



Specialized Transportation Grant Program

Cycle 13 Call for Projects

Organization Application

1 Applicant General Information

Applicant Legal Name	Tri-City Healthcare Foundation
DBA (If Applicable)	
Applicant Address	4002 Vista Way, Oceanside, CA 92056
Contact Name	Sarah Jayyousi
	Operations Manager
Phone	760-940-5069
Email	stjayyousi@tcmc.com

2 Applicant Background

In 200 words or fewer, provide background information on the Applicant, including its mission statement.

Tri-City Health Care Foundation supports Tri-City Medical Center, a not-for-profit district hospital dedicated to advancing the health and wellness of our community. We serve individuals in the Tri-City district of Oceanside, Vista, and Carlsbad, as well as those in the Escondido and San Marcos area.

Our Patient Transportation department has been providing services to disabled individuals and older adults. However, post COVID, we have faced challenges, such as reduced capacity, fewer drivers, and increased costs associated with maintaining our aging fleet of vans. Despite these challenges, our transportation department continues to help individuals access essential services, including intensive outpatient psychiatric treatment, wound care, oncology s, hyperbaric oxygen therapy, and pulmonary rehabilitation.

For the past two years, many patients have been unable to access intensive outpatient psychiatric services and other needed medical services due to transportation barriers. We hope that with this grant, we will be able to obtain a fleet of vans and fund the cost of two full time drivers for the next two years. This will help many more individuals access services. Many psychiatric patients with diagnoses such as schizophrenia have significant anxiety associated with public transportation. The support of this grant will help eliminate these barriers and provide access to essential services.

In 200 words or fewer, provide background information on the Applicant's transportation program, including how it aligns with the STGP Goal and Objectives.

In the last fiscal year ending June 30, 2024, we transported over 1,000 patients to intensive outpatient treatment. These patients would not normally access services without transportation support. Some of the patients experience psychosis, paranoia, and significant anxiety making buses or the sprinter not viable options for them. Additionally, some do not have access to nearby bus stops. All patients in intensive outpatient treatment are in a minimum of 10 hours of treatment per week, and are disabled. Many are on Social Security Disability and have Medi-Cal and Medicare benefits due to their disability.

We also have an older adult program that serves seniors with behavioral health needs. This program has reduced its volume due to lack of staffing and resources to support transportation. In the past we had an afternoon older adult program, but due to transportation challenges, this program has been moved to the morning and transportation often declines requests due to limited resources. Our goal is to utilize this grant to expand services for disabled and older adult community member. The goals of this program are aligned with SANDAG's mission to improve equity and provide cost-effective access to transportation for our underserved and diverse community.

In a few words, how did you learn about this Call for Projects?

Due to challenges with our aging vehicles, and lack of funding for additional drivers, we signed up for email updates and have been waiting for this grant to open.

3 Applicant Eligibility Information

Type of Applicant	☒ Private nonprofit organization ☐ State or local governmental agency, including local jurisdictions and operators of public transportation
Employer Identification Number	95-6131483
Unique Entity Identifier (Section 5310 Applicants only)	CLGDKURJ4MK9

Provide the Applicant's completed W-9 Form as **Attachment 1**. If the Applicant is a Private Nonprofit Organization, provide an Entity Status Letter demonstrating that the Applicant is currently in good standing with the State of California Franchise Tax Board as **Attachment 2**. See the Application Materials for instructions. If the Applicant is a governmental agency, do not submit Attachment 2. If the Applicant is

neither a Private Nonprofit Organization nor a governmental agency, do not continue this application; the Applicant is ineligible.

3.1 Total Grant Funding Requested by Applicant (*All Proposed Grants*)

Section 5310	Senior Mini-Grant	Total
\$435,385	\$0	\$435,385

4 Applicant Financials and Audits

If the Applicant has had a Single Audit completed within the past three years, provide the Applicant's most current Single Audit as **Attachment 3**. If the Applicant has not had a Single Audit completed within the past three years, provide the Applicant's most recent Audited Financial Statement, which includes a Statement of Balance Position (Balance Sheet) and Statement of Activities (Income Statement), as **Attachment 3**. If the Applicant does not have an Audited Financial Statement, provide the Applicant's most current Un-audited Financial Statement, which includes a Statement of Balance Position (Balance Sheet) and Statement of Activities (Income Statement), as **Attachment 3**.

5 Board Policy No. 035 Resolution

Per **SANDAG Board Policy No. 035**, all applicants are required to submit a resolution from the Applicant's governing body that:

1. Commits the Applicant to provide the amount of matching funds per project that adheres to the Minimum Match Percentage
2. Authorizes Applicant's staff to accept the grant funding and execute a grant agreement if an award is made by SANDAG.

Applicants must submit this resolution by the deadline specified in Board Policy No. 035. See the Timeline in the Call for Projects. Failure to provide a resolution that meets the requirements may result in the application being deemed nonresponsive. A Board Policy No. 035 resolution template is available in the Application Materials for this Call for Projects.

If the Applicant wishes to submit its Board Policy No. 035 resolution with its Application by the Application Submission deadline, provide the completed and signed resolution as **Attachment 4**. If the Applicant does not submit its Board Policy No. 035 resolution by the Application Submission deadline but wishes to submit it before the deadline specified by Board Policy No. 035, email it to grantsdistribution@sandag.org.

6 Traditional Section 5310 Project Resolution

If the Applicant is a state or local governmental agency requesting funds for one or more traditional Section 5310 projects, provide documentation as **Attachment 5** that the Applicant either:

1. is approved by the State of California to coordinate services for seniors and individuals with disabilities; or
2. certifies by resolution that there are no Private Nonprofit Organizations readily available to provide the proposed service.

