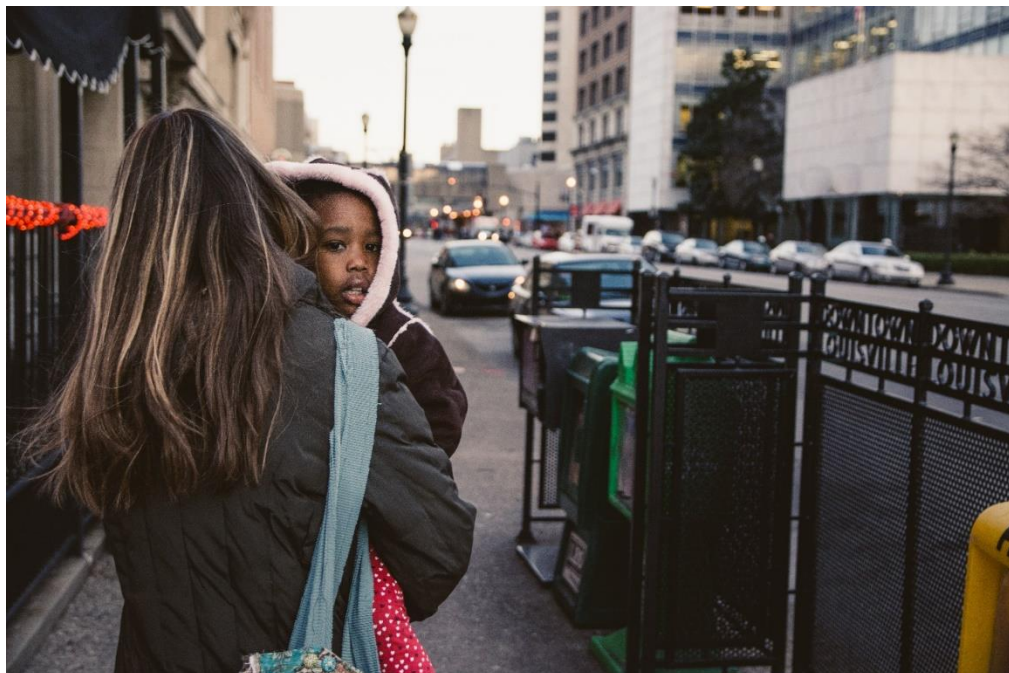


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FLOURISH ST. LOUIS: IMPROVING TRANSPORTATION ACCESS TO HELP MOTHERS AND BABIES THRIVE

BUILD HEALTH CHALLENGE FINAL REPORT



Contents

Executive Summary..... 3

Section 1. Transportation & Infant Mortality in St. Louis 4

 1.1. Background Data..... 4

 1.2. Medicaid Managed Care in Missouri 6

 1.3. Non-Emergency Medical Transportation Benefit 7

Section 2. FLOURISH St. Louis 8

 2.1. FLOURISH St. Louis History 8

 2.2. FLOURISH St. Louis 1.0 Structure 8

 Description 8

 2.3. FLOURISH 2.0 Structure 9

 Description 9

Section 3. Partners 12

 3.1. Transportation Action Team Partners: 12

 3.2. Other Key Regional Efforts..... 12

Section 4. How We Structured the Work..... 13

 Section 4.1. BUILD Health Challenge Structure 13

 Section 4.2. Evaluation Feedback Loops 14

Section 5. Methods for Evaluation..... 14

 Section 5.1. Collective Impact..... 14

 Section 5.2. Results Based Accountability 15

Section 6. How Much Did We Do? How Well Did We Do It? 17

 Section 6.1. Community Engagement..... 17

 Community Supports 18

 Community Leaders’ Stories 19

 Section 6.2. Transportation Action Team Projects 20

 Riders’ Bill of Rights..... 20

 NEMT Engagement Session 1 – Standardized Protocols 21

 NEMT Engagement Session 2 – New Standard Protocols in Practice 22

 NEMT Engagement Session 3 – Car Seats & Non-Emergency Medical Transportation 23

 Trauma Informed Trainings 24

 Transportation & Infant Mortality Trainings..... 25

 Racial Equity Trainings 25

Distribution of Standardized Protocols One-Pager to Service Providers.....	26
Community Outreach Strategy Development	26
Section 6.3. Data Work Group Projects	27
Data Inventory	27
Local Project Assessment.....	28
Transportation Complaint Survey.....	29
Asset Mapping	29
MCO Data Request Development.....	30
Section 6.4. Policy Work Group	30
Transportation Policy Agenda.....	31
Transportation Policy Brief	31
Opposition to Federal NEMT Waiver	32
Medicaid Oversight Committee.....	32
Transportation Benefit Included in the Extension of Substance Use Treatment for Postpartum Women Up to 1 Year.....	33
Section 7. Is Anyone Better Off?.....	34
Section 7.1. Medicaid Managed Care Organizations Policy Changes	34
Section 7.2. Strengthened/Gained New Partnerships.....	35
Section 7.3. Elevated as an Example Nationally & Regionally	40
Section 7.4. MO HealthNet Engagement.....	42
Section 8. Learnings/Challenges	42
Section 9. Future Opportunities	44
Appendix 1. Riders Bill of Rights	46
Appendix 2: Results Based Accountability- Transportation Dashboard	48
Appendix 3: Non-Emergency Medical Transportation Standardized Protocols	50
Appendix 4: Transportation Complaint Survey.....	51

Executive Summary

In St. Louis, Black infants are 3-4 times more likely to die before their first birthday than White infants. Infant mortality rates in the region are nearly twice the national average. In St. Louis zip codes 63106 and 63107 the rate of infant mortality is three times the US average. Our BUILD project set out to reduce the number of infants who were born preterm or low-birth weight by improving access to prenatal care. Prenatal care is demonstrated as an effective strategy for reducing the risk of infant mortality. Early and adequate prenatal care can improve health outcomes for women and their children. Nearly 40% of pregnant women living in 63106 and 63107 had inadequate prenatal care, yet nearly 90% of them were covered by Medicaid¹. This suggests that other factors may contribute to inadequate prenatal care.

Transportation could be a key factor impacting access to prenatal care². Women who lack access to reliable and well-connected transportation systems may find it challenging to get to their prenatal appointments. Environmental factors, like unsafe neighborhoods, poor public transit infrastructure, availability of bus routes and the connection between where people live and where they access care can influence how likely a pregnant woman may be to regularly show up for her appointment. Decades of segregation and racially inequitable systems in St. Louis have increased geographic isolation, safety and mobility of Black residents in St. Louis and have hindered their capacity to thrive. This is evidenced in the disparity in birth outcomes between Black and White babies in St. Louis.

Through the FLOURISH network of hospital and health system partners, local health departments, social service organizations, FQHC's, managed care organizations, transportation systems and area residents, the BUILD project set out to gather information on how transportation systems in St. Louis were impacting the lives of residents. This knowledge would be used to shape how transportation systems, health care and the Medicaid managed care plans were developing policies, designing racially equitable systems and infrastructure and coordinating and communicating across sectors to improve conditions for Black families in St. Louis.

Over the course of the two years of BUILD, our core team deepened our understanding of the nature of working across sectors. Partners in different sectors were able to expand their awareness of the nature of how seemingly disparate systems are connected in ways that have a direct impact on residents' lives. This awareness brought thoughtful reflection on the value of communication and learning to communicate across sectors. The partners also enhanced their skill set in respectfully engaging with community and recognizing that policies and practices must use a lens of equity, and an awareness that trauma is deeply entrenched in communities that have been most disadvantaged by inequity.

Our team had great ambitions. We sought to impact the Non-emergency Medical Transportation (NEMT) System as well as public transit access and identified many possible lines of intervention. As we learned more about the transportation system, built relationships with partners in this sector we focused and refined our actions. We experienced challenges along the way, one of them being the turnover of key project staff at Generate Health, the backbone organization. The support of our

¹ Missouri Department of Health and Senior Services. *Missouri Information for Community Assessment (MICA) database*. 2014 zip code level data. http://health.mo.gov/mica//mica/birthzip_stl.php

² Phillippi, JC (2009). Women's perceptions of access to prenatal care in the United States: A literature review. *Journal of midwifery and women's health*, 54(3), 219-225.

consultant team engaged for this project allowed us to maintain momentum as did the leadership of the transportation action team.

One of our team's greatest accomplishments during the BUILD Health Challenge was strengthening of relationships, between previously disconnected partners and between institutions and community members. Relationships take time to build, energy to nurture and trust to maintain. We understand that inequitable systems have been rooted in the fabric of our nation and will take time to deconstruct, but we feel accomplished in having brought together community residents with systems leaders who heard the impact systems have on people's lives and we believe that this is the beginning of a larger change. Our work to address transportation barriers in St. Louis does not end with the conclusion of BUILD. The project elevated the need to address social determinants of health in community settings with multidisciplinary teams. BUILD brought attention to the complexities of our local transportation systems and engaged partners in new ways to think about how our collective efforts support the health of Black moms and babies in our community.

Section 1. Transportation & Infant Mortality in St. Louis

1.1. Background Data

Transportation is intimately connected to infant mortality. It gives people access to many basic needs that contribute to a healthy birth. Transportation provides access to living wage jobs, healthy foods and prenatal care.

- *Access to Living-Wage Jobs:* Women with higher incomes are less likely to have an infant die, studies show. But women without reliable transportation have fewer opportunities to find and keep jobs that supply a living wage. In fact, only 1 in 4 jobs in the St. Louis region are reachable by a 90-minute public transit trip³.
- *Access to Healthy Food:* Many of the St. Louis zip codes with the highest rates of infant mortality are in neighborhoods considered food deserts by the USDA⁴. Without affordable, reliable transportation, mothers who live in those neighborhoods can't get to grocery stores that sell affordable, fresh and healthy food. Poor nutrition during pregnancy can lead to babies born too small.
- *Access to Prenatal Care:* Studies show that access to transportation impacts health, because unreliable transportation leads to a lack of regular medical care and missed appointments. In our region, more than 20 percent of households don't own a car⁵, and over one-third of our residents do not live near a public transit stop. There are 4 million missed and delayed

³ Ferguson Commission, The. (September 2015). *Forward through Ferguson: A Path Toward Racial Equity*. A printed companion to forwardthroughferguson.org.

⁴ Centers for Disease Control and Prevention (CDC). (2015). *Behavioral Risk Factor Surveillance System Survey Data: 2012-2014*. Atlanta, Georgia: U.S.

Department of Health and Human Services, Centers for Disease Control and Prevention.

⁵ US Census Bureau. *American Community Survey, 2011-2015*.

appointments in the U.S. every year and that 50-60% of patients with missed appointments identify transportation as the main barrier⁶.

Without access to these basic needs, women experience a higher level of stress which also affects their fetus. Women who experience high levels of stress during pregnancy have 25-60 percent higher risk for preterm delivery, studies show⁷. The lack of reliable transportation compounds the stress when they endure long commutes to jobs and doctor appointments and worry about missing appointments because of unreliable public transportation and Medicaid ride schedules.

[FLOURISH St. Louis](#), the region’s infant mortality reduction initiative, has listened to countless stories from community members about how transportation affects their ability to have a healthy pregnancy and birth:

- “I was denied transportation through my insurance provider up until I was 32 weeks because I lived on a bus route. But getting to the bus stop was stressful and required traveling with kids in an unsafe environment.”
- “It takes me about 3 hours just to get to work. I have to catch 3 buses or 2 buses and a train just to get to work or appointments.”
- Consumers and healthcare providers say NEMT rides are frequently late, which results in mothers missing appointments, and it’s difficult to get complaints resolved. Medicaid transportation is difficult to schedule and restricts the number of people who can ride along – a significant barrier for a pregnant mom with young children in tow.
- There are young mothers (12 and up) who are using 911 and calling EMS for pregnancy tests and other non-emergent reasons. Women need education about pregnancy and motherhood and need accessible information to know how to use the medical resources in the region that are available to them.

In addition to listening to the community, FLOURISH St. Louis analyzed key indicators (see Table 1.1.a.) and identified high impact zip codes, 63106 and 63107 where infant mortality rates are the highest (see Map 1.1.b.). Infant mortality rates in these zip codes are three times the average of the state of Missouri. Transportation is essential to access employment, healthy food, affordable housing, quality education and health care. Residents living in these zip codes are more than twice as likely as other city residents to not own a car, and to rely upon public transit. The BUILD project engaged new partners in managed care, Metro Transit (the mass transit system for the greater St. Louis region), medical transportation brokers and providers, as well as policymakers and advocates to address community-identified priorities to improve transportation access.

Table 1.1.a. Key Indicators- St. Louis City & County, 2014-2018

Indicator	Race	2012-2016	2013-2017	2014-2018
Infant Mortality	Black	12.4	12.0	*
	White	3.9	4.0	*
Low Birth Weight	Black	14.93	15.33	15.68

⁶ Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health, 38*(5), 976–993. doi:10.1007/s10900-013-9681-1

⁷ Wadhwa, P. D., Entringer, S., Buss, C., & Lu, M. C. (2011). The contribution of maternal stress to preterm birth: issues and considerations. *Clinics in perinatology, 38*(3), 351–384. doi:10.1016/j.clp.2011.06.007

Additionally, Missouri requires three managed care organizations to provide services to the Medicaid population. The providers throughout the time of the project, included: Centene's [Home State Health plan](#), WellCare's [Missouri Care plan](#), and [United Healthcare's](#) Community plan. FLOURISH St. Louis worked with all three to improve transportation in the region.

1.3. Non-Emergency Medical Transportation Benefit

Medicaid Managed Care offers non-emergency medical transportation (NEMT) as a benefit for its recipients. It was important for FLOURISH St. Louis to understand the local non-emergency medical transportation system and how it was functioning for Medicaid managed care recipients. The majority of NEMT rides for pregnant and postpartum women are delivered by [MTM](#); the transportation broker for the managed care plans. Women who are enrolled in fee-for-service Medicaid prior to enrolling in a managed care plan for the duration of their pregnancy may coordinate transportation through [Logisticare](#), another transportation broker.

