

Rough Transcription of Portions of the April 27, 2021 Joint Meeting of the Select Board and the Commission on Disability at which the Institute for Human Centered Design presented the Self Evaluation Report and Guidance for the Transition Plan and there was a Q and A period

Sudbury Commission on Disability Meeting Materials

Thursday, May 6, 2021 6:30 – 8:30 PM

To participate in this virtual meeting click the link

<https://us02web.zoom.us/j/86958120920>

For audio only, call 978-639-3366 or 470 250 9358 and enter Meeting ID 869 5812 0920

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In order of appearance:

- JR Jennifer Roberts, Select Board Vice Chair
- DW David West, Institute for Human Centered Design (IHCD)
- KG Kathy Gips, IHCD
- PG Pat Guthy, Commission on Disability (COD) Chair
- MD Meghan Dufresne, IHCD
- LK Lisa Kouchakdjian, COD Member
- JD Janie Dretler, Select Board Chair
- KB Kay Bell, COD Vice Chair
- BH Bethany Hadvab, Town Social Worker, Department of Health
- HH Henry Hayes, Town Manager
- AO Ana Cristina Oliveira, Senior Center Outreach Coordinator

	<i>This picks up a bit into the Q and A portion of the meeting. Times are approximate and seem to shift slightly in different viewing sessions.</i>
1:17:00	JR...inquiry about web accessibility
1:17:27	DW...There are benefits in increasing web accessibility and the thing is you also have to do it. (references the DOJ).....
1:18:23	JR...Should we offer a zoom option for participation in public meetings when we return to in-person meetings

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1:19:23	KG...the logistics of implementing that concept would need to be looked at by the Town but such arrangement would make participation in public meetings possible for those people who cannot come to the meetings. JD...to Pat
1:19:50	PG...Will power point presentation be available after this?
1:20:26	DW...Yes it will be available. Meghan did most of the work making the presentation accessible with features like alt text for graphics and sequence for reading the slide information. Provided that Henry and Bill want to share it...
1:21:30	PG...As the Town goes forward to Transition Planning, what has been you experience of participation of CODs in in other Towns as regards to this process?
1:21:50	DW...That may be a question for Meghan.
1:22:00	MD...it would be difficult for me to answer that because I don't get to speak with CODs once the Self Evaluation report is delivered.
1:22:55	DW...As the Towns go through the reports and things are identified by CODs or the community you can continue to reach out to us about us. Some things identified are likely to be capital expenses and are usually addressed over months and years rather than weeks or months. ...down the line a COD or Town may have questions about some items
1:23:18	DW...I know that generally speaking <u>Sudbury has asked</u> that communication go through the Town and we assume that would continue. And Meghan and I have no reason to believe that any communication has been kept from us. So the COD could contact Henry or Bill to get information from and we will do that.
1:23:50	DW ...About how it actually plays out, I imagine there's as many varieties of how smooth or tense or however it turns out to be as there are cities and towns and CODs. I'm sure there's a wide range of experiences.
1:24:04	PG...I guess you didn't quite understand my questions. My question is: From your experience, after you have provided information to the Town, those towns that are taking action on the report – What type of interaction and what kind of role does the COD play in the actual formation of the transition plan? That was my question.
1:24:29	DW...Oh I'm Sorry, I think that's going to depend partially on exactly how the Commission is established and what official relationship it has to the town. We're working with one town currently where the Commission submitted the request for funding and received it and is driving the whole thing. And, unfortunately, we have seen other cities and towns where communication isn't as good and hostility, perhaps, has built up over time and maybe the Commission isn't integrated as much. I guess we would certainly encourage that everybody do the best they can to work together because it's almost certainly the case that all of those involved really have the same objectives at heart. I'm sure all of you who are making time to be here and be part of

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	this process must care to some extent to try to make Sudbury and its programs, services, and activities as accessible as possible.
1:25:44	PG...I think that's very true. I think we share a common goal. I think that is very important because the town has funded it out of the TM's funding. The other question I have is: Is the transition Plan period five years?...
1:26:10	..roughly, not in any precise standard...we based it on DOJ settlements and the timelines we have seen there...other situations may have a longer timeframe...but we want people to do it yesterday...but budgets and other things come into it...
1:28:30	LK...can, the IHCD come to a COD meeting to further discuss the reports?
1:29:16	JD...I think that's a great idea...this is not enough time...I would defer to Henry, or request to Henry to set up another meeting for your (the COD) and Town staff and the consultants to have another more robust discussion.
1:29:45	LK...We all care...
	KB...refer to Bethany Hadvab...What happens when user experts...
1:31:55	BH...Mental health and cognitive disabilities...
	DW...responds
	JD...Are there any comments/ questions from the public?
1:38:20	HH...Notes the various Town staff members present and asks Ana Christina directly if she has a question or comment
	AO...No, I'm all set
1:39:20	LK...mentions that Sudbury Public Schools has done a project that has made the SPS website accessible and suggests that the Town technical staff could talk to the SPS tech staff to hear about what that was like.
1:40:27	JR...What are the next steps? Directly to the Town, what are the planned next steps?...
1:41:10	JD...I hope Henry Hayes will address and hope the meeting will be posted for the COD and the Select Board members could attend and not have to worry about Open Meeting law and those who wish to may attend; and staff...
1:41:33	JD...(to Henry Hayes) What are next steps?
1:41:37	HH...Next step ultimately is the final report. The transition Plan, which we have has a plethora of data laid out and it's on the web site, and it identifies all areas evaluated, and the changes and how the IHCD talked about prioritizations. David and Meghan and the team were very accurate in that the capital planning process is going to be the mechanism by which these processes and adjustments get funded, therefore it does go into a competing process.
1:42:37	And I say that on purpose because we can't redirect all the funds to only do ADA. And so it will be a process of time. I actually have intent over/during the summertime to look at our capital plan documents in process.

