

**CRCOG HUMAN SERVICES COORDINATING COUNCIL MEETING**

**Tuesday, August 18, 2015**

**MIRA Trash Museum**

**211 Murphy Road, Hartford, CT**

**MEETING SUMMARY**

**Attendance**

Christina Morra-Tiu	Wethersfield
Courtney Chan	Coventry
George Headley	Windsor
Rebecca Joyce	Windsor
Penny Shea	South Windsor
Sue Raggio	Windsor
Pam McCormick	Somers
JoAnn Dorn	East Hartford
Dianne Stone	Newington
Astrid Calderon	West Hartford
Victoria Branning	West Hartford
Mary Roche Cronin	Manchester
Ed Paquette	Manchester
Claire Cote	Canton
Mandy Sadlon	SMC Partners
Sheri Righi	SMC Partners
Joe Comerford	Estuary District
Lyle Wray	CRCOG
Maureen Goulet	CRCOG
Brian Luther	CRCOG
Pauline Yoder	CRCOG

**Summary**

Meeting called to order at 10:01 a.m.

**Regional Dial-A-Ride**

Joe Comerford, the Executive Director of the Estuary Transit District, gave a presentation on how the twelve towns in the Lower CT River Valley regionalized their Dial-A-Ride services. Ten years ago, they had nine towns in the district, with different levels of service and limited service hours. Each town operated their own DAR, some were for disabled or seniors only. The towns opted to transfer their funding for DAR over to Estuary, because there are advantages for using a transit district, which has access to additional capital.

With the Estuary DAR program, towns pay nothing towards capital expenses. The district is able to save on operating costs, they use fewer vehicles, which means costs for salary, maintenance and fuel are less expensive. Transit District insurance is picked up by the state, so that also saves costs. They provide rides in the 12-town region, work trips, and travel to Middletown for health care access. Service is provided primarily to seniors and disabled, but in rural areas service can be used by anyone. They have had improvements in safety. Towns needed to match their policies up before regionalizing the services.

Estuary has used technology to improve their service, an automated scheduling software system that uses an algorithm for efficient scheduling. Manifests are delivered electronically to the driver, customers can book using a smart phone, and receive messages with trip information updates. Customers can see where the bus is using the app, and get a reminder when the bus is five minutes away. They can centrally schedule and dispatch with multiple providers.

Municipalities that participate sign a side letter, provide money, and participate on the board of the Transit District. They do 80-90 trips each day. Members must be enrolled to use the services. All money passed from the municipalities is from the State. The fare for general public users is \$3.50, free for seniors. Users can buy a 10 ride pass for savings.

If towns in the Hartford region wanted to do this, it might look different, as this kind of service would probably not work across the Capitol Region. There are different models that could be reviewed. CRCOG will look into this and report back in May.

### **Shared Case Management System**

Sheri Righi and Mandy Sadlon from SMC Partners spoke about a Shared Case Management system, which could be used to assist in regionalizing some aspects of social service provision. Their system works around the needs of users. They work with CRT to connect all their agencies, which promotes holistic case management. There is currently a big movement for providers to be compensated differently, instead of a fee for service. Towns could coordinate intake, not just with community partners but also within a region.

Some issues that need to be considered include confidentiality and URAs. The system can block selected sections, either specific to a particular client or demographically. In Massachusetts, SMC was able to integrate with WIC, housing systems, energy programs, and Head Start. With the system, if a client has signed a consent form, a case manager can see all the programs that client is eligible for. Care providers can also use deidentified data to develop funding needs. Waterbury used deidentified data to identify how many people in the district were being served.

In their work with CRT, they have been able to interact with OPM, No Wrong Door, 211, State Innovation Model, health care – many systems. They can automatically populate applications, provide assessment. They believe this could be especially helpful for small towns. The system is CLASS endorsed, can track towns and statistics. It can pre-screen for eligibility. They've been able to implement a data bridge which gives client level reporting to DSS. At St. Francis Women's Clinic, they can work with a pregnant client to make sure they have housing, treatment, transportation and health care.

**Info Sharing**

Members would like to hear about the state budget, Uniform Relocation Act, maybe some templates. Suggestion was made to reach out to Waterbury, which is doing URA well.

Meeting adjourned 11:42