



**Washington State
Department of Transportation**

Community Engagement & Public Outreach for Statewide Human Services Transportation Plan

Summary Report on:

RIDE-ALONGS

CONVERSATIONS

STAKEHOLDER INTERVIEWS

PARTICIPATORY GATHERINGS



The Athena Group, LLC

Date: 01/18/2019

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Executive Summary

Purpose and Scope

In fall of 2018, the Washington State Department of Transportation (WSDOT) contracted The Athena Group, LLC (Athena) to lead statewide engagement efforts to inform the update of the Washington Statewide Human Service Transportation Plan (SHSTP). Athena coordinated a variety of engagement strategies, including ride-alongs with human service transportation riders and drivers, interviews with transportation and other service providers, and four participatory events.

Summary of Engagements

In total, the Athena Group engaged 173 community members, including 46 youth, and 47 staff from various service-providing organizations throughout Washington state.

Ride-alongs

Athena coordinated with five community transportation and public transit providers to travel in their transportation vehicles and lead informal conversations with riders and drivers in Pacific, Grant, Stevens, Pierce, and Clallam Counties. Ride-alongs took place mid-October and resulted in conversations with 22 riders and 6 transportation staff.

Interviews

With WSDOT support, Athena coordinated 19 interviews with human service/specialized transportation providers, transportation network organizations, and human services advocates. These took place from mid-October to mid-November; we used findings from these interviews, ride-alongs, and local Human Service Transportation Plans (HSTPs) to generate questions and statements for engagement participants to respond to with personal stories and experiences.

Conversations

In Spokane and Tacoma, we engaged homeless individuals and dialysis patients, respectively, in informal conversations about their current transportation options and needs. Thirty-six homeless individuals and 17 dialysis patients shared their transportation stories and experiences. Additionally, one dialysis center staff and four homeless services providers shared their insights into their clients' special transportation needs.

Participatory Gatherings

Athena coordinated with local partners in Aberdeen and Brewster to facilitate participatory gatherings in December. Both events were dual language and special efforts were taken to engage the Spanish-speaking community. Over 40 adults and youth participated in Community Café-style conversations at St. Mary Parish in Aberdeen and 58 adults and youth participated in a similarly-designed event at the Brewster Boys and Girls Club.

Key Takeaways

Overall, the range of thoughts and experiences with human services transportation vary as widely as the cultures and regions across Washington. Although challenges exist between meeting special transportation needs of rural and urban residents, service providers continue to seek partnerships, creative funding, and fresh solutions to maximize resources and meet as much need as possible. In the absence of available and accessible transportation services, Washington residents rely on their personal social networks, community service providers, and inventive alternatives to reach their destinations and meet their basic needs. According to providers, there are multiple opportunities for state agencies like WSDOT to take on the role of ‘convener’, which would allow greater communication, coordination, and collaboration between Regional Transportation Planning Organizations (RTPOs), community-based organizations (CBOs), and local grassroots initiatives to meet transportation needs.

Because transportation plays such an important role in our lives, it is critical that transportation providers regularly and authentically connect with people in the communities they serve to understand what is working well, what gaps exist, and what future steps would serve them best. By taking a whole-person and whole-family approach to engaging with their communities, human service transportation providers learn about valued resources, trusted individuals, and culturally responsive processes that may be leveraged in meeting their transportation needs.

Interviews: Key Takeaways

Based on the 19 initial stakeholder interviews and four additional provider interviews conducted in Spokane, it became clear that public transit serves many people with special transportation needs, more in urban areas than rural areas. Providers seek equity in funding between rural and urban areas, in addition to greater funding and resources in both rural and urban areas to maintain existing services and expand services. We heard that the most common factors impacting transportation decisions are cost, service hours, and awareness about eligibility and/or how to access transportation services. Participants value partnerships between transportation and other service providers that promote better use of provider resources and allow services to reach more people with special transportation needs. Lastly, providers want WSDOT to play more of a convening role to promote cross-agency coordination. Several providers commented that knowing about other successful innovative transportation solutions throughout the state would better equip them to meet their regional transportation needs. Additionally, they highlighted the lack in coordination between healthcare, education, and transportation systems, among others. Because WSDOT and other state agencies have a big-picture systems perspective, local and regional transportation and social service providers seek opportunities to access new systems information through more frequent networking events, and see state agencies as filling the role of organizing these events.

Ride-alongs: Key Takeaways

In speaking with riders and staff of transportation service providers, we learned that the majority of their riders learned about special needs transportation through a medical or social service provider. Riders value personal interactions with transportation providers and seek knowledge, physical, and social support from drivers. Transportation providers have to make decisions every day between serving customers who are centrally located and those in outlying regions; they do not have enough funding, staffing, or resources to meet all transportation needs.

Participatory Gatherings and Conversations: Key Takeaways

Through one-on-one, small and large-group conversations around Washington state, we heard the following themes related to human services transportation.

Challenges

- The available transportation service areas, hours, and options factor directly into individuals' ability to work and meet their basic needs.
- Washington state residents need transportation options outside of transit boundaries.
- Washington state residents need cross-county transportation, especially for specialized health services.
- Many Medicaid eligible individuals are not signed up for transportation services, and many others are ineligible but would still greatly benefit from transportation services.
- The lack of available demand-response, fast transportation is costly for individuals needing immediate care.
- In rural counties, people travel long distances to access services in larger cities; for those who travel in private cars to retain independence, this translates to high vehicle maintenance costs.
- The cost of individual bus rides and time-consuming transfers limits low-income individuals' ability to afford to do more than one or two errands and activities in a day, as well as their ability to travel longer distances for medical appointments and errands.
- The demand for cost assistance and fare subsidies currently exceeds supply.
- The cost of providing transportation services and maintaining capital infrastructure in rural counties can be cost prohibitive.
- In rural areas, there is a need for more satellite services; the cost and duration of travel from rural areas to larger cities for services is prohibitive.

Strategies Suggested by Participants

- Subsidized transportation services could incentivize rural residents and low-income individuals and families to rely less on private vehicles.
- In the human service transportation field, great customer service means: meeting people where they are at, helping to find transportation solutions or alternatives, and providing information that explains *why* something is the way it is.
- People from historically marginalized communities (including Spanish-speaking and low-income) desire inclusive services and engagement opportunities from transportation providers.
- Participants value clean, well-lit, well-maintained bus stops, sidewalks and surrounding areas.
- Language support is critical for Spanish-speakers in human services transportation.
- Individuals desire safe, positive personal interactions and support when using transportation services.
- It is critical to continually reassess how well transportation and other service providers are informing the public, especially members of marginalized populations, of existing services and eligibility requirements, and adjust accordingly.
- For low-income individuals, people experiencing homelessness, migrant workers and other high-need, low-mobility populations, the timing and availability of healthcare services, vocational trainings, and new job opportunities frequently conflicts with existing work and bus schedules, pointing to the need for greater collaboration between transportation, social service, healthcare and economic development systems.

- People with high needs and low mobility (low-income families, individuals with severe medical conditions) would like more personalized and urgent modes of transportation such as rideshares from chemotherapy and shuttle vans to grocery stores.
- Regional providers would like to see WSDOT facilitate, incentivize, and remove barriers to regional ride-sharing, cross-agency collaboration and innovation.
- Human services transportation systems and resources need to be accessible in multiple formats: users of all backgrounds, circumstances and abilities should be able to access the information and services they need.

Acknowledgments

We would like to acknowledge and thank the many organizations and individuals who partnered with us in our community engagement and public outreach efforts. Thank you to:

Ride-along Partners

- Pacific Transit System
- Pierce Transit
- People For People
- Rural Resources Community Action
- Makah Public Transit

Okanogan County Partners

- Jennifer Fitzthum and Deanne Konsack, Okanogan County Transportation & Nutrition (OCTN)
- Kelly Scalf, Okanogan County Transportation Authority (TRANGO)
- Jodi DeCesari, Okanogan County Child Development Association (OCCDA)
- Jesus Hernandez, Orlando Gonzalez, Liza Lugo, and Melodie White, Family Health Centers (FHC)
- Gene Dowers, Pateros Brewster Resource Center
- Carlene Anders, TRANGO Board of Directors and Pateros Mayor
- Heather Carrington and staff, Brewster Boys and Girls Club
- La Milpa, a local Mexican restaurant, bakery, and specialty grocery store
- Molina, a healthcare company, donated to event raffle

Pierce County Partners

- Jerri Kelly and Kelvin Berring, Pierce Transit
- Michael Mace, Social Worker at Fresenius Kidney Care South Tacoma
- DaVita, a healthcare company providing kidney disease treatment

Spokane County Partners

- Jason Lien, Spokane Regional Transportation Council
- Brandon Repez-Betty, Spokane Transit Authority
- Joe Ader and Serena Graves, Open Doors Family Shelter
- Cal Coblenz, Spokane Valley Partners
- Tracie Swanson, Our Place

Grays Harbor County Partners

- Fatima Gonzalez-Galindo, Community Café Collaborative
- Isabel Cisneros, St. Mary Catholic Parish
- Vicki Cummings
- Alejandro Romero, translation
- Jill Bushnell, outreach support

Description of Key Terms

This report uses some key terminology that warrants further elaboration. Below, please find explanations that further describe words or phrases used throughout this report.

Person with Special Transportation Needs

“Those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase appropriate transportation.” (As defined by Revised Code of Washington RCW 81.66.010)

Human Services Transportation

For this report we are using the term “human service transportation” for the type of transportation used by people with special transportation needs. This includes:

- Walking, biking, or driving a personal vehicle to medical or social service appointments
- Riding a commuter van
- Public transit bus or paratransit provided by a public transit authority
- Tribal transit
- Senior transportation
- Medicaid transportation
- Veterans transportation
- Volunteer transportation
- Taxis or contracted, private providers
- School transportation, including early learning transportation (Early Childhood Education and Assistance Program (ECEAP) and Head Start)
- Trains, ferries, or airplanes

Availability

For this report, we use the term “availability” to include how many transportation options exist for individuals to reach their destination at their desired time. Availability centers on both the existence of transportation and whether transportation can be utilized when needed.

Accessibility

For this report, we define “accessibility” in relation to the ease in learning about, coordinating, and using transportation services. It also includes the physical infrastructure, psychosocial, language, and economic supports that are in place to help people with special transportation needs.

Affordability

When referring to “affordability” in this report, we include all financial and opportunity costs that people incur when making decisions about and using transportation services. For service providers, we consider how cost affects their ability to provide the right amount of service at the right time.

Beliefs, Perceptions, and Awareness

Throughout this report, we summarize the beliefs and perceptions individuals shared in our various engagement activities. We gathered stories of community members' and service providers' experiences with the human services transportation system to learn about their views, reasoning, and level of awareness of the many aspects of transportation.

Systems

In this report, we use the category of "systems" to include policies, procedures, laws, infrastructure, and institutional norms/practices that impact individuals' ability to reach their destination in a timely manner and/or providers' ability to serve in cost-effective and human-centered ways.

Introduction and Process

In fall of 2018, the Washington State Department of Transportation (WSDOT) contracted The Athena Group, LLC (Athena) to lead statewide community engagements to inform the update of the Statewide Human Service Transportation Plan (SHSTP). Athena coordinated a variety of engagement strategies, including ride-alongs with human service transportation riders and drivers, interviews with transportation and other service providers, and four participatory gatherings.

This report provides an overview of the engagement approaches taken and the themes that emerged from the range of public engagement/outreach activities completed in October through December 2018. Key learnings are organized by availability, accessibility, affordability, beliefs/perceptions/awareness, and systems.

Establishing a Baseline – Interviews and Ride-alongs

In order to determine the kind of questions and populations to engage in public gatherings or conversations, Athena first conducted initial stakeholder interviews (remotely) and ride-alongs in various regions of Washington state.

Needs identified from these engagements were paired with local and statewide needs identified by WSDOT's Steering Committee and organized into the following categories: availability; accessibility; affordability; beliefs, perceptions and awareness; and systems. We saw patterns in what community members and providers from around the state were reporting, and further categorized by 'rider perspective', 'provider perspective', and 'policy needs'. By doing this, we were able to design community engagement tailored to specific "hard-to-reach" populations in Pierce, Okanogan, Grays Harbor, and Spokane Counties.

Initial Stakeholder Interviews

WSDOT identified and selected 19 stakeholders across the state to interview. Paul Horton, from The Athena Group, conducted the telephone interviews. Sixteen of the total 19 were human service providers, one was a human service advocate, and two were transportation network organizations, or companies that provide mobility as a service, such as Uber or LimeBike. During the interviews, Paul asked between 8 and 11 questions per individual, depending on the category of interviewee and the nature of the flow of the conversation. Information collected from these interviews can be found in Appendix 1.

Ride-alongs

Amber Huffstickler, from The Athena Group, coordinated five ride-alongs with public transit and community transportation providers in Pacific, Grant, Stevens, Pierce, and Clallam Counties, under the suggestion of WSDOT's staff and Human Services Transportation Steering Committee. Spending between 3-6 hours riding each vehicle, Amber prompted and recorded informal conversations with riders and drivers about their common destinations, what is working well and what challenges they face in meeting their transportation needs. Conversations lasted between 5-20 minutes, and in total, Amber engaged with 22 riders and six staff throughout the ride-alongs. Narrative and pictorial summaries of each ride-along can be found in Appendix 2.

Public Engagement Approach

With guidance from the Human Service Transportation Plan Steering Committee, WSDOT identified two urban counties (Pierce and Spokane) and two rural counties (Okanogan and Grays Harbor) for the participatory gatherings. These counties were selected based on transportation needs/barriers representative of those of rural and urban communities around the state. In addition, WSDOT asked that we focus engagement in these four counties on “hard-to-reach” populations. WSDOT consulted with Regional Transportation Planning Organizations (RTPOs) to determine which “hard-to-reach” populations we should focus on in order to supplement the outreach and engagement work they have already done. While robust community engagement happens in local communities across the state, resources and other barriers often restrict local agencies from engaging with all populations with special transportation needs.

Forming Local Partnerships

In order to coordinate the participatory gatherings in Okanogan, Spokane, Grays Harbor and Pierce counties, Athena’s Austin Raymond reached out to local transportation providers and transit agency leaders for suggestions regarding existing resources, partnership opportunities and target populations for engagement. She then used providers’ suggestions to identify and contact community partners who were intimately connected to each county’s target population. Our goal was to co-host the participatory gatherings with community partners who were already deeply trusted and connected in the selected community, as well as host the gatherings in well-known, centrally-situated locations that community members already frequented for services.

- In Pierce County, where the target population was dialysis center patients, we opted to host informal conversations at a dialysis center with patients and staff; meeting with patients in a trusted space during their routine medical treatment increased the likelihood of their participation.
- In Spokane County, the target population was individuals who were low-income and/or experiencing homelessness. We chose to partner with Our Place, a community resource center in one of Spokane’s most marginalized neighborhoods, and Open Doors, a family shelter that served people experiencing homelessness from the Spokane-Coeur D’Alene region.
- In Grays Harbor County, the target population was the Latinx community, especially Latinx families. We partnered with St Mary Catholic Parish because of its deep ties in the Grays Harbor Spanish-speaking community and its established network of supports and connections with Latinx community members.
- In Okanogan County, the Athena project team was encouraged to reach out to any and all groups experiencing mobility issues (low-income individuals, seniors, people with disabilities, non-native English speakers, families). At WSDOT’s encouragement, Athena team members chose to engage low-income and Spanish-speaking families living outside the county’s larger cities, Okanogan and Omak. At the advice of Jodi DeCesari of Okanogan County Child Development Association, we chose to host the Okanogan County gathering in Brewster, Washington—an area whose service providers were skilled at outreach and frequently and successfully engaged families in public events. Athena partnered with a number of organizations to host the Brewster gathering: Brewster Boys and Girls Club, Family Health Centers, and Pateros Brewster Resource Center.

Participatory Gatherings

In hosting participatory gatherings, the Athena project team leaned on previous experience and success using the Community Café model for community engagement (see www.thecommunitycafe.org for more information on this approach). Unlike traditional public meetings, where public officials talk and

participating community members listen, Community Cafés use open conversations about topics that are deeply relevant to families and communities to harvest the wisdom that comes from lived experience. Athena's Amber Huffstickler partnered with St. Mary's Isabel Cisneros and the Community Café Collaborative's Fatima Gonzalez-Galindo to design a family event full of opportunities for *all* participants to share their ideas and experiences, including children. Athena's Austin Raymond designed a parallel Kids Café for youth to engage in age-appropriate activities centered on the same powerful questions their adult family members were answering. See Appendix 3a for the Community Café design, Kids Café design, and harvests from the Grays Harbor event.

Cultural Responsiveness and Inclusion

Because the Community Café approach prioritizes cultural responsiveness, Athena took efforts to offer community engagements in Grays Harbor County and Okanogan County that honor the backgrounds and experiences of their Spanish-speaking communities. This influenced the date, time and event duration, location, outreach methods and materials, decoration, room arrangement, conversation format, partner roles, event openings, closing, and follow-up.

Dual Language Events

In Grays Harbor, hosts Fatima Gonzalez-Galindo and Amber Huffstickler took turns providing information, giving instructions, and interpreting participant comments between Spanish and English. Instead of hiring an interpreter to provide verbatim interpretation between languages, we chose two bilingual facilitators that were skilled at interpreting participants' comments within a cultural lens to prevent important insights from being 'lost in translation'. In addition, we provided an interpreter for English-speakers to assist them in small-group conversations taking place primarily in Spanish. In Okanogan County, hosts Amber Huffstickler and Orlando Gonzalez led a dual language opening, divided into English and Spanish language groups, and then came back together for a dual language closing. This allowed participants to: share stories and resources in cross-lingual interactions at the beginning, experiencing a shift in dynamic from English-dominated interactions to dual language interactions; identify common themes that emerged across cultural group; and explore strengths, challenges, and opportunities that exist among peers in their home language.

Human-Centered Design

For both community gatherings, Athena consultants sought creative solutions to common barriers people face with public engagements. We partnered with the Boys and Girls Club in Brewster and experienced bilingual volunteers from St. Mary Parish in Aberdeen to provide fun, educational kids activities – a step above traditional childcare. The Kids Café was designed to parallel the adult experience: children participated in guided conversations and activities related to human services transportation and presented their learnings to the adults at the end of the evening. In this way, we are able to weave the youth perspective into our findings and promote their often-silenced voices.

To encourage the Spanish-speaking community to attend our engagements, we worked with local partners to identify and remove common barriers that families face in attending community events. Additionally, we designed the event with multiple options for engaging with the topics at hand. We provided chart paper and markers for visual information processors and sensory toys for kinesthetic learners. We gave instructions using English, Spanish, and body language. We provided written materials in English and Spanish, taking care to create flyers and conversation materials using basic language that everyone would understand. We facilitated personal silent reflection, paired conversations, small-group

brainstorming, and large-group share-outs. We framed everything as an invitation, making it clear that both adult and youth participants had the choice to opt-out of activities.

Participatory Conversations

Given the life circumstances of the target populations (low-income/homeless individuals and dialysis patients) and nature of the host sites in Spokane and Pierce counties (emergency shelter/resource banks and dialysis treatment centers), the Athena project team opted to engage their Tacoma and Spokane-based target populations via personal conversations rather than community gatherings. Athena coordinated these conversations to take place at often-visited locations: a dialysis center where patients receive frequent treatment; a shelter for people who are homeless; and a community resource center that provides emergency support for people who are homeless. By having brief, informal conversations with community members at high-traffic care centers as they were receiving services, Athena team members eliminated some barriers that typically prevent high-need, low-mobility individuals from attending public meetings. As much as possible, Athena team members interviewed individuals in pairs and small groups to encourage cross-pollination of ideas and build mutual trust. Athena's Paul Horton coordinated with Michael Mace at Fresenius Kidney Center in South Tacoma to lead voluntary interviews with dialysis patients between 8:45 am – 4:00 pm on November 20, 2018. Paul interviewed 14 individuals as they waited for treatment or transportation home after treatment, and each informal conversation lasted between 5 – 20 minutes. Of these 14 patients, 13 indicated the use of one or more different types of public transit options. One patient indicated that they got to and from their appointments hitch-hiking or with rides from friends. Paul also spoke with three patients who drove their own vehicles to and from the center and Mr. Mace (who is himself a former dialysis patient and former transportation dispatcher). The questions asked and summary of findings can be found in Appendix 3b.

