The Impact of COVID‑19 on Transportation Services for Older Adults and People with Disabilities: A Conversation with Volunteer Driver Programs.

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>> CARRIE: Welcome, everybody's entering muted. If you'd give me just a minute. We're working on ensuring that we have the captioning correct.

Welcome, thank you for joining us today, my name is Carrie Diamond, I'm with the National Aging and Disability Transportation Center. Today we have a great webinar on older adults, people with disabilities, the pandemic and volunteer driver programs. First of all, about the National Aging and Disability Transportation Center, we were launched in December of 2015. That's a partnership of the National Association of Area Agencies on Aging and Easterseals. And it builds on earlier work for those of you who have been in the network awhile, the National Center on Senior Transportation and Easterseals Project Action. Our mission is to promote the availability and accessibility of transportation to meet the needs that serve older adults, people with disabilities and caregivers. And we do that through a variety of resources that we produce, technical assistance that's provided directly to programs, and webinars such as these so welcome.

A little bit of housekeeping for today, this session is being recorded. It will be on the website in a few days. Everybody is muted and your video is turned off, so if you have any questions, please put that in the Q&A box.

Closed captioning is available and you should be able to turn that on through the closed captioning on Zoom ‑‑ if you hover over the bottom of the screen, there should be closed captioning there. So I am going to turn it over to our first presenter. We have Jess Mauer, who is the Executive Director of the Maine Council on Aging. Jess leads and manages a broad multi‑disciplinary network of more than 100 organizations, businesses, municipalities, and community members working to ensure we can all live healthy, engaged and secure lives as we age in our homes and in community settings. As one of her duties she manages the Tri‑State Learning Collaborative on Aging, a shared learning platform for healthy aging initiatives in northern New England. So welcome, Jess, and I will turn it over to you.

>> JESS MAUER: I am on mute and apparently it's very hard to share your screen and unmute yourself. I never knew that.

So thank you for having me today and so ‑‑ and thanks for the introduction. I wanted to just ‑‑ let's see, I'm going to go over ‑‑ thank you, so a little bit about the Maine Council on Aging. You already heard about us. I just wanted to mention that really our core focus is on transportation, housing, and care across all settings and so we operator, we do a lot of policy and advocacy work in the transportation area and across northern New England. The goal of the Tri‑State Learning Collaborative on Aging is to increase the impact of healthy aging initiatives across New England through shared learning and I think that's really why I'm here to talk to you today.

Across northern New England, we have probably more than 120, 150 volunteer transportation programs or volunteer driver programs and just wanted to be clear that that's the difference between volunteers who are operating within rural transportation systems or public transportation systems. These are usually standalone volunteer driver programs that have been operating for a short period of time in a very localized community, one town, you know, maybe serving the 3,000 residents that live in that town. And some of them have been operating for a long time, 20, 25 years, 30 years. Some are part of senior centers or other initiatives and some have staff, some are all run by volunteers. And really, the things that make them very unique is that most of them provide rides for all services, some only do for medical, but really they rely entirely on volunteers who are using their own vehicles, the volunteers are not compensated in any way, including even through mileage reimbursement.

In Maine I just kind of wanted to give you a sense of where we are. So we're not only the oldest state in the country by median age, followed by Vermont and New Hampshire, which is why we're hanging together and learning together, but we're also in Maine the most rural state in the country which is hard to believe sometimes given other states around us. But in Maine, had about 72% of older Mainers live outside of communities where there is essentially any access to public transit and so our own public from the plan encourages development of these sorts of volunteer driver programs so that we can address the last mile issues.

So when COVID‑19 hit, pretty much most of the volunteer driver programs stopped across the region. Only a handful of programs continued to operate, and most of those were only operating to provide medical transportation to people. And that's for a multitude of reasons. One of the things that we saw very quickly ‑‑ and I'm sure this is true across the country and across all service areas ‑‑ most aging services are fueled by older volunteers. And so, as it became very clear that older people, when they got COVID, had a higher chance of significant health challenges and even significant chance ‑‑ increased chance of death, a lot of volunteers stepped back. A lot of the volunteers who were running these programs stepped back. And so for even the programs that continued to operate, a core level of transportation, they found it very difficult to keep volunteers being willing to do this, to drive the riders.

