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00:18

Good afternoon, everybody. My name is Amy Conrick. I'm the Director of the National Center for Mobility Management. Thank you so much for joining us today. I'm delighted to be joined in this webinar with two esteemed colleagues, Laurie Egan from Iowa, and I'm gonna let them introduce themselves and Jack sallow from New York. Laurie, give them a better introduction than what I just did.

00:45

Thanks, Amy, for inviting me. I'm Lori again. And I am currently the Transportation Director in northeast Iowa Community Action Corporation here in Dakota, Iowa. And we provide public transportation services to the five counties in the very northeast corner of the state of Iowa. We're very rural. We provide 5311 services. And we focus on and also folks with a focus on any EMT services for those who need it in our service area.

01:20

Great. Thank you and Jack, introduce yourself if you don't mind.

01:23

Yeah, thank you, Amy. Jack, say hello, I was the executive director of the Rural Health Network of South Central New York for 17 years. And I semi very semi retired in June of 21. And I've been doing some interim Executive Director work since that time, also some executive coaching, and rural health network of South Central New York pulled me back in in August, their executive director took another position. So I'm back in the trenches, doing transportation and other related work, they

01:57

couldn't leave you go Jack, come on you, you provide such good value up there. So I can understand why they want to have you back. So our whole context today is on blended funding for transportation services. But I just I'm going to ask Jack and Laurie to just kind of give us some context. So Jack, I will if I can manage to do this, pull up your slide first, if I can find it. And I need to go back a few slides there. Okay. So again, give us this give some context here about the services provided by the Rural Health Network.

02:36

Thank you, Amy. Yeah, Laura gave a little overview of her organization. And we'll probably give you more, but we're one of approximately 30 rural health networks in New York State Independent nonprofits that receive a small amount of funding from the New York State Office of Rural Health. Each of us has the flexibility to devise non clinical we're not clinical programs and services to meet the social health or social determinant needs in our respective service areas. So if you look at the slide, the left hand column is a listing of the non transportation services we provide although there is a lot of crossover between our get their mobility management program and the services you see on the left. But relative to our mobility management, we operate a call center five days a week from seven in the morning to 530. We have a website, a very good website with a trip planner where people can get some of that transportation information on their own. We do we have a connection to Care Program, funded privately. That covers the cost of trips to health related services primarily for the rural Medicare population. We do travel training, and have also developed travel training curriculum for New York State. We do transportation to employment. We partner with the volunteer transportation center out of Watertown, New York, to try to generate a more robust volunteer driver capacity in our region. And we also do navigation in New York State. All of the Medicaid transportation goes through a company called medical answering services, and many of our Medicaid folks have difficulty navigating that system and that process so we help with that. Okay,

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so let's look at the right side of the screen jack. So, um, correct me if I'm wrong. Do you actually have your own vehicles? Well,

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we have we currently have one vehicle we tried some vanpooling which did not work out very well, but we're using that vehicle with in a small pilot project for things like food delivery and moving people around. Closer to Our main office, but no, for the most part, we do not do transportation, we broker and arrange transportation services.

05:07

Okay, so you are a true connector for people to transportation. And then you think about the other hand you the other side of your slide on the left, all of those what are we all now frequently referred to as social determinants of health destinations, including health care, but foods and access to food. And how well blended are these two sides of your program, they're

05:32

very well blended, one of the values of our organization is we want to serve our own people, first the people that come to us and that, that we're able to assist. So they get their call center, folks, if they see a need that's over in the left column, they will engage or refer. And it works the other way too. As a matter of fact, the get their program has arranged a weekly taxi service, for example, for a project for the elderly, we have in northern rural county, so they help with whatever transportation need surfaces in the left column. And those folks will also refer people who have transportation needs over to get there.

06:19

Nice. Yeah. And then I love that integrated approach is lovely. And Laurie use, you mentioned your 311 provider and also you provide Medicaid transportation through the MCOs. Your managed care organizations, correct? Correct. But you also have a much broader mission within your agency. Correct? Correct.

06:37

We are currently the only public transportation service provider that's contracted with the our Department of Public Health that is under the umbrella of a community action agency. And so our agency also provides direct services for a number of social service programs. And so we work together to address and refer, you know, customers clients, from different programs to other programs, when we find out that there's a need, we also work very closely with our triple agency organization that provides services, I think they covers 16 or 17 counties, goodness in our region. So we work closely with them, we actually have a contract to provide transportation services for seniors that participate in that program. So we do, you know, focus on the social determinants of health and working to ensure people get to where they need to go. In our region. A people are astounded sometimes when we talk about our any empty trips, where we're going to the tertiary or, you know, medical care centers, and that could be in Rochester. Could be in Iowa City could be in Wuhan, those are all, you know, roundtrip could be 300 miles for, you know, so, but it's vital for people to be able to get to that healthcare. And so if we're, you know, the only way for them to get there, then we're going to do our best to get there as well as providing life saving dialysis transportation for many of our customers, two or three times every week, you know, and then fitting it into the holiday schedule. And oh, wow, that's a lot

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300 mile round trip. That is that that's a difficult thing to do on a regular basis. I understand that. So and Lori just gives a really quick breakdown of who what type of populations you are normally serving?

