

**Central East Local Health Integration Network**

**ASSISTED TRANSPORTATION  
IN SCARBOROUGH**

**PRELIMINARY PLANNING PROJECT**

**May 2009**

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# EXECUTIVE SUMMARY

## ***Purpose and Participants***

The purpose of this project is to support the community based agencies in Scarborough to provide effective and efficient assisted transportation services by maximizing their impact within the context of the broader health system and its population based needs, the challenges that the provider agencies are facing, and in concert with the evolution of the larger regional transportation system. This preliminary planning phase:

- Describes the existing assisted transportation services in relation to population based need;
- Identifies current strengths and challenges of the programs;
- Identifies service gaps;
- Suggests options for future collaboration and service development within the CE LHIN transportation system as a whole.
- Includes a review of the Aging at Home Strategy proposal.

The community agencies that participated in the project were Scarborough Support Services, Carefirst Seniors and Community Association, St. Paul's L'Amoreaux Centre, West Hill Community Services, Yee Hong Centre, Warden Woods Community Centre, and Momiji Health Care Society.

## ***Description of Services***

Between 2004/05 and 2007/08, there was an overall increase of approximately 20% in the number of people serviced. The total units of service provided however<sup>1</sup> increased by 44% over the same period. There appear to be no geographic areas in Scarborough for which assisted transportation services are not available.

## ***Program Strengths***

Although they are provided by unique and independent agencies, the assisted transportation services all have the same strengths, namely that they are:

- Part of a comprehensive system of wrap-around support services designed to seamlessly meet the needs of people living in the community;
- An alternative means of transportation for people who cannot use other transportation;
- Adaptable and responsive to meet individual client needs;
- Sensitive to the cultural and language needs of the populations they serve;
- Routinely including agency-provided escorts to assist clients with mobility, language or cognitive support;
- Incorporating shared drives to increase capacity when it is appropriate with respect to client confidentiality; and
- Providing client cost subsidies if individual clients require financial assistance, so that cost is not a barrier to accessing transportation services.

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<sup>1</sup> One unit is equivalent to a one-way drive. A round trip would be 2 units.

### **Service Gaps**

- Services are only available during regular business hours, both for trips and scheduling. This is an issue because there appears to be an increasing need for medical related trips outside of business hours to accommodate extended hours for diagnostic procedures and start times for day surgery.
- Transportation programs have a limited ability to provide transportation to destinations outside of Scarborough.
- Requests for service that do not provide enough lead time, are generally not met because of the coordination that is involved in scheduling the ride. This is becoming increasingly a problem for access to medical services because clients may be offered 'last minute' appointments if there are cancellations or appointment times might be changed.
- A lack of awareness of the existing programs, in particular for some cultural groups, is a concern. There is a concern that some people may be 'falling through the cracks' because of this, and because if they are unable to receive transportation services for a logistical reason they will not ask for assistance from other agency programs.



### **Other Selected Program Challenges**

- Service capacity is a significant issue for all of the transportation programs. Anecdotally, they all estimate that they are at their capacity. Several of the programs, that provided their transportation program cost and revenue figures, demonstrate that their transportation programs are running a significant deficit. This means that money to fund transportation service is either taken from other operational areas or secured through fundraising. With either option, the opportunity cost is high in terms of agency resources.
- A decreasing availability of reliable volunteers is a growing issue, which is resulting in a trend toward paid drivers and owned fleet vehicles for more transportation services. This means that the trend is toward a more costly model of assisted transportation.
- Although the program charges to clients do not appear high they may be unaffordable for some low income seniors, particularly if they require frequent drives. All of the programs have a subsidy component built in, however the funding for their subsidies comes from different sources. The variation in cost is enough to introduce significant affordability differences between programs.

### **Opportunities for Improvement**

The following table suggests the key directions in which the Scarborough Transportation services can proceed to address the gaps and challenges that they have identified.

Key Direction	Activity	Addresses Gap in Service
Collaboration	Scheduling	✓
	Outreach Strategy	✓
	Recruitment and Training of Volunteers	
	Coordinate shared rides to reduce waiting times and empty trips	
	Fleet management including an Evergreening Plan	
	Assess risk management practices related to clients transportation, and in particular for safe transportation of dialysis clients.	
	Longer distance requests	✓

Key Direction	Activity	Addresses Gap in Service
	Look for costs to reduce through volume, for example, insurance costs.	
	Policy and Procedure development to both standardize processes and enhance service collaboration opportunities	
	Team-building between transportation service providers.	
<b>Standardization</b>	Establish a common vision for transportation services throughout Scarborough.	
	Develop Scarborough-wide Measures of Success to form a basis for program evaluation.	
	Clarify and enable inclusive eligibility criteria.	
	Assess current services against the Accessibility standards.	
	Policies and procedures	
	Work toward adequate and equitable resourcing by identifying and standardizing the collection of meaningful utilization and cost information for transportation services.	
	Explore means to reduce the burden of fundraising to supplement transportation programming.	
	Cost to clients for comparable trips	
	Volunteer training	
	Risk Management Practices	
<b>Service Development</b>	Collaborative strategic plan to address program growth to match growing projected population need	
	After-hours transportation needs and response to shorter notice requests	

### ***Aging At Home Strategy***

An important addition to the project is a 1 FTE Transportation Project Coordinator to provide both neutral leadership and support for the project. This position would support the provider agencies to come together to work on the issues that have been set out before them by:

- Assuming responsibility for any multi-agency initiatives that address the growth issues and challenges in the system;
- Developing a complementary and collaborative transportation program infrastructure;
- Managing the project on a day to day basis, including supervision of other project staff; and
- Establishing evaluation criteria to measure the success of the project and of the system of assisted transportation services in Scarborough.

# **Assisted Transportation Services in Scarborough**

## **Preliminary Planning Project April, 2009**

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### **1. INTRODUCTION**

#### **1.1 BACKGROUND**

Three significant factors have converged as the impetus for this project:

- Seamless care for seniors has been identified as a priority in the Central East Local Health Integration Network (CE LHIN), and consequently the LHIN has formed a Seamless Care for Seniors Network to ensure that issues concerning the provision of health care for seniors are addressed.
- In August of 2007 the provincial government announced its Aging at Home Strategy in recognition that there will be a growing number of seniors in the province as the baby boomers age, that seniors prefer to stay in their own homes as they age, and that enabling strategies will need to be developed to overcome the barriers to staying at home that currently exist.
- Scarborough is home to a significant number of seniors for whom English is not their first language, and who therefore need an array of supports to access appropriate healthy and health support services. To address this need, a number of agencies provide assisted transportation services in the Scarborough area. It is important that the roles of these multiple services be understood so that services in Scarborough can be optimally supported by the CE LHIN to meet the needs that exist.