Athena's Austin Raymond and Lisa McCrummen interviewed homeless and low-income community members at two emergency service centers in the city of Spokane: Our Place Community Ministries in West Central neighborhood and Open Doors Family Shelter in East Perry District. Austin and Lisa visited with 22 homeless/low-income guests at Our Place between 10:00 am – 12:30 pm. They conducted brief informal interviews (most no more than 15 minutes) in the main waiting area of the shelter and offered interviewees day-long bus passes, STA route maps, and granola bars. From 4:00 - 6:30 pm, Austin and Lisa visited with 14 guests at Open Doors as they ate dinner.

Additionally, Lisa McCrummen conducted hour-long interviews with three service providers who worked directly with low-income and homeless Spokane residents: Assistant Director of Open Doors Serena Graves, Executive Director of Our Place Tracie Swanson, and Executive Director of Spokane Valley Partners Cal Coblenz. Additionally, Lisa talked with Dawn Cherry of Inland Empire Insurance Agency, who specializes in supporting Medicaid and Medicare recipients, including supporting their transportation needs. These interviews dove deeper into systemic issues than the more informal conversations with community members.

Engagement Summary Table

Engagement	Location	Date	People Engaged
Ride-along	Raymond, South Bend	10/12/18	4 Riders 1 Driver
Ride-along	Moses Lake, Wenatchee	10/15/18	4 Riders 1 Driver
Ride-along	Colville, Kettle Falls	10/16/18	6 Riders 1 Driver
Ride-along	Pierce County	10/17/18	4 Riders 1 Driver 1 Staff
Ride-along	Makah Reservation	10/18/18	4 Riders 1 Driver
Interviews	Teleconference (remote)	10/8/18 - 11/11/18	16 Human Service/specialized Transportation Providers 2 Transportation Network Organizations 1 Human Services Advocate
Conversations	Fresenius Dialysis Center, Tacoma	11/20/18	17 Patients 1 Staff
Community Café	St Mary Parish, Aberdeen	12/5/18	25 Community Members 15 Youth 4 Providers
Conversations	Our Place Community Outreach, Spokane	12/13/18	22 Community Members 1 Provider
Conversations	Open Doors Family Shelter, Spokane	12/13/18	14 Community Members 3 Providers
Family Night	Boys and Girls Club, Brewster	12/18/18	27 Community Members 31 Youth 13 Providers

Limitations of Data

The data we have collected is qualitative in nature and does not represent any one target population. What we offer in this report are snapshot perspectives: stories and experiences from individuals who happen to belong to or serve communities with specific mobility needs. We do not advise that readers apply individual perspectives shared in this report to what is being experienced by all members of a target population.

Learnings

Availability

In each engagement, individuals centered their conversations on the most common places they travel to and from: school and work, healthcare and social service centers, shopping for basic needs, recreational, social and religious activities, and visiting loved ones. However, the distances between where individuals start and their destinations differ across family, community, and region. Particularly in Spokane County, there are many individuals who previously lived in the Spokane River valley (commonly referred to as “Spokane Valley” or simply “the Valley”) and still travel there to see medical providers or family members; travel between the Valley and downtown Spokane, where they currently live and are accessing services, is time-intensive, expensive and inconvenient.

Clients from Spokane’s Our Place, Okanogan County residents, and riders on Pierce Transit, Rural Resources and Pacific Transit System’s paratransit vehicles expressed the need to access basic services outside existing fixed route and paratransit service areas. Although local and regional Human Service Transportation Plans (HSTPs) already acknowledge this need, participants specifically suggested expanding service areas between Pateros and Chelan, Brewster and Bridgeport, Chehalis and Raymond, and from various towns/cities to Wenatchee and Omak because they are centers for primary and specialized medical care, shopping, and traveling to other regions of Washington state.

While participants indicated that the majority of their travel is local, the need exists for cross-county transportation, especially to areas like Omak, Wenatchee, Spokane, Seattle, and Olympia for high-quality healthcare. In addition to expanded service areas, participants in all regions expressed desire for expanded service hours to meet their unique life circumstances. Beyond current weekday, daytime service hours, evening, late night, early morning, and weekend hours would help many meet their basic and employment needs. Farm workers in Okanogan County and commuters to Westport in Grays Harbor County need early morning transportation to work. Individuals with disabilities that rely on specialized transportation have trouble finding and keeping jobs in Colville due to the limited service hours. Individuals and families that are homeless accessing after-hours services in Spokane are underserved. In addition to extended hours, participants in Grays Harbor County requested shorter headway (shorter periods of time between buses) on the weekends and when the weather is especially bad.

Participants expressed a need for increased immediate and personalized transportation options. In Okanogan County, participants emphasized transportation needs around urgent medical problems, noting that they often resort to using an ambulance, which is costly. Similarly, relying on a friend with a vehicle is costly because they not only have to provide gas money but also lost wages. Several participants showed interest in car-sharing programs, whether they were personal vehicles in a car library, public cars or bikes that can be reserved and paid per mile or per minute, or community vanpools – it was clear that people wanted transportation solutions that aligned with their existing social networks, were more personal than public transit (i.e. shuttle vans), and felt safe to access.

In addition, many low-income and disabled individuals and families expressed frustration and confusion over access to Medicare and Medicaid-related services and subsidies. Many people who are eligible for disability services/Medicaid-related transportation subsidies do not have the information, resources or mobility necessary to sign up. Another large portion of low-income, disabled and/or aging community members are not currently eligible for Medicaid or Medicare, but are still in great need of the door-to-door services and transportation subsidies associated with those programs. Service providers and low-income community members suggested the following: integrating transportation support/subsidy into

food assistance programs to streamline access; subsidizing transportation for low-income individuals (e.g. selling bus passes to shelters at a reduced rate); using a federal program to subsidize the gap for people ineligible for Medicaid; and providing transportation assistance information and vouchers at clinics, shelters, and social service agencies in addition to transit agencies.

Lastly, several participants highlighted the needs for faster public transportation. In Spokane, one individual compared a 10 – 15 minute car ride with a 2+ hour bus ride. Individuals riding Makah Public Transit and the Health Express Shuttle between Wenatchee and Moses Lake expressed interest in a fast, affordable demand-response transportation option modeled off Uber. Many in Grays Harbor, Pierce and Spokane Counties shared stories of the difficulties faced in scheduling rides that timed well with healthcare appointments, especially when traveling across regions for medical care. People used the words “overwhelming” and “hassle” when explaining the ride-scheduling process, and for one person in Grays Harbor, the worry of being stranded prevented them from making an appointment in the first place. Several riders on the Health Express Shuttle to Wenatchee expressed satisfaction with the 10:00 am drop-off and 10:30 am pick-up, stating that it was timed perfectly to avoid wait times for cancer patients receiving 15-minute chemotherapy treatment. In contrast, several Pierce Transit riders expressed dissatisfaction with the 30-minute pick-up window that paratransit vehicles are granted, requiring them to schedule early and wait before treatment and after their dialysis treatment, when their energy is drained. Whether the difficulty associated with calling to schedule transportation, timing it with appointments and errands, and experiencing wait times can be resolved or not, it has the potential to negatively impact the public’s perception of transportation providers.

Key Takeaways

- The available transportation service areas, hours, and options factor directly into individuals’ ability to work and meet their basic needs.
- Washington residents need transportation options outside of transit boundaries.
- Washington residents need cross-county transportation, especially for specialized healthcare services.
- Many Medicaid eligible individuals are not signed up for transportation services and many others are ineligible but would still greatly benefit from transportation support services.
- The lack of available demand-response, fast transportation is costly for individuals needing immediate care.

Accessibility

When determining how “accessible” transportation is, we gathered information and stories about how easy it was to learn about available services, how easy it is to use them, what kind of assistance is needed, how easy is it to transfer between transportation modes, and how spaces – both physical infrastructure and social environments – are or should be created and maintained for equal access.

Many of the accessibility needs identified in these engagements mirrored already-identified needs in the local Human Service Transportation Plans (HSTPs), including improved transportation infrastructure with adequately-sized sheltered bus stops with highly visible signage and seating options. Residents of Grays Harbor County emphasized the need for sheltered bus stops to protect from the cold and rain and to be big enough to shelter families with small children in strollers. In Spokane, several participants mentioned the lack of shelter at a major bus stop connecting riders to a treatment center for kids/women, the Native Project, a MultiCare clinic, community center, health center, Head Start location, and social services office that serves seniors and people with disabilities. Because this is such a central location serving multiple

communities with mobility issues, participants stressed the need for a heated, sheltered bus stop with enough room to hold multiple people with strollers, using wheelchairs, and with large amounts of possessions.

Beyond improving bus stops, participants identified the need for well-maintained sidewalks with ramped curbs and good lighting leading to and from bus stops, especially in outlying areas where bus stops are further apart, and to the transit center where bus passes are purchased. In one account, a person using a wheelchair had to wheel through the snow in order to reach the bus station to reload his card; navigating hazardous wintry conditions could be made easier with better maintained sidewalks.

In addition to more accessible bus stops, several participants across the state indicated the need for more accessible transportation vehicles. Spokane participants stressed the need for people who are homeless to transport their belongings, often including pets, with them; public transit in Spokane restricts pets to service animals. People with sensitivities to smoke, certain lighting, noise, in addition to people with invisible disabilities and mental health needs, expressed difficulty riding public transit vehicles. One participant interviewed in Spokane reported that she goes to the food bank on behalf of 30 people with disabilities because the hassle and confusion of using transportation has caused them to “give up”; she uses her personal vehicle for this errand. It is worth noting that in Grays Harbor County, participants suggested having an attendant in public transit vehicles to help situate riders; this is common practice in Mexico where many participants were from. Another suggestion was to color-code routes on route maps and label corresponding bus stop signs with the same color, again supporting people who rely on visual cues for navigation.

In addition to more accessible infrastructure, many participants expressed the need for improved language access in all aspects of coordinated transportation. Along with color-coded labels at bus stops, participants in Grays Harbor suggested adding Braille and Spanish translations to all bus signs, noting the lack of signage in their primary language as the reason for not using public transportation. They also suggested using a mobile App for smartphones modeled off the ones used on planes and at airports that indicate the estimated time of arrival and track the bus’s route, noting this works well for people with limited English proficiency.

Members of both Grays Harbor County and Okanogan County’s Spanish-speaking communities outlined the extent of the language barrier in accessing transportation. They noted that websites are often poorly translated, making it even harder to read online schedules and rider information. Because signage at bus stops and on buses is not in Spanish, some participants choose not to use transit services because of their concern about getting lost or stranded. Participants expressed a desire to speak with a transportation dispatcher in Spanish to help them make transportation arrangements, and suggested creating a “Mobility Manager” position to provide information and increase accessibility for non-English speakers, similar to Engagement Directors and Family Liaisons in the education system. Although not all agencies are willing to provide interpretation, participants believe all flyers and schedules should be available in Spanish. (During the Community Café, participants learned that the Health Department and the Transit Center has schedules available in Spanish.) Language access is not an issue exclusive to transportation services; participants spoke about needing language support to understand laws, healthcare, financial information, build job skills, and navigate other systems. (We outline this need in the “Systems” section.)

When it comes to ease of using human service transportation, responses vary widely. Pacific Transit’s paratransit, People For People’s Health Express Shuttle from Moses Lake to Wenatchee, Rural Resources’ Commuter and Paratransit, and Makah Public Transit’s riders demonstrated established relationships with the driver and/or other riders, indicating that the customer service and town size play a role in riders’ perceptions of ease of use. Several Our Place clients spoke about the challenge they face in traveling with multiple children and/or a newborn, especially given that Spokane public transit requires strollers

to be folded up before entering the bus. It can be very difficult to use public transit when traveling with children, groceries, and/or personal possessions. One woman who uses a cart to transport both her children and groceries stated it was not allowed on the bus. Additionally, homeless families that have pets struggle because they cannot bring pets on the bus or leave them at the shelter.

On a separate note, several clients with anxiety disorders expressed difficulty in using public transit; one woman shared that she only uses buses that don't require transfers, severely limiting her transit options. Overall, participants with and without disabilities in Spokane County know which transportation services they can access, but many decide it is not worth the hassle. On a different note, one Pierce Transit rider showed gratitude for being able to access paratransit but also expressed dissatisfaction in having to schedule rides individually and being unable to do multiple errands in a row with transportation provided from one destination to another; she was happy to take advantage of the 10/17/18 free-ride day Pierce Transit provided due to the release of new electric buses in their fleet to shop at multiple locations.

Apart from ease, several participants expressed the need for safe, reliable transportation. Participants reiterated needs of well-maintained sidewalks in winter conditions and public vehicles that accommodate the possessions riders travel with. Participants in Grays Harbor suggested having restraints to secure strollers that are similar to those used for bikes and wheelchairs. Another requested seatbelts on large public buses for children and car seats. Again, it was reiterated that a bus attendant would be helpful in ensuring children and equipment are safely secured. One participant shared from their perspective that riding the bus sometimes feels unsafe because other riders might be violent, using drugs, or traveling with animals that do not seem like service animals. (It is worth noting that these hazards also exist outside of public transportation.) While drivers indicated feeling uncomfortable with riders who seemed intoxicated, all other riders indicated that they felt safe using public transportation.

In terms of travel comfort, one participant noted that her drive to and from Wenatchee was extremely uncomfortable and "physically worse than chemotherapy", and she would welcome an alternative form of transportation that would offer more comfort after treatment. In a separate account, a different participant mentioned experiencing spinal discomfort from the bumpy ride incurred sitting at the back of a paratransit vehicle. Another Grays Harbor participant showed preference for getting a ride from friends or relatives because it is more comfortable, both physically and socially. In summary, comfort factors into transportation solutions, and is a higher priority for those riders with special physical needs and/or who are experiencing medical treatment.

Key Takeaways

- Participants value clean, well-lit, well-maintained bus stops, sidewalks and surrounding areas.
- Language support is an important factor in whether Spanish-speakers use human service transportation.
- Individuals desire safe, positive personal interactions and support when using transportation services.

Affordability

In speaking with low-income, homeless, and rurally-located community members, we often heard that the cost of transportation is a barrier to accessing services and socioeconomic opportunities. In rural areas where community members travel long distances to access services (for example, Okanogan County), many rely on private cars and rides from friends and relatives. While using private vehicles cuts down on travel time and allows for more independence, the cost of gas, maintenance, insurance, license upkeep, and compensating friends for mileage is cost-prohibitive. Many rural and low-income community

members depending on private cars for transportation stated that free bus services would make them more likely to use public transportation and open numerous socioeconomic opportunities (for example, higher education services in Wenatchee). Car-dependent community members in the Brewster/Pateros/Bridgeport area stated a need for free/low-cost transportation to Omak, Wenatchee, and Seattle.

For many individuals and families living in poverty in Spokane, the cost of individual rides and transfers prohibits full access to job opportunities, services, and basic needs. In Spokane, many homeless and low-income individuals stated that their main mode of transportation is walking (even in winter), and that they only ride in vehicles when they can obtain free bus passes or rides from friends and family. Those with bus passes expressed frustration over how little they can achieve in a day with minimal transfers. Homeless and low-income Spokane residents and Hispanic families in Aberdeen stated that the cost of individual rides and transfers every two hours limits their ability to afford more than one or two errands and activities in a day and limits their ability to travel longer distances for medical appointments and errands (e.g. to Spokane Valley or Coeur D'Alene). For perspective, it costs a single mother in Spokane \$16.00 to take herself and three children over the age of five on a four-hour trip to and from the grocery store. The above findings from our Spokane engagements reinforced previous findings of Spokane Regional Transportation Council (SRTC).

In speaking with low-income, homeless, and migrant families in Grays Harbor, Okanogan, and Spokane Counties, it was clear that the demand for fare subsidies and cost assistance far outweighs supply. Social service providers in Spokane stated that they continually buy as many bus passes as they can afford to distribute to low-income clients, but never have enough to meet demand. Providers in Whatcom County echoed the sentiment that there is more demand for free passes than can be met. Service providers and low-income community members suggested solutions ranging from free bus fare for all, to free bus passes for community college students, to low-income subsidies, to longer time allotments on vouchers (4-6 hours per ride as opposed to 2 hours), to distance-based bus fare.

Our conversations with providers in Okanogan, Skamania, Columbia, and Whatcom Counties reinforced what was said in most rural counties' HSTPs: the costs of providing transportation services and maintaining capital infrastructure in rural areas are prohibitively high. Many of the providers we spoke with suggested cutting costs through creative collaborations. Some of these suggestions included lifting categorical restrictions on funding so agencies can pool resources, sharing rides with clients funded by different programs, partnering with school districts, nonprofits and smaller agencies to allow fleet-sharing, better integrating Uber, Lyft and other transportation network organizations into the human services transportation system, sharing funding sources, and having available WSDOT funds to improve transit connectivity in rural areas. Several transit providers stated that limited funds prohibit them from expanding their service area. Across the board, providers expressed a need for more sustainable funding, so that infrastructure and capital can be adequately maintained, and people with special transportation needs can continue to be served. Providers in rural counties called especially for additional funding support for Medicare and Medicaid-eligible transportation services and capital investments.

Key Takeaways

- In rural counties, people are traveling long distances to access services in larger cities; for those who travel in private cars to retain independence, this translates to high vehicle maintenance costs.
- Subsidized transportation services could incentivize rural residents and low-income individuals and families to rely less on private vehicles.

- Bus rides and transfers are cost-prohibitive for low-income individuals, often forcing them to prioritize one important activity over another, which impacts their health and economic opportunities.
- The demand for cost assistance and fare subsidies currently exceeds supply.
- The cost of providing transportation services and maintaining capital infrastructure in rural counties can be cost prohibitive.

Beliefs, Perceptions and Awareness

Overall, opportunity exists for all transportation providers, state agencies, and other human service-providing groups to further inform the public of the services that currently exist and the eligibility requirements for specialized transportation. While some participants from every county expressed knowledge of and satisfaction with existing transportation services, many more participants, specifically in Grays Harbor and Okanogan County, were unaware of existing fixed route, paratransit, and vanpool services and complained of the lack of transportation options. For example, in Okanogan County, one participant suggested having a dispatch service to help individuals find transportation solutions; they seemed unaware that TRANGO currently provides this service and has Spanish-speaking staff capable of supporting them when they call. Grays Harbor participants directed several conversations back to the questions, “What type of transportation is there? For whom? Who qualifies?”, “Are all transportation services under one umbrella or separate entities?”, and “How is information about transportation services being shared with the community?” Participants there agreed that schools, churches and clinics are trusted sources of information, but questioned whose role it is to ensure that these trusted community resources are well-informed of transportation services, especially those serving seniors and during hazardous weather conditions. Dialysis patients that participated in interviews credited the dialysis center’s social worker for informing them. Providers see value in hiring staff that are able to do outreach about transportation and other human services.

Great customer service can make the difference in whether riders continue using transportation services. Three dialysis patients, the majority of ride-along participants, and a handful of Grays Harbor participants spoke of courteous, respectful, safe, and responsible drivers. However, challenges exist in scheduling transportation. One Spokane participant shared their experience waiting on the phone for 45 – 60 minutes to book a trip on paratransit. Riders of Pierce Transit’s paratransit expressed frustration with having to plan around the 30-minute pick-up window which adds to their wait and total travel time. Two riders explained they believe it is unfair that drivers can arrive 30 minutes late but will not wait more than five minutes for them to enter the vehicle. In Spokane, one participant described drivers as “lovely” and “very helpful” because they were willing to wait for her. In contrast, another Spokane participant described some drivers as hurried, causing him anxiety about riding the bus. Yet another participant recounted a story of using his half-fare card, having multiple bus drivers questioning him about why he had a half-fare card, and ultimately purchasing a regular-fare bus pass to avoid being questioned – even though it was out of his price point. Because of these and other negative interactions with transportation service staff, a participant in Spokane concluded, “STA doesn’t care about low-income people” and another in Pierce County concluded, “everything about the system sucks.” These two opinions do not represent the full experience of public transit riders; rather, they suggest that a lack of two-way communication exists between transit providers and riders.

Apart from negative experiences within existing transportation systems, there is a feeling among members of the Hispanic community in Grays Harbor that they don’t belong. One participant raised the question, “How safe are undocumented individuals in accessing transportation services?” and said “they don’t want to access the system because later it will come back to slap them in the face.” This fear

related to immigration status prevents individuals from using transportation and social services that could benefit them and their families.

In terms of public perception of safety, one provider commented on the need to address the higher-than-average incidence of motor vehicle accidents on Route 97 due to driver impairment; after looking into records of accident reports, we discovered Route 97 actually has a lower-than-average incidence of accidents and driver-impaired accidents than the rest of Washington state. This is one example of how a misperception could potentially add to negative perceptions of transportation agencies.

