Getting THERE

# Getting There:

## Business Case for a Model for Centrally-Dispatched Access to Health and Human Services for Niagara's Most Vulnerable People

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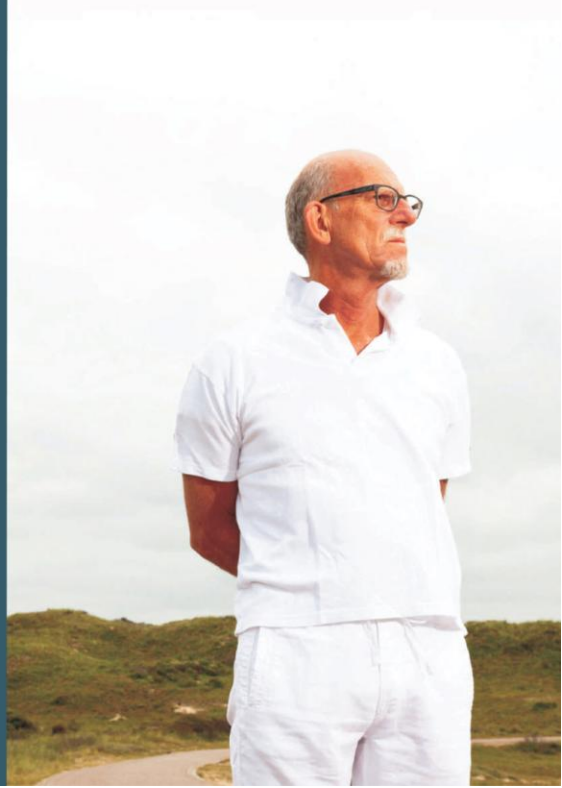

Niagara Connects

niagaraconnects.ca

**Prepared by Niagara Connects in partnership with Niagara Southwest Health Links**

with the assistance of Brock University Goodman School of Business Consulting Group

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- Bridges Community Health Centre (Bridges CHC)
- Canadian Cancer Society - Niagara
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- Welland Heritage Council and Multicultural Centre
- West Niagara Second Stage Housing & Counselling (WNSS)
- Women's Place of South Niagara Inc.
- Young Men's Christian Association (YMCA) of Niagara
- Young Women's Christian Association (YWCA) Niagara Region

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## EXECUTIVE SUMMARY

Access to health and human services for the most vulnerable members of the Niagara community is a priority for local social organizations and government bodies that provide community services.

For the purposes of this Business Case, Vulnerable Individuals are defined as: '*those in our community without the means or ability to access health and human services in a safe and acceptable way –such as those living in poverty, frail seniors, people with mental health and addictions challenges, limited mobility, hearing or visual impairment, or the need for life-sustaining equipment'*.

A group of over 30 organizations serving vulnerable people in Niagara has been working together since 2013 to gather building blocks to support the development of a model for centrally-dispatched access to health and human services for Niagara's most vulnerable people. This work is being done with the understanding that through standardization comes the opportunity to integrate best practice and effect quality management.

This Business Case builds on relevant work already done in other regions of Ontario, such as establishment of the effective Huron-Perth *EasyRide* model. It also draws on agency leaders' responses to an online survey designed to begin gathering an inventory of assets being utilized in Niagara to enable access to services for vulnerable people.

This report is a summary of the *Getting There* Business Case. It describes the proposed model, partnerships that could be the basis for the model, an analysis of responses from the online survey of agencies, and a proposed implementation plan for the *Getting There* initiative.

# 1. INTRODUCTION

Access to health and human services is one of the most important resources for individuals living in Niagara, especially Niagara's most vulnerable people: '*those in our community without the means or ability to access health and human services in a safe and acceptable way –such as those living in poverty, frail seniors, people with mental health and addictions challenges, limited mobility, hearing or visual impairment, or the need for life-sustaining equipment'* (Building the *Getting There* Business Case, Niagara Community Blog, Niagara Knowledge Exchange, 2015). Currently, there are over 30 agencies in Niagara that are interested in collaborating to build a centrally-dispatched access system for health and human services for these individuals. *Niagara Connects* is facilitating the group's development of the *Getting There* Business Case for this centrally-dispatched model.

The *Getting There* initiative began in the fall of 2012, when a working group of 16 Niagara agencies began gathering building blocks to support the foundations of a centrally-dispatched access model. In May 2014, a Niagara-wide forum was held at which over 30 Niagara agencies examined these building blocks and learned about the relevant Huron-Perth *EasyRide* model. The forum resulted in a call for a *Getting There* Business Case to be developed.

As a result, *Niagara Connects* partnered with the *Niagara Southwest Health Links* and the *Goodman School of Business Consulting Group* (GSBCG) at Brock University to draft the *Getting There* Business Case. An online survey was sent to 30 agencies; of these, 11 completed the survey. The purpose of the survey was to begin quantifying existing assets in Niagara that could support construction of a centrally-dispatched access model for Niagara.

The Government of Ontario is making improving accessibility for the disabled a key priority for the next decade. The *Accessibility for Ontarians with Disabilities Act* (2005) and the *Integrated Accessibility Regulation* (2011) lay out the government's road map for achieving this objective through to 2025. Vulnerable people require immediate assistance, especially with respect to accessing health and other human services in a safe and acceptable way. A 2011 report from the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) Transportation Advisory Working Group (TAWG) cites transportation as being one of the top three health system challenges for people in the HNHB area. The report states: *Accessible and affordable transportation promotes people's social and economic inclusion, independence, choice and wellbeing. Alone, no single transportation provider can assure equitable access to "getting around". It is a shared and complementary responsibility* (HNHB LHIN, 2011).

Presently, numerous social service organizations in the Niagara-wide community are providing access services to their vulnerable clients. Resource constraints place limits on what each organization can offer. Recognizing some of these challenges, the *Transit Supportive Guidelines* published by Ontario's *Ministry of Transportation* has encouraged small communities or groups to consider '*targeted partnerships, more flexible routes or demand-responsive transit services'* (Ministry of Transportation, 2012) as a part of the solution.

