he never sees buses there.

Tim Rivera

Tribal Representative, Middletown Rancheria Pomo Indians of California

- Volunteer rides – informal. Doesn't happen too often. Will ask for rides to town.
  - All ages. Older people usually use a sedative (?!) to transport them.
  - Once in a while Santa Rosa is needed.
  - Volunteer program is a good idea.
- Transit to Lower Lake, Lakeport. Not really an issue. Not really sure how many people use it, though.
- Most people own a car. Maybe not with a valid license, though.

Irene Didescu

Driver, Stops, Inc. and Interpreter, NEMT

- Takes people to insurance companies, mostly medical.
  - From Lake County to Santa Rosa.
  - Lucerne to Ukiah, interpretation in Spanish, forms.
  - Same-day surgery, explain to them, forms, take them home.
- Ukiah – workers compensation and forms. She's paid by stops, Inc.
  - Gets mileage and waiting time and interpretation.
  - Workers comp pays. This is required by law.
- She would like to provide medical trips on her own. People live all over and rurally.
- Large need for NEMT.
  - Can't attend appointments
  - Intimidation, older people. Don't know how to get help. Don't know how to follow-up.
  - Continuation of services after appointment.
  - One of the main problems – they live all over, countryside, work in wineries.
  - Most Spanish-speakers don't drive, afraid of services. Practically abandoned. They work for companies.
  - Other who don't speak English or Spanish need help. More than transportation. Can't follow up. Foreign languages.
- In Lucerne, lack of Dial-a-Ride. Is a real estate agent, gives rides (but can't afford it now).
- Some people need a wheelchair. Some vans can't handle that.
- Need more than shuttle service for Spanish speakers.
  - Shuttle will work for English-speakers.
  - Lady lost her transportation, sitting in heat in a clinic in Lakeport, needing to go to Nice.
  - Feeling strongly about these kinds of people.

Pastor Jose Miranda

Casa de Luz

- Elders – knows one who's taken care of by friends
- People call friends/ church.
- Lots of families – Soda Bay Area – needs there.
  - Area of high alcohol
  - Live Oak Drive – low income
  - All over the city
- Volunteer program
- System operated by City on-call. Like a taxi.
- Bus schedules aren't flexible. System will fail.
- Extend Dial-a Ride
- A lot of diabetes. Dialysis, children to hospitals. He knows people who have cancer and the flu. No transportation.
- Informal at church.
- Spanish-speaking population lives Clearlake, Kelseyville, Lakeport, and Nice: Works in restaurants, agriculture, housecleaning, and carpentry
- Lake Transit – not well used. He's not aware of it.

Garry Zeek

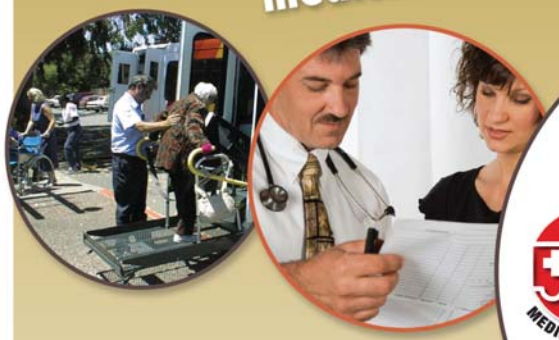
Grace Church, Kelseyville, Pastor

- Grace Church – their church is ¼ mile down the road. A lot of unincorporated areas without infrastructure. Road with no shoulders.
- Spanish-speaking ministry that uses the church; he can give me names.
- Hospital that serves the area – Sutter Lakeside. Placed outside of town
  - People are so spread out in Lake County
  - Hub system for people who want to use public transit.
  - Not too convenient – timing, no sidewalks.
- Volunteer system would work better, or take people to bus.
- He will have his secretary send me the names from Casa de Luz. 30-year ministry bounced around.
  - Gary gave them a spot other than Catholic Church, longest Protestant Church.
  - Mostly lay people. Senior Pastor – Jose Miranda also Napa church
- He encourages his members to get insurance for medical helicopter for emergencies. But for Hispanic community, they can't afford that.
- 30 years of pastoring in Mendocino and Sonoma Counties.
- The church is constantly thinking about how to substitute – gives rides, support. How do working poor do it? Driver goes to Santa Rosa, Davis MC, San Francisco. A volunteer can drive to local trips.

