

Year Two Evaluation Bannock County Health Collaborative



GetHealthy
IDAHO



**United Way
of Southeastern Idaho**

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Executive Summary

Key Findings

The United Way of Southeastern Idaho served as the project lead and implemented Ride United by working to achieve three goals:

Goal 1: Building an environment of community collaboration.

- Regular participation in community stakeholder meetings.
- Adding capacity to partners to better address patient needs.

Goal 2: Public awareness & education engagement.

- Launch three awareness campaigns through TV, radio, newsletters, and social media.
- Promote awareness of health challenges experienced in the community.

Goal 3: Meeting an identified need via a transportation pilot.

- Launch Ride United and delivered more than 7,500 miles of rides to promote access to health and health-promoting services.

The United Way of Southeastern Idaho successfully completed the second year of their Get Healthy Idaho-funded project. All of the goals and objectives developed by the Bannock County team were met, except one; this was due to a program modification designed to optimize services and enhance access to a transportation pilot. Overall, the project effectively maintained community connections, supported community-level discussions of social determinants of health, and saw the successful launch of a new transportation pilot program that allows key nonprofits to better address the social determinants of health.

Thanks to funding from the Get Healthy Idaho project, Bannock County made significant progress towards addressing key barriers to health. Suggestions for improvement are identified and discussed in the latter part of this report.

“Ride United was the second most important thing that positively impacted us next to the Medicaid expansion in 2020.”

- **Matt Hardin South East Idaho Behavioral Crisis Center Executive Director**

Introduction and Background

In 2022, the Idaho Department of Health and Welfare's (IDHW) Get Healthy Idaho (GHI) initiative awarded a multiyear grant to the United Way of Southeastern Idaho to assess and address health needs in Bannock County. GHI's objective is to improve health outcomes by implementing upstream solutions to the social determinants of health. In this way, GHI builds on an established body of research showing that many long-term health outcomes are more closely associated with the social conditions of community members than they are with clinical practice.

The first year of this project was dedicated to completing a community needs assessment¹. That assessment included a survey of over 300 community members, four focus groups, and a review of existing data. Findings indicated that community members who fell below the ALICE (Asset-Limited, Income-Constrained, Employed) threshold experience significant challenges meeting their basic needs. For example, 29.4% have unmet housing needs, 28.4% have unmet food needs, 22% have unmet utilities needs, and 21.1% have unmet transportation needs. With this data in hand, the Bannock County team developed a plan to address the upstream needs identified in the Community Health Needs Assessment.

Despite the many needs identified, the plans for the second year of the project were designed to be specific, measurable, achievable, relevant, and time bound. The resulting plan, called Ride United, was broken down into three project goals:

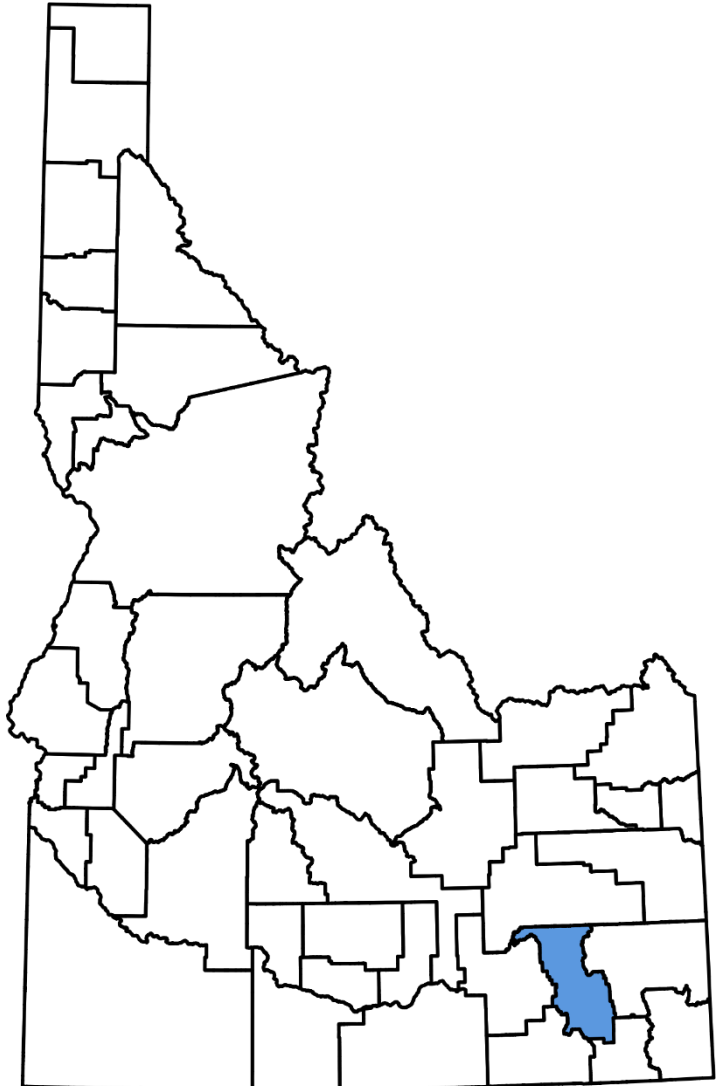
- 1) By September 2023, build an environment of community collaboration measured by specific numbers of interactions, including meetings, presentations, and outreach.
- 2) By September 2023, complete a public awareness & education engagement campaign that includes at least two social media and two traditional media campaigns.
- 3) By September 2023, launch a transportation pilot project.

Each of these goals was further broken down into measurable outcomes tied to an evaluation plan.

¹ The full report is found on IDHW's website dedicated to the GHI initiative:
<https://www.gethealthy.dhw.idaho.gov/funding-opportunity>

Geographical Scope

Bannock County, Idaho, is located in the southeastern part of Idaho and its county seat is Pocatello. There are about 85,000 residents who reside in Bannock County, but since many of the surrounding counties are highly rural, a large number of community members regularly commute into Bannock County for work and to access resources. The economy of Bannock County is diverse, with a mix of agriculture, manufacturing, healthcare, and education playing significant roles. Idaho State University, located in Pocatello, is a notable educational institution in the county. Bannock County offers various outdoor recreational opportunities, including hiking, camping, and access to nearby national forests and parks, such as the Caribou-Targhee National Forest and the City Creek Management Area. Bannock County operates under a county commission system and provides various services to its residents, including law enforcement and public health.



Target Population

This project is focused on addressing the needs of the ALICE population. ALICE stands for "Asset Limited, Income Constrained, Employed," and refers to a population of individuals and families who are working but still struggling to meet their basic needs due to limited financial resources. The ALICE population often earns above the federal poverty level but not enough to cover the high cost of living, especially in places like Bannock County, Idaho.

Bannock County, like many areas in the United States, has an ALICE population that faces challenges in affording necessities like housing, food, healthcare, and childcare despite being employed. The United Ways of Idaho have made the following data points available:

2021 Point-in-Time-Data

Population: 88,263 **Number of Households:** 33,557 (5% change from 2019)

Median Household Income: \$60,736 (state average: \$66,474)

Labor Force Participation Rate: 60% (state average: 63%)

ALICE Households: 24% (state average 32%) **Households in Poverty:** 13% (state average 11%)

Importantly, the financial hardship designed by the ALICE index is not evenly distributed throughout the community. Both personal and geographic characteristics inform what populations are more or less likely to fall below the ALICE threshold. The table below summarizes key aspects of the ALICE population in Bannock County.

Population	% Below ALICE Threshold
Single or Cohabiting (no children)	38%
Married (with children)	21%
Single-Female-Headed (with children)	72%
Single-Male-Headed (with children)	39%
Fort Hall (American Indian Reservation, North Bannock County)	62%
Inkom	35%
Pocatello	47%
South Bannock County	35%
Chubbuck	32%
Downey	58%
Lava Hot Springs	57%

Project Description and Evaluation

Project Overview

Existing information indicates that many of the health challenges faced by the Bannock County community result from complex issues related to the fragmented structure of healthcare services and the limited resources available to help vulnerable community-members access needed services. In the assessment, the study team found that issues associated with the built environment, especially transportation, were impacting community members' health and their ability to access to housing, food, and other essential services.

This result led the United Way of Southeastern Idaho to develop and implement Ride United with a diverse team of community-based professionals. This program is guided by the mission of developing a holistic solution to the physical barriers limiting access to healthcare services and to essential community resources.

Ride United in Bannock County was adapted from a national initiative that aims to address transportation challenges for individuals and communities by providing access to reliable transportation services. This program typically involves partnerships between nonprofits, government agencies, and businesses to offer transportation solutions to people in need, particularly those facing barriers to accessing education, employment, healthcare, and other essential services. Ride United seeks to improve mobility and enhance the overall well-being of individuals and communities by facilitating transportation options and services.