Lastly, we heard providers and community members express concern that local transportation providers are not prioritizing the needs of low-income people. They added that there is room for improvement in working more collaboratively with non-profits in large and small ways, including for example selling discounted passes for service providers to give away. Additionally, some providers disapprove of local transit authorities charging full fare prices to children. Spokane participants expressed frustration with \$2.00 bus passes, sharing the belief that making buses 'green' led to the fare increase, "costing those that can least afford it more instead of less."

Key Takeaways

- In the human service transportation field, great customer service means: meeting people where they are at, helping to find transportation solutions or alternatives, and providing information that explains why something is the way it is.
- People from historically marginalized communities (including Spanish-speaking and low-income) desire inclusive services and engagement opportunities from transportation providers.
- It is critical to continually reassess how well transportation and other service providers are informing the public, especially members of marginalized populations, of existing services and eligibility requirements, and adjust accordingly.

Systems

Across various counties, we heard low-income, homeless and migrant individuals report barriers to job attainment, education and wellness that are linked to the systems put in place to serve them. In Okanogan County, Hispanic community members working in packing sheds and orchards find it difficult to access vocational training opportunities; because most training programs are offered on weekday evenings, most migrant workers in rural Okanogan County are unable to access these opportunities due to schedule conflicts or exhaustion. As a result, it is difficult for them to gain the credentials they need to obtain a driver's license, learn a new trade and qualify for other types of work. Additionally, long work hours make it difficult for migrant workers to make and keep medical appointments, most of which are scheduled during standard business hours. The farm workers we spoke with in Brewster suggested that more training and enrichment programs be offered in the winter, when farm work schedules are less busy.

Echoing concerns in local HSTPs, Brewster community members and providers called for more satellite resources in rural areas. Because most healthcare specialists and higher education opportunities are located in larger cities, most rural community members travel long distances to access them; with the cost of private car maintenance and long-distance public transit, making these trips is cost-prohibitive. Community members and providers in Brewster suggested rural counties build more satellite services and adopt more alternative means of care, such as telemedicine. In a similar vein, many homeless individuals from Spokane Valley cited a lack of social service resources and emergency shelters in the Valley. This lack of local services has forced many homeless Valley residents to live at shelters in Spokane and

commute daily to the Valley to access medical appointments and storage units. The long distance and high cost of bus fare makes this commute a drain on homeless families' time and limited financial resources.

In Grays Harbor and Spokane County, low-income individuals struggle to find and keep jobs due to limited transportation availability at night and on weekends. Many of the jobs hiring people with minimal qualifications and/or criminal records are "off hours"—as a result, many individuals lack the transportation support they need to earn a desirable income. During our engagements, several social service providers suggested providing night shuttles to serve workers with "off hour" jobs.

In Okanogan, Pierce, and Spokane County, community members and providers alike expressed a desire for more personalized, "urgent" transportation service options. Providers serving patients with severe medical conditions identified the need for more shuttle-van services for people returning home from intensive treatments, such as dialysis or chemotherapy. Community members in Okanogan County were interested in rideshares and car borrowing systems so they could travel long distances and run multiple errands without being reliant on buses. Low-income families in Okanogan and Spokane County were also interested in shuttles that could pick community members up from community centers and take them on non-emergency trips to grocery stores, banks, and other vital services. Several low-income and homeless mothers in Spokane wished they had a transportation option that did not make them feel so stressed and undervalued: several described situations in which buses drove off without them because they were taking too long to load their children, groceries and stroller.

Across counties, providers and community members alike are interested in more coordinated sharing of information on human services transportation. Providers want information to be centralized, easily accessible and available in locations and formats most accessible to their clients. Community members repeated this desire, expressing interest in hard-copy resources, phone Apps, and web-based resources. The ideal information-sharing system will allow community members to access the same vital information regardless of how they access it. Additionally, low-income and Hispanic families seem to generally rely on local public schools for information about resources and opportunities. Low-income individuals and families also get information and resources from local churches, clinics, and community resource centers. In Okanogan County, many community members also share information via Facebook. These institutions — schools, resource centers, churches and clinics — are ideal places to conduct outreach and share transportation-related resources.

Our conversations with "hard-to-reach" rural and urban communities revealed the need for an equally diversified approach to building human service transportation systems. Whereas families in Aberdeen expressed a need for more tech-based resources (e.g. informational Apps), families in Brewster called for more cell towers to address poor cell coverage along rural roadways and emergency payphones for drivers stranded without cellphones. Community members want and need transportation systems that are accessible to all users, regardless of their socioeconomic status, technological literacy and access, mode of transportation, etc.

While several interview participants reported effective cross-agency coordination (Cowlitz, Clallam, Jefferson, Pierce, Whatcom County transportation providers), many others called for more coordination with WSDOT in finding affordable solutions and more system-wide coordination to address the needs of homeless and low-income individuals. Numerous counties named opportunities to partner with other regions and agencies to close service gaps. Multiple providers also requested that WSDOT help connect and convene transportation providers, transit agencies, and human service organizations across county lines, and further incentivize innovation. Whatcom County providers would like the grant system to better facilitate the introduction and expansion of new programs. Several smaller counties are interested in

seeing the state and larger, wealthier counties pilot initiatives that small rural jurisdictions can later adopt.

Regional providers would also like WSDOT to eliminate more bureaucratic barriers to cross-regional, cross-agency collaboration. For example, providers in Okanogan County called for an umbrella liability policy for small service providers, so that smaller providers can provide demand-response transportation to the families they serve. One Brewster-based provider stated that vehicles are sitting around unused due to liability constraints. In various counties, transit and social service providers are frustrated by inflexible rules that impede their ability to serve low-income families. In Spokane, an insurance expert pointed to a loophole where clients on Medicaid lose access to disabled passes and medical transportation when they are switched to Medicare 24 months later. Another Spokane provider described a stipulation that requires individuals to prove that they have four medical appointments scheduled in a one-month timeframe in order to receive a disability pass. In another county, a provider was frustrated by a policy that restricts Dial-A-Ride drivers to only take one person per call—thereby creating a transportation barrier for low-income families.

Finally, providers in rural counties expressed a need for more drivers. Providers in some counties, such as Okanogan, suggested additional drivers be recruited as volunteers from social service organizations. Other jurisdictions, such as the Makah tribe, would like to increase driver retention by increasing wages.

Key Takeaways

- For low-income individuals, people experiencing homelessness, migrant workers and other high-need, low-mobility populations, the timing and availability of healthcare services, vocational trainings and new job opportunities frequently conflicts with existing work and bus schedules, pointing to the need for greater collaboration between transportation, social service, healthcare and economic development systems.
- In rural areas, there is a need for more satellite services; the cost and duration of travel from rural areas to larger cities for services is prohibitive, often compromising individuals' opportunities to address health concerns, pursue economic development and spend time doing other meaningful activities. This is a burden more often borne by rural and low-income populations.
- People with high needs and low mobility (low-income families, individuals with severe medical conditions, etc.) would like more personalized and urgent modes of transportation such as rideshares from chemotherapy and shuttle vans to grocery stores.
- Regional transportation and social service providers would like to see WSDOT facilitate, incentivize and remove barriers to regional ride-sharing, cross-agency collaboration and innovation.
- Human services transportation systems and resources need to be accessible in multiple formats: users of all backgrounds, circumstances and abilities should be able to access the information and services they need.

Appendix 1a. Initial Stakeholder Interview Questions

Questions for providers of human services & specialized transportation, human service advocates, industry experts, and state agencies:*

1. What are you currently doing to provide services that could help to close the gaps in transportation services for disadvantaged populations (people +65 years, w/ disabilities, low income, and who current use or desire to use human services transportation)? Are there plans to expand this service? [This question is largely for my own need for context as I head into the subsequent questions.]
2. What is already working well that is worth keeping/expanding?
3. What are the populations that are having the most difficulty accessing and/or using human service transportation?
4. What are the most significant barriers or challenges to the ability of persons with disabilities (physical or mental limitations) accessing and/or using human service transportation?
5. What are the most significant barriers or challenges to the ability of persons over 65 years of age accessing and/or using human service transportation?
6. What are the most significant barriers or challenges to the ability of low-income persons accessing and/or using human service transportation?
7. What do you see as the biggest priorities in terms of closing the gaps in use of existing human service transportation options among the disadvantaged populations?
8. Do you have suggestions to improve coordination to fill service gaps? What are the most promising opportunities, actions or solutions? What assets or potential resources should be targeted to fill gaps?
9. What would you see as the best possible outcomes (service delivery, funding, coordination, etc.) you could imagine where all the existing barriers removed? [Not getting as much traction on this question as the others. In a few cases, I haven't asked it.]
10. What are the ways Washington state can address the gaps in service that you are aware of? How is this different than what can/should be done at the local or regional level?
11. What, if any, game changing opportunities are out there, if only.... And anything else?

*Note that the questions are the same for all audiences, except for state agencies, where we skip question #10. For transportation network organizations (Uber, Lyft, etc.), the questions are different.

Questions for transportation network organizations:

1. What are you currently doing to provide services that could help to close the gaps in transportation services for disadvantaged populations (people +65 years, w/ disabilities, low income, and who current use or desire to use human services transportation)? Are there plans to expand this service?
2. Currently, how does someone with mobility challenges (physical disability, low-income/unbanked, does not own a smart phone, etc.) use your service. How will that be different in 10-20 years?
3. What plans do you have to provide services that could help to close the gaps in transportation services for disadvantaged populations? Does this also apply to more rural areas?
4. What are the biggest barriers or challenges you face in providing services that could help to close the gaps in transportation services for disadvantaged populations?

5. What are the most promising opportunities, actions or solutions your agency could provide or contribute to for enhancing mobility and improving access to and use of human services transportation for disadvantaged populations?
6. What, if any, game changing opportunities are out there, if only...
7. What partnership opportunities with Washington state exist to provide better service to disadvantaged populations in all areas of the state, especially in rural areas?

Appendix 1b. Initial Stakeholder Interview Themes

1: What is already working well that is worth keeping and/or expanding?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Public transit (in general) is working (5 related comments) • Coordination/collaboration w/ partners is working (5 related comments) • Urban/in-town services working (4 related comments) • Human services advocates that also provide services to their members tend to have good one-on-one relationships with riders and provide good service (3 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "Connections between partners is going well." - Northwest Regional Council • "The relationships we have are a big part of helping people with transportation challenges." - Department of Children, Youth, and Families • "We have a one-to-one relationship with our clients; allows us to have a high level of customer service." - HST Provider, Snohomish County
Human services advocate (1 person interviewed)
Key Themes
<ul style="list-style-type: none"> • Close relationships with those receiving services enhances services
Transportation network organization (2 interviewed)
Key Themes
<ul style="list-style-type: none"> • Both LimeBike and Uber have a means for which others can put money into an account and where people that are low income can use the credits and without the need for a smart phone or credit cards

2: What populations are having the most difficulty accessing and/or using HST?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Anyone living in a rural area (8 related comments) • Seniors/over 65 years (5 related comments) • People with intellectual/cognitive or physical disabilities (3 related comments) • People where English isn't a first language (2 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "Seniors that aren't eligible for Access (because being paratransit age doesn't always make you eligible)" - HST Provider, King County • "Caregivers may have a perception that [the world is] a dangerous place, its complicated." - HST Provider, Clark County

3: What are the most significant barriers or challenges to disadvantaged populations in general?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Cost (7 related comments) • Lack of knowledge on how to ride a fixed-route bus; prohibits lots of folks from riding for all populations (5 related comments) • Difficulty in scheduling (4 related comments) • Living in a rural area (3 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "Outside of the core (even in north Seattle), there's less infrastructure (limited funding) around sidewalks and bus stops." - HST Provider, King County • "Many providers/specialists don't accept Medicaid insurance (so we need to take them to Seattle)." - Northwest Regional Council

4: What are the most significant barriers or challenges to the ability of persons with disabilities (physical or mental limitations) accessing and/or using HST?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Service and route limitations in rural areas (6 related comments) • Lack of a caregiver (3 related comments) • Improving access / Addressing mobility issues (3 related comments) • Mobility issues (2 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "We get requests for employer-based transport and we don't have the resources to provide that in the county." - HST Provider, Skamania County • "Some of our highest 911 callers are house-bound geriatrics. Getting from the doorstep to a stop is a challenge. If you add in the weather, it's even harder to wait (not covered, or comfortable)." - HST Provider, Pierce County

5: What are the most significant barriers or challenges to the ability of persons over 65 years of age accessing and/or using HST?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Cost - related to aging in place, in particular (5 related comments) • A lack of knowledge on how to ride a fixed-route bus; prohibits lots of folks from riding for all populations (2 related comments)

Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "There's a growing population with seniors aging in place and people with disabilities trying to become independent. Many on a low or fixed income." - HST Provider, King County • "Public transportation doesn't work for them since they're scared of it (being left, technology)." - HST Provider, Grays Harbor and Pacific Counties

6: What are the most significant barriers or challenges to the ability of low-income persons accessing and/or using HST?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes <ul style="list-style-type: none"> • Service and route limitations in rural areas (3 related comments) • Cost (2 related comments)
Key Quote or Sentence Excerpt <ul style="list-style-type: none"> • "May need to go out of area for care (opioid addiction treatment); will take a long time" - Northwest Regional Council • "We have less and 1% of available affordable housing - on the extreme end. Makes it even more difficult to own and operate a vehicle. It affects your ability to everything, including food." - HST Provider, Kittitas County

7: What do you see as the biggest priorities in terms of closing the gaps in use of existing human service transportation options among the disadvantaged populations?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes <ul style="list-style-type: none"> • Reduce service route limitations / Expand services, esp to rural areas (8 related comments) • Reduce the cost barrier / Address Medicaid gap (7 related comments) • Improving access / Addressing mobility issues (2 related comments) • Increase awareness of the availability of the services (2 related comments)
Key Quote or Sentence Excerpt <ul style="list-style-type: none"> • "The way the grant systems are set up it's very hard to expand or introduce new programs (all preservation focused). There should be special consideration that if a program hasn't seen expansion in over 5 years, it's most likely that it's in need of it. How to make sure the different programs are fully competitive." - HST Provider, Kittitas County • "We believe we have the capacity to fill some of these gaps but we're funding-limited." - HST Provider, Grays Harbor and Pacific Counties • "Would love to see something for people that don't quite qualify for Medicaid." - HST Provider, Chelan and Douglas Counties

8: Do you have suggestions to improve coordination to fill service gaps? What are the most promising opportunities, actions or solutions?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Need for better coordination between agencies (9 related comments) • Reduce service route limitations / Expand services, esp to rural areas (4 related comments) • Reduce restriction on collaboration and resource sharing (2 related comments) • One-stop-shopping (2 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "There's no coordination between the medical community that needs the transportation and the transportation provider." - HST Provider, King County • "If we had a more regional approach so the user doesn't have to transfer around to get to their different appointments." - HST Provider, Snohomish County

9: What would you see as the best possible outcomes (service delivery, funding, coordination, etc.) you could imagine where all the existing barriers removed?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • Statewide one-stop-shopping tool (2 related comments) • Everyone is able to get their transportation needs met (2 related comments) • End the struggle between the main metropolitan areas vs. the rural areas. Would like to see more dollars tagged to rural, since there's a higher cost. (2 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none"> • "It's fairly onerous to obtain money from the state. They give us 3 months to write the grant for the program we're going to operate from. Fewer pages." - HST Provider, Columbia County

10: What are the ways Washington state can address the gaps in service that you are aware of? How is this different than what can/should be done at the local or regional level?

Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none"> • New investments or service expansions (9 related comments) • Address state funding restrictions & limits that make it hard to coordinate and fill gaps (6 related comments) • Convening and coordinating - for knowledge sharing & innovation (5 related comments) • Provide funding/adequate funding (3 related comments)
Key Quote or Sentence Excerpt

<ul style="list-style-type: none">• "Allow expansion. We have times where we could be doing something more but because of our scope of work, we're not able to." - HST Provider, Grays Harbor and Pacific Counties• "WSDOT has the ability to take a look at organizations, evaluate the stability and their performance. If they identify a handful of the top performers and connect them on special projects (new project test, or multi-county, etc.)." - HST Provider, Grays Harbor and Pacific Counties
Providers of human services & specialized transportation (11 people interviewed)
Key Themes
<ul style="list-style-type: none">• Improve communication and coordination (3 related comments)
Key Quote or Sentence Excerpt
<ul style="list-style-type: none">• "Recognize the importance of tribal partners: It's important to note that tribes remain very strong partners. Even though we're small, there are many tribes around the peninsula with more robust transportation systems." - HST Provider, Clallam County

Share a story of a time you were riding and you saw someone or you yourself were traveling with small children. What made it easy for you/that person? What seemed difficult? What could you have benefited from?

Think about the people you know who are elderly, have disabilities, have limited resources, or other difficult circumstances.

- How do they get where they need to go?
- What does that mode of transportation do for them? (I.e. offers comfort, safety, saves money, etc.)
- What other transportation strategies or options would suit them better?
- What do you think they'd want WSDOT to know to improve transportation quality and options?

Appendix 2b. Ride-along Questions for Drivers

What do you hear most from riders about:

- Where they start/go to?
- What they like about riding this bus and what they are able to do because they can count on it for a ride?
- What they don't like and the challenges they face when this bus isn't available?
- What they understand or don't understand when it comes to navigating this or other transportation options?

How did you come to operate this transit system? How did you hear about it? Do you use it yourself?

What's important to you when it comes to providing transportation that meets your riders' needs?

- Environmental impact
- Economy/cost savings
- Reliability
- Safety/liability
- Community-building
- Convenience/comfort
- Demand-response, fixed route, door-to-door

Share a story of a time you were driving and you witnessed something that made you feel unsafe. How did you navigate the situation? Who, if anyone, did you rely on to help? How do you keep your riders safe?

Share a story of a time you were riding and you saw someone traveling with small children. What made it easy for that person? What seemed difficult? What could you have benefited from?

Think about the people you know who are elderly, have disabilities, have limited resources, or other difficult circumstances.

- How do they get where they need to go?
- What does that mode of transportation do for them? (I.e. offers comfort, safety, saves money, etc.)
- What other transportation strategies or options would suit them better?
- What do you think they'd want WSDOT to know to improve transportation quality and options?

Appendix 2c. Pacific Transit Dial-A-Ride Ride-along Summary

Raymond is a small town in the middle of rural southwest Washington. While things move slowly, that seems to be the way the locals like it.

– Amber Huffstickler, The Athena Group

Pacific Transit provides paratransit services throughout Pacific County to residents that are 65 or older, have a disability, or are traveling beyond ¼ mile outside the fixed-route service area that Pacific Transit covers. These curb-to-curb Dial-A-Ride services operate Monday through Saturday and cost \$0.35 per one-way ride. The driver whose route I was on personally greeted the four riders she picked up and dropped off during my visit; she said because Raymond/South Bend is so small, it is easy to get to know the regular riders. Overall, she expressed satisfaction with her job shuttling people to and from their destinations, and I could tell she genuinely meant it.

When asked where riders were going, responses ranged from place of employment to grocery store to library. One rider works at Coast Seafoods and takes Dial-A-Ride every day to work. Having experienced public transit in Vancouver BC, this rider wished Pacific Transit services extended later into the evening so that he could catch the bus at the end of his work shift (any time between 7:00 – 9:00 pm); as it is, he relies on his wife to pick him up after work. His final suggestion was to create a route from Raymond to Chehalis/Centralia, the only other area to which he travels often. Overall, he appreciated the safe, reliable, cost-effective transit and suggested increased outreach so that more people could take advantage of it.

Two other riders described their reliance on public transit as they made their way to the library and grocery store. Both were legally blind and thus unable to drive, making it necessary to access transit services for everyday errands. They both commented that they enjoy several facets of the service: the ride, chatting with the driver, not having to carry the stress of driving themselves, and saving money. On their return trip, they arranged four double-wrapped grocery bags behind the driver seat, a routine with which they were very familiar. Overall, they expressed satisfaction with having retired in Raymond and the ease with which they can get around town, to Aberdeen, and wherever else they need to go using public transit.

The final rider with whom I spoke used paratransit to help her get to and from the grocery store; although it was only a few blocks from her house, she uses a walker and cannot make that trip by foot. She used the lift to board and exit the bus, and the driver helped her load/unload her two bags of groceries. She said that her son often drives her if Dial-A-Ride isn't available. In general, she seemed very friendly with the driver and satisfied with the transportation support.