In line with this recommendation by the provincial government, the *Getting There* initiative creates an opportunity for agencies and organizations in Niagara to collaboratively maximize available resources by providing centrally-dispatched access to health and human services for the vulnerable people they serve. This Business Case supports the next step in accessing funding to advance the development of a centrally-dispatched access system for Niagara. It aims to show how collaboration among agencies and organizations in Niagara could lead to implementation of a centrally-dispatched access model to meet their vulnerable clients' needs by leveraging existing assets and deploying resources for maximum impact.

# 2. STRATEGIC CONTEXT

## 2.1 Getting There: The Opportunity

Numerous agencies in Niagara offer access services to assist vulnerable individuals; however, they may not always be maximizing available resources. Challenges identified include: under-utilization of vehicle fleets; high costs associated with the use of taxi services; opportunity costs and liability risks associated with an organization's service personnel providing transportation using personal vehicles; and logistics of contracting with third-party drivers, to name a few.

There is a diverse set of destinations for which transportation is routinely being requested across partner agencies. Results of the 2015 *Getting There* survey show that the most frequent request is for access to Health Services. Furthermore, access to shopping, employment, education, cultural community sites, and religious services are also requested. A number of organizations responding to the survey provide transportation to destinations outside of Niagara (*e.g.*, Hamilton, Toronto); the maximization of agency economic and human resources is again at issue here. In order to increase efficiency and effectiveness in satisfying preexisting needs, the opportunity to build a centrally-dispatched model presents itself.

## 2.2 Strategic Environment

Several transit systems currently service Niagara, such as *Niagara Regional Transit*, which covers parts of St. Catharines, Welland, Thorold, Niagara Falls, Port Colborne, and Fort Erie. The municipal transit systems of these cities provide some overlap in coverage. While these main services are accessible to many residents, *Niagara Specialized Transit* provides service to those with limitations imposed by medical, employment, or educational circumstances. However, specific criteria for the use of *Niagara Specialized Transit*'s service often inadvertently limit the options of clients who require such transit.

One group of particular concern is individuals living in more remote locales in Niagara who cannot access taxi services or are restricted due to health-related barriers/challenges. While transit is available in Niagara for many residents, opportunities exist to improve equitable access to services for vulnerable residents (Niagara Age-Friendly Community Initiative Year 3 Final Report, April 2013).

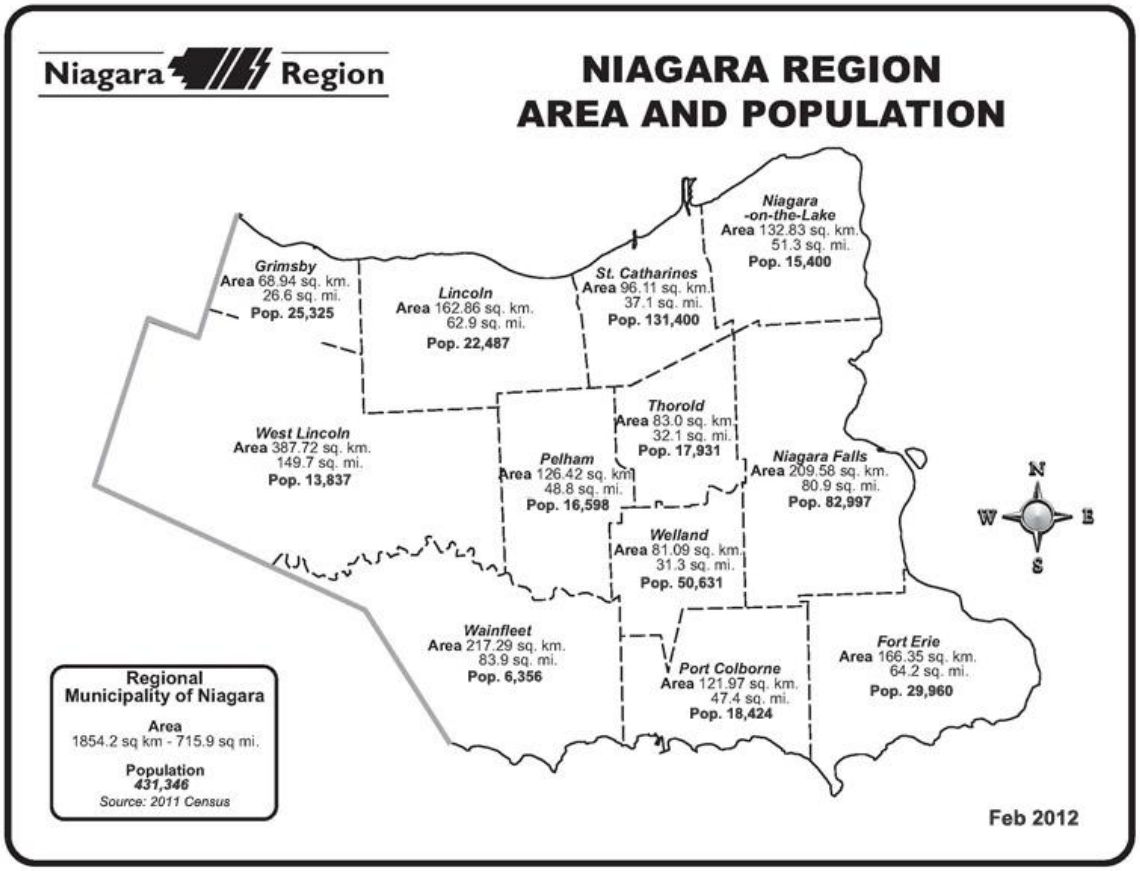
The rural-urban geography in the Niagara Region covers 1,854 square kilometers and is comprised of 12 lower-tier municipalities. The urban structure of the Niagara Region is comprised of the following:

*5 cities*: St. Catharines, Thorold, Welland, Port Colborne, and Niagara Falls
*5 towns*: Fort Erie, Grimsby, Lincoln, Niagara-on-the-Lake, and Pelham
*2 townships:* West Lincoln and Wainfleet

The population of the Niagara Region is 431,346, which is largely concentrated in urban centers (87.5%); however, a significant number (12.5%) live in rural areas (Statistics Canada, 2012). A key priority for agencies serving vulnerable people in Niagara is to ensure that vulnerable people living in these cities, towns, and outlying rural areas, can equitably access their health and human services appointments. Timely access to safe, acceptable transportation is an important element in meeting their requirements.

