

TRANSIT COORDINATION IN THE SOUTHWEST REGION, AND BEYOND JUNE 2006

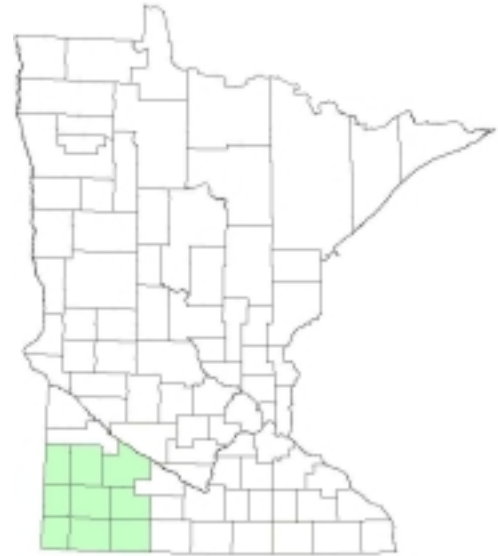
The Southwest Regional Development Commission held meetings in each of their nine Counties during February and March 2006 as part of a regional transit coordination project. In addition, staff has met with the Human / Family Service Directors and the Transit Systems in SW MN to address coordination issues.

Attendance: Between 12 and 20 people attended each county transit meeting, a total of 130 people. There was representation from elected officials, County Family Services, Public Transit Systems, Private provider, representatives from work force center, MnDOT, seniors, users of transit, hospitals, nursing homes, schools, daycare, veteran service offices, and community leaders.

Overview of existing transit available in the Southwest Region.

Each County in Southwest Minnesota has a public transit system in operation. Many of the systems work with Volunteer drivers

to supplement their county transit and to take people to destination beyond the transit system boundaries. In addition to the volunteer drivers coordinated through the public transit systems, there are also some County Programs such as Human Services and Veterans Service office whose staff arrange rides from a list of Volunteer Drivers provided by Retired Senior Volunteer Program (RSVP).



There are seven non-profit organizations who have acquired Federally Funded buses through the Section 5310 Program, vehicles whose primary use is for Elderly and / or Disabled persons. (Hope DAC in Tyler, ECCO in Tracy, Rock County DAC in Luverne, Cottonwood County DAC in Windom, Service enterprises in Redwood Falls, Redwood Falls SOCS, and Progress Inc in Pipestone.

Many nursing homes and assisted living facilities, as well as other facilities and organizations, such as churches, hospitals, etc. have lift-equipped vehicles. Comments have included that often the vehicles are gifts or funded through grants - but - there are no operating dollars for driving and insurance and are often seldom used.

The Region also has many private transportation providers that include: School bussing, Charter, Inter-regional Carrier, and a Taxi who provide transportation services both in the region and to destinations beyond. According to Department of transportation records, there are two Special transportation Service (STS) providers physically located in Region 8: Hendricks Community Hospital and the Rock County Heartland Express. There are other STS providers who provide service in the Region and include: Peoples Express, Medi-Van, and Handi-Van.

Other modes of transit or access to services were identified at the County meetings and included: car pool and ride share, family, friends, neighbors, churches; local delivery of services such as pharmacy, groceries, and meal-on-wheels; Internet and catalog orders; and other modes of transit included: biking, walking, hitch-hiking, 3-wheel scooters, golf carts, lawn mowers, tractors, snowmobile, rent or lease-a-vehicle, sober cab, ambulance, and law enforcement.

Angles of Mercy can be accessed if there are absolutely no other alternatives. Other resources include vehicle rental, leasing, or loaning. SpinZone in Cottonwood, and vehicle rental businesses.

A list of known providers in the Southwest Region - both public and private is in Appendix A. The list does not include the other modes of transit or access to services identified above.

Positive statements identified at the meetings. At each of the meetings a sense of loyalty, ownership and pride in the service that is provided by the local public transit systems was portrayed:

- We take care of our own people.
- The local transit providers know the local residents and know their needs.
- Do not jeopardize the transit that we have.

