

Sullivan County Public Transit-Human Services Coordination Plan

FINAL DRAFT

May 2008



Prepared by:

Upper Valley Lake Sunapee Regional Planning Commission
30 Bank Street
Lebanon, NH 03766

Prepared For:

New Hampshire Department of Transportation
Federal Transit Administration
Sullivan County Community Mobility Project



Table of Contents

1.0	INTRODUCTION.....	3
2.0	DESCRIPTION OF THE PROCESS.....	4
3.0	EXISTING COORDINATION EFFORTS	6
4.0	DEMOGRAPHIC PROFILE	9
4.1	Population Trends	10
4.2	Senior Citizens	11
4.3	Disabled Persons	12
4.4	Employment and Income.....	13
4.5	Automobile Ownership	15
5.0	DESCRIPTION OF EXISTING SERVICES.....	17
5.1	Transportation Providers	18
5.2	Human Service Providers and Funding Sources	20
5.3	Funding Sources and Grant Programs.....	23
5.4	Private buses, taxis and volunteers.....	27
5.5	Service providers outside Sullivan County	28
6.0	TRANSPORTATION AND COORDINATION NEEDS	29
6.1	Mobility for all Residents of Sullivan County	29
6.2	Better Access to Employers and Medical Appointments.....	29
6.3	A Transit Link to the Town of Grantham.....	30
6.4	Full Utilization of Existing Funding Sources	30
6.5	Elimination of Insurance Restrictions on Volunteer Drivers	30
6.6	Elimination of Federal and State Barriers to Coordination	31
6.7	Public Outreach.....	31
6.8	Continuation of the SCCMP as the Regional Coordinating Council.....	31
6.9	Centralized Dispatch Center	32
6.10	Technology to Improve Service Delivery and Streamline Reporting Requirements....	32
7.0	COORDINATION STRATEGIES	32
7.1	Continue Investment in the Community Mobility Project	32
7.2	Plan for Technological Improvements to Improve Service Delivery	33
7.3	Seek Additional Funding and Support from Communities and Employers.....	33
7.4	Reevaluate and Enhance Existing Service Delivery Systems.....	34
7.5	Expand Existing Services.....	35
7.6	Create a Marketing Plan.....	36
7.7	Improve Reporting to be Uniform and Streamlined	36
7.8	Overcome Barriers to Coordination.....	36
7.9	Overcome Barriers to Volunteerism	37
7.10	Strive for Efficiency in the Use of Resources	38
Appendix A.....	39
	Sullivan County- Base Map.....	40
	Sullivan County- Population Density	41
	Sullivan County- Population 65 Years of Age or Older	42
	Sullivan County- Population of Disabled Citizens	43
	Sullivan County- Median Household Income	44
	Sullivan County- Claremont Selected Origins and Destinations	45
	Sullivan County- Newport Selected Origins and Destinations	46
Appendix B.....	47
	Sullivan County Community Mobility Project Meeting Minutes	47

1.0 INTRODUCTION

In August 2005, the Safe, Accountable, Flexible, Efficient Transportation Equity Act- A Legacy for Users (SAFETEA-LU) was signed into law. SAFETEA-LU established a federal mandate for public transit-human service coordination planning. Starting in Fiscal Year 2007, SAFETEA-LU requires that a regional public transit-human service coordination plan be in place before transportation service providers may acquire funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC, Section 5316), and New Freedom (Section 5317) Programs.

The Federal Transit Administration's Transit Cooperative Research Program (TCRP) defines coordination as "*a process by which two or more organizations interact to jointly accomplish their transportation objectives*" (2004). These organizations may include public, private, and not-for-profit transportation services, human services providers, and other entities that represent citizens who have special transportation service needs. Citizens with specialized transportation needs are an important focus of the coordination planning process, as the Federal Transit Administration has provided guidance that coordination plans should "*identify the transportation needs of individuals with disabilities, older adults, and individuals with limited income, laying out strategies for meeting these needs, and prioritizing services*".

The purpose of this plan is to create a comprehensive strategy to assist state and community agencies, transportation service providers, and stakeholders for coordinating public transit and human service transportation efforts in Sullivan County, New Hampshire (See Sullivan County Base Map in Appendix A). Specific goals for the plan include:

- Identifying unmet transportation needs
- Identifying transportation service gaps (e.g. un-served and underserved areas) and overlaps (e.g. service redundancies)
- Completing an inventory of existing public transit and human service transportation providers
- Identifying strategies to maximize the use of limited transportation resources through coordination
- Enhancing mobility within and between communities
- Increasing access to jobs, schools, medical centers, and other essential human services
- Utilizing transportation investments and grant funding more efficiently
- Increasing citizen awareness of public transit and human service transportation providers and programs

2.0 DESCRIPTION OF THE PROCESS

Advisory Committee

The Sullivan County Community Mobility Project (SCCMP) assumed the role of project Advisory Committee to provide input and guidance throughout the development of the plan. The SCCMP is a cooperative effort of 29 local service providers, elected officials, state department representatives, funders, and community members. Members of the Sullivan County Community Mobility Project include:

<u>American Red Cross- NH West</u> Janet Warren Dave Bohannon Bob Perry Gary Welch	<u>Newport Chamber of Commerce</u> Ella Casey
<u>Community Alliance of Human Services</u> Barbara Brill, Interim Executive Director Kevin Cooney, Former Executive Director	<u>Retired Senior Volunteer Program (RSVP)</u> Teresa Volta
<u>Community Transportation Services (CTS)</u> Bill Leclair, Director Alison Jones, Former Director	<u>Service Link</u> Lori Menard
<u>Connecticut Valley Home Care</u> Carla Skinder	<u>Southwestern Community Services</u> Dawn Ranney
<u>Crotched Mountain</u> Pat Kinne	<u>Sullivan County, New Hampshire</u> Ed Gil de Rubio, County Manager
<u>Developmental Services of Sullivan County</u> Dora Markwell	<u>Sullivan County Healthcare</u> Patti Koscielniak
<u>Good Beginnings</u> Heather Esty	<u>Sullivan County Nutrition Services</u> Brenda Burns
<u>Head Start</u> Brenda Foley	<u>Sullivan County Senior Advocates</u> Bunny Perry
<u>Lake Sunapee Visiting Nurse Association</u> Kathy Labbe	<u>United Way of Sullivan County</u> Kelly Murphy, Executive Director Jeff Goff, Chair, Board of Directors
<u>New Hampshire Community Technical College</u> Susan Henderson	<u>Upper Valley Lake Sunapee Regional Planning Commission</u> Peter Dzewaltowski, Senior Planner Nathan Miller, Planner
<u>New Hampshire Department of Transportation</u> Kit Morgan, Bureau of Rail and Transit	<u>Valley Regional Hospital</u> Claire Bowen
<u>New Hampshire Department of Health and Human Services, Bureau of Adult and Elderly Services</u> Patrick Herlihy Mary Thomas Dorreen Kusselow Nicolas Toumpas	<u>West Central Behavioral Health</u> George "Bud" Ross
<u>New Hampshire Partners in Health</u> Dawn Mays-Hardy	<u>Women's Supportive Services</u> Deborah Mozden
<u>New London Hospital</u> Sean Lyon	<u>Other Members</u> Beverly Rodeschin, New Hampshire State Legislator

Minutes of Sullivan County Community Mobility Project meetings and presentations may be found in Appendix B at the end of this report.

Demographic Profile

As part of the planning process, the UVLSRPC developed a demographic profile of Sullivan County to identify the population and location of persons with specialized transportation needs: individuals with disabilities, senior citizens, and individuals with limited income. The demographic profile also identifies general population and employment trends, and automobile ownership rates for each town in Sullivan County. The demographic profile is presented in Section 4 of this report.

Description of Existing Services

An important step in the public transit-human services coordination planning process is conducting a thorough inventory of existing transportation services. These transportation services may include public transit, carpool and vanpool services, paratransit services, and volunteer services. Two surveys administered by the United Way of Sullivan County, one of residents and the other of providers, were used to compile this information. The description of existing transportation services is presented in Section 5 of this report.

Transportation and Coordination Needs

By assessing demographics, existing services, and coordination efforts, a needs evaluation was prepared for the County. These needs are focused on how to use existing services most efficiently to meet the county's transportation needs. This includes an assessment of existing services, unmet needs, service duplications and obstacles to coordination. The needs assessment is presented in Section 6 of this report.

Coordination Strategies

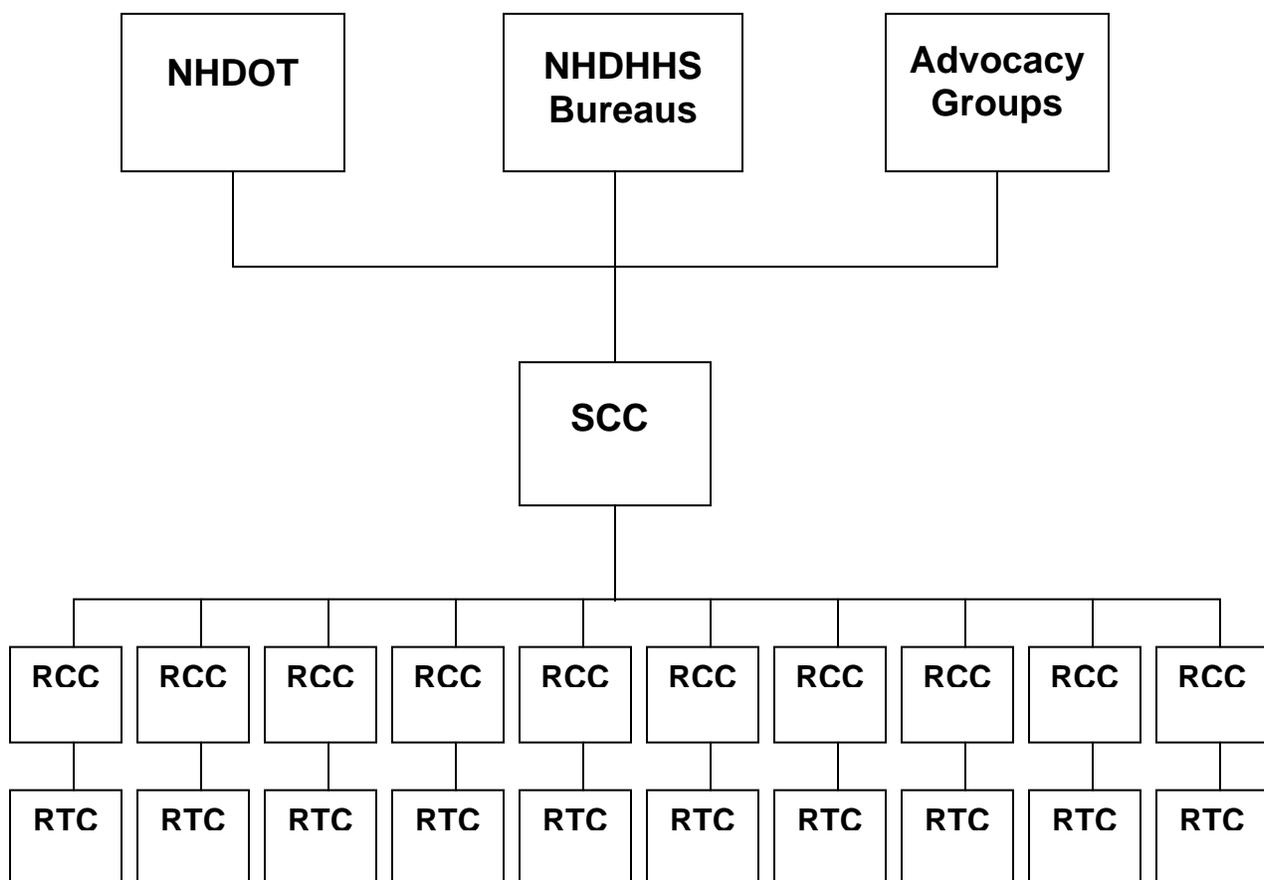
A number of strategies were created to assist human service agencies and transportation providers address the existing needs and enhance the county's transportation and human service delivery system. Priorities were assigned to these strategies to help focus implementation efforts. The Coordination Strategies are presented in Section 7 of this report.

3.0 EXISTING COORDINATION EFFORTS

3.1 Statewide Coordination

The Governor’s Task Force on Community Transportation has studied and provided recommendations and policies to establish a coordinated, interconnected, and accessible statewide transportation system in New Hampshire. The findings of this work are published in the Statewide Coordination of Community Transportation Services report completed by Nelson-Nygaard Consulting Services. The report recommends an “institutional and geographic framework” for coordinating services. This framework would include a Statewide Coordinating Council (SCC) to oversee coordination policies at the state level, ten Regional Coordinating Councils (RCC) to implement coordination and to monitor providers at the regional level, and ten “regional brokers” called Regional Transportation Coordinators (RTC). Figure 3.1 presents the oversight structure proposed under the Statewide Coordination Plan.

FIGURE 3.1- Oversight Structure of Statewide Coordination Plan



Source: Governor’s Taskforce on Community Transportation, *Statewide Coordination of Community Transportation Services*, October 2006. Prepared by Nelson-Nygaard Consulting Associates.

Statewide Coordinating Council (SCC)

The Statewide Coordinating Council would be comprised of major funding agencies and other stakeholders acting primarily as an advisory body. However, the SCC could have some policy and approval powers. The Statewide Coordination Plan recommended that this council be charged with “setting coordination policies, assisting regional efforts as needed, and monitoring the results.” The Statewide Coordinating Council will directly oversee the 10 Regional Coordinating Councils, and would have the ability to approve or reject the Regional Coordinating Councils selection of their Regional Transportation Coordinator. However, at the operational level, the Statewide Coordinating Council would not have the power to execute contracts. Thus, no funding will flow through the Statewide Coordinating Council.

Regional Coordinating Council (RCC)

The Regional Coordinating Council would be comprised primarily of organizational members. The RCC could include regional representatives of funding agencies and service providers. This entity would work with providers to create local service designs, implement coordination policies, and provide feedback to the Statewide Coordinating Council relative to policies. The Regional Coordinating Councils will provide direct oversight of their respective Regional Transportation Coordinators. Each of the ten Regional Coordinating Councils will have the following responsibilities under the Statewide Coordination Plan:

- Implementing coordination initiatives and policies in their region;
- Selecting, guiding, and monitoring their Regional Transportation Coordinator;
- Working with their Regional Transportation Coordinator to develop the “local service design”, including determining how service is delivered and how inter-regional trips are coordinated;
- Providing feedback to the Statewide Coordinating Council on coordination policies that are working or not working well in their region;
- Nominating, or replacing Regional Transportation Coordinators

Regional Transportation Coordinator (RTC)

The Regional Transportation Coordinator would essentially act as a regional transportation “broker”, and could be a service provider, public entity, or private firm. Under the Statewide Coordination Plan, the purpose of the Regional Transportation Coordinator is to “coordinate the service delivery of customers of sponsoring organizations so as to maximize the use of scarce resources and combine rideshareable trips sponsored by different organizations.” At the operational level, Regional Transportation Coordinators will contract directly with state agencies and/or other groups purchasing transportation services. The Regional Transportation Coordinator will have the following responsibilities under the Statewide Coordination Plan:

- Developing and/or maintaining a database of customers in the region that have been deemed eligible for service by each sponsoring organization;
- Processing service requests from registered customers, according to the policies of the applicable sponsoring organization;
- Scheduling trips via appropriate transportation service providers;
- Monitoring the performance of transportation providers to ensure that the service quality and cost efficiency goals of each sponsoring organization are met;
- Performing customer service functions, responding to information requests, “same-day issues”, and complaints;
- Preparing and submitting reports and invoices per the requirements of each sponsoring organization.

Under the Statewide Coordination Plan, a Sullivan County Regional Coordinating Council is proposed. However, it is recognized that Sullivan County’s connection with southern Grafton and northern Cheshire Counties will allow some flexibility in the final area determination.

Also, at the statewide level, a coordination program is currently in place. *ServiceLink* “is a network of ten community-based *ServiceLink* Resource Centers and forty satellite offices with the common purpose of providing information and supportive referrals about resources for older adults, adults living with disabilities, chronic illness, and their families and caregivers.” On a case-by-case basis, The *ServiceLink* system directs people to the existing human service or transportation resources that best meet their individual needs. There is a *ServiceLink* Resource Center for Sullivan County on Pleasant Street in the City of Claremont, with satellite offices in the Town of Newport and at the Claremont Senior Center. The chief objectives of the service are to reduce duplication and enhance coordination in the delivery of human services.

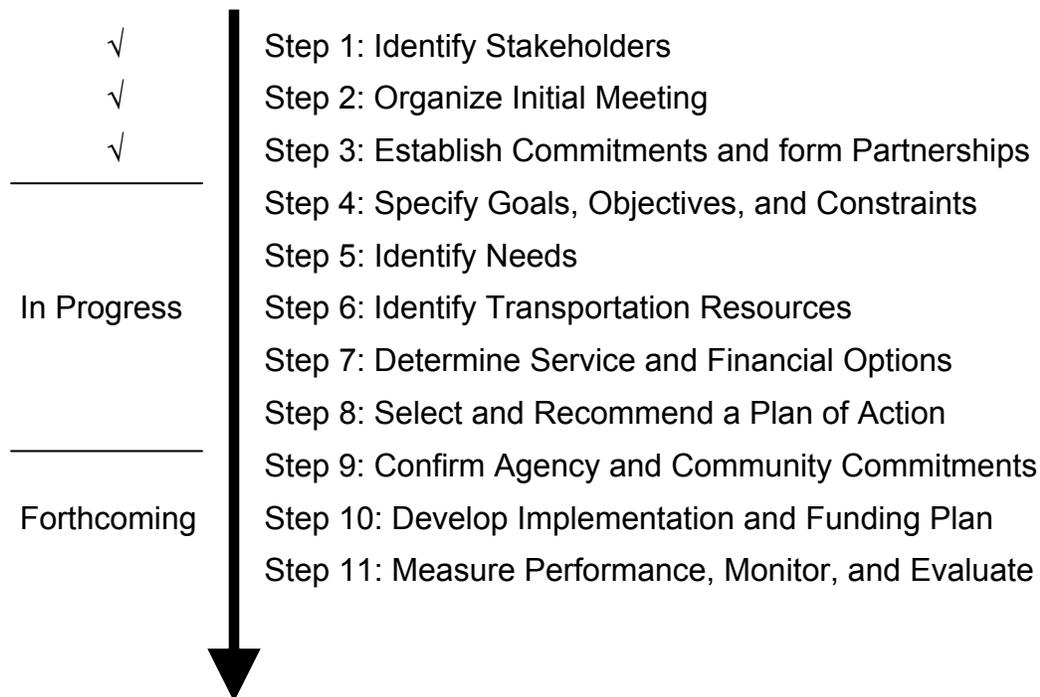
3.2 Local Coordination

Historically, there have been few coordination efforts among human service and transportation agencies locally in New Hampshire. However, there are emerging efforts within Sullivan County to enhance coordination.

In 2005, the United Way of Sullivan County sponsored a transportation summit designed to examine the many issues, challenges, and barriers to a successful transportation program in Sullivan County. This effort led to the creation of the Community Mobility Project, a cooperative effort of 29 local service providers, elected officials, state department representatives, funders, and community members intended to improve transportation options for Sullivan County residents. The Community Mobility Project has two primary goals: 1) to enhance awareness of transportation issues and programs, and 2) to improve collaboration and mobility options for Sullivan County residents.