08:56

Well, our primary users are, of course, our seniors, I think they would be the number one population. But we also do provide a number of trips for the general population, those people who are still working utilize our services. We also transport individuals with disabilities, those, those are another two high users of our transportation service, those going today have in the area, and it's important for them to be able to utilize those services and get where they need to go. So that's important. We also have contracts with some of the school systems to be able to provide transportation to students who have disabilities and need to access a wheelchair accessible vehicle, which the school systems don't have. So we do transport some of those students. So we really do a wide variety of transportation services on any day. Have a day. But

10:01

would it be fair to say that again, just percentage wise that you're most of your riders are older adults, people disabilities? Absolutely. Okay. All right. Thanks. And Jack, let's take a look at what your population that you guys serve looks like.

10:18

Yeah, I think similar to Laurie, I just wanted to give a little context to get there serves a five county, mostly rural service area in South Central New York, we're just north of the Pennsylvania border. I always like to say it's also part of Northern Appalachia, we're part of the Appalachian Regional Commission. And people don't often think of New York or parts of New York that way, but believe me, it's a fitting description. And then we also, four of our five counties are very rural, two of them are two of the most rural counties in New York State. And but we do serve Boone County, which has a population of 200,000 includes the City of Binghamton, but essentially the same populations as Laurie, rural, elderly, low income, and individuals with disabilities. Okay, great.

11:09

So both of you are like living examples of what I always say that transportation doesn't exist, or itself, it always exists as a means to get somebody to a destination. And clearly from what you guys are telling us and describing. You're getting people where they need to go to Central destinations. And you're also serving what might be considered, we used to call them the transportation disadvantaged. But you might also call them just people who are traditionally really rely on your services for their everyday lives. So in a logical sense, you would think that the the those organizations, those entities who are serving all the individuals, you guys just described, would be part of your funding source as well. Right. And we are here to talk about funding. I know that doesn't always necessarily logic doesn't always apply. So let's take a quicker look at or a quick look at what your funding is. And Jack, I'll start with you. Let me pull up your next slide here that you sent to us. So talk to us about how your core services or funding are funded. Yeah.

12:15

Thanks, Sandy. I, it's hard for me to think of core services, because I really think of it as an integrated effort. And we like to hang stuff, you might call them supplemental services or other services on our core services. But they all work together to provide a whole. So if you think of core services, maybe the call center, then certainly our FTA funding, I did look up a recent budget, this one is from 2122. So you see, you've got some FTA Cares Act funding in there. But the Federal Transit Administration, 5311 and 5310 programs are really the foundation for the rest of what we do. And typically, you know, maybe 50 to 60% of our funding is FTA. With some New York State D O T little bit thrown in there. We do get some from time to time, and this is always a moving target, where we recently completed a transportation to employment grant through the Appalachian Regional Commission, that was non FTA federal funding. We have a number of New York State grants that move in and out. And really the thing I think I am most, I think, really helps the whole thing hang together as we've had some success with longer term foundation and United Way funding. And we also have, we don't have a an expectation that writers donate, but we always provide writers for whom we broker trips, this is not Medicaid. But when we broker trips through connection to care, we asked them if they can contribute to the cost of their transportation, and that those donations or contributions are then used as match and they're also they replenish our pool of funds, you know, for that Medicare population that needs to get to health related health related appointments. We also have some county contracts going. I think the most common has been transportation to employment contracts, and also aging transportation services through Office for aging. One thing I was reminded of by my colleague Bill Wagner, who is with CTA, is that when we started this program in 2010, we started without any FTA funding. We started with grants. We started doing grants from our community foundation, a $70,000 grant for three years and then if you remember from that initial slide Rural Health Network operates a regional AmeriCorps program. And we staffed the initial call center with two AmeriCorps members, we've located the call center in United Way of Broome County, because they had the 211 call center there. And they donated that space for us so that we could easily make referrals back and forth. So we've used some, I think, pretty creative funding strategies and, and in kind contributions through our partners over the years to help make this work.

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So by my back of the envelope math, it looks like FTA funding is about 60% of that budget back in 2122. And then, so is it fair enough to say that the other 40% is able to be used as local match? Well,

15:47

yeah, I mean, we use because at this point, you know, I'm not certain what the local match requirements are, like whether you can match with other federal funding or not, but we try to match and we've been able to match primarily with private funding, rather than public funding. That's great. And that's, you know, that's a good clean match and something that we've been fortunate enough to be able to do.