When we began this project, we learned a great deal about the landscape of non-emergency medical transportation and the system's policies and protocols. We began to understand from the individuals utilizing this benefit where the challenges existed. Here's what we learned:

- Pregnant members living within 0.25-0.75 miles of a bus stop were provided a bus ticket as the mode of transit to their medical appointments. Members not living within this distance were given an alternative option for transportation, either a taxi, van or car provided by a NEMT provider.
- MTM and Logisticare utilize public transit, taxi's, or sedans depending on what modes of transportation are available in a geographic area. Some also utilize rideshare options like Uber and Lyft. Members who have access to a car may also be reimbursed for mileage, either for their own vehicle or rides provided by family members or friends.
- Members may schedule rides up to one month in advance and may request a car seat if they require one. The act of requesting a car seat does not guarantee that the transportation provider will have one available and members are urged to provide their own car seat.
- Members who deliver via c-section may request a private car rather than a bus ticket, but their medical provider will need to provide approval for this mode of transportation.
- Transportation vendors often noted challenges with riders who did not show up for their ride at the scheduled time, issues with pick-up and drop off locations, and keeping patient data (like addresses and phone numbers) current.
- Members noted challenges of drivers not showing up to pick them up on time, not having enough time to get to the car when their ride arrived and having to sometimes wait hours to get a ride home after an appointment or hospital discharge. There is a policy that states drivers may only wait 5 minutes for a passenger, which may not be enough time considering the needs of a pregnant or postpartum person who may live in a high-rise building, have other children, or may be looking for a driver who is not parked at the entrance of a medical facility. Members also expressed not knowing who to call when their ride was late or did not show up. Were they to call the transportation broker, the vendor who provided the ride or their managed care company?

Section 2. FLOURISH St. Louis

2.1. FLOURISH St. Louis History

Generate Health is a maternal and child health coalition of over 300 health, social service, early childhood, academic, faith-based, advocacy, and for-profit organizations. It serves as the backbone for FLOURISH St. Louis, a community-based collective impact initiative that seeks to eliminate the racial disparities in infant mortality. Together with its partners, Generate Health attracts and drives resources toward the organizations and policies that improve the health of women, children and families. FLOURISH is supported by a ten-year investment from the Missouri Foundation of Health.

2.2. FLOURISH St. Louis 1.0 Structure

Description

FLOURISH St. Louis was designed as a collective impact effort and the structure was modeled after successful cross-sector collaborations. Representatives from a range of organizations collectively began to illuminate the issues having the most significant impact on the health of moms and babies. The FLOURISH Cabinet was established as the decision-making body. The Cabinet was comprised of representatives from academia, healthcare, managed care, and area social service agencies as well as parents. The common agenda was developed by gathering and synthesizing data from numerous sources, including multi-staged qualitative listening sessions with parents. The FLOURISH Think Tank triangulated data from all sources and, with a bias toward community input, recommended five priority issues to the Cabinet. These five issue areas were prenatal care, infant health, health communication & navigation, behavioral health and transportation. The Cabinet chose to work on all five issues at the same time and believed that some were more conducive to rapid change than the social determinants of health area of transportation. Three Cabinet members championed the transportation priority, which turned out to be one of the more successful areas of intervention.

An action team was organized for each issue area and they were comprised of co-chair leadership and cross-sector representation. Using a Results Based Accountability framework and racial equity lens, action teams developed workplans and included representation from community. Community leaders with lived experience- either having experienced a pregnancy or infant loss, infant born preterm or low birth weight or residing in a zip code with a high rate of infant mortality- were engaged in the work of FLOURISH through the Making Change Happen Leadership Academy (MCH). Through MCH, emerging community leaders could develop their leadership capacity and participate in the FLOURISH action teams. The action teams kicked-off in February of 2017.

Image 2.2.a. FLOURISH 1.0 Structure

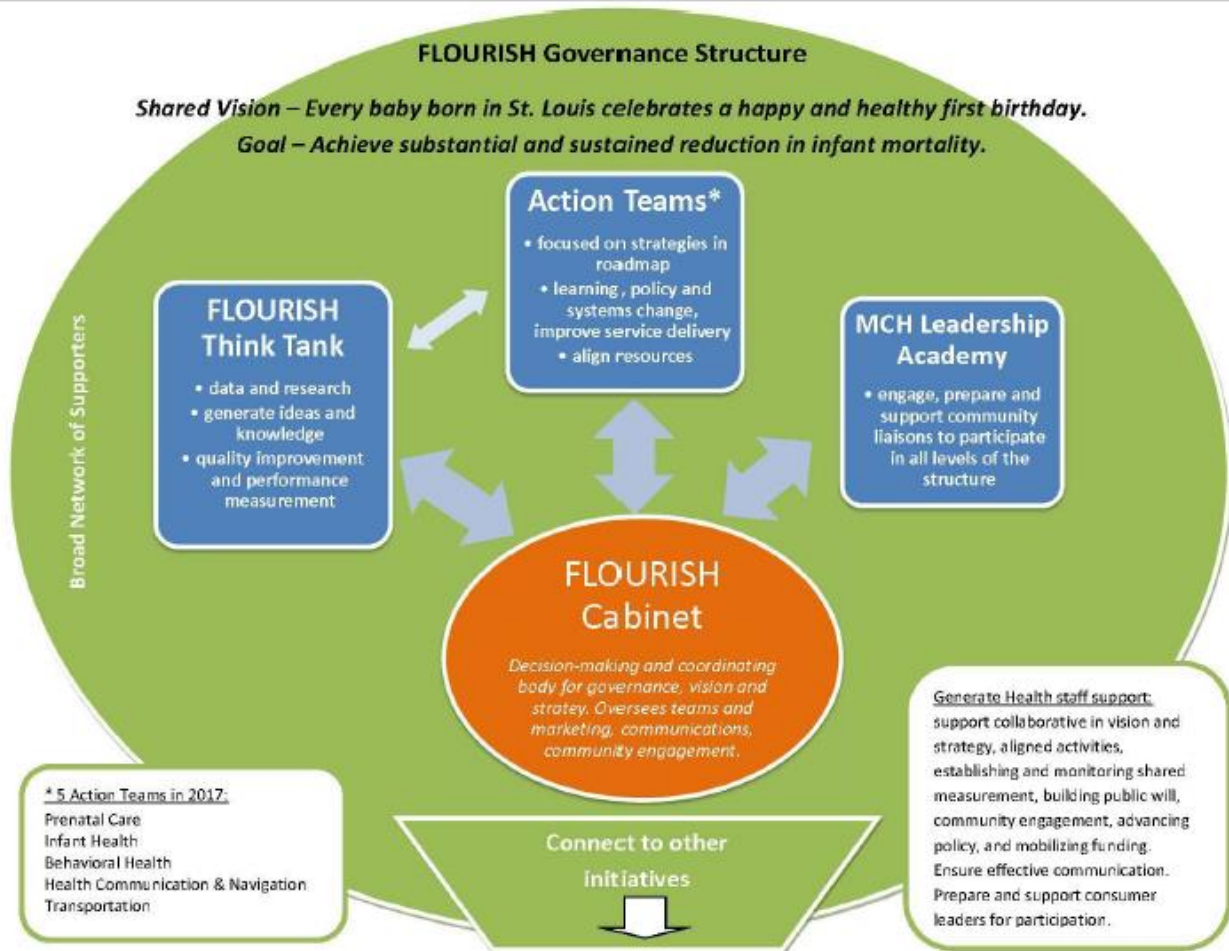


Figure 1: FLOURISH Structure

2.3. FLOURISH 2.0 Structure

Description

As FLOURISH’s Action Teams were gaining experience and progress, the Cabinet was deepening its understanding of racial inequities and how to effectively apply a racial equity lens. With more dialogue and training in analyzing data through a racial equity lens, the Cabinet and backbone staff resolved to adopt a North Star of zero racial disparities in infant mortality by 2033. Generate Health’s Board of Directors had already taken the step of changing its mission and vision.

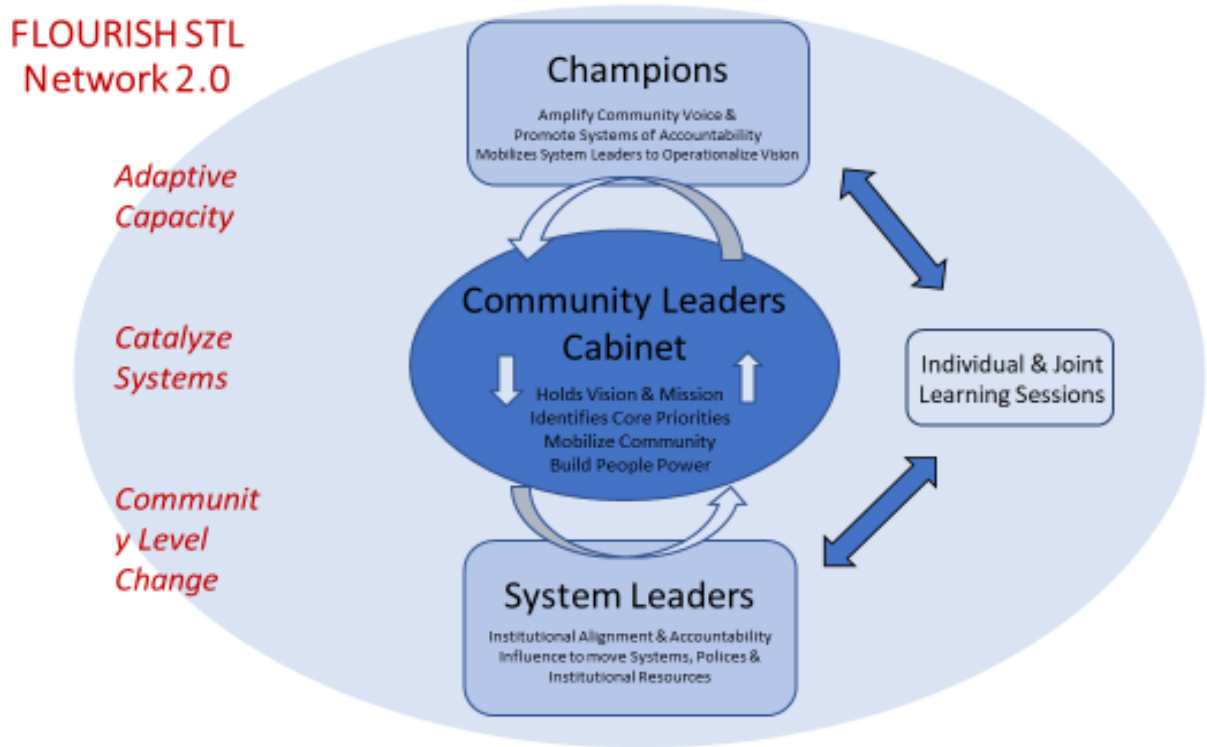
The new North Star created a sense of urgency and challenged the Cabinet and Backbone to assess if the structure was still in alignment with the current direction. Early in 2018, FLOURISH began a redesign of efforts from a transition team comprised of representatives from across all components of FLOURISH, including the cabinet, think tank, Making Change Happen Leadership Academy and action teams. The initiation of the redesign was to build upon efforts of FLOURISH’s first four years but reimagine how to invest limited resources to accelerate progress towards FLOURISH’s North Star to eliminate racial disparities in infant mortality by 2033. The new approach of FLOURISH is to center community leadership, promote sustainability of efforts and drive significant change.

The restructuring of FLOURISH, referred to as FLOURISH 2.0 allows community most impacted by the racial disparities in infant mortality to design and inform the direction of the work. FLOURISH is elevating the lived experience and looking to impacted communities for the solutions to address their most pressing issues. Centering impacted community allows FLOURISH to integrate racial equity into everything that it does, continues to build broad public will for comprehensive approaches and takes a systems and policy level approach to advocate and align around common priorities and solutions.

The design of FLOURISH 2.0 was heavily influenced by what we learned through the community consultant for our BUILD project. It is not an understatement that the BUILD project accelerated our evolution to adopt a racial equity North Star and to challenge the status quo organizational structure.

By centering communities that have been impacted by racial inequity and oppression, we can begin to close the gap which has perpetuated the disparity in health outcomes between Black and White babies and their families. Shifting power to mobilize grassroots community most impacted by infant and maternal mortality can improve the way systems collaborate and interact with community to advance policy and systems change and change the narrative of what determines health and equity in communities.

Image 2.3.a. FLOURISH 2.0 Structure



Section 3. Partners

3.1. Transportation Action Team Partners:

FLOURISH convenes an action team of organizations and community residents who are interested in identifying strategies to improve transportation barriers for pregnant women and their families. The objective of the transportation action team is to improve Black birth and maternal outcomes by increasing Medicaid managed care member utilization of Non-Emergency Medical Transportation in the City of St. Louis by 25% in 12 months and to ensure that moms and babies are able to access resources to thrive through effective transportation systems.

County Health Departments	Health Systems	Medicaid Managed Care	Transportation
City of St. Louis Health Department* St. Louis County Department of Public Health*	SSM Health* BJC Health Care* Mercy* Integrated Health Network (FQHCs)*	MOHealthNet (Missouri's Medicaid Program) Home State Health Missouri Care United Health Care	MTM Bi-State Metro*
Community Engagement	Social Service Agencies		Transportation Action Team Co-Chairs
Project LAUNCH Making Change Happen Leadership Academy FLOURISH More Community Leaders Cabinet <i>(see table 6.1 for more information)</i>	Nurses for Newborns Urban Strategies Legal Services of Eastern MO Mercy Neighborhood Ministries Women's Voices Raised for Social Justice		Bethany Johnson Javois, CEO, Integrated Health Network Lou Gianquinto, President, Missouri Care

*Core Project Partners

3.2. Other Key Regional Efforts

FLOURISH St. Louis is just one of many efforts happening in the region related to transportation. The collaborative efforts of FLOURISH have generated additional efforts to address transportation challenges in the St. Louis region.

Forward Through Ferguson	Promise Zone
FLOURISH St. Louis has been intentional about aligning with and modeling the Forward Through Ferguson (FTF) culture, the organization that was created following the killing of Michael Brown- an unarmed black youth by a white police officer – which set off uprising and protests for months. Forward Through Ferguson is encouraging a culture of trying... of leaning into the discomfort of making systemic changes with a spirit of openness to learning and adapting. FLOURISH has aligned their mission with FTF's mission of a racially equitable St. Louis by 2033. Transportation is one the "Calls to Action" put forth by the Commission.	The Promise Zone target area is one of 20 federally-designated zones that works with ReCAST facilitators to identify gaps in these communities, including: Public Transit Safety, Transit and Food Access, Transit and Access to Healthcare. The Promise Zone recognizes that without transit access to healthcare, community members in these areas face higher rates of missed doctor's appointments, limited recovery and prescription access, the overutilization of the ER due to limited PCP access.

Section 4. How We Structured the Work

Section 4.1. BUILD Health Challenge Structure

The Transportation Action Team was established as a part of FLOURISH. This team was the natural place to carry out the BUILD Health Challenge project. Additional groups, a data work group and policy work group, were formed to address key elements of the project. Core project partners were asked to designate staff to the workgroups based on their skill set and area of expertise. Community members with lived experience were integrated across the project and work groups.