Another, of course, immediate challenge was that riders weren't that interested in getting in cars with volunteers. And so requests for rides went down considerably. And then, very quickly, at least in Maine and certainly in other states in the country, our executive order, emergency executive order, specifically prohibited unrelated household members from driving in a car together unless it was for essentially a medical appointment. And so mostly volunteer driver programs across our region came to a screeching halt.

And so back in May, May, starting in June, we ‑‑ I guess, I'm sorry, it was actually in May we decided to check in with the volunteer driver programs across our region and hosted two, one month apart, regional Zoom meetings with volunteer driver programs to find out how they were doing and what they needed in terms of support and to get back to being operational. What we learned in the first meeting in May was that very few programs were operating. The ones that were starting to get back into service were finding, still, that clients were unwilling or not calling for rides and so the demand continued to be less. There was a lot of concern about not being able to access the necessary PPE that they would need in order to be able to ensure that the driver was not transmitting the disease. Also wanted to be able to make masks available for the riders. Needed to purchase cleaning supplies, were thinking about things like even putting up Plexiglas in volunteers' cars. So there was really at this point initially a lot of interest in getting any sort of guidance, a lot of confusion about whether they were allowed to operate, a lot of confusion about what the best practices were, and a lot of conversation about liability. That was definitely one of the pieces that a number of these programs were asking is even if we do everything right if one of our volunteers or a rider contracts COVID, you know, do we need to have some sort of a release. And that was a conversation, a big part of the conversation in our first meeting. And then in our second meeting, more of the programs were starting to think about getting up and running still weren't operational and a number of programs basically were saying we probably don't think we'll be operational until maybe even starting in September.

There was a great opportunity to share information about the kinds of cleaning supplies people need and one of the interesting pieces we did ask a couple of knowledgeable people to join us on the call and one person said, well, all you need is bleach and water, and thankfully this epidemiologist stepped up and said, well, that only is good for a day and so you actually have to make that solution every day, you can't count on it to be as effective the next day if you mix it up today and talked about the right number ‑‑ the right percentage of the way you would create such a mix.

We also had a lot of conversation about whether face masks were really enough and whether these programs should be thinking about investing in N‑95s and whether KN‑95s were appropriate. And so this is the kind of information‑sharing we were able to get.

Finally, I think the piece that we were trying to do is to also help these programs, think about sort of what are the things they're not thinking about and so one of the pieces and I'll share here, we shared some resources with the people who attended these calls and talked about these concerns about using the car's air conditioning and why it's important to avoid using recirculated air. And we also began to share with the people who are participating in these calls some resources because one of the big challenges ‑‑ financial resources, sorry. One of the big challenges was that they weren't operational so they weren't doing any fund‑raising and so to be able to buy PPE, to be able to buy cleaning supplies, to be able to think about buying Plexiglas, doing testing, there's a whole conversation about whether volunteers should be tested, concerns about liability, a lot of these things were turning into things that you need resources for and, of course, none of these programs had any sort of funding through CARES Act or could apply for a PPE loan because they're all volunteer and they're mostly not associated with businesses or organizations.

So a couple of things happened. At least here in Maine, we had a lot of CARES Act money came in through our AAA system, our areas agencies on aging and they were able to offer small grants to safety net organizations like volunteer driver programs. And so we were able to share information about how really small prescribing crow volunteer organizations across Maine could gain access to that and also shared some other information for funding sources from Vermont and New Hampshire and also worked to have one of our local councils of government who was facilitating the distribution of some CARES Act funds to include their volunteer driver programs in that.

So we, you know, we've worked hard to try to get the best information to our volunteer driver programs. Again, some are starting to come online. We will have another call with them in probably mid‑August to see where things are. We're very blessed here in northern New England to not have the kinds of outbreaks that other places have around the country and so there's a lot of opening up. The challenge continues to be whether older people will be going to resume being riders of these programs and then the bigger challenge, of course, is prolonged isolation and that's, you know, one of the wonderful benefits of volunteer driver programs is that they do transport people for social purposes. And so if folks are unwilling to take a ride to go to church services which are starting to open up or to other events and are adjusting at home alone we're really concerned about the isolation issues. So I think I'm going to leave things there. That's really the story of what's been happening up here in northern New England around volunteer driver programs. I've got one additional resource slide of some resources that we shared with folks and I'm happy to answer any questions at the end of the program.