#### **1.2 PARTICIPATING AGENCIES**

In the winter of 2009, the CE LHIN initiated this project to begin looking at issues related to assisted transportation in Scarborough. The five community agencies that were initially identified as participants in the project were:

- Scarborough Support Services
- Carefirst Seniors and Community Association
- St. Paul's L'Amoreaux Centre
- West Hill Community Services
- Taibu Community Health Centre

These organizations are all independent not-for-profit agencies that are funded primarily by the Ministry of Health and Long-Term Care through the CE LHIN and governed by community based boards of directors. They provide assisted transportation services as one of a range of home support services.

Other organizations that have participated in the project, and that also provide assisted transportation services are:

- Yee Hong Centre
- Warden Woods Community Centre
- Momiji Health Care Society

Providence Health Centre and Taibu Community Health Centre attended an initial meeting of the project group, but did not participate subsequently.

### **1.3 GOAL OF THE PROJECT**

The overriding goal of this project is to support access to health and health support services by people in Scarborough who require assistance with transportation.

With this broader goal in mind, the purpose of this project is to support the community based agencies to provide effective and efficient assisted transportation services; and to maximize their impact within the context of the broader health system and its population based needs, the challenges that the provider agencies are facing, and in concert with the evolution of the larger regional transportation system.

To achieve this goal, it is necessary to understand the system of assisted transportation that has evolved over time in Scarborough, and is currently funded by the CE LHIN.

This preliminary planning phase:

- Describes the existing assisted transportation services in relation to population based need;
- Identifies current strengths and challenges of the programs;
- Identifies service gaps;
- Identifies options for future collaboration and service development
- Reviews the Aging at Home Strategy proposal for which funding was announced in May, 2009.

## 1.4 ASSISTED TRANSPORTATION

For the purposes of this project, the transportation services that are funded in Scarborough by the CE LHIN are referred to as assisted transportation in order to differentiate them from other transportation services in Scarborough. A defining feature of these transportation services is that they take into consideration the client's individual needs.

Historically, and for the most part, it is provided for senior citizens. Because it is part of the "wrap-around" services provided by the agencies, transportation users must be assessed and accepted as clients of the agency. Often transportation services are provided to ensure access to other agency services. Alternately, transportation may be a first, or 'gateway' service, to begin making home support services available as people need them.

Assisted transportation may be provided because people have a:

- Disability or a health concern which may or may not be age related, and prevents them from being able to use other transportation services,
- Need for functional support, for example with translation.

It is important to understand the complex context within which these assisted transportation services are provided and that the multiple needs that are being captured through the concept of assisted transportation are understood.

## 1.5 AGING AT HOME STRATEGY

It was projected in November 2007 that the senior's population in Ontario would double in the next sixteen years. The Aging at Home Strategy was introduced in 2007 to enable the development of a comprehensive, and community based system that will support this population boom.

The Aging at Home Strategy has four goals<sup>2</sup>, namely to:

- Ensure that seniors' homes support them,
- Create supportive social environments,
- Ensure access to a flexible continuum of services and supports. Specifically, this goal focuses on the provision of a comprehensive mix of services, and transportation services, and
- Identify innovative solutions to keep seniors healthy.

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<sup>2</sup> *Aging at Home: allowing seniors to live safely at home with dignity and independence. Public Overview.* November 2007. [www.lhins.on.ca](http://www.lhins.on.ca)

The purpose of these goals is to 'provide new opportunities....to better serve the province's culturally diverse populations and increase equity and access for all Ontario's seniors'.

A collaborative proposal was submitted for Year Two funding to the CE LHIN for a Scarborough Ride Program, its purpose being to enhance access to transportation services for seniors. \$300,000.00 was awarded to the Scarborough Ride project in May of 2009. This preliminary planning project makes recommendations for how the collaborative transportation work of the engaged organizations in Scarborough can be supported through the Scarborough Ride project.

## **1.6 THE PLANNING PROCESS**

### **Methodology**

#### ***Process***

This project consisted of three primary processes. They involved:

- Completion of a questionnaire by the participating agencies that included the compilation of utilization information as well as other quantitative reviews;
- Comparison of assisted transportation policies and procedures that were submitted for review;
- A round table discussion in April, 2009.

#### ***Analysis***

The information that has been gathered is a combination of qualitative and quantitative. At times, estimates have been made to facilitate comparisons. It is primarily focused on describing the existing services. However the analysis in this document extends to the implications of these steps for the Aging at Home project (Scarborough Ride) with Westhill Community Services as the lead agency.

#### ***Limitations***

All of the agencies that provide assisted transportation in Scarborough have not participated to the same degree in this review process. Their participation is summarized in Table 1. This project therefore needs to be viewed as a preliminary effort to encourage the agencies in Scarborough that are funded to provide assisted transportation to engage more fully in collaborative processes that are initiated by the CE LHIN.

Table 1. Project Participation

Agency	Participation		
	Utilization Questionnaire	Transportation Policies and Procedures	Round Table Discussion
Carefirst Seniors and Community Assoc.	✓	✓	✓
Momiji Health Care Society	✓		✓
Providence Health Centre			
Scarborough Support Services	✓ (partial)	✓	✓
St. Paul's L'Amoreaux Centre Centre	✓	✓	✓
Talibu CHC			
Warden Woods Community Centre		✓	✓
Westhill Community Services	✓	✓	✓
Yee Hong Centre for Geriatric Care	✓	✓	✓

## 2. ASSISTED TRANSPORTATION SERVICES IN SCARBOROUGH

### 2.1 POPULATION-BASED NEED<sup>3</sup>

#### Seniors' Population in Scarborough

Table 2 shows the total seniors population and relative percentages as the population ages in the Scarborough catchment area (2001).

Over the 15 year timeframe of the CE LHIN's environmental scan the seniors population is expected to increase by approximately 50% in the LHIN as a whole, while numbers in the over 85 age group will increase by over 90%. This is significant because 'utilization of health care resources increases exponentially

<sup>3</sup> The following descriptions were taken from the Integrated Health Services Plan and the related Environmental Scan completed by the CE LHIN in November 2006.

with age<sup>4</sup>. It also indicates that the demand for assisted transportation services for seniors can be expected to at least double between 2001 and 2016, all other things being equal.

It therefore raises the question of whether or not there is adequate growth capacity in the current system to effectively accommodate this increase in demand; and if there is not, what efficiencies can be gained to maximize existing resources.

**Table 2. Population of Seniors in Scarborough**

Geographic Catchment Area	Total pop >65 (2001)	% pop >65 (2001)	% pop >75 (2001)	% pop >85 (2001)
Scarborough Agincourt Rouge	31,310	12%	6.0% (16,329)	1.4% (3,810)
Scarborough Cliffs Centre	40,280	14%	6.0% (17,388)	1.4% (4,057)
Total Scarborough	71,590	xxxxxxx	33,700	7,800
CE LHIN Growth Projections (2001-2016)		47.5%	43.9%	91.3%

The CE LHIN IHSP has identified Scarborough Agincourt Rouge as having the highest percentage of the population in the LHIN with no knowledge of French or English, and the highest percentage of immigrant population (61.7%). The recent immigrant population is 12% as compared to 6% in the rest of the LHIN.

