Neponset Valley

Regional Coordinating Council

Transportation Partnership Toolkit

Developed by:

HESSCO
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What is the Neponset Valley Regional Coordinating Council (NVRCC)?

Regional Coordinating Councils (RCC) are voluntary advisory bodies. They provide a "forum for open discussion, information exchange, and articulation of local and regional transportation priorities." There are currently 17 RCCs in Massachusetts. The RCCs came about because of a recommendation made in the *2012 Final Report of the Community, Social Service, and Paratransit Transportation Commission*. The Commission was convened under an Executive Order in 2011 and was put in place in order to find ways for state agencies to work together to "identify ways to improve the quality and efficiency of paratransit and community transportation services."

RCCs provide an opportunity for a wide-range of local stakeholders to periodically come together to:

- Identify unmet needs, formulate regional priorities, and build coalitions around new transportation projects
- Coordinate existing services at the local level in order to serve more people and increase sustainability of services
- Communicate local unmet needs and mobility priorities to planning agencies, MassDOT, and other state agencies
- Raise awareness of the important role that community transportation services play for everyone

Each Regional Coordinating Council is different and reflects local priorities. Regional boundaries are not rigid, and towns may choose to participate in more than one RCC.

What is the Area Served by the NVRCC?

Canton | Dedham | Dover | Foxborough | Medfield | Millis | Milton | Needham | Norfolk |

Norwood | Plainville | Randolph | Sharon | Sherborn | Stoughton | Walpole | Westwood |

Wrentham

Why a Partnership Toolkit?

Since 2015 the NVRCC has been meeting to learn about different transportation resources and new programs both within the region and in neighboring regions. The RCC membership has indicated during these meetings that these programs, if implemented in the Neponset Valley area, would alleviate some of the identified transportation gaps and concerns within our service area. A common theme in all of the programs and resources explored in the NVRCC meetings has been the need for developing effective partnerships. These public/private partnerships between agencies/businesses and towns come in all shapes and sizes. However, it is the combining of ideas and resources that makes these programs successful.

The NVRCC leadership has developed this Partnership Toolkit to help those members seeking to meet the transportation needs of their constituents that are experiencing a lack of resources to meet those needs. The goal is to develop partnerships that will enable the sharing of resources and expertise in order to more effectively serve the transportation needs of people in the region. The NVRCC is not endorsing any specific partnership, but the Toolkit will identify possible partnerships as well as examples of successful partnerships.

The "low hanging fruit" concept

The phrase "low hanging fruit" has become a popular way to express an idea or concept that is the easiest to identify and resolve. Throughout this Toolkit, you will be asked to think about your organization's "low hanging fruit." Sometimes it's important to get a "win" to spur on the innovation and partnership opportunities, and help get to the next level. By identifying your "low hanging fruit" relevant to transportation partnerships, it may start the process of building partnerships that can go further once those initial needs are met.

Example: A business may help identify co-workers who wish to carpool by sending out an email blast to employees with an opportunity to come to a meet and greet in the break-room.

What is your organization's "low hanging fruit"?

Identifying your constituents and their common needs

Your organization may serve many different consumers experiencing varying transportation needs. It may not be possible to serve all of their needs through one partnership opportunity. In this section, identify the specific constituent and transportation need that a partnership with another organization may help you resolve. This may be your "low hanging fruit," or it can be a broader group of constituents.

Example: A Council on Aging may have many consumers that seek routine but frequent medical appointments in a neighboring region but they do not have the capacity to accommodate these requests with their van service as they only have a part-time driver already booked with in-town rides for shopping and rides to/from the center.

Who are the constituents and what are the needs you want to meet through a partnership?

CONSTITUENT	IDENTIFIED NEED

What organizations would make a good partner to meet the need you have identified?

In this section, you are encouraged to explore different ideas and partnership opportunities. You may already know the other entity with which your organization should partner but you are encouraged to work through these questions as new ideas or opportunities could present themselves during the process.

1. Consider partnering with an organization that provides the same service or product but in a different service area.
    Example: **Cross-Town Connect** is an example of towns that came together to share resources and develop a transportation partnership. Individually each town provided some limited transportation within their town services but through partnership are able to maximize their resources to provide more services. By using a centralized dispatch for the Cross-Town Connect program the service in all member towns is more efficient and each vehicle is used to the fullest extent.

    If you were to partner with an organization that provides the same service or product in a different service area, name that organization and identify your perception of the pros and cons of such a partnership.

SIMILAR PARTNER ORGANIZATION	PROS OF A PARTNERSHIP	CONS OF A PARTNERSHIP

2. Consider partnering with an organization that serves a different constituency within your service area with needs that are similar or complementary to the needs of your constituency.

