

Proposal to Community Compact Cabinet Best Practices Program:
MAGIC Communities' On-Demand Transportation Pilot – *Making the Connections*

Municipal Designation: Town

City or Town Name: Sudbury

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Compact Signatory: Robert Haarde

Signatory Title: Chair, Board of Selectmen

Best Practice Area #1: Age and Dementia Friendly Best Practice: “Develop policies and services to improve elder economic security and help people age in community, such as... transportation for non-drivers...”

Are you applying for this best practice with other communities? Yes

Why did you choose this best practice and what assistance would you need to accomplish this best practice?

Why did you choose this best practice?

This application—*Making the Connections*—is submitted by Acton, Bolton, Boxborough, Carlisle, Stow, and Sudbury, acting as lead municipality. We are focusing on seniors, people with disabilities, financially vulnerable residents, and veterans, with the objective of providing them with transportation services to health and community resources as well as economic opportunities. We chose this best practice, because the needs are urgent.

Data from a recently completed community needs assessment in Sudbury revealed:

- 42% of residents with a participation limitation reported they “had missed, canceled, or rescheduled a medical appointment due to lack of transportation.”
- More than a third of residents who are not financially secure are not satisfied with their “ability to get where they want to go.”
- Nearly half of residents 60+ are not satisfied with their “ability to get where they want to go.”
- 29% of those who are not financially secure do not have nearby support.
- 40% of respondents with participation limitations do not know anyone living within 30 minutes on whom they can rely for help when needed.

The town of Carlisle completed a community health needs assessment in 2017, with similar results:

- According to Census data, almost 25% of Carlisle residents age 65 or older have a disability.
- More than 50% of those with a disability noted that they had problems with mobility.

- Nearly 50% of residents did not have a relative nearby to rely upon for help.
- 60% of respondents provided care for someone within the last 12 months
- More than 50% of survey respondents had concerns about the lack of transportation options.
- To improve transportation, the assessment recommended exploring pooling of resources and funding opportunities.

Data from recent community health assessments in the town of Acton illustrate the same challenges. The lack of access to transportation is a significant barrier to seniors and especially to the most vulnerable (including seniors), who experience limited access to food pantries and grocery stores; to employment opportunities; to medical services; and to social opportunities. More than 20% of Acton households earn less than \$50,000 per year, and nearly 25% of households qualify for state-aided housing. The three most critical needs facing veterans are financial stability, ability to manage money, and transportation, primarily to employment opportunities.

In addition, domestic violence reports in Acton and Boxborough are higher than in other area towns. Although victims benefit from a strong partnership between the police departments and the Domestic Violence Services Network (DVSN), victims lack transportation to jobs and to the court house; to legal and immigration assistance; and to secure housing.

In the Minuteman Advisory Group on Interlocal Coordination (MAGIC) region more generally, between 11% and 27% of residents are 65 years of age or older; in 2030, this will jump to between 14% and 36%. Area Agencies on Aging (AAA) report the top unmet need is transportation for medical, social, recreational, and other requirements. Data on residents with disabilities are assumed to map recent Centers for Disease Control and Prevention (CDC) data: (1) 60% of adults 65 years and older report at least one basic action difficulty or complex activity limitation; (2) about 15% of adults report hearing trouble; and (3) about 9% of adults report vision trouble. Cognitive disability among seniors in the region averages 15%, and several towns are characterized as “vulnerable” according to the CDC’s Social Vulnerability indices for disability and transportation.

Recognizing the regional importance of the above transit needs, MAGIC towns voted in 2018 that Metropolitan Area Planning Council (MAPC) provide technical assistance to determine what types of on-demand transit might meet the needs of the communities, and provided up to \$10,000 from their common fund for this work. It should be emphasized that, in April 2018, all MAGIC towns were admitted to the AARP Age and Dementia Friendly Network and committed to focus initially on housing and transportation initiatives.

What assistance would you need to accomplish this best practice?

A unique challenge this pilot seeks to address is that in rural towns (and certain areas of suburban communities) transportation planning and service provisions face variable and generally

sparse population density. Commuting for non-drivers and access to jobs, social activities, community meetings, socializing, and places of worship in evenings and on weekends are difficult. The above data illustrate that the target population is at risk of isolation, loss of work, reduced access to medical care, etc. The rural towns offer no public transportation; in other towns, parking for commuter rail is constrained; and in most towns there are few walking/wheelchair routes from residences to likely destinations.

Using data from this pilot, we intend to (1) explore the future applicability of shared microtransit platforms to optimize transit programs and regional cooperation in the larger MAGIC subregion of the MAPC, and (2) ensure the sustainability and continuous improvement of regional transportation, particularly to our most needy residents. By adopting new and useful ride-hailing technologies in a three-RTA region, we overcome the hurdle of providing and funding inter-RTA transportation.

Our pilot is designed to collect demand data to help regional transit authorities provide effective and cost-efficient services where possible. By partnering with vehicle providers that utilize appropriate dispatch and operational software, the collaborating communities will finally be able to quantify such data as ride numbers, destinations, points of origin, time, etc. At the end of the pilot, we expect to identify potential hubs and fixed route services that regional transit authorities could serve economically and, at the same time, increase equity and inclusiveness as features of age and dementia friendly communities.

