

A to B Mobility Report

Transportation Coordination and Services in and Around Southern Windsor County

Last Revised March 15, 2017



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Photograph credits

Front cover anticlockwise from big circle: Springfield Hospital (Southeast Vermont Transit (SEVT) 2016), Edgar May Health and Recreation Center (SEVT 2016), Reading Good Neighbor Food Shelf (SWCRPC 2010), Golden Cross Ambulance (2016). <http://www.goldencrossamb.com/company-info/blog/>), and Historic Homes of Runnemed in Windsor (SWCRPC 2010).

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1 - ABOUT THE PROJECT

Southern Windsor County is a rural region in southeastern Vermont which primarily depends on personal vehicles for transportation. While the region has a number of traditional small compact community centers, a significant number of people live outside of these areas at far lower densities. Today, the entire transportation system is oriented around the car. Not everyone in the region has access to a personal vehicle. This can happen for many reasons, including that they choose not to own one, they do not have enough money to keep a car running, do not have a driver's license, or do not feel comfortable driving after dark or during poor weather. **This project focuses on how to get from A to B without your own motorized vehicle.**

1.1. WHY IS TRANSPORTATION COORDINATION IMPORTANT?

Generally, it is hard to get from point A to point B in this region without your own reliable motor vehicle. Other options are limited: walking, bicycling, taking the bus, or getting a ride from friends or family. Across the USA trying to meet this need is commonly called "human service transportation coordination" which focuses on "transit-dependent individuals" including people with disabilities, older adults, low-income residents, and others with limited access to transportation (2014 Vermont Human Service Transportation Coordination Plan (HSTCP) Page 1-1).

The HSTCP explains the development of human service transportation and the need for coordination: "Federal funding for both public transportation agencies and human service agencies providing transportation began as early as the 1960s. These funding sources typically had specific rules as to which clients may be transported, how to report data and manage accounts, and how to provide service, which created a barrier to coordination by fostering a "silo" effect on the specific funding programs. "Human service coordination includes strategies that range from basic sharing of resources and information to the full consolidation of services." (HSTCP 2014 Page 1-2)

1.2. KEY DELIVERABLES/ ACTION ITEMS FOR THIS PROJECT

The primary goal of this project is to further explore how human service transportation coordination occurs in the Southern Windsor County Region and neighboring towns. The following are the action items for meeting this goal within the scope of this project:

1. SWCRPC make contact with a variety of stakeholders across the Study Area;
2. Holding a meeting where stakeholders can put faces to names;
3. Gather stakeholders to identify existing services, challenges and opportunities;
4. Summarize available resources;
5. Develop a report to summarize findings, includes maps and diagrams of available resources;
6. Create an online interactive map of service areas; and
7. Establish a schedule for updating the information annually

1.3. FOCUS AREAS

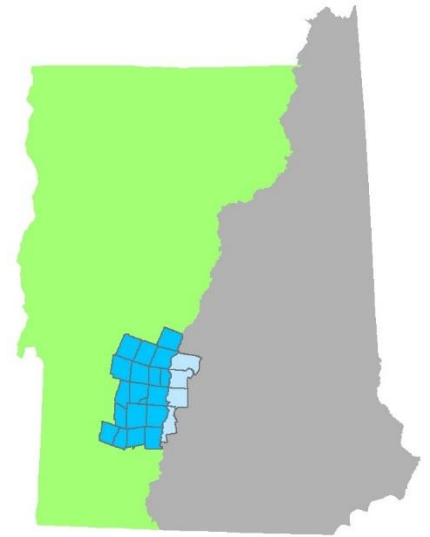
There have been some existing projects focused on specific user groups (e.g. seniors) as well as specific service areas (e.g. hospitals or statewide). For the purpose of this project the target populations are:

- Elders (aged 60 and over);
- Persons with disabilities;

- Teenagers and young adults;
- People on limited incomes; and
- People with limited access to a personal vehicle

The area covered by this project includes (to be referred to as the Study Area) (all towns are in Vermont, unless otherwise specified):

- Southern Windsor County Regional Planning Commission towns – Andover, Baltimore, Cavendish, Chester, Ludlow, Reading, Springfield, Weathersfield, West Windsor, Windsor
- Towns within the primary catchment areas of Springfield Medical Care System (SMCS) and Mount Ascutney Hospital and Health Center (MAHHC)¹ – which includes Bridgewater, Grafton, Hartland, Londonderry, Rockingham/ Bellows Falls, Plymouth, Quechee (part of Hartford), Windham, Woodstock, Charlestown NH², Claremont NH², Cornish NH², and Plainfield NH².



Map showing towns covered by this project.

An online interactive map of services and service areas can be found at <http://swcrpc.org/a2b-mobility-project/>

The following are types of trips that people in the Study Area struggle to get a ride for (see Chapter 3 for more expansive list):

- Medical including regular appointments and acute (but not emergency) care;
- Work commute (especially non 9-5 shifts) and job training;
- Day care/ school;
- Court appearances;
- Groceries and essentials shopping;
- Trips to senior center/ adult day; and
- Trips to human service agencies

1.4. STAKEHOLDERS

The Southern Windsor County Regional Planning Commission (SWCRPC) facilitated this planning process and engaged a variety of organizations/ entities to inform this project, including:

- Public Transit Providers – Southeast Vermont Transit (SEVT), Stagecoach and Southwest Community Services (SWCS)
- Human service providers – e.g. HCRS, Reach Up, Youth Services
- Healthcare providers – Springfield Medical Care System (SMCS), Mt Ascutney Hospital and Health Center (MAHHC), Veterans Affairs Hospital
- VTrans
- Local community groups – e.g. Volunteers in Action, Cares Groups

¹ For towns outside of Southern Windsor County Region this report primarily focuses on medical trips as relates to potential clients of SMCS and MAHHC. Information about wellness trips is included where easily available.

² While this report does include some information about New Hampshire services, it does not comprehensively cover that area. The Sullivan County Coordination Regional Council (NH) has their own “Community Transportation Service Directory” which was last updated in January 2011. It lists a lot of information similar to what is being collated for this report, including general public transportation, taxi companies, non-emergency medical transportation, seniors and persons with a disability, restricted client transportation, and other useful information.

- National and statewide agencies and organizations

1.5. OUTREACH AND MEETINGS

A project webpage was developed at <http://swcrpc.org/a2b-mobility-project/> in order to share information with stakeholders. It included basic project information, project documents and a link to the online interactive map of services.

Input for this study was collected through a variety of means, including the following meetings:

- Southern Windsor County and Windham County Elders and Persons with Disabilities Committee Meetings 2011 - 2017 - (See appendix D for a summary of a discussion in 2014 of particular relevance)
- Windsor Area Community Partnership Transportation Summit – 6/27/2013 (see appendix E for minutes)
- Sullivan County Regional Coordination Meeting – 4/22/2015
- Springfield Medical Care Systems (SMCS) Community Health Team (CHT) Transportations Meetings 2012 - 2017
- A to B Mobility Study Meeting – 10/12/2016 in Ascutney, VT.

Much of the information for this project was gather via phone and email conversations.

2 - EXISTING SERVICES AND SERVICE PROVIDERS

Transportation services within the Study Area are affected by a variety of factors, such as:

- Funding Source
- Service Provider
- Service Area
- Client Eligibility

2.1. SERVICES AND SERVICE PROVIDERS SUMMARIES

In 2014 the Vermont Human Service Transportation Coordination Plan (HSTCP) summarized the key funding sources and programs that operate within Vermont³. The remainder of this chapter expands upon the information provided within that plan and gives information about smaller services that help fill in the gaps in services of those bigger programs.

All known transportation services and their funding programs are summarized in Appendix A (table summary) and Appendix B (additional information to supplement the table). Some examples of the services and programs included in the appendices:

- Fixed Route Buses
- Elders and Persons with Disabilities Transportation
- Dial-A-Ride
- Medicaid
- Local volunteer group transportation – e.g. Community Cares groups, Aging in Place groups
- Veterans Administration Transportation
- Springfield Medical Care Systems (SMCS) Health Transit
- American Cancer Society Road to Recovery Program
- Rides for Blind and Visually Impaired
- Vocational Rehabilitation Transportation
- Reach Up Program Transportation
- Rideshare

Some facilities and organizations in the area provide their own transportation with vans. Funding to maintain and run a van changes over time – either to add service for their clients, or to eliminate it – so a list of those facilities should be developed during future updates to the service list.

2.2. PARTNERS

In addition to the many service providers in the Study Area, there are many agencies that are key partners who provide connections to transportation. In many cases these partners provide funds or in-kind volunteer hours as local match for particular services. The following is a list of some of the partners:

- Senior Solutions (Council on Aging for Southeastern Vermont, COASEV)
- The Gathering Place
- Springfield Hospital Adult Day (SHAD)

³ 2014 Human Service Transportation Coordination Plan. Page D-4.

