

**Grafton-Coos Regional Coordinating Council  
At the  
AHEAD Conference Room  
2<sup>nd</sup> Floor  
262 Cottage Street, Littleton, NH 03561  
And via Zoom  
November 8, 2024  
10:00AM**

**MINUTES**

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1. Roll Call

The Meeting was called to order at 10:04 AM.

Adams Carroll, Advance Transit  
Bill Bolton, Transport Central  
Brenda Gagne, TCCAP  
Nick Altonaga, NCC  
Kevin Driscoll, NCC  
Teri Palmer, SMM  
Candy Reed, Sullivan County MM  
Jeanene McDonald, TCCAP  
Travis Colby, LRMHC

2. Approve Meeting Minutes for August 8, 2024\*\*

Members reviewed the minutes from August 2<sup>nd</sup>. Found no changes or amendments.

Chair recommended a motion to adopt the minutes.

Tim Josephson arrived at 10:09AM.

Tim Motioned to accept the minutes from August 2<sup>nd</sup>, 2024.

Bill Seconded.

Motion Carried.

3. 5310 Allocation

Brenda: These numbers are based on what was provided by the three providers. If I am not mistaken, these numbers are very close to what was applied for. These are close to the original MOUs. The challenge will be when we receive the official allocation from NHDOT, we will have to go back to amend.

Currently we are operating in good faith with GCSCC and TC. These numbers are what was originally applied for.

Teri: \$300,400, Amended FY25 available.

Brenda: My assumption is that with this increased amount we will have to modify our budgets.

- Teri: Depends on the 10%. The set-aside for the RMM is \$120,000/region

Brenda: Right now, I am assuming that we are all working off these numbers on the sheet. I want to wait until we have confirmation from the state. I need to know the 10% increase and what specifically will be going to the RMM position and how to manage that. I don't want to lock anyone in.

Jeanene: Teri, I just sent an email to you from Fred. It is with the 10% increase.

- Teri: Yes, those numbers look accurate. Most regions have split their funds for contracted services and mobility management.

Brenda: DOT hasn't indicated when new contracts will go out?

- Teri: Fred mentioned January. But in his NHTA update he mentioned the Fall.

Nick: Why has it taken so long to get FY25 contracts?

- Jeanene: Staff turnover, right?
- Teri: Plus with all the changes with the funding amounts. A lot of changes.

Brenda: But an amendment for FY25 should not take long.

Teri: Have you received the 5310 amendments yet?

- Brenda: Not that I am aware of. Haven't seen it.
- Jeanene: Haven't seen it either.

Teri: I will try to reach Fred this morning to ask. I know he is booked this morning but worth a try.

I think GCSCC was looking for some additional funding to up their driver's wage for the rest of the year. I thought we had talked about another option besides the MM funding?

Brenda: Are we all comfortable operating under these numbers for now?

- Bill: Yes, I am comfortable with that.

Adams: So, we are all decided to wait on confirming the allocations until we get the figures from NHDOT?

~~4. 5310 10% Increase~~

5. Mobility Management Workplan\*\*

Nick: This workplan was prepared with a Manager in mind but there is another draft that is more general.

- Teri: Most other regions have a general 2-3 page workplan with goals and objectives.

Nick: I can prepare a more general workplan to work with the overarching RCC goals and objectives.

- Adams: It would be helpful if we could tell someone that “this is what we would like you to do in this position.” To have that guiding information.

Nick will put the Workplan on the agenda for next meeting.

Nick: We will have a lot of items on the next agenda: FY25 5310, FY26/27 5310, Workplan, Mobility Management.

Tim: That is something that we can easily do over Zoom. Also, does anyone know if 5305 is coming out?

- Teri: Yes, we should have a lot coming out right now.
- Brenda: Heard that between now and the end of January, should have all coming out.

6. Healthcare Transportation Taskforce

Teri: Fred and I wanted to get information from healthcare providers. VT gets this information so, why can't we? Right now, the NH Hospital Association does not collect this data.

Not sure of the turn of events but a Healthcare Transportation Taskforce was put together by SCC and TansportNH.

We now have a lot of groups at the table. CTS, Genesis Health, Uber, Lyft, +.

They are trying to figure out:

1. What do we need from the Healthcare providers to better understand the need?
2. What data is needed to collect?

One member wanted to add questions to the transportation intake form. This would not be until next year and will not be complete, as only some medical facilities have intake processes.

There is a plan to have an Advocacy Committee. They would bring forward the specific needs like, "Need help getting people home from procedures, etc."

The solutions will come from the regions (ground up), but the recommendations will come from the state/healthcare provider conversations.

A CTS representative in the group previously worked in the medical field and has a good perspective on how to get it done.