FIGURE 3.2- Status of the Sullivan County Coordination Planning Process

Starting Coordination



Full Coordination

In November 2006, members of the Community Mobility Project started bringing together dispatchers and coordinators of the various public and private transportation programs in Sullivan County to share best practices, identify areas of commonality, and to improve coordination for existing services. This meeting was the first of its kind in Sullivan County. In addition, Community Transportation Services and Connecticut River Transit (a Vermont-based transit provider) have had discussions regarding regional cooperation and the potential linking of services in the area proximate to the Interstate 91 Exit 8 Park and Ride facility. Currently, the Community Mobility Project is investigating the possibility of becoming or spinning-off an entity that would become the Sullivan County Regional Coordinating Council under the Statewide Coordination Plan.

4.0 DEMOGRAPHIC PROFILE

Sullivan County is located in western New Hampshire, along the Connecticut River and adjacent to the New Hampshire/Vermont border (See Sullivan County- Base Map in Appendix A). The 528 square mile county is home to 15 communities. The largest community in Sullivan County is the City of Claremont, which had an estimated population of 13,124 in 2005. Newport, the second largest community in Sullivan County, serves as the County seat.

The following demographic profile was developed to document important socio-economic characteristics regarding Sullivan County that impact the delivery and coordination of public transit and human service transportation. Specifically, this demographic profile documents the locations of senior citizens, persons with disabilities, and low-income persons within Sullivan County. The profile also documents the locations of key employers, which helps in identifying underserved areas and transportation service gaps within the county.

4.1 Population Trends

Since 1990, the population of Sullivan County has grown nearly 9 percent to an estimated population of 42,061 residents in 2005. Figure 4.1 (a) and Table 4.1 (b) below show key population growth trends for Sullivan County.

FIGURE 4.1 (a)

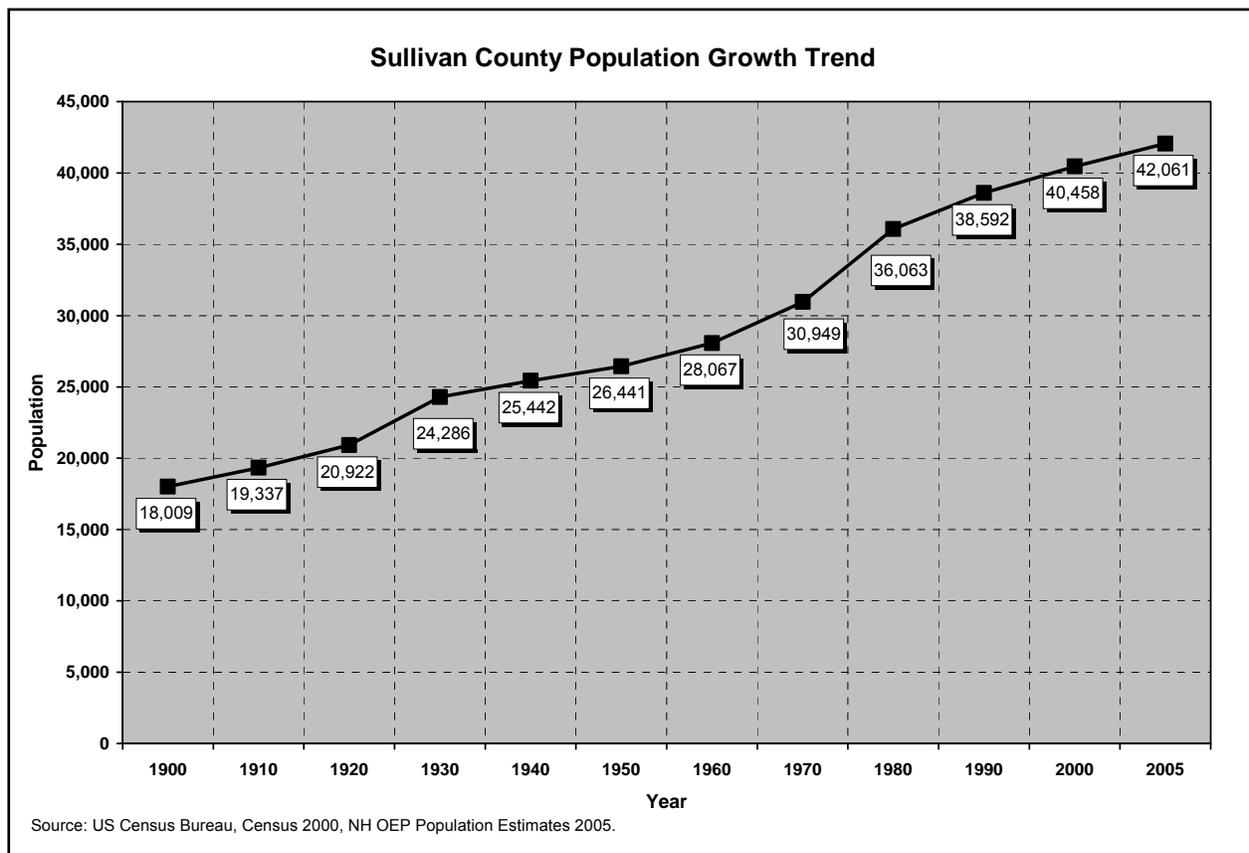


TABLE 4.1 (b)

Population Change by Community in Sullivan County, NH- 1990 to 2005			
Area	1990 Population	2005 Population (Estimate)	% Change 1990 to 2005
New Hampshire	1,109,117	1,315,000	18.6%
Sullivan County	38,592	42,061	9.0%
Acworth	776	882	13.7%
Charlestown	4,630	4,941	6.7%
Claremont	13,902	13,124	-5.6%
Cornish	1,659	1,715	3.4%
Croydon	627	750	19.6%
Goshen	742	809	9.0%
Grantham	1,247	2,438	95.5%
Langdon	580	616	6.2%
Lempster	947	1,076	13.6%
Newport	6,110	6,395	4.7%
Plainfield	2,056	2,420	17.7%
Springfield	788	1,057	34.1%
Sunapee	2,559	3,229	26.2%
Unity	1,341	1,652	23.2%
Washington	628	957	52.4%

Table 4.1 (b) shows that much of the growth in Sullivan County is occurring in rural communities, not in larger urban centers. Sullivan County’s largest community, the City of Claremont, has lost nearly 6 percent of its population since 1990. The second and third largest communities in the county, Newport and Charlestown, are growing at rates lower than the county average. Rural communities in Sullivan County have experienced the most significant growth over the past 15 years. Since 1990, six Sullivan County communities have grown at rates higher than the State of New Hampshire average: Croydon, Grantham, Springfield, Sunapee, Unity, and Washington.

The fastest growing community in Sullivan County, the Town of Grantham, has nearly doubled in size over the past 15 years. This growth is due in large part to the rapid development of the 3,600-acre Eastman Residential Community, a private community located almost entirely in the Town of Grantham. Also, residential development has increased because of the town’s central location between the Hartford/Lebanon and Claremont Labor Market Areas and close proximity to Interstate 89.

4.2 Senior Citizens

According to the 2000 U.S. Census, 11.9 percent of New Hampshire citizens were over the age of 65. In Sullivan County, the proportion of senior citizens is higher as nearly 16 percent of the population is 65 years or older. As “baby boomers” are quickly reaching retirement, this number is projected to steadily increase over the next 15 years. The increase in senior citizens in Sullivan County will be the result of two key factors: 1) the aging of Sullivan County’s existing population, and 2) the in-migration of senior citizens to Sullivan County from other regions. The Population 65 Years of Age or Older Map in Appendix A shows the distribution of senior citizens throughout Sullivan County.

The highest concentrations of senior citizens in Sullivan County are located in Grantham, Unity, northern Claremont, and northern Newport. Other Sullivan County communities, including Washington, Acworth, and Sunapee have high concentrations (between 15 and 20 percent of the population) of citizens over 65 years of age. The higher concentration of senior citizens in the Town of Grantham is attributable to the success of the Eastman Residential Community in attracting retired persons because of the resort-style amenities offered. In the coming years, the population of senior citizens in the Town of Grantham will likely continue to grow as the Eastman Residential Community continues to develop. The Eastman Community Association estimates that over 300 privately owned lots remain to be developed on Eastman property in the Town of Grantham.

The high concentration of senior citizens in the Town of Unity is attributable to Sullivan County Health Care, a 156-bed Skilled Nursing Facility. In the City of Claremont and Town of Newport, the high concentrations of senior citizens is likely attributable to two factors. First, Claremont and Newport are the largest communities in Sullivan County, and as such, are the county's two largest service centers. As people age, they are more likely to relocate closer to essential services. Thus, it is reasonable to assume that, Claremont and Newport attract aging citizens from throughout Sullivan County. Second, Claremont and Newport are home to the majority of assisted and independent subsidized living facilities in the County.



The Sullivan County Nursing Home is a 156-bed skilled Nursing Facility in the Town of Unity.

4.3 Disabled Persons

The definition of disability can vary. For this project, data presented is consistent with the 2000 U.S. Census definition of disability. It should be noted that this definition differs from that used to determine eligibility for paratransit services required by the Americans with Disabilities Act (ADA). To qualify for ADA paratransit services, an individual's disability must prevent them from independently being able to use the fixed route transit service, even if the vehicle itself is accessible to persons with disabilities.

According to the 2000 U.S. Census, 16.9 percent of New Hampshire citizens aged 65 or older had one or more disabilities. In Sullivan County, the proportion of citizens with disabilities is higher than the state average, with 19.3 percent of the population having one or more disabilities. The Population of Disabled Citizens Map in Appendix A shows the distribution of disabled persons in Sullivan County.

The highest concentrations of disabled citizens in Sullivan County are in Claremont, Newport, and Charlestown. As these communities are the three largest in the county, they offer services to the disabled population that other communities in the county cannot. As mentioned above, the location of assisted living facilities in Sullivan County may also play a role in determining the concentration of disabled persons. Claremont, Newport, Sunapee, and Charlestown are the only four communities in Sullivan County where assisted living facilities are located.

4.4 Employment and Income

As stated in the recently completed Sullivan County Comprehensive Economic Development Strategy, the Sullivan County economy can be characterized as one that is in “adjustment”. The Claremont-Newport area was once well known for the production of textiles, machine tools and a wide range of other manufactured products. Since that time, there has been a long-term loss of manufacturing employment due to international forces. This has led to higher paying jobs being replaced with lower paying retail and service jobs.

Manufacturing employment now accounts for 26 percent of Sullivan County's total employment, followed by Government, retail trade and health care and social assistance. Sullivan County, compared to other counties, has the second lowest share of the states total employment. However, the County has the highest share of manufacturing employment among all other NH counties. This heavy emphasis on manufacturing industries is contributing to a slow economic adjustment period. Major employers in Sullivan County are shown in Table 4.4 (a) below (The Claremont and Newport Selected Origins and Destinations Maps in Appendix A depict the location of selected major employers).

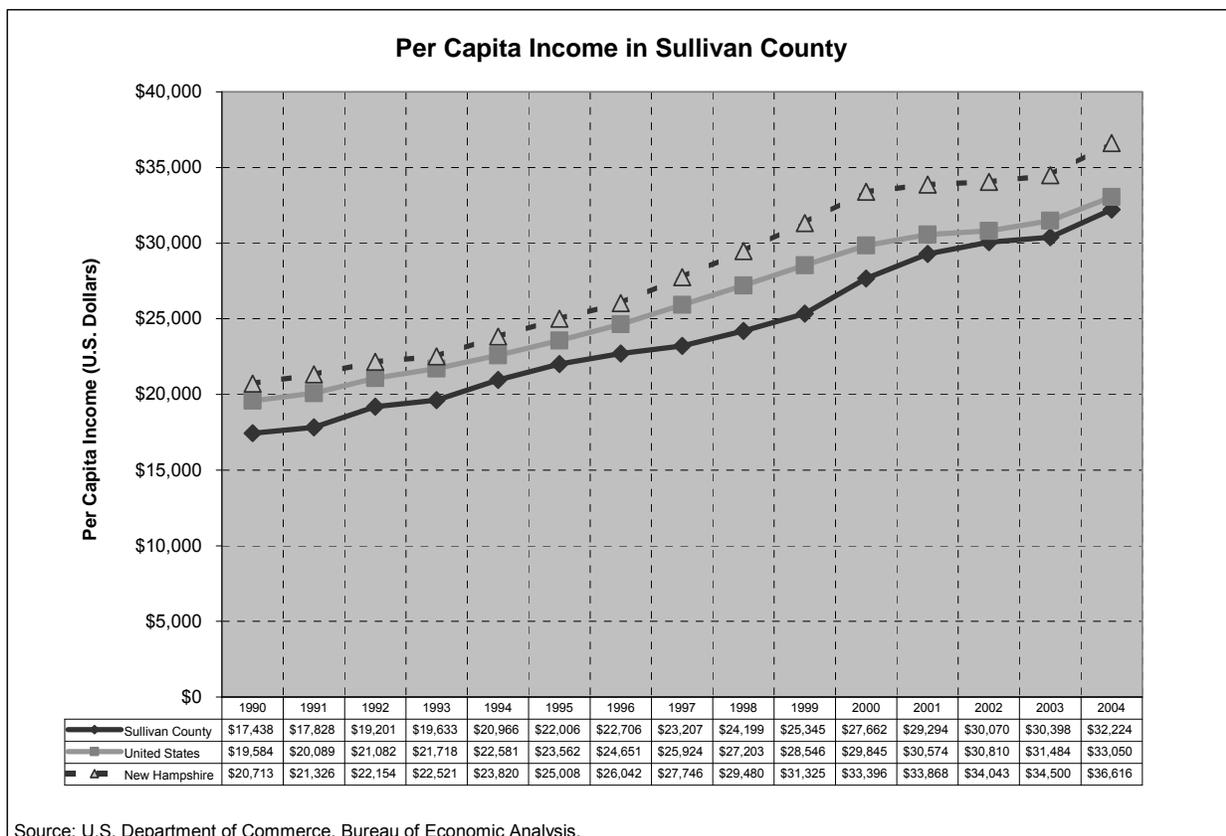
TABLE 4.4 (a)

Major Employers in Sullivan County, NH				
Employer	Product/Service	# of Employees	City/Town	CTS' Demand Response Service Area
Sturm Ruger & Company	Firearms	1,100	Newport	Yes
Valley Regional Health Care	Health Care	469	Claremont	Yes
Claremont School District	Education	400	Claremont	Partially
Wal-Mart	Department Store	340	Claremont	Yes
Whelen Engineering	Emergency Lights	303	Charlestown	No
Customized Structures, Inc.	Pre-fab Housing	210	Claremont	No
City of Claremont	Municipal Services	157	Claremont	Yes
Arlington American Sample Co.	Sample Books, Cards	140	Newport	Yes
Hemphill Power	Electrical Generation	N/A	Springfield	No
Kimball Union Academy	Private School	N/A	Plainfield	No
Sullivan County Health Care	Health Care	N/A	Unity	Yes

In recent years, many of the manufacturing jobs have been replaced with lower-paying, unskilled service-oriented employment, primarily in the retail trade sector, which now comprises about 17 percent of total employment. Still, the County has retained a sizable employment base, which includes industries in firearms manufacturing, state of the art medical devices, leading edge optics, and a range of high-technology machining.

As shown in Figure 4.4 (b) below, per capita income in Sullivan County has been consistently less than the national and state averages. The 2004 per capita personal income is \$32,224. This Per Capita Personal Income ranked 8th (out of 10 counties) in the state, and was 88 percent of the state average, \$36,616, and 98 percent of the national average, \$33,050.

FIGURE 4.4 (b)



The U.S. Census Bureau uses income thresholds by family size and composition to determine if an individual is “impoverished.” If a family’s total income is less than that family’s defined threshold, then every individual in that family is considered impoverished. These thresholds do not vary geographically, however, they are adjusted annually for inflation. Table 4.4 (c) below shows the poverty status for each community in Sullivan County.

TABLE 4.4 (c)

Poverty Status of Individuals in Sullivan County			
Area	Population for whom Poverty Status is Determined (2000)	Population Living Below Federal Poverty Level (2000)	% of Population
New Hampshire	1,199,322	78,530	6.5%
Sullivan County	39,816	3,367	8.5%
Acworth	838	131	15.6%
Charlestown	4,674	306	6.5%
Claremont	12,990	1,305	10.0%
Cornish	1,652	74	4.5%
Croydon	667	33	4.9%
Goshen	753	66	8.8%
Grantham	2,173	54	2.5%
Langdon	579	22	3.8%
Lempster	964	70	7.3%
Newport	6,172	890	14.4%
Plainfield	2,236	63	2.8%
Springfield	915	47	5.1%
Sunapee	3,044	158	5.2%
Unity	1,232	104	8.4%
Washington	873	44	5.0%

Source: U.S. Census 2000, Summary File 3

Table 4.4 (c) shows that poverty rates are two percent higher in Sullivan County than the state average. The highest concentrations of impoverished people are in Claremont, Newport, and Acworth. However, in terms of raw numbers, the three largest communities in the county- Claremont, Newport, and Charlestown- also have the largest populations of impoverished citizens. It should be noted that there are a number of communities in the county with poverty levels significantly below the state average. The three least impoverished communities in the county are Grantham, Plainfield, and Langdon.

4.5 Automobile Ownership

Automobile ownership rates also play an important role in determining public transit demand and in identifying unmet needs. Automobile ownership is generally considered a proxy variable for senior citizens, with some national estimates proposing that 65% of autoless households are households with elderly persons. However, automobile ownership rates can also provide important insight in determining where there are concentrations of people without a reliable ride to work. Automobile ownership rates in Sullivan County are presented in Table 4.5 below.

TABLE 4.5

Autoless Households in Sullivan County			
Area	Total Households (2000)	Households Without Automobiles (2000)	% of Households
New Hampshire	474,606	27,360	5.8%
Sullivan County	16,530	1,131	6.8%
Acworth	325	6	1.8%
Charlestown	1,911	87	4.6%
Claremont	5,679	679	12.0%
Cornish	648	27	4.2%
Croydon	262	7	2.7%
Goshen	295	12	4.1%
Grantham	933	19	2.0%
Langdon	234	8	3.4%
Lempster	393	15	3.8%
Newport	2,460	186	7.6%
Plainfield	852	18	2.1%
Springfield	391	19	4.9%
Sunapee	1,294	23	1.8%
Unity	501	14	2.8%
Washington	352	11	3.1%

As Table 4.5 shows, Sullivan County as a whole has a slightly higher rate of households without automobiles than the state average. The two communities with the highest concentration of households without automobiles are Claremont and Newport. In terms of raw numbers, the City of Claremont has the largest number of households without automobiles, with 679. In other areas of the county, including Acworth, Croydon, Grantham, Plainfield, and Sunapee, automobile ownership rates are relatively high with less than 3 percent of households being without a vehicle.