A traditional Section 5310 project resolution template is available in the Application Materials for this Call for Projects. Applicants submitting this resolution are strongly encouraged to use this template.

7 Required Forms

Complete, sign, and submit all applicable required forms as **Attachment 6**. These forms are available as a packet entitled Required Forms and are included in the Application Materials for this Call for Projects.

8 Federally Negotiated Indirect Cost Rate

If the Applicant has a Federally Negotiated Indirect Cost Rate (FNICR) and wants to apply its FNICR to a proposed project, the Applicant must provide documentation from the Applicant's federal cognizant agency approving the Applicant's FNICR as **Attachment 7**. Applicants that do not have an FNICR should not submit an Attachment 7.

9 Transit Asset Management Questions

Mark Yes or No to the following question(s) to help SANDAG determine if the Applicant is required to participate in a Transit Asset Management (TAM) Plan if awarded funding. See Section 3.2 of the Call for Projects for information on TAM requirements.

For Transit Operator Applicants (Metropolitan Transit System and North County Transit District)

Question	Mark Yes or No
1. Does the Applicant have a current and compliant individual TAM Plan?	☐ Yes ☒ No

For All Other Applicants

Question	Mark Yes or No
1. Is the Applicant requesting Section 5310 funds through this Call for Projects?	☒ Yes ☐ No

2. Does the Applicant own, operate, or manage capital assets used to provide "public" transportation services, rather than "client-based" transportation services?	☐ Yes ☒ No
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10 Applicant Risk Assessment Questionnaire

Please complete the following Applicant Risk Assessment Questionnaire to help SANDAG complete its Pre-Award Risk Assessment as discussed in Section 5.5 of the call for projects:

<https://forms.office.com/g/WuVwAHvVut>

The results of the pre-award risk assessment may inform the level of monitoring SANDAG conducts of awarded Applicants.



Specialized Transportation Grant Program

Cycle 13 Call for Projects

Section 5310 Operating Project Application

1 Applicant and Project Names

Applicant Name	Sarah Jayyousi
Project Name	Patient Transportation Express Grant

2 Project Manager and Grant Signatory Contact Information

List the Project Manager (PM) who will maintain overall responsibility of the project for the Applicant.

Individual Name	Sarah Jayyousi
Title	Operations Manager
Phone	(760) 940-5069
Email	Stjayyousi@tcmc.com

List the Signatory who, as a duly authorized representative of the Applicant, will sign the Section 5310 Grant Agreement for the Applicant.

Individual Name	Jennifer Paroly
Title	President, Tri-City Hospital Foundation
Phone	(760) 940-3370
Email	JEParoly@tcmc.com

3 Project Financial Summary

3.1 Grant Request, Match Amount, and Match Percentage

Grant Request	Match Amount	Total	Match Percentage	Minimum Match Requirement
\$60,855	\$60,855	\$121,710	50%	50

3.2 Source(s) of Matching Funds

Describe the source(s) of matching funds that will be applied to this grant. Contact SANDAG staff if there are more than five sources of matching funds. If the Applicant includes in-kind contributions as a source of matching funds, the Applicant must document how the fair market value of those in-kind goods and services was derived in the Budget Justification.

Match Source Number	Description of Matching Funds Source	Amount
1	<i>Matching funds will come from Tri-City Medical Center Operating from revenue from patient care services. None of these funds are from federal sources. As seen in the attached letter of support from Donald Dawkins, Chief Nurse Executive, this amount was approved to be paid by Tri-City Medical Center upon approval of this grant request.</i>	\$60,855
2		\$
3		\$
4		\$
5		\$
Total		\$

4 Coordinated Plan Eligibility Requirement

To be eligible for STGP funding, a project must be derived from the SANDAG 2020 Coordinated Plan.

4.1 2020 Coordinated Plan Very High and High Priority Strategies

Please check the box(es) indicating the Very High or High Priority strategy(ies) in the SANDAG 2020 Coordinated Plan from which the project is derived (select all that apply):

Very High

- ☒ Maintain existing effective and efficient transportation services
- ☒ Continue providing existing curb-to-curb, door-to-door (and door-through-door, when necessary) services for trips such as non-emergency medical transportation and grocery shopping in circumstances where paratransit is insufficient, inappropriate, or unavailable
- ☒ Maintain assets in a state of good repair
- ☐ Develop or expand transit or transportation solutions in areas with little or no other transportation services based on identified gaps
- ☐ Develop or expand transit or transportation solutions in areas with sufficient densities to support specialized transportation or coordinated services based on identified gaps.
- ☒ Provide new curb-to-curb, door-to-door (and door-through-door, when necessary) services for trips such as non-emergency medical transportation and grocery shopping, in circumstances where paratransit is insufficient, inappropriate, or unavailable
- ☒ Increase interagency coordination efforts to maximize existing capacity
- ☒ Increase interagency coordination of resources
- ☐ Improve access to available services through coordination and enhanced customer service that connects riders to transit or specialized transportation services that most appropriately meet their needs

High

- ☐ Improve first-mile/last-mile strategies to better connect to transit
- ☒ Increase work-based transit service hours of operation to assist nontraditional work schedules
- ☐ Increase the level of service on fixed-route services
- ☐ Implement interagency partnerships to secure funding
- ☐ Develop public-private partnerships to provide innovative transportation solutions
- ☐ Provide educational resources to encourage more individuals to ride public transit
- ☐ Evaluate and upgrade transit stops and amenities where appropriate

4.2 2020 SANDAG Coordinated Plan: Explanation of Derivation

Briefly explain how the proposed project is derived from the selected priority strategy(ies).