Appendix G – Public Workshops Flyer – September 18, 2010

Please Join Us!

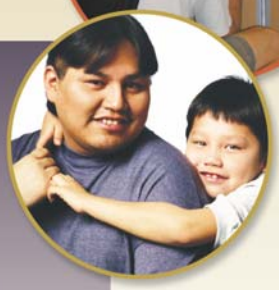
Come talk about non-emergency medical transportation in Lake County!



Have you or family members...

- Needed assistance in getting to a medical appointment?
- Missed or postponed medical care because of transportation difficulties?
- Used Lake Transit or other public transportation for medical appointments?

Help create a Lake County Non-Emergency Medical Transportation (NEMT) Plan. Share your ideas at one of the upcoming community workshops.



UPCOMING COMMUNITY WORKSHOPS

Saturday September 18, 2010

Lower Lake Morning Workshop | **9:30–11:30 a.m.**
Transit Operations Center Conference Room
9240 Highway 53, Lower Lake

Lakeport Afternoon Workshop | **2:30–4:30 p.m.**
Lakeport Senior Center
527 Konocti Avenue, Lakeport

Refreshments provided and families welcome!
No RSVP is necessary.

See you there!

Questions?
Please contact Terri Persons at 707.263.7799 or personst@dow-associates.com

For more information, visit www.lakeapc.org

Appendix H – Summary of Approach and Key Findings TCRP 2005 Report "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation"

This appendix provides a more detailed summary of the national NEMT Cost and Benefit Analysis presented in Chapter 2. This helps to establish the rationale for investing in NEMT services, albeit in the context of the recommended pilot NEMT program of projects which includes a basic program outline, budget, funding potential and evaluation framework.

The question can reasonably be asked, as Lake APC's request for proposal did, what are the attendant costs and benefits of providing non-emergency medical transportation to Lake County residents? The resources available to this study process did not make it possible to conduct a large-scale assessment of this question, but much can be learned from the Transportation Research Board's (TRB) Transit Cooperative Research Program (TCRP) study ***"Cost Benefit Analysis of Providing Non-Emergency Medical Transportation"***[22] summarized in Chapter 2 of this document.

That TRB/ TCRP national study, published in 2005, worked with medical and transport cost and patient data sets collected in early 2000 through 2003. While its cost data is now dated, its conceptual framework and basic findings about the relationship between costs, benefits and the provision of NEMT services remain relevant. A detailed review of this TRCP study's methodologies and conclusions is offered here, contributing to Lake County's NEMT cost and benefits discussion.

Target Populations' Requiring NEMT Assistance

Transit Dependent Populations The TCRP study researchers estimated that 3.6 million Americans, about 1.3% of the country's 285 million 2000 population may "miss or delay medical care because of a lack of access to NEMT each year."[23] For purposes of their report, researchers distinguish between those living in rural versus urban areas, because rural trips can are longer and likely more expensive to provide. They estimate the proportion of persons needing NEMT in rural areas at 1.2% of the rural population, essentially the same as for urban populations. The researchers arrived at this through extensive review of various national data sets that included the 2001 *National Household Travel Survey*, reporting that 8.6% of respondents reported medical conditions that limited travel and a 2003 U.S. DOT Bureau of Transportation Statistics reporting that 3.5 million Americans never leave home due to physical disabilities and/or lack of transportation (p 10).

Children, Youth and Seniors On the health care side, a Children's Health Fund study by Zogby International (2001) found that 9% of children in families with incomes less than $50,000 miss essential medical appointments due to lack of transportation, regardless of the families' insurance status (p. 10). And various studies of seniors' medical care issues report rages of 14% to 18% of persons over age 60 who experience difficulty in getting to medical care due to transportation problems (p. 11).

[22] "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", P. Hughes-Cromwick, R. Wallace, H. Mull, J. Bologna, C. Kangas, J. Lee, S Khasnabis; Altarum Institute, Ann Arbor, Michigan. Transportation Research Board, Transit Cooperative Research Program [TCRP] of the National Academies of Science, Washington DC, October 2005.

