

# Opioid Coordination Committee – Transportation Working Group

## Summary of Findings

Updated: August 7, 2018

### Background

On March 22<sup>nd</sup>, Vermont Agency of Transportation (VTrans) was invited to the monthly meeting of the Recovery Strategies Committee of the Governor’s Opioid Coordination Council (OCC) to discuss transportation services for those struggling with addiction. While we provided an overview of the standard route and demand-response services, the discussion quickly moved to the type of critical needs not accessible through the current system. Trips to essential services such as group meetings, Recovery Centers, drug test sites, job training and access, were highlighted and we were asked to form a Recovery Transportation Working Group with several members of the OCC. This summary of findings is the result of the work Working Group has performed.

### The Process

This Working Group met in April and considered the services, data, and reporting needed to reasonably address both the demand and capacity for an expansion of transit services. Since then, we have collected surveys and/or information from Vermont Division of Vocational Rehabilitation (VR), the Recovery Centers, the transit providers and some housing programs. We also learned of a federal grant program in the St. Albans region and the Vermont Employment Transportation Initiative. Both programs are designed to assist individuals to access recovery and job access services not currently covered by the statewide transit programs. These efforts confirmed the service needs, as well as the potential usage of any expanded service.

### The Status of Transportation Services

VTrans invests roughly \$35 million dollars annually in public transit services throughout Vermont. While half of the operating portion of the budget provides 5 million transit trips, the other half is expended on 200,000 demand-response or “dial-a-ride” trips. In addition to these public transit trips, The Department of Vermont Health Access (DVHA) coordinates transportation with these same providers for Medicaid-eligible trips, investing \$12 million dollars annually. In all, over 560,000 trips are scheduled through this demand-response process. There are other smaller programs, grants and pilots to address job access and recovery services, and those projects have revealed a real need for expanded transportation service. Taken together, the Working Group has agreed on the following factors:

- Employment is key to restoring a productive life in recovery with abstinence.
- The success of treatment, employment, and recovery rely heavily on the availability of transportation.
- Lack of vehicle, and/or restrictions on driving and licenses, often create significant obstacles for people, especially in early recovery.
- Travel to obtain Medication-Assisted Treatment (MAT), counseling, other support services can consume several hours every day, and require the willingness of family members and friends, whose transportation situations may also be limited or unavailable.
- Combination of travel needs for treatment/recovery services and jobs can be complicated but is essential.
- Transportation limitations can also prevent individuals from seeing their children and other family members, a primary motivating factor for so many in recovery.

## Service Needs

Through discussions and the data received, the identified needs (priorities) not covered by current programs are as follows:

- Group Meetings and Therapy sessions
- Access to Recover Centers
- Access to Drug Test sites
- Medical Appointments
- Job Access (training, interviews, and initial commutes)

These needs represent the most frequent and important recurring requests at all our organizations. The nexus between trips to assist recovery and to gain employment is directly related and we must strive to help all vulnerable Vermonters struggling with transportation to access the above services. Providing these services for anyone in Vermont addresses important aspects of recovery, including prevention, providing resilience, and hope for those at the lower end of the economic spectrum.

Given these needs, we approached our partners and asked for estimates on the potential demand for these types of trips. The data can be found in addendum to this report, and the results by category suggest:

- Vocational Rehabilitation: roughly 440 trips per month, and the expected needs, by category, are as follows:
  - o Transportation to training/work experiences: 100 trainees X 20 round trip rides= 2,000
  - o Transportation to employment: 50 workers X 5 weeks (time to identify other transportation options) = 1,250
  - o Transportation to support services/groups: 100 individuals X 20 round trips= 2,000
- Recovery Centers: During FY 2017 and 2018, the Recovery centers located in VT have served 31,000 people seeking services. There were an estimated 2,000 calls or visitors that were looking for recovery support meetings, Inpatient, detox, childcare, mental health needs. Out of those, needs we have been able to help by providing transportation on some level, with the cost falling on the center. We estimate a need of at least 300-400 trips to essential recovery services every month.
- Housing programs – While there may be unmet needs in terms of recovery and job access, many of those in subsidized housing are already working with VR. As such, we are referring to the VR estimates with the knowledge that many residents will be included in the expanded services already captured in this report.
- Transit Agencies: collectively, the transit entities project they will provide 569,535 demand response trips in SFY 2018. They also suggest the system could provide an additional 2,500 -3,000 trips per month. This considers some anticipated trip coordination and scheduling efficiencies. This was a welcome outcome, as the actual need is lower than the capacity, so essentially, we can provide the service if we have the funds.

**In summary, the Working Group estimates the transit providers could provide at least 800-1000 trips per month for recovery services and/or job access opportunities.**

## Costs

Each transit provider has a “fully allocated trip cost” for the demand response service. Due to variations in population densities, service ratios, etc., these can range from \$17-\$36 per trip, and given the likely distances and scheduling efficiencies, we estimate the average per trip cost would be between \$20-\$25 per trip. The partners indicate roughly 1,000 trips would cost approximately \$20,000 to \$25,000 per month.

## Service Delivery

As stated above, the Vermont Public Transit entities already have the process in place to receive trip requests and schedule the service (via volunteer driver or small bus). These providers may be able to expand this process to address another set of trip purpose; possibly a “Support and Job Access” transportation program.

## Recommendations from the Working Group

1. Regional Coordination Meetings. Using the Northwestern Medical Center’s successful pilot project, we recommend meetings between the recovery centers, the local support organizations, transit providers, and other related services to ensure eligible trips are being scheduled and all regional entities are in communication regarding demand and services.
2. Launch an expanded demand response program, specifically serving those in recovery and seeking job access. Trips can be coordinated through recovery centers, UA sites, Vocational Rehabilitation, and other pre-approved partners. This recommendation is the most comprehensive recommendation, but if funding is awarded, it does appear we have the right program, processes, and approach to quickly institute direct and valuable service to bridge the identified gaps to a successful recovery and/or to joining the workforce.  
As related, this group urges all agencies and organizations to consider applying a percentage of Opioid Recovery and Job Access funds to partially pay for transportation not currently eligible through the current demand response services.
3. Seek funds for vehicles for the recovery centers and service providers. These vehicles may provide the flexibility for these organizations to manage their own trips to counseling sessions, treatment, etc.
4. Recovery Coaches and case workers should consider joining their regional volunteer driver network. Volunteers provide about 40% of all demand response trips in Vermont, and these volunteer drivers could maximize the valuable “windshield time” with clients coming to and from recovery services. To learn more, please go to:

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