



NADTC Webinar

**Providing Person-Centered Transportation Information to Older Adults and People
with Disabilities
August 23, 2017
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Operator:

Ladies and gentlemen, this is the operator. Today's conference call is scheduled to begin momentarily. Until that time, your lines will, again, be placed on music hold. Thank you for your patience.

Good afternoon, my name is Melissa, and I'll be your conference operator today. At this time, I'd like to welcome everyone to the Person-Centered Transportation Information for Older Adults and People with Disabilities conference call. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, there'll be a question answer session. If you'd like to ask a question, press star one. If you would like to withdraw your question, press the pound key. I'd like to turn the call over to Ms. Virginia.

Virginia Dize:

Thank you, Melissa. Good afternoon, everybody and welcome to today's webinar, which is hosted by the National Aging and Disability Transportation Center. Today, we'll discuss how to provide person-centered transportation information to older adults and people with disabilities. I'm one of the co-directors of the National Aging Disability and Transportation Center. I'll begin with a few housekeeping details. That's the next slide. Closed captioning is available for this webinar.

And I'd like to thank our captioner for being with us today and providing this valuable service. To access the captioning, please press the CC icon at the top left of the webinar screen or using your computer's keyboard, press control plus F8. A separate captioning window will pop up that you can customize. And you can resize the captioning window so you see the captioning and the PowerPoint presentation at the same time. If you're having any difficulties with Blackboard's functioning, please contact Blackboard directly for technical assistance. The phone number is 877-382-2293.

This webinar is being recorded and will be archived on the NADTC website. The archive will be available on the NADTC website in the next week or two. The Power Point is available at our website address, www.nadtc.org. We welcome questions at the end of the webinar.

In addition, we've already received a number of really good questions that was submitted by the participants. As we were talking with our speaker, Roberta Habowski, a number of the questions are going to be answered by her, really, during her presentation.

As the webinar gets underway, if you have a question, you can post it either in the webinar chat box at any time and then, the operator will also be providing, for those of you connecting by phone, instructions after the end of Roberta's presentation. You may submit questions by phone. So when it's time for the questions, we'll be giving you those additional instructions on how to request the questions you may have.

We'll also answer as many questions as time allows, including questions that were pre-submitted. If we don't have time to answer all of your questions, never fear because we will follow up after the webinar.

Now, you'll see that the slide up on the screen is about the NADTC. And I'm assuming the people on the phone and website joining us today already know about us. Just as a reminder, our focus is on accessible transportation for older adults and people with

disabilities and care givers. And our real focus is accessibility in its broadest sense.

Not just transit accessibility, but anything and everything that makes transportation easier to access. Including the topics we're discussing today, which is information and assistance and how to ensure that people living in the community are able to access the information that they need.

I do want to point out that we have some exciting, upcoming events that are going on. Our six NADTC grantees have been working away. And they've now finished half a year of work. So we will soon be publishing on our website an update on some of the innovations that they are engaged in. We'll also be doing in the fall an online mini course on transportation and care giving.

And right now, I'm sure if you get our e-news, and I hope you do, you'll see that we are publishing spotlights from our 2016 trends report. And we're getting ready to work on our 2017 trends report, which we're excited about.

I also wanted to remind those of you on the phone who work in rural areas. And we know that many of you do because some of the questions that we got, that there is an important conference coming up in October. The third national RTAP technical assistance conference will be held in Omaha, Nebraska, October 29th through November the 1st.

I do want to say a couple of things about what NADTC is giving about information and assistance on transportation. We, first of all, I want to recognize the fact that we think of information and assistance as a variety of things that communities can do. We know that many communities don't have all these resources, but some do.

And it includes things, like, a one call, one click transportation resource center, management, aging and disability resource centers, many of whom are very expert about the transportation available in their communities, as well as the information lines that are operated by, area agencies on aging, and incentives for independent living that serve a number of very wide variety of ages, that also in many cases offer transportation information. And finally, many communities are served by 2-1-1, and that's also another resource that many people can use. So with that, we're going to -- I'm going to introduce our presenter.

So Roberta Habowski is the Mobility Project Manager with the Area Agency on Aging 1B in Southfield, Michigan, which is just outside of Detroit. She has over 16 years of experience working with older adults and mobility issues, including alternative

transportation, driving education and cessation, and other mobility resources. She manages the myride 2 program. A one ride, one click mobility management service that assists older adults and people with disabilities to find transportation resources in the region. You'll hear more about the myride 2 program today in the webinar. Welcome, Roberta, we're pleased to have the opportunity to turn the webinar over to you now.

