

**Removing Barriers to Transportation and Expanding Senior Mobility Webinar
August 23, 2018**

Captioning Provided By:

Caption First, Inc

P.O. Box 3066

Monument, CO 80132

800 825 5234

\*\*\*

This text, document, or file is based on live transcription. Communication Access Realtime Translation (CART), captioning, and/or live transcription are provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings. This text, document, or file is not to be distributed or used in any way that may violate copyright law.

\*\*\*

KRISTI MCLAUGHLIN: Hello, everyone. Thank you for joining the NADTC webinar on removing barriers to transportation. It is just now the top of the hour. We are going to wait just a few seconds here. We have got people joining really quickly. The numbers are going up pretty fast, so I want to give everybody just a second to get connected before we get started but I wanted you to know you are in the right place and we will get started in just a minute.

KRISTI MCLAUGHLIN: Welcome, everyone, and thank you for joining us for the NADTC webinar on Removing Barriers to Transportation and Expanding Senior Mobility webinar. We are glad you were able to join us today. A few logistics before I turn the session over to your presenter. The webinar is being recorded today, and the recording will be available on the NADTC webinar within a few days after the session, as soon as we get that up there. If you are connected by phone and by Internet, please go ahead and mute your computer speakers. You will experience some feedback if you aren't already without taking that step. And then if you are having any trouble connecting with blackboard or onto the webinar platform if you are still trying to do that and you are hearing this on the phone, then you have two options, you can either contact Blackboard technical assistance or you can email me, Kristie McLaughlin. I was the one that sent out the connection information, so you should be able to just find that and reply to that email with the details as and the issues you are having. I will do my best to get you connected. Just a reminder you do not have to join the webinar room to participate. You can participate just via phone and by following along with the Power Point presentation. You don't lose functionality doing this. You can still email questions.

We will give instructions on that in just a bit. To ask a question, which you can do throughout the session, and we will also have a question and answer period at the end. You can ask a question or make a comment by typing into the chat box. If you are in the webinar room, which is to the left of your screen, the left and the bottom, or you can email your question to M Gray@N4A.org. And also finally captioning is being provided for this webinar. Thank you, to Becky, for joining us today and doing the captioning. To access that, you can either press control and F8 on your keyboard or you can click on the CC icon which is at the top left of your screen. A separate screen will pop up that you can customize to your liking for size and font and you will be able to follow along that way.

Without any further ado, I am happy to turn the session over to get us started to Virginia Dize. Virginia is the codirector of the National Aging and Disability Transportation Center. Virginia.

VIRGINIA DIZE: Thank you, Kristi. Good afternoon, everyone. Welcome to the webinar on Removing Barriers to Transportation and Expanding Senior Mobility. I want to begin by giving you an overview of the way the webinar will go. I will provide brief remarks and turn it over to Catherine Ciha with Senior Transportation Connection, and she will be followed by Laura Kittross who is with Berkshire Regional Planning Commission, and then hopefully we will have time for questions and answered and discussion. So to begin, I assume a lot of people on the phone have seen the slide on a similar slide that talks about the National Aging and Disability Transportation Center, but in case anyone who is on the phone is not familiar already with us, we are a partnership between Easterseals and the National Association of Area Agencies on aging. So I am a codirector here at n4a and Carol write Kenderdine is the codirector at Easterseals. We are funded by the Federal Transit Administration within the Department of Transportation and we also receive guidance from the U.S. Department of Health and Human Services, Administration for Community Living.

Our focus as a center, our mission is to promote the availability and accessibility of transportation options, particularly for older adults or people with disabilities and doing that by working with communities nationwide. We do a number of technical assistance functions. We do information and referral assistance. We have a toll-free number and that's listed on my final slide, and an eMail address where you can send inquiries. We have a website.

We do a lot of social media interaction, and we also do an eNewsletter. If you are not receiving our NADTC eNewsletter, it comes out at least once a month and sometimes multiple times in a month, please go to our website, which is WWW.NADTC and sign up to receive it. So today we are going to be talking about a grant program that the National Aging and Disability Transportation Center supported in 2017. These were 12‑month grants that were funded at a total of $300,000. And each grantee could be funded up to $50,000 for the year. The purpose of those grants was to strengthen connections between transit and human services organizations, to build bridges in the community between transportation and programs that support community living for older adults and people with disabilities.

And those organizations include area agencies on aging, Centers for Independent Living, community action agencies, any number of organizations and the community that serve those populations including faith‑based organizations. And to identify strategies for better using federal, state and local funding opportunities, and we at the NADTC are particularly focused on section 5310 program, which is available through the Federal Transit Administration, and is administered usually at the state level by your Department of Transportation or by another designated organization in the state.

Those funds are intended to enhance transportation for older adults and people with disabilities. It's a great opportunity, and if you are not familiar already with that program, there is lots of information on the FTA.gov website about the program. So we funded six grants, and I'm going to give you a brief overview, and then we will turn it over to our two speakers who are representative of two of these grant programs. One 6 our programs was area Agency on Aging 1B in Southfield, Michigan, and their focus was on creating a model for travel training that would work in their community. I will skip Berkshire and go onto the City of Hernando in Hernando, Mississippi, they were looking at developing new travel options to connect hard to reach populations to such designations as ways to get better nutrition as well as other hard to reach destinations in their community. A fourth grantee was Mountain Empire older citizens in big stone gap, Virginia, and they were looking at making improvements in the transportation they provide to persons with chronic care needs including people receiving dialysis.

And peace village Cancer Institute network in Cincinnati, Ohio, developed a transportation navigator program that was tied to an already existing cancer navigator program. So the people who came to them for help as they were experiencing a diagnosis of cancer or getting treatment for cancer would also be able to access transportation as they need it. Again, I'm going to skip senior Transportation connection because I don't want to steal the thunder of our two excellent speakers.