Similarly Scarborough Cliffs Centre has the highest percentage of recent immigrants (12.3%), with 50% of the population being immigrants. Scarborough Cliffs Centre also has the highest percentage of low income population (24.7%).

Service providers described Scarborough as being a transitional population in which new immigrants chose to settle because of the large number of rental units available. This means that for seniors they have no natural friendship networks, which means they will be more dependent on the community support services provided by the CE LHIN agencies. The high population of immigrants coupled with the lowest percentage of people who have English or French as their mother tongue in Scarborough Agincourt (46%) confirms the need for language assistance for many seniors in Scarborough.

## **Directions from Seniors in the CE LHIN**

Direction for looking forward needs to be taken from this advice that seniors in the CE LHIN<sup>5</sup> gave in the development of the Integrated Health Services Plan: Engaged Communities, Healthy Communities 2006:

<sup>4</sup> Pg. 31. CE LHIN Integrated Health Services Plan, 2006.

<sup>5</sup> pg 35. CE LHIN Integrated Health Services Plan 2006

- Take a coordinated approach to providing services.
- Improve access to primary care, and transportation options for improved access to services.
- Focus more on wellness, giving people the means to create their own relevant health care solutions.
- Encourage best practices.

## **2.2 SCARBOROUGH ASSISTED TRANSPORTATION SERVICES**

This section describes the assisted transportation services that are currently provided in Scarborough, and presents the issues that have been identified by them.

### **Service Description**

#### ***General***

Clients who receive assisted transportation in Scarborough are assessed by the community support agency and, if they are eligible, they are admitted as a client of the organization. This allows them to benefit from all of the services provided by the agency, depending on their need. Often the transportation service is a “gateway” to other needed services that people may not be ready to use.

All agencies use agency owned vehicles, and a combination of paid and volunteer drivers. All of the agencies provide escorts. The drivers who use their own vehicles are reimbursed at a set mileage rate which is paid by the agency to the driver. Client fees are paid by the client to the agency.

#### ***Catchment Area***

Some of the agencies have defined their pick-up areas, and delivery areas differently. This means that they may limit the geographic area in which they pick up, but have a wider range of acceptable destinations. Each of the agencies has identified a specific targeted geographic area that they primarily serve for pick-ups. Although none of the agencies appear to service all of Scarborough, when the catchment areas are looked at as a system, there appear to be no geographic areas in Scarborough for which assisted transportation services are not available.

#### ***Utilization***

In 2007/08, the total number of individuals served by the transportation programs<sup>6</sup> was 3,231. This is an overall increase of approximately 20% from 2004/05. Most of this increase is attributable to the doubling of population clients by Carefirst

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<sup>6</sup> This does not include numbers served by Warden Woods or Taibu. Numbers used for Momiji are 2008/09, however they have been included so that this utilization is included. Utilization information is presented in Table 2.3 in Appendix Two.

Seniors and Westhill Community Services over this period. The total units of service provided however<sup>7</sup> has increased by 44% over the same period, indicating that the clients using the service are using it more than three years ago.

The majority of users (an estimated 80-100%, depending on the program) are seniors. Commonly, nearly half of the agency drives are to provide access to day programs, while less than 15% (with the exception of Westhill) are to drive people to medical appointments. All of the programs provide a substantial number of drives for social visits, which is clearly an important factor in assisting seniors to remain healthy and live independently.

### ***Access to Medical Services***

Assisted transportation is the crucial linkage that enables people living in their own homes to access the medical and health support services they need. Nearly 1/3 of the drives provided by Westhill and Momiji are for medical reasons. Yee Hong uses its transportation services primarily to transport people to and from its Day Program. Medical trips constitute 12-15% of the transportation work of the other programs.

In 2007/08, this totalled the equivalent of nearly 9,000 round trips (17,608 units), which can be averaged to 35 medical trips per day (based on 250 working days/year). Not surprisingly, the 16% of medical drives that were outside of Scarborough, went to hospitals in other parts of Toronto. The most frequent reasons for medical trips, not necessarily in this order, were:

- Family physicians
- Specialists (eye and cardiac)
- Dialysis
- Physiotherapy and Rehabilitation
- Dentist

Other frequent destinations cited were for day surgery, chemotherapy, diagnostic tests, and psychiatric/mental health services.

### **Assisted Transportation Program Strengths**

Although they are provided by unique and independent agencies, the assisted transportation services that are provided all have the same strengths, namely that they are:

- Part of a comprehensive system of wrap-around support services designed to seamlessly meet the needs of people living in the community;

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<sup>7</sup> One unit is equivalent to a one-way drive. A round trip would be 2 units.

- An alternative means of transportation for people who cannot use other transportation;
- Adaptable and responsive to meet individual client needs;
- Sensitive to the cultural and language needs of the populations they serve;
- Routinely including agency-provided escorts to assist clients with mobility, language or cognitive support;
- Incorporating shared drives to increase capacity when it is appropriate with respect to client confidentiality; and
- Providing client cost subsidies if individual clients require financial assistance, so that cost is not a barrier to accessing transportation services.

**Client Centred Quality**

The Beverly Foundation, located in New Mexico, is a national U.S. foundation that focuses on mobility and transportation issues for older people. Its 2004 report, prepared in partnership with the AAA Foundation for Traffic Safety, identified several best practices. In a preliminary assessment, the Scarborough Assisted Transportation Services appear to demonstrate most of the best practices that fell within the scope of this project to assess.

Table 3. Best Practices in Scarborough Assisted Transportation Programs

BEST PRACTICE	DEMONSTRATED IN SCARBOROUGH PROGRAMS
High quality of the drivers (patient, friendly, caring, courtesy and on-time )	Not assessed
Customizing the service to meet clients needs	✓
Filling a gap in transportation	✓
Scheduling a volunteer companion as well as a driver	✓
Close working relationship with doctors' offices [and other agencies] to coordinate schedules	Not assessed.
Open door policy for eligibility	Eligibility criteria varies between agencies and reflects practical operating limitations
Reimbursing volunteers for mileage to keep overhead costs down	✓ (most)
Minimal demand on each volunteer to ease both recruitment and retention	Not assessed

Table 2.2 (Appendix Two) summarizes the information that has been received from the Scarborough agencies with respect to the client centred parameters of availability, accessibility, affordability, acceptability, and adaptability.<sup>8</sup>

<sup>8</sup> The Beverly Foundation has developed (2002) the 5 A's of Senior Friendly Transportation, namely Availability (can fulfill expectations); Accessibility (can provide assistance); Affordability (can meet financial needs); Acceptability (can satisfy preferences); and Adaptability (can offer flexible service).

