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Structured Transportation Assistance Program in Adult Mental Health Populations

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College of Nursing

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Executive Summary: Executive Leadership System Improvement
Structured Transportation Assistance Program in Adult Mental Health Populations

by

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Introductory Summary

This doctor of nursing practice (DNP) project addresses a critical issue in outpatient mental health care: transportation barriers faced by adult mental health patients, particularly older adults. These barriers contribute to high no-show rates, which disrupt care continuity, worsen mental health outcomes, and increase reliance on emergency services. The project proposes the implementation of a structured transportation assistance program to enhance appointment adherence and reduce missed visits resulting from transportation challenges. The practice-focused question guiding this project is: In adult mental health patients with transportation barriers, does implementing a structured transportation assistance program improve appointment adherence rates over a 12-week period compared to no formal transportation support? The project's analytical strategies include a logic model framework for planning and evaluating the program, with key metrics such as no-show rates, patient satisfaction, and cost savings from reduced emergency department visits. The project will use both formative and summative evaluations to assess the program's effectiveness. Findings from the implementation of this program are expected to demonstrate that addressing transportation barriers can significantly enhance patient adherence to scheduled appointments, reduce operational inefficiencies, and promote more equitable access to care. The nursing implications include improving patient-centered care, reducing health disparities, and contributing to positive social change, particularly for marginalized populations facing systemic inequities. This program aligns with the organization's mission to promote equity, inclusion, and quality care.

Background

The structured transportation assistance program is designed to address a significant barrier to accessing mental health care: transportation. Adult mental health patients, particularly older adults, face transportation-related challenges that contribute to missed appointments, fragmented care, and worsened mental health outcomes (Garg et al., 2022). These barriers often lead to increased emergency room visits, hospitalizations, and overall diminished continuity of care (Walker et al., 2021). Internal data from the outpatient mental health clinic shows that 40%–50% of missed appointments are due to transportation issues, such as lack of access to public transit, unreliable ride-share services, or no available family support. Over the past 3 years, the no-show rate at the clinic has steadily increased, reaching 26.1% in 2024, exacerbating both operational inefficiencies and health disparities for underserved populations.

The supportive data from the clinic's appointment logs further underscore the importance of addressing transportation barriers. In 2024, the clinic recorded 5,372 scheduled outpatient appointments, with 1,402 missed visits. Of these, 40%–50% were attributed to transportation-related issues, directly impacting patient outcomes and operational efficiency. The 2024 Community Health Needs Assessment for Phoenix highlighted that 28.9% of residents report transportation difficulties, particularly in low-income, underserved areas (Arizona Department of Health Services, 2024). This report aligns with the state health assessment, which identified transportation access as a key social determinant of health (SDOH), contributing to poor health outcomes, including missed mental health appointments (Arizona Department of Health Services, 2024).

Key evidence from recent literature supports the need for structured transportation assistance in mental health care. Studies by Rambaldini-Gooding et al. (2021), Reynolds et al. (2022), Kammer-Kerwick et al. (2024), Snethen et al. (2025), and Lyeo et al. (2024) have highlighted the relationship between SDOHs, such as access to transportation, and mental health outcomes. These studies demonstrate that transportation barriers are not just logistical challenges; they are deeply intertwined with systemic issues of health inequity, particularly for older adults and marginalized groups. Lim et al. (2024) and Ravensbergen et al. (2022) further supported these findings, demonstrating that unmet transportation needs contribute to increased emergency department utilization, as patients often turn to emergency services when they are unable to access routine care.

To further illustrate how the structured transportation assistance program aligns with the organization's core principles, Table 1 outlines the organization's mission, vision, and values, as well as how this project supports each of them (see Appendix, Attachment A: Organizational Alignment).

Table 1*Alignment With Mission, Vision, and Values*

Organization	Project
Mission (from website)	The mission of the organization is to provide accessible, high-quality mental health services to underserved populations, prioritizing equity and dignity. This project supports this mission by eliminating a key access barrier, transportation, and ensuring that underserved adult mental health patients have consistent access to care.
Vision	The organization's vision is to be a leader in integrated, patient-centered care. This project aligns with the vision by implementing an interdisciplinary approach that integrates community partnerships and clinical workflows, ensuring that patients' transportation needs are met seamlessly for continuous care.
Values	The project supports the organization's core values of respect, accountability, integrity, and equity. Respect is demonstrated by acknowledging transportation as a significant barrier to care, accountability is reflected in structured evaluations, and equity is advanced by ensuring access to care for marginalized populations.

Several risks are associated with implementing the program, primarily related to financial sustainability, operational complexity, and liability concerns regarding transportation vendors. Securing long-term funding is challenging, as transportation services are typically not reimbursed by insurance providers. Operational challenges may arise as staff adapt to new workflows, and there may be concerns about vendor reliability and patient safety. However, the benefits far outweigh the risks. Addressing transportation barriers is expected to reduce no-show rates, improve patient outcomes, and increase overall efficiency. By enhancing appointment adherence, the organization can reduce hospitalizations, emergency visits, and the financial burden associated with missed appointments.