DEMOGRAPHIC PROFILE FINDINGS

- Since 1990, Sullivan County’s population has grown at a rate less than half of the state average.
- Much of the growth in Sullivan County is occurring in rural communities, not in larger urban centers. Sullivan County’s largest community, the City of Claremont, has lost nearly 6 percent of its population since 1990. The Town of Grantham has nearly doubled in size during the same period.
- The proportion of senior citizens in Sullivan County is higher than the state average, as nearly 16 percent of the population is aged 65 years or older. The highest concentrations of senior citizens in Sullivan County are located in Grantham, Unity, Claremont, and Newport.
- The proportion of citizens with disabilities in Sullivan County is higher than the state average, with 19.3 percent of the population having one or more disabilities.

The highest concentrations of Sullivan County disabled citizens live in Claremont, Newport, and Charlestown.

- The Sullivan County economy can be characterized as one that is in “adjustment”, undergoing a long-term loss of manufacturing employment. This has led to higher paying jobs being replaced with lower paying retail and service-sector jobs.
- The per capita income in Sullivan County, \$32,224 in 2004, has been consistently less than the national and state averages.
- Poverty rates are two percent higher, at 8.5%, in Sullivan County than the state average. The highest concentrations of impoverished people reside in Claremont, Newport, and Acworth.
- Sullivan County, at 6.8%, has a slightly higher rate of households without automobiles than the state average. The two communities with the highest concentration of households without automobiles are Claremont and Newport.

5.0 DESCRIPTION OF EXISTING SERVICES

An inventory of transportation and human service providers was completed as part of this plan. As a whole, human service agencies in the county are predominantly private, not-for-profit agencies. Community Transportation Services (CTS) is the primary transportation provider, however, many “systems” exist that provide transportation service to residents. Almost half of the human service transportation agencies in Sullivan County operate their own vehicles to transport their clients.

Two surveys administered by the United Way of Sullivan County, one of residents and the other of providers, were used to compile this information. The Statewide Coordination of Community Transportation Service report completed by Nelson-Nygaard Consulting was also used as a source.

In summary, vehicular transportation services are provided in several ways within Sullivan County:

1. Demand Response service with route deviation by Community Transportation Services
2. Door-to-door paratransit by Community Transportation Services and other agencies
3. Volunteer drivers
4. Private charter services

5.1 Transportation Providers

CTS Demand Response with Route Deviation Service

Community Transportation Services operates bus services for many communities in Sullivan County. Services are concentrated in Claremont and Newport, where two demand response services operate. Buses operate between 6:30 am and 5:30 pm, Monday through Friday (except holidays). Each route is separate, but connections are made between communities. For example, there are stops in Sunapee at the Sugar River Savings Bank, and in Unity at the Sullivan County Nursing Home (see map). Three 18-passenger buses and one trolley are used for this service.

A recent modification to services allows these routes to deviate up to ¼ of one mile; however, no formal policy or written system exists for implementing deviation. Patrons are provided trips within the ¼ mile service area by calling and scheduling a pick up. It is planned that these recent scheduling and timing changes will alleviate significant demand from the CTS dial-a-ride service (introduced below). Half of CTS' ridership is estimated to be general public, the other half social service agency clients.

The CTS Fare Structure:

- One-way Newport to Claremont \$2.25
- One-way in-town \$1.25
- Ten-punch pass \$8.00
- Monthly unlimited Newport to Claremont \$35.00
- Monthly unlimited Claremont \$20.00

No fees for preschool children and a 25 ¢ deduction per ride for seniors, persons with disabilities and school-age children.

CTS Dial-a-Ride: Door-to-Door Paratransit Service

A door-to-door paratransit service is also available to seniors (60 years and older), and persons with disabilities in Claremont, Charlestown, Unity, and Cornish. It is required that 24-hour advance notice is provided to secure a ride. The Dial-a-Ride program operates during the same hours of the fixed-route service. The service currently uses two vehicles, although a third is being procured. Community Transportation Services provides a similar charter service seven days a week, and evenings, to individuals or groups on an as-need basis and for a fee.



Community Transportation Services provides a Dial-a-Ride Paratransit Service in Sullivan County.

Three handicap-accessible buses are available to the Dial-a-Ride Program, and all are equipped with wheelchair lifts. The fare for the program is \$2.00 each way within Claremont, and an additional \$2.00 is charged for each connecting town. For example,

a two-way trip from Claremont to Charlestown and back would cost \$8.00. It is important to note that the Town of Newport is outside the Dial-a-Ride program service area; however, a demand response service for the town is provided by the Newport Senior Center. CTS's service is extensively used. Most transportation services are for medical trips, "programs at age", employment and shopping. During 2006, CTS buses traveled a total of approximately 130,000 vehicle miles. The most popular destinations included (see map):

- Valley Regional Hospital
- West Central Services, North Street in Claremont
- Day out program, next to CTS John Stark Hwy
- Retail Services on Washington Street, Claremont
- Municipal Services in Downtown Claremont
- Newport Health Center, John Stark Highway in Newport
- Municipal and Retail Services in Downtown Newport
- Summercrest/Partners in Health, Newport
- Sullivan County Complex, Unity

TABLE 5.1 (a)

CTS Service Usage Summary		
Type of Service	Annual Vehicle Miles	Annual Passenger Trips
Demand Response	39,270	8,637
Fixed Route	84,496	23,217
Other	4,262	1,971
TOTAL	128,028	33,825

Source: CTS, December 2006

As shown in Table 5.1 (b) below, Community Transportation Services is funded by a number of sources. The largest funder is the New Hampshire Department of Transportation; however, local contributions, fares, and charitable contributions are a significant portion of total revenue. Other large contributors include Medicaid and the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS).

TABLE 5.1 (b)

CTS Operating Revenue (Budgeted)	
Funding Source	2007
Title III Bureau of Elderly and Adult Services	\$26,814
Section XIX Medicaid	\$40,000
Non-Urbanized Section 5311	\$230,289
State NHDOT	\$7,315
Passenger Fares	\$25,000
Local Contributions	\$42,000
Charitable Contributions	\$64,335
New Freedom	0
JARC	0
TOTAL	\$435,753

CTS currently tracks data for reporting requirements manually. This is the standard for all providers in the county. Reports are required for NHDOT 5311, BEAS, United Way, Sullivan County, and Medicaid funding sources. In general, funding requirements often drive a long turn-around time for receiving payment. This is especially so with the Section 5310 program, and presents difficulties when cash flow is an issue. It is recognized that using software to track trips would be a major enhancement, as would the implementation of smart passes for riders. These improvements have not occurred due to the cost of their implementation.

5.2 Human Service Providers and Funding Sources

Beyond the services provided by CTS, there are limited transportation options available to Sullivan County residents. This is common for a rural area. Most social service agencies do not provide transportation, instead focusing on a wide range of other primary services including health care, family safety, protective housing, and education/training programs. Only about one-third of all social service agencies provide transportation to their clients. Table 5.2 below lists all human service providers within Sullivan County that operate their own vehicles for transporting their clients.



Many transportation services in Sullivan County only serve the needs of target client groups.

Human service providers have cited that the most prominent transportation limitations among clients are financial, disability and age related. These constraints prevent most clients from using the fixed-route bus system. Most utilize transportation provided by family and friends, the Dial-a-Ride program, or drive to services and appointments

themselves. Walking is also an option for some, but the location of many services frequently makes this option difficult.

Aside from Community Transportation Services, most transportation services in Sullivan County operate to meet the needs of specific client groups such as religious congregations, assisted living facilities, and developmentally disabled individuals. This has resulted in a complex system where different providers are frequently needed to service specific needs. For example, the Veterans Administration could provide a veteran transportation to one of the administrations hospitals for medical needs; however, the same person would need to seek other means of transportation for shopping and recreational trips. Most providers serve a group of clients where needs have been most apparent.

TABLE 5.2

Other Transportation Providers and Human Service Agencies with Vehicles				
Provider	Vehicles	Weekly Vehicle Miles	Target Population	Service Area
Developmental Service of Sullivan County (DSSC)	10 Vans and 1 Car	4,500	DSSC clients	Sullivan and Grafton County
DSSC	Employee vehicles	5,600	DSSC clients	Sullivan and Grafton County
First Baptist Church	1 bus, 1 van, personal veh.	Not available	Congregation	DHMC, In-town
Sullivan County Nutritional Services at Newport Senior Center	1 car	295	Seniors	Newport area and some Grantham
Red Cross	Volunteers use their own cars plus 2 cars and 2 vans	650 rides per month	Adults of any age; children if accompanied by parent/guardian	Residents of Cheshire County, Hillsborough County, Claremont and Charlestown to locations throughout New England
Claremont Park and Recreation	1 bus	Not available	After school program	Claremont
Veterans Administration	1 van	Not available	Veterans	VA Hospital in Boston and White River Junction
School Buses	<Shown as potential resource>	Not available	School children	Claremont and Newport
Bow Baptist Church (VT)	2	Not available	Congregation	VT to Claremont
Sullivan County Health Care	1 car, 1 van	Not available	Residents	Claremont, Newport, Lebanon
Haven Health Nursing Home	1 bus	Not available	Residents	Located Rt 120 in Claremont
Stepping Stone	1 van	Not available	Clients	Not available
West Central Behavioral Health	1 van	Not available	Residents of Arbor View Nursing Home	Not available
Conn. Valley House	1 van	Not available	Residents	Not available
Sunapee Cove	1 van	Not available	Residents	Not available
Easter Seals	80 statewide	Not available	Elderly, disabled and students	statewide
Valley Regional Hospital Behavioral Health	1 van	Not available	Clients	Not available
Cinnamon St. Childcare	1 van	Not available	Clients	Not available

Note: Seventy-five percent of the vehicle fleet is maintained by outside private vendors.

5.3 Funding Sources and Grant Programs

The New Hampshire Department of Transportation receives funds from the Federal Transit Administration (FTA) which are distributed to transportation providers statewide as part of a grant process. There are three sources of funding used in Sullivan County, including Section 5309, 5310, and 5311.

1. **Section 5309- Capital Investment Program**

Section 5309- Capital Investment Program funding is administered by the Federal Transit Administration and provides funding for bus and rail transit projects, purchase of vehicles, and facility construction and upgrades. Program areas applicable to Sullivan County include:

Bus/Bus Facilities

Funding under the Bus/Bus facilities program can be used for capital projects such as replacement or expansion of buses or bus facilities.

New Starts

Funding under the New Starts program is used to finance the construction of new rail, bus rapid transit, and ferry systems, or extensions to existing systems.

2. **Section 5310- Elderly Individuals and Individuals with Disabilities**

The Section 5310 Program provides funding to public and nonprofit agencies for the purchase of accessible vehicles and other equipment to serve elderly persons and persons with disabilities where existing transportation is unavailable or insufficient. SAFETEA-LU requires that a regional public transit-human service coordination plan be in place before providers may obtain funding under the Section 5310 Program.

3. **Section 5311- Non-Urbanized Area Formula Program**

The Section 5311 Program provides funding for planning, capital, operating, and administrative assistance to state agencies, local public bodies, and nonprofit operators of public transportation in nonurbanized areas with populations less than 50,000.

Other Federal Transit Administration funding programs with potential applicability to Sullivan County include:

4. **Section 5316- Job Access and Reverse Commute (JARC)**

The Section 5316 Program provides funding “to develop transportation services designed to transport welfare recipients and low income individuals to and from jobs and to develop transportation services for residents of urban centers and rural and suburban areas to suburban employment opportunities. Emphasis is placed on projects that use mass transportation services.” (FTA, 2006). JARC grants are available to local governments and nonprofit

transportation service providers. SAFETEA-LU requires that a regional public transit-human service coordination plan be in place before providers may obtain funding under the Section 5316 JARC Program.

5. Section 5317- New Freedom Program

The Section 5317 Program provides funding to “encourage services and facility improvements to address the transportation needs of persons with disabilities that go beyond those required by the Americans with Disabilities Act.” (FTA, 2006) SAFETEA-LU requires that a regional public transit-human service coordination plan be in place before providers may obtain funding under the Section 5317 New Freedom Program.

All Federal Transit Administration funding programs require a 20-50 percent local match.

One of the most notable funding sources for human service providers is the New Hampshire Department of Health and Human Services. DHHS operates several transportation funding programs. While many of these programs have their own vehicles, many of the services they provide are in the form of outsourcing trips to other providers and the utilization of volunteers. Divisions include:

1. Medicaid Administration

Provides funds for two types of transportation services that are not reimbursed or purchased through DHHS Medicaid client services, these include: 1) Adult Medical Day Care (ADMC), and 2) Non-emergency Medical Transportation trips that are made by Medicaid recipients who require wheelchair-accessible vehicles (NEMT/WC).

2. Medicaid Client Services

Provides funding for non-emergency medical transportation provided to ambulatory Medicaid recipients and family members by reimbursing volunteer drivers and family members for driving Medicaid clients. Also provides funding for demand response and other public and private transportation services to a limited extent.

3. Bureau of Elderly and Adult Services

Provides funding for transportation to all residents 60 years old and older, people with physical disabilities, long-term healthcare residents, and adult Medicaid recipients. Trips are frequently to medical appointments and shopping. The two primary sources of funding for this program include Title III-B and Retired and Senior Volunteer Program (RSVP).

4. Bureau of Behavioral Health

Provides funding for transportation service for individuals with mental illness who are in residential programs. Also provides funding for trips to doctor appointments and transportation for children to various programs.

5. Division for Children, Youth and Families/Division for Juvenile Justice Services
Provides funding for transportation services for children, youth and families to medical, mental health, social services, court appointments and visitation.

6. Division of Family Assistance
Provides reimbursements of up to \$130 per month to participants in the NH Employment Program (NHEP). Reimbursements are provided through the Temporary Assistance for Needy Families (TANF) program.

Agencies are supported by a host of resources, many of which are programs that have rigid funding requirements, and don't allow human service agencies flexibility to allocate resources to best meet the needs of their clients. This could mean prohibiting the use of funds unless the client is part of a certain population, e.g. elderly or disabled (client-based), or restricting the service to certain trips such as a medical appointment. Another common requirement is that service will only be provided if the client has no other means of transportation. It is estimated that about 40 percent of customer trips are restricted, often to medical visits or "agency" related trips. Approximately one-half of these restrictions are agency policies, the remaining are associated with funding. One of the problems with such a system is that funding requirements, billing and contracting procedures are complex. Funding is limited, and due to many of the restrictions, intergovernmental and public/private partnerships are difficult due to the lack of flexibility with funding sources. This has resulted in a fragmented system of many independent providers using the limited resources inefficiently.

It is difficult to disaggregate the funds used for human service transportation by each of these agencies, as funding is frequently bundled with the provision of other human services. A summary comparison of local and statewide transportation programs and services may be found on the following page. This table contains excerpts from the Statewide Coordination of Community Services Plan summary of services. One of the challenges with the existing funding system is that many trips provided by human service providers are not fully reimbursable. This is because overhead costs cannot be included in the cost of a trip.

TABLE 5.3

Trip and Cost Statistics for Key Transportation Providers and Funding Agencies												
					Funding Sources							
Agency/Organization		Estimated	Annual	Cost per	BEAS	FTA	FTA	FTA	FTA	Medicaid	Local	Other
		Annual Trips	Expenditures	Trip	Title III	5307	5309	5310	5311		Funds*	
Community Transportation Services	Deviated Fixed Route	22,505	\$330,100	\$11.00	X		X	X	X		X	
	DR Only	7,502										
Easter Seals STS	Student Trips	200,000	\$3,455,723	\$9.87	X			X		X		School Districts
	Non-Student Trips	150,000										
Grafton County Senior Citizens Council		40,697	\$501,594	\$12.33	X			X			X	Private Donations, Fares
Department of Health and Human Services - Funding Agencies												
Behavioral Health		unknown	\$1,753,300	----	<i>Federal Mental Health Block Grants, State of New Hampshire General Funds</i>							
Children, Youth, and Families		unknown	\$1,160,227	----	<i>State, Federal, County and General Funds</i>							
Elderly & Adult Services	Title III-B	244,084	\$1,405,757	\$5.76	<i>Title III, State of New Hampshire</i>							
	RSVP Services	34,043 mi	\$130,022	\$3.82/mi								
Family Assistance		unknown	unknown	----	<i>Temporary Assistance for Needy Families</i>							
Medicaid Administration	ADMC	40,932	\$3,067,610	\$10.00	<i>Medicaid Non-Emergency Medical Transportation</i>							
	NEMT/WC	73,465		\$25/trip + \$2.25/mi								
Medicaid Client Services	Total	unknown	\$687,307	----								
	Driver Reimbursements	106,560	\$591,983	\$5.56								

Note: Table is an excerpt from the Statewide Coordination of Community Services Plan

5.4 Private buses, taxis and volunteers

Few private transportation options exist within Sullivan County. A taxi service existed in Claremont for some time before stopping operations within the last year. Much of the additional transportation demands are met by volunteer drivers in personal cars.

There is a heavy emphasis on volunteer drivers in Sullivan County. This is a time-honored New England tradition of helping neighbors, family and friends with rides in personal vehicles. This is likely a preferred way of transportation for most, but it is often difficult to obtain enough volunteers to meet the large demand. Those with the time and resources to volunteer are often the retired, and are in many instances become too old to drive themselves. Younger volunteer availability is influenced by their incomes, which unless meeting their own needs, will restrict their ability to volunteer. Insurance companies are also having an affect on the pool of volunteers, as more insurers are raising concerns about liability. Many insurance companies are taking precautions by raising rates or rejecting coverage. Specific trips, such as visits to a hospital can also be a challenge for a volunteer due to the significant time commitment needed to provide the service. Furthermore, some clients require special equipment, including car seats, wheelchair lifts, and other special arrangements that make volunteer service practically impossible.

Steps are being taken within the New Hampshire Legislature to pass legislation addressing the insurance liability barrier. This legislation is based upon a successfully enacted bill in Maine, which prohibits insurance companies from raising rates, canceling insurance, or rejecting coverage solely based upon the insured being a volunteer driver. The New Hampshire House and Senate is expected address the bill in early 2007. Volunteers are an important part of the system, but cannot be relied upon to address heavy demands and those that are complex in nature.

Formalized volunteer services are provided in Sullivan County are provided by Lake Sunapee Region Visiting Nurses Association, St Luke's Church (Charlestown area), NH Association of the Blind, Retired and Senior Volunteer Program (RSVP), and Sunapee Cove Assisted Living.

The NH West Chapter of the American Red Cross is the largest volunteer transportation service currently serving Sullivan County. The American Red Cross sponsors two volunteer transportation programs: the Road to Recovery Program and the Rural Rides Program. The Road to Recovery program provides transportation to and from medical appointments. The program has been very successful, providing nearly 9,000 trips last year alone. The Rural Rides Program not only provides transportation to and from medical appointments, but to shopping and other personal business locations as well. Although the NH West Chapter of the American Red Cross is located in Keene and primarily serves residents of Cheshire and Hillsborough County, they are beginning to expand their service into Sullivan County. Moving forward, the American Red Cross service will become an increasingly important transportation alternative for medical trips in Sullivan County.

5.5 Service providers outside Sullivan County

The Sullivan County towns of Springfield, Sunapee, Grantham, Cornish, and Plainfield have strong social and economic connections with the Upper Valley and Lake Sunapee areas. Likewise, there are services outside of the county serving these residents.

