



## 2016 New Hampshire Statewide Coordination of Community Transportation Services Plan

Final Report

January, 2017



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# Summary

## EXECUTIVE SUMMARY

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In 2006, the New Hampshire Statewide Community Services Transportation Plan was developed by Nelson/Nygaard Consulting Associates for the NH Governor's Community Transportation Task Force in response to the NH Governor's Commission on Disability's request to move forward with creating a regional model of coordinated transportation. This model began as a recommendation from a 1995 study by the NH Office of Energy and Planning, and coincided with the 2004 Federal Executive Order which called for improved coordination of Federal transportation funding sources.

The 2006 plan created the regional coordinated transportation structure we see in New Hampshire today, which includes the State Coordinating Council (SCC) and nine (9) Regional Coordinating Councils (RCCs). The SCC was established under the purview of the Governor and the State Legislator, and originally was comprised of a mix of state government representatives (DOT, DHHS, Dept. of Education, Governor's Commission on Disability), state level agencies (Easter Seals, AARP, Coalition of Aging Services, Endowment for Health, UNH Institute on Disability, Granite State Independent Living), as well as regional planning commissions, community action agencies, and local transit providers. The SCC was charged with establishing the RCCs, providing policies and standards for transportation providers, and providing technical assistance for overcoming coordinated transportation barriers. The SCC was also charged with bringing additional funding to the table.

The RCCs are comprised of local transportation providers, agencies serving transportation consumers, and the consumer themselves. RCCs are expected to participate in the creation and implementation of the regional coordinated transportation plans and provide a directory of regional providers. The main responsibility for the RCCs is to solicit and select projects to be funded through the NHDOT Section 5310 Program, which targets elderly and disabled populations. RCCs then provide a regional application to the NHDOT, and one lead agency within each RCC holds a contract agreement with the NHDOT for the Section 5310 Program funds. In New Hampshire, the Section 5310 Program funds are divided into three separate available sources: the Formula Fund Program, the Purchase of Service Program, and the Capital Program for vehicle purchases.

In 2016, the SCC concluded that all realistically implementable recommendations from the 2006 plan had come to fruition, and that to move forward, the plan would need to be reevaluated and rewritten. The 2006 plan relied heavily on funding and participation from the New Hampshire Department of Health and Human Services (DHHS), but shortly after the adoption of the plan, DHHS participation in the SCC and in statewide coordinated transportation waned. At the onset of the plan rewrite in August of 2016, DHHS participation was mostly non-existent. With very limited public and coordinated transportation funding sources available throughout the state, the SCC needed a new plan which provided ongoing roles and responsibilities within the existing structure as well as goals and strategies to move forward in the current and realistic New Hampshire funding landscape.

The first step in understanding the current state of coordinated transportation in New Hampshire included a review of past and current studies, plans, and other relevant documents affecting coordinated transportation throughout the state. Documents reviewed included plans and studies conducted by DHHS, the Office of State Planning, the UNH Center on Aging and Community Living, the NH Center for Public Policy Studies, and Transport NH. The SCC by-laws and past strategic planning sessions, state and Federal regulations, and all regional coordinated transportation plans were also reviewed. The review of 20 documents revealed the following findings:

- ◆ The New Hampshire population is rapidly aging statewide. The growth of the population age 65 and older will create an increased burden on already over-stretched community resources, including transportation. The aging population is expected to increase 86% by 2040.
- ◆ Common unmet needs found in the regional coordination plans include expansion of existing services to include more hours, days and service area; additional interregional and interstate transportation options for health care and employment purposes; additional funding; additional volunteer program drivers; improved policies and procedures for providers; improved technology; and increased public outreach.
- ◆ NH Medicaid seeks greater integration of services, including transportation services.
- ◆ The Fixing America's Surface Transportation (FAST) Act reauthorized Federal coordinated transportation funding sources through 2020, including gradual funding increases targeted towards State of Good Repair and vehicle purchase programs.
- ◆ Stakeholder participation at both the SCC and RCC levels have decreased over time, due to lack of purpose and lack of funding as an incentive.

A demographic analysis performed using Census and American Community Survey data demonstrated that while the aging population is set to increase by nearly 90%, the total state population is only estimated to increase 8% by 2040. It also showed that the northern half of New Hampshire houses greater densities of elderly and low-income populations, typically indicating a greater need for public and coordinated transportation.

The next phase of the project included seeking all levels of stakeholder feedback on perceived successes, barriers, and unmet needs in their areas. Telephone and in-person interviews were conducted with state agencies and organizations as well as with RCC and regional planning commission leadership. Public meetings were held in five different areas of the State.

Overall, the greatest strengths of the regional structure seemed to be as follows:

- ◆ increased coordination since its implementation,
- ◆ the creation of volunteer driver programs, and
- ◆ the introduction of Purchase of Service funding provided by the NHDOT by flexing FHWA funds.

Suggestions for improvement included pursuing a greater relationship with Medicaid and changing the current Section 5310 Program formula to consider longer, more expensive trips needed in rural areas. Common barriers to coordination identified while collecting stakeholder feedback are the following:

- ◆ Turfism on all levels.

- ◆ Lack of enough staff or educated staff at State divisions/bureaus to be involved in transportation past the bare minimum.
- ◆ Lack of state-level policies or incentives to integrate services.
- ◆ Lack of a state funding source for transportation.
- ◆ Lack of consistently collected data, at both the state division/bureau and local transportation provider level.
  - Transportation is commonly billed to state divisions/bureaus as part of a long list of other services provided, and often not broken down by line item. Many state agencies interviewed do not know how much they spend on consumer transportation.
  - On the local transportation provider level, performance measures such as trips per hour, cost per mile, etc. are not collected or are collected using the multiple different definitions. No transportation-related performance measure standards exist.
- ◆ Insufficient funding levels to match demand for transportation, and lack of local match funding availability.

Interviews and meetings also sought feedback as to the roles going forward for the SCC, RCCs, and the NHDOT. Generally, most felt that the current roles should stay the same but with additional, specific activities and directives.

### **Suggested Roles of the SCC**

- ◆ Act as the advisory council to state agencies dealing on all passenger transportation or access to transportation related issues and for NHDOT funding solicitations.
- ◆ Build agency-to-agency relationships between state agencies and state agency departments/bureaus.
- ◆ Provide measurable goals and performance measure standards to RCCs.
- ◆ Provide a definition and vision for true coordinated transportation.
- ◆ Build relationships with state agencies which fund transportation in order to secure more funding for local providers.
- ◆ Communicate best practices in coordination to the RCCs so that the RCCs can consider implementing those practices or similar practices.

### **Suggested Roles of RCCs**

- ◆ Ensure true coordinated transportation activities are implemented to reduce unnecessary duplication of resources and promote the provision of more and better service with existing resources.
- ◆ Implement Mobility Managers, as regions with Mobility Managers seem to be achieving more success in coordinating transportation resources and improving efficiency.
- ◆ Analyze performance and provide oversight to Section 5310 recipients.
- ◆ Communicate barriers/successes to the SCC.
- ◆ Foster additional transportation provider participation in the RCC.

### **Suggested Roles of NHDOT**

- ◆ Continue to be a resource to local transportation providers.
- ◆ Continue to analyze formulas and funding sources to ensure the best use of limited Federal funding.
- ◆ Provide support and assist in securing a state funding source for transportation in New Hampshire.

Additional research identified best practices in coordinating transportation from peer states and within New Hampshire. Iowa, Massachusetts, and Wisconsin have either formal or informal regional coordinated transportation systems like New Hampshire. Each of these states also places a large focus on mobility management.

- ◆ Wisconsin provides training and a certification process for Mobility Managers through the Wisconsin Association of Mobility Management, which also serves as a peer group.
- ◆ Iowa has seen increased ridership in some areas due to Mobility Managers' focus on community outreach and education.
- ◆ Both Iowa and Massachusetts have Statewide Mobility Managers housed at their respective DOTs who provide guidance to regional Mobility Managers and to State Legislatures.
- ◆ While New Jersey does not operate within a regional coordinated transportation system, NJDOT recently sponsored an in-depth examination of how state human service funding agencies procure their transportation services and identified the efficiency and quality benefits of selective contracting with the 21 county coordinated community transit providers.
- ◆ In New Hampshire, best practices included the use of taxi voucher programs, using local businesses benefitting from transportation services as local match sources, vehicle sharing between providers, volunteer driver programs, and proper data collection procedures and materials.

Using all feedback and research conducted, the following recommendations are provided as to the roles of the SCC, RCCs, and the NHDOT.

### **Recommended Goals for the SCC**

#### **Define Successful Coordination to Ensure Consistent Performance**

The SCC should define and promote the vision for true coordination. This also includes defining the roles of the RCCs, and providing a list of standardized performance measures for RCCs to collect and analyze.

#### **Foster Relationships between Providers and State Agencies that Fund Transportation**

The SCC should invite additional agencies to participate in the SCC as a member or as a resource. Designating a Mobility Management Committee within the SCC, which can serve as a catalyst for bringing key funding agencies together with local providers that may be well-positioned to serve agency consumer passengers. The NH DHHS must also re-engage with the SCC, as the Rides to Wellness effort progresses and the Medicaid broker works more and more with local providers, the NH DHHS's participation is more crucial than ever.

#### **Provide Additional Communication to RCCs**

The SCC should continue to increase communication to RCCs, and ensure that SCC meeting highlights, coordinated transportation best practices, new regulatory requirements, and more are effectively communicated. These outreach efforts can be provided through the recently implemented newsletter or through other means.

## **Recommended Goals for the RCCs**

### **Implement the Vision and Guidance Provided by the SCC**

RCCs should continue to encourage coordinated services and participation in the RCC to both regional and local providers. RCCs should also collect and analyze data from subrecipients to ensure progress, and communicate best practices and unmet needs to the SCC.

### **Perform Mobility Management Functions**

RCCs should cultivate relationships between local and regional providers, and also promote interregional services.

## **Goals for NHDOT**

### **Serve as a Resource to the SCC**

The NHDOT should foster a peer network between themselves and other State DOTs in order to share best practices. NHDOT can also provide guidance to other State-level agencies providing transportation, as for many, this is not an area of expertise. NHDOT should continue to provide guidance on regulatory compliance matters.

### **Lead Implementation of the Rides to Wellness Effort**

NHDOT staff should provide leadership to ensure that the initial pilot locations of the HBSS routing/scheduling/dispatch (RSD) software are working with the Medicaid broker, CTS, to identify where the opportunities are for creating win/win situations between the community transit providers using the software and CTS.

### **Continue to Support Transportation Advocacy Groups**

NHDOT should continue to assist advocacy groups in creating opportunities for state agencies, RCCs, and local providers to work together, as well as provide much needed information to support achieving advocacy group goals.

## **Recommendations for the Section 5310 Funding Program**

### **Use Section 5310 Formula Funds for Regional Mobility Management**

Section 5310 Formula Funds should be used to fund Regional Mobility Managers, and should require funds to be used in this manner. Mobility Managers can be either full- or part-time depending on the region's needs, and could also be shared between multiple regions where advantageous.

### **Use Section 5310 Formula Funds for a Statewide Mobility Manager**



A portion of Section 5310 Formula Funds should be set aside and used to hire a Statewide Mobility Manager, who could be a liaison between Regional Mobility Managers and the SCC as well as between state agencies and the SCC. The NHDOT would be responsible for creating this position, either within the DOT or using an outside contractor.

**Incentivize Good Performance with Additional Dollars**

Performance-based credits should be funded with Section 5310 Purchase of Service program carry-over dollars (funds that are allocated to transportation providers but are not expended by the end of the two-year funding cycle). Performance-based credits will encourage and reward progress in local and regional coordinated transportation efforts. Even incremental improvements in coordinating services will have an impact on effective use of funding and resources to meet the transportation needs of the local community.

# Introduction

## I. INTRODUCTION

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This document is the update and re-write of the 2006 Statewide Coordination of Community Transportation Services Plan for the State of New Hampshire. Content includes the following:

- ◆ Reviews of past studies, plans, and other publications relevant to statewide coordinated transportation in New Hampshire.
- ◆ An analysis of the current state of statewide coordinated transportation, which compares the reality today against the assumptions made in the 2006 Statewide Plan.
- ◆ An assessment of demographic and socio-economic conditions in New Hampshire; particularly the conditions that are most relevant to current and projected transportation demand.
- ◆ A brief introduction to the public and Section 5310 funded transportation services, by region.
- ◆ Overview of next steps in the planning process.

### METHODOLOGY

The observations cited in this document were gathered using interviews and surveys with RCCs, RPCs, several state-level agencies, and meetings with the SCC. Further information was collected through review of existing documents and analysis of U.S. Census 2010 data and the American Community Survey.

### PURPOSE

In 2006, the State of New Hampshire developed a Statewide Coordination of Community Transportation Services Plan and has successfully implemented the plan's recommended structure. The Statewide Coordinating Council (SCC), created by Executive Order, represents state agencies, providers, consumers, planners, and advocates. Other successes include the formation of nine Regional Coordinating Councils (RCCs), the development of regionally coordinated transportation plans, and the implementation of new regional services funded by the New Hampshire Department of Transportation.

Unfortunately, not all recommendations of the previous plan have been realistically implementable given the current fiscal and political landscape. It was concluded by the SCC that any additional progress towards the goal of increasing available services and addressing unmet needs through coordinated community transportation services would require a re-write of the plan. This new plan is based on an understanding of the current constraints and barriers to coordinated transportation and recommends realistic strategies and practices to address them.

## **II. REVIEW OF RELEVANT PLANS, STUDIES, AND OTHER PUBLICATIONS**

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### **STATEWIDE TRANSIT COORDINATION STUDY, 1996**

#### **Overview**

This August 1996 report was prepared by staff of the New Hampshire Office of State Planning. The Plan included contributions of time and expertise from the Transit Planning Advisory Committee, the Granite State Association of Nonprofits, and UNH Cooperative Extension; with technical expertise provided by MultiSystems, Inc. The project was funded through a cooperative effort of the New Hampshire Departments of Health and Human Services (NHDHHS) and Transportation (NHDOT). The study was undertaken to accomplish the following tasks:

- ◆ Determine the needs of the agencies that fund transportation;
- ◆ Determine the capabilities of service providers;
- ◆ Determine the model for coordination which would be best suited to New Hampshire; and,
- ◆ Review existing transit provision in New Hampshire and develop recommendations for a coordinated system that would better utilize diminishing funds and more efficiently provide services to clients.

#### **Key Report Findings**

The study included a survey of coordinated transportation programs in 21 other states. The results of the survey provided information about national trends in statewide coordinated transportation efforts. The trends at the time indicated that several states had established coordinated transportation systems in response to the Federal Medicaid program. Most of the states had adopted either a regional brokerage system involving contracts with private firms or agencies; or, a coordinated system through already established regional state service agencies such as county health departments, transportation offices, Medicaid or social service offices.

Based on national research and recommendations from participating New Hampshire stakeholders, the study provided an evaluation of specific coordinated transportation structures that could potentially be implemented in New Hampshire. Potential structures included:

- 1) Pooled funding between NHDHHS and NHDOT which would then be used to administer the program through contracts with regional brokers to support locally developed transit services programs. This structure would involve developing a State Coordinating Council (SCC) and Local/Regional Councils.
- 2) Pooled funding with an additional step and administrative layer to the process by having NHDOT provide funds to an organization such as the New Hampshire Transit Association, which would then be responsible for program administration under the NHDOT purview.
- 3) The New Hampshire Transit Association model which envisioned the establishment of a SCC by NHDHHS and NHDOT through which policy and fiscal matters would be approved and passed to an administrative agent. The administrative agent would then serve to administer the approved policy and fiscal allocation. Local Coordinating Councils would be established from which a coordinator would be selected to lead or oversee the county coordination effort.

- 4) Coordinated NHDHHS and NHDOT funding with a SCC. This option recognized the need for accountability to the various funding sources, but also addressed the need and value in developing a single point of contact for development, approval, and funding of a locally developed coordinated transit program.

Ultimately, the study recommended an approach that would establish a State Coordinating Council (SCC) responsible for the following activities:

- 1) Develop policy, define attributes, and establish guidelines for coordinated transportation services; and,
- 2) Administer and manage the coordinated system statewide.

The study also included a model for establishing Regional Coordinating Councils (RCC) to evaluate and coordinate regional transportation needs and capabilities within individual or multiple county boundaries. The RCCs would work with a Regional Coordinator to administer specific functions. The Regional Coordinator would submit proposals to the Departments of Transportation (NHDOT) and Health and Human Services (NHDHHS) for funding which would then be reviewed by the SCC. The SCC would make funding recommendations to the New Hampshire Departments of Transportation and Health and Human Services who would contract directly with the Regional Coordinators. The Regional Coordinators would sub-contract with local providers who would participate in coordination. Implementation would be assured by requiring coordination as a condition of funding.

## **COST SAVINGS COORDINATION OF OUR PUBLIC TRANSPORTATION STUDY, 2003**

### **Overview**

This study was undertaken at the direction of New Hampshire Department of Health and Human Services (DHHS) Commissioner Nicholas Vailas and completed on July 15, 2003. Commissioner Vailas directed that a Task Force be formed to investigate the following questions:

- 1) How much is DHHS spending on transportation?
- 2) What cost savings can come from a coordinated approach to the provision of human service transportation services?

The Task Force prepared a report summarizing the following points:

- ◆ The potential benefits of coordinating DHHS transportation resources;
- ◆ Transportation services and expenditures funded by DHHS;
- ◆ Preliminary analysis of potential coordination of DHHS-funded transportation services;
- ◆ Examples of innovative practices in human service transportation coordination that has resulted in greater efficiencies and cost-savings in other states;
- ◆ Comparative data on Medicaid transportation expenditures in other states;
- ◆ Listing of current transportation coordination initiatives in New Hampshire;
- ◆ Challenges to coordination and suggested approaches to overcome them; and,
- ◆ Recommendations for achieving greater efficiencies in the provision of human services transportation in New Hampshire.

## **Key Report Findings**

Research into DHHS transportation services revealed that the NHDHHS provided support for a variety of client transportation services that were critical to accessing health care, employment, counseling, and other basic life needs. At the time of the study, DHHS was providing client transportation services through provider and client reimbursement and contractual arrangements. The DHHS spent approximately \$10.4 million annually to provide client transportation. Research commissioned by the DHHS Transportation Committee in 2002, revealed that DHHS transportation expenditures were divided into two distinct groups. The first of these included transportation services reimbursed directly to a client, a volunteer driver, or a provider agency. The second group included programs where social or health services were highly integrated with transportation. Annual expenditures for transportation services reimbursed directly to the client or provider were \$5,337,260. Similarly, annual expenditures for the second group were \$5,020,240. The Department's largest transportation expenditures were under the Medicaid program, in particular for non-emergency medical transportation (NEMT). The NEMT expenditures included reimbursement for transportation provided in wheelchair vans (\$2.3 million), reimbursements to client and volunteer drivers (\$489,000), and transportation to adult medical daycare sites (\$118,000).

The DHHS provided quality service; however, numerous needs assessments conducted around New Hampshire between 1998 and 2003 indicated that the need for transportation services far exceeded the available supply. The challenge for the Department was funding the most cost-effective services to meet demands.

The most significant research findings were as follows:

- 1) A system of regional transportation brokerages should be used to more efficiently provide non-emergency medical transportation for Medicaid and transportation to other appropriate DHHS client groups, such as to the senior and TANF Populations.
- 2) A transit pass system should be used to provide Medicaid-covered transportation that meets the needs of individuals in areas served by fixed route public transportation.
- 3) A system of accounting was needed for all DHHS transportation costs so that such costs can be quantified and measured for efficiency.

The recommended next step was to determine the potential for integration and coordination of transportation services provided to other DHHS client groups. The study states that transportation coordination will entail combining funding streams from the DHHS Divisions and coordination at both the state-level (DHHS and DOT) and local level (municipalities, human service and public transportation providers, planning agencies, and community health and human service providers).

## **NEW HAMPSHIRE STATEWIDE COORDINATION OF COMMUNITY TRANSIT SERVICES PLAN, 2006**

### **Overview**

This report was developed by Nelson-Nygaard Consulting Associates for the NH Governor's Task Force on Community Transportation and was completed in October 2006. The Governor's Task

Force on Community Transportation was created in response to a request from the Governor's Commission on Disability in order to move forward on recommendations of a 1995 study by the NH Office of Energy and Planning to develop a regional system of coordinated transportation. This also coincided with the 2004 Federal Executive Order which called for improved coordination of Federal transportation funding sources which became known as United We Ride and called for Federal and State coordinating councils to improve coordination of human services transportation.

The report was intended to provide a statewide and regional framework for improving the coordinated use of community transportation resources and to address unmet needs through the development of pilot programs. The report addressed the following issues in developing this framework thorough four chapters of the report:

- 1) Describing the current state of community transportation in NH including funding and measures of transit ridership and relative productivity including a profile of existing funding agencies and service providers.
- 2) Developing the organizing principles for a State Coordinating Council (SCC) and Regional Coordinating Councils (RCC).
- 3) An examination of state policies and use of Federal and State human service and community transit funding that impacts on the quality of coordination efforts.
- 4) Development of an action plan to address the development of the SCC, RCC and improving the coordinated delivery of community transportation services.

The report also included a comprehensive set of appendix documents that provided details on Federal and State funding sources and documents for organizing the SCC and RCC framework.

### **Key Report Findings**

The overview of the current state of community transportation revealed a wide range of providers and the types of services they provided. This also revealed a wide range of service efficiency among peer providers which reflected both the density of service demand and the need for eliminating service overlap between providers funded by different grant funding sources and serving different target populations and service destination.

In developing the organizing framework for the SCC and RCCs, the report discussed the institutional relationships between the state funding agencies, regional planning agencies and transportation providers. It also discussed the relationship between the SCC in providing funding and policy support and guidance to the RCC providers and the role of the Regional Transportation Coordinator (RTC) as the lead player in developing coordination pilots within each of the regions (RCC).

The report examined current state policies that affected the use of Federal and State funding in a coordinated fashion including data collection and reporting requirements that would impact the identification of unmet needs and how community transit providers could better coordinate these funds in the delivery of service. This also included analyzing several transportation providers and their current data collection and reporting, difficulties in meeting the data collection and reporting requirements and the role of technology including Automatic Vehicle Locator (AVL) and Mobile Data Computers (MDC) in improving the efficiency and quality of data collection and reporting.

The Action Plan in Chapter 4 included 22 steps with proposed timelines for the formation of the SCC, the 8-10 proposed RCCs, identifying emerging Federal and State funding for pilot programs and implementing those regional pilot programs.

### **Results and Future Challenges**

The detailed templates for developing SCC by-laws, development of Memorandum of Understanding between NH state agencies and between the SCC and RCC members and the role of the RTC within each individual RCC provided the tools which has led to the implementation of the SCC and RCC coordination framework and implementation of several pilot programs in the RCCs. These have included successful efforts in creating taxi voucher programs, developing volunteer driver networks and use of mobility management to improve coordination between human service providers, community transit providers and traditional (fixed route) transit agencies.

A number of challenges exist in furthering the goals of community transportation coordination and meeting the projected demand of transportation dependent populations including a rapidly growing senior population, independent living individuals with disabilities and other transit dependent households with limited access to automobiles:

- ◆ Addressing regional coordination efforts that reduce duplication, particularly to regional medical destinations such as VA hospitals. This would include efforts between providers who participate in neighboring RCCs.
- ◆ Developing new sources of match funding to ensure that local providers are able to tap the full amount of Federal funding sources available to them. This is particularly important in tapping FTA operating funds under programs including 5310 and 5311 that require a 50% local match for operating purposes.
- ◆ Responding to the challenges of Medicaid expansion and the Affordable Care Act/managed care challenges with regard to growing mobility demand for transit dependent persons to reach non-emergency medical destinations including the projected growth in dialysis transportation demand
- ◆ Ensuring that each of the RCC organizations are active in addressing emerging transportation demand issues and exploring the opportunities for replicating promising practices.

The 2006 report has provided a sound basis for the development of a regional coordination framework and pilot programs for improving the delivery of community transit services in the State of New Hampshire. The challenge is to continue to address the growing future demand through strategies that make the best use of limited community transit subsidy resources.

## **NEW HAMPSHIRE STATEWIDE COORDINATION COUNCIL (SCC) BY-LAWS**

### **Overview**

The SCC by-laws were created by legislative action as Section 239, B1:B5 on July 1, 2007 and the by-laws were adopted on October 2, 2008. The by-laws include ten articles defining the purpose of the SCC, membership composition, and the general governance and conduct of the Council.

### **Key Findings and Results**

The SCC was established to set statewide coordination policies for shared ride, coordinated community transportation services. A key role of the SCC has been to encourage the development and responsiveness of Regional Coordination Councils (RCCs) across the state. This includes providing statewide coordination policies to guide and monitor the performance of the RCCs and making available new Federal and state funding sources to promote the development of RCC pilot programs.

The SCC also works to ensure that the Regional Transportation Coordinators (RTC), who are the lead in developing coordination and mobility management strategies in each of the RCCs, will meet the Federal and State requirements associated with the funding streams.

The SCC is also responsible for soliciting donations for the Regional Coordination Fund which is set up as an on-going NH Department of Treasury fund to support the activities of the RTC in each region. By-laws call for monthly meetings which continue to be scheduled on a monthly basis.

### **Future Challenges**

One challenge will be to encourage the continuing development of each of the RCC to ensure that all parts of the state have an active community transit coordination process that addresses the unique mobility challenges in each region. Based on a review of existing websites for each of the RCCs, there is a variety of levels of activity and regularity of meeting and participation by members within the individual RCCs.

A second challenge will be to expand the regional cooperation between RCCs to address mobility issues such as coordinated service to VA hospitals that cut across multiple RCC boundaries.

## **STATE COORDINATING COUNCIL FOR COMMUNITY TRANSPORTATION (SCC) STRATEGY SESSION, 2011**

### **Overview**

The Strategy Session took place on November 3, 2011. The UNH Institute on Disability retained a facilitator and planning consultant to meet with the State Coordinating Council (SCC) Leadership



Team. The planning process was intended to develop the future role of the SCC by accomplishing the following outcomes:

- ◆ Define the value added by the SCC in the current economic and political context.
- ◆ Identify the work of the SCC and the desired outcomes in the next year.
- ◆ Determine member commitment to the work of the SCC.

Representatives of the State Coordinating Council (SCC) and Regional Coordinating Councils (RCC) participated in the strategic planning session.

### **Key Report Findings**

Session participants outlined the role of the SCC, its history of success and the current economic and political perceived barriers and opportunities. The session concluded with a consensus of new priorities to ensure that the SCC remains relevant, as follows:

- ◆ Organizational Structure Enhancements
  - Development of subcommittees, task forces and/or work groups.
  - Revision of an organizational chart that includes updated roles and responsibilities of the SCC and the RCCs.
- ◆ Research Shared Service Models
  - Investigate opportunities to tap into existing communications support contracts or collaborating with communications staff from member organizations.
- ◆ Work Plan Development
  - Consider developing a master work plan with specific activities, responsible parties and timeframes.
- ◆ Evaluate Effectiveness
  - Develop and implement a quantitative and qualitative process for evaluation.
- ◆ Stakeholder Input
  - If new strategies are implemented, another meeting with Strategy Session participants should be considered to evaluate progress.

Future action items identified during the session were as follows:

- ◆ Develop the SCC Business Plan.
- ◆ Information Technology/Software development.
- ◆ Develop RTC criteria.
- ◆ Research shared service models.

## **THE STATE COORDINATING COUNCIL STRATEGIC PLANNING SESSION, 2013**

### **Overview**

In late 2013, the State Coordinating Council (SCC) decided to reassess the state's strategy for coordinating public transit and human services transportation. While some of the "action steps" in the 2006 statewide coordination plan have been successfully implemented, changing circumstances have prevented as much progress toward a truly coordinated system as the plan called for and the SCC desired.

The intent was to decide if the 2006 coordination strategy was still appropriate and achievable, and, if changes were needed, how the SCC should go about revising the strategy. It was felt that an open, honest discussion of the obstacles to coordination was important if progress was to be made.

During this session, various topics and strategies were discussed to determine the current status of coordination efforts and how to move the process forward.

“Next steps” that were developed to carry the discussion forward as a result of this meeting included:

- ◆ The SCC should seek a commitment from its state agency members to participate in a coordination strategy.
- ◆ The SCC should revisit the 2006 statewide plan, review each of its recommendations and action steps, and determine how it should be revised.
- ◆ The SCC should reach out to legislative leaders.
- ◆ The SCC should discuss staffing to support its efforts, and how the SCC can be of value to state agencies. The SCC should consult with state agencies on programs relevant to community transportation.

Additionally, the following recommendations and bullet points were also made:

1) Review coordination models and approaches to obstacles:

- Survey state DOTs for coordination status and progress
- Survey state transit associations for successful strategies
- Review GAO and other reports on coordination

2) Seek renewed commitment to coordination on the part of state agencies:

- Request SCC role in review of BEAS RFP and funding proposals
- Request SCC role in review of Medicaid managed care performance as it relates to access
- Develop a list of other state activities and seek formal SCC role with the appropriate agencies
- Continue or begin dialogue with state agencies on the importance of coordination as it relates to their programs, asserting the SCC’s statutory role and authority

3) Review the 2006 statewide coordination plan:

- Evaluate the validity of the plan’s assumptions in the absence of most funding programs
- Focus on action steps to implement plan to review their relevance and feasibility
- Reconsider RCC-RTC structure
- Agree on an updated strategy with clear goals and objectives and a timeline for implementation

4) Strengthen SCC’s ability to accomplish its mission:

- Seek strong partnerships with organizations involved in community transportation
- Review and clarify the common interests the SCC has with current and potential partners

- Identify SCC's priorities for how it would utilize staffing to develop coordinated community transportation
  - Identify time and resources needed for staffing
  - Research funding sources to support SCC staffing
- 5) Improve public outreach to make the case for community transportation:
- Work with providers and others to develop performance statistics on local transportation
  - Develop clear data on the contribution of community transportation
  - Emphasize the potential economic and quality of life impacts of losing existing services
- 6) Assist volunteer driver networks to expand and become sustainable:
- Hold regular information forums for volunteer driver programs
  - Seek technical assistance for volunteer driver programs

## **REGIONAL COORDINATED TRANSPORTATION PLANS**

### **Overview**

All regional plans were prepared by the area Regional Planning Commissions and include the following elements:

- ◆ Surveys and/or meeting with transportation providers throughout the region to assess the perceived needs and gaps in service.
- ◆ A demographic analysis focused on the areas with the highest concentrations of elderly, disabled, and low-income populations in order to predict transportation need.
- ◆ A survey of the public and a series of public meetings to establish unmet needs.
- ◆ An inventory of transportation providers and agency consumers.
- ◆ An analysis of funding available for transportation.

### **Key Report Findings**

#### **Region 1: Grafton-Coos**

This region is involved with two (2) different coordinated transportation plans: The Southern Grafton County Plan, updated in 2012 by the Upper Valley Lake Sunapee Regional Planning Commission; and the Coos, Carroll, and Northern Grafton County Plan, updated in 2014 by the North Country Council. The region includes all of Grafton and Coos Counties. The major transportation providers in the area are North Country Transit, Carroll County Transit, Advance Transit and the Grafton County Senior Citizens Council. Much of Southern Grafton County is not served by public transportation.

The population in the area is slowly growing in Grafton County, while it is slightly decreasing in Coos County. Both Counties have a relatively high percentage of seniors as part of their overall population (15.6% in Grafton, 19.5% in Coos). Of the region's population, on average 12% are disabled. Both

Counties have populations below the poverty at greater levels than the state average (10% in Grafton, 13% in Coos), and on average 6-7% of households in the region are without a vehicle.

Needs for the region included mobility for all residents, expansion of existing services, better communication to the public, elimination of Federal and state barriers to coordinated transportation, technology to improve service delivery, better insurance options for volunteer driver programs, and increased cooperation between medical facilities and transportation providers. The region also needs to have better data collection methods and to have consistent operating standards and procedures among providers.

Goals for meeting these needs include continuing the RCC, considering technological improvements, developing a central dispatch system for the region, and evaluating and enhancing existing services. The region would also like to consider joint procurements among providers, coordinate public outreach and marketing, and overcome current barriers to volunteerism.

### **Region 2: Carroll**

This plan was updated in late 2014 by the North Country Council, Inc. and includes Coos, Carroll, and Northern Grafton Counties. The main providers are North Country Transit, Carroll County Transit, and Concord Coach Lines. Transport Central is the volunteer driver program.

The populations in Carroll County rose by approximately 10% and are expected to continue along this trend. Carroll County's elderly population is 20.8% of the total population. Carroll County also houses a large percentage of disabled population (14.6%). The County's median income is below the state average by nearly \$15,000, and 10.3% of households are below the poverty line. Nearly 4% of households do not have access to a vehicle.

Unmet needs identified through the plan update were improved technology, a centralized dispatch, policies and procedures for participating providers, and park and ride facilities. Also needed are mobility for all residents, increased access to medical care and employment, expansion and development of existing and additional services, additional replacement vehicles, and additional transportation options which accommodate people with disabilities.

The goals adopted for meeting these needs are enhancing and expanding current transportation services, improving the technology used for coordination, additional public outreach and education, continued support of volunteer driver programs, and support of mobility management and continued progress towards coordinated transportation.

### **Region 3: Mid-State**

This plan was conducted in 2010 by the Central New Hampshire Regional Planning Commission and the Lakes Region Regional Planning Commission. The region includes parts of Belknap, Hillsborough, and Merrimack Counties. Concord, Franklin, and Laconia are the largest cities. Major providers in this region are Concord Area Transit, The Winnepesaukee Transit System, Concord Coach Lines, the Boston Express, the Rural Transportation System, the Carroll County Transit Program, and the New Hampshire Rideshare Program. Other important providers are Center Harbor, Meredith, Moultonborough Community Caregivers, Kearsage Area COA, and Easter Seals NH.

The population of this region is expected to grow significantly, especially in Alton, Barnstead, Bow, Gilmanston, Newbury, Salisbury, Sutton, and Webster. In Belknap and Merrimack Counties, the aging population is expected to increase dramatically, while the youth population is expected to decrease. On average, 13.3% of the region is elderly and nearly 29% percent of the region is disabled. Allenstown, Danbury, Laconia, Pittsfield, and Tilton have the lowest median incomes in the region. Only 6% of households are autoless.

Of those with an automobile, 12% carpool for employment. The region boasts 10 Park and Ride locations for commuters. Over 28,000 people commute from inside the region to Concord, and another 9,300 people commute to Laconia.

Needs for the region are expanded services, better ease of use of existing services, service for Merrimack County Department of Corrections clients, increased education and training for working with disabled populations, improved facilities for the elderly and disabled, increase public outreach and promotion of services, and additional options for door-to-door service. Strategies for meeting these needs are to establish the RCC, establish a centralized and multi-lingual call center, pursuing a funding strategy which leverages all resources, develop a training program for users and providers, and encouraging local policies which promote effective transit planning.

### **Region 4: Sullivan**

This plan was prepared in 2012 by the Upper Valley Lake Sunapee Regional Planning Commission. The Community Mobility Project, which began with 29 stakeholders and later became the RCC for the region, accomplished many successes for the region's transportation network. The region stays within Sullivan County borders. The major providers in the region at the time were Community Alliance Transportation Services, Volunteer Driver Services, and Connecticut River Transit located in Vermont. In October of 2016, Southwestern Community Services took over service from Community Alliance Transportation Services.