How can we work better regionally? The use of a questionnaire during the County meeting process both broadened the participants awareness of transit choices and access to goods and services, as well as what options are available when the traditional resources (self, family, friends, and neighbors) are not an option. There were several suggestions that identified potential improved transit options for the residents in Southwest Minnesota. There were also areas that required additional follow-up as well as issues forwarded to the ICTC for coordination guidance.

Work toward seamless transit for users (rates, availability, who, where, and how to contact).

- Each of the Public Transit Systems developed independently from each other and because of their uniqueness's; they have few common elements with each other.

Their common elements include:

- Caring and providing transit to the people in their service area.
- Section 5311 operating funding, a service area,
- requesting capital replacement from ATP 7 and 8 with SAFETEA-LU Surface Transportation Funds,
- a MnDOT Project Director (District 7 or 8)
- Local contact person (Transit system staff)

Their differences include:

- Hours of dispatch and operation
- Degrees of use of Volunteer Drivers
- Type of service i.e. Route, dial-a-ride, route deviation
- Number of buses
- Technology levels (routing software to manual)
- Rates / fares
- Degrees of Coordination

- Each county has a Human / Family Service program and have clients that need transportation. Policies in relation to transportation are interpreted differently by the Directors, resulting in various degrees of transit coordination - or- no coordination. Upon concurrence of the Human Service Directors, a correspondence has been sent to DHS to request a clarification for transit coordination between MnDOT and Human Service Agency clients. Current practices in SW include:
 - Human Service Agency contracts with public transit system who provides rides (bus or through volunteer driver). Contract has no restriction on sharing of rides to reduce the cost of the trips.
 - Human Service Agency contracts with Public Transit. For transit within the county the Public Transit bus is used and others may be on the bus. For out of county trips, only the Family Service client may be in the volunteer driver vehicle, no sharing of rides / costs permitted.
 - Human Service Agency arranges for rides from a list of volunteer drivers.
- The county meetings had the following common elements:
 - Did not want to lose their public transit system.
 - Most people drive themselves - and have very little knowledge of public transit.
 - Most people did not think of public transit as an option and did not know basic facts of their local transit system: rates, hours of operation, if they should call in advance or the phone number.
 - In all the Counties, there were people who indicated the need to access goods and services - some of the goods and services can be provided locally, some cannot.
 - In every county meeting the desire or need to get to a destination beyond a county border was expressed. During some group discussions the participants expressed the need for Counties to coordinate and Transit Systems to eliminate borders.

- Awareness - Education - Turfism - Cooperation - Misconceptions are key words common with transit in the Counties:
 - Need for creative options for transportation in early morning, evening, weekend and holidays - for work, medical, social, and safe ride home
 - Awareness and Education: What is available i.e. for evacuation, how do you increase citizen awareness of transit options? (Welcome wagon, Chamber of Commerce, inserts in community utility billing statements, phone book, speaking with groups - including Countywide city meetings in Redwood County, civic organizations), common location in phone books for the phone numbers.
 - Turfism: We only serve our people. They serve their people.
 - Cooperation - develop and implement a system of communication both now and into the future. Build-in efficiencies in current programs. What organizations can help with coordination?
 - Misconceptions - it's the senior bus, only for old people and disabled people.

Volunteer Drivers Volunteer Drivers appear to provide a significant amount of out of area transportation and in many cases also supplement the "bus" when it is more cost effective for a volunteer driver.

- Volunteer drivers: Some are connected with Public Transit Systems some are not, this is not consistent.
- How are the volunteer drivers screened, are they trained? The public transit systems have indicated that they screen the volunteer drivers they use, follow up is needed on what screening and training is done - both for volunteer drivers coordinated through public transit and utilized by other agencies.
- Are there ways to better coordinate part time & volunteer drivers?
- Liability Insurance - The Department of Commerce has been asked to develop a fact sheet on liability insurance for volunteer drivers.