>> CARRIE: Great, thank you very much, Jess. This PowerPoint will be available to get those active links. Please continue to send in your questions. I see a couple questions there. We are going to wait until the end to answer those questions, but please keep them coming, I will log those.

Before we transition over to Karen, I'm going to launch a quick pol, two‑question poll. I'd like it if you could answer do you operate a volunteer driver program? Yes, no, or unsure. And I will give that about 10 more seconds. We still have quite a few people voting. I am going to end the polling in two seconds. We have ‑‑ the majority of the people on the line today operate volunteer programs. So thank you.

And then the last one, the last poll is funding. So the question is do you use Section 5310 funding for your volunteer driver program? Yes, no, we operate a volunteer driver program, but I'm not quite sure of the funding source. And then the last option is we do not operate a volunteer driver program. So I'll give about 10 more seconds to answer that question. And I will close polling in just a minute. I will close and I will share the results. We have about 21% of those who operate a volunteer driver program on this call who use 5310 funding. 30% do not. About 15% aren't sure. And then the remainder, 34% do not operate a volunteer driver program.

So thank you very much for participating in that poll. I will get Karen's PowerPoint up. All right. So Karen Boice has been committed to the freedom road transportation authority in or on, Michigan since 2013 as their executive director. They assist older adults, people with disabilities and individuals with low‑income access transportation options. She enjoys being a champion for those seeking resources, especially transportation options. She has a bachelor's of business from north wood university and a master of science in administration from central Michigan university. So welcome, Karen. If you want to unmute your line and you're ready to go.

>> KAREN BOICE: OK, all right. Thank you very much for inviting me. This is my first Zoom presenting, so I'm excited. My name is Karen Boice and I'm freedom road transportation authority and I want to introduce our volunteer program which is based on a trip model operating here in southeast Michigan since 2012.

Trip is a ride center model which began based in California with the independent living partnership which offers mileage reimbursement to riders who, in turn, pay their drivers. Since our program riders use their own drivers who are known to them and they can social distance by sitting in the back seat and using PPE COVID‑19 has had little impact other than organizations and businesses being closed. So we've basically been running because they are arranging their own trips and things like that, so it's really ‑‑ it was really a good program to have. In the next slide I'll go over how the program works, who's eligible, the benefits the program provides, and eligibility is usually determined by funding so we use the 5310 funding which serves disabled and senior individuals, open community health network faithfully supports our mission by providing matching dollars for our 5310 funding. St. Joseph mercy Oakland hospital supports us by helping to fund for low‑income riders. Low‑income riders in our program. Next slide.

So the key ‑‑ how the program works ‑‑ I think we have the wrong slides. Is that No. 2? OK, no, we're good. How the core program works:  Interested people call in to find out more about our program and clarify any information. Eligibility of the applicant is determined through a series of questions on an application. And it's residency. So if they live in Oakland, Macomb, Wayne and. Washtenaw counties, income, 22,000 or lower for individuals, seniors 60 or older and disabled which varies. The applications can be taken over the phone because we understand that sometimes people just ‑‑ they have ‑‑ that's why they're calling us, they have no transportation. And further paperwork is sent for verification. Next slide.

OK, key components of our program. Riders find their own driver. And we provide funds to pay those drivers, we pay the riders who pay their drivers up to 200 miles per month at $0.55 per mile. Mileage reimbursement is not considered income and does not interfere with social security or any other benefits for the rider or the driver. Approved riders must arrange travel with their volunteer drivers. Volunteer drivers must file a form stating who they are and who they are driving for. And riders travel with their drivers as mutually agreed. Next slide.

Mileage reimbursement forms are submitted at the month's end for that ‑‑ for, like, for example, for June, they are submitted at month end. To us, we want ‑‑ we'd like to have them by the 5th of July so that we can get everything in the computer. The detailed data's entered in for each reimbursement form, software calculates mileage for each trip and then mileage checks are issued and mailed to the proper payee. Sometimes a rider is disabled and cannot accept or do banking transactions so we have forms that we can pay the driver directly. Next slide, please.