In the case of Bannock County, Ride United was broken down into three distinct but interconnected goals for the first year.

- 1) By September 2023, build an environment of community collaboration measured by specific numbers of interactions, including meetings, presentations, and outreach.
- 2) By September 2023, complete a public awareness & education engagement campaign that includes at least two social media and two traditional media campaigns.
- 3) By September 2023, launch a transportation pilot project.

The first goal was designed to engage key stakeholders who would be using the transportation pilot. These organizations are all housed in a collaborative health ecosystem located in the Portneuf Health Trust’s City Center Campus. In addition, this goal encompasses educational outreach activities and integrating the human infrastructure of Ride United into the larger network of social and health services in Bannock County. The second goal is designed to increase the general public’s understanding of the findings of the assessment and the importance of implementing strategies to systematically address health outcomes. Lastly, goal three focused on launching the transportation pilot.



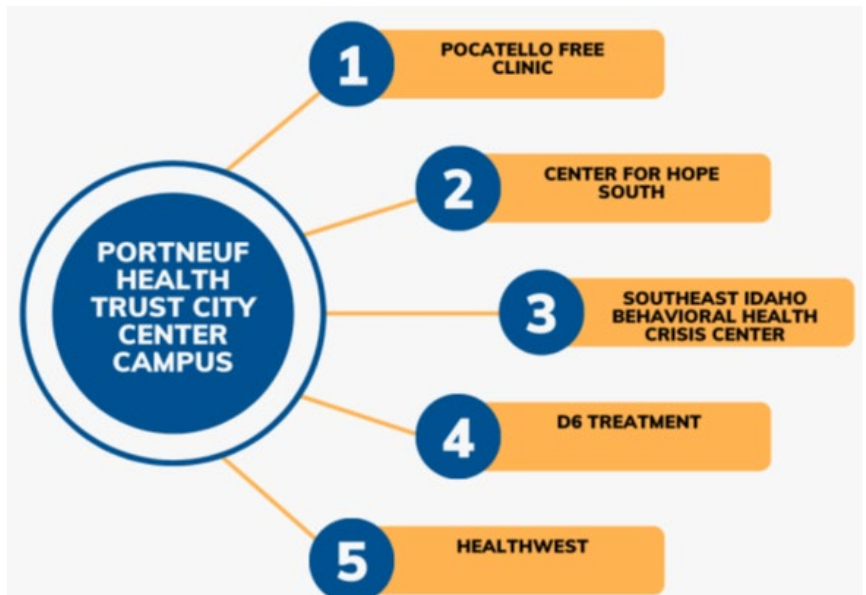
Goal 1: Building an environment of community collaboration.

The aim of this part of the project is to build an environment of community collaboration through engagement with local stakeholders and was measured using the seven outputs listed below.

Table 1: Goal 1 Activity Measures

	Output Measurements	Status
1.	Hold regular Community Action Team meetings	Fulfilled
2.	Develop a strategy to leverage findhelpidaho.org to deliver rides	Fulfilled
3.	Present Year 1 findings and continue the discussion of results	Fulfilled
4.	Attend the collaborative meetings	Fulfilled
5.	Establish MOUs and other forms of partnerships with transportation stakeholders	Fulfilled
6.	Create on-going feedback opportunities at community meetings	Fulfilled
7.	Launch a newsletter to keep community members informed about the project	Fulfilled

Output 1.1: The purpose of this output is to ensure that the key community stakeholders were aware of and engaged with this project to ensure long-term sustainability. To complete this part of the project, a member of the project team regularly participated in Integration Committee Meetings held at the Portneuf Health Trust City Center Building (illustrated in the diagram to the left). This building houses each of the locations where Ride United was launched: Health West, D6 Treatment, Southeast Idaho Behavior Health Crisis Center, the Pocatello Free Clinic, and Center for Hope South (additional information will be provided in the section that reviews part three). Given the alignment of goals between these entities and IDHW’s program, a member of the project team joined this meeting starting in Spring 2023 rather than establishing a new meeting and inviting various stakeholders to a meeting that risked being perceived as redundant.



About findhelpidaho.org: Findhelpidaho.org began with the recognition of a problem: The state of Idaho is resource rich, but often connected poor. The difficulty of navigating resources is a barrier for both providers and community members seeking services, ultimately leading to poorer health and social outcomes.

findhelpidaho.org is a database with the potential to solve this. It provides localized, up-to-date resources and tools that are easy to navigate and customize. The website is free for community members and resource providers. The goal of findhelpidaho.org is to make obtaining resources easy, so that Idahoans can get the help they need to lead healthy, successful lives.

Output 1.2: Given that community members referenced the need to locate essential resources during focus groups, the project team developed a strategy to leverage findhelpidaho.org to deliver rides. The website is a platform to better connect those in need of social services to the respective service delivery organizations. The strategy for findhelpidaho.org is in place and the United Way team is currently working with United Ways across Idaho to understand and enable a transportation option that community members will be able to access directly through the platform using UberHealth. There were some delays in achieving this goal however, as the contract with findhelp was renegotiated during the project period.



Output 1.3: The project team shared the study findings with community members and public health stakeholders throughout year 2. Outside of the attendees to the Integration Committee Members, results were presented to the following agencies: the Portneuf Health Trust, Southeast Idaho Behavioral Health Board, the Rotary Club, and the United Way Board of Directors. The outward engagement has garnered more attention to the program while establishing the foundations for future partnerships.

Output 1.4: The project team also attended local transportation community meetings to continue to monitor the transportation needs of the ALICE population and to share study findings. At the onset of the program, the Southeast Idaho Council of Governments (SICOG) ran the Safe Systems Collaborative to bring together the various entities involved in public transportation. However, the Safe Systems Collaborative was put on pause during the program operation year due to staff turnover at SICOG. To maintain focus on public transportation in the local area, the project team attended meetings with the Bannock County Transportation Authority. While the host of the meeting changed, it did not undermine the achievement of this



output, namely to explore possible synergies of the introduced intervention with existing public transportation infrastructure and services.

Output 1.5: The United Way of Southeastern Idaho established Memorandums of Understanding (MOUs) and other forms of partnerships with transportation stakeholders. MOUs were signed with Shudl and Doordash. To promote the use of public transportation, the PMU partnered with SICOG in their on-going public

transportation training to provide hands on public transit training opportunities to community members, case managers, and social workers. This partnership was integral to the long-term financial sustainability of the program as it encourages more people to use public transportation when available.

Output 1.6: Throughout the project, project staff from the United Way ensured that partners received on-going project updates at Integration Committee Meetings, at one-on-one meetings, and via email check-ins. On-going feedback was used to adjust and add opportunities, such as the training of case managers and social workers.

Output 1.7: Beyond these organizations, a wider reach engagement to the community was performed through a newsletter. A newspaper was not created through this initiative since it would require a grander and costly marketing program for readers. Instead, a dedicated program description and update page was placed in the United Way newsletter. This was always a Ride United Section. This satisfies the seventh output.

What is Output Validation?

When examining program effectiveness, external validity is vital as it lends credibility beyond observations gathered by the project team.

Who was interviewed?

Two rounds of evaluation interview requests were sent out to all stakeholders using the transportation pilot. Southeast Idaho Behavioral Crisis Center (SEIBCC) and Center for Hope South (CHS) positively replied to the interview request. SEIBCC operates a crisis center that serves southeastern Idaho and CHS provides free addiction and mental health recovery support to the community. The interviews were useful for two reasons. First, SEIBCC and CHS were frequent users of transportation pilot. Second, both agencies were in regular contact with the ALICE population in Bannock County.

Goal 1 Output Validation

Project staff attendance at the integration meetings was welcomed as the stakeholders had an existing professional relationship with the United Way. The participating members of the integration meeting included those operating in the building owned by the Portneuf Health Trust. They are SEIBCC, Pocatello Free Clinic (PFC), District 6 Drug Corps (D6), Center for Hope South (CHS), and Health West. Other organizations joined the group as needs arose to facilitate collective problem solving among the entities sharing the building. The integration meeting also allows all stakeholders to come together and share monthly updates. Further, as the stakeholders face similar challenges sharing best practices and troubleshooting insights occur in these meetings. At these meetings, project staff leveraged the collaborative environment to build partnerships to help integrate the Ride United service to these stakeholders.