Roberta Habowski:

Thank you, Virginia. And welcome, everyone. Thank you for attending today. And I hope that I can give you all of the information that you needed. And if not, as Virginia said, you can certainly contact NADTC or myself because I'll give you my email address at the end. So, I decided to title this presentation the evolution of myride2. In order to get where we are today, we had background activities. I'm going to talk about those. In 1995, our advisory board conducted an ad hoc study regarding the lack of resources for older adults making decisions.

They noticed there was an increased need for that, and they wanted to document that and have further studies on that. In response to that, the You Decide senior driving awareness program was developed. And this program monthly at various senior centers covered a variety of topics, including safe driving, medications and driving, transportation, road commissions, we did rehab and licensing, driver's licensing, state person come in and talk about licensing procedures and misconceptions about that.

So it's really a wide variety of topics that were covered. And after that, we developed a mobility options counseling project, which was sort of like the monthly meetings but condensed into half day or one-day format. And we took that on the road, so to speak and then, did it at various senior centers. Our Michigan Department of Transportation, our office of highway safety planning. Our community foundation, and these were all just little smaller grants that we did what we could with at the time.

There are also other organizations that were trying to get information all in one place. They made up booklets. They had things published. But at the time they published and sent out, not everything, but a lot of things were outdated. And not everyone had access to books. Our CEO at the time, she said there needs to be one place that people can call and get information. All of these things made us more aware of the need for transportation and the need for people to find that information.

Next slide, please. Slide 3. There we are. Okay. All of us, we discussed this. Here's this information. All of us, including all of us on this call today are going to outlive our ability to drive by seven to ten years. And that's actually probably getting longer with our longevity increasing. And one thing that really, really resonated with us is this quote

from one of the senior driving awareness participants: "If I can't drive, I might as well be dead." And that is a direct quote from a participant.

Clearly, people need to know there are options available. And they need to know how to access them and how to use them. Next slide, please. This one is called getting ready. I don't see it on the screen. There we go. The next phase happened in 2010, and we have partnered with Jewish Family Service in our area, senior collaborative, housing initiatives, a lot of different activities related to seniors.

So in 2010, Jewish Family Service, who also provides transportation, asked us if we would like to partner with them to apply for the Job Access Reverse Commute (JARC) at the time. And as far as we were aware, this was the first time mobility management was offered as a component. So Jewish Family Service came to us and we applied together to the receiving agent of the funds, which is our local transportation provider. JFS also offered to be fiduciary free for two years and it got us on our feet. Now we use 5310 funds and apply on our own. And over the years, we've had various other grants that have supplemented, enhanced, allowed us to save a little bit of our money and keep everything moving longer when we received a grant, from -- one from NADTC, which I'll tell you what that's for in a little bit. We received money for transit planning from the FTA and Community Transportation Association of America and other partners. And oddly enough, we received some money from the Michigan Fitness Foundation. But they were interested in how people can get out and do things in the community. So all those little grants have supplemented everything that we were doing.

Next slide, please. So developments. We spent one year of research and development. And at that time, I was the only employee on this. And I was the only staff. And I was part-time. So one year, we had to decide what we wanted to include, how in-depth we wanted the service to be, did we -- were we able to do a website?

So we -- in researching, I looked up best practices. Easterseals for mobility management, and actually, the Iowa DOT had a lot of good information on mobility management. And I just literally typed in mobility management in Google and took off on that.

We also had to go over our budget, realize what our technology needs were and to develop a branding and marketing plan. Next slide, please. So this is an overview of what we've developed. Toll-free multi-lingual phone line. And AAA has a contractor they use for this. And it -- whenever we use the multi-lingual line, we're charged each time we use it. We provide live transfers to providers, if necessary.

The required only has to give their information one time. We wanted an interactive

website where people could search for providers, request a ride and get information. We do cover here at the area starting off, we were only able to launch myride2 in two of our counties because those were the service areas of that public transportation provider.

And we also wanted to keep our routes of driver information and driver safety. So we wanted that to be a part of it. Now, we don't supply any transportation directly. We are just the connection to that. And we delve in a little deeper than just the ordinary information and assistance of, you know, here's your phone numbers, here's your options. We actually dig in, find the best transportation for that particular situation, we'll calculate the mileage, we'll get them an exact price, we'll pre-call the provider to make sure they can handle that. So we really wanted to provide detailed options.

Next slide, please. There are several important factors in developing this. In the beginning, AAA1B was essential as far as administration, space and utilities, tech needs, et cetera, which you can see listed on the slide. So that was all crucial to us being able to get this off the ground in a costly manner. We do pay our utilities on our own and finance some of the admin and various departments. And we took a lot off our current information in the system center.

And one thing that was, actually, really, really helpful was a student intern. We had a lot of things to do to get ready and enter and that was really, really important for this, as well. I think everyone should be familiar with the Administration on Aging. They have an assistance line through the Eldercare Locator which routes them to the various agencies throughout the country, and all of them have this information resource center. And care giving and family members.

