# MAT-SU COORDINATED HUMAN SERVICES TRANSPORTATION PLAN



Alaska Smart Communities Forum

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MATANUSKA-SUSITNA BOROUGH

# Overview

## ♦Initiation

## ♦Importance

♦Implementation

## Initiation: What Prompted the Plan?

♦ Funding Needs
♦ FTA 5310
♦ Alaska Mental Health Trust

Transit & human service transportation providers rely on these funds.



# Initiation: Shared Goals



**GOAL 1: Transportation.** All Mat-Su residents have transportation to work, healthcare appointments, school and community activities, and other opportunities that affect the quality of their lives.

### 2016 Mat-Su Community Health Needs Assessment



Matanuska-Susitna Borough Long Range Transportation Plan

### GOAL 2: Provide Transportation Choices.

Strategy 2 – Long Range Transit Vision Strategy 4 – Expand Vanpools Strategy 5 – Consider Additional Demand Response Service Strategy 6 – Encourage Ride Sharing Services Strategy 10 – Improve Awareness of Transportation Choices 2035 Mat-Su Long Range Transportation Plan Adopted December 2017

#### HEALTH IS WHERE WE

### Live, Learn, Work & Play

2016 MAT-SU COMMUNITY HEALTH NEEDS ASSESSMENT



# Importance: Transportation Needs

### Population: **107,610** (2018 estimate)

Seniors: 10.5%

### Disabled Residents

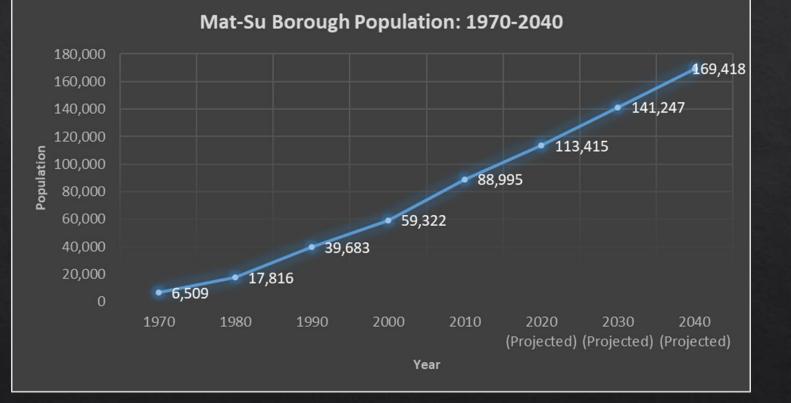
- 12.1% total
- 39.3% age 65+
- 23.3% veterans