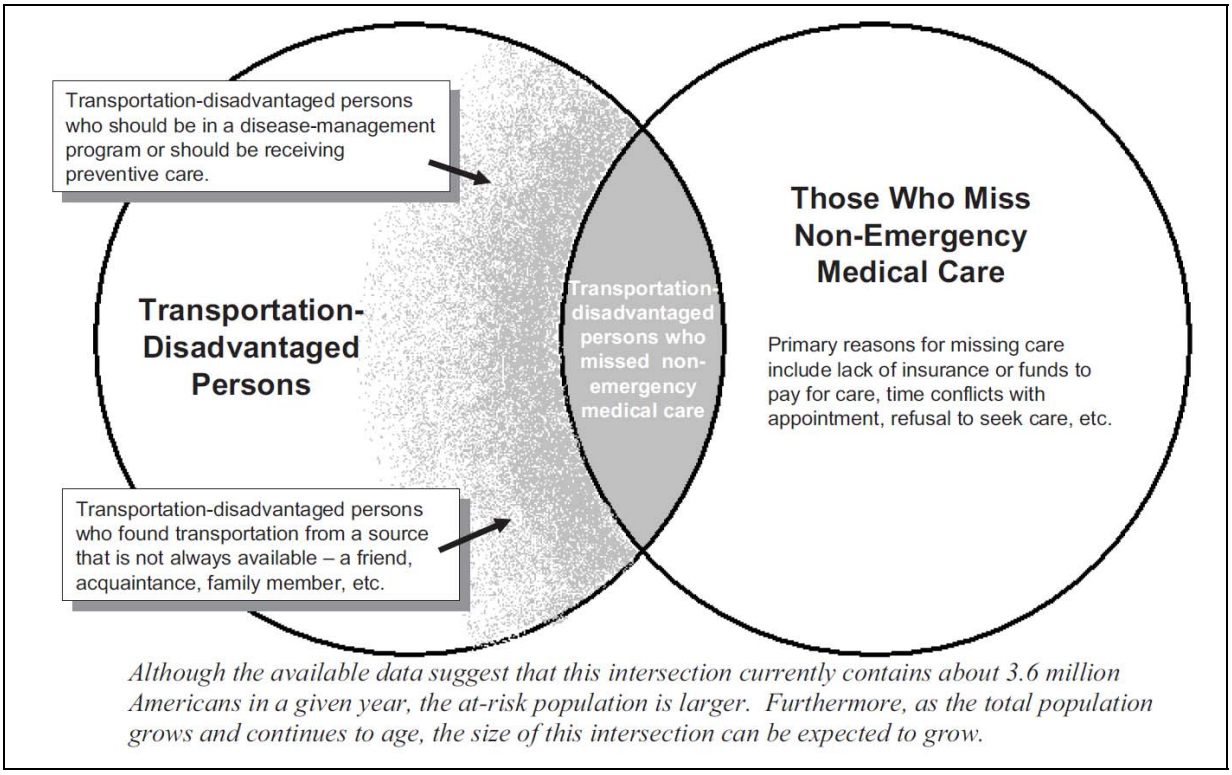
[23] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27," page 3.

Rural Residents Reviewing rural access to health care, researchers documented various case study experiences where up to 40% of missed appointments were attributed by patients to transportation-related barriers (p. 12)

Describing those Missing Medical Care Due to Transportation Issues The key characteristics of the target population that misses medical care due to lack of available transportation are identified by the TCRP researchers. When contrasted with the general U.S. population, they characterize these individuals as most often persons of relatively low income, disproportionately female, of higher minority representation, less likely to possess a four-year college degree, older, and generally distributed across urban and rural America. Where children or youth are missing medical services as a consequence of transportation difficulties, these may be in families either with or without adequate insurance. [24]

Figure 1 presents the target population – those missing medical care as a consequence of transportation difficulties – in relation to the transportation disadvantaged population, another group that is extensively studied in the transportation literature. The diagram's text notes that the size of the intersection of the transportation disadvantaged population and those who miss non-emergency medical care could grow, both as the population generally grows and as it ages. It might further be speculated that the serious recession of the late 2000's has also increased the size of that group.

Figure 1, Transportation-Disadvantaged Population at Risk of Missing Non-Emergency Care



TCRP Cost Benefit Analysis of Providing Non-Emergency Medical Transportation, 2005, pg. 4

[24] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 24.