This grant will help us respond to requests from the community by older adults and disabled individuals to access healthcare services, such as intensive behavioral health treatment, wound care and oncology services. It will help us obtain a fleet in good condition compared with our aging vehicles with high cost of repair. This will help us increase our transit hours and expand our transportation area. This grant will make it possible to provide curb-to-curb non-emergency medical transportation in the North San Diego area to individuals who can't access the buses due to the severity of their disabilities. This will help us increase coordination between medical units and transportation, and improve equity in access to healthcare.

5 Project Service Area and Title VI Questions

Per Section 5310 requirements, the proposed project must be within the large, urbanized area of San Diego County to be eligible for Section 5310 funding through SANDAG. Per federal Title VI requirements, SANDAG must determine if the proposed project will use Section 5310 funds to provide assistance to predominantly people of color¹ in the proposed project service area.

SANDAG has developed an [Applicant Mapping Tool](#) to help applicants generate a project service area map and gather demographic data on the project service area. See the Applications Materials for instructions on using the Applicant Mapping Tool. Provide a screenshot or screen clip of the project service area map and the CSV file of the demographic data generated through the Applicant Mapping Tool. Provide these two files as **Attachment 8** and answer the following questions:

1. Is the proposed project within the large, urbanized area of San Diego County?	☒ Yes ☐ No
2. What is the total population in the project service area?	573,407
3. What percent of the total population in the project service area is people of color?	51%

6 Needs Accommodation Policy

The Target Population for Section 5310 projects is people 65 years of age and older and individuals with disabilities. Under the Needs Accommodation Policy, three requirements must be met for a project to be eligible for grant funding:

1. Project is specifically designed to meet the special needs of the Target Population
2. At least 80% of the project's beneficiaries are members of the Target Population
3. Project benefits are prioritized for the Target Population

¹ Refers to an individual who identifies as at least partly American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, or Hispanic or Latino

Complete the below table to indicate the number and percentage of those served by the proposed project.

Demographic Category	Number	Percentage of Total
Older Adults (65 and older)	0	0%
Individuals with Disabilities	2700	75%
Older Adults and Individuals with Disabilities	1800	25%
Neither Older Adults nor Individuals with Disabilities	0	%
Total	4500	100%

7 Project Narrative

General Instructions: Answer the following questions in the space provided. Unless otherwise stated, provide responses that are 250 words or fewer.

Applicant Experience, Capacity, and Readiness

1. To what extent does the Applicant have experience in successfully managing grant-funded transportation services benefiting the Target Population?

In 2012, Tri-City Medical Center/Hospital District applied for a California Department of Transportation grant, which made it possible to provide transportation to seniors and disabled individuals. We successfully adhered to all grant guidelines, met all goals and milestones and continued to operate the vehicles beyond the grant monitoring period. The same manager and lead dispatcher that helped manage the grant and transportation will manage this grant as well. We will monitor personnel costs, transport data, and ensure that we meet all obligations for this grant. We will maintain an accurate accounting system and records, such as payroll, invoices, accounting documents and make them available. We have the experience and the desire to serve underserved populations.

2. What is the Applicant's technical capacity for implementing the proposed STGP-funded service, including, but not limited to, sufficient staffing

resources; data management and tracking capabilities; and policies and procedures for ethics, third-party contracting, internal controls, financial management, and allowability of costs?

The manager's current role includes budgeting, data collection, stratifying and analyzing data, and meeting quality and financial indicators. One of the hospital initiatives for 2024/2025 is to improve health equity, and address health-related social needs (such as transportation). Expanding access to transportation is beautifully aligned with addressing health-related social needs (social determinants of health) and intervening so that individuals can access treatment. The manager (applicant) has over 20 years of experience in management and program oversight. We are confident that we have the technical capacity to implement this service. Adding the two drivers will help us expand into Escondido, serve more community members, and expand our service hours.

3. Is the Applicant fiscally stable and ready to begin the proposed service as soon as October 1, 2025, and maintain the proposed schedule so that it meets all proposed deliverables and ensures completion by the end of the grant term?

Yes, we are fiscally stable and ready to maintain the proposed schedule and will meet all proposed deliverables. We will ensure completion by the end of the grant term. We have full hospital district and hospital foundation support in ensuring that we are able to execute the agreement, purchase the vehicles in a timely manner and start the service through the end of useful life.

Need and Equity

4. What percentage of those served by the proposed service are members of the Target Population?

100%

Instructions: Complete the Project Scope of Work and Section 6 of this Project Application to respond to this question.

5. Describe the project need. How are specialized transportation services in the proposed service area insufficient, inappropriate, unaffordable, or geographically unavailable?

Patients who are being transported by Tri-City Medical Center's transportation are disabled. Many of them attend behavioral health intensive outpatient services and have severe mental illness. Some are impacted by severe paranoia and psychosis, and have not been successful in using public transportation. Additionally, the patients that are picked up for wound care, physical therapy or oncology are unable to drive or walk to public transport due to physical disability/limitations. Tri-City Medical Center's Patient Transport Express department only transports patients who are seniors or disabled and unable to transport themselves by public transit or personal vehicle. This service has improved health equity and access to medical needs. Additionally, some of our service areas in rural Escondido are distant from public transport or inaccessible with the terrain. Since we currently decline requests due to not having a sufficient number of drivers, we are hoping that with the addition of two drivers, we can accommodate community requests, expand into Escondido and expand our transportation hours.

6. How will the proposed service uniquely and urgently meet one or more specialized transportation needs through the grant term?