The Kearsarge Area Council on Aging operates a group of volunteers (130 total) providing rides in the Lake Sunapee area; however, the council also covers the Sullivan County Towns of Sunapee, Grantham, and Springfield. A total of 60,000 miles of trips to necessary appointments were provided to seniors in 2005. Likewise, the Grafton County Senior Citizens Council provides transportation service to the Town of Plainfield.

Connecticut River Transit is a Vermont-based transportation provider that operates a commuter route between Bellows Falls, Vermont and Lebanon, New Hampshire with stops along Interstate 91 at exits 8 and 9. Many New Hampshire residents utilize this service to commute to work in White River Junction or Lebanon as evidenced by the number of vehicles with New Hampshire license plates in park-and-ride facilities along Interstate 91 in Vermont.



A park-and-ride facility in Ascutney, Vermont is frequently filled with vehicles from Sullivan County.

EXISTING SERVICE FINDINGS

- The most prominent transportation service within Sullivan County is Community Transportation Services, which provides a demand response with route deviation, and door-to-door paratransit services.
- While existing services are targeted to where the greatest demands exist (Claremont, Newport, Charlestown, Sunapee, and Unity), there are areas within the county that are currently under-served or not served at all.
- Transportation services in the population centers of Claremont, Newport, and Charlestown areas are provided by a relatively large number of human service agencies and volunteers, which has resulted in a complex system that is difficult for users to navigate.
- Coordination among providers has been limited or nonexistent until recently with the development of the Sullivan County Community Mobility Project.
- The historic lack of coordination has resulted in systematic inefficiencies. These inefficiencies, including redundant trips, are problematic because demand-response trips are expensive, and available resources are limited. With non-emergency medical transportation trips, clients are allowed to choose the

provider of their choice. For example, two clients located near each other may use different providers using two separate vehicles, when their appointment may be in the same location and at the same time. By eliminating redundancies, cost savings can be achieved by realizing economies of scale.

- Funding systems, billing and contracting procedures are complex, and reporting requirements for funding is often burdensome and not streamlined.
- Funding for transportation services in Sullivan County is inadequate. For example, the Bureau of Elderly and Adult Services reimburses Community Transportation Services for approximately 5,000 trips annually; however, they provide in excess of 20,000 trips per year that would be eligible if there were enough funding. Currently, CTS is reimbursed \$5.01 when each trip actually costs over \$11.00.
- Existing funding sources have restrictions that make intergovernmental and public/private partnerships difficult, and hamper flexibility.

6.0 TRANSPORTATION AND COORDINATION NEEDS

6.1 Mobility for all Residents of Sullivan County

A transportation system that provides mobility to all residents of Sullivan County will be crucial moving forward. Currently, services are concentrated in the Claremont-Newport-Charlestown population center of the county. However, 10 communities in Sullivan County can be classified as un-served or underserved by existing transportation services. These communities include:

Town of Acworth	Town of Langdon
Town of Cornish	Town of Lempster
Town of Croydon	Town of Plainfield
Town of Goshen	Town of Springfield
Town of Grantham	Town of Washington

Providing mobility to all Sullivan County residents also includes providing mobility during evenings and weekends. In their recent survey of Sullivan County residents, the Sullivan County United Way found that 36% of survey respondents stated that transportation services were “not available when needed.” Respondents indicated that weekend service (35%), evening service (29%), and after-school service (15%) were needed.

6.2 Better Access to Employers and Medical Appointments

Sullivan County is fortunate to be in relatively close proximity (approximately 25 miles) to a world-class medical facility- the Dartmouth Hitchcock Medical Center in Lebanon. However, with no existing transit or shuttlebus service linking Sullivan County and Grafton County, those in need of transportation to medical appointments have relied almost solely on “Good Samaritan” volunteer drivers. Additionally, improved access is needed between Sullivan County and New London Hospital in Merrimack County.

There is also a significant need for transportation services to be better connected to employers and employment centers. Many Sullivan County residents, especially those who work during the 2nd or 3rd shifts, do not have reliable transportation to and from work. In their recent survey of Sullivan County residents, the Sullivan County United Way found that 16% of survey respondents had “lost or turned down a job” because they did not have reliable transportation.

6.3 A Transit Link to the Town of Grantham

The fastest growing community in Sullivan County, the Town of Grantham, currently is un-served by public transportation. The town’s central location along Interstate 89 between the Lebanon and Claremont Labor Market Areas creates a potential opportunity for linking the transit systems of Grafton and Sullivan County. In fact, auxiliary infrastructure that would compliment a public transit service is already in place. A Park-and-Ride lot with capacity for over 50 vehicles was recently constructed adjacent to Interstate 89 Exit 13, but currently is not served by public transit.



A newly constructed park-and-ride facility in the Town of Grantham has capacity for over 50 vehicles, but is underutilized because of the lack of a transit connection.

6.4 Full Utilization of Existing Funding Sources

Transportation service providers in Sullivan County may not be aware of all of the potential funding sources available to them. For instance, Community Transportation Services (CTS) has never been deemed eligible for funding under the Section 5316 Job Access and Reverse Commute Program. However, due to recent changes in the JARC Program, CTS may now be deemed eligible for Section 5316 funding. To help transportation service providers in Sullivan County become aware of available funding programs, a comprehensive, easily accessible database of funders and funding programs is needed.

6.5 Elimination of Insurance Restrictions on Volunteer Drivers

Sullivan County has a significant pool of dedicated citizens who volunteer their time and vehicles to transport people in need to medical appointments throughout the Upper Valley. However, insurance companies are impacting the pool of volunteers by raising concerns about liability. Many insurance companies are taking precautions by raising rates or rejecting coverage to volunteer drivers. To maintain this important volunteer resource, insurance restrictions on volunteer drivers should be eliminated.

6.6 *Elimination of Federal and State Barriers to Coordination*

In February 2004, President Bush signed Executive Order #13330, which began the process of eliminating inter-agency Federal barriers to coordination. However, many barriers to coordination still exist. Federal grant funding is often distributed with “strings attached”, which prevent the flexible use of vehicles or other transportation-related resources. Anecdotal evidence suggests that these federal barriers have significant impact in Sullivan County. For instance, during the development of this plan, a blind citizen stated that CTS must drop her off at the New Hampshire/Vermont State Line only ½ mile away from her transfer point in Vermont because of governmental and insurance restrictions on CTS’ service. She must then walk across a bridge without sidewalks (with an average daily traffic of nearly 10,000 vehicles per day) into Vermont to her transfer point. To effectively implement any coordination strategies, these governmental restrictions need to be eliminated.

6.7 *Public Outreach*

Increasing ridership and fostering the continued development of transportation alternatives in Sullivan County will require a substantial cultural shift. First, the public must be aware of existing services in Sullivan County and view them as viable alternatives to single occupant vehicle travel. This will require significant public outreach. Currently, human service transportation in Sullivan County is provided by a relatively large number of human service agencies and volunteers, resulting in a complex system that is confusing to users. A coordinated marketing campaign for transportation services in Sullivan County is needed to eliminate confusion and increase public awareness of services. A print directory of existing services may also help to eliminate confusion.

Additionally, Sullivan County residents should be made aware of carpooling and vanpooling options available for travel to Grafton and Cheshire County. Specifically, there should be an increased public outreach effort to educate citizens about the Upper Valley Rideshare program. Upper Valley Rideshare is a free carpooling program for Vermont and New Hampshire commuters facilitated by Advance Transit. Upper Valley Rideshare maintains a database of commuters throughout 125 Vermont and New Hampshire towns (including all 15 Sullivan County communities) who are interested in carpooling. When commuters enroll in the program, they receive a "match list" of others who have similar commuting patterns. Members may then contact each other directly to set up a carpool or can coordinate with each other via an on-line “rideboard”.

6.8 *Continuation of the SCCMP as the Regional Coordinating Council*

After the completion of the Public Transit-Human Services Coordination planning process, there will be a need for continued coordination efforts. The Sullivan County Community Mobility Project will need to transition into a new role- Regional Coordinating Council. Essentially an implementation body to facilitate day-to-day coordination efforts, the Regional Coordinating Council could work with providers to create local service designs, implement coordination policies, and provide feedback to the Statewide Coordinating Council relative to policies.

6.9 Centralized Dispatch Center

Given the relatively large number of transportation service providers in Sullivan County, there is a crucial need for a centralized dispatch center. Community Transportation Services (CTS) has already begun facilitating dispatchers meetings in the county; however, due to funding constraints these efforts have not yet resulted in the development of a centralized dispatch center. A centralized dispatch would mitigate existing service redundancies in the county and help to maximize the use of existing resources.

6.10 Technology to Improve Service Delivery and Streamline Reporting Requirements

Technology can address many coordination needs in Sullivan County. First, the centralized dispatch center mentioned above could be equipped with *RouteMatch* or a similar software package. Such software would not only assist with route planning and coordination between transportation service providers, but would also streamline the reporting process. Second, Global Positioning Systems (GPS) and Automatic Vehicle Locating (AVL) systems could assist in optimizing route timing and scheduling. Third, improved mobility devices (e.g. wheelchair lifts, etc.) could be installed on additional vehicles, thus, expanding the capability and flexibility of transportation service vehicles. Although these improvements are highly dependent on funding, technology could significantly enhance coordination efforts between service providers in Sullivan County.

7.0 COORDINATION STRATEGIES

While implementing strategies, a phased or incremental approach is recommended.

7.1 Continue Investment in the Community Mobility Project

Continue to use the Sullivan County Community Mobility Project as a conduit for cooperation among human service agencies. This is beneficial on several levels. Through the CMP relationships are built by fostering trust among agencies, this results in a formal mechanism for implementing coordination strategies.

The CMP should continue to strive beyond the current consideration of becoming a Regional Coordinating Council under the proposed statewide coordinating plan, to also consider a lead role in other coordinating activities, such as implementing educational programs such as travel training to help users navigate the transportation system.

Projects/Tasks:

- A subset of the CMP comprised of human service providers and funders should become the Regional Coordinating Council for Sullivan County as part of the Statewide Coordination Plan.
- The CMP should create and implement travel training programs.
- The CMP should continue a planning process to implement the Sullivan County Coordinated Public Transit Human Services Transportation Plan.
- The CMP should continue to build trust among human service agencies and facilitate meaningful coordination.

7.2 Plan for Technological Improvements to Improve Service Delivery

Develop a capital improvement program for the procurement of coordination and transit technologies. Technology can help provide better service by improving operations and reducing costs. There are many applications in transportation including assisting in coordination, scheduling, managing vehicle fleets, and traveler information.

Larger providers like Community Transportation Services should consider making investments in three technologies as a starting point:

- a. Geographic Information Systems (GIS): monitor vehicle location, itinerary planning and customer information
- b. Global Positioning Systems (GPS)/Automatic Vehicle Location Systems: assist drivers with navigation
- c. Scheduling, Reporting and Dispatch Software: automate day-to-day activities and reports

These technologies have many benefits but are expensive to procure and setup. However, these tools can complement coordination efforts among dispatchers, drivers, and passengers by enhancing services and reducing costs. Specifics should be considered with the help of information technology professionals.

Projects/Tasks:

- CTS, and other larger providers, should create a Capital Improvement Program for the procurement of information technologies to enhance coordination and services.
- Seek funding to enable investment in information technology.

7.3 Seek Additional Funding and Support from Communities and Employers

The single greatest challenge in providing transportation to dependent populations is funding. Currently, the state of New Hampshire provides the majority of CTS' funding. Only a small proportion of revenue to Community Transportation Services comes from communities and employers. To capture more of these revenue streams, providers like CTS will need to undertake a new approach to providing service. This approach must market providers as a transportation service for the whole population, not just one for the elderly or disabled. A relevant example is that of Advance Transit in the Upper



Community Transportation Services will need to re-evaluate its service to better serve emerging employment centers.

Valley who has created a system of support based upon its service to community residents and employers. Community Transportation Services may consider developing a similar system of support on a smaller scale.

The first steps in this process are 1) understanding these general populations and 2) educating people about transportation services and their benefits. Gathering information from communities and employers is important. The word needs to get out that community transit is a great benefit to the economic development of the region and to employers directly.

Information should be maintained about these particular clients to demonstrate who is receiving the benefits of transit services. Databases should be maintained of riders, grants and funding programs.

Projects/Tasks:

- Educate the public about the benefits of transit.
- Survey employers to determine their needs.
- Gather and inventory information pertaining to users and funding sources.
- Market services to municipalities and employers.

7.4 Reevaluate and Enhance Existing Service Delivery Systems

Community Transportation Services should reevaluate its existing transportation network to examine existing and emerging needs and whether alternate delivery systems such as feeder services and/or service routes would be helpful in meeting current demands more efficiently. This should be done during CTS's upcoming Short Range Transit Planning process.

Consider promoting automobile ownership programs like that provided by Bonnie Clac to help low-income individuals purchase new cars at favorable interest rates.

Promote joint purchasing initiatives. Sullivan County human service transportation providers should seek funds for the group purchase of additional wheelchairs, mobility devices, vans, and buses. Joint purchasing might also be considered for maintenance, fuel, insurance, and driver training. Reduce cost per trip by ridesharing and/or co-mingling demand response trips. One method of doing this would be to develop a vehicle-sharing program as a means of pooling resources. Information technologies could also be helpful in implementing this recommendation.

There are existing funding sources that providers in Sullivan County have not utilized. These include the Job Access and Reverse Commute and New Freedoms programs, which were not previously available to CTS. With CTS now being eligible for funding under these programs, available funding sources should be used to their greatest potential. There are also existing car/vanpooling services that are underutilized in Sullivan County, such the Upper Valley Rideshare and NH Rideshare programs.

Consider the establishment of a central dispatch center for Sullivan County. This could be done in two ways. 1) A central dispatch could be developed and facilitated by an existing agency such as CTS to utilize their existing infrastructure and position as the largest transit provider. This service would provide economies of scale by providing one central location for the procurement of all transportation services. One potential location for a central dispatch center would be the existing Sullivan County D.O.C., which is being decommissioned for use as a public safety dispatch center. 2) A Sullivan County dispatch center could act as a satellite facility to a statewide dispatch center. This approach would have two key advantages. First, it would save overhead costs and resources, and potentially make data collection and reporting efforts more efficient. Second, the oversight of a statewide dispatch center would ensure that all satellite dispatch centers would operate using the same software and protocol.

Projects/Tasks:

- CTS should develop a short-range transit plan to evaluate existing demands and services.
- The CMP should promote automobile ownership programs.
- The CMP should pursue joint purchasing initiatives.
- Investigate ways to improve services by utilizing the New Freedoms and JARC funding programs.
- CTS and other providers should investigate a central dispatch center as a component of the statewide coordination initiative.

7.5 Maintain and Expand Existing Services

As time and resources allow, investigate and implement new services to address service needs. Improved connections are needed within Sullivan County to the towns of Grantham and Charlestown, and other un-served and underserved communities in rural areas of the county. Also, a transit link should be formed linking CTS' service to Grafton County. Connections to Dartmouth Hitchcock Medical Center and the Lebanon-Hanover-Hartford employment center will be crucial. Transportation providers should strive to provide weekend and evening services, and improve connections to key employers including NH Technical College.

Projects/Tasks:

- Maintain existing services
- Create transit linkages to areas where needs have been identified. Including,
 - Town of Grantham
 - Town of Charlestown
 - Dartmouth Hitchcock Medical Center
 - NH Technical College in Claremont
- Expand services to include evenings and weekends
- Expand service to include service to major employers in Claremont, Newport and Charlestown.

7.6 Create a Marketing Plan

A comprehensive marketing program is essential to a successful transportation system. This strategy addresses an information gap between providers and those they serve. First, the public must be aware of existing transportation services in Sullivan County and view them as viable alternatives to single occupant vehicle travel. A marketing plan not only educates the public about existing services, it also demonstrates the benefits of transit to the community. Building support from the larger community helps protect and maintain current levels of services and funding.

Using a professional for marketing services can be expensive. However, in the meantime, there are things that can be done by individual agencies or the CMP. These include consistent advertising and press releases to retirement communities, churches, stores, gas stations, schools, parents, and doctor's offices, and town halls. Community Access Television is also an effective means of communication that is essentially free.

Project/Tasks:

- The CMP should pursue low-cost marketing efforts such as advertising, press releases, and use of Community Access Television.
- Plan for the development of a comprehensive marketing strategy.

7.7 Improve Reporting to be Uniform and Streamlined

Create a uniform reporting system among human service agencies and transportation providers in effort to track services and report to funders. The lack of uniform reporting makes it difficult to understand existing services and to properly plan strategies for improving service. For instance, not all agencies provide a line item in their budget for transportation. This makes it difficult to understand the cost of transportation services.

Also, if uniform reporting information is gathered electronically, substantial cost saving can be realized. Larger providers such as CTS should consider using software packages such as RouteMatch to automate reporting in addition to scheduling and dispatching. Reports should be compatible with funding agency systems

Projects/Tasks:

- Working cooperatively, human service providers should create and maintain a unified tracking and reporting system.
- Consider the use of computer software to assist with reporting.

7.8 Overcome Barriers to Coordination

Continue to use the Sullivan County Community Mobility Project to facilitate a process to share ideas and concerns in order to reduce the barriers to coordination. Many barriers preclude cooperation between federal and state agencies and funding programs. Executive Order #13330 began the process of eliminating inter-agency Federal barriers to coordination; however, many barriers still exist. The Executive Order has spurred the Federal Transit Administration (FTA) to undertake complete re-writes of their existing funding programs. However, to date, only one of more than 40 FTA programs has been re-written.

Other barriers to coordination include over-burdensome insurance regulations. These regulations have a direct impact on the delivery of transportation service in Sullivan County. Federal Motor Carrier Regulations currently require transit operators providing service across state lines to carry a 5 million dollar liability insurance policy. Such regulations have essentially prohibited smaller, rural transit providers like Community Transportation Services from effectively coordinating service with providers in other states.

When barriers to coordination arise, human service transportation agencies should seek cooperative ways to raise awareness about the issues and overcome them. Under the Statewide Coordination Plan, barriers to coordination encountered at the regional level would be reported to the Statewide Coordinating Council for action. Overcoming barriers to coordination will require working with communities, state agencies, transportation providers, human service agencies, and advocates to build the necessary trust for effective implementation of coordination strategies.

Projects/Tasks:

- Seek cooperative ways to raise awareness about coordination barriers.
- As barriers to coordination arise, report to the Statewide Coordinating Council for action.
- Continue to seek ways to overcome coordination barriers through the CMP.

7.9 Overcome Barriers to Volunteerism

Sullivan County is very fortunate to have a pool of dedicated volunteers that provide mobility to many residents in need. Continuing to support volunteer transportation services is an essential part of the solution to the County's transportation needs. The establishment of "Good Samaritan" protection laws as proposed by Representative Beverly Rodeschin in HB 1512 would be helpful in eliminating insurance and liability barriers for volunteers.

Developing incentives for volunteerism will also be important. There are a number of ways of providing incentives. First, consider sponsoring a recognition dinner for volunteer drivers. These efforts help to let volunteer drivers know that their services are important and appreciated. Second, work cooperatively with local employers to develop programs that provide incentives for their employees to volunteer. Third, develop a program that reimburses volunteer drivers for their mileage expenses. Being that many volunteer drivers in Sullivan County are elderly citizens with limited incomes, a program that would reimburse those drivers for their vehicle mileage would be a key aspect of maintaining the existing pool of volunteers. Currently, the American Red Cross reimburses their volunteer drivers 14 cents per mile, which is generally only sufficient to cover the out-of-pocket cost of fuel.