Defining the Medical Conditions of the Target Populations

In order to examine the costs and benefits associated with missed medical appointments due to lack of transportation, it was important to identify what the TCRP researchers termed "adult disease conditions", a comprehensive list of medical conditions reported by individuals who also reported difficulty accessing care due to transportation problems. This target population is a subset of the 2002 *National Health Interview Survey* (NHIS) which had an overall sample size of more than 90,000 persons. Target population members were selected based upon their responses to a transportation-specific question:

> *"There are many reasons people delay getting medical care. Have you delayed getting medical care for any of the following reasons in the PAST 12 MONTHS?*
> *….because you didn't have transportation."*

For those responding affirmatively to the transportation choice, this group reported a list of thirty-nine health conditions, plus five psychological problems, in describing their health status.

Medical Conditions of These Individuals Importantly, many in the target group identified multiple diseases or conditions: 92% of those in the target population suffered multiple health conditions versus just 64% of the non-target population. In fact, the researchers conclude, upon contrasting the target population with the non-target population that:

> *"…not only does this disadvantaged group suffer from insufficient transportation to conduct required health-related visits, [but] they exhibit an exorbitant prevalence of a number of serious conditions. The picture that emerges is one of an especially unhealthy population."*[25]

This assessment is borne out by an analysis of three years of *National Health Interview Survey* data, 2001, 2002 and 2003, identifying top health conditions reported by those indicating transportation difficulties that contribute to missing medical appointments, shown in Table 1.

Table 1, Critical Medical Conditions Affecting Transportation-Disadvantaged Persons Who Lack Access to NEMT

Type of Care	Medical Condition	Prevalence in the Target Population (%)
Chronic	Depression or Other Mental Health Problem	50
	Hypertension	37
	Heart Disease	26
	Asthma	20
	Chronic Obstructive Pulmonary Disease	19
	Diabetes	15
	End-stage Renal Disease	7
Preventative	Dental Problems	28
	Cancer	12
	Premature Births	2
	Vaccinations	n/a

TCRP Cost Benefit Analysis of Providing Non-Emergency Medical Transportation, 2005, pg. 30

[25] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 28.

These most frequently-reported health conditions were: asthma, COPD [chronic obstructive pulmonary disease], diabetes, end-stage renal disease, heart disease, hypertension, cancer, and currently pregnant. Table 1 above reports the prevalence of these seven chronic conditions and the most prevalent preventative health conditions reported by the target population.

Consistently co-morbidities, or the presence of more than one serious disease conditions, were much higher for those reporting transportation difficulties than for everyone else. The researchers conclude that this holds for all cross sections of the health conditions, with the exception of end-stage renal disease, and that two-thirds of the target population is affected by at least one of seven chronic health conditions. This underscores the notion that those missing medical appointments due to transportation difficulties are more chronically ill.

Use of Medical Services by the Target Population Perhaps most critical to this discussion is the TCRP analysis of health care utilization and how that may translate into trips. Again, it was apparent through analysis of the National Health Interview Survey [NHIS] (2001 data), that those indicating they missed medical appointments due to a lack of transportation had higher rates of health care utilization than did those not in the target population. Table 2 shows that utilization rates across four key categories were significantly higher for those in the target population than for those not.

Table 2, Aggregate Utilization Means for the Target Population and Non-Target Population (Prior 12 Months)

Utilization Category	Mean Medical Visits for Target Population	Mean Medical Visits for Non-Target Population
Emergency Room (ER) Visits	1.31	0.35
Home Care Visits	0.54	0.15
Office Visits	6.78	3.97
Number of Surgeries	0.24	0.16

TCRP Cost Benefit Analysis of Providing Non-Emergency Medical Transportation, 2005, pg. 32

The TCRP study identifies mean numbers of visits associated with the higher prevalence of disease conditions, again based upon the National Health Interview Survey data. These are necessary to develop a rationale for determining both the costs and benefits of more transportation.

