MINUTES
New Hampshire State Commission on Aging
Monday, February 14, 2022 10:00 a.m.-noon
NH Employment Security, 45 South Fruit Street, Concord, NH

Present in person: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Wendi Aultman, DHHS; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Patrick Herlihy, DOT; Janet Weeks, DOL; Lynn Lippitt, NH Housing Finance Authority; Appointed by the Governor: Kristi St. Laurent, Suzanne Demers, Rev. Susan Nolan
Rebecca Sky, Executive Director
Present via teleconference: Daniel Marcek, Susan Ruka, Harry Viens
Absent: Rep. James MacKay; Rep. Charles McMahon; Richard Lavers, NHES; Elizabeth Bielecki, DOS; Susan Denopoulos Abrami, Ken Gordon, Susan Emerson
Presenters: Thom O'Connor, Community Based Programs Administrator, Division of Long Term Supports & Services, Bureau of Elderly & Adult Services, NH-DHHS; Jeff Donald, Regional Mobility Manager, Alliance for Community Transportation
Guests present via teleconference: 30 members of the public (Heather Carroll, Beth Todgham, Jennifer Rabalais, Martha McLeod, Carole Boutin, Kris Hering, Laura Davie, Jeseca Wendel, Kathleen Hoey, Jon Eriquezzo, Karen Olmer-Dorch, Cindy Yanski, Beverly Cotton, Terry Paige, Jennifer Throwe, Steve Workman, Moriah Vincent, Robin Burlock, Doug McNutt, Mary Roberge, Cheryl O'Malley, Gayle Davis, Amy Moore, Lori Merkel, Richard Danford, Sylvia Von Aulock, Amy Clark, Nancy Dorner

I.   **Welcome, Attendance, Review of Minutes**
      Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at NH Employment Security and via teleconference. Because the state Emergency Order is no longer in place, a quorum of Commission members must be present in person to take action.

      Clerk Roberta Berner took attendance, noting which Commission members were attending in person or remotely. With 13 Commission members attending in person, a quorum was present, so action was able to be taken on the October, November and January minutes.

      Susan Buxton made a motion, seconded by Patrick Herlihy, to approve the minutes from October, November and January. Commission members physically in attendance unanimously approved the motion.

II.   **A Few Transportation Alternatives Initiatives**
      Vice Chair Carol Stamatakis introduced the topic, directing attendees to the second charge of the Commission (reviewing and providing input to state programs, including transportation). She also referred to the recently drafted letter from the Commission to the Governor regarding the Ten-Year Transportation Plan and the need to conduct a comprehensive assessment of transportation needs of older adults and those with disabilities. She then introduced the presenters.

A. **Thom O'Connor, Community Based Programs Administrator, Division of Long Term Supports & Services, Bureau of Elderly & Adult Services (BEAS), NH-DHHS**
Thom O'Connor provided a brief overview of the non-Medicaid services that he administers within BEAS and noted that during the pandemic, additional flexibility had been allowed within the senior nutrition and transportation programs. For example, transportation providers were allowed to use vehicles to make deliveries to clients rather than just being used to provide rides.

The Title III (Older Americans Act) transportation program provides support for rides for those aged 60 and over to medical appointments, social gatherings, grocery stores and other destinations. BEAS currently has 11 contracted Title III transportation providers in New Hampshire and will be issuing Requests for Applications (RFAs) for a total of approximately $1.5 million within the next couple of weeks.

Questions and Thom O'Connor's answers included the following:
- If someone needs transportation to a special event, how can they be served? The individual can contact the transportation provider directly or call the local ServiceLink Resource Center for a referral. Also BEAS' Adult Protective Services refers individuals.
- What number should an individual call for transportation services? Calling 2-1-1 would be a good place to start.
- Is someone aged 60 or over automatically eligible for Title III services? Yes.
- Will the flexibility permitted during the pandemic continue to be allowed post-pandemic? This is open to discussion.
- Are there geographic gaps in services among the 11 contract holders? BEAS will assess gaps during the RFA process. It was noted in the online meeting chat box that western Hillsborough County lacks Title III transportation.
- What type of organizations typically contract with BEAS to provide Title III transportation services? Nutrition providers, Easter Seals, Community Action Programs (CAP), etc.