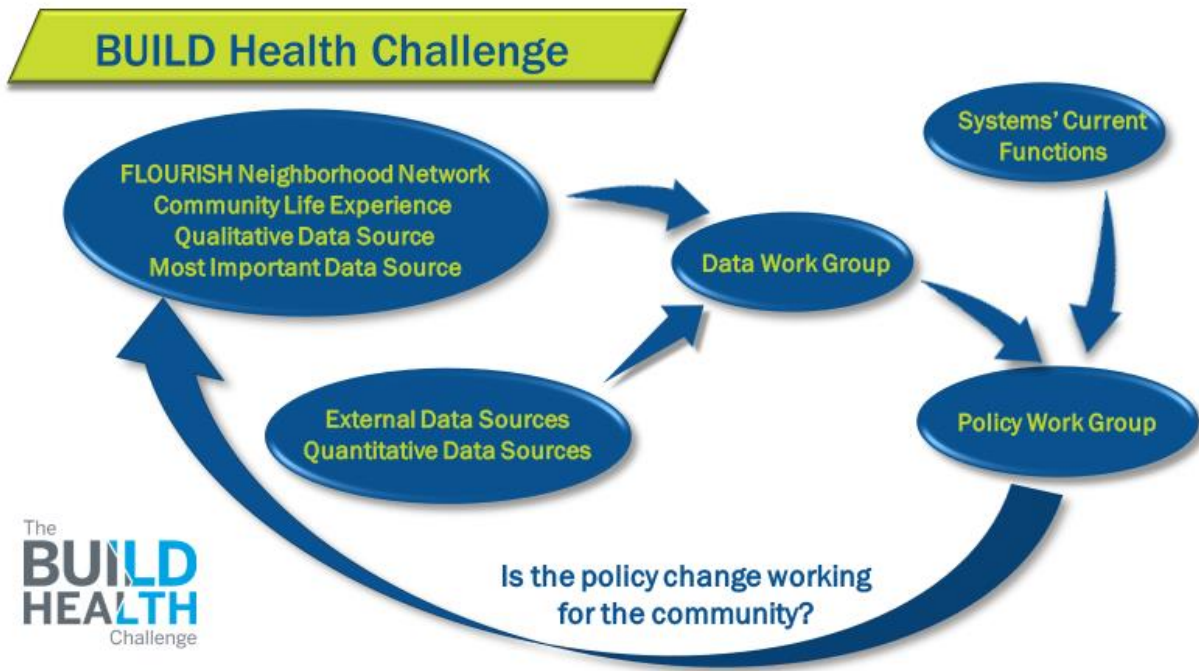
The Transportation Action Team meetings provided a space for system influencers to explain the current system and for community members to share their perspective and experience as a user of the transportation system. The data work group analyzed system and community level data which was utilized by the policy work group to develop strategies influencing system change. The change strategies were then reviewed and approved by community representatives. A feedback loop was created by which system level and policy changes were evaluated based on community feedback and a process was established to integrate community input into new changes (See image 4.1.b.).

For the first year of the BUILD project, monthly meetings were held for each of these work groups. Upon completion of project plans, the work groups met as needed. Continuous communication is a core element of collective impact efforts. The backbone staff, consultants, core project partners and data work group participants utilized a project management platform Basecamp throughout the project to communicate.

Table 4.1.a. Components of the BUILD Health Challenge

Group	Description
Transportation Action Team	This is a multi-sector group including system influencers and community residents that was formed to focus on improving transportation. Transportation was one of the initial priority areas of FLOURISH.
System Influencer Meetings	System Influencer meetings were held between Action Team meetings with representatives from specific sectors to discuss policy changes related to that sector. These meetings were specific to managed care organization and the regional transportation planning commission.
Community Engagement	A variety of community resident groups provided input throughout the project. These groups included: Project LAUNCH, Making Change Happen Leadership Academy, FLOURISH More (Motivated Outreach for the Restoration of Equity) and FLOURISH's Community Leaders Cabinet.
Data Work Group	A group of representatives with data and evaluation expertise who comprised the team of core partners.
Policy Work Group	Representatives of this group were comprised of lobbyists from the healthcare system. Legal representatives and advocates were also members of this work group.

Image 4.1.b. BUILD Health Challenge Structure



Section 4.2. Evaluation Feedback Loops

There were a several evaluation methods used throughout the project.

- Meeting evaluations were conducted at every multi-stakeholder meeting to allow for continuous quality improvement.
- A transportation complaint survey was developed based off a Riders' Bill of Rights ([Appendix 1](#)). Its purpose was to collect and quantify issues of the non-emergency medical transportation system that users were experiencing. The survey elevated problems and allowed issues to quickly be addressed.
- A series of joint engagement sessions were designed as a feedback loop. These sessions presented policy or procedural changes made by managed care organizations and the transportation vendor to improve the delivery of non-emergency medical transportation. Attendees who represented users of NEMT and community health workers or case managers who served a role of coordinating transportation within their organization would then respond to the changes and how they are operating in practice. These feedback loops were an important structural feature of this project.

Section 5. Methods for Evaluation

Section 5.1. Collective Impact

FLOURISH St. Louis is a collective impact effort to eliminate racial disparities in infant mortality. A single agency does not have the ability and resources to solve complex social issues, thus multiple entities are needed to produce large scale, impactful and sustainable change. Collective impact requires five key

components (image 5.1.a). FLOURISH brings together partners from different sectors to identify innovative solutions to address the most pressing needs in the St. Louis region.

Image 5.1.a. The Conditions of Collective Impact

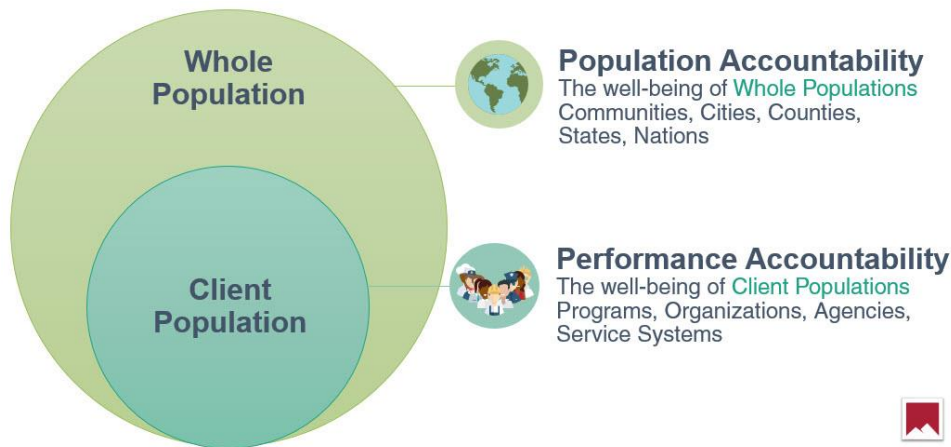


Source: <http://nccdh.ca/blog/entry/collective-impact-collaborating-to-improve-conditions-for-health>

Section 5.2. Results Based Accountability

FLOURISH St. Louis utilizes Results Based Accountability (RBA) as its evaluation framework. Results Based Accountability is a disciplined way of thinking and acting used by communities to improve the lives of children, families and the community as a whole. There are two levels of accountability in RBA: Population Accountability and Performance Measure Accountability.

Image 5.2.a. Population and Performance Accountability



Source: <http://www.wego33.org/Downloads/WeGo%20Together%20for%20Kids%20Clear%20Impact%20Handouts.pdf>

Population accountability is the well-being of whole populations. In FLOURISH St. Louis, the population accountability indicator is: All Black Babies in St. Louis celebrate their first birthday. FLOURISH St. Louis also defined a population indicator specific to each priority area. The population accountability indicator for transportation is: All Black pregnant people access adequate prenatal care throughout their pregnancy.

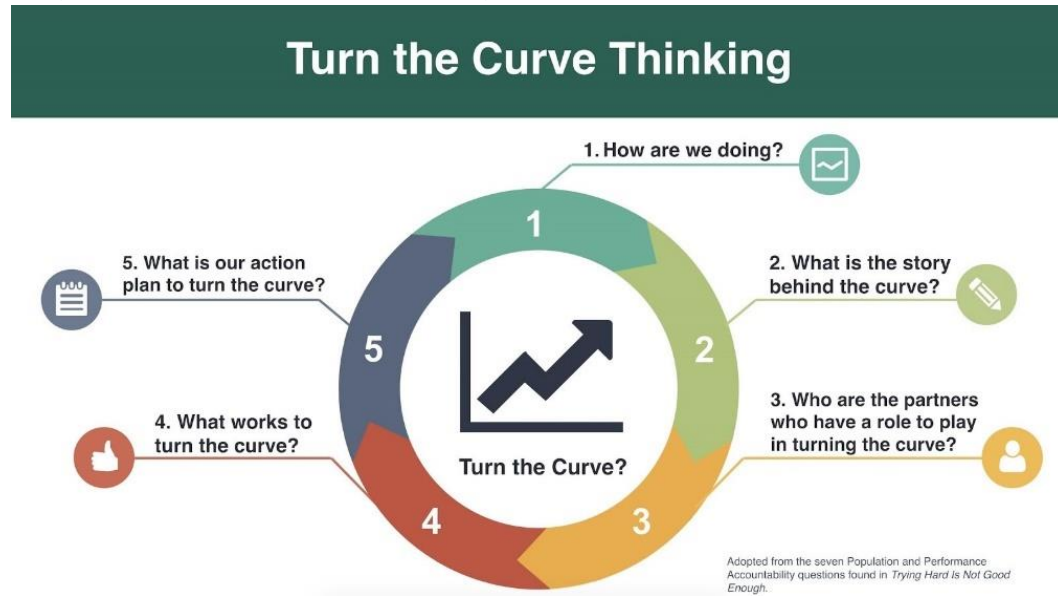
Performance accountability is the well-being of populations served by specific programs or strategies. An action plan is developed for each strategy (See Image 5.2.a.) with an accompanying evaluation plan. For each of the strategies identified, the evaluation questions are asked: “How much did we do?”, “How well did we do it?” and “Is anyone better off?” (See Image 5.2.a.). These questions led the evaluation of the BUILD Health Challenge Project. The specific indicators as they relate to strategies are outlined in Appendix 2.

Image 5.2.b. Performance Measure Matrix

Source: <https://clearimpact.com/results-based-accountability/identifying-performance-measures-administrative-functions-personnel-budgeting/>



Image 5.2.a. Results Based Accountability



Source: <http://flintliteracynetwork.org/our-work/capacity-building/rba/>

Section 6. How Much Did We Do? How Well Did We Do It?

The following section outlines the project components of the BUILD Health Challenge that were undertaken by FLOURISH St. Louis. Outlined are the projects, outputs and unique learnings as well as challenges.

Section 6.1. Community Engagement

FLOURISH routinely centers communities most impacted by the issue. FLOURISH St. Louis hired Steve Parish, a St. Louis native and community organizer as a community consultant for the project. He advised the project on ways to fold in grassroots organizations, mobilize the greater community and engage residents to redesign transportation. This input was crucial to address the challenges that pregnant people face to receive adequate prenatal care and ultimately have a healthy pregnancy and birth.

The Transportation Action Team partnered with established community groups. These groups were engaged in different ways and at different times throughout the BUILD project period. These groups included: Making Change Happen Leadership Academy, Project LAUNCH, FLOURISH More (CityMatch Equity Institute) and the Community Leaders Cabinet.

Table 6.1. Partners for Community Engagement

Community Leaders Group	Description
Making Change Happen Leadership Academy	This program is unique to St. Louis and trains community members to identify conditions and core issues in their neighborhoods that impact their health and plan strategies for addressing them. The program then helps participants build their leadership skills to advocate for the needs of moms and children and to bring positive change to their own neighborhoods and our region. This program is an initiative of Generate Health, FLOURISH’s backbone organization.

	<p>For More Information: https://generatehealthstl.org/programs/making-change-happen/</p>
Project LAUNCH	<p>The purpose of this program is to create a coordinated system that addresses the needs of children ages 0–8 and allows them to thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. This project is led by local nonprofit, Vision for Children at Risk who promote the well-being of children, youth and families; particularly those at risk of socioeconomic and racial inequality.</p> <p>For More Information: https://visionforchildren.org/initiatives/launch/</p>
FLOURISH More (CityMatch Equity Institute)	<p>FLOURISH St. Louis participated in CityMatch’s Equity Institute throughout the course of the BUILD Health Challenge Project. This 3-year collaborative of local public health departments (LHDs), multi-sector partners, and community residents determines, implements and evaluates up and downstream initiatives to improve birth outcomes in populations where disparities exist and improve the evidence-base needed to eliminate disparities in birth outcomes.</p> <p>For More Information: https://www.citymatch.org/institute-for-equity-in-birth-outcomes/</p>
Community Leaders Cabinet	<p>In April 2019, FLOURISH St. Louis recruited 40 community members to serve on its Community Leaders Cabinet, including leaders from parent and neighborhood groups, doulas, and community health workers, to elevate the challenges Black families are facing in our region. The Community Leaders Cabinet supports FLOURISH and its partners, like the local hospital systems, to understand the perspective of the community and guide decision making on investments that would make the biggest impact for Black families. One of the critical roles of the Community Leaders Cabinet is to establish priority areas that guide investment, policy and advocacy efforts.</p> <p>For More Information: http://flourishstl.org</p>

Community Supports

In an effort to support community participation in Generate Health initiatives, the organization has outlined a structure for providing resources that remove some of the barriers that often make it difficult for community members to engage in community initiatives. To support community participation in the BUILD project, all community members were offered transportation to meetings and engagement session (Lyft or gas cards), childcare was provided, meals were served, and stipends were provided to acknowledge their time and expertise. The voices of community most impacted are often those that need some additional support to make their participation possible.

Community Leaders' Stories

Making improvements to transportation systems to best support Black families requires capturing their lived experience. One way to do this is through storytelling. FLOURISH St. Louis has been intentional about collecting stories of people's lived experience and elevating the value of qualitative data parallel to quantitative sources of data. Here are experiences of two community leaders who were able to share their experiences with transportation system leaders.

Shalise



Shalise and her children with former Generate Health staffer, Kate Kasper

Shalise is a 21 year old mother of two children, a two-year-old daughter, and a one year old son. After her son fell, broke his wrist, and had an initial emergency room visit, Shalise missed two follow-up appointments due to lack of transportation.

She called her Managed Care Organization (MCO) to arrange transportation, a benefit covered by her insurance plan, and followed the required procedures to schedule a ride. She scheduled the ride several days in advance and confirmed the ride on the day of the appointment. However, two times in a row, the transportation provider failed to pick her up. If a medical provider does not know that this is happening behind the scenes, a mother like Shalise might be at serious risk of being reported to family services for neglect. Shalise shared,

“Every time I call for medical transportation, it’s horrible service. They always send the same person to pick us up over and over again even though they don’t show up. I try to make the request two or three days before the appointment. The transportation people call and say they’ll be 15-20 minutes late every time. When my appointment was at 9:00 a.m., and they call at 9:00 a.m. to say they will be 20 minutes late, I had to cancel the appointment. I have missed two appointments because of transportation issues and [my son] still hasn’t seen a doctor to follow up about his wrist.”

