Wednesday, December 7, 2022
9:30am – 10:30am
Remote

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Attendance: Phirun Lach (Sound Generations) Sherry Jennings (Snoqualmie Valley Hospital), Staci Sahoo (Hopelink) Jonathan Prociv (CCS) Roz Novikova (Hopelink) Rochelle Jones (Hopelink), Aaron Flaster (research coordinator with UW), Gabrielle Hodges (CCS)

Staff Support: Bebhinn Gilbert, Heather Clark

9:30 – 9:45am  Welcome & Introductions
Bebhinn opened the meeting with a review of the agenda and the Coalition’s welcoming statement.

9:45 – 10:15am  King County Mobility Coalition Action Plan - UPDATE

Goals:
- Introduce county-wide project
- Brainstorm together
- We use action plans as a road map to help us match projects with needs in the community
- Goal is to develop a three-year action plan
- Engage with coalitions and community groups to inform the plan

Past action plans have led to:
- Access to healthcare
- Veterans transportation
- Emergency Management Coordination
- Education and Outreach
- Suburban and Rural areas
- Livable communities
- Access to work and school
- Other successes
  - Mobility rewards
  - One call one click
  - Free youth fare
  - Access to work and school roundtable
How to (continue to) engage in this process/Timeline:
• Bold brainstorming
• Upcoming subregional meetings
• Impact maoping
• Narrowing and prioritizing
• Review draft strategies
• Vote for adoption (May)

What do we know about healthcare access?
- TNC’s (Uber/Lyft) are taking on a larger share of healthcare trips
  - Raises accessibility concerns
- Enrollment wait times and processes are difficult to navigate
  - Can be difficult not only for the patient, but for coordinators to navigate
- Same-day options are limited
  - Increasingly more difficult by driver shortage
  - Has become a preferred service and expectation in the community, but the network was not built to support this expectation
- Coordination is possible!
  - Mobility rewards
  - Vaccine transportation helpline (concierge service)
  - There is a will, a willingness, and an opportunity

What else do we know about the state of healthcare in our community?

Roz – Medicaid –Biggest fear is that car is late or does not appear. Riders need better contact information if something doesn’t go as planned. Bebhinn, yes, communication clarity is important.

Staci – an article about use of public transportation for older adults to get to medical appointments. Reliability in general. Appointments are fixed. People aren’t able to get to their appointments on time due to reliability issues. Opportunity for healthcare institutions – are they willing to help fund a solution? Medicare Advantage? Communication with insurance companies to help ensure people can get to their appointments.

Sherry – Some of the hurdles we have – transition coordinators trying to make things easier for everyone. Not all patients are built the same way. Not all vehicles can accommodate all patients. Drivers can’t assist patients do their door if that is needed. A lot variables. There are major challenges, in addition to mental health factors.

Topics for information or exploration:

2022 Meeting Topics:
- NEMT
- Covid Vaccine access
- One call one click
- ACS Road to Recovery
- Public Health Taxi Vouchers
- Winter weather critical medical care procedures
2023 Meeting options:
   o Information sharing
     o Updates to existing services
   o Advocacy
     o Eligibility criteria improvements
     o TNC Accessibility
   o Projects
     o Seek funding for pilots and programs
     o Test one-call/one-click (Find a Ride)

What structures do we need to invest in to increase healthcare access in King County? The region?

Sherry – Communication. A communication structure will make an impact. We have a tight network, when someone needs transportation in the moment and we know who can fill the need. We need to know the paths and solutions in the moment, to meet very specific needs.

Roz – People who are not on Medicaid, or Access eligible. What can we do to help them access healthcare? They depend on volunteer programs. Stability of volunteer networks. United Way and 211 often can’t fill the need due to distance. Geographical constraints.

Jonny – We are in a weird place volunteer-wise. We do not have enough. We try to get volunteers in the area in which they serve. That also means that our volunteer pool is a lot smaller. Structures we need to invest in will require funding to recruit county-wide. Places where people are under-served are a priority but, in many ways, we don’t have the tools we need to do that. How do we quantify success to funders? How do we show that success?

Roz, Stipend for volunteer drivers? Americorps.

Staci – mileage reimbursement needs to be increased.

Jonny – we did get an increase, but most volunteers do not want the reimbursement. That is not their motivation.

Heather – being involved in comprehensive plans to ensure that as cities grow, they keep in mind access to needed resources.

Bebhinn – what action do we want to take together? What opportunities do you see for making progress in this challenge?

Jonny – interesting thing in our healthcare system. What Staci said – we have to be moving toward guaranteed rides to access healthcare. That should be covered by all insurances, all the time. That being said, if we are serious about filing in the gaps, on my end, I see our volunteer program filling in gaps in the system. Odd drives. We need support so we can do our jobs the best we can. We would like to see our jobs be obsolete, but I do not see that happening. We need to set up smaller structures, like access for rural areas and have dispatchers and drivers set up for that since it is a unique situation – it would require state funding.

Bebhinn – where do you stand on a shared volunteer pool? Jonny – yes, we have talked about this especially in regard to training. I think it would be fine. Shared drivers and shared equipment, but logistics are a challenge. It’s the nature of a lot of volunteers, and volunteer retention. There is a competition among organizations for volunteers. What are we giving up if we share volunteers? Does
it undermine our work? I am not sure how it would look. Have our volunteers train in vehicles, use vehicles, report to…?

How do you want to take action together?

Roz – some successes to clients – share information.

Bebhinn – have this space be similar to the EATS group. Figuring out funding sources together and sharing information about opportunities. Reporting successes to funders can be a barrier in terms of shared volunteers.

Jonny – Having support has been tremendously helpful. Having a network is really helpful. Knowing what is out there. How do we push people who are requesting grants – how do we ask them (WSDOT) your high priorities are… but we are perhaps seeing something else. Can we get WSDOT to prioritize funding volunteer programs?

Bebhinn – guaranteed rides home, for example.

Jonny – there is a lot of stuff that needs to happen on a governmental level to make this workable.

10:25 – 10:30am  **Next Steps**

- The King County Mobility Coalition Action Plan project will continue into 2023. Key events and milestones include a meeting in January to discuss ease and impact. Bebhinn will follow up with all KCMC partners with details once they have been finalized. Please pencil in the date: January 26 from 1-3 PM.

- The Access to Healthcare Committee will meet again in the New Year at our standard time and schedule.

**Next Meeting:** February 1, 2023, from 9:30am to 11:00am, remote Zoom meeting

**King County Mobility Coalition Staff Support:**

**Bebhinn Gilbert** (she/her), Program Supervisor  
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