



FRIDAY
JUNE 3, 2022
10 AM – 3 PM
Burlington, VT

3rd Annual VERMONT E&D Summit



Breakout Group Notes

The following is a summary of discussion during break out groups at the 2022 E&D Summit.

While many of the ideas and concepts presented are great examples to be replicated, please check the E&D Manual and as necessary discuss with your Public Transit Coordinator to confirm the actions are in alignment with federal and state regulations and best practices before proceeding.

Session 1: Volunteer Driver Roundtable

Session Facilitator – Mary-Claire Crogan

VTrans Co-facilitator – Ross MacDonald

- Mary-Claire shared a series of marketing materials and explained how the Tri-Valley Transit (TVT) team looks for places that make sense for the demographics of typical drivers who would see the postings. I.e., Libraries, Partner outreach etc.
- TVT has several pieces of outreach materials. For posting at public buildings, for partner organization emails, for website inserts, etc.
 - The range of materials are designed to meet the prospective driver with the right message (true volunteer, those seeking extra income).
 - VTrans offered to collect those materials and produce them for any agency that requests them. Follow-up item – VTrans staff uploaded materials onto [E&D webpage](#)
 - Front Porch Forum is likely the most effective media to use. Seems GMT was cited a \$30k cost to being a business account and there was some discussion on which package or services were being offered. Jamie will reinvestigate. Follow-up Item – VPTA should discuss who has FPF and for how much (and for what).
- The idea of a statewide volunteer resource pool, like “Volunteer Vermont” was brought up and discussed.
- There was discussion about incentives driving the interest of being a volunteer. Ross explained that he is waiting to hear back on the latitude of volunteer driver perks.
- Concerns were shared on the increased costs of paid drivers over the cost of volunteers.

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- Ross mentioned a middle-tiered driving force. He is looking to start a pilot where we have paid drivers that are non CDL and drive either their own vehicles or a vehicle from the providers' fleets.
 - With higher fuel prices, the reimbursement is leaving no funds at the end of the trip/day/week. VTrans suggested paying a non-CDL driver a lower wage or even paying people to use their own cars for these trips. The two current options (full van rate at \$90+ per hour and a GSA rate at \$.56 per mile, suggest a potential "third way" that could allow a provider to pay \$14 or so per hour to drive their own sedans and vans to provide these demand response services. Nothing can beat the volunteer approach, but the very nature of volunteerism places these services in a precarious state. Other service delivery models should be considered. Follow-up item – Ross to discuss with VPTA and start a pilot or two.
- The interaction between the PT provider and HireAbility (formerly CWS) may be an un-tapped resource. Either through their ongoing communications/websites or by finding the drivers for the lower wage driver position, these parties should be in communications and see what can be done together.
- The big takeaway is that in the past, finding enough volunteers has always been a problem. But, with COVID and the low GSA reimbursement rate compared to fuel costs, the bigger and more urgent issue is retaining the ones they now have.
- Other items to consider:
 - Add donate and volunteer buttons on your website – makes it easy to find. (For example, see <https://www.trivalleytransit.org/>)
 - Bereavement groups in the state could be useful to recruit volunteers – people looking for connections after a little time
 - Example materials for people who are just about to retire and who are new to Medicaid (Age Well has been trying this)
 - Central Vermont wrote a policy on how to add a new financial partner that includes some best practices. Available online on E&D website - <https://vtrans.vermont.gov/sites/aot/files/publictransit/documents/REDPAC%20Community%20Partner%20Service%20Guidelines.pdf>

Session 2: E&D Transportation 101

Session Facilitator – Jordan Posner

VTrans Co-facilitator – Katharine Otto

General Background

- The group first reviewed the mission of the E&D program as well as E&D program eligibility.
- The types and number of trips were discussed.
 - Both vary by region but medical trips, and especially critical care trips take priority.
- A single long trip can have an outsized impact on a program's budget.

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Adding a Partner

- Hospitals are a natural partner as beneficiaries of E&D services but can be difficult to bring on.
- Some regions have had success working with Community Health Teams.
- Avoid adding a partner mid-year since that requires reallocating already committed funding from an existing partner.
- Committees should vote on adding a new partner since it would have financial implications for current members.
- There can be non-match-paying partners but they should have less influence over the Committee's decisions since they have less of a stake than match-paying partners.