So this is my final, next to final slide, and I wanted to talk about what we learned, some of the lessons that we have learned through the entire grant program, which went on for 12 months. One is that time and flexibility are key. Unfortunately, I think when we give a lot of community grants, they are very constrained in terms of the amount of time that they have to complete their work, and that was certainly true with our 2017 grants, as well as constrained by the amount of funding that they have. So within those parameters, it's really important to understand that as much flexibility, as much responsiveness to what's going on within the community is really, really critically important.

It is also very important, and I think these grantees that are going to speak this afternoon would reiterate this, that it's really important to be able to know where you are going, right from the beginning, and be able to talk to that to people in your community. It's not only a way to do outreach and sell your project, but it's also an important way to keep you focused, to keep your eyes on the prize, and to ensure that everyone who works with you understands exactly what you are trying to do.

Partnerships are critical to success or partnership is critical to success. Whatever grammatical error was made in that line, but it is critically important to recognize that no one organization owns all of the space, that it's really important to reach out to others, to other organizations, to stakeholders, to older adults and people with disabilities, and family caregivers themselves to engage in your process.

It's also very important to match whatever you are planning to the actual needs and preferences of the target group and I can't emphasize enough the value of talking directly with people who use the service or even people who would like to use the service, but have not gotten comfortable using it to find out what their concerns and issues are as well as how they prefer to be served. And while you can't respond positively to every suggestion, it is really important to gear your innovation, your great idea to what's actually needed and wanted in your community. And finally, sustainability. Sustainability is something that we emphasize in all of the grant programs we have supported over the years through the NADTC and previously through the National Center on Senior Transportation.

And while sustainability in many people's minds equals having funding to continue the work and I can't deny that that's certainly true. It is also important realize that that's not the only way to sustain a program. There are ways to build support within your organization among your partners, to build support within the community for the work that you have undertaken so that even if the money to sustain it and continue it is not immediately forth coming or is really insufficient to continue the level of service that you have begun, having champions in the community, having others who will speak about the great value of the program can really help to keep the momentum going.

And the final slide is my contact information as well as contact information for the center. So with that, I'm going to turn it over to Catherine.

CATHERINE CIHA: Thanks, Virginia. So I'm going to talk a little bit about senior transportation connection's experience under the grand program and what we were able to accomplish. We chose to pilot an evening and weekend accessible transportation service within Cuyahoga County, which is the greater Cleveland area not only for older adults but for individuals with disabilities. It was based on an existing program with 13 years of history, in the community. We leveraged existing partnerships, but for us the innovation was creating not only an easy and weekend off hours service that met a significant gap in the community, we were able to offer more destination choices and pilot our first consumer directed or private pay program.

In keeping with the grant, we were able to develop something that was sustainable as well as an innovation in terms of the gap in our community services. So the existing program that we were building upon is a daytime program. We, last year was our most active year ever in our 13‑year history. We delivered 128,000 trips during a weekday service. We had more than 5,000 active clients. We covered more than a million miles across the county. We have about 30 partners, mostly municipalities as well as some social service agencies, the local area Agency on Aging and some other service providers that work with senior adults and we are predominantly drivers on our staff and our budget last year was $4 million.

Our existing model is we are a communities or social service agencies contract with us for a daytime service in a true public private partnership. The way we were founded and established and we offer efficiency, affordability, and a specialty and expertise in transportation that is accessible and meets the needs of individuals who have mobility concerns. While it's very affordable for a passenger who pays very little car perhaps has to make a donation, the city picks up most of the cost of our service, typically the locations are highly restricted in terms of how many rides per week an individual can take, medical appointments are prioritized because obviously that is a big concern, especially for older adults that have chronic diseases or health concerns to manage. Shopping trips and senior center functions are also common destinations, but between the destination limitation, community and agency budgets and a weekday only service, there is a gap.

And for us, we were looking to provide additional independence and autonomy, more access to social, recreation or perhaps worship opportunities to give people the autonomy that comes with a private pay service, and really give themselves direction and different choices at a time where we have determined there are even fewer opportunities to get accessible transportation. We are leveraging a known, trusted brand in the community. We have been working very hard to keep up on expanding our fleet with accessible vehicles that are attractive, they are comfortable, they are driven by a trained driver who understands how to work with individuals who may need assistance because of their mobility limitations.

We were also hoping to expand and reach more younger adults under age 60 who may have interest in our service. We had three great partners, services for independent living in is a local advocacy and support organization in the region with a lot of experience in working with adults with disabilities of all ages. They also managed their own transportation service during weekdays so that they were extremely helpful in terms of researching pricing, how the model should operate, strengths and weaknesses and limitations and challenges that we may face during implementation. Our pilot partner was the City of North Olmsted, a long-standing partner in the area. I will talk about what they brought to the project in a moment.

And then the agency planning Northeast Ohio area wide coordinating agency is the local planning entity and they are the administrator of 5310 funds in this region, and they also have advised us with research planning and assistance and promotion.

We launched the project in North Olmsted which is a small community in suburban Cleveland on the west side. Not only did they have a great working relationship with us and a long history where us as a partner, they also had great demographics that we felt made them a good partner for launching this project. A significant senior plus population, working with adults with disabilities who don't drive, already about 500 residents use our daytime program for shopping, medical appointments, and senior center activities, and the senior center itself is extremely popular, excellent programming, very vibrant, good communications, and really a strong linkage to the seniors in the community. So they really help us with working on a basic model and implementing the program and testing it on a small scale.

They also helped us in terms of accessing seniors to get feedback on pricing, destination, how to enroll and sign up for a ride, differentiating this product from our core weekday service and just some other issues that we felt were important to explore before the actual launch. We purposefully developed a program we feel has the best chance for sustainability because it is fee for service. It gives the client more autonomy at directing where we take them, and dictating what service they receive from us, but it is a private pay model. We came up with pricing after research that is based on a per trip cost plus per mileage charges.

We really promoted and had some success in encouraging people to put together group outings. We also had a partnership with local businesses or churches who may want to sponsor and pay for the service for their constituents, and we also have determined and worked with a demand for dialysis. Even though we were envisioning something more social in nature, medical care is important and we have connected with a number of people in the community who really need transportation on weekends to maintain their dialysis services. The grant enabled us to develop and implement a robust marketing plan across all media channels, both traditional, old fashioned, print medias well as social platforms and electronic communications.