The population of Sullivan County had grown approximately 8% since 2000. Claremont, Newport, and Charlestown are the largest communities in the region. Sixteen percent of the region's population are elderly, and over 19% have a disability. Nearly 10% of the County is considered impoverished, and over 7% of households do not have a vehicle. Generally speaking, the largest communities also contain the largest percentages of elderly, disabled, and low-income populations.

The needs of Sullivan County are enhanced mobility (including dealing with insurance and mileage reimbursement issues for volunteer drivers), enhancing existing services by decreasing headways and wait times, and extending existing services to additional destinations. Regular connections between Claremont and Lebanon, links between Grantham and Lebanon and between Newport and Claremont, and links to New London and the Exit 12 Park and Ride are needed. Better access to medical facilities in Grafton and Merrimack Counties, expanded public outreach, expansion of the centralized dispatch system and other technological improvements, and support for the volunteer transportation program were also mentioned as needs for the region.

The strategies for meeting these needs include seeking additional funding, creating links and implementing feasibility studies for additional routes, updating the short range transportation plan, rebranding the public provider, and promoting carpooling. Other strategies mentioned were adding phone lines and a unified tracking system to the centralized dispatch system, making capital improvements, and involving the RCC and SCC in planning efforts.

### **Region 5/6: Monadnock**

This plan addendum was updated in 2016 by the Southwest Regional Planning Commission. Previously, Region 5 (Cheshire County) and Region 6 (Eastern Monadnock) were separate, due to concerns from Region 6 of being forgotten. Most service providers providing service in Region 6 are based in Region 5, and they did not want their needs overshadowed. In 2011, Region 6 implemented new services using Section 5310 Formula Funds, and this coupled with the fact that many providers were members of both RCCs resulted in the combination of the regions in 2012. The region includes 23 Cheshire County towns and 10 western Hillsborough County towns.

Keene is the hub for the area. Major providers in the region are Home Healthcare, Hospice, and Community Services (HCS), Monadnock Developmental Services, Monadnock Family Services, and the Red Cross. The region's population is 13% elderly, but this is expected to grow to approximately 25% by 2020. Keene has the highest concentration of elderly, disabled, and low income persons due to its larger population.

The needs for the region are consistency and expansion of services, feeder services into Keene and other hubs, additional volunteer drivers, more options for the elderly and disabled, and inter-regional and long distance trips (Lebanon, Manchester, and Boston). Improved communication among providers and to the public is also needed, as well as more streamlined reporting and better data for capturing unmet needs. It was noted that increased funding and better use of funding through coordination was an unmet need.

Goals to meet these needs included improving awareness of available options, improving and maintaining the governing framework, maintaining and expanding funding, and implementing additional coordination activities.

### **Region 7: Nashua**

This plan was updated in 2016 by the Nashua Regional Planning Commission. The region covers greater Nashua and Milford, and includes 13 member communities in southeastern Hillsborough County. Major providers in the area are the Nashua Transit System, Souhegan Valley Transportation Collaborative, and Friends in Service Helping.

Nine percent of the region's population is elderly, while over 25% of the region is disabled. Less than 5% of the region lives below the poverty level. Hollis, Nashua, and Milford have the highest percentage of households without vehicles.

Needs in the region include additional transportation to medical appointments, childcare, work, and shopping, as well as increasing the range and frequency of existing services. Additional funding is needed, along with increased flexibility in the allowable uses of funding. The region also struggles with providing additional transportation options for children and discharged hospital patients. More volunteer drivers are needed in the region.

In order to meet these needs, the goals for this region are to conduct public outreach about the need for additional public transportation, and to identify funding sources. Other goals are to establish a Passenger Amenities and Safety Program, as well as using intermodal options and establishing additional services to underserved areas.

### **Region 8: Manchester**

This plan was developed in 2008 by the Southern New Hampshire Regional Planning Commission. The region includes the City of Manchester and 12 additional towns in Hillsborough, Rockingham, and Merrimack Counties. Major providers are the Manchester Transit Authority and the Cooperative Alliance for Regional Transportation (CART).

The plan demonstrates that nearly 25% of the region's households have one (1) or fewer vehicles. In 2000, the region had 32,480 elderly residents, which represents an increase of nearly 10% from the previous census. Nearly 7% of the population lives below the poverty line, and approximately 15% of residents have a disability.

While unmet needs were not specifically outlined in the plan, strategies were provided for addressing gaps in service. These strategies include the implementation of a regional transit feasibility study, the continued support and funding for replacement vehicles and other improvements to demand-responsive providers, continued participation in CART, and participation in the Statewide Coordination of Community Transportation Services project.

### **Region 9: Derry-Salem**

This plan is a combination of a long range transportation completed in 2002 and an assessment of needs and strategies completed in 2010. Both were developed by the Rockingham Regional Planning

Commission with the assistance of other neighboring Regional Planning Commissions. The region includes 11 towns in southwest Rockingham County.

Eight percent of the region's population is elderly, while 2% are disabled. The study showed that 3% of households have no access to a vehicle and are fully transit dependent, and that 4% of households are considered impoverished.

Unmet needs identified in the 2010 needs assessment include enhanced transportation options for medical needs, employment, grocery and social trips, and for youth after school activities. Evening and weekend transportation, as well as long distance transportation are needed in the region. Additional funding sources and coordination of services to ensure the best use of current sources were also documented as unmet needs.

Many strategies were provided to assist in meeting these needs. A summary of these strategies includes maintaining and enhancing current demand response and fixed route transportation provided, expanding and creating services to new underserved areas, providing additional and improved information to the public, involving private operators to close gaps, and to seek out additional funding.

### **Region 10: Seacoast**

This plan was prepared in 2012 by the Rockingham and Stafford Regional Planning Commissions. The region includes 38 towns in both Rockingham and Stafford Counties. Major providers include COAST, C&J Transportation, Wildcat Transit, and the Amtrak Downeaster.

Thirteen percent of the region's population is elderly as of the 2010 census, and approximately 15% are disabled. The region has an overall poverty rate of 7% and 3.6% of households are without a vehicle.

The unmet needs identified in the plan include additional transportation options for areas not served by COAST, employment trips, enhanced volunteer driver programs, additional software and technology, building provider interest, and stable funding sources.

Short-term strategies to meet these needs are to maintain the RCC with COAST as the Lead Agency, to finalize service agreements with Section 5310 Purchase of Service funds, to implement coordinated transportation software and shared driver trainings, to enhance the call center and schedule shared rides, and to raise awareness of available services. The long term strategy is to pursue and advocate for stable funding sources at all levels and ensure the continued receipt of Section 5310 funds.



## **FAST ACT, 2015**

### **Overview**

The Fixing America's Surface Transportation Act (or FAST Act) was signed into law on December 4, 2015, replacing MAP-21. This Act reauthorized transportation funding programs for the next five years, and is set to expire on September 30, 2020. This act provides steady and predictable funding and authorized an increase in funding of \$1 billion each year. The FAST Act also re-introduces a discretionary bus program, and funding increases are targeted towards state of good repair and bus purchase programs. Other changes include streamlining vehicle procurement and leasing procedures and gradually increasing Buy America requirements.

### **Key Report Findings**

Changes to the Section 5310 program were not many, but there are a few key differences. Governmental entities which provide transportation under the Section 5307 and/or Section 5311 programs are now eligible direct recipients of Section 5310 program funding. Under Section 3006(b), a new pilot program is available to Section 5310 recipients and subrecipients to assist in financing innovative projects for the transportation disadvantaged that improve the coordination of transportation and NEMT services.

The Act also requires that more guidance on coordination activities be provided on multiple levels. FTA must create a best practices manual meant for public transportation stakeholders which provides service delivery models, performance measure standards, and other helpful tools in providing coordinated transportation. The Coordinating Council on Access and Mobility (CCAM) must also update its strategic plan on transportation coordination across multiple Federal agencies, and the plan must include a cost-sharing policy.

The Section 5311 program also received updates. The FAST Act increased tribal formula funds and maintained the discretionary tribal program. Advertisement and concessions revenue may be used as local match, and eligible local match sources have been clarified for intercity bus feeder service.

Other notable changes are that the FAST Act allows for interstate cooperative procurement schedules, and introduces a non-profit cooperative procurement pilot program. The Act also introduces increased Buy America requirements. By 2020, the domestic content percentage must be 70%.

## **RCC SURVEY, 2015**

### **Overview**

A survey of the nine (9) RCCs was conducted in the fall of 2015 by the SCC Agency Partnership Subcommittee, with the purpose of sharing successes and challenges faced in providing coordinated transportation in their respective regions. The SCC also administered the survey in the hopes that they could better meet the needs of the RCCs, and to inform the strategies and recommendations presented in the update of the Statewide Coordination of Community Services Transportation Plan.

### **Key Report Findings**

Some highlights of the report are the following:

- 1) Eight (8) out of nine (9) regions believe that coordination has progressed in their region. Increased communication was a common success.
- 2) Five (5) councils have decreased in membership over time, while three (3) have stayed level. Only one (1) has increased (Mid-State).
- 3) Multiple RCCs developed processes for increasing participation and awareness.
- 4) A few successful regions maintained active participation by not only agencies receiving Section 5310 funding.
- 5) Information sharing, increased service through Section 5310 funds, greater awareness of needs, and established call centers were viewed as the top positive outcomes.
- 6) The lack of clear purpose, lack of interest from stakeholders, inadequate funding, and limited capacity were the top negative outcomes.
- 7) The Councils feel that the SCC has been a supportive structure.
- 8) The Councils would like more from the SCC in the ways of technical assistance, funding, advocacy, technology, clarification of roles, resolution of issues, and bring more state agencies on board.
- 9) Some regions shared sources of local match. Funding sources outside of FTA (Bureau of Elderly and Adult Services, for example) have been reduced.

## **COLLABORATING TO CREATE ELDER FRIENDLY COMMUNITIES IN NEW HAMPSHIRE, 2015**

### **Overview**

The University of New Hampshire Center on Aging and Community Living produced this report (commissioned by the NH Endowment for Health) in November of 2015. The report showcases data involving New Hampshire's aging population, and explains what communities can do to create a more "elder friendly" atmosphere. New Hampshire has the oldest population in the country in terms of median age, and is expected to be the fastest aging state through 2030. By 2030, it is anticipated that nearly one third of the state's population will be over the age of 65. The large growth of this

population is expected to put a lot of pressure on local and state public services. It is very important that New Hampshire understands what the needs of this population are going to be, and how they work to create “elder friendly” communities.

### **Key Report Findings**

An “elder friendly” community provides a range of choices which advance the health, independence, and dignity of the aging population and allow them to age in place. New Hampshire identifies six (6) categories of needs for a community to be “elder friendly”:

- 1) Fundamental needs (food, shelter, safety, information, transportation)
- 2) A broad range of living arrangements (affordable housing, home modifications, planning and zoning)
- 3) Support to caregivers and families (access to information, caregiver trainings, flexible funding, respite care)
- 4) Plentiful social and civic engagements (meaningful connections, paid and volunteer work, cultural and religious activities)
- 5) Quality physical and mental wellbeing supports (preventive medical care, end of life planning)
- 6) Effective advocacy for elder issues (culturally positive view of elders, aging issues as a community wide priority)

As noted above, transportation is listed as a fundamental need for the aging population. Lack of transportation can lead to isolation, which has been shown to cause greater health risks. Currently, information about senior transportation options is not well organized or accessed by the aging population or their caregivers. Best practices for an “elder friendly” community include a one call/one click center, and service providers partnering with transportation providers. A recommendation for the State is to work with the State and Regional Coordinating Councils to develop transportation solutions that benefit the aging population.

## **NEW HAMPSHIRE’S DEMOGRAPHIC CHALLENGES AND THE ROLE OF STATE GOVERNMENT, 2016**

### **Overview**

Similar to the last document reviewed, this report deals with preparing for the vast anticipated growth of New Hampshire’s aging population. This report was published in 2016 by the New Hampshire Center for Public Policy Studies, and discusses the potential economic pitfalls which could occur if the State does not begin planning now for the unavoidable demographic shift.

### **Key Report Findings**

From 1960 to 1990, New Hampshire saw economic prosperity due to the post war baby boomers entering the work force. New Hampshire also experienced consistent in-migration. Now, the

demographic landscape has changed. Those whose initial presence into the workforce created prosperity are now rapidly reaching retirement age, and New Hampshire is no longer experiencing in-migration. In fact, there is a trend of out-migration of young adults. They are not choosing to remain in the state where they were raised.

As discussed by the University of New Hampshire Center on Aging and Community Living, residents over the age of 65 are expected to make up approximately one third of the State's population by 2030. Due to the baby boomer generation reaching retirement age, and the out-migration of young adults, the state's prime working age population (ages 20-64) will decrease by approximately 50,000 persons by 2030. This shift will create a strain on the economy, as there will be greater need for public services and less income and business tax revenue (the report estimates a loss of approximately \$20 billion in business tax revenue alone). Counties that are already struggling economically, such as Coos County, will likely be hit the hardest.

While the State can do nothing about the aging population's growth, they can take measures to lessen the out-migration of young people. Currently, most State departments conduct 2 year planning efforts, which will not prepare New Hampshire for what is to come. This report recommends the following to the State in order to mitigate the current demographic trajectory:

- 1) Adopt net migration objectives and devote resources to better inform policy makers
- 2) Adopt processes to ensure that long-term effects are considered when developing policies and budgets.
- 3) Make organizational changes at the legislative and executive levels to better manage the oversight of policies and programs which affect demographics.
- 4) Commit resources consistent with net migration objectives.

## **NEW HAMPSHIRE MEDICAID SECTION 1115 RESEARCH AND DEMONSTRATION TRANSFORMATION WAIVER, 2016**

### **Overview**

The approved New Hampshire Section 1115 waiver focuses on the nexus between delivery of mental health behavioral services and the treatment of substance use disorders (SUD).

As noted by CMS through its Frequently Asked Questions following the release of the Integrated Delivery Network (IDN) application, "Given its focus on the behavioral health population, the NH Medicaid 1115 waiver is unique and unprecedented among Medicaid 1115 programs".

The IDN is the instrument to promote better integration of mental health and SUD issues and would serve seven identified regions across the state. These networks would be composed of Behavioral Health (mental health) and Physical Health (SUD) providers that would work together with Community Supports (community based organizations which could include transportation) to develop a more integrated approach to meeting the mental health and SUD challenges.

## **Key Report Findings**

The IDN would have a lead administrative agency and would include six projects that would include:

- ◆ Participation in two (2) state led projects that include strengthening the mental health/SUD workforce and a health information technology infrastructure;
- ◆ Inclusion of a core competency project that integrates behavioral health services and primary care, and;
- ◆ Three (3) community driven projects.

This latter requirement is where community transit agencies could be added to the agency teams to participate in innovative approaches to mobility that could support mental health and SUD objectives. The IDN application which is in progress in 2016, allows for the additional of community support providers after the approval of an IDN and providers could participate in more than one IDN.

One of the identified priorities to be addressed through the IDN development was the lack of consistent follow-up treatments following initial diagnosis. As has been the case historically with mental health and substance use disorder outpatient treatment programs, transportation has been a key identified community support to ensure continuity of treatment. Given the historic role of community transit providers in a range of human service transportation delivery, participation as a community support provider within the IDN structure should be considered by community transit agencies as this process moves forward.

# Existing

## III. ASSESS EXISTING COORDINATED TRANSPORTATION CONDITIONS

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### STATE LEVEL AND REGIONAL COORDINATION STRUCTURES

The 2006 Statewide Plan recommended both state and regional level coordination structures. At the state level, the recommendation was to form the State Coordinating Council which would be charged with developing and providing guidance for the provision of coordinated transportation services, setting statewide coordination policies for community transportation, monitoring the results of statewide coordination, soliciting funding, and approving the formation of the Regional Coordination Councils. The SCC would also approve Regional Transportation Coordinators. Once the RCCs were formed, their role would be to implement coordination policies, select and guide the Regional Transportation Coordinators, with the Coordinators to design and implement coordination throughout the region, and provide the SCC with feedback relative to which policies are successful or unsuccessful in their region.

After the successful implementation of the state level and regional structure, the next recommendation from the 2006 Plan was to increase local and regional transportation through coordination of services. This recommendation relied solely on the participation of the Medicaid program through the Department of Health and Human Services, and unfortunately, this relationship never came to fruition. The SCC and the RCCs have been struggling ever since to produce service alternatives and additional funding options. New volunteer driver programs and call centers are successes that have been achieved in coordination and in filling service gaps.

#### **State Coordinating Council (SCC)**

Since 2007, the SCC has worked with a broad range of stakeholders to create and enhance coordinated transportation services in New Hampshire. The initial members of the SCC were the New Hampshire Department of Transportation, the Department of Health and Human Services, the Department of Education, the Governor's Commission on Disability, transit providers, the UNH Institute on Disability, AARP, Easter Seals, community action agencies, regional planning commissions, the Coalition of Aging Services, the Endowment for Health, and Granite State Independent Living. The SCC is under the purview of the Governor and the State Legislature.

While fulfilling the duties set forth for the Council in the 2006 Statewide Coordination Plan, the SCC worked to establish RCCs in what began as 10 regions. Since then, the SCC's role has been to establish policies and operating standards for transportation providers, procure information technology for easier coordination between providers, and assist with solutions to barriers to coordination in each region. Another role of the SCC was to bring funding to the table, which has proven difficult in the current economic landscape.

The SCC now struggles with what the Council's role will continue to be going forward. All members of the SCC feel that the Council, in its current state, is no longer productive. Current SCC leadership

feels that the SCC should serve as an advisory council to the NHDOT, as well as informing legislators of policy issues and possibly overseeing the coordination of the software used by providers (currently used mostly for scheduling instead of coordination). While the Department of Health and Human Services halted participation in the statewide coordination effort in the beginning stages of implementing the plan recommendations, the current Medicaid transportation broker has shown interest in working with the SCC and with local transportation providers. The NHDOT has recently applied for and received a Rides to Wellness Grant, which will provide a technological “bridge” between the local transit providers scheduling software and the Medicaid broker’s software. There is again potential for this relationship to become mutually beneficial, and some members of the SCC would like to assist in fostering this relationship between providers and the Medicaid broker.

SCC members also feel that there needs to be a more defined role for both the RCCs and the Regional Planning Commissions. These members would like to see additional policies and standardized performance measures provided by the SCC, as well as guidance as to what constitutes successful coordination. Other helpful guidance from the SCC would be how to draw in private industry.

### **Regional Coordinating Councils (RCCs)**

The Regional Coordinating Councils are comprised of local transportation providers, funding agencies, agencies with clients requiring transportation services, and consumers. All 10 RCCs were approved as of 2011, although since the councils’ inceptions, Regions 5 and 6 have chosen to merge, bringing the number of regions down to nine (9). An overview of the current regions is available in the previous section as part of the review of each region’s coordination plan.

The RCCs have provided helpful information to consumers in their respective regions with the production of provider directories and through participation in the regional coordinated plans. If a Regional Transportation Coordinator (RTC) is present in the region, it is the RCC’s role to oversee the RTC.

The main role of the RCCs are to distribute Section 5310 funds from the NHDOT. The RCC in each region solicits, scores, and selects projects each cycle and presents a regional application to NHDOT for review. This process applies to both the RCC Formula Fund program, which can fund any eligible Section 5310 project, and the Purchase of Service program. The RCC Formula Fund program is solicited annually, while the Purchase of Service program is solicited biannually. After the NHDOT reviews the regional applications for eligibility, a contract for the funding is implemented between the NHDOT and one (1) lead agency within each RCC. Often, but not always, the lead agency is the Regional Planning Commission.

While the regional structure is generally viewed as successful, issues have presented themselves since its inception. The regional boundaries were created with the Medicaid relationship in mind and thus were developed around the location of regional hospitals. In general, the regions as they are have shown to be successful; however, the boundaries for the RCCs do not match any other agency boundaries.

Other issues for the coordination of transportation services are getting and keeping stakeholders to the table even if not receiving funding, coordination between regions, lack of funding to provide needed transportation, and lack of understanding as to what true successful coordination looks like. It appears, based on noted coordination activities, that the presence of a Mobility Manager is beneficial to the implementation of true coordinated transportation in the region and encouraging participation of non-funded providers. Currently, most RCCs have not chosen to use a portion of the funding provided to them to fund a Mobility Manager.

### **New Hampshire Department of Transportation, Bureau of Rail and Transit**

Members of the New Hampshire Department of Transportation Bureau of Rail and Transit are active members of the SCC and play an important role in coordinating transportation. The NHDOT provides funding in the form of the Section 5310 program and the Section 5311 program to rural public transportation providers and other non-public providers. A major funding source created by the NHDOT is the Section 5310 Purchase of Service funding, which is flexed from the FHWA fund. This funding source enables the regions to implement volunteer driver programs and purchase other forms of demand response service at an 80% Federal participation rate, rather than at the 50% rate received for traditional operating projects.

The Section 5311 program is administered solely by the NHDOT Bureau of Rail and Transit and the only eligible recipients of this funding are public transportation providers in rural areas. The Section 5310 program is intended to meet the transportation needs of elderly and disabled populations and is eligible for state and local governments, non-profits, and public transportation providers. The Traditional Capital portion of this program in New Hampshire is also administered solely through the NHDOT and is available for vehicles and wheelchair lifts, radios, hardware/software, and other capital projects only. Mobility Management functions also fall within the eligible activities under the traditional Section 5310 allocation.

As mentioned above, other New Hampshire Section 5310 programs are handled differently, and the NHDOT receives regional applications from the RCCs. The RCCs are responsible for selecting the projects receiving funding and the NHDOT reviews the regional applications. This process applies to both the Purchase of Service and the RCC Formula Fund (available for any eligible Section 5310 project).

As part of its grant administration duties, the NHDOT collects invoices and monitors ridership, budgets, vehicle assets, and other statistics for each subrecipient.



# Demographics

## IV. DEMOGRAPHICS AND SOCIO-ECONOMIC CONDITIONS

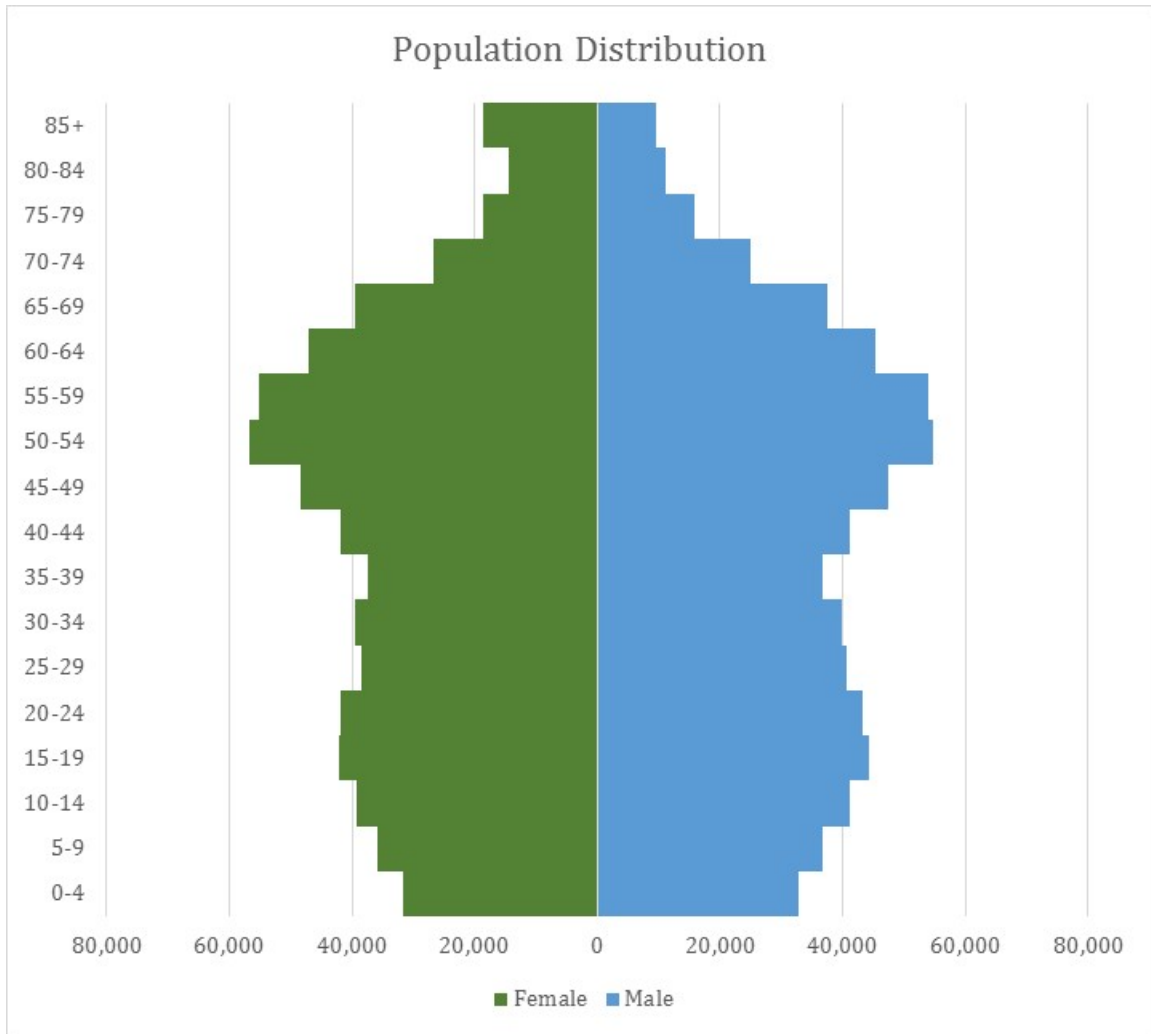
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The State of New Hampshire had an estimated population of 1,330,608 in 2015 based on United States Census data. This represents 0.41 percent of the total United States population. Exhibit 1 illustrates the population distribution for New Hampshire by female and male. The highest percentages of females and males are in the 50 to 59 age groups. Females in the 50 to 59 age groups make up 16.6% of females while males in the same age groups make up 16.6% of males.

The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in this section.

The data provided in the following section has been gathered from multiple sources including the U.S. Census Bureau's 2014 American Community Survey (ACS) Five-Year Estimates and the State of New Hampshire. These sources are used to ensure that the most current and accurate information is presented. It is important to note that the ACS Five-Year Estimates have been used to supplement census data that is not available through the 2010 Census. As a five-year estimate, the data represent a percentage based on a national sample and does not represent a direct population count.

### Exhibit 1: Population Distribution

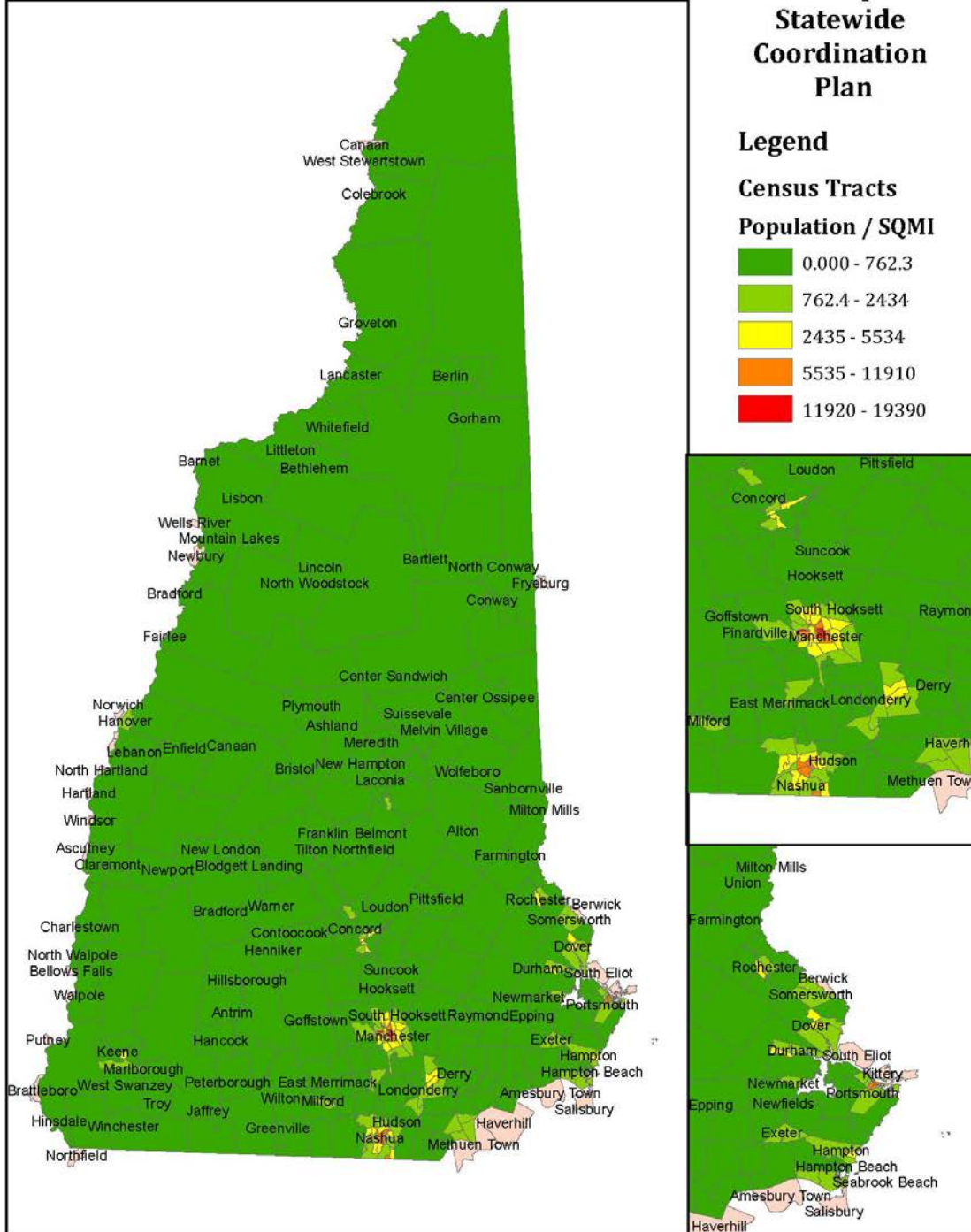


Source: 2014 ACS Five-Year Estimates

### Population Density

Exhibit 2 on the following page illustrates the population density per square mile for the State at the Census Tract level. As illustrated, population is concentrated around Manchester, Nashua, Portsmouth, Dover, Durham, Rochester, Keene, and Concord. All of these areas had moderate to high populations per square mile, with Census tracts ranging from between 2,435 to 5,532 persons per square mile in the moderate tracts, to 11,920 to 19,390 persons per square mile in the most heavily populated tracts. The remaining portions of the State have population densities ranging from low (762.4 to 2,434) to very low (0 to 762.3).

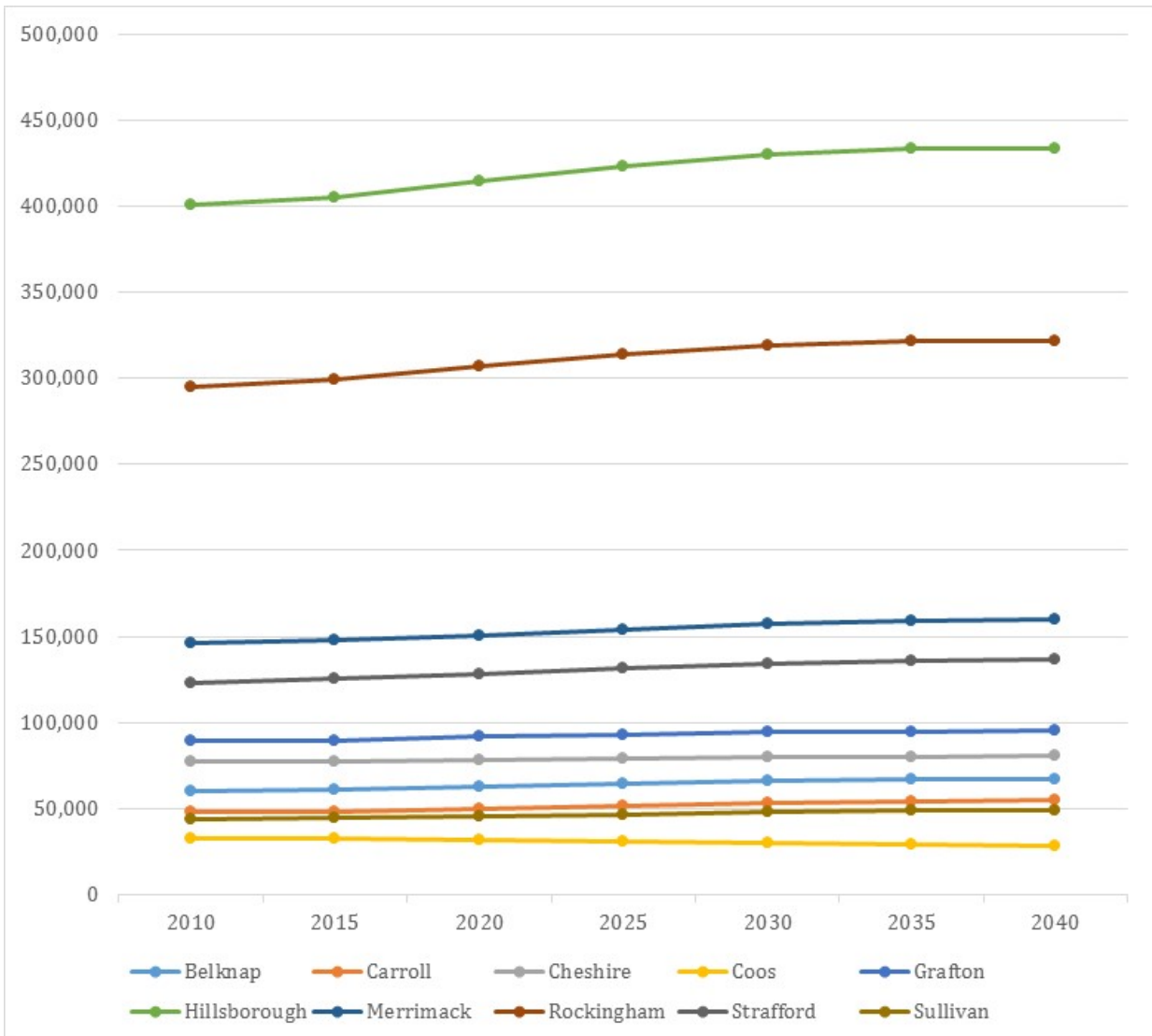
## Exhibit 2: Population Density



## Population Projection

The State of New Hampshire, Office of Energy and Planning, Regional Planning Commissions projects the State's population will increase to 1,427,098 by 2040, an estimated increase of 8.4% from the year 2010 population. The increase in population can be attributed to lower death rates for the Baby Boomer generation of New Hampshire. The State is also projecting an increase in population for nine of the ten counties in New Hampshire. Coos County is the lone county to show a decrease (14.7 percent). Exhibit 4 shows population trends between 2010 and 2040 for each county in New Hampshire.