   Example: A van service that assists commuters getting to/from the train station for work could be available for late morning rides for seniors or after-school rides for students going to programs/employment.

   What organization in your service area has a different constituency with similar or complementary needs to your constituency? Identify the pros and cons of a partnership with this organization?

DIFFERENT PARTNER ORGANIZATION	PROS OF A PARTNERSHIP	CONS OF A PARTNERSHIP

3. Consider a partnership that pulls in all constituencies within a specified service area.

   Example: The Quaboag Connector program serves all residents in eight towns for their transportation needs through a Dial-A-Ride type of service model. Users of the service include seniors, students, and commuters.

   Who would need to be involved in a partnership that pulls together all constituencies and the needed resources to implement this type of program in your service area?

4. What other partnership opportunities have you considered? Identify the pros and cons.

OTHER PARTNER ORGANIZATION	PROS OF A PARTNERSHIP	CONS OF A PARTNERSHIP

Developing the partnership

Once you have determined the type of partnership that you would want to pursue, developing that partnership is the next step. You may already interact with this organization or it may be a new relationship that requires time to build. The first step is to develop a partnership map. If the two (or more) organizations already know each other, this map can be designed together. If not, you can start building the map with what you know now. At this stage, you are identifying your aim and mapping who needs to be brought into the partnership discussion.

Use the following partnership map worksheet to identify all of the potential organizations that need to be involved in the partnership, the specific personnel and the resources that this organization brings to the partnership.

Once your map is as complete as you can make it at this stage, you next identify the challenges and areas of opportunity to overcome those challenges. To do this, use the "cons" you identified in the previous section of this toolkit, reframe those "cons" as "challenges" and identify the opportunity to overcome this challenge.

It is also important to identify your competitors or those who may experience a negative impact from this partnership. Through this process, develop ideas for how you can bring your competitors into your partnership as a champion.

Worksheet 1: Mapping the Partnership

Organization 1	Organization 1
Identify organization and personnel that need to be part of the partnership meeting: Organization Name: Leadership Personnel: Program Personnel:	Identify available resources Constituents: Finances: Expertise within this organization:
Organization 2	Organization 2
Identify organization and personnel that need to be part of the partnership meeting: Organization Name: Leadership Personnel: Program Personnel:	Identify available resources Constituents: Finances: Expertise within this organization:
Organization 3	Organization 3
Identify organization and personnel that need to be part of the partnership meeting: Organization Name: Leadership Personnel: Program Personnel:	Identify available resources Constituents: Finances: Expertise within this organization:

Duplicate this worksheet if more than 3 partners are identified

Worksheet 2: Challenges to Opportunities

This is your opportunity to reframe what you initially may identify as a negative aspect of a partnership into a positive opportunity. Take the "cons" identified when exploring partnership ideas and restate them as challenges and opportunities. Example: Council on Aging A wants to partner with Council on Aging B because they both have consumers that go to the same shopping and medical appointment

Con: Council on Aging B only has 1 part-time driver with set hours only in the mornings. Challenge: The Council on Aging has a van with limited personnel to operate van. Opportunity: With sharing of the ride responsibility to certain destinations, both Council on Aging A and B may be able to expand the hours of service of their van and serve additional consumers.

Partnership "Challenge" Identified:	Restate this "challenge" as an "opportunity":

Identify how the partnership can use this opportunity to meet the needs of the constituents:

Partnership "Challenge" Identified:	Restate this "challenge" as an "opportunity":

Identify how the partnership can use this opportunity to meet the needs of the constituents:

Duplicate this page if more than two challenges are identified.

Worksheet 3: Identifying Competitors

Who may view this partnership as a competitor or experience a negative consequence from this partnership?

Identify the negative consequence:

Is there also a positive consequence or a way to minimize the negative one? How can the partnership work to bring this competitor on board as a champion?

Next Steps

Once you have completed your partnership map, it is time to actively work on building the partnership relationship. This will likely involve conducting your first partnership meeting. Prior to completing any activity related to partnership development, it is important to defined goals and a plan for the activity. It is also important to debrief after the activity as to its success in achieving the identified goals and ongoing challenges. The next worksheet is a Before Action Review and an After Action Review. Use this tool to plan any partnership activity and then debrief.

In addition, it is important to think about how you frame the reasons as to why this partnership is important and how it will improve transportation access, availability, reliability etc. To do this, consider the "head–heart-hands" model when approaching the organization with which you wish to partner and all partnership activities.

| What does the <u>data</u> tell us about this transportation need or how this partnership could meet this need? What <u>information</u> is needed to understand how this partnership is beneficial? |

| What does this partnership mean for our <u>constituents</u>? How does this partnership <u>help</u> people and organizations? |

| What does this partnership mean for the <u>daily work</u> for the partners? How will it impact the routine and <u>workflow</u> for each organization involved? |

Partnership Evolution

After meeting with the identified parties on your map, the partnership and service ideas may look different than first anticipated. You may need to re-draw the map as the partners discuss ideas. Use the tools in this Toolkit as often as needed, adapt the concepts as the partnership develops.