The challenges probably are not surprising to anybody who has experience with transportation. Communicating a value proposition became extremely important very early in the process, especially in terms of working with people who are accustomed to their community paying for the bull be willing of the trip, and no ‑‑ bulk of the trip and now under the new circumstances finding out what the true cost of affordable, accessible vehicle with a trained driver, safe conditions at your demand communicating with what the real cost of that is, and ensuring that our pricing, there is a value to the client but yet it was affordable, but yet we cover our costs and is it is a worthwhile venture for us to continue to pursue.

Marketing, as we all know, is costly and it's something that you have to do and invest in consistently and with good ‑‑ and spend the money really to promote the product to the public. Building volume, some feedback we got from other grantees as well as Virginia and the other experts at NADTC was the clear message that we have to be patient. Programs like this take time to build. The volume will take time to build, and we have to be invested for the long haul, long beyond the grant period and commit to that, and commit consistently. And we understand that challenge and we continue to be committed to that.

We need to make clear that the daytime service is separate from the evening and weekend service in ways that are similar, but there are differentiators as I have cover in this presentation. And we are always concerned that staffing, having drivers available on the weekends, especially when they put in a busy workweek, but we have been fortunate our drivers enjoy the evening and weekend opportunities. They feel it offers them an opportunity to provide a very customized level of personal service and customer service.

And so we have been fortunate that it hasn't been an issue, but we don't take that for granted. Under the grant, we started delivering rides April 1st of 2017, so we had nine months of service delivery that was subsidized and supported by the grant. We achieved a little bit more than 500 trips. What did surprise us that the users were frequent repeat users. In other words, we had a lot of people try us, and try a trip that we were able to provide the first trip free funded by the grant, but people who came back came back frequently. And we really had 28 repeat users who continued to use us steadily after using the free promotional ride, then they came back and continued to use us frequently throughout the grant period and beyond paying out of pocket for the service.

We continued to focus on marketing and advertising afterward, and post grant period we are still averaging 80 to 100 trips a month. We are seeing some revenue continuing from the grant, and also at the beginning of the year, we received a planning grant from the Cleveland foundation which is allowing us to continue to explore and understand better how to grow this program, set realistic benchmarks, come up with new marketing ideas, and just really keep moving towards the promise that we saw in the initial funding and partnership with NADTC.

Here is my contact information, and how to find more about senior transportation connection on our website and social media. And I look forward to your questions after Laura completes her discussion.

LAURA KITTROSS: Thanks Catherine. I'm Laura Kittross, I am the manager for the public health at the Berkshire Regional Planning Commission. I will talk about our Berkshire ride to wellness program which is funds through the NADTC grant. So for those of you who aren't familiar already with Berkshire county, we are on the far western side of Massachusetts. We are surrounded by three other states. We are bordered by New York on the west, Vermont in the north and Connecticut in the south. Only the eastern border which tends to be sparsely populated is contiguous with the rest of Massachusetts, and there is a certain amount of geographic and cultural separation from the rest of the state.

Berkshire county is a fairly large state for New England. Here it's 950 square miles with few major roads. There is really only a couple of north south roads, and then the mass comes through the southern half of the county. The winters are very long, and it can take two hours if you were going to drive from one end to the other end of Berkshire County, it can easily take two hours. There is about 128,000 people in the 32 municipalities in Berkshire County. Most of those towns are very, very small. We are a rural county in a somewhat urban state.

More than half of our municipalities are under 2,000 people and most of the rest are well under 10,000 people. We have only two municipalities that are over 10,000 people, one of which is 1,000. For those not ‑‑ 13,000. For those not familiar already with Massachusetts we have no county government or infrastructure. Everything is done on a town by town basis and this makes things like dealing with transportation challenges that much more challenging because if you have a small town of 1200 people, they are expected to provide all services to their residents without any county, government or county infrastructure. So that makes everything a little bit more challenging.

I already talked about where we are located. Overall, the county has the lowest median income in Massachusetts, about $20,000 lower than the state median. Our economy is very much based on a tourist economy, service economy. We are the second oldest county in the state after Cape Cod and Massachusetts is not a young state for those of you who are familiar with it. We are aging quite a bit faster than the state and the rest of the country, and many of our municipalities, this is not only because our older adult population is growing, but it's also because like many rural counties around the country, we are losing our 20 to 40‑year‑old population which then in turn means we don't have many young children.

So it is an older population. Our estimates are that close to 25% of the population will be greater than 65 by 2030, and more than 50% will be over 50. And then the smaller, the more isolated the towns are, the higher these numbers are, the more likely they are to have a larger, older adult population. And not surprisingly public transportation is extremely limited. So these were kind of the transportation issues or the challenges that we were looking at when we were trying to come up with some ideas about how to improve transportation options particularly for our older adults and for people with disabilities.

Our project goals were to provide transportation to prearranged medical visits for older adults and those with disabilities without other transportation options. So councils on aging, there is one per town, again, following that model of everything being done on a municipal level, and other transportation providers who are willing to cross those traditional jurisdictional municipal boundaries to provide rides under the program were reimbursed for those rides. If they were to go get someone from a neighboring town and bring them to their medical appointment, under the grant we were able to reimburse them.

We had a centralized number that was called. This was our area Agency on Aging, the elder services of Berkshire County, so that people weren't in the position of having to call, they didn't have to know which council of aging might be willing to serve their town. They didn't have to call, find the right person. They didn't have to then be told, no, we can't accommodate you. Call this number. Instead, we had people call this one line, and then elder services made all of those phone calls to find out if they could be accommodated by the participating providers. And then the transportation providers enter the information on the rides into an online system which helped facilitate reimbursement. It took a while to get that up and running but after we did it was helpful because we were able to download what rides have been provided, and we didn't have to depend on them to report those rides and the council on aging didn't have to depend on drivers to remember later.