Medical related

- Getting people to their appointments, appointments could be local or some distance away. Some people may need an escort (companion) to accompany them to the facility and wait with them.
- Better coordination between healthcare facilities and transit (discharge procedures, importance of transportation, grouping appointments when possible, and communication on patient needs related to travel). Very good meeting between a county transit system and local medical facility which resulted in procedural changes.
- Major medical facilities for the Southwest Region include: Sioux Falls facilities, Mankato, Rochester, and the Twin Cities Metro area.
- Referrals to Sioux Falls medical and work with Veterans to SF; Need out of Co. Trans for Dr. Appts. in Sioux Falls.
- Seniors who are not on MA, fall between cracks with having to pay heavily for out of Co transit costs.
- Dental appointments for individual on MA and the availability of local dentists -vs- long distance travel to an available dentist.

NEEDS and GAPS (reasons people cannot get where they need to go)

- Affordability / funding.
 - Expense to the client. Transportation affordability can be both real and perceived.
 - don't qualify for MA but don't feel they can afford to pay, fall between the cracks
 - Transportation for disabled that is affordable
 - Funding sources? Different reporting procedures for this pot and that pot of funds. How to coordinate them?

- Awareness
 - What transportation is available and how do you contact? Access to knowledge and basic knowledge of services,
 - Not want to ask for help
 - How many people understand barriers/obstacles?
- Cannot Drive (youth, elderly, ill, no or lost license, health, medical procedures, no car)
- Operation hours and destinations: weekends, evenings, and holidays, appointment out of the county,
- Accessible transportation - appeared to be capacity issues in Marshall and Worthington
- Don't want to lose transit for pre-school & elderly
- A need to connect with all transportation providers who maybe able to fill gaps between transportation that is available
- Can Volunteer driver programs help solve some of the problems? If so, how?
- Growing needs of our population (better understanding)
- Trips to large retail center,
- Fear of anticipated changes in procedure or service.
- Escort service / companion rider
- Cultural and language differences
- Animals (not working animals - to vet)
- Larger items / shopping - how to carry home - or from curb to house
- Examples of difficult transportation issues cited at the meeting included:
 - frequency and transportation for baby and caretaker to mother (for bonding)
 - AA & Drug counseling. These are often court ordered and at night and people without licenses drive themselves.
 - Late night work shifts
 - HIPAA regulations
 - Dialysis and Chemo
 - Need to track trips that cannot be filled

Sharing. A variety of sharing is occurring:

Regionally -

- Transit e-mail alert - this is still in the testing stages, but will allow transit systems to indicate when they have a driver - or need a driver for a trip that crosses county boundaries.
- Informally, the transit systems refer requests to adjacent public transit systems or other providers (Charter, STS, etc).

County basis

- Seven of the counties have their Human Service Programs that contract with the Public Transit Systems to provide trips to their clients. Some of the County Veteran Service Offices refer Veterans to the County Public Transit System.
- There are seven public transit systems covering the nine counties. Of the seven systems, six coordinate volunteer drivers (one of the six use the volunteer drivers for mealsite transit only). The volunteer driver programs are utilized to provide access to destinations beyond the county boundaries, and for some of the systems supplement the bus service within the public transit system service area.
- Other organizations are also involved in coordination or information referral: Private Industry Council, Southwest Center on Independent Living, Day Care community, RSVP finds volunteer drivers, Senior LinkAge Line™, Disability Linkage line,

Access to goods and services: (besides bringing people to goods and services)

- Internet,
- VA has phone system to order medicine and deliver by mail,

- delivery services (grocery, pharmacy - often this is available - but usually for the community (some exceptions)

Ideas for improving transit:

- Additional hours and capital
- Funding
- Coordination and sharing
- Mobility Manager concept
- Sponsors
- Awareness, Marketing money needed
- Jefferson Lines,
- In Marshall - bus stops, capacity
- Increase communication - other with transit providers and within community - examples
 - Private transportation arrangements with Section 5310 and nursing homes
 - Nursing homes and assisted living facilities coordinate multiple rider trips to allow transit system to be more efficient

What has been accomplished?