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1:43:10	There will be some changes that I anticipate to how we look at the capital plan and things like compliance factors in a very visible way. So again – Bill Barletta and the team has done a fabulous job in the way that they have been available to IHCD. I do also thank the adjustments our departments have made at Sewataro under the agreement that we have.
1:43:50	As to the website, Mark Thompson and the IT folks have been talking about adjustments for quite a while. They have allocated a portion of their budget, but can't do the whole \$33,000 per year plan. But we know what it would look like. Those are things we have looked at and are planning toward the future, and as we move forward we are open to questions and concerns.
1:44:25	JD...What is the timeline to finalize the report and the Transition Plan?
	DW...a few weeks ...the when final version is submitted you can still contact us, but it falls into your court...other than ways that we might be able to assist you with information, etc... JD...So you're saying around the end of May? DW...will be in contact with Bill and Henry, but that seems likely.
1:46:03	JD...Back to Henry Hayes, I'm hoping you'll be open to having another meeting with the COD
1:46:15	JD... and I would encourage Pat to reach out to schedule that and then we can post it. OK, Henry?
1:46:19	HH...Yeah. I'll have a conversation with David and company. Offline.
1:46:25	JD...And Pat.
1:46:29	HH... Right, but I'll have my conversation with the consultant prior to that.
1:46:38	JD...and when the final report will be made available to the COD
1:46:40	HH...certainly and it will be made available to the population.
1:46:49	JD...Will the Select Board receive a copy of the report first?
1:46:53	HH: Yes, I will do the pattern that I have had.
1:47:00	JD...I think it would be helpful for the COD to receive it at the same time the Select Board receives it.
1:47:07	HH: Yeah, there's no problem with that.
1:47:12	JD: Does anyone else have any further questions at this time....(none...)

David Correia, Advocacy Director for MetroWest Center for Independent Living
Massachusetts Access Bill

Sponsors: Reps. Michael J. Moran
and Christine P. Barber

**PASS BILL H.2419 :
ACCESSIBLE WORKPLACES MA**

**AN ACT REMOVING BARRIERS TO WORK THAT
DISCRIMINATE AGAINST PERSONS WITH
DISABILITIES, MOBILITY IMPAIRMENTS, AND SENIORS**

TIME FOR MASSACHUSETTS TO PROVIDE ACCESSIBLE WORKPLACES

- MA code does not require workspace accessibility even in new or extensively renovated buildings. The state doesn't meet basic Americans with Disabilities Act (ADA) standards,
- The ability to find meaningful and rewarding work is a civil right. Inaccessible workspaces have the effect of barring people with disabilities from employment.
- The unemployment rate for people with disabilities in MA is twice that of non-disabled people. Over 70% of working-age people in MA with ambulatory disabilities are unemployed.
- Anyone could be born with a disability or become disabled due to an injury, disease, or the aging process. They should not be denied or barred from employment.

CREATING ACCESSIBLE WORKPLACES IS A WIN FOR ALL

- People with disabilities are over 15% of the population. They want to engage in meaningful employment, get off benefits, fully participate in and contribute to society.
- Businesses cannot recruit or retain the best workers when their facilities are inaccessible. Removing physical barriers will expand the workforce when there is a historic shortage of qualified workers
- The state will receive increased tax revenues and reduce expenditures for benefits.
- Everyone will benefit from the safety and convenience of workplace accessibility features. They will be assured that, if they or loved ones become disabled, they'll be able to continue to work.

**THE ACCESSIBLE WORKPLACES MA ACT WILL OPEN DOORS TO
EMPLOYMENT FOR PEOPLE WITH DISABILITIES**

- In 1968, MA led the nation's efforts to make communities accessible for all by creating the MA Architectural Access Board(MAAB) that balances the interests of property owners and accessibility needs by establishing and enforcing building codes during permitting, which is more efficient and affordable. However, the MAAB was not given purview over workplaces.
- The ACCESSIBLE MA Act would finally allow the MAAB to meet the promise of the ADA- enforce accessibility in new or extensively renovated workplaces, and guide developers and architects on innovative ways to provide access.

For more about H.2419, email
Joe Bellil at jbellil@eastersealsma.org
or Paul Spooner at pspooner@mwcil.org

David Correia, Advocacy Director for MetroWest Center for Independent Living
Massachusetts Access Bill

Sponsors: Reps. Michael J.
Moran and Christine P. Barber

**PASS BILL H.2420:
ADAPTABLE HOUSING MA**

AN ACT RELATIVE TO EXPANDING THE AVAILABILITY
OF ADAPTABLE HOUSING FOR CONSUMERS WITH
DISABILITIES, MOBILITY IMPAIRMENTS, AND SENIORS

**NOBODY SHOULD HAVE TO CHOOSE BETWEEN AN UNSAFE RESIDENCE
AND A NURSING HOME**

- Living in nursing homes already puts people at greater risk for disease than those who live independently.
- The COVID-19 pandemic has put a spotlight on this issue. Over 60% of people who have died from the virus lived in nursing homes.
- According to the CDC, in-home falls from lack of accessibility features like grab bars cost Massachusetts \$972 million per year.

**EVERYONE DESERVES TO LIVE, WORK, AND PARTICIPATE IN THEIR
COMMUNITIES**

- 87% of our rapidly growing aging population wants to stay in their own communities, rather than in nursing homes.
- Of the 50,000 people living in nursing homes in our state, an estimated 20%-40% could live independently if we had enough accessible housing.
- The best way for older adults and people with disabilities to live full and safe lives is to build housing that can be adapted to meet their changing needs.

MAKE MASSACHUSETTS A LEADER IN ACCESSIBLE HOUSING AGAIN

- In 1968, Massachusetts led the nation's efforts to make communities accessible for all by creating the Massachusetts Architectural Access Board (MAAB) which establishes and enforces building codes that balance the interests of property owners and the need for accessibility.
- The MAAB does not have jurisdiction over renovations of buildings constructed before 1991. HD. 2116 will close this loophole.
- This bill will require that adaptability features be added, when reasonable, to any building being gut-rehabilitated into multi-unit housing. Adaptability features are inexpensive and easy to install during construction or reconstruction, but almost impossible to add later.

For more about H.2420, email
Chris Hoeh at cdhoeh@gmail.com
or Lenny Somevell at lsomervell@dpcma.org

Date and Time: 02/04/21 6:37 PM

Location: Webinar

Members Present: Kay Bell, Doug Frey, Pat Guthy, Chairperson, Lisa Kouchakdjian, Caroline Santangelo

Members Absent:

Also Present: Jennifer Roberts, Select Board Liaison; Jane Kline; Tyler Steffey; Dan Carty

Convene: The regular meeting of the Sudbury Commission on Disability (COD) was called to order by Pat Guthy at 6:37 PM. A quorum (at least a majority of 3 of 5) was present.

1. Selection of Meeting Recorder: Kay Bell was assigned to record minutes. The order of rotation for recording minutes next will be Caroline Santangelo, Lisa Kouchakdjian, Doug Frey.