So as of 2017 prior to the grant, this is what transportation situation looked like in Berkshire County. Nine of our communities had council on aging vans, this is through the federal 5310 program through our local transit authority that these vans are purchased. They are purchased through the 5310 funds and then the town is, municipality is responsible for paying a driver or finding volunteer drivers, paying for maintenance, paying for upkeep, paying for gas, so on.

So the towns in green had council on aging vans, two additional municipalities had a volunteer driver in a van or car that had been donated to the municipality. Those are the ones in blue stripe. Both of those have since gone out of service, but they did exist at the time. Six additional towns, the red striped towns in the southern part of the county had already regionalized and were working on a regional basis with a van through the southern Berkshire elderly transport. They had a van that had been purchased through section 5310 they were hosting in great Barrington which is a larger town there. In that part of the county it makes it a larger town. And the towns paid into that, and then there was also an additional fee for any rider.

Thirteen of our 32 municipalities had no senior transportation option available at all. So we went out and we sold this program or tried to sell this program. We said if you have got a van and you are willing to provide transportation to other towns, this is what we can reimburse you. We tried to make it not just covering their cost, but also giving them an incentive above that. It was a small incentive, but it was enough incentive so that they could justify that the van was not only serving their own residents. Ultimately five of the communities that had council on aging vans signed contracts with us to provide services under the grant, and four of those five provided rides under the program. The four, all of them provided a reasonable number of rides, but there were only five in the end who were able to do it.

So our results were we didn't get started until July 1st. The grant ran from January 1st through December 31st. We had hoped to be up and running several months earlier, but there were a lot of complications, again, when things are done town by town, every town needs a visit and every town does things a little bit differently, every town paid their drivers a little bit differently. Every town had different hours that they ran. So it took us a reasonable amount of time to get it up and running. We only had six months of service. It was publicized fairly heavily. We did direct mail, we did ads in the newspaper. We had lots of flyers in the council on aging, both the receiving towns and in the towns that were providing services, flyers at medical offices and so on. It was billed as a pilot program. We didn't think people to think this was a permanent thing, on the other hand, as I will discuss in a minute, as a pilot program, it had some draw backs. People are reluctant to change habits for a pilot program. In the end over the six months we had less than 100 calls that were received by the centralized call line. We had expected far more than that. So we were a little surprised by the low numbers, but still, we had 100 calls over six months.

And about 86% of those were accommodated, which was actually much higher than we expected. So we came very close to meeting numbers, however, we had fewer calls, but we were able to accommodate a far higher number. People did come back, like Catherine said, once they tried the service and liked it, they tended to come back and over and over again, so we had fewer unduplicated individuals than we expected. The trips were quite a bit shorter than we expected.

We expected people to have to travel long distances and that would be the trip that's they had the most trouble getting other transportation for, but what we found was that people really were only going one or two towns over. They were starting in one town and going one town south to get to see their doctor or to get services. However, there were a few really kind of life changing trips that we were able to arrange outside the council on aging. Notably we were able to arrange several trips to Boston for specialty visits, most notably where we were able to take a woman who was looking at a lung transplant and it was really very exciting to be able to provide that because there was really no other way that she could have gotten there.

So looking at our results, despite the numbers being lower than we expected, we still know the need is there. We have done a number of public forums over the years. That's where this program came from, both from our transit authority and our councils on aging telling us this was a need and also through our own public forums that we have done over the years. People are constantly telling us that they need transportation, that transportation is an issue. So, you know, it kind of got us, after the grant was over, we went back and did a fairly thorough analysis of why were the numbers lower than we expected them to be.

And some of the things we were told were that actually even though everybody worries about getting to medical visits and even though that's what you hear in a public forum, the truth is that many individuals are able to ask for a ride from a medical visit from a friend or family and they are more inclined to ask for a friend or family member or through another social service program or provider than they are to ask for transportation to cultural events or shopping.

So while everyone's concern is being able to get to medical visits, the real need as the Cleveland group found is that people can't get to social and cultural events, they can't get to shopping, they can't get to exercise and so on. The other thing we heard is that many individuals are reluctant to change patterns for a limited pilot program. If they have something in place that's working even if it's working imperfectly and it's not working all of the time, they would rather stick with that than try something new that's just going to go away.

We also had a lot of limitations on the degree graphic reach ‑‑ geographic reach. At least seven the municipalities that had no transportation before the grant program cannot be accommodated during the grant program either. It had to be geographically feasible for those towns that had the vans and they couldn't just go long distances. Let me go back and show you. Here you can see in green, those are the towns that have the vans, or in the red strips, and it just wasn't possible for some of these providers to get to some of these towns over on the eastern border, for instance.

And then several of our larger councils on aging were simply unable to participate due to capacity issues, so the City of Pittsfield which has several vans because they weren't an active adult day program they couldn't commit. So towns or municipalities that we had talked to ahead of time who were enthusiastic about the program, when they actually looked at numbers, they realized they didn't have the capacity to be going to other municipalities and crossing those jurisdictional boundaries.

So we did have some successes though. Again, in Massachusetts where everybody is used to home rule and doing everything on their own, just simply getting municipalities to share services across municipality borders is a huge accomplishment in and of itself and making them realize that that is possible and that worked. We got a lot of positive feedback on the program. Everybody was enthusiastic about it. We did evaluations with each of the riders, very enthusiastic. They loved the program. The people who used it loved it, and the council on aging staff, including the drivers who were initially reluctant were all also quite enthusiastic.

Our drivers were the least enthusiastic, especially when they were volunteer drivers, however, everybody who participated in the program had only, had mostly positive things to say about it. It also opened a conversation about what do we really need. Virginia talked about that in her introduction. All those we had done public forums and we thought we knew what people needed, this continued that conversation and made people think carefully what they actually needed. So we realized we need more vans, more vans with four-wheel drive. In the winter to get up into the Hill towns or get to people who are more isolated in rural areas, you need the four‑wheel drive.

You need more vehicles without handicap accessibility. So cars or smaller vehicles that are more versatile are also needed as well as the vans that have the handicap accessibility.