Both entities confirmed that the attendance of project staff added value to the integration meetings. In particular, SEIBCC and CHS indicated that staff were especially valuable in training partners on the use of findhelpidaho.org and with providing guidance on how to use the Ride United transportation pilot. This was especially helpful for CHS as it provided another tool in helping peer support workers to connect their clients to needed services. These interviews strongly indicated that the project team filled the transportation gap for the clients served by SEIBCC and CHS.



Figure 1 Social Determinants of Health

Goal 2: Public Awareness and Education

Awareness programs play an essential role in increasing understanding and promoting new services. This is particularly relevant for Bannock County since the assessment identified that only 19.5% of the sampled population receive routine healthcare with only 32.2% having received medical services in the past year. In addition, close to half of the population (48.6%) indicated experiencing unmet healthcare needs in the past year. To address this gap and promote Ride United, the second goal is focused on awareness activities to inform the public about important health issues connected with the social determinants of health. Progress on goal 2 was measured through four key indicators:

Table 1: Goal 2 Activity Indicators

	Output Indicators	Status
1.	Maintain and update ads on billboards, radio, and other electronic communication systems	Fulfilled
2.	Create and execute on-going social media campaigns to help the community better understand the health needs of the Bannock County	Fulfilled
3.	Create and execute a media campaign to promote Ride United with two separate components. The first component will increase the knowledge of the general public. The second component will help nonprofit and healthcare partners understand how to access rides to support client needs.	Fulfilled
4.	Work with SICOG to create and implement novel transportation outreach.	Fulfilled

Output 2.1: This output was satisfied during the first five months of year 2. The project team developed two billboard designs that were displayed at the cross-section of 5th and Center Street. This output was a financially leveraged effort with United Way. United Way maintains 6 different billboard locations to promote their education and findhelpidaho.org initiatives. Thus, the awareness campaign was partly funded through a separate education grant awarded to the United Way.

The United Way also completed radio ads to promote the Get Healthy Idaho through KISU, a local public radio station based at Idaho State University. Each spot ran for 20 seconds and there were at least a dozen different ads developed by the United Way team. The scripts focused on the results from the assessment completed in year one. Ads were played at three timepoints: 1) once a day between 6AM and 10AM on Mondays, Tuesdays, Wednesdays, Fridays, and Saturdays, and 2) twice a day between 5AM and 10PM on Mondays, Tuesdays, Wednesdays, Fridays, and Sundays.

In addition, the United Way team also completed three appearances on KPVI where they discussed Ride United, findhelpidaho.org, and the mental health findings of the community

needs assessment. KPVI is an NBC affiliate serving the Idaho Falls and Pocatello market, which are the two largest trade hubs in eastern Idaho. The first television spot took place on December 5th, where staff discussed the assessment results and findhelpidaho.org. The second spot was recorded on February 6, 2023. It described the Ride United program. The third spot was recorded on February 20, 2023, and it covered the mental health findings of the assessment and resources in Bannock County. Neither of the appearances were funded through the GHI program, rather these occurred by partnering with the Portneuf Health Trust and their Healthy City USA initiative. The Director of the Wellness Programs at the Portneuf Health Trust invited United Way staff to share their findings to discuss ongoing health initiatives.

Nearly 1 in 2 in Bannock County under 50 have fewer than two social interactions with friends and family a week.



Get Healthy Idaho study, Bannock County, ID

Figure 2: Image from first social media campaign..

The newsletter output was satisfied through the United Way newsletter, which is distributed every other month. There is a dedicated spot for Ride United under the health section of the newsletter. Ride United first appeared in the December 2022 newsletter, and it discussed the results of the assessment. Three more newsletters were distributed in February, April, and July. February 2023 was the first issue in the calendar year and highlighted results of the community health assessment and the launch of the transportation pilot. The April 2023 newsletter highlighted how many rides were provided along with a description of the Get Healthy Idaho initiative. In July 2023, the newsletter highlighted the distance covered by Ride United (more than 6,000 miles of free rides over six months).



Figure 3: Sample of Social Media Graphic

Output 2.2: The second output involved launching social media campaigns and exceeded the total number of anticipated social media campaigns. Between September 2022 and September 2023, four social media campaigns were conducted on Facebook and Instagram. The first campaign helped to educate the public on the GHI assessment data to increase community-wide discussions of the social determinants of health. Each post was designed whereby the first slide illustrated a

data point, the second slide were quotes from the focus group, and the third slide featured resources on the topic. Figure two is an example from that campaign.

The next social media campaign started in January and continued through February and was especially significant. It connected a Virtual 5K with the Ride United program; every participant who signed up for the race sponsored at least two rides for those in need. There was a total of six content slides with a total of 12 posts – six on Facebook and six on Instagram. The last post for the fundraiser was uploaded on March 5, 2023. Overall, this campaign resulted in 55 rides.



Figure 4: Sample graphic from the video campaigns on social media.

The third social media campaign builds on the success of the Ride United transportation pilot. There is a post once a month on how many rides were provided. These posts summarize the success of the project by sharing the monthly mileage of rides; to date eight posts have been developed, four on Facebook and four on Instagram.

The fourth campaign featured three videos developed for Facebook and Instagram. The first video is a recording of the Pocatello Free Clinic Community Outreach Coordinator promoting Ride United. The second video featured the Director of Program Development at the Pocatello Free Clinic who described the value add of the Ride United transportation pilot. The last video included a testimonial from a Ride United beneficiary; in this video the beneficiary explained how Ride United saved his life. The videos were created using grant funds to hire a social media content development specialist with the aim of deepening the Bannock County community's engagement with the project (see the example to the left).

Output 2.3: The third output indicator was satisfied with the activities described under the output indicator 2.2. This indicator was initially broken down to two sub-indicators elaborating on the direction of the media campaign for Ride United: 1) increase the general public's knowledge of this goal, and 2) help nonprofit and healthcare partners understand how to access rides to support client needs. The social media campaigns addressed the first sub-indicator activity. The second sub-indicator activity was addressed through a program modification.

During the design phase of the Ride United transportation pilot, the project team decided to change the ride requests process to promote convenience for nonprofit partners. Originally, the United Way planned to leverage its existing grant process to solicit ride request applications. However, that idea was scrapped as it was perceived as onerous by the nonprofit

partners. Instead, the United Way team worked with partners to develop a different strategy. The new strategy involved working with a preselected group of partners serving a similar population at the Portneuf Health Trust’s City Center Campus. The adjustment proved to be effective since the rides provided in the pilot are not the final product but are rather an important means to help community members achieve improved long-term health. Thus, the new strategy was an improvement over the original. This also created a win-win situation since these organizations were already assisting the underserved ALICE population and it ensured that the project team could address concerns regarding the ride service during the integration meetings.

Output 2.4: The fourth output indicator used to measure the success of goal 2 involved working with SICOG (Southeast Idaho Council of Governments) to create and implement a novel transportation education and outreach effort. SICOG was already engaged in the community on the matter by delivering courses on public transit use. With the aim of leveraging this partnership, the GHI grant supported this on-going program by offering training and bus passes. The partnership expanded the course’s reach to other stakeholders and created institutional knowledge of public transit by educating service providers and community members.

Component 2 Output Validation

No joint awareness programs were launched with either CHS or SEIBCC, but the partners were appreciative of the public awareness campaigns. The respondents indicated that these awareness initiatives are important as the community has a poor understanding of the many public health challenges experienced by the ALICE population. However, SIEBCC’s patient volume did not appear to change as a result of the public awareness campaigns launched. This does not necessarily undermine the importance of the public awareness campaigns as it is difficult to verify a causal linkage in this case.

Goal 3 Outputs

This part of the project was solely dedicated to standing up the transportation pilot to address how the built environment’s negative impact on the health of the ALICE population. The component has three output indicators that were used to assess its progress:

Table 2: Component 3 Activity Indicators

	Output Indicators	Status
1.	Launch Ride United to address the unmet transportation needs in Bannock County	Fulfilled
2.	Establish partnerships with public and private transportation companies	Fulfilled

3.	Build out the Community Investment portal to facilitate transfer of ride vouchers and other support (e.g., honoraria to support added cost to partners agencies) to community-based partners	No longer applicable due to program modifications
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Goal 3’s first output indicator was fulfilled with the launch of Ride United. A total of three taxi companies in the locality were approached for bids. Only Shudl got back to the United Way team. (The United Way approached three companies for bids to ensure that the project would remain compliant with federal regulations). As the partner entity was narrowed down to Shudl, direct discussions with the company on the contractual provisions started in September 2022. Contract negotiations ended around the end of November with rides beginning in December of 2022. The logic model below illustrates the iterative approach taken by the Ride United project team where issues with implementation were evaluated and addressed in an ongoing manner to ensure that the program could run smoothly as it increased in size.