We utilized our assistance infrastructure. We used the same system they were using to keep call records. This system is used for reporting. We were able to use their current providers they had in their data base. The technique would be similar. And we also reviewed how they vet the providers. Our information is AIRS-certified and their criteria is very extensive.

We were able to add the providers to our database without the same exact vetting process, which was helpful also. We do see if a provider is listed on our website where they list providers that have licenses. That was helpful, too, to be able to piggyback on all of that and not have to do everything from scratch.

Next slide, please. Decisions, decisions. We work closely with our communications department and information. Sort of coinciding with the phone number. We went through at least 20 if not more iterations of things that we have come up with.

And I really wanted the phone number to match the name and to have it indicate, at least, what the service was. Everything that came together was my ride2. So there's different ways to come about with that. We also wanted to develop a brand. We hired a graphic designer who is family of one of the staff. And something this person does on the side, they do it for payment, but also on the side. It was a little more affordable. You could use some students for a contest, maybe, in help developing a brand or a logo. And for our design, again, we had an idea of what we wanted. They debuted things differently, or this would be different, et cetera. Next slide, please.

The results of that were -- it'll come up in a second. Myride2, our logo, and our website and phone number at the bottom. This is what we ended up with. We decided on this. And to do this, we did show these to various staff member. We showed them to Jewish Family Service, and we have a group here that is disability focused and we showed it to them to make sure it looked good and it fit.

So then, we wanted to -- we needed to research providers. We used our current information in our information assistance database. But literally, again, we would Google. We would also get information from other organizations. If I would see something driving down the road, I would say, oh, do we have, you know, such and such in our database? And check that out.

We also had to enter the providers into an Excel sheet as well as word -- that's where the intern came in really handy. Those were pretty big time consuming activities. I also wanted to hire and train staff. Right now, we have two full-time mobility specialists and a part-time person who works on the other grants. And we're soon to add another full-time so we'll be 3 1/2, including myself. We have also partnered with our local center for independent living. And we do pay them a stipend. And once a week, they're -- one of their staff members comes to our office and actually takes calls, as well. That frees up time for the other mobility specialist to do quality calls and make sure everything's up to date.

We also had to add our myride2 pages to the IMA system and complete our websites. This is an example of what we send to providers when we're asking them if they want to be included in our database. We send this information out. We take out the licensing part out for them. Or if we had found the information on a website, we want them to verify. We may say, can you verify your website information is up to date. Next slide, please.

This is an example of our initial call worksheet. We have been doing this by hand. And then, entering it into the AAA 1B system because that system is cumbersome and you

have to move around to different pages and it's difficult to do on the phone. So we're in the process of obtaining that. While we may not schedule right away the providers, this is enabling us to get all of our information into our own system and not rely on that agency system. Which is clunky. These are the price of things we ask on every call. You'll see on there if the enrolled in the MI Choice program, it's a program here in Michigan. And if they're on Medicaid in our account -- next slide. And that's for that. And the page, I wanted to make it big enough that everybody could see it. And you'll see number 15 up there. Is it okay to share your information with providers? We did want to ask that question. While it's a HIPAA organization and has to follow all of the HIPAA rules, it was determined that myride2 is a hybrid entity and we're able to share this information with the providers without getting into HIPAA.

And, again, this is the bottom of the page. The status and follow-up and harmony is the system we use. And that's why that's on there. This is our website that's going to be coming. This is the website that an outside contractor would use.

If I was giving advice going forward, there are some of these pages we can edit ourselves and some are not. It would be really helpful and less costly if you would work with someone who would allow you to access all of the pages and change them yourself.

For instance, this first, you know, opening page, we are not able to change that. We have to have the web designer do that. And you can see in the blue tabs, click here for driving tips and how to help an older driver. The other tab is about mobility management.

The part about learning to ride the bus is simply directing them to the public providers website and the information that they have. On the lower left, it has request to ride online. We have not, probably, I would say less than even 10 people that have asked questions online. We are taking that part off. And transitioning to our travel service. If you all want to play on the website and go to it, you can enter the ZIP Code 48076. And it will pull up options available depending on what you've picked as far as the door-to-door special needs, et cetera. And we have another lesson learned.

First of all, we had everything coming up alphabetically. And then, we thought that we wanted the low-cost options to show up first. It goes to our transit service in the area, then fixed route and then private ones come up alphabetically. That was a lesson we learned on that. We are allowed to go into word press, the way the site is set up. And we can change that. Update providers, update their information, et cetera.