Assigning Transportation Costs to NEMT

Transit Costs for NEMT Trips Costs used in the TCRP study were based upon 2002 nationally reported mean trip costs for urban and rural public transportation costs (National Transit Database data sets for 2002). Now more than eight years out-of-date, these costs are not specifically useful although some conceptual issues remain relevant. The TRB researchers observe that difficulty lies in distinguishing non-emergency medical trips from other transit and demand response trips that may be taken by the target population. So therefore, using mean costs per trip for a whole service, and ascribing that same cost for a non-emergency medical trip is not particularly accurate. Further, the TCRP study examined gurney transportation costs, a type of transportation – with the exception of secure transport for those in mental health crisis – that did not present as needs in this Lake County NEMT study.

The specific NEMT paratransit costs reported in the TCRP study were between $19.95 to $20.95 for ambulatory trips, $28.52 to $33.02 for wheelchair trips and over $80 a trip for gurney/ stretcher trips. They utilized a mean of $18.86 per one-way demand responsive trip, based upon the 2002 National Transit Database trips and costs by this mode. For fixed-route, using the same source, they arrived at a national average cost of $2.86 per one way trip. After examining cost differences for urban and rural public transit operators, they chose to limit their analysis to urban environments as these had the less variance, with national means appearing more reliable.

Additionally, the TCRP study speaks to the differences between average and marginal costs, highlighting the opportunities that marginal costs offer but reporting in the study average one-way trip costs. While the average cost represents the fully-allocated cost of a trip, it is both possible and more likely that there is only an incremental cost associated with providing one more trip on a service that has extra capacity or is under-utilized and could save an NEMT trip. Similarly, the costs of providing one more fixed-route trip are essentially zero for that route is presumably already being run and the added passenger simply adds to the fare box.

Getting to Healthcare Costs and Outcomes Related to NEMT

Another dimension of the NEMT cost and benefit equation involves health care costs and outcomes. Health care outcomes were assessed by the TCRP researchers in relation to eleven medical conditions most prevalent among the target population. They explored the costs of missed care, which includes the costs of "care forgone plus the cost of any care prompted by the care that were forgone, minus any care that is no longer needed because of better primary care."[26] Costs were identified with regard to five utilization categories:

- hospitalization
- emergency room visits
- outpatient visits
- physician and other primary care provider visits
- pharmacy visits

Problems in Determining Numbers of Missed Trips Projecting the scale of missed trips for such medical purposes is potentially useful to a cost and benefit analysis. However, attempting to estimate the number of trips missed by persons who need non-emergency care and who lack transportation is difficult at best. Concerns about the accuracy and the feasibility of trips estimates were identified by TCRP researchers. For preventative care, self-reported information is non-existent. Individuals who are not getting preventative care will not perceive these as missed trips, noting ***"one cannot self-report a missed visit that is not perceived as needed (and hence never scheduled)."*** [27] The accuracy of trips that are reported is also suspect, in part because individuals miss medical appointments for many reasons and it can be easy to ascribe these to a lack of transportation, possibly overstating some reports.

Mean Number of Medical Visits for Well-Managed Health Care Conversely, the TCRP researchers were able to identify, from available data sets, the mean number of medical visits an individual with a

[26] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 41.
[27] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 43.

particular health care condition might take annually. Such mean trip numbers assume that the individual's health care is well managed, as defined by health care readily available to them and utilized. On average, Americans are reported to make approximately 3.2 healthcare visits per year, excluding hospitalizations and emergency room visits, while those ages 75 and above have 7.0 visits per year.[28] These mean medical visit estimates are consistent with those reported for responding Lake County residents to the NEMT household survey, described in this document's Chapter 5.

Notably, medical visits and NEMT trips do not directly relate on a one-to-one basis simply due to the fact that one can address several health care conditions on a single visit. Often those with multiple health conditions, as typified by many in the target population, will receive health care intervention or treatment on more than one health condition per medical visit. This makes it possible to overestimate the number of trips, where this is done by disease or health care condition.

Getting to the Healthcare Costs and Benefits Associated with Missed Trips Considering trips by disease condition for health conditions where the patient's health is **well-managed** provides a method for estimating the quantities of trips that are missed and therefore of calculating attendant cost impacts of missed trips. The researchers used a standardized health economics measurement tool, the *Quality Adjusted Life-Year* which provides for an economic measure of $50,000 per one additional *Quality Adjusted Life-Year* (QALY). This enabled a cost measure in identifying patient outcome differences between those with well-managed care versus those with poorly managed care, making the assumption that poorly managed care was due to transportation barriers. Additionally, the QALY measure combines the duration of life and the health-related quality of life into a single measure.

