

CASCADES EAST RIDE CENTER
Advisory Committee Meeting
Central Oregon Intergovernmental Council
Headquarters Building, 334 NE Hawthorne Avenue, Bend, Oregon

Minutes
March 22, 2017

Members Present

Molly Taroli, **Chair**, Pacific Source Community Solutions
Lesley Srikantaiah, **Vice-Chair**, St. Charles Health System
Peggy Gilbert – Abilitree
Lisa Bray, Aging and People with Disabilities
Karren Ruesing, Aging and People with Disabilities
Carly Brause, Central Oregon Veteran’s Outreach
Kristina Winkler, Pacific Source Community Solutions
Ben Nichols – Bend City Cab
Lindsey Stailing – Mosaic Medical
Harry Hall, Loving Lift Transport
Chuck Daugherty, Central Oregon MediTran (arrived later)
Shannon Dearth – Crook County Public Health

Staff Present

Tony Morales, CERC Contracts and Services Administrator
Tamara Powell, CERC Policy and Services Administrator
Esther Leithauser, CERC Call Center Manager

A. Introductions and Welcome

1. Meeting called to order @ 1:03

B. Adoption of Minutes

1. Ms. Gilbert moved to approve the January 25, 2017 meeting minutes. Mr. Nichols seconded the motion which passed unanimously.

C. Brokerage Reports

1. Mr. Morales reported the following:
 - a. Total calls in January were approximately 9000. This was the largest number on record for CERC, with the average call volume being around 7400. The increased call volume was due to weather events increasing outgoing coordination calls. At the last Advisory Committee meeting we talked about coordinating better with facilities during weather events so CERC does not have to do outreach to clients regarding appointment cancellation. CERC this year had to call facilities to determine if open and then call out to clients regarding the cancellations. This is extremely taxing on CERC’s limited staff.
2. Medicaid rides increased over the last 3 months, but this is a normal trend for rides to increase and decrease during various times of the year.

3. The number of volunteer rides is down. This is intentional. The funding for the administrative cost to maintain the volunteer program ended over a year ago. CERC has continued the program despite this and acts as scheduler and dispatcher for the volunteers, but it is costly to administer at times. CERC has not been bringing in new volunteers and hopes that the cab companies will begin to see the gaps caused by the decrease in volunteers and increase capacity to accommodate these rides.
4. Complaint numbers are down. Compliment numbers are good. CERC has been trying to make sure that we capture compliments as well as complaints. We find it a positive that clients are taking the initiative to call in to say good things about CERC and the services provided.
5. Denials were down. In January there were a large number of denials. Most of CERC's denials in January were from same/next day ride requests during the weather event days.
6. Overall CERC has seen an increase of approximately 18% in same day ride requests. Other brokerages deny the ride if it is not called in 48 hours in advance. CERC, however, tries to meet the same day request demands, but last minute calls do present issues. Client education about scheduling rides in advance will be done by CERC.
7. Ms. Taroli asked if there was any resolution from the last meeting regarding getting medical providers to contact CERC when there are closures/delays due to weather events. This question provided a good lead in into the next discussion point.

D. Follow-Up From Prior Meeting

1. Ms. Stailing from Mosaic Medical provided Mosaic's snow plan. Mosaic has a system for providing outreach to clients about cancellations and they also work to get those cancelled appointments scheduled back in sooner rather than later. Ms. Powell stated that it would be beneficial to get this policy into the hands of other medical providers.
2. Pacific Source will also be doing outreach to their medical providers and discussing the revision of late policies during weather events. Ms. Powell indicated that as CERC has limited administrative staff available to provide further information to medical providers about these issues, the use of Pacific Source as a conduit for getting providers in the loop about establishing better delay/closure procedures is the best option at this point.
3. Ms. Gilbert asked if any information was provided to Central Oregon Health Council. Elizabeth Schmidt did provide some information and the Council then reached out to Ms. Powell who updated the Council on the discussions and suggestions that were made at the meeting.