**Exhibit 3: Population Projection**

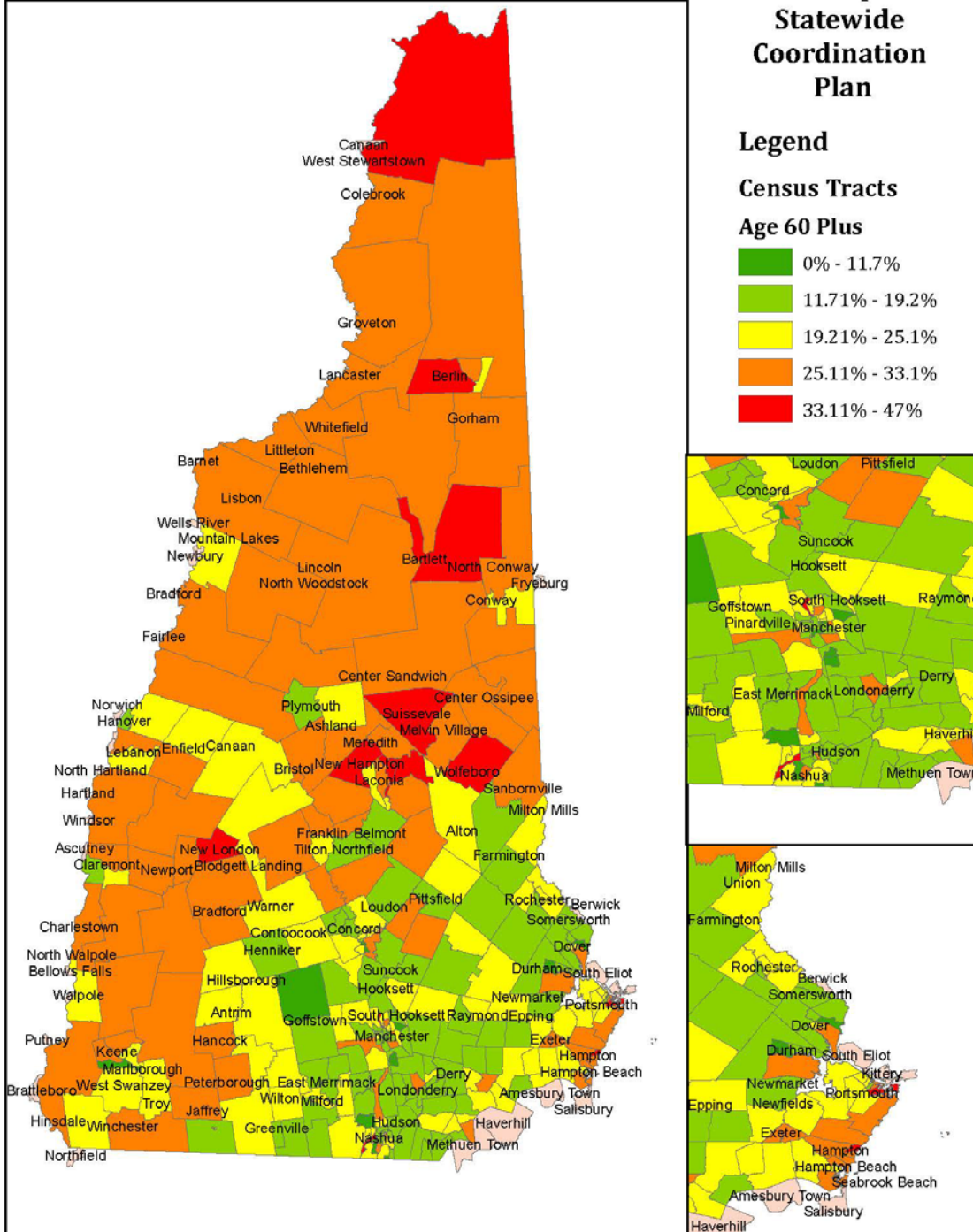


Source: State of New Hampshire, Office of Energy and Planning, Regional Planning Commissions

## **Population Age 60 and Older**

Exhibit 4 maps the percentage of the population within a Census tract that is 60 years of age and older. Areas that are shaded in red had percentages of the population 60 years and older between 33.11 and 47 percent. The majority of these Census tracts are located in the northern half of New Hampshire around Berlin, Bartlett, New Hampton, New London, and Wolfeboro. Nashua, Manchester, and Portsmouth also have areas of high population percentages 60 years and older. Areas shaded in orange have moderately high percentages of population 60 years and older. These Census tracts have percentages between 25.11 and 33.1%. Most of the Census tracts in northern New Hampshire are included in this category, while a majority of tracts in western New Hampshire also fall into this category. Both the red and orange categories have percentages of adults 60 and over higher than the state average of 21.4%.

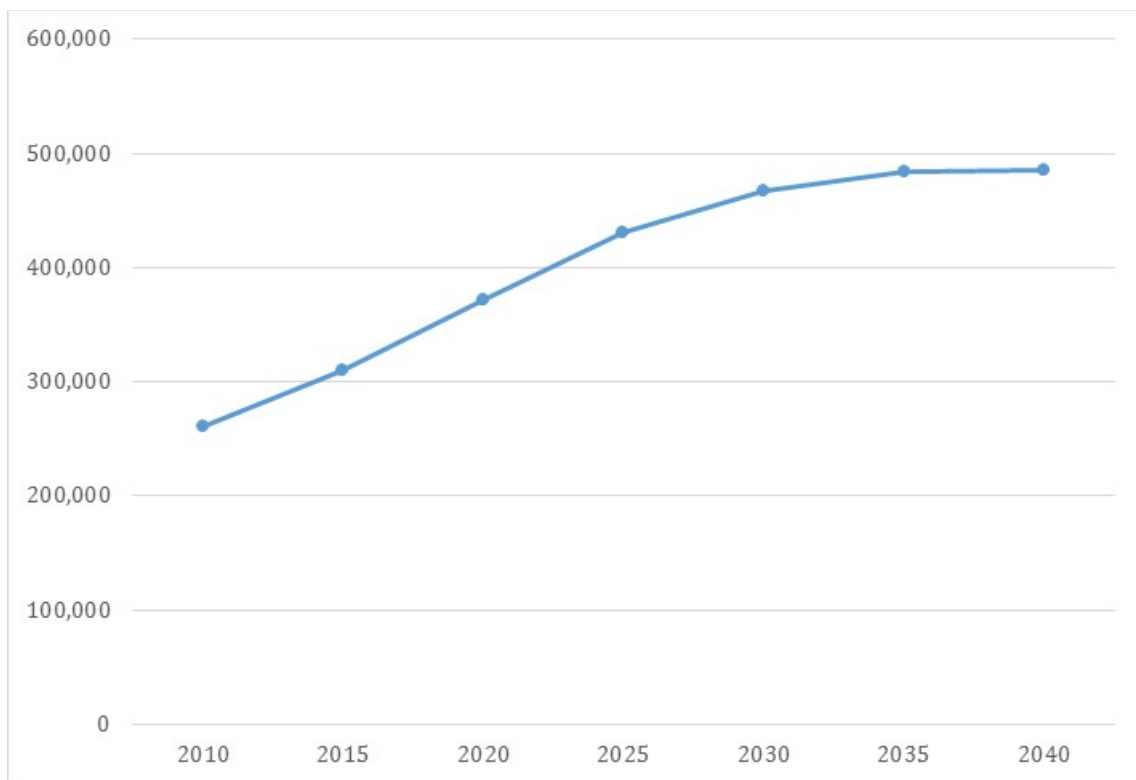
## Exhibit 4: Percent Population 60 and Over



## **Older Adults Projection**

The State of New Hampshire, Office of Energy and Planning, and Regional Planning Commissions also provided projections for the State's population age 60 and over. The population age 60 and over is projected to increase to 485,018 by 2040, an estimated increase of 86.4% from the year 2010 population. The increase in population 60 and over is the driving factor in the increase in overall population in New Hampshire. Baby Boomers are living longer, healthier lives. Population 65 and over will increase by 130% from 2010 to 2040 while population 85 and over will increase by 231% from 2010 to 2040. Exhibit 5 shows population trends between 2010 and 2040 for the population age 60 and over.

**Exhibit 5: Age 60 and Over Population Projection**



Source: State of New Hampshire, Office of Energy and Planning, Regional Planning Commissions

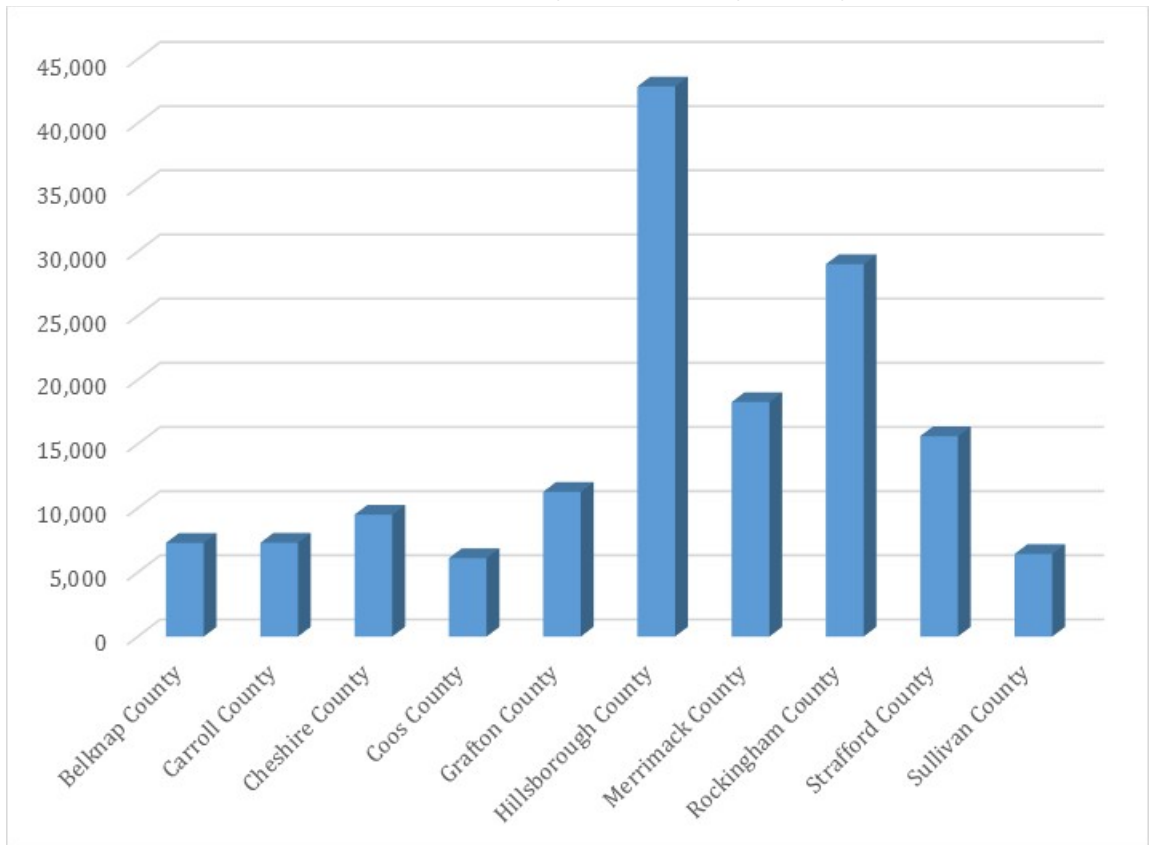
## **Individuals with Disabilities**

Enumeration of the population with disabilities in any community presents challenges. First, there is a complex and lengthy definition of a person with a disability in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual's

abilities to perform various life functions. In short, an individual's capabilities, rather than the mere presence of a medical condition, determine transportation disability.

The U.S. Census offers no method of identifying individuals as having a transportation related disability. The best available data for New Hampshire is available through the 2014 ACS Five-Year Estimates of individuals with a disability. Exhibit 6 is intended to provide a comparison of the disabled population in each county within the region. The chart identifies the highest population of individuals with a disability reside in Hillsborough County.

**Exhibit 6: Disability Incidence by County**

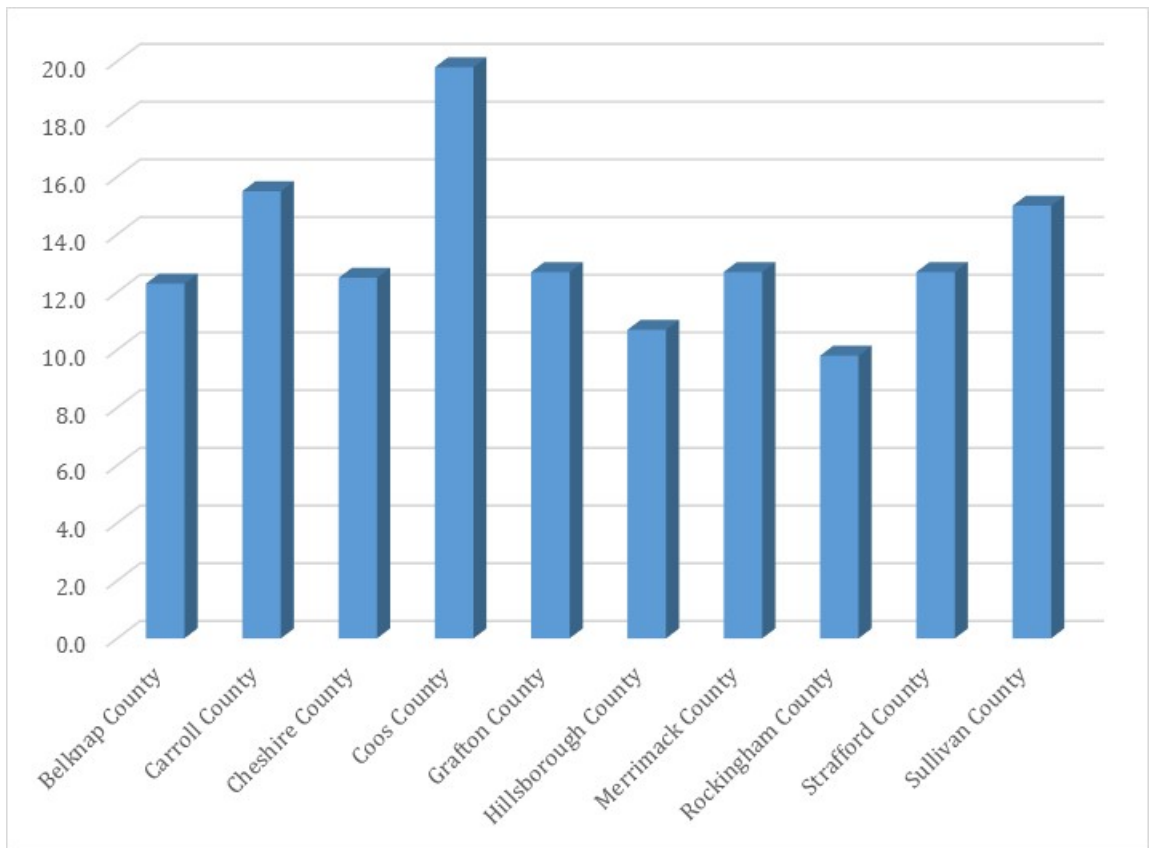


Source: 2014 ACS Five-Year Estimates

Coos County has the highest percentage of population with a disability at approximately 19%. Carroll County had the second highest percentage of population with a disability at 15.5%. Exhibit 7 shows the percent of population in each county that has a disability.



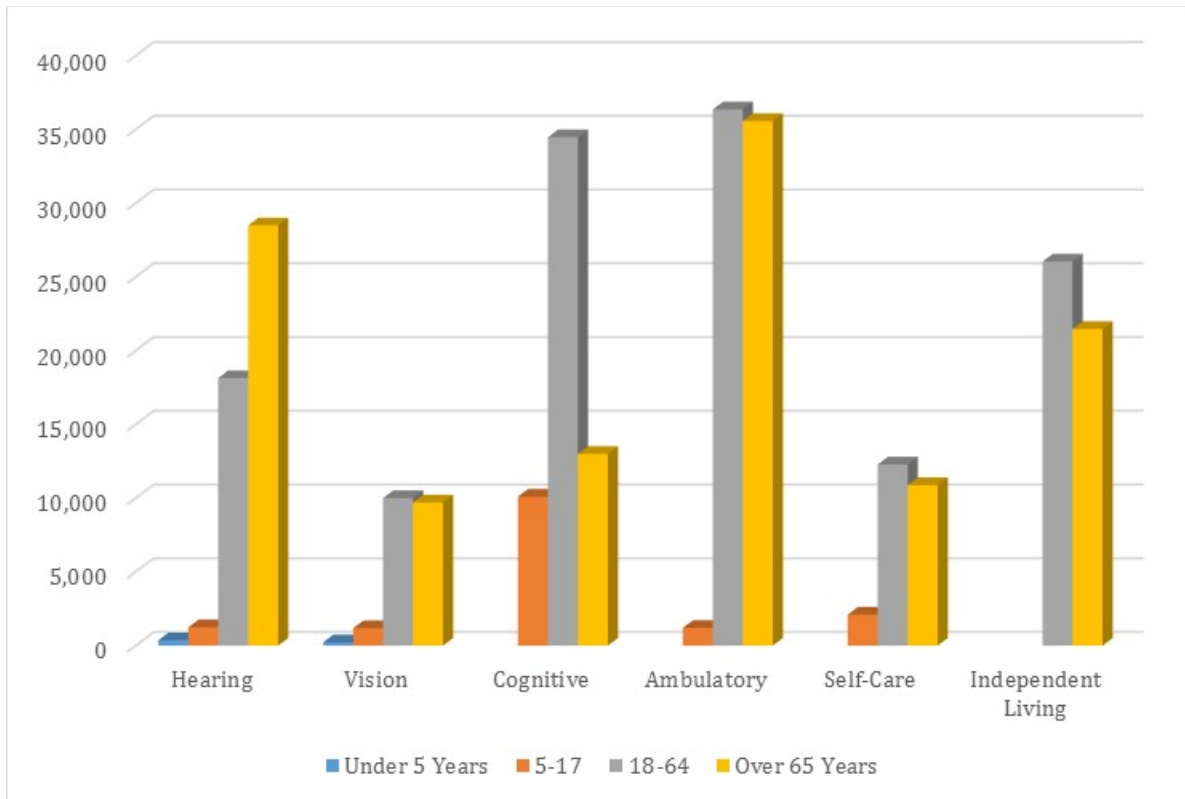
### Exhibit 7: Percent Disability by County



Source: 2014 ACS Five-Year Estimates

Exhibit 8 illustrates the type of disabilities that the United States Census collects by age group. The 2014 ACS Five-Year Estimates of individuals with a disability shows adults age 18 and over have ambulatory disabilities. These individuals have difficulty walking or climbing stairs.

### Exhibit 8: Disability by Type and Age



Source: 2014 ACS Five-Year Estimates

At the time of the 2014 ACS Five-Year Estimates, New Hampshire had 153,720 individuals with a disability which represents 11.8% of the total population. Exhibit 9 visually represents the percentage of population within each Census tract that have a disability. Somewhat similar to the percentage of population 60 and over, north New Hampshire has the highest percentages of persons with a disability. The areas shaded in yellow, orange, and red all had percentages higher than the state average.

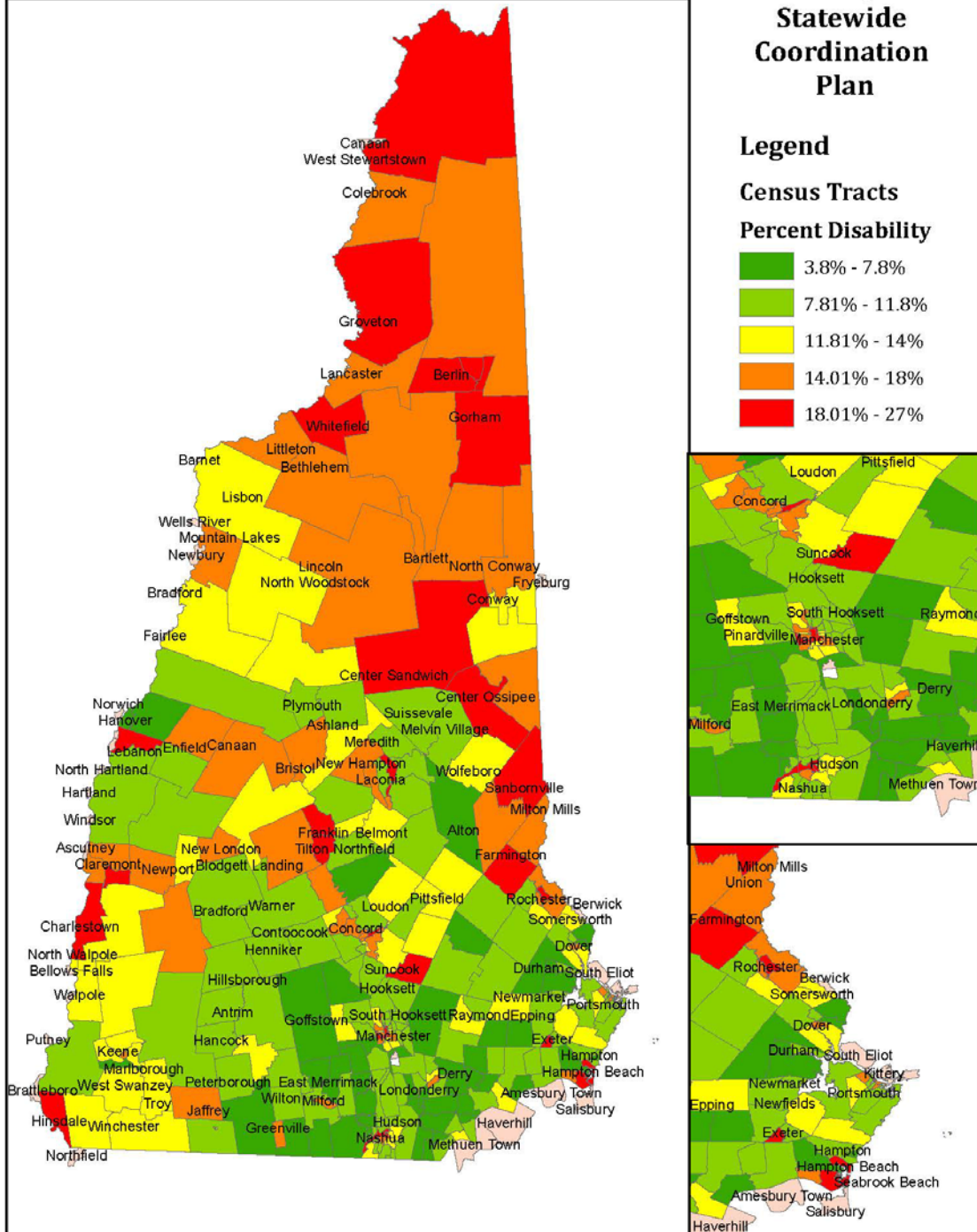
## Exhibit 9: Population with a Disability

### New Hampshire Statewide Coordination Plan

#### Legend

#### Census Tracts

#### Percent Disability

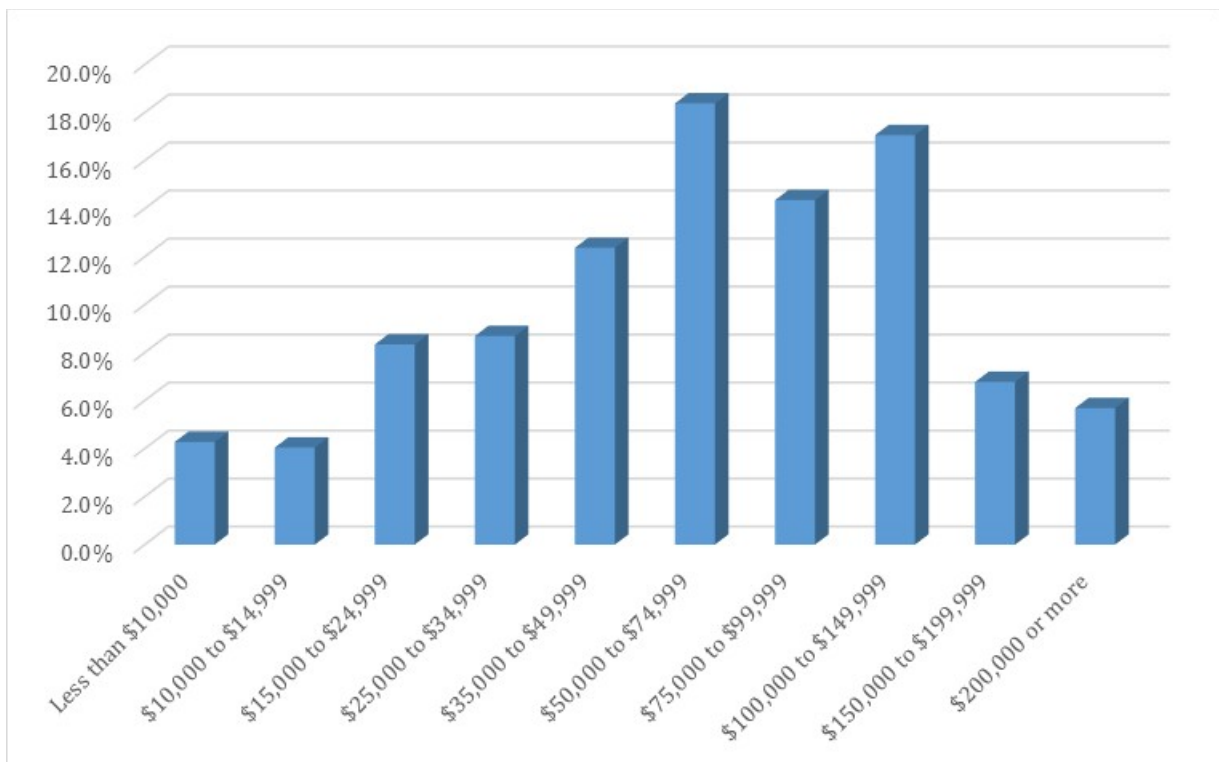


## **Household Income**

Based on information from “Granite State Future Snapshot,” households earning less than \$40,000 are more likely to view investment in public transportation as a top priority, while the overall population views maintaining roads, highways and bridges as more important.

Exhibit 10 illustrates the household incomes for the state according to the 2014 ACS Five-Year Estimates. According to the survey, there are a total of 519,580 households in New Hampshire. Of those households, about 38% earn less than \$35,000 annually. Of the households earning less than \$35,000, some 8.1% earned between \$25,000 and \$34,999. Another 12.4% earned between \$10,000 and \$24,999 and about 4.3% earned less than \$10,000 per year. The median household income for each area is shown in Exhibit 11.

**Exhibit 10: Household Income**



Source: 2014 ACS Five-Year Estimates

### Exhibit 11: Median Household income

County	Median Income
Belknap	\$60,782
Carroll	\$52,393
Cheshire	\$56,139
Coos	\$42,407
Grafton	\$55,045
Hillsborough	\$70,906
Merrimack	\$65,226
Rockingham	\$79,368
Strafford	\$59,580
Sullivan	\$56,851

Source: 2014 ACS Five-Year Estimates

### **Below Poverty**

Exhibit 12 illustrates the percentage of the population in each Census tract that is living below the poverty level. Census tracts with the highest percentage of people below the poverty level (24.51% to 48.4%) were located in Concord, Franklin Keene, Durham, Nashua, and Hampton. Areas shaded in orange and yellow also had poverty rates higher than the state average of 8.9%.

### **Zero Vehicle Households**

Census tracts in Concord, Manchester, and Nashua had the highest percentages of households with zero vehicles available. The number of vehicles available to a housing unit is also used as an indicator of demand for transit service. There are 27,444 households in the State that have no available vehicle; this is 5.3% of all the households in New Hampshire. Exhibit 13 shows locations of households with zero vehicle availability by the number of households in each Census tract.

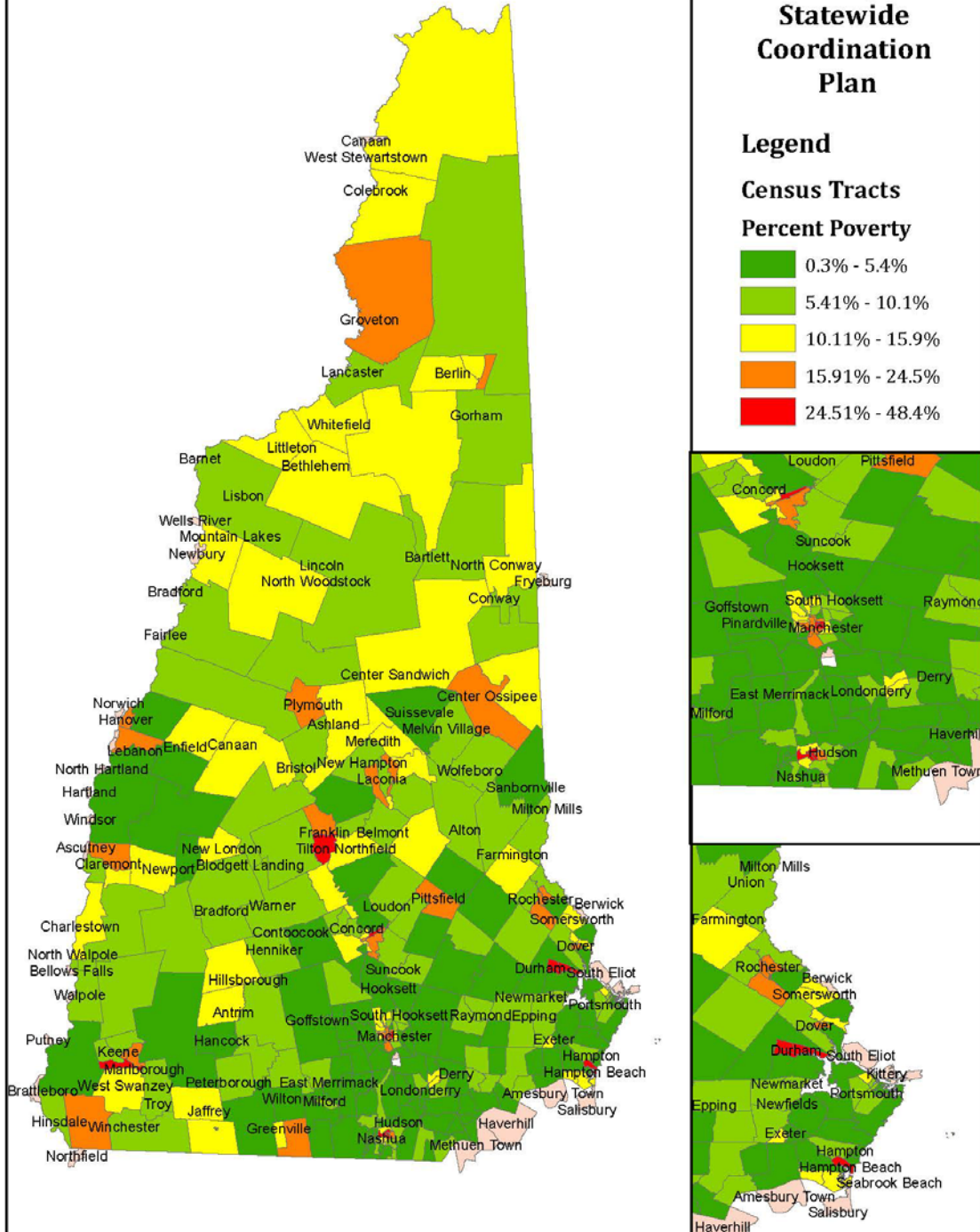
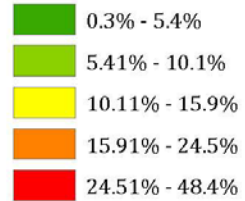
## Exhibit 12: Population Below Poverty

### New Hampshire Statewide Coordination Plan

#### Legend

#### Census Tracts

#### Percent Poverty



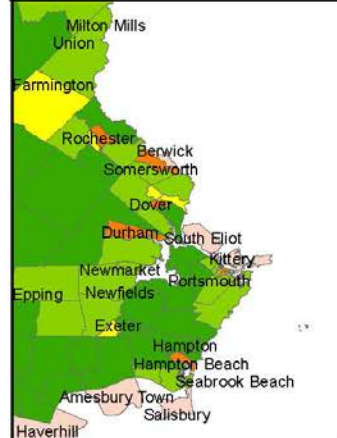
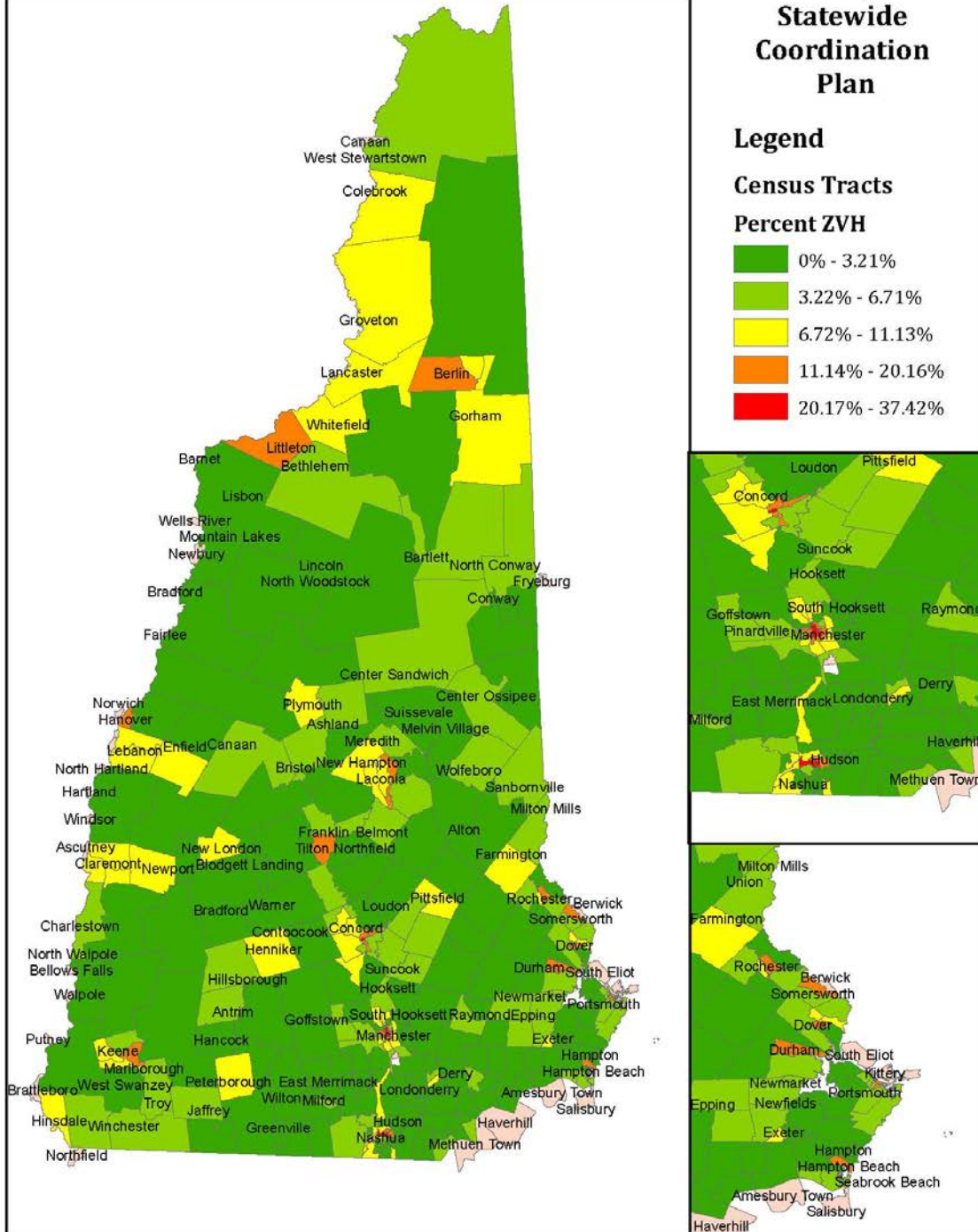
### Exhibit 13: Zero Vehicle Households

### New Hampshire Statewide Coordination Plan

#### Legend

#### Census Tracts

#### Percent ZVH



# Services

## V. THE GENERAL AVAILABILITY OF TRANSPORTATION SERVICES

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This chapter provides an introductory overview of the distribution of public transit and Section 5310 Program funds for operating transportation services for seniors and individuals with disabilities, by region today. The data included in this section is based, in large part, on interviews with RCC representatives. Resources for information in this section also include the Transportation Resource Directories, Coordinated Transportation Plans issued by each region, and the State Coordinating Council 2015 Annual Report.

