National RTAP Transit Manager Peer Roundtable, 11/6/18 – Notes

How is the opioid crisis affecting your agency?

A few roundtable participants responded that they have seen an increase in trips to treatment clinics (methadone or similar) and for one agency they said those individuals are often no-shows for their trips. Another participant said that they used to offer service to a methadone clinic and did Medicaid billing, but it became too cumbersome and they can’t keep enough drivers to provide the service anyway.

One participant mentioned that one of their drivers will be doing a training soon that includes training on administering Narcan. Though more of the issues are related to general behavior by passengers who may be using, not actual overdoses.

Another participant mentioned a partnership with a local community hospital to bring awareness to the issue. Part of the funding for the campaign is transit, offering routes to get more people into town where there’s a medical center. The transit agency is advertising the medical center with a bus wrap as part of the partnership.

Do you have temporary/relief drivers and if so, do you have policies regarding benefits, hours per year, number of positions, performance reviews, etc.? Do you have an arrangement with other agencies in your area to "share" those drivers?

One roundtable participant mentioned that they use some school bus drivers on Saturdays, so they don’t have to pay overtime. They already have an endorsement and have state retirement, so they don’t have to pay retirement (or benefits?) for them. They also sometimes work with the local universities to “share” drivers.

Another agency has such a hard time keeping drivers (due to CDL drivers leaving for better pay, drivers failing medical review, drivers getting older and retiring, accidents). The local government offers good benefits, which they use to justify low wages, but that puts the transit agency in a bind because it’s hard to keep CDL drivers and most of their vehicles require a CDL (the others are old vehicles). They are trying to have an internal staff offer more frequent CDL training so they can train more drivers. They have tried to use drivers who work for the school, but because it’s the same employer they would have to pay overtime.

Are you part of a consortium for drug and alcohol testing?

One roundtable participant partners with another agency relatively nearby for after-hour drug testing (via Med Plus?). The state helped them pay for training for that.
What's been your experience with operating/declining charter service?

One roundtable participant has done it in the past and charged for the mileage.

Another participant in a very rural area said they do charter under the Charter Rule allowable exception when no other provider wants to do it. They follow the process by FTA. One issue they have had is when a vendor responds that they can do it, but then they never actually respond to the party requesting the trip and doesn’t respond to the transit agency either. The agency ended up doing the trip. This agency’s board adopts a resolution every year with a price of service for community events. They contract out their service so they include what they charge the operator, plus amortization on the vehicles, fuel, and a small fee (basically charging the cost of planning for and providing the service). For private service they charge a little more, so they don’t undercut any other vendors (though they wouldn’t do the service if another vendor accepted the trip).

Another participant says they do some charter, but only for non-profits and community organizations for local events, etc. (not for private corporate trips/events). Each year they go to the [FTA charter web page](http://www.fta.gov), identify other providers who said they could do service in their region (even if they’re based in another part of the country), and follow the process. They feel it demonstrates good will in the community, is good PR (public relations) and is worth going through the process to get the approval/exception. They work with their state DOT. They also do charter service for local officials, like taking a local town/city council to tour blighted properties. No money changes hands for those trips – again a demonstration of goodwill and provides exposure.

A participant chimed in and said agencies are allowed to spend 80 hours in any given fiscal year on transporting local officials, and can go through a process to get approval to do more if needed.

What has been your experience going after grants (FTA discretionary grants, foundations, etc.) and what resources have you found helpful?

One roundtable participant said they are having an issue with getting their local attorney to execute a grant they received because s/he doesn’t feel comfortable approving the certs and assurances. In particular due to a new bus wash with FTA funds and because of that new building, s/he saying they need to update their policies and procedures, procurement process, asset disposal, etc., before s/he will sign it. The grant was supposed to be executed last year, but it still hasn’t been.

Another participant said their state transit association is looking to hire a grant writer to assist agencies with writing grants, as many small and rural systems don’t have the staff time to dedicate to going after grants.

Suggestions for training for verbally-abusive, non-compliant passengers

A roundtable participant mentioned that they are having issues with verbally abusive, non-compliant passengers, some with mental health and/or addiction issues and they are trying to find a good training course for drivers, to try to prevent incidents and escalation. The suggestions from other participants were as follows:
• **TAPTCO** training – either the de-escalation training only (videos and workbooks) for ~$250 or the full training suite covering many topics for ~$6,000. These trainings were highly recommended and used by three participants. One does the de-escalation training every year – it teaches you how to talk to people, how to give people options, and calm things down.

• Two participants mentioned that they were able to get the cost of the TAPTCO training covered by their insurance/risk management company, either in full or in part, and recommended talking to your insurance carrier, as it helps with reducing insurance claims.

• Another participant said their workers comp company sends them trainers and has a list of trainings they will do. They also have had Logisticare do some trainings at a cost.

• Finally, one participant mentioned that they have had local organizations, specifically their local epilepsy agency, do a training for them. They were having issues with clients banging their heads against the window and picking at their skin, and the training brought awareness to the fact that sometimes these are related to epileptic seizures. Also, it can seem like people are drunk, but really, it’s a seizure. Having this training from a specific organization really brought another perspective to the issue and ways to work with people with different physical and mental health issues, and the drivers were very receptive.

**How do you allocate your costs?**

One roundtable participant said her agency uses a spreadsheet with their budget and the costs of the program and they use that to allocate their costs. She is willing to share it with National RTAP to inform their development of a cost allocation template.

**Benefits of GPS/AVL Systems and Software**

One participant mentioned that they are testing out tracking system by Ride Systems and are trying to get the funding to pay for it more long term. They plan to use it for tracking use of the system so they can improve their service in the future.