## Assisted Transportation Program Challenges

### ***Availability and Accessibility***

Several challenges have been identified related to the availability and accessibility of transportation services, namely:

- Services are only available during regular business hours, both for trips and scheduling. This is an issue because there appears to be an increasing need for medical related trips outside of business hours to accommodate extended hours for diagnostic procedures and start times for day surgery. **(Service Gap)**
- A lack of awareness of the existing programs, in particular for some cultural groups, is a concern. There is a concern that some people may be 'falling through the cracks' because of this, and because if they are unable to receive transportation services for a logistical reason they will not ask for assistance from other agency programs. **(Service Gap)**
- Eligibility appears to be a gap that requires further assessment. The planning priorities for the CE LHIN focus on seniors, chronic disease prevention and management, and mental health and addictions. While these services appear to have historically developed to serve seniors, it may be important to assess whether or not adequate transportation services are available for people with mental health challenges who need assistance. **(Service Gap)**
- Although most of the agencies have wheelchair accessible vehicles in their fleet, Scarborough Support Services does not.

### ***Acceptability and Adaptability***

Challenges in being able to respond to clients changing needs, coupled with limited hours of service availability are leading to increased numbers of unmet requests, which have been estimated by one participating agency as being as high as 40%<sup>9</sup>. In particular:

- Transportation programs have a limited ability to provide transportation to destinations outside of Scarborough. Limiting the geographic area in which their programs will operate is one of the key means that the agencies have employed to maximize the funding they have available for transportation. **(Service Gap)**
- Requests for service that do not provide enough lead time, are generally not met because of the coordination that is involved in scheduling the ride. This is becoming increasingly a problem for access to medical services because clients may be offered 'last minute' appointments if there are cancellations or appointment times might be changed. Transportation programs do not have the flexibility to be able to accommodate these needs currently. **(Service Gap)**

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<sup>9</sup> Round table discussion, Scarborough, April 20, 2009.

### ***Affordability***

Although the program charges to clients do not appear high (Table 2.2 Appendix Two), the average cost ranges from \$6.00 to \$13.00 for a return trip with the minimum cost ranging from \$1.00 - \$4.00 per trip. These amounts may be unaffordable for some low income seniors, particularly if they require frequent drives. All of the programs have a subsidy component built in, however the funding for their subsidies comes from different sources. The variation in cost is enough to introduce significant affordability differences between programs.

### ***Capacity***

Service capacity is a significant issue for all of the transportation programs. Anecdotally, they all estimate that they are at their capacity. Several of the programs, that provided their transportation program cost and revenue figures, demonstrate that their transportation programs are running a significant deficit. This means that money to fund transportation service is either taken from other operational areas or secured through fundraising. With either option, the opportunity cost is high in terms of agency resources.

Clearly, assisted transportation is key to providing access to health services and the activities that are required to assist individuals to remain in their own homes as they age. If the seniors population is to double in Scarborough over the next sixteen years, there must be capacity in this system to respond to the needs of seniors for assisted transportation. There appears to be limited capacity for growth now, which also means that existing services are limited to make the best use of the available resources.

Further cost pressures are being experienced as related costs rise, in particular fuel, insurance, and the trend toward paid staff in place of volunteers. Providers acknowledge there are opportunities for increased integration and collaboration. Increased collaboration generally requires a cost to manage the system coordination.

### ***Sustainability***

Several factors impact on the sustainability of the assisted transportation programs.

- A decreasing availability of reliable volunteers is a growing issue, which is resulting in a trend toward paid drivers and owned fleet vehicles for more transportation services. This means that the trend is toward a more costly model of assisted transportation. Because of the immigrant population in Scarborough, a number of 'younger' seniors do not own vehicles that would allow them to be volunteer drivers. Existing volunteers are aging, reluctant to drive into Toronto or in bad weather, seeing an increasing disparity between their costs and what they are being reimbursed by the agencies, seeing an increasing cost for accident insurance. It is becoming increasingly difficult to recruit new volunteers because people are working longer and more, and

programs find that new volunteers tend to be more selective and less committed to their volunteer work. Recruiting volunteers has been identified as one of the biggest pressures on the transportation service.

- All of the agencies own fleet vehicles. By their nature, these vehicles will need to be replaced from time to time to ensure their reliability, safety and economy of operation. There is considerable variation between agencies for when vehicle replacement is projected. This has both cost and risk management implications. To ensure a timely, affordable and predictable turnover of appropriate vehicles, an evergreening plan needs to be developed and in place. Economies in vehicle purchasing, maintenance, and insurance may be achieved if this is a collaborative interagency plan.
- Subsidies for the transportation programs are derived from various sources which include CE LHIN funding and fundraising. There appears to be a need for a standardized approach to address both needed growth in program capacity, as well as an equitable approach to fund this growth in a manner that does not impact on other community support programs. This implies a need to continue to disengage transportation service cost, back office and information collection so that this service can both be funded optimally, and not siphon funding from other needed services.

### ***Operational Challenges and Risk Management***

In addition to the challenges identified these issues present challenges for the agencies and may impact on the quality of service available for clients. These are operational areas in which opportunities exist to support the agencies in their provision of service.

- Scheduling rides is both complex and time-consuming. This becomes more complex if trips are cancelled or changed. As much time may be spent in scheduling rides as the ride itself requires. Communication between volunteers and clients can be a problem if there are unexpected changes.
- Maintaining fleet vehicles is both time-consuming and costly. This challenge is coupled with a limited number of fleet vehicles.
- Achieving operational efficiencies is difficult with shared rides if waiting is involved. This can be a burden both on drivers and other clients.
- Volunteer translation services have inherent risks related to their reliability. This is exacerbated when volunteers are used to accompany clients to medical visits. Some agencies provide training for volunteers in medical terminology to attempt to address the need for accurate translation.
- Transporting clients post-dialysis involves transporting people who may be unstable physiologically, which introduces a higher risk for this group.

## 2.3 OTHER TRANSPORTATION INITIATIVES

### The Greater Toronto Area

#### ***Metrolinx Draft Regional Transportation Plan (September 2008)***

The Greater Toronto Transportation Authority Act (GTTA - 2006) resulted in the establishment of the Greater Toronto Transportation Authority which became Metrolinx in December 2007. It was given the mandate to 'develop and implement an integrated multi-modal transportation plan for the Greater Toronto and Hamilton area. The future vision for transportation in the GTHA is that it will be seamless, efficient, convenient, equitable and user-centred.

The first challenge for assisted transportation providers in Scarborough is how to link with this system when it is in the best interests of the clients, which it might be under some circumstances. The second challenge is to ensure that assisted transportation services are developed in a way that is complementary to the broader transportation system, and continues to fill a unique niche in the transportation system.

#### ***Central LHIN Transportation Project***

Because of the pivotal role that transportation plays in access to centralized health care services, and to enabling people to remain independent living in their own homes and communities, other LHINs in Ontario are also examining specialized transportation services in their catchment areas. This is currently happening in the Central LHIN, which includes Toronto and York Region, and therefore is contiguous with the CE LHIN.

The planning that is currently underway is involving the multiple providers of special needs transportation. These providers include representatives from Metrolinx, numerous non-profit organizations that provide services for seniors, TTC Wheel Trans, Regional transit and government, hospitals, and EMS.

The expected outcome of this planning is that there will be a coordination model selected and implemented in the Central LHIN catchment area, with one provider of the coordinated service. This is important to be aware of, not only as a model for the CE LHIN special transportation providers, but as an option for cross-border collaboration for clients who wish or need to travel to the Central LHIN for healthcare or social reasons.

