

Memorandum for the Record

Boston Region Metropolitan Planning Organization

Transit Working Group Coffee Chat Summary

October 26, 2021, Meeting

4:00 PM–5:00 PM, Zoom Video Conferencing Platform, link:

<https://www.youtube.com/watch?v=o6bb82p2NUc&t=1s>

Representatives of regional transit authorities (RTAs), transportation management associations, municipalities, state agencies, other transit providers, researchers, and members of advisory groups met for one hour to discuss human services transportation. Boston Region Metropolitan Planning Organization (MPO) staff suggested the following discussion questions for this meeting:

1. How can the MPO support stakeholders in meeting the needs and fulfilling the recommendations made in the Public Transit–Human Services Transportation Plan (Coordinated Plan)?
2. How should the MPO go about identifying needs for the next Coordinated Plan?
3. What are the current gaps or challenges in medical and human services transportation in the Boston region today?
4. What resources (funding, technology, etc.) are needed to launch or support medical or human services transportation?

Summary of Discussion

Coordinated Plan—Presented by Betsy Harvey, MPO Staff

- The Coordinated Public Transit-Human Services Transportation Plan (or Coordinated Plan) provides a framework specifically for projects funded by Federal Transit Administration (FTA) Section 5310: Enhanced Mobility for Seniors and Individuals with Disabilities program funds. In Massachusetts, the state Department of Transportation (MassDOT) distributes the Section 5310 funding through the Community Transit Grant Program (CTGP). CTGP has funded projects such as shuttle operations, capital improvements, mobility management, travel training, and vehicle purchases. Any projects that are awarded the Section 5310 funding through the CTGP must be included in the locally developed Coordinated Plan.
- The plan is developed by a regional planning agency every four years and approved through a rigorous public engagement process. The next Coordinated Plan will be completed in the spring of 2023. The goal of the Coordinated Plan is threefold: (1) identify transportation needs of individuals with disabilities, older

adults, and people with low-income; (2) provide strategies, actions, or projects to address those gaps and opportunities to achieve efficiencies in delivery; and (3) determine priorities for funding and implementation based on available resources, time, and feasibility within the region. In meeting these goals, the Coordinated Plan promotes coordination between municipalities, RTAs, and other entities that provide transit service.

- FTA recommends that development of the Coordinated Plan is aligned with that of the MPO's Long-Range Transportation Plan to ensure consistency and coordination between the two planning processes.
- The Americans with Disabilities Act (ADA) Transition Plan is a separate planning document from the Coordinated Plan. The ADA Transition Plan is required for organizations, such as RTAs, that have control over transportation facilities or services. While the MPO is not responsible for the creation of the ADA Transition Plan, the MPO can investigate how RTAs develop the plan, and make sure that gaps or needs are highlighted.
- In seeking feedback from participants, MPO staff was informed that the Chicago Regional Transportation Authority just updated its [Coordinated Plan](#), for which the agency hired an external consultant to explore human services transportation topics.

Identifying Funding Sources

- In the new Coordinated Plan, tips on how to blend and braid funds for human service transportation programs could be useful. As an example, ACCESS in Pittsburgh and Ride Connection in Portland, Oregon can get different funding sources to make their programs more welcoming and robust.
- Easterseals is working with the state of New Hampshire in the development of their Coordinated Plan. The Department of Health and Human Services was included as a partner in the coordinated planning process, making the state eligible for funding from the Center for Disease Control to support mobility managers around the state. Using the Coordinated Plan to engage with those that were not included in the previous round of the planning processes and highlighting those new relationships in public-facing events could be the impetus for improvements.

Top-down Approaches to Promote Human Services Transportation Coordination

- Funding chances seem to be contingent on dedicated staff or residents who are good at winning grants. There are local [examples](#) that could be replicated in other municipalities across the region. A top-down effort is needed to provide funding to all communities or communities with needs to adopt those exemplary

cases. Some organizations on the North Shore ran a Transportation to Work program to promote job access; Cape Cod used taxis for long-distance trips; Greater Attleboro is organizing a shuttle program with outside organizations, such as the YMCA; and Western Massachusetts is sharing vehicles across agencies.

