

# Locally Coordinated Public Transit/ Human Services Transportation Plan for the Greater Derry-Salem Region

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**Locally Coordinated Public Transit & Human Service Transportation Plan  
Greater Derry-Salem Region  
2011 Update**

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## LIST OF ABBREVIATIONS

ADA.....	Americans with Disabilities Act of 1990
BEAS .....	Bureau of Elderly and Adult Services (NH DHHS)
CART .....	Greater Derry-Salem Cooperative Alliance for Regional Transportation
CLM .....	Center for Life Management
CMAQ .....	Congestion Mitigation/Air Quality Program
CTAA .....	Community Transportation Association of America
CTPP .....	Census Transportation Planning Package
EFH.....	Endowment for Health
ESNH .....	Easter Seals of New Hampshire
FHWA .....	Federal Highway Administration
FTA .....	Federal Transit Administration
JARC.....	Jobs Access Reverse Commute Program (FTA)
KNC .....	Kimi Nichols Center
MBTA.....	Massachusetts Bay Transit Authority
MPO.....	Metropolitan Planning Organization
MSA .....	Metropolitan Statistical Area
MVRTA .....	Merrimack Valley Regional Transit Authority
NEMT.....	Medicaid Non-Emergency Medical Transportation
NHDHHS .....	New Hampshire Department of Health and Human Services
NHDOT .....	New Hampshire Department of Transportation
RCC .....	Regional Coordinating Council for Community Transportation
RPC .....	Rockingham Planning Commission
RTAP .....	Rural Technical Assistance Program
RTC.....	Regional Transportation Coordinator
SAFETEA-LU.....	Safe, Accountable Flexible Efficient Transportation Equity ACT (2005)
SCC .....	State Coordinating Council for Community Transportation
SE-TRIP.....	Salem Employment-Trip Reduction Integration Program
SNHPC .....	Southern New Hampshire Planning Commission (Manchester area)
SPR.....	State Planning and Research Program (funding for this study)
STS.....	Easter Seals of NH, Special Transit Service, Inc.
TANF.....	Temporary Assistance for Needy Families
TDM .....	Transportation Demand Management
TE .....	Transportation Enhancement
TIP .....	Transportation Improvement Program
TMA .....	Transportation Management Association
UZA.....	Urbanized Area

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## Chapter 1. Introduction

### PROJECT BACKGROUND

How can the communities of the ten-town Greater Derry-Salem region of Rockingham County most effectively meet the transportation needs of their residents? This document is intended to provide an updated look at this question, building on the work of the *Greater Derry-Salem Transit Study* completed in 2003. The original Derry-Salem transit study, conducted in 2001-2003, involved more than 40 organizations – transportation providers, human service agencies, healthcare providers, and municipalities – in assessing transit need, inventorying existing services and developing recommendations for expanding transportation access in the region.

Key recommendations of the plan included creation of a new public transit agency to begin accessing federal transit funding available to the region, and collaboration among multiple transportation provider agencies to coordinate scheduling and dispatching of rides to make most effective use of limited available resources.

The study pre-dated passage by Congress in 2005 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU). This five-year federal transportation funding authorization legislation instituted a new requirement that regions throughout the country develop *Locally Coordinated Public Transit Human Services Transportation Plans* as a prerequisite for accessing funds from certain Federal Transit Administration (FTA) program. These include the Job Access & Reverse Commute Program (Section 5316), the New Freedom Program (Section 5317) and the Capital Grants for Transportation for the Elderly and Individuals with Disabilities (Section 5310). The purpose of this planning requirement is to improve access to transportation for the elderly, individuals with disabilities, and those with low incomes, while also improving the efficiency with which those services are provided.

Core requirements of these *Locally Coordinated Plans* include:

- An assessment of transportation needs for individuals with disabilities, older adults, and persons with limited incomes;
- An inventory of available transportation services identifying areas of redundant service and gaps in service;
- Strategies to address the identified gaps in service;
- Identification of coordination actions to eliminate or reduce duplication in services and strategies for more efficient utilization of resources; and,
- Prioritization of implementation strategies.

Following passage of SAFETEA-LU, the FTA and NH Department of Transportation (NHDOT) confirmed that the 2003 *Derry-Salem Transit Study* addressed these coordination planning requirements of SAFETEA-LU; and in January 2007 the Salem-Plaistow-Windham Metropolitan Planning Organization (MPO) re-adopted the document as the *Locally Coordinated Public Transit-Human Service Transportation Plan* for the MPO region.

SAFETEA-LU requires periodic updates of these regional coordination plans, though does not stipulate a frequency for updates. Beyond this requirement, conditions in the State of New Hampshire and the Greater Derry-Salem region have changed substantially in the past seven years, justifying a major update to the plan.

One key result of the 2003 study has been the formation of Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART), the new public transportation system for the Greater Derry-Salem region. Since its inception in late 2006, CART has provided more than 60,000 demand-response trips within the Greater Derry-Salem area and to out of region medical destinations in Manchester and Northern Massachusetts. Another significant change is that several agencies that provided transportation services in the region in 2003 no longer do so. At the State level, the Legislature established the State Coordination Council for Community Transportation (SCC) in 2008 to oversee regional coordination efforts around New Hampshire, and work to remove internal barriers within at State agencies to coordinated use of various funding streams.

Underlying all of these changes in service levels and policy approach is a growing need for transportation services, exemplified in the region's rapidly growing senior population. Between 2010 and 2020 the population aged 65+ in Rockingham County is projected to grow over 78%, while the population as a whole is projected to grow approximately 8%. (NHOEP)

## **PLANNING PROCESS**

The process for this update to the *Locally Coordinated Public Transit/Human Services Transportation Plan* began in September 2009. More than 35 agencies have participated in the process along the way, including public, private non-profit and private for-profit providers of transportation; municipalities, state agencies, and individual volunteers. A full list of participating agencies is included in Appendix B. Work has been led by two regional planning commissions: Rockingham Planning Commission and Southern New Hampshire Planning Commission.

