



Department of Behavioral Health
Adult Services Administration
State Opioid Response (SOR) Team

MyRides Program

Provider Training and Acknowledgement Form

What is MyRides?

MyRides is a program designed to provide free on-demand rideshares to individuals with an opioid use disorder (OUD) or stimulant use disorder (STUD) to get to and from substance use disorder (SUD) treatment, SUD peer-operated centers, or other DBH service providers. The Department of Behavioral Health (DBH) and the Department of and For-Hire Vehicles (DFHV) launched the program to provide temporary transportation assistance to qualified DC residents participating in treatment services. DFHV contracted with *Transco* to provide the MyRides dispatch and rideshare services.

MyRides Program – Criteria and Qualifications for Utilization

- Only District of Columbia (DC) residents participating in treatment for OUD or STUD are eligible to receive transportation rides through My Rides.
- The pick-up AND drop-off locations for each transportation request must be in DC.
- Each transportation request must be requested to aid residents participating in OUD/STUD treatment services in DC.
- Only approved providers will schedule on-demand rides for approved participants
- Participation in the MyRides program is voluntary and designed to temporarily assist individuals in participating in treatment services, for no more than five (5) rides.
- Participants will not utilize this program for personal use, unrelated to treatment services.

MyRides Providers will:

- Attend the DBH MyRides Training prior to utilizing the service for participants.
- Receive a unique code from DFHV that will be used to request rides for participants.
- Not share the code with participants or anyone else not approved to utilize such code.
- Reference Account 626 (MyRides Account) and provide the unique code provided by DBH.
- Not utilize the program for personal use.
 - Explain the guidelines and criteria of MyRides to participants before they utilize the program.



MyRides Providers will (continued):

- Disclose minimal participant information to ***Transco*** or coordinating transportation request (participant name, contact information, and travel itinerary, only).
- Assist participants in creating and implementing a long-term plan for transportation to treatment services to avoid utilizing MyRides beyond the 5-ride limit.
- Ensure that each trip request is completed correctly and provides accurate information for the transportation for treatment.

Treatment transportation request should include:

- Name and contact number of the participant utilizing the service
- Name of the individual ordering the request for the participant (i.e. provider staff member requesting the ride for the participant). This should not be the same name as the customer/participant utilizing the service.
- Name of organization where the requester works. This should not be DFHV or another DC government agency if the requestor is not employed by them. To confirm, please double check your work email address. If it does not end with dc.gov, a DC government agency should not be listed as the organization requesting the transport.
- District of Columbia addresses, only.
- A pickup or destination address consistent with a treatment service location and Network list provided.



Provider Staff Signature

I, _____ (First, Last name), from _____ (Organization/Provider name), acknowledge that I attended the DBH training for the MyRides program on _____ (date). I understand the criteria for utilizing the MyRides program for clients and will remain in compliance of service expectations.

Violating the terms of the program may result in immediate termination of the unique code provided to request rides.

Print Organization/Provider Name

Signature of Provider Staff

Date

Print Name of DBH Witness

Signature of DBH Witness

Date