Next slide, please. What's coming up will be an example of our cards that we've developed. They're a heavier -- not a heavier card stock. This is the front and back of

that. And we worked with our communications department to also develop something that we could hand out. Something physical that people could hold or put on their fridge. So we went with our communications department advice and developed these cars, again, utilizing the designer to do this. Another cost saving measure that we found is that the agency uses a set printer that develops the stationary and everything they do.

In researching, I was able to find different print companies that would do this at a lower cost than we were getting and it was easy to do online because I had the information from the graphic designer. I was able to upload it and have it printed and sent out.

That was good, as well. Going to go on to marketing. We sent that out to physician offices, hospitals, libraries. We also were able to, again, to utilize the agency, which has various agencies and things they promoted the services in.

We also submitted it to our each little township and city has their specialized move insert for them around here. So we developed a little article for that to be included. And we also utilized our partners to disseminate the information. And we did at one point have a radio spot. We sponsored, it's called a living well spot. And we sponsored that. And it was on a station that we know usually older adults listen to and they get a lot of their information from that.

So we did that. Word of mouth, also, was good as we got rolling. And social media, we don't have our own Facebook page. What will happen is if we want to promote myride 2, the area has a Facebook page. And they'll include a little blurb about us every once in a while. So we found that seniors, in particular, like something physical they can hold that direct mail is usually better for them. And that seems to get better results. The best results that we have received have been from those mailing out to the senior centers and also the radio spots, actually. And our agency quarterly newsletter that goes out.

Talking about community partnerships next. And as you can see, stronger together, right? Next slide, please. So partners along the way have been, obviously, the Jewish Family Service, our public provider, the Disability Network of Oakland Macomb, which is the agency they sent once a week. The Senior Alliance, and we developed a partnership with them, as well, where we are handling their transportation costs and they are promoting us, in turn.

We tried to set it up differently and have them take calls on their end. It didn't work out. We settled this partnership. The local metropolitan planning organization, faith based groups. And we tried to get that supported and have our services be truly regional. From that gathering together and collaborating to help get it passed, we did develop

partnerships with the faith-based groups and some other groups we might not have thought of. They all have a stake in transportation in general. And while this wasn't focused on seniors, necessarily, in the big picture, it did increase the options because it would automatically expand around the fixed route and automatically -- it would add more transit.

Also, the past two years, I believe, a group of us in Michigan, we got to know each other, different meetings we'd show up at, and we'd develop an informal group of disability managers. We meet every other month on the phone and just update each other on what's going on.

Not everybody on the call is a mobility manager, per se, it's people from transportation. It's a variety of titles. But we all do mobility management in some way. And that's been helpful, also. Next slide, please. We're going to talk about reporting and the kind of data we collect. This is an example of executive summary report, which we get from the reporting from the system we're using to input.

As you can see, we track numbers of requests, when we have the number of referrals, we're talking about the people already in our database. We also track, as you can see, unmet needs, purpose of the call. We show them a monthly report on this, some of our partners. We have sent this to elected officials, as well. What we're most pointing out that the volume of calls that the service is needed. And also, we want them to focus on the unmet needs.

If they say, oh, there's X amount across the county lines which is an issue here, maybe they would consider partnering different ways to get people across the county lines or maybe they need to have weekend service or evening service. That gives them a basis to see what's going on and ways to evaluate what we're doing, as well.

Next slide, please. This is a continuation of that. So in addition to this report, we also do a yearly evaluation. The first two years we did contract that outside, which was costly, so we decided to do it in-house after that.

Right now, we're taking every 20th call and calling them back for information. Lesson learned, if we do the yearly evaluation and try to select callers. If it's too late, they really won't remember, you know, what they called us for, if they used the provider. So we found it best to do the 20th call so hopefully, they can be fresh in their minds. And we also, as I said, do the evaluation at the end of the year.

Next slide, please. So this is how we envision and we're doing mobility management

here. And it is all that we're encompassing right now. So we have, of course, our mobility management, our mobility options counseling, driving retirement. We have our transportation referrals, which is what we're doing when we find the options. We hope to schedule rides with a variety of providers in the future. We also, as I mentioned are starting travel training with our grant from NADTC. And we will be -- we have had one class so far and we're going to launch that. And we're going to sustain that in the future through Section 5310 funds that are going to be distributed now through our regional transportation authority.

We have already asked for -- let them know this is the new service and we will need additional funding to continue it and we'd like to continue it. And advocacy, which is always important to, again, let the elected officials let the funders, public transit providers know what we're doing and to advocate for more services for our older adults.

Next slide, please. I talked about the travel training. Along with the funding, they would like to have a true regional one-call, one click. And they've asked us to expand our services into the Detroit service area. Technically, this is another area, service area. But we are partnering with them to utilize their resources to have them promote. And that's where I'm going to be hiring another full-time staff person because we'll have increased calls. We are going to be housed here to have a hub.