B. **Patrick Herlihy, Director of Aeronautics, Rail and Transit, NH-DOT**
(PowerPoint attached to these minutes)
Patrick Herlihy began by discussing the many years of planning that have taken place to set the stage for the next phase of work towards development of a coordinated transportation network in the state. The State Coordinating Council for Community Transportation (SCC) was established in 2007, and eight Regional Coordinating Councils (RCCs) have been formed around the state. RCC's are composed of local transportation providers, human service agencies, funding agencies and organizations, consumers, and regional planning commission staff. RCC's oversee the development of locally coordinated public transit human services transportation plans required by Federal transit law for a region to access the Federal Transit Administration (FTA) Section 5310 funding. Each RCC has a lead agency that contracts with the state to receive funds to allocate by contract to other regional transportation providers that serve older adults and individuals with disabilities.

The next phase is the establishment of a statewide mobility management network. The DOT will be hiring a statewide mobility manager to work with regional mobility managers and serve as a liaison among state agencies, the SCC, RCCs and local providers. At the regional level, the focus will be on a customer-centered approach and will aim to coordinate information about inventory, outreach efforts, accessibility, and new opportunities and partnerships. Ultimately, the goal is to build transportation capacity while reducing costs and increasing efficiency in the regions.

Creating a statewide mobility manager network has been made possible through an innovative funding strategy, including a new Centers for Disease Control and Prevention (CDC) grant which will leverage DOT funding from a variety of sources. The CDC grant, focusing on health disparity, will provide $120,000 per year per region.

Questions and Patrick Herlihy's answers included the following:
- Is there an existing inventory of transportation providers in the state? Each region has developed a transportation directory for its area, and the directories are available on the SCC webpage.
- What is the plan when the CDC grant ends? The funding is for two years, at which point there will be a reassessment.
- Is there a way to capture unmet need for transportation? Documenting unmet need is on the "to do" list. The Commission on Aging support for use of ARPA funds to assess this expressed in the letter to the Governor and GOFERR discussed last month is in response to others asking the same question and is timely.

C. Jeff Donald, Regional Mobility Manager, Alliance for Community Transportation
(PowerPoint on Volunteer Driver Programs is attached)
Jeff Donald works in the seacoast region and is housed at transportation provider Cooperative Alliance for Seacoast Transportation (COAST). Regional mobility management is handled through TripLink, a call center coordinating trips among five agencies offering eight different transportation services.

He has worked closely with the Alliance for Healthy Aging's (AHA's) transportation workgroup, particularly focused on volunteer driver programs. The AHA workgroup includes a peer-to-peer network of programs that are jointly engaged in such work as volunteer driver recruitment and a statewide needs assessment. Recruitment of volunteer drivers has been a major issue for providers. Typical volunteers are young retirees, who may age out after a few years. During the pandemic, many volunteers resigned because of concerns about health and safety. The workgroup is building a website to direct potential riders and/or volunteers based on where they live to a specific volunteer driver provider.

Although volunteer driver programs exist across the state, there are large swaths of New Hampshire that lack programs. The programs that exist may have different parameters for offering transportation (e.g., access to medical care only or access to a broader range of essential services). Those that accept federal funds must offer an accessible option to riders. Those that are purely private in nature, such as church-based groups, may limit rides to passengers who are ambulatory.

Questions and Jeff Donald's answers included the following:

- For volunteer drivers using their personal vehicles, is there an insurance impact? State law passed several years ago prohibits insurance companies from raising rates for volunteer drivers because of their volunteer work.
- Has the workgroup considered putting together a tool kit to help local activists create a volunteer driver program? The group encourages expansion of existing programs (e.g., expand existing program to serve more towns) in preference to the creation of new organizations as a more efficient and effective model. People interested in starting programs in their towns without services are encouraged to connect and partner with existing programs in other towns.
- Has the workgroup considered using an on-line service for recruitment such as volunteermatch.com? In New Hampshire, the group has found that on-line recruitment is less effective than word-of-mouth. Both 2-1-1 and ServiceLink list volunteer opportunities. VolunteerNH has also partnered to help recruit volunteers.

D. Item for Action
Chair Campion asked the Commission to approve the letter to be sent to the Governor to request a statewide older persons transportation needs assessment. A draft of the letter was reviewed at the January meeting of the Commission. Patrick Herlihy made a motion to approve the memo; Sunny Mulligan Shea seconded the motion; the motion was approved unanimously by Commission members physically present at the meeting.