And we did form permanent cross‑jurisdictional relationships that are either in the process of forming or have already formed which was really the ultimate goal. That's what we were looking for. So in the green you see the successful relationship under the grant. I think they saw that although the need for certain individuals was large, it wasn't that many people, and it was something that the municipalities could actually fund themselves. And that relationship is continuing.

The three in red, I believe there is actually another town. They are in the process of talking, Adams has a couple of vans. They are all talking about how they can work together and continue the success of crossing jurisdiction. And then in Richmond and south bridge, although Richmond was the town that does not provide rides despite having a contract, they have agreed to change their policy and their neighboring town which they already share services with, that's now a permanent change between those two towns where their volunteer drivers are willing to pick up people.

So that is my contact information. Please feel free to reach out to me if you have any questions but that don't get asked at this webinar and I look forward to the questions and I will turn this back to Kristi to open it up for questions.

KRISTI MCLAUGHLIN: Thank you so much. Great presentation! I expect we will get great questions as well. Just to remind you, there are two ways that you can ask questions. You can either type your question into the chat box, which is on the bottom left of the screen if you are in the webinar room, or you can email your questions to mgray@n4a.org. We did have a question, Laura, in the chat box while you were speaking, somebody did want some clarification, I will go ahead and present this to you. As to whether you were providing central pick up locations or providing door‑to‑door service.

LAURA KITTROSS: No, given the population, we were doing door‑to‑door service. These were older adults, people with disabilities, often both, so, and that is typically the council on aging vans as well, so they did go and pick them up at their address, take them to the appointment and then pick them up again at the doctor's office and take them back to their home.

KRISTI MCLAUGHLIN: Thank you so much. We do have a couple of other questions. Melissa, I will check with you to see if you have received any email questions before I go on.

I'm seeing while Melissa is looking somebody asked curb to curb or threshold to threshold which was similar to that question. In general, the drivers will take people to their door. It's not always, quote, as advertised, but, you know, the drivers tend to be retired people themselves that are picking this up as a part‑time thing and they will help people get into their house, so in general it is threshold.

All right. Well, Melissa, if you get questions via email, just pop in my let me know. We can take those as well. I will keep going with the questions in the chat box. The next question do you have information on how to write a grant for a volunteer driving program for a medical appointment or for rural county in Oregon? Would either of you have any resources that you particularly like with regard to the best way to write a grant for that type of program?

CATHERINE CIHA: This is Catherine, even though I don't work in a rural area., I would suggest that if there is a foundation center affiliated library nearby, contacting that entity because they often are best at helping you find the right resources for writing a grant for any purpose and they have a good disbursal throughout the country and should be able to point you in the direction of how best to describe your local situation to win funding.

I would agree with that and I would, again, suggest talking to your partners, and other transportation providers in your county to make sure this was an idea originally that came from our regional transit authority, so just talking to them and talking about what programs they already have and what they have tried in the past and making sure that, you know, what you are applying for is something a little bit different.

VIRGINIA DIZE: Kristi, this is Virginia. I have a response to this question. A couple of things. One is if you are interested in pursuing funding through the 5310 program, it's really important to become part of the local planning. The human service transit plans that gets developed locally, if you are not aware of who is involve in that, reach out to your transit provider, reach out to your State Department of transportation, find out how that plan is developed, and really, become a part of it because all of the funded projects through the 5310 program emerge from that planning process that is done locally.

And the other thing I would say is some of the guidance that we include in the request for proposals that we do under the NADTC, to really know what that you are proposing is something that fills a gap or need in your community, and being able to talk about all of the other resources that are available and how the program that you are thinking about developing will fit into that picture and will fill a need for people who live in your community. Those are just a couple of things, but feel free to look at our RFPs on line as the National Aging and Disability Transportation Center.

KRISTI MCLAUGHLIN: Thank you, Virginia. So the next question is how was eligibility determined for both of your programs? Whoever wants to go first.

CATHERINE CIHA: Ours was really extremely simple. It's just are you 60 and over? Do you live in our service area? Or are you in need of accessible transportation because of a physical limitation, and there is, we have to abide by those two rules simply because there are restrictions on we have to be not competing with conventional taxicabs. There are some legal restrictions. So as long as one individual within the party met that requirement, we could accept the ride.

LAURA KITTROSS: It was very simple. We took people's word for it. We didn't ask for ID to prove they were 60 instead of 59, if they were an older adult, if they had a disability, we also defined medical visit as broadly as we could, you know, a dental visit counted, physical therapy visit counted, at least one person went to a doctor's appointment and then the driver took them to fill the prescription at Rite Aid because that still fell within the spirit of what we were trying to do.

I was asked at one point, I don't think anybody used it but I was asking about the smoking cessation appointment would count, and I said absolutely. I don't think that actually happened. But for the most part, we didn't do any kind of screening. People said they were over a certain able, they said they had a mobility issue, and we took their word for it.

KRISTI MCLAUGHLIN: Okay. Great. The next two questions are going to be general NADTC questions so the first one is will the NADTC provide a presentation from each of the other four grant recipients?

We have a summary that we have been working on for a while about all of this, all of the grantees that are on our website. We have talked about doing additional webinars that will present the work of the other grantees. We have done a couple of workshops at different conferences that have featured the grantees. So we are considering hosting some additional webinars, but probably not at this point until early 2019. We right now just to make you all aware, we have just started a new grant program. We haven't done a public announcement at this point, but we expect to be doing one probably next week. And these are planning grants, so that generates an intensive flurry of activity. But we do still have as part of our plans going forward, to hold some additional webinars.

KRISTI MCLAUGHLIN: Great, and then also grant related is the next question, what is the deadline for applying for these grants each year?

VIRGINIA DIZE: Well, it isn't ‑‑ we have not been able to do a grant every year, and we do have some constraints in terms of the timing of grants and the type of grants based on our cycles of funding that come to the NADTC. However, we just completed a grant cycle and we have grants that are just beginning their work in the month of August, and will continue their work into the new year. And sometimes in the fall, probably late fall, we are likely to do another grant announcement. We are still not certain of our year four funding level so all of that remains up in the air, but this would be the first time that we have been able to do two grant cycles very close together that are meant to be complimentary of one another.

