



Final Report Form and PowerPoint Guidelines

The purpose of this report is to document the strategies you implemented for this project, the outcomes, and to help others learn from your experience. Please be honest about any challenges you faced, or things you would have done differently. Some of the information and photos/graphics from this report may be made available to the public, but we will get your permission in advance.

There are no character limits, but be as concise as you can, while including all pertinent information and data you have collected. Most questions are required, but some are noted as being optional. You can fill out this form in SurveyMonkey Apply or you can type your responses in Word and email them to your project manager with any other files you want to submit. This report is due no later than March 31, 2023.

EXECUTIVE SUMMARY

- Please provide a 1-3 paragraph summary with the crux of what people need to know about your project and the key outcomes.

The National RTAP funded program in South Dakota provides rides for medical purposes to the transportation challenged individuals in a multiple county area in Northeastern and Central South Dakota. The National RTAP grant was awarded to River Cities Public Transit based in Pierre, South Dakota with partners in Codington and Roberts Counties (Watertown Area Transit) and was locally known as **Rides To Wellness**.

The intent of the program is to work with medical providers and demonstrate that by covering the costs of medical transportation, for those with limited access to transportation, that you can not only improve the health of people but create an ignored revenue stream for these providers. Target audiences were Native Americans, Veterans, Seniors, People with Disabilities and the General Public in rural areas of the state. It was hoped that by the end of the grant, medical providers would clearly see the benefits to themselves and assist the three transits in securing ongoing funds to ensure sustainability.

Lastly, some funds were provided through the grant to develop an App so that those needing rides can schedule these rides through their cell phones or other personal devices.

TELL YOUR PROJECT'S STORY - Who, What, Where, When, Why & How

- Describe where your agency is located and the service area for the project.

Grant was awarded to River Cities Public Transit based in Hughes County (Pierre, South Dakota). Service area was the Hughes County, Codington Co. (Watertown, SD) and Clay Co. (Vermillion, SD) areas and additional counties served by those transits. Early in the process, Clay County

dropped out of the grant and Codington County merged service areas with Roberts County (Sisseton, SD). Sisseton is home to the Sisseton Sioux Tribe.

Total service area included an eleven county area around Hughes County and an eight county area around Codington and Roberts Counties.

- What was the problem or need that this project hoped to address?

Meet the medical transportation needs of unmet populations within these counties. Medical patients that have no, or unreliable transportation and may live a ways from needed services.

- What were the original project goals, and did they change at all over time?

Develop MOU's with medical providers in Hughes, Codington and Roberts Counties to provide medical rides to those medical centers for individuals who have no, or unreliable transportation, or those who rely on others for transportation. The MOU's would ask the medical provider to make the transportation arrangement on behalf of the individuals and look for ways to pay for rides when the program ends. Medical provider personnel will train patients how to use developed App software so the individual can make their own future medical ride arrangements.

Goals changed somewhat in that they were expanded to serving veterans in these counties to go to VA facilities. River Cities Public Transit has a grant to serve veterans in Highly Rural Counties, but not in counties with too much population such as Hughes, Codington and Roberts Counties. We worked with the Veterans Service Officers (VSOs) in these counties to refer veterans and train on the App for transit dispatching services.

- Who were your project partners? Who was your most effective partner?

Hughes Co. – River Cities Public Transit; Urban Indian Health Clinic; Veterans Affairs;
Codington County and Roberts County - Watertown Area Transit;
Community Transit-Sisseton, Urban Indian Health Clinic, Veterans Affairs – both counties

Most effective partner – Urban Indian Health Clinics in both Hughes and Roberts Counties

- Who was the target audience for the project?

Individuals with unmet medical transportation needs – Native Americans, Veterans, Elderly, People with disabilities, General Population. Examples include - Individuals who may not have a driver's license, may not own a vehicle, may have unreliable or a broken vehicle, may rely on others for transportation, may not drive in bad weather, in the dark, or from rural to metro areas due to increases in traffic.

- What strategies did you use to implement the project?

