



FARMHOUSE GANG HEALTH & TRANSPORTATION WORKSHOP

REPORT OF PROCEEDINGS

September 8, 2017

Completed December 6, 2017 by the

Whatcom Council of Governments

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EXECUTIVE SUMMARY

The **September 8, 2017 Health and Transportation Workshop** held in Mt. Vernon, Washington was held to answer the following three questions: What healthcare-related trips are being made in the five county Farmhouse region? What health-related transportation needs are NOT being met? And how do we improve coordination of health-related transportation services?

Participants included a wide range of health care and transportation organization representatives, along with regional planning organizations, who participated in three interactive sessions with the intent of informing this report of proceedings on regional health transportation gaps, and potential strategies to better connect services. The workshop also served to assist planning organizations better understand the complex relationship between health care services, the clients they serve, and their transportation needs, and will be used to inform upcoming Regional Transportation Planning Organization (RTPO) Human Services Transportation Plan (HSTP) updates.

THE FARMHOUSE GANG

The “Farmhouse Gang” is the working name for the North Sound Connecting Communities Program, a coalition of citizens, elected officials and transportation agency staff from Washington’s five northwestern-most counties: Whatcom, Skagit, San Juan, Island, and Snohomish. The Farmhouse Gang strives to improve ways for people to travel in the region. Its objectives are to:

1. Collect travel and system data to identify needs.
2. Improve regional connections and sustain and expand services.
3. Enhance mobility through sustainable, equitable, and innovative transportation solutions.
4. Inform the public about transportation services to enhance awareness of the regional transportation network.

IMPETUS FOR THE HEALTH & TRANSPORTATION WORKSHOP

Rick Hughes, San Juan County Councilmember and Steering Committee participant from the Farmhouse Gang, wanted to look at ways to improve the movement of patients from the San Juan Islands to their medical appointments on the mainland.

From this simple request the workshop developed as it became clear health-related transportation was a much bigger issue, especially for vulnerable populations including the elderly, disabled, rural, and poor. San Juan County wasn’t the only part of this region with challenges meeting the needs of patients to get to facilities outside their

jurisdiction. All five counties in the Farmhouse Gang region struggle with similar challenges of transporting individuals and their families to health services.

TOP IDENTIFIED GAPS

Participants at the workshop developed a list of the gaps they experience daily. Although nearly 60 unique gaps were identified in the course of the workshop, the following were given the highest priority by attendees:

- A lack of transportation services and stops along the I-5 corridor and WA SR20.
- The need to provide basic services (Food, medical, pharmacy) to rural communities.
- Transporting non-emergent patients from rural areas to health care across county/jurisdictional lines.

KEY SOLUTIONS

To address the aforementioned gaps, workshop participants brainstormed dozens of solutions. Thirty solutions were identified in the following categories:

- General transportation services
- Rural transportation services
- Transportation efficiency
- General rural services
- Rural medical services
- Medical system improvements
- Policy
- Education and outreach

Descriptions of individual solutions are detailed in the report.

NEXT STEPS

One message that became clear after the conclusion of the workshop was that there is not one problem for those seeking medical transportation; rather the issues are cumulative. An individual or family may be able to overcome one obstacle, only to be faced with half a dozen more for a simple doctor's appointment.

Given that the challenges are almost universal regardless of county, the workshop participants agreed that applying some of the solutions, even in a pilot project format, would benefit the region as a whole. Upon finalization of this report, copies will be distributed to participants, regional decision-makers, and planning organizations for the ideas to be incorporated into each agency's next steps.

1. OVERVIEW

On September 8, 2017, representatives from health, transportation, and regional planning agencies convened in Mt. Vernon, Washington to discuss challenges in transporting individuals for health-related needs within and outside of the North Sound region that includes Whatcom, Skagit, San Juan, Island, and Snohomish counties.

The meeting focused on the relationships between health and transportation and how to address the following questions:

- What healthcare-related trips are being made in the five county North Sound region?
- What health-related transportation needs are NOT being met?
- How do we improve coordination of health-related transportation services?

The purpose of the workshop was to:

- Inform a report of proceedings on regional health transportation gaps, and potential strategies to better connect services.
- Help planning organizations better understand the relationship between health care services, the clients they serve, and their transportation needs.
- Inform upcoming Regional Transportation Planning Organization (RTPO) Human Services Transportation Plan (HSTP) updates.