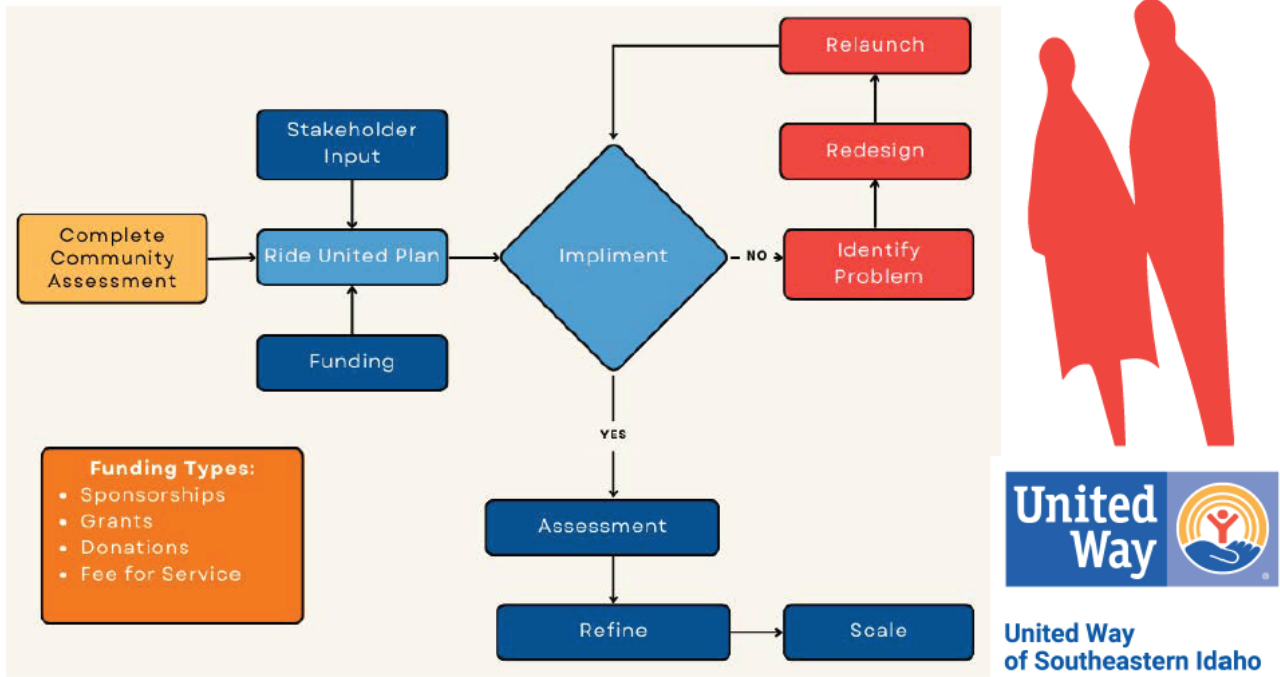


Figure 5 Ride United Project Process

<i>Ride United Program Use</i>		
Date	Distance Traveled	Number of Rides
December 2022	9.3 miles	6 rides
January 2023	38.14 miles	26 rides
February 2023	521 miles	90 rides
March 2023	588 miles	86 rides
April 2023	639.09 miles	158 rides
May 2023	805 miles	227 rides
June 2023	1,684.77 miles	368 rides
July 2023	1,342.36 miles	265 rides
August 2023	1,925.47 miles	231 rides
September 2023	1,483.5 miles	177 rides
Totals	9,036.63 miles	1634 rides

Demand for access to the Ride United pilot continues to grow. In the initial month of services, Ride United only provided six rides. That figure grew to a peak of 368 rides by June of 2023. While the overall number of rides decreased from June to September, the cost of the program continued to increase. In part costs continued to grow because community members using Ride United needed to access services in communities as far away as Idaho Falls. This need is not surprising due to the limited nature of specialist care in eastern Idaho (nearly all of this area is designated as a primary and mental health care professional shortage area by the

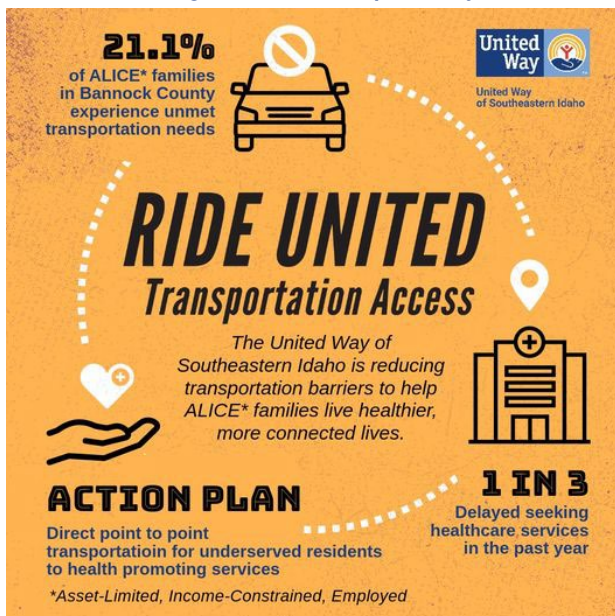


Figure 6: Ride United Awareness Campaign sample image.

Health Services and Resources Administration). The second had to do with how the partner Shudl billed for rides. To address the latter issue, Shudl’s contract was renegotiated in July 2023 to reduce the overall cost of the program. A sample contract with the revised pricing scheme is included at the end of this document. The renegotiation resulted in a 33% decrease in the cost per ride following the implementation of the new contract in September of 2023.

As the program was being brought to scale at the Portneuf Health Trust’s City Center Campus, onboarding sessions were held with each partner. This process involved talking with the staff members charged with managing the project,

providing a summary of program policies, and explaining the mission of Ride United to address the social determinants of health. The mission of how Ride United is used by partner agencies to support lasting health improvements is visualized in figure 6 below. Discussions between Shudl and the partners also took place to ensure effective collaboration. Program rules can be found at the end of this assessment on the page titled, *Ride United Partner Guidance*.

Once a partner completed onboarding, then social workers, case managers, and other support staff at the partnering organization had the option to use Shudl to ensure that their clients could access needed services. In other words, clients cannot directly book rides with Shudl. This ensured the rides are used to overcome the socioeconomic barriers to health and to keep the project on budget. However, whenever an appointment time changed, those staff were responsible for adjusting the ride with Should, which added complexity for partner agencies.

To further promote Ride United, the project team obtained additional grant funding in partnership with IDHW. This funding was used to launch health fairs in Caldwell Park and at

Valley Mission. Through the increased grant funding and in partnership with SICOG, the project team expanded their work to train social workers to help community members navigate public transit. At the same time, social media campaigns were ramped up and funds were used to increase staff capacity at partner agencies.

Figure 7: Sample Health Fair Flyer



Output 3.2: The second output indicator used to assess this goal is the successful establishment of partnerships with public and private transportation companies. The achievement of this goal went hand-in-hand with the achievement of the outputs described in 3.1.

Output 3.3: The third output indicator under this component was building out the community investment portal to facilitate transfer of ride vouchers and other support, i.e. honoraria, to partner agencies. This indicator was not evaluated due to modifications in the program. Instead of over-burdening partner agencies, the project team developed a direct method of onboarding partners to streamline ride delivery.

Component 3 Output Validation

Between July 2022 and July 2023, usage of SEIBCC almost doubled and usage of CHS has more than tripled. At SEIBCC, 63 unique individuals stayed for a total of 158 days in July 2022. In July 2023, 102 unique individuals stayed for a total of 326 days. Although further study is required to confirm the cause of this increase, the Executive Director mentioned that Ride United was the second biggest impact for SEIBCC, after the 2020 Medicaid expansion. The Executive Director also indicated that their clients experienced significant unmet transportation needs and that Ride United was vital to ensure they attended their health appointments. Moreover, having a flexible transportation service that could drop-off clients at the exact healthcare site was important. For example, several clients needed to be at Health West in Chubbuck, but bus routes do not deliver the passengers to the area. Thus, without Ride United, clients in the midst of a mental health crisis would have fewer opportunities to have their needs met. On average SEIBCC uses Ride United around three times a day.

In addition to increasing attendance at health appointments, anecdotal evidence indicates that Ride United helped prevent relapse. For example, in one individual in recovery needed transportation and called a friend for a ride. That friend was still experiencing substance use disorder and encouraged the client in recovery to use as well. By providing a free and independent mode of transportation, Ride United helped to prevent such instances from reoccurring and thus supported long-term recovery. The Executive Director of SEIBCC also highlighted the importance of Ride United for those experiencing suicidal ideation; it allows clients to quickly come to the center at any time and is invaluable to their mental health.