BEFORE ACTION REVIEW (BAR)	AFTER ACTION REVIEW (AAR)
Date of BAR: **Participants**:	**Date of AAR:** **Participants:**
What are our intended results?	**What were our actual results?**
What will that look like?	**What caused these results?**
What challenges might we encounter?	**What will we sustain or improve? (If we could turn back the clock, what would we do differently?)**
What have we learned from similar situations?	
What will make us successful this time?	**When is our next opportunity to test what we have learned?**
Date of our AAR *[copy to top of next column]:*	**Date of next BAR?**

Additional Resources

When developing partnerships and developing programs, it is important to use all resources at your disposal. The Appendix of this Toolkit has some additional information that may be helpful as you form your transportation partnership. You are encouraged to use these materials and reach out to others who have been successful to learn more.

For More Information

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Acknowledgment

This community organizing approach to forming transportation partnerships draws on many of the lessons and resources learned through training with **ReThink Health**.

Appendix Resource Listing:

Visit The Community Transportation Coordination site for more examples of transportation service coordination across communities and additional resources from across the state.

https://www.mass.gov/service-details/community-transportation-coordination

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Visit the Neponset Valley Regional Coordinating Council website for more information about our meetings, membership and getting involved.

http://www.neponsetvalleytma.org/SERVICES/Alliances/Neponset-Valley-Regional-Coordinating-Council

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Visit the MassMobility website for more information and resources regarding various transportation topics and service models.

https://www.mass.gov/orgs/massmobility

Visit the Transportation Information, Resources, Planning & Partnerships for Seniors website for transportation resources in the Boston area as well as partnership ideas.

https://trippsmass.org/

Visit the Center for Disease Control Transportation Health Impact Assessment Toolkit.

https://www.cdc.gov/healthyplaces/transportation/hia_toolkit.htm

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Explore funding opportunities and technical assistance centers that may support your partnership ideas:

- **Commonwealth of Massachusetts** (https://www.mass.gov/service-details/funding-for-community-transportation)

- **National Center on Mobility Management** (https://nationalcenterformobilitymanagement.org/)

- **National Aging and Disability Transportation Center** (http://www.nadtc.org/)

- **National Rural Transportation Assistance Program**
  (http://www.nationalrtap.org/)

- **Administration for Community Living**
  (https://www.acl.gov/programs/transportation/transportation)

- **Shared Use Mobility Center**
  (http://sharedusemobilitycenter.org/about-us/)

- **AARP Livable Communities**
  (https://www.aarp.org/livable-communities/)

Review the following attached reports developed by MassMobility and the Department of Transportation.

- Coordinating Senior Transportation Among Multiple Councils on Aging
- Addressing Short Term Healthcare Transportation Needs Through Regional Collaboration: Four Approaches from Massachusetts

Coordinating Senior Transportation among Multiple Councils on Aging

In an era in which federal transportation dollars have been level-funded while the cost of operating transportation services continues to rise, municipalities are increasingly looking to make their transportation programs more efficient. In Massachusetts, coordinating with other towns to regionalize services is one path municipalities are pursuing to increase efficiency, including regionalization of the transportation services that most towns provide to their seniors. MassDOT and other funders have also prioritized regionalized models for grant awards, as a way to stretch limited dollars to as many regions and riders as possible.

Many Councils on Aging have questions or concerns about what coordinated or regionalized transportation service would mean for them and for their seniors. This research brief seeks to inform the decisions of COAs and municipalities that are exploring regionalization or coordination of transportation. The first section provides an overview of different approaches to coordinating service, and the second section discusses key considerations related to coordinating transportation. Although many COAs provide a range of transportation services to their seniors, this brief focuses primarily on COA transportation in which a paid driver drives a COA van.

APPROACHES TO COORDINATING TRANSPORTATION

There is no one-size-fits-all approach to transportation coordination; each municipality is free to determine what type of coordination – if any – will best meet the needs of their seniors within the constraints of their municipal budget. Current examples of coordination in Massachusetts include models operated by Councils on Aging (COAs), by organizations formed by COAs, and by transportation providers.