- We believe, that as a result of the December Transit Forum in Hadley, the managed care community has a better understanding of same day rides and is working with the transit systems.
- A letter was submitted to the ICTC State coordinating committee in February which identified several coordination issues (Appendix B). To date, there has been no acknowledgement from ICTC of the correspondence.
- Correspondence has been sent to Minnesota DHS (June 2006) regarding a request for transit coordination clarification (Appendix B).
- Meeting with a medical facility and a transit system identified issues the transit system had with discharge of patients, and the medical facility changed admittance and discharge procedures.
- One of the counties has implemented a service modification to address specific issues and questions from the County meetings.

What's Next?

- Region 8 will continue to work with Region 9 with funding assistance through a Community Service / Service Delivery grant from DHS. Specifically, in Region 8, we will concentrate on Coordination and Facilitating meetings with the medical community and with the transit systems to increase awareness of transit needs and communication.
- The Region will also be developing a Public Transit - Human Service Coordination Plan through funding from the Minnesota Department of Transportation and DHS. SAFETEA-LU (federal surface transportation act) requires certain requirements be met to access New Freedom funds and Job Access and Reverse Commute (JARC) funds. The key elements of this plan are:
 - An assessment of transportation needs for individuals with disabilities, older adults, and persons with limited incomes
 - An inventory of available services that identifies areas of redundant service and gaps in service
 - Strategies to address the identified gaps

- Identification of coordination actions to eliminate or reduce duplication in service and strategies for more efficient utilization of resources; and
 - Prioritization of implementation strategies.
- Region 8 and 9 jointly submitted a demonstration grant request to the Federal Transit Administration's USDOT Intelligent Transportation Systems Joint Program Office for the development of a demonstration program to carry out a detailed development and design of coordinated human service transportation systems that utilize Intelligent Transportation Systems capabilities the result would be implemented in Phase 2 to provide a seamless system for consumers to access transportation. Status application submitted. Should hear back in a couple of months - if funded Phase 1 would be 15 months.
- Other Transit related activities through the Minnesota River Area Agency on Aging include:
 - Senior Friendly Communities Collaborate between DHS and Department of Health - possible legislation - Minnesota Real Choice Grant was submitted by DHS
 - Elder Care Development Partnership (EDP). Redwood, Cottonwood, Jackson Counties and other Counties in Regions 6E, 6W, and 9. Objectives are: Nursing Home transition, Transportation needs, Chronic Care, Telehealth).



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28 February 2006

Noel Shughart
Mn/DOT Office of Transit

Dear Noel:

As per our discussion a yesterday, the following areas have been identified as issues that we feel should be addressed by the State Coordination Council:

Issues identified during the forum held in Hadley on December 9, 2005:

- Consistency from transit providers - identified by Blue Ride and U Care. Each public transit system is different with different hours of service and dispatch service, different times to call ahead for a ride arrangement (ie 1 hour to three days). If areas could have consistency, it would make it easier for those unfamiliar with the different services to arrange for rides.
- Public Transit system staffs wear many hats - and sometimes also find themselves calling Blue Rides or U Care to arrange for ride - with the client right there - conflict of interest because transit provider is assisting a potential rider? Is there something that can be done to permit this? Some of these folks pay out of pocket because of the advance time scheduling required by Blue Ride / U Care; often in rural areas, an individual can get a medical appointment on the same day.
- Is there a better way to distribute the Section 5310 buses - ie to the 5311 programs that have the experience, etc to operate the vehicles and coordinate through contracts with those that need rides?
- Lose revenue and trip counts when a trip is coordinated (especially between transit systems). The focus of funding sources is not always right - (ie for the MnDOT Grant - counting how many trips were provided with X amount of money is no incentive to coordinate. Example: System / Counties A, B and C each have a rider that needs to get to Destination X within relatively the same time frames (lets just say one vehicle could serve transportation to all). County A can pick up the rider in A, B and C and take and return from Destination X. With Coordination, the cost of the trip for the rider (or program paying for the rider is reduced), but since System /

County A provided the service - they get to count the bodies. Is there anything in place or will be in place to give credit to all three - what is the incentive to coordinate?