2. Public Comment: none

3. Approval of Minutes: Details and clarification were offered and incorporated into the draft minutes for the 12-03-20 regular meeting.

MSV Ms. Bell moved and Ms. Kouchakdjian seconded: That we approve the minutes of the 12-03-21 meeting as amended. The motion carried by unanimous roll call vote.

4. Review and Approval of Annual Report: Ms. Guthy has learned that signature for the approved annual report may not be required if they report is approved at this meeting. She will follow up with Leila Frank in the Select Board's office for clarification. Ms. Guthy explained details of the financial portion of the annual report. She plans to request that the COD receive quarterly updates on financial activity of the Handicapped Parking Fines account.

MSV Ms. Kouchakdjian moved and Ms. Santangelo seconded: That we approve the Annual Report. The motion carried by unanimous roll call vote.

5. Discussion of proposed changes in Meeting Minutes Approval procedure: Ms. Bell suggested a method whereby draft minutes be sent by the recorder to members by blind cc. Then members could submit corrections or additions to the recorder who would bring them with highlighted changes to the next meeting for approval. Members are satisfied with the current method and the consensus is to make no change.

6. Update

- a) **Transportation Committee:** Mr. Frey reported that the Emergency Taxi Program is running out of funds and will end soon, so rides will be limited to medical purposes only. The Council on Aging vans will begin running soon with single passenger service only and only to contiguous towns with a single passenger. The Go!Sudbury subsidized Uber program contract is nearly ready and a period of "beta testing" with group of twelve will begin soon. There was discussion of criteria for use (broad vs. targeted toward greatest need), substantial cost of wheelchair accessible [WAV] service, and potential for finding additional funding sources beyond the current ones – e.g. other Town funds, Sudbury Foundation, Lyons Club, Chamber of Commerce, or even the COD. The question of whether health insurance might reimburse people for transport to medical appointments. Perhaps ADA Coordinator Maryanne Bilodeau would know about such benefits.

- b) Ms. Kouchakdjian reported that L-S SEPAC is hosting a workshop about transition from High school to college for students with special needs. Police Chief Nix who visits SEPACs annually is now engaging with them and the COD and perhaps the Council on Aging to produce information to help people with supports and resources to assist them in the current COVID conditions. This effort may produce video spots to spread the information. Ms. Bell reported that last night the SEPACs in the region hosted one of the required annual Basic Rights workshops. Sudbury SEPAC has regular social meet ups that are well attended and seeks greater membership and works closely with the administration of SPS.

There is a Linked-In page for the COD that we still cannot access. It operated unpredictably and could be a good resource. Ms. Bell will look into it.

- c) Mr. Frey had shared a letter to Governor Baker and state health officials from the Center for Public Representation, an alliance of various organizations for people often marginalized in public policy. The letter addresses concerns about COVID vaccine distribution to people with special needs and their caregivers, among others. Ms. Guthy suggested passing it along to the Town Manager and the Select Board. [letter is attached below] Ms. Kouchakdjian explained that essential caregivers and home-based healthcare workers are eligible for vaccination in the first tier and parents of children receiving Department of Developmental Services care for individuals who have medically complex conditions. A letter related to that eligibility is attached below.

MSV Ms. Bell moved and Ms. Kouchakdjian seconded: That Ms. Guthy distribute the letter from Center for Public Representation letter such individuals, committees, and organizations that she deems will benefit. The motion carried by unanimous roll call vote.

- d) Recruitment: Jane Kline is interested in joining the COD. Ms. Guthy has communicated with the Select Board's office. When Ms. Kline submits a completed application the COD can attach a letter of recommendation to the Town Manager for consideration. Recruitment will continue. Funding for
- e) Loring School Playground and Kay's statement at SPS School Committee Meeting regarding "switchback:" Ms. Kouchakdjian reported that the proposal for an accessible route from the cafeteria door near the front of the building to the playground near the back of the building is what was accepted. The accessible route between the upper and lower playgrounds has not been addressed. Some details of the accepted route (non-compliant steep slope at the egress from the cafeteria and the presence of a gate that currently blocks access to the path) must be resolved in the accepted design. Ms. Guthy added that funding (\$78,000) for it will appear as a capital project article at the next Town Meeting. Also that the 2017 plans submitted by an architectural firm for a project to update parking lot and walkways included a proposal for a switchback style ramp joining the two levels. At a school committee meeting a member had expressed that the ramp was not attractive. At a subsequent school committee meeting Ms. Bell used public comment opportunity as a private citizen to point out that a ramp is actually very attractive to a person with a mobility challenge.

Ms. Guthy noted that discussion at that school committee meeting revealed that there is some misunderstanding of the actual ADA requirements for equal access by way of accessible paths to all elements of a facility, as was discussed at a recent training provided free by the Institute for Human Centered Design (IHCD) on federal law and state regulations as they apply to renovations. To provide more and specific information for those working on the playground project Ms. Guthy contacted David West and Meghan Dufresne of the IHCD who are leading the ongoing Self Evaluation and Transition Plan project in town, to see if the report for the Loring school site was available. They had provided contact information at the start of the Self Evaluation project and invited the COD to come to them with questions.

Mr. West reported that some draft reports for the Self Evaluation had been delivered to the Town. He said that he had been told that the COD had a “difficult history” with the Town and that the Town Manager said that IHCD are contractors, and that “the Town will control the flow of information” and provide the COD opportunity to express itself at the public comment period. Ms Guthy told Mr. West and Ms. Dufresne of the various positive and supportive relationships the COD has developed in the two years since reconstitution and of the collaborative work done on Town Meeting and Transportation to date. Ms. Guthy later spoke to the COD liaison from the Select Board, Ms. Roberts, about the comments related by the IHCD team to keep her up do date and continue the transparency the COD has practiced all along. Ms. Guthy expressed that what the “difficulty” is, is unclear to her. Ms. Kouchakdjian added that another project the COD worked on was the Town Hall renovation design project. Ms. Guthy noted that the COD was brought into that process because accessibility was one of the goals and the COD spent a great deal of time on that.

Ms. Kouchakdjian expressed concern that Mr. David Correia, Advocacy Director for the MetroWest Center for Independent Living (MWCIL) and Mr. Mark Dempsey, Access Compliance Inspector, City of Framingham, upon a site visit to Loring Elementary School in December offered opinions about what the law requires that are entirely different from the Town’s regarding access between the lower and upper playgrounds.

