



Action Plan - March 2023



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Cottonwood, Inc.

Douglas County, KS

East Topeka Senior Center

Jayhawk Area Agency on Aging

Kansas Department of Transportation

Kansas Department of Health & Environment

Kansas Mobility Management Program

City of Lawrence, KS

Lawrence Presbyterian Manor

Lawrence Transit

Papan's Landing Senior Center

Senior Resource Center for Douglas County

TARC, Inc.

Topeka LULAC Senior Center

Topeka Metro

Topeka Presbyterian Manor

Urban Corridor Coordinated Transit Council (CTD #1)

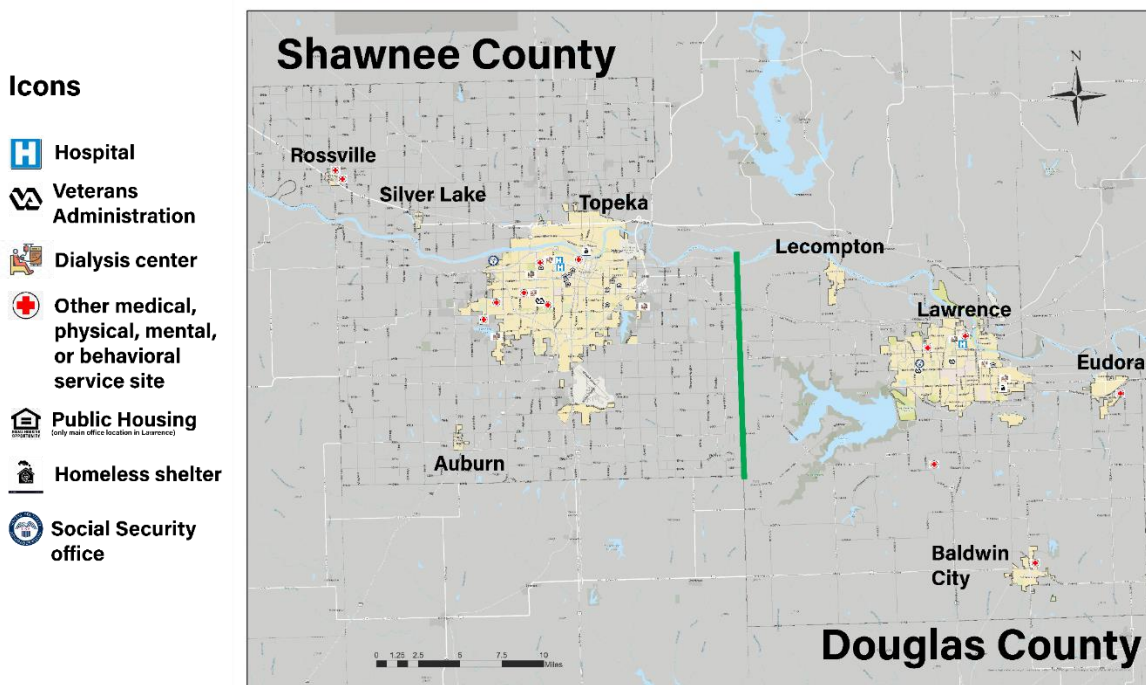
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Introduction

The Douglas County/Shawnee County region of Kansas is home to an array of regional hospitals, medical centers, universities, doctors' offices, pharmacies, and other providers that offer exceptional medical service to their patients. The region is also home to twelve public transportation operators in the Kansas Department of Transportation's Public Transit Program, including two major operators (one each in Topeka and Lawrence, KS).

The region's population is slightly under 300,000, but a good deal of those residents live in areas that are not currently served by public transportation due to service area boundaries, rural access, times and days of service, location of doctors' offices, or other limiting factors (see map, below, as reference).



The SRC for Douglas County (a 5310 provider in Lawrence) and the Kansas Mobility Management programs, along with a dozen existing collaborating agencies, jointly applied for technical assistance under the NADTC's Coordination Coalition Team call for projects.

Our aim was to develop a service model (and supporting educational and marketing materials) that could fill in the gaps for older adults and people with disabilities to ensure they have a way to get to and from medical (and other health-related activities) that is affordable, accessible, and crosses existing boundaries.

We participated in a 2-day workshop, facilitated by NADTC staff, to build and strengthen our Coalition workgroup and develop an Action Plan that K-CART can use as a foundation for improving local transportation options. Our Coalition also received ongoing monthly check-ins with NADTC staff and intensive technical assistance.

This document is a record of our work, plans, and action steps to move our Coalition work to the next stage.

