

Southwest RDC Public Workshop (RDC 8)

May 25, 2011. CRD 2544 Broadway Ave, Slayton MN

1. Workshop attendance

Name	Organization	City / county / area	AM	PM
Karen DeBoer	PTS / SMOC	Nobles County	X	X
Shelly Pflaum	Community transit	Lyon County	X	X
Deanna Smith	Discharge planner, Sanford Jackson Hospital	Jackson	X	
Micelle Miranowski	Murray county transportation	Murray county	X	
Natalie Seehausen	Garnette Gardens Assisted Living	Redwood Falls	X	X
Robin Weis	MNRAAA	Region	X	X
Janice Klassen	MnDOT	District 7 (4 counties)	X	X
Mary Lou Drahota	Good Samaritan	Jackson	X	X
Cathleen Amick	Community Transportation / WCA	Marshall / Redwood	X	X
Denise Smid	Jasper Sunrise Village	Jasper	X	X
Joleene Johnsons	Redwood Area Hospital	Redwood Falls	X	X
Kris Carson	Pipestone County Medical Center	Pipestone	X	X
Ashley Whipkey	Southwester mental health	Pipestone	X	X
Bob Ries	DHS	St Paul	X	X
Brenda Meyer	Habilitative Services		X	X
Ted Stamp	SWCIL	Marshall	X	X
Steven Rasmussen	Community transit / WCA	Marshall	X	X
Brian Frodermann	Love Inc of Worthington	Nobles Co	X	X
Tina Kanthok	Southwestern Mental Health	Pipestone	X	X
Beverly Herfindahl	MnDOT –	District 8 – (5 counties)	X	X
Betty Stancer	Service Enterprises	Redwood Falls	X	X
Rhonda Hines	Human Services	Jackson Co	X	X
Linda Halbur	SWCIL	Pipestone co	X	X
Terrie Gulden	Rock County Heartland Express	Luverne	X	X
Bonnie Nielsen	WCA / Community Action	Jackson	X	X
Beth Bartels	Rock County Opportunities	Luverne	X	X
Annette Bair	SRDC – Staff, workshop facilitator	Region	X	X

2. Scan and send all evaluation forms submitted (scanned copies preferred)

ATTACHED DOCUMENT

3. Include a list of all strategies and projects identified by your participants, showing which were voted as top priorities. Mn/DOT will review this list prior to your steering committee meeting to make sure no strategies have been overlooked.

COMMUNICATION, TRAINING, AND ORGANIZATIONAL SUPPORT

DATA BASE – to increase trip coordination, this could also do the agency scheduling (like an airline reservation). Twenty- votes. All three groups voted on this project, however, most participants placed this as their 2 and 3rd priority.

	Priority #1	Priority #2	Priority #3	
W - 7	1	2	4	
B - 7	0	4	2	1
R - 6	3	1	2	
20	4	7	8	1

CAMPAIGN TO EDUCATE. Everyone, clear up misconceptions, transparent to consumers, and may generate \$ for transit systems through donation. Nineteen votes. Thirteen participants prioritized this as their number one project

	Priority #1	Priority #2	Priority #3	
W - 8	4	2	2	
B - 8	7	0	0	1
R - 3	2	1	0	
19	13	3	2	1

CONVENE REGIONAL COUNCIL - four votes

	Priority #1	Priority #2	Priority #3	
W - 0	0	0	0	
B - 1	0	1	0	
R - 3	0	1	2	
4	0	2	2	

MOBILITY

EXPAND SERVICE AREA and times of day to provide more flexibility and reduce wait time. Eleven votes

	Priority #1	Priority #2	Priority #3	
W - 5	1	2	2	
B - 5	1	1	2	1
R - 1	1	0	0	
11	3	3	4	1

MAINTAIN OR EXPAND ACCESSIBLE VEHICLE FLEET. Five votes

	Priority #1	Priority #2	Priority #3	
W - 1	0	0	1	
B - 2	0	1	1	
R - 2	0	0	2	
5	0	5	4	

COORDINATION AND CONSOLIDATION.

REGIONAL TRANSPORTATION COORDINATION / COLLABORATIVE. Eight votes

	Priority #1	Priority #2	Priority #3
W - 6	3	3	0
B - 2	0	1	1
R - 0	0	0	0
8	3	4	1

ACROSS THE BOARD CONTRACT RATES (same from county to county). Three votes

	Priority #1	Priority #2	Priority #3
G - 0	0	0	0
B - 1	0	0	1
R - 2	0	2	0
3	0	2	1

All strategies are identified at the end of this document.

4. Any other feedback you'd like to provide Mn/DOT. Did you like this format? Was the facilitation plan effective? Are you satisfied with the outcome of your meeting? Are your stakeholders?

We took the list of weaknesses and placed them near where we thought they might be applicable on the strategies. I think people were surprised on how much was related to communication. Instead of using 5 priority dots, we used 3 with each labeled 1, 2, or 3 to reflect the participants' priority order.

I would have liked to see something more that dealt with work related trips – but that may come out with the steering committee perhaps.

PARKING LOT – These weaknesses were identified at the public workshop. They affect Human Service – Public Transportation Coordination, however are obstacles beyond local project implementation. these obstacles will be forwarded to the state for the state coordination committee consideration.