16:10

Okay. And since you mentioned the magic words, federal funds matching federal funds, sage, I don't know if you are able to. First we're gonna go looks like we may have some questions. But I don't know if you're able to find the federal fun braiding guide that may we can put that link in the chat. Because Jack, that's exactly to your question, what federal funds you can use. assayed. Should we pause? Do you have questions for us? Or for Jack specifically?

16:43

Yes, I have something I'll find that federal breeding guide.

16:47

Great. Thank you.

16:50

So first of all, what strategies have been most effective in attracting these funding partners? How did you begin?

16:57

Okay, let's hold that question. Because we're gonna get to that. Is there another one? That's a really good question.

17:02

Yes. Has there been special health care system partnerships that contribute to your funding?

17:10

Yeah, the short answer is yes. But predominantly, that has been through Medicaid reform in New York State. The acronym for that was disrupt for those of you who are from New York State, and we were successful in securing they had innovation funding grants, and we were able to increase our call center hours, pay for our website. And we also ran a pilot program, where we transported Medicaid recipients to destinations that were not eligible for reimbursement through Medicaid. So things like benefit renewal or food pickups, things that Medicaid would not pay for. But it's been tough with the health care systems themselves in terms of an outright contribution. And I think that's one area we need to continue to work on.

18:07

Great. Okay. Laurie, let's go to you. I know that it's, you know, Jack sounds like he's, he's got either wizardry of a staff, or LCSW just got more access to foundations and nonprofits that he can try and tap into, what does that look like for you? What is your funding your core services? What does that funny look like? Well, for

18:33

us, it is primarily that FTA 5311 and the state dollars that we receive, but in addition to that, we have contracts with the MCO. As I said, to provide any MTC or services, we also have contracts with school system that we transport as I had mentioned, some of those students, we have contract, we have a contract with our AAA agency here to provide some transportation for individuals that participate in their program. And then we also have agreements with long term care facilities that we provide transportation services for them, that no official contract, but we've been providing services for them for so long. That you know, it's it's kind of baked in the baked in the cookies at this point. And the other part of it is we're primarily the only public transportation provider in the area that can provide that has the wheelchair accessible buses to transport those individuals who are residing at long term care facilities. And then also the donations we No, we asked for and sometimes are fortunate that people will give us donations for, you know, providing services for community events, or you know, just because they know that transportation has impacted one of their loved ones ability to get to their appointments and get to where they need to go. So we have probably more, you know, blended funding than I, you know, really consider because that's what we've been looking at. And that's what we've been doing for a long period of time. We did work with an employer. We don't do vanpool, per se, but we did work with a local employer to provide employee transportation services for several years. And that came about through a grant through the economic development in Iowa, and it was a community development block grants, so they provided funding and then the employer match that funding. So that was, yeah, that was a really good opportunity for those employees. But suddenly, the grant, you know, the funding ran out as grant funding does. And the employer was not able to continue to pick it up at the full amount that it was going to cost.

21:22

So that's fabulous. Yeah. So by my count, Jack, going back to your site, again, in my brain, you had at least seven different sources on there. And they were different, like specialized grants, but also some philanthropic. And Laurie, it sounds like your blended pot looks different. More like contracts. That'd be correct.

21:44

Yeah. Yeah.

21:46

And Amy, I would just say we I had seven different categories, but more different funding sources, right.

21:53

Yeah. Okay. And so maybe even way more funding sources within those seven categories, then? A few more. Yeah. Yeah. Okay, great. Now, let's, um, oh, Laurie, let's go back real quick to something you said. You talked about the MCO. S, for those who are not familiar with managed care organizations. I don't need you to define those. But how does that what does that contract look like with managed care organizations?

22:19

We actually have a contract with the brokers for the MCO s for transportation. Okay. Okay. And those are have been in place? Well, we had the privatization of Medicaid in Iowa in 2017, I believe. So those have those contracts have been in place for some time. But we do do on an annual basis, a contract, usually, renegotiation for rates that we try and cover. And it's been fairly easy to work with the broker systems. At least as far as the contract goes, now actually submitting, you know, the data for the trips, and all of those things gets a little convoluted at times, but the actual contract piece of it has been fairly easy. Oh,

23:08

good. Well, good. All right. So we've taken a look at like how your core service or funding subject can come back to you. Are there any special projects that you've been able to fund outside of what we've already talked about?

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Sure, I'll take a couple of minutes and go through this slide. So this connection to care, which is the transportation to health related appointments, primarily for the Medicare population, that came about because when the when the call center began, people needed to get to appointments, who are not on Medicaid, and there was no way to pay for that. So that's what

23:47

Medicare, right Medicare, what Medicare does not cover transportation, correct.