Key elements of the Locally Coordinated Plan update process have included:

- An updated inventory of available services, based on a survey of local and regional providers, that identifies gaps in service;
- An updated assessment of transportation needs for individuals with disabilities, older adults, low-income individuals, and other population segments disproportionately likely to be transit dependent. This assessment draws on interviews with local welfare officers and other service providers; as well as demographic data from the Census Bureau, NH Office of Energy and Planning, and the NH Department of Health and Human Services.
- An assessment of recent local, state and federal planning efforts and policy initiatives related to community transportation, including funding as well as coordination rules.
- A strategic planning workshop and subsequent deliberation to identify and prioritize strategies to address the identified gaps in service.

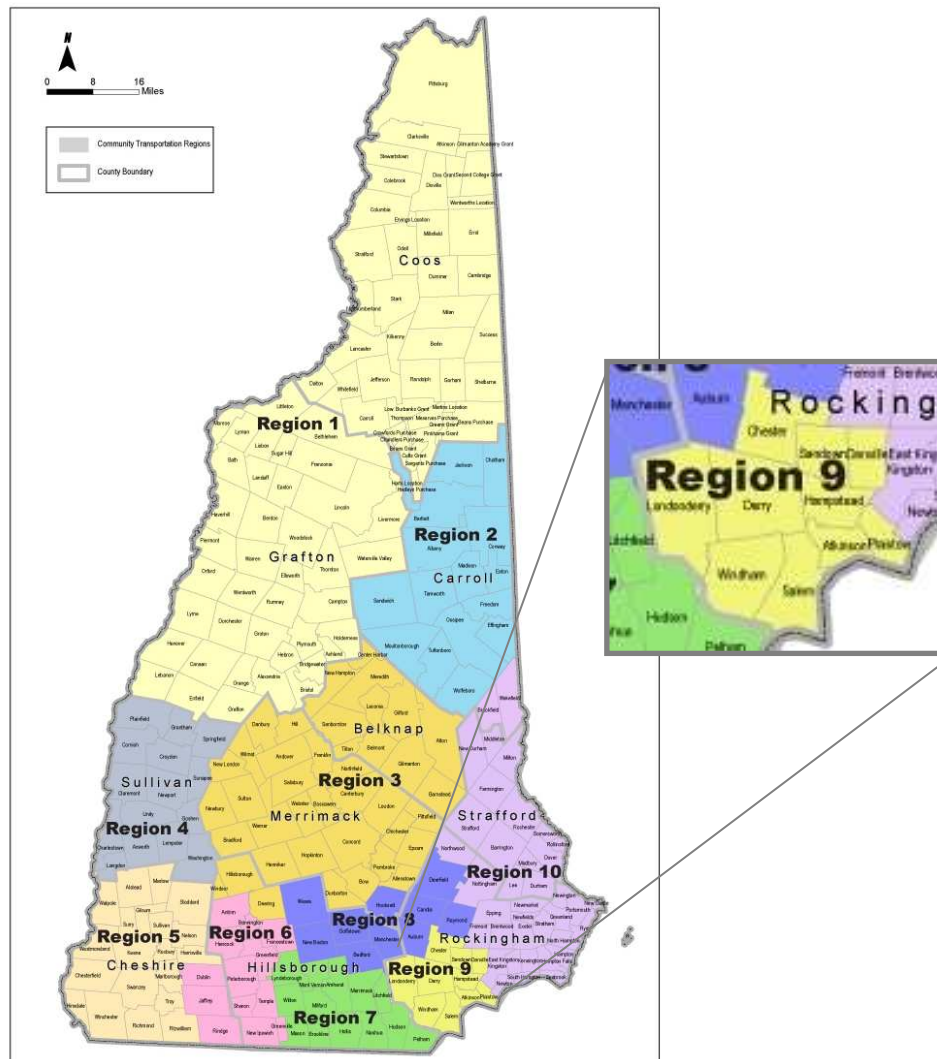
The process of updating the 2003 Coordination Plan has also functioned to re-engage provider agencies and stakeholder organizations in establishing a Regional Coordination Council for



Community Transportation (RCC) for the Greater Derry-Salem region. Under the vision set forth in the State's 2006 Coordination Plan, entitled *Statewide Coordination of Community Transportation Services*, the Greater Derry-Salem RCC is one of ten such coordinating councils established around New Hampshire in the past two years. From a State agency perspective, a key goal of establishing these RCCs is to create a structure around which to reshape the provision of transportation services for Medicaid and other programs administered by the NH Department of Health and Human Services (NHDHHS) and the NH Department of Transportation (NHDOT).

Figure 1.1 shows the ten town region covered by the Greater Derry-Salem Regional Coordinating Council for Community Transportation (RCC), identified by the SCC as Region 9, which is the study area for this Plan. This region also corresponds largely to the service area for the Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART). The map also shows the regional makeup of the other nine RCCs around the state.

**Figure 1.1 Greater Derry-Salem Regional Coordinating Council Area**



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## Chapter 2. Transit Dependent Populations & Service Need Analysis

### INTRODUCTION

The geographic area covered by this study consists of ten towns in western Rockingham County, covering approximately 216 square miles. The following pages offer a demographic profile and an analysis of indicators for transit need in the study region. The indicators of transit need are divided into four categories: general population and age distribution, auto availability, income and enrollment in public assistance programs, and disability status. The 2000 US Census remains the best data source for some indicators, so data for these indicators have not changed since the original Greater Derry-Salem Transit Study in 2003. Journey to Work data from the 2000 Census had not yet been released in early 2003, and are incorporated here as new information.

While data are available through the American Community Survey, the sample sizes at the municipal level are low enough to create large margins of error and so in most cases have not been used here. As of Spring 2011, data from the 2010 Census on total population for County Subdivisions (towns) are available, and are incorporated here. Other data on age, income and disability are not anticipated to be available until late 2011, while updated Census Journey to Work data will not be available until late 2012. Where available, updated population estimates or projections from the NH Office of Energy and Planning have been incorporated to look at growth patterns between 2000 and 2008. With the new commitment on the part of the NH Department of Health and Human Services to planning for transit coordination, more extensive data are also now available for participation in the Medicaid and TANF programs, and are incorporated here.

Also included is a summary of regional needs identified by participants in the kick-off meeting for the plan update process in September 2009.