### **Region 1: Grafton-Coos Regional Coordination Council (RCC)**

The geographic boundaries of Region 1 RCC include Grafton and Coos Counties. North Country Council is the Lead Agency of the RCC.

### **Transportation Providers in Region 1 RCC**

Transport Central is a recipient of Section 5310 Purchase of Service funding, as is Grafton County Senior Citizens Council and Tri-County CAP Transit (North Country Transit). Transport Central is a volunteer driver program. Public transportation is provided by Advance Transit and Tri-County CAP Transit (North Country Transit). Advance Transit and North Country Council also receive Section 5310 Formula Funds. Exhibit 14 illustrates the service area of these Section 5310 Program Formula Funds and Purchase of Service providers.

In addition to the public transportation and Section 5310 program transportation providers, there are approximately 41 other transportation providers serving the region, many of which have provided basic information but are otherwise not actively participating in the RCC coordinated transportation structure. Those other providers include general public services, taxi companies, non-emergency medical transportation, seniors and people with disabilities, and client restricted transportation. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

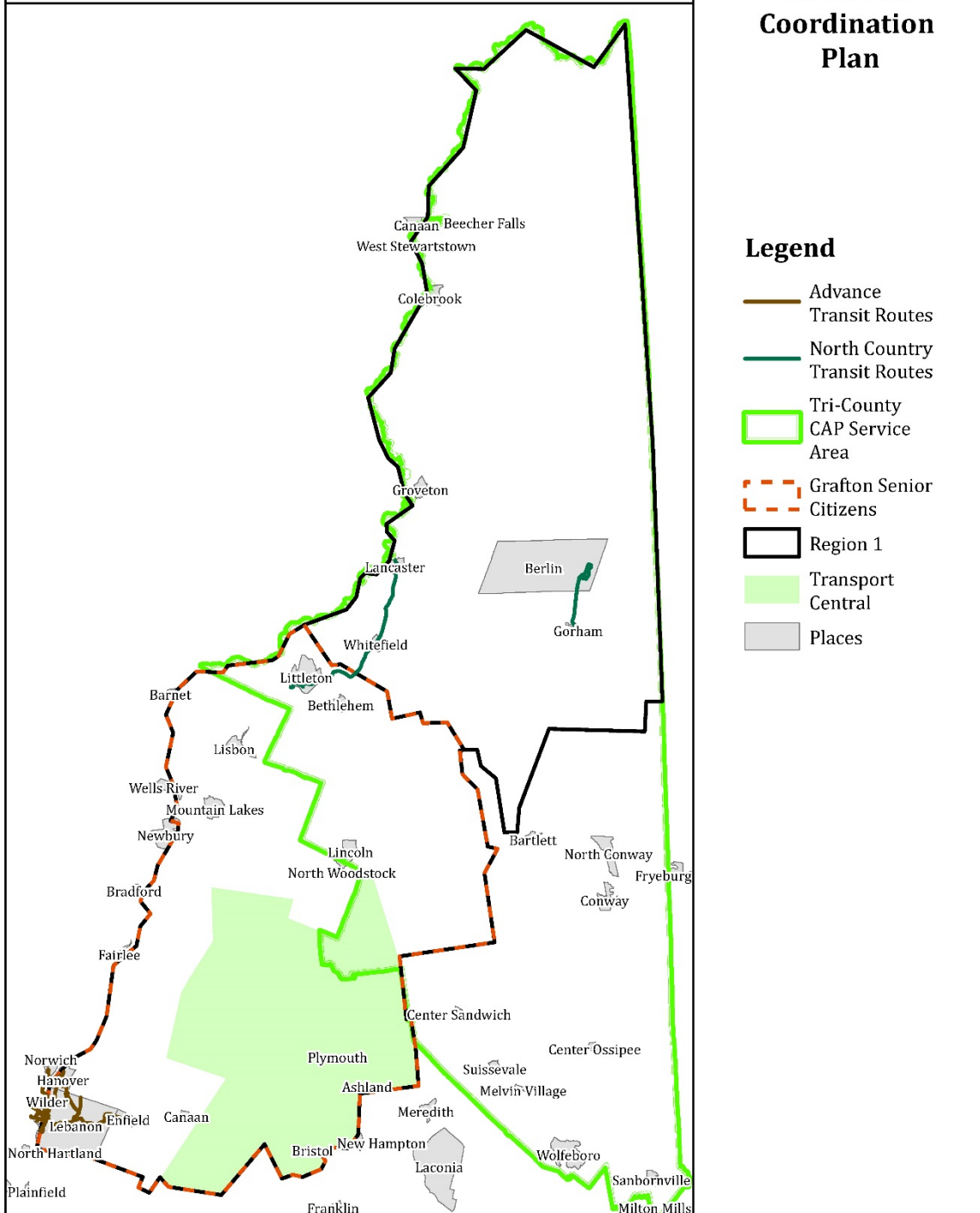
### Region 1 RCC Members (2015):

- Grafton County Senior Citizens Council (Section 5310)
- Advance Transit (Section 5311)
- Frank Claffey, Citizen, Bethlehem
- Coos County SCOA Representative
- Doug Grant, Citizen, Littleton
- Transport Central
- Tri-County Community Action (Sections 5311 & 5310)
- Caleb Interfaith Caregivers
- United Valley Interfaith Project
- Genesis Behavior Health (Section 5310)
- Upper Valley Lake Sunapee RPC
- North Country Council
- NH Department of Transportation










**Exhibit 14: Region 1 Public Transit & Section 5310  
Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



**Legend**

-  Advance Transit Routes
-  North Country Transit Routes
-  Tri-County CAP Service Area
-  Grafton Senior Citizens
-  Region 1
-  Transport Central
-  Places

## **Region 2: Carroll County RCC**

The geographic area of Region 2 RCC includes all of Carroll County. Mount Washington Valley Economic Council is the lead agency of the RCC.

### **Transportation Providers in Region 2 RCC**

Recipients of Section 5310 Formula Funds include Granite State Independent Living, Grafton County Senior Citizens Council, and Tri-County CAP Transit. Public transportation is provided by Tri-County CAP. Exhibit 15 illustrates the service area of these providers.

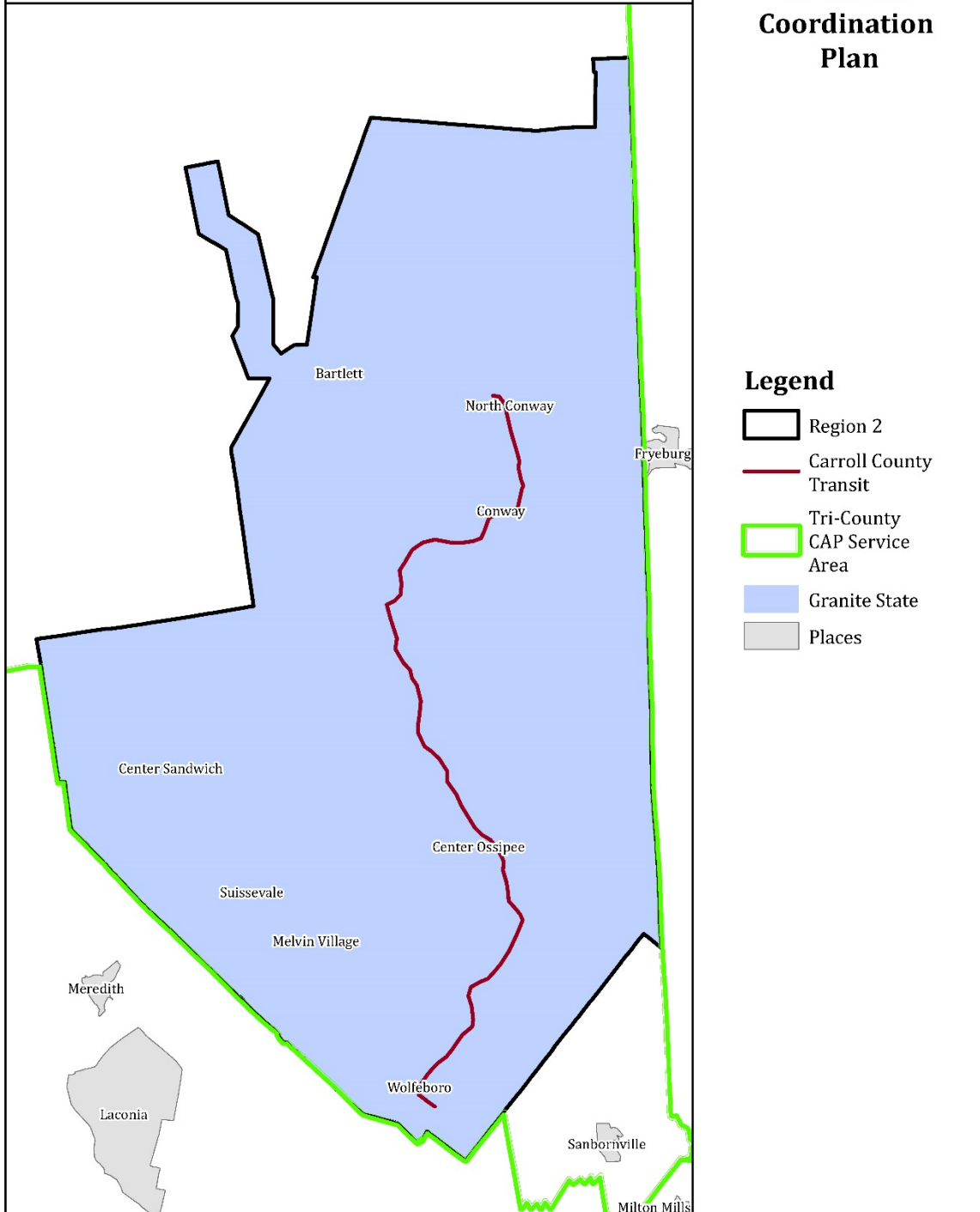
In addition to the public transportation and Section 5310 program transportation providers, most of the 41 other transportation providers serving Region 1 RCC service area also serve Carroll County. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

#### Region 2 RCC Members (2015):

- Gibson Center for Senior Services
- Tri-County Community Action Program (Sections 5311 & 5310)
- Carroll County Retired and Senior Volunteer Program (RSVP)
- Ossipee Concerned Citizens
- Mount Washington Valley Economic Council
- Dorothy Solomon, Citizen, Conway
- Sharon Strangman, Citizen, Albany
- Lakes Regional Planning Commission (LRPC)
- North Country Council (NCC)

**Exhibit 15: Region 2 Public Transit & Section 5310  
Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



### **Region 3: Mid-State Regional Coordinating Council**

The geographic area for Region 3 RCC includes Belknap and Merrimack Counties. Central New Hampshire Planning Commission is the lead agency of the RCC. Belknap Merrimack Community Action Program and Lakes Regional Planning Commission are also actively involved in the RCC. The Regional Mobility Manager is employed by the Belknap-Merrimack Community Action Program with the assistance of funding from the Section 5310 Formula Funds.

Section 5310 Purchase of Service (POS) transportation program includes purchased accessible transportation service for older adults and individuals with disabilities. The 20% matching funds are provided through in-kind match to include donated volunteer driver time. Cash match is provided by Belknap-Merrimack Community Action Program, Inc. from the agency's non-Federal unrestricted funds and/or the Community Services Block Grant.

### **Transportation Providers in Region 3 RCC**

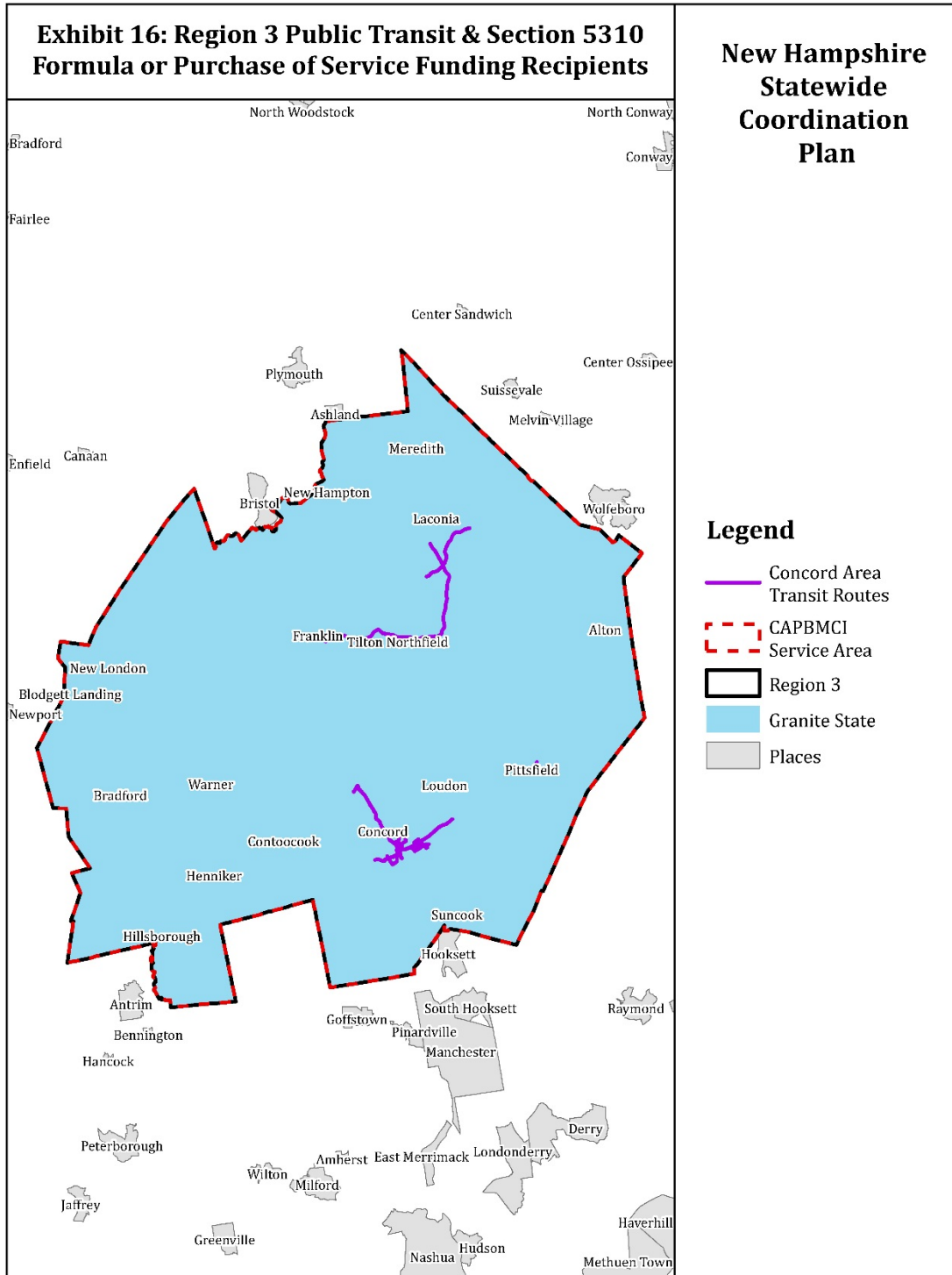
The Region 3 RCC membership includes 26 member agencies. The Belknap-Merrimack Community Action Program Volunteer Driver Program, Concord Area Transit, and Granite State Independent Living are primary transportation providers under the Section 5310 Purchase of Service program. Other transportation providers in the region that are members of the RCC also receive referrals from the Regional Mobility Manager and trip coordinator for trips that are not eligible for Section 5310 funding.

Exhibit 16 illustrates the service area of the public and Section 5310 program transportation providers serving the region. Not pictured are the nearly 50 other transportation programs serving the area that provide trips for the general public, individuals with disabilities, older adults, and client-specific services. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

#### Region 3 RCC Members (2015):

- Bank of NH
- Belknap Economic Development Council
- Central NH Regional Planning Commission (CNHRPC)
- City of Concord
- Community Action Program Belknap-Merrimack Counties, Inc. (CAPBMCI) (Sections 5311 & 5310)
- Community Bridges NH
- Friends Program-RSVP
- Genesis Behavioral Health (Section 5310)
- Good Life Programs & Activities
- Granite State Independent Living (Section 5310)
- Granite United Way
- Lakes Region Chamber of Commerce
- Lakes Region Community Services
- Lakes Region Partnership for Public Health
- Lakes Region Planning Commission (LRPC)
- NH Association for the Blind
- Merrimack County Department of Corrections
- NH Department of Health & Human Services

- NH Department of Transportation
- NH Catholic Charities
- Riverbend Community Mental Services, Inc. (Section 5310)
- St. Joseph's Community Services, Inc.
- Town of Hillsborough
- Town of Tilton



## **Region 4: Sullivan County Regional Coordinating Council**

The Region 4 RCC includes all of Sullivan County. The lead agency for the RCC is Upper Valley Lake Sunapee Regional Planning Commission.

### **Transportation Providers in Region 4 RCC**

Section 5310 Purchase of Service and Section 5311 rural public transportation is provided by Southwestern Community Services. Purchase of Service trips are provided by volunteer drivers working through Southwestern Community Services.

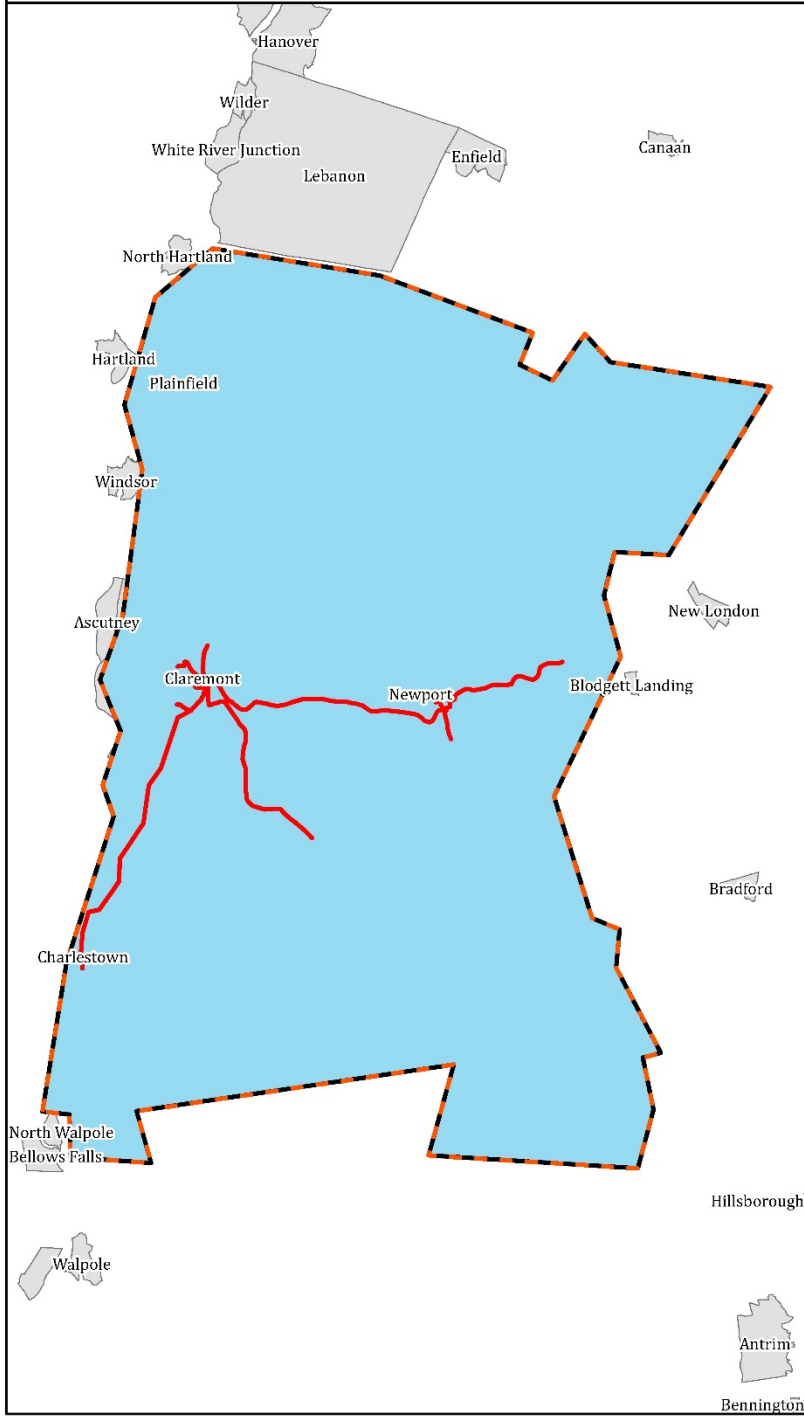
Exhibit 17 illustrates the service area of the public and Section 5310 program transportation providers serving the county. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

Region 4 RCC Members (2015):

- Sullivan County Nutrition Services
- Turning Points Network
- Community Alliance of Human Services
- United Valley Interfaith Project
- Southwestern Community Services, Inc. (Section 5311 and 5310)
- Aare Ilves, Citizen, Charlestown
- West Central Behavioral Health
- New Hampshire Bureau of Elderly and Adult Services (BEAS)
- Upper Valley Lake Sunapee Regional Planning Council

**Exhibit 17: Region 4 Public Transit & Section 5310  
Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



- Legend**
- Region 4
  - Southwestern Community Services
  - SCS Fixed Routes
  - Granite State
  - Places

## **Region 5/6: Monadnock Regional Council for Community Transportation**

The geographic area of Region 5/6 RCC includes sections of Cheshire and Hillsborough Counties. The lead agency for the RCC is Cheshire County. The Chairperson of the RCC is the Monadnock United Way. Liaisons for the RCC include Southwest Regional Planning Commission, HCS Services, and the Community Volunteer Transportation Company.

### **Transportation Providers in Region 5/6 RCC**

Section 5310 Purchase of Service transportation is provided by the Community Volunteer Transportation Company and HCS Services. The Community Volunteer Transportation Company added the American Red Cross to its services in July 2016. The Community Volunteer Program currently serves 33 towns with 71 active volunteers. On average, there are 42 drivers each month. The Community Volunteer Program also has two transportation coordinators who job share and the program receives Section 5310 formula funds to assist with transportation coordination.

Home Healthcare, Hospice and Community Services (HCS) primarily serves the City of Keene. It operates three fixed routes in the City which are funded with assistance from Section 5311 Rural Transit Program funds. The HCS also operates a demand response service (Friendly Bus) that is wheelchair accessible and funded in part by New Hampshire Bureau of Elderly and Adult Services (BEAS) and FTA Section 5310 Purchase of Service funds. In addition to the Friendly Bus, HCS also uses its Section 5310 Purchase of Service funds to provide shopping trips three times per month for older adults in Keene, Marlborough, and Swanzey.

New Hampshire DOT also transfers Section 5311 Rural Transit Program funds to Vermont Agency of Transportation to fund a Section 5310 public transit route between Hinsdale, NH and Brattleboro, VT. The service is run by Southeast Vermont Transit (<http://www.sevtransit.com>).

Exhibit 18 illustrates the service area of the public and Section 5310 program transportation providers serving the RCC region. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

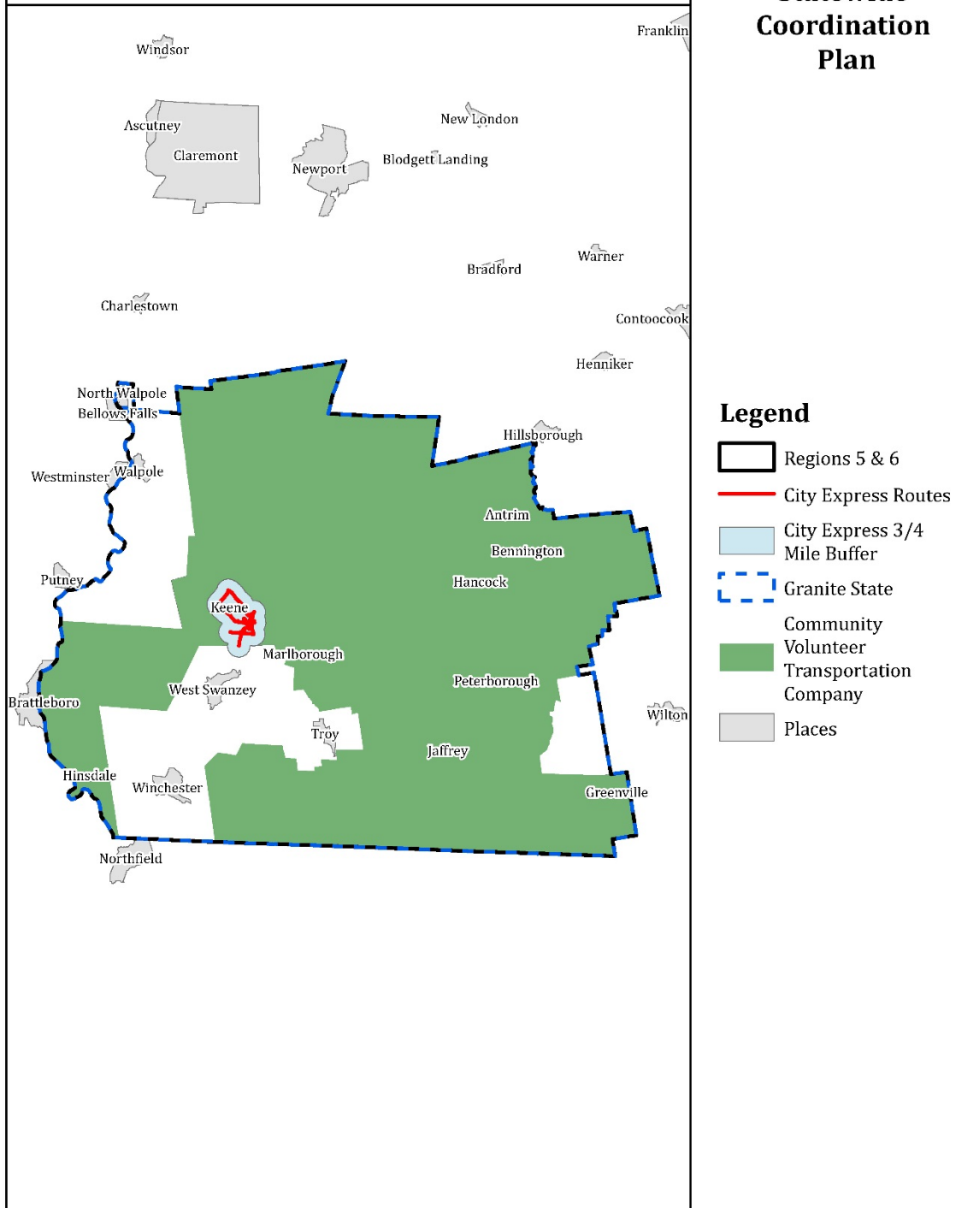
#### Region 5/6 RCC Members (2015):

- Monadnock United Way
- Home Healthcare, Hospice and Community Services (HCS) (Section 5311 & 5310)
- Contoocook Valley Transportation Company
- Cheshire County
- Southwest Region Planning Commission
- Monadnock Retired Senior Volunteer Program (RSVP) (Section 5310)
- Keene Housing
- Keene Housing Kids Collaborative
- Diluzio Ambulance
- American Red Cross
- Cheshire Medical Center
- Monadnock At Home
- ServiceLink
- Chuck Weed, Citizen



**Exhibit 18: Regions 5 & 6 Public Transit & Section 5310 Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



## **Region 7: Nashua Regional Coordinating Council**

The geographic area of Region 7 RCC includes portions of Hillsborough County. At the time of this report, there was no Chairperson for the Region 7 RCC. The RCC is represented by Nashua Regional Planning Commission.

### **Transportation Providers in Region 7 RCC**

Section 5310 Purchase of Service and formula funded transportation is provided by Souhegan Valley Transportation Collaborative which serves residents of Amherst, Brookline, Hollis, Milford, Mont Vernon, and Wilton. The area is also served by public transportation provider, Nashua Transit System.

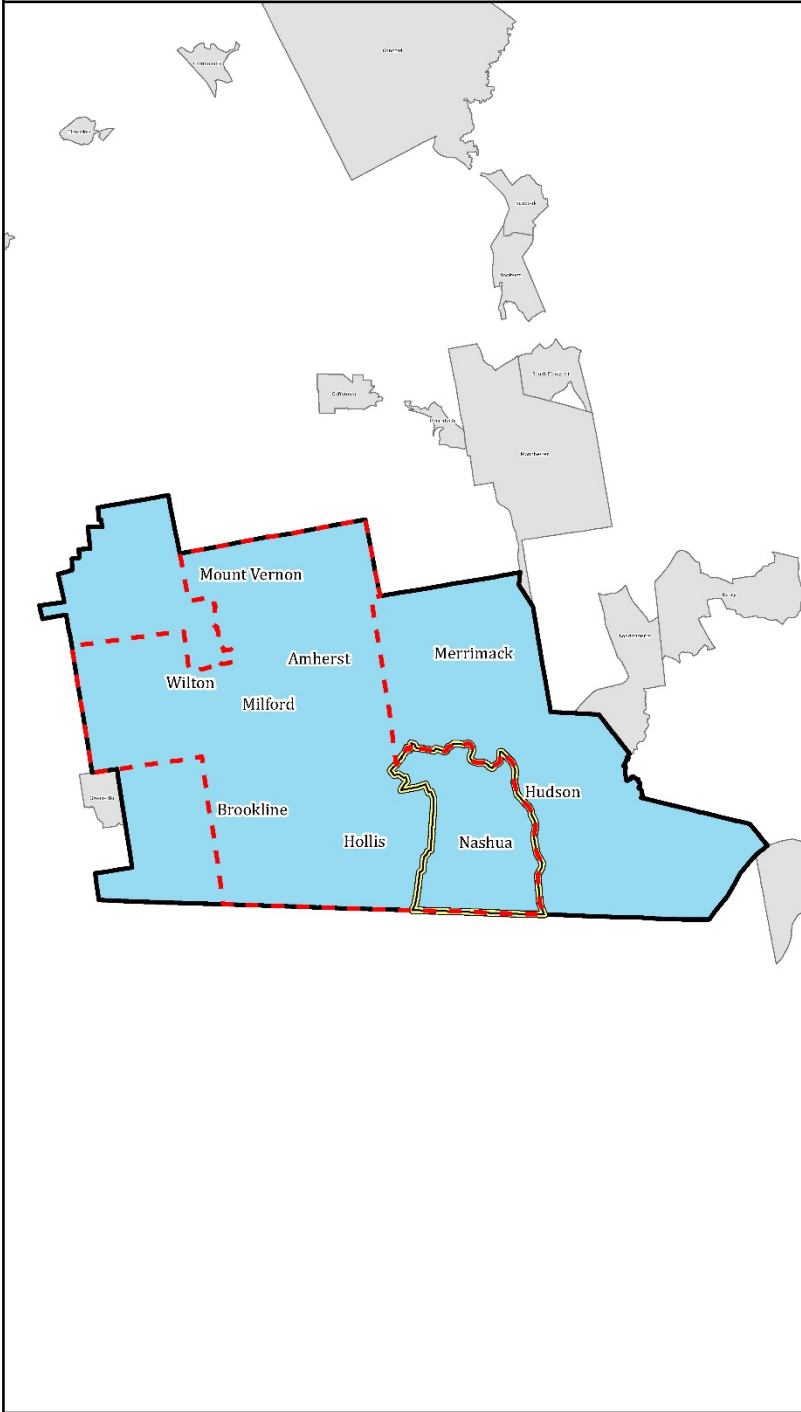
Exhibit 19 illustrates the service area of the public and Section 5310 program transportation providers serving the RCC region. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

Region 7 RCC Members (2015):






- Nashua Regional Planning Commission
- Southern New Hampshire Services (Section 5310)
- St. Joseph Community Services, Inc.
- Nashua Soup Kitchen
- Town of Merrimack
- Town of Litchfield
- Nashua Transit System (Section 5307)
- Friends in Service Helping (FISH)
- Souhegan Valley Transportation Collaborative

**Exhibit 19: Region 7 Public Transit & Section 5310  
Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



**Legend**

-  Region 7
-  Souhegan Valley Transportation
-  Nashua Citybus
-  Granite State
-  Places

## **Region 8: Greater Manchester Regional Coordination Council**

At the time of this report, there was no Chairperson for the Region 8 RCC. The RCC is represented by the Manchester Transit Authority and Southern New Hampshire Planning Commission.

### **Transportation Providers in Region 8 RCC**

Section 5310 Purchase of Service transportation is provided by Manchester Transit Authority (MTA) through the MTA Shopper Shuttle and Goffstown Service. Also, Easter Seals of New Hampshire provides transportation throughout the region and all of New Hampshire. The MTA also provides general public transportation under the FTA Section 5307 program. The CareGivers, Inc. provide transportation to the Greater Manchester and Nashua areas, and receive Section 5310 formula and Purchase of Service funding.