This is our current data for demo graphic. 55% of our riders are disabled, 37% are southeastern, 9% ‑‑ I didn't want to classify everyone as low income because we do have some other types of riders but normally it's low income. So most of our riders are disabled and senior. Next slide, please.

The core program, this is designed around user‑friendly qualities. Personal vehicles are used. This service is no cost to the riders. It's available 24 hours a day, seven days a week. No advance scheduling is required. Travel is possible between cities without transfer or inconvenience. A volunteer driver makes each trip with their rider, assisting them as necessary and required. Riders receive their mileage reimbursement which they pay to their drivers because they can have more than one driver. So that's normally why the checks go to the rider so they can pay their driver or drivers and it's not considered income. I like to reiterate that. Next slide, please.

This model creates five progressive assumptions. When riders recruit their own drivers, they feel empowered. When riders have something to offer family, friends, or neighbors, they feel more comfortable asking for trips. When drivers are reimbursed for their travel, drivers are more likely to provide rides over an extended period of time. When family, friends, and neighbors use their own automobiles, the need to purchase and maintain vehicles by the program is eliminated. And passengers and drivers can schedule their own rides, staffing and infrastructure are significantly reduced. Next slide.

The model minimizes cost, limits liability. According to risk professionals and insurers, the potential for limiting liability is created through the combination of the arm's‑length between ‑‑ the arm's‑length relationship that is maintained between the program and the volunteer drivers, vehicles are not owned by the program, and the fact that no fees are charged, negates the potential for liability for the organization. The primary relationship between volunteer drivers and the riders effectively removes Freedom Road from receiving such reports. Next slide, please.

The model can be adapted as a standalone service which is what we have for our core program and add‑on within a human service agency like a hospital or provider organization. We also have ‑‑ call that our partner program. Or it can be added on within a transportation service. Public transportation service here, some counties opt out of it so it's not always available. So the public transit agency often refers riders to us so that we can supplement their service and help the people that need transportation options. Freedom Road's model can be implemented in rural as well as urban, suburban communities and whatever the organizing approach Freedom Road is designed as a dynamic and flexible model that can adapt into ‑‑ in any community. Nights.

Next slide, please.

Some of the things that we're thinking about the future of Freedom Road we want to develop a state‑wide model, look into the other 5310 funding services for the different portions of the state further expand. Phone apps, web and smartphone use for services. Grant/progressive funding. Progressive funding is things like Kroger or Amazon Smile. Smile Amazon. Further expansion includes we'd like to look into van service for partners to expand our outreach. Non‑emergent transportation provider for Medicaid. Something of that nature. And right now we have immediate enrollment, no waiting list. Next slide, please.

Here's some testimonials from our riders and my contact information. And I know that Carrie's going to have this recorded so you'll be able to refer to this as well. But thank you for allowing me to speak with you and tell you about our program. And I would welcome your questions.

>> CARRIE: Great. Thank you very much, Karen, for your presentation. So we had Jess talking about the state of things in her area of the traditional volunteer programs and some people had commented that what you're seeing is what they are seeing as well, and it confirms kind of where they're at. And then Karen presented a different model that allowed them to continue the operations throughout the pandemic because the individual had somebody that they knew and asked and probably was within their circle that they could rely on for those trips. We do have a lot of questions and if you do have questions, I encourage you to ask those in the question‑and‑answer box, that is primarily what I'm relying on but I did see a few come through chat but if you could primarily put them in the Q&A box I will go between questions between Jess and Karen so I'll start with this one for Jess:  In relation to cleaning supplies, was there a consensus of that were preferred by the drivers?

>> JESS MAUER: I would say there was no consensus although folks liked using antiseptic, some version of antiseptic wipes, so they could do the doorknobs, the handles, you know, the chromes and wipe down the seats in between.

>> CARRIE: Karen, can a rider have more than one driver assigned to them?

>> KAREN BOICE: Yes, they get their check and then they can keep track, between them and their drivers, they can keep track of how many miles they've traveled with each other and the rider will pay the driver or drivers.

>> CARRIE: OK. And related to that, somebody else had asked, do you ever have a problem with the rider not paying their driver?

>> KAREN BOICE: We had that happen to us one time, and it was ‑‑ the driver that called and so we had to recall the rider and she for some reason didn't pay her driver so she lost a ‑‑ yeah, she lost her driver and she couldn't be a part of the program. So it's kind of ‑‑ it does keep you honest and on your toes.