Our process

The stakeholder members (hereafter the K-CART Coalition, or Coalition) began the process with a concerted effort in defining our mission statement, the ultimate goal of our work, and the lenses through which we planned to view the great need for additional medical transportation options that cross current boundaries.

Mission Statement: Providing all Kansans with affordable, equitable, inclusive, and accessible transportation.

| Focus areas | Reasoning |
|------------------------|--|
| Coordination | This task has been attempted before (a few times) by various handfults of agencies, but their efforts always came up against roadblocks they could not tackle with their existing staff levels. |
| Funding | Staffing, vehicle purchase and usage, trip purpose and service areas are all tied tightly to various federal, state, and local funding sources. It has been difficult to establish cooperative funding streams to accomplish these goals. |
| Branding and Promotion | Few people in our region can distinguish one 5310 service provider's program/vehicle from another. As group of mostly smaller agencies, having a common purpose, elevator speech, and publicity materials for outreach and funding will add credibility to all individual participants' efforts. |

Work began by identifying current impediments to making the K-CART model work. Participants worked in small groups to identify issues in a variety of categories that included funding, service provision, regional/statewide coordination, staffing and fleet issues, and barriers to regional coordination.

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| Low city/county support |
| Ongoing funding sources not identified |
| 5310 bus funding, mixed fleet |
| Cost of trip varies by provider |
| Affordability of trips |
| No weekend service |
| Driver shortages |
| Bilingual services needed |
| On-demand options need more flexibility |
| Doctor choice on transit option |
| Driver capacity |
| Lack of CDLs for larger vehicles |
| Funds restricted by city/county |
| Updating the KSRIDES website |
| Need a common platform, trip planning |
| Service area boundaries, limitations |
| Identify funding sources, eligibility |
| Long distance medical trips |
| Crossing county lines |
| Coordinate scheduling with med facility |
| Drivers paid more in private sector |

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|---|
| How to harness tech for small providers |
| Aging vehicle fleet |
| Vehicles, procurement & maintenance takes longer |
| City/city & county/county trips |
| Lack of centralized communication |
| Difficult to schedule multi-day trips, NEMT |
| Coordinate 5310/5311 buses at regional transit hubs |
| Transit providers don't share vehicles |
| Varying fare payment/fare, per provider |
| Need a shared vision that all agencies agree to |
| Gain public support |
| No cooperative coordination |
| Knowing who to contact for info |
| Providers do not split trips |

Using the Coordination Committee Toolkit

The Coalition based our work plan on components of the framework developed by NADTC's [Coordination Committee Toolkit](#) with specific emphasis on the following components:

Getting Ready

- Needs Assessment, Readiness Assessment, and Environmental Scan
- Stakeholder and Community Asset Mapping

Growing the Table

- Process Equity
- Communication and Messaging

Organization and Planning

- Vision and Mission Statements
- Goals, Objectives, and Action Plans
- Structure of the Coordinating Committee

Timeline

We then developed the following work schedule:

Sep 2022

- Meeting launch – 2-day, in-person intensive

Oct 2022 – Feb 2023

- Coalition progress reports, celebrations, & next steps (monthly, Zoom)
- Sub-committee work groups (weekly, or as needed, Zoom)

Feb 2023

- Final draft action plan and group review of publications (Zoom)

Mar 2023

- Workshop day to review mock-ups for marketing, elevator speech development, develop and review final documents, make revisions, and prepare for project reporting (once, in-person and via Zoom) **this was an 'extra' session for us*
- Presentation of findings, plan, outreach materials (in-person and Zoom)

Healthcare Engagement Plan

Lack of access to transportation can adversely affect overall health. Missing regularly scheduled appointments inhibits the healing process and may even increase the incidence of repeat hospital admissions. K-CART members will strengthen collaboration among transportation and social/medical providers to combat these issues and increase the health and well-being of older adults and people with disabilities.

In the medical field, a Continuum of Care Team includes hospital leadership, social workers, nurses, and providers. They work with specialized areas across the health system to understand each patient's care needs and support community partners in meeting those needs. Their input will be invaluable in the Coalition's work as we conduct outreach and education efforts, and their knowledge and experience will better inform the ways that transit providers assist their riders. We believe that by transportation better supporting the medical providers that take care of our riders, a better quality of life for patients and improved scheduling and staffing efficiencies will both come to fruition.