<http://vtrans.vermont.gov/sites/aot/files/planning/documents/planning/Human%20Service%20Transportation%20Coordination%20Plan%202014.pdf>

- Bellows Falls Senior Center
- Towns, including Springfield, Bellows Falls/ Rockingham
- Mount Ascutney Hospital
- Springfield Medical Care System
- Dialysis Providers
- Vermont Agency of Transportation

2.3. COMMITTEES

Some of the partners are members of committees which discuss how particular funding is allocated. These include:

Southern Windsor and Windham County Regional Elders and Persons with Disabilities (E&D) Committee

They meet regularly and are primarily responsible for discussing the level of service that the transit providers provide given the amount of E&D (Section 5311) funding remaining for the year. Trying to maximize the amount of service provided given finite funds can be complex, particularly when needs of the local elderly population varies considerably from month to month. For more information see Appendix B. The committee covers Windham County and the southern portion of Windsor County and includes representatives from SEVT, Southern Windsor County Regional Planning Commission (SWCRPC), Windham Regional Commission (WRC), local hospitals, adult day centers and senior centers. Several of the organizations on the committee provide local match for the E&D funds.

Contact Katharine Otto from Southern Windsor County Regional Planning Commission for more information.

Two Rivers – Ottauquechee Regional Commission (TRORC) E&D Committee

This committee is of a similar format to the Southern Windsor and Windham County E&D Committee, except it includes northern Windsor County and beyond.

Contact Rita Seto from Two Rivers-Ottawuechee Regional Commission for more information.

Sullivan County Regional Coordinating Council

Similar to the Vermont E&D Committees, this committee reviews funding allocation for Section 5310 funds and coordinating other transportation services in Sullivan County NH.

Contact Pat Crocker from Upper Valley-Lake Sunapee Regional Planning Commission for more information.

SMCS Community Health Team Transportation Needs Committee

They meet regularly and assist the Community Health Team to identify and address gaps in transportation for patients. The committee started in 2012 and has assisted the Community Health Team as they have completed a variety of projects, including:

- Raising awareness within the local community of existing services through their partnerships with organizations that are part of the Health System and through local human service agencies.
- Developed a Transportation Algorithm (see Appendix C) to help medical professionals and human service agencies to navigate the many different existing transportation programs and their particular eligibility requirements for their clients.
- Launched HealthTransit, which included getting funding to help fill transportation gaps that could not be filled by existing transportation programs, and organized services to fill those needs (bus passes, gas cards, taxi service, etc).

Contact Maureen Shattuck from Springfield Medical Care Systems for more information.

3 - ISSUES AND GAPS IN SERVICE

The following information was collected from a variety of meetings held between 2011 and 2017, as well as phone calls and emails during 2016 and 2017. This summary is not exhaustive – so follow up with the source of the information may be needed.

3.1. COST OF SERVICE

Who bears the cost of service is a key issue for many providers. Funding comes from a variety of funding sources including, but not limited to:

- Client donation or fare
- Federal programs – e.g. Medicaid, Veterans Affairs, Federal Transit Administration
- Towns or human service agencies who contribute towards matching funds required for federal programs
- Local nursing homes

Unfortunately covering all the costs and meeting all the needs is not easy - some common issues include:

- Riders not paying the fare if billed after service – e.g. Golden Cross Ambulance Service⁴
- Riders not contributing enough as a donation so that mandatory fares have to be introduced – e.g. SEVT⁵
- Insufficient funds for maintaining and staffing a van – e.g. Mt Ascutney Hospital, many nursing homes
- Insufficient competition for services like taxis to keep the costs low⁶
- Insufficient budget to pay for rides for clients⁷

Organizations like SEVT have cost sharing between programs⁸. This means that a ride to the Adult Day Center could be split by different proportions each time. For example in January there could be 3 medicaid clients and 3 E&D clients so costs are “allocated” 50% to each of the programs, but by March there could be 4 medicaid clients and 2 E&D clients (but the same manifest of people) so 66% of the costs are allocated to Medicaid and 33% to E&D. This can add complications to calculating ridership and costs each month, as well as add delays to billing. But overall, this method can allow for more people in each vehicle independent of how their ride is funded – thereby decreasing the cost per ride for everyone.

3.2. VOLUNTEER DRIVERS

Volunteer drivers are vital to providing a flexible and affordable transportation system in this Study Area. Some organizations provide mileage reimbursement for their volunteer drivers which is tied to the current General Services Administration (GSA) rate⁹. Other organizations do not have a history of providing mileage reimbursement for their volunteer drivers.

⁴ Information from Allyn Girard, Golden Cross Ambulance Services, 9/13/2016

⁵ In August 2014, nearly all fixed route buses operated by SEVT had to change being a voluntary donation to charging a fare. <http://crtransit.org/news>. In December 2015 a few routes went back to being donation rather than fare.

⁶ Information from Jennifer Maradino, HCRS, 11/14/2016

⁷ Information from Bianca Zaranski, Greater Falls Community Justice Center, 2/10/2017

⁸ Information from a variety of discussions with the Southern Windsor and Windham County E&D Committee, 2011 – 2017

⁹ In September 2016 the mileage reimbursement rate was \$0.54 per mile. <http://m.gsa.gov/m/#!/travel/mileage>

Many organizations need additional volunteer drivers to meet existing and future needs. Finding new volunteers is often challenging for a variety of reasons:

- Cannot reach the right people to recruit volunteers;
- Cannot provide mileage reimbursement;
- Aging volunteer pool who can no longer drive, or prefer driving only in non-winter months; or
- Availability of volunteer drivers at the hours they are needed – e.g. early morning

When seeking new volunteer drivers, organizations use a variety of methods to seek volunteers:

- Word-of-mouth and local references¹⁰
- Local church network¹¹
- Community outreach efforts such as town email listserv and community events¹² – e.g. Volunteers in Action¹³
- Hospital and public transit websites¹⁴ – e.g. Volunteers in Action
- Green Mountain RSVP (Retired and Senior Volunteer Program) volunteer pool
- College Towns¹⁵
- Volunteer Vehicle Magnets include sign up information¹⁶

Potential volunteer drivers go through a variety of different procedures for selection and training:

- Questionnaire and/or interviewed by the organizations¹⁷ – e.g. Community Cares of Chester and Andover, Just Neighbors
- Background check¹⁸ and DMV check – e.g. SEVT, Just Neighbors¹⁹, local community cares groups funded by Senior Solutions DAIL funding²⁰, volunteers provided by Green Mountain RSVP²¹
- Training before starting – e.g. SEVT
- Physical exam – e.g. VA Medical Center²²

Once drivers are part of the volunteer pool they may use or have access to the following:

- Regular trainings – e.g. SEVT
- Photo ID cards for all drivers – e.g. SEVT
- Coverage on the “excess” on top of insurance minimums for drivers – e.g. SEVT and Green Mountain RSVP²³.
- Video recorders in vehicles²⁴

¹⁰ Information from Melina Menzies, Just Neighbors, 9/22/2016

¹¹ Information from Deb Armstrong, Community Cares, 9/12/2016

¹² Information from Tim Bradshaw, VTrans, 3/1/2017

¹³ Regularly featured in Town of Windsor Weekly Listserv in 2016

¹⁴ Information from Tim Bradshaw, VTrans, 3/1/2017 and <http://www.mtascutneyhospital.org/careers/volunteer-opportunities/volunteers-action> 9/14/2016

¹⁵ Information from Terri Paige, Southwestern Community Services, 1/18/2017

¹⁶ Information from Tim Bradshaw, VTrans, 3/1/2017

¹⁷ Information from Deb Armstrong, Community Cares, 9/12/2016 and Melina Menzies, Just Neighbors, 9/22/2016

¹⁸ Often includes adult and/or child protective services component.

¹⁹ Just Neighbors has started to do background checks on newer volunteer drivers while in the past they have depended on word-of-mouth and knowing fellow neighbors from the community. Information from Melina Menzies, Just Neighbors, 9/22/2016

²⁰ Information from Anila Hood, Senior Solutions, 11/7/2016

²¹ Information from Cori Mitchell, Green Mountain RSVP, 11/7/2016

²² Information from Carol Hitchcock, VA Medical Center, 10/12/2016

²³ Information from Cori Mitchell, Green Mountain RSVP, 11/7/2016 and Rebecca Gagnon, SEVT, 1/27/2017.

²⁴ Being considered by SEVT according to Rebecca Gagnon, 1/27/2017. Videos are already installed in all SEVT buses and can be useful to settle disputes and address safety concerns.