>> CARRIE: For Jess, was there any criteria that programs are using to start ‑‑ to determine when to start their programs back up? Any triggers or criteria they have put in place?

>> JESS MAUER: So, you know, one of the things that we had recommended for all of the region is that, you know, first and foremost, they have to follow their state executive order guidelines. And we've found just in operating across three states that they're drastically different, and so as I referenced before Maine had a very specific part of their executive order about public transit and also people riding in cars so the other two states didn't have that. So I think, you know, we had really proposed a couple of sort of best practices, one is obviously follow your state guidance. And the other was really, you know, making sure you're putting your protocols in place and then training your volunteers and making sure that they understand what is expected of them and are willing to do that. And so we talked a little bit, that sort of devolved into, again, whether different programs have different standards and the best standards, really, are to train your volunteers and have them sign off that they've been trained, that they understand what the expectations are, they understand what the barriers are, you know, I mean, so the boundaries of the program are and I can say for sure that not every program has those things and I think the conversation put some of these volunteer driver programs a little bit on their heels thinking, well, maybe we should be doing something like that.

But it really, I mean, in the end, it's just like every business that's ‑‑ it's ‑‑ that's having the same question is, you know, sort of when ‑‑ when have you done due diligence in understanding what the best practices are in relation to, you know, CDC guidance, nationally, your own CDC guidance or your state guidance, and, you know, when do you ‑‑ do you train your volunteers, how do you communicate with what's expected of your riders, that they wear masks, that they wash their hands before they get in the car, those sorts of things. And so ‑‑ and we suggest that people have really written protocols that they can say they have given to their volunteers, they've given to their riders, that everybody ‑‑ so it's not like a ‑‑ it's not going to protect you from liability but it's really the best practice.

So there's no straightforward answer there because we're all operating under different rules in our states, but that's as best we could do.

>> CARRIE: And you had mentioned liability, to build on that somebody had asked about the conversation you had about a liability duty and was there a final decision on some of those programs on whether to have one and would that make a difference?

>> JESS MAUER: I think the short answer is no, there was no consensus, and I think most folks did not believe that was necessary. That actually came up through a village, you know, a village‑to‑village, a formal non‑profit village that was providing transportation, and it seems like it's a step further than is necessary with volunteer liability, immunity, at least federally and in the ‑‑ and in these states, so ...

>> CARRIE: Thank you. Karen, there were a couple questions about if ‑‑ do you have a list of available drivers that riders can have if they don't have their own drivers kind of in the same vein, you know, what if somebody can't find a driver?

>> KAREN BOICE: What we usually do is we try to speak with them and try to find them ‑‑ do you have a neighbor, do you know anybody that goes to the same places that you go to? Once somebody ‑‑ once they have the ability to pay a driver, then it's a little bit easier than just asking family or friends all the time, you know, to do them favors. So I think that Shain, our director of operations, she's pretty good about helping people find a driver, we haven't really had any trouble with that.

>> CARRIE: Thank you. For Jess, you had mentioned that some of the programs were able to obtain CARES Act funding through the AAAs. Do you have any idea how many programs were able to access that funding?

>> JESS MAUER: I'm really not, unfortunately. I could find out. And I think particularly in relation to the council of governments, they just voted last week to offer CARES Act funding to the volunteer driver programs in their region so I don't even think there's been a process for that yet.

>> CARRIE: OK, and I'd be interested, other people on the line, put your answer in the chat, have you received CARES Act funding from the AAs in your area. You put a link in the chat, what is that link to?

>> JESS MAUER: Yeah, I was going to say both of our ‑‑ both of our conversations were recorded, and that is a link to the first one. I'm just trying to dig out the link to the second one. I can certainly share those with you, Carrie, to follow up with as well but they can be viewed so if there are other folks on other driver volunteer programs and want to listen you can do that.

>> CARRIE: We actually had somebody from New York asking you if you could join your next one.

>> JESS MAUER: I replied to that one and I will offer to anybody, yes, absolutely. If you want to email me, I can put my e‑mail in the chat, and we'd love to include you, we want to make sure people have access to what they need, during this time we have expanded, we're a membership‑based organization, on March 16th we eliminated our membership requirements and let everybody in and the same for tristate region, we're not limiting people to just our region. So anyone who wants to participate they can do that.