So I suggest you stay tuned for that. Also, to be sure to check the FTA website, the NADTC website, because we do try to identify other grant opportunities. I know that National Center for Mobility Management has done some grant making recently, and that FTA is in the process of selecting grantees from an application that they issued earlier this year. So keep your eyes and ears peeled, and the best thing to do to find out about it is to apply, I'm sorry, to sign up for our NADTC eNews.

KRISTI MCLAUGHLIN: Great, thank you, Virginia. The next question is for Laura, how is collaboration between such a diverse region implemented and maintained?

LAURA KITTROSS: It's difficult. We do have a large area to cover. There are a lot of partnerships that already exist. We were already working with a lot of those towns. I do work for a regional agency. I work for the Regional Planning Commission here, and I also work for or I also oversee a Berkshire County board of health association, which is a professional organization for the local boards of health. So you are already working with a lot of partners, you are all right working, you already know a lot of municipal players, and it's just, you know, building those relationships in the off years when you don't have a particular program or a particular grant that you are working on, and then they come to you and say we have got this great idea or you can go to them and say I have got this great idea, let's apply for this grant together. But it was definitely difficult, and it took a lot of individual work, and like I said in the beginning when we were trying to set up the project, I thought I'm just going to write a template and send out the contract to everybody and they will send it back to me the next week, and instead each one was an individual negotiation just because every town did something different and did it in a different way and a different person had to be consulted and so on. So it is certainly hard to work over a larger area, especially one that's used to being self‑governing in small entity, but it's possible and I just always recommend building those relationships before you need them.

KRISTI MCLAUGHLIN: Great. Thank you so much. Our next question is a clarification question on door to door. The question is door‑to‑door service mean going into the building and then back to their door?

So for the most part because we are a rural area, we are talking about single family houses or at most a duplex or so on. Some of the senior housing is multiapartments. I assume that it means just going to the door of the house in most cases. I wasn't there. I can't say exactly what a driver did in any given situation, but in most cases it would just be going to the door of the house.

KRISTI MCLAUGHLIN: So not actually through into the building?

Yes, but, again, I can't guarantee if somebody didn't have anyone there to meet them and that the driver saw that, and wasn't rushing back to pick somebody else up, I would not doubt that they went in and helped them get inside, but overall, the policy was social only to get them to their door.

Great.

VIRGINIA DIZE: Usually there is another designation called door through door, and there is a distinction between dropping someone at their door and actually accompanying them inside the house or making sure that there is somebody there to help them access their home safely. And the same is true for at the destination, to actually go into the building where they are going to a doctor's office, whatever, that's typically called door through door, whereas door‑to‑door implies that you will get them to the door and maybe open the door but won't accompany them at the appointment or in their home.

KRISTI MCLAUGHLIN: Okay. Great. Thanks. The next question, and this is I'm assuming for both of you ladies, were there many consumers with vision loss receiving transportation for your programs?

CATHERINE CIHA: I know that one of our clients indeed had vision impairment, and we do track our overall population of users, and we also make sure that our drivers are trained to work with, provide proper sighted guide techniques and also deal with other conditions that are common amongst older adults, like dementia as well as physical disabilities.

LAURA KITTROSS: We did not track what their specific disabilities are, so I don't know. I do know, so, again, being in New England and being in a more rural area, people do not give up driving easily here. People drive far longer than they might in other areas and vision loss is a common reason why people realize they can't drive anymore, so I would suspect that we had people with vision loss, but we did not track it.

KRISTI MCLAUGHLIN: Okay. Thank you. The next question I think either of you two ladies may have input on this and Virginia you may know of something as well, but is there an online schedule template for volunteer drivers that you know of?

So we use the form that they access through our website, or through a website. I'm happy to provide that, but it was a very simple, you know, it was essentially an Excel spreadsheet that we turned into a form through the website. They clicked on that. They got a password. They were able to fill in, you know, what was your starting destination, what was the pickup address, what was the destination address, what was the drop off address, end address, number of miles driven, the hourly rate of the driver plus the incentive and a total. And some of that added automatically for them. It was pretty simple.

We have a database that we use in and our drivers are paid. So we were fortunate that we had infrastructure to track all of the data that Laura also described for her program.

VIRGINIA DIZE: There is actually a volunteer management database that many volunteer transportation programs use. Unfortunately, I'm blocking the name of it, but I'll ensure that we provide that information and that when we post the slides, that we will provide that information as well on our website.

KRISTI MCLAUGHLIN: Okay. Great. Thank you. Next question is, let's see here, is for Laura. Do people have a central number for the program to call for a ride, or is it their own city?

LAURA KITTROSS: No, one of the things we were very clear about that we wanted to do was that there was a central number because that can be one of the frustrating things about living in a rural community in small towns where nobody is home half the time. We didn't want the clients to have to call around and find their own ride. We wanted there to be a central number they could call and then all of the business of trying to find them a ride was done behind the scenes and they were called back and said, yes, we can accommodate that or no, we can't accommodate that, and if the answer was yes, this is the town that will be providing the ride and who will be picking you up.

So that was one of our main things we wanted to make sure that people weren't calling part‑time council on aging, and if that person couldn't do who they needed to call next. We wanted to avoid that. I think a central number is key. I think it's very important for a program like this.

KRISTI MCLAUGHLIN: Perfect. All right. Next question, the question is it difficult to find and keep volunteers? I assume that the question is indicating did you find it difficult to find and keep volunteers?

LAURA KITTROSS: For the most part, any volunteers that were involved in this program were already driving for their Council on Aging. So many of the drivers are paid, so the larger councils on aging tend to pay their drivers. It may be a very part‑time job. They may only work a couple of days a week. It's often retired people picking up a little bit of extra money and they do it because they love it as well as to make the extra money. We did have a couple of towns participate who had volunteers and those were the drivers we found that were the least enthusiastic about increasing the jurisdiction. They kind of got into it just to help the people in their town.