Councils on Aging
In 1989, Hampden COA Director Carolyn Brennan noticed an opportunity. Her town's van was driving through a neighboring town on its way to the local hospital. Because Hampden is a small town, her van was usually half-empty, but she had heard that the neighboring town was at capacity for rides and was turning people away. Brennan reached out to suggest a partnership. Over time, the partnership grew to include four towns. By pooling the resources of each town, Brennan was able to purchase an extra van for the region. Partnering gave the larger towns more capacity, and also increased the amount of service the smaller towns were able to afford.

Brennan left her job and later returned as Director of the East Longmeadow COA. In the interim, the Regional Transit Authority had consolidated all COA transportation under one private provider, but Brennan saw opportunity for improved efficiency. In 2011, she applied for and received a Community Innovation Challenge grant to implement the Two-Town Trolley, a coordinated COA transportation service for East Longmeadow and Hampden. She is currently working with her Regional Transit Authority to coordinate senior transportation for four local towns, as part of a pilot

to see if towns can offer senior transportation more efficiently than the private provider currently under contract.

According to Brennan, the main benefit of coordination is money: it's cheaper to centralize instead of each town paying for a driver, a van, and staff time to take reservations and schedule trips. She cautions that a region should not get too big; it's important for the call-taker, dispatcher, and driver to be familiar with the region and the riders so that they can plan efficient routes. If a senior lives up a mountain, the person doing the scheduling needs to be aware of that and build in time for the van to climb the grade; similarly, the scheduler needs to know which seniors can handle waiting for a van, and which riders are too frail to wait long, in order to route the vehicle efficiently while providing high-quality service to the seniors. In addition to the cost savings, Brennan emphasizes the value of having a full-time driver who gets to know the passengers, provides companionship to isolated seniors, and notices if something is wrong with a regular customer.

Organizations Formed by COAs
West of East Longmeadow toward the New York border, another COA transportation coordination program has been operating for over 30 years. The Southern Berkshire Elderly Transportation Corporation (SBETC) was founded by a group of small, rural towns that had no transportation. By pooling their resources, they were able to afford the costs of starting and running a transportation program for area seniors, which would have been out of reach had the towns acted alone. Whereas in East Longmeadow, one COA ran the transportation program for both partnering COAs, in Southern Berkshire County, the COAs opted to incorporate a new non-profit to run the transportation program. Each member town pays an assessment based on its population of seniors, and SBETC has also received grants from Elder Affairs and MassDOT. SBETC currently provides transportation for seven towns: Alford, Great Barrington, Egremont, Monterey, New Marlborough, Otis, and Sandisfield. Riders can easily travel across town borders within the region, and SBETC also takes riders into Pittsfield.

CrossTown Connect is another example of a new organization formed to coordinate COA transportation for multiple towns. Observing that COA vans from surrounding towns were all piling up at the local hospital, transportation champions in the Acton area recognized opportunities for greater efficiency through coordinating. They imagined the COA van from one town picking up passengers from neighboring towns on its way to the hospital, filling seats on the van and allowing the other towns to keep their vans local to fulfill other trip requests. Because the region also had employers with transportation needs, Acton and partner towns decided to form a Transportation Management Association (TMA) to coordinate both senior and employment transportation in the region.

CrossTown Connect progressed slowly and surely toward its vision. They started with COA transportation dispatch for Acton, Boxborough, Littleton, and Maynard. When they began, each town had a part-time person assigned to take reservations and schedule trips. CrossTown Connect saw potential for greater efficiency through coordination. If they pooled resources among the towns, they could hire two full-time call-takers. That would improve customer service, since it would increase the hours during which callers could call to request a ride. It would also improve

efficiency, since the dispatcher would be more likely to get a message if someone was cancelling a ride, and would be able to adjust the route accordingly.

Allowing vans from one town to pick up residents in other towns on their way to a common destination, such as the hospital, proved more difficult to implement. Some CrossTown Connect member towns are served by one Regional Transit Authority (RTA), while others are served by a second. The RTAs, which provide the vehicles to CrossTown Connect, were hesitant to allow their vehicles to pick up riders in another RTA's service area. CrossTown Connect worked with the two RTAs, MassDOT, and the Baker-Polito administration's Community Compact program, and in 2016 the partners were able to complete a Memorandum of Understanding that resolved the concerns and established a process that would allow COA vehicles to pick up residents from other towns on the way to a common destination.

Transportation Providers
In addition to fixed-route services, all RTAs run demand-response paratransit services that require riders to schedule trips in advance. Thus, RTAs have an infrastructure to support reservations, scheduling, and dispatch. Some have made these platforms available to COAs so that COAs do not have to spend staff or volunteer time duplicating these services.

