

Regional Coordinating Council Meeting Notes
October 16, 2013
2:00 pm

Attending:

Tara Styer- TTD
Judy Weber- TRPA
Ray Goodenough- OPEN
De-Anne Hooper- Family Resource Center
Julie Barnhart- Elder Options
Deborah- Community member
Mike Reynolds- RSVP Carson City
Paula Lambdin- El Dorado County (EDC)
Julie Shanks- Kelly Ridge

Special Meeting Focus: Mobility Resources for Older Adults

Tara: Welcome, Tara introduces Eddie Ballesteros from CA DMV who will discuss the Senior Driver Ombudsman Program.

Begins with background for those who are not familiar with the Regional Coordinating Council or the Mobility Management effort.

Mobility management is a relatively new concept and the activities of a mobility manager depend on the needs of the community and the demand is increasing due to in part to the aging population. It is estimated there will be 8,000 baby boomers turning 65 each day for the next 18 years. Maintaining mobility is very important to living independently and Tahoe should be an area where people can age in place.

Mobility management focuses on the passenger and their specific needs.

Mobility managers:

- improve public awareness of programs and services
- provide education and outreach (e.g. travel training)
- coordinate existing services
- encourage relationships between community groups and transportation agencies

To support the mobility management activities a Regional Coordinating Council was developed. The RCC is a multidisciplinary group focused on improving mobility and independence for older adults, individuals with disabilities and those with low incomes. The meetings are open to the public and participation is encouraged.

Eddie:

**First 10 minutes of Eddie's talk was not recorded

Eddie discusses public concern is generally with the safety of children; uses school bus driver certification as an example.

Eddie believes that a better job could be done to keep seniors protected. Vehicle Code (VC) 12814A talks about how the Department may require an examination or re-examination of an applicant. The age of a licensee by itself may not constitute evidence of a re-examination.

VC 12814.5 explains there is no renewal by mail for anyone over 70. California requires those over 70 to renew in person and submit to a written and vision test. Not an arbitrary decision, the Department has a medical review board of professionals. People age differently, but 70 has been identified as an appropriate age to test vision. Cognitive decline is also a consideration; although, drive tests are not given to those over 70 unless there is a vision condition or other impairment. If an individual 70 or older passes the written and vision tests, they are licensed for five years. Each state handles licensing terms differently.

Eddie discusses the driver's safety branch and how they handle cases of mental or physical impairments. Cases are referred in several ways, the first is self-reporting. Individuals are asked about changes in health status that would impact their ability to operate a motor vehicle safely. Another form of reporting is physician mandated reporting. Health and Safety Code 103900 Title 17 of the CA Code of Regulations 2806 and 2810 require physicians and surgeons to report patients diagnosed with conditions characterized by lapses in consciousness (Alzheimer's or similar dementias). There is vast underreporting by physicians. Physicians may report other conditions if they feel it is in the public's best interest. Reports are made on the Confidential Morbidity Report form and are given to the local health officer, which is forwarded to the DMV. The medical community may also report (nurse, caregiver, etc.). Law enforcement also reports when they see a vehicle code violation and they notice 'evidence of incapacity' upon contact with the driver - officers must have both components. Courts also refer individuals who have a vehicle code violation and show evidence of incapacity in the courts presence. DMV field offices also report when the driver indicates that there has been a change in health status. Family, friends, neighbors, and others may report.

After the report is received the driver safety office (DSO) reviews it, which takes time. The DSO works to expedite the more serious cases. DSO may take no action or they may request additional information.

DSO may immediately withdraw the driving privilege if the case is very serious. DSO may require a medical evaluation form that is completed by a physician and they may schedule a re-examination appointment, but must give enough time (due process) for the appointment. This

is not a favorable process for the driver and seniors often get intimidated by the process. Eddie is available to help seniors who have been referred and need assistance through the re-examination process.

The re-examination process is quasi court procedure and individuals are sworn in under oath to give their testimony. Most physical and mental (P&M) conditions require an in-person interview; few can be conducted by phone (e.g. diabetes or lapses of consciousness). The DMV needs to see how the person ambulates, how they interact, and the DMV may give them a written and/or vision test on the spot. The DMV needs to hear the driver's story, how they are handling driving with their condition, where they need to drive, and how it is important to them. All aspects are considered.

Priority examination is when a law enforcement office has heightened concern about the driver, and the process is expedited.