For a variety of reasons, the cost analysis was conducted for adults and not children. That said, their analysis of the NHIS data did show higher prevalence of conditions (and multiple diseases) for target population individuals versus non-target populations individuals, both adults and children. The TCRP researchers note:

> "*Transportation issues that result in missed trips will potentially exacerbate the diseases afflicting these individuals and may result in costly subsequent medical care (specialist visits, emergency room visits, possibly hospitalizations). Even when this is not the case – i.e. the potential does not exist to decrease subsequent utilization by more prompt care of an existing condition – there are important quality-of-life concerns."*[29]

Looking at the chronic health conditions that respond to disease management treatment and for conditions responding to preventative care, the researchers identified the per capita costs for well and poorly managed medical care. They used these to establish the net health care benefits of increased access to medical care by comparing well-managed versus poorly managed patients' QALY indicators. The benefits were defined by 1) actual decreases in healthcare costs for some conditions where emergency care was replaced by routine care and/or 2) improved quality of life.

Considerable analytic effort, relying upon established and peer-reviewed criteria for judging well and poorly managed care, was brought to bear to determine both health care costs by condition and the differences between those with poorly managed care versus well-managed care. In developing the full

[28] Burt, C.W. and Schappert, S.M. "Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments and Emergency Departments: US 1999-2000 National Center for Health Statistics: 13:1-170, 2004 in TRB "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation – Project B-27", p. 42.

[29] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 30.

analysis, by disease condition, the TCRP researchers documented that the cost-effectiveness of increased access to NEMT will vary by medical condition and are influenced by the costs of both transportation and health care.

Summary Conclusions of this NEMT Cost and Benefit Analysis

A summary of their analysis is presented in Table 3 on a condition-specific basis for both the preventative and chronic health conditions reviewed. The TCRP researchers comment that using the assumption that one QALY is worth about $50,000 no condition fails cost-effectiveness tests and four conditions are actually cost-saving. To be cost-effective, added costs to extend a healthy life must be below a reasonable cost standard.

Table 3
Summary of Cost Effectiveness Results for Increased Non-Emergency Medical Transportation by Health Care Condition

Condition	Cost per QALY	Result
PREVENTATIVE CARE		
Influenza Vaccinations	$31 / QALY	Highly Cost-Effective
Prenatal Care	**$367 Cost Savings**	**COST SAVINGS**
Breast Cancer Screening	$34,176/ QALY	Moderately Cost-Effective
Colorectal Cancer Screening	$22,735/ QALY	Moderately Cost-Effective
Dental Care	$590/ QALY	Highly Cost-Effective
CHRONIC HEALTH CONDITIONS		
Asthma	**$333 Cost Savings**	**COST SAVINGS**
Heart Disease - Congestive Heart Failure, CHF	**$2,743 Cost Savings**	**COST SAVINGS**
Chronic Obstructive Pulmonary Disease-COPD	$1,272 QALY	Highly Cost-Effective
Hypertension - HTN	$6/ QALY	Highly Cost-Effective
Diabetes	**$927 Cost Savings**	**COST SAVINGS**
Depression/ Mental Health	$675 / QALY	Highly Cost-Effective
End-Stage Renal Disease (ESRD)	$410 / QALY	Highly Cost-Effective

TCRP Cost Benefit Analysis of Providing Non-Emergency Medical Transportation, 2005, pg. 89

Noting the considerable uncertainty that exists in their computations at the condition-specific level, the TCRP researchers nonetheless argue, with the emphasis below their own, that

> "….***a strong case*** is made that improved access to NEMT for transportation-disadvantaged persons is cost effective in terms of better health care. In some cases this cost-effectiveness translates directly into decreases in health care costs that exceed the added transportation costs. In other cases, longer life expectancy or improved qualify of life….justify the added costs of improved access to NEMT."[30]

[30] TCRP "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-Project B-27", page 89.

Further, they state that despite the costing uncertainties, this is ***not a soft finding*** given that with the well-accepted QALY method, added costs, in these cases of both transportation and well-managed health care, will extend a healthy life and that this is evidenced for all twelve health conditions studied.