Things soon changed for Shalise after she reached out to FLOURISH St. Louis. Together they called the managed care provider and her son's case manager so that they could secure alternate transportation. Through this process, Shalise recognized that her voice had the power to make change.

Mia

Mia participated in FLOURISH's Making Change Happen Leadership Academy and recognized that transportation was a barrier to many in her community. She joined the transportation action team and has been vocal in elevating the impact transportation barriers have on people's lives.

Mia was invited to present on a panel for a statewide Transportation and Health Summit convened by the Missouri Foundation for Health in 2019 to discuss the value of community engagement in

transforming the transportation systems. Mia shared stories of people in her community who struggled as a result of transportation systems that did not meet the needs of the community. She shared the story of Marion, a dad working multiple jobs who relied upon the bus. When the bus route was eliminated, his commute to get to work was extended by several hours, making it impossible for him to get to his different jobs. He had to give up one of his jobs and this has had implications for his family and their wellbeing. Mia reminded the transportation system leaders and providers in the room that day that the decisions they make, often behind closed doors and without the voice of the community represented have significant implications for real people and their lives. Following her presentation, Mia was approached by multiple people in the room who thanked her for providing this important perspective.



Mia Daugherty speaks on a panel at Missouri Foundation for Health's Transportation and Health Convening in Columbia, MO. November 2019

Section 6.2. Transportation Action Team Projects

The members of the transportation action team, representing community and organizations within the transportation system took on collective efforts to advance procedural and policy changes to improve how the non-emergency medical transportation system was serving the needs of consumers. The following section describes some of those efforts.

Riders' Bill of Rights

<p>Key Stakeholders: Project LAUNCH Making Change Happen Leadership Academy FLOURISH More Integrated health Network MTM MOHealthnet United Health Care Home State Health Missouri Care</p>	<p>Description: Project LAUNCH hosted listening sessions and interviews with local families to understand the challenges families face related to transportation and used this information to develop a transportation action plan. Organizational capacity for Project LAUNCH provided an opportunity for FLOURISH to transition the transportation action plan and develop a Riders' Bill of Rights for non-emergency medical transportation. This bill was developed with community member input from participants of Project LAUNCH, Making Change Happen Leadership Academy and FLOURISH More. It outlines the</p>
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	<p>fundamental principles and standards of practice expected of Medicaid transportation. Every member deserves to be treated with dignity and respect, has a right to privacy, a right to safe and reliable transportation, and a right to file grievances without fear of repercussion. The Bill of Rights provided the managed care plans with more insight into users experience and initiated the development of a standardized set of protocols for the NEMT benefit.</p> <p><i>See Appendix 2 for the Riders’ Bill of Rights</i></p>
	<p><i>Learnings:</i></p> <p>MO HealthNet had previously established a set of high-level member rights to privacy, respect and complain without repercussion. We learned that these rights were too broad and left too much room for interpretation from the system’s perspective. Most of the feedback we received from individuals who use the system reflected how they interpret privacy, respect and dignity and safety.</p> <p>In addition to the Riders Bill of Rights, the consumer input led to policy recommendations.</p> <p>We assumed that aligning the FLOURISH Riders Bill of Rights with the already established MO HealthNet rights would make adoption easier. FLOURISH’s goal was for MO HealthNet, the managed care plans and the broker to each adopt the Riders Bill of Rights.</p> <p>The Riders Bill of Rights demonstrated to the community that they had been heard. And while it wasn’t adopted in its entirety, it provided a framework for addressing systemic issues.</p>
	<p><i>Challenges:</i></p> <p>MO HealthNet, MTM and the Managed Care Organizations required multiple levels of review before the Riders Bill of Rights could be accepted.</p> <p>The manner in which Riders Bill of Rights was presented to key institutional leaders makes a difference. It was shared with MO HealthNet and MTM by email without enough background context. In future, this should be handled more carefully.</p> <p>We received extensive negative feedback from MO HealthNet and MTM. Their resistance was based upon assumptions that implementation would cost more money, which was not feasible.</p>

NEMT Engagement Session 1 – Standardized Protocols

<i>Key Stakeholders:</i>	<i>Description:</i>
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<p>Mission St. Louis Youth and Family Center Community Health Workers Coalition MTM Home State Health United Health Care Missouri Care</p>	<p>FLOURISH, along with the Medicaid managed care companies and transportation brokers, hosted listening sessions to increase awareness of Medicaid transportation policies and protocols.</p> <p>The goals of the sessions included increasing awareness of non-emergency medical transportation policies and protocols for pregnant women and children covered under Medicaid Managed Care, as well as cultivating two-way sharing of information to learn what is working and what can still be improved and reflect on changes that have been made.</p> <p>These convenings invited participation of Medicaid managed care members, community health workers, home visitors, case managers and other patient navigators as a way to share information about the pain points experienced. Two information sharing sessions were held in the high impact zip codes—63106 and 63107. One in the afternoon and one in the evening. There were 45 individuals in attendance and representation from 22 organizations. The transportation broker and three managed care plans attended these sessions. Following these sessions, the managed care plans worked collectively to standardize and streamline their protocols to make it easier for members to coordinate transportation. (see Appendix 3 for the standardized protocols)</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • Bringing community residents and transportation system providers together in the same space allowed real issues to be heard and discussed, and it illuminated that despite written policies and procedures, some users were still having trouble navigating the transportation system. • Open and honest feedback and active listening are important components of systems change and a solutions focused environment was effective in effecting change. • Residents and community health workers valued the opportunity to be heard directly by decision-makers. They shared that it is rare for them to have the opportunity to feel empowered to change policies that they are faced with each day.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Community Health Workers, Patient Navigators and Community Members have different schedules than the representatives from the Medicaid Managed Care Organization. This makes it difficult to find good times to convene. • It would be prudent to invite representatives who schedule and provide transportation to share perspective on their experiences and challenges.

NEMT Engagement Session 2 – New Standard Protocols in Practice

<p><i>Key Stakeholders:</i></p> <p>Community Health Workers Coalition MTM</p>	<p><i>Description:</i></p> <p>The second engagement session was held nearly a year following the first. This allowed time for the managed care plans, transportation broker and vendors to acclimate to the revised policies and protocols.</p>
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<p>Home State Health United Health Care Missouri Care</p>	<p>The Medicaid Managed Care Organizations and MTM, the transportation broker, were asked to share updates about the implementation of new procedures and any new efforts on the horizon. Patient navigators and community members were asked to respond to how they have experienced the revised protocols. The MCOs acknowledged that the delivery of NEMT services is not always executed well but the managed care plans are committed partners to improving the benefit. This session had representation from all three managed care plans, transportation broker and community health workers, patient navigators and Medicaid managed care members. There were 40 individuals in attendance.</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • Despite standardized protocols across all three health plans, users still experienced issues coordinating transportation. It was elevated by the transportation broker that not all their call center staff may have been familiar with the protocols and their staff provide customer service to members from different states who may have different protocols. • Members expressed that it often took an advocate- whether a case manager, community health worker or someone from their providers office- to schedule a ride on their behalf. Members needing to schedule transportation for an urgent appointment were often told their medical provider needed to call and approve that the appointment was urgent, despite protocols that stated otherwise. • Community participants are interested in addressing other issues related to NEMT such as car seats and language barriers.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • While the managed care plans urge members who experience issues to file a formal complaint many members do not do so because the complaint process requires certain procedures to be followed, is a different phone number than the one to call and schedule a ride and member fear retribution. • The MCO's and broker already collect non-official complaint information that could be aggregated and used for quality improvement. This would lessen the burden on members but wasn't adopted by the MCO's.

NEMT Engagement Session 3 – Car Seats & Non-Emergency Medical Transportation

<p><i>Key Stakeholders:</i> Community Health Workers Home State Health Missouri Care SSM Health Cardinal Glennon Children's Medical Center St. Louis Children's Hospital</p>	<p><i>Description:</i> This session focused on car seats availability for users of non-emergency medical transportation. MTM does not provide car seats and often the transportation providers do not have available car seats. Members are expected to provide their own car seat for their scheduled ride. Many families cannot afford car seats and there are not enough resources in the region to assist with the need. Program staff from SSM Health Cardinal Glennon Children's Medical Center and St. Louis Children's Hospital discussed two local programs, Safe Kids and Safety Stop that assist local families by providing car seats and safety education. Participants in attendance included two of the health</p>
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	<p>plans as well as managed care members, patient navigators and community health workers.</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • There are local programs able to provide free or reduced cost car seats to families, but they have a limited supply and do not provide car seats to families using NEMT. Eligible families must have their own car. • There are convertible car seats that could be used for NEMT but there are factors of safety related to the condition of the car seat, and its installation. The size of a car seat is challenging for transportation providers who would need to store it when not in use.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Most of the representatives from Medicaid Managed Care organizations and MTM, the transportation vendor, canceled last minute. It was too late to reschedule the event, but it also meant that there were very few system influencers in attendance. • MTM does not always provide car seats. They expect the member to provide the car seat for their ride. This can be very cumbersome for families (e.g. cost, juggling the car seat at the appointment, etc.) • The success of meetings depended upon MCO and broker decision makers being in attendance. It became challenging to sustain their engagement quarterly

Trauma Informed Trainings

<p><i>Key Stakeholders:</i> Cenpatico Home State Health Generate Health MTM</p>	<p><i>Description:</i> One of the strategies of the BUILD Health Challenge was to train various components of the transportation system in trauma awareness. A training was held for 48 MTM employees. The presentation was a collaboration between Cenpatico, Home State Health and Generate Health. A 90-minute webinar was developed to discuss topics such as trauma awareness and self-care. Participants were engaged in the presentation. As questions were asked the chat box lit up with responses. The training received an overall rating of 4.7 out of 5 (Outstanding). One participant stated “Training was amazing! Both presenters were engaging and knowledgeable. This put a lot of items into perspective and gave everyone a little bit of understanding what others are going through”</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • Trauma awareness needs to be infused into multiple parts of any system serving communities with widespread trauma exposure. • The MCO’s preferred to focus training for the broker rather than their staff.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • 90-minute webinar is not an ideal training environment. • FLOURISH was not part of ongoing trainings, so it was difficult to measure the impact. • Staff turnover at MTM requires ongoing training for customer service representatives to effectively provide good service for members.

Transportation & Infant Mortality Trainings

<p>Key Stakeholders: Generate Health MTM</p>	<p>Description: Kendra Copanas presented to 20 MTM call center employees and trainers about infant mortality and its connection to transportation. This was an in-person training, though it was recorded for future viewing</p>
	<p>Learnings:</p> <ul style="list-style-type: none"> • Social determinants of health are only now being more widely understood as having impacts on population health. There are sectors, like transportation, that have not focused on health and public health is expanding its promotion of the intersection between health and other social and environmental conditions.
	<p>Challenges:</p> <ul style="list-style-type: none"> • It has been difficult to set up a series of ongoing sessions to train more employees and different types of employees. Ideally, we would want to train everyone that interacts with the members (i.e. call center staff, transportation dispatchers, drivers, etc.). This requires those sectors to understand the value of training and how it can benefit their organization and employees.

Racial Equity Trainings

<p>Key Stakeholders: Crossroads Forward Through Ferguson Community Joined in Action</p>	<p>Description: Racial Equity is an important focus of the BUILD project. 40 Members of the Transportation Action Team attended Crossroads' Analyzing & Understanding Systematic Racism 2.5-day workshop hosted by FLOURISH. This training led FLOURISH to name their new North Star as "Zero racial disparities in infant mortality by 2033." This North Star is in alignment with Forward Through Ferguson's goal of a racially equitable St. Louis by 2039. Infant Mortality is a leading indicator of that goal because it reflects the health of a community. In addition to this training, partners frequently take advantage of the various workshops and events that have been happening in St. Louis related to racial equity. Additionally, Generate Health's Manager of Data and Evaluation attended a pre-conference session focused on Racial Equity at the 2018 Communities Joined in Action Conference.</p>
	<p>Learnings:</p> <ul style="list-style-type: none"> • In order to decrease infant mortality in the region, there is a need to examine the racial disparity gap that exists and develop strategies specifically to decrease Black infant mortality. • It is critical to center the voices of those most affected in addressing racial equity.
	<p>Challenges:</p> <ul style="list-style-type: none"> • Scheduling a 2.5-day training for transportation system professionals is challenging. • The length and expense of the Crossroads training makes it less feasible for organizations like MTM or the transportation providers to train their

	entire customer service staff, especially in positions with high turnover rates.
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Distribution of Standardized Protocols One-Pager to Service Providers

<p>Key Stakeholders: SSM Health BJC Health Care Mercy Community Health Workers Integrated Health Network</p>	<p>Description: Several key partners distributed the transportation benefit procedures and protocols one-pager to their staff. This document allowed them to provide more information to their patients about the NEMT benefit and made it easier to identify which numbers to call to schedule transportation, who to contact with complaints or issues and provided an outline of the benefit.</p>
	<p>Learnings:</p> <ul style="list-style-type: none"> For the system to work successfully all parts of the system need to be informed (i.e. consumers, service providers, call centers, transportation vendors, etc.). This document provided straightforward and easily accessible information to professional staff who are responsible for scheduling transportation for their patients.
	<p>Challenges:</p> <ul style="list-style-type: none"> All materials distributed to members must be reviewed by MOHealthNet at certain time periods of the year which can render information inaccurate or out of date if policies and procedures change. This one-pager and the benefits changes did not make it to every customer service representative at the Medicaid managed care organizations. Many representatives did not know what providers and members were referring to. The managed care plans did not systematically provide this document to members. The standardized phone number was incorrect on the initial one-pager that was distributed.