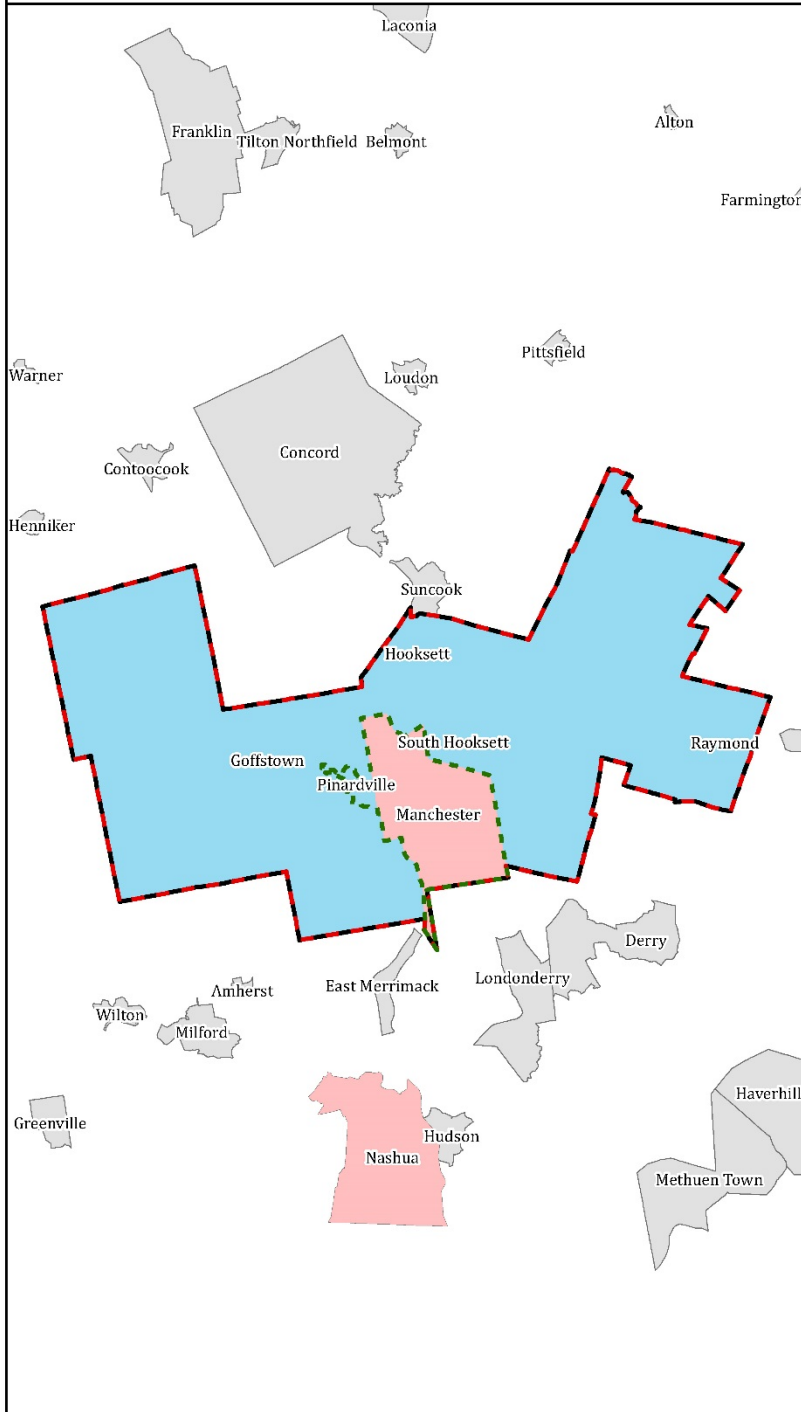
Exhibit 20 illustrates the service area of the public and Section 5310 program transportation providers serving the RCC region. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

Region 8 RCC Members (2015):

- The CareGivers, Inc.
- CART (Section 5307)
- Easter Seals NH (Section 5310)
- Granite State Independent Living (Section 5310)
- Green Cab Company 1, Inc.
- Town of Hooksett
- Manchester-Boston Regional Airport
- Manchester Transit Authority (Section 5307)
- Maureen Nagle, Citizen
- Rockingham Nutrition Meals on Wheels
- St. Joseph Community Services, Inc.
- Southern New Hampshire Planning Commission (SNHPC)

**Exhibit 20: Region 8 Public Transit & Section 5310  
Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



**Legend**

-  Manchester Transit Authority
-  Easter Seals of NH
-  Region 8
-  The CareGivers, Inc.
-  Granite State
-  Places

## **Region 9: Greater Derry-Salem Regional Coordinating Council**

The Greater Derry-Salem RCC includes 10 communities in western Rockingham County. The Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART) serves as Lead Agency for the region, and technical assistance is provided by the Southern New Hampshire Planning Commission, and the Rockingham Planning Commission.

### **Transportation Providers in Region 9 RCC**

The Coordinated Public Transit/Human Services Transportation Plan for the region identifies 17 organizations providing transportation services in the RCC region. CART is the public transit agency in the region, and operates public demand response service and route deviation service in the towns of Chester, Derry, Hampstead, Londonderry and Salem. Section 5310 Purchase of Service transportation is provided by Easter Seals New Hampshire (ESNH) through a cooperative agreement between ESNH, CART, and the Rockingham Nutrition Meals on Wheels (RNMOW). Recipients of Section 5310 formula funds include Greater Salem Caregivers and Rockingham Nutrition Meals on Wheels. CART serves as the Lead Agency for Section 5310 Purchase of Service and Formula funding.

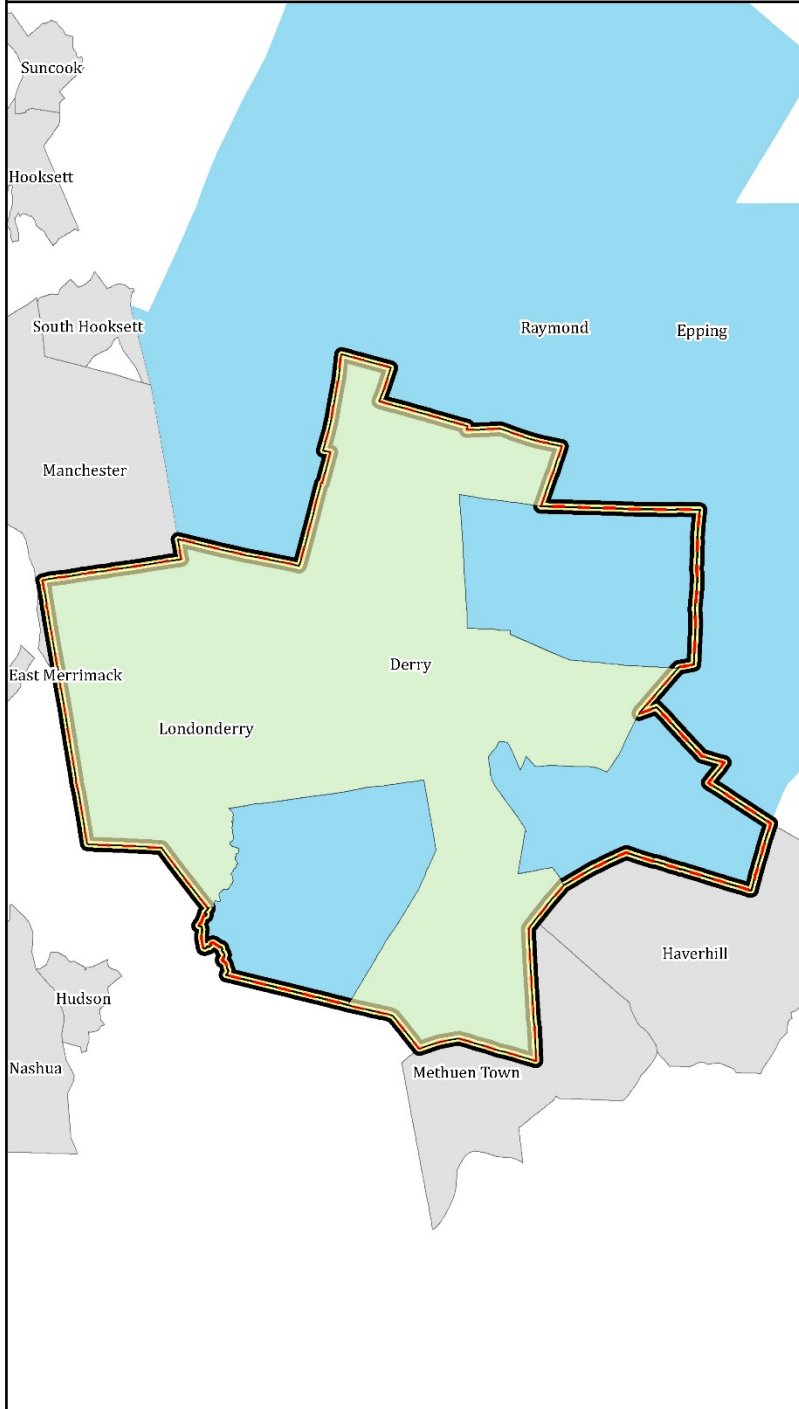
Exhibit 21 illustrates the service area of the public and Section 5310 program transportation providers serving the RCC region. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

Region 9 RCC Members (2015):

- Green Cab Company
- Lamprey Health Care Senior Transportation (Section 5310)
- Rockingham Planning Commission
- Town of Hampstead
- Southern New Hampshire Planning Commission
- Greater Salem Caregivers
- Easter Seals New Hampshire (Section 5310)
- Town of Derry
- CART (Section 5307)

**Exhibit 21: Region 9 Public Transit & Section 5310 Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



**Legend**

-  Region 9
-  CART Service Area
-  Granite State
-  Easter Seals of NH
-  Rockingham Nutrition Meals on Wheels
-  Places

## **Region 10: Alliance for Community Transportation**

The Region 10 RCC includes 38 communities covering all of Strafford County, eastern Rockingham County, and two (2) communities in southern Carroll County. The Cooperative Alliance for Seacoast Transportation (COAST) hosts the mobility manager for the RCC and the call center for the region. Rockingham Planning Commission and Strafford Regional Planning Commission provide technical assistance.

### **Transportation Providers in Region 10 RCC**

The Coordinated Public Transit/Human Services Transportation Plan for the region identifies 16 organizations providing transportation services in the RCC region. Section 5310 Purchase of Service transportation is provided by COAST, Rockingham Nutrition Meals and Wheels (RNMOW) and two (2) volunteer driver programs – Ready Rides and Transportation Assistance for Seacoast Citizens (TASC). COAST provides public transportation and Americans with Disabilities Act (ADA) paratransit service in the towns of Berwick, Dover, Exeter, Farmington, Newington, Newmarket, Portsmouth, Rochester, Somersworth, and Stratham. UNH Wildcat Transit provides fixe route transit in Durham, Dover, Newmarket and Portsmouth. This service is open to the public but oriented to the academic calendar. COAST serves as Lead Agency for Section 5310 Formula Funding, and the Rockingham Planning Commission serves as Lead Agency for Section 5310 Purchase of Service funding.

Exhibit 22 illustrates the service area of the public and Section 5310 program transportation providers serving the RCC region. Additionally, a list of providers funded by the Bureau of Elderly and Adult Services (DHHS) is provided in the Appendix.

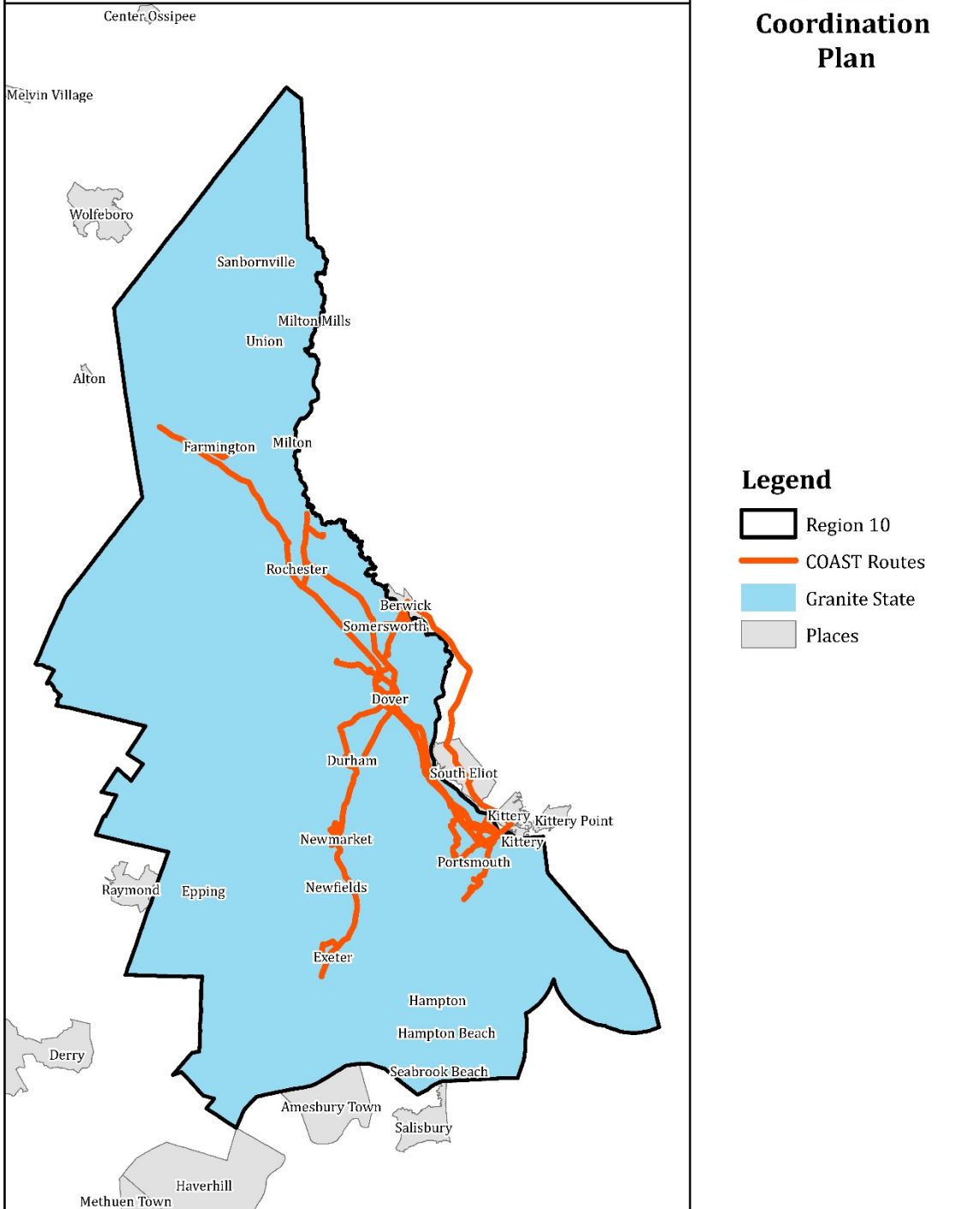
Region 10 RCC Members (2015):

- Community Action Partnership of Strafford County (Section 5310)
- Community Partners (Section 5310)
- Cooperative Alliance for Seacoast (Section 5307)
- Easter Seals of New Hampshire (Section 5310)
- Goodwin Community Health
- Granite State Independent Living (Section 5310)
- Great Bay Services (Section 5310)
- Health & Safety Council of Strafford County
- The Homemakers Health Services
- Lamprey Health Care (Section 5310)
- Liberty Livery & Road Nannys
- Mark Wentworth Home (Section 5310)
- New Hampshire Association for the Blind
- Ready Rides
- Rockingham Nutrition and Meals on Wheels
- Rockingham Planning Commission
- Transportation Assistance for Seacoast Citizens
- Town of New Durham
- Town of Wakefield



**Exhibit 22: Region 10 Public Transit & Section 5310  
Formula or Purchase of Service Funding Recipients**

**New Hampshire  
Statewide  
Coordination  
Plan**



# Feedback

## **VI. STAKEHOLDER FEEDBACK**

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This chapter outlines the efforts made to gain feedback from the state, regional, and local levels about the current structure and status of statewide coordinated transportation in New Hampshire. Various state agencies as well as RCC and RPC leadership were interviewed, and five (5) public meetings were held across the state to obtain feedback from providers and the public. Interview tools and the PowerPoint presentation used during the public meetings are provided in the attached Appendix.

While efforts were made to contact as many state agencies as possible, there may be other important players not represented in this report. Any suggestions regarding other agencies to interview or consider for this plan are welcome.

### **STATE AGENCY INTERVIEWS**

In order to gain a better understanding of key funding resources that may be available to support coordination activities, and to begin to understand the views and perspectives of key funding program managers (beyond current involvement with the SCC), various state agencies which either utilize and/or fund transportation were identified and interviewed. The interviews were conducted in person and over the phone in some cases. The agencies and organizations interviewed during this process included the following:

- ◆ Department of Health and Human Services (Multiple Divisions/Bureaus)
  - Bureau of Elderly and Adult Services
  - Bureau of Developmental Services
  - Bureau of Drug and Alcohol Services
  - Division of Family Assistance
  - Division of Children, Youth, and Families
  - Bureau of Mental Health
- ◆ Council on Developmental Disabilities
- ◆ Transport NH
- ◆ Disabled American Veterans and the Manchester VA Medical Center
- ◆ New Hampshire Department of Transportation, Bureau of Rail and Transit
- ◆ The Statewide Coordinating Council (SCC)

Interviews sought to provide information on funding programs for transportation and how they are used, eligibility requirements, client needs, current participation in statewide coordination efforts, and perceived barriers to coordination.

### **Program Overviews**

Each agency was asked to provide details about which programs administered by the agency fund transportation, expenditures for these programs, client eligibility, and trips provided under the program. Some of this data was not available for all agencies. The exhibit on the following page outlines the response for each of the agencies interviewed.

### Exhibit 23: Overview of State Agencies

Agency	Programs Administered Which Fund Transportation	Program Expenditures	Client Eligibility	Trip Purpose	Transportation Coordination
<b>Bureau of Elderly and Adult Services (DHHS)</b>	Title III(B), Title III(C), Title III(E) , Veterans Directed Community Based Services Program, Alzheimers Respite Grant, Home Health Services, ServiceLink	Title III(B) - \$693,802 State General Fund - \$897,487 (2015)	60+ years old	Varies per program; Title III(B) can be used for all but purely recreational purposes	Providers are involved in coordination at the regional and local levels. ServiceLink is active in promoting coordination
<b>Bureau of Developmental Services (DHHS)</b>	Medicaid funding for individual consumers or subcontracting agencies (through Area Agencies)	Individual Area Agencies track this; total not provided	Must be Level Of Care eligible	Any	Need for better linkages between developmental service provider support professionals and transit
<b>Bureau of Drug and Alcohol Services (DHHS)</b>	Treatment and Recovery Support Services	Information not actively tracked; total for transportation unknown	Individuals with a substance abuse disorder, whose household income is below 400% of poverty level	Attending treatment and recovery services; other trips which reduce barriers to maintaining recovery	Some designated agency providers bill for bus passes and tickets
<b>Bureau of Mental Health Services (DHHS)</b>	All services are provided through Community Mental Health Centers, they use funds as they see fit	Individual Community Mental Health Centers track this; total for transportation unknown	Must receive services from a Community Mental Health Center	Determined by individual Community Mental Health Centers	None at this time
<b>Division of Family Assistance (DHHS)</b>	TANF	Approximately \$225,000 annually	TANF clients participating in the NH Employment Program	Approved NH Employment Program activities, such as training and education	Provided matching funds for FTA reverse commute services
<b>Division of Children, Youth, and Families (DHHS)</b>	Child Protection and Juvenile Justice	Transportation is part of a daily rate charged for all services; total unknown	Families with court mandated transportation to ensure visitation	Case plan determined activities only	Encourage use of public transportation through provision of bus tickets
<b>NH Council on Developmental Disabilities</b>	Provide funding which may be used for transportation by individual Council Members	Not provided	Council Members	Council-related events	None at this time, although some providers used participate in the SCC

Agency	Programs Administered Which Fund Transportation	Program Expenditures	Client Eligibility	Trip Purpose	Transportation Coordination
Transport NH	N/A	N/A	N/A	N/A	Promotes coordinated transportation at local, regional, and state levels
DAV/VA Medical Center	Volunteer Driver Program, National DAV provides funding for vehicles	Unknown	Veteran or family of a Veteran receiving services at the VA Medical Center	Medical Appointments at VA Medical Center	None at this time
NHDOT	Section 5311, Section 5310	Section 5311 - \$3,900,000 Section 5310 - approximately \$1,750,000 (available for 2016)	Section 5311 - Non-urbanized area General Public Section 5310 - Elderly and Individuals with Disabilities	Any, except those categorized as Charter or School Bus services	Involvement in regional coordinated transportation planning activities is required for the Section 5310 program, and is strongly encouraged for the Section 5311 program
SCC	N/A	N/A	N/A	N/A	Implemented regional coordinated structure, provides guidance to RCCs

### **State Agency Interview Findings**

The following section provides a more detailed description of the interview results for state agencies that completed the e-mail survey and a follow-up telephone interview with the consultant staff. Most of the respondents were divisions or bureaus within the NH Department of Human Services that fund mobility services through their grant subrecipient providers. The responses indicate in general a need for state funding agencies to become more involved in setting policy parameters for their funded contract agencies to be uniformly identifying opportunities for providing transportation support services. This includes identifying potential coordination opportunities that will enable transportation support services to be provided more efficiently while setting standards for maintaining the quality of service provided including limits on maximum ride time, transfers between services and customer support from transportation provider personnel.

### **Bureau of Elderly and Adult Services (BEAS)/DHHS**

The Bureau of Elderly and Adult Services (BEAS) provides grants from the sources listed in Exhibit 23 to local non-profit and public agency subrecipients which can be used for

transportation services targeted for the needs of older adults who are 60 years of age and over. Some of these providers also receive funding for vehicles through the FTA Section 5310 program.

A policy exists that allows the marketing of empty seats on funded agency vehicle trips which could be a starting point for promoting transportation coordination with other agency client populations. The administrator interviewed cited the Service Link Information and Referral program as a funded program which does promote coordination of transportation services but DHHS discontinued requiring BEAS participation in the RCC because BEAS felt that they were requiring this participation without providing funding for that activity. It was suggested that this might be revisited by BEAS in the interest of promoting better coordination of BEAS-funded transportation providers with other providers funded through NHDOT and other agencies.

One suggestion that was made during the interview was the potential for pooling a variety of DHHS bureau and division funding for transportation to promote a more integrated delivery of human service transportation and coordination with other community transit providers. It was also noted that a transportation analyst from BEAS had participated in the SCC but that this position was abolished in 2004 and that continued BEAS participation ended in 2016.

It would appear that in addition to reestablishing Bureau level participation on the SCC that encouraging the participation of BEAS funded providers with other community transit providers at the RCC level would provide opportunities for more coordinated delivery of transportation by all local transportation providers.

### **Bureau of Developmental Services (BDS)/DHHS**

BDS Staff interviewed noted that transportation services are provided through Area Agencies that receive funding from the Bureau. A large portion of this funding is Medicaid waiver funding which is administered by the Area Agencies and distributed directly to consumers. These Area Agencies provide the funding for individual consumers through a variety of modes including the use of Area Agency owned and operated vehicles, subcontracted agencies such as Easter Seals, Area Agency staff cars, private automobile mileage reimbursement and public transit fare reimbursement to consumers.

Use of transportation services by consumers has increased due to the growth of independent living and supported employment which has increased the need for consumer mobility.

Coordination of transportation services is decentralized to the Area Agencies and it was noted that while there is not a mandate from the Bureau to coordinate with other human service and community transit providers, the agencies are often engaging providers who are providing services to consumers funded by other agencies. The BDS staff interviewed noted that they have not participated in the SCC but that there has been dialogue between BDS and its funded Area Agencies on needs identified by consumers and families identifying lack of transportation as an

issue. However, the response to these identified needs continues to be left up to the individual Area Agencies to determine how these needs can be addressed.

### **Bureau of Drug and Alcohol Services (BDAS)/DHHS**

The BDAS funds transportation for eligible consumers through contracts with Treatment and Recovery Support Service Providers who are authorized to provide funding for transportation for eligible consumers. These funded transportation services can include agency staff mileage reimbursement, taxi fares and public transit tickets and passes. As long as the eligibility criteria for individual or family income is met, the provider agency has the discretion to work with the consumer and determine the appropriate mode of transportation to be funded.

There are no BDAS policies mandating or encouraging coordination of transportation services so any use of contracted service with human service transportation providers is the result of individual provider initiative. The Bureau does not have any transportation coordination agreements with another agency and interviewed staff indicated they were not familiar with the SCC.

### **Bureau of Mental Health Services (BMHS)/DHHS**

Like other DHHS divisions and bureaus, BMHS contracts with providers who are responsible for the primary mission of mental health services as well as support services including transportation. These providers include ten (10) regional Community Mental Health Centers (CMHC) and several other service providers including but not limited to peer support agencies (PSA) and transitional housing service agencies such as Harbor Homes.

The network of transportation service providers are under contract with the aforementioned service providers who in some cases provide transportation services directly with their own vehicles and drivers. These service providers are responsible for their compliance with state and federal transportation funding requirements and the respondents did not indicate any coordination policies coming from BMHS, stating "This is the responsibility of, and determined by each CMHC, PSA and other contracted providers." In addition, the same statement applies to coordination agreements which in some cases exist with human service transportation providers.

Finally, the respondents indicated that they had not participated in SCC or RCC coordination activities, indicating a lack of awareness and not being invited to participate.

### **Division of Family Assistance/DHHS**

The Division of Family Assistance (DFA) funds transportation through its Temporary Assistance to Needy Families (TANF) program, providing funding for adults participating in approved work activities. This also includes the mandatory work program known as the NH Employment Program (NHEP). Participants in the NHEP may receive either reimbursement for miles traveled

up to \$160.00 per month or taxi or bus fare reimbursement up to the same level. For transit reimbursement, this authorization could include monthly or multiple ride passes as well as individual tickets. Bus passes may be purchased directly from approved providers by the State and other transportation reimbursement is done directly to the consumer.

The survey respondents indicated that while TANF rolls have dropped over the past five years and transportation expenditures have dropped as well, those that remain have had more difficult mobility issues that have been difficult to solve. While the Division has made use of available transit services, the need to meet needs in areas without traditional public transit is still unmet. The respondents noted that the proposed Gateway to Work program would encourage the Division to work on these transportation solutions through coordination with other state funding agencies and local transportation providers, among them Medicaid and BEAS for possible coordination with their funded local providers. A recent program with Good News garage would provide used vehicles for approved NHEP participants without access to transportation.

#### **Division of Children, Youth and Families (DCYF)/DHHS**

The DCYF provides transportation services as a support service for the Child Protection and Juvenile Justice primary services of the division. These transportation services are provided through Safe Passage, the primary contractor for Child Protection and individual Service Option (ISO) providers who have contracts where transportation is part of the daily rate charged for all (bundled) services. These include Youth Villages and Easter Seals, where the opportunity for delivering a more coordinated transportation service is possible. Safe Passage invoices DCYF for transportation services separately from other primary and support services.

Transportation service eligibility is limited to court assessment orders to provide transportation to families to ensure parent/child visitation and for what is known as permanency planning for reuniting families. These transportation services are provided as long as the case remains open.

While there are no formal program rules to encourage coordination with other federal and state transportation services, the division does encourage the use of public transportation and authorizes payment for bus ticket purchases where this is the most cost efficient form of transportation. Other than this form of using coordinated public transportation, there is not any pro-active promotion of transportation coordination with other human service or community transportation providers

#### **NH Council on Developmental Disabilities (NHCD)**

The NCHDD, the statewide advocacy organization for individuals with developmental disabilities, provides transportation services that are limited to their consumer council members for transportation to participate in council meetings and events.

While transportation is limited to these activities, NHCDD does play a role in advocating for improved mobility and working relationships with human service and public transportation that can improve mobility for individuals with developmental disabilities. The NHCDD Five Year Plan has goals addressing mobility particularly as a support for independent living in the community and overall access to destinations that provide a fuller life for their constituency.

Respondents indicated that the Five Year Plan has not been particularly data intensive with regard to measuring obstacles or barriers to coordination but the Director did acknowledge that this is becoming more of a priority given the challenges of providing mobility for individuals living independently, particularly in rural areas with limited transportation services. She also suggested the need for more openness on the part of Developmental Services area agencies in sharing information on the current state of mobility needs and existing services that leads to cooperation and coordination between transportation providers.

### **DAV/VA Medical Center**

The Manchester VA Medical Center provides transportation to veterans and/or their families coming to and from the Medical Center using volunteer drivers and vehicles provided through funding from the DAV. Veterans in New Hampshire can go to either the Manchester VA Medical Center or the White Junction VA Medical Center located in Hartford, VT.

Staff was unaware of the concept of coordinated transportation, but noted that they do have unmet transportation needs, such as trips to and from the North Conway area. Staff was open to the potential for connections with other transportation providers to bring veterans into the Medical Center.

### **Current Coordination Efforts**

Currently, most of the agencies interviewed are not actively coordinating transportation provided by their agency. In fact, the concept of coordinated community transportation was new to some agencies. A common theme throughout the interviews was that transportation is a continuously growing need for clients in order to access other necessary services, but a lack of staff and time stand in the way of truly considering transportation as an isolated issue. As a result, most agencies interviewed contract out transportation services to providers around the state. The providers are responsible for implementing client eligibility requirements and invoicing the agencies for trips provided. The agencies conduct occasional site visits and review provider practices to ensure that only eligible clients receive transportation under the program; that is the extent of state-level involvement for many agencies.

As shown in Exhibit 23, nearly all of the agencies surveyed cited examples of their designated local providers working with local transit and human service transportation providers under the column titled Transportation Coordination. These individual efforts are initiated by the local operators and it raises the question of whether the state agencies could encourage a more



consistent dialogue and coordination between their providers and local transit and human service transportation providers where they do not currently exist.

Transport NH and the NHDOT both participate in fostering and/or funding coordinated transportation in New Hampshire, and both are members of the SCC. The NHDOT provides funding through the Section 5310 program, which provides 80% of the funding needed to purchase vehicles and purchase of service to eligible organizations throughout the state for provision of transportation to seniors and individuals with disabilities. The Section 5310 program requires participation in coordinated community transportation planning. The Section 5310 purchase of service program paved the way for the creation of volunteer driver programs across the state, which have been instrumental in helping to fill transportation service gaps. The NHDOT also recently received a Rides to Wellness Grant, which will provide a bridge between the scheduling software used by the state Medicaid transportation broker and the public transportation systems across the state. This effort will hopefully introduce additional coordination between these programs. Medicaid funding is an eligible source of match for both the Section 5310 and Section 5311 funding programs, and this opportunity to work together could provide additional funding to the many local public transportation systems currently struggling to secure local match funds. Transport NH does not provide any funding, but works to advocate for public and human service transportation throughout the state and fosters relationships between providers and RCCs. Transport NH is planning an RCC summit and is sponsoring an economic impact study directly related to transportation services in 2017.

### **Barriers to Coordination**

Across the board, the agencies mentioned similar barriers to greater participation in coordinated transportation in NH. The following bullets summarize common barriers:

- ◆ Funding levels have not risen to meet the growing needs.
- ◆ Staff within each agency do not have time or the expertise to consider all transportation options.
- ◆ There is a lack of understanding within agencies of what coordinated transportation truly is or what the benefit would be. Among agencies that did recognize the benefit, they often cited transportation initiatives being the responsibility of local provider agencies.
- ◆ Currently, no state level incentives or policies exist to encourage or require integrated services among agencies.
- ◆ Often, data collected by the agencies is not consistent. In some cases, it is non-existent. Some agencies do not know what they spend on the provision of transportation for their consumers.
- ◆ Agencies are afraid to coordinate or share resources because they fear that becoming more efficient will mean a loss of funds.
- ◆ At the regional level, if local transportation providers are not receiving Section 5310 funding, there is no incentive to continue participating in the RCC.

## **Evaluation of the Current Statewide Coordination Structure**

The agencies aware of the SCC and the current statewide coordinated transportation structure were asked to evaluate its effectiveness and offer suggestions for improvement. These agencies were also asked to consider the roles, current and future, of the SCC and the RCCs. The following paragraphs describe the responses from state agencies.

### **Role of the SCC**

Overall, agencies felt that the regional structure, including the creation of the SCC and the role it has played so far, has been very successful. The SCC was instrumental in creating the regional structure and implementing the recommendations from the previous Statewide Plan, but the agencies felt that the role must change slightly if the SCC is to remain relevant. The following are suggestions for the future role of the SCC:

- ◆ The SCC should serve as an advisory council for NHDOT funding solicitations.
- ◆ The SCC should be a resource for other state agencies dealing with transportation issues. This could include agency-to-agency relationships where the SCC and other agencies could educate each other about how to provide transportation in the most efficient and effective manner.
- ◆ The SCC should provide measurable goals and other guidance to the RCCs. This could include providing standard performance measures and data for providers to collect.
- ◆ The SCC should provide guidance as to how to achieve successful coordinated community transportation.
- ◆ The SCC should work with other state agencies to provide additional funding options to transportation providers.
- ◆ The SCC should work to solve statewide transportation issues that arise, such as establishing hiring standards for volunteer drivers.
- ◆ The SCC should work to solve the “disconnect” between public and human service providers. The SCC could provide “match-making” guidance between agencies and monitor provider relationship progress.

### **Role of the RCCs**

The state agencies felt that the RCCs should have a slightly increased role within the statewide coordinated transportation structure. The following are the suggestions for the future role of the RCCs:

- ◆ The RCCs should ensure true coordination, once the SCC has established a standard definition for coordinated transportation in New Hampshire.
- ◆ The RCCs should provide additional oversight to Section 5310 subrecipients, and should have the authority to ensure subrecipients are in good financial standing.
- ◆ All RCCs should consider hiring a Mobility Manager with a portion of the Section 5310 funds received. Regions currently with mobility managers appear to be achieving more success in coordinating transportation in their service area.

## **COORDINATED TRANSPORTATION SOLUTIONS INTERVIEW**

Coordinated Transportation Solutions, or CTS, is currently the sole Medicaid transportation broker in the State of New Hampshire. In 2013, New Hampshire decided to administer the Medicaid program by hiring multiple managed care organizations, one of which contracted with CTS for the transportation piece. Over the course of the next three (3) years, only two (2) managed care organizations would remain and CTS would become the provider for the entire state. Recently, New Hampshire decided to expand the Medicaid program to include 50,000 additional clients across the state. CTS has been awarded this expansion piece as well. Prior to 2016, accurate data records were not available, but since January of 2016 accurate data has been collected by CTS. In August 2016, CTS was on track to provide approximately 700,000 trips by the end of the year. The New Hampshire Department of Health and Human Services Office of Medicaid and Business Policy defines the eligibility of all Medicaid clients.

CTS provides Medicaid transportation throughout the State using approximately 50 different transportation providers, of which many are taxi and livery providers. The program also provides mileage reimbursement to friends and family members who provide the trip to a client, and this currently accounts for approximately 50 percent of trips provided under the program. Only a small percentage of providers are community transportation providers; however, CTS would like to see this percentage increase. At the time of the interview, Tri-County CAP, Easter Seals, COAST, and Granite State Independent Living were either already providers for the Medicaid program or were in conversation to potentially become providers. CTS is a partner in the upcoming Rides to Wellness Grant, which as mentioned earlier will provide a bridge between the CTS software database and the scheduling software used by community transportation providers. CTS would also like to pursue other community transportation options, such as volunteer driver programs and purchasing bus passes for fixed route services.

Barriers to coordination in the past have been that community transportation providers typically have limited service hours and limited service areas. Shared rides have also been an issue, because there are stipulations established by the Medicaid program as to which public passengers can ride with some Medicaid passengers, such as children. CTS believes that the shared ride issue can be solved with additional communication between themselves and providers.

## **HB SOFTWARE SOLUTIONS INTERVIEW**

### **Pilot Sites**

NHDOT has selected HB Software Solutions (HBSS) to be the statewide coordinated transportation software provider for New Hampshire. In the first phase, five (5) New Hampshire public transportation providers were chosen to be the pilot sites. These providers include Tri-County CAP, Easter Seals Special Transportation Services (ESSTS), Manchester Transit, COAST and CATS (not implemented yet). It is the intent of NHDOT to rollout the coordination software to all providers within the state.

## **Statewide Coordination Software**

HBSS Coordination Software (recently relabeled as QRyan) has a unique capability that in addition to providing scheduling components can inter-connect with 3<sup>rd</sup> Party scheduling systems. This capability enables NHDOT to create a single statewide reporting system where relevant information from all the regions can be collected in one place for purposes of reporting and even planning. Currently the central reporting system is under design and review. It is NHDOT's desire that all providers that report data to them should do so via this reporting portal irrespective of the scheduling software they use. NHDOT has procured 10 site licenses of the software (one for each of the nine RCCs and one additional license).