My ride along with

Pacific Transit System's

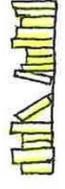
Dial-a-Ride service

OCTOBER 2018
by Amber Huffstodler

Riders...

- o have vision impairments, physical disabilities, or are elderly
- o appreciate curb-to-curb service and friendly relationship with drivers

Destinations

-  Shopping
-  Medical appt. Pharmacy
-  Pacific Seafood
-  Place of employment
-  Public library

Challenges

- 1 No fixed route bus available in evening when shift ends; must rely on personal vehicle
- 2 Pacific County has limited employment opportunities (but is ideal for retirement)
- 3 Currently no fixed route service to Chehalis/Centralia

Looking Ahead

- ✓ Continue current Services; people like their safe, reliable, cost-effective, and stress-reducing public transit/human services transportation
- ➔ Leverage economic development opps.
- ➔ Expand service area and extend service hours

Appendix 2d. People For People Health Express Shuttle Ride-along Summary

In the area between Moses Lake and Wenatchee, the acres of farmland and rangeland reach across the horizon, humbling me in the presence of such grand geological and agricultural splendor. With such wide expanses, most Grant, Chelan, and Douglas County residents rely on their own personal vehicles to get around; for those who use public transit, the services leave something to be desired. Nonetheless, the area's population is growing and, with it, the potential to meet residents' future transportation needs.

– Amber Huffstickler, The Athena Group

People For People operates a Health Express Shuttle that runs between Wenatchee and Moses Lake Monday through Friday. Their service is open to all, though specifically accommodates those who need a wheelchair lift to board a vehicle and a wheelchair/walker to get around. The service is provided fare-free due to subsidies from Washington State Department of Transportation, Grant Transit Authority, American Cancer Society, Columbia Basin Cancer Foundation, and Confluence Health. However, riders have the option of offering a donation. The Health Express Shuttle is only one of several transportation services provided by People For People throughout eastern Washington.

Starting at the Confluence Health clinic in Moses Lake, I met several riders that were making their way to medical appointments in Ephrata and Wenatchee. When asked if local services couldn't meet their needs, a few riders commented that high-quality medical providers that take their insurance are only located in the more populated areas, which requires that they travel for health care. Because the Shuttle is open to the public and runs a fixed route, the driver picked up two riders that did not have medical appointments but rather needed to travel between Ephrata, the Link transit station in Wenatchee, and Moses Lake.

When asked what riders liked about the Shuttle, one responded that it is convenient, cost-effective, reliable, and limits her environmental impact. She appreciates that the front corner of the bus tilts down to help people step up, that it has the wheelchair ramp, and that there are bike racks installed on the Shuttle and other buses. She explained how, after her children moved out of the house, she sold her car and committed to using public transit to get around. She has been taking the Shuttle since it first began and uses other bus routes to get from place to place. She noted that although she doesn't actively try to build community on the Shuttle, she is friendly with the driver and says hello to others; mostly, she prefers to do puzzles, read, or listen to music during her ride. Overall, she trusts the drivers to handle unsafe situations well and feels capable of walking or asking her family for a ride if, for any reason, public transit wasn't an option for her.

Another rider focused more on the economic state of eastern Washington. He spoke highly of Hanford, saying it is a "good opportunity for starting work", but noted that most Hanford employees drive their own vehicles to and from work every day and wondered what public transit options were available for them, especially coming from Moses Lake. Similarly, he said good job opportunities lay in the Tri Cities and Yakima, yet they are quite far for workers to travel. As this rider left the bus, he suggested that People For People provide a route-mapping option on their website so that riders can coordinate their transfers more easily. He also suggested expanding routes to adjacent counties (unaware that local routes do provide connections to other counties' transportation services).

The other two riders were making their way to medical appointments. One rider explained that he needed to take the 8:30 am Shuttle from Moses Lake in order to make an afternoon appointment with his

surgeon in Wenatchee - resulting in a 3 ½ hour wait-time for his appointment, with an additional wait time for the evening shuttle to return to Moses Lake. Conversely, the other rider relayed that her mother was able to take the 8:30 am Shuttle to Confluence Health in Wenatchee, complete her 20-minute radiation treatment, and then catch the 10:30 am Shuttle back home with minimal wait time. Separately, the driver commented that this time frame works perfectly for cancer patients because they can return home quickly to recover.

With only one rider on the way back from Wenatchee to Moses Lake, I talked with the driver about her experience and what she hears most from riders. She said riders generally appreciate how much the Shuttle saves them money on gas and wear/tear on their cars. She shared a story about a rider who appeared intoxicated and threatened to relieve himself inside the bus; taking her off guard, the driver decided to stop the bus and let the rider relieve himself outside. While this specific situation wasn't covered in training, she felt she handled it well.

The last theme worth mentioning is the safety of minors. The driver described a situation in which she realized a minor was riding without parental knowledge or consent; it sparked concern in the driver that minors can make transportation decisions without an adult and potentially travel hours away from home before their family realizes they are gone.

**It is worth noting that other drivers from ride-alongs in Colville, Raymond, Neah Bay, and Pierce County echoed this driver's concern regarding the safety of minors; however, some commented that parents of the minors that ride their buses are protective and make sure their children safely get where they are supposed to go, having set up a plan for checking in at their destination.*



MOSES
LAKE
TO
WENATCHEE
Health
Express
Shuttle

October 2018 Ride Along
by Amber Huffstickler

WHAT'S WORKING:

- ⊕ timing shuttle so cancer patients have minimal wait time after treatment
- ⊕ Safe
- ⊕ Affordable
- ⊕ Bike racks
- ⊕ Reliable
- ⊕ Comfortable
- ⊕ Positive driver-rider relationships
- ⊕ Can access high-quality health care
- ⊕ Good training, happy drivers
- ⊕ Lift/fill

CHALLENGES:

- ⊖ some riders wait hours until medical appt., also wait after appt. for shuttle home
- ⊖ Work opportunities too far for daily commute
 - Kennewick (TriCities)
 - Yakima
- ⊖ Minor safety: ensuring policies are followed to keep young people riding alone safe

LOOKING AHEAD:

- ⊕ BUILD VIBRANT HEALTH ECONOMY
 - Hospital
 - Clinic
 - attract talented providers to rural areas
 - more providers accept Medicaid
- ⊕ BUILD PUBLIC AWARENESS OF SHUTTLE SERVICE
 - radio
 - tv commercials
 - \$ savings → saves wear/tear on car, gas \$
- ⊕ CONTINUE FUNDING SHUTTLE
 - riders appreciate the rides!

Appendix 2e. Rural Resources Community Action Ride-along Summary

On a crisp autumn morning, Colville residents bustle around their city, the largest in Stevens County and also the county seat, with a population of just over 4,700. As I wander around the Safeway parking lot looking for the bus stop, I notice that many people around me are clearly well-acquainted with the area they call home and don't give a second thought about an outsider like me coming in and chatting them up as they go about their business. After inquiring about the bus stop with two store clerks and a customer to no avail, I learn from a school-age boy to wait across from the youth center; that's where he picks up the bus every day. A few other kids run toward the bus when it comes a few minutes later, and I get a glimpse into the life of Colville's future leaders.

– Amber Huffstickler, The Athena Group

Rural Resources Community Action is an organization contracted to provide door-to-door paratransit and fixed-route services in Stevens County. Riders pay \$0.50 per one-way trip on the commuter route or give a suggested donation of \$0.50 for Dial-A-Ride; both services operate in the same vehicle. Commuter routes also run between Colville and Chewelah, I had the opportunity to experience Rural Resources' Colville to Kettle Falls morning commuter route and then later their Dial-A-Ride services. With a streamlined operation, Rural Resources runs commuter routes from 6:55 – 8:45 am and 3:45 – 5:35 pm, and Dial-A-Ride paratransit from 9:00 – 11:00 am and 1:30 – 3:30 pm Monday through Friday; they do not provide commuter or Dial-A-Ride service on the weekends.

The driver I accompanied on the morning routes was friendly to all her riders and expressed satisfaction with her job. With 12 years of experience with Rural Resources, she told me, "I don't even dread Mondays, I look forward to it." She shared that her colleagues say similar things and are overall motivated in their work because "the service helps people." She felt well-equipped to fulfill role responsibilities, with a good wage and adequate training provided by Rural Resources. When asked if she experienced any situations that felt unsafe, she mentioned increased awareness for drug users and showing extra caution when they come on the bus. When asked about the winter weather and road conditions, she noted Rural Resources' high standards in road safety, explaining that they cancel services to prevent any unnecessarily hazardous winter driving. In characterizing the local area, the driver explained that neighbors 'look out for each other'; she described how community members come together after devastating events: "When there are wildfires that take out houses, everyone in the community is on top of it, taking care of those families."

The driver described the typical rider: older, doesn't have a car or driver's license, and/or may have difficulty getting around due to a physical disability. Over the years, she has noticed changes in the population of riders. Specifically, she commented that now, as people age in place, they are more overweight, often use walkers to get around, and are requesting multiple rides per day; she contrasted this by noting that years ago, most elderly people stayed home for 3-4 days at a time.

On the morning commuter route, however, five youth ranging in age from 5 to 16 regularly ride the bus to their school in Kettle Falls - the bus stops directly in front of the school and then loops back to Colville. In speaking with these youth, the most noticeable thing is the comradery they share that seems likely because of their shared ride every morning; they chatted with each other throughout the ride and seemed to genuinely get along. In general, they liked taking the bus because it is inexpensive, makes it

easier for their parents in the morning, and they “have time to play on [their] phone.” One youth did mention that the lift is very loud and rattles while the bus is moving, but there were no other complaints. Although their morning commute satisfies their transportation need, the youth reported that they do not use public transit at any other time or for any other reason; their parents usually provide transport.

The only other rider on this particular morning was an elderly woman taking Dial-A-Ride from her house to the senior center, where she socializes and takes exercise classes. She lamented that she cannot attend the afternoon class (from 3:00 – 5:00 pm) because Dial-A-Ride doesn’t provide services after 3:30 pm. When asked how she gets around if/when paratransit isn’t available, she responded that she relies on her daughter noting that it is sometimes difficult to work around her daughter’s schedule as a school teacher. Overall, she commented that Dial-A-Ride does meet her need for safe, reliable, convenient and comfortable transportation, but would like extended evening and weekend hours.

With few riders to interview, I spent most of my time probing the driver about what she most often hears from riders. She said riders often request expanded hours; for example, she talked about one particular rider who struggles to find employment because his dependency on Dial-A-Ride limits the hours he can travel to and from work. Other residents rely on relatives for rides on the weekend. The driver shared that she has talked to many people in areas outside the Dial-A-Ride service catchment who mentioned the need for an expanded service area. She explained that to pick up riders from areas like Williams Lake and Panorama, the Dial-A-Ride service hours would have to increase to accommodate these longer trips and still meet the need of riders within the service area. Additionally, she commented that many people in Colville ride bikes, and it would help if bike racks were installed so they could extend the area they could travel.

Rural Resources

Oct. 2018

What I learned on my ride along with



provides:

DIAL-A-RIDE

+

COMMUTER ROUTES

by Amber Huffstickler

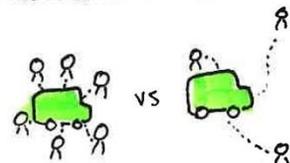
POSITIVES

- ↑↑↑ Great training, high safety standards
- ↑↑ Community supports families in need (i.e. wildfires)
- ↑↑↑ Kids safely take commuter bus to school every day
 - ★ look out for each other
 - ★ affordable
- ↑↑ Other destinations: senior center, school, work, visit family

CHALLENGES

- ↓↓↓ Bus breaking down, driver shortage
- ↓↓↓ Riders that depend on Dial-A-Ride to get around have limited job opps. due to few service hours / weekdays only
 - Also limits social/exercise opps. for seniors
- ↓↓↓ Very few economic opportunities, especially for high-school dropouts
- ↓↓↓ No wheelchair accessible trans. out of service area

LOOKING AHEAD



Trade-off between serving within town and helping those in surrounding areas

- 💡 Expand service hours for Dial-A-Ride
- 💡 Add bike rack → will help commuters cover more distance
- 💡 Build signs to mark bus stops

Appendix 2f. Pierce Transit Dial-A-Ride Ride-along Summary

As Pierce County continues to grow its population and industry, the everyday needs of its residents remain the same: to invest in their health, be with loved ones, and take advantage of what the community has to offer. Pierce Transit has a fleet of hundreds of vehicles, deployed every day to help people maneuver through their lives, and dozens of staff committed to making their trips as seamless as possible. No system can be perfect when the conditions under which it functions are constantly evolving, but Pierce Transit seems to be doing a lot right.

– Amber Huffstickler, The Athena Group

Pierce Transit provides door-to-door and shuttle-to-shuttle paratransit services in Pierce County within the same service hours as their fixed-route services, which run 7 days a week with shortened timetables on weekends and holidays. Riders pay \$1.75 per ride or use a paperless “virtual” monthly Shuttle pass. According to one driver, Pierce Transit vehicles are well maintained and operate smoothly, with a very agile team of maintenance staff. Although most riders are unaware of any difference, Pierce Transit operates their vehicles Monday through Friday and contracts with First Transit to continue providing the same services over the weekends.

According to the driver, most riders can get around independently though some require special transportation support due to a physical or developmental disability. Because Pierce Transit’s service area is expansive and urban, she sees different riders every day and occasionally recognizes riders that use the service more often.

While safely weaving in and out of residential neighborhoods and commercial streets, the driver highlighted her concern for riders with dementia, relating a story of picking up an elderly woman with dementia and having the woman’s in-home support provider explain that they weren’t aware that she had made the appointment, where she wanted to go, or why. It was in relaying this story and another regarding wheelchair safety that the driver highlighted how, even despite excellent regular training, unsafe situations do arise during her workday. In a different situation, a rider whose legs were amputated was using a temporary wheelchair that didn’t have a secure seatbelt and even after properly securing him using the paratransit hardware, he began to slip downward during his ride; the driver called for emergency medical services and an EMT was able to secure the man back in his wheelchair. This story highlights the importance of both functional wheelchair design and driver vigilance in ensuring safety in their vehicle. Overall, the driver conveyed a sense of pride, pleasure, and dedication to her work.

When asked how riders first learned about the Shuttle, one rider mentioned being referred by her insurance provider; she originally contacted them after her doctor suggested that she exercise daily and work with her insurance to get a free membership to the YMCA. Another rider noted using similar door-to-door services when she lived in California; her daughter originally scheduled pick-ups for her, but she has since continued scheduling them herself. Similarly, another rider’s family member schedules pick-ups on her behalf; she takes paratransit Monday through Friday to and from work at a local fast food restaurant.

Riders reported using paratransit to get to a variety of destinations, including medical appointments, shopping centers, their place of employment, family members’ homes, and other gathering spots throughout the county. One rider emphasized her appreciation for the service noting that while walking to and from the bus stop isn’t possible for her, the door-to-door service allows her to still be able to exercise and strength train at the YMCA. Another rider explained her routine for taking paratransit to and

from dialysis treatment three mornings per week; she expressed her appreciation for the door-to-door service because she can't walk from her house up the hill to the bus stop, uses a walker, and at times needs assistance from the shuttle driver walking off the bus and to her doorstep after dialysis treatment.

When asked how riders get around if paratransit isn't available, responses varied. One mentioned relying on her adult children for rides, which is challenging at times given her family members' busy schedules; however, because her children work shifts during the day and overnight, there is usually someone to drive her. Two riders also regularly use fixed-route buses with Pierce Transit and King County Metro but rely on paratransit for medical appointments. One rider said she can drive herself in her daughter's car or call her mother (in her seventies) to take her to her dialysis appointment or for an emergent medical situation. One rider in a motorized wheelchair noted the availability of private transportation when needed but highlighted the challenges in using it; because they charge per mile, rides like the 16-mile round trip from the Spanaway Walmart to Graham (totaling \$94.00) and the trip from her home to Linden Grove Care Center and then to the Point Defiance area (totaling \$135.00) are cost-prohibitive. The shuttle is \$1.75 per one-way trip. Her friends and relatives span all corners of Pierce County and into King County, thus if public transportation isn't available*, she must forego special events like attending her granddaughter's birthday party, friends-giving, and visiting her mother at Linden Grove Care Center.

While the interviewed riders showed respect for the driver of the day, two relayed past stories of poor customer service from other Shuttle drivers. Underlying each story was the desire for respectful, clear communication and punctual services. Pierce Transit asks that riders be on-time and ready for their pick-up, and be prepared to wait during a 30-minute "pick-up window." Riders noted that it is sometimes difficult to determine how to schedule their rides given this window and their desire to get places on time, commenting that they consider the Shuttle late if it arrives toward the end of their "window".

**It is worth noting that, in conversation with a Pierce Transit staff, it was identified that this rider has a misunderstanding about services on weekends; while she believes there is no evening/weekend service, there are, in fact, evening/weekend services and she is eligible to use them. According to the Pierce Transit Shuttle Handbook, "Shuttle can pick you up from and take you to any location within ¼ of a mile of any local Pierce Transit bus route, during the hours the fixed bus operates in the area." Because this rider's origins/destinations are out of the fixed-route area on evenings and weekends, she believes they do not exist. After I shared this and another rider's similar misunderstanding with the Pierce Transit staff, they immediately took note and began to identify ways to improve public awareness of paratransit services on evenings and weekends.*

What I learned on my ride along with:

PIERCE TRANSIT

Amber Huffsticker, October 2018

DESTINATIONS

- gym
- diagnosis center
- shopping
- work
- visit family and friends

WHAT'S WORKING:

- door-to-door service
- right price convenient
- safe/lift make appt. for family member

CHALLENGES

- 30-minute pick-up window: difficult to time with apps. and transfers
- Riders complain about lack of late night and weekend services => misconception about service hours + area
- poor customer service
- Manufacturing wheelchairs for seat belt safety

15% SOLUTIONS

- Get ride from family member
- Borrow car from family member
- Book private transportation
- Cancel appointment or call in sick to work

LOOKING AHEAD

- Coordination of affordable housing and accessible transportation options
- Understanding of service hours, areas, ADA requirements, and alternative modes of transportation by riders
- Expand service area for easy access to: Summer, Ordning, Bonney Lake, Graham, etc. (door-to-door service)

Appendix 2g. Makah Public Transit Ride-along Summary

The Makah Tribe has cultivated roots in the northwestern region of Washington state for thousands of years, and continues to grow its tribal membership as descendants of the Makah circle back to their cultural heritage. The Makah I met on their public transit bus showed signs of strong ties to their coastal and forested landscapes, and to their families and communities. As the bus driver welcomed riders aboard, they reciprocated his greeting and spread it to the other riders. I was sorry when it came time for me to say goodbye to this warm, welcoming community.

– Amber Huffstickler, The Athena Group

Makah Public Transit provides fixed-route public transportation Monday through Friday from 7:00 – 10:00 am and 12:00 – 10:30 pm. There are three connections to Clallam Transit for riders that need to travel to/from Port Angeles and Forks; riders may also connect with Jefferson Transit for more distant destinations. Riders pay \$.25 per ride, use their monthly or annual bus pass, or ride free if they are a senior, youth six years or younger, or have a disability. During the mid-morning break in services, Makah Public Transit provides door-to-door services for seniors and people with disabilities free of charge. According to the driver, transit vehicles are well maintained and operate well, with very rare cancellation of services due to vehicle repairs. However, services are regularly cancelled in the afternoon on funeral days to pay respect to the family, and there are no services on holidays or weekends.

According to the driver, only 2-4 community members use collapsible, non-motorized wheelchairs, and these community members are able to transfer from wheelchair to bus seat with little assistance needed. This allows those community members to take advantage of the bus's lift during regular/special pick-up services and also access the seniors van when needed. Other modes of transportation include: walking, hitch-hiking, biking, driving, or asking for a ride from family or friends. Several riders confidently said they could get a ride from the Tribe through either their GSA-leased vehicles or their seniors minivan.