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I mean, there's some Medicare Advantage plans, at least I read do that. But the majority of the people that we work with are, you know, they do not have money to get to their appointments, if they don't drive or whatever the reason might be. So we started thinking we need to develop a fund. And, you know, I think back I know some of the money came from ascension health, we have a Catholic hospital here, we were able to secure funding from them. They had a granting program, but we've packaged together and this again, varies to some extent. But these are I just listed some of the private funding sources that we've tapped into and how that has played out in support in connection to care and, and this is something you have to keep on top of right now. We're a little bit low on our connection to care funds. And there we need to really scare up some additional funds so that we have a robust pool of funds for this purpose. I have sources

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if I can interrupt you just for a quick second. You have a pool of sources that candidate So we're tapping into?

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Well, sure. And we go back to the ones that have funded us in the past. And, you know, depending on the leadership and the program, some folks are better at tapping grant funding others do a better job with like speaking to civic organizations and those types of entities that often you leave with a check in your hand because they like the work you're doing. So it really it really depends on, you know, what's going on in the environment at any given point in time. But we'll get into that. People were asking how this works. And I really want to talk a little bit about that later. But I also, I mentioned earlier, Medicaid reform, and I saw an 1115 waiver question pop up. I don't know if I think that not all states certainly have that waiver. But that will be the next round of medic Medicaid reform funding in New York State. And we know that there will be transportation services provided through that waiver program. We're already negotiating with the intermediary that we expect to have that 1115 contract. But this, this enabled us to do things that we would at least if we couldn't have done relatively soon, with the FDA funding, as I mentioned previously, expand the call center hours build the website and trip planner and provide the social care transportation that Medicaid wouldn't provide. New York State, if we go to the upper right had a antipoverty initiative for primarily some of the upstate cities that really have high poverty rates. So Binghamton got one of those grants. And then they sub granted money. We use that money to purchase two bands, to pilot a vanpool service and also to provide case management I guess you would call it for folks that were struggling to be employed, because of transportation barriers, we use that money to provide some initial funds for them for public transit, or carpooling, or gas cards. So that was a nice, like two year contract that we operated with. And just the last example was kind of cool, came out of COVID. And we have a good working relationship with Tompkins, county, transportation and New York State. And we worked out brokering all of the trips down to the state vaccination center in Binghamton for Tompkins County residents that were looking to get down there. So Tompkins County paid for the service. And they gave us an additional 15% to broker those services for the residents of Tompkins County. So just a couple of examples on some less traditional funding sources and how that money was put to work. Okay,

27:56

so I'm going to pause for a minute and go back to Sage. Other questions before, Laurie, before we talk about any special projects in your area? Are there questions here? Say you'd like to feed in? Yes,

28:05

um, how have you been able to sell this concept for your match support and for program growth? Okay,

28:16

so hold that question. Again, that's we're really going to get to the prom, I promise, folks, this is where Jack really excels. So hold that type of question about the how Are there others?

28:27

Um, most of them are about how it was. So I think we can move on.

28:31

Okay. All right. Lori, how about you? Are there any special projects that you've used less traditional funding sources.

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Third, we received funding from some foundation to provide transportation services for mental health care appointment for individuals into two of the five counties that we provide, provide services and those were, you know, just a pot of money. They said, there's this need in our community and our county that needs to be addressed. Here's some money, see what you can do with it. And so we built transportation, right, you know, rides to that, those funding streams to cover the cost of providing that transportation.

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So I'm going back to what kind of organization was out again, their foundation station. Yep. And they have partly in their mission is connecting people with mental health treatment, I

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believe so just to provide funding to address community

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needs. Nice. And did they is that a reimbursement basis or they give you a check and say, do what you can do?

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They gave us the funding and said here do which is, yeah, please, last as long as it lasts. We also worked with, as Derek had mentioned, you know, one thing that came out was the vaccination. And one of the communities counties that we worked with the our public health system came to us and said, we can get funding from the state to provide transportation services to people who need and want to get COVID vaccine. Can you help us with that? And we said, Yes, we will do what we can to help those people get to those vaccination appointments. So we've been doing that as well. And then talking about another special and not necessarily a special project, but a funding stream, that we do utilize through our agencies that we will write grants to obtain funding, and we consider it crisis funding. So families and individuals can be allocated a specific dollar amount on an annual basis to meet some of their needs, be it pay for rent, pay for transportation, for medical appointments, no, whatever the family just decides that they need the most, you know, at that point in time, then we can build that funding source for those dollars, especially when it comes to the transportation. So we work together with our rich family services staff, to coordinate that and get people the transportation that they need.

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So you make it sound so easy, but actually, I think identifying the families who need the service and making sure it's going the right people, it's probably not an easy proposition, I imagine.