CHS is a nonprofit organization focused on offering free peer-to-peer recovery services to provide opportunities for education, socialization, and wellness for community members in recovery from substance use disorder and/or mental health disorders. In the last year, they tripled the number of individuals served. In July 2022, approximately 40 individuals accessed the Center, by July 2023 that number grew to 135 individuals with an accumulated total of roughly 400 contacts. The staff

Figure 8 Sample Image from final social media campaign



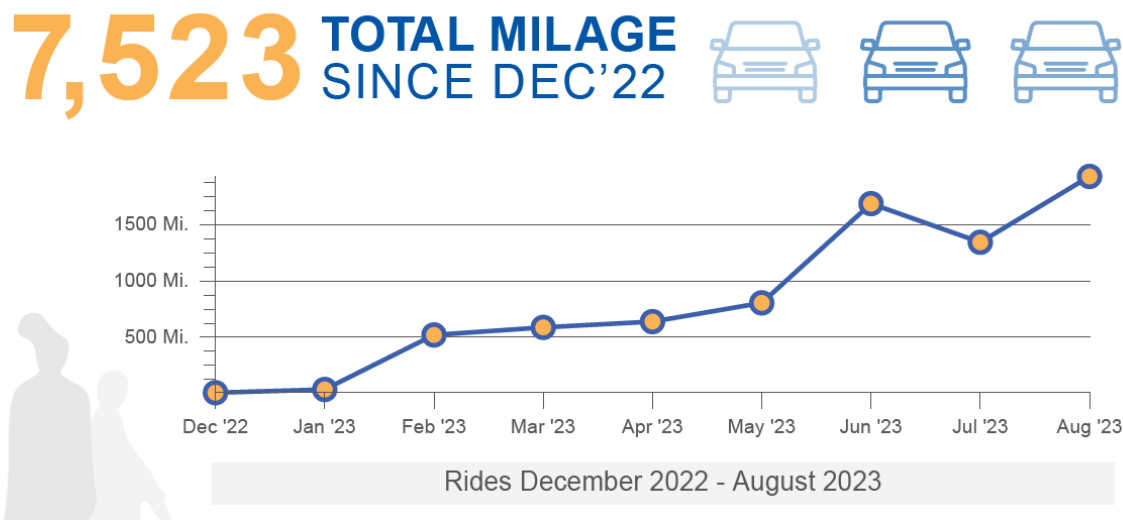
attributes this growth to new management, innovative practices, and improved outreach activities. They were able to expand their partnerships with various rehabilitation services including Freedom Recovery, Moonlight Mountain Recovery, AmeriHealth Medical Center, Cognitive Restructuring, Gateway Counseling, MK Place (for youth), Bannock House (for youth), and the Pocatello Women’s Correctional Center. CHS also integrated their work with the Behavioral Health Board, which served as a further catalyst for growth.

“Ride United helped build confidence in the peers that we worked with and ensured the sustainability of our work.”

- Center for South Hope Peer Recovery Center Assistant Director

Goal 3 filled an essential gap in CHS’s work. Thanks to Ride United’s availability, there is a growing confidence among the peer-support workers that their peers-in-recovery will be able to seek necessary treatment without risking relapse. Ride United was instrumental in achieving the progress CHS saw in their peers as it helped to lowering recidivism, improved medication adherence, and helped peers address any infections or illnesses in a timely manner. Most importantly, Ride United provided support for individuals to be consistent in their path to recovery. One peer counselor noted that in the last month, 15 rides were called and not one person missed their appointments. The ride service was used for all kinds of appointments: mental health, physicals, recovery services, and treatment. Prior to the launch of this program, clients of the CHS would either try to provide bus tickets or would use counselors’ personal vehicles to provide transportation; this *ad hoc* system resulted in peers missing their appointments at higher rates.

Figure 9: Ride United monthly milage



Lessons Learned and Suggestions

Many lessons emerged during the first year of implementation that tested assumptions about the the population and the partner entities Ride United served. This project relies on public networks and as a result, there are many risks outside the control of the project team. The project team minimized risks by reaching out to potential partners and identifying needs experienced by the local population. Lessons learned from each goal are described below.

Lessons from Goal 1: Building an environment of community collaboration.

Significant progress was made on partnering and integrating the initiative with community stakeholders. One key lesson derived from executing goal 1 was that it is better to join an established stakeholder network rather than creating one from scratch. This is because existing networks already worked out challenges to optimize collaboration and partnerships. In this case, since the Portneuf Health Trust’s Integration Committee was already coordinating each service located within their health ecosystem, the network also possessed the tools needed to foster collaboration and to preserve institutional memory.

Goal 1 also helped the project team to identify other unmet needs stemming from the social determinants of health. For example, housing and food insecurity are existing challenges; almost half (40%-50%) of those visiting the SEIBCC are unhoused. This figure rises to nearly 75%-90% for those recently released from prison. In addition, 60%-80% of visitors to SEIBCC have substance use disorder and are experiencing an acute mental health crisis. Given that it is difficult to address substance use disorder and other mental health needs without housing supports, the project team will want to consider how to incorporate strategies to address long-term, unmet housing needs. This proactive work may help to prevent relapse and reduce overall hospital admissions. SEIBCC is open 24/7 to provide support to clients experiencing a crisis and through their partnership with CHS, they can support the long-term recovery of clients as well.

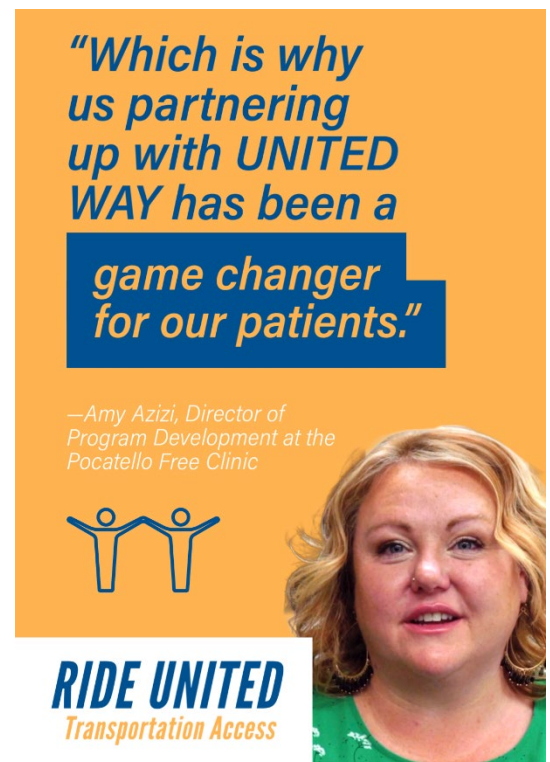


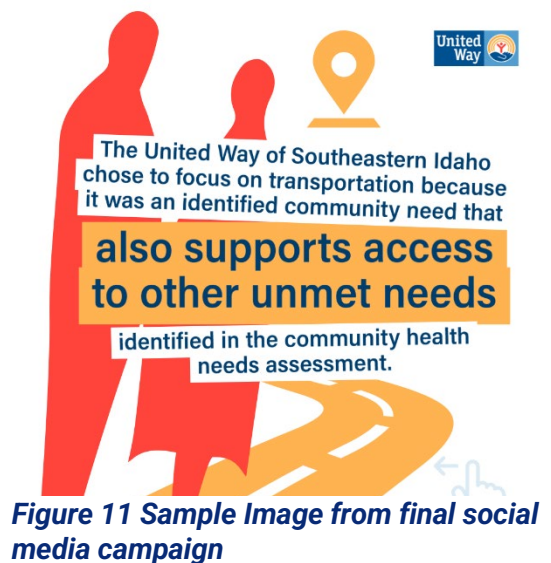
Figure 10 Sample Image from final social media campaign

Additional needs within the community were also uncovered though the work on goal. This includes growing need for those affected by:

- 1) traumatic brain injury, schizophrenia, bipolar, dementia,
- 2) finding housing for sex offenders,
- 3) aging parents of adult children with disabilities, and
- 4) adult clients with severe autism and development delay.

The system is overburdened regarding its ability to address these needs. The preferred approach to address the complex issues associated with the diagnosis included on 1 is community-based rehabilitation. However, many community members cannot access the appropriate level of care due to the limited nature of these resources in Idaho and due to the limited financial means of clients (even when they are able to access benefits though Medicaid). The second issue stems from the current affordable housing crisis and the challenges faced by all individuals who have experienced incarceration; however, this is compounded for sex offenders as they have additional restrictions and there are not enough rental units available to meet the need thus resulting in increased experiences of homelessness, substance use disorder, and other unmet needs that often lead to crisis. There is a growing need for issues related to support for adults with developmental disabilities whose parents can no longer care for them. As these parents pass away, their adult child is left alone and yet he/she does not have the ability to independently care for themselves and navigate the system. Finally, partners report that there is a strong need for increased support for the adult autistic population; the community needs greater access to supportive services and staff require additional training.