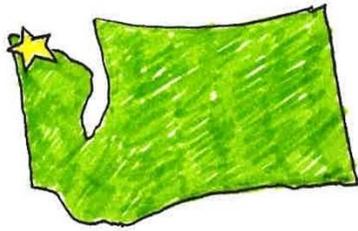
Riders reported traveling from their homes to several common destinations, including: family members' homes; the Makah Senior Center; the Indian Health Center and other clinics that provide medical services; and Washburn's for groceries and other home items. Knowing one senior rider would be weighed down from his trip to Washburn's, the driver and I helped him carry his groceries to the entrance of his house, set about 300 feet away from the main road and surrounded by trees. This rider shared that he had been living alone since his wife passed away a few years ago, and although he keeps to himself (staying home on the weekends with no way to get around other than hitch-hiking), he seemed to know nearly everyone we encountered en-route. Most Makah people know each other and, when asked if they ever felt unsafe or thought it was unsafe for minors to ride the bus alone, they assertively responded, "no" with variations of "we all know each other" and "we look out for each other." One rider commented that new drivers, unfamiliar with the local roads and route, sometimes make them more cautious, and other riders mentioned that 'city' drivers in Port Angeles drive a little less safely than what they're used to in Neah Bay.

As with most close-knit rural communities, the Makah have a keen awareness of changes – however subtle they may be – and a strong word-of-mouth network. Combined, these two things helped build awareness when Makah Public Transit first started 30 years ago. Most riders I interviewed said they learned about the service by seeing the bus on the road on its route through town. The first time the riders that I interviewed took the bus, they waved it down as it passed by; it is worth noting that no one referred to using the bus schedule either on the Makah Tribe's website or in print brochures distributed

around town. Additionally, each rider knew the bus driver by name and knew the phone number to reach dispatch. The word-of-mouth communication channel serves the Makah community well in this respect.

Overall, riders are satisfied with Makah Public Transit, appreciating the safety, comfort, and convenience it provides them. Several commented on the friendly drivers and reliable service, in addition to the accessible lift for seniors and people with disabilities. The only suggestions they offered were to: install a bike rack on the front of the bus, which would allow riders to cover more ground after they connected to Clallam Transit/during their time in Port Angeles; extend services to include Saturday and Sunday; and continue offering the services that Makah Public Transit currently offers.

***Note: During my ride-along, many people in the Neah Bay area participated in the Great Washington Shake Out – an annual tsunami evacuation drill that occurred at approximately 10:18 am on Oct. 18th this year. I was able to hear the announcement projected over vast speakers on the Tribal Center campus, first in English and then in Spanish. The bus driver and I awaited instructions from dispatch to check in on seniors at their homes or the Senior Center. Although he received the call and we drove into town to check the Senior Center, it appeared everyone had already evacuated, so we traveled toward the 200 Line housing (higher ground). On our way, we drove by Diaht Hill, where long lines of school children and staff were walking to higher ground. As we approached 200 Line Road, we saw one Coast Guard servicewoman and her husband (carrying their toddler in a pack) steadily climbed the hill, while a man who rode the bus earlier in the morning waved us down for a ride up the hill. Tribal police stopped us on the way to record the number of people on the bus. For all the activity during the drill, about 20 minutes later, emergency vehicles and staff left and everything went back to normal.*



MAKAH

TRIBAL TRANSIT

"I love taking this bus!"
"We look out for each other"

by Amber Haffstickler



HELPFUL ADDITIONS

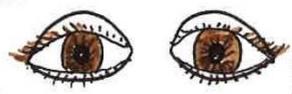
GSA (federally-owned vehicles leased to other federal agencies)

during drills/emergencies, bus is dispatched to help evacuate

BRIGHT IDEAS

- Add **BIKE RACK** to bus
- Add **WEEKEND** service
- Continue **CURRENT SERVICES**

HOW DID PEOPLE LEARN ABOUT THE BUS IN THE FIRST PLACE?



"Saw it driving around town."

SAFETY

friendly

COST SAVING

Reliable

accessible for

Appendix 3ai. Grays Harbor County Engagement Flyer

Acompañenos para un

Café Comunitario

Miércoles, 5 de diciembre

6:00 - 8:30 PM

Parroquia Sta. María
306 E. 3rd St, Aberdeen



Apoyo con el transporte 

Comida deliciosa y saludable 

Actividades divertidas para los niños 

Conversación para aprender más sobre maneras de transporte 

¿Cómo llega a su destino a tiempo y de manera accesible?
¿Cómo se mejora el transporte?

Para información o para confirmar su asistencia, llame al (360) 532-8300

Visite nuestro sitio web:
<https://www.athenaplace.com/wsdot>

Gracias a nuestros patrocinadores:



Información del Acta Americans with Disabilities Act (ADA): Este material es disponible en un formato alternativo. Envíe su petición por correo electrónico al equipo de Oficina de Igualdad de Oportunidades (OEO) en wsdotada@wsdot.wa.gov o llamando gratis, 855-362-4ADA (4232). Personas sordas o con problemas de audición pueden solicitar llamando el relé de estado de Washington al 711. **Notificación de Título VI al Público:** Es la póliza de el Departamento de Transportes del Estado de Washington de asegurar que ninguna persona sea excluida de participación o sea negado los beneficios, o sea discriminado bajo cualquiera de sus programas y actividades financiado con fondos federales sobre la base de raza, color, origen nacional o sexo, como proveído por el Título VI de el Acto de Derechos Civiles de 1964. Cualquier persona que cree que sus protecciones de Título VI han sido violadas, puede hacer una queja con la Oficina de Igualdad de Oportunidades (OEO). Para información adicional con respecto a procedimientos de quejas de Título VI y/o información con respecto a nuestras obligaciones sin discriminación, por favor de comunicarse con el Coordinador de Título VI de la Oficina de Igualdad de Oportunidades (OEO) (360) 705-7082.



Please join us for a

Community Café

at **St. Mary Parish**
306 E. 3rd St, Aberdeen

FOCUS: How do you get **where** you need to go **on time** and **affordably**?
How could it be **better**?

Wed. Dec. 5
6:00 - 8:30 PM

For more information or to RSVP, please call **(360) 532-8300**

Thank you to our sponsors:

- Washington State Department of Transportation
- Catholic Parishes of Western Grays Harbor

Language Support

Transportation Support

Fun, educational kids activities

Delicious healthy meals provided

Conversation about human services transportation

Visit our website: <https://www.athenaplace.com/wsdot>

Americans with Disabilities Act (ADA) Information: This material can be made available in an alternate format by emailing the Office of Equal Opportunity at wsdotada@wsdot.wa.gov or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711. Title VI Notice to Public: It is the Washington State Department of Transportation's (WSDOT) policy to assure that no person shall, on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its federally funded programs and activities. Any person who believes his/her Title VI protection has been violated, may file a complaint with WSDOT's Office of Equal Opportunity (OEO). For additional information regarding Title VI complaint procedures and/or information regarding our non-discrimination obligations, please contact OEO's Title VI Coordinator at (360) 705-7090.

Appendix 3a.ii. Design for Grays Harbor County Community Café

Grays Harbor County

December 5, 2018 @ 6:00 – 8:30 pm

St. Mary Parish (306 E. Third Street Aberdeen, WA 98520)

Project Goals

- Help WSDOT round out what they think they already know about transportation challenges/needs (per local plans and our qualitative data) related to what state government can do
- Elaborate on needs where we can from perspectives that they haven't heard before; Reach people WSDOT hasn't heard from – missing voices
- Help state identify strategies that they have control over that could help address transportation challenges
- Identify any trends/pressures that inform needs/strategies
- Build from strengths/assets, then needs
- Identify priorities within and across user groups/geographic locations
- If possible, identify how we can make system shifts (major impacts with minor tweaks)

Guiding Principles

- Leave every community we touch at least a little stronger than when we arrived
- Establish sense of community in small group process
- Enable all voices to be in the room and heard, allowing for multiple forms of expression and considering analog/digital features when possible
- Strive for equity in terms of how people are invited, design of container for dialogue and opportunities to be heard (design for the margins)
- Select process that will best achieve project goals first, then tailor to above

Activity: Set-up/room arrangement	Time: 1 hour
Purpose: Create welcoming environment/container that reflects community and cultures	Lead(s): Student volunteers, Gabe, Amber, Austin, Isabel

Building set-up:

- Directional sign to parking area
- Directional sign to building entrance
- Directional sign to cafeteria

Room arrangement:

- Space to the side for 2 rows of people facing each other
- 4-5 chairs per table
- Welcome table at entrance
- Food laid out in cafeteria window
- Easel and chart paper near front of room
- Garbage cans/recycling bins near entrance and perimeter of room

Welcome table set-up (all materials from Austin):

- Name tags, markers, dot stickers (put on name tag if they give permission for their photo to be taken)
- Copy of fliers, Title VI forms, HSTP info (from Austin)
- Sign-in sheet and pen
- Kids Café sign-in sheet and pen

Food Station (all materials from Isabel):

- Forks, spoons, knives
- Plates, bowls
- Cups
- Napkins
- Coffee/tea, cold beverages, sugar, cream, stirrers, bowl for garbage
- Food trays, serving utensils
- Garbage bin, garbage bags, recycling bin (if available)

Table set-up:

- Tablecloths (from Amber)
- Chart paper with outline drawn on it (from Amber)
- Markers, sensory toys, dot stickers and 4 informational cards (from Amber)
- Tabletop decoration (flowers from Isabel)
- Info sheet – What is Human Services Transportation? (from Amber)

Kids Café Area:

- community mural-making space (from Austin)
- Circle space for read aloud (from Austin)

Snack station (snacks from Isabel)

Activity: Welcome, Dinner & Opening	Time: 6:00 – 6:30 (30 minutes)
Purpose: Help families settle in, get comfortable, and transition	Lead: Isabel, Amber, Fatima

Isabel, Austin, Volunteer Photographer:

- Greet families as they enter, make sure they visit welcome table
- Ask them to sign in and make name tag
- If they give permission to have their photo taken, put dot sticker on their name tag

Austin + Kids Café Hosts:

- Introduce yourself to families with children
- Ensure parents complete sign-in for their children
- At 6:20, walk children down to Kids Café area

Food Servers:

- Serve food, answer questions about ingredients if needed

- Quietly clean up area after trays empty and all food is served
- Empty garbage cans as needed

6:00 – 6:15

- People enter, sign in, get food
- Families to eat together
- Kids Café Hosts prepare families to have kids stay in room and adults move to other room

6:15 – 6:30

- Isabel welcomes everyone and gives blessing; introduce Amber and Fatima
- (A/F) Explain purpose of the event: conversation about human services transportation (give overview); dedicating to one person with mobility issues
- (A/F) Invite self-care: dual language process, move, doodle, step up/step back

(A/F) Ask for volunteers to be Table Host and go over responsibilities with them before Café starts

***Volunteer Photographer, Austin: take pictures throughout entire event

Activity: Begin in Community – Speed Dating	Time: 6:30 – 6:55 (25 minutes)
Purpose: Prime people for conversations	Lead: Amber/Fatima

Form two rows of people facing each other, so everyone is matched up with a partner across from them. In 3 minutes, introduce yourself and engage with your partner on the prompt question. Try to share time. When bell rings, one row will shift one person to the right and start next round with new partner.

1. Describe why you chose to come to Family Night. What did you say “no” to in order to be here?
2. Think about a time when you/someone you know had a hard time getting where they needed to go. Maybe their car or bike broke down, the bus wasn’t running, they couldn’t afford the travel, or needed special mobility options. Talk about what challenge(s) you/they faced and how you/they overcome them?
3. What are the basic things your family needs in order to thrive? ¿Cuáles son las cosas básicas que su familia necesita para prosperar?
4. How do you get information about resources in the community? ¿Como obtiene información acerca de los recursos comunitarios?
5. When times are tough, who/what gives you support and what does that look like? ¿En tiempos difíciles, quien le brinda apoyo y describa ese apoyo?

Debrief:

- Fatima ask, “What stands out from your conversations?”
- Amber records comments, especially related to transportation

Activity: Round 1: Baseline Comparison	Time: 6:55-7:35 (40 minutes)
Purpose: <ul style="list-style-type: none"> • Learn about what conditions exist around WA state • Collect information about how personal experience compares to generalized experience 	Lead: Amber/Fatima, table hosts

Restate purpose of conversations by going over info sheet on human services transportation

Each table has 5 informational cards. These cards have statements that we heard from other community members and service providers throughout WA state. Please read the 5 cards and use them to start a conversation. We'd like you to talk about if what is on the cards is true for you and the people you know. If the card has a question, we'd like you to try to answer it.

Activity: Graffiti Walk	Time: 7:35-7:50 (15 minutes)
Purpose: <ul style="list-style-type: none"> • Engage with others' ideas (caters to introverts, ELLs) • Indicate/discover priorities 	Lead: Amber/Fatima

Grab a marker and get ready to practice systems-thinking. Walk from table to table and notice what other tables recorded on their paper. What ideas are repeated? What ideas spark your interest? Add to the notes on the paper with symbols and your own comments:

- Dot = I agree with this
- ? = Something about this is unclear
- [] = This is an action that needs to happen (priority)

Activity: Harvest	Time: 7:50-8:10 (20 minutes)
Purpose: Identify roles each party can take in improving human services transportation	Lead: Amber/Fatima

Invitation: We all understand that it takes a village to raise a child, and it takes an entire community to help families thrive. We all have a little bit of power over how we contribute to meeting each other's needs and, in particular, how we meet these transportation needs we've been talking about tonight. Our questions for this conversation center on **what role each of us plays** in improving human services transportation and **how we can work together with higher-level decision makers** to address our needs.

- What can we as community members do to support all families with transportation?
- What are the roles of higher-level decision makers?

Activity: Closing/End in Beauty	Time: 8:10 – 8:30 (20 minutes)
Purpose: <ul style="list-style-type: none"> • End on a positive note and with closure • Show appreciation for participation and time • Learn about the youth perspective 	Lead: A/F, Isabel, Gabe, Austin

Next steps (Gabe):

- Compile all information from today into a report for WSDOT
- Public Comment period
- WSDOT publishes updated SHSTP

(A/F/Isabel):

- Share our gratitude for them choosing to participate tonight
- Ask if anyone would like to share their reflections on the night
- Invite people to complete Title VI forms as they receive their gas cards

Austin + Kids Café Hosts: Help children present their work to adult group

Chart paper design for each table:

- What is true for you/your close family/friends?
- What would make it better?
- What is most important?

Appendix 3a. Informational Cards

Spanish Version

¿Qué son Servicios Humanos de Transporte?

- Asegurar que las personas con problemas de movilidad (ej. ancianos, personas con discapacidades, personas de bajos ingresos) puedan llegar a donde necesitan ir.
- Hay muchas maneras de trasladarse además del transporte público. Cuando hablamos de servicios humanos de transporte, incluimos:
 - Caminar, ir en bicicleta, manejar y viajar en furgoneta, autobús, tren, metro o avión.
 - Disponibilidad a los servicios de transporte
 - Accesibilidad para usar esos servicios
 - Asequibilidad para pagar por esos servicios
 - Conocimiento sobre esos servicios
 - Relaciones entre los diferentes sistemas que ayudan o dificultan el transporte (ej. educación, cuidado de salud, la economía, prejuicio social, etc.)

Disponibilidad:

- Cuando no puedo trasladarme como normalmente lo hago, yo:
 - Camino
 - Voy en bicicleta
 - Manejo
 - Le pido a un miembro de mi familia que me lleve
 - Utilizo el transporte público
 - Utilizo un taxi, Lyft, Uber o conductor privado
- Cuando programo citas, tengo que pensar en cómo llegaré y regresaré a casa.
- ¿A qué tipo de lugares puede ir de diferentes maneras?
 - Proveedores de salud o servicio social (doctor, dentista, cirujano)
 - Escuela
 - Empleo
 - Compras
 - Actividades sociales, centros comunitarios, centros para personas mayores
 - Lugares de oración
 - Servicios de emergencia (hospitales, estación de policía, etc.)
- Los horarios y las áreas de servicio reducidos afectan a mi familia más que a otros.
- Las personas en áreas urbanas se benefician de un mayor acceso al transporte público.
- Estoy dispuesto a hacer múltiples llamadas y coordinar escalas para viajes largos en el transporte público.
- Me esfuerzo por ayudar a otros a llegar a donde necesitan ir.
- Tengo pocas opciones para trasladarme los fines de semana.
- ¿Cuáles días de la semana y qué horarios del día necesita transportarse más?
- No se puede confiar en los horarios de Dial-a-Ride (paratrásito), el autobús y las furgonetas.

Accesibilidad:

- Conozco a alguien que utiliza silla de ruedas, andador, y/o elevador cuando viaja.

- Conozco a alguien que califica para Medicaid pero no sabe si puede recibir ayuda para transporte médico.
- ¿Qué tan importante es el acceso a ADA para decidir cómo llegar a donde necesita ir?
- Necesito una persona para que me ayude a caminar con seguridad y/o subirme/bajarme de mi silla de ruedas.
- Puedo leer los letreros en las paradas del autobús, en los autobuses y en la estación y entiendo lo que significan.
- ¿Cómo prefiere recibir información? (ej. en su idioma nativo, videos, con fotografías, en inglés y español, etc.)
- No tengo buen acceso a la internet.
- ¿Cuáles son los mejores lugares para anunciar eventos como este?
- ¿Cuáles son los mejores lugares para anunciar sobre los servicios de transporte?
- ¿Para usted qué significa maneras de transporte humano?

Economía:

- Cuando el precio de la gasolina aumenta, busco otras opciones de transporte en lugar de manejar.
- Es costoso visitar familiares o amigos para eventos especiales.
- ¿Qué tan importante es el dinero para decidir cómo llegar a donde necesita ir?
- ¿Qué es posible si el transporte público fuera gratis?
- ¿Cuáles son los gastos utilizando un vehículo privado?
- ¿Cuáles son los gastos cuando comparte el vehículo/viaje?
- Los requisitos para obtener pasaje a precio reducido son fáciles para encontrar y comprender.
- ¿Cuáles son las formas de pago comunes que usan las personas que conoce: efectivo, cheque, depósito directo, tarjeta de crédito o alguna otra cosa?
- Es difícil para mí el acceso a los comestibles de bajo costo debido a problemas de transporte (por ejemplo, puede ser que pague más por los comestibles porque necesita comprar cerca de casa).
- Hago la mayor parte de mis compras al inicio del mes y/o cuando me pagan.

Percepción/Conocimiento:

- ¿Qué funciona bien para usted cuando se trata de información sobre las opciones de transporte?
- Una experiencia negativa con un proveedor del servicio de transporte hace que no vuelva a usar ese servicio.
- Me siento seguro cuando viajo.
- ¿Qué hace la diferencia en intentar o no un nuevo modo de transporte?
- ¿Qué tan importante es la seguridad pública al decidir en cómo llegar a donde necesita ir?
- El transporte público es para mí.
- Los proveedores del servicio me tratan con dignidad y respeto.
- ¿Qué medidas de seguridad se deben implementar para ayudar a que los niños y jóvenes viajen de manera segura?
- En mi localidad conozco sobre:
 - Sistema de bus
 - Opciones de paratransito
 - Proveedores de transporte de la comunidad
 - Furgonetas compartidas/servicio
 - Proceso de evacuación de emergencia

- Imagine que está recibiendo a una familia nueva a su vecindario o su escuela. ¿De qué les hablaría que fuera útil?

Sistemas:

- ¿Cómo es la vivienda impactado por el transporte? ¿Cómo es el transporte impactado por la vivienda?
- Para mí, la vivienda y el transporte están conectadas profundamente.
- Hay empleos disponibles en lugares donde puedo llegar fácilmente.
- Es un desafío programar mi llegada, salida y citas.
- Mi vida sería 100 veces más fácil si pudiera hacer lo siguiente en un solo lugar:
 - Comestibles
 - Farmacia
 - Servicios de atención médica
 - Servicios sociales
 - Banco
 - Guardería
 - ¿Qué más?
- ¿Cuáles preguntas no ha podido responder al tratar de ayudar a sus padres que están envejeciendo?
- ¿Qué tan importante es la salud al decidir cómo llegar a donde necesita ir?
- ¿Qué organizaciones, grupos o individuos apoyan bien a las familias que deberíamos conocer?
- ¿Qué leyes, pólizas o eventos actuales afectan la manera que usted y la gente en su comunidad viven sus vidas?
- ¿Qué vacíos ha experimentado en los servicios {médico, social, empleo, legal, etc.}
- ¿Qué asociaciones creativas podrían ayudar a las personas con problemas de movilidad para viajar de manera más fácil, segura y económica?

English Version

What is Human Services Transportation?

- Ensuring people with mobility challenges (i.e. seniors, people with disabilities, people with low-income) can get where they need to go.
- There are many ways to get around apart from public transportation. When we talk about human services transportation, we're including:
 - Walking, biking, driving and riding a commuter van, bus, train, subway, or airplane
 - Availability of transportation services
 - Accessibility of using those services
 - Affordability of paying for those services
 - Awareness of those services
 - Relationships between different systems that help or hinder transportation (i.e. education, healthcare, the economy, social bias, etc.)