>> CARRIE: Thank you. We can get that information out to you in a follow‑up e‑mail so you have those links.

Karen, there were some questions on the technology used, is there technology for the rider to request a ride and for drivers to accept the ride? Is that an option or what type of ‑‑ and what type of technology do you use?

>> KAREN BOICE: Well, we don't really ‑‑ we don't do any of the scheduling, so the driver and the riders make their own schedules, they do it between themselves. So they're basically somebody that they know so they could just call them on the phone or ‑‑ I mean, if they have an iPhone or a smartphone, they can use some technology there. But I think that that's really not come up because they have specific drivers that they know. It's not a stranger. And so they could just call them and say, hey, I need a ride, you know, or if they're dropping them off they can make a schedule for next week, same time, same place, that kind of thing.

>> CARRIE: Thank you.

>> KAREN BOICE: That's pretty simple.

>> CARRIE: Yes. And different from some of the programs that the traditional volunteer programs. And just to confirm, Karen, you did say you had 5310 funding, correct?

>> KAREN BOICE: Yes, we do.

>> CARRIE: Jess, some of the programs that you heard from, were they restricting rides at all, just medical rides, were they doing social rides, were they doing rides out of town? Any of those restrictions on the length of the ride?

>> JESS MAUER: Yeah. So a couple of the longer established programs that operate as part of the senior center did continue to provide medical rides and I can't tell you the distance but I can tell you that one of them, friends In Action which is out of Ellsworth, Maine covers Hancock and Bob Scott and part of Washington County and Washington county is bigger than the state of Connecticut so if you can imagine there are great distances between even just home and grocery stores. So I can't tell you what the average mileage was. And I don't think there's ‑‑ I think mostly the idea was, is that if you have two people in a car, one is sitting in the back seat on one side and the front seat, both are masked that you take precautions, you know, in and out that it doesn't, you know, it doesn't really matter how long the ride is going to be, so ‑‑

>> CARRIE: OK. And we did have somebody in the chat section say that they had had volunteers install curtain rods with I'm assuming a clear curtain in between the driver and the rider to allow for that sense of security for the individual.

>> JESS MAUER: And then a lot of conversation in relation to that, about visibility and who turns around the drivers' visibility and so I think that's why people were thinking about sticking with Plexiglas this for the purpose going to do something like that.

>> CARRIE: And do you know how programs paid for people to put Plexiglas in or have done that?

>> JESS MAUER: No, I do not. The one that was going to do that actually was more of a fee for service kind of situation and they were going to pay to put it ‑‑ to install in their volunteers' cars but I have not heard of another one. I don't think most of the smaller volunteer programs would be able to do that.

>> CARRIE: Yeah. And then somebody had a comment in the chat section that concerns with ventilation in cars that may not have, or vehicles that may not have rear vents at all could be a concern as well.

>> JESS MAUER: Yeah, the whole fan thing is a real big problem anyway too, I mean, that's ‑‑ circulation of air, whether you're in a nursing home or in a car, that's a challenge. I mean, it should be a challenge even in relation to Karen's program, you know. We're going to have to deal with those, particularly in hotter regions of the country.

>> CARRIE: Sure. Let's see. There was a question here for Karen. Is there a toolkit to help AAAs get started if they would like to replicate the model in an already existing program? Also, if I'm understanding correctly, the riders pick the drivers. Can anyone ‑‑ excuse me ‑‑ the riders pick the drivers and the drivers are responsible for submitting paperwork in order to receive payment, they want some clarification on who's submitting paperwork in your model.

>> KAREN BOICE: OK. So I'll answer the second question first. The drivers ‑‑ the riders submit the paperwork because that's who we had the relationship with is the riders. They submit a mileage reimbursement form that shows where they went, it's ‑‑ where they went, what day, so we have all of the documentation that we need to put into the software, and then it calculates and prints out a check and we send the check to the rider and then the riders pay their drivers. We do ask the drivers to send in just a form stating that they are driving for this person just so that we have some documentation stating that, yes, this person is on the program, they do have a driver and this person is stating that they are driving for that person.