### Low-Income Residents

- 9.7% total
- 5% age 65+

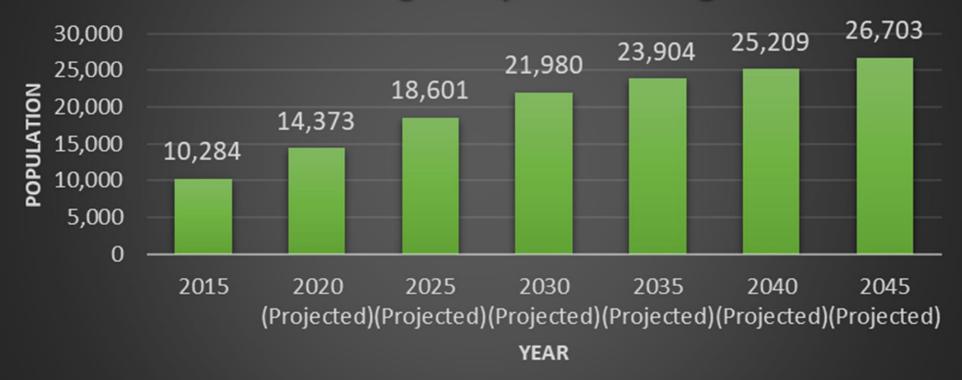
### Zero-Vehicle Households 3.3% total

Source: US Census Bureau, American Community Survey Matanuska-Susitna Borough



# Importance: Community Changes

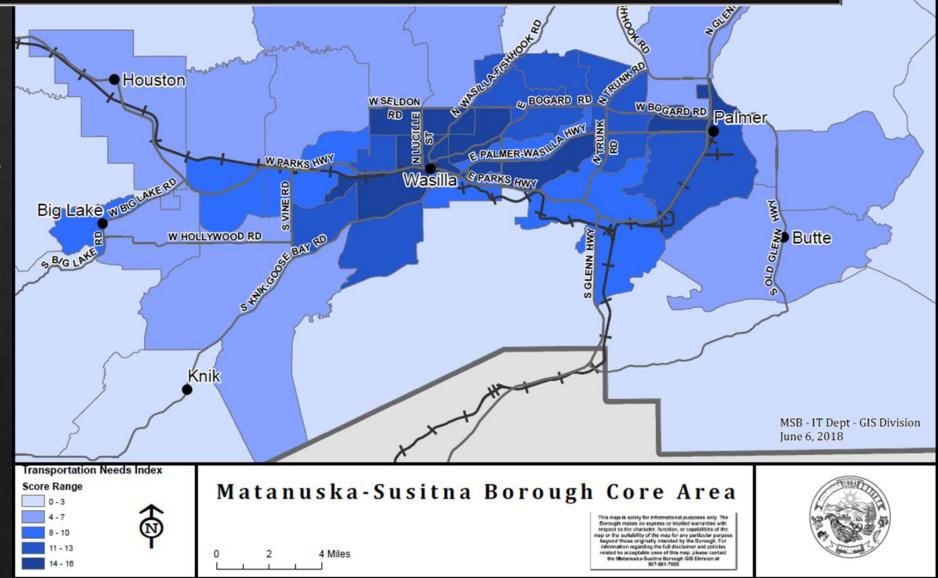
## Mat-Su Borough Population Age 65+



# Importance: Transportation Needs Index

Combination of Factors:

- Low-Income Households
- Seniors 65+
- Zero-vehicle households



Sutton

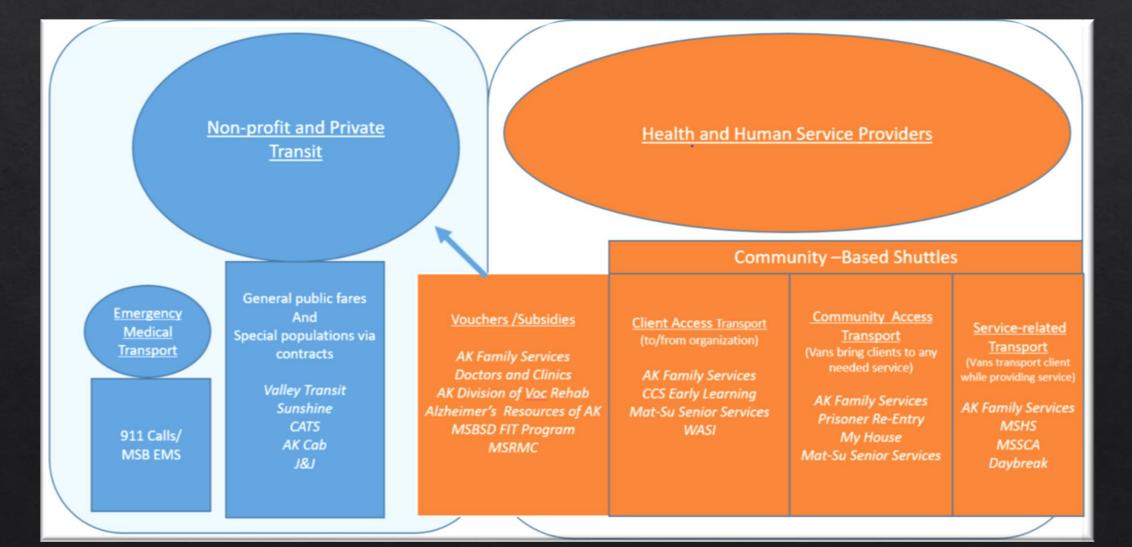
# Implementation

### ♦ Core Issues

- ♦ Riders: "Not enough transportation services, and too expensive"
- $\diamond$  Providers: Lack of coordination  $\rightarrow$  High average cost per trip
- Lack of stable funding source(s)
- ♦ Provider restrictions (e.g. funding, client eligibility)
- ♦ Land use (long term)