Projects/Tasks:

- The CMP should promote the establishment of "Good Samaritan" protection laws.

- The CMP should consider incentives to boost volunteerism.
- Develop a program that reimburses volunteer drivers for their mileage expenses.

7.10 Strive for Efficiency in the Use of Resources

The Sullivan County Community Mobility Project should continue to investigate ways to cooperatively use resources for transportation in the most efficient manner. As mentioned above, this may include efforts to reduce duplication of service, share vehicles, or jointly purchasing vehicles, fuel, insurance, and maintenance. However, successfully pooling resources and implementing these initiatives will require continued inter-agency cooperation. The Community Mobility Project provides an effective forum for facilitating this cooperation and investigating new ideas for maximizing the use of existing resources.

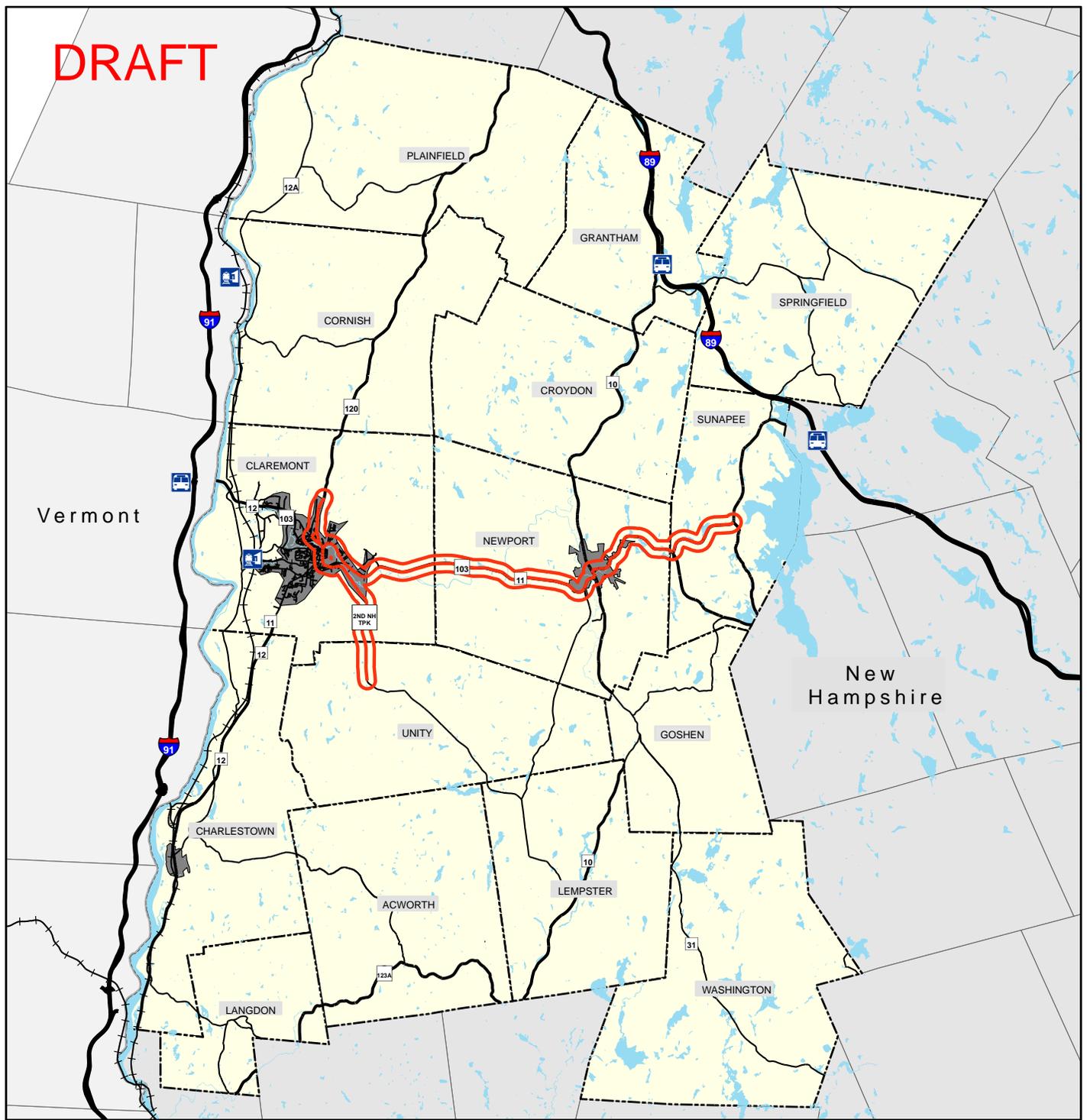
Projects/Tasks:

- Continue regional dispatchers meetings.
- Consider cooperative purchasing of capital, maintenance, and operating needs.
- The CMP should continue a process to evaluate the best use of resources.

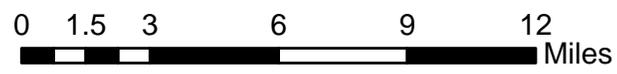
Appendix A

Project Maps

DRAFT



Sullivan County Transit Routes



1 inch equals 26,250 feet



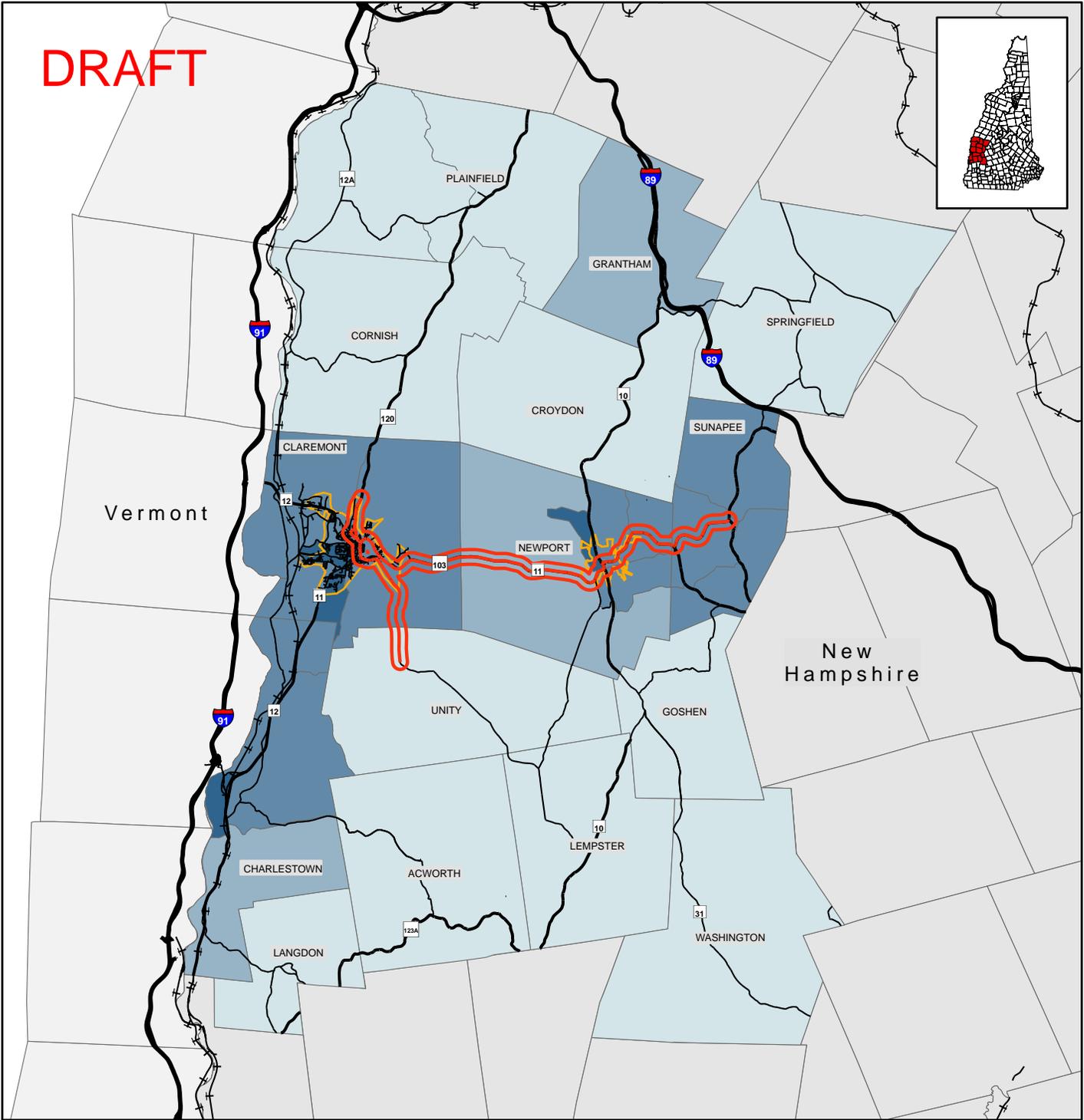
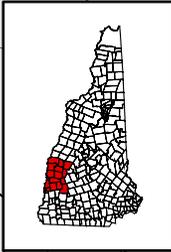
U
V
L
S
R
P
C
G
I
S

Map created by the Upper Valley Lake Sunapee Regional Planning Commission, February 2007.
 Base Map features from USGS 1:24,000 scale digital line graphs, UNH Complex Systems Research Center.
 Road data from the NH Department of Transportation.
 CTS route, buffer, railstops, and park and rides digitized by the UVLSRPC.

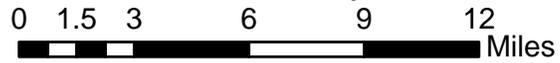
Legend

	New England Central Railroad Stops	Roads
	Park and Ride	
	Community Transportation Service Area	
	Community Centers	

DRAFT



Sullivan County Transit Routes:
Persons Per Square Mile



1 inch equals 26,250 feet



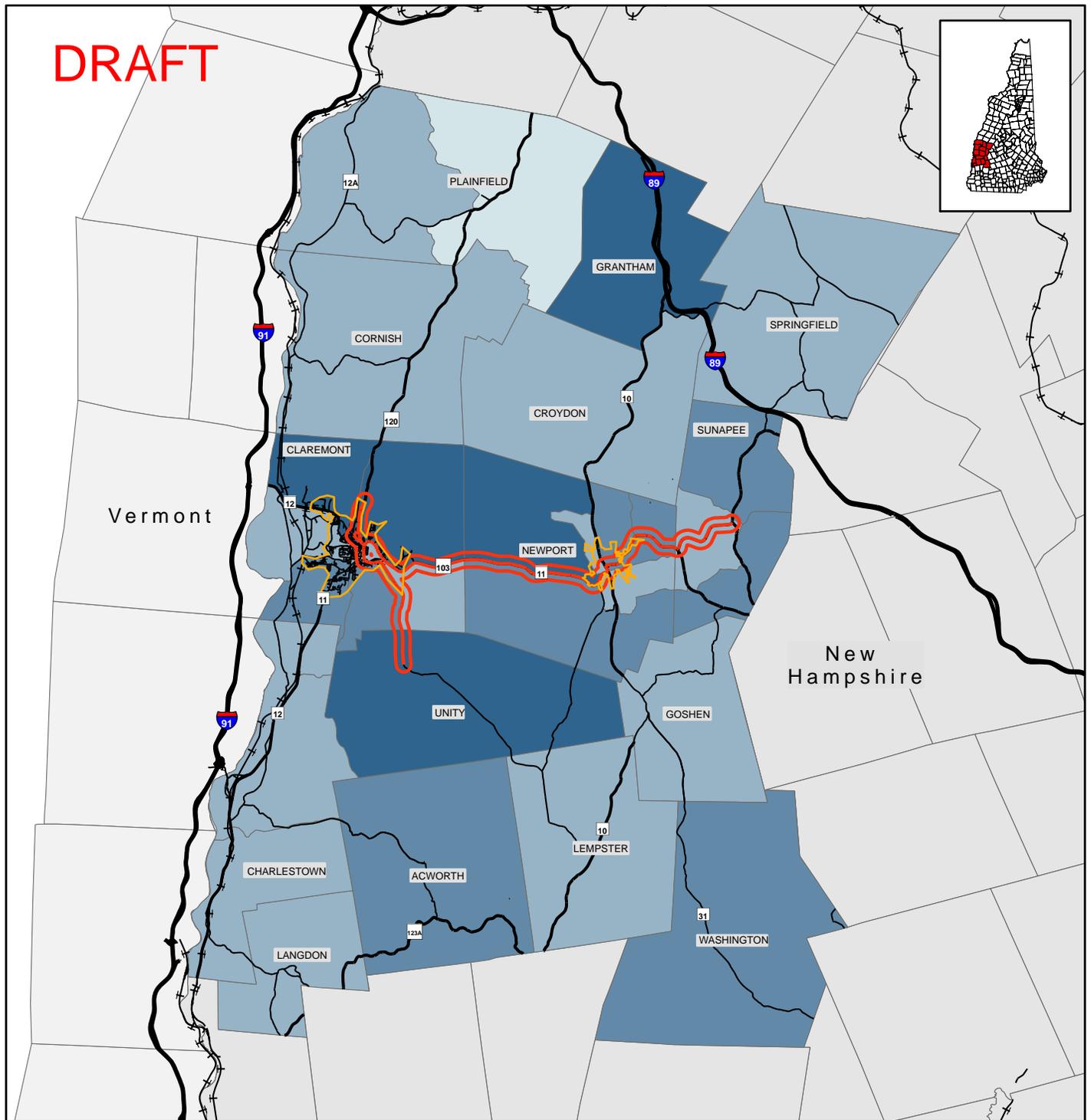
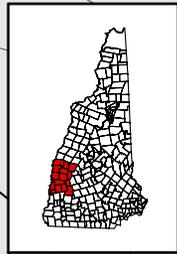
U
V
L
S
R
P
C
G
I
S

Map created by the Upper Valley Lake Sunapee Regional Planning Commission, February 2007. Base Map features from USGS 1:24,000 scale digital line graphs, UNH Complex Systems Research Center. Road data from NH Department of Transportation. Thematic data from the 2000 US Census.

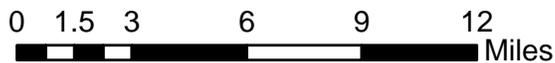
Legend

Community Transportation Service Area	20 - 50
Community Center	51 - 100
Sullivan County Roads	101 - 500
Primary Highway	501 - 9538
Primary State Highway	
Railroad	
Stateline	

DRAFT



Sullivan County Transit Routes: Percent of Total Population 65 or Over



1 inch equals 26,250 feet



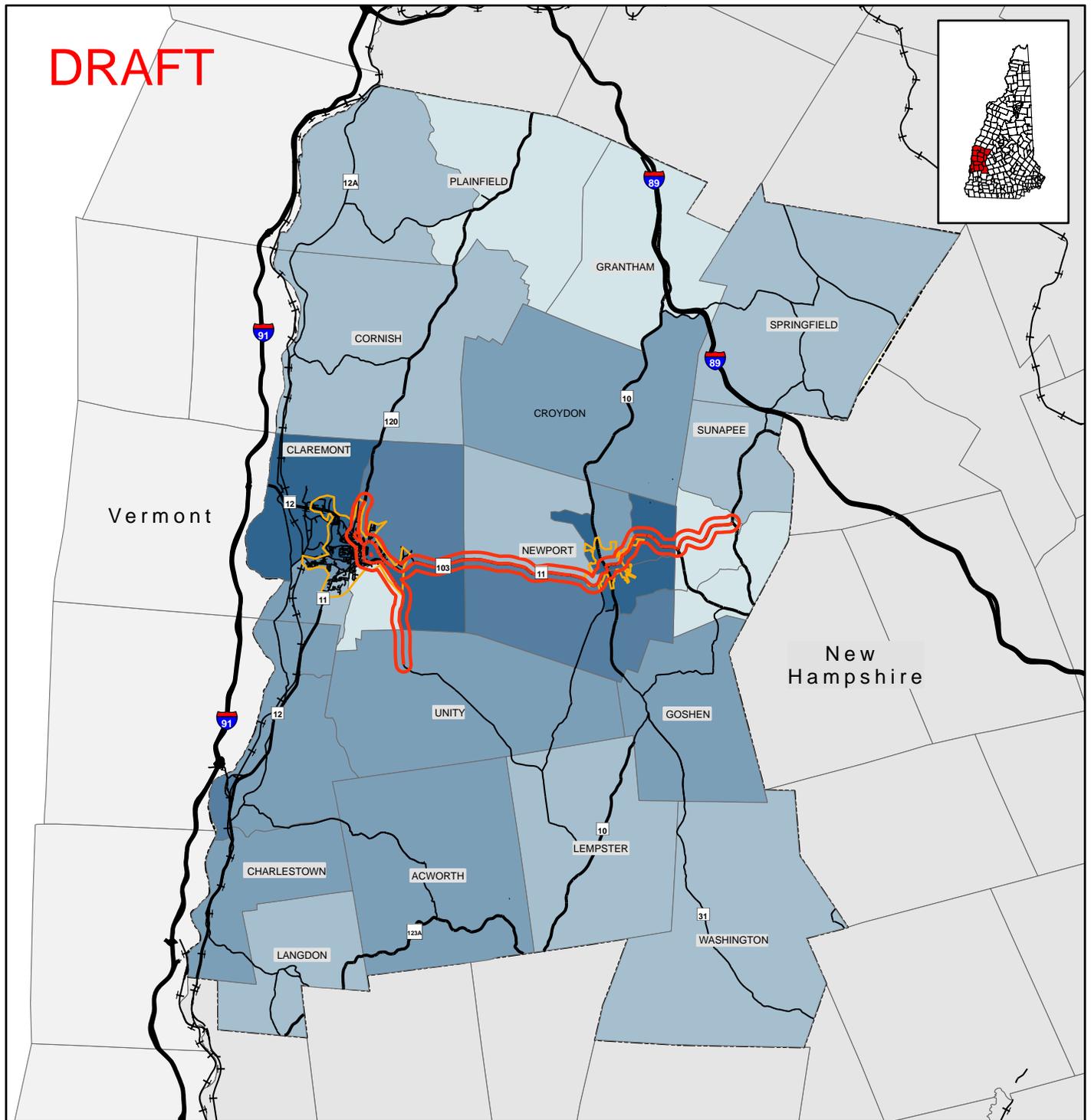
U
V
L
S
R
P
C
G
I
S
Map created by the Upper Valley
Lake Sunapee Regional Planning
Commission, February 2007.
Base Map features from USGS
1:24,000 scale digital line graphs,
UNH Complex Systems Research
Center.
Road data from NH Department
of Transportation.
Thematic data from the 2000 US
Census.