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No, it's not. And that's the point of us, you know, at a community action agency, having that ability to work together among programs to see, you know, and feed those referrals through each program. And also to, we have those relationships, long term relationships with other CEOs and our communities, and to do the referral back and forth. And it's always going to come down to not always, but you know, who's going to pay for that trip. So we really need to solve that issue. We also do, you know, have people who will turn to their faith base, you know, services that will provide some funding to help them meet those needs. So we have that support as well. And that option, if

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only there was some magic pot in the sky, that you could take all of these sources, put them into one pot of money, and just mix them all up, blend them and then just, you know, use them as you need. Obviously, that doesn't happen in the organizations that give you funding are very focused on how you spend them and making sure that you Okay, so guys, now we're gonna we got a whole half an hour to get to the house, which I know is seems to be a lot of the questions we have Jack on, let me start with this slide that you shared. And but I think one thing I'm hearing from both Laurie and Jack is, well, Jack, you're seeing it right here on the slide. So go for it.

32:57

Yeah, Laurie, Laurie was talking about the importance of partnerships and relationships. And I really couldn't agree more. And one of my dear friends and mentors who has since passed, would tell me almost every time I saw him, it's all about relationships. And that sounds like a greeting card, you know, statement or something. But I go back to that all the time. It is about relationships, it's not about going there with with your handout. And I think that's so important to think of this work over time, you know, that, that there's a relationship develops, I remember at a conference hearing the quote, and I can't remember who who it's attributed to, but progress moves at the speed of trust. And if you have a trusting relationship, whether it be with a funder or a partner, and you have active communication, good things will happen. So I think for me, remembering that is so critically important. And when when you're in this work for the long haul, and you're taking good care of your relationships, you're developing relationships, you're reciprocal, in your exchange of information and resources when possible, really good things happen, including the funding, you know that you need to run. Run your program. There

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for a quick second. Let me Laurie kind of chime in here. So Laurie, just interesting question. What has been the most difficult but maybe the most rewarding I don't know relationship you have had to cultivate

34:44

um, I think that is with potentially with the school systems Headstart to continue to foster that Those relationships so that a, because I'm a firm believer of education is of primary importance. So I want to make sure that we do everything we can to get those kiddos to school, but you know, the cost of providing transportation continues to go up every year, and we don't have a, you know, spigot of funding that we can just turn to, to fill up our financial bucket. So we have to figure out ways that are going to be economical, both for us and for them. And we, you know, utilize our state and federal dollars to subsidize what we what we charge for those services charge those organizations. So I think it's just to continue to, you know, be open two and a half conversations I try to make no, they have to do reporting. And we try and work with them to make it as easy and painless as we possibly can.

36:05

Okay, Jack, you've got a second point on there. Do you want to talk about that one?

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Sure. My belief is that an individual or family that needs transportation, it's no less of a basic need in this society than food or housing, particularly if that individual or family lives in a rural context where there is not public transit, or there's very limited public transportation. So I think one of the ways that you begin tapping into funding from non traditional sources, like the foundation sector, local government, private sector, you know, maybe the for profit sector, is that you have to be able to make your case. And I think when you're making your case, you don't have your handout. At that point, I remember a story. It's not a story, I'll share a story with you. Some of if you remember back to an earlier slide, Rural Health Network has been doing what we call food system work for 15 years or longer now. And when we first started, we recognize that we have a strong agricultural sector, we have a lot of people with nutrition and food security needs. And yet those things don't come together very well. We said we need to start doing programming that will bring these agricultural assets and this good food to people who need it in our region and community. That's kind of a no brainer, that should be able to happen. But we didn't have a way to pay for it. And this was before, you know, a lot of the Farm to School produce prescription Food as Medicine work took off. So several of us, one from education, one from rural health, one from Cooperative Extension, we went to the Community Foundation, and we said, this is work that's that's on the horizon, that's important that we want you to think about supporting, you know, as applications start coming your way. And I think that type of educational effort, you know, if you look at, you know, interests at the government, at the governmental level, you have lobbyists for all sorts of things, this is sort of education, you know, at the grassroots, if you want these organizations and these potential Park funding partners, to understand why it's important, you have to make the case to them. And maybe not just once, you know, it may take two or three times but you have to begin. This is a car centric population, especially rural. No, but people don't even think about it, you need to be able to help them understand what a critical need this is for, for transportation, disadvantaged folks and for an aging population. So I think I think you have to make the case first, and then you follow at some point when it makes sense with the ask.

39:05

So I'm wondering if it's a common misperception. I just assumed that philanthropic organization, for example, that's very interested in food insecurity, would be gathering all their own data. You haven't found that?

39:18

No, no, I don't think so. I our community, our Community Foundation does a periodic needs assessment. They do an excellent job of it. But these smaller foundations, you know, they don't have the resources. You know, they they might depend, for example, our Community Foundation is regional and larger. They may depend on their work, you know, to inform. But I think transportation is a particularly overlooked need in this culture. And I think there's a lot of work required and helping, you know, a larger, broader segment of supporters to understand that it's as important as See these other basic needs, and they should have a role than helping people in their service area, to be able to get to their food to be able to get to their employment, to get to their health care appointments. It doesn't just happen.