Part I: Develop a list of contacts for stakeholder groups

- Case managers
- Discharge planners
- Social workers
- Directors of Nursing
- Directors of Education
- Physicians
- Others as needed

- A. Schedule meetings with hospital leadership
 - a. Discuss interest in public transportation
 - b. Share resource ideas, brochures, and marketing materials

- B. Determine needs
- C. Discuss potential solutions
- D. Develop a plan for moving forward
- E. Develop a medical staff education program around public transportation
 - a. Relevant stakeholders
 - b. Planning team
 - c. Financial contributors
- F. Data Collection and Sharing
- G. Surveys and information
- H. Develop educational program strategy
 - a. Who to talk to
 - b. What to talk about and when
 - c. Options – include hours, levels of transportation services available
 - d. Who to contact
- I. Determine types of programs
 - a. Videos
 - b. Lunch and Learns, etc.
 - c. Targeted media – email, newsletter articles, message boards, etc.
- J. Create program materials (PowerPoints, brochures, flyers, posters, postcards, magnets, giveaways, etc.)
- K. Determine timeline and schedule for groups and departments
- L. Develop ongoing education plan
 - a. Can medical offices do this internally after initial outreach?

Part II: Develop a transportation coordination initiative

- Bring in relevant stakeholders
- Planning team
- Financial contributors
- Political actors
- Additional coalition building as needed

- A. Data Collection and Sharing
- B. Determine Surveys and information needed
- C. Draft potential solutions
- D. Define Coalition members' roles and responsibilities
 - a. Identify potential funding sources
 - b. Identify current agency parameters
 - c. Build consensus for most prioritized solution option
- E. Develop strategies and steps for implementation
- F. Develop marketing materials
- G. Determine timeline and schedule for implementation steps

Marketing and Outreach

Having a consistent message that all Coalition members can use when promoting K-CART to elected officials, funders, and program participants will be key to ensuring that we are all sharing the same set of information across the region. We also believe that it will take some of the pressure off members in trying to get the conversation started as they promote our work. As such, we developed the following statements, printed on a small, wallet-sized card for easy reference.

Vision Statement

providing all Kansans with affordable, equitable, inclusive, and accessible transportation

Elevator Pitch

The Kansas Coalition for Accessible Regional Transportation (K-CART) is developing new solutions to provide all Kansans with affordable, equitable, inclusive, and accessible medical transportation options by removing barriers to service and increasing quality of life standards.

We are a cross-section of professionals from various industries, collaborating to make statewide access to healthcare transportation a reality, especially for older adults and people with disabilities.

A Pilot Program will begin in Douglas & Shawnee Counties in 2023-24, with potential for replication across the state. We are hopeful that we can count on your support of the Coalition's work, and would be glad to have you along for the ride!

For more information, please visit www.ksrides.org/k-cart/.

(pronounced: w w w dot k s rides dot org forward slash k dash c a r t)

Appendix A - Supporting Plans and Documents

Federal

Coordinating Council on Access and Mobility (CCAM)

<https://www.transit.dot.gov/regulations-and-programs/access/ccam/about/2023-2026-coordinating-council-access-and-mobility>

CCAM Strategic Plan (2019-2022)

<https://www.transit.dot.gov/sites/fta.dot.gov/files/2021-04/ccam-strategic-plan-2019-2022.pdf>

Federal Transit Administration Final Guidance Circulars

<https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/final-circulars>

State

KDOT Statewide Coordinated Public Transit-Human Service Transportation (Coordinated) Plan Executive Summary

https://www.ksdot.gov/Assets/wwwksdotorg/bureaus/burTransPlan/pubtrans/Statewide_Executive_Summary.pdf

KDOT Coordinated Plan, CTD #1: Urban Corridor

https://www.ksdot.gov/Assets/wwwksdotorg/bureaus/burTransPlan/pubtrans/CTD_1_Urban_Corridor.pdf

KDOT Access, Innovation, and Collaboration (AIC) Program

https://www.ksdot.gov/Assets/wwwksdotorg/bureaus/burTransPlan/pubtrans/2021%20Call%20for%20Projects%20Brochure_2021-3-3.pdf

KDOT Transportation Alternatives Program

<https://www.ksdot.gov/bureaus/burtransplan/TransAlt.asp>

KDOT Statewide Active Transportation Plan

https://www.ksdot.gov/Assets/wwwksdotorg/KansasATP/documents/Kansas_Active_Transportation_Plan.pdf

Metropolitan Planning Organizations

Lawrence-Douglas County (L-DC) MPO Transportation 2050 Plan

<https://assets.lawrenceks.org/mpo/T2050/T2050.pdf>

L-DC MPO Coordinated Plan for Douglas County (2016)

<https://assets.lawrenceks.org/mpo/rtac/2016-CPT-HSTP.pdf>

L-DC MPO Fixed Route Transit & Pedestrian Accessibility Study

<https://assets.lawrenceks.org/mpo/study/reports/transit.pdf>

Metropolitan Topeka Planning Organization (MTPO) Futures2045 Plan

<https://cot-wp-uploads.s3.amazonaws.com/wp-content/uploads/mtpo/Futures2045.pdf>