Response: Coordination Strategies vs. Service Strategies

# Implementation: Providers



# Implementation: Big Idea

### ♦ Centralize

- $\diamond$  Dispatch
- ♦ Fleet Management
- ♦ Call-Taking
- ♦ One online platform
  - ♦ Providers stay in place

# Implementation: Big Idea

- ♦ Cost-effective and user friendly for riders and providers
- Riders
  - ♦ One-Call/One-Click solution
  - ♦ Assigns trips to lowest-cost, eligible provider
- ♦ Providers
  - ♦ Save time and/or money without sacrificing quality
  - ♦ Cost-effective providers access larger client pool
  - ♦ Cost-ineffective providers reduce financial burden

# Getting a Ride: Now

### Client Calls Provider

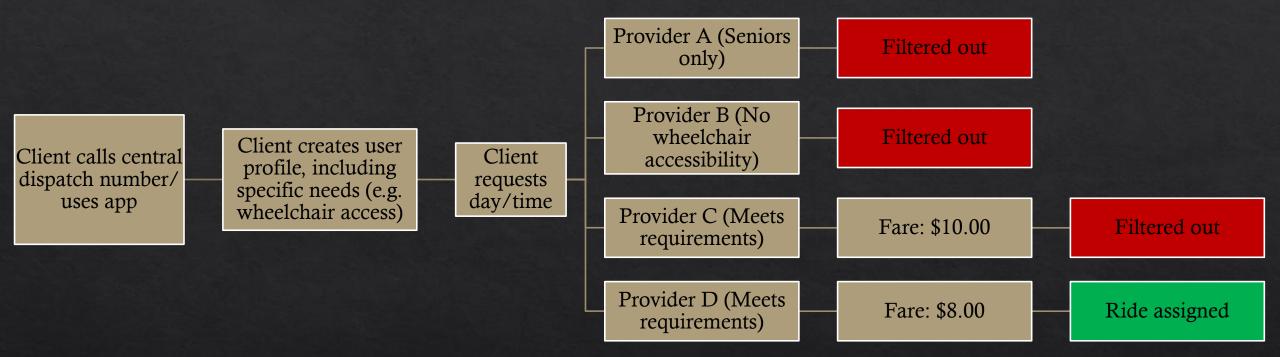
Client requests day/time and specifies needs (e.g. wheelchair accessibility)

If available, ride assigned

### ♦ Limitations:

- ♦ Not always the best price
- ♦ Vehicle availability (medical appointments, etc.)

# Getting a Ride: Central Dispatch



- Prioritizes the rider's needs (cost, availability)
- ✤ Right-sizes ride allocation to most cost-effective providers
- ✤ Reduces system-wide costs

# Software Needs

### Provider Side

- Multiple providers
- ♦ Automated scheduling/reservation
- ♦ Event tracking
- ♦ Route management
- ♦ Vehicle management
- ♦ Driver management
- ♦ Customer analysis
- Real-time notifications (to drivers)
- Mapping & street management
- ♦ On-time performance
- Customized reports and billing
- ♦ Medicaid integration
- ♦ Mobile OS

### Rider Side (Mobile Service Portal)

- Real-time bus departure/location information and notifications
- ♦ General and route-specific news alerts
- Interactive voice reminder/assistant/response
- Reservations
- Notifications regarding detours and temporary bus stops

# Current Challenges

- Medicaid non-emergency medical transportation (NEMT)
- ♦ Contracting
  - ♦ With software provider
  - ♦ Between transportation providers (user fees)
- Short and long term expenses
  - ♦ Local government contribution
  - ♦ Mat-Su Health Foundation helping with transition costs