- DHS and STS regulations. Once a rider is flagged STS, only an STS provider can provide transportation. Often times the rider can and does use public transit for general trips - why is the rider unable to use public transit for medical appointments? Does that mean if an individual is in a wheelchair, and requires a lift - that they must have an STS provider do the transportation? Are there certain "levels" of STS? If not, why not? That way Public transit systems could potentially easily provide the trip if an individual (ie level 1 STS needs, vs level 5 STS needs extra assistance and attendant . . . public transit could take care of the level 1 and STS providers STS individuals with more care needs.).
- Some of the ideas that were placed on the flip chart included:
 - Why can't clients book their own rides and DHS provide eligibility information?
 - Clients are uncomfortable contacting managed care
 - Scheduling consistency needed

Murray County Coordination meeting February 10, 2006. Really good ideas came from the meeting - both for providing internal transit coordination and problem solving (within the County) and for trips outside of the county. The elected officials present indicated that what is needed is to address what our transit needs are (including how we can coordinate) and then work out how it might be funded.

Another issue of concern that was raised by the Murray County Transit System was they have received ride requests from the managed care providers - but the requests were supposed to be faxed to a different system. My concern is - does this occur with other transit systems / transportation providers? If it does, something needs to be fixed - and I am not sure what the fix is.

During the February 14, 2006 State Coordination meeting in Windom, the following were expressed:

- Volunteer Drivers for VA are required to have health exam before approved for driving. It seems some Doctors may be stricter than others - and there is an inconsistency. MnDOT indicated that they will look into this.
- Coordination for transit needs to take in a bigger picture. If goods and services can be brought to an area and the appointments are scheduled when possible at these times, it is coordination - the distance to travel, travel time, and travel costs are reduced. Perhaps the cost of a local service or bringing the service closer costs more, - but - if weighted with the other costs it may be more cost effective for all.
- Is enough information provided to the transit providers to be able to provide a safe ride?

I am not sure this is a coordinating committee question: Why is the 5310 program not allowed to charge a fee? How can these programs generate operating funds - the idea of donations supporting something so costly makes no sense.

The last comment/question I have is regarding process. Once a question / issue is submitted to the State Coordination Council, how is information sent back out so we learn if an issue can be resolved? And how will we know if others have already submitted issues?

As we continue with our County Transit Coordination meetings I will send you issues that appear to be appropriate for the State Coordinating Committee. If there is anything our regional development Commission can do to assist, please let me know.

Thank you again.

Sincerely,

Annette Bair
Physical Development Director

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June 20, 2006

Memo To: Rolf Hage DHS State Program Administrator- Principal
Memo Fr: Annette Bair, SRDC Physical Development Director
Memo Re: Transit Coordination Issue

During the course of bringing Transit and Human Service Agencies together to discuss and look at ways to coordinate transportation, we have found that there are policies that are interrupted differently by different Human Service Directors – resulting in various degrees of coordination – or – no coordination. I brought the issue to a meeting of the Human Service Agency Directors on Friday June 16, 2006. It was determined that it would be appropriate to ask DHS for an official letter of clarification.

Can Human Service clients ride with others in the same vehicle? Reasons we have been given that prohibit this are State and Federal Auditing and HIPPA /data privacy.

Current practices in SW:

- Human Service Agency contracts with public transit system who provides rides (bus or through volunteer driver). Contract has no restriction on sharing of rides to reduce the cost of the trips.
- Human Service Agency contracts with Public Transit. For transit within the county the Public Transit bus is used and others may be on the bus. For out of county trips, only the Family Service client may be in the volunteer driver vehicle, no sharing of rides / costs permitted.
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