| Municipality | Population | Area (Sq km) | Population Density (Persons per Sq km) |
|---|---|---|---|
| St. Catharines | 131,400 | 96 | 1,367 |
| Welland | 50,631 | 81 | 624 |
| Niagara Falls | 82,997 | 210 | 396 |
| Grimsby | 25,325 | 69 | 367 |
| Thorold | 17,931 | 83 | 216 |
| Fort Erie | 29,960 | 166 | 180 |
| Port Colborne | 18,424 | 122 | 151 |
| Lincoln | 22,487 | 163 | 138 |
| Pelham | 16,598 | 126 | 131 |
| Niagara-on-the-Lake | 15,400 | 133 | 116 |
| West Lincoln | 13,837 | 388 | 36 |
| Wainfleet | 6,356 | 217 | 29 |
| All regions of Niagara | 431,346 | 1,854 | 233 |

Source: Statistics Canada, 2012



## 2.3 Drivers for Change

The Niagara region of Ontario has a population of 431,346 (Statistics Canada, 2012). Of these residents, nearly one quarter are 65 or older: 81,055 (18.8%) are age 65 or older and 23,950 (5.5%) are age 80 or older. The aging demographic of the region highlights both the current and future need for centrally-dispatched access systems as residents increasingly require assistance (Statistics Canada, 2012). People needing assistance with mental health, addictions, and other challenges such as low income often look to non-profit organizations for assistance. Twelve per cent (12%) of Niagara residents are classified as "low income" (Statistics Canada, 2012). The Canadian Mental Health Association (CMHA) Niagara Branch conservatively estimates that there are approximately 9,000 adults in Niagara who live with persistent mental illness and/or addictions. Thus, the demands on social services organizations in Niagara are often great, and they are expected to increase. Viable approaches are required to ensure that services can continue to be provided to those living in poverty, frail seniors, people with mental health and addictions challenges, limited mobility, hearing or visual impairment, or the need for life-sustaining equipment.

## 2.4 Strategic Fit

This proposal furthers the goals and objectives of participants, as each partner organization seeks to maximize the use of funds it receives to support its operations. Each partner agency is committed to serving the needs of its distinct client population, and through a coordinated model, this could be achieved with greater efficiency. Lastly, any improvement in (a) more effectively servicing the needs of client populations and/or (b) cost structure for providing transportation services is consistent with the goals of each partner agency.

## 2.5 Finally There!

The *Getting There* initiative helps to ensure that the maximum number among Niagara's most vulnerable people will have equitable access to the health and human services they require. By agencies pooling resources, individuals being served by *Getting There* partners will experience the benefits of a centrally-dispatched access model, agencies would maximize overall fleet utilization, and resources could be freed up to be re-deployed for increased impact.

The movement forward to implement the *Getting There* model for Niagara may best be served by a "phased-in approach" where a few agencies (two or three) take the lead and other agencies join the partnership in a timely manner.

## 2.6 Scope

There are three main sections within the scope of this Business Case: (i) Boundaries - what specifically is included in this proposal; (ii) Roles - specifying the roles and contribution of agencies involved; and (iii) Partnerships - describing how the *Getting There* model supports the strategic goals of each partner agency.

### 2.6.1 Boundaries

This business case proposes a redeployment, optimization, and expansion of resources used by partner agencies to provide access to health and human services within the Niagara Region as well as from the Niagara Region to Hamilton and Toronto.

### 2.6.2 Roles

It is proposed that the lead service provider in the *Getting There* model would be the Canadian Red Cross (CRC). The CRC would act as the central dispatch body to coordinate safe, acceptable transportation for vulnerable people being served by partner agencies. With the CRC as the central hub, clients would be provided with one central contact number when services are required.

The agencies involved would retain full ownership and operation of existing vehicle fleets, and would transport clients based on the availability of vehicles, proximity to final destination, and time, among other variables. The CRC would be provided with an agency listing and associated fleet availability, which would be coordinated by using *Trapeze Novus Transportation Management System*; scheduling software purchased by the CRC with support from the HNHB LHIN. This software has the capacity to be sensitive to specific requirements of individuals being served, so that the goal of providing safe, acceptable access to services is met.

The HNHB LHIN could be a central partner in supporting the development and phasing-in of the centrally-dispatched access model for Niagara's most vulnerable people.

The agencies involved would sign a *Memorandum of Understanding* to agree upon the purpose and terms of the partnership. This agreement would detail the importance of a shared service that is built upon collaboration and cooperation. See the proposed agreement in *Appendix A*.

The following agencies are engaged in building this *Getting There* Business Case, and are potential *Getting There* partners:

Bridges Community Health Centre (Bridges CHC)
Canadian Cancer Society - Niagara
Canadian Mental Health Association (CMHA) Niagara Branch
Canadian Red Cross (CRC)
Centre d'emploi et de ressources Francophones (CERF) Niagara
Centre de santé communautaire (CSC)
Community Addiction Services of Niagara (CASON)
Community Care Access Centre - Hamilton Niagara Haldimand Brant (CCAC HNHB)
Community Care of West Niagara (CCWN)
Community Support Services of Niagara (CSSN)
Garrison Place Retirement Residence
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In Communities (formerly Information Niagara - 211)
Mainstream Services
March of Dimes Canada
Niagara Age-Friendly Community Network
Niagara Community Foundation - Niagara Prosperity Initiative Convenor (NPI)
Niagara Falls Community Health Centre (NFCHC)
Niagara Health System - Patient Services & Mental Health (NHS)
Niagara North Community Legal Assistance
Niagara Region
    Community Services, Transportation Services
    Niagara Specialized Transit (NST)
Port Colborne Community Association for Resource Extension (Port Cares)
Project Support, Housing, Awareness, Resources, and Emergency (Project SHARE)
Quest Community Health Centre (Quest CHC)
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Town of Fort Erie – Fort Erie Accessible Specialized Transit (FAST-Fort Erie)
Welland Heritage Council and Multicultural Centre

West Niagara Second Stage Housing & Counselling (WNSS)
Women's Place of South Niagara Inc.
Young Men's Christian Association (YMCA) of Niagara
Young Women's Christian Association (YWCA) Niagara Region

### 2.6.3 Partnerships

This Business Case outlines the importance of partnerships among agencies, with the collective goal of providing centrally-dispatched access to health and human services for Niagara's most vulnerable people. Partner agencies would each benefit from overall increased capacity to service the combined client base of all partner agencies. The *Getting There* initiative is also consistent with decreasing the cost burden shouldered by each partner agency as they strive to assist the people they serve. Foundational to *Getting There* are the similar missions and values of the organizations, and the common desire to serve vulnerable people in Niagara.