## **Cost Allocation and Marketplace**

QRyan allows providers to share long rides on each other's vehicles. So if a patient has to travel from Derry to Dover, he can be transported on two agency vehicles (ESSTS and COAST) vehicles and exchanged at a pre-determined transfer point. The software will perform the trip splitting, cost allocation and trip creation on each system. The software will allow any provider to post a trip on a marketplace with a notification to all partners to determine if they can assist with the ride. The partner that accepts the ride on the marketplace then receives the truncated trip (transfer point to destination) in its system and proceeds to schedule the ride on its system. With this capability, all providers in the state can leverage each other's assets and more seats can be filled.

## **Volunteer Coordination**

QRyan Coordination software also has the capability to integrate volunteer drivers and volunteer driver agencies (COAST implementation) and can seamlessly include volunteer drivers of the state as an additional resource to provide services. It also calculates mileage reimbursements for drivers and records mileage and hours.

## **Rides to Wellness Grant: Coordinating Medicaid/Medicare with 5310 Rides**

Another level of coordination attempted is coordinating rides between Medicaid/Medicare assets and NHDOT's 5310 assets.

NHDOT is partnering with CTS – a Medicaid broker in NH – and HBSS, the developers of QRyan Coordination software, to pilot a project wherein the two third party technologies can be integrated in a seamless way so that CTS can offer more rides to the existing providers. The increase in ridership is possible with integration as more rides can be 'sent' by the broker and analyzed by the providers electronically. Currently CTS has to offer rides to the providers – who review the trips manually and accept or reject the rides. The providers then proceed to rekey the trips in their system and proceed to schedule the rides.

To assist them, HBSS will test a new concept, QRyde, which is an algorithmic universal search engine that imports and encodes the existing routes of the provider’s data. When rides are presented to it, QRyde can instantly accept or reject them based on available capacity (much like the Sabre system for the airline industry). This component will be added to the three Rides to Wellness pilot sites (Tri-County CAP, Easter Seals NH, and COAST) and then integrated into the HBSS software implementation.

The connectivity between CTS and the 3 providers shall also include billing data uploaded from providers to CTS. Besides the attendance information, CTS requires information such as VIN numbers, driver information, consumer signatures, etc.

The pilot will work out the operational level disconnects between different transportation layers and address data security, interoperability between two third party systems, response times, computer-human interaction issues, matching special needs of riders to capacity on vehicles, shared ride constraints, cost allocation, etc.

**NHDOT Rides to Wellness Project: Integrating Medicaid Rides with Paratransit/Demand Response Rides**

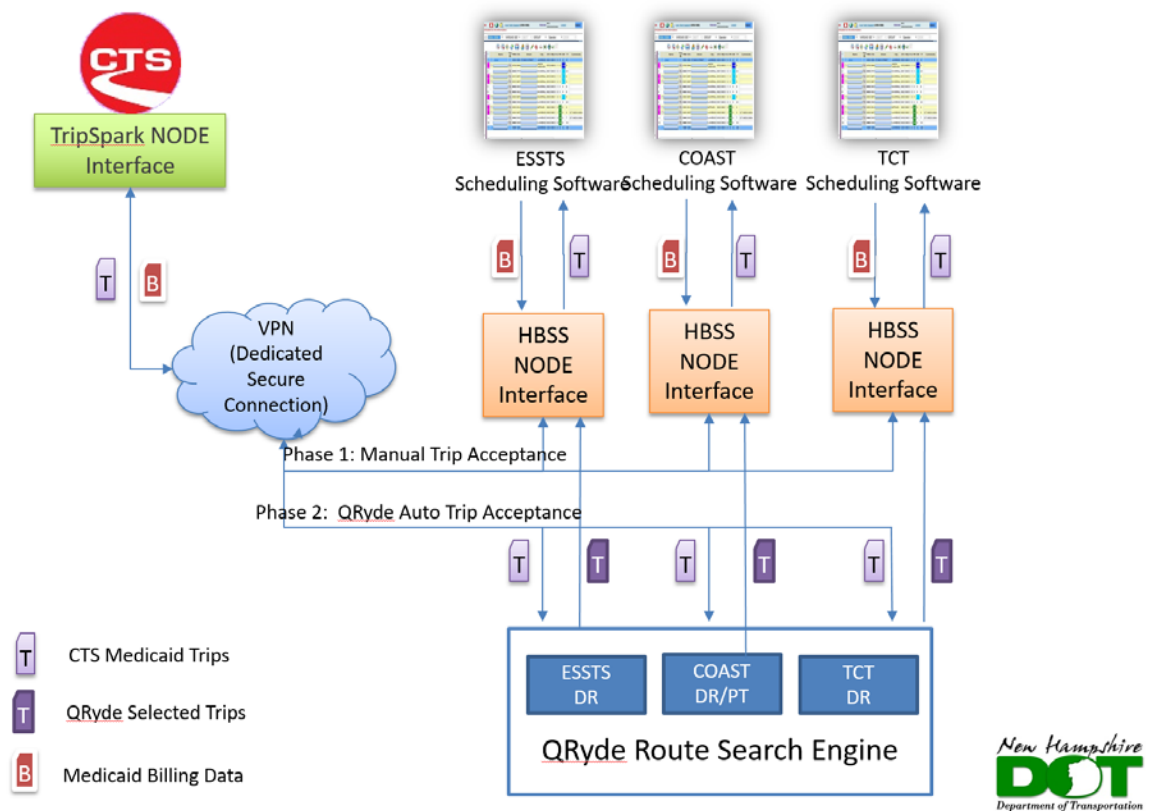


Figure: NHDOT Rides2Wellness Architecture (Source NHDOT)

The software bridge would enable participating providers to accept trips from the CTS software (Trapeze) and CTS would be notified which trips have been accepted. In order for this to happen,

HBSS believes that providers would need to be able to identify the span of hours and geographic areas served so that the broker can offer Medicaid trips which are most appropriate for that provider. This information from transportation providers should be provided to CTS to identify CTS Medicaid trips that could be incorporated into the vehicle services these providers currently operate. This principle could be expanded in the future to include similar brokered relationships between agency grantors who fund needed trips and providers who could deliver those trips.

The measurements of success can be percentage increases in ridership, and percentage increases in shared ride quotients.

An added benefit is that the providers can also attract volunteers and other non-transit providers to join their network via QRyde and hence expand the supply side further for CTS, wherein CTS can provide more rides through the providers. QRyde network can connect to all third party scheduling systems and has a simple volunteer and provider transportation management capability (for individual volunteers and very small providers – who cannot afford HBSS or TripSpark).

This can be replicated and scaled throughout New Hampshire and possible other states where CTS operates. It also brings Medicaid, Public Transportation and Volunteers to increase rides to wellness.

### **Role of the Regional Coordination Councils: HBSS Perspective**

HBSS believes that the role of the RCCs should be over encompassing. Not only should their role be to provide guidance to providers on opportunities for creating shared services for local and regional trips, but also to coordinate between public transportation (5310) and human service agencies (e.g. Medicaid). HBSS also believes that RCCs should be attempting to get funding agencies and local governing bodies to overcome their organization and regulatory challenges in working together to provide shared services. This could also include the identification of unmet transportation demand that could be addressed by local providers through their existing operating capacity.

HBSS believes that the objectives of coordination should be the following:

- ◆ Grow ridership without increasing cost per trip through more efficiently using existing resources;
- ◆ Use technology to bring grantors and providers together through provider bidding to provide identified transportation trip need; and
- ◆ Break inertia by identifying the benefits of increased mobility for the grantor agency consumers and increased revenue and efficiency for transportation providers.
- ◆ Identify agencies who can additionally fund rides for the needy.

## **RCC AND RPC INTERVIEWS**

Another significant aspect of the assessment of existing coordinated transportation structures in New Hampshire was the input gathered through one-on-one conversations with representatives from the Regional Coordination Councils (RCCs). It is significant because the individuals leading the RCCs are handling the day-to-day benefits and challenges of implementing the statewide coordinated transportation structure at the local level. Each interview took place via telephone conversations between the consultant and lead agencies of the RCCs. In most cases, the RCC representation included the lead agency, the Planning Commission or Planning Commissions, and the public transportation provider serving the region.

The intent of the interview process was to (1) clarify the current coordinated transportation activities and roles of each lead agency, planning commission, and provider; (2) to identify any perceived or real barriers to coordination that the participants are encountering within the existing coordinated transportation structure; and, (3) to gather feedback from the RCCs about their vision of the roles and responsibilities for the RCCs, State Coordinating Council (SCC), and New Hampshire Department of Transportation (NHDOT) in the future to improve the coordinated transportation effort. Based on the feedback about the successes and challenges at the regional and local levels, the consultant and the interviewees discussed possible recommendations for changes in the roles and responsibilities at all levels of the coordinated transportation hierarchy.

### **Summary of Interview Process and Input**

The brief questionnaire used during the interviews as a guideline for discussions is included in Appendix B. Interviews were scheduled in advance with each RCC representative(s). Summaries of the interview results are included within this chapter. At least one, but typically multiple, representatives of the RCCs participated in the interview process. In every situation, the Chair and/or Vice Chair of the RCC was involved in the interview.

### **Gaps and Unmet Needs that are Not Yet Addressed by the Current Coordinated Transportation Structure**

The feedback from each RCC was consistent in terms of the unmet needs and gaps in the coordinated transportation structure. While the structure has brought about improvements in coordination that would, perhaps, otherwise not have evolved on their own, there are areas for improvement. The commonly mentioned areas of the process that are not supportive of improving coordination beyond its current reality are as follows:

- ◆ The Coordinated Transportation Planning process is good but it does not address the necessary solutions to the challenges presented by limited local funding or limited financial support available from local governments, grants, or other agencies.
- ◆ Agencies that are not already providing Federal Transit Administration (FTA) Section 5310 program services are reluctant to participate in a coordinated effort because their funding

has been short for years and there is not enough measureable evidence that coordinating services will result in more service at an equal or reduced cost.

- ◆ Local agencies that provide transportation as part of their mission, but for whom transportation is not their primary mission, fear coordinating or consolidating their services with another provider because they fear losing their place in the eyes of the funding agencies or losing staffing positions/jobs. No agency can afford a reduction in local funding, and no agency wants to reduce jobs.
- ◆ Because funding at other State Bureaus, outside of the NHDOT, is also limited, these agencies are still maintaining silos in order to protect their programs. In order for change to occur, the agencies must have evidence that coordinating transportation will help them improve financial management of their programs and provide more transportation with the same or less expense.
- ◆ There is a statewide “disconnect” between the transportation needs of an aging population and the level at which services for these individuals are funded. Furthermore, there is another gap between the definitions of “disabled” and the eligibility requirements for transportation to the services and locations that they need. This gap in eligibility is creating a gap in a person’s ability to access services his or her community. As healthcare reforms take place, the definitions of how transportation services are provided for these covered populations must also change.
- ◆ Transportation is not a local priority and community stakeholders are not coming to the table to discuss coordination any longer. When the RCCs were initially established, more stakeholders were interested in the new process. Over the years, coordination has faded from the priority list and meaningful participation in the RCC has declined. One point that was commonly mentioned as a reason for the decline is that many agencies have decided that becoming a Section 5310 transportation provider would require additional administrative work and the benefits did not outweigh the costs.
- ◆ Inter-regional transportation services (between multiple Regional Planning Areas or Regional Coordinating Council areas) are needed but RCCs and transportation providers are met with regulatory or funding-limitation barriers when they approach local towns. Many towns are not motivated to coordinate schedules that would facilitate inter-regional transfers.
- ◆ It is difficult to measure the success of coordinated transportation efforts because agencies do not use uniform definitions of service (i.e., passenger trips, passenger miles, revenue miles/trips). Furthermore, not all of the RCCs are tracking ridership and other performance measures from their providers in a way that the data can be used as a benchmark or measure of success.

### **Future Role of the RCC**

Through the discussion of the future role of the RCCs, interviewees were asked to offer their thoughts on changes in the role of the RCCs that could impact some of the above noted gaps and challenges. The RCCs were asked if coordination at the regional level is integral to addressing unmet transportation needs. The following bullet points summarize the results.

- ◆ The RCC is, or should become, a valuable centralized resource for analysis of transportation in the regions. While each RCC conducts analysis in a different way, it is the consensus that



the RCCs role as the place where analysis of the performance and success of coordinated transportation resources should be accomplished.

- ◆ The RCC structure has created a platform for transportation at the local level and has attracted the broadest range of stakeholders. Therefore, its presence in the community is valuable as a place to continue growth and progress.
- ◆ In many cases, the RCC recognizes the local and regional transportation needs and can envision specific solutions but it is faced with challenges of extending the coordinated structure beyond the organizations that are already participating. The RCCs need guidance as to how to continue to improve coordination of services.
- ◆ The RCC mission is primarily focused on transportation for individuals eligible for the FTA Section 5310 program. However, their missions should be expanded to include other groups who need transportation such as individuals living below poverty, youth, people who are homeless, and immigrants. Because communities and community transportation needs involve all segments of society, the role of the RCC should be expanded to include additional groups.

### **Policies, Structures and Funding Conditions**

The RCCs were also invited to make suggestions to how the limitations set by various related State and Federal policies, structures, and funding conditions would need to change to overcome the challenges to implementing coordinated services.

- ◆ A lack of commitment from Health and Human Services to actively include HHS transportation within the statewide coordinated transportation effort has meant that there is no real assessment of the benefits and unnecessary duplications in funding and provision of services between Health and Human Services and the Department of Transportation.
- ◆ Now that the Health and Human Services has established a Medicaid transportation brokerage, it would be beneficial to study the overlap in trip origins/destinations between the Medicaid and Section 5310 programs in the state.
- ◆ Mobility Managers and/or RCCs who seek to expand local interest and local matching funds need stronger data and a stronger internal support network (among the RCCs) that would help them develop their jobs and improve their success rates.
- ◆ The relationship between the RCCs and the RPCs must be strong in every region to help with local planning and support.
- ◆ From the perspective of the Regions that have very low population density and large geographic areas, the Section 5310 funding formula used by NHDOT should be re-analyzed to consider giving weight to the longer, more expensive trips required for rural areas with less population. Suggestions included weighting the formula so that these most rural areas with lowest population receive a supplement to compensate them for the lower cost-efficiency that is unavoidable when serving very rural areas. The trips in these regions are less cost-efficient, but no less important to the passenger.

### **Suggested Role of the RCCs**

Each RCC was asked how their roles could be changed within the structure in order to encourage success. The following bullet points outline the feedback.

- ◆ RCCs should continue to be a centralized resource for information sharing about available transportation resources and unmet needs.
- ◆ The RCCs should serve as an advisory committee for coordinated plans and prioritizing Section 5310 funding in the regions.
- ◆ The RCCs should be a place for strategic data collection and transportation provider performance measures and analysis.
- ◆ The RCCs should define the level of demand (not just need) in quantifiable terms for potential local funders so that they can take coordinated transportation to the next level. Currently, funders do not understand the impact that transportation services will make on individuals and the community in terms of health, economic development, etc. because the demand is not measured.

### **Suggested Role of the SCC**

- ◆ The SCC should establish a statewide vision for coordinated transportation.
- ◆ The SCC should continue to be a truly multi-disciplinary organization that includes meaningful non-DOT State agency participation. The roles of participating state agencies should be defined.
- ◆ Communicate the barriers experienced at the regional level to all RCCs as well as to the state agencies so that everyone can work together to overcome the challenges.
- ◆ The SCC should raise the profile of demographic changes in the State (i.e., aging population, poverty) and the impact on transportation resources which are already limited.
- ◆ The SCC should define the unmet needs and demands for transportation in the state in terms that can be shared with and understood by local towns and agencies.
- ◆ The SCC should be the resource for updating the RCCs with information about policy changes at the State level, such as changes in HHS funding, so that the RCCs can work with their local human service agencies to possibly implement new services that fit within the policy changes.
- ◆ The hand-in-hand work between the SCC and the RCCs must be strong so that communication and information continues to flow in both directions.
- ◆ The SCC should facilitate the process of getting more specific trip needs and/or origin/destination information from HHS so that duplications in service can be mapped and addressed.
- ◆ The SCC should continue to not have staff so that available financial resources can be utilized to provide services at the regional and local level.
- ◆ The SCC cannot be an advisory council. However, it should provide the necessary data to support an advisory body, such as Transport NH, that can inform legislators about the need for transportation, the importance of coordination among state agencies, and the impact that could be made by a coordinated approach to services among multiple state agencies.

### **Suggested Role of the NHDOT**

The overwhelming consensus among the RCCs is that the NHDOT is doing remarkable work to bring the importance of public and specialized transportation needs to the surface in New Hampshire. Likewise, the NHDOT also provides a strong and supportive resource for all of its subrecipients. Suggestions about the role of the NHDOT in the coordinated transportation structure are summarized in the following points.

- ◆ Transit staff should continue to advocate for transit and its important role within the transportation network and work to ensure that transit is included in NHDOT's overall planning process.
- ◆ Transit staff should continue to analyze and ensure that funding is being spent in the best possible way throughout the state.
- ◆ Transit staff should continue to be a resource and provide information and guidance to providers and RCCs.
- ◆ The NHDOT, in conjunction with the SCC, should define and require performance measure data from all Section 5310 Purchase of Service program providers and Section 5310 vehicle recipients.
- ◆ The NHDOT, in conjunction with the SCC, should define how RCCs or lead agencies should use performance measures when deciding how to sub-allocate Section 5310 funding to providers and for securing potential local match.

## **PUBLIC MEETINGS**

Within the first week of October 2016, five (5) public meetings were held across the state. The meetings were held in Concord, Nashua, Plymouth, Berlin, and Newport. Public meeting attendees were provided a background of NHDOT funding sources for public and human service transportation and the previous statewide coordination efforts. Attendees were then asked to provide feedback on the role of the SCC, the RCCs, and the NHDOT. Finally, attendees provided a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. Below are common findings from the meetings, however, full meeting notes are available in the Appendix.

### **Role of the SCC**

Meeting attendees provided the following potential roles for the SCC:

- ◆ The SCC should define successful coordinated community transportation.
- ◆ The SCC should provide a reference document with all Federal and State funding available, which providers and local communities could consult in order to seek additional grants and match funds.
- ◆ The SCC should standardize data collection practices for subrecipients so that all data collected is consistent and available to everyone.
- ◆ The SCC should provide support and information to advocacy and lobbying groups so that they may campaign for state-level policies incentivizing coordination.

### **Role of the RCCs**

The following are the attendees' suggested roles for the RCCs:

- ◆ The RCCs should foster increased transportation provider participation at the regional and state level.

- ◆ The RCCs should create guidelines and standards for volunteer driver programs, taxi voucher programs, etc.
- ◆ The RCCs should identify local unmet needs.
- ◆ The RCCs should be responsible for collecting ridership and performance measure data from providers.

### **Role of the NHDOT**

Attendees believed that the following should be the role of the NHDOT:

- ◆ The NHDOT should secure State funding for transportation.
- ◆ The NHDOT should create a statewide inventory of transportation services and assets to avoid duplication.
- ◆ The NHDOT should be the sole agency overseeing public and human service transportation in New Hampshire. This would eliminate the SCC.

### **SWOT Analysis Findings**

Common strengths provided were that the RPCs provide tremendous support to RCCs, successful park and rides, volunteer driver programs, increased coordination between providers, and increased interregional transportation options. The Transportation Resource Guides produced by each RCC are also considered strengths.

Weakness mentioned with regard to the current coordinated transportation structure were lack of sufficient funding including local match dollars; lack of consistent data collection standards and requirements; lack of ability to meet demand for on-going trip needs (such as dialysis); and, revenue variability from year to year. Another weakness is that public transportation is not a priority at the state level, which is evidenced by lack of dedicated state funding for transportation.

Attendees felt that Uber and the upcoming coordinated transportation software bridge provided through the Rides to Wellness Grant were potential opportunities to help the coordinated transportation structure rise to the next level. Opportunities included new shopping and developments and tourist attractions in some areas. Other opportunities mentioned were increased coordination for interstate travel, and the potential for coordination between public transportation and human service agency transportation with the VA to medical centers.

A large threat identified by attendees was the rapidly growing aging population, as this will place a tremendous burden on public and human service transportation providers. This change in demographics impacts the demand for transportation as well as the 'staffing' needed to provide transportation. While the volunteer driver programs have been hugely successful, most volunteer drivers are retired and are aging out of their ability to drive. Another identified threat was the fear that new services will be implemented in hopes of meeting unmet needs and filling service gaps, but that ridership levels on these new services will not be enough to justify continuing the service and funding for these new services will be withdrawn.

# Peers

## VII. IDENTIFICATION OF PEER STATES AND BEST PRACTICES

Each of the four (4) states below represent peer states and/or best practices in the implementation of successful statewide coordinated transportation. Information was gained using telephone and email interviews of Statewide Mobility Managers and other appropriate contacts. Also mentioned are examples of best practices occurring in New Hampshire, discovered during RCC and RPC interviews.

### IOWA

The State of Iowa is divided into 16 regions for the provision of coordinated transportation services and has a strong focus on mobility management. The Iowa Transportation Coordination Council (similar to New Hampshire's SCC) is tasked with the mission of providing statewide leadership on transportation coordination to improve mobility for all Iowans, and uses mobility managers as a strategy to help achieve this goal. While not required, seven (7) regions out of the 16 have Regional Mobility Managers, which are typically housed within Area Agencies on Aging, Community Action Programs, or regional transit agencies. The Iowa DOT also houses a Statewide Mobility Manager, who is responsible for providing guidance to the Regional Mobility Managers and for providing mobility management services to the regions without Regional Mobility Managers. The Statewide Mobility Manager also has other duties within the DOT, such as processing and closing out FTA grants. The Statewide Mobility Manager, the Regional Mobility Managers, and selected service projects are currently funded using the Section 5310 Program funds and through leftover Section 5316 (JARC) and Section 5317 (New Freedom) funds.

In Iowa, the greatest successes of mobility management have come from increased community outreach. HIRTA Public Transit, which provides services to seven (7) counties in central Iowa, houses a mobility manager who was able to make professional and personal connections by joining the local Chamber of Commerce. Due to rebranding work and establishing themselves as a dedicated member of the community, in two (2) years HIRTA ridership more than doubled in one of the counties served and increased by approximately 30 percent in another. EARL Public Transit, serving five (5) counties in northeast Iowa, also saw increased ridership due to the mobility manager's increased involvement in the local community. By providing shuttles to community events, coordinating a community 5K run, and implementing a transit buddy program, over the course of five (5) years the transit system was able to increase knowledge of services provided and experienced a 10 percent bump in ridership.

Also present in each region are Transit Advisory Groups, which bring together local providers and stakeholders with the goal of improving transportation coordination in their communities. These Groups are typically housed within an MPO or transit agency, and also work to bring more funding into the community by applying for community, State, and Federal grants.

Unlike New Hampshire, the State of Iowa has legislation in place requiring coordination of transportation services. Under Iowa Code 324.A, any agency who receives public funding for

passenger transportation must first coordinate with local public transit agencies to provide these services.

## **MASSACHUSETTS**

Massachusetts is also divided up into 16 regions, each with a Regional Coordinating Council and Regional Mobility Manager. A 2011 Executive Order addressing the need for demand response services in rural areas led to the creation of a Statewide Coordinating Council and to the hiring of a Statewide Mobility Manager in 2013 (funded originally with State funds, but now with Section 5310 funds). A Mobility Coordinator also exists within the Massachusetts Department of Health and Human Services. While the Statewide Coordinating Council has since dissolved, the Statewide Mobility Manager created the Regional Coordinating Councils and put in place all 16 Regional Mobility Managers. The Statewide Mobility Manager is housed within the Massachusetts DOT and also assists with grants management functions for the FTA Section 5310 Program. She provides guidance to the Regional Mobility Managers and works with human service providers to help form relationships in local areas. She also often works with the Mobility Coordinator in the Department of Health and Human Services to coordinate Medicaid trips with regional or local providers. When appropriate, she is asked to provide guidance on State-level policy creation.

Currently, as the coordinated transportation structure is still within its infancy, the Regional Coordinating Councils and Regional Mobility Managers are still learning their role. Some Mobility Managers are unsure of what their job should entail, and less coordination is occurring than is desired due to many of the same barriers experienced in New Hampshire (lack of funding, lack of willingness to share riders, etc.). The Statewide Mobility Manager is working with other DOT staff to create a Section 5310 grant application (funding both Mobility Management and service projects) which places greater weight on coordinated transportation activities to attempt to further incentivize best practices.

## **WISCONSIN**

In Wisconsin, regional coordination transportation systems exist, but there is no formal structure in place. All coordinated transportation and mobility management structures have occurred organically, and projects are funded through the DOT using a weighted ranking system. Coordinated transportation and mobility management projects are funded using the Section 5310 Program, and also through the Specialized Transportation Assistance Program for Counties (a State source funding transportation for older adults and persons with disabilities). Similar to the other two states mentioned above, mobility management is a highly valued tool in creating more service with the same or fewer resources. Wisconsin is a state comprised of 72 counties, and houses 33 Mobility Managers. Some of these Mobility Managers cover multiple counties, and in some areas an agency rather than one person performs mobility management functions. Not all counties are covered by mobility management services.

A best practice in mobility management is WAMM, or the Wisconsin Association of Mobility Managers (a 501(c)6 organization incorporated in 2010). This organization serves as a peer network and as a training resource for Wisconsin Mobility Managers. Members are encouraged to seek Mobility Management Certification through the organization, which requires the following:

- ◆ Six (6) courses in Professional Development
- ◆ Eight (8) courses in Professional Information
- ◆ Six (6) courses in Management Skills
- ◆ Four (4) of 10 electives
- ◆ One 45 min lecture of an aspect of the Mobility Manager's program
- ◆ Successful passage of a final exam

Courses include training in general management skills, procurement, grant writing, cost allocation, how to work with and benefit from Medicaid and human service transportation providers, and more. Conferences put on by Wisconsin transit organizations, such as the Wisconsin Urban and Rural Transit Association (WURTA), are typically the venues used to provide the trainings. The training curriculum was originally developed in 2008 by the New Freedom Program Administrator and a United We Ride Ambassador at the request of the Wisconsin DOT, and the first 18 certified Mobility Managers were then tasked to create and administer WAMM. The certification is typically achieved by attending four (4) three-day conferences over the course of 2-3 years.

Like New Hampshire, Wisconsin relies heavily on volunteer driver programs to help address service gaps throughout the State. Also like New Hampshire, Wisconsin's volunteer driver programs struggled to maintain adequate numbers of available volunteers. One (1) Wisconsin program partners with the Retired Services Volunteer Program (RSVP), which recruits volunteers and performs background checks. This saves the volunteer driver program funds and staff time.

## **NEW JERSEY**

One recent area of focus in NJ has been the relationship between the 21 county coordinated systems and the state divisions which fund a variety of mobility services. A recent study has just been completed by the Rutgers University Voorhees Transportation Center (VTC) entitled: Reducing Purchased Transportation Costs for NJ State Agencies. Sponsored by NJ Transit Corporation and funded through NJDOT, the study was the first to perform an in-depth examination of how state human service funding agencies procure their transportation services and identified the efficiency and quality benefits of selective contracting with the 21 county coordinated community transit providers.

The objective of the study is to identify the potential to go beyond existing pilots to create more replicable contracts between state divisions that are currently providing human service transportation.

Similar to New Hampshire, the eight agencies deal with areas including aging, family development, developmental disabilities and Mental Health and Addiction services. The eight agencies studied were from three departments of state government including NJ Department of Human Services (NJ DHS), NJ Department of Labor (NJ DOL) and the NJ Department of Children and Family Services (NJ DCF):

- NJ DHS/Division of Aging Services
- NJ DHS/Div. of Developmental Disabilities
- NJ DHS/Div. of Disability Services (Non-Developmental Physical Disabilities)
- NJ DHS/Div. of Family Development
- NJ DHS/Div. of Mental Health and Addiction Services
- NJ DHS/Commission for Blind and Visually Impaired
- NJ DOL/Div. of Vocational Rehabilitation
- NJ DCF/Div. of Protective Services

The study had the commitment of each of the three department commissioners and this enabled the NJ Transit and the study team to get the essential cooperation of middle managers and contract managers in each of the divisions. The study sought to:

1. Inventory passenger transportation being used by state divisions
2. Evaluate strategies and promising practices including the purchase of community transit and traditional transit tickets and passes.
3. Provide recommendations to state divisions on ways to reduce costs and enhance mobility services for human service consumers

While it is too early to identify the results of the efforts, the 18 month effort has increased the participation of state division staff in NJ Council on Access and Mobility quarterly meetings and has led to some new contracts between county systems and the Division of Mental Health and Addiction Services for mobility services to mental health day programs.

An informal effort involving the non-DOT NH bureaus and community transit providers may be an avenue to increased coordination of mobility services.

## **NEW HAMPSHIRE BEST PRACTICES**

While performing RCC and RPC interviews, a few projects and practices stood out as being unique and helpful examples within New Hampshire of how to meet and identify unmet needs and truly coordinate with providers. These best practices are the following:

- ◆ Region 3 recently implemented a taxi voucher program in conjunction with the prison system. Purchase of Service funds are used to provide trips to job interviews, drug treatment, and other community integration purposes. While not everyone participating in the prison system program meets the requirements of the Section 5310 program, 90 percent of program participants are disabled and are able to receive these trips.



- ◆ Region 4 created a form for tracking data and collecting performance measures. The multi-tab Excel workbook tracks total individuals served, new unduplicated individuals served in a month, trip purposes, miles and minutes traveled, cost of service, trip denials, and total one way trips. The spreadsheet then calculates average miles per trip, and provides a place for providers to keep track of remaining grant dollars for the fiscal year. The spreadsheet also produces a graph showing trip mileage trends for each month. This spreadsheet is provided in the Appendix, and could be adapted to meet SCC standards once established.
- ◆ In Region 7, Souhegan Valley Transportation uses Nashua Transit vehicles via contractual agreement to serve the six (6) towns in the Souhegan Valley jurisdiction included in Region 7. Vehicle sharing, when insurance allows, can be a meaningful coordinated transportation practice in regions of New Hampshire without many providers.
- ◆ In Region 8, the Manchester Transit Authority operates a Shopper Shuttle which brings many visitors to multiple grocery stores in the Manchester area. The local match for this service is provided by the participating grocery stores. As local funds are hard to come by in most of New Hampshire, this service provides an excellent example of bringing in private businesses to help fund services which also benefit them.

# Goals

## VIII. GOALS AND STRATEGIES

The following goals and strategies were developed to build upon the existing statewide structural successes and challenges experienced in coordinating public and human service transportation. Ultimately, RLS & Associates, Inc. is recommending this list of goals as a starting point from which to take action to continue to improve mobility for individuals with disabilities, people with low incomes, older adults, and the general public throughout New Hampshire. Goals and strategies are provided for the SCC, RCCs, and the NHDOT individually.

### GOALS FOR THE SCC

The most common finding to come out of interviews with the RCCs and RPCs was the need for guidance as to what successful coordination looks like. In order for RCCs to move forward in promoting coordinated transportation, the SCC must set the vision for successful coordination and provide guidance on how to measure this success. The SCC's role going forward should also be to connect funding sources to service providers and to frequently communicate best practices and coordinated transportation successes to RCCs.

#### **SCC Goal #1: Define Successful Coordination to Ensure Consistent Performance**

##### ***Strategy 1.1: Provide the Definition of Successful Coordination***

The SCC must decide on a definition of successful coordination which will guide RCCs in future funding decisions and in promoting true coordination at the regional and local levels. According to the TCRP Report 101, "Toolkit for Rural Community Coordinated Transportation Services", coordinated transportation should achieve the following:

- ◆ A reduction in the duplication of human service transportation services.
- ◆ A reduction in regional and local service gaps.
- ◆ The ability to serve additional individuals within existing service budgets (client mixing).
- ◆ More centralized management of existing resources (mobility management).

It is recommended that the SCC use these points as a starting point to creating a statewide definition of coordinated transportation. The SCC could also choose to prioritize these points, and encourage or require the RCCs to award funds which align with SCC priorities.

##### ***Strategy 1.2: Provide and Define Performance Measures for all Section 5310 Subrecipients to Collect***

When attempting to understand how data is presented and collected by providers, it was discovered that very little consistency exists statewide in which data points are collected by RCCs. Providers are not tracking all of the same data points or using the same definition for important data points. Performance measures are an important tool when comparing providers and in measuring the efficiency of services provided with Federal funding. In order to ensure

consistency of data collected across the State, the SCC must provide and define the performance measures to be collected and reported. The recommended service-oriented performance measures to be collected statewide are the following:

- ◆ Total individuals served
- ◆ Number of new individuals served per month
- ◆ Total one-way passenger trips
- ◆ One-way passenger trips per mile
- ◆ One-way passenger trips per hour
- ◆ Trip denials
- ◆ No shows
- ◆ Number of referrals made to another agency/received by another agency
- ◆ Passengers other than agency consumers transported
- ◆ Number of trips made to medical facilities

After deciding which performance measures to implement, it is recommended that the Excel worksheet created by Region 4 (found in the Appendix) be adapted for use by all Section 5310 providers.

In addition to the service-oriented performance measures, it is critical to also monitor and assess progress in the measures that are not service oriented, per se, but demonstrate successful coordinated transportation activities. Recommended non-service performance measures to be collected statewide include, at minimum, the following:

- ◆ Number of new member organizations in the RCC
- ◆ Number of member organizations in the RCC that attend meetings
- ◆ Diversity of local funding sources for the Section 5310 program to include at least two local sources
  - Financial stability of a program is often stronger when multiple programs/organizations are providing support. For example, if one funding source is discontinued, the likelihood of another partner(s) being available to cover the loss is greater if there is already diversity in the program.
- ◆ Development of local or regional short-term and long-term goals for the coordinated transportation effort
- ◆ Develop or update the Public Transit-Human Services Transportation Plan

### ***Strategy 1.3: Define the Role of the RCCs***

Feedback from RCC interviews indicated that the RCC role was not entirely clear to them. The level of authority that RCCs have is not defined outside of the ability to distribute funds. The SCC must decide and communicate the full role and responsibility of the RCCs to ensure consistency and the highest chance for their collective success. The recommended role of the RCCs will be discussed further in the next section but to summarize, the RCCs should be responsible for encouraging true coordination as defined by the SCC at regional and local levels, collecting and analyzing data from subrecipients to ensure funds are used in the most efficient and effective

way, and communicating regional and local successes/challenges to the SCC. The RCCs should also perform mobility management functions in some capacity. These functions include:

- ◆ Fostering relationships between regional and local providers
- ◆ Fostering relationships between providers and state/local funding agencies
- ◆ Identifying potential opportunities for shared services between providers
- ◆ Promoting interregional services through the identification of transfer points

Whether these functions are executed by the RCC as a whole or by a Regional Mobility Manager, these functions are important for ensuring consistency and true coordination throughout the State.

## **SCC Goal #2: Foster Relationships between Providers and State Agencies Funding Transportation**

### ***Strategy 2.1: The DHHS must Re-Engage with the SCC because the Importance of their Active Participation in Coordinated Transportation continues to Increase***

Progress toward a comprehensive coordinated system that includes the significant transportation services funded through the New Hampshire Department of Health and Human Services will be realized through active and meaningful participation from the DHHS with the SCC. The NH DHHS must actively promote coordinated transportation and provide the assistance needed by local and regional transportation providers to promote improvements in coordinated transportation. Improved coordination with NH DHHS and the transportation resources of the SCC agencies will go a long way to help ensure Federal funds for transportation services are more effectively and efficiently used to provide services.