For the past year, we have had reduced access to transportation due to the demand being high and our resources being limited. We had patients not start treatment, or delay treatment due to not having access to transportation. Health Related Social Needs are related to food insecurity, housing instability, a lack of access to transportation, an inability to afford medical bills, and exposure to interpersonal violence, among other concerns (Sandhu, S., Liu, M. P., & Wadhera, R (2022). These health-related social needs, such as access to transportation, are frequently identified as root causes of disparities in health outcomes (Ogunwole & Golden, 2021). This grant will help us close this gap and provide this much needed service to our North County community.

Sandhu, S., Liu, M., Phil, M., Wadhera, R (2022). Hospitals and health equity-Translating measurement into action. *The new England Journal of Medicine*, 387(26),

Ogunwole, S. & Golden, S. (2021). Social determinants of health and structural inequities-Root causes of diabetes disparities. *Diabetes Care*, 44(1), 11-13.

7. How will the proposed service benefit those in the Target Population that need it the most, ensure access for individuals with Limited English Proficiency, and respond to diverse populations (e.g., veterans, low-income people, people of color, federally recognized Native American tribes)?

Tri-City Medical Center's Organizational statistics for 2022 indicate that 51% of our patients identify as non-White. 38% have Medi-Cal, 6% uninsured, and 29% have Medicare. Patients who utilize our transportation services are low-income, have limited resources, limited access to support, and complex physical limitations. Tri-City Medical Center is committed to providing services to our diverse community. We have a clear and feasible service plan to deliver effective, safe, and reliable service for passengers. We have a transportation department that we are hoping to expand. Patient Transportation Express has a dispatcher who coordinates transportation scheduling for any callers interested in accessing services. Currently we turn many requests down, impacting access to health care or delaying treatment. Our goal is to respond to community requests and provide transportation to those who are unable to access public transit system.

Operational/Implementation Plan

8. To what extent does the Applicant have a clear and feasible service plan to deliver effective, safe, and reliable service for passengers, which may include Innovative concepts and technology to be used in scheduling/dispatching trips?

Instructions: Complete the Project Scope of Work to respond to this question.

9. Please describe the protocols the Applicant has or would implement to keep passengers and drivers safe.

We have a clear and feasible service plan to deliver effective, safe, and reliable service for passengers. We have a transportation department that we are hoping to expand. Patient Transportation Express has a dispatcher who coordinates transportation scheduling for any callers interested in accessing services. Currently we turn many requests down, impacting access to health care or delaying treatment. Our goal is to respond to community requests and provide transportation to those who are unable to access public transit system.

The dispatcher will receive calls and coordinate pickups with the drivers. Drivers receive full training in safe transportation. They obtain a department of transportation clearance certificate, and are fully ensured. They receive training in how to handle behavioral health patients and are trained in de-escalation techniques. Additionally, they receive training on how to handle wheelchair transport safely. To keep passengers, safe, drivers do not deviate from their route and respond to any changes in route without dispatch approval. We also have processes in place for inclement weather so that we do not put passengers in harm's way. Our policies also indicate that all drivers must be American Heart Association Basic Life Support.

Stewardship of Public Funds

10. How do the proposed budget and Scope of Work demonstrate effective stewardship of public funds such that only necessary and reasonable expenses, tasks, and deliverables are proposed?

Instructions: Complete the Project Scope of Work and Budget to respond to this question.

11. To what extent does the Budget Justification thoroughly explain how each proposed cost was determined and is justified, describe how any passenger fares or fees are affordable, and discuss how the proposed cost per one-way passenger trip is justified given the proposed service?

Instructions: Complete the Budget Justification to respond to this question.

12. Has the Applicant secured, or will the Applicant secure, matching funds? Is/are the match source(s) stable?

We chose less expensive vehicles and we plan to use these vehicles to serve our North County community. Our goal is to improve health equity by addressing barriers that impact equal access to care. Providing transportation helps us with social justice and our health equity initiatives. Tri-City Medical Center's mission is to advance the health and wellness of the community we serve and this grant will help us with this mission.

Patients who do not access medical services in a timely manner end up using more costly emergency room services and are more likely to be hospitalized. With our transportation services, we are hoping to make accessing services easier so that treatment is not delayed. In our current Intensive Outpatient Behavioral health department, we have not been able to respond to all requests for transportation, or needed to delay treatment until an opening with transportation comes up. This has led to unnecessary psychiatric hospitalizations that could have been prevented with earlier access to behavioral health treatment. Providing this service will reduce costly use of emergency services.

We have secured funding for matching funds to cover the cost of purchasing the vehicles. We have the full support of Tri-City Medical Center and Tri-City Hospital foundation to support this program and to make healthcare accessible to seniors and disabled individuals.

The funds will come out of the operating budget of Tri-City Medical Center/ Tri-City Medical Center leadership has communicated support for this program.

Coordination and Outreach

13. Does the Applicant coordinate well with other specialized transportation providers in the proposed service area to address gaps in existing specialized transportation services, avoid duplicating cost-effective services, and enhance service delivery?

Instructions: Include three Letters of Support with the Project Application and provide a response below.

We assist our patients with applying for LIFT due needing other door-to-door transportation for services. We have a case manager/service coordinator that assists our patients with accessing transportation through LIFT or public transit. When we do have individuals, who are able to access public transit, we provide education on how to obtain a senior/or disabled ID so that they can access discounted rates. We also assist in locating their bus routes.

14. How has the Applicant involved members of the Target Population in the continued operation of the proposed service? If the proposed service is new, how will the Applicant involve members of the Target Population in the planning of this new service?