In May 2014, over 30 non-profit organizations participated in a Niagara-wide forum to review the foundations identified to build the *Getting There* model. There was common understanding that collaboration in an equitable, respectable, and dignified means improves quality of life in the Niagara Region, while simultaneously preserving the uniqueness and integrity of each organization. Values shared by each organization include: respect, dignity, equity, inclusiveness, integration, and accountability. A sample of excerpts from partner organizations' mission statements demonstrates how the *Getting There* initiative is consistent with individual organizations' respective mandate(s):

Canadian Red Cross:
- *"Improving the lives of vulnerable people by mobilizing the power of humanity."*

Niagara Health System:
- *"Working within an integrated system for a healthier Niagara" and providing a "full continuum of care through partnerships with other health and social service providers."*

March of Dimes Canada:
- *To promote "a society inclusive of people with physical disabilities."*

Quest Community Health Center:
- *"Focusing on the most disadvantaged will benefit everyone in the community and society."*

Niagara Region Community Services:
- *To "create a Niagara that works together to achieve social justice."*

Niagara Community Foundation:
- *To improve "the quality of life in Niagara."*

Niagara North Community Legal Assistance:
- *"Working in mutually beneficial partnerships to achieve our goals."*

Women's Place of South Niagara Inc.:
- *"Values, which are sometimes referred to as character, are the basis of who we are, how we live, and how we treat others."*

United by a common set of core of values, this collaborative project fulfills and extends the individual mandate of each organization, as it simultaneously gives rise to a required and important service in Niagara – centrally-dispatched access to health and human services for the most vulnerable people in our community.

## 2.7 Benchmarking – *EasyRide*

A recent implementation of the centrally-dispatched access model occurred when five local agencies spanning Ontario's Huron and Perth counties initiated a collaborative model to ensure access services were available to

all disadvantaged people in the region. This initiative is called *EasyRide*. The initiative began for many of the same reasons this model is being evaluated for use in Niagara: common concerns and missions among the participants, a large rural area with service needs (5600km$^2$ for Huron/Perth), and many neighbouring towns—notably Stratford and St. Mary's. An aging demographic and family income slightly below median value for Ontario also framed the need for this initiative.

*EasyRide* was able to secure initial base funding of $109,000, and a single investment of $137,000. Funding to the program has steadily increased from 2009 through 2011. Funding to *EasyRide* has come from the South West Local Health Integration Network (SW LHIN), while partner organizations have continued to depend on their respective funding sources. Attempts have been made to standardize fares, though differing cost structures have prohibited full standardization. The required funding level naturally shifts with the number of partners and geographic region to be covered; and these values provide a base estimate for a five-member initiative.

The centrally-dispatched access system was coordinated through the *Trapeze Novus Transportation Management System* software. This scheduling software enables the bookings to be viewed by each partner, ensuring all commitments are fulfilled. To date, *EasyRide* coordinates a total fleet of 16 wheelchair accessible buses, five wheelchair accessible minivans, and three additional passenger minivans. In the 2012-2013 calendar year, *EasyRide* provided services to 4,000 individuals with an approximate total of 100,000 trips. While the numbers speak to the success of this initiative, clients have found the centralization of service has simplified their own planning.

*EasyRide* is available to individuals who have physical or cognitive limitations, require specialized transportation, cannot access public transportation or are in areas where public transportation is not available, and if they do not have family or friends to assist them in transportation needs. All persons using *EasyRide* are registered clients. Types of trips include: medical appointments, adult day programs, shopping and errands, social events, and facility charters. Clients are responsible for all costs associated with their personal transportation, including parking, if applicable. Fares are paid directly to the agency providing the service, and thus, costs can vary depending on the provider and location. For long distance trips, rates are charged per kilometer, and for in-town trips, flat fees apply. The central office is open Monday to Friday from 8:30am to 4:00pm to take bookings. Door-to-door service is provided and escorts are additional – their services can be arranged through *EasyRide*'s partner agencies.

Citing their own experiences in implementing this centrally-dispatched access model, *EasyRide* leaders have identified several key *success factors* that warrant mention:

- Standardization of the client intake process;
- Efficient system for scheduling and dispatching vehicles;
- Standardization of policies and procedures across participating organizations;
- A concerted effort to market the initiative in the region; and
- Providing access to hospitals and community care access centers in the region.

Another key lesson was to allocate sufficient time for (a) planning the initiative and (b) making clear what the partnership does and does not entail. This ensures fewer unknowns manifest themselves as the initiative is implemented. For successful implementation of a centrally-dispatched access model in Niagara, it will be important to heed these pointers to success.

Finally, *EasyRide* has noted its partners' struggle to continue securing funding, while having to maintain an operating budget in the face of growing demand for their services. Thus, maintaining affordable services for the vulnerable populations these organizations serve is an ongoing challenge. However, it is important to note that the *EasyRide* program is a key component of dealing with the cost and funding issue, and is enabling the efficient use of the resources *EasyRide* makes available.

## 2.8 The Proposed Model

### 2.8.1 Goals and Objectives of the Model

The *Getting There* Business Case is based upon a centrally-dispatched access model with the following key elements:

- Central dispatch technology
- Engaged agencies and points of service
- Vehicle fleet

In this model, partner organizations retain autonomy and ownership of their vehicle fleets, while allowing for the overall coordination of services for clients to be managed by the lead partner organization. The lead organization has full knowledge of resources within the collaborative, and schedules all transportation in the way that maximizes the efficiency of the overall group. This lead organization is also responsible for billing partner agencies for services provided, as well as tracking data relevant to the group's overall efficiency. This central coordination has been shown through *EasyRide*'s previous implementation to reduce the costs for all partners. On account of this centralized booking and management system, marketing campaigns focus on the service being provided through the lead partner. The standardization of client eligibility and fare structure has contributed to both the efficiency of the system and client understanding.