The DMV's position on dementia or Alzheimer's disease is that the individual may continue to drive if the condition is mild and there is enhanced monitoring. If the individual passes the re-examination process with a diagnosis of mild dementia the DMV will let them drive on a limited term license, since cognitive impairments are progressive disorders. The medical evaluation form allows the physician to describe the individual's ability. Individuals with mild dementia may or may not be able to safely operate a motor vehicle; it is less likely with moderate and severe dementia that individuals can drive. DMV takes into consideration who made the referral, the driver's physical and mental fitness, performance on all tests, and abilities to compensate for any impairments. DMV considers the driver's insight into their condition, traffic safety, and the potential dangers their condition may cause while driving. The DMV also considers the driver's compliance (if they understand and follows medical regimen). DMV also considers the individual's need to drive and scope of driving to see if they need another opportunity to take a test. The DMV also considers primary driving environment and any applicable restrictions that might be added. Possible actions after re-examination: no action, revocation, suspension, calendar re-examination (medical probation- longer period of control of condition, e.g. seizures), and special restricted license. A special restricted license prevents a suspension, which can allow time for the driver to improve.

There are three different tests: written, vision and driving. For anyone renewing their license, the written test contains 18 questions and all questions are from the handbook. The applicant has three opportunities to pass, if they do not pass in three opportunities, they have the opportunity to re-apply (new DMV protocol). There are also large print exams, practice tests, audio, and person-to-person exams available. A language barrier or reading difficulty should not impact the issuance of a driver's license. A DMV employee will assist the individual when taking the test. If an individual has a borderline fail, they can request the DMV employee to

repeat one or possibly two of the questions to have another chance at answering them correctly.

Regarding the vision tests, all vision conditions should be handled at the field office. The DMV vision tests include a Snellen eye chart and a vision testing machine if there is difficulty with the chart. The individual may be referred to a specialist with the DMV vision form if they have difficulty passing at the office. The better eye must be 20/200. DMV suggests a vision exam six months before license renewal to allow for any vision corrections or surgeries.

Drive tests: basic, supplemental, and area. The basic is for the first time drivers. The supplemental is for those who did not pass the vision screening or those who are referred to the DSO. This test can have additional elements to test concentration, memory and the person's ability to follow multiple directions. The area test is for those who live in rural areas and whose main driving needs are to the grocery store, bank, and medical appointments. The driver's examiner will meet the individual at their home and will drive on the streets that they usually take to common destinations, generally within a five mile radius. If the individual passes the area test they have very specific restrictions on the license.

The ombudsmen network with various groups to disseminate information in different areas. There are various DMV resources on the website. The ombudsman program is available if there are any questions, especially navigating the driver's safety process.

DMV Senior Ombudsmen are available to assist you at the following locations:

Sacramento/Northern California	(916) 657-6464
San Francisco/Oakland	(510) 563-8998
Orange/San Bernardino/San Diego	(714) 705-1588
Los Angeles/Oxnard	(310) 412-6103

Mike: Inquires if there is an ombudsman in Nevada.

Tara: Tara was unable to find a NV DMV representative who could discuss assisting seniors.

Eddie: The CA DMV Ombudsman Program is the first in the nation.

Tara: Asks about medical professionals who may assist in helping a driver learn to compensate for impairments.

Eddie: Occupational Therapists can assist.

Tara: Also Certified Driving Rehabilitation Therapists

Two links for locating a driving rehab specialist:

<http://www.driver-ed.org/i4a/pages/index.cfm?pageid=1>

http://myaota.aota.org/driver_search/index.aspx

Eddie: Unfortunately, these professionals can be hard to locate. There is one person listed for Sacramento and Placer Counties.

DMV is there to test the driver and may give a list of areas that need improvement. The driving rehabilitation specialists assist the driver in improving skill, especially related to a medical condition. Local occupational therapists can possibly refer to a specialist or to a physician that can evaluate.

Tara: Mentions new driving rehab program at Renown Rehabilitation Therapy- Central Reno.

The following notes correspond to the PowerPoint presentation.

Presentation is an overview of transit orientation and travel training to give a sample of the type of information that would be included in a training.

Transit orientation is designed for people who have a good mobility, but limited knowledge of the transit system in their community.

Travel training is the professional activity of teaching people how to independently travel and it ranges from providing general information about the system to individualized trip planning. Both approaches can help those who feel overwhelmed by the bus system to feel confident in traveling independently.

Being mobile is important to health, independence and freedom and it should be considered on a continuum, with safety being the primary concern. If driving becomes unsafe then we must find a safe alternative that keeps us mobile.

Physicians can be helpful in preserving mobility. They can review medications to prevent drug interactions and conduct physical assessments to rule out impairments.

It is also good to develop a plan in advance to share rides.

Many people also self-restrict by limiting their driving at night or during bad weather. Walking or biking is a seasonal option here. Taxi, volunteer driver programs and shuttles are all options, but with limited availability in Tahoe. And of course, there is public transportation.