Rising healthcare costs are prevalent. Furthermore, numerous national studies indicate that a lack of transportation access often creates a barrier for people to receive treatment and screening. As demonstrated by the Rides to Wellness Initiative, by working in partnership, NH DHHS and the SCC can overcome the barriers to access and make more efficient use of existing Federal, State, and local funds.

It is strongly recommended that the NH DHHS designate a representative from Bureau of Elderly and Aging Services (BEAS) to actively engage and participate on the SCC. With active involvement, the partnering agencies in the SCC can and will develop a comprehensive approach to transportation for older adults, individuals with disabilities, people with low incomes, and the general public. The DHHS must also encourage other Bureaus within the agency to attend meetings and share information and directives with their locally operated programs.

### ***Strategy 2.2: Invite Additional Agencies to Attend SCC Meetings and/or Become Resources to the SCC***

During interviews with State-level funders of transportation, it was discovered that many agencies interviewed are not currently participating in any SCC meetings or are members if the SCC Charter allows. This is due to staff shortages or newer, uninformed staff who came to their positions after initial inductions into the SCC. This is also due somewhat to the lack of interest or time for looking further into the cost savings possible through the coordination of transportation services. Some agencies contract out all services as a bundle to entities who handle all aspects of the service and charge one rate for the provision of all services. Transportation is not its own line item in the agency budget and is therefore not tracked, and these agencies do not know the true cost to their agency of providing transportation.

It is recommended that the SCC extends invitations once again to state agencies which fund transportation to either become members of the SCC, if the SCC's enabling legislation (NH RSA 239-B) allows, or to simply attend SCC meetings if NH RSA 239-B does not allow for membership. If more of these agencies participate, an opportunity could arise for the SCC to encourage agencies to include transportation as its own line item within the agency budget in order to increase the understanding of true cost, and the possibility of cost savings through the use of coordinated transportation with local providers.

### ***Strategy 2.3: Designate a Mobility Management Committee within the SCC***

In order to promote the implementation of initial pilot programs involving state non-DOT funding agencies and community transit providers, the SCC needs to have a core group that can serve as a catalyst for bringing key funding agencies together with local providers that may be well-positioned to serve agency consumer passengers. This may include identifying opportunities for shared operations between non-profit providers who are funded by the state agency and the more general community transit and fixed route transit operators in communities around the state.

The SCC should consider recruiting from among its membership those individuals with specific background in developing coordination agreements and with human service transportation operations to perform a specific mission of identifying the "low hanging fruit" opportunities to work with RCCs in bringing the funding agencies and providers together and develop pilot programs which could be replicated in other parts of the state. Opportunities to reach out to RCC members and staff who are most in touch with local providers will help to create an atmosphere where key providers and state funding agency staff most familiar with transportation issues can meet and develop these pilot efforts.

Much of this catalytic work can be done initially by telephone and e-mail but the key to success will be bringing the parties together in workshop sessions that encourage the operations staff from funding agencies, their sub-contractor providers and transportation providers to identify

the obstacles to be overcome while focusing on the positive benefit of serving more people with the same amount of funding resources.

### **SCC Goal #3: Provide Additional Communication to RCCs**

#### ***Strategy 3.1: Provide a Quarterly Newsletter***

The SCC has recently implemented a newsletter sent out to RCCs to increase communication between the SCC and RCCs, which was a need identified during RCC interviews. It is recommended that the SCC continue to increase communication to RCCs, and ensure that the following is communicated to RCCs, either through the newsletter or other means:

- ◆ SCC meeting highlights
- ◆ Coordinated transportation best practices from other states or within New Hampshire
- ◆ New regulatory compliance topics as communicated by the NHDOT
- ◆ Progress of statewide coordination efforts, such as relevant studies or plans (Rides to Wellness, Economic Impact Study)

### **GOALS FOR THE RCCS**

Once the SCC fulfills its role of setting a defined vision for New Hampshire coordinated transportation, it will be the responsibility of the RCCs to ensure that services within their respective regions are performing according to these guidelines. Going forward, it will be important for the RCCs to continue to work towards increasing local provider participation in coordinated transportation services, and to communicate successes and challenges to the SCC.

### **RCC Goal #1: Implement the Vision and Guidance Provided by the SCC**

#### ***Strategy 1.1: Continue to Encourage Coordinated Transportation at Regional and Local Levels***

The main goal of the RCCs should be to encourage true coordinated transportation as defined by the SCC. This includes bringing providers not receiving NHDOT funding into the mix, and implementing applicable best practices provided by the SCC in each respective area to increase funding opportunities, trips, and individuals served.

#### ***Strategy 1.2: Collect and Analyze Data from Subrecipients***

Consistent and accurate data is an important tool in understanding the efficiency and efficacy of the transportation services provided in each region. As the RCCs are responsible for determining which providers in their region are funded, it is also the responsibility of the RCCs to ensure that agencies receiving funding are performing and providing services in alignment with the vision

and definitions of coordinated transportation set forth by the SCC. Data should be collected and analyzed on a quarterly basis in order to have the clearest understanding of what is occurring in the region. During initial implementation of this strategy, guidance from the NHDOT and SCC should be provided as to how to adequately analyze collected data.

### ***Strategy 1.3: Provide Feedback to the SCC***

As mentioned earlier, it is the role of the SCC to assist in finding solutions to statewide challenges or barriers to coordination, as well as communicate these solutions and other best practices around the state to the RCCs. It is the role of the RCCs to communicate to the SCC any challenges and best practices they are witnessing. Any challenges or best practices should be communicated to the SCC on at least an annual basis.

## **RCC Goal #2: Perform Mobility Management Functions**

### ***Strategy 2.1: Foster Meaningful Relationships at the Local and Regional Levels***

It is the responsibility of the RCCs to foster coordinated transportation and meaningful relationships at the regional and local level, such as relationships between providers. The RCCs should be suggesting ways to coordinate services and practice client mixing to providers in their region, and finding ways to encourage participation in coordinated transportation even if providers are not receiving funding through the RCC.

Other relationships which need fostering are those between local providers and state or local funding agencies. A way the RCCs could foster a meaningful relationship between local providers and the New Hampshire Medicaid broker is by collecting origin to destination trip data from providers. This data can then be compared to similar data from the Medicaid broker to reveal any existing or potential duplications in service to medical destinations, and would pave the way for the use of the software bridge provided through the Rides to Wellness Grant.

### ***Strategy 2.2: Promote Inter-regional Services***

The public meetings and interviews with the RCCs revealed that providing transportation services to destinations outside of a particular region is an unmet need. The RCCs could assist with meeting this need by working with neighboring RCCs to find providers willing to coordinate with providers from their own region, and recommending transfer points which allow them to do so.

One type of regional transportation which could be examined with regard to inter-regional transportation is VA Hospital transportation. Disabled American Veteran (DAV) services provided to the VA Hospital in Manchester would appear to overlap some of the transportation provided by other community transit systems to this medical destination. Identification through

driver manifests or schedules of any providers serving this location is one example of a potential opportunity for a central express point serving multiple providers from contiguous regions.

## **GOALS FOR THE NHDOT**

As the funding source for public and coordinated transportation in New Hampshire, the NHDOT has the potential to be a valuable resource in many ways to the SCC, RCCs, and local providers. Outside of providing funding, the in-depth understanding of various funding structures and possibilities and the position as part of the state government make the NHDOT a key asset to moving coordinated transportation forward in New Hampshire.

### **DOT Goal #1: Serve as a Resource to the SCC**

#### ***Strategy 1.1: Form Relationships with Peer States***

Provided in this report are four (4) states identified as peers for the New Hampshire DOT. These states were chosen because of experience or best practices they may have to offer the NHDOT and the SCC. While conducting interviews and research, contacts expressed interest and excitement in creating relationships with other states trying to achieve true coordinated transportation. It is recommended that the NHDOT reach out to these states in order to create a peer network with which to share best practices and challenges. Any best practices shared between these states would be passed on to the RCCs by the SCC.

#### ***Strategy 1.2: Work as a Resource to Other NH State Agencies Funding Transportation***

As part of state government and with ties to key departments like the departments of Labor, Education and the bureaus of the Department of Health and Human Services, the NHDOT staff needs to work with the proposed SCC Community Mobility Committee to help bring state agencies that fund mobility services to the table to discuss coordination efforts that will enable them to better serve their consumers.

This role should include serving on a limited basis as a research arm of the effort, by trying to obtain data on specific mobility programs run by these non-DOT state agencies where coordination with DOT funded providers may enable these agencies to expand mobility options for their consumers. This may include identifying where for example, individuals with disabilities who currently have transportation to educational and vocational programs destinations, might be able to expand their mobility options for shopping and recreational destinations. In creating these linkages, this may enable the transportation providers to benefit from additional passenger revenue while expanding consumer mobility opportunities.

By taking a limited focus on the most obvious agency and geographic locations with a likelihood of success, the limited NHDOT staff resources can serve as a starting point to encourage the coordination process to build on the existing success stories that have been identified.



### ***Strategy 1.3: Provide Regulatory Compliance Guidance***

As the direct recipient of Section 5310 and Section 5311 funds from FTA, the NHDOT holds the responsibility of ensuring all subrecipients are in compliance with all Federal regulations applying to these grant programs. Any new compliance topics or changes to regulations should be shared with the SCC and RCCs. The NHDOT will be available to answer any questions or to provide guidance on regulatory compliance questions that providers, RCCs, or the SCC may have.

### **DOT Goal #2: Lead the Implementation of the Rides to Wellness Grant**

NHDOT staff needs to provide leadership to ensure that the initial pilot locations of the HBSS routing/scheduling/dispatch (RSD) software are working with the Medicaid broker, CTS, to identify where the opportunities are for creating win/win situations between the community transit providers using the software and CTS. For CTS, this incentive should be the reduction of contract provider cost which will serve them, particularly where their cost reimbursement is capped through a capitated form of reimbursement which provides an incentive for the broker to engage the lowest cost quality provider.

For the local provider, the opportunity to fill empty seats on runs going to medical destinations where they are already transporting non-Medicaid eligible passengers will enable them to negotiate a rate with the broker based on their marginal cost of providing the additional passenger trip. This will enable them to compete with taxi and livery operators who, while they may have lower operating costs per mile or hour, will not be as efficient as a community transit provider who can more effectively group trips to these medical destinations. The resulting participation will help community transit providers spread their administrative costs over a larger base of passenger trips and lead to more efficient use of public funding for Medicaid and the other sources that fund community transit.

While it may seem intuitive that such coordination would be inevitable, a number of factors including community transit provider hesitation to engage with Medicaid brokers and broker comfort level with the traditional taxi and livery providers can inhibit expansion of this rational outcome. In New Hampshire, the presence of a broker like CTS who not only understands community transit and the potential role they can play but is part of the recently awarded Rides to Wellness grant is an important advantage over other states attempting to facilitate Medicaid broker coordination with community transit providers.

The grant pilot program is designed to build a connection between the Medicaid broker and the initial three users of the HBSS RSD software (Tri-County, Easter Seals and COAST). The bridge software will enable CTS to have Medicaid trips analyzed by the RSD software and routed to the most appropriate provider capable of accommodating the trips. The provider scheduler will retain final determination of whether to accept the trips.

The bridge software developed as part of the Rides to Wellness grant and which can facilitate this coordination is a great starting point. Even so, encouraging providers beyond the initial three pilot agencies to work with the broker and employ the software to be able to review and pick Medicaid trips they are capable of providing, will take persistence and NHDOT staff must be part of the effort to implement this important aspect of transportation coordination. Overcoming initial difficulties in teaching staff to use the software and considering new trips will require encouragement from NHDOT as well as the efforts of the broker and the software company to make it work.

It is expected that the limited staff time required can be accommodated within the existing NHDOT organization.

### **Pilot Program Implementation of Bridge Software**

The following provides a description of the key steps and expected timeline for implementation of the pilot program funded through the Rides to Wellness Grant. The timeline is predicated on an expectation of grant funding becoming available by the 2<sup>nd</sup> Quarter of Calendar Year 2017.

- ◆ Initiation of software bridge project with CTS and the three pilot sites  
April 2017
- ◆ Modification of the existing design  
May- June 2017
- ◆ Testing the Prototype of the software (Alpha Testing)  
July- September 2017
- ◆ Testing use of live Medicaid trips with sequential introduction of the three pilot sites (Beta Testing)  
September – October 2017
- ◆ Software modification based on feedback from pilot implementation  
October-November 2017
- ◆ Take project live with three pilot sites  
December 2017

### **DOT Goal#3: Continue to Support Transportation Advocacy Groups**

#### ***Strategy 3.1: Provide Necessary Information to Assist Advocacy Groups Achieve Goals***

In discussions with the SCC, the RCCs, and at public meetings, two major barriers to coordination and to improving existing services were the lack of state policies incentivizing or requiring

coordinated transportation, and the lack of a state funding source for transportation. Both of these issues are on advocacy group agendas for the following year and most likely more years to come. The NHDOT has always supported advocacy group objectives by providing much needed statistics and other data which these groups can use to build a powerful argument when speaking to state lawmakers about much needed transportation policy and funding. These efforts by the NHDOT must continue going forward.

***Strategy 3.2: Assist Advocacy Groups in Creating Opportunities for Stakeholders to Work Together***

Transportation advocacy groups in New Hampshire often host conferences or round table events to discuss common issues and potential solutions concerning transportation. In 2016, Transport NH hosted the Complete Streets Forum in Concord, which focused on bringing community planning and transportation agencies together to discuss how to make the community safe and accessible to all. In 2017, a major Economic Impact Study for New Hampshire and focused on transportation, will be created. The New Hampshire Transit Association hosts a Tri-State Conference which the NHDOT attends and helps to coordinate. These efforts to create opportunities for stakeholders to come together and affect positive change must continue to be supported by the NHDOT by their attendance and willingness to provide information when requested.

# Section 5310

## IX. SECTION 5310 PROGRAM REVIEW AND RECOMMENDATIONS

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A review of the NHDOT's process for allocating Federal Transit Administration Section 5310 Enhanced Transportation for Seniors and Individuals with Disabilities was conducted as part of the update of the New Hampshire Statewide Coordination of Community Transportation Services. The goal of the following recommendations is to dedicate funding in a format that will support the identified goals for the coordinated transportation effort in New Hampshire so that the existing coordinated transportation structure will be revitalized and the benefits of coordinating services to meet the identified needs within the limits of existing financial resources will be realized.

### SUMMARY OF THE CURRENT NHDOT SECTION 5310 PROGRAM FUNDING PROCESS

The New Hampshire Department of Transportation (NHDOT), Bureau of Rail and Transit currently divides the subrecipient allocation for Federal Transit Administration (FTA) Section 5310 Program, Enhanced Mobility for Seniors and Individuals with Disabilities, into three grant programs, as follows:

- ◆ Section 5310 RCC Formula
  - Eligible activities include mobility management, capital, operating, or purchase of trips.
  - Funds are distributed from NHDOT to RCCs through census-based formula distribution.
  - RCC formula funds are published for a two-year period, but solicited one year at a time.
  - RCCs solicit, review, rank, and select projects.
  - Each RCC, through a single lead agency, submit a Regional formula-funded application to NHDOT. NHDOT reviews the Regional application for Section 5310 Program eligibility. NHDOT contracts with a single lead agency for the entirety of the Region's formula funds. The lead agency will subcontract with providers, and also may have its own an operating project or mobility management projects.
  - Matching funds can include cash or in-kind. In-kind match can include volunteer driver time at \$15/hour, which must be tracked in accordance with Federal requirements. RCC meeting participation, if germane to the project, is also eligible as in-kind match at a rate of \$35/hour (for meeting time only). Regions have the option to pool in-kind matching funds.
  
- ◆ Section 5310 Purchase of Service (POS): this is funded through a FHWA STP transfer, not the FTA Formula funds.
  - Eligible activities include purchase of trips at a cost per ride, per hour, or per mile.
  - Section 5310 POS funds consist of a Federal Highway Administration transfer plus carryover funds from previous years.

- POS Funds are distributed from NHDOT to RCCs through a census-based formula distribution.
  - POS funds are awarded in two-year increments and unexpended Year 1 funds can be carried over and spent in Year 2, however no Year 2 funds can be expended in Year 1.
  - RCCs solicit, review, rank, and select projects for purchase of service funds within their regions.
  - RCCs, through a single lead agency, submit a Regional Section 5310 POS application to NHDOT. NHDOT reviews the regional applications for eligibility and contracts with the lead agency for the entirety of each RCC's POS funds. The lead agency subcontracts with providers and cannot purchase service from itself. The lead agency may use up to 5% of its regional allocation for mobility management (administration); this 5% mobility management funding can be at 100% federal if so requested through the application.
  - Matching funds can include cash or in-kind. In-kind match can include volunteer driver time at \$15/hour, which must be tracked in accordance with Federal requirements. Regions have the option to pool in-kind matching funds.
- ◆ Section 5310 Capital
    - Eligible projects include accessible vehicles, donation or fare boxes, computer hardware and software, and miscellaneous capital equipment.
    - NHDOT conducts a statewide solicitation.
    - Individual agencies apply directly to NHDOT for vehicles and capital projects. Agencies must provide a letter of support from the Region or Regions in which the asset will be primarily used.
    - NHDOT contracts directly with the individual agency (applicant) for the selected capital projects.
    - NHDOT will purchase the vehicles through State Purchase and Property, and it will invoice the vehicle recipient for their match once the vehicle is ordered.
    - ADA accessible vehicles are funded at 85% Federal and 15% non-Federal match. State Capital Budget funds may be available for up to one-half of the required local match. Other capital equipment is funded at 80% Federal and 20% local match. State Capital Budget funds may be available for up to one-half of the required local match, but in most cases, non-vehicle match must be provided by the applicant.

The two recommendations included in this chapter pertain to changes in the allocation of the Section 5310 Formula Program only.

## **RECOMMENDATION FOR A REGIONAL MOBILITY MANAGER REQUIREMENT**

Feedback received from the SCC, RCCs, and Lead Agencies indicate that the structure for coordinated transportation in New Hampshire was effective in promoting the development and implementation coordinated services. However, the positive impact resulting from the creation of the SCC and RCCs has stalled. In many cases, the RCCs are struggling to improve or sustain

membership, are challenged to secure the necessary local matching funds needed to take advantage of the Federal Section 5310 Program funds in their region, and face significant barriers to encouraging participation from new transportation providers and/or expanded levels of coordinated services. While the RCCs and lead agencies are making strong efforts, it is clear from feedback received during the interview process and from research in other states that progress at the Regional level will benefit from enhancing the focus on mobility management, collecting and monitoring performance information, and defining the needs and potential benefits that could be realized through higher levels of coordination and cooperation. The dedication of an individual in each Region, such as a Mobility Manager, to focus on improving coordinated transportation at the local and regional levels is recommended as a key aspect of promoting new levels of coordinated transportation. The individual to be hired must meet established job requirements that include, but are not limited to, building new relationships and enhancing current relationships between transportation stakeholders; promoting the coordinated transportation effort; communicating and enforcing performance standards and how to measure/report them as defined by the SCC; analyzing provider performance; education and outreach; and providing feedback to the RCC regarding gaps in transportation services.

Mobility Managers could be either part-time or full-time positions depending on the needs of the region. Some regions may find it advantageous to share a Mobility Manager with another neighboring region, or devise other creative solutions which best meet the region's needs.

**Advantages:**

- ◆ Mobility Manager will bring a new focus on coordinated efforts and efficiencies to the region.
- ◆ Mobility Manager can train and encourage the use of the new transportation software.
- ◆ Mobility Manager will develop local, regional, and inter-regional trip sharing and coordinated transportation opportunities.

**Disadvantages:**

- ◆ Reduces the amount of Section 5310 RCC Formula Funds distributed to the RCCs, which, depending upon the historical use of those funds, may result in a gap in funding for purchase of service or operating dollars for the regions' existing Section 5310 services.
- ◆ Hiring agency will be required to secure the necessary local match (20%) necessary to draw down the Federal funding for a Mobility Manager. Securing local match is already a challenge for many regions.

***Hiring the Regional Mobility Manager***

The RCCs will decide the hiring process, including under which agency the Regional Mobility Manager will be housed. Final approval of this process will be required from the SCC. The SCC and the DOT will determine the level of funding used for the creation of these positions.

The RCC member agencies should act as the advisory committee to the Regional Mobility Manager and provide direction, feedback, and updated goals and objectives for the Mobility Manager. If a Statewide Mobility Manager is hired, this person will play an advisory role in

choosing a candidate and would provide a job description to be used statewide in hiring the Regional Mobility Managers (see the following recommendation). If a Statewide Mobility Manager is not hired, these roles would be filled by the SCC.

Because the nature of the work conducted by the Regional Mobility Manager involves local agencies and communities as well as the public transit system, it is strongly recommended that local match funding sources be provided by a combination of funds from partner agencies that have an interest in promoting coordinated transportation in the region.

The suggested role for the Regional Mobility Managers is as follows:

- ◆ Develop a system of outreach to low-income, elderly, and disabled adults and assist them in gaining access to needed transportation services.
- ◆ Develop an outreach program for current transportation services and mobility options through public speaking and media presentations.
- ◆ Cultivate multi-agency partnerships which reduce costs through increased efficiency and effective transportation coordination.
- ◆ Identify and research corporate, foundation, and government sources of funding for matching funds.
- ◆ Collect data on a quarterly basis from the Section 5310 Program Lead Agencies and Section 5311 program recipients, if one exists in their area, according to data standards established by the SCC.
- ◆ Work in coordination with the SCC and the Statewide Mobility Manager (if applicable).
- ◆ Develop incentives for local provider participation in the RCC, even if no funding is available to the provider for participation.
- ◆ Serve as the liaison to community leaders in an effort to secure funding and demonstrate the need for public and human service transportation in their respective areas.
- ◆ Create, or maintain, an inventory of available transportation services in the Region to be made available to the general public and to be updated at least twice a year.
- ◆ Develop potential for future coordination and/or expansion of transit options across municipal and regional boundaries.
- ◆ Work to successfully implement the new coordination software and bring all RCC providers into the network.

## **RECOMMENDATION FOR A STATEWIDE MOBILITY MANAGER**

In addition to the Regional Mobility Managers, it is recommended that by State Fiscal Year 2019, NHDOT Bureau of Rail and Transit set aside a portion of the Section 5310 allocation (Formula or otherwise) to fund one Statewide Mobility Manager. The Statewide Mobility Manager would work with each regional Mobility Manager and encourage/teach him or her to coordinate and improve efficiency. The NHDOT would be responsible for creating this position, whether the position is in-house or a contract employee. The remaining RCC Formula Fund would fund the salary of the Statewide Mobility Manager. Other sources, such as RTAP funds, could also be used if available.

The justification for recommending a Statewide Mobility Manager is that the NH Regional Coordinating Councils have asked for additional guidance from the State level on all aspects of successfully coordinating transportation in their respective regions. The existing Mobility Managers in each region also expressed the need for guidance on their roles, and their desire for additional peers to compare experiences with. A Statewide Mobility Manager could provide the guidance needed for the Regional Mobility Managers and assist the SCC in its goal to provide resources ensuring true coordination. The NHDOT Bureau of Rail and Transit staff are currently spread too thin to take on these responsibilities themselves, and while the SCC has members able to provide guidance when needed, a Statewide Mobility Manager would be able to provide hands-on guidance and a constant presence in a way the SCC cannot. Depending on whether this proposed Statewide Mobility Manager would be a DOT employee or a contract employee, the position would work within or report to the NHDOT Bureau of Rail and Transit staff. He or she will also work with each of the regional Mobility Managers to include regular on-site visits.

**Advantages:**

- ◆ State Mobility Manager can train and encourage the use of the new software throughout the state.
- ◆ State Mobility Manager can work with a committee on the SCC to address the issues and challenges faced by regional Mobility Managers.
- ◆ State Mobility Manager can provide the highly requested bridge for communication between the RCCs and the SCC.
- ◆ State Mobility Manager can provide more hands-on ability to ensure true coordinated transportation strategies are implemented with NHDOT Section 5310 Program funds.

**Disadvantages:**

- ◆ Reduces the total amount of Section 5310 Program Formula funding available to RCCs.
- ◆ The NHDOT Bureau of Rail and Transit would need authorization to hire additional staff before an in-house Mobility Manager could be hired or would need to conduct a procurement process to select a contract employee (consultant).

Examples of Statewide Mobility Managers can be found in other states, specifically Iowa and Massachusetts. As explained earlier in the report, both states have a regional coordinated transportation structure and a Statewide Mobility Manager housed within each respective DOT. In New Hampshire, the anticipated role of the Statewide Mobility Manager is as follows:

- ◆ Serve as a liaison between State Agencies and the SCC, RCCs, and local providers.
- ◆ Ensure that RCCs and the Regional Mobility Managers are funding and encouraging true coordination as defined by the SCC.
- ◆ Assist in the Regional Mobility Manager hiring process to ensure candidates with the right experience and background are hired for the job. This includes providing input on the job description for the Regional Mobility Managers and having an advisory role in choosing a candidate.
- ◆ Train new Mobility Managers and provide on-going training updates for all Mobility Managers.
- ◆ Facilitate quarterly round table meetings with Mobility Managers.
- ◆ Assist with the implementation of the new software by ensuring its correct use and encouraging all recipients of Section 5310 and POS funding to use the software.

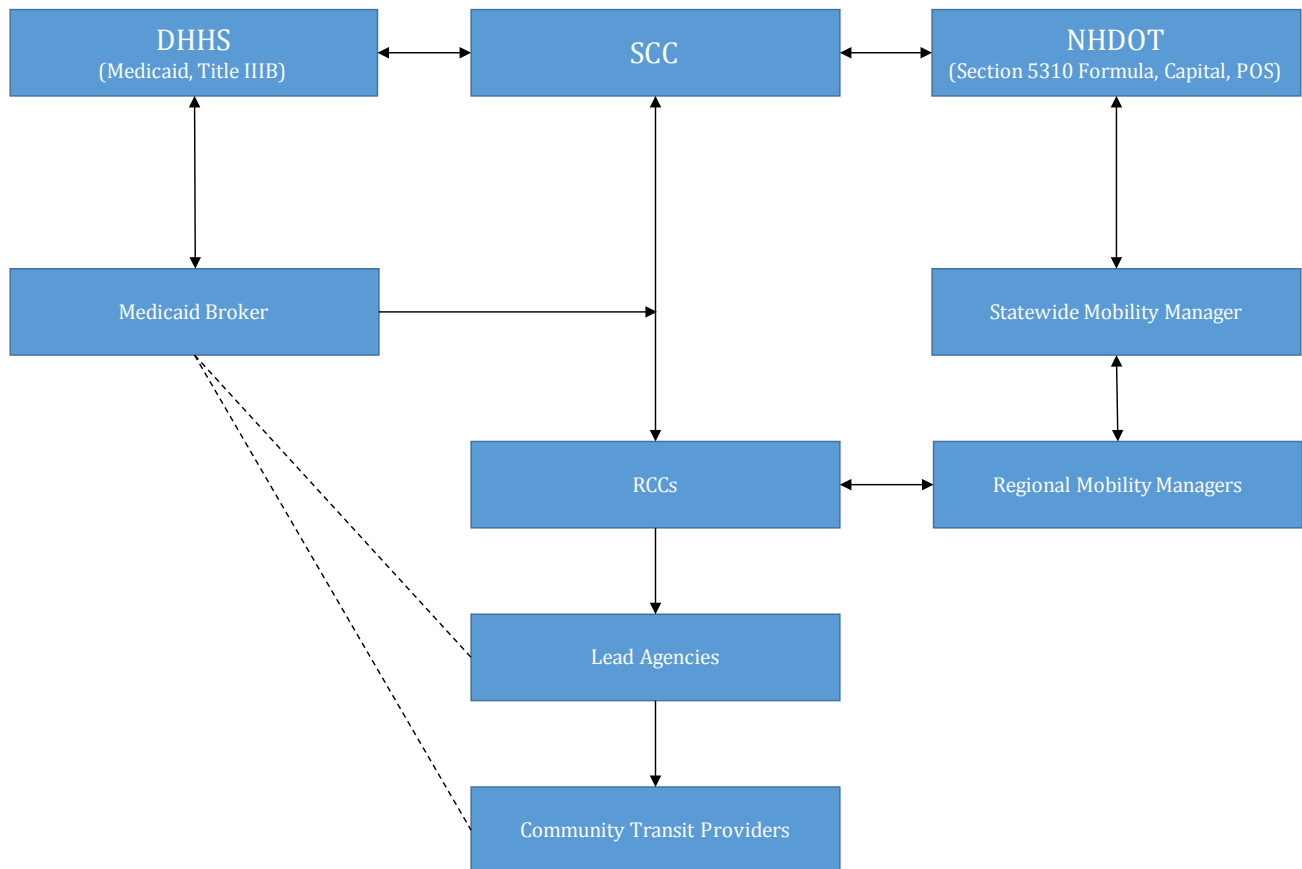


- ◆ Provide an application and scoring criteria to RCCs for use when choosing projects to fund with remaining Section 5310 and POS funding.
- ◆ Serve as a resource for all regional mobility managers.
- ◆ Serve as a liaison between the SCC and the RCCs, to communicate coordinated transportation successes/failures on regional and state levels.
- ◆ Provide the newsletter previously provided by the SCC.

**Responsibility for Hiring a Statewide Mobility Manager**

The responsibility for hiring the Statewide Mobility Manager will be that of the NHDOT Bureau of Rail and Transit. In the interim period between receiving permission to hire an additional staff person, it is recommended that the NHDOT consider hiring the Statewide Mobility Manager through a procurement with a third party vendor. Such a contract could be for a single year or multiple years, depending upon the discretion of the NHDOT.

The diagram below outlines the proposed coordinated transportation structure including both Regional Mobility Managers and a Statewide Mobility Manager.



## RECOMMENDATION FOR PERFORMANCE BASED FUNDING CREDITS

A structured use of performance-based credits is recommended for the coordinated transportation structure because it will encourage and reward progress in local and regional coordinated transportation efforts. Even incremental improvements in coordinating services will have an impact on effective use of funding and resources to meet the transportation needs of the local community.

The recommended performance-based credits will be funded with Section 5310 Purchase of Service program carry-over dollars (funds that are allocated to transportation providers but are not expended by the end of the two-year funding cycle). Unexpended Section 5310 Purchase of Service program funds must be returned to the NHDOT Bureau of Rail and Transit at the end of the funding cycle.

### Suggested Performance Standards Matrix

The performance standards are established using measures that demonstrate progress in cost-effectiveness, customer service, and cost-efficiency with regard to operations as well as coordinated services. Because each service area is unique, the suggested performance categories and ranges are designed so that, while some regions may not achieve a rating higher than 'satisfactory' due to their local conditions (e.g., necessity for long distance trips on a regular basis), those same regions may exceed in other performance categories.

The suggested performance standards are provided in the following matrix. The ranges are offered as a starting point for consideration by NHDOT, in consultation with the SCC. Actual ranges will need to be adjusted based on actual performance of coordinated transportation providers.

<b>Coordinated Service Performance Category</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>
Percent change in number of new individuals served per month	0% to 1%	1.1% to 3%	3.1% or higher
Percent change in number of referrals made to/received from another agency	0% to 1%	1.1% to 3%	3.1% or higher
Percent change in the number of No-Shows per month	0% to 1%	1.1% to 3%	3.1% or higher
Operating cost per revenue vehicle mile	>\$3.50	\$1.80 to \$3.50	<\$1.80
Passenger trips per revenue vehicle mile	<0.10	0.10 to 0.34	>0.35
Operating cost per one-way passenger trip	>\$13.00	\$9.00 to \$13.00	<\$9.00

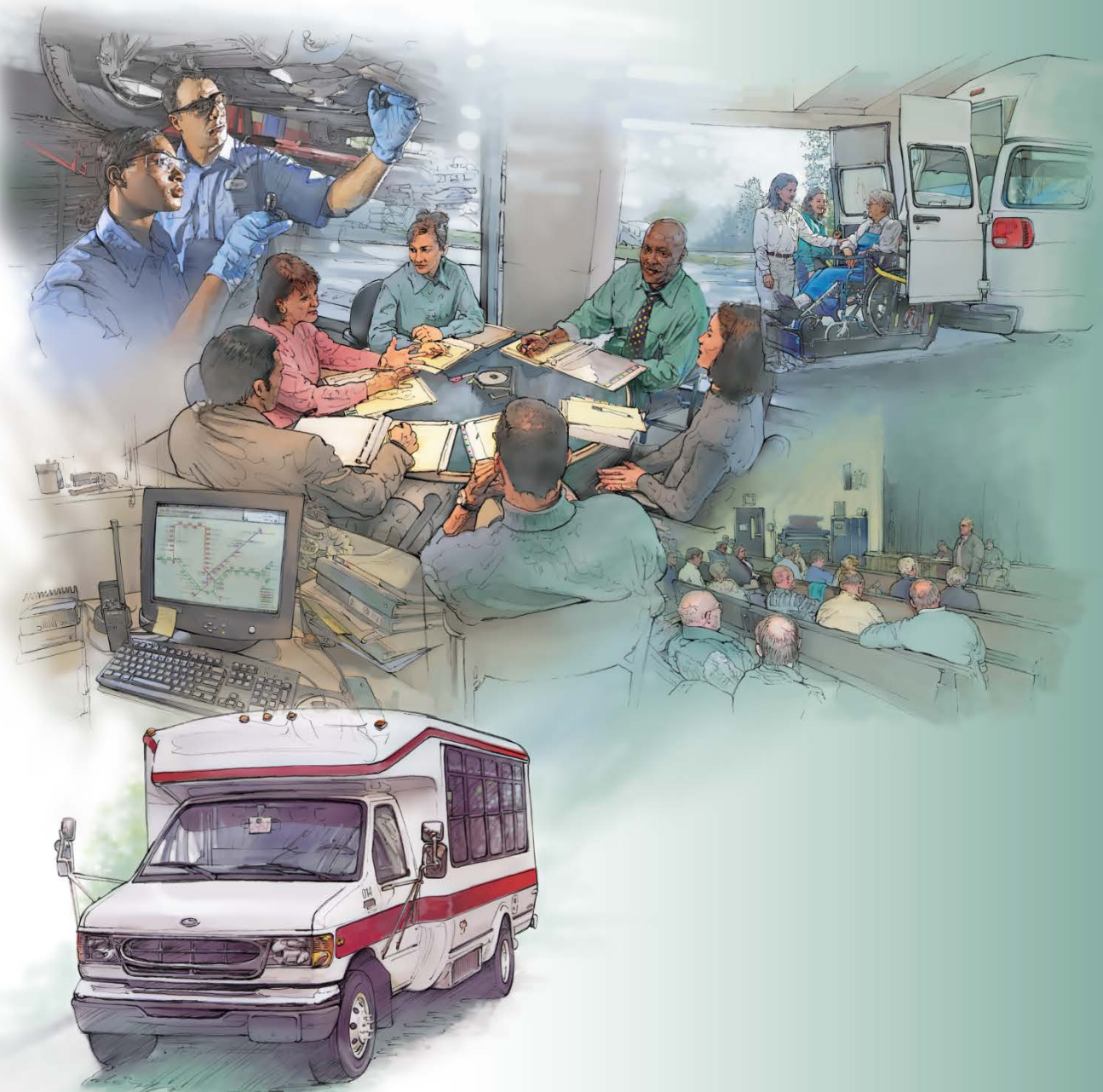
One (1) credit would be awarded for each category in which a region scores an excellent rating. As the amount of available carry-over funds for the POS program is not consistent for each funding cycle, it is recommended that each credit be worth a percentage of the available funds. The percentage awarded for each credit will ultimately be the NHDOT and SCC's decision, but 2% per credit is recommended with the total available for each region capped at 10%.