- f) Self Evaluation/Transition Plan project: Ms. Guthy stated that the COD efforts to seek additional accessibility information from the Self Evaluation report on the Loring School was made openly because Mr. Barletta, at the outset of the project and as recently as October indicated that information sharing was an option. Mr. Frey said he was surprised and did not understand where things have broken down. Ms. Guthy asked how the members want to proceed.

Ms. Kouchakdjian expressed that we need to make clear to others what the role of a Commission on Disability is, particularly education, i.e., the bringing forward of accessibility information. Ms. Guthy pointed out that the legislation states clearly what a COD’s role is and that it seems we need to establish clear lines of communication, which demonstrably we do not have.

Ms. Kouchakdjian asked if Jeff Dougan, Assistant Director for Community Services at the Massachusetts Office on Disability (MOD), had weighed in on the role of CODs in the Self Evaluation process. Ms. Guthy reminded that after discussion with Mr. Dougan in December and January he had informed us that a meeting with Sudbury Town officials

to discuss inclusion of the Commission was to happen on the Monday prior to this meeting. She suggested the COD consider speaking directly to the Town Manager and/or the Select Board as to our role in the community and how it is viewed statewide and federally. She said all we are trying to do is assist the town in fulfilling requirements under the civil rights law, the ADA.

Ms. Santangelo expressed that if we have something from the MOD that would help clarify our role to the town that would be good to share. Mr. Frey agreed that a face to face communication would be a good way to “clear the air” and simply state what our role is and ask what the Town Manager’s perception of our role is. Ms. Bell related that not long ago a Janie Dretler, Select Board, Chair, set up virtual meeting of Mr. Hayes, Ms. Dretler,, Ms. Guthy and herself. That meeting was a follow up to the set of questions we submitted about the Self Evaluation that had not been answered. Ms. Bell felt that after that meeting nothing seemed to change to improve communication. She suggested that the COD seek an opportunity to present a brief slide presentation with a basic explanation of the COD’s mission and role and see if that would jump start clearer lines of communication.

Ms. Kouchakdjian asked if the town yet has the full report. Ms. Guthy surmises that rough drafts have been delivered for examination and feedback or clarification from the town. Her understanding is that when rough drafts are adjusted and finalized the Select Board, we and the public will see the report, and we will be allowed to comment on it when the general public does. It was noted that effective communication is a requirement under ADA, Title II and that covers print, email, web and all communication. Ms. Bell read a passage from the ADA Title II Action Guide, published by the New England ADA Center, that says inclusion of people with disabilities in the Self Evaluation and Transition Plan is required and it explains the advantages of doing so. Ms. Guthy has sent Mr. Barletta a list of community organizations and venues that could be sent information about the Self Evaluation to elicit comments, but she has not heard back. Ms. Bell recalled that the Planning and Community Development Department has hosted numerous events in recent years to elicit community input on planning and projects, including the Master Plan, and she noted that the town really needs to invest some resources into making this project right. Members reiterated the connection between the mission of any COD and supporting the various Town building and renovation projects to assure their accessibility. Ms. Kouchakdjian re-stressed the value of educating town staff and volunteers about these issues to assure resources are best invested.

Ms. Guthy averred that the COD should meet with the Town Manager and the Select Board and prioritize that the COD needs to have an assigned town staff person to communicate and work with, as so many other town committees do, to improve communication and collaboration. Ms. Santangelo believes that the information the COD has been bringing forward to the town regarding specific conditions at locations and participation in processes is factual and needed by the town. The town is building buildings and renovating playgrounds and town officials and citizen ought to be concerned that the investments being made are done properly, so Ms. Santangelo is struggling to understand how this situation can be as it is. Ms. Kouchakdjian believes that the COD could seek further advice from Mr. Dougan. Ms. Bell suggested that it’s

the obligation of the COD to go before the Select Board and the public and town officials to explain the core mission and purpose as a first step in educating all involved.

Mr. Frey concurred and indicated that this is kind of difficulty is a classic part of obtaining inclusion. He explained some of the history of how disability awareness and rights have progressed over many decades, with struggle. Ms. Kouchakdjian believes the Town needs to decide whether it wants to be inclusive or not, and that the law is clear on certain points including the creation of CODs. Regarding education, Ms. Bell explained that the presentation about ADA Title II delivered by Mr. Dougan to the Master Plan Steering Committee is nearly finished as an edited, less-than-one-hour training resource to be available on Sudbury TV. Ms. Guthy stressed that we don't want an adversarial relationship with anyone and that it is be collaboration that we can fulfill our assigned roll.

MSV Ms. Kouchakdjian moved and Ms. Santangelo seconded the motion: To authorize Ms. Guthy to contact Ms. Roberts, Select Board Liaison to the COD, to request a date certain to get on an upcoming Select Board meeting within 30 days to present a brief slide presentation to them with a subsequent discussion regarding the role of the Commission on Disability as it pertains to Town projects.

The motion carried unanimously.

7. Review of Draft of Goals of the Commission on Disability

Ms. Guthy requests that members review the Goals document that is in progress, including the way the goals are formatted including adding a task with concrete actions and timetable. The intent is that goals and objectives are stable, and the tasks are completed, reviewed, etc. She requests that members help build out the objectives and activities to make this a living document that will provide continuity for ourselves and future members.

...

Ms. Roberts expressed that she is not aware of what happened regarding the sharing of information about the Self Evaluation, that she regrets it and suggests that the COD reach out directly to the Town Manager to determine if there was a misunderstanding or not.

Ms. Bell requested that at our next meeting we determine our meeting schedule going forwarded.

Adjourn

MSV Ms. Bell moved and Mr. Frey seconded the motion to adjourn.

The motion carried unanimously. The meeting adjourned at 9:14 PM

A true copy attest: Kathleen (Kay) F. Bell

Meeting Recorder

April 8, 2021

Note: Attachments follow

DRAFT



Center for Public
Representation

Governor Charles Baker
Lt. Gov. Karyn Polito
Secretary Marylou Sudders
Acting Secretary Daniel Tsai
DPH Commissioner Monica Bharel
Attorney General Maura Healy
Senate President Karen Spilka
Speaker of House Robert DeLeo

January 25, 2021

Dear Governor Baker and other distinguished State officials:

We want to take this opportunity to thank the Administration, and the members of the Vaccine Advisory Group, for their work in developing and rolling out the Commonwealth's vaccine allocation and distribution plan. We appreciate the plans' response to concerns raised by members of this coalition in December 2020,¹ and specifically our requests to prioritize individuals in a range of criminal justice, institutional, and congregate care settings; providers of home and community-based services; and communities of color hard hit by the pandemic.