One innovation which started at SEVT during 2016, was allowing organizations such as SHAD and SMCS CHT to use their volunteer driver pool at the volunteer rates²⁵. These drivers are often available after the morning runs to methadone clinics, adult days and senior centers. This helps SEVT to more efficiently utilize their existing pool of volunteers while allowing the other organizations access to cheaper transportation services.

Three organizations in the Study Area may be able to share or provide volunteers for other organizations:

- SEVT for non-peak times
- RSVP recruits volunteers and refers them to other organizations
- The VA Medical Center is very strict with its policies concerning certain medical conditions, so may have a few drivers no longer able to drive for them, but still able to drive for other organizations.²⁶

3.3. LOCATION OF SERVICES

The physical location of services relative to where clients live is emerging as an issue.

Small organizations like nursing homes purchase vans to provide services to their clients but due to a variety of reasons they may not be able to continue to provide this service. This means that their residents/ clients instead will need services from the other organizations that provide transportation. The need does not go away, but instead resources have to be shifted and reallocated – financial, staff and vehicles. Some places have already lost their vans, such as Ludlow Health Center and Mt Ascutney Hospital. In order to understand existing and potential needs from these concentrations of elders, information about facilities that currently have their own van should be collected in the near future²⁷.

One way to minimize the need for vans is to strategically locate services and places where people live who often need transportation assistance. If these services are clustered close together, costs for transportation can be minimized. If residential facilities or services are clustered, there may be opportunities for clients to share rides between their home and destination without considerable additional travel time. While some nursing and assisted living places in this Study Area are located near village centers and downtowns, others are located in isolated areas significant distances from any other services.

“Hub-and-spoke programs” for treating opioid dependence (e.g. saboxone and methadone treatment) are causing increasing burdens on local services as there are few treatment facilities near the Study Area and they require daily travel for all patients. The closest clinics are Brattleboro and West Lebanon. Patients may struggle to find a ride if they are in the gap between hospital discharge and getting qualified for Medicaid²⁸. The limited hours of operation of the treatment facilities in the morning increases the burden on volunteer driver pools so there are few rides available for purposes other than scheduled addiction treatments or rides to adult day centers and senior living facilities²⁹.

²⁵ Information from Rebecca Gagnon (SEVT), JoAnne Bohlen (SHAD) and Tom Dougherty (SMCS CHT), 1/27/2017.

²⁶ Information from Carol Hitchcock, VA Medical Center, 10/12/2016

²⁷ As of 2016 some known facilities with their own vans include Cedar Hill Continuing Care Community (Windsor), Historic Homes of Runnemedede (Windsor), Gill Odd Fellows Home (Ludlow), Thompson Senior Center (Woodstock), and Bugbee Senior Center (White River Junction).

²⁸ Information from Jennifer Maradino, HCRS, 11/14/2016

²⁹ Information from conversations with SEVT staff in 2015/ 2016.

3.4. REQUESTING RIDES IN ADVANCE

Requesting rides in advance can be an issue³⁰. Most service providers require riders to call at least two business days before they need the ride – either due to policy (e.g. Medicaid) or because they need to have time to schedule the rides³¹.

Unfortunately, people cannot sometimes plan ahead for the ride they need. For example, if they call a physician’s office for a medical issue they may be able to get an appointment that day which can help them. If they can’t get to that appointment their medical issue may get worse so they end up in the Emergency Room by the weekend and are transported by local ambulance – which is a far more expensive option, both for the medical care and the ride.

With the arrival of Route Match as the ride scheduling software additional options became available so that human service agencies can help their clients organize their rides³². Southeast Vermont Transit and other transit providers with the software have the ability to set up customer portals. Springfield Hospital Adult Day center is using this portal to more effectively participate and manage client transportation trips.

3.5. CAR OWNERSHIP AND MAINTENANCE

It may be possible that some potential clients can be assisted so that public transportation is not needed. Helping people to maintain a reliable motor vehicle may help to avoid future public transportation trips. Some examples of strategies include:

- Hardship mileage reimbursement³³
- Gas cards³⁴
- Providing assistance for car purchase maintenance – e.g. Reach Up’s Wheel’s to Work Program³⁵ in Vermont and Reach Up’s Vehicle Wellness Program³⁶ in Springfield

3.6. COMMUTING TO EMPLOYMENT

Access to employment is a notable issue in the Study Area³⁷. In 2016, The Current Route Evaluation and Planning Project³⁸ explored some of the issues facing transportation for a significant amount of the area

³⁰ Information various discussions at SMCS Community Health Team Transportation Meetings 2013-2016, and the Windsor Area Community Partnership Transportation Summit 2013 (Appendix E)

³¹ Tim Bradshaw from VTrans notes that transit agencies can in some cases accommodate requests with less than two business days’ notice if the trip utilizes the same or less costly mode of transportation. Transit providers in many cases will need to confirm the medical necessity of same day or short notice appointments before authorizing. Medicaid requires accommodations be made for requests with fewer than two business days’ notice as referenced in the Non-Emergency Medical Transportation (NEMT) procedure manual.

³² Information from Tim Bradshaw, VTrans, 3/1/2017

³³ Funds are currently dispersed through SEVT for Medicaid and E&D Program (Rebecca Gagnon, SEVT). Reach up also does mileage reimbursement (Jeanne Neal, 10/12/2016)

³⁴ Information from SMCS Community Health Team and Biana Zaranski, Greater Falls Community Justice Center, 2/10/2017

³⁵ Wheels to Work Program operated by the Good News Garage - <http://www.goodnewsgarage.org/GNG-Programs>

³⁶ Information from Jeanne Neal, Reach Up, 9/29/2016

³⁷ Information from a variety of sources, including The Current Route Evaluation and Planning Project 2016, and Jennifer Maradino, HCRS, 11/14/2016; and Tara Chase, Windsor County Youth Services, 10/6/2016

³⁸ The Current Route Evaluation and Planning Project 2016. SEVT Routes in the Bellows Falls, Springfield, and Ludlow areas. Report last revised June 2, 2016. Prepared by Southern Windsor County Regional Planning Commission for Southeast Vermont Transit. <http://swcrpc.org/bus-route-evaluation-project-2016/>

covered by the A to B Mobility Project. The project highlighted several key factors contributing to the issue of providing fixed route bus services for commuting:

1. We generally have long commutes - “The area has a mismatch between where people live and where they work. As an example, while the largest town in the study area (Springfield) boasts of 4,374 jobs in town in 2013, only 34% of those jobs are held by Springfield residents, and this is down from 46% in 2003” (Page 6³⁹)
2. A lack of density makes public transit less efficient and more expensive. “Residential development is spread across the region – with few clear clusters that head to similar work areas.” (Page 7)
3. “While most of the [survey] respondents had full time work with usual hours (37%), there were a wide variety of other situations and schedules.” “Work start times ranged from 4:30am to 11am – with most between 7am and 9am.” “Work finish times ranged from 1pm to 7:30pm – with most between 4pm and 5:30pm.” (Page 27) This makes fixed route bus scheduling difficult.
4. “Given the clear cluster of start and finish times it may be possible to increase ridership with commuters. Few of the existing bus schedules would work for these riders – either starting too late in the day (e.g. Bellows Falls to Springfield) or finishing too early in the day (Springfield in-town). To make the routes more commuter-friendly a 6am-6pm service, as is currently used in Brattleboro, could work well – and would also work better for other user types. This would also help with the expressed need for more hours of service per day.” (Page 27)

3.7. NON-MEDICAL NEEDS (INCLUDING EVENINGS)

There are a variety of non-medical needs that support the quality of life of individuals, but there are regular issues getting people to those places⁴⁰:

- Special events at Senior Centers
- Pharmacies
- Major dental appointments (e.g. dental surgery, teeth extractions and dentures needed for those in drug rehabilitation) – Burlington, Keene, Rutland, West Lebanon
- Grocery stores, food shelves and other shops
- Laundromats
- Before school/ Breakfast and After-school programs
- Childcare
- Employment

Getting to evening programs can be a challenge within the area since fixed route bus services conclude by 6pm and there are few other services available. Often these meetings are scheduled specifically for “after work” hours. Some examples of programs that people may not be able to attend include⁴¹:

- Nutrition and cooking classes, and Healthier Living workshops
- Alcoholics Anonymous
- Tobacco Cessation meetings
- School meetings
- Wellness Recovery Action Plan (WRAP) groups

³⁹ The report is referencing Longitudinal Employment Housing Dynamics (LEHD) data is collated by the US Census Bureau available through LEHD On The Map (<http://onthemap.ces.census.gov/>)

⁴⁰ Information from A to B Mobility Study Meeting on 10/12/2016, Aging in Hartland on 10/19/2016, Jennifer Maradino, HCRS, 11/14/2016, and the Windsor Area Community Partnership Transportation Summit 2013 (Appendix E)

⁴¹ Information from Jennifer Maradino, HCRS, 11/14/2016, SMCS Community Health Team Meetings 2013-2016, and the Windsor Area Community Partnership Transportation Summit 2013 (Appendix E)

3.8. CHANGES IN NEED – AMOUNT OF SERVICES PER RIDER, AND NUMBER OF RIDERS

Providing human service transportation can have significant ebbs and flows for needs. There is a big difference between a client who uses transportation 3 or 4 times a month for a short trip of 10-20 miles, and someone who needs a ride every day of 60 miles or more. This can mean that budgeting for needs can be very challenging. The Southern Windsor and Windham County E&D Committee meet regularly so they can adjust the amount of service they provide – with the goal of providing the maximum amount of service possible while staying within budget. If more riders are using the service, it often means that less service can be provided per rider.