Legend

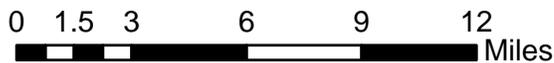
- Community Centers
- Community Transportation Service Area
- Sullivan County Roads
- Sullivan County Roads**
- Primary Highways
- Primary State Highways
- Railroad
- Stateline

Percent of Total Population 65 or Over	
	9.8 - 10.0
	10.1 - 15.0
	15.1 - 20.0
	20.1 - 21.7

DRAFT



Sullivan County Transit Routes:
Percent Disabled of Total Population



1 inch equals 26,250 feet



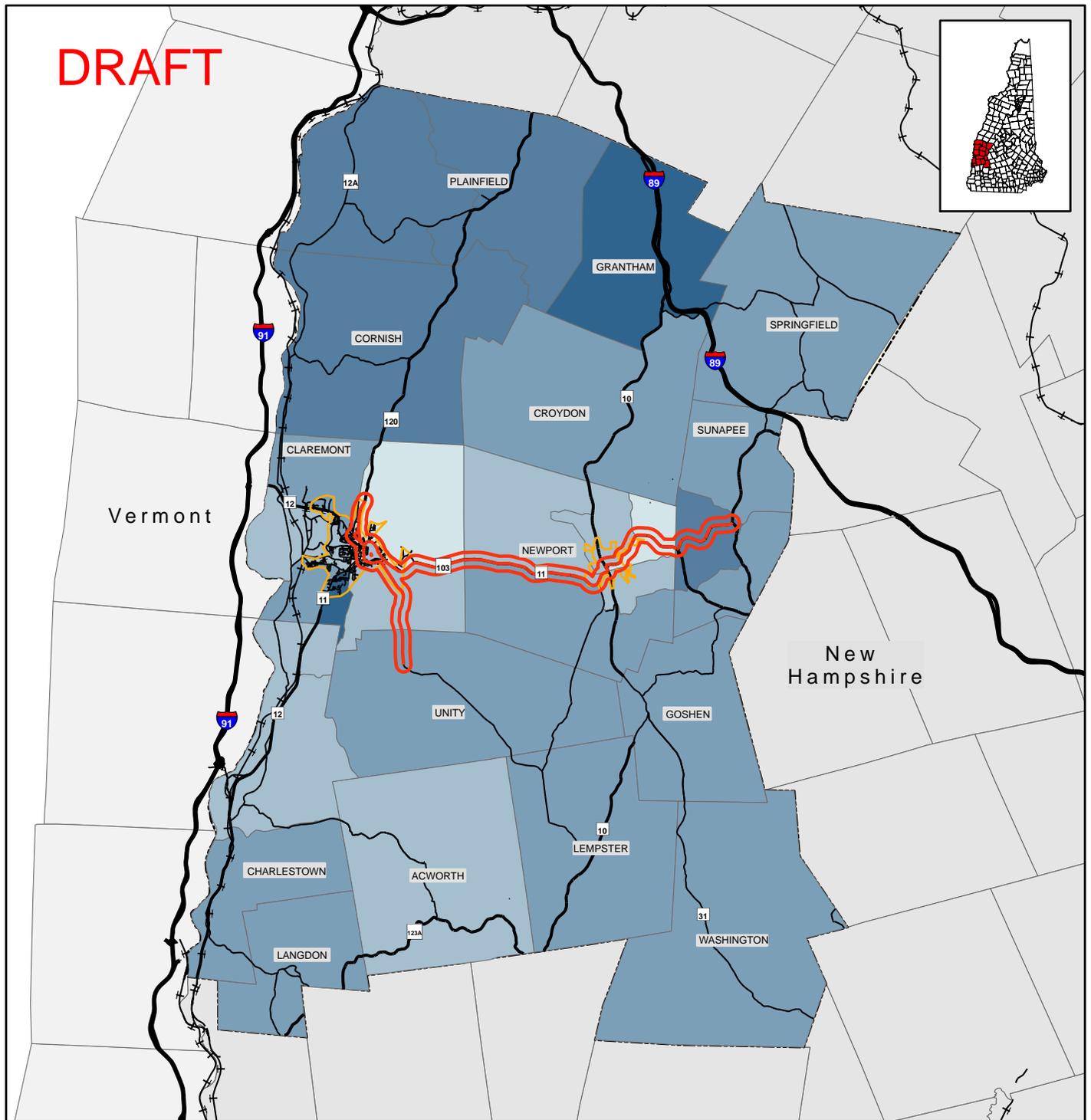
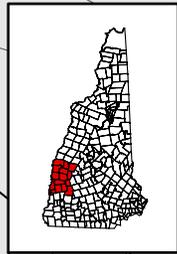
U
V
L
S
R
P
C
G
I
S

Map created by the Upper Valley
Lake Sunapee Regional Planning
Commission, February 2007.
Base Map features from USGS
1:24,000 scale digital line graphs,
UNH Complex Systems Research
Center.
Road data from NH Department
of Transportation.
Thematic data from the 2000 US
Census.

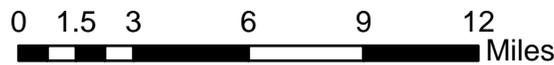
Legend

Community Transportation Service Area	Percent Disabled
Community Centers	7.40 - 10.00
Primary Highways	10.01 - 15.00
Primary State Highways	15.01 - 20.00
Railroad	20.01 - 25.00
Stateline	25.01 - 35.00

DRAFT



Sullivan County Transit Routes: Median Household Income



1 inch equals 26,250 feet

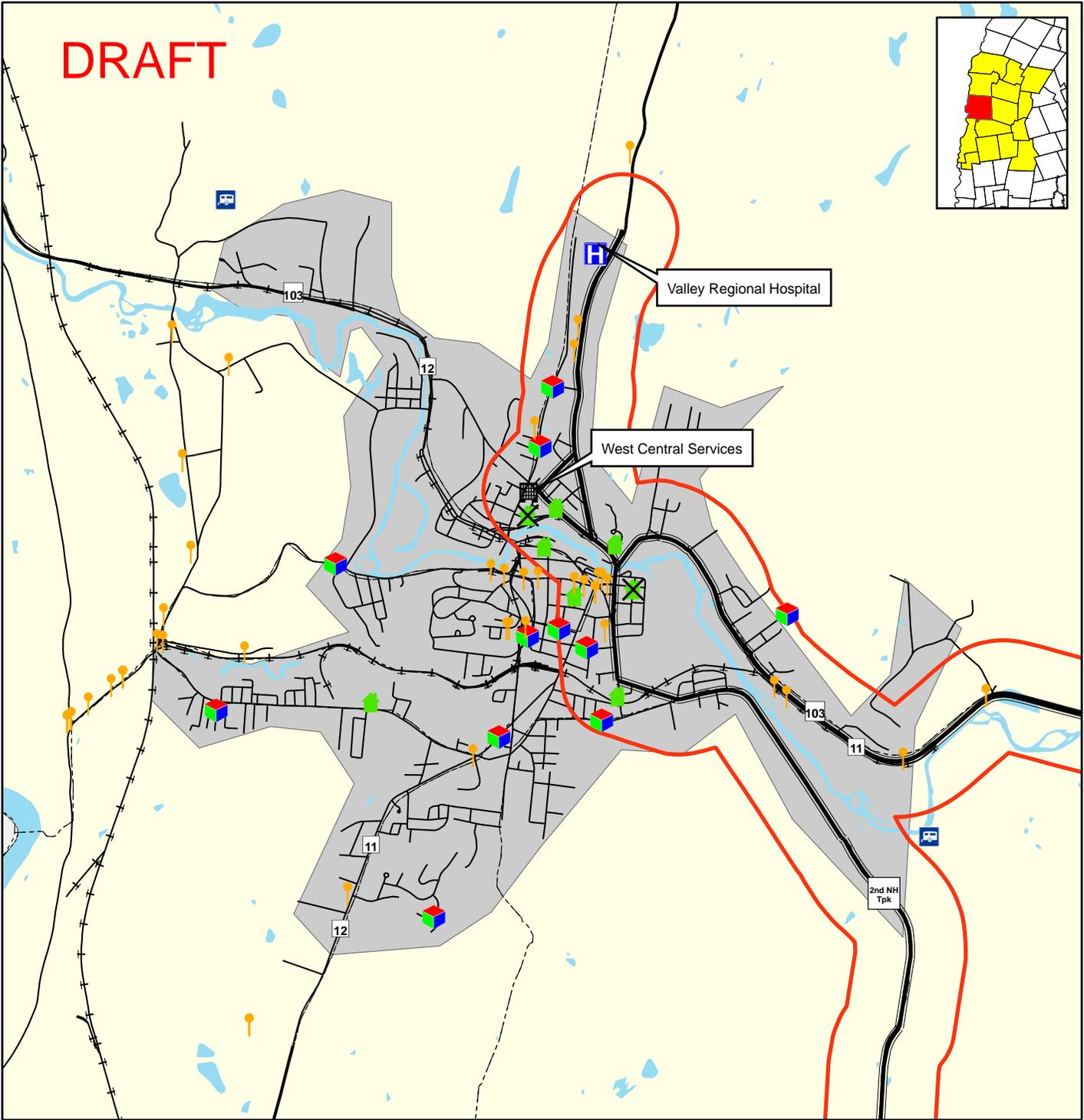
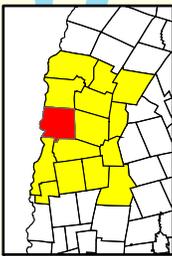


Map created by the Upper Valley Lake Sunapee Regional Planning Commission, February 2007.
Base Map features from USGS 1:24,000 scale digital line graphs, UNH Complex Systems Research Center.
Road data from NH Department of Transportation.
Thematic data from the 2000 US Census.

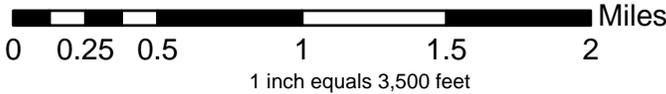
Legend

- Community Transportation Service Area
- Community Centers
- Sullivan County Roads**
 - Primary Highways
 - Primary State Highways
 - Railroad
 - Stateline
- Median Household Income**
 - 25987.0000 - 30000.0000
 - 30000.0001 - 40000.0000
 - 40000.0001 - 50000.0000
 - 50000.0001 - 60000.0000
 - 60000.0001 - 63182.0000

DRAFT



Claremont, NH: Selected Origins and Destinations



U
V
L
S
R
P
C

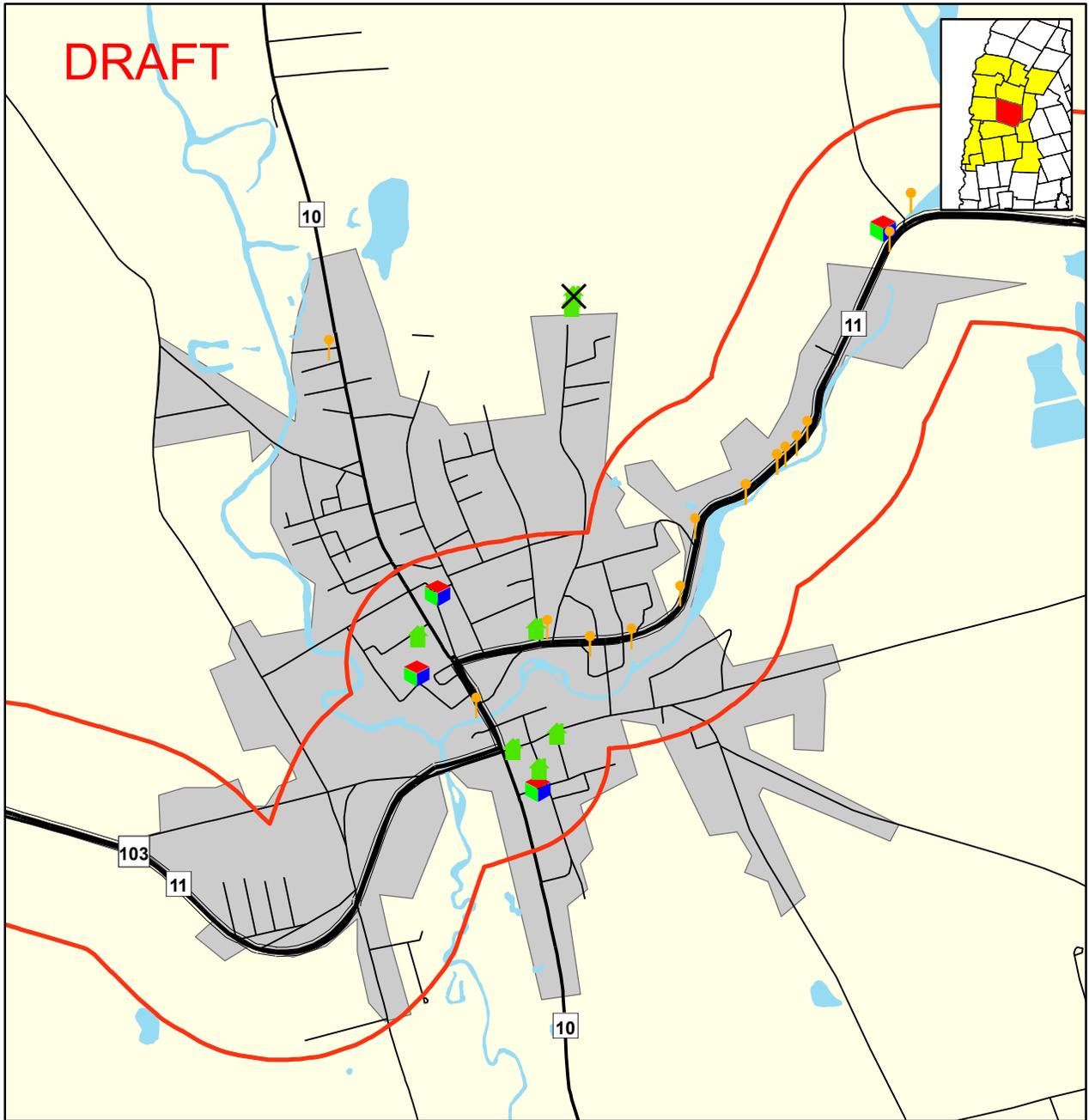
G
I
S

Map created by the Upper Valley
Lake Sunapee Regional Planning
Commission, February 2007.
Base Map features from USGS
1:24,000 scale digital line graphs.
UNH Complex Systems Research
Center.
Road data is from the NH Department
of Transportation.
Origins and destinations digitized
by the UVLSRPC.

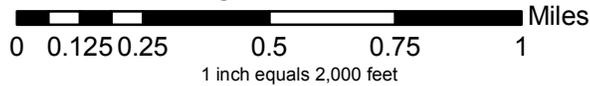
Legend

	Sullivan County Employers		Community Transportation Service Route
	Age Restricted Housing		One Quarter Mile Buffer
	Shelter		Primary Highways
	Assisted Housing		Primary State Highways
	Childcare Facility		Water Bodies
	Manufactured Housing Park Coop		
	Community Center		

DRAFT



Newport, NH: Selected Origins and Destinations



Map created by the Upper Valley
Lake Sunapee Regional Planning
Commission, February 2007.
Base Map features from USGS
1:24,000 scale digital line graphs,
UNH Complex Systems Research
Center.
Road data is from the NH Department
of Transportation.
Origins and destinations digitized
by the UVLSRPC.

Legend

- | | | | |
|--|--|--|-------------------------|
| | Sullivan County Employers | | One Quarter Mile Buffer |
| | Age Restricted Housing | | Primary Highways |
| | Assisted Housing | | Primary State Highways |
| | Childcare Facility | | Town Maintained Roads |
| | Community Center | | Railroad |
| | Community Transportation Service Route | | Water Bodies |

Appendix B

Sullivan County Community Mobility Project Meeting Minutes
(Prepared by the Sullivan County Community Mobility Project)

**Sullivan County Community Mobility Project
Meeting Minutes
March 23, 2006**

10:30 Coffee and Networking

11:00 Review of Agenda

Introductions by Kelly Murphy

Thanks to United Way Board, Rep Rodeschin, County Manager Gil de Rubio, Economic Corporation of Newport for the use of the space, New London Hospital for the beverages.

Introduction of Facilitator: Cotton Cleveland

Discussion of Road Map for the Project

Intros of participants

Group Discussion: "What is Collaboration?"

Six discussion groups brainstorming answers to the question. Free Flow of ideas, build on ideas of others, no bad ideas, invite all to participate, "What are the behaviors demonstrated when individuals collaborate?" Ideas generated were written on poster boards for each group.

Group 1: Listen. Common vision. Cooperation. Interaction. Communication. Trust. Solution seeking. Establish goals. Transparency. Defined roles respected. Positiveness. Laughter. Momentum increases. Creative/ inventive. Bridge differences.

Group 2: Respect. Outcome oriented-shared goals. Action. Sharing. Communication. Listening & Seeing. Supporting. Trusting. Networking. Willing to gather knowledge. Open to new ideas. Strength in numbers. Working together. Compromise and negotiation Breaking down barriers. Group energy.

Group:3: Parochialism. Share ideas (open). Focus on goal. Start to form partnerships. Build on relationships. Leadership emerges. Creativity. Community involvement. Develop energy. Tangible outcomes (realistic).

Group 4: Sharing of ideas. Cooperation. Compromise. Actively listen, open communication. Build on ideas. Set aside own agendas/ remove barriers. Set mutual goals. Take ownership-start to finish. Feed and share energy levels. Increase exposure into backgrounds.

Group 5: Bringing new partners in. Everybody shares. More info available. Develop common goals. Listening. Talking. Compromising/enhancing. Laughter. Forward movement, Empowerment. Patience/impatience. Conflict resolution. Creativity. Thinking out of the box. No hidden agendas/side deals-Open.

Group 6: Listening. Noncompetitive. Energy. Excitement. Willingness to help. Different skills. Communication. Finding common ground. Win-Win situations. New way of seeing things. Knowledge. Leveraging resources. Reduce duplication. Develop trust. Think and get out of the box. Dynamic process. Expand possibilities. Share the work. Energy conservation.

Wikipedia Internet Definition

All parties work together and build consensus to reach a decision to create a product. The result of which benefits all parties.

See Internet Definition: <http://en.wikipedia.org/wiki/Collaboration>

Introduction of Lea Ayer's role as an expert in the field of collaboration who will be leading the group as we try to define how well we are collaborating. It was noted she would be working with the group to help the group decide how to measure the way in which they work together.