Our coalition members are actively monitoring vaccine distribution in our respective communities. We are talking with affected individuals about the specific information they need to make an informed choice about vaccination, and the accommodations necessary to ensure they are afforded equal access to this opportunity. We remain open and willing to collaborate with the Administration and other state officials to develop resources and educational materials consistent with these needs.

With regard to current and upcoming phases of vaccine distribution, our members offer specific recommendations for further action by the Administration in the following areas: reaching individuals with multiple comorbidities; accessible vaccination sites and procedures; missing priority populations; and data collection and reporting. Each of these recommendations is discussed below.

Reaching individuals with multiple comorbidities

¹ See <https://www.centerforpublicrep.org/news/cpr-and-partners-weigh-in-on-massachusetts-vaccine-allocation-plans/>.

By the middle of February, 2021, vaccines should become available for individuals with two or more co-morbid conditions who are at high risk for COVID-19 complications. This stage of the Commonwealth's vaccination plan will be critical to protecting communities of color and persons with disabilities for whom such comorbidities are common.² However, important questions remain regarding how this aspect of the Commonwealth's plan will be implemented:

- 1) How will the State identify qualifying individuals with conditions that place them at higher risk of complications from COVID-19?
- 2) What conditions, if any, will be considered for this risk assessment, above and beyond those enumerated by the CDC?
- 3) How will individuals with multiple disabilities or co-occurring conditions be accommodated at mass vaccination sites, or in other community provider locations approved to administer the vaccine?

There is no one strategy sufficient to reach all individuals who may be eligible for, and benefit from this prioritization. For that reason, we encourage the Commonwealth to adopt multiple strategies designed to work in concert. We make three specific suggestions below.

First, the Commonwealth should recognize serious mental illness, autism, and intellectual and developmental disabilities as conditions that have been shown to increase individuals' risk of serious complications and death from COVID-19.³ This would further supplement the CDC's list of health conditions that significantly increase risk of severe illness from COVID-19.⁴

Second, we encourage the Commonwealth to adopt a pathway that allows for other combinations of co-morbid conditions to be identified and considered in individual cases. This should include a process for individualized assessments of unique conditions that justify prioritization for vaccine allocation.⁵

² See. e.g., Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S., SAMSHA (Submitted by OBHE), available at [covid19-behavioral-health-disparities-black-latino-communities.pdf](#); [Risk Factors for COVID-19 Mortality among Privately Insured Patients - A Claims Data Analysis - A FAIR Health White Paper.pdf](#), in Collaboration with the West Health Institute and Marty Makary, MD, MPH, November 11, 2020; [Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis - ScienceDirect](#), Margaret A. Turk, MD, Scott D. Landes, PhD, Margaret K. Formica, MSPH, PhD, Katherine D. Goss, MPH, *Disability and Health Journal*, July 2020; [Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States - Wang - 2021 - World Psychiatry - Wiley Online Library](#), QuanQui Wang, Rong Xu, and Nora D. Volkow, *World Psychology*, October 7, 2020,

³ See. e.g., Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S., SAMSHA (Submitted by OBHE), available at [covid19-behavioral-health-disparities-black-latino-communities.pdf](#); [Risk Factors for COVID-19 Mortality among Privately Insured Patients - A Claims Data Analysis - A FAIR Health White Paper.pdf](#), in Collaboration with the West Health Institute and Marty Makary, MD, MPH, November 11, 2020; [Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis - ScienceDirect](#), Margaret A. Turk, MD, Scott D. Landes, PhD, Margaret K. Formica, MSPH, PhD, Katherine D. Goss, MPH, *Disability and Health Journal*, July 2020; [Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States - Wang - 2021 - World Psychiatry - Wiley Online Library](#), QuanQui Wang, Rong Xu, and Nora D. Volkow, *World Psychology*, October 7, 2020,

⁴ See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

⁵ For example, New Hampshire's Vaccination Allocation Plan Summary includes the following statement with regard to identification of persons with two or more comorbid conditions: "[f]lexibility is provided for a health care provider to vaccinate any patient whose primary care provider assesses a significant risk for severe illness due to any multiple co-occurring co-morbidities." Division of Public Health Services, Covid-19 Vaccination Allocation Plan

To ensure a consistent approach to documenting these clinical assessments, the Department of Public Health could develop and make available an electronic COVID-19 vaccination referral form, which can be signed by the responsible physician or other medical professional and shared as part of scheduling a vaccination appointment. This form also could indicate whether the individual requires any specific reasonable accommodations from the provider site in order to access the vaccine.

However, this approach cannot be the only strategy for identification and referral of persons at significant risk from the virus. Low income individuals and people from communities of color often do not have ongoing patient relationships with physicians and health care providers who know their individual circumstances and who will prioritize them for the vaccine. Other members of our communities have faced discrimination, language, and insurance barriers that impede their access to care. For these reasons, we strongly recommend additional, targeted outreach as a third strategy in phase two of vaccine roll-out, and specifically forging partnerships with community leaders in cities and towns hardest hit by the virus, and whose members are at higher risk based by the CDC's Social Vulnerability Index. Through these partnerships, the Commonwealth can develop and share relevant information about vaccine distribution, including alternative ways for individuals with multiple medical conditions to demonstrate their eligibility for vaccination and secure appointments at local administration sites.

Accessible vaccination sites / appointment procedures

We understand that the Commonwealth is moving quickly to approve vaccination sites, and to ensure their qualifications to safely administer the vaccine. As part of this effort, it is essential that all approved locations also verify that they understand their obligations under State and federal law to provide physically accessible vaccine administration, and to make reasonable accommodations when necessary to ensure access by persons with disabilities.⁶ For instance, individuals with multiple, co-occurring conditions may be unable to stand in long lines, or need the support of a family member or other designed support person when the vaccine is administered. They may need accessible websites, or alternative methods for scheduling appointments, require interpreter services, or rely on adaptive equipment/assistive technology to communicate with staff sharing information about administration of the vaccine. Individuals who are experiencing difficulties accessing the appointment process or vaccination locations due to a lack of accommodations, should be provided a mechanism for reporting and resolving these

Summary, January 14, 2021, available at <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vaccine-allocation-plan-summary.pdf>.