What is E&D? Eligibility, what the program does?

- There was a discussion on what can be provided based on need. For example, one region allows four medical and four social trips with more for cancer and dialysis. That level of services does not meet needs; more trips are required. Their trips are restricted to a 25-mile service area and clients can't demand to see providers outside the service area.
- Concerns were highlighted about cost-shifting of rides. Medicaid wants to fund as many rides as possible, but they don't want to have rides charged to E&D that should be met by Medicaid.
- The notion of always bringing in new people was discussed.
- There was a discussion about providing assistance for training and employment services. There's not a single county in the state that runs E&D the same way, even if the transit provider is the same. Variations are based on histories within the counties. The number of trips and purpose vary by county too.

Have any E&D providers changed the parameters of service?

- Increased funding to allow more rides has been a big factor for clients. However, providers are still constrained by service area.
- One individual expressed how he worked for years w/ Medicaid transportation and is now on the other side with his own parents. His biggest frustration, his parents don't want anything to do with public transportation. He feels this sentiment is becoming more prevalent as society ages. Elderly and opioid-users account for 70% of Medicaid's budget – society won't be able to provide all that's needed
- One VTrans goal is for a dedicated mobility manager in each county to help guide clients through programs. Original rules set by E&D committees and the committees are completely different now. VTrans is encouraging providers to reconsider E&D rules and adapt to today's needs.
- There should be some core of similarities in each county in order to find efficiencies. There are five people at VTrans who are most aware of what's happening across the state - four public

transit coordinators and herself. They are starting to develop minimum standards for all committees without being overly proscriptive.

- E&D serves those over 60 and those who have some disability though there's variation from county to county. Part of that variation is a benefit – flexibility. Paratransit and Medicaid have more strings attached. E&D is the easiest service to access and utilize. If budget and trip allotment are available, it's the easiest ride to get. How do committees add a provider/partner? They have had asks, but not added a partner.
- Springfield Hospital was added to the Southern Windsor E&D Committee. When funding went away, the Hospital was able to bring in funding. There was never a formal voted into the committee. Initially the Hospital joined because they recognized demand and wanted to understand how it was being met. A financial relationship came later.
- Dan Currier has a document explaining how to add a partner if needed. If a partner wants to come in and provide transportation or receive funding, don't add them in the middle of the year unless VTrans can bring in more money. If they do come and want transportation or funding, they should be required to bring match to the table. Existing partners should be allowed to vote on adding new partners that need funding. For non-funded partners, voting isn't necessary. Such partners provide perspective and help identify underserved areas.
- If a group needs transportation and doesn't have it – that's the definition of an unmet need.
- Good partners to be added include those that provide transportation, hospitals, community health centers, adult day and other service businesses.
- How can we spur individuals to provide these services? VTrans has a policy document that spells out how to add a partner both for those that want to come in and the existing committee.

Session 3: Expanding access to social/personal trips

Session Facilitator – Tasha Green

VTrans Co-facilitator – Tim Bradshaw

- E&D traditionally prioritized trips for critical care and other medical appointments. How do we increase access to incorporate social and personal trips?
- Renee is a deaf and blind individual, and his needs are different from other people. He needs better communications with the drivers, it is difficult to communicate currently, need translating services when he is on the vehicle. Expanding access to events, socializing is essential as well as weekend transportation.
- Many people do not know that companions are welcome on E&D rides to help people with disabilities. How do we spread this information?
- There is a need to provide translation for people with disabilities for special events. This is doable, but coordination is needed to reach out to the event organizer and the public transit provider.