NH West Chapter of American Red Cross is preparing to launch a volunteer driver transportation program, based upon their success model in the Keene area. Advice and Counsel sought from Community Mobility Committee: 8 groups discussing ideas which would help ARC start the program locally. First each participant listed an idea. Then, there was a discussion of the ideas within the small groups. FREE THINKING encouraged for the brainstorming. Advice and Counsel to American Red Cross: From all participants as stated on cards

1. Consider special needs of wheel chair dependent.
2. Groups vs. Individual rides.
3. Senior Center volunteers.
4. Recruit and publicize on cable TV.
5. Emphasize benefits to various communities.
6. School bus drivers.
7. Flyers at churches, beauty & barbershops, social clubs, lodges, library.
8. Use of school buses.
9. Build on appointments and errands already in place.
10. Ask-don't wait for people to volunteer.
11. Outreach through churches.
12. Communicate your vision for success clearly and succinctly to the communities that will benefit.
13. Governors Volunteer Conference.
14. Consideration of people's privacy /dignity.
15. Tap into delivery systems of local pharmacies/groceries.
16. Small Town papers.
17. Access community television to both recruit and publicize the effort.
18. Try to involve the entire county, not just key areas.
19. Use seniors as a resource.
20. Use county government as regional governmental entity.
21. Communication-Let people know about this initiative and the benefits it will

- have to citizens of our community.
- 22. Look at other models.
- 23. Knowledge of the needs of community/community members.
- 24. Focus on smaller communities.
- 25. What is priority for people using bus-work in collaboration with docs and hospitals? Etc.
- 26. Insurance for volunteers.
- 27. Recruitment staff needs to be strong to maintain volunteer.
- 28. Develop incentives for volunteers.
- 29. Support and recruitment staff to coordinate volunteers.
- 30. Contact Service Link and housing projects.
- 31. Maintain list of drivers.
- 32. Talk to NH Ass. Of Blind to discuss their existing volunteer program.
- 33. Increase incomes to expand volunteer resources.
- 34. Blood drive marketing.
- 35. Contact Revite Committee.
- 36. Get community leaders to volunteer.
- 37. Go to selectman's meetings in every town looking for volunteers.
- 38. Use those volunteering for FEMA, fire dept, Ladies Auxiliary, American Legion, police dept.
- 39. Technical school-community service through the school-pair them up with someone getting to appointments.
- 40. Lions Club, Rotary.
- 41. Increase the reimbursement rate for mileage; otherwise the low socioeconomic will be unable to volunteer.
- 42. Contact businesses.
- 43. Evaluate liability issues.
- 44. Look at past practices.
- 45. Be prepared for many trips to DHMC.
- 46. High gas prices.
- 47. Look to retirement communities for volunteers.
- 48. Coordinate with public transit.
- 49. Health Clubs.
- 50. Gas stations.
- 51. Friends.
- 52. Send letters through schools.
- 53. Address the barrier of poverty.
- 54. Communicate and look at successful and existing models.
- 55. Educate through schools and senior centers.
- 56. Utilize county government: Reach out to entire county, not just key areas.
- 57. Seniors as a resource.
- 58. Recognize and consider competing needs for volunteers.
- 59. RSVP can share resources on recruiting, retaining, & recognizing and reward volunteer drivers, and addressing risk management.
- 60. Use paid advertising & press releases: Retirement communities, churches, stores, gas stations, schools, parents, CATV, Doctor's offices.

61. Riders to make donations to drivers to address barrier of poverty.
62. Opportunity for people with limited options.
63. Students.
64. Dispatching-key.
65. Providing opportunities for volunteer drivers for networking.
66. Advertise via access TV during the middle of the night.
67. Businesses to pay employees to volunteer- committees are that now, such as the attendees to this conference!
68. Talk with volunteer drivers.
69. Needs/Times etc. needed-statistics.
70. Target people that have time.
71. Need people with outgoing personality.
72. Define role of a volunteer and rewards.
73. Where to call to sign up.
74. Council on Aging in New London is great.
75. Recruit from more affluent communities.
76. Knowledge that liability insurance would not cost them more on their auto policy and that there would be "Good Samaritan" protection.
77. Dollars for gas/mileage- We are a rural area and that means increased distance.
78. Bev Rodeschin's Bill (HB 1512).
79. Lack of knowledge about how it can be done. Who's insured?
80. Retention of volunteers. Strong director to help with retention-show volunteers their worth.
81. Reimbursement-legal-for mileage.
82. Spread out good agencies into areas that are of need.
83. Seek out persons with time and financial comfort or security.
84. Offer training.
85. Approach all social service organizations to determine types/needs for rides.
86. Bring together volunteer civic groups and continue to meet regularly.
87. Provide some type of perk to volunteers, i.e. recognition breakfast, dinner, etc.
88. Publicize services extremely well.
89. Do not assume people know how to find you.

Break for Lunch at 12:00

12:45 Kelly Murphy Introduced Jeff Goff, Campaign Chair of UWSC and Board Vice-Chair. Jeff Goff gave UWSC update: Met campaign goal of \$120,000. Claire Bowen, CEO of Valley Regional Hospital and UWSC Board Member, introduced Dr. Jim Squires and Jeanne Ryer of the Endowment for Health. Dr. Squires is president of the EFH, and Jeanne Ryer is a Program Officer specializing in transportation programs for EFH. Dr. Jim Squires: Spoke to the history of the Endowment for Health and the programs receiving financial support. Areas of support included barriers to access and geographic barriers. Oral health support winding down as mental health support gears up.

Throughout the process of supporting projects the EFH has become very interested in collaboration. Benefit all parties could be expanded to individuals. Suggested laying out guidelines for decision-making. 3-5 meetings needed to coalesce as a group. Listen to the facilitator and be patient. Process is slow. Be respectful of each other. Use a reasonable timeline. Develop action plan with reasonable goals. "This project meets the EFH goals."

Dr. Squires noted the Wikipedia definition of collaboration and suggested that the "all parties" be changed to "public". He sees the work of collaboration must look to the ultimate outcome we wish to achieve and not just the steps along the way. Jeanne Ryer: Stevens HS grad. Work in Sullivan County similar to the work done in the North Country around transportation. EFH supporting a nine-month planning grant. EFH sticks by the projects they support and expect UWSC to request additional funding as we succeed. Congratulations for coming together as a community.

1:15 Kelly Murphy handed out a binder for each participant. She explained the contents. Primary request for all participants to complete the registration form. This will allow current and potential participants to be listed and receive communications. Primary and secondary representatives from agencies need to be noted along with other agencies participants may be associated with. Facilitator's bio included. EFH grant work plan included. Participants requested they read the work plan and narrative to be prepared for the next meeting. Prior summit info also enclosed. Survey results enclosed for review.

1:25 Cotton Cleveland began conversation of communication Forming, Norming, Storming, and Performing. Next meeting will include work on "Norming". Handouts and lessons learned are available to the community. Kelly Murphy explained the rotation of locations between Claremont and Newport. She then explained the volunteer benefit of Mike Quinn assisting with public relations and marketing. Today he is assisting with the press release. Cotton Cleveland explained the future work of the group would include timely starting and finishing of the daily goals. Please review the agenda.

1:45 Facilitator did a wrap up for the day: Explained routine process with request from all. Participants give their thoughts and feelings. After today's meeting, I feel _____ about the future of CMP meetings...replies included Enthusiastic, Apprehensive, intrigued, optimistic, impressed, hopeful, prepared, excited, and Kelly stated "relieved" that the meeting went well. One participant noted the need to consider holding meetings in the evenings in order to encourage more of the general public to attend. Facilitator noted the goal of the grant was to bring those agencies/persons who represent various populations of the community together in order to improve mobility and build collaboration, and that the general public would be included through various steps in the process such as the needs assessment. It was also noted that several evening meetings could certainly be built into the process should the committee decide to do so.

1:50 Adjourned.

**Sullivan County Community Mobility Project
Meeting Minutes
April 27, 2006**

8:30-9:00 Gathering for refreshments and informal discussion

9:00 Reviewed Minutes of Previous meeting of March 23, 2006: No editions or deletions requested from members. Change of location for future meetings in Claremont to the New Claremont Savings Bank on Broad Street Reviewed Outcomes and Agenda for this meeting (Handout #1) Ideal Scenario: Ideally if we could have unlimited resources in 10 years (2016), what will Community Mobility look like for people in Sullivan County?

*Brainstorming Guidelines (blue) (Handout #2)

*Members brainstormed and listed their ideas.

*Members gathered in small groups for 15 minutes to discuss their ideas.

*Members came back together and discussed the small group ideas

Group 1 Riders of Choice: More-Excellent access to public transportation connecting through out region. Public Transportation: More than traditional work hours- nights, weekends, expanded hours. Safety for riders utilizing night service: lighted, emergency phones, security cameras, response 5-10 minutes. Beam me up Scotty service. Travel Training (Mentors). On Demand Response: Originating in Sullivan County. (door to door) 3-7 days notice, rural- all parts of county & region. Urgent care transportation with 24 hours notice within County and connecting to region at large. Environmentally friendly transportation hybrid vehicles with wheel chair access. Low cost rewards for leaving vehicles at home or at central parking lots. Ease/reward carpooling options, pay a fee to enter populated centers, fees dedicated to pollution saving mobility devices: bikes, electric golf carts. Pay to leave cars at home. Building social interaction. Don't see separate communities-more regional areas: ie technologies for Telecommuting, less reliance on need for long distance commute/transportation work from home.

Group 2: Free transportation 24 hours a day. Improved accessibility. Diversity in types: fixed, para-transit, door-to-door, etc. Volunteer or paid personal transportation service. Connections with Springfield, VT and Upper Valley Transit market is more diverse. Providers working together to address needs. Cooperative use of resource: Central dispatch. Responsive service: On-demand. Special excursion services: trips to Boston hospitals for those in need. A cooperative process to continue collaboration. No need for transportation volunteers, need met by providers.

Group 3: Public transportation connecting all Sullivan County towns, Linking Sullivan County to other areas-Upper Valley, Concord, Boston. Available 24/7 Door-to-door service. Access to all major medical, educational, banks, business, support independent living. Affordable & free: collaborate with employers, voucher system. Different types of vehicles: 4 wheel drive, all weather. Handicapped accessibility. Environmentally efficient: Alternative fuels. Affordable rail service. Possible air travel. Multipurpose

school buses. Personal taxi-like service. Inviting to all age groups. Safe. Kid friendly: preschool, after school activities.

Group 4: Affordable: Ability to pay. User Friendly: Including incidental situations. Cover 5am-midnight x 7 to accommodate three working shifts and have employers buy into system. Integrate with other public transportation systems. Effective/Integrated systems that include all communities of New Hampshire and surrounding areas. (i.e. Ascutney, Springfield) Brokerage: Share resources utilizing buses and vans available. Volunteer drivers provided free liability insurance.

10:00 North Country Transportation Project: David Price, Guest Speaker

Utilize "Asking the Right Questions": blue (Handout #3) Handout reviewed by facilitator. Interview by Kelly Murphy * Intro of NCTP with History. See power point from September summit given by Mr. Price.

1. Set the scene for us prior to their first transportation summit. David explained services available, and lack of collaboration.
2. What was the funding?
3. Strengths they had: lacked the broad representation, but it was good.
 - Planning for funding money: Endowment for Health
 - Planning for operations: DOT

What has happened during the time after the summit? What your plan should look like? It was driven by the health and human services groups. Now the Regional Planning Commission is more involved than they were. So, They are meshing with a 10-year plan. Project languished for 10 months until fulltime position filled. Client satisfaction surveys? Pending. Still working on getting the riders. Assets of drivers and providers? DOT funding via JARC? Much of the funding is matching. It is all implementation funding. "Shop and Doc" funding as they call it.

Advice on coordinating assets? 2 years into the project the coordination started with software RBEG via USDA funded. Coordinates Care Van for Littleton Hospital. Includes central dispatch. Includes volunteer coordination. Within ten years they would like to have all trans coordinated through the one phone number. Similar to the VT system. Use Medicaid to Leverage FTA funding. Elaborate on the software: Route Match- Web based program on a server. Tracks with GIS. Looks at all needs and resources. Door to door vs. door through door.

SAFETEA-LU: Doubling of Rural Transportation by FY09. Need to find local match. Match definition has expanded for. CTAA funding options? Assist with needs assessment. Mesh CTAA work with UVLSRPC and the County work. Where are you now? January start up going well. They are working to increase riders. State happy with results to date. Marketing has increased. Big Challenge is selling to other agencies besides Littleton Hospital. Looking at local fees for vehicle registration of \$5.00. Would raise 5 million statewide. Bus purchased via DOT with 20% local match. Agnes Lindsay

Trust gave \$5,000. Cost of 2.00 one way unlimited. 30 day pass equates to \$.93 day, two way unlimited use. Would like to have free rides like Advance Transit in Lebanon. What are the barriers to coordination of resources/services? Example: Grafton County Senior Center is concerned about the effect coordination will have upon services they provide. They need Door through Door Services. As a 5310 federal recipient they will have to offer a coordinated service. Can you give two successes to date?

1. Software: Modular and expandable. Don't have the link with vehicles yet due to telecommunications limitations.
2. Collaboration: Got the bus running!

Lessons Learned:

1. Collaboration: Funders want to see collaboration
2. Networking: Get friendly with DOT and RPCs. Join NH Transit Ass.
3. Make it a business. Mission Statement, Strategic Plan and Timeline. Keep it dynamic. Keep agendas and minutes and pass on to all members. Spread the word. Hire someone at least halftime, hopefully fulltime. Find a transit provider to coordinate the new system.

How do you interface with the volunteers?: Performed by the transit providers. Not David's group. Retired Senior Volunteers representative noted their method for recruitment and evaluation of volunteers. What territoriality issues have you address? The brain drain; Solution: A raising sea raises all ships. Transportation assets being limited. Solution: Improve coordination of resources. What would success look like at six months? Number of riders high and increased agency coordination

11:00 Time Line Discussed. Simple explanation of phases. Project Time Line and Overview (Handout #4) Potential Speakers and Resources (Blue) (Handout #5): Lea Ayers, Mike Quinn and others, Website under development. Reports from across the state to be available. List Serve will also be started. Work Outputs (Yellow) (Handout #6): Necessary Steps to Effective Meetings: Roles and Responsibilities (Blue) (Handout # 7) Facilitator discussed the points and encouraged all to recognize the meeting behaviors which will be a part of the CMP. Establishing Norms (Handout #8) Brainstorming lead by facilitator.

1. All the stuff on the list.
2. Encourage an environment of wellbeing
3. Encourage Diversity of opinion.
4. Focus on agencies not personalities.

11:20 Building an Effective Message Platform/ Elevator Speech (Handout # 9) Kelly Murphy gave handout for members to look at and be prepared to work on during the next meeting with the assistance of Mike Quinn.

11:25 Evaluation Forms (Handout #10) Facilitator lead wrap up and adjournment.

**Sullivan County Community Mobility Project
Meeting Minutes
May 25, 2006**

8:30-9:00 Gathering for refreshments and informal discussion

9:00 Reviewed Outcomes and Agenda for this meeting (Handout #1)

Guest: Mike Quinn

Reviewed Minutes of Previous meeting of April 27, 2006: No editions or deletions requested from members.

Hand in worksheets to Mike Quinn: Mike explained the goal of helping the committee develop an “elevator speech” which all could use.

Interview with Allison Jones, Director of Community Transportation

“What does public transportation mean?” Transportation that is open to everyone, regardless of age or needs. CTS has local, county, State and federal funding support. We offer charter service based on a contracted arrangement. We also offer fixed route (Section 5311) services. These are regularly scheduled routes. As we work to develop ADA compliance we are developing “Deviated fixed routes” The deviation amount from a fixed route is designated by the ADA with $\frac{3}{4}$ of a mile. This is an alternative to paratransit. Another option is dial a ride

Cost 1.25 one-way. 5 year olds and younger require adult supervision. Kids can receive Medicaid support. We bill Medicaid rather than having the riders pay and get reimbursed.

Kit Morgan (NH Dept of Transportation): ADA required transportation either through specific plan (paratransit) or the newer allowance for deviated routes. NH did not have requirements for ADA compliance until last year. Feds gave a very short timeline for compliance. Six nonprofits in Nh had to come with plans for either paratransit or some other process. Paratransit requires next day service with a dedicated van. Very expensive to implement. The route deviation method is most cost effective method in rural places. Eligibility for paratransit (riders) is very strict.

Allison Jones: The current plan for deviated routes can change.

Kevin Cooney: Long term options may change as we learn. Advisory Committee made up of users (10) is assisting in the monitoring of the program. There will be a review in a year. They could help with CTAA app. Kevin’s question of Kit regarding ADA requirements. Would Regional Collaboratives require ADA compliance as well?

Kit Morgan: ADA requirements follow the federal dollars not the person. This includes pass through from State.

Carla Skinder: Are your buses always full?

Allison Jones: Buses are just like roads. Busy in the am, low at midnight. We do not turn anyone away. Sometimes we put extra services onto the road. We have to be flexible. So, sometimes they are often full during the peak hours and they are certainly going to have seats available during the off-peak hours.

Carla: Other day out programs get 20 dollars a day for the senior day out program. How come you don't get that reimbursement rate?

Allison: We will look into it. I am not sure of the details that would allow us to be eligible

Kit: Brokerages via DHHS are looking into cost reductions for that program.

Allison: Another service is Door-to-Door called Dial a Ride. This is not Through the door care(Door-Through-Door). We are more assistive than others. Our drivers are such that they help folks on and off the buses and vans. In to the door service which is Door-Through-Door is a dangerous business due to liability issues: It's a precarious position for the driver in terms of liability.

Another program area which we offer services through is Section 5310: Age 60 and older and disabled adults are the only people eligible through this program. The New Freedom Act goal is to allow everyone to ride together. Currently Section 5310 and 5311 funds are not allowed to mix. This is a big frustration for riders as well as for us. It creates an inefficient system, especially in a rural county like ours.

We don't do school transportation. We are not allowed to compete with them. Kids can ride on fixed routes but can't use "Dial a Ride for school. Kids with disabilities are getting transportation via the responsibilities of the schools.

Kelly: How can you see CTS helping with our vision?

Allison: With 15 years of experience, knowledge of the area and established dispatch, I can see our system grow. We can serve as the hub.

Rep Rodeschin: I don't see buses on Sunday taking folks to church.

Allison: Section 5311 contract permission determines what we are allowed to do. The most efficient use of the limited dollars don't allow for that service. There are no transit services in NH able to do that because of the strings attached to the funds.

Kelly: When will the deviated service program begin?

Allison: The deviated service has actually been ongoing for quite a while.

Other services from CTS:

Allison: We also offer charter, this is in a limited territory. Only part of the county.

Carla: Can you transport seniors out of the region?

Allison: Elderly and adult clients allow other charter options.

Carla: Out of State?

Alison: We can but it is an increase in insurance to go out of state. We don't carry that insurance due to the cost.

Kevin Cooney: We also have a 13 passenger bus to go outside of the restrictions for outside of the county or for special needs kids with the schools. It is funded just through the Alliance.

Rep Rodeschin to Kevin: Can the school kids use the bus.

Kevin: They can do it such as the choral group to NY. They just need to absorb the cost. It is not handicapped accessible.

Allison: It does not have to have a CDL for the charter. However, we comply with all the other regulations for fixed and dial a ride routes. This includes drug and alcohol screening amongst other requirements.

Kelly: Due to the time limitation, what question would the group like to address as the final question considering the question from last month posed to David?

... BIGGEST CHALLENGE

Kevin: The challenge for the Alliance is for getting others on board with what we have been trying to do for the last year. We need to create economies of scale to improve efficiencies. There are issues here that need to be addressed with the organizations that are not helping us. We are willing to work with anyone. How can we help you? That is our greatest challenge.

Allison: Kit has mentioned that the Franklin transit group went bankrupt. They are operating for a year with support from the local banks. If we are to be successful we need local support and that includes money. Try one of the free passes in order to experience what the seniors experience.

10:10: Break

10:15: Group Exercise: See Handout

10:25: CTAA application: Short Term application template available on www.CTAA.org

Describe the problem to alleviate or solve:

1. Lack of weekend service
2. limited volunteer drivers

Kelly: Identifying Voices List

List was expanded via brainstorming session.

Green today: Need contact for bringing that expertise to this group.

Handout 4: Reaching out to Identifying Community perspectives: To be completed and returned.