### POPULATION & AGE DISTRIBUTION

#### Total Population

The population of the Greater Derry / Greater Salem study region increased by 16% between 1990 and 2000, or at an average annual rate of 1.5% per year. Growth was significantly slower between 2000 and 2010, with 2010 Census data showing an average annual growth rate less than one third of that in the 1990s, at 0.47% per year, reaching 139,640 in 2010. While the region outpaced the State of New Hampshire during the 1990s (1.5% vs. 1.1% AAG), it was slightly slower than the state as a whole since 2000 (0.47% vs. 0.63% AAG). As with the 1990s, since 2000 communities located outside of the urbanized area, including Chester (26%), Sandown (16%), Danville (9%), and Atkinson (9%) experienced relatively high rates of growth. Growth in Windham since 2000 has also far outpaced the state and region as a whole at 27% with the addition of extensive new residential development.

**Table 2.1 - Total Population**

Municipality	U.S. Census			Avg Annual Growth	Avg Annual Growth
	1990	2000	2010	1990-2000	2000-2010
Atkinson	5,188	6,178	6,751	1.75%	0.89%
Chester	2,691	3,792	4,768	3.43%	2.29%
Danville	2,534	4,023	4,387	4.62%	0.87%
Derry	29,603	34,021	33,109	1.39%	-0.27%
Hampstead	6,732	8,297	8,523	2.09%	0.27%
Londonderry	19,781	23,236	24,129	1.61%	0.38%
Plaistow	7,316	7,747	7,609	0.57%	-0.18%
Salem	25,746	28,112	28,776	0.88%	0.23%
Sandown	4,060	5,143	5,986	2.36%	1.52%
Windham	9,000	10,709	13,592	1.74%	2.38%
<b>Study Area Total</b>	<b>114,641</b>	<b>133,258</b>	<b>139,640</b>	<b>1.50%</b>	<b>0.47%</b>
<b>Rockingham County</b>	<b>245,845</b>	<b>277,359</b>	<b>295,223</b>	<b>1.21%</b>	<b>0.62%</b>
<b>N.H.</b>	<b>1,109,117</b>	<b>1,235,550</b>	<b>1,316,470</b>	<b>1.08%</b>	<b>0.63%</b>

*Elderly*

The elderly population (65 and over) is a category of individuals that have a higher dependence on transit, as the ability to drive diminishes as individuals become older. The American Association of Retired Persons (AARP) estimates that 20% of Americans over age 65 do not drive. **Table 2.2** shows that during the 1990s the elderly population of the region grew at a rate (36%) double that of the state (18%) and triple that of the nation as a whole (36%). This difference is even greater for the period of 2000-2009, with senior population in the study area growing 34%, as compared to 14% for the State and 9% for the Nation as a whole. This reflects an influx of retirees, especially into more rural areas of the region such as Atkinson and Danville, where the elderly population increased 56% and 41% respectively during the last decade; and in Windham, where senior population increased 87% in the past decade linked to major new residential development. This reflects the increase of senior independent living communities as a housing alternative in the past decade. It is also a result of efforts by towns to attract senior housing as a means of generating property tax revenue without placing demands on school systems.

Even though growth in the number of elderly residents has been high, the elderly make up a smaller percentage of the population in the region (10%) than in the state as a whole (13%) or the nation (12%). The towns in the region with the highest composition of elderly residents include Atkinson (16%), Salem (14%), Hampstead (13%) and Plaistow (12%). In spite of this low base, this high growth is likely to continue, and points to increased need for transit services to meet the needs of elderly residents in the coming years. Availability of transportation services for the elderly is certainly a quality of life issue, as elderly residents who can access transit are able to more fully participate in the community. It is a health and safety issue, as elderly residents without cars must be able to access health care, and many elderly residents with cars would be safer in a transit vehicle than behind the wheel. Finally, providing transportation

services for elderly residents can be a matter of cost effectiveness, as providing services such as transportation that allow an elderly resident to maintain independence and live in their own home is less expensive than supporting that same individual in a nursing home.

**Table 2.2 - Elderly Population 1990-2009 by Town**

	Elderly Population (65 & Over) (1990)	Elderly Population (65 & Over) (2000)	Elderly Population (65 & Over) (2009 Estimate)	Percent Increase (1990-2000)	Percent Increase (2000-2009)
Atkinson	383	705	1,102	84%	56%
Chester	158	230	297	46%	29%
Danville	182	286	402	57%	41%
Derry	1,726	2,103	2,818	22%	34%
Hampstead	531	775	1,068	46%	38%
Londonderry	809	1,233	1,680	52%	36%
Plaistow	574	781	896	36%	15%
Salem	2,547	3,240	3,913	27%	21%
Sandown	195	272	359	39%	32%
Windham	542	706	1,323	30%	87%
<b>REGION</b>	<b>7,647</b>	<b>10,331</b>	<b>13,858</b>	<b>35%</b>	<b>34%</b>
<b>NH</b>	<b>125,029</b>	<b>147,970</b>	<b>168,959</b>	<b>18%</b>	<b>14%</b>
<b>US</b>	<b>31,241,831</b>	<b>34,991,753</b>	<b>38,000,870</b>	<b>12%</b>	<b>9%</b>