THE NORTH SOUND CONNECTING COMMUNITIES PROGRAM

The North Sound Connecting Communities Program, also known as the “Farmhouse Gang,” is a coalition of citizens, elected officials and transportation agency staff from Washington’s five northwestern-most counties. The Farmhouse Gang strives to improve ways for people to travel in the region. Its objectives are to

1. Collect travel and system data to identify needs.
2. Improve regional connections and sustain and expand services.
3. Enhance mobility through sustainable, equitable, and innovative transportation solutions.
4. Inform the public about transportation services to enhance awareness of the regional transportation network.

THE ROLE OF PLANNERS

The workshop was conducting on behalf of the Farmhouse Gang by the Whatcom Council of Governments (WCOG), the Metropolitan Planning Organization (MPO) and RTPO in Bellingham, Washington.

Planning organizations have an important role in the coordination of regional transportation by developing human services plans that ensure that the mobility needs of people who do not drive due to age, income, or disability reasons are being met. WCOG, the Skagit Council of Governments (SCOG), and the Island County RTPO are all in the process of starting their Human Services Transportation Plan updates and this workshop helped shed light on the variety of health-care agencies, stakeholders, and diverse service groups in the region.

COMMON THEMES ACROSS THE REGION

Although the impetus for the workshop came from San Juan County, where challenges in getting patients and their families on and off the islands for non-emergent services is large, the workshop showcased how many of the issues experienced by San Juan County are shared by other jurisdictions. In fact, all five counties in the Farmhouse region have rural populations that struggle to get to basic medical services. Specific issues for veterans, the poor, and other mobility-challenged populations are consistent regardless of the county in which they live. Therefore, the solutions derived from this workshop show promise in offering benefit to more than one individual jurisdiction and can be seen as a region-wide opportunity to improve mobility.

PARTICIPANTS

The following attendees attended the September 8 workshop:

First name	Last name	Organization
Jeanne	Acutanza	Strategic Transport Solutions
Mary	Anderson	Whatcom Council of Governments
JB	Bennis	Office of Governor Jay Inslee
Kathy	Berg	Whatcom Citizen's Transportation Advisory Group
Connie	Bowers	Island County Public Works
Dwight	Brown	Island Air
Todd	Carlson	WA State Department of Transportation
Hugh	Conroy	Whatcom Council of Governments
Coni	Carrothers	Skagit Transit
Rad	Cunningham	State Health Department
Shelly	Davis	Whatcom Transportation Authority

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Jay	Drye	WA State Department of Transportation
Melissa	Fanucci	Whatcom Council of Governments
Kaylee	Galloway	Congresswoman Suzan DelBene
Coey	Gilleland	Stillaguamish Tribe of Indians
Marianna	Hanefield	SNOTRAC
Liz	Harmon-Craig	Whatcom County Health Department
J	Havner	Lopez Island Fire & EMS
Melinda	Herrera	Right at Home Northwest
Tom	Hingson	Everett Transit
Aly	Horry	Northwest Regional Council
Rick	Hughes	San Juan County Council
Bob	Hunter	Everett Transit
Justin	Keefe	Community Action Skagit County
Jean	Kim	Puget Sound Regional Council
Ken	Klein	Snohomish County Executive's Office
Francois	Larrivee	Hopelink
Wade	Mahala	Community Transit
Janet	Malley	Whatcom Transportation Authority
Chris	Martin	Airlift Northwest
Jerry	Martin	San Juan Island Emergency Medical Services
Jaymes	McClain	Whatcom Council of Governments
Liz	McNett Crowl	Skagit Valley Hospital
April	Metz de Montiel	NW Medical Society
Heather	Milliren	Skagit County Parent to Parent
Natalie	Misanes	Sauk-Suiattle Indian Tribe
Kevin	Murphy	Skagit Council of Governments
Rick	Nicholson	Whatcom Transportation Authority
Mike	Nortier	Island Transit
Dale	O'Brien	Skagit Transit
Helen	Price Johnson	Board of Island County Commissioners
Jay	Priebe	Lopez Island Medical Clinic
Paul	Randall-Grutter	Skagit County Public Works
Lynda	Richards	Island County Human Services Department
Helen	Riggins	San Juan County Fire Department
Gordon	Rogers	Suzan DelBene's Veteran's Advisory Board
Heidi	Saunders	WhidbeyHealth Medical Center
Kayla	Schott-Bresler	Skagit County Health Department
Kimberly	Scrivner	Puget Sound Regional Council
Erin	Shelton	Tulalip Tribes
Joni	Soriano	Sauk-Suiattle Indian Tribe
Pete	Stark	Whatcom Transportation Authority
Casey	Stevens	Stillaguamish Tribe of Indians