III. **Commission Task Force Update – Aging in Communities of Choice, Kristi St. Laurent, ACC Task Force Chair** *(Draft of issues brief attached to meeting packet)*
Kristi St. Laurent reviewed the issue brief prepared by the Aging in Communities of Choice Task Force. She discussed the county focus and the potential for community alternatives for long-term supports and services.

Chairman Campion explained that the reason to put this issue brief together at this point was the availability of America Rescue Plan Act (ARPA) funds that could support efforts to try new and innovative programs.

Wendi Aultman said that if the issue brief were to receive support at the county level, there may be room to coordinate local funds with federal long-term supports and services funding. She added that it was important to look at what some counties already are doing (e.g., Hillsborough County supports adult day care given the long waiting list to get into the nursing home).

Suzanne Demers said that Merrimack County had been providing funding for four years to support case management to help individuals remain in the community. She felt the program could be replicated in other counties.

Carol Stamatakis added that the Alliance for Healthy Aging had put together compelling information regarding the importance of supporting family caregivers.

Rebecca Sky suggested that a second document developed in the future could include a compilation of other information about what counties are doing or supporting to address long-term care needs of their citizens.

Wendi Aultman said that it would be important to reach decision-makers at the county level and also legislators. She said that Older Americans Act programs (including senior nutrition, transportation, adult day care, and some ServiceLink programs) have been level-funded for many years and there is a need to increase funding at the state level. Such programs can extend the length of time that people spend in their own community and can stretch the long-term care programmatic dollars.

Chair Campion asked if there was general agreement to move forward with finalizing and distributing the issue brief to county leadership. Commission members agreed by consensus.

IV.   **Updates**
   - **Appointments**
     The Governor's Office has reported that appointments of three pending Commission members would be made shortly.

   - **Older Adult Volunteer Award**
     March 4 is the deadline for nominations for the 2022 Older Adult Volunteer Award. Information is now available on the Commission website and a press release will be issued shortly.

   - **Legislative Session**
     The Commission is now using bill tracking software, which has been a helpful tool in keeping up with relevant legislation in the state. A small group of Commission members is working specifically on legislative issues of interest.

V.   **Public Input**
   No member of the public asked to address the commission.

VI.   **Adjournment**
   Chair Campion adjourned the meeting at 11:49 a.m.
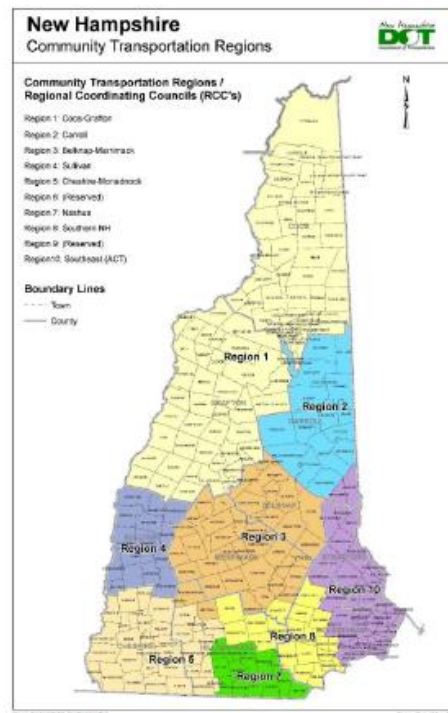
NH's Mobility Management Framework