The MetroWest Regional Transit Authority (MWRTA) began offering this service to its member COAs in 2014. MWRTA takes the reservations, prepares the manifest, and sends it to the town. If a town cannot complete a trip, MWRTA will try to pick it up through their other local services – a benefit to the town and its riders. MWRTA does not levy any additional fees on member towns that take advantage of the reservations and scheduling service, and fares collected go back to the town.

The first town to join was Holliston. In the transition process, MWRTA and the COA tried to change as little as possible so that Holliston's seniors would not have to learn a whole new system. The drivers and the cost for a fare did not change, but the phone number seniors called for reservations changed from the COA to MWRTA. In addition, instead of paying cash during the ride, MWRTA asked seniors to set up an account with them.

The Worcester Regional Transit Authority (WRTA) runs a similar program for COAs in its service area. It began as a pilot in 2008 with two towns, and has grown to include seven. COAs retain their own drivers, who are town employees, but WRTA's paratransit department handles the reservations and dispatch. Local trips take priority, but vans also do regional runs when available, in order to maximize the number of riders served.

RTAs are not the only entities already set up to do reservations and scheduling: other demand-response transportation providers also have this infrastructure in place. A new coordination model that is planned for 2017 takes advantage of capacity within a local non-profit transportation provider to assist a COA and a human service agency with transportation needs. The South Shore Community Action Council is a non-profit that has been providing transportation for over 40 years.

Currently, their fleet of 44 vehicles provides over 200,000 trips per year. After piloting the model with one COA, they hope to invite other local COAs to join.

KEY CONSIDERATIONS: QUALITY AND EFFICIENCY

Quality and efficiency are the two main considerations in a decision of whether or not to coordinate COA transportation. COAs want to offer a high-quality service to their seniors. For transportation, that translates to reliable, affordable, friendly service that will get seniors to their medical appointments and other key destinations. But given limited budgets, COAs are also eager to find ways to provide the same level of service for less cost, to provide a higher level of service for the same cost, or to increase the number of seniors who can be served without increasing the COA budget.

Quality

The quest for quality can lead COAs to be wary of coordination, as collaborating requires ceding some decision-making to partners. For this reason, communication is critical to the success of partnerships. In order to build trust, all partners should feel that they have a seat at the table, and that their concerns are listened to and addressed.[1] Key partners may include the Town Administrator, the COA director, the transportation manager at the COA, and the driver, as well as any other partners outside the COA.

A best practice for COAs interested in coordinating but wary of ceding control is to identify key features of your program and work with the partnership to find ways to ensure that those features are maintained to your standards. For example, many COAs think of their transportation services holistically as part of the social services they provide, and consider their drivers to be outreach workers on behalf of the COA. The driver gets to know the passengers and notices if a regular customer's behavior changes, or if they appear unwell, and can alert COA staff. In order to retain these benefits, the MWRTA coordinated model did not make any changes to driver staffing; COAs that sign up for centralized dispatch keep the same drivers.

COAs may also consider call-taking to be part of their outreach, as the call-takers have the opportunity to provide referrals to other senior services above and beyond transportation if they hear a need when a senior calls. When switching to a coordinated reservations model, Pamela Campbell, Director of Elder and Human Services in Littleton, provided training to the CrossTown Connect dispatchers on the services her COA offered, to ensure they were aware of key components of her transportation program – and so that they would be aware of all COA offerings, not just transportation, when speaking with callers.

Coordination can lead to service improvements, such as increasing the amount of transportation service a COA is able to offer. When CrossTown Connect centralized dispatch, COAs were able to offer their seniors longer hours to call and request rides. Later, when CrossTown Connect began allowing residents from one member town to ride on vehicles from another member town, seniors

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[1] TranSystems Corporation et al., p29

from all partnering towns gained access to Littleton's weekly shuttle to Burlington and Boston hospitals. Littleton lost nothing because their residents had never filled all the seats, and neighboring COAs gained access to a new service they could offer to their seniors. Through partnering with its Regional Transit Authority, the Holliston COA is able to access backup vehicles if their vehicle needs maintenance. This access ensures that the COA does not have to cancel trips if a vehicle breaks down or suffers an accident.

Efficiency
Increasing service without increasing cost is one form of efficiency; another is reducing the budget without reducing service. Running a successful transportation program requires a call-taker, scheduler, dispatcher, and driver, but not every town has a large enough program to need their own. COAs can share these costs, instead of each outlaying the full amount, when they work together. To accurately calculate the cost-effectiveness of different models, towns need to account for all costs associated with a transportation program, including the value of staff time spent answering phones and scheduling rides.

Another way coordination can improve efficiency is through increased access to resources: time and money. When a COA shifts call-taking and scheduling to an outside entity, the COA can now allocate the staff or volunteer time from the person who was working on transportation to another COA program. Linda Marshall, Outreach Coordinator at the Holliston COA, reports that she has had a lot more time to focus on outreach since MWRTA took over her ride reservations and scheduling.