⁶ Title II of the ADA prohibits public entities from excluding people with disabilities from their programs, services, or activities, denying them the benefits of those services, programs, or activities, or otherwise subjecting them to discrimination. 42 U.S.C. §§ 12131-12134. Implementing regulations promulgated by the United States Department of Justice (DOJ) define unlawful discrimination under Title II to include, inter alia: using eligibility criteria that screen out or tend to screen out individuals with disabilities, failing to make reasonable modifications to policies and practices necessary to avoid discrimination, and perpetuating or aiding discrimination by others. 28 C.F.R. §§ 35.130(b)(1)-(3), 35.130(b)(7)-(8). Title III of the ADA prohibits places of public accommodation from denying qualified individuals the equal enjoyment of their goods, services and facilities, providing separate or unequal benefits, or failing to make reasonable modifications in policies, practices, or procedures, unless such modifications would result in a fundamental alteration. Under Section 504 of the Rehabilitation Act, individuals may not be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance, including those principally involved in the business of health care. Section 1557 of the ACA also provides that no health program or activity that receives federal funds, nor any program or activity administered or established under Title I of the ACA, may discriminate against a person protected by Section 504. Finally, Massachusetts' Public Accommodation Law prohibits discrimination based on physical or mental disability, including restricting admission to and treatment by health care facilities. *See*, M.G.L. c. 272, §98.

access issues, and for filing complaints with responsible state agencies, including the Massachusetts Attorney General's Civil Rights Division.

Overlooked populations/settings in vaccine allocation

In addition to clinical flexibility, targeted outreach strategies, a process for identifying individuals' reasonable accommodation needs, and verification of vaccination sites' compliance with State and federal public accommodations law, we urge the Commonwealth to include caregivers of medically fragile youth under 16 years of age in phase 2 vaccine distribution.

Many youth with multiple, comorbid conditions depend upon a family caregiver to provide hands-on personal care, feeding, and even delegated nursing tasks. Since these youth are not eligible for vaccination under the Emergency Use Authorization, vaccination of family caregivers provides them with some additional protection from infection and, more importantly, protects the individuals they rely upon to remain in their homes and communities and out of more restrictive hospital or nursing home placements.

Also, in keeping with the joint letter sent to Secretary Sudders on December 22, 2020, we ask that the Commonwealth add site-based day and adult day health settings, and those who staff and attend those programs, to ongoing administration of vaccine to congregate care settings.⁷

Data collection and reporting

Finally, we urge the Commonwealth to utilize data collection strategies to inform its ongoing vaccine distribution efforts. Throughout the pandemic, public health data and analysis has helped the State to understand how different communities are affected by the virus. This information is critical to targeting and tailoring outreach strategies, and necessary to rectify disparities in our health care delivery system and ensure equitable access to the vaccine.⁸

Thank you for your consideration of these time sensitive recommendations. Any questions can be directed to Kathryn Rucker at krucker@cpr-ma.org.

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⁷ Advocates letter on MA Vaccine Prioritization and DDS Funded Congregate Day Settings, available at <https://thearcofmass.org/wp-content/uploads/2021/01/IDD-Vaccine-Letter-12-22-20.PwDRequest.pdf>.

⁸ See, The Leadership Conference: CIVIL RIGHTS PRINCIPLES FOR COVID-19 VACCINE DEVELOPMENT AND DISTRIBUTION, available at <http://civilrightsdocs.info/pdf/policy/letters/2020/covid-19vaccineprinciples12920.pdf>.

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The Commonwealth of Massachusetts Executive Office of Health
and Human Services *One Ashburton Place, 11th Floor Boston, Massachusetts
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DATE: Friday, January 29, 2021

TO: Essential caregivers of individuals in the following programs:

- • Community Case Management (CCM) managed by MassHealth
- • Medical Review Team (MRT) managed by DPH
- • Care Coordination Program Level 3 managed by DPH
- • Pediatric Palliative Care Network managed by DPH
- • Medically Complex Programs managed by DDS
- • Intensive Family Support managed by DDS
- • DESE Program managed by DDS
- • Autism Waiver Program managed by DDS

RE: Home-based Healthcare Worker COVID-19 Vaccine

To Whom It May Concern:

Massachusetts operates several specific programs for the Commonwealth's most medically complex individuals. These individuals require skilled services, reside in their home or the community, have been determined by the state (either by MassHealth or another State Agency) to be at Nursing Facility of Institutional Level of Care based on a disability or medical condition(s), **and** require support from unpaid essential caregivers where the essential caregiver cannot reasonably self-isolate or quarantine without transferring the medically complex individual to an institutional setting of care. For purposes of the Massachusetts COVID-19 vaccine prioritization, paid and unpaid caregivers directly caring for individuals in the below programs are considered "home-based health care workers" and are prioritized for the COVID-19 vaccination within Phase 1.

This specifically includes individuals enrolled in:

- • Community Case Management (CCM) managed by MassHealth
- • Medical Review Team (MRT) managed by DPH
- • Care Coordination Program Level 3 managed by DPH
- • Pediatric Palliative Care Network managed by DPH
- • Medically Complex Programs managed by DDS
- • Intensive Family Support managed by DDS
- • DESE Program managed by DDS
- • Autism Waiver Program managed by DDS

The purpose of this communication is to clarify that for purposes of the Massachusetts COVID-19 vaccine prioritization, paid and unpaid essential caregivers directly caring for the individuals in the above programs are considered "home-based health care workers" and are prioritized for the COVID-19 vaccination within Phase 1. All Phase 1 health care workers are currently eligible to sign-up and receive the vaccine.

To sign up for a COVID-19 vaccine, home-based health care workers, including the essential caregivers supporting individuals in the above programs, should follow the below steps.

Step 1:

Look for vaccine locations and search for available appointments. Link:

<https://www.mass.gov/info-details/covid-19-vaccination-locations-for-individuals-in-eligible-groups-and-phases>

Step 2:

After you pick a site, visit that vaccine location's website. The location's website will prompt you with its own set of instructions on how to make an appointment.

Step 3:

Fill out a self-attestation form and be ready to present it at your appointment. The attestation form is used to demonstrate you are eligible for the vaccine. The form asks you to identify which priority group you belong to. You are eligible under the category titled, "I am a health care worker (clinical or non-clinical), including in home care worker". It can be filled out online or filled out and printed as a PDF. On the day of your appointment, either show the confirmation email or bring the printed PDF. Link: <https://www.mass.gov/forms/covid-19-massachusetts-vaccination-attestation-form>

Step 4:

On the day of your appointment, vaccination sites will likely ask for an insurance card and identification upon arrival. While the vaccination is free whether or not you have insurance, you should bring your insurance information if you have it. You should also bring identification that includes your name. Additionally, remember to bring the self-attestation form and you are encouraged to bring this letter with you to the appointment.