This model offers a number of clear advantages. First, it charts a middle course between the retention of individual partner organizations' autonomy while granting significant control to a lead organization. This enables the resources available among partner agencies to be pooled, maximizing their efficient utilization. The centralization of bookings also makes the process of requesting services straightforward.

# 3. PARTNER AGENCY SURVEY RESULTS

In April-May 2015, Niagara Connects invited the 30 agencies engaged in building the model for *Getting There – centrally-dispatched access to health and human services for Niagara's most vulnerable people,* to complete an online survey. The purpose of the survey was to gather information to inform development of a *Getting There* Business Case.

The following is a summary of the responses received from a total of 11 (eleven) respondents:

- CMHA Niagara Branch
- Canadian Red Cross
- Centre de santé communautaire (Welland)
- Community Addiction Services of Niagara
- Hannah House Maternity Home
- March of Dimes Canada
- Niagara Health System (Mental Health Program)
- Project SHARE
- Town of Fort Erie
- Women's Place of South Niagara
- YWCA Niagara Region

Organizations/agencies have been categorized first based on whether they own their own vehicle fleets. Organizations/agencies have further been categorized based on high and low volume client service providers. High and low volume client service providers have been identified based on the number of clients to which organizations/agencies provide access to health and human services in a given year. High volume agencies are those who service more than 500 clients per year, whereas low volume agencies are those who service less than 500 clients per year. The three groups are as follows:

- Transportation Focused with Fleet
- Low Volume Client Service Provider No Fleet
- High Volume Client Service Provider No Fleet

## 3.1 Location and Destination Information

Most head offices are located in St. Catharines and Niagara Falls, with one each in Fort Erie, Thorold, and Welland.

Fort Erie, Niagara Falls, Welland, and St. Catharines are the municipalities that are most serviced by survey respondents. Grimsby, Thorold, Lincoln, and Pelham are served by about half of respondents. Wainfleet, West Lincoln, and Niagara-On-The-Lake are served by three or fewer respondents. About half of responding organizations/agencies service all municipalities and provide transportation to Hamilton, while a few provide transportation to Toronto.

The most frequently requested destination is health services, averaging about half of estimated requests. The next frequently requested destinations are shopping, employment services, education and skills training, and cultural community sites. A small proportion of requests involve library and faith community sites. Other destinations mentioned include job interviews, legal services, shelters, and self-scheduled social occasions.

| What are the most frequently requested health and human services your clients wish to access? | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Health Services | Shopping | Employment Services | Education/Skills Training | Cultural Community Site | Library | Faith Community Site |
| Transportation Focused with Fleet | 3 | 1 | 2 | 2 | 1 | 1 | 1 |
| Low Volume Client Service Provider No Fleet | 3 | 1 | 1 | 1 | 1 | 1 | 1 |
| High Volume Client Service Provider No Fleet | 5 | 4 | 2 | 2 | 2 | 1 | 1 |
| **Total** | **11** | **6** | **5** | **5** | **4** | **3** | **3** |
| **Percent** | **100** | **55** | **45** | **45** | **36** | **27** | **27** |

## 3.2 How They Get There

The most common services provided by the responding organizations/agencies are city buses, taxi fare payments, Niagara Region accessible transit or local municipality accessible transit, and rides for individual clients provided by the organization/agency's driver and own personal vehicle. Other services mentioned are the provision of an accessible vehicle for which the individual provides the volunteer driver and referrals to other programs/services.

Most respondents' organization/agency does not have its own fleet of vehicles that it uses to provide access to health and human services appointments for their clients. Of the four that do own a fleet of vehicles, only one indicated that all vehicles are fully accessible (as per the Accessibility for Ontarians with Disabilities Act). Most of these vehicles are buses and full-sized vans, but some are cars and minivans. Most vehicles are not underutilized, but of those that may be available to create capacity for the centrally-dispatched access system, there are 16 minivans, three buses, three full-sized vans, and two cars.

## 3.3 Serving Clients

There is notable variation in the average number of clients for which the respondent organizations/agencies provide or arrange for transportation to access health and human services.

| On average, how many clients does your organization/agency provide or arrange transportation for to access health and human services in a year? | | |
|---|---|---|
| | **Response** | **Average** |
| Transportation Focused with Fleet | 1500 + | 1500 |
| Low Volume Client Service Provider No Fleet | 0 to 300 | 140 |
| High Volume Client Service Provider No Fleet | 501 to 1500 | 1020 |

Most respondents indicate that either 90-99% or 100% of their clients would be unable to pay for their ride, regardless of price. Most of the respondents' organizations/agencies are able to meet 90-100% of requests for transportation.

### 3.4 Drivers

Slightly over half of responding organizations/agencies have paid staff members that are providing transportation to clients. The average number of hours per year devoted to this transportation by paid staff members is 361. Most of these staff members are paid $15.01-20 per hour, plus an average of $0.45 per kilometer reimbursement.

| Do you have paid staff who are providing transportation to clients to access health and human services? | | | |
|---|---|---|---|
| | **Average hours/year devoted** | **Wage/hour for these staff members** | **Reimbursement rate per km** |
| Transportation Focused with Fleet | N/A | $15.01 – $20.00/hr | N/A |
| Low Volume Client Service Provider No Fleet | 364 | $10.00 – $25.00/hr | $0.42 - $0.47 |
| High Volume Client Service Provider No Fleet | 720 | $15.01 – $20.00/hr | $0.40 |

Of the three organizations/agencies that have conducted a cost-benefit analysis on the allocation of staff members to drive clients to appointments, one organization/agency found it was neither cost effective nor beneficial from a risk management/liability perspective; one organization/agency used it to track costs; and one organization/agency used it to define the balance between volunteer and paid drivers.

Most respondents do not utilize volunteers to provide this transportation. Of the four that do utilize volunteers, the yearly number of hours that volunteers devote to this activity ranges widely, from 200 to 24,000 hours. One organization/agency reports that volunteers use their own vehicles; two report that they use agency-owned vehicles; and yet another reports that they use a combination of both. The reimbursement rate varies from $0.45 to $0.37 per kilometer.