Community Outreach Strategy Development

<p>Key Stakeholders: MTM Home State Health United Health Care Missouri Care SSM Health Mercy BJC Health Care Steve Parish Integrated Health Network</p>	<p>Description: The managed care plans expressed that informing members of their benefits is an ongoing challenge. Some patients do not know that the non-emergency medical transportation benefit exists while others have had poor experiences and no longer trust that it is a benefit that will work well for them. Throughout this project, significant changes were made to the transportation protocols that needed to be communicated to members. FLOURISH St. Louis worked with the managed care plans to identify how their communication and outreach strategies could be revised to more effectively reach patients. Communications efforts include a mailed member handbook, follow-up call for new members by a case manager and occasional community health fairs.</p> <p>The Transportation Action Team stakeholders were a group of agencies willing to help share benefit information in the community. The team also created a list of agencies for the Medicaid Managed Care Organizations to partner with to help spread the word about benefits. These agencies located in or serving high impact zip codes can connect with neighborhood influencers to distribute information.</p>
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	<p>Other suggestions for community engagement recommended for adoption by the managed care plans included the formation of a member advisory board to assist with the development of educational materials. The current materials were not representative of the community they were trying to serve and did not address issues of literacy or language barriers. Building relationships with the community is a critical component of effective engagement and outreach for the managed care organizations. Relationships build familiarity and trust in neighborhoods and communities where there is often skepticism and distrust of large organizations and institutions like health insurers. One of the Medicaid managed care organizations incorporated brick and mortar welcome centers (Cape Girardeau, St. Joseph, Columbia) in several communities around the state to provide a location where people could drop in for assistance with their health plans and get information on their benefits. These centers also serve as community centers and have spaces that are available for community members to rent out. “Pop up” welcome centers could locate at existing community centers and organizations in the community where residents routinely go, and health plan employees could staff these pop-up centers.</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • The most impactful educational campaigns come from relationship building and proximity of health plan staff and community members. • Human centered design is important when developing a campaign. • The managed care organizations’ marketing teams are responsible for increasing market share. They are not accountable for members’ ability to use the benefits once they enroll.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Scheduling meetings with the Community Outreach Representatives from the managed Care organizations was challenging. While they know one another and find opportunities to collaborate, they are still proprietary about their marketing and outreach strategies. • Thinking outside the box of traditional marketing was difficult for the managed care plans and they felt limited by internal constraints to expand their outreach strategies. • FLOURISH was unable to determine how to engage care management teams rather than marketing and outreach. Care managers are the responsible parties for helping their members access health care and have the best outcomes.

Section 6.3. Data Work Group Projects

The BUILD data work group was a group of multi-sector data and evaluation individuals. This group was tasked with gathering and synthesizing qualitative and quantitative data to drive systems-level change in the transportation sector.

Data Inventory

<p><i>Key Stakeholders:</i> St. Louis County Department of Public</p>	<p><i>Description:</i> One of the first tasks of the data work group was to audit and synthesize a list of the transportation metrics that were available. A joint document was created to</p>
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<p>Health City of St. Louis Department of Health SSM Health Mercy BJC Health Care Washington University Legal Services of Eastern Missouri <i>Bi-State Development Saint Louis University College of Public Health & Social Work</i> Washington University Integrated Health Network</p>	<p>include 65 entries. A variety of fields were collected for each entry. Fields include: outcome data, data availability, data source, timing of data, lowest data level, challenges with data, data importance and other notes about the data. Additionally, members were asked to include aspirational data metrics. Aspirational data collection includes: Call a Ride Utilization for pregnant people and people with small children, cancelations/missed appointments/late arrivals due to transportation, neighbors driving neighbors ridership from other communities, origin and destination data for rides and patients who seek care from hospitals and other primary care sites and a walkability audit of high poverty neighborhoods.</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • Different sectors access and utilize data differently. Each member of the data work group had a slightly different perspective on indicators that they knew about and indicators that they wished existed. • This exercise was important to understand the landscape of the transportation sector. Transportation as a social determinant of health is a new sector that Generate Health is less familiar with and there was a learning curve for our team to understand the types of data routinely collected in the transportation sector.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Some data that people marked as aspirational were available or were already in development.

Local Project Assessment

<p><i>Key Stakeholders:</i> St. Louis County Department of Public Health City of St. Louis Department of Health SSM Health Mercy BJC Health Care Washington University Legal Services of Eastern Missouri <i>Bi-State Development Saint Louis University College of Public Health & Social Work</i> Washington University Integrated Health Network</p>	<p><i>Description:</i> Members of the data work group reached out to various transportation projects to learn about their goals and previous community engagement efforts. St. Louis researchers have caused fatigue in the community. Residents feel that they share their opinions to researchers who then promptly forget the community as soon as their project is over. Community residents often never hear the outcomes of research and do not see their neighborhood conditions or challenges resolved as a result of their participation in research. FLOURISH’s intent is to not go into a community and ask the same questions that others have asked. Instead, FLOURISH reached out to the researchers to learn what has been the topic of study in the community</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • A variety of organizations and researchers have identified transportation as a problem in the region. Each of these projects are looking at the problem with a slightly different lens (e.g. kidney dialysis, disability, food access, etc.).
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • The more groups we interviewed, the more transportation projects we learned of grew. There was an overwhelming study of transportation issues in the region, yet transportation challenges persist.

Transportation Complaint Survey

<p>Key Stakeholders: Legal Services of Eastern Missouri St. Louis Children’s Hospital</p>	<p>Description: The patient satisfaction scores collected by Medicaid Managed Care Organizations appear to demonstrate that members experience very few challenges with NEMT; however, the experiences of the community indicated otherwise. Members have come to expect that NEMT is an unreliable mode of transportation and many do not know how to file official complaints when they experience problems.</p> <p>FLOURISH St. Louis sought a way to quantify the stories and complaints that continually surfaced in the community. Data was needed to prioritize the pain points of the current system. The Riders’ Bill of Rights was transformed into a “Transportation Complaint Survey” to gather data about the most common complaints of the NEMT system. This project was in partnership with Legal Services of Eastern Missouri as a part of their Medical-Legal partnership with the Integrated Health Network, the system of federally qualified health centers. After a complaint was filed, Legal Services of Eastern Missouri was able to assist with the resolution process. Data were collected through paper surveys and electronic surveys housed on FLOURISH’s website. Over the course of 3 months, 23 complaints were collected from 6 different organizations. 10 patients were pregnant, 10 patients were adults and 3 patients were children.</p> <p><i>See Appendix 3 for more information on the Complaint Survey</i></p>
	<p>Learnings:</p> <ul style="list-style-type: none"> • This survey can be used to better understand common issues and identify system-level constraints and barriers. • Survey administration logistics identified that surveys should be completed during a patient encounter (check in or community health worker/social worker encounter) and that both hard copy and electronic versions should be available. • Sites to whom the survey was distributed had some parameters around who should complete the survey but sites were generally allowed to determine how best to administer the survey. The most common complaint was “my driver did not show up at all.” There were also numerous complaints about “I was treated poorly on the phone” and “my driver was late”. There was a variety of information provided in the “Other” section. These complaints included language barrier, bus override not being honored, and 3 day notice not being overridden for specialty or urgent appointments per the doctor’s request.
	<p>Challenges:</p> <ul style="list-style-type: none"> • A survey blitz was rolled out at the first engagement session with the hopes of collecting 1,000 surveys over several months. There needed to be a more widespread roll out and campaign if we wanted to gather more information.

Asset Mapping

Key Stakeholders:	Description:
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Bi-State Research Development	Bi-State Research Development Institute developed an interactive map of bus transit, health care sites and zip codes impacted the most by poor birth outcomes. Shapefiles were shared in Basecamp for other partners to create maps for their own purposes.
	For more information: https://arcg.is/1HDvO4
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • A new perspective is gained when multiple data points come together on a map of the high impact neighborhoods.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Turnover at Bi-State Research Development Institute has made it difficult to keep this regional map updated.

MCO Data Request Development

<p><i>Key Stakeholders:</i></p> <p>Home State Health Missouri Care United Health Care</p>	<p><i>Description:</i></p> <p>The data work group requested information from the three Medicaid managed care organizations about the utilization of NEMT by pregnant people. A data request was developed by the team based off research of NEMT utilization in other communities. After baseline data was collected, the MCOs agreed to submit data to Generate Health on a quarterly basis with the understanding that there is a three-month delay in the data. A goal was made to improve Black birth and maternal outcomes by increasing Medicaid managed care enrollee utilization of Non-Emergency Medical Transportation in the City of St. Louis 25% in twelve months and 40% in 2 years (Jan. 2019-Dec. 2020).</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • Only 3% of Missouri Care & Home State Health’s members are utilizing the transportation benefit.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • It has been difficult to get baseline data from all three managed care organizations, let alone regular data sharing on a quarterly basis. • New code had to be written to extract the data requested. • Some MCOs have higher utilization rates than others, and felt that there was an expectation that each organization increase their utilization by the same percentage. Those who had higher utilization rates felt this was unfair. It required further conversation that the utilization data would be aggregated across all three organizations and the goal was to collectively increase utilization.

Section 6.4. Policy Work Group

One of the goals of this project was to build a wider tent of advocacy partners who are focused on transportation access and health. Policy could be framed as the central hub of the project, with data, innovation and voices all connecting to create systems level change. One hospital partner has stated, “I believe we have found that policy and advocacy is a good portion of our struggle in making a collective impact and is being looked at as a major core to our work.” Aggressive outreach and amplification of BUILD has allowed us to connect high profile policy advocates and influencers with the project and the

issue of infant mortality. This group began as an organized structure with monthly meetings but evolved into relationships that were in constant communication with one another instead of a formalized working group.

Transportation Policy Agenda

<p>Key Stakeholders: SSM Health Mercy BJC Health Care Legal Services of Eastern Missouri</p>	<p>Description: One of the initial goals of the policy work group was to create a policy agenda. This transportation policy agenda focused on race equity, access, investments and planning. Each focus was accompanied by a definition, so all partners shared a common language. The advocacy agenda was designed for legislative route, advocacy strategy for leveraging MO HealthNet and the Medicaid Oversight Committee. Legislative agenda and policy priorities to shape its focus and advocacy work for the upcoming legislative session included: 1) Improve interface between MCOs and NEMT brokers (MO Health Connection), 2) Review Existing Contracts - Look to RFP for services when they were solicited and 3) Go back to home institutions to discern who else needs to be engaged to move internal (small “p”) policies that promote equity (e.g., after-hours access, patient respect).</p>
	<p>Learnings:</p> <ul style="list-style-type: none"> • Different stakeholders have similar policy priorities but use different language for those priorities. • Hospital representatives were ready and willing to engage senior leaders in influencing policy in support of FLOURISH. They advised that direct and specific actions were needed.
	<p>Challenges:</p> <ul style="list-style-type: none"> • The policy workgroup initially expected and was equipped to advance legislative priorities. However, the nature of the transportation advocacy required more local and state agency advocacy. Advocacy messaging remained too nebulous. • FLOURISH struggled to craft the clear and specific advocacy actions that were needed to activate hospital leadership.

Transportation Policy Brief

<p>Key Stakeholders: St. Louis County Department of Public Health City of St. Louis Department of Health SSM Health Mercy BJC Health Care Washington University Legal Services of Eastern Missouri</p>	<p>Description: The group also drafted talking points and a policy brief that could be given to legislators when they do their site visits during the legislative off season. These materials talked about how transportation was a social determinant of health and brought racial equity front and center.</p>
	<p>Learnings:</p> <ul style="list-style-type: none"> • Experienced advocates requested simple and concise handouts with specific asks.
	<p>Challenges:</p>

	<ul style="list-style-type: none"> It is difficult to develop clear and concise language to explain the breadth of transportation challenges and their connection to infant mortality in a single, easy to read document as a result the policy brief was never finalized and put into use.
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Opposition to Federal NEMT Waiver

<p>Key Stakeholders: Community Catalyst Regional Health Commission Missouri Medicaid Coalition Core partners</p>	<p>Description: In early 2019, there was threat of providing a NEMT waiver to states allowing them to choose whether they provide NEMT as a required Medicaid Benefit. Generate Health began mobilizing with a national organization, Community Catalyst. While Community Catalyst was working on federally-focused materials, this project was featured in the Missouri Medicaid Coalition’s statewide newsletter. Generate Health began developing more localized materials and mobilizing the local partners to act should the waiver have been introduced. In the end, the legislation was postponed but Generate Health continues to stay informed of federal and state initiatives that pose a threat to non-emergency medical transportation.</p>
	<p>Learnings:</p> <ul style="list-style-type: none"> There are national partners, like Community Catalyst that can provide resources and support partners who wish to mobilize locally and there is not a need to recreate materials when existing resources can be leveraged.
	<p>Challenges:</p> <ul style="list-style-type: none"> The uncertainty of proposed waiver and timeline was difficult to communicate to community residents and it was difficult to translate to community what the anticipated impacts may be on them. We were uncertain about Missouri’s position and how they would have responded to a waiver. The managed care organizations were not able to take a position and participate in advocacy.

Medicaid Oversight Committee

<p>Key Stakeholders: Washington University Medicaid Oversight Committee</p>	<p>Description: Tim McBride, Washington University, is a member of FLOURISH and the former chair of the Medicaid Oversight Committee. He offered to promote improvements to the NEMT system at the monthly Medicaid Oversight Committee meeting. FLOURISH kept Tim McBride briefed about developments and together strategized about when to raise NEMT on the Oversight Committee agenda. He hosted a briefing with two St. Louis legislators who were members of the committee. He also helped us understand the nuanced role of the committee and its relationship with managed care organizations.</p>
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	<p>Legal Services of Eastern Missouri drafted a letter for partners to sign requesting a meeting about enrollment and the current policies that are in place.</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • Timing is important. Having access to a policy committee doesn't always mean it is the right time to elevate an issue to the committee. Build and maintain relationships so that when the time comes you are ready to engage with the committee. • It is important to bring solutions along with complaints to the Medicaid Oversight Committee. • The consumer voice had not previously been heard by Medicaid Oversight Committee.
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • The Medicaid Oversight Committee had previously heard complaints about NEMT and no changes had been made. Prior complaints had been raised by NEMT vendors about their reimbursement rates and by health systems. • MO HealthNet lacks the capacity to research, plan and implement alternative NEMT strategies.

Transportation Benefit Included in the Extension of Substance Use Treatment for Postpartum Women Up to 1 Year

<p><i>Key Stakeholders:</i> SSM Health</p>	<p><i>Description:</i></p> <p>In 2018, Missouri passed legislation expanding Medicaid coverage for postpartum people who needed substance use treatment. This legislation expanded coverage from two months postpartum to a full year postpartum as long as the person was seeking substance use treatment. FLOURISH St. Louis partners advocated for the inclusion of NEMT in the benefit.</p>
	<p><i>Learnings:</i></p> <ul style="list-style-type: none"> • It is important to leverage broader opportunities to address transportation education and advocacy
	<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • FLOURISH St. Louis advocated for the expansion of full coverage up to one year postpartum. Ultimately a more limited extension passed due to multiple barriers. • The legislation is in limbo as MO HealthNet submits the requisite waiver.

Section 7. Is Anyone Better Off?