Appendix I – Profile of Paratransit Services

Paratransit Services

Paratransit Services is a private, nonprofit 501(c) (3) transportation services company based in Bremerton, Washington.

The company was initially formed in 1980 as a department of the Kitsap Peninsula Housing and Transportation Authority. Although Paratransit Services has evolved into a private, non-profit company, they continue to work collaboratively with many public agencies that share in their corporate mission to provide quality, accessible transportation services to persons with disabilities, senior citizens, and low income people. Public agencies they currently work with include state agencies such as the Washington State Department of Social and Health Services and The Washington State Department of Transportation; county governments such as Tehama and Glenn Counties in northern California; city governments such as the City of Bend (Oregon) and the Municipality of Anchorage; and transit agencies such as the Rogue Valley Transit District in Oregon and Clallam Transit System in Port Angeles, Washington.
Paratransit Services specializes in managing transportation call centers (such as Medicaid transportation brokerages and ADA central dispatch centers) and operating accessible public transit systems.

Background in NEMT Brokerage Operations

Paratransit Services has been a Non-Emergent Medicaid Transportation (NEMT) broker for 22 years. Under the direction of the Washington State Department of Social and Health Services (DSHS), they operated the pilot program for the brokerage system in 1988. Six years later Paratransit Services demonstrated the system in Oregon. They have the distinction of being the very first NEMT broker in both of those states, and today they are the one of the largest brokers in Washington. Paratransit Services also began the Medicaid transportation brokerage program in Anchorage, Alaska.

Washington State Paratransit Services has been a participant in the Washington State Non-Emergent Medicaid Transportation (NEMT) program since the program's inception in 1984. Originally serving as a ride provider, they later implemented a successful pilot program to demonstrate the Medicaid transportation brokerage model, and in 1990 this model was adopted statewide.
Oregon Originally a partner with TriMet in the successful NEMT brokerage pilot program, in 1994 Paratransit Services became the state's very first NEMT broker. During their ten years of operation in Portland, the brokerage system that they helped to pioneer won nationwide recognition as a model of best practices.
Paratransit Services also assisted, in partnership with the City of Bend, in the startup of the NEMT system for the Central Oregon Intergovernmental Council. They continue to provide

Providing training and other assistance to help navigate the start-up process.
Alaska As the contractor operating the accessible transportation program in greater Anchorage from 1994 – 2007, Paratransit Services played a prominent role in the development of the medical transportation program there. During their 13-year relationship with the Municipality of

Anchorage they developed partnerships with other transportation providers, government agencies, and non-profit groups to extend the reach of the paratransit system, and new programs were implemented as a result. One of these new programs was transportation for Medicaid Waiver clients. As the broker for this service, Paratransit Services implemented many innovative sources of Medicaid transportation assistance including bus passes, fuel vouchers and volunteers serving as ride providers.

Paratransit Services continues to refine this service delivery system, and to contribute to the general acceptance among state officials that brokerages are the best way to manage NEMT programs.

Experience Initiating New Service Models

In addition to their work in the field of NEMT brokering in Washington State, Oregon, and Alaska (as described in the previous section), Paratransit Services has also participated in startups for numerous new transit systems. For example:

- In 1992 Paratransit Services performed the initial startup for Mason Transit in Mason County, Washington, and operated that 25-vehicle ADA transit program for ten years (it is managed in-house now).
- Paratransit Services was the original operator of the first ADA transportation program provided by the Municipality of Anchorage in 1994 and also launched the Municipality's first vanpool program in 1996.
- Paratransit Service initiated Carson City (Nevada) Community Transportation in 1995, a Dial-A-Ride system that they operated that for seven years.
- More recently, Paratransit Service managed the transition of the ADA paratransit program in Medford, Oregon, from a system that utilized multiple ride providers to a single provider model with Paratransit Services as the contractor.

Appendix J – Lake Transit Service Enhancement Cost Detail

Memorandum

To: Heather Menninger

CC: Lisa Davey-Bates, Terri Persons

From: Mark Wall, Transit Manager

Date: 2/2/2011

Re: Possible Transit Expenses for Extended Hours

There are two ways to look at extending hours: (1) NEMT only, (2) JARC funded service that would meet NEMT needs as well as employment related needs. While it may be easiest to address NEMT only, I think there is a real need for employment related extended hours in the southern part of Lake County and we could address all needs with this approach. The JARC project might also attract more funding. The information on the attached Excel spreadsheet provides a basic calculation for each service. These are explained as follows.