The measures of success that the Central LHIN has identified as hallmarks of a coordinated transportation system to improve the health of the seniors' population are in Table 3<sup>10</sup>. They are consistent with the performance dimensions identified by the CE LHIN; namely that services will be safe, effective, person-centred,

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<sup>10</sup> Presentation by CE LHIN November 26, 2008 Planning Day.

accessible, efficient, equitable, integrated, appropriately resourced, and focused on population health.

Table 3 Central LHIN Seniors Transportation Measures of Success

LHIN Goals are to increase:	Identified Measures of Success in a Coordinated Transportation System
Access	<ul style="list-style-type: none"> <li>• Increased access for seniors to needed medical, social and recreational services</li> <li>• Continued support for the instrumental activities of daily living (banking, grocery shopping)</li> </ul>
Coordination	<ul style="list-style-type: none"> <li>• Easier for the client to find the right transportation service</li> </ul>
Quality	<ul style="list-style-type: none"> <li>• To ensure the service provided meets industry standards and the client's needs</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>• Resources (vehicles, staff, volunteers) are optimally utilized across the system</li> </ul>
Integration	<ul style="list-style-type: none"> <li>• Providers work together to increase service levels in the system and improve service to the client</li> </ul>

## 2.4 AGING AT HOME PROPOSAL

### ***Scarborough Ride: A Collaborative Proposal***

The transportation service providers in Scarborough have developed a collaborative proposal, and recently been awarded \$300,000.00 in Year 2 Aging at Home Strategy project funding. The proposal was titled ***Scarborough Ride: Enhancing Access to Transportation Services for Seniors.***

The goal of the project is to increase the existing transportation programs' capacity by:

- Addressing overflow and waiting lists of the transportation services in a coordinated manner,
- Linking seamlessly with the current Home at Last program to assist with transportation and followup with the services they require once they are at home;
- Extending service hours.

The proposal is projecting service to an additional 300 clients by providing approximately 2,500 one way trips. It is requesting:

- 1.0 FTE transportation coordinator to schedule rides;
- 2.0 FTE vehicle drivers to transport seniors; and
- a pool of 20 volunteers to be available as escorts and to provide translation as needed.

Additional expected benefits of the project include opportunities for:

- Strengthened working relationships between existing transportation providers; and
- Coordinated and standardized assisted transportation services in Scarborough, particularly with respect to fees and program policies, joint training sessions and utilization of volunteers.

The proposal also indicates that, in addition to seniors, it will service persons who are aboriginal, francophone, living in rural/remote and inner-urban areas, from other minority populations, LGBT, low-income or underemployed, and have a disability.

## **2.5 TRANSPORTATION PROGRAM POLICIES AND PROCEDURES**

Most of the participating agencies submitted their policies and procedures, that pertain to their transportation program, for review. A comprehensive comparative summary is in Table 5.1 of Appendix Five.

While all of the agencies have some policies and procedures to direct their transportation services, there is a great deal of variation between them. This is true both in terms of the number and type of policies they have. Combined however, the agencies have a very comprehensive range of policies and procedures.

The greatest need with respect to policy and procedure development may be to focus on risk management processes. Volunteer and staff training also appears to be a gap in policy.

Further policy and procedure development to ensure that all of the agencies are addressing the same relevant elements is the logical next step in this process. Using the combined existing policies and procedures as building blocks would make good use of the existing system strengths.

### 3. KEY DIRECTIONS FOR FUTURE WORK

#### 3.1 KEY DIRECTIONS


##### Opportunities for Improvement

Table 4 suggests the key directions in which the Scarborough Assisted Transportation Services can proceed to address the gaps and challenges that they have identified and that have been discussed. The three key directions into which suggested activities are organized are:

- Collaboration;
- Standardization; and
- Service development.

Table 4. Opportunities for Improvement

Key Direction	Activity	Addresses Gap in Service
Collaboration	Scheduling	✓
	Outreach Strategy	✓
	Recruitment and Training of Volunteers	
	Coordinate shared rides to reduce waiting times and empty trips	
	Fleet management including an Evergreening Plan	
	Assess risk management practices related to clients transportation, and in particular for safe transportation of dialysis clients.	
	Longer distance requests	✓
	Look for costs to reduce through volume, for example, insurance costs.	
	Policy and Procedure development to both standardize processes and enhance service collaboration opportunities	
	Team-building between transportation service providers.	
Standardization	Establish a common vision for transportation services throughout Scarborough.	
	Develop Scarborough-wide Measures of Success to form a basis for program evaluation.	
	Clarify and enable inclusive eligibility criteria.	✓
	Assess current services against the Accessibility standards.	
	Policies and procedures	
	Work toward adequate and equitable resourcing by identifying and standardizing the collection of meaningful utilization and cost information for transportation services.	
	Explore means to reduce the burden of fundraising to supplement transportation programming.	

Key Direction	Activity	Addresses Gap in Service
	Cost to clients for comparable trips	
	Volunteer training	
	Risk Management Practices	
Service Development	Collaborative strategic plan to address program growth to match growing projected population need	
	After-hours transportation needs and response to shorter notice requests	

## 3.2 AGING AT HOME STRATEGY

### Recommendations

The proposal that was submitted for Year 2 Aging at Home funding is a necessary project that addresses gaps in scheduling and capacity. It is also an important step toward developing a mechanism for collaborative transportation planning and provision in Scarborough that needs to be emphasized in the project. A forum and framework that supports effective working relationships needs to be in place to enable the remainder of the project, and further development of assisted transportation services in Scarborough, to proceed both efficiently and effectively.

#### **Implementation Planning**

Clearly, there are many activities in which the transportation service provider agencies can engage both to improve client services and agency operational effectiveness<sup>11</sup>. To effectively address these activities, which are intended to improve client service through agency collaboration and increased service coordination, requires:

- Time in the form of leadership and human resources; and
- A collaborative leadership structure that includes clear decision-making processes.

#### **Transportation Project Coordinator**

An important addition to the project is a 1 FTE Transportation Project Coordinator to provide both neutral leadership and support for the project. This position would support the provider agencies to come together to work on the issues that have been set out before them by:

- Assuming responsibility for any multi-agency initiatives that address the growth issues and challenges in the system (Table 4. Opportunities for Improvement);

<sup>11</sup> Table 4. Opportunities for Improvement.

- Developing a complementary and collaborative transportation program infrastructure (Table 4. Opportunities for Improvement);
- Managing the project on a day to day basis, including supervision of other project staff; and
- Establishing evaluation criteria to measure the success of the project and of the system of assisted transportation services in Scarborough.

This position would be equally accountable for the project to all of the agencies involved. This means that development of the job description and selection for the position would be a shared responsibility, although direct supervision for the position would need to be delegated to one agency.

