SCC State Coordinating Council for Community Transportation

GETTING THERE TOGETHER

NEW HAMPSHIRE STATEWIDE MOBILITY MANAGEMENT NETWORK

A BLUEPRINT FOR IMPLEMENTATION

Second Edition ▪ Adopted 2/3/22

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

Granite State Mobility
getting there together

Purpose of the Blueprint

The purpose of this Blueprint is to memorialize the process and decisions made by stakeholders while developing the New Hampshire Mobility Management Network. It also provides a road map for implementation and identifies areas that will require additional development and continual refinement as the network matures. The Blueprint builds upon NHDOT's 2016 State Coordination Plan and incorporates the latest approaches and theories in the field of mobility management nation-wide. Taken in its entirety, the Blueprint represents an ideal for the emerging network that acknowledges current limitations but does not constrain the vision or long-term potential of the network.

The Blueprint is a living document that will be periodically updated by the NH State Coordinating Council for Community Transportation as work advances and the network matures. Woven throughout the Blueprint is guidance and requirements for implementing the network at the state and regional levels. Blueprint guidance is not intended to supplant consultation with NHDOT, Federal Transit Administration and other stakeholder agencies to ensure compliance.

Guiding Documents

This Blueprint was informed by and may contain excerpts from planning & guidance documents related to mobility management that have been adapted for New Hampshire's needs. These documents are in the public domain and are available at the organization's website.

- NH Department of Transportation, prepared by RLS & Associates. *2016 NH Statewide Coordination of Community Transportation Services Plan*.
- National Center for Mobility Management. *Successful Mobility Management Practices for Improving Transportation Services in Small Urban & Rural Areas.*
- National Center for Mobility Management. *Competencies for the Practice of Mobility Management*.

Acknowledgements

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Executive Summary

The New Hampshire State Coordinating Council for Community Transportation (SCC), its members and affiliates, share the vision of an integrated system of safe, reliable, and sustainable transportation options that allow residents to maintain independence and participate in work and community life no matter their age or ability. Today we embark upon the creation of a mobility management network in what is the most ambitious project of these coordinated entities in a generation. This project will leverage existing funding sources, improve the efficiency of existing services, and integrate new opportunities in a novel way that not only demonstrates the power of coordination between stakeholders and government agencies, but also highlights New Hampshire's leadership in this new paradigm of transportation systems that improve quality of life outcomes for all people.

Mobility management is a transportation strategy that prioritizes customer needs, and the meeting of these needs through the coordinated use of a variety of providers, and by extension a variety of funding streams. The NH Mobility Management Network will achieve its goals through a strategy of braided funding that ties together several agencies, contracts, and streams in order to increase consumer engagement and deliver high quality outcomes for residents while maximizing efficiency for transportation providers and funding agencies. This project is a collaborative partnership that unites on-the-ground mobility managers with the SCC, Regional Coordination Councils, NH Department of Transportation, NH Department of Health and Human Services and other federal, state, and local agencies and commissions. All of these groups and stakeholders bring unique strengths, assets, needs, and insights that will be leveraged by this Network to develop better transportation outcomes for consumers, while highlighting partnerships between state and federal funding sources targeted to improve mobility for older adults and people with disabilities.

The NH Mobility Management Network will utilize the following funding streams and amounts to achieve its goals: (1) a statewide grant authorized under a NHDOT Block Grant of $550,000, (2) Matching funds pursuant to Federal Transit Administration requirements in the form of toll credits and CDC grant funds, (3) A reallocation of $180,000 in supplemental funding from a separate project under purview of the New Hampshire Transit Association (NHTA), and (4) $3 million from a Centers for Disease Control grant intended to address health disparities among high-risk and underserved populations in light of the COVID-19 pandemic. The integration of these funding streams will necessitate increased cooperation and coordination between DOT, Health and Human Services, the Regional Coordination Councils, providers, stakeholders, and consumers statewide.

This project is intended to deliver improved results on concrete performance measures during the implementation phase and build program sustainability into every phase of development. The key performance indicators include concrete outcomes such as the number of new individuals served, quantity of agency referrals, passenger trips and operating cost per revenue mile. Key performance indicators will also include measurable process and qualitative outcomes such as outreach activity volume, stakeholder and agency engagement, network participation, customer satisfaction rates, and increased partnerships to build community capacity, cross-sectoral alliances and the creation of advisory groups. Direct focus will be placed on gathering data to determine quality of service to distinct populations with a focus on racial and ethnic groups within the larger categories of high-risk and underserved people.

This ambitious undertaking aims to do no less than transform the transportation system in New Hampshire over the next two years, building networks, collaboration, and partnerships that create better outcomes for all people in the state. This project both incorporates best practices nationally and seeks to innovate in ways that will be emulated in other jurisdictions. Through this project, the implementation teams will maintain focus on the customers and expanding demand, while leveraging existing resources to maximize efficiency and promote sustainability of this network beyond the current funding. New Hampshire's transportation system has an incredibly bright future; this document is the blueprint for how it will all come to fruition.

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Section I: Vision, Mission & Guiding Principles

A. Vision

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

B. Mission

The mission of the New Hampshire Mobility Management Network is to improve the coordination, capacity, accessibility, quality, and sustainability of mobility services statewide.

C. Guiding Principles

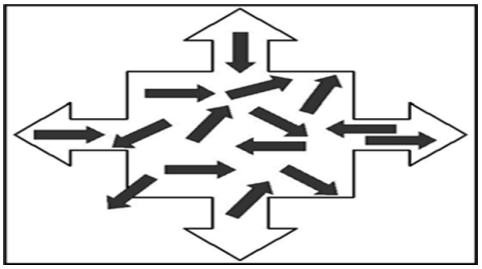
The following guiding principles were developed in part from material presented in "A Guide to Successful Mobility Management Practices in Small Urban and Rural Areas" developed by the National Cooperative Research Program (NCHRP) under Project 20-65 Task 68. It is the intent of the SCC that these principles form the backbone or guiding philosophy for the Mobility Management Network.

1. Mobility management is a transportation strategy that prioritizes customer needs, and the meeting of these needs through the coordinated use of a variety of providers.

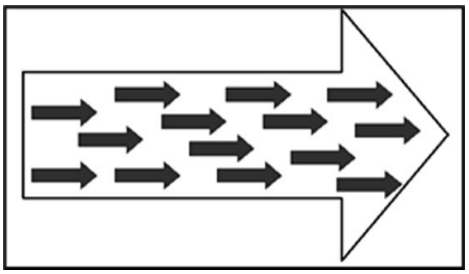
2. Mobility management is an evolving concept that aims to improve specialized transportation, particularly for veterans, older adults, people with disabilities, and individuals with lower incomes.

3. Mobility management looks beyond a single transportation service or solution to a "family of services" philosophy that can offer a wide range of services and options to meet an equally wide array of community demographics and needs.

4. Mobility Management begins with a community vision in which the entire transportation network including public transit, private operators, cycling and walking, and volunteer drivers work together with customers, planners, and stakeholders to deliver coordinated transportation options that best meet a community's needs. Simply put, "nothing about us without us".