JARC, NEMT EVENING HOURS PROJECT FOR SOUTH COUNTY

We have received a petition from 206 students at Yuba College, many of whom are CalWorks participants, for evening bus service so that they can attend college classes at night. Elizabeth Weiss, a counselor at the school, believes CalWorks may help fund additional service. I will be looking into this in the next several days. At any rate, this is a pretty good start for a JARC pilot project for the southern part of Lake County. The first two categories of my spreadsheet calculations are based on this.

The first category, "Yuba College", is an estimate of additional funding required to add schedules to Routes 1, 3, 5 & 6 to meet the needs of students for classes ending at 6:30 p.m., beginning at 6:30 p.m., and ending at 9:30 p.m. on Monday-Friday. This would serve residents of Middletown, Hidden Valley, Lower Lake, Clearlake, Clearlake Oaks, Glenhaven, Lucerne, and Nice. This is the Yuba/Clearlake service area.

The second category, "Extend Clearlake/Lower Lake to 10:30 p.m.", would add Route 5 and 6 schedules to provide continuous operation of these routes from 6:00 a.m. to 10:30 p.m. The cost estimate is to add hours to supplement the "Yuba College" and existing schedules. This would allow travel throughout the evening to/from the hospital or health clinic in the Clearlake/Lower Lake area. It would also increase transportation support for more service sector jobs.

HOLIDAYS, SUNDAYS, EVENINGS COUNTYWIDE

I have provided estimates for holiday and Sunday service based on two options: (1) Service based on the existing Saturday schedule, and (2) NEMT countywide service.

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Use of the Saturday schedule would provide full transit service along Routes 1, 3, 4, 5, 6, 7, and 8. These are the most heavily used routes. There would be no service to the Cobb Mountain area or Soda Bay. Most people in Lake County could access medical services on these routes, and they could also commute to work, shop, etc.

The NEMT countywide estimates are based on operating five vehicles for 12 hours per day on a demand-response basis exclusively for medical needs, although we may find that they could accommodate other trips. This would base vehicles in (1) Lakeport/Kelseyville, (2) Upper Lake/ Nice/Lucerne, (3) Cobb/Middletown/Hidden Valley, and (4 & 5) Clearlake/Lower Lake/Clearlake Oaks.

The evening NEMT estimate is based on a more limited provision of vehicles in Clearlake and Lakeport. This would provide evening service from 6:00 p.m. to 9:00 p.m. in each community. Two vehicles would provide this service in the Clearlake area.

LAKE TRANSIT COSTS	Rev Hr	Days	Per Week	Per Year	$58/Hour
Yuba College Expansion of Hours					
6:30 Arrival					
Route 1	1.5	5	7.5		
Route 3	1	5	5		
Route 6	1	5	5		
6:30 depart			0		
Route 1	1.5	5	7.5		
Route 3	1	5	5		
Route 5	1	5	5		
Route 6	1	5	5		
9:30 depart			0		
Route 1	1.5	5	7.5		
Route 3	1	5	5		
Route 5-6	1.25	5	6.25		
			58.75	3055	$ 177,190
				Fares	$ (35,438)
				Net	$141,752
Extend Clearlake/Lower Lake to 10:00 p.m.					
Route 5	3	5	15		
Route 6	2	5	10		
			25	1300	$ 75,400
				Fares	$ (15,080)
				Net	$ 60,320.0
Holidays					
Saturday Schedule	105.52	11		1160.72	$ 67,322
				Fares	$ (13,464)
				Net	$ 53,857.41
NEMT	60	11		660	$ 38,280
					$ (7,656)
					$ 30,624.00
Sundays					
Saturday Schedule	105.52	52		5487.04	$ 318,248
					$ (63,649.66)
					$ 254,599
NEMT	60	52		3120	$ 180,960
					$ (36,192)
					$ 144,768.00
Evenings					
Lakeport Area NEMT	3	365		1095	$ 63,510
				Fares	$ (12,702)
					$ 50,808
Clearlake Area NEMT	6	365		2190	$ 127,020
				Fares	$ (25,404)
					$ 101,616

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