Transportation needs can vary according to a variety of factors⁴²:

- Medical needs
- Support network of friends and family who may be able to provide rides
- Weather – Adult Day Centers and Senior Centers see significant drops in attendance when there are more “bad” weather days with ice or snow
- Time of year – Some clients or their spouses are only comfortable to drive during daylight hours – so need more assistance with rides during the shorter winter days
- Changes in healthcare policy – for example allowing moderate needs to attend Adult Day Centers led to more demand for rides, or changes of policy concerning admittance to opiate addiction treatment

Some programs reimburse costs per rider over a given timeframe (e.g. Medicaid), while others reimburse the cost of each ride up as long as costs for all riders does not exceed the grant (e.g. E&D).

3.9. SMALL ORGANIZATIONS WITH THEIR OWN VANS

Some organizations like nursing homes and assisted living facilities have their own small vans. Smaller organizations running their own van face challenges such as⁴³:

- Funding for capital costs such as vehicle repair or maintenance;
- Insurance for their drivers; and
- Liability coverage

For a while there was a trend for places to get their own van to meet the needs that are not met by other means, but within the last few years that has shifted and more organizations have been losing their vans. A list of the organizations in the Study Area that have their own van should be developed. If the organization loses their van, their riders would then be shifted to other available services in the area, or they would not be able to get a ride.

3.10. PRIVATE TRANSPORTATION PROVIDERS

There are few private transportation providers in the area – a few taxi services and Golden Cross Ambulance Services. The frequent turnover of taxi services is an indicator of how challenging an environment it can be to provide a cost-effective service.

⁴² Information from a variety of discussions with the Southern Windsor and Windham County E&D Committee, 2011 – 2017, and A to B Mobility Study Meeting on 10/12/2016

⁴³ Information from SWCRPC and WRC Regional Input for 2014 Human Services Transportation Coordination Plan (Appendix D)

A conversation with Golden Cross Ambulance Service⁴⁴ highlighted some issues that are rather unique to private service:

- While Golden Cross Ambulance has six wheelchair vans, they do not have six wheelchair van drivers so they sometimes have to use Emergency Medical Technicians (EMTs) as drivers which is more expensive.
- Wheelchair van drivers are required to have background checks, but EMTs do not (they sign a waiver instead). This is partly because annual background checks and driver records are a considerable expense.
- Increasing the minimum wage in Vermont may cause issues since the provider covers both Vermont and New Hampshire.

3.11. CHILDREN AND YOUTH

Speaking with Windsor County Youth Services⁴⁵ highlighted several key issues for, not only their clients in their emergency shelters, but also other youth and young adults in the Study Area. Youth need transportation in three main areas – medical, educational and jobs.

- Connections to educational establishments are limited in the Study Area. School buses do run within specific towns to specific conventional schools, but getting students to places like Vermont Adult Learning or the Howard Dean Educational Center in Springfield can be challenging. Unlike traditional schools, they often do not provide transportation. They often have youth from a variety of towns, and also schedule classes that may not last a full “school” day, which means that if there is public transportation available, it may not be in both directions.
- Transportations to jobs is challenging. Job sites are spread all over the Study Area, and when youth are starting out in low paid jobs their hours may either be irregular or not a classic 9-5 shift, thereby adding to the issues of finding public transportation.
- Connections to medical appointments can be easy for youth if they are covered by Medicaid, but otherwise is challenging in this Study Area.

Case Study – Youth in Emergency Shelters

Like other youth in the Region, they have three main areas of need for transportation – medical, educational and jobs. Transportation for residents at Windsor County Youth Service’s Emergency Shelters (male shelter in Ludlow, female shelter in Proctorsville) are carried out in a variety of ways*:

- DCF social workers, case aids and guardian advocates
- DCF contract with several transportation providers across VT
- Medical appointments are often covered through The Current as most residents have Medicaid
- 2 vans – one for each of the emergency shelters (one male, one female)
- The Current buses running along VT-103 to Springfield
- School buses providing connections to some schools – e.g. Green Mountain Union High School in Chester

Unfortunately, despite all these options, staff at the emergency shelters still find they cannot always get the ride that their residents need.

* Information from Tara Chase, Windsor County Youth Services, 10/6/2016

⁴⁴ Information from Allyn Girard, Golden Cross Ambulance, 10/12/2016

⁴⁵ Information from Tara Chase, Windsor County Youth Services, 10/6/2016

Some more general issues facing transportation for youth include⁴⁶:

- The costs of rides can be prohibitively expensive when on a very limited income;
- Getting to after school programs or events can be challenging; and
- Younger women may feel unsafe when in a car with a male driver. Sometimes there is not an opportunity to request a female driver, and in other cases a doctor's note may be needed before the request can be satisfied.

For even younger clients – such as pre-schoolers – there can be special issues that may sometimes prevent the ability to find a ride:

- The need for adult supervision of the child; and
- The ability to transport car seats⁴⁷

3.12. SOURCES OF INFORMATION ABOUT SERVICES

Information about existing services are available from a wide variety of sources, including⁴⁸:

- Senior Helpline (Senior Solutions/ COASEV)
- Vermont and New Hampshire 211 (phone and online)
- All components of SMCS network (including several local doctor's offices) get information to share with their clients from the SMCS CHT – including their algorithm (See Appendix C)
- Phone local transit provider – e.g. SEVT
- Counsellors and helpers (e.g. for the deaf) call on behalf of their clients
- School Counsellors
- HCRS
- Word of Mouth
- Flyers at Windsor Resource Center
- websites
- Caseworkers
- Public access tv (e.g. Windsor On Air)

Given the demographic who often need rides, phone numbers are often more helpful than websites. That said, websites can be far more helpful for human service providers who are helping their clients to find the ride. However, the number of organizations makes getting good information about rides is not easy.

One of the goals of this report is to create a “directory” of services to assist human service providers to help their clients. This directory is Appendix A and B of this report, as well as an online map component available at <http://swcrpc.org/a2b-mobility-project/>. As part of this project a list of common organizations who help their clients find rides was also developed so information can be shared.

Despite the wide variety of sources of information, there are still people who don't know what rides they may be eligible for – either because they cannot find the information, or they haven't been given correct information.

⁴⁶ Information from Tara Chase, Windsor County Youth Services, 10/6/2016, and Rachel Williams (Windsor Youth Managed Café) at the Windsor Area Community Partnership Transportation Summit 2013 (Appendix E)

⁴⁷ Information from Jeanne Neal, Reach Up, 9/29/2016

⁴⁸ Information from SWCRPC and WRC Regional Input for 2014 Human Services Transportation Coordination Plan (Appendix D), various discussions at SMCS Community Health Team Transportation Meetings 2013-2016, and the Windsor Area Community Partnership Transportation Summit 2013 (Appendix E)

Developing resources for riders that are easy to understand both online and as printed brochures is also important. SMCS Community Health Team has a good example of how to make the process of working out what a rider may be eligible for easier – see their algorithm in Appendix C. In 2014 and 2015 SMCS Community Health Team started making significant efforts to share information about services through their algorithm being shared with the wide network of local partners. At the same time there was a notable surge in demand for E&D services – mostly new clients – which was very likely due to riders becoming aware of what they were eligible for.

4 - LOOKING TO THE FUTURE – IDEAS AND STEPS FOR MOVING FORWARD

4.1. OPPORTUNITIES FOR THE FUTURE

The following are some potential opportunities to improve transportation services for the future:

1. Develop a comprehensive list of groups/ facilities who have their own vans.
2. Develop lines of communication between organizations that may have volunteers to spare and may need volunteers.
3. Continue to make efforts to share information about transportation services in an easy to understand and easily accessible way.
4. Establish a cares group providing transportation in the Ludlow/ Cavendish area which is currently underserved by existing transportation options.
5. Share information about how the Springfield Parent-Child Center found some solutions to transporting pre-schoolers.
6. Explore whether programs like “Go Vermont” can help provide vans for “van pooling”.