The potential outcomes of this project for the organization include improved operational efficiency, better patient engagement, and reduced costs. The program is expected to decrease no-show rates by 30%, enhance patient satisfaction, and ultimately improve the organization's financial health. Additionally, it will contribute to equitable care delivery, aligning with the organization's broader goals of addressing health disparities and promoting social change.

The organization will experience enhanced operational efficiency and improved financial sustainability due to fewer missed appointments and better use of clinical resources. Nurses will be empowered to provide more consistent care, focusing on patient-centered approaches without being hindered by logistical issues such as transportation. The population of interest, particularly older adults and those facing socioeconomic challenges, will benefit from improved access to mental health services, resulting in better health outcomes, reduced emergency room visits, and a decrease in health disparities.

Project Development

The structured transportation assistance program requires active involvement from key stakeholders. These include clinical staff, case managers, transportation vendors, information technology (IT) and electronic health record (EHR) specialists, and community partners. The DNP project leader will oversee the project, ensuring that all stakeholders are aligned and the program meets organizational goals and patient needs. Case managers will identify patients who need transportation assistance, while transportation vendors will provide logistical support. IT/EHR specialists will integrate

the transportation scheduling tool into the existing EHR system, ensuring seamless coordination. Community health workers will assist with outreach to marginalized communities. Additionally, patient and family advisory councils will provide ongoing feedback to ensure the program aligns with community needs (see Appendix, Attachment C: Team Charter).

The program will comply with healthcare accreditation standards, including those established by The Joint Commission and the National Committee for Quality Assurance. These organizations focus on ensuring services are accessible, effective, and equitable, which aligns with the project's objectives. By addressing transportation, a critical SDOH, the program ensures that underserved populations receive timely, continuous care. Adhering to these standards ensures that the project complies with regulatory requirements and supports the organization's broader mission of providing safe and high-quality care.

The integration of new technology is a key success factor. The program will implement a transportation scheduling tool within the organization's EHR system, allowing case managers to identify transportation needs, schedule rides, and track participation. This tool ensures seamless coordination between healthcare providers and transportation vendors. Tablet devices will be used by vendors to provide real-time updates, ensuring that clinical teams remain informed. Supply chain issues are addressed by establishing partnerships with multiple transportation vendors, such as Uber Health or Modivcare. Service-level agreements will ensure that expectations for timeliness, patient

safety, and data protection are met. Regular performance reviews will help ensure consistent service quality and identify potential gaps in delivery.

Staff training is a critical component for the program's success. Clinical staff, including case managers, front desk personnel, and social workers, will receive training on screening patients for transportation needs and referring them to relevant services. Training will also include culturally sensitive communication, addressing the needs of marginalized communities, including older adults and low-income patients. Annual training on transportation coordination and diversity, equity, and inclusion (DEI) will ensure the sustainability of these initiatives.

The program will comply with regulatory and legal standards, including HIPAA regulations regarding patient privacy. Vendors will sign confidentiality agreements to ensure the protection of sensitive data. Any changes to staff roles will be communicated to labor representatives to ensure alignment with union agreements. The project will seek legal consultations to address concerns about contracts, vendor agreements, and local transportation laws.

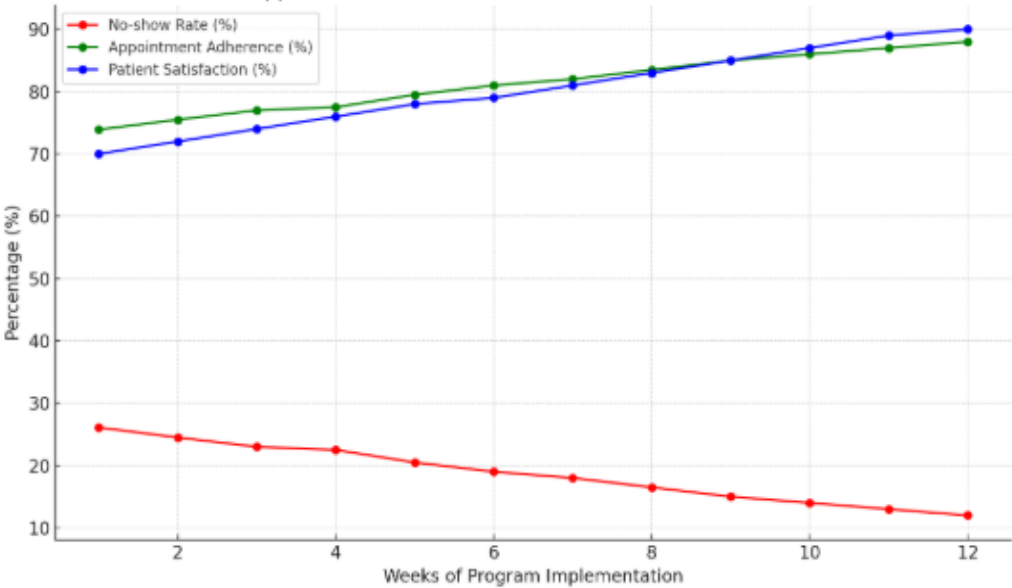
The logic model framework for change (see Appendix, Attachment B) will guide the program's implementation. This framework includes inputs such as staff training, vendor partnerships, and technology integration. Activities will involve patient enrollment, transportation scheduling, and monitoring. Outputs will be tracked by no-show rates, patient satisfaction, and the number of patients served. Outcomes include improved appointment adherence, cost savings, and better health outcomes. The framework will also ensure continuous evaluation to refine the program as necessary.