DRAFT

Sudbury Commission on Disability

Date: April 8, 2021

Time: 6:30 p.m.

Location: Virtual Remote via Zoom

Members Present: Pat Guthy (Chair), Kay Bell (Vice-chair), Doug Frey, Lisa Kouchakdjian, Caroline Santangelo

Members Absent: None

Also present: Henry Hayes, Town Manager; Jennifer Roberts, COD Liaison Select Board (SB); Peg Espinola, Council on Aging (COA); Bob Lieberman, COA

1. Ms. Santangelo will record minutes.
2. Linda Faust, 189 Boston Post Road, Sudbury. Ms. Faust stated she had received an email from an organized group in favor of returning to paper ballots. She expressed concerns to the Commission that this would not be good for sight impaired citizens.
3. The Commission reviewed and edited minutes from January 7, 2021. Ms. Santangelo moved to approve the minutes as edited. Mr. Frey Seconded the motion. Motion to approve the minutes passed 5-0 by roll call vote each member stating aye.
4. Ms. Guthy provided a financial update on the Commission's bank account through March 2021. Fiscal year-to-date there has been no activity and the balance of the account stands at \$15,595.27.
5. Ms. Bell has attended various meetings of Town groups and committees to inform and educate about the Town Self-Evaluation and Transition Plan and the opportunity for citizens to provide input. She is also assembling an email list (currently at 19) of interested parties with whom she can communicate updates related to the Town and COD. Ms. Kouchakdjian suggested posting on Facebook (FB) to alert people to the list. Ms. Bell reported she has been actively posting to the COD FB page with some success: post on the Self-Evaluation reached 1,300 people; on Transportation grant, 940 people. Lastly, she reported the dates for the next sessions of the Access Avenue "virtual" sessions: Friday, April 9th at 7pm., Wednesday, April 21st at noon, Friday, April 30th at 7pm. She encouraged other Town organizations, including the Council on Aging to post information about these sessions for Sudbury citizens wanting information or support around issues of access or disability.

6. Mr. Frey reported that on 3/23 there was a joint meeting of the SB and the Transportation Committee, mostly centered on the emergency taxi program. Mr. Frey reminded the COD that 43% of the people using the services reported that they had a disability. He further stated that despite the recent grant award (Sudbury's portion is \$33,000) and the elimination of all non-medical appointment rides, the program will run out of funding before year end. Ms. Guthy stated that she thought it was important that the Town take a "big picture" approach to issues of transportation given the demonstrated need in a growing population of citizens.
7. Ms. Guthy introduced Ms. Randi Korn and formally stated her support of Ms. Korn as a new member of the Commission on Disability. Ms. Kouchackdjian made a motion to authorize the Chair to send a letter to the Select Board recommending they accept the application of Ms. Korn to the COD. Ms. Bell seconded the motion. Motion passed 5-0 by roll call vote each member stating aye.
8. Ms. Guthy led a discussion on the composition of membership and recruitment to the COD in response to a written inquiry by Mr. Hayes on whether the current COD met the standards of the enabling regulations (MGL – Part I, Title 7, Chapter 40, Section 8J), including the requirement that an elected official be a member. Ms. Guthy presented her written response along with a summary of her conversation with Jeff Dougan, Massachusetts Office of Disability, regarding the interpretation and intent on composition and membership. It was agreed that the Sudbury COD is in compliance and further agreed that a Liaison from the Select Board fulfilled the elected official requirement.
9. The Commission next reviewed the newly revised Town of Sudbury Code of Conduct for Committees Whose Members are Appointed by the Select Board or Town Manager. After group discussion, and clarification provided by Mr. Hayes, the Commission had no issues with the Code. Ms. Kouchakdjian further suggested it would be helpful for new members of the COD to participate in the no-cost "Open Meeting Law training" that is held periodically.
10. It was agreed that Mr. Frey did an stellar job representing COD stakeholders on the Town Meeting Committee last year and would continue his role this year. Ms. Kouchakdjian agreed to act as his back-up.
11. Mr. Lieberman, representing the Council on Aging, thanked Ms. Guthy and Ms. Bell for helping to educate him on ADA and the Town Self-Evaluation in order to help that group prioritize and make recommendations regarding the 158 line items in the Fairbank assessment. Mr. Lieberman will make a presentation to the COA on Tuesday, April 13, 2021.

12. The Commission discussed the Cisco notification system failure that had resulted in the COD having numerous unreceived voice messages from citizens and members of other Town groups. Ms. Guthy will contact Mr. Thompson, Town of Sudbury Technology Administrator and discuss the need for an alert when the system is down.
13. Ms. Guthy stated there would be a joint meeting of the SB and COD for presentation by the Institute for Human Centered Design of the Self-Assessment and Transition Plan with incorporation of town feedback. With all feedback due by April 14th, Ms. Roberts asked that the Commission do whatever it could to encourage stakeholders to weigh in on the posted documents.

Motion to Adjourn meeting by Ms. Santangelo. Seconded by Ms. Kouchackdjian. Motion passed 5-0 by roll call vote each member stating aye. Meeting adjourned at 9:01 p.m.

DRAFT

Some implications from the final feedback on GoSudbury taxi program:

- **Reality of social isolation**

- Being new to the town and being a non-driver, I relied on this service to get around and stay connected to life. Without it I've had to walk to get my groceries and buy only what I can carry and I feel isolated from my friends.
- The ability to get a ride that could go 25 miles out from Sudbury gave me many more options and places to go. This helped my physical and emotional well-being that I was not trapped in town.
- I was very happy for the service. It was offered at a difficult time in my life when no one was around to help me out. It was a life saver in my case.
- It saved Christmas for our family... It was a lifesaver,,,
- It makes a huge difference in my life. It is one of the many things needed to allow me to continue to live in my own house."

- **Importance of access to health care**

- GoSudbury was a great help for our medical appointments. I wish the city may provide more grants to continue further. We would miss this help.
- We really appreciated the reliability of the service and pleasant interchanges with the drivers. It was a wonderful service that relieved the anxiety and expense we would have had re: medical trips to Boston. We hope it will be available later this spring when X expects to have spinal surgery in Boston, and I would like to be able to visit him if it's allowed."
- The GoSudbury taxi program allowed me to safely go to a doctor's appointment that I otherwise would not have been able to get to.
- X is a kind and competent driver. He is not only always on time, he is always early. He is also patient. I'm so happy to use this as it is the best and easiest way for me to get to important medical appointments.