Without mobility management strategies providers & modes lack coordination & shared purpose



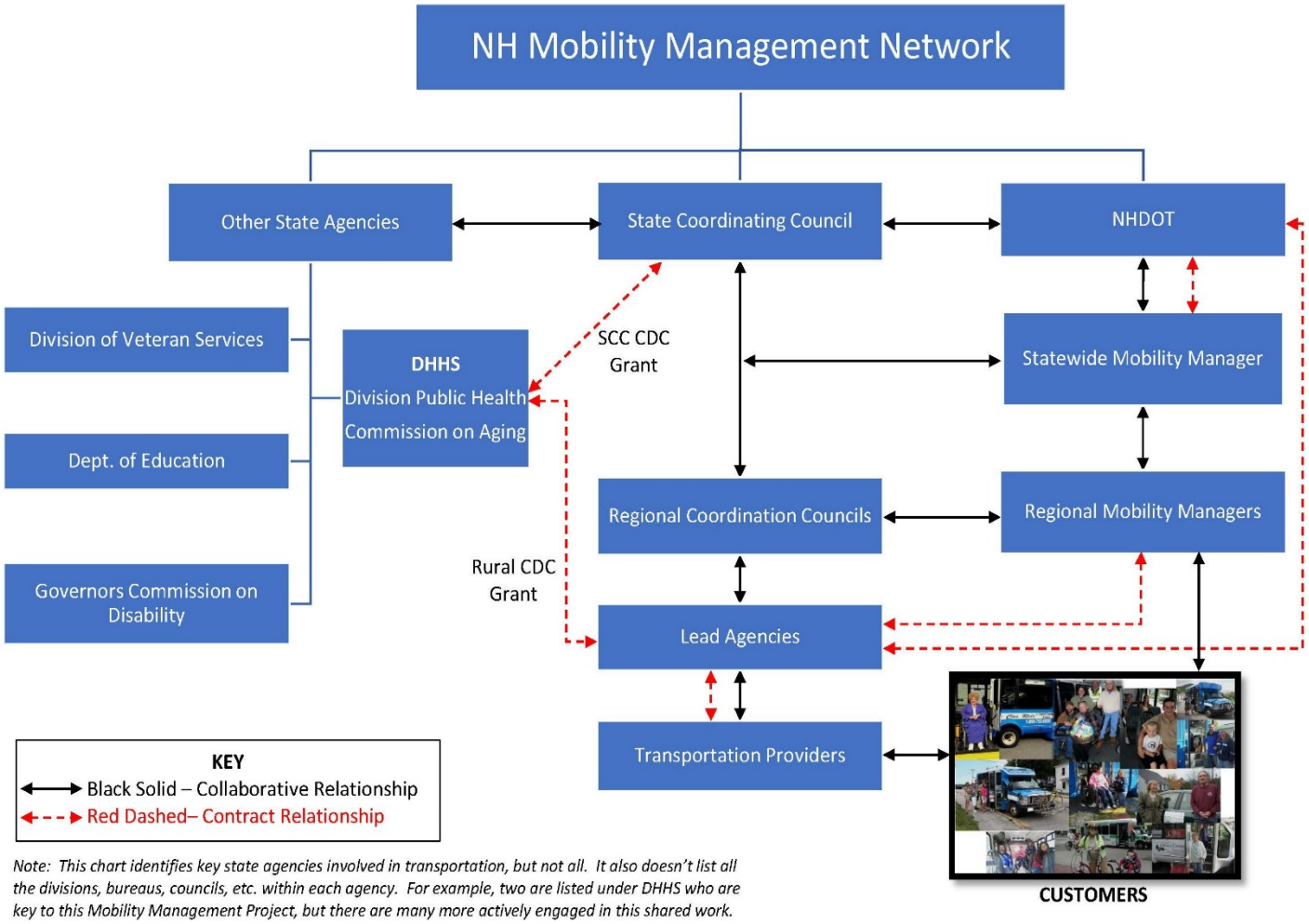
With mobility management strategies. Providers & modes retain independence but work collaboratively.

Happy Customer

5. Mobility management requires a customized approach, meaning no two programs are exactly alike, even though they share a core philosophy, desired outcomes and require partnerships across the spectrum.

Section II: Mobility Management Network Structure

A. Organizational Structure Overview: The Mobility Management Network is intended to be a collaborative partnership between SCC, the RCC's, NHDOT, other state agencies/commissions and the mobility managers. NHDOT will hold the contract for the statewide mobility manager and the RCC's through a lead agency will hold the contract for the regional mobility managers.



Note: This chart identifies key state agencies involved in transportation, but not all. It also doesn't list all the divisions, bureaus, councils, etc. within each agency. For example, two are listed under DHHS who are key to this Mobility Management Project, but there are many more actively engaged in this shared work.

B. SCC & RCC Statutory Authority: The General Court established the State Coordinating Council and Regional Coordination Councils under Title XX – Transportation, Chapter 239-B. The following statutory excerpts describe the authority and duties of these entities.

1. **239-B:3 Duties. – The SCC shall:** I. Develop, implement, and provide guidance for the coordination of community transportation options within New Hampshire so that the public, in particular citizens in need of access to essential services and activities, can access local and regional transportation services and municipalities, human service agencies, and other organizations can purchase shared ride coordinated transportation services for their citizens, clients, and customers. II. Set statewide coordination policies for community transportation, establish community transportation regions, encourage the development of regional coordination councils, assist other regional efforts as needed, and monitor the results of statewide coordination. III. Approve the formation of regional coordination councils and the selection of regional transportation coordinators, according to such criteria and guidelines as the SCC may establish. IV. Solicit and accept donations for funding to implement and sustain community transportation.

2. **239-B:3-a Regional Coordination Councils (RCC):** There are hereby established regional coordination councils (RCC), representing regions to be defined by the SCC. The designation as an RCC must be approved by the SCC. Members of an RCC shall be immune from liability in executing the duties of the council. The duties of an RCC shall be to: I. Facilitate the implementation of coordinated community transportation in their region. II. Encourage the development of improved and expanded regional community transportation services. III. Advise the SCC on the status of community transportation in their region. Please see Appendix A for a map of the regions.

C. DOT, SCC & RCC Coordination: In accordance with statutory duties, the SCC with input from the RCC's and the advice and consent of DOT, will take the lead in developing, implementing, and maintaining the NH Mobility Management Network. This will include, but not be limited to, the development of roles, responsibilities, and qualifications for the mobility manager positions, development of performance indicators, statewide strategic plans, and ongoing evaluation and improvement of the network. To guide its work, SCC will develop and implement a comprehensive strategic plan to improve its coordination function and ensure development and progress on statewide transportation goals including the Mobility Management Network. The RCC's will take the information provided by SCC and customize it to fit their unique regional needs and circumstances. They will also develop and execute regional strategic plans or workplans inclusive of statewide goals for the network.