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Terry	Terry	Whatcom Citizen's Transportation Advisory Group
Sara	Stiers	Skagit County Parent Coalition
Mark	Tompkins	San Juan County Health and Human Services
Leah	Wainman	North Sound Accountable Community of Health
Pat	Weekley	Island Senior Resources
Cheryn	Weiser	Island Senior Resources
Ron	Wesen	Skagit County Commissioners
Tiffany	Wheeler-Thomson	Island County Parent to Parent
Ted	Whitley	San Juan County Veterans Advisory Group
Scott	Williams	Orcas Island Fire & Rescue
Nicole	Willis	North Sound Accountable Community of Health
Bob	Wilson	Whatcom Council of Governments
Brad	Windler	Skagit Transit
Greg	Winter	Opportunity Council
Brian	Wood	Island County RTPO
Bill	Woolley	Hopelink

WORKSHOP STRUCTURE

The workshop was designed using “Liberating Structures¹” techniques to foster participation in large groups and to take advantage of the immense knowledge of all the participants in the room.

The workshop included an overview of the healthcare network serving the North Sound region and an introduction by Rick Hughes, San Juan County Councilmember. It was followed by three interactive sessions:

1. Identification - what are the gaps in health-related transportation for you or your clients?
2. Prioritization - what are the top ten prioritized needs/gaps from the list in session one?
3. Solutions - what solutions do we have for these top ten needs/gaps?

The workshop concluded with a summary and next steps.

¹ <http://www.liberatingstructures.com>

2. EXISTING SERVICES

Participants were asked ahead of the workshop to provide a list of existing medical and transportation services for their region. The following compilation is the result of the responses received, but is still missing some components. It is hoped the list will be augmented prior to the final draft of this report.

Emergency services

- Airlift Northwest – San Juan and Island Counties
- U.S. Navy – San Juan County
- Sherriff boats – San Juan County

Fixed-route and paratransit service

- Community Transit
- Everett Transit
- Island Transit
- Skagit Transit
- Whatcom Transportation Authority
- WA State Ferries
- Stillaguamish Tribe Transit Services
- Tulalip Transit Program – Tulalip Tribes

Demand response services and/or deviated fixed-route services

- Hopelink Medicaid transportation – Snohomish
- Mercy Transportation – Snohomish, Skagit, and Whatcom
- Northshore Senior Center Transportation Program – Snohomish
- Stillaguamish Transportation Program – Snohomish
- Transportation Assistance Program (TAP) – Snohomish
- Transportation Voucher Program – San Juan
- Northwest Regional Council Medicaid transportation – Whatcom, San Juan, Island, and Skagit

Shared rides

- Island Transit vanpool – Island County
- Stilly Crews Line – Snohomish County
- Community Transit Vanpool – Snohomish County
- Community Transit VanGo – Snohomish County

- Rideshare Online - all

Private transportation companies

- Uber - Snohomish, Island, Skagit, Whatcom Counties
- Island Air - San Juan County
- Local taxis - all counties

Program transportation

- East County Senior Center - Snohomish County
- Optimal Aging SafeRide Health - Snohomish County
- Stanwood Community and Senior Center - Snohomish County
- Stillaguamish Senior Center - Snohomish County
- Senior Services - San Juan and Island
- Camano Center- Island County
- Disabled American Veterans - Whatcom and Island

Volunteer programs

- Catholic Community Services - Whatcom and Snohomish Counties
- Catholic Community Services Disabled Veterans Transportation (DVT) - Snohomish County
- Pay Your Pal Program - Snohomish County

3. IDENTIFICATION OF GAPS

Given the list of health services and options for transportation that exist today, workshop participants were asked to identify **what are the gaps in health-related transportation for you or your clients?**

Using the 1-2-4-All exercise, participants developed a list of gaps on their own, shared them with their neighbors, a small group, and then the room as a whole. Gaps identified have been collated and summarized below:

Lack of rural services
Lack of physicians in rural counties like San Juan
Difficulty people off-island who are not emergency cases
Returning EMS cars/volunteers/families from emergency calls
Access to transit and/or paratransit
A simple doctor visit can amount to an overnight stay for the patient/family
Lack of tele-medicine
EMS services used for non-emergency transportation needs
Issues with rural telecommunication (no cell tower and bouncing 911 calls)
Access to services
Access to food banks
Lack of 24 hour secure park and rides for connections to transit
DAV issues; limited appointment window, no ADA capabilities
Reducing cost of providing medical transportation for non-Medicaid patients
Cost of non-emergency transportation services to seniors
No VA programs in Whatcom County
Pharmacy access
Lack of access to food resources (banks, groceries, etc.)
Cascade effect of missing one appointment
Gaps in both physical transportation and regulations as well
Language barriers for materials/information
Supporting nonprofit/agency transportation options
Getting used transit vans to community groups
Challenges finding volunteers for areas needed

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Challenges getting volunteers that are comfortable with special needs patients
Identifying lowest cost solutions for nonprofits
Lack of human resources for drivers in remote locations
Better training for volunteer drivers
Difficult for volunteers who have to do all-day or daily trips for medical appointments
Delays in authorization from Medicaid
Simplifying transportation
Transportation transfers need to be quicker
Delay in transit routes serving rural communities
Challenges of transit for mental health patients
Challenges of transit for special needs patients
Uber with a higher calling
Point to point transportation for patients
No communication for those needing dropping off along the corridor
High cost of one fare solution like Orca for transit agencies
People don't understand how to get the services
Need for travel training
No one stop shop for transportation info
Timing for emergency services do not work with transit schedules
Minimal care coordination
When ferry is late, the bus can't wait
Lack of cross-jurisdictional transportation
Veteran transport from Whatcom doesn't stop in Skagit
Multiple transfers
Underutilization of I-5 flyer stops to get people on/off
Intensive outpatient treatment hard to get to if out of county
No cross-county transfer services between Skagit, Snohomish, King
Can't get to Monroe dialysis center via transit
People come to Harborview from all over
Transportation from correctional facilities to home
Related costs of medical trips - family stays and discharge travel

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Temporary housing for families/caregivers of patients going to and from medical facilities
Medicaid doesn't pay for getting home after discharge
Patients can't get home after appointments when they live out of county
Problems when three appointments are over 3 days in a separate county
Need for data
Need data to know how many are underserved, those not making appointments
Gap in opportunity to quantify how people are traveling to and from where they are making medical trips
Affordable urban housing
Availability of affordable housing in urban centers to minimize more expensive transportation needs

Additional gaps by participants

Organizations that were not able to attend the workshop submitted additional gaps by email:

Family Resource Center in San Juan County:

The most frequent health-related trips reported by the Family Resource Center in Friday Harbor are maternity-related, dental care for clients on Apple Health, pre/post-surgical visits, and specialty pediatric care. Challenges include:

- Finding drivers for patients pre/post-surgery
- Lack of assistance with ferry tickets and gap for clients not on Apple Health (Medicare and Tricare do not provide ferry ticket assistance).
- Lack of assistance with lodging for the night before early morning appointments.

San Juan County Health & Community Services:

- Lack of Medicaid transportation providers in San Juan County.
- Limited volunteer base to staff senior service vehicles of off-island medical transportation.
- Transportation options for individuals experiencing behavior health crises are limited.
- Connecting services between ferry and public transportation a challenge.

4. PRIORITIZATION OF GAPS

Workshop participants participated in an exercise called “25/10 Crowd Sourcing,” which allowed for the rapid generation and sifting of the most powerful actionable ideas.

Participants were asked to write their top gap/need on a card. Then, as a whole, the group shuffled the cards and ranked each card five times, with a score between one and five (one being the least important and five being a critical issue). After this exchange of cards and scoring was completed, six cards arose to the top as having the highest priority by the group as a whole. A full list of all the gaps identified on cards and their final scores is included in *Appendix A: Scoring*.

The following cards were given the highest scores and moved on to the identification of solutions session of the workshop:

- A lack of transportation services and stops along the I-5 corridor and WA SR 20 (*added to item 1*).
- The need to provide basic services (food, medical, pharmacy) to rural communities (*added to item 2*).
- Lack of seamless transportation (transfers, jurisdictions, difficulty understanding systems) (*added to item 3*).
- Need to make it easier to get people from rural areas to health care (*added to item 2*).
- Transportation of non-emergent patients off-island (*added to item 3*).
- Trips that cross county/jurisdictional lines (*added to item 3*).