And we will pay the other area agency to do promotion and marketing and some admin costs. We also, also are talking about expanding to other regional transportation authority counties.

I had a call the other day about that. And I said I would love to do that. But not now. Let's see how the Detroit expansion goes and possibly after that. And as I said, our travel training. I'm sorry, scheduling software. Next slide, please. Probably include this in every presentation is network, network, network. Get on every mailing list you can get on even if you don't, I'm on the rural transportation one even though that's not where I'm serving right now. I like to stay abreast of what's going on. Mailing lists for grants of any kind, different organizations with the FTA, NADTC and National Center for Mobility Management. You never know what's going to come across.

There may be some grants you apply for and you don't know about it. So I really get on all the mailing lists I can. It can't hurt. I also attend meetings on transportation whenever I can. Whether it's meetings with, there's a homeless task force that's focusing on transportation, on part of a state group that is -- that transfers into transportation.

So really get involved and sit in the planning meetings on all levels. You could also

attend coffee hours that elected officials have, attend their meetings. And for our county commissioners, they have a set time when they have their meeting for public comments. And I have gone there and told them what we do, why it's important and the need to support that in the area. Also, the data is helpful. Look at these people we're serving in your county. Look at what they need. That's helpful.

Couple of questions that came across earlier are what are the best tactics for increasing the number of persons with disabilities on public transportation? We use public transportation. I think the travel training will be an important step with that. We also have had field trips where we take a group, maybe to give something at a coffee shop and come back.

But definitely, the hands on portion, I think, is the best. There's talk about first/last mile solutions. I do want to talk about Uber and Lyft. There's a website and they utilize either Lyft without someone having a smartphone. I could call out and set a ride up for my mom or dad. And they will let you know, picking up mom or drop mom off. That's how we utilize those. We do offer them as options. Obviously, right now -- not obviously, within our area, they don't have accessible vehicles for wheelchairs. That is something that we can't recommend them for.

For rural issues, we do have rural counties, although I'm not serving them directly. But there is -- Virginia mentioned the national rural transit assistance program, the RTAP. Also, CTAA is helpful. And, next slide, please? So it's time for questions, I believe, but I'll let Virginia handle that.

There's my phone number and my email address. Feel free to contact me anytime. I'd be happy to help you and in any way that I can. So I'll turn it over to Virginia.

Virginia Dize:

Roberta, thank you so very much. You've shared a wealth of great information. At this time, we'll open the webinar up for questions. And those of you on the webinar itself, you can use the chatbox to write in your questions and we'll try to take as many of those as possible.

But at this time, I'd like to turn it over to the operator who will be providing us with instructions for those of you on the phone as to how you can ask a question.

Roberta Habowski:

Virginia, let me interrupt.

Virginia Dize:

Sure.

Roberta Habowski:

There is a question I see in the chatbox about scheduling software you are looking to use. Since that was passed through the public provider, they had a certain procurement we had to go through. So we did go through a bidding process on that. And we ended up with three that came to the top. And the criteria along with the pricing, one that fit was actually a local company. And they're actually working with the military on scheduling software for them. And so, they're developing that for us.

Virginia Dize:

Okay. And Roberta, I don't know whether you're comfortable with sharing the name of that local company, or not.

Roberta Habowski:

Sure, KEVADIYA.

Virginia Dize:

That sounds like a good solution.

Roberta Habowski:

They're in Pontiac, Michigan.

Virginia Dize:

Thanks. So, operator, Melissa, would you like to provide instructions to those on the phone?

Operator:

At this time, I'd like to remind everyone, in order to ask an audio question, please press star one on your telephone key pad. That is star one to ask a question.

Roberta Habowski:

If there are no questions right now, I can address the other ones sent ahead of time.

Virginia Dize:

Sure, go right ahead, Roberta.

Roberta Habowski:

"What do you consider your three best tools?" Services to the community. First off,

obviously, not obviously, but providing information. There's a lot of information, options available. Also, helping people navigate even the paratransit service. We also help fill out ADA applications and explain if you're eligible for that and what that is.

And I think advocacy, also, is important. And if anyone has a question while I'm talking, go ahead and interrupt. Let's see. Another question was "How can you trust information you receive?" That's where the checking if their license, their website on the state's website. We also -- there's some legal issues on our website, we have a disclaimer statement saying we are not responsible, you know, if they actually use the provider.

We are just recommending. We are just giving them the options. It's up to them to choose who to use. We also, when we did the initial call sheet, you saw that we asked them if it's okay if we share their information with providers.

Virginia Dize:

And to clarify, Roberta, you said that you checked to see when you are considering putting the provider on your database. You check the state database to make sure that they are licensed.