D. Lead Agencies: While the RCC's were established by statute, they are not incorporated entities and so must use a lead agency to contract and manage finances. Some lead agencies will function more like what is commonly referred to as a fiscal agent; meaning they are not providing direct transportation or coordination services and likely have little direct supervisory responsibilities except to ensure contract performance and fiscal stewardship. Others take a more hands-on approach that may include supervision and housing of staff, direct (transportation) services, etc. The exact arrangement will differ between RCC's, but there are common roles and expectations that each should follow:

- Participate in RCC meetings and related RCC planning activities.
- Participate in SCC meetings or at a minimum remain on the SCC distribution list.
- Hold and administer 5310 contracts and funds.
- Work with the RCC to potentially hold and administer other contracts and funds.
- Ensure compliance and performance of all subcontracts.
- Financial Tracking and reporting to the RCC's, DOT and other funders.
- Note: Other agencies may hold and administer other contracts and fundings on behalf of the RCC when it is more appropriate, effective, or efficient. In other words, different lead agencies for different project funding streams.

Compensation for lead agencies should be reasonable, commensurate with the duties that they are performing and in compliance with any limits imposed by funders, DOT or SCC. Regular communication and collaboration between a lead agency and its RCC is vital to ensure shared understanding of goals, objectives, projects, funding, opportunities, etc. When a breakdown in communication/participation does occur, it creates needless tension and risks destabilizing the work of that region and potentially the relationship with a funder.

The lead agency [or subcontractor] will be responsible for hiring or contracting with a regional mobility manager. The lead agency [or subcontractor] will be responsible for the standard employee/independent contractor supervision and maintenance (direct supervisor); however, the RCC will be responsible for assigning tasks, guiding the MM, developing workplans and projects with additional input from SCC, DOT and the statewide mobility manager. The RCC will assist

the lead agency with performance evaluations of the mobility manager. If there is an issue with the MM that cannot be resolved at or is not appropriate to discuss at the RCC level, the RCC chair should notify the mobility manager's direct supervisor for appropriate resolution. In turn, the MM should bring any issues to the chair of the RCC or his/her direct supervisor. To recap:

- Lead Agency or Subcontractor is the direct supervisor of a regional MM
- RCC Chair is the primary point of contact for the MM at the RCC level
- RCC members should work through the chair to resolve any perceived issues with the MM to avoid miscommunication or supervision by committee

E. Partnerships: The NH Mobility Management Network is intended to include national, state, and regional organizations focused on improving mobility management and community transportation. Such organizations are to be a resource for learning, network & service development and collaborative efforts that contribute to advancements in mobility management and transportation service delivery in New Hampshire and beyond. The following is a list of organizations/initiatives that the NH Mobility Management Network should include, others may be added as appropriate:

Organization Name	Acronym	Website
Federal & Regional Organizations		
Federal Transit Administration	FTA	https://www.transit.dot.gov
National Rural Transit Assistance Program	NRTAP	https://www.nationalrtap.org
National Center for Mobility Management	NCMM	https://nationalcenterformobilitymanagement.org
Coordinating Council on Access & Mobility	CCAM	https://www.transit.dot.gov/coordinating-council-access-and-mobility
Housing & Urban Development	HUD	https://www.hud.gov
Community Transportation Association of America	CTAA	https://ctaa.org
National Aging & Disability Transportation Center	NADTC	https://www.nadtc.org
National Complete Streets		https://smartgrowthamerica.org/program/national-complete-streets-coalition
State, Regional & Local Organizations		
NH Department of Transportation	NHDOT	https://www.dot.nh.gov
NH Regional Planning Commissions	RPC's	https://www.nharpc.org
NH Regional Public Health Networks		https://nhphn.org
Transport NH	TNH	www. transportnh.org
NH Alliance for Healthy Aging	AHA	https://nhaha.info
NH Transit Association	NHTA	http://newhampshiretransit.com
NH Volunteer Driver Programs	VDP's	
NH Complete Streets Advisory Committee	CSAC	https://www.nh.gov/dot/programs/bikeped/advisory-committee/index.htm

Section III: Funding the Mobility Management Network

A. Sources of Funding

1. **NHDOT Controlled Funds**:

   a. **NHDOT Funding Flex**: NHDOT asked NH Transit Association to provide recommendations about how funding flexed from CMAQ under the proposed Ten-Year Plan should be distributed to support statewide public transit and community transportation. At its March 2020 meeting, NHTA voted unanimously to recommended $550,000 to support what was originally called "Activity 4 - Community Transportation". This included money for a statewide mobility manager (MM) and the balance toward community transportation priorities. DOT accepted the total amount recommended directing $120,000 to be dedicated for the statewide MM position with the balance ($430K) made available for regional MMs. Ultimately, the $550,000 will come in the form of State Block Grant funds rather than CMAQ because the requirements of STBG were more advantageous than passing the CMAQ funds directly.

   b. **Activity 3 Supplemental Funding Reallocation:** In May SCC received notification that a portion of a Federal Centers for Disease Control & Prevention Grant would provide additional funding to allow the five rural RCC's to each hire fulltime, instead of parttime, mobility managers [See below]. Grant funds could not be used to support the urban RCC's so steps were taken to identify a total of $180,000 in additional funding to allow those 3 to also hire fulltime MM's. On June 10, the NHTA voted unanimously to reallocate $180,000 from Activity 3 which had not yet been allocated for projects. The SCC then voted unanimously to support the vote of the NHTA.

   c. **Match Requirement:** The Federal funding provided through DOT carries a 20% match requirement. NHTA and SCC proposed using Toll Credits (TC) to support 100% of the match requirement for statewide and regional mobility manager positions. DOT endorsed this concept with the caveat that TC use is capped strictly at the $550,000. This means additional TC support will not be eligible if a region decides to use its regular 5310 funding to expand the position or support mobility management projects. On June 21, 2021, the Capital Budget Overview Committee approved the TC match for the mobility manager positions. The use of TC was reduced because FTA approved the CDC grant as match for the five rural RCC's; meaning TC are only needed for the three urban RCC's.

   d. **Use of DOT Funds:** DOT funding provided for the mobility management network is to be used only for mobility manager positions; it may not be used to purchase transportation services or support other projects.

   e. **Disbursement of DOT Funds:** DOT used the two-year 5310 contracts executed in July 2021 to distribute "Activity 4" funding (Section III.A.1.a of this document). Activity 3 Supplemental Funding (Section III.A.1.b of this document) for the three urban RCC's has not yet been disbursed and will come in an amendment to the July 1 contracts once details and approvals have been finalized.