- There is a need more coordination with VTrans and the AHS.
- How do we move people from one service area to another seamlessly when they are served by different providers?
 - Suggestion: Use state cars for Medicaid funded trips.
- The cost to transport persons with disabilities is astronomical! Why is that? How can we change it and reduce the costs? Are there any specific issues with RCT? E&D Committees might be able to help with this issue. Tim Bradshaw: Demand response services are very expensive because of the rural nature of the state. Tim is happy to talk individually about specific issues.
- How many E&D Committees are in the state? Each RPC has a committee.
- Can the state partner with Uber and Lyft? This is very difficult because of federal regulations requiring an extensive background check for drivers; need to protect the vulnerable populations; other opportunities exist for wellness and social trips.
- The Bus-buddy program – teaching people how to use the bus – is very valuable.
- Just taking people out for a ride without a specific destination is also valuable for mental health reasons.
- Does Medicaid cover social trips? No, but other funding does.
- How do we coordinate rides for people that attend standing committees at the Statehouse and elsewhere? Also, how do we use a combination of rail and bus for longer trips?
- E&D programs have statewide variations – the Ticket to Ride program does provide flexibility to then provide non-medical trips.
- Providers try and prioritize the critical medical trips - cancer, dialysis, adult day. Given the support of wellness on health outcomes, we should be looking to increase these trips
- RCT E&D provided 1500 trips just this year. Pre-pandemic, they had 85-90 volunteers; now they are experiencing a 50% reduction.
- Single rider or group? Volunteers can move 3 people. There is a potential to coordinate social/personal with medical trips.
 - The ability to group client rides and trip types is the basis for the success by RCT to offer more rides; lowers the cost per ride and the medical trip costs can offset the non-medical riders.
 - Some regions noted they have a client base that needs to be solo riders (Example - Franklin County, Adult Day clients). RCT stated they do not have any current clients that have this limitation to not be able to accommodate additional riders on a trip.
- What are the barriers/challenges?
 - Resources - Primarily volunteer drivers (lose due to age, reduce Covid exposure, fuel cost), secondary funding.

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- AgeWell has some volunteers that do not ask for mileage.
- Are rides to employment considered essential trips given the tie to health outcomes?
 - If rides fall under community partner programs - vocational, etc. then the cost could be covered by Partners. Example, private non-profit - One to One in Rutland.
 - Recovery and Job Access – if it were to open up statewide, this could be a resource.
 - Pilot RCT – help those that would not qualify under regular funding. Aid access to a car.
- Financial and resource support for Senior Centers was identified as a gap in the program/network to explore.
 - Hartford/WRJ Senior Center identified that they serve an important function for non-medical trips but do not have the financial support to ensure program can continue.
 - The Senior Center receives \$500/month via Title 3 Funding Older Americans Act – this supports rides to the center.
 - Challenge - Driver retention for the bus, no funding to cover volunteer mileage reimbursement. As the cost of food increases, this program is stretched to the limit and has become less sustainable.
 - Not a Medicaid-eligible entity.
 - Working with local group to cover electric costs for EV.
 - Tim Bradshaw is interested in follow up with Senior Center in Hartford.
- Identifying issues such as the financial support for rides to Senior Center was noted as one of the areas that will benefit from the broadening of the E&D working committees.

Session 4: Mobility Management

Session Facilitator – Jeanne Kern

VTrans Co-facilitator – Dan Currier

Prompt: What's the difference between transportation and mobility?

- Sometimes mobility is in place of transportation. Sometimes it means something different. Mobility applies to the individual. Transportation is part of a larger system including infrastructure. Mobility goes beyond the transportation. For example, helping an older Vermonter with groceries. Mobility – accomplishing something. Transportation – how to get somewhere.
- Providers realized there were several challenges riders encountered that the riders were calling transportation. In reality, transportation was available, but there were hurdles to accessing transportation.

Prompt: What issues did your clients face?

- Mud season – transportation was available, but the individual's home was not accessible. The transportation provider had concerns about getting a bus stuck or ruining driveway. TVT developed an assessment to assure access to clients was safe. A case manager then needs to

work with the homeowner to get improvements financed. Unfortunately, the client was unwilling to follow up. The limitation was between the front door and getting to the transportation vehicle.