Availability:

- When it isn't possible to get around the way I usually do, I:
 - Walk
 - Bike
 - Drive
 - Ask a family member for a ride
 - Use public transit
 - Use a taxi, Lyft, Uber, or private driver
- When I schedule appointments, I have to put extra thought into how I'm going to get there and get home.
- What kinds of places can you get to in multiple ways?
 - Medical or social service providers (doctor, dentist, surgeon)
 - School
 - Employment
 - Shopping
 - Social activities, community centers, senior centers
 - Places of worship
 - Emergency services (hospitals, police station, etc.)
- Reduced service times and areas affects my family more than others.
- People in urban areas benefit from greater access to public transit.
- I am willing to make multiple calls and coordinate transfers to travel long-distance on public transit.
- I go out of my way to help others get where they need to go.
- I have limited options for getting around on the weekends.
- What days of the week and times of the day do you need transportation most?
- Dial-a-Ride (paratransit), the bus, and commuter vans aren't reliably on time.

Accessibility:

- I know someone that relies on a wheelchair, walker, and/or lift when they travel.
- I know someone that qualifies for Medicaid but doesn't know they can get medical transportation support.
- How important is ADA accessibility in deciding how you get where you need to go?

- I need another person to help me walk safely and/or transfer in/out of my wheelchair.
- I can read the signs at bus stops, on buses, and the transit center and understand what they mean.
- How do you prefer for information to be presented to you? (i.e. in your home language, video, with pictures, in English and Spanish, etc.)
- I don't have good access to internet.
- Where are the best locations to advertise about events like this?
- Where are the best locations to advertise about transportation services?
- What does human services transportation mean in your own words?

Affordability:

- When gas prices go up, I look for different transportation options rather than driving a car.
- Visiting family or friends for special events is expensive.
- How important is money in deciding how you get where you need to go?
- What's possible if public transit was free?
- What costs come with using a private vehicle?
- What costs come with carpooling, ride shares?
- The qualifications for getting reduced bus fare are easy to find and understand.
- What are common forms of payment that people you know use: cash, check, direct deposit, credit card or something else?
- It is hard for me to access affordable groceries because of transportation issues (for example, you may pay more for groceries because it is necessary to shop within walking distance).
- I do most of my shopping at the beginning of the month and/or right after getting paid.

Perception/Awareness:

- What works well for you when it comes to being informed of transportation options?
- One negative experience with a transportation service provider makes me unlikely to ever use that service again.
- I feel safe when I'm traveling.
- What makes a difference in whether you try a new mode of transportation or not?
- How important is public safety in deciding how you get where you need to go?
- Public transit is for me.
- I am treated with dignity and respect by service providers.
- What safety measures should be in place to help children and young people travel safely?
- I know about my local:
 - Bus system
 - Paratransit option
 - Community transportation providers
 - Ride share/commuter van
 - Emergency evacuation process
- Imagine you are welcoming a new family to your neighborhood or school. What would you tell them about to be helpful?

Systems:

- How is housing impacted by transportation? How is transportation impacted by housing?
- For me, housing and transportation are deeply connected.

- There are jobs available in places I can easily get to.
- Timing my arrival, departure, and appointment times is challenging.
- It would make my life 100x easier if I could do the following all in one location:
 - Grocery
 - Pharmacy
 - Healthcare services
 - Social services
 - Banking
 - Childcare
 - What else?
- What questions have you not been able to answer when it comes to helping your aging parents?
- How important is health in deciding how you get where you need to go?
- Which organizations, groups, or individuals are supporting families well that we should know about?
- What laws, policies, or current events are affecting the way you and the people in your community live their lives?
- What gaps in services {medical, social, employment, legal, etc.} have you experienced?
- What creative partnerships might help people with mobility challenges travel more easily, safely, or affordably?

Appendix 3aiv. Harvest from Grays Harbor County Community Café

Accessibility

- More accessible hours
- More consecutive hours on weekends
- Westport: no early bus (needs to be there @6)
- More continuous departures
- Schedules are not accessible by the time you arrive at work [unclear about context of this comment]
- The buses should run more often when the weather is bad (2)
- What days of the week and times of the day do you need transportation most?
 - School
 - Work
 - Going to the gym
 - Sports
 - Medical appointments
 - Ceremonies
 - More direct routes
 - Going to the park
 - Airports
- Information Dissemination
 - What type of transportation is there? For who? Who qualifies?
 - Are all the transportation options under one umbrella separate entities?
 - Website: poor translation into Spanish/hard to understand schedule/relative
 - Not all agencies are willing to provide translators
 - School, church (places to announce events)
 - How is transportation information being shared with community entities - schools, clinics, etc.? Who should be supporting these organizations?
 - Have transportation app similar to airlines
 - App like the airlines
 - Dial-A-Ride
- Physical Signage/Info Accessibility
 - Better signage for stops/routes
 - Break routes out by color and display colors at stops
 - Website: poor translation into Spanish/hard to understand schedule/relative
 - Are bus routes and signs available in Spanish? Currently they are all in English which creates more problems
 - The flyers and schedules should be in Spanish
 - When you call bus headquarters, it'd be nice to have someone speak in Spanish
 - Have bus schedules in Spanish (M-F S/S schedules are...)
 - Can get some at Health Dept
 - BRAILLE
 - Language and blind
 - No braille at bus stops
 - Where do I wait for the bus? No signage, no protection from rain

- App like the airlines
- Dial-A-Ride
- Lack knowledge about available services for senior citizens (Dial-A-Ride)
- What services are available other than transit during cold/wet weather?
- Getting to/from Bus Stops:
 - Built environment not suitable for walking to bus stops in many areas
 - Safety sidewalk - lighting
 - No signage, no protection from rain
 - Need shelters at stops
 - Covered shelters at bus stops
 - Why does each stop not have a covered area, given it rains most of the time in this town?
 - More bus stops covered and heated
 - Heated too
 - Rains all the time, not many sheltered bus stops, lots of large families use bus → how does this get funded?
 - Sheltered stops are big enough for wheelchairs
 - Dirty, unclean
 - Not all the curbs have ramps - just ones on the main street do
 - Not all curbs have ramps (in residential areas)
 - Bus stops that are not so separated from each other
 - Stops are so far apart...early AM, dark, raining

Accessibility

- Bus “smoke free”
- Smoke free vehicles/stops
- Consider all disabilities, not just visible ones
- Disabilities keep us from doing optional activities
- Hire a helper nurse/butler
- Once on the Bus:
 - Seatbelts for children on strollers /car seats
 - Buses have restraints for bikes and wheelchairs but not strollers
 - In Mexico, always an assistant to help with ramp/lift, kids, etc.; extra help would be nice
- Factors influencing access to services:
- With an appointment, you have to plan with bus schedules or you’ll get stranded
- Better assistance for families with strollers on public transportation

Affordability

- Cash (economy)
- Incentives to use the bus
- Availability of bus passes not related to Medicaid/healthcare or students
- Attach benefit of bus passes/transportation with food assistance
- Free bus passes for students at Grays Harbor CC
- What might be possible if transportation were free?
 - Multilingual abilities for bus operation centers
 - More people would ride the bus
 - When times were tough, bus transfers would be easier/distance based fees/more frequency would make bus travel more frequent

- I'm happy for bus
- When you are given an appointment you have to think about the timetables of the bus

Beliefs, Perceptions, and Awareness

- Hispanic Community feels they don't belong
- How safe are undocumented individuals in accessing transportation services?
- They don't want to access the system because later it'll come back to slap them in the face
- School - trusted by families; but who is responsible for giving school information? Do they have to seek it out?
- Help the community (human services)
- Human transportation services means "a right of transport for all"
- Health is more important than anything
- It is costly to visit relatives if they are many hours away because they do not accept the transfers (passes)
- Wrong bus, call husband for ride, didn't know where she was
- Car wouldn't start, dad came to fix it
- Waiting for bus, asked store staff if he had seen bus pass by, someone gave her a ride, skeptical but had a mutual friend, gave her a ride to next city where she could catch bus (an app could help with this tracking)
- Don't use services because of language barriers (concern about getting lost)
- Rely on friends/relatives for ride instead of public transportation (more comfortable)
- How is transportation information being shared with community entities - schools, clinics, etc.? Who should be supporting these organizations?

Systems

- For field trips to Seattle, school district is already sending public school kids, wish St. Mary Parish school would be given bus for some event or a van pool driven by parents
- No state-federal level messaging to be kind/prevent school shootings
- Undocumented - medical information → services; → transport to other cities
- School - trusted by families; but who is responsible for giving school information? Do they have to seek it out?
- How is housing impacted by transportation? How is transportation impacted by housing?
 - Housing is typically more expensive near transit services
 - People choose to live close to their destination

Aberdeen Community Café Kids Harvest

Where do you go?

- YMCA, Dance, Library, Friends
- Home (2 cosigns), relatives (1 cosign)
- Work, School
- Park (2 cosigns), Lake, Zoo (1 cosign)
- Doctor, Dentist (1 cosign)
- St. Mary
- Store, 7/11 (1 cosign), gas station (1 cosign), mall, restaurants
- Shopping: Swansons, Safeway, Walmart (x2), Costco, supermarket

How do you get there? Bike (x2), bus, car (x2), school bus

Who helps you? Friends, neighbor, cousins, bus driver, aunt, myself! parents (2 cosign), uncle (1 cosign)

What makes getting where you need to go hard?

- When my parents can't take me
- Not having enough money
- When friends are too busy
- Bus doesn't work
- Bus driver is sick/bus driver can't drive
- Can't go with my cousins/uncles (they have things to do)



Appendix 3bi. Pierce County Engagement Flyer



Tacoma Dialysis Patients *We'd Like to Hear About Your Transportation Needs*

How easy is it to get to your dialysis appointments?

What challenges do you face?

What would help?

**Let us know:
We'll be in the Patient Lounge at
Forsenius Kidney Care South Tacoma -
5825 Tacoma Mall Blvd
Tuesday, November 20
10:00 AM to 5:00 PM**

Your participation will help inform the Statewide Human Services Transportation Plan to enhance mobility for everyone.

The Statewide Human Services Transportation Plan is building on outreach by local agencies by listening to ideas, concerns and information about transportation barriers due to homelessness, low income, health issues, and limited English language in rural and urban areas throughout the state.

Americans with Disabilities Act (ADA) Information: This material can be made available in an alternate format by emailing the Office of Equal Opportunity at wsdotada@wsdot.wa.gov or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.

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Learn more: www.athenaplace.com/wsdot

Appendix 3bii. Design for Pierce County Conversations

To inform the interview strategy, Paul Horton spoke to Jerri Kelly, the Pierce County Mobility Coordinator, and Michael Mace, the social worker at Fresenius Kidney Care South Tacoma. Michael was very enthusiastic about the idea of doing interviews at the center and he was very helpful in setting up interviews on Tuesday, November 20.

According to Mr. Mace, the Fresenius South Tacoma Dialysis Center was ideal because he would be there in person to assist, it was located in urban Pierce County (and so was not as hard to get to as some centers), and because the patients relied on a variety of different transportation modes.

Paul sat in the lobby of the South Tacoma dialysis center from 8:45 am to 4:00 pm and interviewed 14 individuals informally from between 5 minutes and 20 minutes as they either arrived at the center in advance of a treatment or waited in the lobby again for transportation home following their treatment. He briefly spoke to 3 additional patients that each were young, healthy, and fortunate enough to own their own cars and drive themselves to and from their appointments; he did not attempt to gather additional information from these individuals.

At times Mr. Mace was present during the interviews and would add some additional background on the scheduling and dispatch process for paratransit and shuttle. Paul also interviewed Mr. Mace (who is himself a former dialysis patient and a former transportation dispatcher) separately for about 15 minutes to get a better idea of the structure of the existing system.

Although we started with a longer list of questions, Paul quickly found that keeping it short, simple and conversational was the way to go. Ultimately, the questions asked were along the lines of the following:

- How did you get here today? [If they said by Pierce Transit, for instance, and if it appeared that I had sufficient time for a follow up question, I would ask, which bus(es). If they said by Shuttle, I might ask, did you ride alone, or did you share a ride?]
- How was that for you? [When I had sufficient time for a follow up question, I would ask, did it go well? Was it challenging? If so, how? Can you tell me more about that? etc.]
- Is this the way you typically get here?
- What else can you tell me about your challenges with respect to getting to your dialysis appointments?
- What would help the most? What would make it easier for you to get to and from your dialysis appointment?

Appendix 3biii. Harvest from Pierce County Conversations

Questions	Summary / Themes	Key Quotes
<p>1. How did you get here today? If by bus, what bus? Was it a pierce transit bus? Fixed route or shuttle (paratransit)?</p> <p>Beyond the border? Medicaid? Nursing home shuttle?</p> <p>5. How do you get here normally? Is it the same as how you got here today?</p>	<ul style="list-style-type: none"> • "Shuttle" - 6 patients out of 17 (3 from university place, 1 from near McChord base gate, others not disclosed) • Paratransit - 4 patients out of 17 (2 from Lakewood, 1 from near Lincoln high, others not disclosed) • Fixed route Pierce Transit bus - 1 out of 17 patients (location of origin not disclosed) • Drive own car - 4 out of 17 (one said they are looking into shuttle for bad weather days) • Hitch-hike - 1 patient out of 17 	
<p>2. Can you tell me why you chose that mode of transportation?</p>	<ul style="list-style-type: none"> • "paratransit ineligible [2 patients] • Currently trying to become paratransit eligible [1 patient] • Cost: low-income; don't own a car [1 patient] • Have a family car but the kids use it [1 patient]" 	
<p>3. What was that like for you?</p>	<ul style="list-style-type: none"> • "getting to the clinic is good [3 patients] • Drivers are good/courteous [3 patients] • Takes 2 hours to get to and from [1 patient - rides fixed route] " 	<p>"Getting me here is good."</p> <p>"Starting to get used to it."</p> <p>"Sometimes it's good [but sometimes it's challenging]. I typically get to my appointments on time. Not bad if you only have this option. Drivers have been good."</p>
<p>4. What did/does it mean for the rest of your day?</p>	<ul style="list-style-type: none"> • Holiday schedule change affects people/makes them late [4 patients] 	<p>"They arrived 30 minutes late last Sunday because of the vacation schedule change. This affected 5 other. Missed church. Almost called to cancel today."</p> <p>"The whole system sucks."</p>
<p>6. What, if anything, did you have to adjust or sacrifice in order to get here and get home?</p>		
<p>7. Regarding transportation to and from your dialysis appointments, what are your biggest</p>	<ul style="list-style-type: none"> • Shuttle (and paratransit?) drivers have 30-minute pick up window while patients have a 5-minute window [4 patients] 	<p>"They give you a 30 minute window but only wait for 5 minutes."</p> <p>"They only give us 5 minutes. Then they put you on a waiting list. Can take 1-1.5</p>

<p>needs? What are your biggest challenges?</p>	<ul style="list-style-type: none"> ● Challenges with dispatch/schedule and pick up times [most common challenge] <ul style="list-style-type: none"> ○ Sometimes rides come late [3 patients] ○ Sometimes rides come early [3 patients] ○ Lack of driver routing flexibility/issue with online dispatch [3 patients] 	<p>hours. This has happened 5-6 times. We've just had dialysis."</p> <p>"Driver might be late for whatever reason (have gotten lost due to GPS error). I was hospitalized and missed some rides. If you miss 5 rides you're suspended (lost my prescription). This means that my social worker needs to help with advance scheduling (for 2 weeks)."</p> <p>"Drivers don't have enough dispatch flexibility. I live near another patient. In the morning they pick us up together, but they don't do it in the afternoon. It doesn't make sense."</p>
<p>8. What would make your trip to dialysis easier or better?</p>	<p>Mix of ideas. No themes.</p>	<p>"They need to make it easier for us."</p>
<p>9. What else would help?</p>		

Key Themes

Availability: all patients seemed to be very well aware of their transportation options. This is likely due to the fact that part of their social worker's job is to inform of their options and to work with them to ensure they are able to get to their appointments.

Accessibility: This is where I see the vast majority of the total comments falling under. This includes all comments pertaining to challenges having to do with dispatch, scheduling and timing of pickups, including a handful of comments on the amount of time it takes people to get to and from the clinic, either because they're on a fixed route, or because of late pick-ups or drivers not waiting past 5 minutes. This also includes positive comments about getting to the clinic is good [3 patients] and drivers are good/courteous [3 patients].

Affordability: Did not ask about affordability/cost directly during my interviews. Only one patient mentioned cost/being low income as a key challenge. Certainly, cost is a likely factor in the need for most or all of the individual choices to use paratransit, Shuttle, fixed route service, or hitchhike.

Beliefs, Perceptions, Awareness: No comments fall under this section.

Systems: No comments fall under this section

Appendix 3ci. Spokane County Engagement Flyer



Spokane Community Members Facing Homelessness

We'd Like to Hear About Your Transportation Needs

How do you get where you need to go
on time and affordably?

What transportation challenges do you face?

What would help?

Let us know:
We'll be at
Open Doors
631 S Richard Allen Ct
Thursday, December 13
4 PM to 6:30 PM

Your participation will help inform the Statewide Human Services
Transportation Plan to enhance mobility for everyone.

The Statewide Human Services Transportation Plan is building on input generated at
the local and regional level by listening to ideas, concerns and information about
transportation barriers due to homelessness, low income, health issues and limited
English proficiency in rural and urban areas throughout the state.

Americans with Disabilities Act (ADA) Information: This material can be made available in an alternate format by emailing the Office of Equal Opportunity at wsdotada@wsdot.wa.gov or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.

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Learn more: www.athenaplace.com/wsdot



Spokane Community Members Facing Homelessness

We'd Like to Hear About Your Transportation Needs

How do you get where you need to go
on time and affordably?

What transportation challenges do you face?

What would help?

Let us know:
We'll be at
Our Place
1509 W College Ave
Thursday, December 13
10:00 AM to 12:30 PM

Your participation will help inform the Statewide Human Services
Transportation Plan to enhance mobility for everyone.

The Statewide Human Services Transportation Plan is building on input generated at
the local and regional level by listening to ideas, concerns and information about
transportation barriers due to homelessness, low income, health issues and limited
English proficiency in rural and urban areas throughout the state.

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Appendix 3cii. Questions for Spokane County Interviews

Questions for Individuals:

- Are you here by yourself or with other family members?
- How did you/they get here today? (Did it go well? Was it challenging? How?)
- (If we see people at our Spokane engagement who look like they have school age children): How they are getting their kids to school, after school activities, etc. and challenges related to that.
- How do you get here normally – and how often do you come? Is it the same as how you got here today?
- Where do you have trouble getting to in your daily life - what are your challenges to getting there?
- Have you ever gotten a free bus pass, is that helpful?
- What would help the most? [What feels most comfortable to you here, but I ended up saying this verbatim at times and at other times I said something like, what would make it easier for you to get to your appointments and other important places?]

Questions for Providers:

Availability and Awareness

- How available are transportation options for your populations to get to you and where they need to go in Spokane?
- Do transportation options exist – what are they?
- Do riders know if they exist?
- What beliefs do those you serve have about transportation?
- Are they available at the right times riders need to go?

Accessibility

- What affects how easy it is for them to get to you and other places they need to go?
- How easy is it to learn about them?
- How easy is it to use them?
- Are supportive spaces created and maintained (i.e. sidewalks, bus stops)?

Affordability

- What affordability factors contribute to your populations ability to access the rides they need?
- You are able to give out some free bus fares – is it enough? What else do they need?

Systems:

- What policies, procedures, laws or other institutional systems help or hinder the ability of your folks get where they need to go?
- What helps or hinders you in offering services that are the most cost efficient and human-centric? (For example, you offer free bus fare, but you have limited tickets -and not sure this works for all families).

Appendix 3ciii. Harvest from Spokane County Interviews

Synopsis

Athena Group employees Austin Raymond and Lisa McCrummen interviewed homeless and low-income community members at two emergency service centers in the city of Spokane: Our Place Community Ministries in West Central neighborhood, and Open Doors Family Shelter in East Perry District. Austin and Lisa visited with 22 homeless/low-income guests at Our Place between 10am and 12:30pm. They conducted brief informal interviews (most no more than 15 minutes) in the main waiting area of the shelter, and offered interviewees day-long bus passes, STA route maps, and granola bars. In the evening from 4-6:30pm, Austin and Lisa visited with 14 guests at Open Doors as they ate dinner.