2. **New Hampshire COVID Health Disparity Grant:** National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk & Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

   a. **Background:** NH received a non-competitive Centers for Disease Control & Prevention grant to address disparities highlighted by the Covid pandemic. Alisa Druzba, Administrator of the Rural Health & Primary Care Section at the Bureau of Public Health Systems, Policy and Performance and member of the SCC saw an opportunity to address transportation issues for vulnerable populations. Through her participation on the

SCC, Alisa knew about the development the Statewide Mobility Manager Network and saw the synergy between our goals, those of public health and this grant. Using our Blueprint and a lot of help from Katie Lamb, transportation planner at North Country Council (planning commission) Alisa developed a plan to use some of this funding to provide fulltime funding for each of the rural RCC's and a secondary pot of project money that can be used to assist with mobility management projects. Typically, Alisa would engage in a collaborative planning effort on such a grant, but this had such a fast turn-around to secure the funds she took a chance that we would welcome this financial support – and she was right!

b. Overarching Purpose of Statewide Grant: Address COVID-19-related health disparities and advance health equity by expanding state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

c. NH Transportation Grant Project Goal: Address disparities during the COVID-19 pandemic particular to rural populations who had difficulty accessing essential services, testing and vaccinations. Those populations include people who are unable to drive, including those without access to personal vehicles, children, individuals with disabilities, low-income individuals, and older adults.

d. Relationship of Transportation Project to Statewide Grant: This project falls under Strategy 4. Mobilize partners and collaborators and includes the following objectives:

1. Build community capacity to reach populations that are disproportionately affected with effective culturally and linguistically tailored programs and practices
2. Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions
3. Develop mechanisms such as community advisory groups
4. Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications
5. Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners
6. Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19

e. Transportation Grant Project Plan

1. One (1) contract for State Coordinating Council for Community Transportation (SCC) level coordination of statewide activities and support for regional activities. The contract will be with Transport NH (through GSIL) -$350,000
2. Five (5) contracts for rural Regional Coordination Councils (RCCs) for funding the mobility manager positions and projects, including at least one in collaboration with their Regional Public Health Network (RPHN) -$530,000/region
3. Total Project Budget is $3 million to be spent over two years of project work.

f. Grant Funding Timeline: Funds became available to NH on June 1, 2021, for a two-year project period. Federal CDC understands that some projects may extend past the two years because of the time needed to implement a project, but at this time only a two-month extension is allowed. This does not align perfectly with the Mobility Management Network implementation which will start in January 2022, but the contracting

process with DHHS will run in parallel over several months meaning both should be "ready" at about the same time. While an additional extension for use of funds is possible at the sole discretion of Federal CDC, NH will advocate for such an extension in order to allow a full two-year implementation and use of funding.

g. General Use of CDC Grant Funds: Grant funding provided for the mobility management network is to be used for the rural mobility manager positions and related mobility projects in accordance with forthcoming budgets, workplans and provider agreements. Funding restrictions:

- Recipients may not use funds for research
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

h. Lead Agency & Mobility Management Project Funds: Each of the five rural regions has also been awarded project funds separate from the funds for the mobility manager position. Each RCC working with its mobility manager and the lead agency will develop a workplan that will identify projects to be funded. Unlike the requirements in place for the mobility manager position, use of project funds for staffing is more flexible. Lead agencies will still be required to follow any procurement requirements outlined in their funding contracts, but generally these funds can be used to hire a variety of additional staff and/or subcontractors to undertake the work.

For example, An RCC elects to update and maintain its website. In this case a lead agency with in-house IT personnel may fund those positions to undertake the work. If it does not have such capacity, it may, in compliance with procurement requirements, hire subcontractors to undertake the work.

B. Method for DOT Funding Allocation for Each Region:

1. **Method for Statewide DOT Funding Allocation:** NHDOT has included the state mobility manager position under its current contract with RLS & Associates using RTAP funding. This allowed $120,000 previously set aside for the position to be reallocated so Regions 7, 8, 10 can hire fulltime mobility managers.

2. **Method for Regional DOT Funding Allocation**: The SCC voted unanimously to adopt the following formula for distributing the $430,000 regional mobility manager funding at its meeting 3/4/21. Getting to this vote required several months of discussion, brainstorming and at times was mildly contentious. Ultimately, stakeholders and voting SCC members determined that it was more important to equitably distribute the funds statewide to provide each region its best shot to implement its piece of the emerging network. The fact that this required several regions to "give-up" some of its funding should not be understated because it highlights a real desire to succeed and recognize differences between rural and urban regions.

C. Funding for Mobility Managers by Region (All Sources):

Description	NHDOT Transportation FTA Funds		Toll Credits	CDC Funds	Reallocation	Toll Credits	Total Funding
	The 5310-allocation formula serves as the base funding amount. Funds for urban Regions 8 and 10 are then capped at 65,000 each with excess distributed amongst the other regions to ensure each region receives a minimum of $50,000.		20% Toll Credits required for formula funding. Rural regions match met by CDC funding.	2-year Federal Funding from Centers for Disease Control & Prevention – Rural Health Priorities	Reallocated funding from the statewide mobility manager position (120k) & Activity 3 (60k). Requires 20% match	20% Toll Credits required for transferred FTA funds.	All proposed sources of funding
	Allocation Before Cap	**Allocation With Cap**	**Toll Credits**	**CDC Allocation Per Region**	**Reallocation**	**Toll Credits**	**Total Available Per Region**
Region 1	$49,355	$50,000	0	$70,000	0	N/A	**$120,000**
Region 2	$25,563	$50,000	0	$70,000	0	N/A	**$120,000**
Region 3	$68,885	$50,000	0	$70,000	0	N/A	**$120,000**
Region 4	$21,649	$50,000	0	$70,000	0	N/A	**$120,000**
Region 5/6	$42,985	$50,000	0	$70,000	0	N/A	**$120,000**
Region 7	$40,011	$50,000	$10,000	Not Qualified	$70,000	$14,000	**$120,000**
Region 8/9	$95,918	$65,000	$13,000	Not Qualified	$55,000	$11,000	**$120,000**
Region 10	$85,633	$65,000	$13,000	Not Qualified	$55,000	$11,000	**$120,000**
Totals	$430,000	$430,000	$36,000	$350,000	$180,000	$36,000	**$960,000**
						Grand total Toll Credits used as match	**$72,000.00**

D. Incidental Expenses: The following list of incidental expenses related strictly to the state and regional mobility manager positions are allowable expenses under both DOT and CDC funding. If the individual serving as the mobility manager also has non-MM responsibilities, the provider may only use these funds for incidental expenses connected directly to the regional MM work.

- Payroll taxes
- Benefits (for those agencies that provide them, like insurance, as well as paid time off)
- Telecommunication (internet, phone and Zoom)
- Travel allowance (mileage at IRS rate)
- Office equipment & supplies (purchases or rental)
- Postage
- Advertising
- Printing and copying
- Conferences and Meetings Expenses
- Agency administrative costs (bookkeeping, supervision, etc.)

E. Redistribution of 5310 Funds: This new funding can free-up regular 5310 funding currently used to fund non-regional MM activities to support transportation services within the region (not the agency and not the other way around) subject to any DOT regulations/approvals.

F. Long-Term Network Funding: Funding for the first two years of network operations has been secured. DOT funding originates from the Ten-Year Plan and while the current intent is to continue funding, the TYP is approved two years at a time. It will be important to participate in the GACIT process to convey accomplishments and return on investment. The NH COVID Health Disparity Grant will only last two years, and it is unlikely this funding stream will continue. These first two years are about implementing the network and demonstrating its value. Effective performance measures and data collection will be essential to both maintain and secure new funds. Maintaining the integrity and effectiveness of the network in all its parts (managers, SCC, RCC, Stakeholders, and providers) will also be essential. Funding sustainability planning must be part of the network's day-to-day operations and a priority for the SCC and RCC's.