4.2. EXISTING AND FUTURE CHALLENGES

Section 3 of this report details many issues and challenges. Some of the priority issues identified include:

1. Large patchwork of transportation providers provide a wide range of different services over very individualized service areas.
2. Information about existing services is available from a wide variety of sources, but not all information is correct, comprehensive, or easy to understand.
3. Insufficient funding and/or matching funds for services.
4. Volunteer driver recruitment is an issue in some areas.
5. Insufficient volunteer driver pools at organizations means that the provider either cannot provide the ride or they have to provide the ride using a more expensive mode (e.g. taxi).
6. Some services are only provided at select locations, where satellite offices could help to reduce costs – e.g. methadone clinics.
7. Finding last minute rides to appointments (i.e. less than two business days) can be very expensive, require additional documentation confirming medical necessity and potentially require rescheduling the appointment for when transportation services are available.
8. Transportation for employment is challenging to make efficient given the wide variety of work locations and work hours.
9. Rides in the evening are challenging to arrange.
10. Rides for non-medical purposes can be hard to find.
11. Budgeting and planning ahead to meet for ever-changing needs is challenging.
12. Children and youth have some specific complexities, such as the need for adult supervision and transportation for unusual school schedules.
13. Small organizations find it hard to maintain their own vans used to transport clients.
14. Few private transportation providers can provide a cost-effective service and stay afloat.

4.3. ANNUAL UPDATES TO LIST OF SERVICE PROVIDERS AND SERVICES

The list of service providers and what services they provide should be updated on an annual basis. The following factors should be considered:

1. Annual updates should be regularly scheduled – e.g. January each year – so service providers can expect the call, and people who need rides can know when to expect an updated list.
2. Estimated time for the updates – 10 – 15 hours (Assumes approximately active 25 transportation service providers providing approximately 45 different services).
3. If possible only one person should do the updates each year so that information can be passed on between providers during the process of developing the updates.
4. Keep an active list of contacts to send the updated list to each year, including but not limited to:
 - a. All groups who provide transportation
 - b. Human Service Providers
 - c. Regional Planning Commissions
 - d. VTrans Public Transit Coordinators
 - e. All groups who provide information about services – e.g. 2-1-1, Senior Helpline
 - f. Consider also adding contacts from local towns e.g. Town Managers, Town Selectboard Chairs, Town Recreation Departments

Every other year additional updates should be done

1. Check in with local service providers listed as not currently providing transportation – to check that is still the case.
2. Check in with all organizations and facilities who have their own vans – Are they still operating, or are their clients now using other transportation?
3. Estimated time for additional updates – 5 – 15 hours.

5 - ABBREVIATIONS AND GLOSSARY

5.1. ABBREVIATIONS

AHS	Vermont Agency of Human Services
CHT	Springfield Medical Care Systems Community Health Team
CMS	US Department of Health and Human Services Center for Medicare and Medicaid Services
COASEV	Council on Aging for Southeastern Vermont (otherwise known as Senior Solutions)
DAIL	AHS Disabilities, Aging and Independent Living
DCF	AHS Department of Children and Families
DHHS	US Department of Health and Human Services
DVHA	Department of Vermont Health Access
E&D	Elders and Persons with Disabilities Transportation
EMT	Emergency Medical Technician
FTA	Federal Transit Administration
HRSA	US Health Resources and Services Administration
MAHHC	Mount Ascutney Hospital and Health Center
MAPP	Mount Ascutney (Hospital) Prevention Partnership
NEMT	Non-Emergency Medicaid Transportation
RPC	Regional Planning Commission
RSVP	Retired and Senior Volunteer Program
SCS	Southwestern Community Services (former service area of Community Alliance Transportation Services)
SEVT	Southeast Vermont Transit (which includes “The Current” and “The MOOver”)
SHAD	Springfield Hospital Adult Day
SMCS CHT	Springfield Medical Care Systems Community Health Team
SWC	Southern Windsor County Region
SWCRPC	Southern Windsor County Regional Planning Commission
TANF	Temporary Aid to Needy Families (part of Vermont’s Reach Up Program)
The Current	Transit service by Southeast Vermont Transit Association (formerly Connecticut River Transit CRT and Deerfield Valley Transit Association DVTA)
VA	US Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center in White River Junction
VABVI	Vermont Association for the Blind and Visually Impaired
VOVA	Vermont Office of Veterans Affairs
VTrans	Vermont Agency of Transportation

5.2. GLOSSARY OF TERMS

All descriptions are from the Human Service Transportation Coordination Plan (Pages E-1 and E-2) unless otherwise stated

Accessible Vehicle (Or Wheelchair-Accessible Vehicle or ADA Accessible Vehicle) - Public transportation revenue vehicles, which do not restrict access, are usable, and provide allocated space and/or priority seating for individuals who use wheelchairs, and which are accessible using ramps or lifts.

Americans with Disabilities Act (ADA): Passed by Congress in 1990, this act mandates equal opportunities for persons with disabilities in the areas of employment, transportation, communications and public accommodations. Under this Act, most transportation providers are obliged to purchase lift-equipped vehicles for their fixed route services and must assure system-wide accessibility of their demand response services to persons with disabilities. Public transit providers also must supplement their fixed route services with complementary paratransit services for those persons unable to use fixed route service because of their disability.

Dial-a-Ride (also called Demand Response) – A transit mode comprised of passenger cars, vans or buses operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle to pick up the passengers and transport them to their destinations. A dial-a-ride operation is characterized by the following: a) the vehicles do not operate over a fixed route or on a fixed schedule except, perhaps, on a temporary basis to satisfy a special need; and, b) typically, the vehicle may be dispatched to pick up several passengers at different pick-up points before taking them to their respective destinations and may even be interrupted en route to these destinations to pick up other passengers. Dial-a-ride routes also include special services that are generally “rural” in nature and operate less than once a day (i.e., service operates only once a week or a few times a month.)

Deadhead (miles and hours): According to the Federal Transit Administration ⁴⁹, deadhead is the miles and hours that a vehicle travels when out of revenue service. Deadhead includes:

- Leaving or returning to the garage or yard facility
- Changing routes
- When there is no expectation of carrying revenue passengers.

Elderly and Disabled (E&D) Transportation - Transportation service to persons who is aged 60 and older, and/or has an ADA defined disability.

Fixed Route - Transportation service operated over a set route or network of routes generally on a regular time schedule.

FTA – Federal Transit Administration. A component of the U.S. Department of Transportation that regulates and helps fund public transportation. FTA provides financial assistance for capital and operating costs and also sponsors research, training, technical assistance and demonstration programs.

⁴⁹ National Transit Database Glossary for 2014 Reporting Year. Published by the Federal Transit Administration Office of Budget and Policy. February 2015 <http://www.ntdprogram.gov/ntdprogram/Glossaries/pdf/Glossary2014.pdf>

Human Service Agency - A government or not-for-profit organization that provides services for essential needs such as medical care, income support, housing, education, training, and public health, typically for people requiring help due to age, disability, low income or similar reasons.

Human Service Transportation - Transportation provided by or on behalf of a human service agency to bring people participating in the agency's programs or services to those programs or services.

Local Match - The state or local funds required by the Federal government to complement Federal funds for a project. For example, in the case of public transportation, the Federal government may provide 80 percent of the necessary funds for the purchase of a vehicle if the state government, local government or transit provider matches 20 percent. A match may also be required by states in funding projects which are a joint state and local effort.

Paratransit - Flexible forms of public transportation services that are not provided over a fixed route, e.g. demand response service, and most often refers to wheelchair accessible service.

Public Transportation- Transportation service that is available to any person upon payment of the fare and which cannot be reserved for the private or exclusive use of one individual or group. "Public" in this sense refers to the access to the service, not the ownership of the system providing the service. Public transportation service must be open door.

Section 5311 – The section of the Federal Transit Act that authorizes capital and operating assistance grants to public transit systems in areas with populations of less than 50,000.

Section 5310 - Authorized under 49 USC Section 5310, a Federal program administered by USDOT to provide small buses and vans to eligible agencies which provide transportation services to elderly and disabled persons.

TANF - Temporary Aid to Needy Families - Created by the 1996 welfare reform law, TANF is a program of block grants to states to help them meet the needs of families with no income or resources. It replaces AFDC, JOBS, Emergency Assistance and some other preceding federal welfare programs. Because of TANF-imposed time limits, states are using TANF to place recipients in jobs as quickly as possible, often using program funds to pay for transportation, child care, and other barriers to workforce participation.

Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and related Federal and State statutes and regulations, prohibits discrimination and provides that no person in the United States shall, on the grounds of race, color, national origin, gender, age, low income status, or mental or physical disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. (Definition from the SWCRPC 2014 Regional Transportation Plan)

Transportation Provider or Public Transit System - Any organization, agency, or municipality that operates its own vehicles with agency staff and schedules trips for passengers or clients. This does not include organizations that provide travel vouchers, subsidies, stipends, reimbursements, or other travel assistance directly to their clients for travel on public transit, paratransit, taxi services, other agency-sponsored transportation, or in private vehicles.

Volunteer Driver - Services provided by volunteer drivers who use their own vehicles, donate their time to transport riders, and receive reimbursement for mileage at the federal rate.

Wellness – According to the World Health Organization⁵⁰ health is “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”. Often public transportation provision prioritizes “medical” related transit needs, while the broader “wellness” needs referred to in this definition of health are secondary. Wellness rides include a wide range of reasons which focus on improving the basic quality of life of the patient/ client. This could include vocational/ job related, legal, daycare, schools, etc. (Definition by author for this report.)

⁵⁰ World Health Organization. <http://www.who.int/about/definition/en/print.html>

6 - RESOURCES/ REFERENCES

State of Vermont Human Service Transportation Coordination Plan. 2014 Update. Prepared for Vermont Agency of Transportation by Nelson Nygaard.

http://publictransit.vermont.gov/sites/aot_public_transit/files/VT%20HSTCP%202014%20FINAL.pdf

Windham Region Mobility Study. Coordination of Transportation Services to Improve Mobility for all of the Windham Region's Residents. November 2012. Prepared for Windham Regional Commission by Steadman Hill Consulting with the assistance of Diana Wahle.

<http://windhamregional.org/images/docs/publications/windham-region-mobility-study.pdf>

Springfield Medical Care Systems (SMCS) Community Health Team (CHT) work with the Holt Foundation grant and <http://healthtransit.org/>

Transportation options in Windham and Windsor Counties. Prepared by Senior Solutions/ Anila Hood. Last revised April 2014

Sullivan County Public and Human Services Transportation Coordination Plan. June 2012. Prepared by Upper Valley Lake Sunapee Regional Planning Commission for the New Hampshire Department of Transportation, Federal Transit Administration and Sullivan County Regional Coordination Council.

<http://www.uvlsrc.org/files/9213/5057/5630/SULLCO2012CoordPlanFinalAssemb.pdf>

Sullivan County Directory of Community Transportation Services. January 2011. Prepared by the Sullivan County Regional Coordination Council.

<http://www.uvlsrc.org/files/9213/5057/5630/SULLCO2012CoordPlanFinalAssemb.pdf>

Southern Windsor County Regional Transportation Plan. Adopted November 18, 2014. Southern Windsor County Regional Planning Commission - <http://swcrpc.org/publications/>

The Current Route Evaluation and Planning Project 2016. SEVT Routes in the Bellows Falls, Springfield, and Ludlow areas. Report last revised June 2, 2016. Prepared by Southern Windsor County Regional Planning Commission for Southeast Vermont Transit. <http://swcrpc.org/bus-route-evaluation-project-2016/>

7 - APPENDICES

APPENDIX A – TABLE OF TRANSPORTATION SERVICES AROUND SOUTHERN WINDSOR COUNTY REGION

The transportation services summary table is available online at <http://swcrpc.org/a2b-mobility-project/>.

Things can change fast in the public transportation realm – there are many services, services get modified every so often, and sometimes we even get new opportunities! If you are actively using this table to find a ride, please regularly check back at the website for updated versions.

An online interactive map of services and service areas can be found at <http://swcrpc.org/a2b-mobility-project/>

Please note:

- Any potential rider should check directly with the list transportation provider if they have any questions about eligibility
- Each organization has their own “buzz words” that are helpful for determining eligibility. Please see Appendix B for descriptions of service that include key words and descriptions where know.
- “Wellness” has a variety of meanings – please see section 5.2 for an explanation of what “wellness” means within the context of this transportation project

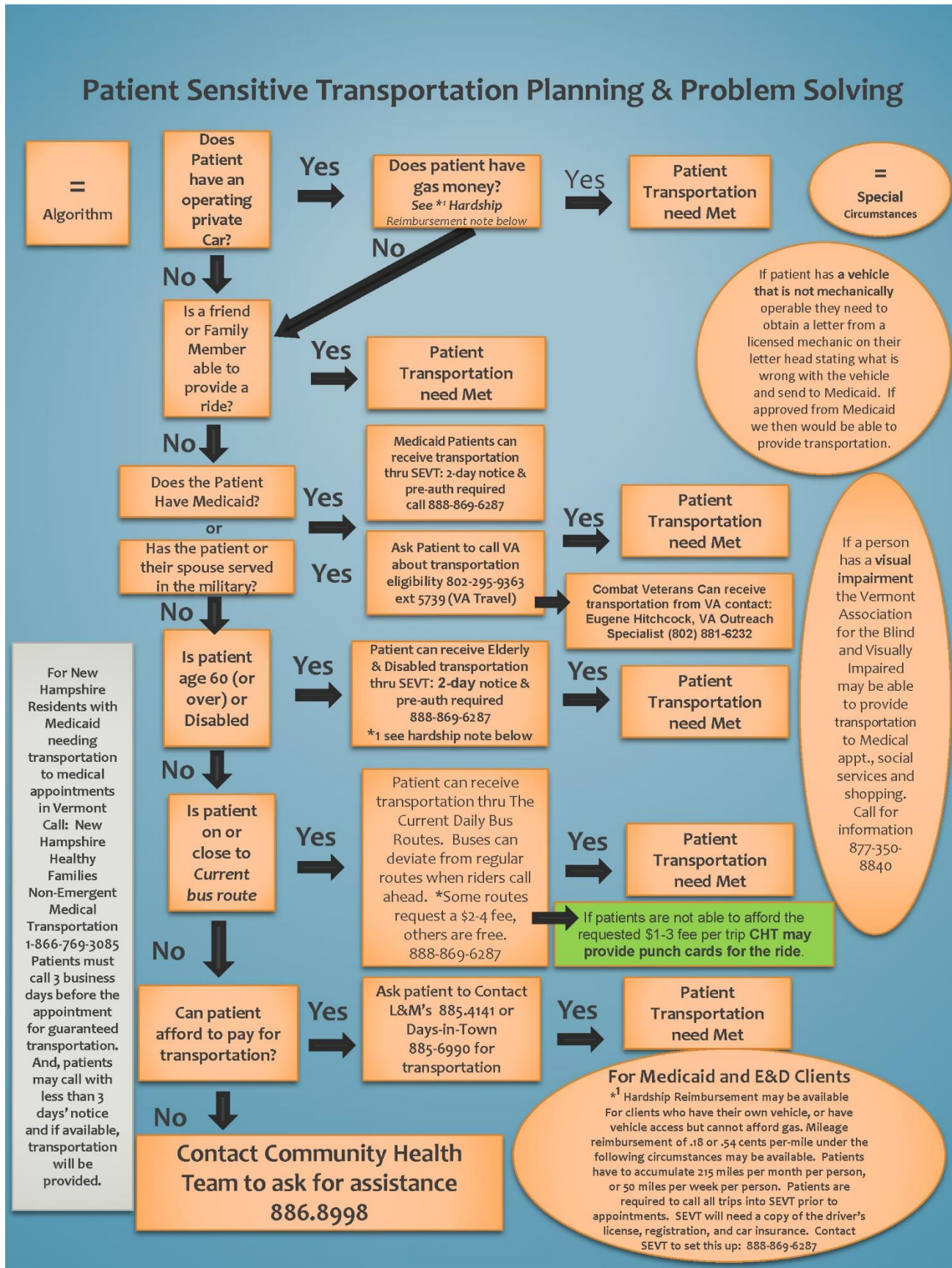
APPENDIX B – ADDITIONAL INFORMATION ABOUT TRANSPORTATION SERVICES TO ACCOMPANY APPENDIX A TABLE

This summary is designed to accompany Appendix A. The most recent version can be viewed online at <http://swcrpc.org/a2b-mobility-project/> .

Please see the introduction to Appendix A for more information.

APPENDIX C – SMCS CHT TRANSPORTATION ALGORITHM (PATIENT SENSITIVE TRANSPORTATION PLANNING & PROBLEM SOLVING)

March 2017 Version



Quick Reference Sheet for Dial-A-Ride Availability and SEVT Scheduling Criteria

Anyone can ride on a dial a ride bus, which is a door-to-door service, Monday-Friday. Folks must call 2 business days before ride need to schedule a Dial-ride-pickup (e.g., Weekends don't count. So a Monday trip would need to be called in by Thursday).