Each county targeted medical service providers whose population served may have unmet needs in transporting patients for their services. In Hughes County it was Native Populations and

Veterans; Codington County it was mostly Veterans and in Roberts County it was mostly Native Populations and veterans.

- What resources did you use? (e.g., outside funding, technology, technical assistance, consultant expertise, training, partners, etc.)

We developed an app for phones so a rider could schedule their own rides (final beta testing in process). We developed an MOU with each partner within a county and part of the MOU was asking for help to find future funding for the project when RTAP funds end. We also asked each medical provider we developed an MOU with, to route all Medicaid eligible riders to the transit provider for billing purposes. Training on scheduling rides was provided to each MOU partner.

- Did the project follow your anticipated timeline? If not, why?

Yes for the most part. App software development was a bit behind schedule and only recently was provided and is being field tested with a group of riders now. Estimated full usage is March 31, 2023 provided no glitches.

- Is there a website or page where one could learn more about your services related to this project? –
OPTIONAL <https://www.rcptransit.com>

Please include in this document (or submit separately) any maps or other images that help provide context or demonstrate the impact of your project. Maps to be included in the PowerPoint Presentation.

OUTCOMES, IMPACT & PERFORMANCE MEASURES

- What were the project outcomes? Did you achieve your project goals?
 1. Provide rides to cover any unmet needs within the counties. We fully used all funds that were targeted towards providing rides.
 2. Sustainability – Urban Indian Health Center (UIHC) is referring all Medicaid eligible rides to River Cities Public Transit. UIHC has entered into a monthly contract to provide rides from Standing Rock Sioux Tribal area to the UIHC in Pierre. They are also exploring the establishment of Opioid, Substance Abuse, and AIDs evaluation programs and individual/group counseling. As a part of these programs UIHCs will apply for grant dollars to provide transportation to these services.
Veterans have been initially funded through VFWs and American Legion Posts in Hughes, Codington and Roberts Counties. However, the demand will outstrip the supply and additional funding sources will need to be secured.
 3. Develop an App so riders can schedule their own rides in the future. – This is a bit behind schedule with App developer being available, understanding the issues, making corrections and field testing. There is an App presenting being field tested with a few riders.
- What impact has this project had on passengers, partners, the transit agency, and/or the broader community?

One of the partner agencies, Urban Indian Health Center, has entered into a contract for monthly rides to their clinic. They have also agreed to refer all Medicaid eligible rides to RCPT to provide, and bill, the service. UIHC is looking into funding the transportation needs of patients going to an Opioid Addiction program and a Living with AIDs support group. These would be for a native population living independently within Hughes County or on the Cheyenne River Sioux Tribal reservation lands.

- If you have testimonials from people impacted by the project, share them here, ideally with their name and who they are (rider, partner, etc.). You can also share a link to any video testimonials.

“I am very happy to hear that the grant was well utilized. It definitely shows there is a need for services in our area. We have a grant manager who has written some grants for CHW services at SDUIH. What that will allow is more in home cares for our patients who are older and /or struggle with getting to the clinic. Since they will be tied up doing more in home cares, we would greatly appreciate the ability to use RCT for more of our in town transfers to the clinic that are primarily for our Medicaid patients and patients struggling with substance abuse disorders.”

Tami Hogie-Lorenzen, DNP,FNP-BC
Chief Medical Officer
South Dakota Urban Indian Health

- Please share your performance measures here and/or as a chart or spreadsheet attachment.

Total trips provided, with total number of unduplicated riders.

Ethnicities – Caucasians; Black/African Americans; Hispanic Origin; Native American, etc.

Categories – Elderly Ambulatory; Elderly Non-Ambulatory; Disabled Non-Ambulatory;

General Public (Veterans included in all categories)

Miles driven – Out-of-town only (local miles are not tracked since they are a flat charge – not a per mile rate.

Average mile per trip

Cost per mile

- Were your initial performance measures valuable, or how have they changed? How will you measure the value of this project going forward?