- MA needs to pay all providers reasonable fee
- Vehicles owner liability. Any time a vehicles is used by more than one entity, the entity that owns the vehicles becomes liable for anything that happens to the vehicles. Coordination is difficult under these conditions. – Additional comment to this issue. the Philadelphia Insurance scenario was described during the workshop. One of the participants has PI – but the local Insurance agent does not allow the collaboration – as described.
- Remove insurance requirements to accept payment / reimbursement.
- Somebody requires staff / driver training and restriction on taking reimbursement prevents coordination / collaboration.

- Funding restrictions on destinations paid for must be medical necessity. Small group indicated this meant could not go to pharmacy for drugs after medical appointment. Bob Ries, indicated that that is not entirely true. 1021.02 (Jan 2010). It does not apply to Part D. there are some restrictions, but it appears that common sense also applies. If on on-site pharmacy is available – use it, if the drug is needed as a “result” of the medical appointment, then pharmacy on-route home should be covered. It may be that not everyone understands – and perhaps some agencies may apply it across the board for ease of implementation.
- Administrative nightmare for collecting payment / full payment for the transit systems – ie can additional stops be made.
- Eligibility, special medical, physical assistances, hidden or visual disability, language, low functioning individual.
- Save tax dollars by doing a cost evaluation – example: paying transport at a distant MA enrolled provider vs paying the fee for a non MA provider in the area - - - foster care is similar.

Below are the Coordination Strategy Projects developed by the individual groups. Those offered for the whole groups were “refined” by group discussion.

Communication, Training, and Organizational support

- Volunteer / Driver Training. Consistent Training across systems could help with coordination. *(This may not have made it into the prioritization for the whole group)*
- Training and supportive materials to Family Services so that coordination can occur when transporting an MA client. MA clients and others with varying payment sources. *(Campaign to Educate)*
- Terminology. Education with different types of transportation options (ie door to door, curb to curb, etc). This could be part of outreach as well. *(Campaign to Educate)*
- Affordable scheduling Technology Obtain Affordable technology / software that would schedule individuals and organization client rides and also communicate with other providers in system of shared software / network of sharing possibilities could also be broadcast. Alert system from communication. Region / state / multi-state, whoever will use the same software. Share resources; coordinate agency schedules, coordinate dispatch centralizes information, mobility manager, and regional coordination body. Champions: MNDOT and DHS or MNDACA MSSA. *Regional transportation Coordination / Collaboration)*
- Offer customer training. Encourage targeted populations to use transit services by teaching them to ride the bus. Champion: DHS / NMNDOT. Responsible for project: MNDOT / Public transit / private organizations. *(Campaign to Educate)*
- Convene regional coordination body / council. Convene transportation providers and human service agencies to discuss on-going coordination needs within each region. Champion: DHS/MNDOT. Responsible for implementation: Family Service / Public transit. *(Convene Regional Council)*
- DHS/MNDOT/ motor carrier/insurance clarification on terminology, rules, regulations, law requirements, insurance training. Clarification needs to be sent to every single transit provider about what is allowable and what is not. Champion: MNDOT. Implementation: DHS / MNDOT / Motor carrier / Insurance. *(Campaign to Educate)*
- Establish a data base where all DHS funded trips are entered. This database would increase the potential for coordination by allowing people who are requesting trips to see similar trips. *(Database)*
- Ride share communication program. Create technology link available transit providers in the region. Allows information regarding accessibility and service coverage. *(Database)*
- Regional transportation collaborative. Reduce barriers to provide affordable transportation. Increase transportation access through available resources and funding opportunities. Champion: Public transit and DHS providers in the region. Timing: meets regularly to discuss barriers. *(Convene Regional Council)*
- Create a state certificate program for drivers of passenger vehicles. State cert. program for all public transit drivers to complete before being eligible to drive specific class of transportation with sensitivity training, provide quarterly training in multiple regions, HIPAA, maintain

certification through continued education. Example: School bus driver wants to volunteer already has training by the state. *(Campaign to Educate)*

- Transportation Brochure .defining terminology - HIPAA, cost - individual versus, wait times, website info address, phone #'S for information.*(Campaign to Educate)*

Mobility

- Maintain / Expand Accessible Vehicle Fleet. Redefine needs for providers who use 5310 grants so they have enough grant dollars. *Maintain / Expand Accessible Fleet)*
- Establish / enhance assisted transportation programs. Train volunteers to help riders who are unable to use transit services without personal assistance. MnDOT and Public Transit. *(Campaign to Educate?)*
- Provide clients an opportunity to be more flexible in appointments yet still able to be transportation to / from appointments. Serve elderly – outside city. Champion: transit coordinator. *(Expand Service Area)*
- Expand service area and times of day transportation available, improve service option and availability. *(Expand Service Area)*

Coordinate and Consolidate Transportation Services and Resources

- Consolidate business functions & agency schedules. Work with insurance agency to set up insurance policies so that it is easier to ride share - using a website. Serves DT&H *(This may not have made it into the prioritization for the whole group)*
- Coordinate agency schedule. Serves better coordinated so clients have less wait times. Serves elderly county residents. Champion: transit scheduler and family transportation coordinator. *(This may not have made it into the prioritization for the whole group)*