So I think it can be difficult to find volunteers, but it wasn't something we needed to do as part of this program. The Council on Aging already had their volunteers.

CATHERINE CIHA: Our drivers are much like Laura described paid drivers, part time, many retired themselves, so for us it was a matter of encouraging drivers to find drivers who were willing to take the extra hours at a different time of day.

KRISTI MCLAUGHLIN: Great. Next question, did either of your programs assist people with dementia?

CATHERINE CIHA: Yes, Cleveland did.

LAURA KITTROSS: Yes, we do as well. I mean, we would take, I mean, certainly there were people who are certainly on the milder side, but, again, if they were able to make the phone call and ask for the ride or somebody made the phone call and asked for the ride on their behalf, we accommodated that, and many of the drivers had some familiarity and training around dealing with people with dementia who are still in the community.

KRISTI MCLAUGHLIN: Okay. Great. Next question, do you know what the average cost per trip was? Or is?

CATHERINE CIHA: In our county I know Laura mentioned she was surprised the trips were shorter than anticipated and we experienced the same here. The shorter trips obviously had fewer costs, but basically based on our investment in what we feel our price per mile was, we charged five dollars per seat, and $2.25 per mile. And that was the basis of a formula of what was competitive in the area, our cost and a small profit to sustain the program over at long haul.

LAURA KITTROSS: I was quickly trying to find, it's been, you know, a number of months since the grant ended and I do not remember. It was less than we expected. We paid mileage plus whatever they were paying the driver and we added a $20 incentive fee. I believe it ended up averaging around $50 per trip which was less that we expected. We paid the mileage, the cost of the driver and the $20. So I want to say it was around, I mean, around $50 on average with a couple of the trips, you know, obviously the trips to Boston were quite a bit more and then we had a few trips that were maybe only a few miles, but on average, I would say that's about what it cost.

CATHERINE CIHA: And I think too, Laura, weren't we operating under slightly lower fuel costs a year ago.

LAURA KITTROSS: Yes, probably.

VIRGINIA DIZE: I think we used the federal reimbursement rate.

KRISTI MCLAUGHLIN: So the next question it says I am aware that many health providers and hospitals are working to develop transportation options for their patients, particularly older and poorer patients. There is some Medicaid and Medicare funding they are tapping into, can the speakers comment on any efforts to collaborate with the healthcare providers on these types of transportation programs?

CATHERINE CIHA: I can go first because this is actually our core business is healthcare points. I am aware through our legal counsel that there has been some change that makes it more attractive for healthcare providers to consider this. And so we are hopeful, and it's a recent development, so we are hoping that that might lead to better partnerships for any transportation provider that serves this population. SCC is not a Medicaid provider. There is a transportation benefit under Medicaid that is in place, and we are not chosen to do that at this point, but that is a big avenue of providing transportation that probably works better for other entities and Laura may have thoughts on that in her market.

So we have seen some efforts, so we only have ‑‑ I'm sorry. We used to have a hospital in the northern part of the county, a larger hospital in the central part of the county and a tiny hospital, about 15 beds in the southern part of the county. One in the north part of the county closed abruptly five years ago, and that facility has been taken over by Berkshire medical center which is the hospital in Pittsfield, and they have developed transportation between that north county campus and their main campus in the central part of the county, but it's limited. It's not age restricted or restricted only to people with disabilities, so low income, people without their own transportation can use it, which is good, but it is limited in terms of when it runs, who has access to it, how often you are allowed to use it.

There are paratransit services through our local regional transportation entity, which is a little bit different than what you are asking about, but that does help people who meet those eligibility requirements and who are in towns is that are part, that are members of the regional transit authority get to medical visits. In general we are not seeing large numbers of providers. We just don't have those kinds of numbers, those kinds of large providers in an under populated area like we are in.

Laura, is seems to me that being in an urban center there are some hospitals that provide service, but even though we are in an urban center with density and arguably greater need, it's exactly as you have described. Some do it. There are limitations. It's not a coordinated program. And some of it is just first come first served, you called, and you were able to get what was provided.

And it's really going to be hospital based. In those cases it doesn't help you get to see your primary care physician or your kidney doctor or your pulmonologist unless they are located at the hospital.

Right, and then some of the things that you were considering healthcare more broadly interpreted also wouldn't be accessible that way.

Absolutely.

KRISTI MCLAUGHLIN: Okay. Great. Next question, do some clients need a personal care attendant as determined either by the application or by feedback from the drivers?

So certainly sometimes they have someone with them. We did not have any limitations if they had a personal care attendant or more often it was a family member. So often you would see a husband and wife both, you know, elderly, both unable to drive, but they would ride the van together. We did at one point start saying, you know, let's ‑‑ if there was somebody available at the, and this was at Virginia's suggestion, if there was somebody at the senior center who was able to go, you know, either the outreach coordinator, somebody who was paid at the senior center or a volunteer who was able to go and help that person navigate if there are mobility issues or if they had dementia issues or whatever. We didn't see a lot of uptake of that, but, again, it was such a short probably pilot program that may have just been that we didn't work up from it, but we didn't determine if they needed a personal care attendant nor did the drivers. If we had gotten anybody who was regularly riding and who was clearly unable to be on their own, we would have needed to do something, but we didn't end up facing that during the length of the program.

VIRGINIA DIZE: I just wanted to point out that one of our grantees, one of our older citizens used a model of providing a transportation aide, some of them were paid, some of them were volunteers, who rode on their vehicles and provided assistance to individuals with chronic care needs or who were receiving kidney dialysis. So that was all arranged through the call center that they decree already had a call center in place, but they added an element to it where people with chronic care needs were also connected to the broader social services network within the community.

So if you want to know more about the Mountain Empire older citizens project, please send me an email. I will be glad to put you in touch with the project director, but they really developed, I think, a very workable adaptable model that other communities may want to consider.