Categories of riders changed with the emphasis on Veteran rides in the Codington and Roberts Counties. We found that veterans were included in all categories - Elderly Ambulatory, Elderly Non-Ambulatory, Disabled Non-Ambulatory and General Public. We hope to pull out Veteran demographics going forward.

- *Please include in this document (or submit separately) at least one chart or spreadsheet to show the data you collected for your performance measures and the impact of your project.*

416 trips provided, with 45 different people.

Ethnicities – Caucasian – 32, Native American – 12, Hispanic – 1

Categories – Elderly Ambulatory – 21, Elderly Non-Ambulatory – 3, Disabled Non-Ambulatory –

Miles driven – 51,943 (local miles are not counted since local rides are charged as a flat rate/ride not \$/mile driven. Total local miles driven are not tracked.

Average miles per trip - 130

Cost per mile – roughly \$1.40

ACCOMPLISHMENTS, CHALLENGES & LESSONS LEARNED

- What about this project are you most proud of?

MOU and subsequent contract for services with the Urban Indian Health Center in Pierre. This will allow for on-going funding/sustainability for the program and allow for expansion of service to Opioid and HIV assessments and counseling services.

- What challenges or barriers did you face, internal or external?

- Receiving MOU's from transit partners on a timely basis (Internal challenge)
- Receiving monthly bills from transit partners to meet billing requirement submission dates (Internal challenge)
- I anticipate a problem moving forward training users and staff to use developing App to request/schedule rides (External challenge).

- What would you do differently if you had the chance?

Work more with medical facilities, clinics, hospitals to serve patients of theirs with unmet transportation needs to demonstrate how well this effort helps them to bring in paying patients. Costs they can recoup from billing for service more than covers the transportation costs of getting them to the medical appointment. This would lead well into sustainability of the project. Not relying on donations from organizations supporting veterans.

- If another transit agency was about to start a similar project, what would you want them to know? What could other stakeholders (government agencies, local businesses, advocates, riders, etc.) learn from your project?

Define your target audience, geographical area to be served, and services to be provided and stick with those. It is too easy to expand your reach outside your defined area, or pick up folks who do not meet your criteria. This just waters down your results and you do not get a true picture.

- *Please include in this document (or submit separately) any other files that demonstrate your project outcomes. (e.g., updated marketing materials, reports from consultants, etc.) – OPTIONAL*

Sample Memorandum Of Understanding (MOU) attached.

PROJECT SUSTAINABILITY

- What is the future of the project or service? Is ongoing funding secured?

Yes, but limited. A monthly contract with Urban Indian Health Center has been accomplished. Additionally, small amounts from VFWs or American Legion Posts have been secured, but is not enough to sustain an on-going project.

- How will your partnership(s) continue after this project?

Partnership will continue with Urban Indian Health Center due to month contract for rides. Also, the exploration of additional dollars to provide transportation to two new support groups – Opioid Addiction and AIDs

- Will any policies, plans, or procedures that were developed during the project continue to be used?

Not at this time.

- Would you have been able to implement this project/service without this grant? (Yes, No, Unsure)

No

- Is there anything else you want to share about your project that did not fit into any of the questions above? - OPTIONAL

POWERPOINT GUIDELINES

- In addition to answering the above questions, please submit a PowerPoint (or conference poster) either in SurveyMonkey or via email to your project manager. If you are interested in doing a conference poster and would like to learn more or see a template, let us know!
- The presentation length should be approximately 15-20 minutes or 15-20 slides and should utilize the Widescreen (16:9) format.
- The audience for the presentation is primarily other rural or tribal transit agencies, but also potentially local, state, or federal agencies or other transit stakeholders.
- Tell the story of the project, with who, what, where, when, why, and how, just to give enough context. Then focus on the outcomes and the lessons you learned and what others can learn from the project.
- Use pictures, maps, and charts to depict your geographic area, service delivery, operations, performance measures, and/or community impact, etc.
- Include testimonials from those involved and impacted, if possible.