- MassDOT's Rail and Transit Division has mostly viewed the CTGP as a competitive funding application, but the funding could be potentially useful across the region. In the past, the funding was used to invite expert travel trainers and conduct workshops to transportation providers on how to offer travel training.
- Lexington is surrounded by communities with Council of Aging (CoA) vans that are funded through Section 5310; however, some of these communities would only allow seniors on their service. It has become challenging to try to coordinate with the CoA to connect riders to service outside of Lexington.
- Some aspects of Executive Health, a personalized health program that provides comprehensive health evaluation for executives, could be offered to the public, especially seniors and people with disabilities.
- Regional ballot initiatives could allow regional funds to be raised for transportation initiatives. The MPO could help municipalities (or vice versa) to advocate for similar tools that would allow for community coordination.
- A more holistic approach across different transportation modes is needed. For example, Lincoln has a commuter rail line stop without a raised platform, making it inaccessible for people with mobility restrictions. Even if a train goes to Massachusetts General Hospital, the lack of accessibility at the train station would pose a challenge for people to access healthcare.
- Pedestrian safety at street crossings should be addressed. For example, it is difficult to cross the street to flag down a connector bus on Pond Street in Natick, which is busy and runs parallel to Route 135.
- A funder could provide aid in a limited capacity to facilitate coordination and make coordination more likely. The Metropolitan Area Planning Council provides a great example of a top-down approach. In the next iteration of the Taxi/Livery Partnership Grant Program, the agency is putting out a Request for Proposals (RFP); previously, the communities had to make individual agreements with taxi companies in their areas to conduct the taxi RFP.

Service Gaps in Human Services Transportation

- The RIDE requires a 24-hour notice for guaranteed service. Twenty-four hours is not a lot of time, and this is mentioned frequently amongst people with disabilities. Having a Massachusetts Bay Transportation Authority (MBTA) representative sit in future coffee chats would be helpful.

- The RIDE can take up to a half a day to get a passenger to and from a destination. Numerous agencies, including CoA, have their own transportation that is not always effectively used. School buses, that are sitting idle for most of the day, are one example. Finding a better way to use existing resources would enable a shared dispatch. The MBTA does not need to send out a vehicle to transport riders from Lexington to Emerson Hospital; if a service is already operating in the area at about the time someone needs a ride, the Town can dispatch that service. Having a larger pool of transportation options for demand-response rides would allow the Town to improve efficiencies and close the gaps.
- People face a lot of safety challenges, especially those coming from a medical procedure or heading to an emergency room or a medical appointment. They may not have someone to go with and need assistance with transportation. Also, bus trips often end at the curb, and there is pressure to provide a last-minute transportation option for people with disabilities who would be stranded by the ride. Despite a huge supportive need for transportation, a wide variety of gaps persist. The pandemic fractured a lot of human connections to address those gaps.
- Missouri started a HealthTran project to increase transportation options for people in rural communities. It educates medical providers and insurers and identifies all transportation services through mobility management.

Inclusion of Diverse Stakeholders

- High quality transit systems are not efficient if their services are not accessible to everyone. This topic could be included in the next Coordination Plan or explored in a study by inviting people with mobility difficulties who face challenges traveling on the sidewalks to share their experience.
- Insurance companies play a key role in successful coordination. For some people, transportation access and availability may be a deterrent to choosing the best treatment option for them, including an Acton resident who hesitated to go to the emergency room to address potentially high calcium levels because she would not know how to get home. Insurance companies are not always available to assist with emergencies like this. There are a lot of opportunities to work with insurance companies on coordination at a larger scale than what the state does already.

Resources

- Massachusetts [RideMatch](#) has a comprehensive list of public, private, and accessible transportation options in Massachusetts.

- A recent Transit Cooperative Research Program [publication](#) illustrates guidelines for improving transportation access to health care.
- The MBTA Bus Network Redesign [effort](#) could be considered a tool for human services transportation, given the trial of the Quantum automatic [WC restraint system](#).

Attendance

Attendee	Affiliation
Marybeth Barker	Concord resident
Susan Barrett	Town of Lexington
Karen Dumain	CrossTown Connect
Rachel Fichtenbaum	MassMobility
Maria Foster	Brookline Council on Aging
Gail Gilliland	Natick resident
Jennifer Glass	Town of Lincoln
Marisa Janeczek	Commonwealth of Massachusetts
Bill McNulty	Old Colonial Planning Council
Franny Osman	Town of Acton
Judy Shanley	Easterseals
Abby Swaine	Greater Boston Chapter of United Spinal Association
Lisa Weber	Massachusetts Executive Office of Health and Human Services
Laura Wiener	City of Watertown

MPO Staff/Central Transportation Planning Staff

Matt Archer
Jonathan Church
Betsy Harvey
Sandy Johnston

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