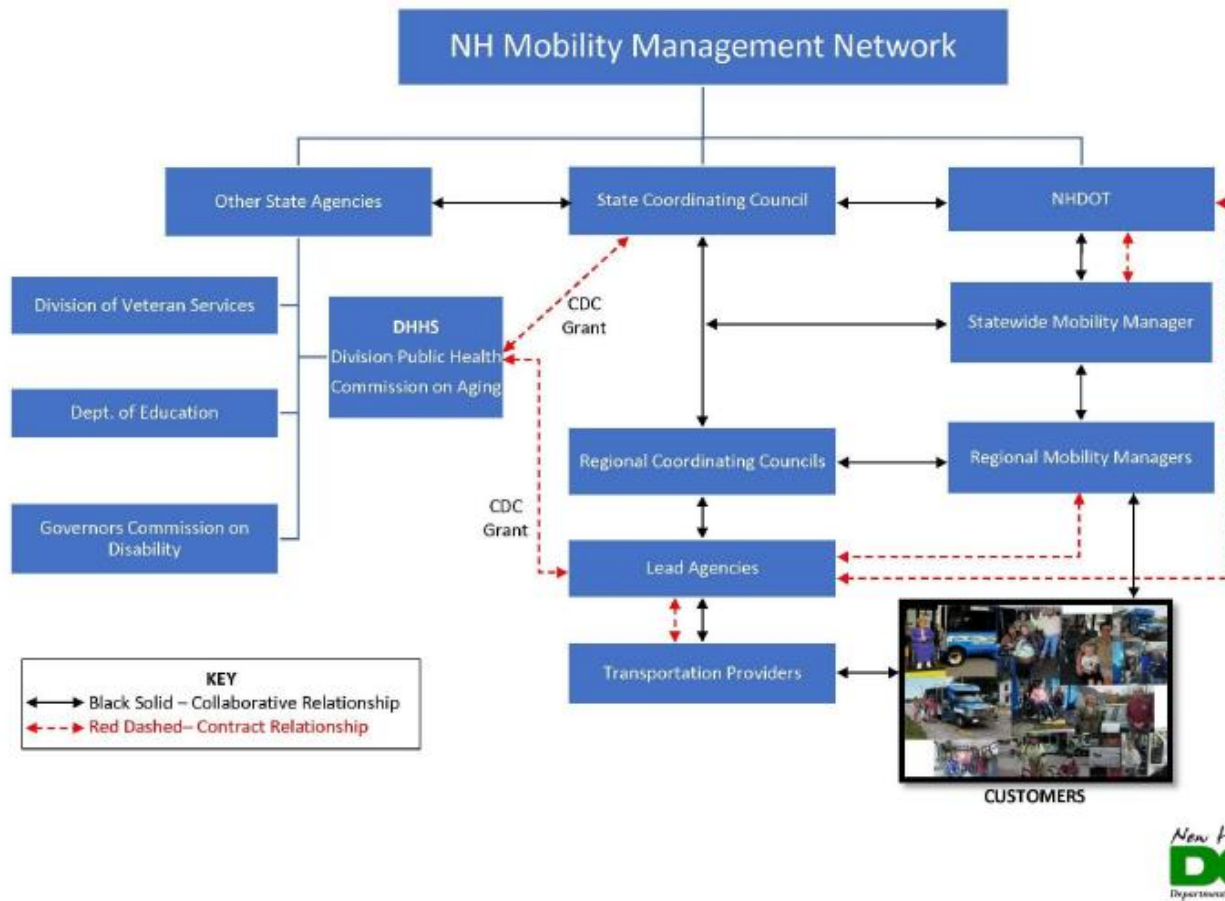Patrick Herlihy, NHDOT

State Commission on Aging

February 14, 2022

Background

- 2007: Statewide Coordinating Council (SCC) established by state statute

- NH divided into eight Regional Coordinating Councils (RCCs)
  - Only two RCCs have true Regional Mobility Managers

- NHDOT contracts with lead agency from each region

- Lead agency contracts with other service providers within each region as needed to fill gaps

Untangling a Mobility Web

NH Mobility Management Network

Other State Agencies ↔ **State Coordinating Council** ↔ **NHDOT**

- Division of Veteran Services
- DHHS — Division Public Health, Commission on Aging
- Dept. of Education
- Governors Commission on Disability

CDC Grant

Statewide Mobility Manager

Regional Coordinating Councils ↔ **Regional Mobility Managers**

CDC Grant

Lead Agencies

Transportation Providers

CUSTOMERS

KEY
→ Black Solid – Collaborative Relationship
- - → Red Dashed– Contract Relationship

New Hampshire DOT
Department of Transportation

Statewide Mobility Manager: Roles

- 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.

Regional Mobility Manager: Roles

- **Regional Service Delivery**
  - Assist the RCC and local providers to develop and implement, a customer centered approach to transportation access and coordination in the region for older adult, low-income, disabled, veteran and other vulnerable populations.
  - Develop relationships with transit-dependent and vulnerable populations in the region to address issues of access, diversity, equity, & inclusion (DEI) and ensure their voices are heard.
  - Create and update annually an inventory of available transportation services in the region to be made available to the public.
  - Conduct outreach activities in the region to educate and train groups and individuals how to access and use the transportation network/services.