E. RoundTable Discussion Topics

1. Dial-A-Ride....What Is It?....By Ms. Leithauser
 - a. Dial-A-Ride (DAR) is a public transport, shared ride, curb-to-curb or door-to-door service.
 - b. DAR serves rural locations in Deschutes, Crook and Jefferson counties.
 - c. The service provides transportation to all types of activities and services. Youth use it to get to school; seniors use it to get to doctor's appointments. Transport to community activities is also a popular use.
 - d. You can schedule rides from 7am-4pm up to the day before your ride.
 - e. You can set up continuous rides.
 - f. The fare is \$1.50 each way. Senior disabled = \$1.25 each way. Monthly passes or ticket books are also available (no bulk incentive)

- g. Community connectors are available between towns: Warm Springs to Madras, Madras to Redmond, Prineville to Redmond, Sisters to Redmond, LaPine to Bend, Redmond to Bend.
- h. There are also rides to Mt. Bachelor, Lava Butte and for Ride the River.
- i. Anyone is eligible for rural Dial-a-Ride.
- j. Mr. Hall asked about the fact that there are large time gaps for a Metolius client. Ms. Leithauser indicated that the Metolius ride it is a route, so it only runs at certain times. Routes were set up more around commuters, that is why there are gaps.
- k. Ms. Powell mentioned that the reason this was brought up is because clients get exclusions from riding the bus and medical providers often lump Dial-a-Ride services in there despite the fact that it is no different than a cab ride. CERC wants to get out information that there is a distinction between Dial-a-Ride and the fixed route bus.

2. How Can We Get More People on the Bus? ... By Mr. Morales

- a. CERC issues a bus pass to Medicaid clients when they set up appointments if a pass is the lowest cost option. People can use this pass not only for their medical rides, but for other activities as well.
- b. Medicaid clients are benefitted by better health outcomes as they have more access to activities, services, and shopping.
- c. The ADA standard is that if a person is within $\frac{3}{4}$ of miles of the fixed route then they can use the bus. CERC uses a lesser distance parameter in deciding when to schedule clients to the bus. Many medical providers, however, will provide exceptions for their clients without considering the benefits. We want to determine what barriers may exist to fixed route transportation.
- d. Barriers discussed:
 - 1. Need for oxygen
 - 2. Overwhelmed by system
 - 3. Routes require longer waits than want to wait due to route return rides
 - 4. Mobility
 - 5. Removing fear – don't know the system and don't trust the system
 - 6. Economic stigma
- e. Ms. Taroli mentioned her involvement in a travel training program that is waiting on approval. This will be geared towards training lower income seniors, disabled persons, & teens how to ride the bus. The basis of the program is building trust in the transport system. The project seeks to establish that the bus is reliable, and to train riders what to do if there are issues. A travel trainer will ride with them while training to help navigate the bus system.
- f. Ms. Stailing spoke about safety buddies who have been used to introduce people to the bus. Medical providers can often do this.
- g. Ms. Gilbert suggested getting students on boarded for bus riding so that they continue into adulthood.

3. Grant Rides – Alternate Community Options... By Ms. Powell

- a. The program is no longer funded and its duration is limited. CERC is seeking to determine if any committee members know if there are other community options to get people places.

- b. Ms. Stailing indicated that individualized solutions are likely the best option as there is not a large enough group to motivate action on a larger basis.
- c. Ms. Srikantaiah stated that the social workers at medial facilities are a good resource for the clients
- d. Ms. Gilbert stated that Grant Watch has grants available. Mr. Morales indicated that COIC does apply for grants regularly, but CERC has not been awarded one yet.
- e. Ms. Taroli suggested reaching out via the community huddle forum.
- f. Ms. Gilbert suggested legislative outreach.

4. Resetting Expectations....By Ms. Powell

- a. Clients have come to expect more from CERC than CERC can now provide and is not required to do.
- b. Previously providers were able to pick up clients for return rides sooner, but now requiring closer to the hour window for this pickup.
- c. Previously issued reimbursements more quickly (i.e. 4 days), but now needing more time to process (i.e. the standard 14 days)
- d. CERC is providing education, but also wants to get this information out to committee to pass on.
 - 1. Ms. Stailing stated that if Mosaic is given talking points around these issues their staff can address them with clients if they hear of any issues.
 - 2. Ms. Taroli stated that speaking at the community huddle could be useful to get the information out to a large amount of people
 - 3. Ms. Srikantaiah stated that Pacific Source customer service could use talking points on these issues as well
 - 4. Ms. Stailing suggested using the hold time loop to inform clients about the ride rules.
 - 5. Ms. Bray stated that APD has case workers who work directly with clients and she can pass on the information to the case workers.
 - 6. Ms. Stailing suggested providing a notice with our reimbursement mailings about why reimbursements are taking longer than they had been.

F. Other Business

- 1. Mr. Hall stated that St. Charles Medical Center has started using larger wheelchairs than are needed and which cannot fit on the ramps. Ms. Srikantaiah will take this back to SCMC.
- 2. Ms. Srikantaiah wanted to say thank you to CERC and the transportation providers for a lot of hard work getting clients home from the hospital.
- 3. Ms. Stailing said thank you for surviving a crazy winter.

G. Meeting adjourned at 2:16pm