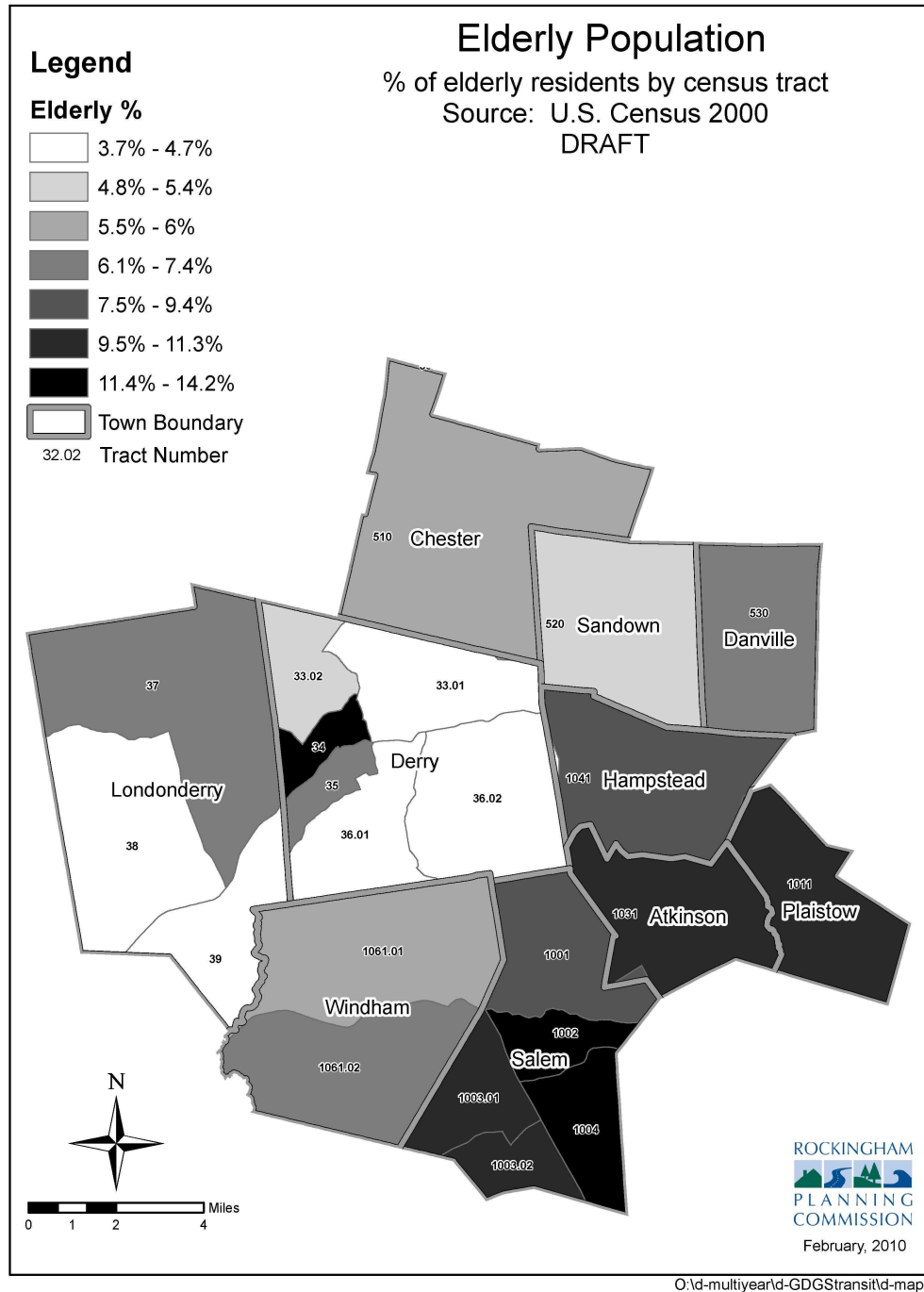
Source: 1990 & 2000 Census; 2005-2009 Census American Community Survey

More recent estimates of population by age are available from OEP at the County level, and show Rockingham County as having the highest growth rate among residents aged 60+ between 2000 and 2006 at 24.2% as opposed to 16% for the State as a whole. Looking beyond 2006, **Table 2.3** shows OEP data projecting the population in Rockingham County aged 65+ more than doubling between 2000 and 2020 from 28,087 to 74,761. While overall population growth for the County is expected to be just 14.3% between 2010 and 2030, growth in the senior population is projected at over 160%

**Table 2.3 - Population Projections by Age Group for Rockingham County**

Rockingham County					Change	Change	Change
Age Group	Census 2000	2010	2020	2030	2000- 2010	2010- 2020	2010- 2030
5-14	43,399	42,840	37,296	41,045	-1.3%	-12.9%	-4.2%
15-24	29,013	36,713	35,290	31,825	26.5%	-3.9%	-13.3%
25-64	158,760	171,467	167,552	152,240	8.0%	-2.3%	-11.2%
<b>65+</b>	<b>28,087</b>	<b>42,004</b>	<b>74,761</b>	<b>109,869</b>	<b>49.5%</b>	<b>78.0%</b>	<b>161.6%</b>
<b>Total</b>	<b>259,259</b>	<b>293,024</b>	<b>314,899</b>	<b>334,979</b>	<b>13.0%</b>	<b>7.5%</b>	<b>14.3%</b>

Source: NH OEP 2006

**Map 2.1. Elderly Population**

## Youth

Youth under 15 years old are another group that tends to use transit extensively where it is available, as they have not yet reached driving age, and transit offers a degree of independence from parents in accessing after school programs and recreational activities. For the most part youth are not served by the current demand response service in the region, but will be a key target population for the planned Derry-Salem fixed route and other future fixed route services in the region.

Similar to the elderly, the region's youth population grew at a rate much higher than the state or nation during the past decade. **Table 2.4** shows that the population under 15 in the region increased at a rate of 18% between 1990 and 2000, which is higher than growth in New Hampshire (9%) and the nation (12%) during this timeframe. Unlike the senior population, the youth population is estimated to have decreased between 2000-2010 in Rockingham County, and continue decreasing between 2010-2020. This is due to a combination of a trough between generational waves, declining birth rates, and some degree of out-migration of young families.