Most respondents do not utilize third-party contract drivers to provide transportation for their clients. Of the four that do use third-party contract drivers, the wage per hour ranges from $15.01 to over $25 per hour. The number of contracted hours per year also ranges widely, from 50 to 600. Two of these organizations/agencies say that these drivers use agency-owned vehicles, and one reports that the drivers use their own vehicles.

Including the organization/agency's own fleet, volunteer vehicles, and third-pary contracted drivers, the total number of round-trips per year leans heavily toward the lower range of "up to 5000." One agency/organization reports 5001 to 10,000 total round-trips per year. The average number of trips is 2,981. The average number of kilometers driven per year is 116,784, and is reduced to 54,581 when the high outlier is excluded.

| In total, how many round trips are made per year by your organization's / agency's vehicle fleet including any owned vehicles, volunteer vehicles, and/or vehicles by your contracted transportation provider's fleet to help people access health and human services? | | |
|---|---|---|
| | **Trips per year (range)** | **Approx. trips per year** |
| Transportation Focused with Fleet | 5,001 to 20,000+ | 31,000 |
| Low Volume Client Service Provider No Fleet | Up to 5000 | 700 |
| High Volume Client Service Provider No Fleet | Up to 5000 | N/A |

## 3.5 Budgets and Funding

Most respondents budgeted $5,000 to $15,000 or more than $50,000 in the past year for providing transportation to help clients access health and human services. The average amount is $66,790. The results are the same for the amount spent in the past year, but the average is slightly lower at $61,187.

One organization, part of 'High Volume Client Service Provider No Fleet,' provided detailed information involving the costs associated with transporting clients. For the fiscal year 2014/15, the total cost associated with contract drivers was over $50,000, with an average cost of $552 per trip. The total cost associated with other transportation services, namely taxicabs and city transit, was over $41,000 for the year. This yields a total of over $90,000 per annum in client transportation costs for that organization.

Of those respondents that receive government funding to support these transportation services, most receive it from The Regional Municipality of Niagara and the Province of Ontario. Some receive funding from local municipal governments, such as the Town of Fort Erie and the City of Niagara Falls.

## 3.6 How Would a Collaborative Centrally-Dispatched Access System Be Advantageous To Organizations/Agencies?

Four respondents emphasized the impact on client experience, particularly that it would help them to get to necessary appointments, receive a better level of service overall, and avoid being referred other organizations/agencies while in crisis. Three respondents indicated that this system would make current services more efficient and would make better use of the resources they already have.

The following is a list of comments from survey respondents regarding how a centrally-dispatched access system would benefit their organization:

- *It may provide rides to bring current transportation services to full capacity.*
- *This collaborative model certainly could work, but our organization is reliant on volunteer drivers.*
- *It would help our clients get to needed appointments.*
- *Taxi fares are rising.*
- *Perhaps, this model would create a better coordination of rides and would prove to be more cost effective and efficient. If this were the case, then we would be in a position to provide more rides and expand what we provide rides for.*

- *The clients that require services are usually those in crisis and are being directed to various areas in the region.*
- *There would be more clients accessing transportation for shopping, social, health appointments, and jobs.*
- *A one stop no cost agency would be invaluable. It would get clients to where they need to go without over taxing our staff hours and resources.*
- *The coordinated model would provide an increased productivity of vehicles.*

# 4. ANALYSIS & RECOMMENDATION

## 4.1 Survey Analysis

### 4.1.1 Key Efficiency Gains

From the analysis of the survey results, four key efficiency gains have surfaced as the key outcomes that result from implementing a centrally-dispatched access model. These gains create the foundation that will allow partner organizations to make additional resources available and therefore, be able to provide additional access to health and human services for Niagara's most vulnerable people.

*(a) Increased Utilization*

- Increased vehicle fleet utilization brings additional revenue by providing transportation services for partner organizations (client/agency pays for the ride), while maintaining current fixed costs.
- Canadian Red Cross has *Trapeze Novus* software that is currently underutilized.

(b) *A More Efficient Use of Human Resources*

- Many organizations are using staff to provide transportation, but this model could result in more effective use of staff resources. Staff members are paid an hourly rate above a standard driver's rate (*e.g.* $30 per hour vs. $15 per hour).
- Potential elimination of contract drivers, bus fare expenses, and/or taxi cab expenses. These costs will be replaced with a fee to support the central transportation coordination service, which leads to total cost savings.
- Decrease in individual agency indirect costs (cost of driver getting to the clients).
- Increased staff efficiency at Canadian Red Cross. This may create the potential to add other services or integrate other services into the *Getting There* initiative *(e.g.* delivery option for Meals-on-Wheels).

(c) *Efficiency Gains Through Shared Transportation*

- Pooling with another client has the potential to become a "free ride" for the agency client, as the other client(s) cover the cost incurred by the transporting agency.

(d) *Inter-Municipal and Long-Range Transportation*

- Allows for connections to pre-existing inter-municipal and long-range accessible transportation (*e.g.* to access destinations in Hamilton and Toronto).
- Creates the opportunity for engagement with current plans to strengthen seamless inter-municipal transportation in Niagara.

## 4.2 The Adapted Model

The *Getting There* initiative proposes the implementation of a centrally-dispatched access model similar to *EasyRide*. A *Brokerage-Central Coordination* framework for service delivery would be adopted (Rural Ontario Institute and Accelerating Rural Transportation Solutions Initiative, 2014).

A phased-in approach would see at least two local agencies providing services to vulnerable people in the Niagara Region taking the lead to form a collaborative partnership to provide centrally-dispatched access to health and human services for their clients. Other agencies would join the collaborative in a timely manner.

The *EasyRide* initiative began over common concerns and missions among local agencies in a largely rural area with people requiring access to health and human services. A collaboration of Niagara agencies could build on what *EasyRide* leaders have learned to create a model that serves vulnerable people in our community.

The centrally-dispatched access system would be coordinated through the *Trapeze Novus Transportation Management System* software purchased by the Canadian Red Cross with funding support from the HNHB LHIN. This scheduling software enables the bookings to be viewed by each partner, ensuring all commitments are fulfilled. Taking into account the responses to the 2015 *Getting There* survey, a model for Niagara could potentially coordinate a total fleet of at least 12 minivans, three buses, three full-sized vans, and two cars. Again, based on survey responses, services could be provided to at least 4,000 individuals with an approximate total number of 30,000 trips per year.