We are applying to this grant due to our community's feedback regarding transportation needs. Many callers are not assisted with transportation needs due to not having the capacity to support all requests. Our patients complete satisfaction surveys and past comments indicated the need for transportation expansion. For example, when a patient cancels on a Thursday and requests treatment on Fridays, often we are unable to accommodate due to limited capacity. This grant was pursued with our community's recommendation to expand services. One way we will continue to involve members is to conduct daily rounding. Rounding involves staff meeting with patients, asking how they are doing, whether their needs are met, and whether they're satisfied with services. This feedback is critical to our continued process improvements. Patients provide excellent feedback that helps us with continued improvements.

Environmental Responsibility

15. To what degree does the proposed service promote healthier air and reduce greenhouse gas emissions and vehicle miles traveled through zero-emission or low-emission vehicles, efficient routing and scheduling (e.g., grouping trips by similar origins and destinations), or other mechanisms?

Our plan is to use efficient mode of transportation by grouping trips by similar destination. For the behavioral health intensive outpatient program, we usually group multiple passengers by region. With this grant our hope is to have an East North County Region (Escondido), West North County Region (Oceanside, Carlsbad), and mid-city (Vista and San Marcos).

Proposed Performance Measures

16. What is the proposed Minimum Service Hours per Week?

Instructions: Complete the Project Scope of Work to respond to this question.

17. What is the proposed Cost per One-Way Passenger Trip (OWPT)?

Instructions: Complete the Project Scope of Work to respond to this question.

Performance Monitoring and Outcomes

18. What is the Applicant's plan to monitor the proposed service's performance, track passenger data, and strive for continuous improvement?

The lead dispatcher will track all trips daily, including passenger information and mileage, and number of trips. This will be done on an excel sheet, as we have done in the past. The vans have the hospital Patient Relations phone number for any complaints or issues that may come up for passengers. Additionally, patient satisfaction surveys in the outpatient behavioral health department includes transportation questions on their Satisfaction Surveys.

All data, including usage and satisfaction data will be reviewed regularly to ensure that we are on target with quality indicators and our minimum number of trips per week. Initially bi-weekly, then monthly, the manager will meet with the dispatcher to ensure we are on target with our metrics and meet all criteria for the grant to remain in compliance.

We have evaluated the cost of contracted services and compared this with the cost of operating our vehicles and found that it is far less expensive for us to operate the vehicles in our not-for-profit hospital. Our goal is to offer this service for free to help improve equitable access to healthcare for underserved and low-income older adults and disabled individuals.

19. What is the Applicant's plan to anticipate, prepare for, respond, and adapt to unexpected changes or sudden disruptions so that it can deliver reliable service with minimal trip cancellations caused by the Applicant?

If any drivers call in sick, we can't cancel trips to necessary medical services. In times like these, the dispatchers usually fill in to help accommodate client needs. We are keeping and maintaining one of our vehicles so that we can use it as a backup in case one of our vehicles is being serviced for preventative maintenance or in need of repair.

No drivers are allowed to drive until we have verification that they are added on our insurance and fully covered. We have had a track record of delivering services once we make a commitment to provide transportation.

20. Describe the Applicant's system to receive input from passengers on the quality of the service and reasons for any repeated no-shows through surveys or other methods. How does or will the Applicant use this input to inform enhancements to service delivery?

We have an exit survey that has transportation satisfaction as a question and this survey is given to all clients who complete services at the intensive outpatient program. The hospital also provides Press Ganey surveys to patients. Additionally, we hope to implement a new system where passengers are encouraged to complete a compliment or concern survey. Additionally, all passengers are receiving a medical service, such as pulmonary rehabilitation or behavioral health treatment. We often check to see how their trip went and if issues arise, they are addressed with our team members/drivers. We utilize surveys and client comments to work on continuous improvement as we strive to have excellent satisfaction. Our goal is to have our customers (through surveys and communication) and community partners (community crisis units and outpatient programs, and internal medical departments) involved during this project so that we can continue to work on process improvements and effective communication.

Vehicle and Other Equipment Project Scope of Work

Organization Name:	Tri-City Healthcare District/Tri-City Medical Center
Project Name:	Patient Transportation Express Grant/Vehicels
Project Service Area:	North San Diego area

Section A: Project Description

Project Description:

The project goal is to expand Tri-City Medical Center's transportation for seniors and disabled adults in the north county area. This will allow us to provide services to essential intensive behavioral health services, as well as other services, such as oncology, wound care, pulmonary rehabilitation and acute rehabilitation services.

Section B: Summary of Project Tasks

The following is a summary of the tasks that will be implemented through this procurement project.

Task 1: Purchase Vehicle(s) and/or Other Equipment

Description:

Work with SANDAG to complete the purchase of vehicle(s) and/or other equipment as specified in Section C, including timely payment of matching funds to SANDAG and coordination during the purchase order process as described in the SANDAG Specialized Transportation Program Management Plan.

Task 2: Operate Vehicle(s) and/or Other Equipment

Description:

Continuously use the vehicle(s) and/or other equipment specified in Section C for a minimum of 20 hours per week through their minimum useful life to provide specialized transportation service to older adults and individuals with disabilities. Ensure any alternative services (i.e., meal delivery) do not reduce service to specialized transportation passengers. Achieve the proposed performance targets specified in Section C. Actively pursue warranty claims for vehicle(s) and equipment as necessary. Promptly notify SANDAG if vehicle(s) is/are taken out of service for more than 14 calendar days. Ensure that at least 90 percent of project beneficiaries are satisfied with the service provided.

Task 3: Implement Service Plan to Deliver Effective, Safe, and Reliable Service for Passengers

Description:

Our plan is follow the following steps to help us provide free transporation services to individuals in the North San Diego area. Transportation will include services to the Intensive Outpatient Behavioral Health Services, Oncology, Wound Care, Pulmonary Rehabilitation and Acute Rehabilitation. Once we secure the vehicles, dispatch will start taking on more calls from individuals without access to transportation. Dispatch will log these calls and track indiviuals served, transport mileage and will complete all reports. Biweekly, these are reviewed by the manager to ensure that we are in compliance with our goals/initiative. Reports will be submitted to SANDAG in a timely manner.