- The transportation driver's ability and availability can determine whether the client has mobility. One woman got a ride from her house to the road with a neighbor before the transportation driver would pick them up.
- Grocery shopping – purchases larger than what the client can carry. Driver can't help moving products from vehicle into house (liability). (Some drivers do go above and beyond; then when clients get a driver that don't help with groceries, the client interprets it as an issue with transportation).
- Service agencies need to help clients understand existing mobility options. If drivers are not supposed to carry groceries, clients should know that in advance.
- Do all bus companies have different rules about providing such services?
 - SSTA does door-to-door. Definitely different rules for Chit. Co. paratransit operator than there are for other parts of the state. For most cases, service is curb-to-curb. The driver doesn't leave the vehicle. Door-to-door service requires more of drivers.
- Do we know the full need of clients? And is that in the realm of public transit?
 - If we're talking about individuals, social services aren't just providing the vehicle, social services need to consider physical and cognitive access to transportation.
 - Mobility management needs to go beyond an itinerary for some clients. It's not just getting there and back. Clients need assistance in accomplishing goals for the day; mobility is one component of that.
- Liability is a concern with door-to-door service. (It was not clear to participants where the issues arose – FTA? Service provider definition? Insurance limitations?)
- A further challenge with transit providers is the volume of rides needed. Transit providers are short of volunteers or have volunteers with their own physical limitations that prevent them from providing the door-to-door service.
- More conversation with clients is needed when booking trips. Some E&D committees are developing user guides.
- Are there user profiles within the transportation system that could assist in booking trips? Such profiles do not exist statewide. Informal networks make such lists more challenging to use.
- How do we define transportation and mobility? Transportation: the act of moving people and goods. Mobility: the ability to use transportation services easily to participate in life.

- What kind of obstacles/challenges we face to get to a smooth mobility? Education: people don't know what ride options exist or other benefits; for example they don't know that they can take a companion on an E&D ride.
 - Computer proficiency, no access to internet, are barriers to finding rides and improving mobility.
 - A major obstacle of mobility is that people do not have accessible homes. Issues include long driveways on dirt roads that become seasonally impassable, no ramps to their homes or landing, etc. Agencies such as VCIL have programs that help people assess their houses and identify upgrades to improve mobility. A number of agencies also have funding to retrofit houses by adding ramps and improving accessibility in and outside homes. The major problem is that people don't know about these services. How do we change that?
- Need an educational program that helps people understand the services and funding available and help them feel comfortable asking questions and asking for help.
- Riders also need to do their part to solve access issues in and around their homes so the provider can get to them safely so they can transport them where they need to go.
- Education all around to make the system function better; willingness to talk to each other so we can learn from each other.
- There are people in the deaf community that have never heard of E&D transportation. Potential to create educational videos with ASL translations and in different languages to help spread the message.
- Improve information of a rider profile so the driver knows what to expect: Medicaid has that information.
- Veterans' Health Care: Primary care physicians know very well all the transportation and access issues of their patients. Send information to the physicians to distribute to the Veterans. What about primary health care providers for the general population?
- We need videos on how to use the system and what programs are available.
- Transportation available – but lots of steps/needs to get onto bus, etc. Challenges include access to service.
- Issue – mud season, long driveway, etc. Is this a mobility issue? TVT can assess this, and propose improvements needed to be able to access.

What issues have you run into with clients and how are you addressing them?

- Grocery trips – drivers unable to assist with moving groceries. Liability issue and therefore not allowed. If a driver does provide assistance, they are going beyond the service provided and being nice. However, this causes inconsistency issues when the next does not take this step.

- Understand mobility options and rules that exist. For a grocery trip, the parameters should be known. Not carrying groceries should be relayed. Riders need to understand more the process. Expectations.
- Different rules - ex - SSTA provider in MPO vs rural
 - Curb to curb - driver does not get out
 - Door to door - driver would get out
- Liability – how can we remove this barrier for drivers? Coverage options? Is it FTA rules or is it how define the service providing?

Session 5: Local Financial Support

Session Facilitator – Stephen Falbel

VTrans Co-facilitator – Stephanie Reilly

- The discussion started out with a review of the challenges that SEVT has experienced soliciting annual municipal appropriations to support E&D transportation SEVT staff expends significant staff time soliciting very small match appropriations. For example, this past year, SEVT staff was turned down for from a \$125 request from one municipality. It often is more costly to send an employee to champion the E&D cause in front of a Selectboard than the financial support being requested of the community.
- Following this example, there was a discussion about how to persuade municipalities to provide financial support for E&D transportation. Some communities are reliable annual supporters of E&D transportation, while others are extremely challenging to win over support.
- Another challenge is that the process for soliciting financial contributions varies significantly from municipality to municipality.
- It was noted that the [Public Transit Policy Plan](#) recommends that VTrans fund video testimonials to tell stories and connect with people that would resonate with local governments.
- Some regions have found success soliciting financial contributions from private foundations and individual donors rather than focusing all efforts on local governments.
- Supporting the recommended transit funding alternatives from the recent [Transit Financing Study](#) could help to alleviate some of the challenges discussed during this breakout session.