Coordination can also open up new access to funds. A town that joins a multi-town partnership gains new access to funding sources that focus on the partner towns. In addition, MassDOT and other funders have prioritized coordinated transportation and regional partnerships for grants.

Filling empty seats on a vehicle speaks to both efficiency and quality; it is a more efficient use of the money used to pay for fuel, the driver's salary, insurance, and maintenance, and it implies improved quality since it means more seniors are getting rides. The ability to fill empty seats is one of the strongest arguments for coordination, especially in areas where seniors are frequently crossing town lines to get to medical appointments, shopping centers, or other popular destinations. COAs looking to measure their efficiency may wish to record passenger miles traveled instead of pure mileage, so that the data will reflect the increased usage of the van.

Conversely, towns whose senior vans are already at or above capacity have raised concerns about how they are expected to coordinate with other towns given that they are already turning away their own residents' ride requests. Towns should look to where their needs lie, and see whether coordination might help them meet those needs. Towns whose problem lies in insufficient capacity could explore whether any neighboring municipalities have spare capacity they could use. Two neighboring towns struggling to meet trip requests might find that partnering with each other would enable them to afford a new vehicle or additional driver that might be too expensive for either town acting alone.

Towns may also worry about policy or regulatory barriers to coordinating, but exiting coordination efforts have been able to overcome any such challenges. With technical assistance from MassDOT and support through the Baker-Polito Administration's Community Compact program, CrossTown Connect was able to sign an MOU with two RTAs to allow vehicle sharing across service areas. If the coordination plan calls for local vans to travel outside of town for the first time, towns should ensure they have a plan for what to do in case of an accident happening outside of town lines.

CONCLUSION: MOVING FORWARD WITH COORDINATION

COA Directors and Town Administrators must weigh the benefits and challenges of coordination carefully, and ultimately make the best decision for their town and their seniors. While this brief has focused on coordination among COAs, COAs can also partner with other types of agencies locally or regionally to address shared transportation challenges. Keep in mind that there are many different ways that organizations can coordinate together. Work with partners to try to find an approach that meets all agencies' needs.

If a town decides to change its transportation program structure – either a shift into a coordinated partnership, or away from one – making the change gradually can help seniors adjust and fully understand the new system. In addition to public meetings and private conversations with seniors, COAs should also communicate clearly with COA staff, drivers, and any other stakeholders about the changes.

CONTACT INFORMATION

Please contact rachel.fichtenbaum@state.ma.us for additional information about transportation coordination in Massachusetts, or to request technical assistance.

ACKNOWLEDGMENTS

REFERENCE

Rachel Fichtenbaum. (2017) Coordinating Senior Transportation among Multiple Councils on Aging. Executive Office of Health and Human Services, Human Service Transportation Office, Quincy, MA

June 2017

Addressing Short-Term Healthcare Transportation Needs through Regional Collaboration: Four Approaches from Massachusetts

Across Massachusetts, seniors and people with disabilities are struggling to get to their medical appointments. While most MassHealth (Medicaid) coverage types offer a transportation benefit for members who are traveling to qualified medical services at eligible healthcare providers but who lack access to their own transportation, many other health insurance plans do not cover transportation costs. This leaves individuals who cannot drive or do not have a car scrambling to find reliable and affordable transportation in order to access the healthcare services they need. Patients who are unable to find transportation have to miss their appointments – leading to adverse health outcomes for them, and financial setbacks for the healthcare facility. A national study found that 3.6 million Americans miss or delay healthcare treatment each year due to lack of transportation,[1] and an oft-cited estimate suggests that an individual physician loses over $150,000 per year on missed appointments.[2]

This challenge affects all stakeholders who are invested in promoting the health of transportation-disadvantaged populations. For the last three years, stakeholders such as human service agencies, Councils on Aging, healthcare organizations, and transportation providers have been convening regionally around Massachusetts in Regional Coordinating Councils (RCCs) on community transportation. RCC members seek to collaborate on opportunities to improve mobility and access for seniors, people with disabilities, and low-income commuters. One of the priority areas that has emerged from many RCC meetings is healthcare transportation.

Systemic solutions to these problems lie in long-term, sustainable strategies such as revamping the reimbursement system for healthcare services or improving land-use planning to allow public transportation to serve healthcare service and senior housing sites. Since these types of solutions develop slowly and take time to implement, they do not help individuals who seek medical services in the short term. RCCs focus on short-term solutions that respond to the immediate needs of today's transportation-disadvantaged residents of Massachusetts.