Roberta Habowski:

Correct.

Virginia Dize:

So unlicensed providers are not included? Or how does that work?

Roberta Habowski:

They are not included unless they are a volunteer organization. Or we have if someone's on the webinar from this organization, freedom riders, and they are part of what is offered. But if a private provider, we make sure they're licensed. And the state does all the vetting for insurance and things like that.

Virginia Dize:

Okay. That's great. There is a question that just came in in the chatbox about the services being wheelchair accessible. And I know that you pointed out that you don't provide services directly. I guess the question is, do you connect people who need wheelchair accessible transportation to services that meet their needs? Definite, we do. And as we've grown and as I've been fortunate enough to have the same staff, they are very familiar with the providers and what services they can and cannot provide.

We receive quite a few requests for structure service and oversized wheelchair access

and there are people in our database that are companies in our database that will accommodate them.

Virginia Dize:

And another question about the type of insurance you carry.

Roberta Habowski:

We do not carry any insurance. We are under the umbrella of the agencies insurance their liability insurance.

Virginia Dize:

And you don't have to worry about that that particular aspect of insurance?

Roberta Habowski:

Correct.

Virginia Dize:

Okay. Another question in the chatbox. How will you sustain? That's a great question. I've heard you talk about how the many years that you have worked on this issue, Roberta, you have been very diligent and fortunate to get a number of grants. So I'll just let you answer this question about what you do when no grant funding seems to be forthcoming.

Roberta Habowski:

Very good question. And we did have, I believe -- it was probably a year when we were not grant funded and took a little hiatus in there. But we have definitely, we are definitely aware that any funding that we get is not guaranteed to continue. Right now, we are utilizing the Section 5310 funds, and it is a benefit to us to have the transportation authority being the recipient and the pass through of those funds. I also am very budget conscious. And because there's a three-year spending period on Section 5310, I've been able to carry over funding to make sure that we are covered.

And right now, and I always say this to the people -- hopefully, it'll be more Section 5310 funding. And hopefully we show the work is valuable. We received other grants throughout the year, which share the burden of some of the salaries. So that means we can kind of save on that of the Section 5310 funding.

Virginia Dize:

Are you still using a student intern?

Roberta Habowski:

We are not. That was just for the beginning, and then, we actually hired her part-time to start.

Virginia Dize:

And one more follow-up question, this is Virginia. You mentioned when you were talking about the different funding sources that support your program, you were mentioning a state of Michigan fitness organization as being one of your funders which seemed to me to be a very creative kind of out of the box kind of funder. Have there been others in the past such as that that you have been able to tap into? -- there was a \$7,000 grant that we utilized to do some surveys. We took some seniors on field trips.

Roberta Habowski:

That one was unusual. There are also the rides to wellness grants is an example. We are not a recipient of that. But our state DOT was. It's important and that's another reason to stay on the lists. You never know what's going to come about. And you can make your case to, you know, look at all of these, you know, required we've connected so they can get to their medical appointments.

Virginia Dize:

Great answer. Do you coordinate with volunteer agencies that serve particular target populations. Are there any volunteer transportation services in your community that refer people to?

Roberta Habowski:

There are some with the kidney foundation and with local cancer organization in the area. And also, a Veterans organization that we do have as resources. There's a couple of them that are small operation, and they just personally do this with funds from however they gather them.

And they've asked us not to be on the website but they are there if we need them. There's one particular person who only does Veterans. And he's just a one-man operation. So he has asked that we don't have him on the database, the public database.

But we do, certainly, have them in our database. And we also are anxious to, you know, hook up with them whenever we can to utilize. There's also a faith-based organization we work with volunteer groups that drive that we work with closely.

Virginia Dize:

Okay. And do you ever get questions from people who are seeking rides, for example, to attend worship services or to do some things that are not necessarily within the scope of services of any of these specialized transportation services.

Roberta Habowski:

Yes, we do. For worship services, we have a success story, how with we helped a couple attend a wedding. They wanted to go from home to a wedding on a Saturday. To the reception after that. And then, back home. And we were able to work with different providers. And get that arranged for them at less costly than they've been. I think they were expecting, which is always good. And just this week, we were able to help a gentleman who actually lives in northern Michigan and not in our service area. But he was at the University of Michigan hospital. And he needed a way to get back. And he needed stretcher service.

So our state Office on Aging reached out to us because they know we work with transportation and we were able to find a service that would accommodate him and take him that long distance. That was -- felt good also.

Virginia Dize:

Fabulous. One of the other questions that had been sent in was a question about walk-ins or face-to-face interactions. And specific questions are communicating with people who are deaf or hard of hearing when staffs are not trained in sign language, ASL. Have you had those kinds of situations? And how have you been able to handle them?