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## **APPENDICES**

- Appendix One: Supplemental Transportation Programs**
- Appendix Two: Scarborough Transportation Services**
- Appendix Three: Access to Health Services**
- Appendix Four: Challenges and Opportunities**
- Appendix Five: Policies and Procedures**

## **APPENDIX ONE: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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The Beverly Foundation, located in New Mexico, is a national U.S. foundation that focuses on mobility and transportation issues for older people. Its 2004 report was prepared in partnership with the AAA Foundation for Traffic Safety. STPs (Supplemental Transportation Programs) are defined as ‘community-based transportation programs that complement or supplement existing transportation services and thus enable seniors to get to where they need to go....What sets them apart from most other transportation programs is that they reach a hidden population of older adults who have special mobility needs’.

### **10 Principles of the STPs Approach**

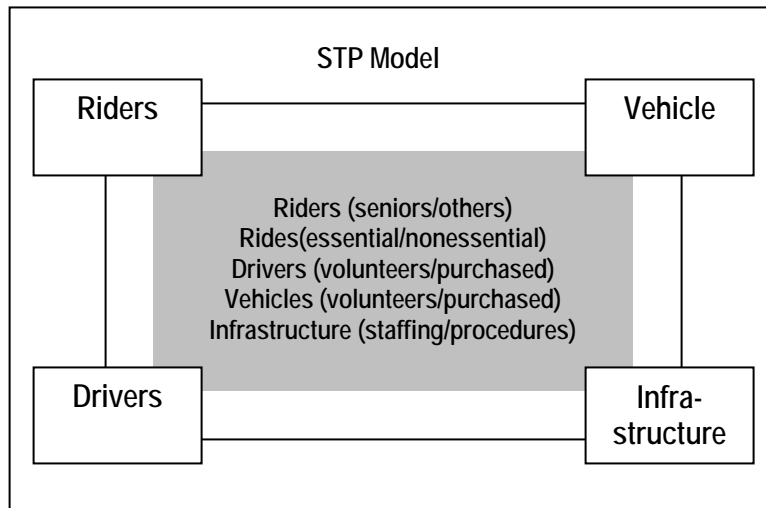
- 1. STPs fill the gaps:** by supplementing the traditional options, thus filling the gap created by access problems and service limitations.
- 2. STPs are solution oriented:** and provide solutions in the form of affordable, manageable transportation.
- 3. STPs are especially important for the “old old”:** While STPs can meet the transportation needs of people in all age groups, those aged 85+ often have physical impairments that limit their mobility and thus their access to standard means of transportation. Specialized programs such as STPs can address the needs of this age group directly and specifically.
- 4. There is a basic STP model:** of riders, drivers, vehicles and infrastructure.
- 5. STPs are organized along a continuum:** and can be low-maintenance/low-cost or high-maintenance/high-cost enterprises.
- 6. STPs should meet the criteria for being senior friendly:** namely, availability, accessibility, affordability, acceptability, and adaptability.
- 7. STPs can be consumer driven:** While there are many models, the “volunteer friends” approach gives seniors control over the recruitment of their volunteer drivers as well as a financial mechanism for asking for help and saying thank you.
- 8. Escorts are frequently an essential component of STPs:** Many users of STPs rely on transportation escorts, sometimes called “transportation caregivers”, for physical assistance with mobility as well as emotional support for security.
- 9. STPs can and should be part of the transportation system:** The purpose of STPs is not to replace or compete with existing transportation services but rather to complement them and, wherever possible, to provide links to them.

**10. STPs are frequently the “tie that binds”:** While many STPs emphasize the need for essential rides to medical appointments and social services, others provide rides for “non-essential” services and activities, such as to the hairdresser or to visit friends. In providing both essential and non-essential transportation services, STPs can link seniors to the array of activities, services, and social contacts that make a full life.

*(Source: pg 11 & 12. Supplemental Transportation Programs for Seniors: A Report on STPs in America. The Beverly Foundation, July 2004.)*

The Beverly Foundation has developed a model for STPs with four elements: riders, drivers, vehicles and infrastructure, which provides a useful framework for program comparisons.

The STPs Model  
(Beverly Foundation 2002)



## **APPENDIX ONE: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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### **STP Best Practices and Keys to Success**

#### **BEST PRACTICES**

- High quality of the drivers (patient, friendly, caring, courtesy and on-time )
- Customizing the service to meet clients needs
- Filling a gap in transportation
- Scheduling a volunteer companion as well as a driver
- Close working relationship with doctors' offices to coordinate schedules
- Open door policy for eligibility
- Reimbursing volunteers for mileage to keep overhead costs down
- Minimal demand on each volunteer to ease both recruitment and retention

#### **PROGRAM KEYS TO SUCCESS**

- Having broad community support and acceptance
- Keeping fares low
- Reputation for affordable, safe, and reliable service
- Making service available door-to-door
- Linking with state and federal capital grant programs for vehicles
- Maintaining our own fleet of vehicles
- Reputation for on-time service
- Friendly, on-time service and helping clients on and off vehicles
- Keeping a close eye on cash flow
- Flexibility of services provided
- Cooperation among agencies
- Cooperation in sponsorship with the local government
- Good basic coordination of services such as scheduling and billing

*Source: pg 27 & 28. Supplemental Transportation Programs for Seniors: A Report on STPs in America. The Beverly Foundation, July 2004.*

## **APPENDIX ONE: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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### **Effects of Aging on Mobility**

The characteristics that occur with aging and that most affect the mobility of seniors, including their ability to drive their own vehicles or take public transit, were identified in the Maricopa Regional Action Plan on Aging & Mobility (pg 29) as:

- Vision problems
- Reduced range of joint motion
- Reduced ability to detect, localize and differentiate sounds,
- Reduced endurance,
- Reduced tolerance for extreme temperature and environments,
- Decreased agility, balance, and stability,
- Inability to avoid dangerous situations quickly because of slower reflexes,
- Impaired judgement, confidence, and decision making abilities in driving situations, and
- Increased incidence of dementia.

These age-related deficits become more pronounced for individuals over the age of 70. If these changes become the reasons that seniors require assisted transportation, then transportation programs need to be able to accommodate them. This may mean providing, in addition to door to door services, door through door service; escorted services when required; minimizing opportunities for confusion; ensuring comfortable and safe locations to link with other forms of public transit if people are able to use it where it is available; and including safety training for drivers and escorts about relevant considerations.