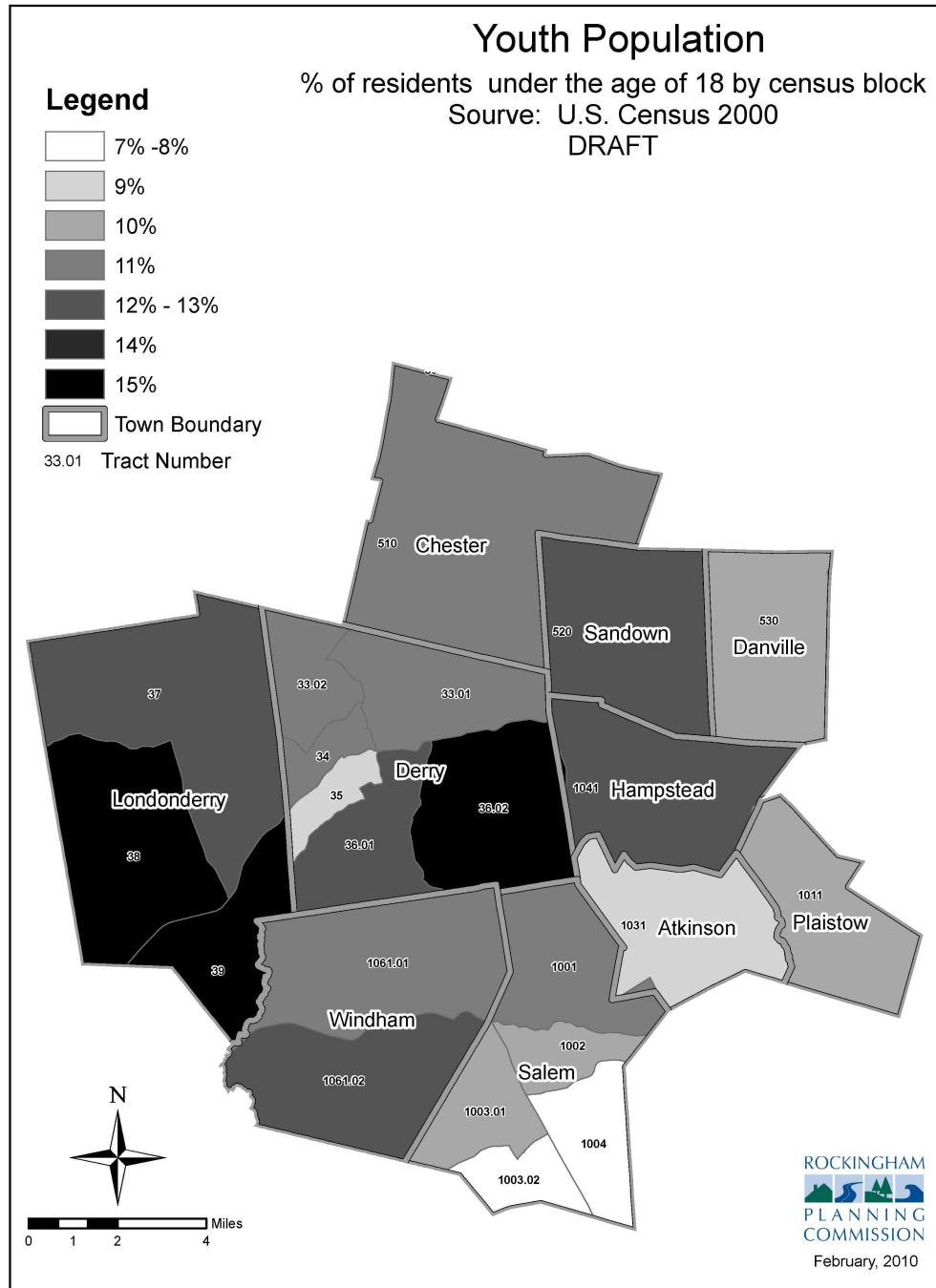
**Table 2.4 - Youth Population**

	Youth Population (Under 15) (1990)	Youth Population (Under 15) (2000)	Numeric Increase (1990-2000)	Percentage Increase (1990-2000)
Atkinson	1,042	1,290	248	24%
Chester	626	993	367	59%
Danville	591	1,021	430	73%
Derry	7,418	8,568	1,150	16%
Hampstead	1,659	1,985	326	20%
Londonderry	5,364	6,345	981	18%
Pelham	2,280	2,609	329	14%
Plaistow	1,566	1,701	135	9%
Salem	5,171	5,949	778	15%
Sandown	1,189	1,366	177	15%
Windham	2,199	2,660	461	21%
<b>REGION</b>	<b>29,105</b>	<b>34,487</b>	<b>5,382</b>	<b>18%</b>
<b>NH</b>	<b>236,931</b>	<b>257,477</b>	<b>20,546</b>	<b>9%</b>
<b>US</b>	<b>53,567,871</b>	<b>60,253,375</b>	<b>6,685,504</b>	<b>12%</b>

Source: 2000 Census

## **AUTO AVAILABILITY**

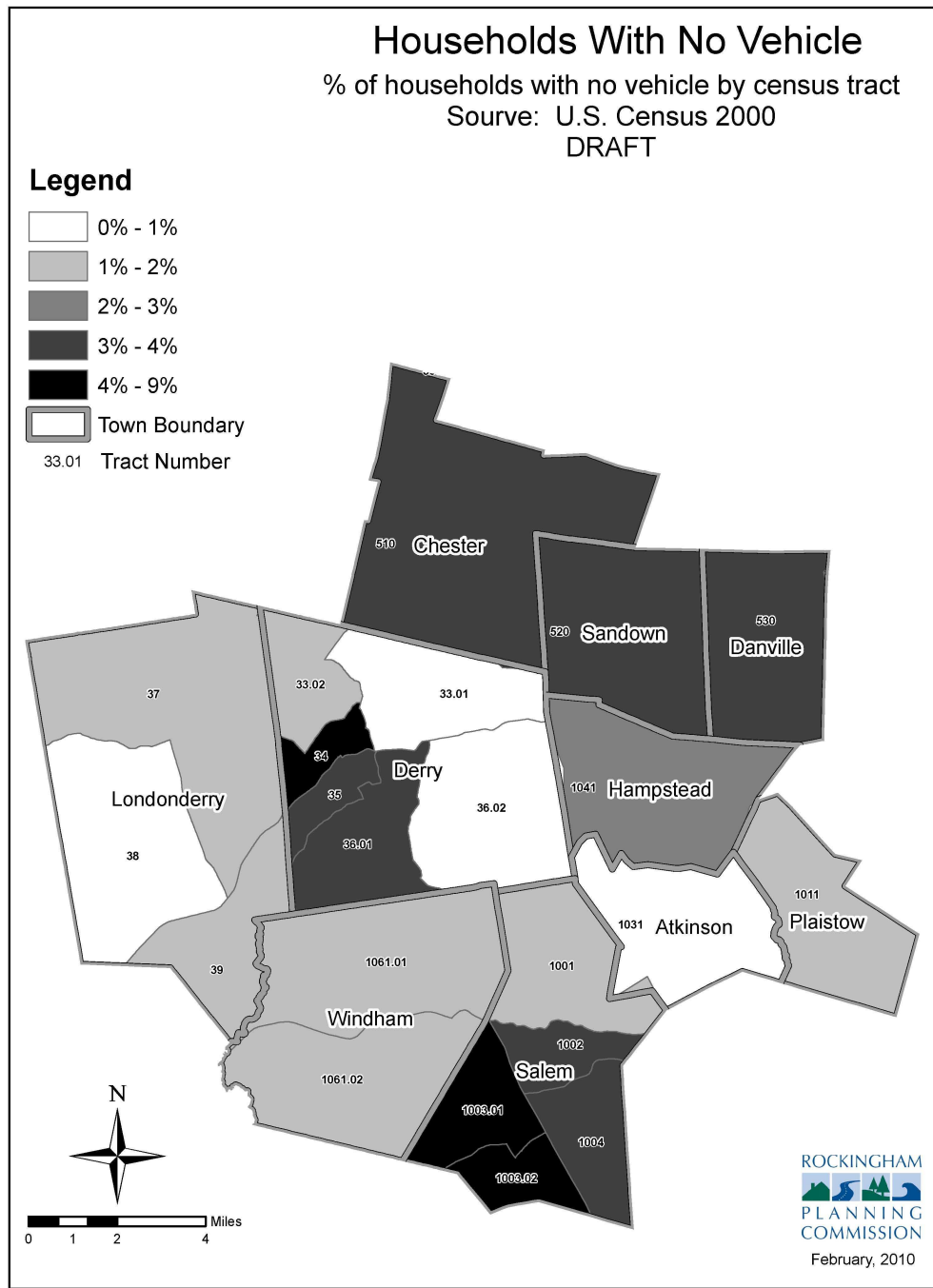
The greatest indicator of transit utilization within a region is typically auto ownership, since individuals without the use of an automobile have to make transit trips to access work, shopping and other trips.