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Laurie, do you have one weigh in here on that? I'm actually shocked at that, Jack. I never thought about that. Yeah,

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I would agree with Jack, I think that those foundations, if they, if it comes to their attention, that transportation is a key barrier. And it makes it difficult for people to access the services that they want to get in the community, I think, then they would take a look at it, but they're gonna ask you for your data. So those data points are all so very important, I think they're not going to develop that on their own. So the other part of it is, I think we forget, or sometimes, you know, the community at large forget, as people age in place, how important it is for them to be able to continue to be, you know, vital in their communities, and access, you know, all of the services that they want to get to their appointments, you know, to go to the car club to go to the store to go to all these things. And if their families don't want them driving anymore, how else are they going to get there? You know, we don't want people we want people to be able to stay in their own homes, because that's economically prudent in today's you know, world, but how do we continue to keep them vibrant in those communities and continue to live life to the fullest that they want to in their golden years? I mean, that's a huge piece of it. And we just have, I think, I'm afraid we're starting to overlook, you know, the needs and the social determinants of health of our aging population, you know, and we've been dealing with it for many years, and I think we could do a much better job of serving that population, but that it's a community effort. It truly is. Okay,

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I'm saying I'm gonna come back to you hit us with some of those health questions.

42:10

Yes, um, let's start with, um, what strategies?

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Are there any particular about the philanthropic organizations?

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Um, or if not throw out a question. It's okay.

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Yeah, let's go with the question. Maybe let's go back to the questions. Question, what strategies have been most effective in attracting these funding partners?

42:51

Okay. Jack, and Laurie, any thoughts on that? What strategies have been most effective? Apart from now? I'm hearing from you guys. I'm learning, you know, get your data together.

43:06

Lori, you want to go ahead?

43:07

Well, I think part of it is being present. You know, and if there's a problem, you know, making sure that people know that you want to help be a solution to the problem and helping them address that. I think, you know, if there's, I just think in many needs assessments, we continue to see the pope that transportation is a barrier. So what can we do? I mean, how much of that need? And how many of those barriers can we knock down by providing and looking at our public transportation system making changes if we need to, to be able to provide those services to those people who need them to make that improvement, but we also are very realistic in the rural parts of Iowa, that, you know, there's we would probably have to have to under drivers, and that many vehicles to be able to meet the need, the potential need in public transportation in our area. So we just need to be open to looking at how we provide services, and maybe making some changes and doing things a little bit differently than we've been doing them. So and attracting those funding partners, like I said, I think it's just letting people know what you're doing and how you do it and having those conversations and saying we're here to help. You know, we want to help be able to provide this service and meet this need that you're seeing.

44:36

So I'm hearing I guess it sounds like the onus is on you to pull together the data. Find out who is a receptive source for hearing that data. Telling them look, you know, we have part of the answer here. But the one miss same piece is the funding so that we can provide more service? Jack, do you want to add into that formula at all?

45:06

No, I really liked Lori's answer. I would just say that it's not only the data, I think if you if you can bring some excellent storytelling to the table, that that sometimes is, as or more powerful than the numbers and the numbers are there. I mean, you can see how many households do not have a private vehicle and the town of Sanford and Delaware County, New York, I don't understand one of the most rural counties in our region, and I don't understand how you can have over 10% of your households not have a private vehicle, I think it's 15 17%. How did they do it? You know, that's kind of a shocking statistic to me. But I would rather bring particularly to private funder, I would rather bring the story of the person that was helped, or the person that had, you know, was prevented from accessing their six cancer treatment, because they couldn't get a ride to Binghamton. You know, those are powerful, powerful tools in turning the key on funding. So yeah, I think both are important. I think the data is important. And I think the human impact and stories are very important. So

46:17

you're really tapping into their hearts. Yeah, yeah. Yeah. But then I guess, too, you have to tie that heart story to their mission. Right, it has to fit within their mission as well.

46:29

Well, yes. And I think, you know, throughout the country, there many, probably many of the folks on the call or the webinar today, have a community foundation within all or part of their service area. And I think, I think community foundations, and health related foundations, you know, in my experience are good starting points, you know, become familiar with their mission, become familiar with what they're funding. And if you don't have a relationship with them, and you're interested in, in private funding, that's a good place to start. Okay,

47:04

so I've got a few questions pulled up here. I'm going to jump into a few of those. How do you guys handle the collection of donations contributions?

47:17

Go ahead, Laurie. Um, we have a line item in our budget for donation. So that's how we do it. And for our drivers of the driver gets a collect, it gets a donation from a writer, then they just designate that their collection sheet and that's submitted, you know, at the end of the week, and we make we have procedure for deposits in the bank every day for our drivers. So we but you

47:46

have a collection sheet, so your driver have a collection sheet? Somebody hands on cash, they have zipped up angle or something.