The proposed *Getting There* model would be available to individuals who: have physical or cognitive limitations, require specialized transportation, cannot access public transportation or are in areas where public transportation is not available, and/or do not have family or friends to assist them in meeting their access and transportation requirements. All persons being served would be required to be registered clients. Types of trips would include: medical appointments, adult day programs, shopping and errands, employment and training/education appointments, social events, and facility charters. Fares would be paid directly to the agency providing the service, and thus, costs would vary depending on the provider and location. For long distance trips, rates would be charged per kilometer, and for in-town trips, flat fees would apply.

## 4.3 *Getting There* Initiative Justification

We have seen that similar to the situation in the Huron/Perth area of Ontario, the Niagara Region has considerable rural terrain where transportation services are limited. Niagara has an aging population and a substantial group of economically disadvantaged individuals. Funders are pressing organizations dedicated to providing service to vulnerable persons to demonstrate increasing value for dollars invested. Given the similarities between Niagara and Huron/Perth, the successful implementation of *EasyRide*, and the availability of the resources to implement a similar system in Niagara, the development and implementation of a program modeled on *EasyRide* is the best way to launch the *Getting There* initiative in Niagara. Furthermore, leaders of *EasyRide* have been open about their successes and struggles, and are willing to help others attempting to address accessibility challenges. The expertise of the leaders of the *EasyRide* model could be used as a source of external advice should challenges arise as partners in Niagara develop a collaborative model.

### 4.3.1 Benefits

#### To Clients

- Easy to use – A single phone call to a live operator.
- User-friendly – Once registered, clients only need to provide name and verification.
- Equality of Access – Each caller is treated with the same priority.
- Availability of Rides – Clients can be transported by any partner organization.
- Consistency – Clients can expect the same quality service.

#### To Partner Agencies

- Standardization – Creates a safe and reliable experience for clients.
- Increases Capacity – Partners can service more of their clients and free up resources.
- Expands Service Area – Partners limited by budget and location can service a larger area.

- Minimizes Total Number of Trips – Shared transportation allows for trip minimization.
- Increases Resource Utilization – Utilization of vehicles, software, and other resources can be increased.

#### To Provincial, Regional, and Municipal Governments

- Efficiency and Sustainability – Provides an efficient and sustainable centrally-dispatched access model for transportation.
- Immediacy of Need – Addresses an immediate need for access to health and human services.
- Accountability – Increases accountability through consistent performance indicators and transparent reporting.

### 4.3.2 Costs

#### To The Lead Agency

- Dispatch Office Administration – Costs associated with creating and operating the call center.
- Routing Software – Costs associated with the purchase or upgrade of the routing software.

#### To Partner Agencies

- Purchase of Vehicles – The purchase of any additional vehicles to meet demand requirements.
- Volunteer and Contract Driver Administration – Costs associated with hiring and managing drivers.

# 5. IMPLEMENTATION

There are three streams for implementing *Getting There:*

- Formalizing the Partnership
- Implementing the Model
- Expanding the Partnership

The first two streams would commence immediately upon approval, and will result in the initial implementation of the model through a formalized partnership of two to three organizations/agencies. The third stream builds on the successful implementation of the model and aims to bring other agencies into the partnership in time.

## 5.1 Formalize the Partnership

The first stream involves the following:

- Software installation and testing.
- Develop standard operating terms and conditions for all parties involved.
- Develop common practices, regarding definition of service, client confidentiality, and method of ride confirmation.

## 5.2 Implement the Model

The second stream involves the following:

- Install 1-800 (toll-free) number.
- Train staff to use the software.
- Develop secure processes for transmission of information between agencies.
- Launch software system.

## 5.3 Expand the Partnership

The third stream involves the following:

- Align transportation services with partners.
- Reach out to develop further partners in the Niagara Region.

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# APPENDIX A. Memorandum of Understanding *{Draft}*

***Note***: This draft Memorandum of Understanding (MOU) is based on the *EasyRide* program; it is *revised* here for the *Getting There* model.

## *GETTING THERE*
## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is made as of the first day of [MONTH], [YEAR].

AMONG,

- **[Agency A]**
- **[Agency B]**
- **[Agency C]**
- **[Agency D]**

### PART ONE:
### *INTEGRATED TRANSPORTATION SERVICE DELIVERY AGREEMENT*

The following parties have formed a collaborative upon the terms and conditions in the Memorandum of Understanding dated [MONTH] [DAY], [YEAR] to ensure integrated delivery of transportation services in the communities served by the parties. The purpose of this agreement is to:

- Facilitate a spirit of collaboration and cooperation;
- Recognize that the parties have a mutual obligation to support the successful delivery of shared services;
- Build a commitment to maintaining a strong long-term relationship;
- Define the structure to support the *Brokerage Central Coordination* model of service delivery; and
- Provide mechanisms for the prompt resolution of issues and problems.

#### PARTIES TO THE AGREEMENT
The parties to this Agreement represent volunteer, not-for-profit charities, and government organizations, working together as leaders to create a seamless system of transportation for vulnerable and underserved populations.

#### PERIOD OF AGREEMENT
The term of this Agreement commences on [MONTH] [DAY], [YEAR] and ends on [MONTH] [DAY], [YEAR].

## PART TWO:
## *THE COLLABORATION*

### PURPOSE
This collaboration enhances the capacity of service to our existing and expanding client base through a *Brokerage Central Coordination* framework for the transportation services provided by the parties in the Niagara Region. This collaboration provides a one-stop resource for clients to request transportation services, thereby providing a highly efficient transportation system for clients.

### GOAL
This collaboration enables a coordinated transportation system to be established in the Niagara Region, which will ensure that all vulnerable persons can access the essential health and human services they require.

### OPERATION
The [NUMBER] parties named herein each offer various forms of transportation services within the Niagara Region for eligible clients. These organizations provide services to vulnerable persons using various types of vehicles (*e.g.*, small accessible buses, accessible full size vans/minivans, and regular full size vans/minivans). Use of the vehicle fleet in support of any health and human services needs of the clients would be consistent with the aims of the this collaboration.