There are benefits to not driving. First of all you save money. The cost of operating an averaged size sedan in 2012 was \$8,946.

Positive impact on the environment and if you are not driving you are also limiting many aggravating situations (road construction, bad drivers, and icy roads). If you are on the bus, you can just sit back and relax.

There are a couple different types of bus services. The first is fixed route, which are the buses that we traditionally think about when we think of transit. Buses run along established routes at preset times and you can locate the time for arrival and departures on a schedule or timetable.

Here are the current rider guides, which have both maps and timetables. During a transit orientation or travel training Tara would review each guide with trainee to make sure they understand how to read the schedule and map.

The other transit option is an on-call or a curb-to-curb service. A reservation must be scheduled the day before your ride, so it requires a bit of planning. When individuals call to make a reservation they must know the addresses of the origin, destination, and pick up time. A 30 minute window is given; 15 minutes on each side of the pick-up time.

The on-call service area extends beyond the fixed route.

A \$3 one way fare is available to those over 60, Medicaid or Medi-Cal recipients, or individuals with a reduced fare ID card. Caregivers ride for free if the person they are assisting has a PCA (personal care attendant) designation on their ID card.

The fixed route buses display the bus number and destination above the windshield. Since on-call buses do not have preset destinations, they display 'paratransit'. Always ask the driver if there are questions.

There are new fare boxes being installed in the BlueGo buses, so there are several ways to pay a fare:

- Bills or change is inserted in the lower right corner slot
- Monthly pass is activated by sliding through the top right corner
- A multiple ride card is inserted in the slot on the top left and returned to the rider
- The image on the lower left is for radio frequency cards, which can be scanned over the image

All buses have two wheelchair securement locations and lifts. Some buses can kneel and anyone can ask the driver to kneel the bus or lower the lift, which can be helpful for those using a cane or walker.

If anyone is interested in helping others maintain mobility, there are a couple of options. You could be a travel buddy- this someone who is experienced at riding the bus and is willing to ride

with others to assist them. Travel buddies generally receive incentives, such as complementary bus passes.

Also if you are interested in becoming a volunteer driver for individuals needing rides to medical dental or shopping trips. Please let me know.

Mike: Asks who operates the on-call transit, the size of the vehicle and if the service area extends to Nevada.

Tara: BlueGO and the vehicle is a smaller cutaway bus. The on-call service does not extend to Nevada, but there are Valley routes that go into northern Nevada.

Geri: Asks about 'kneeling' buses

Tara: Explains that the vehicles have suspension that allows them to lower near the curb making it easier for people, especially those with a walker, to get on and off the bus.

Tara: Opens up meeting to any transportation-related announcements.

Judy: Announces the Placer County unmet needs public hearing on November 7th at 2:00 at the Tahoe City Public Utility District. It is a time for public comment to hear about the Placer County area.

Paula: Inquires about the free ski shuttles (service area, seasonal duration, additional promotion, and if they are available to non-skiers).

Tara: The shuttle is available and free to anyone. There are six routes serving South Lake Tahoe and the hours will be from 8 a.m. - 6 p.m. The rider guide will be available for additional information when the ski season begins.

Judy: Reminds participants that the SSTAC is still accepting applications. There are still three openings: 1) transit user over 60 years, 2) transit user who is disabled, 3) representative of local service for those with disabilities. Judy will submit the applications that she has and list the opening positions as TBD. After Judy has received approval, she will send information out about an unmet needs hearing. **Judy asks for RCC to pass on the information to anyone who might be interested. The time commitment will only be once a year.**

De-Anne: Inquires if the RCC is still accepting unmet needs information.

Tara: Yes, continually. The November meeting will be held on Thursday November 21st at the Parasol Building in Incline Village. That meeting will summarize previous meetings and discuss next steps moving forward. There will be a doodle poll sent out to determine the best meeting time for 2014.

The senior center van has been in transition for a couple months, as the County and City are discontinuing the MOU. The City has asked if TTD could operate the van. This would require additional funding. Tara is in the process of developing a budget and contacting the insurance carrier. Tara is willing to work with other organizations to identify grant funds to get the van operational.

Gerri: Asks about the amount of funding.

Tara: It will depend on the budget. There are three approaches with operating the van:

- An operator from TTD's contractor
- An employee hired to operate the van
- A volunteer driver, but it could produce challenges if the van goes out of the area. Consistency of the program is also important.

Tara is waiting for vehicle information from the City and is open to suggestions.

Ray: Asks for the sample budget.

Tara: Maintenance records and other vehicle information will be helpful to speak with the insurance company.

Eddie: Inquires about a fare for passengers.

Tara: Speculates there would be a suggested donation.

Meeting concludes.