Interviews indicated that additional partners may need to be brought into the wider partnership to support sustainable, long-term improvements to community health. Most notably, there is a potential benefit to working with the justice system and law enforcement. Increased collaboration and communication can help members of the justice system identify the appropriate agency to corotate with to ensure that clients receive the correct level of care and support services. For example, SEIBCC does not have resources to treat patients with dementia and Alzheimer’s disease, but many first responders are not aware of this. This type of coordination is also needed with hospitals, especially the emergency department. In some cases, clients with acute mental health needs are



redirected to under-resourced entities. This often leads to organizations receiving clients whose needs exceed the level of care that can be provided. In the process, the client accesses inappropriate resources and access to appropriate care is delayed. Thus, clear, protective coordination among these entities will decrease service usage, decrease the reliance of nonemergency transit, and may improve overall outcomes for these community members.

Lessons from Goal 2: Public awareness & education engagement

This goal delivered on the most diverse set of products. Awareness was promoted through diverse communication means, including TV, radio, billboard, newsletters, and social media. The successful roll-out of various products was partly due to program resources and partly due to leveraging partner resources. For example, the project team obtained several TV spots to highlight their work via a partnership with the Portneuf Health Trust. Radio, billboard, and newsletters used existing resources and working relationships maintained by the United Way. As other entities consider duplicating this strategy, it is imperative to recognize the importance of the preexisting working relationships and partnerships that lead to Bannock County's success on Goal 2. We recommend other entities seeking to develop similar efforts add additional time to develop these relationships.



Figure 12 Sample Image from final social media campaign

There are a few areas for improvement. First, there is some confusion between Shudl (the transportation provider) and Ride United (the transportation program). This distinction is not always clear for those using Ride United services since they primarily interact with Shudl. This confusion was compounded during the first months of implementation because Shudl was the only advertisement on the vehicles. Although this was marginally mitigated when United Way bumper stickers were added, it is important to promote awareness of the connection between GHI funded Ride United and Shudl since long-term sustainability of the program relies on understanding the distinction.

Work on goal 2 can also be improved by applying greater effort to reaching a younger population. As reflected in the CAP, the younger population of adults, ages 18-35, is vulnerable to many health needs. This population often has less disposable income, with a higher proportion of income spent on rent. It is important to reach this younger population on potential health threats and resources to address them. Traditional media channels are not as impactful for this

demographic relative to other age groups. To better reach this group, short video content is preferred. In addition, the production of such content needs to be strategized to include powerful genuine heart-felt stories. To support increased engagement with this demographic, additional short-form video content should be rolled out.

The project team can also expand their work on goal 2 by exploring different types of media. A video/audio podcast could be highly impactful in improving outreach. To promote discussions on health in various local circles, the project team could invite partners to speak about their experiences, expertise, passion, and familiarity. The video/audio podcast could also serve as a hub to bring together the various spokes of the project that risk operating in siloes. This might also help to mitigate the risk of confusion as separate health awareness strategies launched by partner organizations reference Ride United.

In some sense, goal 2 has been too successful as the demand for rides is quickly outstripping the available resources. To address this demand, uncommitted resources from goal 2 were shifted to the Ride United program to help meet the demand for services. The shift in resources was designed to continue the expansion of Ride United use. However, Ride United will need to curb growth so that it does not consume more resources than are available. Specifically, the growing demand for Ride United carries the risk of limiting awareness initiatives.

Lessons from Component 3: Meeting an identified need via Ride United.

This was the most difficult component to launch but also the most rewarding. The successful launch of the program required overcoming many difficulties. First, this program needed to be built from scratch, including establishing and testing new logistics such as demand generation, request identification, eligibility verification, and coordinating service delivery. To begin, Ride United was designed to be delivered via local health partners who were already servicing target demographics and leveraging the relationships developed during the achievement of goal 1. By working with partners to deliver the rides, the project teams lowered the cost of the program since this design took advantage of existing community



Figure 13 Sample Image from final social media campaign

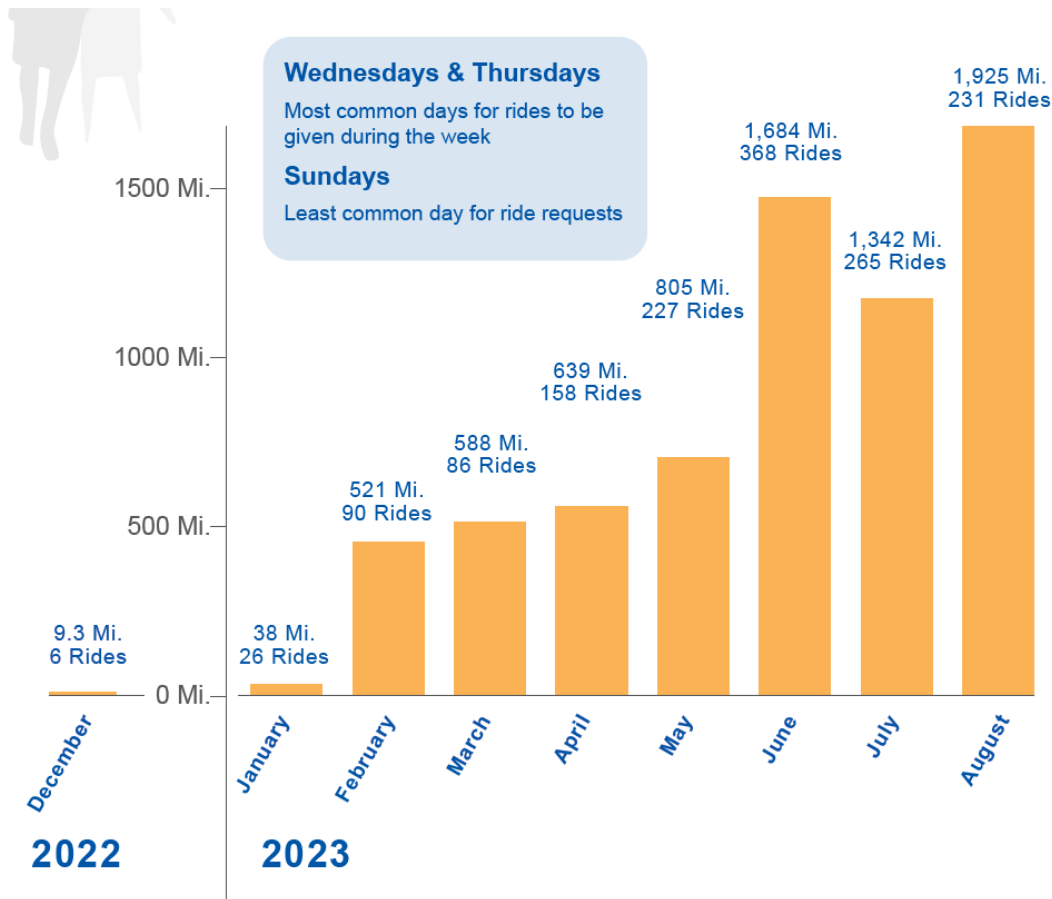
expertise related to demand generation, request identification, eligibility verification, and coordinating service delivery. This was extremely effective in shortening the roll-out time of the service and this design should be adopted elsewhere replicating the program.

Partnership with Shudl is indispensable but warrants monitoring. Due to the limited population size of Bannock County, transportation companies have limited capacity. This means that the growth of Ride United must be balanced with Shudl's capacity. In addition, United Way must also account for the risk taken on by Shudl; they are facing higher risk in their business model because they rely on a single buyer that dominates their revenue stream. This risk will grow if the landscape of private and public sector investments change. To avoid shifting private sector risk onto the public program, it is important to clarify contractual clauses and rates at the point of contract renewal. On the flip side, if handled judiciously, there are win-win scenarios whereby Shudl could better tailor their customer service assessments to reflect the unique needs of their clients, resulting in improved customer feedback and increased business visibility. So far, there have been no complaints with Shudl. The Executive Director of SEIBCC said of Shudl, "They have been excellent so far."