To accomplish our goals, we are seeking \$80,000 to support four major tasks:

Task 1. Coordination: The pilot will be governed by a steering committee composed of representatives from each participating community, as well as from Cross Town Connect. Regional transit authorities – including MetroWest RTA and Lowell RTA, which provide senior and fixed route public transit in portions of the area, and representatives from the Massachusetts Bay Transit Authority (MBTA), which provides commuter rail services in the area, will be invited to participate. MAPC will provide technical expertise. This committee will meet regularly and, at the start of the pilot, will:

- Identify “small win” options within and across towns addressing priority needs, pressing gaps, and key preferences.
- Determine target subgroups, geographic coverage, eligible pickup locations and destinations, days, hours, etc., and rider eligibility requirements.
- Develop policies, including interjurisdictional agreements among participating municipalities (likely in the forms of memoranda of agreements) and, with MAPC, determine clear roles among the agencies.
- Procure project manager to oversee daily operations of the pilot.
- Create a list of possible taxi, bus, livery providers and intersections with Council on Aging and RTA services (see Task 2).

- Describe same-day, door-to-door options in detail.
- Outline Plan/Do/Study/Act (PDSA) continuous quality improvement policies and processes for each option. This includes marketing and outreach plans to help spread the word of the new services.

Implementation of this pilot will help fill gaps in existing public transit services within the MAGIC subregion for daily needs such as medical trips, employment, and social services, as well as connections to existing transit and paratransit services. The steering committee will establish policies informing rules for trip eligibility, rider eligibility, geographic guidelines (eligible trip origins, destinations, etc.), time of day rules, and maximum trip lengths and subsidies. A major objective is to find ways to extend the reach of existing transit services (local shuttles, buses, and commuter rail), and particularly serve areas without transit service, and *not* switch transit trips to ride-hailing. Implementation will include coordination with area RTAs and Councils on Aging and surveys of pilot participants to ensure the program provides additional coverage and not shift riders from existing services. As needed, the pilot will always be subject to modification of implementation policies and practices, to ensure it meets program goals.

Task 2. Procurement: After the goals, policies, metrics, and geography have been established, a request for proposals will be developed and opened to transportation and technology providers, to populate the pilot program. The procurement process will include a requirement for one or more of the vendors to provide wheelchair accessible vehicles, ensuring that persons with disabilities have service. The procurement process will also require the provision of multiple modes of requesting services (e.g., smart device app, internet, telephone, walk-up), including possible concierge service, in which a local organization takes care of securing rides for individuals who require that level of assistance. The steering committee will provide input into the procurement process and members will be involved in the selection process of the preferred vendor. MAPC will provide technical assistance in the procurement process and in best policies and best practices on contracting terms.

Simultaneous with procurement, the steering committee (in whole or in designated part) will:

- Explore voucher, gift certificate, bundling options, sponsorships, etc., to support rides and help ensure future sustainability in the towns.
- Compile, from stakeholder management activities, likely demands or opposition; assess, craft responsive strategies; assign implementation responsibility.
- Assign PDSA oversight responsibility for options. This will entail continuous STUDY of real time outcomes using established measures and modifying parameters as needed (ACT), to improve.
- Craft policies to assure continuity and effectiveness of documentation and communications.

Task3. Implementation of Pilot and Monitoring of Progress: As noted above, a Plan/Do/Study/Act process of continuous improvement will assure real-time effectiveness and efficiency. Because of the latter process, data sharing on rides, including origins and destinations, time of day, trip types, and costs are important components, and a data sharing agreement will be a key portion of the contract with the vendor. Given the importance of the customer in transit endeavors, rider surveys and other forms of feedback will be instituted. MAPC will provide additional technical support on the data analysis and rider surveys, along with steering committee members with quality improvement expertise.

Task 4. Pilot Assessment and Development of Future Initiatives: At the end of the pilot (year 2), the steering committee will review data from all PDSA documentation, provide summary analytics, and compile lessons learned. The data on trip demands will be a critical input to developing future initiatives that will close gaps for regional residents by improving the effectiveness and efficiency of (1) existing Cross Town Connect services, (2) CoA senior transportation, and (3) RTA services, likely in the form of a future microtransit initiative and revised ride-hailing partnerships.

As noted above, MAPC will provide technical assistance and will provide required staff time using its existing resources. Specific new expenditures required for this pilot are the following (total: \$80,000):

- Project manager (part time), to manage initiative tasks and subtasks, reporting to the steering committee. Because this is a multi-jurisdictional pilot, it is vital to have one individual identified as responsible for day-to-day operations. This individual will work with the steering committee as a whole and with each individual participating municipality on rider and trip eligibility, cost sharing arrangements, and provide assistance in booking trips and monitoring the data to ensure the pilot is meeting its goals. The eligible project manager will be an individual with municipal and transportation operations expertise. While this individual will likely be a municipal employee or contractor with one of the participating municipalities, we expect this individual will have several temporary spaces from which to work and travel among the towns. *Cost: \$45,000, to cover labor and travel expenses.*
- Marketing and outreach staff for the towns. In these rural communities, many of the proposed transportation services are new. To ensure effectiveness of the pilot, research shows that communication, advocacy, and customer support are vital. Although printed materials and social media will be an important component, we propose having individuals who know and understand riders and can provide help as needed to serve as community advocates. Some advocates may live in affordable developments in the towns; others may be retired seniors active in their communities. They can help book trips, coordinate with the vendors, and (under supervision of the project manager) compile customer input

for the steering committee. *Cost: \$15,000 to support part time labor, plus travel, printing, and other direct costs.*

- Matching subsidies. The towns involved in the pilot are expected to seek their own subsidies in the form of donations, mitigation funds, Community Health Needs Assessment funds, etc. However, as experience is gained in the implementation, additional funds may be necessary. We have prepared estimates of ride-hail ride costs (based on the CAR experience) and weekly numbers of rides, based on several subsidy assumptions. *Cost: \$20,000 to supplement town subsidy funds.*

Additional details for this application may be found in the following documents:

“Efficiency and Regionalization grant (ERG) proposal 2.15.19 final”

“MAGIC Mobility Grant Proposal Exhibit 1”

“MAGIC Mobility ERG Budget 2019 February 15”

“MAGIC Mobility ERG Schedule 2019 February 15”