This brief describes four approaches that RCCs or similar cross-sector, collaborative groups have recently taken to address healthcare transportation needs in Massachusetts: convening stakeholders, educating healthcare workers, implementing new services, and funding transportation.

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1 Wallace, R., Hughes-Cromwick, P., Mull, H., Bologna, J. (October 2005) Cost Benefit Analysis of Providing Non-Emergency Medical Transportation. Transportation Research Board: Washington, D.C.
2 http://www.physicianspractice.com/pearls/stop-losing-money-no-shows

CONVENING STAKEHOLDERS

The South East Regional Coordinating Council on Transportation (SERCCOT) is the RCC serving Southeastern Massachusetts, including Attleboro, Fall River, New Bedford, Plymouth, Taunton, and surrounding towns. Before launching the RCC, local leaders conducted a needs assessment survey, and healthcare transportation emerged as a priority area. SERCCOT members decided that a facilitated discussion involving all stakeholders would help them identify how to move forward. They already had human service agencies and transportation providers at the table, but had few contacts with local healthcare organizations.

SERCCOT members began a process to identify healthcare providers in the area. They brainstormed a list at an RCC meeting and noted any organization where an RCC member had a contact. Then they developed a survey for the healthcare organizations to fill out regarding the extent to which their patients were missing appointments due to lack of transportation. The goal was two-fold: to identify healthcare organizations experiencing a high rate of no-shows due to transportation barriers, but also to educate healthcare organizations that transportation can be a cause of no-shows. SERCCOT delivered the survey electronically and by hard copy to all medical facilities on the list they had developed.

While awaiting the survey results, SERCCOT members began working on the agenda for the forum. They started the day off with a presentation of survey results from the original needs assessment, as well as the healthcare provider survey. They also included a presentation on Ride Match, an online, searchable database of transportation options that individuals and their caregivers can use to find rides: www.massridematch.org.

In addition to these presentations, one member suggested using a World Café-style format, with facilitated small group discussions designed to elicit creative ideas. Using examples of real-life transportation barriers faced by consumers, the group compiled three discussion questions, each addressing a different facet of the challenge, and each with a scenario to illustrate it. Once forum RSVPs were in, SERCCOT members developed a seating chart to ensure that each table would have at least one representative of a transportation provider, human service agency, and healthcare organization so that each small group discussion would incorporate each perspective.[3]

The forum was a success, generating creative ideas and energy among participants. As a first step, the group decided to develop outreach materials to help healthcare organizations assist patients in finding transportation services.

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3 The toolkit that accompanies this brief includes the healthcare organization survey, forum agenda, and discussion questions from SERCCOT's healthcare transportation forum.

EDUCATING HEALTHCARE WORKERS

For a patient who cannot drive to a medical appointment, the time of the appointment can be just as important as the location. For example, if a local Council on Aging offers medical transportation on Tuesdays and Thursdays, but a patient makes an appointment on a Friday, the patient may have to cancel or miss the appointment unless they can find an alternate service to take them. For this reason, the healthcare professionals who schedule appointments for patients are well-positioned to help patients plan for their transportation. However, many healthcare staff do not think to ask patients about their transportation situations. Even if they do, these staff members often drive themselves and are not aware of all transportation options available to consumers.

For this reason, outreach to educate healthcare workers on transportation emerged as an idea from multiple RCCs. The North Central RCC implemented this strategy in May 2016, when they participated in a Caregivers Transportation Forum, convened in conjunction with two local healthcare organizations and the local Congressman's Office. The two-hour morning forum included an introduction from MassMobility staff and an in-depth presentation from the Montachusett Regional Transit Authority on local transportation services available to patients. Approximately fifty healthcare workers attended – filling the room – thanks to the healthcare organizations promoting the forum internally to staff. After the presentations, attendees had a chance to ask questions. Many shared complaints and concerns they heard frequently from consumers, giving presenters a chance to explain how public transit works and what riders can expect.

IMPLEMENTING NEW SERVICES

While raising awareness of existing services is an important first step, it does not solve the problem of patients seeking to go to an appointment for which no transportation service is available. In these cases, organizations can collaborate to develop and implement a new service to meet the need.

Addressing an Established Need
In 2011, the Southeastern Regional Transit Authority (SRTA) partnered with the Southeastern Massachusetts Transportation Alliance (SMTA) – a precursor to SERCCOT – to convene area Councils on Aging (COAs) to discuss transportation needs. One challenge that emerged from these discussions was the difficulty of getting to medical appointments in the Boston area for people who do not or cannot drive themselves. Three COAs had previously partnered to transport consumers into Boston, but the service was infrequent and expensive.