**MAP 2.2 - Youth Population**

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## Map 2.3 - Automobile Availability



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Over 1300 households in the region (3%) have no access to an automobile, and are fully transportation dependent. Many of these households represent elderly residents, though low-income families and individuals often also lack private automobiles. The largest numbers of households without cars are in the larger towns of Salem (442) and Derry (451), though Chester and Danville show similarly high percentages of households without vehicle access.

**Table 2.5 - Auto Ownership**

	Households with no vehicle available (2000)		Passenger Vehicle Registrations (2004)
	Number	Percent	
Atkinson	19	0.8%	5,770
Chester	47	3.9%	3,855
Danville	54	3.8%	3,442
Derry	451	3.7%	25,873
Hampstead	68	2.2%	7,344
Londonderry	103	1.4%	23,045
Plaistow	30	1.0%	6,856
Salem	442	4.2%	25,119
Sandown	54	3.2%	4,661
Windham	50	1.8%	10,516
<b>REGION</b>	<b>1318</b>	<b>2.9%</b>	<b>116,481</b>

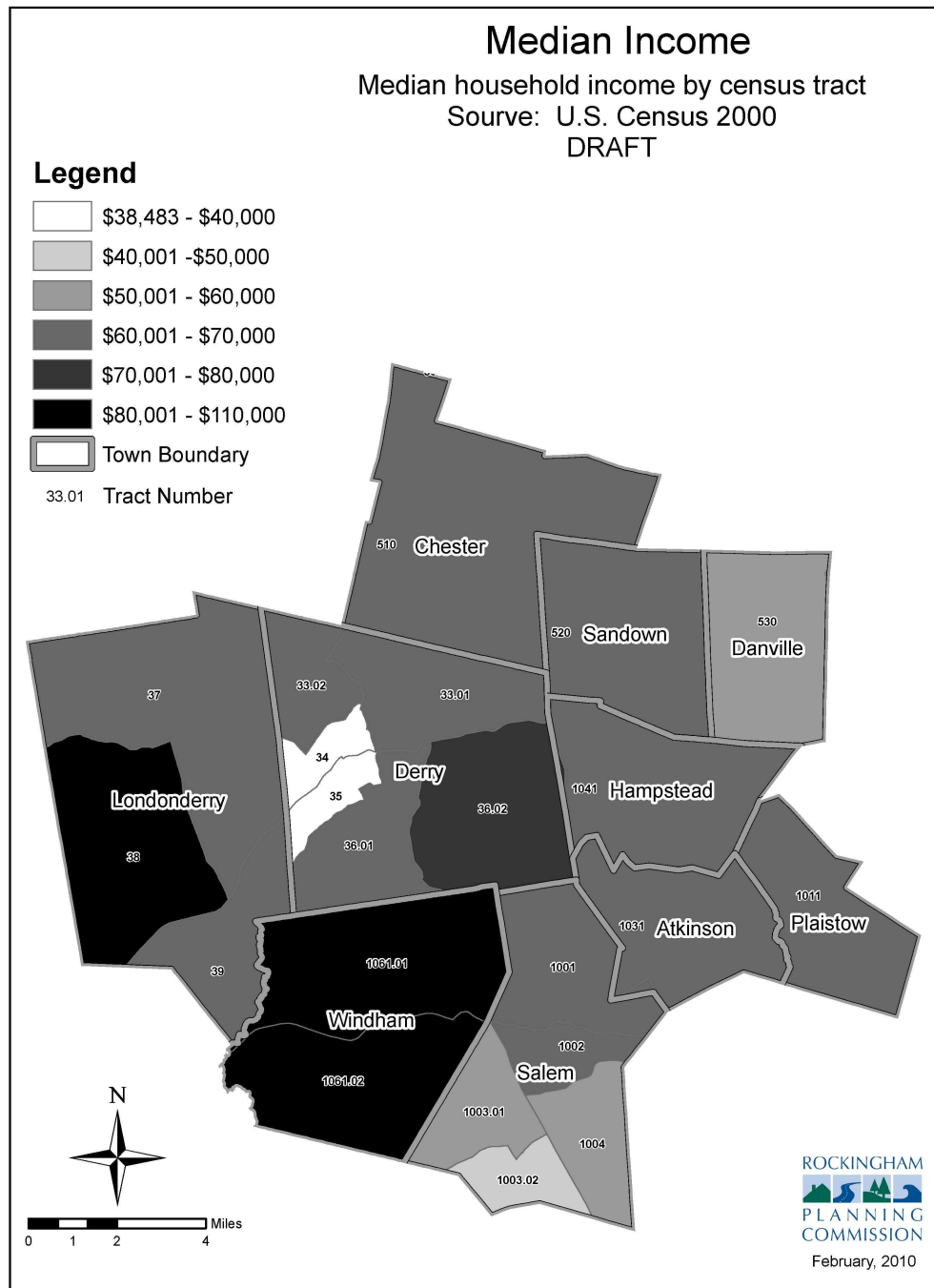
*Source: 2000 Census, NH Department of Safety*