Dial-ride Bus Service is always limited to existing in-town routes (Springfield & Bellows Falls).

There is a daily dial a ride bus that picks up in Windsor around 8:15 and goes directly to Springfield. That bus leaves Springfield around 1:45-2:00 pm going back to Windsor.

Dial-a-Ride bus service is available for folks who Do, and who Do Not qualify for a Medicaid and Elderly or Disabled Rides.

SEVT asks for a donation from folks who Do Not qualify for a Medicaid, Elderly or Disabled Ride, but a donation is not required if a person cannot afford it.

***Special Circumstance for the Ludlow and Chester area: Volunteers provide ALL dial a ride services for people living in the Ludlow and Chester areas, which means there are NO dial a ride Buses that go to these towns. People living in the Ludlow and Chester area must qualify for a Medicaid, Elderly and Disabled Rides, in order to use Dial a Ride.**

General Criteria and Information: If a patient/household has a vehicle that is not mechanically operable they need to obtain a letter from a licensed mechanic on letterhead stating what is wrong with the vehicle and fax it to Medicaid (802-879-5651) or call 802-879-5900. If approved, SEVT would then would be able to provide transportation.

Medicaid Members and Elderly and Disabled Eligible Clients who have their own vehicle are eligible for a Hardship mileage reimbursement of .18 cents per-mile under the following circumstances. Patients have to accumulate 250 miles per month per person, or 50 miles per week per person. Patients are required to call all trips into SEVT prior to appointments. SEVT will need a copy of the driver's license, registration, and car insurance. Contact SEVT 888-869-6287

Additional Riders with patients: CHT needs to submit a letter from a provider to Medicaid supporting medical necessity for an additional rider (e.g., patient is unable to comprehend, is physically unable to get to the appointment in and out of the office without the support of this additional rider. Medicaid is unable to provide rides for children of patients.

If a person has a **visual impairment** the Vermont Association for the Blind and Visually Impaired may be able to provide transportation to Medical appointment, social services and shopping. Call for information **SEVT: 1-888-869-6287**

Monthly Shopping trips for the Elderly & Disabled to Claremont are the 1st and 3rd Wednesdays and require 2-day advance request for the ride. Pick up times at Senior Circle in Chester and the Springfield Plaza are around 10 a.m. Contact SEVT 888-869-6287

Patients needing a ride to court should contact the Springfield Restorative Justice Center at **(802) 885-8707**. Need 48 hour notice and availability depends on availability of staff. Eligibility status can be verified at:

[https://omsweb.public-safety-cloud.com/jtclientweb/\(S\(ojmgvdfd1ef0lmb13wquowtz\)\)/jailtracker/index/Vermont](https://omsweb.public-safety-cloud.com/jtclientweb/(S(ojmgvdfd1ef0lmb13wquowtz))/jailtracker/index/Vermont)

APPENDIX D – REGIONAL INPUT FOR 2014 HUMAN SERVICES TRANSPORTATION COORDINATION PLAN

Summary of input by April 25, 2014

For area covered by Southern Windsor County RPC and Windham Regional Commission

Input gathered from

- Southern Windsor and Windham County Elders and Persons with Disabilities Committee (E&D) (ie CRT and DVTA service areas, WRC and SWCRPC regions)
- Southern Windsor County Regional Planning Commission
- Windham Regional Commission
- Springfield Medical Care Systems (SMCS) Community Health Team (CHT)
- Mt Ascutney Hospital and Health Center / Windsor Area Community Partnership (WACP)

Additional Documents to supplement the input

- SMCS CHT Health Transit Algorithm
- Transportation Options for Windham County and Windsor County – from Anila Hood, Senior Solutions
- Windham Region Mobility Study

Input

What human services transportation programs and services are you aware of in your community? How are these services funded?

- See other documents first
- Other services not mentioned in the attachments:
 - Some organizations like nursing homes and assisted livings have their own small vans. Increasingly as needs are not being met by public transit organizations are forced to move towards this where they can – which brings up issues of insurance, liability, increased costs, etc.
 - Municipally-owned and operated buses (independent of VTrans and Public Transit Providers) – e.g. Ludlow, others?
 - Cares groups (including Windsor’s Volunteers in Action, Chester Cares) – buses and volunteer drivers
 - College buses e.g. SIT, Marlboro College
 - Veterans Affairs
 - Connecticut River Transit (Medicaid, E&D, Hardship Mileage, Public Routes, Dial-a-ride)
 - Disabled American Veterans.
 - Combat Veterans
 - Association for the Blind and Visually Impaired.
 - National Kidney Foundation
 - Local community of faith
 - Good News Shopping Transportation -This is a new service coordinate and provide no-cost rides to shopping at Walmart and Market Basket. It is being funded by seed money from sale of the handicapped van by Mt. Ascutney Hospital And Health Center.

Who is being/ needs to be served?

- youth
- families
- people 60 and over
- people with disabilities

- homeless
- low income
- commuters – including the underemployed
- unemployed
- people attending support groups
- transportation to the hub for methadone treatment
- people in need of ride to medical appointments
- people who have lost their licenses and need rides to laundromat, employment etc.
- people in economic services who need to be evaluated every 28 days in Springfield

How do people get information about these services?

- Senior Helpline (Senior Solutions/ COASEV)
- 211
- All components of SMCS network (including several local doctor's offices) get information to share with their clients from the SMCS CHT – including their algorithm
- CRT uses facebook
- Call local transit provider (DVTA or CRT)
- Counsellors and helpers (e.g. for the deaf) call on behalf of their clients
- School Counsellors
- HCRS
- Phone is A LOT more important and useful than internet for the target demographic
- word of mouth
- flyers at Windsor Resource Center
- websites
- caseworkers
- Public access tv (e.g. Windsor On Air)
- 1-800-865-RIDE

Given currently available resources, what are the greatest and most significant human service transportation needs in your region?

- Rides for medical appointments and pharmacy services
- Access to food shopping
- Access to human services
- Access to work
- The needs of the homeless (health care, human service, food, work).
- We need additional volunteer drivers in our region.
- Weekend and evening support groups
- Rides to seek and sustain employment

Challenges faced for Human Services Transportation Coordination:

- providing reasonable level of services for people not living in towns with in-town routes (ie people in all towns except Bellows Falls, Brattleboro and Springfield)
- providing transportation for people for employment on second shifts or non-traditional work hours
- developing a bus schedule that people can understand – both online and in printed brochures
- providing services across the state line – to and from New Hampshire – particularly Hinsdale, Chesterfield, Keene (including Cheshire Medical Center), Walpole, Charlestown, Claremont. In several cases the NH services are closer than their VT equivalents.

- disconnected people – some have no phone, many have no internet, sometimes snail mail or a personal visit is the only option
- The transportation needs are usually not one time issues examples given are long-term daily transportation for Substance Abuse Treatment at the Hub or seeking and sustaining employment in the low paying job
- transportation needs for evening and third shift and weekends are real
- When a plan falls through there is no backup plan
- disseminating information to those who could benefit

Have you witnessed or taken part in any innovative or creative solutions to addressing transportation needs in your region that you can share?

The Community Health Team at Springfield Medical Care Systems (CHT) pulled together a Transportation Needs Committee in November of 2012. The committee is comprised of 18 community/regional partners who collaborate to offer education, outreach, and solutions to the transportation needs and challenges of our community. The CHT launched a six-month Holt Grant in January 2014, which is a creative community effort to identify and bridge gaps in transportation. Our primary goal is to increase public awareness about the existing transportation services in our communities, and to offer practical access options to transportation that improve the health and wellbeing of the people we serve. The CHT provided Transportation Support Packets to medical practices and community partners that include the most up-to-date public transportation routes, practical educational materials, bus passes, gas cards and our convenient transportation algorithm (attached). Additionally, the Community Health Team is available to help solve problems and find solutions for folks experiencing problems with transportation. The effort is called HealthTransit and our goal is to help people locate transportation services for non-emergency health and wellness services. To-date HealthTransit has provided efficient access to health and wellness services for dozens of community members, as well as the 3rd dialysis ride a week for patients using the E&D program. For more information contact Mo Shattuck mshattuck@springfieldmed.org 802-886-8988

This meeting of the Windsor Area Community Partnership was held on June 27, 2013 at the Mount Ascutney Hospital. The following is an excerpt from their minutes.