SMTA helped SRTA and the COAs partner to develop a twice-weekly shuttle into medical facilities in Boston, leaving from New Bedford on Tuesdays and Fall River on Thursdays. The $25 round trip fee for passengers was half the previous fare. SMTA, the COAs, and SRTA brought in the local Veterans' Service Officers to the partnership and determined that seniors,

veterans, and people with disabilities would have priority on the shuttle, with any remaining seats open to the public.

Responding to a Short-Term Emergency
In March 2014, the North Adams Regional Hospital announced that it would be closing on extremely short notice: only four days. The closure was devastating to employees, who lost their jobs, and to patients, who would now have to travel over twenty miles to Pittsfield for their appointments.

Human service agencies mobilized quickly to help consumers access transportation to Pittsfield. Three local COAs coordinated with each other to take turns driving to Pittsfield. They reached out to additional partners, including many members of the Berkshire County RCC. A local bank offered funding to support the transportation. Before long, a regional nonprofit determined that it was already running a van between North Adams and Pittsfield and could open up seats to patients needing medical transportation. A transportation nonprofit agreed to take ride reservations, answer people's questions, and provide referrals to the public bus or MassHealth transportation for people who had other options. Together, the partners determined that the most efficient approach was for the COAs to provide a feeder service, picking riders up at their homes and dropping them off at a designated stop, where they would transfer to the shuttle to Pittsfield. This service – called "Meditransport" – ran for two months, after which it was no longer needed, thanks to a demand-response service launched by the transit authority and a regional veterans' transportation service.

Meditransport demonstrates one value of the RCCs and similar coordination efforts: when disaster struck, organizations knew immediately who to turn to because they already had relationships with each other. While each organization could have addressed the problem on its own, the cost would have been higher. Collaborating allowed the organizations to develop an efficient, cost-effective solution.

FUNDING TRANSPORTATION

When we say that no transportation service is available to get a consumer to their medical appointment, we generally mean no affordable transportation service is available. Taxis are available in many communities, and livery services in others, but these services can be costly – especially for low-income individuals.

Consequently, another way to increase access to medical transportation is to provide funding for individuals to cover a ride in a taxi or similar service. After Meditransport closed in Northern Berkshire County, Community Health Programs (CHP) approached the partner organizations that had led Meditransport. As a Berkshire County network of health centers and care professionals, CHP had received a state grant to help individuals get to medical appointments, but was not in the business of providing transportation, so wanted help. The Meditransport partners – along with some additional partner agencies – agreed to develop and implement a program, which they termed the "Help I Need Transportation" program, or HINT.

Together, the agencies agreed to focus on transportation to long-distance medical appointments. Travel to Albany, Springfield, or Boston by taxi is very expensive from the Northern Berkshire region, and was out of reach for many consumers. Since the CHP funding was a one-time grant, not a sustainable or renewable source, the partners sought to make it last as long as possible, so they designed it to be an option of last resort. Before referring a consumer to the fund, the referring agency would explore all other transportation options the individual might be able to use, including getting a ride with family or friends, volunteer driver programs, MassHealth transportation, or public and intercity bus services. Agencies could refer individuals for a one-time trip, but not for recurring trips. Referring agencies would fill out an application form[4] and send it to the project administrator, who would share it with the steering committee, which was comprised of representatives of each partner organization. The steering committee would review the application to see if they could think of any other option that the patient might be able to use. If not, they would approve it, and then the program administrator would arrange a ride with a local transportation provider and send the details to the referring agency to communicate to the rider. HINT can also reimburse a patient's family member for gas, if that enables the individual to get a ride that would not otherwise be possible.

According to HINT's program administrator, the partnership is a source of strength for this model. Since locals already go to the referring organizations for help, the HINT program did not have to do outreach to its target audience. However, the limited funding and inability to fund recurring trips renders the program less useful for residents whose medical problems may require frequent specialty appointments or follow-up visits.

CONCLUSION

Massachusetts prides itself as a center of high-quality healthcare, but patients only benefit from this care if they can access it. While healthcare industry payment reforms or new delivery formats such as telehealth hold potential to address these challenges systemically, consumers and their caregivers need access to their medical appointments today, tomorrow, and next week. Across Massachusetts, agencies are collaborating together to develop innovative and effective approaches to address these needs.

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4 This application is included in the toolkit that accompanies this brief.

CONTACT INFORMATION

Please contact rachel.fichtenbaum@state.ma.us for additional information about healthcare transportation in Massachusetts, or to request technical assistance.

ACKNOWLEDGMENTS

REFERENCE

Rachel Fichtenbaum. (2017) Addressing Short-Term Healthcare Transportation Needs through Regional Collaboration: Four Approaches from Massachusetts. Executive Office of Health and Human Services, Human Service Transportation Office, Quincy, MA