Section IV: Structure, Hiring, and Implementation Timeline for Regional Mobility Manager Positions

A. General Guidance

1. Statewide Coverage: DOT and SCC share a goal to achieve state-wide coverage through a network of mobility managers. DOT has not imposed a requirement that every region have its own manager in part because of limited resources. However, because of geographic and population differences and unique needs between regions the RCC's believe each would be best served by a dedicated manager in each region. The addition of the CDC funding has made it possible to fund a manager in each region, at least for the two-year grant period. Regions may opt to adjust the geographic area covered by a manager (crossing regional boundaries) but the current intent is for each region to have a dedicated manager.

2. A person being funded by Network funds must be officially designated as the mobility manager for that region(s) and must work across the region, not strictly for one agency.

3. Funding has been secured to support fulltime equivalent for the MM position through at least June 2023. Regions are expected to use those resources to purchase a minimum of fulltime equivalent mobility management work whether by a single MM or designated MM with support staff.

4. A MM position will be held by one person – in other words the title is not split between multiple people. Providers have been notified that this impacts how some regions are currently undertaking mobility management work. Several lead agencies, particularly RPC's have expressed a desire to retain more flexibility in staffing the MM position so that other support staff can assist with aspects of the work. This is often how RPC's staff the work of their agency and it does so without impacting the designation or title of key personnel, in this case the MM. More pointedly, using a "team-approach" will not change the requirement that one person must be designated as the MM.

   The SCC and NHDOT have been discussing this issue over the past several months. DOT has indicated that it will require a single person to be designated as the MM, but that it was willing to review a team approach to accomplishing the work provided it remains under the direction and title of the designated MM. The SCC has agreed with DOT's position and sees the value in allowing flexibility; however, it remains concerned that spreading the work of the MM across too many support staff may lead to fragmentation of the work or a decrease in the potential and effectiveness of a single, fulltime MM position.

   The SCC has established the following guiding principles for structuring and hiring Mobility Managers:

   a. Mobility Management differs from design projects because the focus is on building relationships. This is more effective when the mobility manager has "boots on the ground". For this reason, the mobility manager must be able to attend in-person meetings in New Hampshire on a monthly basis. The regional mobility managers will report directly to the lead agencies and be advised by the Regional Coordination Councils.

   b. Mobility manager staffing should be guided by what is best for the consumers, network, and region; not solely by the way it has always been done, established operating models for lead agencies, previously discussed approaches identified in past plans, or discussions that occurred prior to the development of this Blueprint.

   c. A single person should hold the title of mobility manager. This does not automatically preclude additional staff assisting the MM with ancillary tasks, but there must be a single "point person" designated as the mobility manager

d. Staffing plans for the mobility manager and related projects must prevent fragmentation of the work or a weakening in the effectiveness of the MM position.

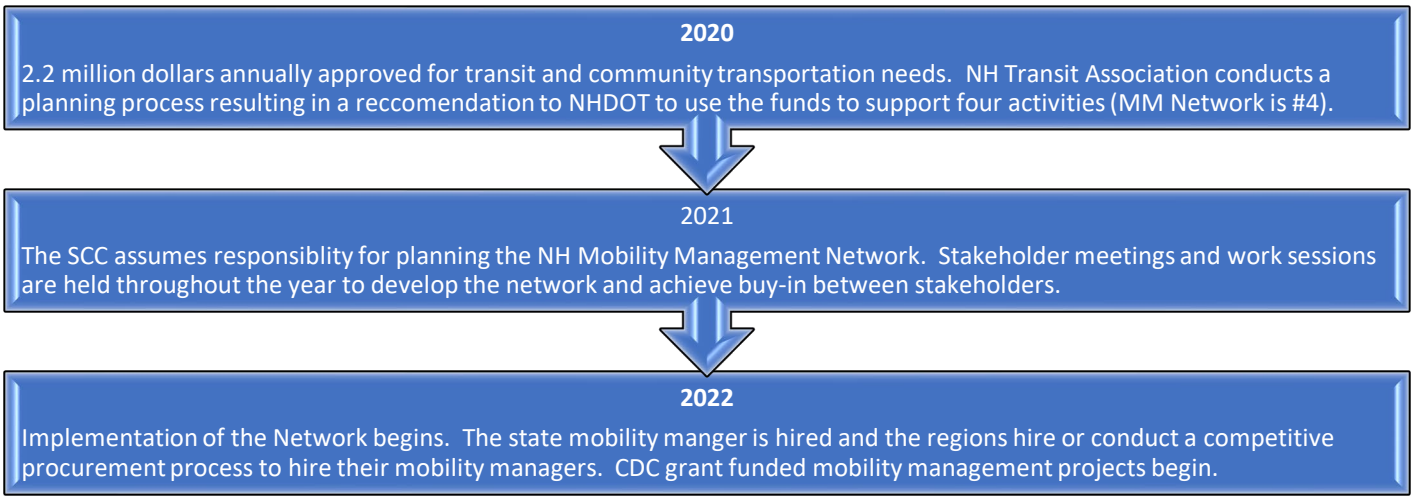
5. At this time, each region will have the resources to hire its own MM. In the future if it becomes necessary to share a MM between regions, that person will be responsible for meeting performance measures for both regions to receive funding. A proposal would need to clearly explain how this will be structured and outcomes achieved.

6. A MM may be an employee or an independent contractor and may be someone already working for an agency. DOT is open to several contracting/hiring scenarios for regional MM:

- May be hired and housed by a lead agency or RPC.
- May be hired and housed by a sub recipient.
- A consultant or consulting firm may be contracted to hold the position

B. Hiring a Mobility Manager: The selection of a MM should be based on qualifications regardless if by employee or contract. Job descriptions based on and referencing the Blueprint should be developed when advertising employee positions. Regions that opt to hire their mobility manager as a contract position will need to conduct a competitive procurement process to find a respondent who is deemed qualified and possesses the management, and technical capabilities necessary to fulfill the requirements stated in the Blueprint and RFP. The basis for a contract award is Best Value. The SCC is developing a master Request for Proposal (RFP) that has been reviewed for compliance by NHDOT and has sections that each region can insert their information and regional tasks, etc. This will ensure that there is a consistent approach to hiring all mobility managers. The master RFP will be finalized in early February 2022.

C. Network Development Timeline: Development of a comprehensive mobility management network takes time to operationalize and develop trusting relationships between stakeholders, providers, and DOT's. Circumventing the planning process will decrease buy-in, collaborative decision making and result in missed opportunities to assess the big picture. It also disempowers workers on the frontlines of transportation services who often grasp intricacies of the work that are not apparent at policy-making levels. Our process started with discussion about how to use additional DOT funding to advance transit and community transportation priorities, then moved to planning/operationalizing of the network and finally implementation. All said the elements of the planning process spanned one and a half years. This created a constant tension between planning and achieving results which while sometimes frustrating kept the process moving. Previous versions of this Blueprint contained timelines that were helpful in moving the work, but ultimately changed frequently so are no longer included. The diagram below summarizes key milestones.