For the purposes of this report, the results above have been further grouped into these main problem areas:

1. A lack of transportation services and stops along the I-5 corridor and WA SR20.
2. The need to provide basic services (Food, medical, pharmacy) to rural communities.
3. Seamlessly transporting non-emergent patients from rural areas to health care across county/jurisdictional lines.

5. SOLUTIONS FOR TOP PRIORITIZED GAPS

The gaps that emerged from the 25/10 Crowd Sourcing exercise became the focus in the next session to identify solutions to these issues. Participants were asked to come up with ideas, unrestricted by fiscal constraints, political barriers, or other impediments.

In an exercise called “Wise Crowds,” participants were broken into mixed-agency groups of ten and given approximately ten minutes to report solutions to each problem as reported by the person who wrote the initial needs card. A scribe for each gap went from group to group recording solutions, then reported these ideas at the conclusion of the exercise.

Although the original exercise broke out solutions for the six main gaps, given the similarities of some of the categories, the solutions below have been broken out by theme. A full list of solutions provided is available in *Appendix B: Solutions*.

Transportation services

1. Two types of runs on the I-5 corridor: express (commuter) and multi-stop.
2. Flyer stops on I-5, and at county lines.
3. Increased intercounty connector trip frequency.
4. Expand paratransit beyond ¾ mile.
5. Open paratransit to all riders with sliding scale of payment.
6. Cross-county paratransit travel.
7. Phone/website app and/or a single phone number to request the trip needed (hospital discharge pick up, appointment in another county, etc.) – and this information is routed to a volunteer clearinghouse to identify a service to pick up and drop off the person.
8. Have paid van drivers, trained to work with medical and mental health clients, available for a multitude of services for a variety of clientele.
9. Public-private community partnerships
10. Carpooling for patients
11. Passenger only ferries to minimize delays.

Transportation efficiency

12. Coordinated fares – one pass for all transit agencies and modes.
13. Off board fare system.
14. Bus meets ferry when ferry arrives, not the scheduled bus time.
15. Transit station information specialists to expedite and explain to travelers.

General rural services

16. Provide broadband to all communities for rural connectivity to medical/communication services.

Rural medical services

17. Mobile medical, health, food, and pharmacy services – like a bookmobile.
18. Satellite facilities/branches for clinics in rural communities.
19. Increase telemedicine.
20. Home visits from home health care providers for patients with appropriate needs – can include refilling prescriptions.
21. Community paramedic program.

Medical system improvements

22. Schedule multiple appointments for same day (ex. For Medicare patients)
23. Improve payment methods for medical travel.
24. Location-based coordination of medical appointment scheduling

Policy

25. Clinics and agencies apply for grants to provide their own transportation options for clients.
26. Legislative solutions to fix barriers for cross-jurisdictional services.

Education and outreach

27. More conferences for connections
28. Highlight the role of private operators in the system.
29. Educate decision-makers on the entire cycle of needs for medical care.
30. Collect more data on the size and needs of the communities requiring service.

Additional solutions by participants

Sauk Suiattle Indian Tribe Darrington-Concrete Direct Shuttle Bus Service

This transportation program is operated by the Sauk-Suiattle Indian Tribe to provide safe, reliable and courteous transportation to all residents of the reservation, the rural towns of Darrington, Concrete, Rockport and all communities from Darrington to Concrete on SR 530 and SR 20. The primary goal of the program is to provide fixed route public transportation to bridge the gap between tribal lands and the towns, and further connect those rural communities to Community Transit in Snohomish County and Skagit Transit in Skagit County.

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Other goals include attracting and sustaining social-economic development and commerce in the service area and to delivery comfortable and reliable transportation services.

6. NEXT STEPS

This report will be shared with a large range of stakeholders and decision-makers to determine the best way to proceed with quantifying benefits to chosen solutions and developing means to implement those solutions. Presentations will be made at the Farmhouse Gang December 15, 2017 Legislative Forum, as well as subsequent presentations at regional health boards, councils, planning agencies, and other groups.

The ultimate objective is to see some of the solutions identified funded and allowed to proceed to a pilot project to test the results in one or more community.

This will also be the first of what is hoped to be a series of conferences organized by the Farmhouse Gang to better coordinate health and transportation services for the North Sound region.

APPENDIX A: SCORING

The following list shows the actual gaps listed on the cards by attendees, and the points given to each idea by participants.