## APPENDIX TWO: SCARBOROUGH TRANSPORTATION SERVICES

Table 2.1 Description of Scarborough Assisted Transportation Services (2007/08)

Element	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong Centre	Momiji Health Care Society
<b>RIDERS</b>						
Seniors	✓	✓	✓ (55 plus)	✓	✓ (60 plus)	✓ (60 plus)
Adults with disabilities/ illnesses	✓ (1%)	✓ (1%)	✓ (5%)	✓	<1%	No
Children & families	No	No	No		No	No
Adults with mental health challenges	No	No	✓ (4%)	✓	✓ (4%)	Seniors only
People with Financial barriers	✓			✓		
Non-English Speaking Clients	✓	✓	✓		✓	✓
<b>DRIVERS and ESCORTS</b>						
Volunteers (# of drivers)	30	24	6	8	22	19 (08/09)
Paid (# of drivers)	5	5	5	7	3	1 (08/09)
Escorts Provided by Agency	✓	✓	✓	✓	✓	✓
Reason for Escort Provided	Interpreters for Chinese speaking clients	Friendly visiting volunteers provide service for free. Assistance with mobility or verbally aggressive/confused.	Adult Day Program, Shopping and medical escort, frail clients and escorts to assist with interpretation	Adult Day Program, Congregate Dining and Shopping & Medical Escort	For adult day programs and shopping trips. Frail clients.	Physically frail. Cognitively impaired. Needs language assistance

Element	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong Centre	Momiji Health Care Society
Clients required to provide escort	No	Encouraged for clients who are mentally challenged or with abusive behaviour.	Encouraged for clients with physical, emotional, visual challenges.	No	Encourage family member to accompany for medical appts	No
No Charge for Escort	✓	✓	✓	✓	✓	✓
<b>VEHICLES</b>						
Driver Owned	✓	✓	✓ (social drives only)	✓	No	✓ (for some medical drives)
Accessible Vehicles	No wheelchair access	Total of 9 wheelchair spaces in 3 buses	✓ Ford bus	nil	4 wheelchair spaces in two 16-seat vans	Wheelchair accessible GMC van
Other	6 vehicles	3 buses 2 vans 1 car	5 vans	2 – 7-seaters van 1 – 10-seaters van 2 – 5-seaters vans 2 - 3-seaters cars	1-24 seat bus 1-14 seat bus 3 minivans	Toyota Sienna minivan
Shared Drives	✓ Not for medical trips.	✓ For day programs and group shopping trips	✓	✓	✓	✓ But rarely for medical drives.

**APPENDIX TWO: SCARBOROUGH TRANSPORTATION SERVICES**

Table 2.2 Client Centred Quality Measures of Scarborough Assisted Transportation Services (2007/08)

Senior Friendly Transportation	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong Centre	Momiji Health Care Society
<b>RIDE AVAILABILITY</b>						
Weekdays only	8:00 am – 5:00 pm	8:30 am-5:00 pm	8:00 am – 5:30 pm	8:30 a.m. – 4:30 p.m.	✓	✓
<b>ACCESSIBILITY</b>						
Unfilled requests from clients & non-clients	1-2 /week bcse of odd time appts or too short notice.	Approx 5 /week	8-10 rides/week	2 per week (usually request client to reschedule appointments for another day if possible)	10/week (medical appts.)	2-3 per week (request is last minute or no driver is available)
When can client call in to schedule?	Office hours	Office hours	Office hours	Office hours	Office hours	Office hours
Who can you not provide services for?	Mental health clients People using wheelchairs Destination requests out of Toronto area including Pickering	Mental health challenges; Reside outside defined catchment area Verbally abusive Limited long distance Rides with destination outside of catchment area(eg: to downtown)	Children No downtown rides	Persons confined to wheelchairs Persons under the age of 18	People whose origin or destination is outside of service area boundary. Wheelchairs	Difficulty serving seniors who live far from Momiji Centre. Difficulty doing drives outside of office hours, especially early mornings and Saturdays. Cannot do personal trips and social trips with less than 3 people. Priority is for medical visits.

Senior Friendly Transportation	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong Centre	Momiji Health Care Society
<b>AFFORDABILITY</b>						
Charge to client per km	Ave. \$0.6/km	\$0.33 – 0.44/km		n/a	n/a	n/a
Ave. Cost per drive return (excluding min. cost drives)	\$13.00	\$6.30	\$6.00	\$9.75	\$3.50	\$2.00 RT immediate area \$4.00 Scarborough \$10.00 Toronto, Markham, Pickering, Ajax \$20.00 All others <sup>12</sup>
Min. cost per drive	\$4.00/trip	\$3.00	\$3.00 one way	\$1.00	\$2.50	\$2.00 round trip
% of total drives at min. cost	10%	39%	80%	1%	86%	Approx 5%
Subsidy available if required	✓	✓	✓	✓	✓	✓
<b>ACCEPTABILITY and ADAPTABILITY</b>						
Escorts provided by Agency	✓	✓	✓	✓	✓	✓
Individualized Client Planning	✓	✓	✓	✓	✓	✓

<sup>12</sup> All costs in this cell are based on a round trip. One way is half the price.

**APPENDIX TWO: SCARBOROUGH TRANSPORTATION SERVICES**

Table 2.3 Utilization of Scarborough Assisted Transportation Services (2007/08)

	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C. S.	Scarborough Support Services	Yee Hong Centre	Momiji Health Care Society
Total # individual clients served 2007/2008	610 (10% of total individuals served)	824	650	420	1,162	172
Total # individual clients served 2004/2005	300	781	350	379	1,232	189
Total # units 2007/2008	23,393	12,299	22,300	22,184	44,405	4,890 (08/09)
Total # units 2004/2005	14,576	11,821	8,300	15,610	36,645	3,017
% seniors only (approx)	82%	99%	90%	90%	99.5%	100%
Total # drives cancelled	61	36	3 days due to weather	3 days due to weather (40)	5 days due to weather	Infrequent due to driver illness or to sudden change in priority
# units Medical	2,773	1,602	7,000	3,276	1,530	1,427 (08/09)
# units Health Maintenance	1,246	3,351	4,300	3,778	13,382	2,657 (08/09)
# units social/pleasure	7,738	1,365	6,200	6,701	8,584	806 (08/09)
# units day program	11,636	5,981	4,800	8,429	20,090	n/a

**APPENDIX TWO: SCARBOROUGH TRANSPORTATION SERVICES**

Table 2.4 Sustainability and Operating Costs (2007/ 2008)

	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong Centre	Momiji
<b>Human Resources</b>						
# volunteer driver hours (2007/08)	7,800	5,407	2,920	2,496	3,220	131 (08/09)
# volunteer driver hours (2004/05)	2,565	4,113	2,070	2,300	5,500	231
Volunteer Reimbursement	\$42,862.00	\$9,572 (gasoline)	\$4,574.00 (meals on wheels volunteers only)	\$12,480	\$4,282	\$2,974
# paid driver hours (2007/08)	7,600	13,398	10,940	9,802	6,617	1,170
# paid driver hours (2004/05)	3,600	13,000	N/A	9,100	3,878	780
Salary cost/year for drivers	\$102,405.00	\$123,481.00	\$118,338.00	\$122,300	\$63,000.00	\$25,955.00
Salary cost/year for Service Coordination	\$42,000.00	\$48,581.00	\$46,000.00	\$45,300	\$55,000.00	\$9,676.00 (Direct costs only)
# Total FTEs	5.4	4	4		3.5	
<b>Fleet</b>						
Fleet Cost	\$93,000.00	\$73,620.00	\$43,082.00	\$62,300	\$99,335	\$9,178
Target replacement fleet vehicles	100,000 km or 5 years	240,000 km or 10 yrs	140,000 – 160,000 km	250,000 km	200,000 km or 10 yrs	