KRISTI MCLAUGHLIN: Great. Thank you so much. The next thing in the chat section, there are actually a couple of links that were provided by green county, thank you for providing those. One is a Google based route finder when there are multiple stops which is route accel.com and the other is ride scheduler.com. I assume that the Green County is in favor of these two or they wouldn't have provided them. So check those out if you would like to. The next question is did you transport many therapy animals for your programs?

I don't remember hearing about any, which doesn't mean that we didn't transport them. I assume we would have transported them had that been an issue, but I certainly didn't hear that we did.

We didn't have anybody for this program, but in our daytime service, we do have a few clients that do have therapy assistants.

KRISTI MCLAUGHLIN: Okay. Thank you. The next question is do you use a specific driver training program?

CATHERINE CIHA: In Ohio we have a recommended curriculum in order to qualify our drivers to work with disabled and senior populations. The acronym is called drive, DRIVE, and then we have customized over the years to add our own things that we found to be important, and then we also make our drivers maintain certification through CPR and first aid through the local, through the Red Cross. And many of our partners also with expertise, like a couple of the questions mentioned things like dementia and other health concerns. We have gotten training from our partnerships so that our drivers understand, for instance, how to work with people who are going to dialysis and how to provide proper emergency assistance afterward if required and things like that.

LAURA KITTROSS: And for those of you keeping score at home, you know in Massachusetts we do everything town by town. So the different municipalities will have different training requirements, and as far as I know, there is no standardized training requirement, but I assume the things that Catherine mentioned are the things that they pay attention to as well.

KRISTI MCLAUGHLIN: Okay. Great. So Melissa entered a question what she got via email so I will read this. It says we have rapidly aging, we have a rapidly aging population in Santa Cruz, California. Though the metro system is in place as mass transit, point to point transport would be a more practical means for many. Would a grant to expand service beyond the paratransit model to non‑disabled seniors by perhaps adding non‑disabled equipment vans be practical for a community with a regional population of 150,000? Santa Cruz is a high cost, high average income and low revenue tax‑based area. That may need a little bit more time than just a few minutes we have.

CATHERINE CIHA: I'm going to say just looking at that population, I'm going to say, yes, unless it's a very young population. I mean, 150,000 is about 30,000 more people than we have got in our entire county, and certainly the need for that, people who are not able to drive themselves, or who are having trouble navigating the public transit system, but are not quite disabled enough to qualify for the paratransit services, and I think Virginia will jump in and say that this is really a case where you need to find out how the 5310 moneys are distributed or applied for in your area.

VIRGINIA DIZE: Thank you for the intro, Catherine. One of the things to keep in mind is that 5310 can be used to supplement and expand services that already exist. And one of the things that communities like yours are already struggling with are the high cost of paratransit services and how can they provide alternatives to the typical paratransit service which is a group ride that has to be scheduled in advance and that a lot of people unfortunately find difficult to use in some communities, but to partner with organizations that can provide a ride that may not need the equipment that's available in a vehicle that can accommodate electric wheelchairs, for example.

People who are older who often need a helping hand or who use a cane or a walker, they may qualify for the paratransit, but they may also be able to be served in other ways, and so the 5310 program when it was reauthorized, actually, in part replaces what used to be called the new freedom program, and the new freedom program which was a wonderful program that unfortunately went away was really focused on going beyond the services that are available for people with disabilities to provide a more individual‑based kind of service that supplements what's already available. Lots of programs out there that are addressing things like first mile last mile. They are addressing things like people who can be accommodated in the car rather than necessarily having to use a wheelchair van.

So it's an idea that I think can be entertained through 5310 programs, so I encourage you to get involved in that planning process. I would, since I'm talking, I would like to add that Melissa Gray also posted another resource on volunteer software, and that is assistive live.com, it's assisted rides.com. And that is a program that is used by a lot of volunteer programs around the country.

KRISTI MCLAUGHLIN: All right. Great. Thank you so much. So the next question, and I'm going to mention the question and the link directly after it, but the next question is the drive curriculum publicly available, and the link that's directly after that which was provided by Green County, thank you for that, is a one‑page fact sheet about the drive curriculum. So I opened it. I didn't have a chance to read through it while Virginia was answering the last question, but it does look like a good little resource to tell you what's available, it has it separated by resources available for drivers and resources available for trainers, and then there is a contact number at the bottom. So if anybody is interested in that drive curriculum, the link that's directly under that, which is, if you are not on the webinar room, just send me a quick email or send Melissa an email and we will get you the link, but it provides some information and contact for questions.

So let's see here. I think that's all for the questions. We did have a comment that says the national safety council has listings of driving programs in each state. Thank you for providing that. The link is [www.nsc.org](http://www.nsc.org). That's a great resource as well. So we have no further questions, so I'm just going to take a quick look here and make sure I'm not missing anything. Here is one more comment, I am a driver trainer, we have to be certified every three years to train drivers as of July 1st, 2018 and there is no longer a refresher course, so a little bit of additional information on the requirements of the trainers of the program.

Okay. Very good. I'm seeing no further questions, you guys had a one of them and they were really great so thank you for that. Unless there are comments from our presenters, then we can close for the day.

Thank you all for so many great questions.

Thank you.

Awesome, thank you guys so much. So, thank you for joining us. We appreciate your participation in the webinar, which turned out great. I'm thankful to both presenters and to Virginia and Melissa for the work that they did to create such a great session. So, for that, please take a moment to fill out the evaluation for today's webinar. The information provided is used to improve future webinars so please take a moment to do that. I will be emailing this link to everyone that will take you directly to the short survey. It should only take you a couple of minutes. I will email that in just a minute, so you will have that. You don't have to write anything down right now, but please take a moment to fill that out, so we can get feedback. Thank you so much for participating in the webinar. Please keep in touch with the National Aging and Disability Transportation Center. If you haven't done so already, I suggest you sign up for the eNewsletter which you can do at their website, but thank you so much for everything that you do to increase and improve accessible transportation. We hope you have a great day!

\*\*\*

This text, document, or file is based on live transcription. Communication Access Realtime Translation (CART), captioning, and/or live transcription are provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings. This text, document, or file is not to be distributed or used in any way that may violate copyright law.

\*\*\*