The success of Ride United indicates that the project team correctly identified an unmet need in the community. The growth in demand is remarkable with more than 7,500 miles delivered within the first eight months of program operation. The rapid increase in demand during a launch year validates the importance of Ride United for promoting the community's health. Early evidence indicated that both partner agencies and their clients are helped by Ride United. As the ED of SEIBCC explained, "Ride United was the second most important thing that positively impacted us next to the Medicaid expansion in 2020." Although it will take much longer to observe changes to long-term health outcomes, it is important to recognize the indispensable way in which Ride United has bridged services to increase population health. That is, if the program did not exist, how many would have missed their health appointments and key activities to maintain a healthy condition? Given the 7,500 miles of rides provided, we can reasonably infer that Ride United meaningfully reduced the distance clients needed to travel to access healthcare and promote their well-being.

Although already quite successful, additional logistical improvements may further improve Ride United. As is, clients must first call the partner agencies whose staff book rides with Shudl on behalf of the client. This requires staff time to make follow-up calls to the client and to coordinate changes in scheduled by calling Shudl with the necessary information. This process

could be streamlined where an algorithm or other automated process is used to coordinate services.



The success of the project team in

Figure 14 Ride United Monthly Usage through August 2023

achieving goal 3 raises future challenges. The rapid rise in demand translates to a corresponding increase in the rate of consumption of programmatic resources. If the rate of resources consumption holds while funding plateaus, there will be time when ride requests could no longer be honored. In anticipation, a couple of strategic discussions need to take place. First, the project team will need to determine when the project will run into challenges based on the current growth rate of Ride United. Second, the project team will benefit from further optimizing how rides are delivered. Resource optimization exercises include co-funding arrangements with alternative sources, eligibility prioritization, refinement exercises, fund raising activities, etc. In addition, the project team should explore ways to stretch the current funding to limit the rate of resource consumption and to prevent an abrupt stop in service delivery. Third, the project team should consider a strategic engagement with a broadening partnership base. This is due to the growing need of the community related to core social determinants of health, such as housing.

Conclusions

Overall, this project with extremely successful. Using evidence-based decision making driven by community input, the project team identified an urgent need within a vulnerable population. The urgent need, transportation, had the unique feature of being both ubiquitous and relatively low-cost. The Ride United pilot program allowed each partner agency to better serve their clients by ensuring that clients could obtain resources throughout the community. Initial evidence indicated that this program was highly successful in increasing adherence to treatments for behavioral health services and for addressing the social determinants of health. By systematically addressing these needs, we expect the long-term reliance on service utilization to decrease with time and for clients' overall health to improve. This is illustrated in the model below.



Figure 15 Ride United Program Model

While this was a year dedicated to learning and adjusting, the project team also overcame various challenges while efficiently tackling tasks to achieve seamless service delivery. This success reflects the strong capacity of the project team and their on-going attention to

program progress. As mentioned in the report, there were many capacity factors and existing partnership relations that enabled such output delivery success. It is important to note these attributes for replication elsewhere. We anticipate that the project team will maintain the pace and success of the 2022-2023 activities during the 2023-2024 project year. Through their strong collaboration, the project team built a foundation that will extend the success of each goal; maintaining course is expected to deliver on the same outputs for the subsequent year. Throughout the next year, the program team will need to pay particular attention to how they absorb the growing demand for services and the expanding community participation. Thus, future evaluations will focus on how the project team navigates these challenges and whether their current efforts to improve efficiency are successful. The following year's evaluation report will also address how the outputs of goals 1-3 link to anticipated long-term outcomes. More data will be required to complete subsequent evaluations.

Appendix

Service Contract Initial Contract Template

Service Contract

THIS AGREEMENT made this [Contracting Date], by and between the [Contracting Entity] and [Servicing Entity] hereinafter referred to as “Contractor”.

WITNESSETH:

[Contracting Entity] referred to in Attachment A does hereby employ the Contractor to do all the work and provide all labor, security, materials, tools, machinery, supervision, services, etc., necessary for the total sum of [Initial Threshold Amount] all in accordance with the specifications which are attached hereto as Attachment A and expressly incorporated herein by reference and made a part hereof.

1. CONTRACT TERM

- A. The Contractor agrees to begin work to be performed under this contract this Contract when it is signed by the Contractor and [Contracting Entity]. The work to be performed under this contract shall commence on [Contracting Date] and completion shall be achieved no later than [End Date].
- a. Terms of Payment:
 - b. Terms of this contract will be paid by invoice on a monthly basis. Invoices will be provided to [Contracting Entity] by the contractor no later than 30 days after the billable service was completed. All invoices will include: service period, itemized description of services provided, date, invoice number, total amount billed, total amount remaining in the contract, and any other need specified in Appendix A. Invoices will be paid by [Contracting Entity] within 30 days of receipt.
- B. Failure to complete work within the number of business days as stated including extension granted thereto, shall entitle [Contracting Entity] to deduct from monies due the Contractor as “**Liquidated Damages**” an amount of 10% of total contracted amount.

2. SCOPE OF WORK

- A. The Contractor does hereby agree that they will perform the work, in accordance with the specifications in Attachment A; diligently and in a good workmanlike manner, using the materials specified or materials of at least equal quality.

-
- B. The Contractor shall be responsible for obtaining all necessary permits for the work to be performed, and the work being done or thereof shall not be deemed completed until the [Contracting Entity] has accepted it as satisfactory, where applicable.
 - C. The parties understand and agree that the Contractor is an independent Contractor, and that the Contractor is not an employee, agent or servant of [Contracting Entity], nor is the Contractor entitled to any employment benefits offered by [Contracting Entity]. The Contractor understands and agrees that the Contractor is not entitled to workers' compensation benefits and that the Contractor is obligated to pay federal and state income tax on any moneys earned pursuant to this contract.
 - D. As an independent Contractor, the Contractor agrees that:
 - a. The Contractor does not have the authority to act for [Contracting Entity], or to bind the [Contracting Entity] in any respect whatsoever, or to incur any debts or liabilities in the name of or on behalf of [Contracting Entity]; and
 - b. The Contractor has and hereby retains control of and supervision over the performance of the Contractor's obligations hereunder and control over any persons employed or contracted by the Contractor for performing the Services hereunder; and
 - c. [Contracting Entity] will not provide training or instruction to the Contractor or any of its employees regarding the performance of Services as outlined in Appendix A hereunder; and
 - d. Neither the Contractor, nor its employees or consultants, will receive benefits of any kind from [Contracting Entity]. The Contractor represents that it is engaged in providing similar services to the general public and not required to work exclusively for the [Contracting Entity]; and
 - e. All Services are to be performed solely at the risk of the Contractor and the Contractor shall take all precautions necessary for the proper performance thereof; and
 - f. The Contractor will not combine its business operations in any way with [Contracting Entity]'s business operations and each party shall maintain their operations as separate and distinct.

3. ASSIGNMENTS AND SUBSTITUTION

- A. The Contractor hereby agrees not to assign or sublet this contract without the written consent of [Contracting Entity]. Request for the assignment shall be addressed to: [Contracting Entity Liaison].
- B. All change orders for the work to be performed must have prior written approval of [Contracting Entity]. No change order will be performed before written consent is given.

-
- C. In the event of any breach of this contract, [Contracting Entity] may engage the services of another contractor to complete the work and deduct the cost of such completion from any amount due the Contractor hereunder.

4. INDEMNIFICATION

- A. The Contractor covenants and agrees to and does hereby indemnify and hold harmless and defend [Contracting Entity] and their agents, servant of employees, from any and all claims for injuries or damages to persons or property of whatever kind of character, whether real or asserted, arising out of this agreement of the work to be performed hereunder. The Contractor hereby assumes all liability and responsibility for injuries, claims, or suits for damages, to person or property for whatever kind or character, whether real or asserted, occurring during the time the work is performed and arising out of the performance as same.

5. INSURANCE

- A. Neither the Contractor nor any subcontractor shall commence work under this agreement until all insurance required under this paragraph has been secured and such insurance has been approved by [Contracting Entity].
- B. ADDITIONAL SPECIFICATIONS BELOW AS NECESSARY**
- a. Worker's Compensation Insurance as required by the State of Idaho
 - b. Public Liability and Property Damage Insurance Comprehensive General Liability: Insurance for operations and contractual liability adequate to cover the liability assumed hereunder with limits of not less than \$350,000 on account of any one person and \$990,000 for each occurrence of property damage and personal injury
 - c. Automobile Liability Insurance: In those instances where the Contractor uses an automobile, regardless of ownership, for the performance of the services the Contractor shall carry insurance, written on the comprehensive automobile form insuring all owned and non-owned automobiles with limits of not less than \$100,000 (bodily injury per person), \$300,000 (each accident) and \$50,000 (property damage).
 - d. Any and all other insurance as required by law.
- C. Insurance coverage shall not be reduced below the limits described above or cancelled without [Contracting Entity]'s written approval of such reduction or cancellation. Reduction, cancellation or termination of insurance coverage, or failure to obtain insurance coverage, without [Contracting Entity]'s written approval shall constitute a material breach of the Agreement and shall automatically terminate the Agreement. The Contractor shall require that any of its agents or sub-contractors who enter upon the [Contracting Entity]'s premises or participate in the services in any form shall maintain like insurance. Certificates of such insurance, of agents and sub-consultants, shall be provided to [Contracting Entity] upon request. With regard to all insurance, such insurance shall: A. Be primary insurance to the full limits of liability herein

before stated and, should [Contracting Entity] have other valid insurance, [Contracting Entity] insurance shall be excess insurance only; and B. Not cancelled without thirty (30) days prior written notice to [Contracting Entity].