Section 7.1. Medicaid Managed Care Organizations Policy Changes

One of the key accomplishments of the BUILD Health Challenge was the policy changes that were made at the Medicaid managed care organizations. Here are examples of the primary policy changes that occurred as a result of this project:

Table 7.1.a. Medicaid Managed Care Policy Changes Influenced by BUILD Health Challenge

Policy	Description of the Change
Ability to Request a Vehicle	Every pregnant and postpartum (up to 6 months) person regardless of where they live in terms of a bus stop, can request a NEMT car to be sent to their house. This also includes members traveling with an infant under 6 months of age and members traveling with 2 or more children under 5 years of age. Bus services can be unreliable. Patients have a better chance of arriving to their appointments on time when offered a vehicle. Transportation to behavioral health services, childbirth classes and AA meetings are also covered.
Same Day NEMT Request	Members are no longer required to set up transportation services three days in advance for the following types of appointments: OB/GYN, pediatrics, primary care and urgent care.
Utilization of Lyft	Lyft rides are now used by all three Medicaid managed care Organizations for patients without special medical needs when there is significant wait times with traditional NEMT.
Standardization of Transportation Benefits Offered	The Medicaid managed care organizations have standardized 56 benefits, 13 excluded benefits and 4 conditional benefits in regards to the transportation benefit. After the process of standardizing, they developed uniform marketing materials. Annual trainings are held to inform their associates about the revised protocols.
Escalation	Members have the ability to “escalate” a problem to get to a solution with whatever challenge is at hand.
Pregnant Teens and NEMT	Pregnant teens do not need to be accompanied by a parent when utilizing NEMT.
Home State Health Text Messaging	<ul style="list-style-type: none"> • Every member is automatically enrolled, it is an opt out program. • The messaging can also be received via email. If a member has email, it is typically a more consistent form of contact than a phone number. • One of the additional benefits offered is a cellphone that includes unlimited texting and programmed numbers for doctors, care managers and social workers.
MTM Online Portal	<ul style="list-style-type: none"> • An online portal is available for service providers to assist members with scheduling transportation. More service providers need to be given access and trained on the online portal. Processes need to be put in place for new service provider staff to be given access and training.

Ability for Others to Ride in the NEMT	<ul style="list-style-type: none"> Home State allows a partners and dads to come along on prenatal transportation rides. United Healthcare and MO State also allow partners to come.
Home State Health App	<ul style="list-style-type: none"> An app is being developed to help communicate with members. This would allow community members to update their contact information in real time. These updates would allow for better communication between the patient and the health plan. The app would enable push notifications to patients. These notifications will include various things about the benefits (including transportation), appointment reminders, and health tips. The app allows patients to opt in or out of the notifications. The quick start guide would include information about transportation.

Section 7.2. Strengthened/Gained New Partnerships

The BUILD project provided an opportunity to engage new partners in the transportation sector as well as strengthened existing partnerships with social service and health care partners. As strategies are developed and implemented, the action team has been learning the complexity of cross-sector issues. These learnings have revealed other partners who were invited and integrated into the action team’s work. We have developed a plan for supporting and promoting a grassroots-based neighborhood network of residents, advocates, mobilizers and neighborhood organizations to actively build capacity, engage in resident-driven advocacy and help articulate needs and solutions. As FLOURISH St. Louis’s work achieved momentum and greater visibility, additional advocates and actors have appeared on our radar.

Table 7.2.a. BUILD Health Challenge Partnerships

Partnership	Level of Partnership	Description
Metro Reimagined	Single Joint Project	Bi-State Metro is the public transportation vendor that operates the bus system in St. Louis. Partners participated in the public transportation system’s civic engagement process (Metro Reimagined) to inform future transit plans. Through relationships in the health sector, Metro Reimagined was added to the agenda of two Regional Health Commission Advisory Board meetings to elicit input from safety net providers. This is the first time the public transit system has officially heard about the deep concerns with the impact of transportation on health. Also, FLOURISH promoted the survey and public hearings for community residents to provide input for the Metro Reimagined project. The project team learned of a state appointed task force examining the future of transportation. Our staff and the Project LAUNCH community organizer

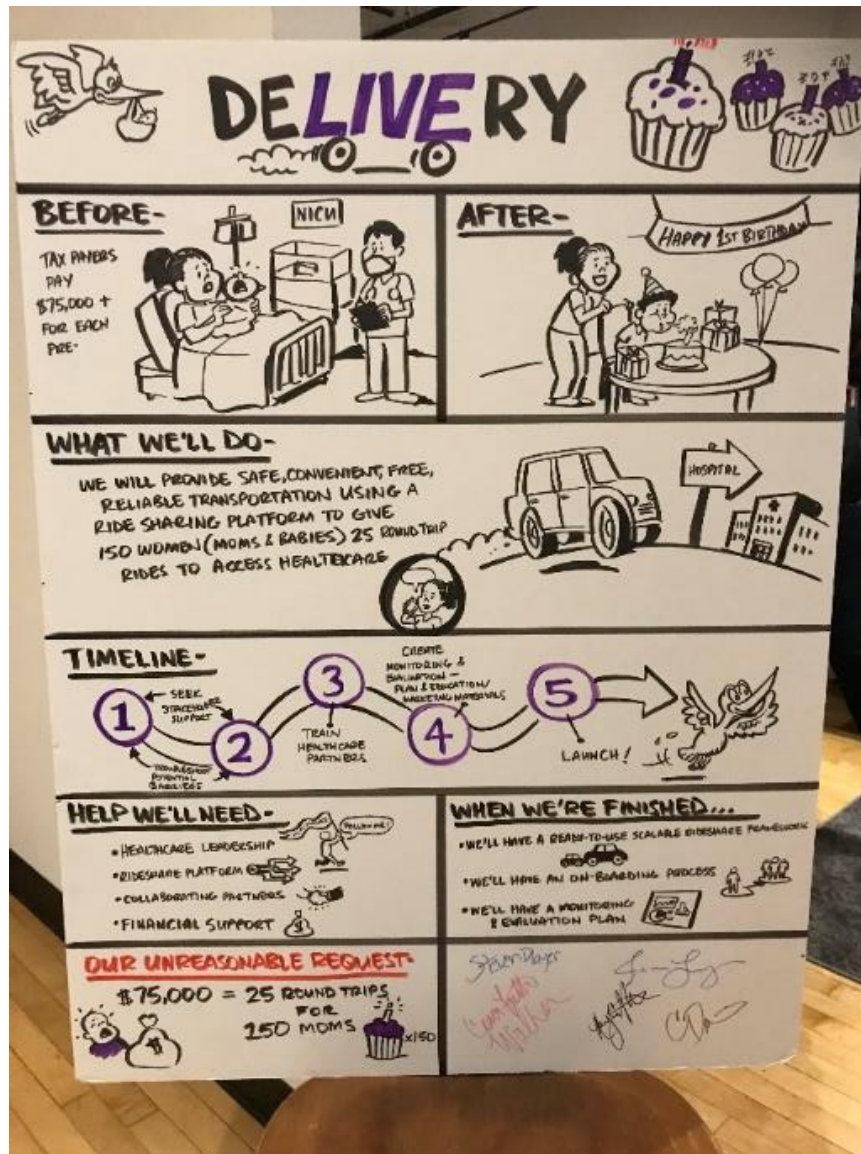
		<p>testified at a hearing held in St. Louis. Additionally, Metro assessed the equity impact of proposed changes. There is potential in the next 3-5 years to pilot solutions to provide more ad hoc services for particular employers or routes. Changes rolled out in September 2019, including: high frequency routes with service every 15 minutes, other routes with service every 30 minutes, additional routes that serve as important connection points and additional express routes. Additional technology tools were added as a part of Metro Reimagined.</p> <p>More Information: https://www.metrostlouis.org/reimagined/</p>
Urban Strategies	Single Joint Project	<p>Urban Strategies was added to the Core Partner team. They began a public housing redevelopment in the BUILD footprint. In addition to new housing, Urban Strategies will invest in more support services for residents. As a partner, they are helping us connect with residents for engagement in BUILD. They are also examining the possibility of including transportation-oriented start-up businesses as a priority in their micro loan program.</p>
Citizens for Modern Transit	Ongoing Collaboration	<p>Transportation Action Team Co-Chair presented at a Citizens' for Modern Transit event to make the case for public transit accessibility to all regardless of community membership. She framed why equitable transportation is a health issue.</p>
CORO Impact Fellows	Single Joint Project	<p>The CORO Impact Fellows is an intense public-affairs program administered by Focus St. Louis. These fellows developed the DeLIVERy Project to improve transportation for pregnant women. The group of leaders includes 1) a state representative who serves on the Medicaid oversight committee, 2) the diversity, equity and inclusion director of a major birthing hospital (one of the BUILD hospital partners), 3) a research faculty from Washington University, 4) the general counsel of a private physician practice, and 5) a representative from the Department of Health and Human Services. The project plan is outlined below in Image 7.2.b. After the initial planning period, the fellows were able to meet with the Barnes outpatient OB clinic and identifying a geographic focus area (1-2 zip codes) to pilot Lyft for health care appointments as well as a circulating shuttle for non-health care trips such as grocery store. The pilot would be short (a few months) in duration and would help demonstrate if the service is easy, comfortable and convenient for the patient. The Impact Fellows didn't secure funding for the pilot before their fellowship concluded.</p>
SEIC Class	Single Joint Project	<p>Washington University Professor Heather Cameron started a special Social Enterprise and Innovation Course focused on transportation. One group of students explored the bus stops and walkability data to inform their project; the other will be exploring the rideshare component and intersecting with the Impact fellows.</p>

Bi-State Metro Go Card	Single Joint Project	Bi-State Metro introduced the Go Card as a new option to make it easier for younger people to take Metro Transit to get where they need and wanted to go in Summer 2018. This card offered half price fares for people ages 13 to 25. The Transportation Action Team was used as a platform to raise awareness about this new program.
I-HEAL	Single Joint Project	I-HEAL was a research project at Washington University. The Health Impact Assessment (HIA) includes opinions of residents near the proposed routes gathered through community meetings and focus groups, and existing census data and health surveys to make projections on how the two potential light-rail routes will affect physical activity and obesity due to possible increased walking. Increased access to health services is another factor to be measured. FLOURISH asked for the results to be shared in order to eliminate another group from going into the same neighborhoods to gather residents' opinions.
LinkSTL	Meeting/ Discussion Only	LinkStL is a place-based community organization that focuses on connecting residents of select North St. Louis City neighborhoods to resources and opportunities.
Lyft	Ongoing Collaboration	The Social Entrepreneurship & Innovation Class (SEIC) and the Focus St. Louis Coro Fellows developed pilot programs utilizing ride sharing platforms. Generate Health utilizes Lyft to provide round trips for community members to attend meetings and trainings. Medicaid managed care companies have begun using Lyft to fill gaps in transportation services for patients without special medical needs.
Northside Corridor	Meeting/ Discussion Only	East-West Gateway Council of Governments (EWG) conducts corridor-level transportation planning, an important part of the long-range transportation planning process. These planning efforts take needs identified in the Long-Range Transportation Plan, refine the understanding of those needs, and evaluate potential transportation strategies to address them. Corridor-level transportation planning takes place primarily within the context of Major Transportation Investment Analyses (MTIAs) and reflects both the St. Louis region's concern about coordination and cooperation among the major transportation planning and implementing agencies and the need for a strategic process to evaluate and advance specific transportation investments.
Trailnet	Meeting/ Discussion Only	Trailnet advocates for safety for everyone in the St. Louis region who uses the streets, sidewalks, and trails. They do this with the help of local communities, leaders in government, local businesses, and other advocates around the state. They aim to

		succeed in make communities’ places that foster vibrant, active living.
Mission St. Louis	Ongoing Collaboration	Mission St. Louis focuses on workforce development and are in the 63107 neighborhood. They hosted one of the engagement sessions. They are interested in housing a mobility manager to help people get to where they need to go. Generate Health and Mission St. Louis applied for joint funding for this project, but the project was not funded.
Community Health Workers Coalition (CHW)	Ongoing Collaboration	Community Health Workers play an important role in reducing racial disparities in infant mortality. Typically, they are in proximity with community and understand the challenges that residents are facing. Community Health Workers have continually participated in the engagement sessions with the MCOs. They assisted with educating residents about the protocol changes that were enacted and collected transportation complaint surveys. One of FLOURISH’s current priority areas for investment is in supporting training and development of community health workers.
Community Catalyst	Ongoing Collaboration	Community Catalyst is a national organization with a local presence in St. Louis. Their mission is mission is to organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state and national decisions that affect their health. Generate Health worked with Community Catalyst to develop the campaign against the NEMT waivers.
Food Access Coalition	Meeting/ Discussion Only	The Food Access Coalition did a series of focus groups about transportation as it relates to food access. They presented to the Data Work Group a story map that combined key metrics with listening session data.
Alive and Well St. Louis	Ongoing Collaboration	Alive and Well is the local organization that is addressing the trauma experienced by residents in St. Louis. They are dedicated to shifting cultures and systems and helping people develop pathways to healing, well-being and equity. They offer a variety of trauma awareness and healing trainings in the region.
Access to Care	Ongoing Collaboration	Generate Health sits on the Access to Care review committee. The Access to Care report shows data for uninsured patients that are accessing care through a program called Gateway to Better Health. In 2017, they published a transportation brief to accompany the report. FLOURISH provided some feedback on the brief.
Women’s Voice for Social Change	Ongoing Collaboration	FLOURISH presented about transportation as it relates to infant mortality at one of their membership meetings. They have been an ongoing supporter of the work of FLOURISH, especially around social determinants of health.

Community Referral Coordinators (IHN)	Meeting/ Discussion Only	Integrated Health Network presented to the Data Work Group about the data collected through the Community Referral Coordinator program. The Community Referral Coordinator Program utilizes Referral Coordinators to connect hospital patients from either the inpatient units or emergency room with a primary care provider for follow-up and preventive care. In particular, the program focuses on serving Medicaid and uninsured patients; however, works with all patients in need of a medical home. They have mapped travel to medical care for hospitals and FQHCs. There are 10 CRC's located in 8 area hospitals to assist with referrals and collect data.
Impact STL County	Meeting/ Discussion Only	This is a project at St. Louis County Department of Public Health to enhance mobility and connectivity. This is a data-driven project to reduce pedestrian/bicycle injuries; however, the data is available through a GIS story map and can be used for other purposes.
Missouri Foundation for Health	Ongoing Collaboration	MFH is the main funder of FLOURISH and its efforts. Additionally, MFH has been doing statewide work around transportation as a social determinant of health. FLOURISH has continually been a part of this work.
St. Louis Partnership for a Healthy Community	Ongoing Collaboration	St. Louis' two public health departments and 3 hospital systems have begun to coordinate their accreditation and community benefit health improvement plans to avoid duplication and pool resources. Due to the collaboration among the hospital systems and City Health Department in the BUILD Health Challenge, the partners proposed including transportation in the regional health improvement plan. It was adopted by the broader planning group. This effort developed a joint Community Health Improvement Plan. This plan led with racial equity and social determinants of health such as transportation. Additionally, existing organizations in the community that were already doing the work of the priorities identified were named as the accountable agencies. Generate Health is the accountable agency for the Maternal, Child and Health priority area.
Missouri Department of Natural Resources	Meeting/ Discussion Only	Project staff delivered testimony to Missouri Department of Natural Resources (Volkswagen Fund) regarding the connections between public transportation, race equity, healthcare access and capacity to thrive in St. Louis
Women in Transit	Meeting/ Discussion Only	The BUILD project team was invited to attend a Women in Transit event where the Mayor of St. Louis was speaking so the project could connect with important transit leaders

Image 7.2.b. Coro Impact Fellow's DeLIVery Project Design



Section 7.3. Elevated as an Example Nationally & Regionally

Another major accomplishment of the BUILD Health Challenge was to elevate the work of FLOURISH St. Louis both nationally and regionally. BUILD gave us numerous opportunities to share our work with other communities across the nation. This elevation also led to several invitations locally and across the state. Here are the ways in which the work of FLOURISH St. Louis was shared with others.