Section V: Mobility Manager Core Competencies

The following competencies were adapted from NCMM's "Competencies for the Practice of Mobility Management", existing MM roles identified in state plans and stakeholder discussions. The competencies represent an ideal and are meant to guide candidate evaluation without being overly prescriptive. Customization may be necessary to reflect the unique needs of a region, but the following should be preserved for all positions. It is not the intent to require a successful candidate to demonstrate proficiency in all categories, but instead build on a candidate's existing skill set with on-the-job experience and training.

Example 1: A mobility manager who runs a one call-one click center may need to have an advanced level of technical competency, compared with a Mobility Manager in a less technical role.

Example 2: Regional labor markets may struggle for a variety of reasons (pay, parttime position, location, etc.) to attract a candidate that demonstrates proficiency across all categories, but this should not prevent the selection of a strong candidate whose skills can be augmented through training. Often individuals that are allowed to grow into their jobs become long-term assets.

A. Baseline Competencies: Minimum qualifications for all regional mobility manager candidates.

1. Basic understanding of the role transportation plays in accessing employment opportunities, medical services, affordable housing, social destinations, etc. and the unique challenges faced by persons with disabilities, older adults, veterans, transitioning youth, low-income individuals and other vulnerable populations that may rely on transportation services.

2. Organization Administration & Finance Skills: Project management, budgeting, strategic planning, funding/grant research, writing and reporting, data collection and basic analysis, outreach, and marketing skills.

3. Personal Skills/Attributes: Positive attitude, a desire to help people, a focus on customer service, ability to problem solve, ability to work independently and collaboratively, time management skills, creative, out-of-the-box thinking, and ability to adapt to ever-changing environments, ability to process complex information and explain it in a simplified format.

4. Interpersonal Skills: Strong verbal and written communication skills, ability to listen effectively, leadership experience, ability to work in teams, empathy, conflict management skills, and consensus-building skills.

5. Proficient computer skills including Microsoft Office and basic familiarity with social media platforms and websites.

B. Advanced Competencies: These are advanced or circumstantial competencies that are beneficial for a mobility manager to have:

1. Transportation System Knowledge: Familiarity with different transportation modes and how they interact and operate.

2. Familiarity with how transportation planning is done at federal, state and regional levels.

3. Experience conducting trainings for individuals or agencies.

4. Basic understanding of policies and procedures that impact community transportation services including Americans with Disabilities Act (ADA) Medicaid, Medicare, and the Affordable Care Act (ACA).

5. Human service transportation coordination experience or familiarity including brokerage concepts and operations

6. Experience or knowledge of one call-one click center operations.

7. Familiarity with technology integration including various trip planning methods, assistive technology and trip planning and wayfinding mobile applications.

Section VI: Roles for Regional Mobility Managers

A. The following roles for the regional mobility managers were developed based on those identified in the 2016 NH Statewide Coordination of Community Transportation Services Plan, NCMM's "A Guide to Successful Mobility Management Practices in Small Urban & Rural Areas", requirements set forth in the CDC grant and through discussions with the SCC and its mobility management workgroup. The intent is for these roles to apply to all regional mobility manager positions with the expectation that regional strategies will be developed according to the unique needs of each region.

	Roles for Regional Mobility Managers	Source
Onboarding & Orientation		
1	*Lead Agency will list their own process for onboarding and orientation tasks*	
2	Familiarize self with transportation services and unmet needs as well as providers and funders of transportation and other human services in the Region. This should include, at minimum, 1) meeting individually with organizations that provide and/or purchase transportation services in the region; and 2) reading key documents such as the *Coordinated Public Transit/Human Services Transportation Plan* for the region, the State Plan on Aging, regional Long Range Transportation Plans developed by the regional planning commission(s) in the RCC area, and community needs assessments for hospitals and/or United Ways serving the region.	Blueprint
Regional Service Delivery (Customers)		
1	Assist the RCC and local providers to develop and implement, a customer centered approach to transportation access and coordination in the region for older adults, low-income, disabled, veteran and other vulnerable populations.	Plan Revised
2	Develop relationships with transit-dependent and vulnerable populations in the region to address issues of access, diversity, equity, and inclusion (DEI) and ensure their voices are heard.	Blueprint
3	Create and update annually an inventory of available transportation services in the region to be used in marketing these services to the public and other non-transportation providers (TANF Counselors, medical facilities, etc.)	Plan Revised
4	Conduct outreach activities in the region to educate and train groups and individuals how to access and use the transportation network/services.	Plan Revised
Regional Coordination (Providers)		
1	Develop new opportunities for coordination and/or expansion of transportation options across municipal and regional boundaries.	Plan Revised
2	Cultivate multi-agency partnerships which may reduce costs through increased efficiency and effective transportation coordination.	Plan
Capacity Building (System)		

1	Assist the RCC with developing its organizational infrastructure and capacity to effectively fulfill its mission. Efforts will include strategic planning, fundraising, communication, and member recruitment and retention.	Plan Revised
2	Conduct periodic needs assessments to identify barriers to mobility in the region and propose recommendations to reduce those barriers.	Blueprint
3	Build relationships with state, regional, and local elected officials, and community leaders to educate them about the needs, roles and benefits of regional/local transportation services and coordination. These stakeholder relationships may develop into support financially (funding) and operationally (policy) for local and regional transportation services and coordination efforts.	Plan Revised
4	Identify and research corporate, foundation, and government sources of funding for matching funds. Include opportunities to use "braided" funding streams.	Plan Revised
5	Evaluate regional systems and technology used to efficiently deliver mobility services. Consideration should be given to access and ease of use for customers, ability to integrate with other regional/state systems and modes of transportation allowing a customer to effectively plan trips from start to finish. This will also include development of or updates to a technology plan	Plan Revised
Statewide Planning, Coordination & Capacity Building (Connecting the Regions)		
1	Participate in and coordinate with the SCC, local RCC and statewide mobility management network which includes the statewide mobility manager, and regional mobility managers.	Plan Revised
2	Participate in state, regional, and local transportation planning activities including required human services coordinated plans, SCC strategic plan, the RCC strategic plan or workplan, RPC planning and other related plans and initiatives.	Blueprint
3	Assist NHDOT, SCC and statewide mobility manager to implement strategic initiatives identified in the SCC Strategic Plan and other statewide planning documents. Examples may include development of a statewide system for data collection and development of a system for tracking medical appointments missed due to lack of transportation in providers electronic medical records systems.	Plan Revised
Region Specific Roles/Tasks		
1	Lead Agency will list other roles/tasks specific to its region	

B. Additional Roles/Tasks: It is expected that the mobility manager positions, roles, and tasks will evolve overtime as the Network matures. Lead Agencies should include language in job descriptions or RFP's that make this clear and that an employee or contracted mobility manager position is based on fulltime equivalent work and not a fixed set of deliverables. Each mobility manager is expected to work within the structure of a fulltime equivalent position without expectations of cost over-runs or contract amendments.

Section VII: Performance Measures for the Statewide Mobility Manager Network

This section was informed by and may reference or quote material from 2016 NH Statewide Coordination of Community Transportation Services Plan, National Academies of Sciences, Engineering, and Medicine 2011. *State DOT Public Transportation Performance Measures: State of the Practice and Future Needs*, NCMM *Performance Measures for Mobility Management*, NCMM *A Guide to Successful Mobility Management Practices in Small Urban & Rural Areas*.