Results

The structured transportation assistance program is designed to improve access to mental health services by addressing transportation barriers for underserved adult populations, particularly older adults. The implementation plan summary (see Appendix, Attachment D) outlines a structured, 7-month timeline for rolling out the program, starting with stakeholder engagement, followed by infrastructure setup, staff training, and patient enrollment. Key goals include reducing no-show rates by 30% and ensuring that 85% of eligible patients are enrolled within the first 4 months of the program. To illustrate the progress of these metrics, Figure 1 shows trends in appointment adherence, patient satisfaction, and reduced no-show rates throughout the program’s implementation.

Figure 1

Trends in No-Show Rates, Adherence, and Satisfaction



Regular feedback loops and continuous adjustments will ensure that these objectives are met and maintained over time. The plan also includes specific objectives for satisfaction (targeting at least 75% of patients to report improved access to care) and equity (ensuring 40% of enrolled participants are from historically marginalized groups). Regular feedback loops will allow the team to make real-time adjustments to program execution.

The budget summary (see Appendix, Attachment E, Draft Budget) reflects the financial needs for the project, totaling \$39,223. Major budget items include personnel costs for the project leader and case managers, as well as transportation costs for an estimated 250 round-trip trips. Additional funds are allocated for technology integration, including the scheduling tool within the EHR system, as well as for training staff in DEI principles. Although the program initially shows a negative ROI of -22.9%, the expanded value of improved patient outcomes, reduced emergency visits, and enhanced patient satisfaction could increase this ROI to +23.3% when considering long-term savings and benefits.

The evaluation plan (see Appendix, Attachment F) includes both formative and summative evaluations to assess the program's effectiveness. The formative evaluation will gather feedback from providers and patients through qualitative surveys, focus groups, and semistructured interviews to assess the program's feasibility and acceptability. The summative evaluation will compare preimplementation and postimplementation data on no-show rates, patient satisfaction, and cost savings related to emergency room visits. Data will be collected through deidentified patient records to

maintain confidentiality while tracking the program's impact on appointment adherence and clinical outcomes.

The data collection process will involve tracking patient transportation requests, ride completion rates, and no-show data within the EHR. Patient surveys and provider feedback will help evaluate patient satisfaction with the transportation service and identify any operational challenges. This comprehensive evaluation strategy will ensure the program is continually optimized and aligned with its goals of improving patient access to mental health care.

Conclusions

The structured transportation assistance program aims to address a critical barrier to mental health care by providing reliable transportation for underserved adult populations, particularly older adults. By improving appointment adherence, reducing no-show rates, and enhancing continuity of care, this project is expected to have a significant positive impact on both the organization and the community it serves. The organization stands to benefit from improved operational efficiency and financial sustainability, as the program is likely to reduce costly emergency room visits and hospitalizations caused by missed appointments. Additionally, patient satisfaction is expected to improve as vulnerable patients gain reliable access to essential mental health services.

For nursing practice, this project presents an opportunity to integrate patient-centered care with interdisciplinary collaboration. Nurses, especially case managers, will play a central role in identifying patients who need transportation assistance, thereby contributing to more comprehensive care delivery. The program also emphasizes the need

for cultural competence in addressing transportation barriers, ensuring that nursing staff are trained to engage with patients from diverse backgrounds and under various socioeconomic conditions.

This initiative also has far-reaching implications for positive social change. By addressing transportation as an SDOH, the program aims to reduce health disparities, particularly among low-income and racially marginalized populations. Ensuring equitable access to mental health care aligns with the principles of DEI. As a result, the program not only improves clinical outcomes but also contributes to the greater social good by fostering a more inclusive healthcare system that serves all patients, regardless of their socioeconomic status or mobility limitations. This project embodies the organization's mission to provide equitable, accessible, and high-quality care for all individuals in need.

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Appendix

The following attachments are available by request from author

- A. Organizational Alignment
- B. Logic Model Framework for Change
- C. Team Charter
- D. Implementation Plan
- E. Draft Budget
- F. Evaluation Plan