Task 4: Complete the Disposition Process

Description:

Work with SANDAG to dispose of vehicle(s) and/or other equipment in accordance with the disposition procedures specified in the SANDAG Specialized Transportation Program Management Plan.

Section C: Performance Measures and Targets									
Section C1: Target Population									
Quantitative Performance Measure						Target			
The Percentage of Those Served by the Project that are Members of the Target Population									
Section C2: Vehicle(s)									
A	B	C	D	E	F	G	H	I	J
ID No.	Vehicle Class	Minimum Useful Life (In Years)	Replacement or Expansion?	Maximum Passenger Capacity	Number of Vehicle Service Hours per Week	Number of Traditional One-Way Passenger Trips per Week	Number of Trips for Alternative Services per Week	Total Number of Trips per Week	Total Number of Trips at End of Minimum Useful Life in Years
1	Class B	5	Replacement	12	30	50	0	50	13,000
2	Class B	5	Expansion	12	30	50	0	50	13,000
3	Class D	4	Expansion	6	20	20	0	20	4,160
4									
5									
6									
7									
8									
9									
10									
11	Select Option								
12	Select Option								
13	Select Option								
14	Select Option								
15	Select Option								
Totals					80	120	0	120	30,160
Section C3: Other Equipment									
ID No.	Name of Equipment	Quantity	Description of Equipment	Description of How the Equipment Will be Used and How Performance Will be Measured					
16									
17									
18									
19									
20									
Section C4: Other Performance Measures									
Other Project Performance Measures							Target		

Vehicle and Other Equipment Project Budget

Organization Name:	Tri-City Healthcare District/Tri-City Medical Center
Project Name:	Patient Transportation Express Grant/Vehicels
Project Service Area:	North San Diego area

Section A: Budget Detail

ID No.	Vehicle Type / Other Equipment	Grant Amount	Match Amount	Minimum Match Percentage	Total	Match Percentage	Meets Match Requirement?
1	Class B	\$112,921	\$19,930	15%	\$132,851	15.00%	Yes
2	Class B	\$112,921	\$19,930	15%	\$132,851	15.00%	Yes
3	Class D	\$87,831	\$15,500	15%	\$103,331	15.00%	Yes
4				15%			
5				15%			
6				15%			
7				15%			
8				15%			
9				15%			
10				15%			
11	Select Option						
12	Select Option						
13	Select Option						
14	Select Option						
15	Select Option						
16				Select Option			
17				Select Option			
18				Select Option			
19				Select Option			
20				Select Option			

Section B: Resident Inspector's Report

Vehicle Class	Total by Vehicle Class	Resident Inspector's Report Required?	Estimated Cost (Match)
Class A	0	No	\$0
Class B	2	No	\$0
Class C	0	No	\$0
Class D	1	No	\$0
Class V	0	No	\$0
Class Z-1	0	No	\$0
Total	3	Count: 0	\$0

Section C: Budget Summary

Totals	Total Vehicles	Total Grant Amount	Total Matching Funds	Total Costs	Match Percentage
	3	\$313,673	\$55,360	\$369,033	15.00%



Use the selection tool to draw a service area on the map:

Total Population: 428,021
Minority Population: 247,855
Percent Minority: 57.907%
Senior Population: 62,156
Percent Senior: 14.522%