Bill: I heard there was some confusion as to what the group would be talking about and tackling.

- Teri: the Taskforce is not there to deal with the day-to-day solutions. We ARE gathering the data from providers (Transport and medical, etc.) but are just passing it up to the group to then discuss and come up with ideas/options to send back to the regions.

Bill: I guess it is not generally accepted. Not sure where the talk of discharge papers and all that came from. Many times, we drive up and pick up our clients.

- Teri: Have had issues with people understanding the requirements of heading home after some procedures that require discharge/follow-up items.

Bill: Think you might be digging in too much on this issue, confusing the needs. Some of these are mistakenly being brought up that are not a real issue.

- Teri: Someone brought up that there are problems with patients going home after ER/surgery visits. That was a known problem and noted that this issue should be addressed at the RCC level.

Another question is, how will we be able to push resources out to the hospitals?

People report that clients and providers and their teams, that they are not aware of all the options available. This is a question of how to get the information out to organizations that have hundreds or thousands of staff.

Bill: Good to have Miguel and Sarah involved.

Teri: Also, we are sensitive to the fact that these are for-profit Medicaid brokers, and we are talking about non-profits and other charitable options.

Teri: There are a lot of people talking about a lot of different things. Commute with Enterprise, CTS, for-profit means, non-profit, etc. but the good thing is that MM is about just getting people from point A to point B.

Teri: Fred has provided an official description of the Healthcare Transportation Task Force. It will be provided to Nick to attach to the minutes.

Fred Butler, NHDOT Joined the meeting at 10:49AM.

Fred: Right now, the allocation is on track for the 12-18 G and C meetings. Nothing new right now, but it could be good to have a tentative plan.

Nick: Any other big efforts?

- Teri: The Sustainability Committee has been put on hold. We realize that there is funding out there and send those to groups as needed.

## 7. New Member Outreach

Nick has this as a regular agenda item.

Bill: Has anyone tried to reach out to the VA?

- Teri: Candy has been instrumental in the Upper Valley, if we want, we could have her attend

It would be great if we could have someone from Vital Communities regularly attend these meetings.

Tim: I can work on them.

Kevin: Courtney Daniels is the head of Patient Services Department at LRH, Littleton. She would be a good contact.

Tim: So, she works with front desk patient services and transportation?

Kevin: Yes, her department oversees those intakes.

Teri: Brenda, do you have a resource coordinator for Grafton?

- Brenda: Yes, we have someone coming on board from Benton.

Teri: What about the NH Listens Center? Emily from the Center.

- Candy: Yes, absolutely. And to answer your question, I am happy to help in Grafton County until you folks are able to get someone into that position.

## 8. Other Business

Member Updates:

Adams: 2 new electric buses now in service. The range is significantly longer than the first 2 E-buses.

- Tim: How long does it take to recharge?

Adams: 4-5 hours, overnight

- Fred: Range of those?

Adams: We would originally do our red route and return with 25% charge. Now we come back with 55% after a full day of service.

- Teri: What about the use of the routes?

Adams: Yes, we have seen steady upward growth. Shifting some of the timing and patterns.

- Tim: how have Saturdays been going?

Adams: Going very good. Especially the Blue Red route. Somewhat crowded. If we get the chance for funding in the future, this is our highest priority. People want to get on the bus first thing in the morning and all wheelchair locations filled.

- Tim: Difficult to space them out, do you double up buses at the beginning runs but then what?

Adams: Might start later to accommodate better. If we were to add more services we would have to hire a new person

- Teri: how is your staffing?

Adams: we just recently hired 2 people. We are where we need to be.

Jeanene: Things are busy, very busy. So busy that the last couple of days I have been putting on a 3<sup>rd</sup> door to door driver in the Berlin area. Just keeps getting busier. It is a good thing. The other areas the numbers are going up but not like here.

- Teri: Why do you think you have such an increase? More folks are moving to the area?

Jeanene: Yes, we are getting many new names that we haven't seen before. Plus, we have the roller coaster ride of the elderly services.

- Bill: Are you still doing CTS trips?

Jeanene: Yes we are still doing CTS trips but there are a couple of things we have to work with CTS about but we are not actively working with them at this point.

- Teri: You have people eligible for Medicaid getting onto public transportation and they are paying.

Brenda: The bad thing is that the requirements for CTS are so much that it is very difficult to determine the mileage for CTS, TANF, Medicaid, etc., when all on the bus at the same time. The issue is that the GPS system cannot detail the mileage for 5 different people on the same bus.

- Jeanene: And now they want a it all separated.

Brenda: If we are picking them up and getting them to the appointment, doing it early (10-15 minutes), what does it matter if it is early or slightly late because we are still on time. Isn't that the purpose?