Table 7.3.a. FLOURISH's transportation efforts regional and national attention

Where	Type	Description
Practical Playbook	National	One of our transit sector partners, Shawn Leight a transportation engineer, consultant and professor co-authored a chapter in the newest edition of The Practical Playbook along with local consultants, Teresa Wilke and

		<p>Steve Parish. The Practical Playbook is a book and online resource advancing collaboration across public health and primary care. This chapter provides insights for other regions that want to engage transportation decision makers in health equity work, based on evidence-based best practices and what has been successful so far in St. Louis. It walks through the actions communities should take prior to engaging transportation organizations in their work, including gathering and analyzing data, and identifying who has influence over transportation decisions based on the project scope. It also includes examples of how FLOURISH, through its work with BUILD, embarked on this process by cross-walking health and transportation data, hosting community listening sessions and developing relationships with public transit and non-emergency medical transportation providers.</p> <p>For more information: https://www.debeaumont.org/programs/practical-playbook/</p>
2019 CJA Conference	National	FLOURISH St. Louis facilitated a break out session at the Communities Joined in Action conference about the community engagement efforts that are happening to eliminate racial disparities in infant mortality in St. Louis.
2018 All In National Meeting	National	Generate Health and the City of St. Louis Health Department presented on the work of the data work group.
Public Health Informatics Conference	National	The data work group completed the data capacity assessment. The results of the assessment were overlaid with recommendations and next steps to help progress the work forward. This information was presented in conjunction with Data Across Sectors for Health (DASH) at the Public Health Informatics Conference.
November 2019 Transportation and Health Convening	Statewide	Mia Daughtery, a community member and transportation action team member presented with Generate Health staff on a panel focused on cross-sector collaboration for upstream impact at a statewide transportation and health conference hosted by Missouri Foundation for Health.
Missouri Transportation Summit	Statewide	This was the first convening by Missouri Developmental Disabilities Council. Representatives from the Transportation Action Team were present at the convening which identified transportation challenges across the state as well as innovative community-based solutions and strategies
Bootheel Transportation Summit	Regional	Some MCO representatives attended the Summit in the Bootheel region of the state. This Summit included school staff and focused on education around and availability of NEMT. The Bootheel region has similar infant mortality efforts funded by Missouri Foundation for Health.

International Conference on Transport and Health	International	FLOURISH St. Louis representatives attended the International Conference on Transport and Health (ICTH), which brings together policymakers, practitioners and academics involved in transport planning and engineering, public health, urban planning, spatial and architectural design, environmental planning, and economics to share best practices. During the conference, FLOURISH presented how St. Louis has mobilized community, health and transportation sectors to improve maternal and infant health outcomes. Teresa Wilke, strategic consultant for FLOURISH, received a high-scoring abstract award for her submission focused on FLOURISH's BUILD project.
All In Transportation Webinar	National	Backbone representatives from Generate Health presented the BUILD project's data, on an All In Webinar. Nearly 210 people were in attendance on the webinar.
National Academy of State Health Policy New Governor's Advisory Group	National	Member of the BUILD project participated in the advisory group which released policy briefs related to various social determinants of health. She reviewed and provided feedback about their transportation policy section.
Missouri Public Transit Association	State	BUILD project team, FLOURISH Transportation Action Team and Missouri Foundation for Health delivered a joint presentation during the MO Transit Association's annual conference.
Missouri Foundation for Health Infant Mortality Reduction Initiative Convening	State	Project staff presented a case study of FLOURISH's BUILD Health Project. This presentation helped colleagues in rural Missouri understand how to approach transportation issues in their community.

Section 7.4. MO HealthNet Engagement

Over the course of the BUILD project, FLOURISH kept staff of Missouri's Medicaid office, MO HealthNet, apprised of our transportation improvement efforts. They were particularly interested in the outcome of collaboration across managed care organizations. Over the two-year project period staff changes at MO HealthNet made it challenging to make the progress we envisioned. While our goal of affecting fee-for-service Medicaid policy was overly ambitious, MO HealthNet is now working with the managed care organizations to take their NEMT changes further

Section 8. Learnings/Challenges

The most significant learning from this work has been the power of relationships, including relationships with community members, system influencers and other key stakeholders. Deep authentic relationships must be cultivated over time and there is no simple formula to their success. The relationships we built between and amongst stakeholders required tailored nurturing to build trust and maintain the relationship. The nature of working across sectors and with community provided us opportunities to

reflect on how relationships were built. We recognized that in order for community to participate in this work, it was necessary to acknowledge the trauma, distrust and historical context of oppressed communities. Generate Health, as the backbone organization, is a trusted convener of community and organizations and we facilitated bringing together groups that historically had not worked together. Joint listening sessions between community and system influencers created a space where community could voice their experiences, yet it required that system actors actively listen and be prepared to respond. We learned that the pace at which community and organizations needed to work together required agreement, as did the format of meetings. Initial power dynamics were uncomfortable for community who were not necessarily accustomed to meetings being facilitated with timelines and agendas.

While inviting cross-sector partners and community to a shared table to build relationships took time; learning the landscape of non-emergency medical transportation and public transit presented a learning curve for our core project team. Our team established ambitious goals and when we began implementation of our project, we recognized there were external factors we had not anticipated that impacted our project plan and diverted how we'd anticipated evaluating the project's impact.

- Protests following the [acquittal of Jason Stockley](#), a white St. Louis police officer charged in the murder of Anthony Lamar Smith, a black man engaged in a high speed chase, led us to think differently about community engagement and we chose to invest our team's capacity for deeper engagement of community.
- A lack of readiness by the systems partners we'd engaged prevented us from implementing trauma and racial bias trainings in the way we'd envisioned.
- Some data required to measure the indicators on the dashboard was not available to us. It was difficult for partners to regularly and systematically share their data. The managed care plans were sensitive about sharing data publicly that could be obtained by another managed care plan.
- The slow nature of organizational change of the managed care organizations came as a surprise to us. While they'd made the decision early on to change their policies, there were challenges monitoring implementation of policy change, assessing the change's effectiveness and routinely receiving data. When FLOURISH began its redesign to center community, Generate Health staff's capacity to maintain pressure on the managed care organizations to hold them accountable to their commitments changed.
- Through this work we learned more about the landscape of the managed care in Missouri:
 - The volatility of the market leads to new actors that should be engaged in the work. That required our team to stay connected to the landscape, monitor changes and understand who we needed to invite to engage in the work.
 - Missouri has a smaller managed care market as compared to states that have expanded Medicaid. As such, the Missouri plans have fewer resources, so their parent companies are often more likely to pilot innovative projects in states with greater resources.
 - The managed care plans, while all engaged in collaborating on this project, are still competitors. During the BUILD project, one managed care organization was acquired by another and a merger is underway. Another managed care organization purchased its own transportation broker and did not disclose this to the project team until the

information had been made public. There were circumstances that prevented the managed care plans from sharing openly and working collaboratively.

- Generate Health underwent a transition to shift how it engages community during the BUILD project period. This was a time of organizational restructuring, the adoption of a new mission, a turnover of programmatic staff and a paradigm shift on designing pathways for change.

Section 9. Future Opportunities

Complex social conditions, like creating responsive, user-friendly transportation systems are efforts no one organization can achieve on their own. However, collective efforts can change systems. In the fall of 2019, the FLOURISH Community Leaders Cabinet outlined their refined priorities for 2020.

Transportation continues to be a key issue that needs to be addressed. The Cabinet’s community-led grantmaking seeks to invest in public transportation and NEMT improvements.

Table 9.0.a below outlines the projects that are being monitored or actively pursued through FLOURISH or its partners. Even though some of these are not specifically prioritized by the Community Leaders Cabinet, they are still in process.

Table. 9.0.a. Additional Transportation Projects

Project	Description
Train Mobility Managers*	Mobility managers embedded into healthcare or social service agencies in high impact zip codes could assist individuals with coordinating appropriate transportation to meet their needs. This could include coordinating non-emergency medical transportation or connecting residents to other transportation resources in their community.
Improve Public Transportation Infrastructure*	The SEIC class conducted an audit of bus stop amenities using Google Earth. They discovered many of the bus stops in zip codes 63106 and 63107 lacked amenities such as shelters, lighting, safe sidewalks, trash cans, etc. Bi-State Metro, the local mass transit system does not support maintenance of bus stop amenities and these are maintained by municipalities. There is opportunity to invest in infrastructure improvements which would make getting to and waiting at the bus stop more comfortable for moms with young children.
Kaizen Health	Kaizen Health is a healthcare logistics and NEMT technology platform that works with healthcare to streamline the process of scheduling medical transportation. This company utilizes Lyft’s API for familiar utilization and scheduling of rides for patients. The platform is customizable to address client population needs, such as wheelchairs, car seats and courier service. Users can receive texts/voice messages to their mobile or landline phone on ride status and there are opportunities to improve service delivery to consumers while reducing administrative overhead. Kaizen’s technology allows transparency and enhanced communication; lower administrative costs’ provides members choice, flexibility and customization of a suite of products.

	<p>Kaizen’s platform is being piloted by Barnes Jewish Hospital’s Accountable Care Organization for diabetes patients. The BUILD project liaison from this hospital is monitoring the pilot and will share results with FLOURISH.</p> <p>The potential for Kaizen to improve transportation and health for moms and babies in St. Louis is being tested through a pilot project in Columbus, Ohio in conjunction with Ohio State University, Molina Healthcare and Care source. Kaizen’s transportation app is intended to help pregnant women access prenatal care as well as other places in the community, like the grocery store or pharmacy; addressing other social determinants of health, like access to healthy food.</p>
Obtain Data from Health Systems	Initial conversations began with some of the health systems, but a data agenda and a plan has yet to be developed. It would be helpful to see some aggregate metrics about the pregnant people they are serving and their birth outcomes. Comparative analysis of managed care and health system data begins to uncover the direct connection between transportation and health outcomes.
Obtain Data from Managed Care Organizations	There was some initial data sharing with the managed care organizations, but it has been incomplete. Additionally, these efforts have not been implemented on the quarterly basis that was previously agreed upon. Routine data sharing can allow the partners to understand where gap in quality service delivery continue to exist and provides valuable information to the community about how the transportation systems are functioning and where improvements can be made.
Transform the MCO Community Outreach Efforts to be Relationship Based	FLOURISH began some initial work with the managed care organizations to identify strategies improve community engagement and outreach efforts to inform managed care members about their benefits. The recommendations were to develop strategies that are relationship based and emphasize physical presence in the community. Many of these efforts have not been implemented and it would be valuable to understand which departments or divisions within the managed care companies have a responsibility to educate members on their benefits and identify barriers that prevent members from utilizing the full range of benefits
Offer Trauma-Informed* and racial equity trainings	Advancing equity in the transportation system requires sustainable efforts to incorporate trauma-informed and racial equity trainings for the people who interact with members. Community members have continually elevated that their interactions with the people who schedule and provide transportation are often disrespectful and culturally insensitive.
Utilize Innovation & Technology to Bring Prenatal Care to Patients*	Instead of requiring patients navigate a complex transportation system, the FLOURISH Community Leaders have questioned how prenatal care can be delivered to people in their homes. This could include more neighborhood based clinics where people have to travel a shorter distance to receive quality care, virtual healthcare/telemedicine or serviced provided by qualified healthcare paraprofessionals like community health workers or doulas.

*Indicates a current priority of the Community Leaders Cabinet.

Appendix 1. Riders Bill of Rights

DRAFT

FLOURISH Transportation Action Team: Riders Bill of Rights

Objective: to create a set of fundamental principles and standards of practice expected of Medicaid transportation

Rider's Rights

Passengers have the right to be treated with respect and dignity. That includes the following

- a. Passenger is informed about their transportation options and gets to make decisions about what option works best for them
- b. Passenger receives accurate and timely information about name of transportation provider and when transportation will arrive
- c. Passenger shall not wait more than an hour for pick up after appointment
- d. Passengers receive professional, courteous and trauma-informed customer service from driver and everyone involved in coordinating transportation service, including opening doors and assisting passengers and medical equipment into vehicle
- e. Passenger's individual, cultural, spiritual, and social values are respected without regard of race, color, creed, religion, nationality, age, gender, sexual orientation, marital status, disability
- f. Passenger has adequate time to get to the vehicle and get seated or to exit vehicle and move safely away before driver leaves
- g. Passenger may be accompanied by a friend, partner, spouse, or family member for support and assistance

Passengers have the right to privacy. That includes the following

- a. Protect the identity and personal information (address, destination) of passengers from other passengers
- b. Riders have the right to expect drivers will not get involved in their personal business

Passengers have the right to safe, clean and reliable transportation. That includes the following

- a. Transportation provider will not speed, drive recklessly, use cell phone for personal calls and texts during trip, or expose passenger to inappropriate music
- b. Vehicles are smoke-free
- c. Vehicles are in good working order with working seat belts
- d. Passenger will be provided child safety seats
- e. Passengers with children will not share rides with strangers
- f. Driver's name and photo are displayed and driver comes to the door and identifies himself

Passengers have the right to complain without fear of repercussion.