Roberta Habowski:

We don't have walk-ins. We would not oppose walk-ins, but have not had any. And the way that seniors like to connect is over the phone. They don't like to use the website, although, more and more seniors are becoming tech savvy. Most of our information seeking comes through the phones.

We have, I have gone out and presented to deaf groups in the area or hearing-impaired groups in the area. And actually, that was speaking about older drivers, which I still do, but also, now, I throw in we had this service to help you now. And they supplied the translators there. When we had a big event, when we were getting together to, hopefully, get the RTAs passed -- offers, interpreters for free. We did have them come and interpret. Other than that, no, we do not. Well, he's still working on it.

Roberta Habowski:

I think I can see it here.

Okay. I think that varies what we're defining it from myride2 is 55 and older. But we also assist care givers and the family members. And any age adult with disability. So any 18 and older with a disability. And we also have a lot of calls come in from social workers or hospitals and medical staff, as well.

Generally, we actually -- we actually really don't kind of turn people down. If they're calling, we generally help them even if they're not, you know, in the 55 and up category.

Virginia Dize:

How are you able to work with elective officials? You may want to talk about your effort last fall to get a millage passed to support the regional transportation concept.

Roberta Habowski:

Yes. It is difficult, sometimes, not impossible. We did find two ambassadors who were very supportive. Actually, three. One was one of our county commissioners. The other was a Michigan state representative at the state level. And then, we also had a senator at the federal level.

In working -- that was very vital to get other people involved. I always said bring up data all the time. And if you can bring data to any elected official and say, look this is the need in the community, this is what seniors are asking for or need. Seniors are a large loading block, as we know. And we can also get into the elected officials that way.

We did have a situation when we were doing the RTA millage and hoping to get that passed with one of the county commissioners who had agreed, in theory, two years ago, that this would be great who, then, started trying to back out saying that they don't need that in their community. Really was not supportive at all. And we were able with our partners to throw together really in one day, a press conference that particular commissioner was trying to not even have it on the ballot.

And we very quickly gathered and had a press conference at a local church. And we called the TV, we called out. You know, anybody that was on a press list. And we did have coverage on that. And it was -- it did -- I don't know I'm not sure if it's directly or by itself, but it did get overcome and it was on the ballot.

It's very hard. And I think part of that is where that half a percent loss was because we have a city suburb kind of divide. And I think that, you know, looking at the greater good. We all support our zoo regionally. We all support our Institute of arts regionally. And it's going to take some time. But we did have one of the county commissioners actually take a ride on the bus pick a destination and go.

That was helpful, as well.

Virginia Dize:

Thank you. I want to turn to Melissa for a second. Melissa, we still got another couple of questions that have shown up in the chatbox. I wondered if anyone waiting to ask a question on the phone?

Operator:

There are no audio questions at this time. But if you would like to ask a question, please press star one.

Virginia Dize:

Next question, Roberta. How do you prioritize which services would work best for the client when you're coordinating a trip. What are some of the factors that you consider?

Roberta Habowski:

Some of the factors considered are on the intake sheet. We can rule out some providers if wheelchair service is needed. We can rule out public providers if they need to cross a county line. We can rule out community vehicles. If it's going to go more than, you know, a few miles. And the software that we are getting is going to prioritize automatically and match the top three options with the rider based on the criteria we will type in. And that will sort of connect with them.

Really, the best thing right now I have staff that have been here. And they after a while, you just know that, you know, XYZ provider will easily accommodate this person and their lower cost and their -- the best option for what is needed.

Virginia Dize:

Okay. Great, this may be a little bit out of your bailiwick, but it came in the chatbox. Can you recommend a way to address liability concerns with volunteer groups?

Roberta Habowski:

Yes, you're correct, Virginia, it's not -- we don't have a particular volunteer group here at the agency, so that is all handled by whatever organization is housing the volunteer organization. Here in Michigan, we have no fault auto insurance. And what that means is -- well, it's not technically no fault, but it's higher in price and it's automatically, you know, everybody has to have it and you're covered. And the way that the Michigan insurance is, if you were a passenger, for instance, in my car that you would be covered the same as I would in my vehicle.

It also -- I believe they made a concession for volunteer drivers at the state level, but I don't know for sure.

Virginia Dize:

Okay, thanks. I would say, too, Daniel asked this question. A couple of things, one, there is a national volunteer transportation center that has a website that's a great resource for information. And in addition to that, I think I'm pretty sure they got this information on that website. There is an insurance organization that specializes in volunteer insurance called CIMA.

So you can Google that. And I think, find that information. They're very good with not just talking about insurance and insurance products that can be purchased in the event that you were using volunteers. But also, some of the policies and practices that you utilize in the volunteer program that ensure good protection.