A. Background:

1. **Purpose**: A performance measure is objective evidence that can be measured and tracked over time to show how well performance is moving in the direction of the desired result or baseline data. They are used to evaluate how well an organization, service or program is fulfilling its mission and meeting customer needs. They can be used at the level of an individual service provider or at a regional or state level. The right performance measures will help:

   - Provide accountability to stakeholders & strengthen public credibility
   - Demonstrate compliance with federal/state regulations & legislative mandates
   - Set priorities and strategic direction (performance measures foster performance-based planning)
   - Improve management and decision-making.
   - Create alignment and the foundation for more effective, reciprocal, and collaborative partnerships
   - Elevate and inform dialogue within and across organizations

2. **Current Practice & Limitation:** Use of performance measures in public/community transportation is well established; however, these are most often driven by federal and state reporting requirements such as those contained in FTA's National Transit Database (NTD). Traditional internal cost and efficiency measures such as cost per mile or cost per trip may be useful for analyzing operational efficiency, but are not effective in evaluating contributions to local, regional, or state goals.

3. **Measuring What Matters:** There is a need for more effective public/community transportation performance measures. Although efficient and effective operations is a goal for virtually all services, there are a range of other goals that will require a mix of quantitative and qualitative measures that look beyond operational efficiencies and money. This is particularly true of more rural areas where non-traditional measures that incorporate social values or quality of life measurements are often important to appropriately account for the value a service provides. Characteristics of Good Performance Measures:

   - Trackable over time
   - Storytelling potential
   - Meaningful for types of service measured
   - Relation to state and regional public transportation goals
   - Data is available

4. **Measuring NH Mobility Manager Network Outcomes:** Successful mobility management practices employ some form of program evaluation and assessment. They track program outcomes using qualitative and quantitative performance measures with established goals and objectives. A mobility management program (network) itself should have a clear mission and vision, as well as goals against which progress toward mission achievement can be measured. In multi-agency mobility management efforts, all participating organizations support and participate in setting, collecting, and using performance measures.

B. Network Performance Measures

1. **Creating a System of Performance Measures for the MM Network:** A balance of quantitative and qualitative measures should be used. Internal cost and efficiency measures traditionally required by federal/state reporting will be a part of any performance evaluation, but should be balanced by non-traditional measures that report progress on regional goals, needs, health measures, etc. Specifically, measure should show impact over numbers. Finally, measures should be grounded in the goals and roles assigned mobility manager/MM Network. Based on this, the SCC has expanded and revised the original list of 6 performance measures recommended in the 2016 Coordination Plan.

2. **Don't Lose the Priority:** Everything done under mobility management is designed to be customer centered and to expand capacity (rides/services) to meet demand. Performance measures should focus on this priority. It is also reasonable to expect that a focus on the customer does not always move the bottom line.

3. **Initial Performance Measures:** The performance measures identified in this document should serve as an initial starting point for the first two years of the emerging network. It is expected that this list will evolve over time. The SCC working in collaboration with the RCCs, DOT and statewide mobility manager will develop a comprehensive list of performance measures and indicators to measure more effectively what matters across community transportation. Once identified, measures should be organized using a logic model or comparable system. This task belongs in the SCC Strategic Plan.

Logic Model Example:

MM Activity	Input Measures	Output Measures	Outcomes/Impact Measures	Satisfaction Measures
Volunteer Driver Program	▪ Allocated salary/ indirect costs of volunteer driver coordinator ▪ Costs of payments for incentives/mileage to volunteer drivers ▪ Indirect costs (e.g., liability insurance) ▪ Allocated salary costs of agency's management to set up and oversee program ▪ Marketing costs	▪ Total number of volunteer drivers ▪ % of volunteer drivers that are new ▪ Number of customers served ▪ % of total customers served that were new customers ▪ # of one-way trips made w/volunteer drivers (vs. baseline) ▪ # of hours volunteer driver services available (vs. baseline)	▪ % of customers who indicated they could not have traveled without the volunteer transportation service ▪ Increase in number of destinations customers now able to reach	▪ % customers satisfied with volunteer driver service

4. **CDC Performance Measures:** Since CDC accepted the proposal to use a portion of funds to support our MM Network Fred Roberge, Steve Workman, Nate Smith, DOT, Judy Shanley, Wendy Heaps, associate director for policy at CDC and Elizabeth Skillen, senior scientist for rural health at CDC have been working out the details of the grant including how we can measure progress on our shared goals for transportation as it relates to public health. Through these dialogues we are learning how similar our goals are even though we use slightly different terminology to discuss. It is worth noting that Federal CDC, DHHS, FTA, National Center for Mobility Management are incredibly excited about the development of the Mobility Manager Network and our partnership with public health (and other DHHS programs). In fact, our work is being used as an example for other states to develop such partnerships.

5. **Distinguish Measures:** A clear distinction should be made between those measures which are under the jurisdiction of a mobility manager and those of a service provider. The MM Network or a mobility manager should not be held responsible for progress toward a measure for which they have little to no control. For example,

operating cost per vehicle mile is driven by variables that are controlled by the service provider not the mobility manager.

NH Example: A regional mobility manager facilitated a new partnership between two providers that resulted in an initial cost savings. Later that cost savings was negated when employees of one provider successfully negotiated higher wages comparable to those of the other provider. In this case, a cost-focused performance measure would show neutral progress or a decline. The MM did his/her job and by all accounts, the partnership was a success and a win for the employees that received increased wages; however, the change in operational costs was not something within his/her control.

6. **Use of Performance-based Funding Credits:** The 2016 Coordination Plan recommends a system of performance-based credits to reward regional progress on identified performance measures. The credits would be funded with 5310 carry-over dollars and a region would receive funding in proportion to the number of credits received through performance evaluation. These carry-over funds are from unexpended dollars returned to DOT at the end of a two-year funding cycle.

   The SCC does not support using a performance-based credit system tied to the Mobility Management Network. Structurally, the program is based on a varying, unknown amount of 5310 carry-over funds each cycle raising questions about its ability to provide meaningful incentives (money) to those regions with demonstrated progress. Under-performing regions are essentially penalized by not receiving extra funds that could help it boost its overall performance. Providing cash incentives to an individual may in fact boost personal performance but have been shown to have less or even a negative impact on underperforming systems such as those found in No Child Left Behind Act. A more effective way to boost performance measures would be to create a specialized fund that could support new, innovative, or best practice approaches that would support underperforming regions.

C. **Performance Measures & Key Indicators:** The following list of measures is preliminary and will require revision once implementation of the MM Network begins. Consideration should be given to establishing a baseline from which to measure. Further revision will be required as the MM Network matures, and the SCC implements its strategic plan.