Additionally, Lisa McCrummen conducted hour long interviews with three service providers who worked directly with low-income and homeless Spokane residents: Assistant Director of Open Doors Serena Graves, Executive Director of Our Place Tracie Swanson, and Executive Director of Spokane Valley Partners Cal Coblenz. Additionally, Lisa talked with Dawn Cherry of Inland Empire Insurance Agency; she specializes in supporting Medicaid and Medicare recipients, including supporting their transportation needs.

General Population Profile

We spoke with a few dozen community members receiving services at Open Doors and Our Place. All of the individuals we spoke with were socioeconomically disadvantaged and living in poverty. This population consists of individuals or families including: veterans; disabled; elderly; homeless on the streets. Providers have seen a real uptick (especially in Spokane Valley) of homeless living in their cars and RVs; homeless in temporary shelters; low income that are not homeless.

The disabled or elderly population are on very limited social security income. The rest of this population do not work; have multiple part/time jobs; or are in the process of looking for jobs. We met a number of individuals who were struggling with drug addiction. Additionally, many of the people we talked to had lost their licenses or don't drive for many different reasons (were in accident, have criminal record, have PTSD/trauma, anxiety, drug addition, physical disability, etc.).

The common thread for all that we met is that for this population getting to get to where they need to go is always a constant challenge, takes up an extraordinary amount of their time, is a barrier to getting on a more resilient life path and aside from walking is unaffordable.

Core Learnings

This population needs transportation primarily to get to and from: shelters and support services including food/clothing banks; medical/dental providers; work; public schools and childcare; and grocery stores.

We were profoundly surprised that the top transportation choice (not including transportation for school age children) was walking; many do not have cars and the bus is simply too expensive for this population to use. Those who do have cars or are able to access rides through friends have difficulty paying for parking and gas; while owning a vehicle can be extraordinarily helpful (offering shelter and a faster way to a job) it comes with additional financial problems if anything goes wrong. While some of the riders are eligible for reduced disabled transportation, many have difficulty navigating the barriers required to get these passes and they still struggle to pay for them. A few others have bikes and store possessions in their bike trailers. While we understand that there are other services provided (paratransit that picks up disabled/elderly to take them to appointments) we didn't meet anyone that used these services.

- When this population is able to get a single limited time (2 hour) bus ticket it still doesn't serve their needs; the limited timeframe doesn't actually allow for a return trip within the time frame. When a family (rather than an individual) is faced with purchasing bus passes, the cost gets even more prohibitive.
- The STA generally received good marks for its routes but its limited 'off hours' operations and the specific destination needs for this population often don't coincide with routes that are available.
- Most of the people we talked to who work have jobs that are off hours and so don't have transportation options to get to work if the bus doesn't run (for example the bus only runs hourly on Sunday and not at all after 7:00 PM; has limited or non-existent runs early and late hours.) Ultimately, every person we talked to either had been forced to quit their job, had been fired or was at risk of losing their job because they simply couldn't reliably get to the job.
- It appears to be a struggle for this population to also get to medical appointments on time. Additionally, routes to and from medical sometimes don't exist; some elderly/disabled are choosing not to go to medical appointments because they can't afford to or the barriers to access these services are difficult.
- It's hard for many in this population to access food/supplies because of the difficulty of: juggling children when they travel or finding childcare when they travel; transporting food bank or other groceries to their location (boxes are not allowed on the bus).
- Increasingly a new population is adding stress on the system: 'Spokane Valley' low income populations, are now using Spokane city services. But they also may go back to the Valley for other needs (including medical services) and are having difficulty finding routes that work. We learned for example that the City of Spokane has initiated emergency warming shelters for homeless - but Valley homeless are unable to reach these shelters.
- Finally, a big barrier for the homeless is a lack of storage – so that they can keep their possessions safe if they need to get somewhere.

The non-profits do what they can to help with mobility – either by purchasing very limited bus passes, writing grants for bus passes, reaching out to businesses to donate bus passes or engineering 'reverse' mobility solutions, like Spokane Valley delivering food through the schools so that kids can bring food home to families on the weekend. They have tried repeatedly to work with the city and STA to find ways to support discount tickets for low-income or create specialized shuttles but are struggling to find success.

Positive Progress – Opportunities to Build Upon Success

Our Place has submitted a grant for bus passes with STA and thinks there's a great chance they will be successful. This may open up dialogue and other opportunities.

A local developer has provided 25 annual bus passes for Our Place to give to those with jobs or who've successfully undergone drug treatment; there may be more opportunities for other businesses to donate/support these kinds of efforts.

Spokane Valley suggested that piloting or expanding shuttle models (possibly through service providers) with very little funding could be a game changer allowing delivery to where it's needed as opposed to forcing clients to come to them.

For example:

- 2nd harvest offers food delivery - providers could expand what's delivered to include clothing, diapers, etc.
- Meals on Wheels could piggy back with providers to bring groceries to their populations.

- Offering limited grocery/supply shuttles from foodbank locations every week could allow people to buy groceries and then at least come back to a central location rather than struggling to get to grocery stores.

Mobile grocery delivery to low-income or to homeless areas would take food to where it's needed. This service could be adapted to mobilize mental health, medical, and other social services.

There's a great model in place for school age kids - helping homeless/displaced youth seamlessly continue to get transportation to school – providers would love to see opportunities to continue to modify/upgrade this system to include kids that go to alternative schools, are working towards their GED, support pre-school younger children and possibly families.

Riders and provider believe one of the biggest 'easiest' mobility supports would be free bus passes. When asked how a free bus pass would impact their lives, nearly all riders and providers said this would be a game changer. It would allow significant access to jobs -support more done in a day instead of wasting all of their time trying to walk or scramble to get a pass or go somewhere to be given a free day pass.

Availability

Rider Perspective

- Plenty of availability in Spokane for riders not currently living with disability, with the exception of some hours of day and on weekends
 - For anyone who falls beyond 9-5 M-F work schedule (late-night/early morning job, weekend hours), the schedules create barriers to use
 - Most buses on Sunday stop running after 8:00 pm, and during the day a few run every hour
 - It would be great to have expanded weekend and after-hour services; review destinations.
- There aren't any buses that go to where rider wants to go in the valley – some clients lived in the valley are now homeless or using additional services downtown – so they go back and forth to the valley to see medical providers and it's extraordinarily difficult. Another client couldn't go see his mom. In order to get to her he had to take it all the way into the middle of valley's main stop; and then she had to come pick him up (defeating transit purpose).
- Concern over how long it takes to get anywhere. The same destination with transfers that takes 2 hours by bus could only take 10-15 minutes by car.

Provider Perspective

- Same as above: STA serves the 9-5 population – but doesn't serve our population (after hours).
- Clear frustration by providers who want to help their population get on a path out of homelessness and into jobs –but if jobs are 'off hours' and not served by bus many clients end up quitting or getting fired because it's not a sustainable situation.

Accessibility

Rider Experience

- Number of people on disability who know they can access services, but may not have the additional funds to do so or aren't willing to go through hassle.
- Woman with service animal rides on bus: training for service animal (dog trained to sit beside her) is at odds with bus rules (bus does not allow dog to sit next to her).

- Homeless families have pets – can't leave them at the shelter and can't take on the bus.
- In order to reload his card, person with physical disability had to wheel his wheelchair through the snow to go to bus station.
- Man can get medical transportation for his disability—has to book a week in advance. Accessing services requires a lot of pre-planning. In order to book, have to be on phone: wait 45-60 minutes on phone to book.
- In order to have access to disability pass, need to have four medical appointments lined up a month—and prove them.
- Woman goes to food banks on behalf of 30 people who are disabled—the hassle and confusion of using transportation has caused them to “give up.” She goes shopping/her own car on their behalf.
- We talked to several clients that have multiple small children, including newborns and taking them on the bus with numerous strollers is challenging; buses require strollers are folded up before getting on the bus. So a woman with a couple of kids getting groceries finds the barriers just to get on the bus with kids and groceries overwhelming.
- We talked to several homeless or families in transition that have a lot of a lot of their possessions with them and it is difficult to bring on the bus it takes up too much room.
- One woman's big cart was important to her to carry her toddler age children and also to carry groceries; this is not allowed on the bus.
- Several clients with anxiety disorders stated that they found being on the bus challenging—their anxiety limits their ability to go on the bus, determines which buses they use (one woman will only use the bus if she doesn't have to transfer).

Provider Perspective

- They recognize that there are disability support in place but that this population sometimes has a hard time taking advantage of it. (Calling/showing up to get a disabled bus pass).
- An insurance expert works with Medicaid and Medicare clients. She sees a disservice to clients. For 24 months her Medicaid clients have disabled passes –and can get medical transportation. But then this goes away. She sees this as taking away transportation from vulnerable populations.

Affordability

Rider Perspective

- Each pass lasts for 2 hours and is \$2.00 for all riders over the age of 5. This costs too much for most clients. For example, if someone has to go to the grocery store or a medical appointment they will need at least two passes to get there and get home. If a rider has a family this quickly escalates – a mom and three kids over the age of 5 would require \$16.00 to get to the grocery store. For one mom- this means she has to put her young child in charge of her new born and other young kids while she goes to the grocery store –which can take up to 4 hours. She has to hope nothing goes wrong in her absence.
- Still costs \$60.00 for disability pass. Only gets \$750.00/month for SSI (\$60.00 is 10% of income).
- Ideas ranged from free bus pass to low income subsidy to kids under 16 ride free to longer time on voucher (from 2 hours to 4-6 hours).

Provider Perspective

- Expensive. Try and buy as many as bus passes as they can afford – but it's not enough.
- Our Place offers limited 2 hour bus passes (4 per day, first come first served). And has an agreement with a local developer – they have provided them with 25 year-long passes for those

who have gone through treatment or are looking for a job to help make things easier. (But in order to get the bus passes, these people have to go to the developer – not a trusted source – so there’s been a reluctance to take advantage of this offer).

Beliefs, Perceptions, and Awareness

Rider Perspective

- Woman with service animal feels that bus drivers are “lovely” - very helpful, will wait for you
- Man with mental health needs feels that bus system is not entirely safe—some “pretty weird” people on bus. Has experienced unpleasant things on bus (people using methamphetamines, violence, dogs he wasn't sure were service dogs that made him feel unsafe, wreck).
- Man with mental health needs said some were friendly, some were not—some bus drivers are “in a hurry” - this causes him anxiety about riding the bus
- STA doesn’t care about low income people
- Rider used to have half fare card—bus drivers asked him all the time why he had one in the first place. Eventually got sick of being asked all the time, got a regular bus pass even though it cost so much.
- Those with cars think it’s cheaper to drive – and are really upset that there isn’t some funding for gas or free parking for medical appointments/jobs.
- Belief that making buses ‘green’ lead to increase - costing those that can least afford it more instead of less. ‘Just a few years ago it was only \$1.25 now it’s \$2.00 for a pass.’

Provider Perspective

- STA doesn’t care about low income people - and is unwilling to work with non – profits. They have repeatedly tried work with STA and to ask if non- profits can buy passes for less to give to clients and have been turned down.
- Non-profits continue to be astonished that full price fare charged for kids starting at age 6.

Systems

Rider Perspective

- When things crop up – like a child is sick and needs to be picked up from school, the results can be catastrophic for the rider – there's no infrastructure that allows a parent to quickly help pick up a kid from school. (If the adult has a job, they’re at risk of losing their job for leaving or taking too long to get back.)
- No bus shelter at a huge major stop
 - There’s a bus stop that serves Anna Ogden (treatment center for kids/women), I Native Project, MultiCare clinic, community center, health center, Head Start, senior services and the disabled.
- West Plain doesn’t have affordable grocery stores or hospitals – and the bus doesn’t serve connecting this population with other areas that do.
- The system doesn’t support a way to store possessions.
 - Many of the homeless have significant possessions (in large backpacks or shopping carts and they can’t leave them and can’t take them on buses). This ensures that their ability to navigate is limited.
- The current system creates a barrier to employment for those who need it the most.
 - One woman had a job at the fairgrounds – there was no bus from the fairgrounds after her shift was done; she had to walk home from fair grounds or had to ask employer to

leave an hour early. She chose to walk. She couldn't last very long at the job and ended up quitting.

- A man who has heard that he has a job as a cook is worried about his hours – because if he has to work on a Sunday shift, he doesn't know how he'll get home.

Provider Perspective

- West Plain doesn't have affordable grocery stores or hospitals – so the bus doesn't serve connecting this population with these needs.
- While there are public school bus systems for kids – and an incredible 'Heart program' - through McKinney-Vento - that allows a seamless support system so that homeless/displaced youth can continue to get transportation to school – there still transportation issues that get in the way.
 - When life happens – (sick kids, or late or after school programs) then the system breaks down because there's way for a parent to quickly, affordably help kids and then get back to work.
 - Alternative schools, pre-schools are not subsidized so mom (generally) will have to get kids on the bus to where they need to go. Once you multiply kids (if someone has two kids that go to different schools, it becomes problematic).
- Providers want to help their clients on a path to jobs and laddering up towards fully functional citizens. It's nearly impossible for clients to get/keep a job if there's no reliable transportation system in place.
- Homeless from Spokane Valley are increasingly Relying on Spokane Services and are having Mobility/Connection Issues.
 - 'Spokane Valley' population who rely on Spokane city services and medical/other services in the Valley are having difficulty finding routes that work.

Appendix 3di. Okanogan County Engagement Flyer

Acompañenos para una

Noche de familia

Martes, 18 de diciembre

5:30 - 8:00 PM
Boys + Girls Club
601 West Cliff Ave, Brewster



Apoyo con el transporte 

Comida deliciosa y saludable 

Actividades divertidas para los niños 

Conversación sobre los servicios humanos de transporte 

¿Cómo llega a su destino a tiempo y de manera accesible? ¿Cómo se mejora el transporte?

Para información o para confirmar su asistencia, llame al (509) 689-1192

Gracias a nuestros patrocinadores:



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Visite nuestro sitio web: <https://www.athenaplace.com/wsdot>



Please join us for

Family Night

at the **Boys and Girls Club**
601 West Cliff Ave, Brewster



FOCUS: How do you get **where** you need to go **on time** and **affordably**? How could it be **better**?

Language
Support



Transportation
Support



Fun, educational
kids activities



Delicious healthy
meals provided



Community Café
conversations



Tuesday Dec. 18
5:30 - 8:00 PM

For information or to RSVP,
Call (509) 689-1192

Visit our website:

<https://www.athenaplace.com/wsdot>

Brought to you by:



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Appendix 3dii. Design for Okanogan County Family Night

December 18, 2018 @ 5:30 – 8:00 pm at Brewster Boys and Girls Club (601 W Cliff Ave, Brewster, WA 98812)

Project Goals

- Help WSDOT round out what they think they already know about transportation challenges/needs (per local plans and our qualitative data) related to what state government can do
- Elaborate on needs where we can from perspectives that they haven't heard before; Reach people WSDOT hasn't heard from – missing voices
- Help state identify strategies that they have control over that could help address transportation challenges
- Identify any trends/pressures that inform needs/strategies
- Build from strengths/assets, then needs
- Identify priorities within and across user groups/geographic locations
- If possible, identify how we can make system shifts (major impacts with minor tweaks)

Guiding Principles

- Leave every community we touch at least a little stronger than when we arrived
- Establish sense of community in small group process
- Enable all voices to be in the room and heard, allowing for multiple forms of expression and considering analog/digital features when possible
- Strive for equity in terms of how people are invited, design of container for dialogue and opportunities to be heard (design for the margins)
- Select process that will best achieve project goals first, then tailor to above

Activity: Set-up/room arrangement	Time: 4:00 - 5:00 (1 hour)
<ul style="list-style-type: none"> • Purpose: Create welcoming environment/container that reflects community and cultures 	Lead(s):

All hosts arrive at 4:00, all hands on deck to set up

Food arrives at 5:00

All-host huddle at 5:00/5:15

Main room arrangement:

- Space to the side for standing small group conversations
- 5 chairs per table
- Welcome table at entrance
- Food station
- Easel and chart paper near front of room
- Garbage cans/recycling bins near entrance and perimeter of room

Welcome table set-up (all materials from Amber):

- Name tags, markers, dot stickers (put on name tag if they give permission for their photo to be taken)
- Copy of fliers, Title VI forms
- Sign-in sheet and pen
- Kids Café sign-in sheet and pen

Food Station (all materials from Orlando):

- Forks, spoons, knives
- Plates, bowls
- Cups
- Napkins
- Coffee/tea, cold beverages, sugar, cream, stirrers, bowl for garbage
- Food trays, serving utensils
- Garbage bin, garbage bags, recycling bin (if available)

Table set-up:

- Tablecloths (from Amber)
- Chart paper with outline drawn on it (see below, Amber will bring)
- Markers, sensory toys, dot stickers and 4 informational cards (from Amber)
- Tabletop decoration - flowers? Plants?
- Info cards (from Amber)

Kids Café Area:

- Community mural-making space
- Circle space for read aloud
- Snack station

Activity: Welcome, Dinner & Opening	Time: 6:00 – 6:30 (30 minutes)
Purpose: Help families settle in, get comfortable, and transition	Lead: Heather, Amber, Orlando, Austin

Amber + Orlando + childcare lead (main table), Gabe + Melodie + Gene + childcare volunteer (second table), Austin floating:

- Greet families as they enter, make sure they visit welcome table
- Ask them to sign in and make name tag
- If they give permission to have their photo taken, put dot sticker on their name tag

Kids Café Hosts:

- Introduce yourself to families with children
- Ensure parents complete sign-in for their children
- At 5:50, walk children down to Kids Café area

Food Servers:

- Serve food, answer questions about ingredients if needed

- Quietly clean up area after trays empty and all food is served
- Empty garbage cans as needed

5:30 – 5:45

- People enter, sign in, get food
- Families to eat together
- Kids Café Hosts prepare families to have kids stay in room and adults move to other room

5:45 – 6:00

- Jesus (ED of Family Health Centers) welcomes everyone, introduces Amber; Amber gives welcomes, introduces co-hosts
- BGC representative from Nespalem gives blessing
- (A/O) Explain purpose of the event: conversation about human services transportation (give overview); dedicating to one person with mobility issues
- (A/O) Invite self-care: dual language process, move, doodle, step up/step ack
- (A/O) Ask for volunteers to be Table Host and go over responsibilities with them before Café starts

Activity: Begin in Community – Impromptu Networking	Time: 6:00-6:25 (25 minutes)
Purpose: Prime people for conversations	Lead: Amber/Orlando

Form clusters of 2-4 people. Each person introduces themselves and takes about 1 minute to respond, making sure everyone has a chance to share within the 4 minutes allotted. When the bell rings, thank your small group and move to form a new group of 2-4 people.

1. Who or what do you have in your life that helps your family thrive? And when times are tough, who/what gives you support and what does that look like?
¿En tiempos difíciles, quien le brinda apoyo y describa ese apoyo?
2. Think about a time when you/someone you know had a hard time getting where they needed to go. Maybe their car or bike broke down, the bus wasn't running, they couldn't afford the travel, or needed special mobility options. Talk about what challenge(s) you/they faced and how you/they overcome them?
3. How do you get information about resources in the community?
¿Cómo obtiene información acerca de los recursos comunitarios?

Debrief:

- Orlando ask, "What stands out from your conversations?"
- Amber records comments, especially related to transportation
- ***At this time, separate by language

Activity: Baseline Comparison	Time: 6:25 – 7:05 (45 minutes)
Purpose: <ul style="list-style-type: none"> • Learn about what conditions exist around WA state • Collect information about how personal experience compares to generalized experience 	Lead: Amber/Orlando, Austin, table hosts

Restate purpose of conversations by going over 2 info cards on human services transportation

Each table has 5 informational cards. These cards have statements that we heard from other community members and service providers throughout WA state. Please read the 4 cards and use them to start a conversation. We'd like you to talk about if what is on the cards is true for you and the people you know. If the card has a question, we'd like you to try to answer it.

Activity: Harvest	Time: 7:05 – 7:20 (15 minutes)
Purpose: Identify priorities and major themes that emerged in conversations	Lead: Amber/Orlando, Austin

What stood out for you from the conversations you had?

***Re-form whole group in main room

Activity: Harvest – Exploring Roles	Time: 7:20 – 7:45 (20 minutes)
Purpose: Identify roles each party can take in improving human services transportation	Lead: Amber/Orlando, Austin

Invitation: We all understand that it takes a village to raise a child, and it takes an entire community to help families thrive. We all have a little bit of power over how we contribute to meeting each other's needs and, in particular, how we meet these transportation needs we've been talking about tonight. Our questions for this conversation center on **what role each of us plays** in improving human services transportation and **how we can work together with higher-level decision makers** to address our needs.