I hope that answered the question. So the first question is about how to get started with this would be to contact Rich Smith or myself and Rich is an independent living partnership in California, Riverside, California. And you could always call me and I would be ‑‑ we would be happy to start up a program because it's very simple and it's effective. Even in times of trouble.

>> CARRIE: Thank you. Jess, in regards to PPE and this kind of goes overall with ‑‑ and Karen, you can answer this, too, for your program which will be slightly different, but how were instructions and communication with the riders and the drivers in terms of PPE, new requirements, any changes in service, and how was that communicated or what was the communication reviewed by the programs?

>> JESS MAUER: Well, I will say ‑‑ do you want to go first, Karen?

>> KAREN BOICE: No, I was just going to say, Jess, go first, please.

>> JESS MAUER: As I mentioned, you know, during my presentation, a lot of the programs had not yet gotten up and running and some hadn't stopped. So as far as I understand it, the programs themselves were ‑‑ whoever is the lead organization that does the training and makes the decisions and does the scheduling would be communicating with volunteers and as I understood it, were going to be asking volunteers, you know, here are the new protocols, not just are you willing to, you know, drive but are you able to follow these protocols and do you feel comfortable with that. So I think they were going to be, I mean, it's the organization itself that's responsible for communicating with both the riders and the drivers.

>> CARRIE: Karen, do you have anything about communication that you did with your drivers and/or riders?

>> KAREN BOICE: When this started happening, we sent out a newsletter every month with the checks and as well as another mileage reimbursement form that they may need and any communication, so on a monthly basis. So in our newsletter we will say things like please be safe, make sure, you know, we have a mask or, you know, disinfecting wipes or if you need resources, please contact us, you know, let us know, we can help you find resources and things like that.

Really, we don't have any control over what's happening in the vehicles because it's their vehicles, their ride, we only have a relationship with the rider. So we really can't direct that much.

>> CARRIE: Thank you. Jess, was there any discussion about orientation or training changes that the programs would be making in terms of onboarding drivers or helping them understand correct use of PPE with existing drivers?

>> JESS MAUER: We did not get that far I will ‑‑ I just ‑‑ I mean, I think most of the folks as I said still aren't operating so they're not doing training and they were trying to figure out how they were just going to get their regular volunteers oriented and back to work. So I think, you know, we're not there yet.

>> CARRIE: OK. Sure. Certainly a consideration going forward, as some people on this call had mentioned they are just starting or were just going to start a program before the pandemic hit and that may be a part to complement in your orientation and training as you're going forward. Karen, for you, what type of data do you collect for your program, do you collect number of rides, riders, miles?

>> KAREN BOICE: We collect a lot of data. The dates of travel, where they're going to travel, to ‑‑ from where, to where, how many miles, and what was the purpose. Now, we don't ask specific, we have ‑‑ was it grocery shopping, was it medical, things like that. So we ask a lot of data because we use that data for grant purposes. So we have number of miles, number of one‑way trips, the software can generate reports, too, that are ‑‑ whatever they ‑‑ whatever type of information that you would need so we can figure out where they went, how many rides were, to what county, how many rides were to grocery shopping, how many rides were for medical, how many rides just to visit family, reducing isolation. So we do collect a lot of data on the mileage reimbursement forms, but we keep it simple so we've maintained just a one‑pager so that they can ‑‑ it's easy for them to fill out and ‑‑ we do not want it to be too complicated for them to fill out so we've made it as easy as possible for them to give us the data that we need.

>> CARRIE: Thank you. Jess, this is a question that I think all programs that have volunteers are asking:  Do you see a challenge in recruiting new volunteers as things open up and requests come back, and how do you or do the programs that you are working with plan to reach new volunteers?

>> JESS MAUER: Yeah, well, it's an interesting question. So because most of the groups haven't been operating, they haven't been recruiting new volunteers, what I can say, because we've been hosting a series of recovery and resiliency conversations with all kinds of provider types, and certainly the AAAs are our members and we've been in constant contact with them. You know, it's been a real up‑and‑down with some volunteers. That volunteers, older volunteers that I mentioned at the start of my presentation really took a step back, most of them, during the first part of the pandemic. Many of them are coming back and are sort of ‑‑ have got a handle on all of this and are feeling more confident about operating out in the world. Many are not coming back and are finding other ways to be productive and, you know, volunteers that aren't about driving or delivering meals or being in an office. But ‑‑ and we found also that volunteers very quickly backfilled. So a whole lot of people are unemployed. And as soon as we got the word out about, you know, the need for volunteering, a lot of people stepped up and we had a real surge. And now we're sort of seeing a little bit of a decline, most people are going back to work. But that's been our experience there. Again, I don't think ‑‑ we have had significant challenges just generally. I know public transit in particular in recruiting drivers, volunteer drivers in Maine before COVID, so I imagine it's going to continue to be a challenge in the future.