Recommendations for transportation policies and procedures:

1. Streamline the process of making reservations and resolving transportation issues for passengers, health care providers and transportation provider. There are a lot of steps and layers. Simplify with one toll free number. Passengers and providers such as home visitors need better information about how to get help when a problem arises.
2. Transport passengers to health-related services not paid by Medicaid. Passengers identified WIC, pharmacy, counseling paid by other sources, children's screening services, grocery store/food pantry, laundromat
3. Passengers need to have transportation options – one size does not fit all. Method of transport (bus, van, car), type of vehicle conditions, time & location to be picked up, ability to bring other adults for assistance at no extra cost.
4. Passengers need to be informed and consulted if they will be sharing a ride with other passengers. One mom shared stories of how unsafe it felt to be in vehicles with strangers, especially with her special needs child.
5. Improve the customer service skills of reservation specialists – sensitivity, trauma-informed training and communication skills are needed. A passenger shared that when she is on the phone with customer service she is treated dismissively and the 'communication is horrible'. And often she has experienced language barrier with the representatives who are foreign born.
6. Drivers have passenger names, addresses and last 4 digits of social security number listed in the vehicle for others to see. A passenger recommended they be replaced with an ID number to protect privacy.
7. Avoid potential mistakes by repeating and confirming address multiple times.
8. Address behavior of drivers through training - drivers who provide a stress-free experience will benefit the passenger's well-being. Drivers shouldn't be on the phone while driving, even in hands free mode that subjects the passenger to the driver's conversation and music.
9. Same day service for routine appointments, not just urgent situations.
10. Need methods for measuring and holding all parts of the system accountable. Use a third-party to collect grievances to protect member from fear of repercussion. Publicize quality reports for drivers/companies.

MO HealthNet's published Participants' Rights:

- You have the right to be treated with respect and dignity.
- You have the right to privacy.
- You have the right to exercise your rights without being worried about the way the NEMT program will treat you.
- You may not always be happy with NEMT services. You can file a grievance with the NEMT program. All you need to do is call 1-866-269-5944. You can also write LogistiCare, 1807 Park 270 Drive, Suite 518, Saint Louis, MO 63146.
- If you have a Managed Care Health Plan, you need to call your Managed Care Health Plan to file a complaint.

Appendix 2: Results Based Accountability- Transportation Dashboard

Transportation

STRATEGIES & ACTIVITIES



DESIRED RESULTS:

Healthy Moms and Babies Access Resources Through Effective Transportation System

POPULATION INDICATORS:

- Pregnant women enrolled in Medicaid Rate
- Inadequate Prenatal Care Rate (Kotelchuck)
- Late or No Prenatal Care Rate
- Low Birth Rate
- Preterm Birth Weight Rate
- First Trimester Prenatal Care
- Patient Satisfaction with NEMT Transportation Services
- Well child visits in the first 15 months of life
- Connectivity Index / Mobility Score

STRATEGIES & MAIN ACTIVITIES

1. Improve medical transportation for Medicaid recipients and providers
 - Implement Riders' Bill of Rights through standard benefits, protocols and outreach/education
 - Understand transportation barriers—LSEM survey with Legal Services of Eastern MO; Map high impact zip codes
 - BUILD: Invest in community self-advocacy; promote direct investment in community via social entrepreneurship
 - BUILD: Catalyze social innovation in medical transportation
 - BUILD: Promote system change through trauma and anti-bias training
2. Identify state policy implications and advocate for importance of Medicaid Transportation
 - BUILD: Produce and amplify communications about role transportation plays in health equity of moms/babies
 - BUILD: Aggregate and analyze health equity data to inform policy development
 - BUILD: Support and connect community self-advocacy/grassroots engagement efforts
3. Align and inform the region's public transportation agenda.
 - Identify existing transportation initiatives, policy agendas, and policy gaps
 - Engage key stakeholder groups
 - BUILD: Support continuation of Project LAUNCH transportation work
 - BUILD: Support and connect community self-advocacy/grassroots engagement efforts

PARTNERS

- Metro/BI-State Development Planners
- City of St. Louis Dept. of Health
- St. Louis County Dept. of Public Health
- Health Provider Partners
- Generate Health
- St. Louis County Planning Department
- Medical-Legal Partnership
- SLU Reach Center
- Integrated Health Network
- SSM Health
- Mercy
- BIC
- Transportation Advocacy Organization Staff
- Transportation Action Team
- Washington University School of Social Work
- Urban Strategies
- Managed Care Plans
- Making Change Happen Leadership Academy
- Regional Health Commission
- NEMT Providers / Contractors
- Vision for Children at Risk
- Grassroots Organizations
- Professional Community Organizers
- Local Resident Leaders
- Federally Qualified Health Centers
- Health Sector Outreach Staff

PROGRESS



INITIATE

- Engage existing leaders
- Gather feedback

UNDERSTAND

- Understand experience
- Assess existing data

PLAN

- Establish measure of success
- Develop plan

ACT

- Advance and coordinate strategies
- Communicate widely

TRACK

- Monitor and evaluate activities
- Celebrate success

Transportation

PERFORMANCE MEASURE 1

Improve medical transportation for Medicaid recipients and providers

- Implement Riders' Bill of Rights through standard benefits, protocols and outreach/education
- Understand transportation barriers – LSEM survey with Legal Services of Eastern MO; Map high impact zip codes
- BUILD: Invest in community self-advocacy; promote direct investment in community via social entrepreneurship
- BUILD: Catalyze social innovation in medical transportation
- BUILD: Promote system change through trauma and anti-bias training

<p>How Much Did We Do? (#)</p> <ul style="list-style-type: none"> • # of organizations implement the Riders' Bill of Rights • # of Transportation Complaint surveys completed • # of new social entrepreneurship • # of people trained in trauma and/or anti-bias 	<p>How Well Did We Do It? (%)</p> <ul style="list-style-type: none"> • % of targeted organizations implement the Riders' Bill of Rights • Compilation of the top barriers to transportation • % of new social entrepreneurship out of all new businesses in high impact zip codes • % of workforce trained in trauma and/or anti-bias
<p>Is Anyone Better Off? (#)</p> <ul style="list-style-type: none"> • # of P/policies changed as a result of the Riders' Bill of Rights • # of P/policies changed as a result of the Transportation Complaint Survey • Amount reinvested in the community through the social entrepreneurship • # of P/policies changed as a result of trauma and/or anti-bias training 	<p>Is Anyone Better Off? (%)</p> <ul style="list-style-type: none"> • Patient Satisfaction • Long Term Community Impact of the new social entrepreneurship • Connectivity Index / Mobility Score

PERFORMANCE MEASURE 2

Identify state policy implications and advocate for importance of Medicaid Transportation

- BUILD: Produce and amplify communications about role transportation plays in health equity of moms/babies
- BUILD: Aggregate and analyze health equity data to inform policy development
- BUILD: Support and connect community self-advocacy / grassroots engagement efforts

PERFORMANCE MEASURE 3

Promote institutional policies, planning methods and coordinated local investments that create a more trauma-responsive system of transportation service delivery and health promotion

- Identify existing transportation initiatives, policy agendas, and policy gaps
- Engage key stakeholder groups
- BUILD: Support continuation of Project LAUNCH transportation work
- BUILD: Support and connect community self-advocacy / grassroots engagement efforts




<p>How Much Did We Do? (#)</p> <ul style="list-style-type: none"> • # of existing transportation initiatives, policy agendas and policy gaps identified • # of stakeholders (and organizations) engaged • # of components continued in the Project LAUNCH transportation work • # of community self-advocacy / grassroots engagement efforts supported 	<p>How Well Did We Do It? (%)</p> <ul style="list-style-type: none"> • % existing transportation initiatives, policy agendas and policy gaps engaged • % of targeted stakeholders engaged • % of all Project LAUNCH's transportation work continued • % of all community self-advocacy / grassroots engagement efforts are supported
<p>Is Anyone Better Off? (#)</p> <ul style="list-style-type: none"> • # of existing transportation initiatives, policy agendas and policy gaps aligned with BUILD/FLOURISH Transportation Action Team • # of components added to expand/continue Project LAUNCH's transportation work • # community self-advocacy / grassroots engagement efforts that led to P/policy change 	<p>Is Anyone Better Off? (%)</p> <ul style="list-style-type: none"> • % of Inadequate Prenatal Care Rate (Kotelchuck) • % of Late or No Prenatal Care Rate • % of Low Birth Weight Rate • % of Preterm Birth Rate • % of First Trimester Prenatal Care Rate • Patient Satisfaction • Well child visits in the first 15 months of life • Connectivity Index / Mobility Score

<p>How Much Did We Do? (#)</p> <ul style="list-style-type: none"> • # of communications produced about the role transportation plays in health equity of moms/babies • # of P/policies being informed by health equity data • # of community self-advocacy / grassroots engagement efforts supported 	<p>How Well Did We Do It? (%)</p> <ul style="list-style-type: none"> • % of all P/policies are informed by health equity data • % of all community self-advocacy / grassroots engagement efforts are supported
<p>Is Anyone Better Off? (#)</p> <ul style="list-style-type: none"> • # of communications distributed regarding the role transportation plays in health equity of moms/babies • # of P/policies changed as a result of the health equity information • # community self-advocacy / grassroots engagement efforts that led to P/policy change 	<p>Is Anyone Better Off? (%)</p> <ul style="list-style-type: none"> • Patient Satisfaction • Connectivity Index / Mobility Score

Indicates an overlap with another action team



Appendix 3: Non-Emergency Medical Transportation Standardized Protocols

  	
<p>This flyer is intended for provider use <u>ONLY</u> and is not to be distributed to MO Medicaid members.</p>	
<p>Who is eligible for transportation as part of their benefit?</p>	<ul style="list-style-type: none"> • Almost all members of MO HealthNet’s Managed Care health plans receive non-emergency medical transportation (NEMT) as part of their covered benefits. • In some circumstances, members may not be eligible for NEMT. If you are unsure about eligibility of this benefit, contact the appropriate MO HealthNet Managed Care health plan at the number below. • Members are not required to pay anything additional for transportation.
<p>To arrange a ride, call the MO HealthNet Managed Care health plan’s main phone number.</p>	<p>Missouri Care: 1-800-695-5791 (TTY 1-800-735-2966) Home State Health: 1-855-694-HOME (4663) (TTY 1-877-250-6113) UnitedHealthcare Community Plan: 1-866-292-0359 (TTY 711)</p>
<p>To escalate urgent matters that needs immediate attention.</p>	<p>Missouri Care: 1-800-695-5791 - Ask for Account Supervisor Home State Health: 1-855-694-HOME (4663) – Ask for Case Management UnitedHealthcare Community Plan: 1-866-292-0359 – Ask for Transportation Manager</p>
<p>What trips are eligible for transportation?</p>	<ul style="list-style-type: none"> • Doctor’s office visits, including: <ul style="list-style-type: none"> ○ Primary Care Provider (PCP) appointments ○ OB appointments for prenatal and postpartum care ○ Pediatrician appointments ○ Eye exams ○ Dental appointments ○ Behavior Health appointments ○ Physical Therapy • Counseling and various therapy appointments • Hospital discharges • Lamaze or similar birthing classes • Call the health plan for a full listing of covered trips.
<p>What is the timeframe for requesting a ride?</p>	<p>Transportation must be scheduled at least 3 days before the day of the appointment. You may schedule same-day-transportation for visits to Urgent Care, primary care physician and/or OB. Same-day transportation requires three (3) hours notification.</p>
<p>Mileage reimbursement instructions.</p>	<p>Mileage reimbursement is available for members. Please contact the respective health plan at one of the numbers above and choose “Transportation” from the main menu options.</p>
<p>Important Trip Information</p>	<ul style="list-style-type: none"> • Any trip over 100 miles requires health plan approval, with the exception of hospital discharge. • If member lives within ½ mile from a bus stop or Metro, he/she can call the health plan at the number above and request a bus pass. For exceptions to this requirement, please contact the health plan at one of the numbers above and choose “Transportation”. • Scheduled times are estimates, members should be prepared an hour prior for drivers arrival. • Member should confirm phone number on file with MTM as driver will be calling prior to arrival. • Passengers must enter the vehicle within five (5) minutes of driver’s arrival. • Smoking, eating or drinking in the vehicles is not allowed.
<p>How many passengers are covered to ride along with your patient?</p>	<ul style="list-style-type: none"> • Children who are under the age of 18 must have an adult ride with them. • Car seats may or may not be available, please ask when scheduling transportation. • The number of passengers and ages should be coordinated during the initial phone call when scheduling the transportation.
<p>How can you or your patient submit a complaint about the transportation benefit?</p>	<p>To submit a complaint about the transportation vendor, members should call the appropriate health plan at the main number listed above and select the “Member Services” option from the main menu.</p>

Revised 04/26/18

Ensuring Transportation for Medicaid Patients

What Transportation Services Are Provided?

- Medicaid provides transportation to an appointment with a health care provider or for a health care service that is covered by MO HealthNet or MO HealthNet Managed Care.

Participant Rights

- You have the right to be treated with respect and dignity.
- You have the right to privacy.
- You have the right to exercise your rights without being worried about the way the transportation provider will treat you.
- You can file a grievance with the transportation provider. If you have a Managed Care Health Plan, you need to call your Plan to file a complaint.

How to Request a Ride

Participants have different contacts depending on the program they are enrolled in.

Call at least 3 business days in advance to request a ride. Same day rides may be available for certain types of appointments.

Missouri Managed Care Plans

Call your plan:

- **United HealthCare Community Plan**
1-866-292-0359 (TTY 711)
- **Missouri Care:**
1-800-695-5791
(TTY 1-800-735-2966)
- **Home State Health:**
1-855-694-4663
(TTY 1-877-250-6113)

Concerns and Questions

Please fill out the form on the back and call Attorney Amanda J. Schneider at (314) 256-8768, email her at ajschneider@lsem.org or send via fax at 314-534-1028.



Are you having problems with your ride to medical appointments?

To share problems with your ride to medical appointments, please answer these questions and/or contact Attorney Amanda J. Schneider at ajschneider@lsem.org or (314) 256-8768 or Fax: (314) 534-1028

Your Name: _____ Phone: _____

Please check this box if you are the healthcare provider.

Who was the scheduled appointment for? (circle one) Adult Child Pregnant Woman

Location of appointment: _____

Date that you had a problem with transportation: _____

Who did you talk to on the phone? ___ Home State Health ___ MO Care ___ United Health Care ___ MTM
___ Logisticare ___ Other: _____

What information did you receive on the phone?

Put an X on the line next to all of the problems you had with your ride.

- _____ I waited on the phone for a very long time
- _____ I was treated poorly on the phone
- _____ My driver was late
- _____ My driver was too early
- _____ My driver did not come
- _____ I was not given enough information about my driver
- _____ My driver was not given correct information about me
- _____ My driver was rude and/or inappropriate
- _____ My driver was not accommodating to safety devices (like car seats)
- _____ There were other people in the car and I was supposed to have my own car
- _____ I was told I could not have a ride because I did not call early enough
- _____ I needed a car but was only given a bus pass
- _____ I was given NO transportation at all
- _____ I was given NO transportation because of the location of my appointment
- _____ I asked for a bus pass, but it arrived too late for me to use it
- _____ I have been taking a bus because there are so many problems getting a ride to my appointment

Other problems:

Are you willing to share your story? _____ Yes _____ No

To discuss issues with your ride to medical appointments, please contact Attorney Amanda J. Schneider at ajschneider@lsem.org or via facsimile at (314) 534-1028.