Update: New Hampshire Speaks at the Annual Conference on Aging. NH Speaks section was on Aging. Recommendations from posters for all 40 tables are being collated via the Bureau of Elderly and Adult Services. They will be available on the State web site and shared with this group. <http://www.dhhs.state.nh.us/DHHS/BEAS/coa.htm>

Mike Quinn: (See Handout 5 for Bio) Assessing Issues Related to Mobility

Three questions to ask yourselves when trying to determine your common message

1. What is it that you want to say?
2. What does it do?
3. What is(are) the benefit(s)?

So, Just what is this thing you call the “Community Mobility Project” Brainstorming session to get the words and ideas out to help the group begin working toward a common message.

1. What is the Benefit?

- ☀ Connects Lives: Not just moving people.
- ☀ Paths To Healthier Lives.
- ☀ Access for All Residents of Sullivan County.

2. The community Mobility Project is...

- ☀ Coordinated effort to increase awareness and to educate the entire community of existing transportation needs
- ☀ Sullivan County mobility project is trying to improve transportation for all-affordable, environmentally sound and attainable.
- ☀ (Final Version) **A Community Partnership That Identifies Transportation Solutions for Sullivan County.**

3. What Does It Do?

- ☀ Engages providers and stakeholders of transportation in a dialogue to improve transportation services.
- ☀ Ongoing discussion, fresh ideas to age-old problem: transportation
- ☀ Working together to build/design expanded transportation options.
- ☀ Build and sustain a strong, collaborative group
- ☀ Plan and follow through on action steps
- ☀ Stimulate community interest and involvement
- ☀ Expand flexible, affordable transportation.

11:25 Evaluation Forms (Handout #6) Kelly Murphy lead wrap up and adjournment.

**Sullivan County Community Mobility Project
June 29, 2006
Meeting Minutes**

9:00 Meeting Began with review of minutes from previous meeting and outcomes on today's agenda.

Guest Speaker – Lea Ayers

Background: conducted a study of successful collaboratives around the nation and three foreign countries to focus on Quality Improvement Collaboratives – with the specific question of what are the characteristics of successful collaboratives.

See Lea's Powerpoint Presentation Attachment

Group then completed a comprehensive evaluation tool to be utilized as a baseline of progress. Lea emphasized that the CMP is a newly established group, evolving over time. Every 3 or 4 months we will reassess how collaborative is progressing. This is a different process from gathering monthly evaluation sheets on each meeting.

Break

CMP members introduced themselves and shared a few thoughts on why they are participating in the CMP.

Lea Ayers – Evaluation

Teresa Volta – Retired Senior Volunteer Program (RSVP)

Bettie (with RSVP)

Barbara Brill – Community Alliance of Human Services

Carla Skinder – Connecticut Valley Home Care's Adult Day Out Program

George "Bud" Ross – West Central Behavioral Health

Pat Kinne – Crotched Mountain and Senior Advocate

Bunny Perry – Senior Advocate, Sullivan County Nutrition Services

NH State Representative Beverly Rodeschin

Bob Perry and Gary Welch – NH West Chapter of Red Cross

Janet Kingsbury Warren – new (returning) ED for NH West Chapter of Red Cross

Allison Jones – Community Transportation Services

Ed Gil de Rubio – Sullivan County Manager

Dorreen Kusselow – Bureau of Adult and Elderly Services

Patti Koscielniak – Sullivan County Healthcare

Dawn Ranney – Southwestern Community Services

Kit Morgan – NH Department of Transportation

Patrick Herlihy – NH Dept. of Health and Human Services

Jeff Goff – Ledyard Bank and United Way Board Chair

Pat Crocker – Vermont Public Transportation Assoc. (Guest and Speaker for July mtg)

Claire Bowen – Valley Regional Hospital

Sue Henderson – NH Community Technical College

Kelly Murphy – United Way of Sullivan County

Guest Speaker – Will Rodman, of Nelson/Nygaard, introduced by Ed Gil de Rubio

See Powerpoint Presentation Attached

Questions to Will:

Q: Who establishes the Regional Coordinating Council (RCC)?

A: Usually one of two ways – State level coordinating council, such as in Kentucky or as here in Sullivan County the CMP could evolve into the RCC.

Q: Is the RCC like a Board of Directors?

A: Yes, sort of. They are charged with performance monitoring. They also confirm and select who the Regional Transportation Coordinator (RTC) and they have the authority to terminate an RTC if necessary.

Q: Why the lines through top and bottom sections of Sullivan County (viewing the regional map)

A: The hash lines represent medical trip patterns. As a possibility, the northern and southern regions could become part of other regions.

Q: If this is your recommendation, what do we as a group do with it?

A: The State is looking for feedback on the plan – does it make sense – is there a piece that isn't doable? Eventually, I (Will speaking) can see this group evolving into an RCC for Sullivan County.

Collectively, you need to figure out what makes sense here; how coordination will happen; who the lead agency will be; what are the resources already available.

Remember this is a process and takes time. Trust is huge in selecting the lead Regional Transportation Coordinator. If trust isn't there, it won't work.

Q: Asked to DHHS/DOT: Initially this proposal was introduced specifically addressing the Medicaid element. It seems clear now that something has changed and is now a solution to transportation on a more global scale.

A: Patrick Herlihy replied – There are two parallel tracks going on – one is the brokerage with DHHS, but they are also looking at all efficiencies. As defined regions come into existence, DHHS will look at how to put Medicaid into the system – maybe regions could bid for it.

Right now, timing is critical, the legislators wanted this brokerage in place by Saturday (July 1st), but that's been extended until January (2007). DHHS feels this approach (presented by Will) is a good idea; DHHS will focus solely on statewide brokerage for 2 or 3 years, while this other track is getting going.

11:35 Meeting adjourned

**Sullivan County Community Mobility Project Ad Hoc Committee Meeting
Meeting Minutes
August 10, 2006 -- 9:00 am to 11:00 am
Newport Court House**

Committee Members in Attendance: Ed Gil de Rubio, Doreen Kusselow, George (Bud) Ross, Kelly Murphy, Brenda Foley, Janet Kingsbury Warren, Sean Lyon, Barbara Brill, Pat Kinne

Committee Members Absent: Dawn Ranney; Mary Thomas (Doreen attended as her alternate)

Resources: Cotton Cleveland, Facilitator

Goal for Ad Hoc Committee: Develop recommendations to present to the full Community Mobility Committee at its Thursday, August 31st meeting for how to proceed with issues outlined in group self-evaluation report presented by Lea Ayers on 7/27.

Issues to address from group self-evaluation:

- Perceived lack of trust and commitment among members
- Uncertainty about members'
 - Understanding about the needs and assets of the greater community
 - Knowledge and skills to solve public transportation problems
- Lack of clarity about the role of leadership and structure of the group

Related Issues the Ad Hoc Committee decided to address:

- When to continue with “elevator speech” with Mike Quinn
- Should the Community Mobility Committee pursue the question of becoming a Regional Coordinating Council (RCC)? The Ad Hoc Committee felt that this question belonged under the heading of leadership and structure.

Recommendations to Full Membership of Community Mobility Committee:

1. **The CMC should pursue becoming a Regional Coordinating Council (RCC) for Sullivan County.** If the full CMC agrees with this recommendation, there should be a vote (Aug. 31) to ratify heading in the direction. Then recommendations #2-8 will be appropriate to discuss. (See additional notes on discussion of becoming RCC)
2. **Develop list of questions we need addressed as we pursue becoming an RCC.**

3. **Develop a plan for ongoing communications with the State (both DHHS and DOT) as they move forward with their plans**
4. **Begin discussions of trust issues, at the September 27th meeting and continue building as we proceed.**
5. **Full CMC to delegate “authority” for Ad Hoc Committee to meet in between monthly sessions as interim leadership group.**
6. **Establish a Recruitment Committee to bring additional voices to the table, specifically voices that would contribute in the exploration of becoming an RCC.**
7. **Integrate the lessons learned from all presenters to date and develop plan for additional learning, as needed, at September 27th meeting.**
8. **Members become better acquainted and share thoughts, at August 31st meeting and to continue through life of project).**

Notes from Ad Hoc Committee on exploring becoming an RCC:

Is Sullivan County the right boundary for a Regional Coordinating Council? There are concerns that the State might decide to integrate SC with either Monadnock or Upper Valley. At this point the State is indicating that it is looking for direction from the communities. The Ad Hoc Committee consensus is that YES, Sullivan County has special needs and should begin as its own RCC. However, it is given that we would keep our boundaries open to Upper Valley, Monadnock, Merrimack and Vermont as appropriate and cost effective. Focus should be on citizen need, not preserving individual or agency “territory”. Keep our borders permeable. However, there is still a concern amongst a small minority of committee members that while pursuing an RCC for Sullivan County is fine, that the CMC should explore Upper Valley and Monadnock RCC’s to stay knowledgeable and in the loop about their resources.

What is a Regional Coordinating Council?

According to the proposed structure, there will be eight Regional Coordinating Councils (RCC) throughout the state, providing the local oversight and control of non-emergency medical transportation, and eventual all coordination of transportation. This RCC will act as a governing board to

- Implement coordination policies,
- Select, guide, assist, monitor Regional Transportation (RTC) provider,
- Work with RTC to develop local design/structure,
- Provide feedback to State Coordinating Council (SCC), and
- If necessary, replace an RTC

How would a Regional Coordinating Council work? How would it get input from the Transportation provider or broker?

The RCC may encompass key service providers, community members, transportation professionals, etc. that have spots to fill on this governing board. Because all types of users/providers of transportation should have a voice for input, this RCC can include non-voting positions as well.

Further discussion needs to occur to flush out the structure, time involved, coordinator needed, etc.

Notes from Ad Hoc Committee on building trust:

Lack of trust in this group comes from:

- fear of losing control over funds and fear that the agency will be unable to serve client needs
- Is it mistrust among parties or about the project process?
- money is on the table; some will get more, some less
- positioning
- fear of losing resources
- confusion, misunderstanding this process
- no track record in Sullivan County for working together
- conspiracy theories – “Before suspecting malevolence, suspect incompetence!”
- Pogo: “We have met the enemy and he is us!”

Trust examples in Sullivan County we could build on:

- NH Coalition for Aging Services (Meals on Wheels) currently works very well with trust and cooperation

Goals: We hope for openness and that we can agree to disagree.

- Set the marker down now, let go of past issues, and move forward.
- Deal with it head on.
- Find more examples of where agencies are collaborating and look for ways to enhance collaboration

Change is hard: Highlight the good stuff and build on it. Start small and work to larger projects.

**Sullivan County Community Mobility Project
Meeting Minutes
October 27, 2006**

Introduction of members; new members joining CMP for first time. Bill LeClair introduced as new director of transportation program for Community Alliance of Human Services' CTS program

Update from Steering Committee by Bud Ross

Barbara Brill explained the advocacy committee established by CTS and addressed the transparency/trust issue as discussed in Steering Committee.

Facilitator introduced Lessons Learned component.

***Member suggested having a "speakers panel", rather than inviting all prior guests back one by one.

Review of Prior Learning Opportunities

Establishing a DHHS Statewide Brokerage - Will Rodman, Nelson/Nygaard Consulting

Summary of Structure

- Coordination
- Benefits of Coordination
- Challenges
- Summarized major findings
- Recommended Regions
- Potential plan of action

Emphasized having a Champion and establishing Trust was key to success

Question raised to keep in mind through journey "Are we going with RCC b/c we have to or because it's the right thing for our region".

Will Rodman should come back.

Community Transportation Services – Allison Jones, explaining local services

Summary of what Allison said & what learned

Described current transportation capabilities

Fed mandated ADA trans plans

Restrictions R/T feds

Lack of weekend / evening

Door to door

Distinct routes

fixed

dial-a-ride

deviated route

demand door to door

\$\$ / advertising

- a. Advisory comm. to support ADA reg.
- b. Emphasized central dispatch for scheduling

How will learning apply to becoming – RCC

- c. Need to know state expectations – RCC
- d. Key – scheduling
- e. Knowledge of community
 - i. Traffic patterns
 - ii. Population needs
 - iii. Better understanding of current services of CTS
- f. Restrictions of funding!
 - i. Needs to be changed for cost effectiveness

What are implications of this learning

- need for advocacy
- need to go higher to state/fed restrictions
- local support \$
 - local incentives – business
 - Shop here = pass = validation
 - Collaborative effort

Would person return? **As we learn about changes CTS will report back**

Vermont Non-Emergency Medical Transportation Program – Pat Crocker, Director
Homegrown solution been around 20 years. Take fragment system and make work.
Fed fund source 5311 VT has 1 statewide brokerage with 9 regions

- Public and private work together
- Integrated approach
- 30% rides from volunteer or personal vehicle
- Be proactive
- Use Medicaid electronic data system
- Dispatch regionally
- Clients rec. services needed – started with Medicaid

Paid leader like Pat vs. Vol. & w/ much knowledge regarding trans.

Yes w/ person from state of NH recipient of their services (Medicaid client)

- Service provider

Bring Pat back - ? on RCC in VT; How do communities get involved
If hired what would be first step?

North Country Transportation – David Price
RCC would need to represent all interests in the region
RCC needs to define it's role

- what it does not do
- Vision must include trust & collaboration components.

- Process needs to be enjoyable, fun, and productive
- Maintain open and clear communications w/ stockholders & community at-large
- Make stockholders feel / understand benefits of participation
- Implementation of NC trans collaboration inc. many agencies and non profits
- Need to understand vision before moving forward
- ID barriers so can address “head on”
- Collaboration improves efficiency for funds, man-power
- Sharing resources – trust!
- Success happens in small steps eg. In time hire a project manager

Bring David back

- How were trust & resource sharing issues addressed?
- How were software issues overcome?
- What new issues / barriers have come up?
- What additional skills, tech or expertise does the NC need?

Do we need additional expertise and if yes in what area

- Lobbying (how far?, how to?)
- More info about RCC (how it will work)
- Bring more businesses to table! (even if for one meeting)
- Community outreach – continued
- ? other agency people in S.C. at the table
- updates on liability of volunteers – weekends (church, fun)

Roundtable of agencies

Carla Skinder would like to poll group about starting at 8:30am, eliminating networking time, and ending at 11:00am. Kelly was asked to poll group.

**Sullivan County Community Mobility Project
Meeting Minutes
November 14, 2006**

Work Outcomes:

- Steering Committee presents recommendation for next four meetings
- Review natural progression of group development
- Building blocks for trust and groundwork for contracts
- Brainstorming “lessons learned” for Endowment grant final report

Minutes:

8:30 Gathering for refreshments and informal discussion

9:00 Reviewed minutes of previous meeting, October 27th - approved

Reviewed outcomes/agenda for this meeting (see above)

Reviewed recommendations from Steering Committee to CMP for December through March meeting content

News & Updates on Transportation: Federal, State and Local

Roundtable updates

Discussed the dynamics of stricter lobbying laws enacted in June.

Facilitator - after nine months of meetings, where is the CMP in the natural progression of group dynamics? Reviewed the natural cycle of groups, received handouts.

Building Blocks for Trust – Group exercise

Members completed the worksheet and then shared information with the large group.

Meeting ended at 11:20am

**Sullivan County Community Mobility Project
Meeting Minutes
CTAA Presentation, Session #10
February 8, 2007**

Assistant Director of Community Transportation Association of America (CTAA), Charlie Rutkowski, from Washington, D.C. presented history of CTAA; created in 1989 with a national focus on rural areas with transportation issues, although more work has been done in Northern New England than anywhere in the country. Two components – short term technical assistance, which is what brought him to Sullivan County today, and long term technical assistance to which a grant application was submitted by UWSC on behalf of the CMP.

- www.ctaa.org
- Four major projects selected yearly with Sullivan County being chosen for 2007. Other three are Maine, North Carolina, and Oregon. **Sullivan County rose to the top because of high likelihood for success due to the CMP's commitment and work accomplished to date.**

Process:

- Once approval from USDA is received, staff of three in planning office will bid out for a consultant (\$32-37,000 budget for consultant).
- Consultant given an outline of what is needed (gathering data, developing strategies) process should take 4-5 months to complete on consultant's end. This data gathering phase will coincide and work collaboratively with Upper Valley Lake Sunapee Regional Planning Commission's Human Resource Plan already underway.
- CTAA will deliver to CMP a detailed blueprint for implementation of plan. CTAA will help identify ways to pay for project and make first contacts if needed.

During all components CMP will have ongoing input/feedback.

Transit 101:

Modes of Service

- a. Fixed Route Service – Bus routes along road network w/ designated stops; easy to use, no dispatcher; suited to densely populated areas; many people served; in theory a quarter-mile in either direction of pick-up has access.
- b. Demand Responsive – Dial a ride; vehicle goes to people; people need to plan ahead and make a reservation with a dispatcher; coordination of rides inconvenient; fewer people served; zone of service much wider than fixed route;
- c. Zone Service – form of demand responsive where a large zone may be broken into sectors and served at least one day per week on a regular basis.

- d. Hybrid (route deviation service) combines both fixed + demand – Set route schedule that can deviate off route to homes (must define how far can deviate off fixed route); reservation needed for deviation; fixed route may be thrown off schedule with deviations; may be inconvenient to fixed route passengers; wider area may be covered
- e. Check point service – service at specific points/times; may not be a specific route; pick ups operate on where the quickest or nearest check point is to last stop so not all points on a route may be serviced on a regular basis

Folks discussed Ride Share Programs (car pooling) & Commuter Choice Program, which is a federally funded incentive program – employees who participate can designate up to \$110 per month as tax free money in their paycheck – Federal Transit Administration. Mascoma Bank currently runs Commuter Choice Program if more information from local contact is desired.

Fees for transportation services may vary – Flat Rate; Distance Based; Peak times; Medicaid may be a possible funding source depending on population served.

Coordination:

- Federal government issued Executive Order stating that there will be no federal barriers to coordinating services with regard to public transportation.
- 5310 program funding addresses co-mingling of populations served; regions must have a plan for coordination (10 regions in NH; 3 are complete). Upper Valley Lake Sunapee Regional Planning is working on the Sullivan County plan.
- Incentives to coordinate include being able to use a vehicle for a specific purpose during the times it is needed and then utilizing vehicle off hours for other uses (funding concern) e.g. vehicle needed for senior transportation program M-F 9-1 pm but may be used during other hours for other programs.

Potential misconceptions regarding federal barriers prompted much discussion within group. CTAA/DOT will further elaborate on this topic at future meeting.

Important components to starting: Only need 2 organizations to start process.

- a. Information Sharing – communication between transportation agencies and agencies served by transportation (e.g. healthcare & CTS)
- b. Function Sharing – scheduling, dispatching, purchasing, driver training (see who can do the function best and have that function done by that agency to avoid overlapping of functions)
- c. Brokerage – sharing passengers among providers to maintain independence among providers
- d. Total coordination or consolidation – if it seems feasible, replace what already exists and have everyone contract with one provider.

Miscellaneous Discussion Points

- William Gerahty, HR Vice President of DHMC, stated the hospital completed a zip code analysis on employee commuting. They are currently involved with three different transportation systems – Stagecoach, Advanced Transit, CT River Transit. DHMC has approx. 6500 employees.

Next meeting: March 9th, 9-11:30am, Claremont Savings Bank
UVLSRPC will present draft of Human Resources Plan