So those are two good resources, I would say. And finally, there is within the aging network a national volunteer assistance center that is targeted primarily to area agencies on state offices on aging. But you can get that information if you Google that, as well. So if you want to know more about this, send us an email, Daniel, and we'll see what we can do about putting together these resources for you.

I don't think we've got any questions right now in the chatbox. We're getting close to the end of the call. But I did want to throw out a couple more questions, Roberta. The question is whether, you know, how often you receive the request for same-day rides. And what, how you are able to accommodate those. Are those just impossible to accommodate? Or are there particular riders -- ride services in the system that can take care of the request such as that?

Roberta Habowski:

We do receive same-day requests, and there are different providers that can accommodate them. We hook them up with that. If the -- you can register seven days ahead of time or schedule a ride, but you can only have a two-day window to accommodate any other trip. So we actually start with that service because it's lower cost and they may have cancellations. So we will, actually, check that. We do have different providers that can accommodate same day.

Virginia Dize:

Great. This is sort of a loaded question. And you know, I'm going to throw it out, Roberta, and you may not have a number in the -- on the back of an envelope somewhere, but it's a question about the cost for setting up a robust mobility

management portal.

Roberta Habowski:

I can tell you where we started out with a about \$63,000 grant. And fortunately, we've been able to grow as our service grows and we've shown a demand for that. Currently, our expenses are running probably 150,000 to \$175,000 a year.

Virginia Dize:

Great answer. Thank you. And this is going to be the last question I'm going to ask unless there are more questions that show up on the chatbox. As a call center, what do you consider your three best tools?

Roberta Habowski:

First providing the information in itself. And other than just providing the information as I said really digging in to the need and the request. And not just saying, you know, here's three numbers you can call. Calling ahead for them. Making sure it can be accommodated. Really, really researching different creative ways that it might happen. Such as using some of those in our pocket volunteer services.

So I think that's really the best thing that the -- the best tool that we have. We also help people, as I said, fill out ADA applications. We'll print it out, highlight their doctor and their information to sign, mail it out to them so we actually will call the connector service, the paratransit service, register them so they can just call for a ride.

Also, advocacy, I think is something that is one of the things we at the agency has done. It's been really strong.

Virginia Dize:

Great. Great. Thank you. And any last words? Any final words you'd like to say, Roberta? Feel free to share it at this point.

Roberta Habowski:

Well, again, thank you for having me on the webinar. And I have enjoyed my time chatting with everyone today. And, again, I am very happy to help in any way that I can if there's something that you wanted more information on as far as that reporting or anything. Feel free to email me. And I will get back to you with any information that I can.

Virginia Dize:

Okay. Thank you so much, Roberta, we are so grateful to you. You've been a great

presenter and very generous with your time and your thoughts and sharing the responses to questions that people have raised. I want to say, again, that if we get any other questions, we've had a few questions about rural communities that we will attempt to respond to. And Daniel, again, if you want to send us an email with your questions about volunteers and liability insurance, feel free to, and we'll be glad to send you those links to those websites. And any other questions that we may have just not gotten to or that you want to know more. And you may have questions that occur to you after you hang up.

And we just want to say that the door is open. If you have more questions, certainly could get directly in touch with Roberta. And the last slide here is our contact information. If you're not already getting our e-news, you will sign up to get it on our website. We really appreciate the opportunity to be with you this afternoon. And, again, thank you, Roberta, for a fantastic presentation.

I also want to thank our operator, Melissa and our captioner for helping to make today's webinar possible. And finally, I don't want to forget that your feedback is really, really important to us. We use them to prepare for future training events. I think I mentioned at the beginning of this call, we've got three blog posts currently about information and referral on our website. We have at least three more that are planned. But if there are particular issues you'd like us to address, if you'd like to suggest another webinar on this topic, you feel like there's something else in particular that you want to know more about, we hope that you'll get in touch with us.

We really want to listen to you and plan a future event around what you want. You will be receiving a short, multiple choice web evaluation on today's webinar. We hope that you fill that out and feel free to share any additional comments with us.

And lastly, please remember that NADTC is a resource for your programs and for your accessible transportation needs. So we hope you've looked at our website at www.nadtc.org. We invite you to check out our Facebook, Twitter, LinkedIn and YouTube accounts. And please remember, again, to sign up for our e-alerts. You can reach us at 1-866-983-3222 or email us at contact@nadtc.org. These are for your continued questions and issues you'd like us to work on. Thank you, again, for joining us today, and we hope you'll enjoy the rest of the afternoon. Bye-bye.

Operator:

Thank you for joining today's conference call. You may now disconnect your lines.

(Webinar ended at 3:21 p.m. Eastern)