- What can we as community members do to support all families with transportation?
- What are the roles of higher-level decision makers?

Activity: Closing/End in Beauty	Time: 7:45 – 8:00 (15 minutes)
Purpose: <ul style="list-style-type: none"> • End on a positive note and with closure • Learn about the youth perspective • Show appreciation for participation and time 	Lead: Amber, Heather, Orlando, Gabe, Austin

Next steps (Gabe):

- Compile all information from today into a report for WSDOT
- Public Comment period
- WSDOT publishes updated SHSTP

(Amber/Heather/Orlando):

- Share our gratitude for them choosing to participate tonight
- Ask if anyone would like to share their reflections on the night
- Invite people to complete Title VI forms as they receive their gas cards

Austin + Kids Café Hosts: Help children present their work to adult group

Chart paper design for each table:

- What is true for you/your close family/friends?
- What would make it better?
- What is most important?

Appendix 3diii. Harvest for Okanogan County Family Night

Many partners collaborated to organize and host Family Night at the Brewster Boys and Girls Club on December 18, 2018. Overall, 27 community members, 31 youth, and 13 local transportation, social service, and healthcare providers participated in a series of conversations centered on transportation needs. Everyone shared a meal together, engaged in rich conversations, and enjoyed a community-building experience. Family Health Centers and Pateros Brewster Resource Center enjoyed this event because it built on previous community conversations they have hosted related to community health in the Spanish-speaking community. The Brewster Boys and Girls Club staff were happy to host and appreciated having others participate in their efforts to hold more family-oriented activities. The themes that emerged from Community Café-style conversations are outlined below.

Community members are eager to learn from one another and from service providers what resources exist that could strengthen their family and help them meet their basic needs. There is an information gap regarding medical, legal, and social services. During the initial icebreaker activity and throughout our conversations, the following resources were shared:

- Developmental Disabilities Administration, providing support to families with individuals with disabilities, including fun activities like Zumba, job coaching, respite and support staff, childcare, and free transportation support.
- Brewster Pateros Resource Center, a center that individuals and families can go to for information about services in the area that they are eligible for, including healthcare, transportation and other social services.
- Parent Advisory Committee, formerly known as a Parent-Teacher Association, a group that invites parent participation to make a difference in their students' lives and supports other families in learning about resources.
- Family Health Center's Bridgeport Clinic, providing mental and behavioral health services – have a psychiatrist on staff.
- Police departments can help meet emergency needs like diapers, formula, etc. and provide information about other local resources.

There are several community needs that are currently unmet, and community members have great ideas about possible solutions:

- There is fear and stigma around depression and mental health issues; people do not like to talk about it, do not know where to go for help, and are concerned about the consequences of seeking help, especially related to immigration status. There is a great desire for more centers where behavioral health services are provided to help with depression and other mental health disorders. On a systemic level, there is a desire for greater job opportunities, greater support for struggling children (especially those with high stress), and greater willingness to convene conversations where people can talk about mental health.
- People desire greater access to information on the available resources that can support their children, families, and communities to thrive. Many do not know where to go for information, treatment of health conditions and support signing up for assistance. Currently, schools are well-trusted sources of information, and people want other places in their community to post information to the same extent.
- Parents who currently work in orchards and packing sheds are open to other job opportunities; trade school programs and evening English as a Second Language (ESL) classes are available, but difficult for families to access because they are often tired after work, lack transportation to/from the class, and lack childcare. Nonetheless, people are confident in their work ethic and would

seek greater job openings in the area, including other factory jobs and work that builds on the skills they already have developed.

- People face a range of challenges in getting where they need to go on time and affordably. Common destinations include school and work, church, stores, clinics, parks, and the homes of loved ones. Most people use private vehicles, not public transportation, but are eager to learn more about public transportation options. Some do not have the right vehicle to deal with bad winter weather, preventing them from attending their children’s sports games (this was repeated by several adults). It is expensive for car owners to pay for their driver’s license, car insurance, maintenance, repairs, and gas. It is also expensive to rely on friends’ vehicles for the same reasons and also because having a friend drive them to or from an appointment in the middle of the workday also means they have to pay lost wages. Families want transportation support to every non-medical destination. Overall, ideas for how to meet transportation needs include:
 - Vanpool between Brewster and Bridgeport
 - Public bike-share and car-share programs, including a “community van”
 - Expanded public transportation options
 - Increase public transportation hours to early morning and late night
 - Inform about options for getting to Wenatchee
 - Assist with paying for car repairs, driver’s licenses, registration, insurance
 - Provide gas vouchers to make it easier to ask friends to use their vehicles
 - Have more local providers so people don’t have to drive long distances for healthcare services
 - Make sure all communications are in Spanish and have someone on staff – this includes all providers – that can speak Spanish; also, “be patient with us as we try to speak English.”
 - Develop a service that provides free and/or low-cost, fast, on-demand transportation to immediate/urgent care clinics that eliminates a reliance on ambulances
 - People are comfortable using GPS to navigate the local area
- Much of the Spanish-speaking conversation highlighted needs for better coordination of healthcare, transportation and other systems.
 - Overall, a shift from heavy use of emergency services to greater use of preventive care is needed; with this shift, people seek multiple affordable transportation options to and from clinics. Because healthcare specialists (especially many that accept Medicaid and Medicare) are located in bigger cities, rural residents bear a greater burden when it comes to accessing healthcare services; this is where more funding and resources would alleviate this burden.
 - Additionally, people seek greater cell phone coverage to increase safety and be able to access help in rural areas.
 - When it comes to continued education and skill-building, people are interested but struggle to find childcare, transportation to/from classes, and the energy to attend classes. They requested that classes and trade school programs be made available in the winter (off-peak season) and that employers work with agencies and schools to get time off work for higher education. At night, after a long day of work, many people are too tired and too busy meeting their families’ needs to pursue continued education.

In summary, the Spanish-speaking community would like help meeting their basic needs, which includes transportation services that enable them to access career development, healthcare, social services and recreational activities that strengthen their families. They are willing to learn and eager to contribute, and want discrimination based on race and language skills to end. They see the potential in public transit,

specialized transportation services, and community-organized transportation solutions, and are grateful for gatherings like this Family Night that allow them to develop relationships with providers and other families, and build understanding as a community about what currently exists, what the need is, and what might work to meet their needs.

English-Language Group Harvest

- Greg Wright is our new best friend
- Need more + common access to resources and information
- Database accessible using multiple modalities (internet, paper, etc.) to EVERYONE
- Tonight we heard about other resources from our short conversations (trade school, grocery delivery)
- Need more transportation to get people to/from appointments in Wenatchee and Omak (shuttle, carpool, something more personal than a bus)
 - Really hard to get to Wenatchee without a car—need option less expensive than an ambulance
 - Wenatchee and Omak are where all the specialists are
 - “Drive [in public transportation to/from Wenatchee] worse than [chemotherapy]”
 - Address higher incidence of motor vehicle accidents on I-97 (especially with impairment)
- worse here than in other parts of state
- People don’t want to lose their independence (IMPORTANT THEME)
 - Ageing drivers
 - People wanting flexibility/independence in how they get around
- Gap in transit between Pateros and Chelan
- Insurance liability limits us as small service providers
 - “We should be able to do the right thing”
 - Umbrella liability policy! (so that all drivers (volunteer or paid) operating available community transportation vans/vehicles have coverage)
 - More flexibility, not just stuck around (lots of vehicles around here just sitting)
- Want alternative methods of service so you don’t have to travel so much for appointments (telehealth, talking to doctor over TV) (STATE MEDICAL BARRIER)
- Have a bike trail between Pateros + Brewster (opportunity: WSDOT should partner with Douglas County PUD for funding/access)
- Need more urgent transportation
- Satellite service centers—not just one central place for care that is far away
- What to do if you break down? No cell service
- NEED MORE CELL TOWERS
- Emergency payphones (solar powered)
- More service areas

Table Chart Papers (English-language)

- What about this relates to you, your family and friends?
 - If public transportation was free we could access more health services in Wenatchee
 - Drive to/from Wenatchee is more physically taxing than the chemo she was going to get
 - Family is the only resource many people have

- Lack of services cause family to miss appointment
- We don't have safe infrastructure—especially in the winter
- Higher education would be more available if transportation was free—schools are in Wenatchee
- People are not aware that the grocery store delivers groceries—how do we change that?
- Transport needs can be urgent but available services take up to 2 days
- Depends on car dependability/gas
- Funds to get there when needed (gas, time off)
- Scheduling can be a challenge (work, appointments, school, etc)--arrival, department, appointment time
- Medical location
- Language/signs/instructions--not in primary language
- Public transportation—may not have map/website up to date
- Aging drivers and aging vehicles
- Spread out area
- Mobility manager for accessibility—public transit service, resource information
- Does TRANGO need to/have this?
- Gap between Pateros (TRANGO) and Chelan (LINK)
- New folks: EMS, favorite restaurants, central locations with resource info
- What could be better?
 - Community shuttle to get patients home
 - Reduce insurance liability barriers for staff/others to transport patients
 - Some kind of dispatch service
 - Ride matching technology/autonomous
 - Lyft, Uber—be able to contract + use vouchers?
 - Satellite services instead of one central hub
 - Vouchers for people who can't afford it
 - Social media—public access to resource information or asks for help
 - Church involvement—ministries with practical assistance
- What is most important?
 - Common access to resources/info
 - More frequent and affordable transportation to Wenatchee/outside resources
 - Dignity + independence (not being reliant, not wanting to use public transit)
 - Affordability (Cost)
 - Timing
- What could make things better NOW?
 - Public transit bus from Omak to Wenatchee
 - Training center for children for how to use transportation services
 - Driving classes for adults with classes for license
 - Continuous public transit from Bridgeport Brewster, Omak
 - Leverage senior center to volunteer to use community vehicle
 - Train to Wenatchee and to Canada
 - Lending library for cars
 - Vehicle insurance that is affordable – perhaps given at a group or community rate
 - #1 how to spend the money
 - 24-hour emergency transportation that is affordable and available on-demand

- Healthcare transport
- Trade school/education shuttles
- Borrow a bike/scooter
- Inexpensive car rentals
- Look at what works in the cities
- A one-time donation of X dollars for miles driven (similar to reimbursing volunteers)

Appendix 3div. Design for Okanogan County Kids Cafe

December 18, 2018 Brewster BGC @ 5:50 – 8:00 pm

Pre-Café Schedule

2:30—Childcare staff huddle: talk through purpose, flow of evening, important safety considerations

3:30—Set up Kids Cafe

4:00—Help with setup upstairs if need be

5:00—All hosts/volunteers huddle in main space

5:30—Families arrive (CHILDCARE STAFF EAT): two childcare representatives at tables greeting, signing in

5:30-5:50—Have area in main room for children to play, color, read prior to going to childcare space

Activity: Opening (6:00 – 6:10)

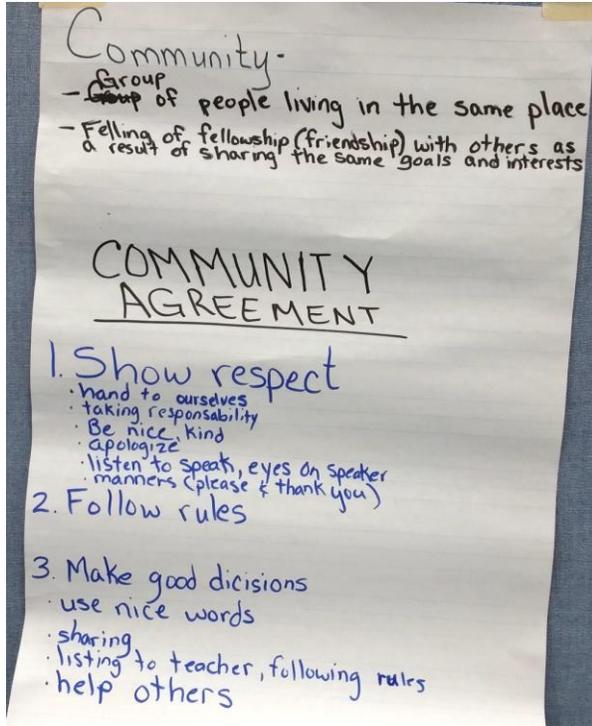
Materials: none

1. Welcome children into space, show appreciation/excitement
2. Have everyone go around and introduce selves (name and action)
3. Briefly state that we will be talking together about what makes a community healthy, safe, and fun for everyone

Activity: Community Agreements (6:10 – 6:20)

Materials: Chart paper, chart markers

1. Work with children to create definitions for community and belonging
 - “In this space, we want everyone to be safe, to feel respected, and to have fun.”
 - Ask children: What should all of us agree to as a community in order to make sure we are safe, feel respected, and all have fun?
2. Scribe what children say (if possible, write in both Spanish and English)
3. Have children pledge to follow the community agreements (raise right hand, repeat after me)
4. “Please help your friends remember these community agreements—if you see someone being unsafe or unkind or disrespectful, help each other out with a gentle reminder.”



Activity: Transition (6:20 – 6:25)

Materials: Chart paper, chart marker

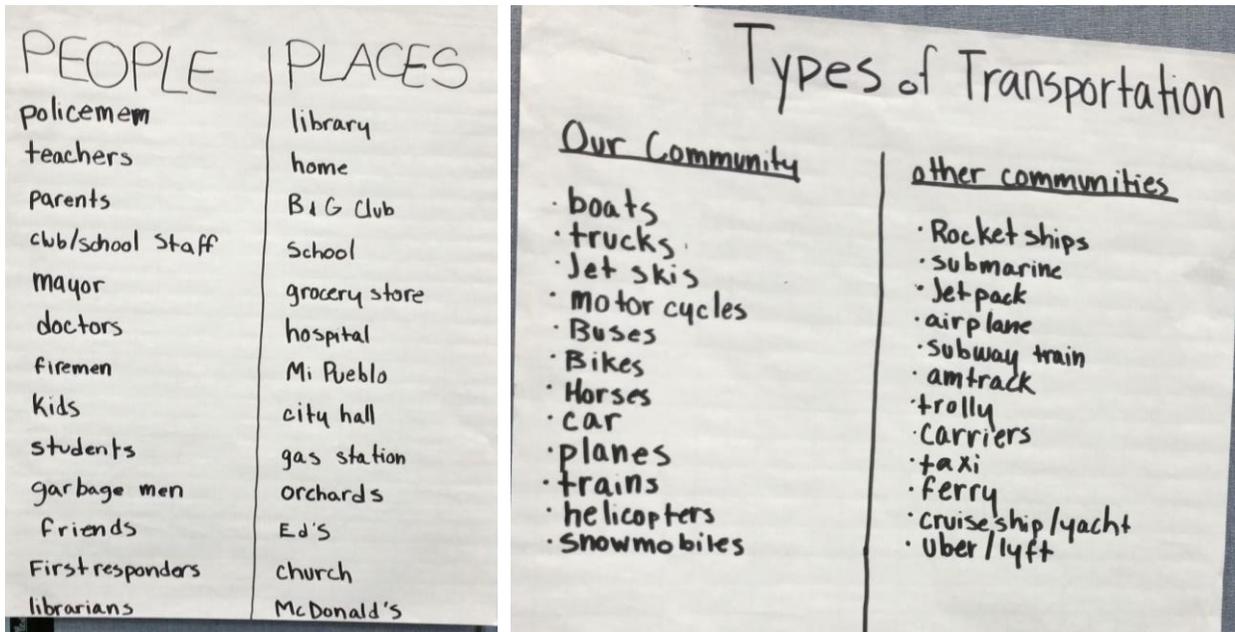
1. Talk through schedule: what we're going to do (mention bathroom/water break and snack)
 - Explain what adults are doing upstairs (talking about transportation needs in their community) (co-define transportation with children, give examples)
 - "We are going to be talking about and doing the same thing. We're going to talk about transportation and community, and how they are related."
 - After our conversation, we're going to make a big beautiful mural that shows what a safe, happy, healthy community with transportation for everyone looks like.
 - Explain we're going to share what we talk about and create with the adults upstairs, and they're going to share that with other people all around WA state. "The stuff you say here will help people in Washington state know how to help you get where you need to go better."
2. Questions?

Activity: Mingle Mingle Mingle (6:25 – 6:40)

Materials: Phone timer, chart paper, marker

1. In this room, we are a community (redefine community if need be)—you all are a part of many other communities too! What other communities do you belong to (neighborhood, church, town)? Today we are going to be talking about these bigger communities we belong to, and what it looks like when a community is safe, happy, and healthy for everyone.
2. Explain Mix + Mingle
 - Leader will give you a question, you think about it. When Leader says Mingle Mingle Mingle, you move around the room

- When leader says STOP! Find a partner and talk about the question together for 30 seconds (model with childcare volunteers)
- Mix + Mingle Questions:
 - Practice question: what is your favorite place to go in your community and why?
 - What are other places are in your community? (2 rounds)
 - Who are the people in your community? (2 rounds)
- 3. Come back together in a circle for debrief (As children tell you, write down answers on paper so they can see)
 - What places are in our communities?
 - Who are the people in our communities?
 - “These are all the people and places in our communities. We’re going to have a break now— during the break, I want you to think: why is it important to have transportation in a community?” (write this up)



Activity: Bathroom, Water, Snack Break (6:40 – 6:55)

Materials: Snacks, hand sanitizer, paper towels

1. Take children to bathroom/water fountain in large group
2. As children are using bathroom, several childcare staff stay behind to set up snack

Activity: Transportation Skits (6:55 – 7:10)

Materials: Chart paper, chart markers, list of community people/places from before

1. Gather children in a circle around easel and list of people and places
 - Before snack we talked about all the people and places in our community, and about why communities need transportation. Ask children to re-explain why transportation is important in a community (it helps us get to the people and places we need/love).
2. Skits: What Went Wrong?

- Explain childcare staff will be doing some skits: in each skit there will be a problem. Children need to name the problem, and how transportation could have changed the situation
 - After each 1-minute skit, have children turn and talk to partner about what they saw for 30 seconds, then share out what they think the problem is, and how transportation could have helped
 - Skits:
 - Mom and kid driving to school—car breaks down on the way, kid cannot get to school
 - Parents are sick—child cannot get to doctor appointment
 - Friend’s birthday party on the weekend—bus is not running
3. Debrief:
- What happens when we DON'T have transportation? (what can you not do? How do you feel?)
 - Connect what children say to health, safety, and happiness

Activity: Community Mural (7:10 – 7:50)

Materials: Chart paper, chart markers, mural, crayons for each group

1. Explain/model mural activity (8 minutes):
 - We’ve talked about the people and places in our communities, and why our communities need transportation to be happy, safe, and healthy. We've talked about how we want our communities to feel and work—now we are going to make our very own happy, healthy, safe community all together!
 - We are going to make a big huge map of our community—this map needs to show all the places and people in our community, and how people are able to get where they need to go
 - Model thinking through all the things that need to go on map, make list:
 - People/animals
 - Houses
 - Other buildings
 - Roads/sidewalks
 - Transportation vehicles
 - Fun/trees/parks
 - Model making own map, adding in these things (houses, school, parks, etc., connecting with roads and sidewalks, adding in vehicles/people)
 - You’ll be working in 6 groups—you'll have 20 minutes to work in your groups on your map (remind kids to “stay in their lane,” be polite, work together)
 - Break children into six groups—assign a group to each item on the above list (one childcare staff person supervising each group)
 - Questions?
2. Mural Activity (20 minutes)
 - Each group of kids get pencils, crayons, erasers
 - Supervisors make sure each group is playing nice, working together, only working on their specific item (houses, roads, etc.)
 - “Are we creating a safe, fun, healthy community for everyone?”
 - 5-minute warning at 7:38—start cleaning up! When you are all cleaned up, come back to circle
3. Mural Admiration (TAKE PICTURE) (5 minutes)

- Take some time looking at mural as a group, each group shares what they did
- Congratulate everyone on what they've made!
- Explain that we are going to go up and present to the adults, ask if some kids could share what we did tonight
- Kids gather things, adults take poster upstairs, lead kids upstairs



Materials:

- Children's books
- Activity pages/coloring pages
- Crayons/colored pencils/markers
- Pencils and erasers
- Chart markers
- Big sticky note paper
- Easel
- Masking tape
- Scotch tape
- Name tags for childcare staff
- Kids Café sign-in sheet
- Phone
- Mural paper
- Snacks
- Hand sanitizer
- Paper towels