## INCOME

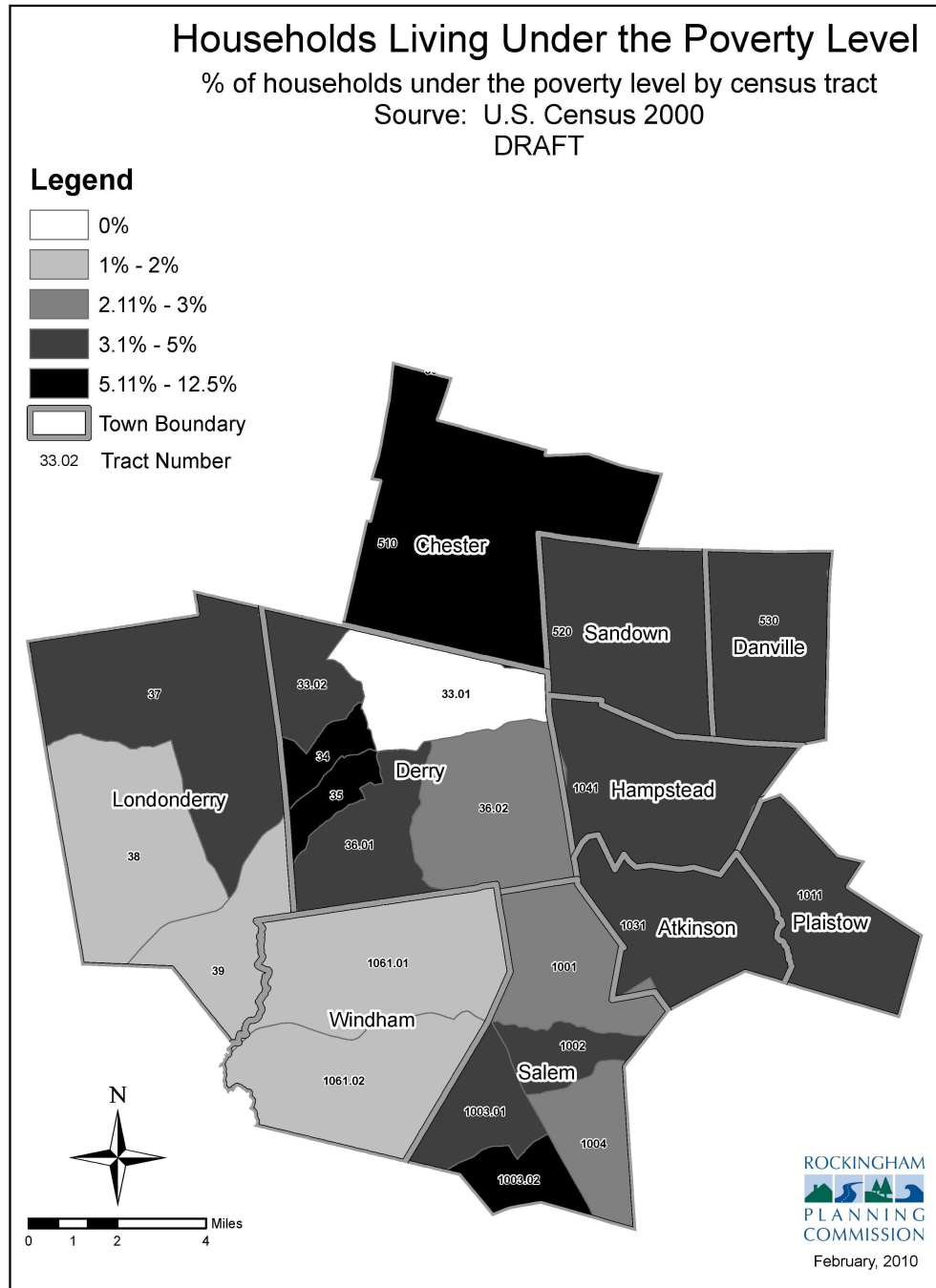
Another strong indicator of transit dependency within a region is income, as low-income households are less able to purchase and maintain automobile. **Table 2.6** shows that the more urbanized portions of the region, specifically Derry and Salem, have the lowest median household income levels (\$54,287 and \$58,090 respectively). However, these incomes are still well above that for the state as a whole (\$49,467). Income data are available from the American Community Survey at the County level and for the three largest communities of Derry, Londonderry and Salem.

A more specific measure of transit need in the region is the population with income below the federal poverty level. Over 5,000 individuals in the region fell below the poverty level in 2000, with the largest numbers found in Derry (1,564) and Salem (1,155). Female heads of households with no husband present make up 434 of these individuals, while 666 senior citizens fell below the poverty line. While the total percent of individuals in poverty and the percent of female householders in poverty fall below the state average, the percentage of seniors in poverty exceeds the state average in several towns. These include Salem and Plaistow, as well as the smaller towns of Sandown and Danville. As with median income, the percentage of individuals below the poverty level is below that for the state as a whole.

Map 2.4 - Median Household Income



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**Map 2.5 - Households Living Under the Poverty Level**

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**Table 2.6 – Household Income & Poverty Status**

	Median Household Income (1999)	Poverty Status All individuals (2000)		Poverty Status Individuals 65+ (2000)	
		#	%	#	%
Atkinson	\$69,729	202	3.3%	15	2.2%
Chester	\$68,571	188	5.0%	12	4.5%
Danville	\$57,287	162	4.0%	24	8.4%
Derry	\$54,634	1,564	4.6%	141	7.1%
Hampstead	\$68,533	316	3.8%	29	3.7%
Londonderry	\$70,501	483	2.1%	77	6.3%
Pelham	\$68,608	331	3.0%	40	4.7%
Plaistow	\$61,707	245	3.2%	59	7.5%
Salem	\$58,090	1155	4.1%	237	7.6%
Sandown	\$67,581	210	4.1%	25	9.2%
Windham	\$94,794	187	1.8%	7	1.1%
Region	\$58,150	5,043	4.1%	666	5.95%
Rockingham	\$58,150	12,347	4.5%	1,699	6.4%
New Hampshire	\$49,467	78,530	6.5%	9,992	7.2%

Source: 2000 Census

## PUBLIC ASSISTANCE ENROLLMENT – TANF & MEDICAID

The number of welfare recipients in a region is another indicator of transit need, as recipients of public assistance are more likely than the population as a whole to face transportation challenges due to lack of a private automobile. The number of recipients enrolled in the Temporary Assistance for Needy Families (TANF or welfare) in each town for 2008 shown in **Table 2.7**. There was a total of 3,066 TANF cases in the ten town area in 2008, including 719 adults and 5,033 children. TANF caseloads strongly correlate to the median household income level by town and the number of people below the poverty level. Derry, with the lowest median income in the region, has both the largest number of cases (1,145) and the highest percentage of the population receiving TANF assistance (6.2%). Salem, while having one of the lower percentages of population receiving TANF support, still has the second highest overall number of open cases. These findings point to higher demand for transit in Derry and Salem than other parts of the region, both in terms of income levels and higher population densities that could potentially support transit.