	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong Centre	Momiji
Ave. km per vehicle/year	25,000	17,000	23,000	35,000	19,000	5,000 (approx)
Vehicle sponsor/partner	Rotary Club Private Donor	No	Rohm & Hass sponsors bus	3 by Nissan Foundation 3 funded by Trillium	No	No
Subsidy for all transportation	✓	✓	✓	✓	✓	✓
Cost - Revenue Transportation Program	(\$49,900)	(\$18,000)	?		?	(\$53,689)
<b>Program</b>						
Total Cost of Subsidies per year	\$50,000.00	Included in total transportation cost	\$600.00 (approx)	\$25,400		\$9,200
Source of Funding for Transportation Subsidies	Fundraising Other programs	CE LHIN, CSP and donation	donations	Donations and fundraising	CE LHIN	Fundraising and donations

**APPENDIX THREE: ACCESS TO HEALTH SERVICES**

Table 3.1 Access to Health Services (2007/08)

	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong	Momiji
% of Total units for medical trips	12%	13%	31%	15%	3.4%	29%
# Medical units Outside Scarborough	1,518	348	350	600	0	
# Medical units Outside CE LHIN	1,518	348	None	600	0	
Top 5 Reasons for Medical Trips	Specialist Dialysis Rehab Physiotherapy	Medical appointments Outpatient clinics Day surgery Chemotherapy	Family physicians Eye specialists Cardiac Post Op Rehab knees & hips Psychiatric/mental health	Family physician Physiotherapy Dialysis Rehab Dental	Dialysis Physiotherapy Family physician Specialist Ophthalmologist Dentist	Family physician Specialist Lab tests
Most frequent destinations for medical trips	Scarborough, North York, Toronto	Scarborough North York GTA	Scarborough East York Sunnybrooke	Scarborough Sunnybrook East York	Scarborough	Scarborough Toronto
Total number of "long-distance drives" (units)	550 (Scarborough to downtown hospitals)	240 (within GTA)			0	0

## APPENDIX FOUR: CHALLENGES AND OPPORTUNITIES

Table 4.1 Issues Identified by Transportation Providers (Winter 2009)

Challenges	Opportunities for Service Improvements
<ul style="list-style-type: none"> <li>● Some client groups excluded eg: people in wheelchairs, people with challenging behaviors, people who need more assistance than volunteers can provide.</li> <li>● Transportation required outside of regular business hours.</li> <li>● Destination is outside of catchment area or “too far”.</li> <li>● Short notice provided for ride requests and cancellations.</li> <li>● Limited number of volunteers and not wanting to drive in bad weather or to downtown</li> <li>● Limited number of vehicles.</li> <li>● Waiting with shared trips.</li> <li>● Scheduling</li> <li>● Communication between volunteers and clients if there are changes.</li> <li>● Costs of gas and insurance.</li> <li>● Funding.</li> <li>● Maintenance costs and time for vehicles.</li> <li>● Many clients have had difficulty with Wheel Trans service which creates a need for an alternate service.</li> </ul>	<ul style="list-style-type: none"> <li>● Need to provide ethnic communities with better access to transportation services. Services need to be culturally and linguistically sensitive.</li> <li>● Extended hours to cover morning and late evenings, and weekends.</li> <li>● Increased coordination of hospital rides to reduce empty trips.</li> <li>● Increased availability of vehicles for volunteers to use.</li> <li>● More training available for drivers</li> <li>● Higher pay for staff; Increase gasoline reimbursement rate to volunteers; and increased volunteer recognition.</li> <li>● Decrease number of last minute cancellations.</li> <li>● Decrease insurance costs</li> <li>● Look for integration, coordination, partnership and innovation opportunities.</li> <li>● Standardization of key aspects of programs.</li> <li>● Outreach strategy to build awareness of the program.</li> <li>● Increase driver hours and/or number of volunteers.</li> </ul>

## APPENDIX FIVE: POLICY AND PROCEDURE OVERVIEW

Table 5.1 compares the content that is addressed in each agencies' policies and procedures.

Table 5.1 Policy and Procedure Overview

Policy Parameter	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong	Warden Woods
Policies last reviewed	Oct 2006	May 2008	April 2009	Feb 2005	Sept 2006	Mar 2009
<b>PROGRAM</b>						
Definition/Description	✓	✓		✓		
Goals & Objectives	✓	✓		✓		
Roles	✓			✓		
Evaluation	•					
Information Management	•					✓
<b>SERVICE</b>						
Catchment Area	•	✓		✓		✓
Hours of Operation	•					✓
Trip Priority	✓			✓	✓	✓
Supplies						✓
Fee Structure	✓	✓				✓
Withdrawal of Service	✓			✓		
Appeal Process	✓			✓		
Complaints Procedure	✓		✓			✓
Non-payment	✓					
Subsidies	✓					
<b>CLIENTS</b>						
Client Bill of Rights	✓	✓	✓			
Communication	✓					✓
Eligibility	✓			✓	✓	
Referral	✓			✓	✓	
Intake	✓			✓	✓	
Service Contract	•			✓	✓	
Service Plan	✓			✓		
Commencement of Service	✓			✓		
Confidentiality	✓	✓	✓	✓		
<b>DRIVERS/ ESCORTS</b>						
Qualifications/job description	✓	✓	✓			✓
Licence requirements	✓					✓
Training	✓					
Conduct	✓			✓		✓
Appearance				✓		✓
Identification	•			✓		

Policy Parameter	Carefirst Seniors	St. Paul's L'Amoreaux Centre	Westhill C.S.	Scarborough Support Services	Yee Hong	Warden Woods
Payment/Reimbursement	✓					
Safety	✓					
<b>RIDES</b>						
Notice	✓	✓			✓	
Scheduling	✓	✓	✓		✓	✓
Cancellations	✓	✓			✓	✓
Passenger Safety	✓					✓
Smoking	✓			✓		✓
Follow-Up/ Reporting	✓					
<b>VEHICLES</b>						
Safety	✓		✓			
Servicing/ Maintenance	✓	✓				✓
Cleanliness	✓					✓
Insurance	✓					✓
Commercial Vehicles Operating Certificate	•					✓
<b>RECORDS</b>						
Client	•			✓	✓	
Staff/ Volunteer	•			✓		
Confidentiality	✓	✓	✓	✓		
Release of Information	✓			✓		✓
Vehicle	✓					✓
<b>RISK MANAGEMENT</b>						
Safety Standards	✓					
Adverse client events	✓	✓	✓			
Accidents	✓	✓		✓		
Breakdowns/Driver Injury	✓	✓				
Health & Safety	✓	✓				
Cell phones	✓	✓		✓		✓
Infection Control	✓					
Universal Precautions		✓				
Passenger Safety	✓		✓	✓		✓
Pressurized Gases						✓
Pandemic Planning	✓		✓			
<b>FINANCIAL MANAGEMENT</b>						
Payment	✓	✓			✓	✓
Cash	•	✓				✓
Receipts	•			✓	✓	
Invoicing	•			✓		

• agency indicates policy exists

✓ policy has been reviewed