- Need to meet the needs of those in rural areas to get to basic services: food, pharmacy, medical needs. 24
- Lack of seamless transportation (in terms of transfers, jurisdictions, public facing understanding/communication/fares) to critical and sustaining health services that promote good health for a changing/aging demographic. 24
- Transportation of non-emergent medical trauma patients off the islands. 24
- Moving people from rural areas to/from health care they need easily/smoothly, timely, effectively, affordably. 23
- Simple doctor visit turns into surprise overnight stay. 23
- Lack of coordination between various transportation systems which results in reduced access to medical facilities. 22
- Lack of affordable rental housing in the urban centers of each county. 21
- Need for timely, flexible, comfortable cross-county service up and down I-5 corridor. 21
- Lack of transportation services along I-5 corridor and Highway 20. 21
- Cross-jurisdictional transportation for outpatients with intensive treatment needs (i.e. from Whatcom to Snohomish or King County). 21
- Lack of consolidated resource list or contacts for transportation opportunities for services to medical or pharmacy services. 21
- Look at current rules to allow easier coordination of transportation across county lines, contracts, etc. 20
- People don't know what transportation options are available in their situation (includes agencies and health care providers). 20
- Access to medical services for people who do not have access to vehicles. 20
- Transportation to and from food banks, pharmacy, appointments 20
- Need one agency to coordinate transportation for the region - one phone number or website for people to visit to set up transportation. 20
- Limitation of transit/paratransit in rural areas - evenings and weekends. 19
- Bed availability and effective/efficient transport options for behavioral health patients. 19
- Lack of affordable transportation for non-Medicaid clients, i.e. Medicare eligible but not eligible for transportation assistance. 19

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- Transportation patients that do not meet medical necessity based on billing criteria. ¹⁹
- Get Whatcom County vets to VA in Seattle. ¹⁹
- Lack of reimbursement for now – emergent transport, mental health patients. ¹⁹
- Lack of clearinghouse data (patients’ location, distance to services, medical issues, availability of insurance, availability to pay, cost to provide services). ¹⁹
- Travel training. ¹⁸
- Lack of volunteer resources to provide off-island transportation to specialty medical resources along the I-5 corridor (especially for Oak Harbor residents). ¹⁸
- Lack of specialized medical services within local areas/counties (having to travel long distances to access specialized medical care/therapies rather than having services in our own communities). ¹⁸
- Transportation and care coordination – someone on the other end of the transport to help find a long term solution to that individual’s transportation issue. ¹⁸
- Lack of volunteers to drive community-based transportation services available for sufficiently broad health and disability needs. ¹⁸
- I-5 has poor access but is underutilized by workers and special needs riders. ¹⁸
- Rural area access to paratransit/transit (residents in NE Whidbey outside of ¾ mile to transit stop can’t qualify for paratransit and have challenges getting to a transit stop) ¹⁷
- Transportation to get to care, but especially on discharge (homeless no money, away from home and can’t get home, insurance doesn’t pay for transport after discharge, behavior health issues money for trained drivers for transport) ¹⁷
- Lack of interagency coordination. ¹⁷
- 1. Human resources, 2. Lack of funding, 3. Telecommunication, 4. Better network of 911, 5. MOU with Skagit and Snohomish health services and transportation. ¹⁷
- Inability to get to frequent appointments at regional treatment centers (vet dialysis, outpatient treatment for substance use disorders). ¹⁷
- Close data gaps to better understand routes and demand so limited resources can be prioritized. ¹⁷
- Lack of one stop access to information to services – no overall management of the individual services and client needs. ¹⁷
- No VA programs in Whatcom County. ¹⁷
- Get veterans to appointments that are outside their respective counties, i.e. Whatcom County veterans to the Seattle VA or Tacoma appointments (both physical and regulatory barriers). ¹⁶
- Supportive transport for the mentally ill. ¹⁶