>> CARRIE: Karen, did you want to address that question at all?

>> KAREN BOICE: Can you give me the question again? I was so intent on listening to Jess and talk about the ‑‑ Zach sure. While you're not recruiting drivers specifically for volunteers directly, are you seeing ‑‑ you had another program that did have volunteers, recruiting volunteers, has it been a challenge?

>> KAREN BOICE: We do have a small group of drivers that we use for a partner program, getting them to the ‑‑ like, discharged from the hospital. And those drivers are vulnerable. But they are so anxious to get back to driving that they keep calling, have you heard anything? What can we do? Because the provider organizations are basically not running, they're meeting ‑‑ their face‑to‑face meetings, they're doing webinars and Zoom meetings and things like that. But our drivers are excited about getting back to driving as soon as possible.

>> CARRIE: And do you know, are either of the programs that, any of the programs that you're familiar with or the ones that you run, Karen, offering rides to get tested for COVID?

>> KAREN BOICE: We have not had any requests for that. We have not ‑‑ I mean, if the people ‑‑ if the riders on the core program are going to the doctor's to get tested, we don't really know about that. All we know is that it was a medical trip, non‑emergency medical transportation trip for that day. So we don't really know specifically what they were going to the doctor for. And we haven't had any partner program request for that at all.

>> CARRIE: Jess, you're on mute. You're on mute, Jess.

>> JESS MAUER: Sorry about that, I was reading the questions.

>> CARRIE: There's a lot of them.

>> JESS MAUER: A lot of questions. And so I had that open and so I couldn't figure out how to get out of mute ‑‑ twice, now. I think that would be probably a no. I don't ‑‑ I mean, I don't run one of these programs, I'll be very clear but I'm in a community that runs one and that does a lot of social and medical rides. And I know that probably this program would say that would be totally up to the driver. If the driver felt comfortable doing it. But I don't even know if that's true. I mean, I think if somebody needed to go to a doctor to get a test, in other words, they thought they were symptomatic, I think you'd have ‑‑ you'd be hard‑pressed to give a person that ride. And I don't know what ‑‑ that's not right but I don't know what to do about that.

>> CARRIE: Yeah, I think a lot of places are struggling with that. Somebody put in the chat that their ambulance service is doing that. Those rides, I've heard of other programs that have dedicated vehicles, dedicated staff who have volunteered to do that type of work and then (coughing) excuse me, there are others that are simply not doing these type of rides so I think it depends on the program from across the state.

>> JESS MAUER: I'll just say we've been doing calls with congregate housing providers as well and the recommendation there was ‑‑ because that question actually came up in that context ‑‑ was to have the person call a hospital, the local hospital or their local primary care provider and have, you know, sort of determine whether a test was actually necessary, whether they could be, you know, sort of treated through telehealth before transport. And, you know, so that was really the answer.

>> CARRIE: OK. Great. We have a lot of questions and I know we haven't gotten to all of them. We appreciate ‑‑ we just want to be respectful of everyone's time. We appreciate Karen and Jess, your sharing your experiences with us. I think it gave us two great views on what existing programs are doing, how they might be able to come online, considerations for coming back online in terms of liability, insurance, PPE, sanitization, and then, Karen, to focus on a model that has been operating throughout the pandemic and potential for things to think about for programs going forward if they may not be able to get volunteers if there are other issues with the volunteer driver program. So thank you very much for your participation. Thank you, everybody, who joined online for this seminar. It has been recorded. We will be posting this to the NADTC website along with the PowerPoint presentation so you will be access them there. And both Karen and Jess's contact information will be made available to you as well. So thank you very much for joining and have a great day.

>> KAREN BOICE: Thank you.

>> JESS MAUER: Thank you.