- **Pressing need for WAV services**

- The lack of hours for the van made the service much less useful than it could have been. There needs to be a wider range of hours in order for the service to be useful to me as a handicapped resident. I was encouraged by the pilot of the GoSudbury program, but as noted above there needs to be a higher amount of availability for wheelchair bound residents.

Transportation Committee – Ride Program USER EXPERT Feedback

Reported as percentage of total respondents (does not always = 100%)	Extremely satisfied				Extremely dissatisfied
	5	4	3	2	1
Scheduling ride	64%	7%	29%		
Meeting my transportation needs at this time	79%				14%
Driver	86%	14%			
Compliance of service with safety regulations	86%	7%			
Punctuality of driver	64%	36%			
Courtesy of service providers	93%				
Overall Satisfaction	71%	29%			
	4.7 rating				

FINAL FEEDBACK, FIRST MAPC TAXI GRANT

NOTE: There were 15 responses, 14 of which were usable (not everyone answered each question).

Verbatim Comments

"I tried to answer but the chart didn't take my responses. I used Tommy's Taxi and was very pleased. The driver was pleasant and punctual; due to snow, he was 15 minutes late for my return home which was understandable. Important to be able to get in touch with cab company, and I did. I would give Tommy's a 5-start rating."

"I used both services. Tommy's Taxi sent a sedan but was very difficult for me to get in or out. Driver didn't seem to want the job and told [me] he was unable to collect me and then came back to pick me up in a foul mood. Was on the phone, removed mask and had mask under chin while retrieving walker. Because of this, did not call company again. JFK overall a "5" service. Some miscommunications on pick-up locations—possibly too many people handling this or one overworked person. What worked well is I was able to get where I needed to be. Seemed to run out of money quickly. Wonderful if we could secure larger grant, as so many of the doctors we are sent to are close to Boston."

"Tommy's drivers were punctual and very friendly. I know advance notice was required, but sometime things come up and I needed a ride sooner than 48 hours in advance. I appreciated the program very much. Being new to the town and being a non driver, I relied on this service to get around and stay

connected to life. Without it I've had to walk to get my groceries and buy only what I can carry and I feel isolated from my friends."

"I used JFK. All went smoothly and I can't say enough about how grateful I was for this service! My experience was so satisfactory I cannot recommend any change. The drivers were polite and helpful, making it a pleasant ride."

"I used JFK, and scheduling a ride was very easy. Beth was very pleasant and always answered my questions. The reservations for morning appointments were always on time. If you had an afternoon appointment, there was a delay in the pick-up time. Perhaps the company could have more drivers available. If the driver had to take someone to Boston, it delayed their getting back. However, the program was amazing and I am extremely grateful for this program—thank you."

"It provided me with much needed service. The ability to get a ride that could go 25 miles out from Sudbury gave me many more options and places to go. This helped my physical and emotional well-being that I was not trapped in town. However, the hours for the handicapped van service were extremely limited. It was nearly impossible to schedule anything during the day because the van was not available before 2:30 PM and ended shortly thereafter. The lack of hours for the van made the service much less useful than it could have been. There needs to be a wider range of hours in order for the service to be useful to me as a handicapped resident. I was encouraged by the pilot of the GoSudbury program, but as noted above there needs to be a higher amount of availability for wheelchair bound residents. I look forward to taking the service more as things open up."

"GoSudbury was a great help for our medical appointments. I wish the city may provide more grants to continue further. We would miss this help. The drivers were mostly nice and cooperative. Sometimes traffic was the limitation to get on time. Because of COVID there is a limitation for waiting at the hospitals, but overall it was a great help. The services of Ms Beth were fantastic and worth praising because of how quickly she responded to emails."

"We were surprised to find that the drivers were always just a bit early and that we never had to worry about getting to an appointment in Boston on time. We really appreciated the reliability of the service and pleasant interchanges with the drivers. It was a wonderful service that relieved the anxiety and expense we would have had re: medical trips to Boston. Would like to say that it met our needs during the time we used it and fortunately telehealth has relieved us of going to Boston for now. We hope it will be available later this spring when X expects to have spinal surgery in Boston, and I would like to be able to visit him if it's allowed."

"I liked the efficiency. Beth was courteous, precise with the schedule, didn't need repetition. I was comfortable that I could rely on the ride at the time specified. I was very happy for the service. It was offered at a difficult time in my life when no one was around to help me out. Everyone was wonderfully helpful, from Ana to Beth to all the drivers, including office dispatchers for the taxi companies. Thank you for this taxi service. It was a life saver in my case."

"The GoSudbury taxi program allowed me to safely go to a doctor's appointment that I otherwise would not have been able to get to. There is definitely a need for more drivers. If your doctor's appointment was in the morning there were not any issues. If the appointment was in the PM, the drivers most often were coming back from dropping a client off in Boston and were delayed in picking up on time. The delay caused you not getting to your appointment on time. (I always booked appointments with a 30-minute cushion.) The program is amazing and I am extremely grateful for the service. If Uber gets started, I would hope that if a concierge was needed that people who have problems using the cell phone wouldn't initially be excluded. That sets a precedent of discrimination in my opinion, because it would take too much time and discussion for the town to get the money to do this. Yet, they still want to start it up. If the GoSudbury taxi program depends on the startup of Uber, I see a problem! I wish it would be like it was before."

“It saved Christmas for our family; it could not have been a better experience. I would like a more efficient and easier signup process and better hours that did not require deciphering. It was a lifesaver, and I would hope for its return.”

“Initially the first 3 rides we scheduled did not happen for one reason or another, but once the rides took place they were all good. X is a kind and competent driver. He is not only always on time, he is always early. He is also patient. I’m so happy to use this as it is the best and easiest way for me to get to important medical appointments. I do hope it comes back. Scheduling rides and adjusting pickup times when appointment times change could be improved a bit. One of the rides we booked needed to be adjusted by 30 minutes due to a change at the doctor’s office, but after we emailed that change and got confirmation from GoSudbury, the change never made it through to JFK and they did not show up and we had to figure something at the very last minute. Overall it’s great—please do bring it back. It makes a huge difference in my life. It is one of the many things needed to allow me to continue to live in my own house.”

DRAFT