Another option would be to give additional weight to certain performance categories according to importance to the NHDOT and the SCC. For example, to encourage client mixing and relationship building between providers, credits of 3% could be given for excellent ratings in the categories pertaining to number of new individuals served, number of referrals made to or received from other agencies, and passenger trips per revenue mile. This would of course decrease the weight of the remaining categories, leaving these credits worth 1%. The total available for each region would still be capped at 10%.

It is recommended that performance-based credits are allocated based on a two-year average of the measures in each category. Therefore, data must be collected starting in FY2017 but credits will not be assigned until two years of consistent data are reported.



## APPENDIX A: State Agency Interview Tool



**NEW HAMPSHIRE STATEWIDE COORDINATION OF COMMUNITY TRANSPORTATION  
SERVICES  
SURVEY QUESTIONNAIRE – INTERVIEWS WITH STATE AGENCY OFFICIALS**

This survey instrument is designed to be administered by a member of the consulting team during the conduct of face-to-face interviews with state agency officials.

**I. STATE AGENCY CHARACTERISTICS AND MAJOR PROGRAMS IDENTIFICATION**

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

**1. Identification of Organization:**

- a. Department: \_\_\_\_\_
- b. Division/Unit: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- e. E-mail: \_\_\_\_\_
- f. Name of Individual Interviewed and/or Others Who Can Answer or Respond to Follow-Up Questions : \_\_\_\_\_
- g. Title: \_\_\_\_\_
- h. Agency Website: \_\_\_\_\_

**2. Programs Administered that Fund Transportation:**

- a. What programs are administered by the organization that expressly permit the funding of client transportation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. What is the network of service providers authorized to provide client transportation services under this program?  
\_\_\_\_\_  
\_\_\_\_\_

- c. How are these service providers identified? Are there qualification standards that must be met prior to being authorized to provide client transportation under this program?

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**II. CLIENT TRANSPORTATION EXPENDITURES**

**3. Expenditures**

- a. Does the agency maintain records/data on the amount of program funds expended for transportation? If no, why not? If yes, what are those levels (annually)?

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- b. Have transportation expenditures increased or decreased over the past five years? If yes, please explain.

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- c. How are client transportation funds allocated or apportioned to these providers?

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**4. Client Eligibility and Allowable Trip Purposes**

- a. What clients are eligible to benefit from transportation assistance provided under this program?

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- b. How is the eligibility process administered? What organization is responsible for eligibility determination?

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c. How long is eligibility conferred?

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d. What trip purposes are eligible for reimbursement under the program?

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e. Does the agency collect reports on the level and number of transportation service units provided? What is the frequency of submission and are these reports available to the consultant? What is the basic unit of service?

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f. Are capital purchases (e.g., purchase of vehicles dedicated to client transportation) an allowable use of program funds?

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### III. COORDINATION POLICIES

#### 5. Federal/State Coordination Policies Associated with this Program

a. To your knowledge, are there any formal policies associated with Federal and/or state program rules that encourage your agency to coordinate the delivery of client transportation services with other human service agencies?

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- b. To your knowledge, are there any formal policies associated with Federal and/or state program rules that encourage your agency to coordinate the delivery of client transportation services with public transportation/community transportation providers?

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**6. Coordination Efforts/Mechanisms**

- a. If “yes” to Question 5a or 5b, what mechanisms are used to promote and facilitate coordination?

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- b. What level of priority does the coordination of client transportation services hold with your organization? Is this level, when evaluated today, higher or lower than in previous years?

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- c. Describe any formal transportation coordination agreements your agency has with another agency.

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d. Does your agency participate in the New Hampshire State Coordinating Council (SCC)?

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e. If yes to 6d, what have been the successes and challenges of the SCC, from your perspective?

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f. If no to 6d, why did your agency elect not to participate in the SCC?

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**7. Needs**

- a. Has the agency conducted any comprehensive or statewide assessment of client transportation needs/unmet needs? If yes, may we review the results of the assessment?

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- b. Have any strategies been developed to meet the identified transportation needs?

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- c. If yes, to Question 7b, is the coordination of transportation service an integral component of these strategies? Please explain.

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**8. Benefits/Barriers of/to Coordination**

- a. Has the agency formally evaluated the potential benefits of coordinated transportation?

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- b. Has the agency documented potential obstacles or barriers to coordination?

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c. If yes, what are the identified obstacles or barriers?

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d. Has the agency formulated an approach to resolution of these obstacles or barriers?

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**9. Final Thoughts**

a. In your opinion, what strategies should be implemented at the state level to facilitate coordination initiatives at the regional and/or local levels?

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b. What infrastructure/policy changes are required to enable your agency to be more involved in these local efforts?

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c. Other comments, thoughts or opinions?

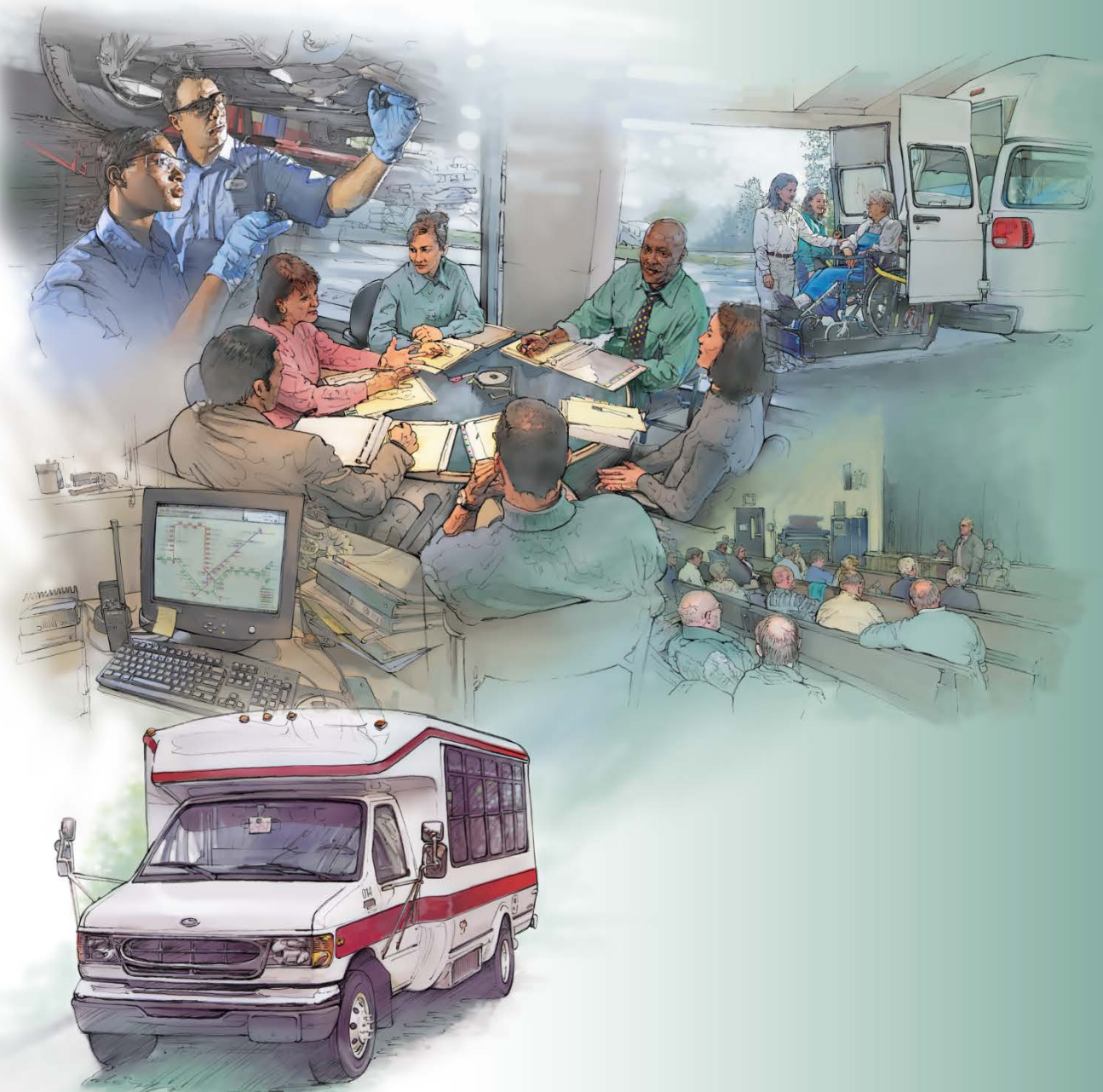
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## APPENDIX B: RCC/RPC Interview Tool



**NEW HAMPSHIRE STATEWIDE COORDINATION OF COMMUNITY TRANSPORTATION  
SERVICES  
INTERVIEW QUESTIONNAIRE – INTERVIEWS WITH RCCs/RPCs**

This survey instrument is designed to be administered by a member of the consulting team during the conduct of telephone interviews with directors, chairpersons, or other individuals at RCCs/RPCs who are directly involved in coordinated transportation.

**1. Identification of Organization:**

- a. Organization Name: \_\_\_\_\_
  
- b. E-mail: \_\_\_\_\_
  
- c. Name and Title of Individual(s) Interviewed and/or Others Who Can Answer or Respond to Follow-Up Questions :  
\_\_\_\_\_  
\_\_\_\_\_
  
- d. Website: \_\_\_\_\_

**2. Coordination Efforts/Mechanisms**

- a. Please explain the services provided through your Section 5310 Purchase of Service and Formula Funds Distribution in terms of how you evaluate contracted POS rates and providers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- b. Do you collect performance measures/metrics from the providers who receive Section 5310 funding?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. What mechanisms are used to promote and facilitate participation in the coordinated transportation effort among the agencies and transportation providers in your region?

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- d. What level of priority does coordination hold with the transportation providers or human service agencies that serve your region? Is this level, when evaluated today, higher or lower than in previous years?

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- e. What policies, structures, and/or funding conditions would need to change to overcome the coordinated transportation challenges or barriers?

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**3. Needs**

- a. Has the RCC/RPC or another organization conducted any comprehensive assessments of client transportation needs/unmet needs for your region? If yes, may we review the results of the assessment? Have the results of those assessments impacted the way you manage Section 5310 Purchase of Service or Formula Funds?

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- b. What unmet transportation needs and goals have been met by the regional coordinated transportation structure in your region and throughout NH, from your perspective? What needs and goals have not been met?

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- c. Is the coordination of transportation service on a regional level an integral component of addressing the unmet transportation needs within the local area? Please explain.

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**4. Benefits/Barriers of/to Coordination**

- a. Discuss the barriers identified in Question 8 the RCC survey and any updates.

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- b. Has the RCC/RPC formulated an approach to resolution of these obstacles or barriers? If the resolution of obstacles is dependent upon or could be aided by the SCC or other agencies or resources, please explain.

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**5. Final Thoughts**

- a. In your opinion, what strategies should be implemented at the state level to facilitate or encourage better coordination initiatives at the regional and/or local levels?

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- b. What infrastructure/policy changes are required to enable the SCC and RCCs/RPCs more successful in maximizing the use of funds dedicated to coordinated transportation services?

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- c. What should be the role of the SCC, RCCs, and the NHDOT going forward?

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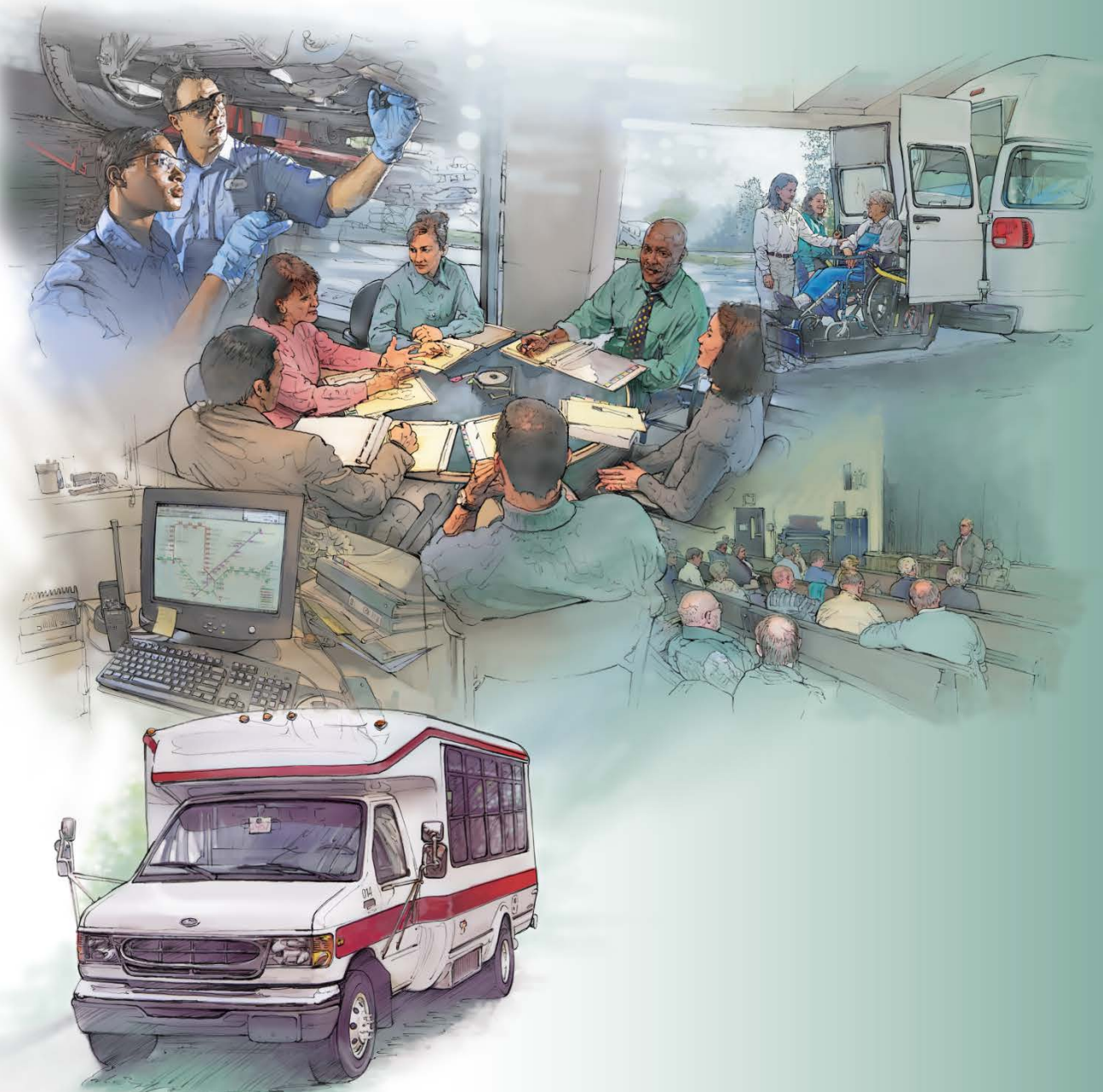
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## APPENDIX C: Public Meeting PowerPoint Presentation





**RLS**  
Associates, Inc.

Moving Public Transportation  
Into the Future

## New Hampshire Statewide Coordination of Community Transportation Services Plan Update

Public Meetings  
October 3-5, 2016

Presented by: RLS & Associates, Inc. [www.rlsandassoc.com](http://www.rlsandassoc.com)

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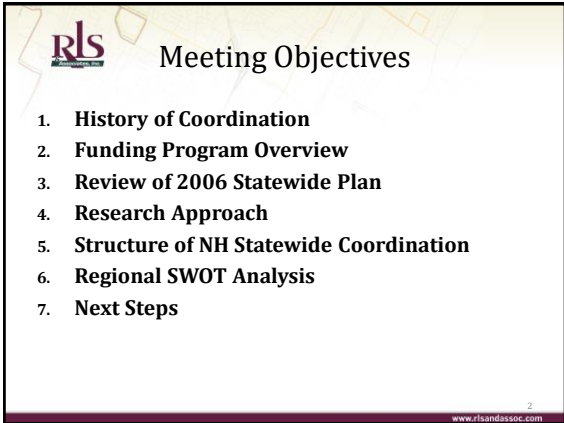
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**RLS**  
Associates, Inc.

## Meeting Objectives

1. **History of Coordination**
2. **Funding Program Overview**
3. **Review of 2006 Statewide Plan**
4. **Research Approach**
5. **Structure of NH Statewide Coordination**
6. **Regional SWOT Analysis**
7. **Next Steps**

[www.rlsandassoc.com](http://www.rlsandassoc.com)

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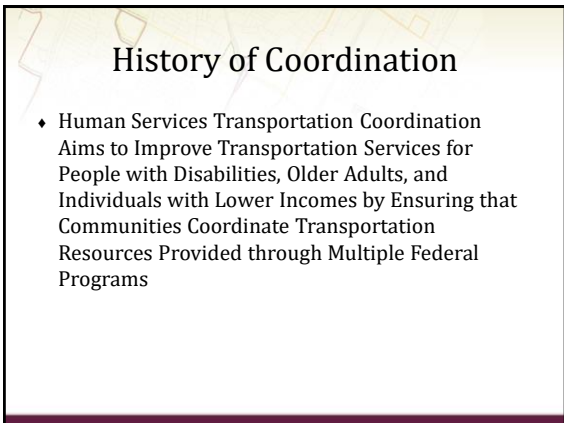
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## History of Coordination

- ◆ Human Services Transportation Coordination  
Aims to Improve Transportation Services for  
People with Disabilities, Older Adults, and  
Individuals with Lower Incomes by Ensuring that  
Communities Coordinate Transportation  
Resources Provided through Multiple Federal  
Programs

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## History of Coordination

- ◆ 2003 General Accounting Office Report Identifying:
  - 62 Different Federal Funding Programs
  - 8 Different Federal Funding Agencies
  - Little or No Coordination & Duplication of Programs
- ◆ SAFETEA-LU was Signed into Law on August 10, 2005, and Expired on September 30, 2009
- ◆ Congress Renewed Its Funding Formulas, Until Replacing SAFETEA-LU in 2012 with MAP-21 and in 2015 with FAST

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## Funding for Public Transit

(serving the general public)

### Urban Public Transit (5307)

- ◆ Geographic area: Areas with population > 50,000
- ◆ Eligible recipients: Public bodies
- ◆ Eligible Activities: Operating, Capital & Planning
- ◆ Application process: Public body applies to & receives funds directly from FTA
- ◆ # of 5307 systems in NH: 5
- ◆ FTA 5307 funds per year: ~\$8M

### Rural Public Transit (5311)

- ◆ Geographic area: Areas with population < 50,000
- ◆ Eligible subrecipients: State or local government, nonprofit organizations or public transportation providers
- ◆ Eligible Activities: Operating, Capital & Administration
- ◆ Application process: NHDOT solicits applications & enters into contracts with entities
- ◆ # of 5311 systems in NH: 7
- ◆ FTA 5311 funds per year: ~\$4M

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## Section 5310 Program Overview

(serving seniors& individuals with disabilities)

- ◆ **Program Goal:** To meet transportation needs of older adults & people with disabilities Were Insufficient, Inadequate, or Inappropriate
- ◆ **Eligible subrecipients:** State or local government, private nonprofit organizations or public transportation operators
- ◆ **Eligible activities:** Capital & Operating
  - Traditional Projects: Buses, vans, wheelchair lifts, etc.
  - Nontraditional Projects: Mobility Management, Travel Training, Volunteer Driver Programs & Operating
- ◆ **Application process:** NHDOT solicits applications & enters into contracts with entities for projects:
  - Purchase of Service    RCC Formula Funds    Traditional Capital

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## NHDOT Section 5310 Solicitations

**Centralized:** NHDOT scores, ranks & selects projects and NHDOT contracts directly with transit provider

- ◆ **Traditional Capital** (buses, vans, etc)
  - Annual solicitation

**Decentralized:** RCCs solicit, score & select projects & NHDOT reviews for eligibility & then contracts with 1 Lead Agency per RCC

- ◆ **Purchase of Service** (Volunteer transportation, demand response service, etc)
  - Biennial solicitation
- ◆ **RCC Formula Funds** (any eligible 5310 project)
  - Annual solicitation

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## 2006 Statewide Plan

- ◆ Recommendations for the 2006 Plan were the following:
  - Creation of a State Coordinating Council for Community Transportation (SCC)
  - Implementation of a regional community transportation coordination infrastructure
  - Coordination of existing local and regional transportation assets
  - Improved data sources

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## 2006 Statewide Plan

- ◆ Due to these recommendations, an SCC and 10 Regional Coordinating Councils were formed
- ◆ The recommendation for increasing local and regional transportation relied on the participation of Medicaid for funding
  - Medicaid has not been an active participant, and there's not sufficient funding to carry out the rest of the plan
- ◆ The updated plan will seek to provide realistic and implementable goals and strategies within the current funding environment

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### Research Approach

- ◆ Review Relevant Plans and Studies
- ◆ Document Current Conditions
- ◆ Interviews with State Agencies, the SCC, RCCs and RPCs
- ◆ Public Meetings
- ◆ Review of Current NHDOT Funding Structure
- ◆ Provide Strategies and Recommendations for the Statewide Coordination Structure, Use of Funds, and Engagement of Stakeholders at the State, Regional, and Local Levels

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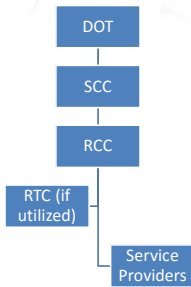
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### Current Structure of NH Statewide Coordination Efforts



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### Structure of NH Statewide Coordination Efforts

- ◆ The State Coordination Council (SCC) is charged with the following:
  - Develop and provide guidance for the coordination of community transportation options within the State
  - Set statewide coordination policies for community transportation and monitor the results of statewide coordination
  - Approve the formation of regional coordination councils and the selection of regional transportation coordinators
  - Solicit and accept donations for funding

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# Structure of NH Statewide Coordination Efforts

- ◆ The Regional Coordinating Councils (RCCs) are charged with the following:
  - Implement coordination and related policies in their region
  - Select, guide, assist, and monitor their Regional Transportation Coordinator (if one exists)
  - Work with the RTC to develop the local service design, e.g., how service is delivered, how inter-regional trips are coordinated
  - Provide feedback to the SCC, relative to the policies that are – or are not – working well in their region

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# 2015 RCC Survey Results

## EXECUTIVE SUMMARY

### Survey of the Nine Regional Coordinating Councils

Administered in the fall of 2015 by the SCC Agency Partnership Subcommittee  
Principal Investigators: Bill Fier, Rebecca Harris, Pam Johnson, Beverly Raymond, Fred Rodriguez

In the fall of 2015, the State Coordinating Council on Community Transportation (SCC) asked the members of the nine Regional Coordinating Councils (RCCs) to complete a survey designed to assess the state of coordination across the region. The results provide a way for regions to share the lessons and challenges that have emerged in their efforts to coordinate community transportation. This information will also help the SCC provide better and more targeted support for the regions as they continue the coordination process.

As the SCC works to update the Statewide Coordination Plan, these survey results will provide valuable data to guide future strategies. This snapshot of what coordination looks like in New Hampshire will help regional public agencies on both the state and regional levels. The feedback concerning additional support the regions would like to see from the SCC in the beginning of a dialogue will help the efforts of the state and the regions to the future Statewide Coordination Plan and the strategies to address coordination.

Complete results are available in the full report. Here are some highlights:

- Eight of the nine regions said coordination has progressed in their region, most commonly in the form of better communication, but with significant advancements in seven regions.
- Five councils have decreased in membership, three stayed level, and one has increased.
- Methods to increase participation and awareness were developed by several RCCs.
- Even though participation decreased overall, participation did not decline in our three resulting new Federal Transit Administration (FTA) program areas through the New Hampshire Department of Transportation. The more successful regions had better representation and participation. Although the general public has little awareness of the councils, some councils have been successful at publicizing the transportation services available in their regions.
- To summarize the top positive outcomes listed by the regions were:
  - increased service through the use of FTA funds
  - administrative savings
  - learning how others operate
  - greater awareness of the region's needs
  - establishment of call centers
  - identification of call centers
- The top negative outcomes listed were:
  - inadequate funding and conflict over funding
  - lack of interest among stakeholders
  - limited capacity to implement coordination strategies
  - lack of clear progress

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# 2015 RCC Survey Results

- While some coordination efforts are still barriers, the councils generally feel that the SCC has supported the regions in a number of ways.
- Regions would like more support from the SCC in specific areas including technical assistance, advocacy, technology, funding, clarification of the role of the SCC, resolution of outstanding issues, and increasing participation by a variety of stakeholders.
- Regions shared several success stories including providing funding of local assets, using the value of volunteer drivers to help with coordination from individuals and banks, keeping three municipal and county governments, non-profit advertising, and private contributions.
- Some regions have more successful funding through Federal Transit Administration programs, especially due to the recent changes in the Formula of Eligible and Adult Services (FAS) Title 800, and some are waiting back on service as a result.
- Regions shared the lessons and best practices they have learned in providing service through the FTA program.
- Some regions experienced barriers to success in providing service funded by FTA funds.

As the state reviews the results of this survey, they will be able to take advantage of the experiences of their peers, increasing the adoption of successful strategies. By providing an ongoing forum for exchanging ideas and information between regions and with the SCC, the replication of regional success will be facilitated across the state.

For the complete set of results, please contact the SCC.

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## Structure of NH Statewide Coordination Efforts

- ◆ In your opinion, what should be the role(s) of the following in the provision of NH coordinated transportation:
  - SCC
  - RCC
  - NHDOT

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## REGIONAL SWOT ANALYSIS

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## Strengths

- ◆ What general strengths does your region have? (growing employment, tourist attractions, medical facilities, etc.)
- ◆ What are the community transportation successes since the implementation of the 2006 Statewide Plan?
- ◆ Are there examples of successful coordinated transportation relationships between providers in your region?

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### Weaknesses

- ◆ What are the unmet transportation needs in your region?

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### Opportunities

- ◆ Are there any new developments in your region which would create a need for additional transportation?
- ◆ Are there any collaboration or funding opportunities available in your region which could benefit coordinated transportation efforts?
- ◆ What strategies or policies should be implemented at the local level to better meet the transportation needs in your region?

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### Threats

- ◆ What barriers are keeping your region from meeting all of the transportation needs?
- ◆ What are the barriers to coordinated transportation that regional providers experience?
- ◆ Do you know of any additional barriers in your region that are potentially approaching?

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## Next Steps

- ◆ Mid-Project Report
  - includes documentation and analysis of the current state of coordinated transportation in New Hampshire
  - provided to the SCC for review and comment later in October
- ◆ Final Report
  - includes all finalized Mid-Project Report, with the addition of an analysis of the Section 5310 Program as it is administered by NHDOT and strategies for increasing statewide coordination
  - provided to the SCC for review and comment in mid-December

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## Contact Information

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  - [tpaige@rlsandassoc.com](mailto:tpaige@rlsandassoc.com)
- ◆ Claire Oswald, RLS & Associates, Inc.
  - [coswald@rlsandassoc.com](mailto:coswald@rlsandassoc.com)
- ◆ Laura Brown, RLS & Associates, Inc.
  - [lbrown@rlsandassoc.com](mailto:lbrown@rlsandassoc.com)

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www.rlsandassoc.com

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## APPENDIX D: Region 4 Performance Measure Tool

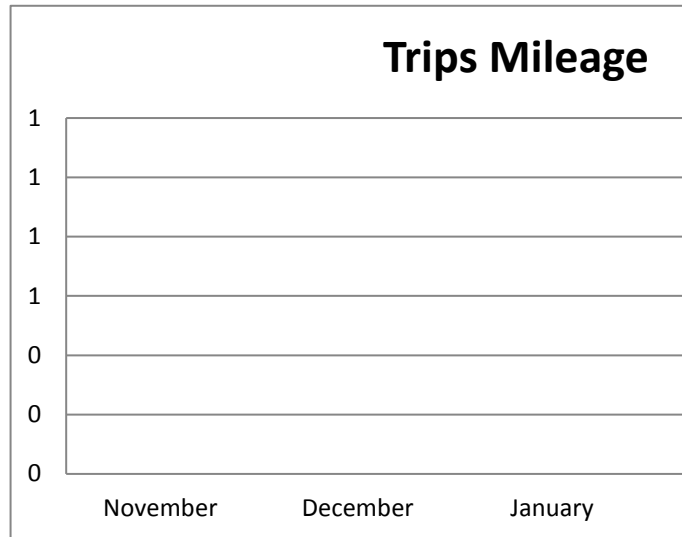


**XYZ TRANSIT FTA 5310 ELDERLY DISABLED TRANSPORTATION**

Month	Total Individ Serv'd	New Unduplic ated this Month	Purposes				Miles	Minutes	Load Fee	Mileage Reimbursed	Cost	One Way Trip Count	Avg Miles per Trip
			Medical	(Dialysis)	Shop	Educa / Work							
July									\$ -	\$ -		#DIV/0!	
August									\$ -	\$ -		#DIV/0!	
September									\$ -	\$ -		#DIV/0!	
October									\$ -	\$ -		#DIV/0!	
November									\$ -	\$ -		#DIV/0!	
December									\$ -	\$ -		#DIV/0!	
January									\$ -	\$ -		#DIV/0!	
February									\$ -	\$ -		#DIV/0!	
March									\$ -	\$ -		#DIV/0!	
April									\$ -	\$ -		#DIV/0!	
May									\$ -	\$ -		#DIV/0!	
June									\$ -	\$ -		#DIV/0!	
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>0</b>	<b>#DIV/0!</b>
<b>%</b>			<b>100.00%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>		<b>Vol Hours &gt;</b>	<b>-</b>			<b>Avg per Trip</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>

Month	Requests	Cancel'd	No Show	ADA Acssble	Denied	Denial Code
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>

Month	Trips	Miles
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
<b>TOTALS</b>	<b>0</b>	<b>-</b>

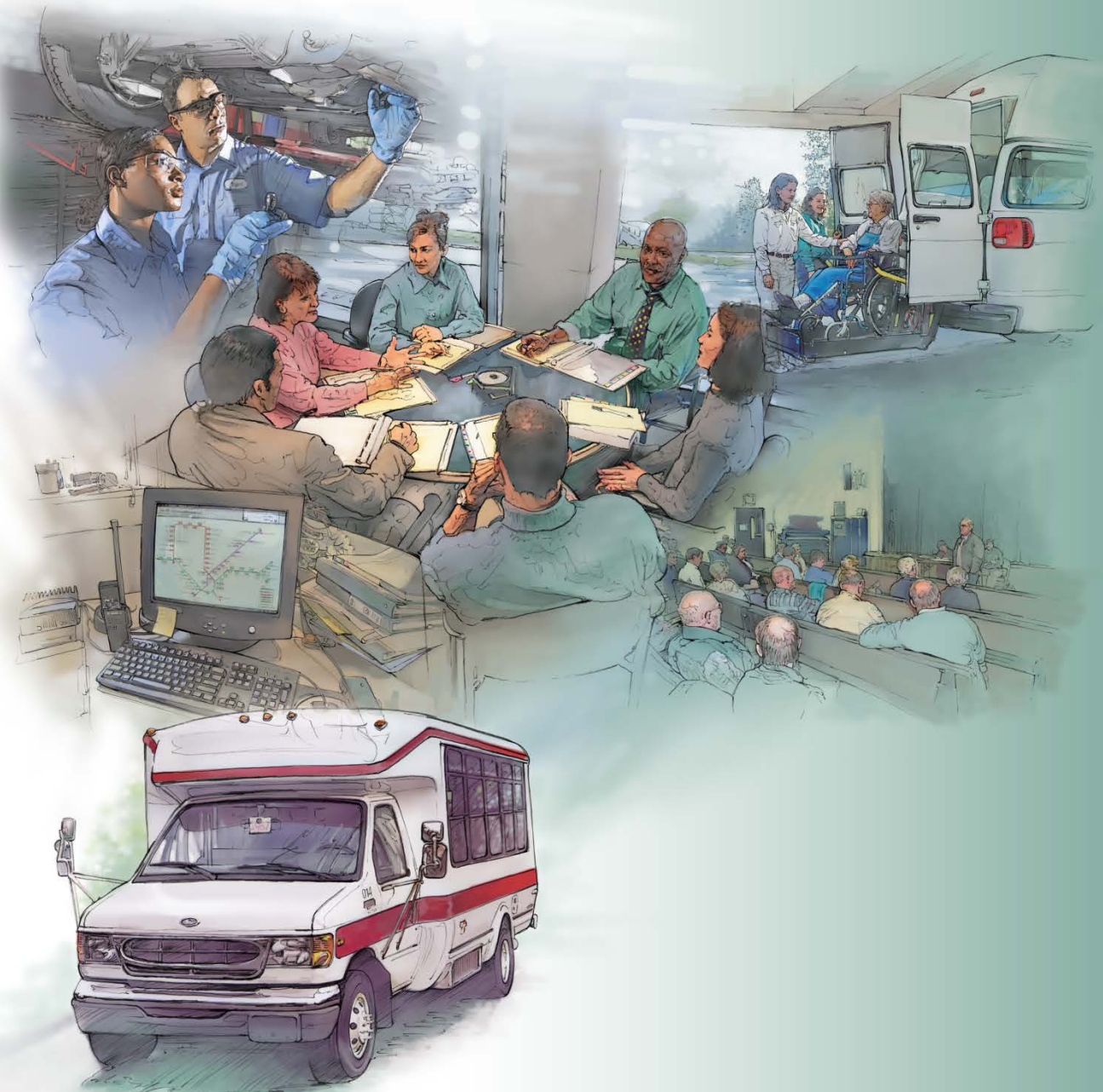




Mos	Total \$
July	
August	
Sept	
Oct	
November	
December	
January	
February	
March	
April	
May	
June	
Total	\$ -
Remains	#VALUE!



**APPENDIX E: Providers Funded by the Bureau of  
Elderly and Adult Services (DHHS)**



NH Department of Health and Human Services, Office of Human Services  
Bureau of Elderly and Adult Services  
Contracted Transportation Provider Agencies January 1, 2017 – September 30, 2018

**Belknap/Merrimack Community Action Program**

2 Industrial Park Drive  
Concord, NH 03302

**VNA at HCS**

312 Marlboro St.  
Keene, NH 03431

**Community Action Partnership of Strafford County**

642 Central Avenue, PO Box 160  
Dover, NH 03821-0160

**Easter Seals Special Transit Services**

555 Auburn St.  
Manchester, NH 03103

**Gibson Center for Senior Services**

PO Box 655  
North Conway, NH 03860

**Grafton County Senior Citizens Council**

10 Campbell St., PO Box 433  
Lebanon, NH 03766

**Lamprey Health Care**

128 Route 27  
Raymond, NH 03077

**Nashua Transit**

229 Main St.  
Nashua, NH 03060

**Newport Senior Center**

76 South Main St.  
Newport, NH 03773

**Rockingham Nutrition and Meals on Wheels**

106 North Rd.  
Brentwood, NH 03833

**St. Joseph Community Services**

395 Daniel Webster Highway, PO Box 910  
Merrimack, NH 03054

**Tri-County Community Action Program**

74-84 Exchange St.  
Berlin, NH 03570