6. PROGRESS PAYMENTS

- A. Payment to the Contractor for work completed shall be made upon approval from [Contracting Entity].
- B. Payments will be made within 30 days following submission of approved invoice signed by [Contracting Entity] authorized personnel and Contractor.

7. FINAL PAYMENT

- A. The Contractor shall, upon completion of the work, and upon final payment, furnish an affidavit certifying that all charges for materials and any other expenses, incurred by the Contractor pertaining to the execution off this contract have been paid in full.

8. TERMINATION

- A. [Contracting Entity] may, at any time, terminate the Contract for [Contracting Entity] convenience and without cause. Upon receipt of written notice from [Contracting Entity] of such termination, the Contractor shall cease operation as directed by the Owner in the notice: take actions necessary for the protection and preservation of the work; and terminate all existing Subcontracts, except for work directed to be performed prior to the effective termination date.
- B. In the case of such termination, the Contractor shall be entitled to receive compensation for approved work completed through the date of termination.

9. ENTIRE AGREEMENT

- A. This instrument constitutes the entire agreement between the parties and no written oral agreement of any kind exists to charge the provisions hereof. No other work shall be done, nor additional monies paid unless provided for in a preciously written contract, approved in writing by [Contracting Entity]. All work performed under the scope of this agreement by the Contractor shall be carried out at the highest standards in accordance with the law of the State of Idaho and with the best practices of the Contractor's industry.

10. CONFLICT OF INTEREST

- A. No member of [Contracting Entity] staff shall share any part of this contract or receive any benefit from this contract.

11. REPORTING

- A. The Contractor agrees to submit to [Contracting Entity] upon request any information related to work performed or to be performed under this contract.

12. INTELLECTUAL PROPERTY

- A. Any data, reports, drawings documents or other things or information provided by [Contracting Entity] to the Contractor during the performance of services under this Agreement and any reports, drawings or other writings required under the services of this Agreement shall be and remain the sole property of [Contracting Entity] at all times. The Contractor shall return or provide to [Contracting Entity] such documents, etc. by the completion date and before full payment of the compensation herein.

13. CONFIDENTIALITY

- A. Definition of Confidential Information. For purposes of this Service Contract, "Confidential Information" shall include all information or material that has or could have commercial value or other utility in the business in which [Contracting Entity] is engaged. If Confidential Information is in written form, [Contracting Entity] shall label or stamp the materials with the word "Confidential" or some similar warning. If Confidential Information is transmitted orally, the [Contracting Entity] shall promptly provide a writing indicating that such oral communication constituted Confidential Information.
- B. Exclusions from Confidential Information. The Contractors obligations under this Service Contract do not extend to information that is: (a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of the Contractor; (b) is disclosed by the Contractor with [Contracting Entity]'s prior written approval.
- C. Obligations of the Contractor. The Contractor shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the [Contracting Entity]. The Contractor shall carefully restrict access to Confidential Information to employees, contractors, and third parties as is reasonably required by the performance of the duties outlined in Appendix A and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Contract unless [Contracting Entity] provides prior written approval. The Contractor shall not, without prior written approval of [Contracting Entity], use for the Contractor's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of [Contracting Entity], any Confidential Information. The Contractor shall return to [Contracting Entity] any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if [Contracting Entity] requests it in writing.

Executed this, [Contracting Date].

[Servicing Entity]
Contractor

[Contracting Entity]
Authorizing Agency

Owner/Authorized Signature

CEO

Contractor's Address

[Contracting Entity]

Phone

Phone

Appendix A
Work to be performed.

SCOPE OF WORK:

As part of the second year of the Get Healthy Idaho work, [Contracting Entity] will launch a transportation pilot project to increase access to health promoting services. Activities will include:

- Overview: Working with [Contracting Entity] and project partners to provide transportation services to clients. These transportation services will take the form of point-to-point transportation to allow clients to benefit from health promoting activities.
- Invoicing: All payments will be made following the submission of an invoice that includes the total number of rides provided in the billing period, invoice number, time period of services rendered, [Servicing Entity] contact information, subtotal, taxes, total amount due, and a description of services rendered. Invoices shall include a total dollar amount for all rides ordered as part of the Get Healthy Idaho project for the month preceding the month in which the invoice was submitted. All invoices shall be accompanied by an excel sheet that will supplement the description of services rendered; the excel sheet shall include, for all rides billed to [Contracting Entity], dates of service, VIN of ride vehicle, driver’s license number, driver name, pick-up time, drop off time, rider call time, name of client, trip ID, and billed amount.
- Scheduling: All trips will be ordered by designated providers as identified in the software used by [Servicing Entity].
 - [Contracting Entity] will provide [Servicing Entity] with the names of designated providers. Additional providers may be added as the project grows.
 - Providers will then follow a procedure outlined by [Servicing Entity] to order rides and to indicate that [Contracting Entity] will be responsible for reimbursing [Servicing Entity] for those rides.
- Pricing: All rides shall be reimbursed by [Contracting Entity] at the following levels:

	Daytime Hours 8am-6pm	After Hours 6pm-8am
Base Charge	\$2.00	\$3.00
Per Mile	\$1.00	\$1.50
Per Minute	\$1.00	\$1.50
Minimum Fare	\$10.00	\$15.00
Additional Charges	Additional Passenger	\$5 each

- Contract Renewal: The total value of the contract is based upon the assumption that [Servicing Entity] will provide at least 45 two-way (e.g., pick-up, drop-off, wait, return client to starting location) rides per month. However, additional funding may be provided by mutual agreement via an additional contract to expand the services.



Ride United Partner Guidance

By accepting Rides, all partners agree that they will only use the Ride United program when other options, particularly those funded with federal/state dollars, are not available. This is important as we cannot use grant dollars to provide transportation services if other federal/state funds have already been designated for this purpose.

Ride United cannot be used in place of Idaho Non-Emergency Medical Transport (NEMT). A client may be eligible for NEMT services if they meet the following criteria:

- Have Medicaid
- You have the opportunity to schedule the trip at least two days in advance
This does not include rides following discharge from the hospital or in the event of a crisis (please call 911 for all emergencies), please contact Idaho's NEMT in these cases to determine eligibility
- The ride must occur on Monday-Friday between 8am and 6pm
- If the ride is for a medical service deemed necessary by Medicaid
- If the ride meets these criteria, please visit Idaho's NEMT website to book a free ride for your client:
<https://www.mtm-inc.net/idaho/>
- Learn more here:

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CODE

Instructions:

Ride United cannot be used in place of rides covered by Medicare. A client may have access to these services if:

- Original Medicare does not cover trips for routine doctor visits or appointments. The only circumstance where Original Medicare might cover your medical transportation to a doctor's office is if you do not have a valid driver's license or if it's unsafe for you to drive due to a medical condition.
- More details are available here: <https://www.medicarefaq.com/faqs/medical-rides/>
- If your client has Medicare Advantage, their plan may cover rides. You will need to reach out to determine if they are covered.

Other transportation options are not free and can be used to supplement Ride United:

Paratransit eligibility (\$2 per ride for individuals under 60) and free for those over 60 (paid for by the Area Agency on Aging).

- If you think your client could meet ADA qualifications to receive free rides due to physical, cognitive, or visual disabilities
- Once deemed eligible, rides can be scheduled anytime, but PRT recommends at least 24 hours notice
- Rides are available weekdays from 8-4 and Saturday from 9-4, additional rides may be requested.
- More information on the paratransit program is available here:
<https://pocatellotransit.com/pdf/paratransit-rider-guide.pdf>
- More information on PRT's door-to-door services can be found here:
<https://pocatellotransit.com/door-to-door-services/>

After a client is deemed eligible for a ride, then we request that a staff member contacts Shudl, the transportation provider, to schedule a ride for their clients. Currently we are only allowing agency partners to schedule rides. Free public transportation classes and bus passes are available to community members in need of additional transportation support.