Census Urban Area ☒

City name is any of

5 Selected

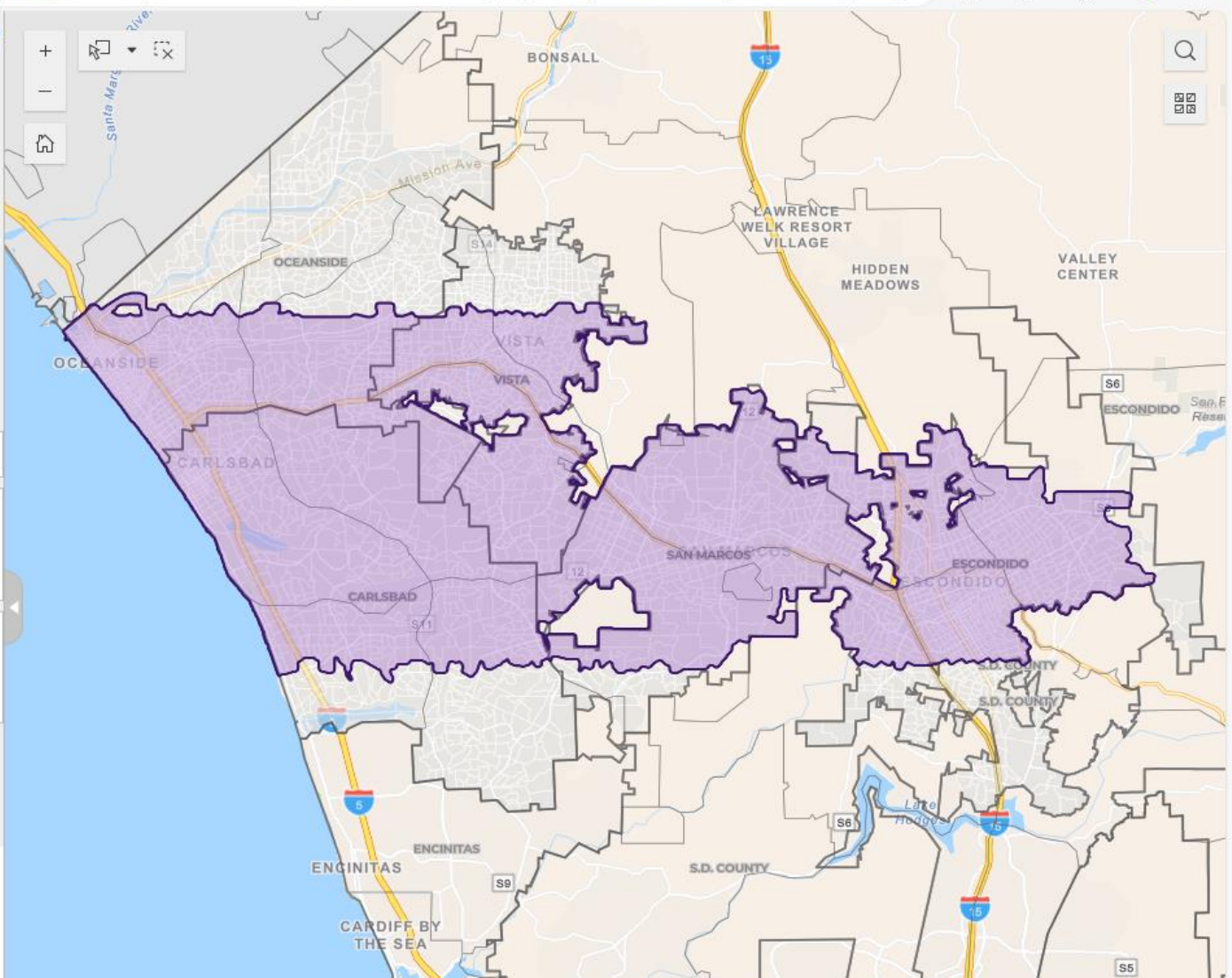
ZIP Code is any of

0 Selected

Export S...

MGRA

City





To Whom It May Concern:

In my role, as Office Coordinator, it is part of my duties to assist patients with transportation issues. We encourage patients to use public transit and provide free bus passes for them so that they can access services independently. I order and pay online for the Senior, Disabled, Medicare PRONTO passes as needed for patients.

In applying for the grant, I tried to get a letter of Support from PRONTO. They are able to provide a letter in support.

Instead, I am attaching a couple of examples of invoices for PRONTO. I hope this will suffice to demonstrate our commitment to our patient's transportation needs.

Thank you for your consideration.

Regards,

Anne Chambers

Anne

Anne Chambers
Office Coordinator
Tri-City Medical Center
Outpatient Behavioral Health Services
510 W. Vista Way
Vista CA 92083
760-940-5050 Office
760-732-5894 Fax
amchambers@tcmc.com



CONFIDENTIALITY NOTICE

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TRI-CITY HOSPITAL DISTRICT
CHECK REQUEST FORM

PAYABLE TO <u>Anne M Chambers</u>		DATE <u>11/8/24</u>
Address <u>1906 Arroyo Ave Oceanside, CA 92056</u>		
DESCRIPTION OF EXPENDITURE	GL#	AMOUNT
<u>Pronto Bus passed for patients (qty 3)</u>		<u>109.00</u>
<u>Dept 7320</u>		

Supervisor signature  109.00

Director Signature _____

All checks will be mailed directly to Payee

Circle STAT or NEXT CHECK RUN
IF STAT Date required _____

If this is a stat request, VP signature authorization is required. Otherwise it will be included with next scheduled check run.

ADMINISTRATIVE SIGNATURE

PRONTO



NORTH COUNTY
TRANSIT DISTRICT

PRONTO SERVICE CENTER
1255 Imperial Ave Suite 100A
San Diego, CA 92101
(619) 595-5636

Date 11/29/2023 10:27:30 AM

Reference # 009QT6X

Employee # 0

Location # 0

Sale	Card	Price
SDM Regional Monthly Pass	984000111102 22143462	\$23.00
SDM Regional Monthly Pass	984000111103 45922859	\$23.00
SDM Regional Monthly Pass	984000111102 22041575	\$23.00

Sale Total: \$69.00

Payment Type	Price
--------------	-------

Credit Card	\$69.00
-------------	---------

Payment Total: \$69.00

Cash Received \$0.00

Change Due \$0.00

THANK YOU

TRI-CITY HOSPITAL DISTRICT
CHECK REQUEST FORM

PAYABLE TO <u>Anna Chambers</u>		DATE <u>5/2/94</u>
Address <u>1906 Arroyo Ave. Oceanside, CA 92056</u>		
DESCRIPTION OF EXPENDITURE	GL#	AMOUNT
<u>Pronto</u>		
<u>BUS pass for patient 3/12/24</u>		<u>23.00</u>
<u>BUS pass for patient 4/29/24</u>		<u>33.00</u>
		<u>56.00</u>

Supervisor signature 

Director Signature _____

All checks will be mailed directly to Payee

Circle STAT or NEXT CHECK RUN
IF STAT Date required _____

If this is a stat request, VP signature authorization is required. Otherwise it will be included with next scheduled check run.