- **Regional Coordination**
  - Develop new opportunities for coordination and/or expansion of transportation options across municipal and regional boundaries
  - Cultivate multi-agency partnerships which reduce costs through increased efficiency and effective transportation coordination.

- **Capacity Building**
  - Assist the RCC to develop its organizational infrastructure and capacity to effectively fulfill its mission. Efforts will include strategic planning, fundraising, communication, and member recruitment & retention.
  - Conduct periodic needs assessments to Identify barriers to mobility in the region and propose recommendations to reduce those barriers.
  - Build relationships with state, regional, and local elected officials, and community leaders to educate them about the needs, roles and benefits of regional/local transportation services and coordination. This should include ways in which they can support financially (funding) and operationally (policy) these services and coordination efforts.
  - Identify and research corporate, foundation, and government sources of funding for matching funds. Include opportunities to use "braided" funding streams.
  - Participate in a regional evaluation of existing and new opportunities for technology integration with a focus on scalability, platform accessibility, ease of implementation, relative affordability, maturity (how long has it been around) and generalizability (will it work out of the box).

- **Statewide Planning, Coordination & Capacity Building (Connecting the Regions)**
  - Participate in and coordinate with the SCC, local RCC and statewide mobility management network that includes the statewide mobility manager, regional mobility managers.
  - Participate in state, regional, and local transportation planning activities including required human services coordinated plans, SCC strategic plan, the RCC strategic plan or work plan, RPC planning, and other related plans and initiatives.
  - Assist the DOT, SCC and statewide mobility manager to implement at the regional level strategic initiatives identified in the SCC Strategic Plan and other statewide planning documents.
    - For Example, development of a statewide system for data collection and development of a system for tracking medical appointments missed due to lack of transportation in providers electronic medical records systems.

Performance Indicators

	Performance Indicators for Regional Mobility Managers	Source
1	Percent change in number of new individuals served per month	Plan
2	Percent change in number of referrals made to/received from another agency	Plan
3	Percent change in the number of No-Shows* per month. *Patients who miss healthcare appointments because of transportation barriers*	Plan
4	Passenger trips per revenue vehicle mile	Plan
5	Operating costs: a) Per revenue vehicle mile; and b) per one-way passenger trip	Plan
6	Hours and revenue miles per service day provided by agencies participating in the RCC (capacity measure distinct from the efficiency measures)	Blueprint
7	New Funding: a) For mobility management services; and b) For transportation services	Blueprint

	Performance Indicators for Regional Mobility Managers	Source
8	Number of completed outreach activities and events including media coverage, press releases, advertisements, service brochures, schedules, stakeholder meetings, social media/website traffic, etc.	Blueprint
9	Number of service providers and stakeholders working collaboratively and engaged in the RCC.	Blueprint
10	Number and percentage of municipalities in RCC region with demand response service for older adults and individuals with disabilities operating at least three days per week.	Blueprint
11	Number of volunteer driver programs in the region and their participation in the VDP Network.	Blueprint
12	Transportation services customer survey results and satisfaction ratings.	Blueprint
13	Indicators that show emergence from the COVID-19 Pandemic. *(Correlate with forthcoming pandemic study.)*	Blueprint

	Performance Indicators for CDC Grant (may overlap with performance measures above)	Source
1	Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities. Mobilized: Assembled or organized to act together in a coordinated way to bring about shared outcomes. Examples of partner mobilization include but are not limited to: • Built community capacity with traditional and nontraditional partners • Built and implemented cross-sectoral partnerships • Developed mechanisms such as community advisory groups • Identified and established collaborations with critical partners who support populations of focus	CDC Grant
2	Data on racial and ethnic populations served under this grant initiative.	CDC Grant
3	Other contract specific measures identified in the regional and statewide contracts.	CDC Grant

Innovative Funding Sources

- FHWA Flex
  - Surface Transportation Block Grant
- RTAP
  - Consultant/contractor as opposed to embedded state position for statewide MM
- Toll credits
  - Allow for effective 100% Fed participation
  - Approved by legislative committee based on project's being a statewide initiative

- REGIONAL MMs
  - $120K/year per region (thanks to CDC grant detailed on next slide)
  - Added to 80% FTA 5310 funds used for mobility management activities within each region
- STATEWIDE MM
  - $120K/year