The group made a plan to share and report on both the problems and barriers to the issue of transportation from their perspective, as well as solutions or resources. Information presented is as follows:

Rita Seta, Two Rivers Ottauquechee Regional Planning Commission (RPC) and Katharine Otto, Southern Windsor County RPC, described both their region of Northern Orange County Hartland, Windsor and Reading, and the role of the RPC in transportation planning. The planning commission works for the towns, assesses infrastructure, status of Vermont transportation, community design including sidewalks, parks, rides, public transportation infrastructure, transportation for the elderly and disabled, and the stage coach. Current projects that the planning commission is working on include updating data and coordinating with the Agency of Human Services regarding solutions to transportation needs. The RPC has received a HUD award for sustainability. This is a grant to a 40-town region and addresses housing, transportation and energy use. They have completed a survey of employers and are concerned about job and job access. They also are concerned about the location of housing and the services for elderly and disabled as it relates to the transportation of elders. The regional plan is in ten towns. A needs assessment is underway.

Michelle Ovitt and Karen Sinclair, from The Current, spoke about the work of The Current as a non-profit providing assistance in the area of transportation through Dial-A-Ride. They have 70 volunteers and provide 100-150 rides per day. They have funding to serve the elderly and disabled, however, cannot meet the complete needs of those groups, i.e., if dialysis is needed 3 times a week, they can only provide 2; if cancer treatments are needed 5 times a week, 4 is all that can be provided. They also provide Medicaid rides for eligible community members. Their system has been revised to a per member per month approach where one person is served 30 days a month and is paid once. They understand the transportation needs of the area. They pointed people to their website for information on their programs. They spoke about the need to accomplish fundraising and they are concerned about citizens falling through the cracks and not meeting their needs.

Melanie Sheehan, from MAHHC/MAPP, spoke about the role of prevention that adequate transportation can be a social determinant of health. Melanie described their target population as high risk youth and underserved. She gave examples of providing a breakfast program or after school program which families cannot avail themselves because of the barrier of transportation. She also gave the example of organizing regional youth summits, and youth not able to attend because of transportation; or the elderly not being to attend workshops at night because of the barriers to driving.

Tom Marsh, the Windsor Town Manager, spoke of the lack of understanding of current resources. He stated that the usual and customary dissemination of information may not always be helpful, i.e., searching newspapers; that much of the information occurs person to person, and his concern is getting the right information to people in the greatest need. He recognized that the word needs to get out into the community. Tom believes there are more resources in the area of transportation than people avail of themselves because of lack of information and know how. This is an area which the partnership can be of assistance, i.e., both consolidating the information and getting it to the people in most need.

Maureen Shattuck, from the Springfield Community Health Team (CHT), a community health nurse, talked about the gaps in transportation, particularly around the area of medical need. She spoke of the 2-day notice

being a barrier to many people. She is grateful for what The Current is, but people have a difficult time determining or understanding eligibility and pulling information together. The CHT in Springfield has developed a transportation algorithm. Mo distributed a copy of that algorithm which pictorially describes the types and eligibilities of transportation resources.

The Transportation Needs Committee in Springfield has conducted a survey to better understand transportation needs. Mo distributed both the survey and the results of that survey. Mo also distributed the information about Dial-A-Ride Availability and Scheduling Criteria and Special Circumstances for the Ludlow and Chester area. Please see attached.

Donna Nestle, from HCRS, spoke about the struggles of her clients in not being able to afford transportation in needing assistance in daily rides to Habit Opco or transportation to jobs. Mo Shattuck stated that the CHT realized early on that scheduling was an important issue for patients. Donna spoke about a man who moved to Claremont in a tent to be near his job.

Kathy Castellini, from the Windsor Free Clinic, stated that the 2-day period for ride arrangements was a barrier. The concerns that she faces are people not being able to afford gas or to repair their cars.

Becky Thomas, from the Vermont Department of Health, spoke about the impact on health services. There are many no shows to WIC or other programs due to lack of transportation. The Health Department has tried to move services to the area to the degree possible.

Jan Stryker, Community member, spoke both as an OT and the problems that she sees with people who are not safe to drive and need resources, and about the struggle that she herself experienced in not being able to drive and having to be seen on a daily basis for medical appointments. Jan, a highly resourceful, bright professional, spoke eloquently about the coordination required to organize 10 rides a day through a myriad of services.

Katrin Tchana, from Ottauquechee Health Center, talked about the Ottauquechee desert for transportation. The Thompson Senior Center is very helpful in organizing transportation; however, there is a gap in the Woodstock area. Once connections can be made to Advance Transit, the situation improves. However, it is difficult for citizens in the area to reach Advance Transit.

Michelle Ovitt shared that The Current provides transportation from White River Junction to Springfield, and White River Junction to Rutland each day. She spoke eloquently about the need to sustain riderships to continue programs—that has been a problem in the Windsor area.

Marie Kirn, Aging in Hartland, spoke about the role of Aging in Hartland in organizing volunteers. Hartland works closely with ViA to meet the community needs.

Lorraine Carroll, Windsor Community, spoke of the plight of seniors in town having to walk from Olde Windsor Village to do their shopping, or using the GMAX taxi for shopping. Many members of the group felt that a shopping bus would be helpful. The community would need to organize and sustain riderships for that to be doable. The Current staff stated they would be willing to work with us being mindful that they can only carry 2-3 bags—any that can held in their laps. A member of the group stated that they couldn't afford the \$10.00 it would take for transportation to go to the store to get milk—the need is significant.

The group discussed that citizens in town are not aware of the stops for The Current or the Dial-A-Ride program. Lorraine felt the demographics of the community have changed significantly. She sees significant numbers of people without cars.

Karen Sinclair of The Current emphasized that there is a barrier of perception about riding on a bus. It is looked down upon by many members of the community and that needs to change so that it is seen as a strength and a resource, instead of a shame and sign of poverty or handicap.

Scottie Shattuck, from Volunteers in Action (ViA), spoke about the services of ViA serving Windsor, Cornish, and Hartland area. They get multiple referrals for transportation, and both provide transportation and connect people with transportation resources. They require a 3-day notice. They visit people in need to screen need, and have approximately 40-50 volunteers who provide assistance with transportation in varying amounts of time. Current staff stated that they could help more people with access to more volunteers. ViA will connect with Current on this matter. Current reimburses mileage to volunteers at 56¢ per mile.

Dale West, a community member, spoke eloquently about the needs for rides for shopping and to get her volunteer work. She would not be able to be active and meaningfully helping others without this support. ViA has been a main support for her.

Karen Merlau, HCRS DUI Court Case Manager, spoke of the needs of those with alcohol and substance abuse problems and addictions getting transportation for intensive outpatient therapy services. Frequently they have lost their licenses and struggle meeting their commitments for counseling. Current staff reminded the group that if Medicaid pays for services, the transportation for those services is also covered through their programs.

Rachel Williams, Youth Managed Café/MAPP, spoke of the needs of youth. Frequently they are unlicensed citizens at risk and unable to attend after school activities or jobs due to the barrier of transportation. The issue of getting to/from programs at night for the youth was also identified.

Lauren Hastings, Mt. Ascutney Hospital and Health Center, spoke about the transportation needs of those attending Healthier Living Workshops, Tobacco Cessation and WRAP groups. Often times, they serve as a link for participants getting rides from other attendees. They use a neighbor-helping-neighbor approach and find that it also is able to build new friendships.

Amy McMullen, Family/Parent Rep, spoke of the need for walkability in town, i.e., is thankful for the work that will be done on the sidewalks on State Street. She stated that it was very difficult in March and April.

The group discussed the opportunity of whether citizens could get to Exit 9 to get transportation to the Upper Valley, however, it is a day long excursion leaving in the morning and not returning home until after 4:30.

Aaron Brown, Vital Communities spoke about working with employers to try to meet the transportation needs related to employment. He completed a survey through Mt. Ascutney Hospital and will share that. Please see attached. Aaron also discussed a program through the state that when 8 or more people are available to share a ride, a stipend from the state for \$700/month can support a van service.

Kathy Merlau and Donna Nestle spoke about a program through the Justice Department entitled *Go Vermont* that with the provision of community service bicycles can be obtained to improve transportation.

3. POTENTIAL SOLUTIONS – Themes developed as potential solutions included:

- (1) Dissemination of information to those with the most needs and throughout the community.
- (2) Ensure signage for bus stops.
- (3) Organize, advertise and sustain riderships for shopping trips.
- (4) Recruit additional volunteers for ViA and The Current.
- (5) Partner with Springfield Transportation group, Regional Planning Commission, and The Current to increase services for the Windsor Community.

Jill called for a subcommittee to work in partnership with the above groups and heroically, Melanie Sheehan, Scottie Shattuck, Jan Stryker and Rachel Williams agreed to be part of the group that will represent the Windsor community with the Springfield workgroup, the Regional Planning Commission and the Current.

Thank you!