- Bill: Are you still doing volunteer drivers?

Brenda: Yes, but also paid drivers as well.

- Bill: Do you use the transponders?

Brenda: Yes, but it doesn't really work. I think that the CTS has lost its way. The goal is to get people to appointments.

Jeanene: Our volunteer driver recruitment is very slow. We have picked up 2 more in Coos-Grafton. We have not had a lot of people interested. People are now coming in all at the same time so we need to do vehicle and driver checks.

I have been dropping flyers at VFWs and American legion locations.

Teri: Candy and I went to Ellen's retirement last night and many of her volunteer drivers talked about where the program was when she first started versus now. They talked a lot about Lyme, Orford, etc.,

GCSCC does not have volunteers, is it all on demand?

- Tim: Yes, that is my understanding.

Teri: Brainstorming how to help Jeanene recruit more drivers in this area. It is funny because there are a lot of people who want to help.

- Jeanene: They want to help but many don't want to drive anymore

Kevin: have you reached out to School Bus companies to see if any of their drivers want to pick up shifts outside of operating hours?

Jeanene: I think our flyers need to be flashier.

Teri: There are the flyers and materials on the website for the Alliance for Healthy Aging.

- Tim: There are some local communities that have local wellness committees. The town of Lyme has a group called Those Guys. A volunteer group that gets together to volunteer. The other problem is there is no senior center in that range.

Bill: If you need a contact, my sister lives in Lyme and she knows everyone.

Candy: I am working with a lady in the Upper Valley. I am on the list for their next meeting. They work with anybody who is in need of volunteers (Katie Burnsten). I believe on the 19<sup>th</sup> of November they will be set up at the Hanover Inn. I believe it is a great way for people that want to volunteer.

Teri: Jeanene, is your application just like Sullivan County? Is there a way to virtually send that to Candy to then help to recruit drivers.

- Jeanene: The packet Scott used was prepared by our office. Happy to send it to Candy. It would be great.

Nick: Quick update that NCC is working on a Safety Action Plan for the region. Receiving assistance from NADO for all the data analysis requirements. May contact Tim at UVLSRPC for assistance with outreach if our data covers your RPC region. Recommend that anyone with safety concerns in your operating regions let us know.

Teri: Fred, any update on the mobility manager discussion?

- Fed: Really depends on how you want it to operate. Part timers at Lead Agency or go with the RPC-managed model.

Teri: So, Fred and I have talked about this a little bit, and Brenda and I have touched base on this briefly.

One thing we have talked about is having the RMM sitting under North Country Council. We kind of know where region 2 is coming from.

The pros: The MM would sit within the RPC, and have seen great fit under regions 5, 7, 8. Has been a huge win. In this case NCC covers most of Grafton and Carroll.

Another option is a possible resource coordinator position at TCCAP. Question of if this position could have the RMM functions part-time under this position.

Another option is hiring a mobility manager for the entire region, depending on how projects shake out.

- Brenda: Have brought up the conversation about the Resource Coordinators. We aren't even sure where the current position will go (which department). Right now we are just trying to get them okay with their job duties.

I personally think it should be under the RPC, I think that is the best fit, they are transportation planners and deal with transportation. It is a possibility that one person could cover the 3 counties.

Teri: The question goes to Nick, if it could work for NCC?

- Nick: I would have to meet with my director to understand the time requirements. Already have our existing UPWP work with NHDOT, so it does make sense. Just would want the question of time, funding, split, etc.

Teri: How much do we have available to cover a possible mobility manager?

- Brenda: Recently received the report on time used in the RMM budgets since July 1<sup>st</sup>. We can get the information.

Tim: Question is who is going to be doing this stuff, if the RMM is not there? Like, if we say we don't want one, who will get it done?

- Teri: Great question. I think also it is a matter of trying to explain what an MM actually does, and how it might work.

Nick: Checking in with LRMHC, Travis

- Travis: Lucky enough to hire back our old bus driver. Trying to rebuild our transportation service. Every year we keep adding more patients to our rides. Getting the word out there and fulfilling a lot of appointments.

Teri: do you see any increase with the new Laconia connector?

- Travis: I did put out some brochures. Locally I have gotten some pluses from it and some negativity from it. A lot of residents feel that they are bringing up homeless from other communities. Try to push back on this and show the proof. Many people don't trust the responses they get.

Bill: When we get this bus, can we help share the load with rides?

- Teri: You do on-demand service?

Travis: Yes, we do 24-hour notice. Arrange rides and routes.

- Bill: For LRPC. Likes this region.

## 9. Adjourn

Tim Motioned to Adjourn

Bill Seconded.

Motion Carried

Meeting Adjourned at 11:46AM