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- Lack of coordination of medical trips up and down the I-5 corridor to build economies of scale and then a regular shuttle service to the major medical centers. Attached to that gap is the need for reliable east-west transportation to access the I-5 corridor. ¹⁶
- Challenges of finding volunteers in area of need, volunteers comfortable with patients. ¹⁵
- Costs associated with travel to doctor appointments such as ferry costs (\$25 and up for each round trip). ¹⁵
- Affordable housing availability in urban centers near existing services and transportation options. ¹⁴
- Moving folks off San Juan islands for non-emergency medical needs (medical, dental, mental health, physical therapy, etc.). ¹⁴
- Expand island transit hours to be seven days a week and off hours options on Whidbey Island. ¹⁴
- Communications of services such as overnight housing for family members and transportation to and from appointment. ¹⁴
- Uber with a higher calling. ¹³
- Lack of ADA corridor between Whatcom and Skagit. Require paratransit riders to transfer to fixed route for part of the trip. ¹³
- Overly reliant on long distance travel to meet potentially simple needs. ¹⁰
- Lack of multi-lingual data and information to those who do not speak English as a first language. ¹⁰
- In each gap there is one or two missing links (journey from home to appointment to back home) – the last mile. Most gaps require personalized service – for each situation – to bridge the gap. ⁵

APPENDIX B: SOLUTIONS

Solutions were initially broken out by the top six highest scoring cards from the 25/10 Crowdsourcing exercise. These have been rolled up into the list of 30 top solutions listed on page 15.

1. A lack of transportation services and stops along the I-5 corridor and WA SR 20.

Identified solutions:

- Off-board fares.
- Have commuter runs with express service along the corridor with limited stops, and non-commuter runs with more stops between Bellingham and Seattle.
- More flyer stops along the corridor.
- More frequency of intercounty connector trips
- Arrange for a bus to meet the ferry when the ferry arrives, not the scheduled time.
- Passenger only ferry services to minimize delays.

2. The need to provide basic services (food, medical, pharmacy) to rural communities.

Identified solutions:

- Phone/website app to specify the trip you need, and information is routed to a volunteer clearinghouse to identify someone who can pick up and drop off the client.
- Expand paratransit beyond the ¾ mile legal requirement.
- Open paratransit rides to all travelers with a sliding scale of payment. This would serve families, emergency movements, and other needs.
- Increase telemedicine.
- Mobile medical/health services – clinic, pharmacy, food (like a bookmobile but for medical needs).
- Have a paid transportation coordinator for volunteer services. This would be a clearinghouse of volunteer organizations and drivers.
- Have a single number for all discharged patients/families to call to get home after emergency treatment.
- Have paid van drivers that can provide a multitude of services for various clientele, trained to work with medical/mental health patients.
- Clinics and agencies need their own transportation – and grants to help fund this.

- Satellite facilities for clinics in the rural communities.
- More flexibility in medical appointment scheduling.
- Group Medicare clients together.
- Small needs patients to get home visits from doctors.
- Community paramedic program.
- Collaboration and communication with all providers.
- Religious institution involvement in services.
- Ask transit boards for permission for cross-county paratransit travel.
- Carpooling for people on islands to services – a social component.
- One number/information source to call (i.e. 211) to get information on all health care options.

3. Lack of seamless transportation (transfers, jurisdictions, difficulty understanding systems).

Identified solutions:

- Public-private community partnerships (i.e. Meals on Wheels)
- Coordinated fares (one pass for all transit agencies/modes)
- Make transit fun with a “bingo bus”
- Find transportation grants with health care providers.
- Reduce the need for long trips with regional health visits.
- Change laws to provide broadband to all communities.
- Concierge partnerships (community volunteers, vouchers for families, pay your pal).
- Expeditors at transit stations.

4. Transportation of non-emergent patients off-island.

Identified solutions:

- Bridge to San Juan Island.
- Non-emergency services to provide transportation.
- Change traditional regulatory ways of payment – improve medical payments.
- Telemedicine.
- Community para-medicine.
- Re-assess paid staffing for emergency services.
- Duplicate EMS functions.
- Priority boarding for medical services on ferries both ways (EXISTS)
- Coordinate schedules for repeat visits.
- Ride coupling with other patients.
- Grow reimbursement issue.

- Educate decision makers on entire cycle of medical care.

5. Trips that cross county/jurisdictional lines.

Identified solutions:

- A whole new transportation system to address this.
- More effective pick-ups at county lines.
- Pilot project between two pairs and developing service to work out bugs/policy issues.
- More conferences like this to make connections.
- Highlight the role of private operators.
- Advocate issues to legislators and down to mobility managers.
- Better data on the size and needs of the communities requiring service.
- Legislative solutions - fixing barriers for cross-jurisdictional services.
- Laws developed thirty years ago are no longer pertinent and need to be reassessed.
- Interagency scheduled van services.