These organizations came together to develop a centrally-dispatched access system for vulnerable people in the Niagara Region. Additional funding flows to [LEAD AGENCY NAME], the lead agency, from [FUNDING SOURCES] to maintain the central coordination system. This integrated transportation system is marketed across the Niagara Region as the [COLLABORATIVE ENTITY BRANDED NAME] program.

Operating principles for those who provide transportation within this collaboration include:

1. Development of a "Policies and Procedures Manual" for the operation of [COLLABORATIVE ENTITY BRANDED NAME]. This document is reviewed yearly.
2. Central intake of clients through a common, local, and toll-free phone number. New clients are screened for eligibility and referred to the most appropriate local organization for registration.
3. Coordination of service will utilize scheduling software (*Trapeze Novus*) to maximize overall efficiency. As the central coordinator, the [LEAD AGENCY NAME] is responsible for staffing the office, making service reservations, placing clients onto available and appropriate vehicles, and dispatching/tracking the vehicle fleet.
4. Integration of the central scheduling software and each local organization's database supplying client and worker/volunteer information. Limited levels of information a access addresses potential privacy concerns, but allows sufficient access to client information to safely and efficiently schedule trips. Collection of trip information on the central database is used for billing and statistical analysis.
5. A central brand –[COLLABORATIVE ENTITY BRANDED NAME]–is used and promoted by each agency. A common understanding of the purpose and operational parameters for [COLLABORATIVE ENTITY BRANDED NAME] is shared with clients by all participating organizations. Local organizations will transfer any client trip scheduling calls to [COLLABORATIVE ENTITY BRANDED NAME]'s central hub, and [COLLABORATIVE ENTITY BRANDED NAME] will transfer any new client registration calls on to the most appropriate local organization.
6. Each local agency vehicle is equipped with a cellular phone for information sharing between the central coordination center and the vehicle driver using the scheduling software mobile application. Cellular phone usage is restricted to phone and email services.
7. *COST STRUCTURE AGREEMENT – {to be determined}*.
8. Local organizations will be responsible for ensuring vehicle and driver availability within established hours of service. These hours may be different for vehicles within an agency and/or between agencies due to operating constraints.
9. Local organizations are responsible for the maintenance of their own vehicle fleets.

## PART THREE:
## *GOVERNANCE*

### COLLABORATION MODEL
The leadership for this initiative will include one representative from each collaborating organization. If sub-groups and/or work committees are developed in due course, those bodies may include additional representatives from the collaborating organizations as agreed. In addition, with the agreement of the leadership, other staff members may be invited for presentations to provide useful information/opinions, or simply to observe.

### MEETINGS
There will be a minimum of [NUMBER] meetings per year. There is an expectation that the leadership of this initiative will be present at these meetings. Quorum for holding a meeting is [NUMERATOR] of the [DENOMINATOR] collaborating organizations are present.

### DECISION MAKING
All collaborating organizations have a voice in the decision-making process (consensus method is to be used). If all parties are not present, the leadership will poll and make every effort to get agreement before proceeding. In the absence of consensus, [NUMERATOR] of [DENOMINATOR] will be sufficient to advance the motion. All organizations are expected to uphold decisions made by the group and speak with one voice on issues affecting its initiatives.

### CONFLICT OF INTEREST
Conflict of interest is defined as any situation where a collaborator's personal interest, whether direct or indirect, financial or otherwise, or those of a family member, close friend, business associate, or organization in which the collaborator has a significant interest, or a person to whom the collaborator owes an obligation could influence the collaborator's decisions and impair the collaborator's ability to fulfill the objectives of the [COLLABORATIVE ENTITY BRANDED NAME] or represent the initiative's interests fairly, impartially and/or without bias. A conflict of interest also occurs where a responsible, well-informed individual believes that a collaborating organization has a conflict of interest.

The success of [COLLABORATIVE ENTITY BRANDED NAME] depends on the integrity of each collaborator. If a collaborator should identify a conflict or have any concerns whether a conflict of interest may exist, it should identify the conflict or potential conflict and absent itself from any discussion or decision regarding the matter in which such a conflict was declared, unless the leadership specifies otherwise.

### CONFIDENTIALITY
On account of this agreement, collaborating organizations may have access to information, documents, reports, and contracts, among other materials, relating to other collaborators. All collaborators will treat any information acquired from or about the other collaborator(s) and their clients as strictly confidential. No collaborator will disclose such information to any other person, directly or indirectly, except where disclosure is required by law or is with the other collaborator's prior written consent.

### REPRESENTATION
[LEAD AGENCY NAME] is the lead agency for this collaborative initiative, [COLLABORATIVE ENTITY BRANDED NAME].

## **PART FOUR**:
## *TERM AND TERMINATION*

### TERM OF AGREEMENT
This agreement shall commence on [MONTH] [DAY], [YEAR] and continue until:

(a) Such time as the consenting parties agree to terminate the agreement; or
(b) The term expires and is not renewed.

### TERMINATION
Any collaborating organization can withdraw from this agreement for any reason on 60 days notice in writing to the other collaborators. If a matter arises concerning the appropriateness of one organization continuing as a party to this agreement, that organization can be removed from the [COLLABORATIVE ENTITY BRANDED NAME] initiative by a majority vote of [NUMERATOR] of [DENOMINATOR] collaborating organizations.

### DISPUTE RESOLUTION
In a spirit of collaboration, it is expected that each organization will make every effort to identify and communicate issues promptly. In the event that an issue(s) arises where agreement cannot be reached, the support of an outside mediator will be sought to assist the organizations in restoring harmony. The mediator shall be paid his or her reasonable professional fees and disbursements for acting as in this role. Expenses related to this outside mediator will be shared equally between [COLLABORATIVE ENTITY BRANDED NAME] and the local agency or agencies involved.

### SIGNATORIES
Executed on behalf of the parties by their duly authorized representatives:

**Agency A**

_____
*I have the authority to bind this organization*

**Agency B**

_____
*I have the authority to bind this organization*

**Agency C**

_____
*I have the authority to bind this organization*

**Agency D**

_____
*I have the authority to bind this organization*

**Agency E**

_____
*I have the authority to bind this organization*

**Agency F**

_____
*I have the authority to bind this organization*