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

	Performance Indicators for Regional Mobility Managers	Source
8	Number of completed outreach activities and events including media coverage, press releases, advertisements, service brochures, schedules, stakeholder meetings, social media/website traffic, etc.	Blueprint
9	Number of service providers and stakeholders working collaboratively and engaged in the RCC.	Blueprint
10	Number and percentage of municipalities in RCC region with demand response service for older adults and individuals with disabilities operating at least three days per week.	Blueprint
11	Number of volunteer driver programs in the region and their participation in the VDP Network.	Blueprint
12	Transportation services customer survey results and satisfaction ratings.	Blueprint
13	Indicators that show emergence from the COVID-19 Pandemic. *(Correlate with forthcoming pandemic study.)*	Blueprint
	Performance Indicators for CDC Grant (may overlap with performance measures above)	**Source**
1	Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities. Mobilized: Assembled or organized to act together in a coordinated way to bring about shared outcomes. Examples of partner mobilization include but are not limited to: ▪ Built community capacity with traditional and nontraditional partners ▪ Built and implemented cross-sectoral partnerships ▪ Developed mechanisms such as community advisory groups ▪ Identified and established collaborations with critical partners who support populations of focus	**CDC Grant**
2	Data on racial and ethnic populations served under this grant initiative.	**CDC Grant**
3	Other contract specific measures identified in the regional and statewide contracts.	**CDC Grant**

Section VIII: Long-Term Sustainability of the Mobility Manager Network

A. Sustainability Planning must be intentional, consistent and the responsibility of ALL stakeholders. It should be built into any program right from its inception, well before a crisis hits. While performance measures contribute to sustainability planning, they most often focus on the outcomes of what you do and not necessarily how you do it. Understanding the health and capacity of an organization or this case a comprehensive mobility management network is essential if it is to survive.

B. Dimensions of Sustainability: Understandably, money is top of the list when thinking about sustainability, but that is only one, albeit complex, dimension that must be considered. Other dimensions must be considered including organizational culture, partnerships, community engagement, workforce development, data management, performance metrics, multimodal integration, procurement, systems and technologies, innovation and more. Failure to consider any one of these dimensions may not compromise your sustainability, but it will weaken your operation.

C. NCMM Development of the Mobility Management Sustainability Tool (MM-SAT): Judy Shanley and Steve Workman are developing a self-assessment tool for NCMM to help assess sustainability of mobility management networks and activities. Development of the MM-SAT is being informed by the Capability Maturity Frameworks used by FHWA, the Mobility Innovation Readiness Assessment Tool (MIRAT) being developed by FTA and the Shared Use Mobility Center (SUMC) and the State Office of Rural Health Proficiency Guide & Self-Assessment developed by the National Organization of State Offices of Rural Health & the Federal Office of Rural Health Policy. NCMM will pilot the MM-SAT in several states nation-wide during the first quarter of 2022. Region 10 in NH has been selected as one of the pilot sites. Once the MM-SAT is finalized and released nationally, the New Hampshire Mobility Management Network will use this regionally to develop sustainability plans and establish a baseline of sustainability measures that can be re-assessed annually.

APPENDIX A

NH Community Transportation Regions

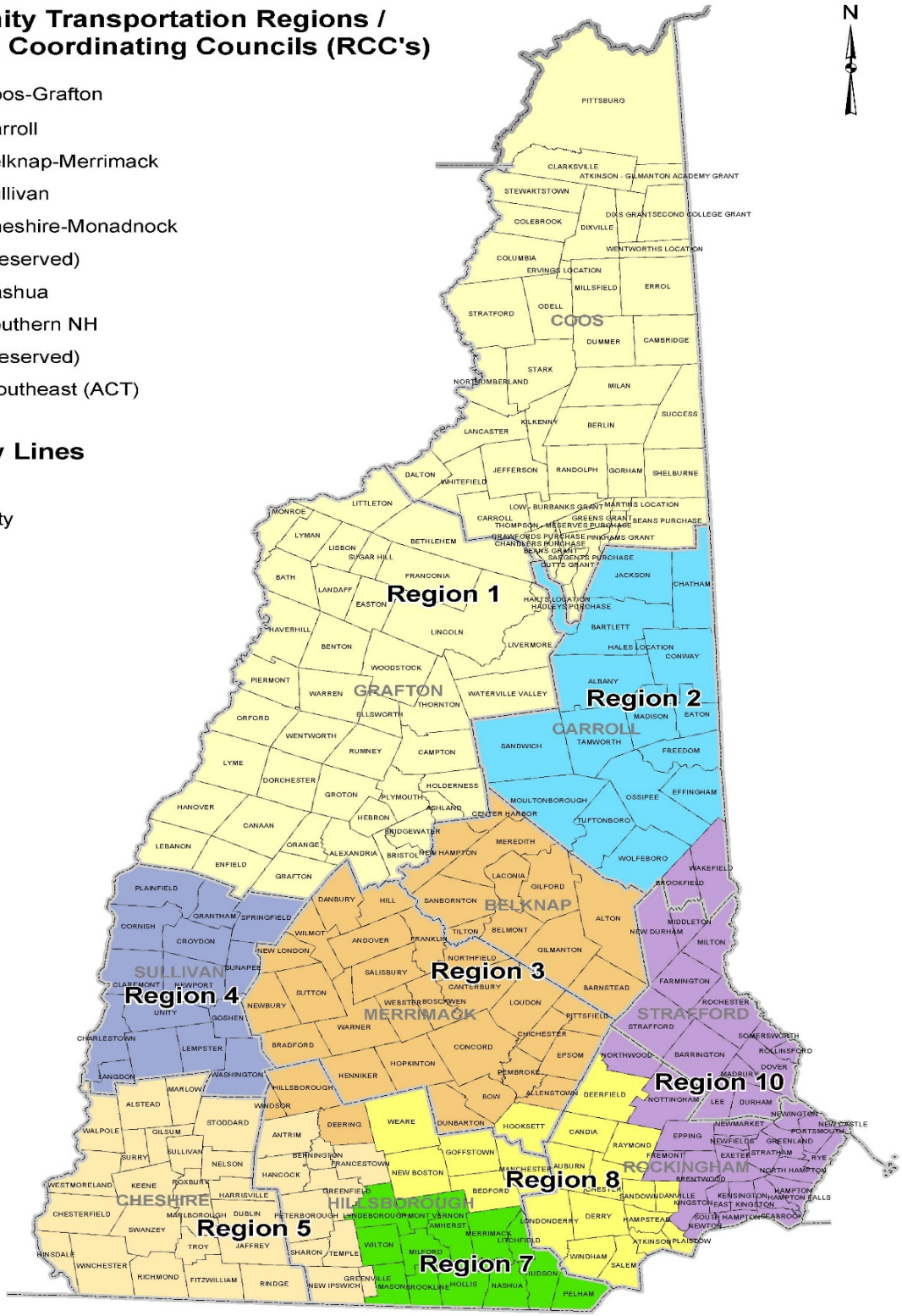
New Hampshire
Community Transportation Regions

Community Transportation Regions / Regional Coordinating Councils (RCC's)

Region 1: Coos-Grafton
Region 2: Carroll
Region 3: Belknap-Merrimack
Region 4: Sullivan
Region 5: Cheshire-Monadnock
Region 6: (Reserved)
Region 7: Nashua
Region 8: Southern NH
Region 9: (Reserved)
Region10: Southeast (ACT)

Boundary Lines

- - - - Town
——— County



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