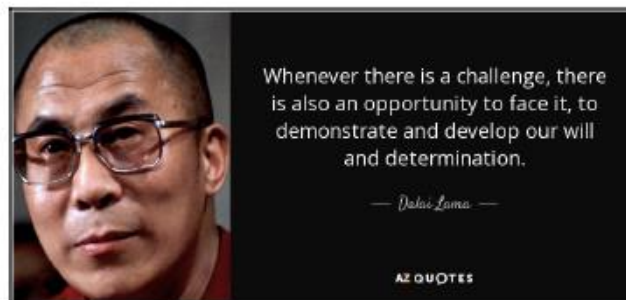| TOLL REVENUE COLLECTED | ▶ | TOLL REVENUE REINVESTED | ▶ | TOLL CREDIT EARNED | ▶ | TOLL CREDIT USED |
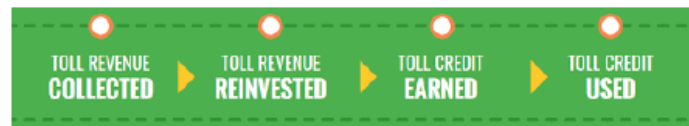
A Discretionary Success

- NH DHHS was awarded a CDC's COVID Health Disparity Grant!
- NH DHHS employee learned of MM initiative
  - That itself was largely due to improved coordination, involvement of DHHS
- Recognized synergy with CDC grant
- Worked with SCC and others to secure grant funds
- $3M over two-year period
  - Enables full-time Regional MM positions during that time
- Additional regional & statewide projects envisioned

RCC Region	STBG (FHWA Transfer) Allocation	CDC Allocation	FTA 5310 Allocation	Total Funding Available
1	$ 50,000	$ 70,000	$ -	$ 120,000
2	$ 50,000	$ 70,000	$ -	$ 120,000
3	$ 50,000	$ 70,000	$ -	$ 120,000
4	$ 50,000	$ 70,000	$ -	$ 120,000
5	$ 50,000	$ 70,000	$ -	$ 120,000
7	$ 100,000	Not Qualified	$ 20,000	$ 120,000
8	$ 100,000	Not Qualified	$ 20,000	$ 120,000
10	$ 100,000	Not Qualified	$ 20,000	$ 120,000
TOTALS	$ 550,000	$ 350,000	$ 60,000	$ 960,000

Challenges Past, Present, Future

- Transportation provider turf and trust
- State agency silos
- Fed agency silos

- Pandemic
- Rural vs urban metrics
- Funding

Whenever there is a challenge, there is also an opportunity to face it, to demonstrate and develop our will and determination.

— Dalai Lama —

AZ QUOTES

Vision

New Hampshire envisions an integrated system of safe, reliable, and sustainable transportation options that allow residents to maintain independence and participate in community life no matter their age or ability.

- Ideal outcomes include:
  - Ease of use for customers
    - Eliminate confusion related to patchwork approach
    - Single call/click will get customers to best person
  - Braided State & Fed funds
    - Single distribution method for various sources of transportation-eligible programs
    - Ensure tax dollars are maximized
  - True coordination of services
    - Avoid redundancy
    - Economies of scale
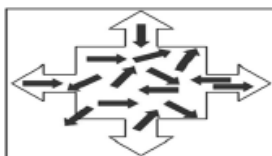
Without mobility management strategies providers & modes lack coordination & shared purpose
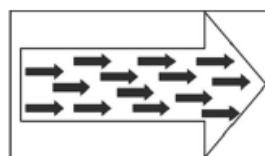
With mobility management strategies. Providers & modes retain independence but work collaboratively.

Happy Customer

New Hampshire
DOT
Department of Transportation

Questions?

Please feel free to contact me:

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Volunteer Driver Programs in NH

New Hampshire State Commission on Aging
February 14, 2022

NHAHA
TRANSPORTATION
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

NH AHA TRANSPORTATION
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

NH AHA Transportation Workgroup is a subcommittee of the NH Alliance for Health Aging

Facilitating the NH VDP Peer-to-Peer Network

Spearheading a statewide volunteer driver recruitment initiative

Advocating for a statewide community transportation needs assessment

Volunteer Driver Programs

NH AHA TRANSPORTATION
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

In NH, VDP's typically:

Volunteer drivers using their own vehicles to bring older adults and adults with disabilities to medical care or other essential services
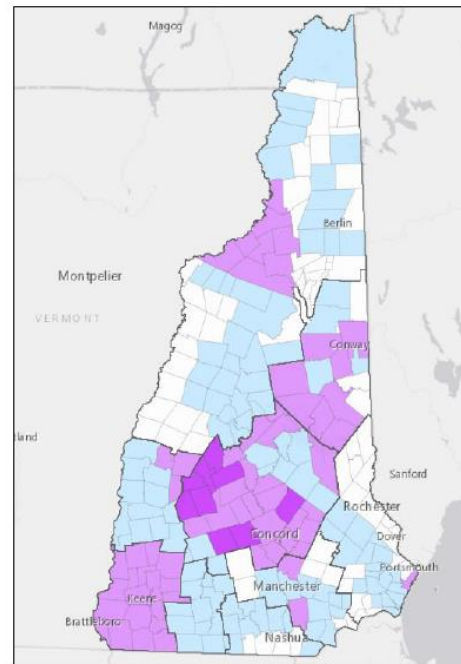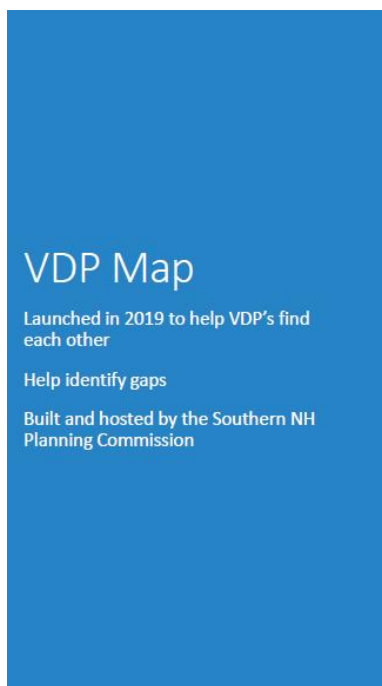
Provide some mileage reimbursement

Vet and train volunteer drivers

Provide transportation only (e.g. no groceries, help at doctor's appt.)

Use software to help track and coordinate rides

Drivers choose the rides that they want to perform

Disability includes short-term inability to drive

VDP Map

Launched in 2019 to help VDP's find each other

Help identify gaps

Built and hosted by the Southern NH Planning Commission

Volunteer Driver Programs

Come in a variety of shapes and sizes

Independent agencies or programs within larger organization

Strict rider eligibility requirements or as broad as possible

Trips limited to medical care or trips allowed for a variety of services

Locally funded or funded through the Federal Transit Administration's Section 5310 program

Coordinate with regional efforts or operate wholly independently

Provide accessible transportation or ambulatory rides only

Volunteer Driver Programs

Exceptions:

Church-based or other more informal groups

May not vet drivers

May not provide mileage reimbursement

NH Disabled American Veterans uses DAV-owned vehicles only

Driver Recruitment

Most volunteer drivers are young retirees

At VDP Network meetings, recruitment is most frequent topic, even ahead of funding

VDP's are constantly working to replace volunteers as they age out, leave for the winter, retire to Florida, quit volunteering to play pickleball

During the pandemic, many volunteers quit for their own health and safety. Many temporarily stopped volunteering and haven't yet returned

VDP's need help replenishing their corps of volunteers so that they can meet rider demand

Drivers are especially needed to ensure access to vaccinations

Driver Recruitment

Because VDP's tend to be small and cross municipal and county borders boundaries, it made sense to collaborate on statewide recruitment

Previous appearances on Chronicle and other statewide media had resulted in agencies being contacted by people far outside their service areas

Build a website that can direct anyone in NH to the VDP that serves their town (or nearby town)

Record video and audio testimonials of riders and drivers for use statewide, locally, and on social media

Purchase ads/sponsorships on WMUR and NHPR

Use variety of marketing techniques to promote on social media

Volunteer Driver Initiative

Launching this spring or summer

Statewide reach

Directs users to local VDP's

FIND A VOLUNTEER OPPORTUNITY

If you are interested in learning more about being a volunteer, use the map below to find Volunteer Driver Programs near you. The program listing also provides an opportunity to request a follow-up email or phone call from the VDP serving your town.

Get in touch and find out what you can do to help!

NEW HAMPSHIRE ALLIANCE FOR HEALTHY AGING

Thank you