47:53

Yep, they document it. That's the end of the day, they put it in the bank. Okay,

47:57

so, Sonia, hopefully that answered your question. Let's see. What are the questions came up? In terms of the the house.

48:18

So I'm sorry, let me look in the q&a as well. So we've got both going here.

48:24

That last slide might be helpful to Amy, when you

48:26

get a minute. Okay, well, here. Yeah. Why don't we just go ahead and go to that white and take a look at some of these other questions that have come in?

48:31

If I can pipe in? How important has political leadership been in your efforts? Good question.

48:39

Can I have a quick? Yeah, I was going to give it as an example of the partner, the importance of partnership that Laurie talked about, but are 5311 funding for five counties goes through a single county. And that is both, you know, maybe it's not exactly answering the question, but because we had a excellent relationship with that one county, when 5311 became available to us, they were willing to submit the application on behalf of for other counties in addition to their own, and did not take any administrative funding to manage that grant. So that's both partnership and politics may be but I think the political part, you know, particularly well, at the federal level that CTA A's job and but I think at the state and local and regional level, it's incredibly important people, it gets back to that people need to know what the need is and what you're doing to meet that need. And I know in New York State, you have a mobility managers group and there's probably other groups. You've got different public transport transit associations at this state level. I just think it's terribly important.

50:04

Okay. Um, I'm going to ask another question, Kelly, if I remember correctly, if I'm thinking of the right, Kelly, you're with the Red Cross. I don't know if that's still the correct answer. But Kelly had a question. Are there have there been special? And Jack, you've intimated some of this. Have there been special health care system partnerships? You've mentioned ascension health. How did you break into that?

50:31

Well, we have we have a strong working relationship with Lourdes Hospital in Binghamton, which was part of that system we had. We had a one of the Catholic nuns that was on their board was on our board, we had, we had other projects that we worked on together. So it was a pretty tight, close working relationship, both organizations mission driven. And, you know, we were able to work through them. To get that initial early funding support, particularly for connection to care, it was in their best interest, we were helping to get, you know, their elderly, Medicare patients to health care appointments, and it wasn't limited to Lourdes, they provided the funding to any health related appointment in the region. But again, it gets back to the nature of partnership and relationship.

51:26

Okay, and Laurie, I don't know if you have any story that you'd like to share in terms of a health care partnership, specifically, you've mentioned that one foundation with the mental health visits,

51:36

right, and then we work with local hospitals and clinics. And we do actually have several of the hospitals that will fund transportation services for some of their patients. On occasion, so we do have a relationship with with those hospitals and clinics. And also, as I said, you know, we have contracts with those managed care organizations, that those have been in place. That kind of it did, you know, begin at the state level, you know, and then trickled down to the regional transit system in the state of Iowa. So,

52:18

okay. Jack, I love your story, though, that that nun who's on both boards, you know, thinking about that, too. So they're, they see both organizations and on wish their boards as part of their mission. And I'm sure their brains are thinking, you know, how can I combine these two, when or what's the overlap here, that's

52:38

the commissioner of social services on the 5311 example I gave you was on our board of directors, the Area Agency aging director at one time was on our board of directors. So you can almost every partner, programmatically that we work with, there's been cross representation on the boards of directors, and I think whether you you're a program with an advisory committee or you know, a standalone entity or not for profit, you can be strategic, and who you invite into your world, and vice versa. Hopefully, you get invited into this.

53:15

And Laurie, do you have any stories of board members? Who you've invited? Who strategically invited to join your board? Maybe?

53:25

Um, well, I would say because the board is the umbrella over the organization, we have a tripartite board, I'm not sure if you're familiar with that as a community action agency, but we have representation from the public sphere, the private sphere and low income individuals. So our board members are fairly targeted, because we have an elected official that we, you know, have on the board, and then some with the public and the low income individuals. So but as far as the transportation, you know, piece of it on our board, I think it's, you know, people who are board members, they just have an interest in making sure that people in our communities can access the transportation services that they may need.

54:26

Okay. We've got a little bit of a conversation going between Nikki and Lori here. And but it's a it's a good question. I mean, I've often seen in foundation, grant applications, we will not fund administrative costs, we will not fund your basics. We only want to fund our program, that slice of the program that we'd really like. Can you guys talk about that? Jack, both of you were smiling when I asked. Well,

54:52

I can jump in we made a conscious decision for the private funding for connection to care from The United Way's Community Foundation, that we would direct either all of that money to hard transportation services, or the majority of that money in the case of the United Way's because the logic was that the FTA funding would cover the call center cost, the brokerage costs, and then all of this funding, or most of this funding could be directed to the heart transportation costs. Now, that wasn't the case. Initially, when we were starting up, we had to fund, you know, in some indirect costs, staffing, you know, so on and so forth. But as we grew, and we were able to leverage that the larger FTA funding, we we dedicated that private funding to higher transportation costs and services. Do

55:46

you think those philanthropies want? Or is it better to be an organization that is stable, obviously to be stable, but I mean, to have be able to show that you have your your core, like indirect costs, or whatever we covered, and then they're more willing to fund you?