County

Lawrence-Douglas County Planning Commission Plan 2040

<https://assets.lawrenceks.org/pds/planning/plan-2040/Plan-2040.pdf>

Shawnee County Comprehensive Plan

[https://www.snco.us/planning/document/snco_comp_plan_final_DR_AFT_\(FINAL%2010.15.18\).pdf](https://www.snco.us/planning/document/snco_comp_plan_final_DR_AFT_(FINAL%2010.15.18).pdf)

Local

Lawrence Transit Comprehensive Operational Analysis

<https://lawrencetransit.org/wp-content/uploads/2020/05/COA-FinalReport.pdf>

City of Topeka Pedestrian Master Plan

https://s3.amazonaws.com/cot-wp-uploads/wp-content/uploads/planning/PedPlan/2016%20pedplan%20Final_No%20Appendices.pdf

Topeka Metro Long Range Master Plan

<https://cot-wp-uploads.s3.amazonaws.com/wp-content/uploads/mtpo/TMetroLRTP.pdf>

Appendix B – Potential funding/training opportunities

Funding

Credit card/travel rewards programs

<https://www.nerdwallet.com/article/travel/donate-credit-card-points-miles-cash-back-charity>

Certain programs allow cardholder to donate their unused loyalty points to charity (such as airline programs, cash back, etc.).

Dillon's grocery stores

https://www.dillons.com/asset/dillons_online_enroll

Donates a portion of eligible purchase prices to your chosen charity.

GoTopeka/JEDO

Business Resource Development: Local Incentives, expansion

<https://www.gotopeka.com/incentives/>

Free or reduced land; Assistance with infrastructure; Cash grants for capital investment; Neighborhood Revitalization programs; Downtown Redevelopment Grant.

Jayhawk Area Agency on Aging

Older Americans Act Title III-B Transportation Services

<https://www.jhawkaaa.org/>

Eligible both as a direct reimbursement of trips as well as a federal fund braid to other FTA and state dollars.

Kansas Health Foundation

various programs throughout the year

<https://kansashealth.org/opportunities/>

Kansas Department of Transportation

www.ksdot.org

Projects related to public transportation, such as the Transportation Alternatives (TA); Access Innovation and Collaboration (AIC); and 5339 Bus and Bus facilities programs.

Topeka Community Foundation

Healthy Lifestyles Grant

<https://www.topekacommunityfoundation.org/grants/greatertopekafund/>

to provide funding for a limited launch of an innovative transportation solution that provides the target population improved access to health care services.

Walmart

Local Community Grant Program

<http://giving.walmart.com/walmart-foundation/community-grant-program>

Possible focus areas for this opportunity are health and human services, quality of life, education, and community and economic development.

Training

Kansas Rural Transportation Technical Assistance Program (KS-RTAP)

<https://kutc.ku.edu/kansas-rtap>

Kansas Mobility Management

<https://ksrides.org/>

FTA Technical Assistance Centers

<https://www.transit.dot.gov/funding/grants/fta-sponsored-technical-assistance-centers>

National Center for Applied Transit Technology (N-CATT)

National Center for Mobility Management (NCMM)

National Aging and Disability Transportation Center (NADTC)

National Rural Transportation Technical Assistance Program (N-RTAP)

Mobility Innovation Technical Assistance Center (MI-TAC)

Public Transportation Agency Safety Plan (PTASP) Technical Assistance Center (TAC)

Transit Workforce Development Technical Assistance Center (TWC)

Appendix C – Lessons learned

Over time, the Coalition learned how to ensure that it will be a success without “burn out” or recreating the wheel. However, it took some setbacks to realize how to change these weaknesses into program strengths. Here are a few of our greatest lessons learned:

Be mindful of scope creep

As discussions progress, the project can swell into something so large that it seems insurmountable. This might make some feel discouraged, so do your best to keep the scope reined in.

Develop contacts strategically

Whenever possible, reach out to the contact with the most access to the necessary participants for your outreach campaign. For example, the Director of Nursing and not your sister’s friend Mary who is a nurse at your local hospital.

Baby steps are good

Do not try to tackle the entire problem straight out of the gate. Progress and small successes help build morale, support, and legitimacy, and they are not as taxing for coalition members to handle.

Be honest about time constraints

Public outreach and engagement take time. So do setting up contacts and researching potential funding sources. You will all be doing this on top of your current responsibilities. Make sure you know what members are getting themselves into, and do not overcommit.