ADMINISTRATIVE SIGNATURE

PRONTO

Transaction Number:

7285c3ab-7512-4379-b2bf-14d5ce4efa23

Receipt Reference:

00C8H7D

Order State:

Processed

Sales Channel:

Customer Website

Payment Method:

414720*****5117

Date:

4/29/2024

Time:

4:10pm

Amount:

\$23.00

Product	Card Number	Quantity	Price	Subtotal
SDM Regional Monthly Pass	98400011110342001186	1	\$23.00	\$23.00
Total				\$23.00

PRONTO

Transaction Number:	497b371d-1507-46c3-9820-6beacf9df86b	Date:	3/12/2024
Receipt Reference:	00BPZCV	Time:	11:43am
Order State:	Processed	Amount:	\$23.00
Sales Channel:	Customer Website		
Payment Method:	414720*****5117		

Product	Card Number	Quantity	Price	Subtotal
SDM Regional Monthly Pass	98400011110342001186	1	\$23.00	\$23.00
Total				\$23.00

August 26, 2024

To whom it may concern,

This letter of support is to support Tri-City Medical Center/Tri-City Health Care District in their application for a transportation grant. This grant will enable them to provide transportation to an underserved community. Often behavioral health patients have significant barriers to accessing health services due to challenges navigating public transportation and due to the severity of their mental health conditions.

Tri-City Medical Center provides quality services to our community members in North San Diego county. Palomar Health has a close working relationship with the Tri-City Outpatient Behavioral Health program team and we often collaborate on helping our community members who experience mental health crises. This collaboration has resulted in coordination of care for patients who are discharged from crisis services. The outpatient behavioral health services provided at Tri-City Medical Center helps individuals avoid costly hospitalizations and emergency room visits, and help treat individuals in less intensive outpatient services.

Additionally, with this grant, Tri-City Medical Center plans to assist our community with other healthcare needs such as oncology, wound care, and pulmonary rehabilitation when transportation by family members or public transport is not feasible.

Tri-City Medical Center has been a key provider in our community for decades and we look forward to our continued collaboration to better serve our community's health needs. I am in full support of this application for the SANDAG grant.

With warm regards,

A handwritten signature in black ink, appearing to read "Rich Hess". The signature is fluid and cursive, with the first name "Rich" and last name "Hess" clearly distinguishable.

Rich Hess, RN

Nurse Manager

Palomar Health Crisis Stabilization Unit



August 26, 2024

To whom it may concern,

I am writing this letter to support Tri-City Medical Center's Patient Transportation Express (PTE) in applying to this SANDAG transportation grant. What I appreciate about PTE is their willingness to provide free transportation to seniors and disabled patients without access to transportation. With this grant, they are hoping to replace their vehicles and fund additional drivers.

The support of Patient Transportation Express has made treatment services possible for patients in need of outpatient rehabilitation services, particularly for those patients who are neurologically impaired and are unable to drive but are very much in need of ongoing skilled therapy. The communication with PTE has been excellent, and if any concerns are verbalized by patients, they are quickly addressed. PTE is committed to ongoing partnership and collaboration with hospital and community partners.

Additionally, Patient Transport Express is committed to providing this needed service not just for the grant term. They have demonstrated commitment to equitable access to healthcare and are committed to serving our North San Diego area beyond the terms of this grant.

Our patients, family members, physical therapists, occupational therapists, and speech therapists are grateful for this service. I am in full support of this application for this transportation grant and hope that you equally see the value of the services they provide in improving the wellness of those we are privileged to serve. Thank you for your consideration.

Sincerely,

Alona Stein

Rehabilitation Services Manager

Tri-City Medical Center Rehabilitation Department

(760) 940-7115





August 27, 2024

Dear Grant Committee Members,

Tri-City Medical Center's leadership team is aware that Tri-City Medical Center's Patient Transport Express department, in collaboration with the Tri-City Hospital Foundation, has applied for the San Diego Association of Governments (SANDAG) Specialized Transportation Grant Program. We are in full support of this application which aims to assist our seniors and disabled patients by improving their access to necessary medical treatment.

We understand that the capital equipment grant has a 15% match, amounting to \$47,052 and the personnel operating cost grant requires a 50% match, amounting to \$60,855. We are fully prepared to support this program and provide the necessary funds when due. Transportation is a crucial equity initiative that helps underserved populations in our North County region, and we appreciate your consideration of this grant request.

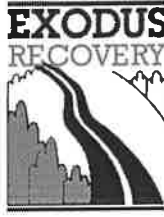
Sincerely,

Donald Dawkins, Chief Nursing Officer

Tri-City Medical Center Administration

(760) 940-3353





EXODUS RECOVERY, Inc.
524 West Vista Way
Vista, CA 92083

August 26, 2024

To whom it may concern,

This letter of support is to support Tri-City Medical Center/Tri-City Health Care District in continuing to provide quality services to our community. The Tri-City Outpatient Behavioral Health program has a close working relationship with Exodus Recovery Crisis Stabilization Services. Our ongoing collaboration helps meet the needs of our community members who experience behavioral health crisis. What I appreciate about their services is their willingness to provide free transportation to patients without access to transportation. With this grant, they are hoping to expand transportation in order to serve more community members in North County.

Our collaboration has resulted in positive outcomes for our patients, and reduced utilization of inpatient services and emergency rooms. With our agency collaboration an average of 200 clients annually are referred to lower levels of care and community integration. The behavioral health services provided at Tri-City Medical Center helps individuals avoid costly hospitalizations and emergency room visits, and help treat individuals in less intensive services.

Tri-City Medical Center recognizes the importance of a holistic approach to healthcare. Not only do they provide behavioral health services, but when transportation challenges occur, they assist with other healthcare needs such as oncology, wound care, and pulmonary rehabilitation. Tri-City Medical Center is committed to this grant program for the grant term and beyond, as they showed commitment to equitable access to healthcare.

Tri-City Medical Center has been a key provider in our community for decades and we look forward to our continued collaboration to better serve our community's health needs. I am in full support of this application for this transportation grant.

With warm regards,

Frank Garcia, LCSW
Program Director | Vista CSU and North Coastal CSU
Exodus Recovery, Inc.