56:04

Well, I mean, I some foundations, yes. Some of these parochial rural foundations that I've worked with over the years, they think it's great to fund for example, the food bank, because it's all volunteer, and, you know, or a food pantry, because it's all volunteer, and they might be reluctant to, to cover some of the real costs associated if you have paid staff and, you know, an organizational operation. But I think that depends, and I think that's where your relationship work, getting to see what they fund and how they fund it. I mean, there's work that needs to be done. You know, before to gain understanding, I think anybody who's done any fundraising or fund development knows that understanding the prospect or the funder is one of the very important early steps in the process. So you want to go in there knowledgeable about, you know, who you're getting to know, and who you might ask for funding support.

57:04

Okay, and Lori, did you want to jump in there at all? Yeah, I

57:07

think my experience has been that, you know, the, the special funding or outside funding that we receive is specifically for that, Jackson, that hard transportation services, because we, we utilize our state, and, you know, our formula dollars from the state and the feds to, you know, reimburse for our admin costs and our, you know, payroll and benefits. I mean, those things are covered with that funding. So it really is the direct service that we utilize those funds for. Okay.

57:47

Somebody asked a question about legislation, but or maybe it doesn't even have to be maybe just a policy of a government or what have you. That not only helped but maybe incentivize public private blending. Have you in there may or may not be such a thing? Have you guys heard of anything like that?

58:06

I'm not familiar with any legislation, I just think that that's where we're at at this point in time, because we're not going to get enough funding state and federal dollars to fund the services that are needed. So we if we're, we have to look for other ways to fund our services to make sure that we can keep continuing to keep our doors open. It's just we don't have any other option.

58:33

Okay. All right. And another question came across about geographic boundaries. I know I'm working in Kansas right now. And they were trying to cross a county boundary. And their one example so far is they literally meet at the rest stop that's at the junction between the two counties and the right restaurant, which rights, which, I mean, obviously,

58:57

there's a restaurant and that's, that's good.

59:04

Have you in any of the funding you've gotten, you know, apart from, you know, maybe governmental funding, seen anything that gave you that flexibility to cross county lines?

59:15

Well, for us, we, as a regional transit system, we try and work with our other partners, who are also regional transit system and say, this individual resides their place of residence is in your county, can you provide that transportation? If not, we're more than willing to try and be able to do it, but if you know, because they're a resident in your county, we want to give them the opportunity to provide that service so we try and you know, partner with our regional transit systems as well as any other services in the area. So

59:49

and when I'm working in kids, I'm to me again, it's kind of a no brainer. Okay. So yes, your vehicle is going from county a into county B, but you're taking the resident of county a A to a service they need that just happens to be located in County B. So it's that perception that you're taking people out of county. But people forget the flip of that coin is that you're helping the people from county a, like I said, get what they need.

1:00:18

Well, the reality is not all services are available in the county. Exactly. I've seen. So that's pretty limiting to individuals to say no, in order to use our services, you have to stay within the county borders. I mean, that's not really realistic, are in there are no tertiary care centers that are located in each of our counties. So that would, you know, prevent anyone from seeking those health care services from larger medical facilities.

1:00:49

All right, so we've come to about the top of our hour. Jeff, come to you first, any closing thoughts?

1:00:59

I don't think so. Amy, I've really enjoyed participating listening to Lori's experience. And hopefully this was helpful to those on the webinar. Lori, any

1:01:09

closing thoughts for

1:01:11

you? Yeah, that's the same. I always think it's very interesting and a great opportunity to connect with other transportation providers to see how they're running their systems and what services they're providing to get some ideas about potential changes and expansion or, you know, what additional services you can provide. And I think service delivery models that, you know, I think that's a very interesting component from, you know, the difference between rural and urban and everything in between. I just think it's very fascinating. So Jack,

1:01:46

one word, your word for today, related to this topic, one word.

1:01:54

People know me. No, I can't do it in one word. I think relationship is the word I would

1:02:02

say no, you're gonna choose that word. I was I was waiting for that. When Laurie, what about you?

1:02:06

Um, partnership, partnerships. Partnerships.

1:02:09

Nice. It's always comes down to as Carol said, it's comes down to the people. It really does. So I'm very indebted to both of you. Thank you so much for spending your time with us today. Thank you to everybody who attended. Sage has put a survey in link into the chat feature. We would really appreciate if you fill that out and make our evaluator Carol very happy. But we'll also be sending out that link by email to everybody who registered for the webinar and who attended. All right. Thank you, everybody. Take care and happy holidays.

1:02:41

Thank you. Bye now.

1:02:42

Thank you.