**Table 2.8**, shows Medicaid cases by municipality, with similar patterns to TANF enrollment. Average enrollment during 2008 in the ten town region was 6,336 individuals, or 4.6% of the population. This is lower than the statewide average of 8.7% of the population receiving Medicaid assistance. Approximately \$46.6 million was spent on Medicaid services in the region in 2008. As with TANF enrollment, Derry had both the largest number of Medicaid recipients (2,365) and the highest percentage of its population receiving Medicaid assistance (6.9%).

**Table 2.7 - TANF Recipients**

Town	Total TANF Cases (AGS)	Adults receiving TANF benefits	Children receiving TANF benefits	% of Pop receiving TANF 2009
Atkinson	68	0	104	1.6%
Chester	88	16	167	4.0%
Danville	114	21	195	4.9%
Derry	1,145	302	1,819	6.2%
Hampstead	93	23	145	1.9%
Londonderry	498	128	845	4.0%
Plaistow	182	36	292	4.3%
Salem	594	135	984	3.8%
Sandown	149	31	246	4.6%
Windham	135	27	236	2.1%
<b>Total for Study Area</b>	<b>3,066</b>	<b>719</b>	<b>5,033</b>	<b>4.1%</b>

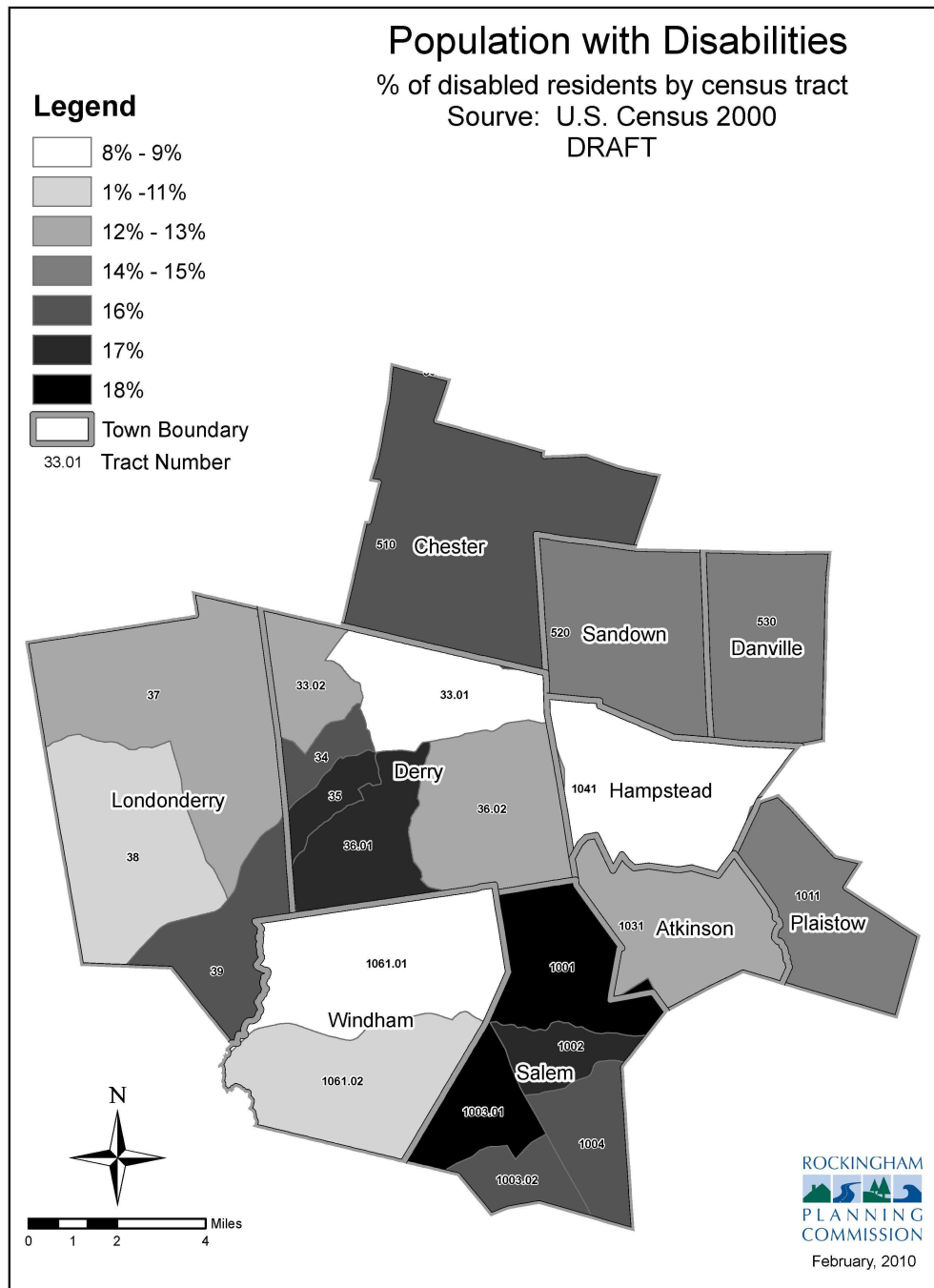
Source: NHDHHS Division of Family Assistance

**Table 2.8 – Medicaid Recipients**

Town	Medicaid Member Months 2008	Medicaid Average Enrollment 2008	% of Pop Enrolled in Medicaid 2008	Medicaid Expenditures 2008
Atkinson	2,658	222	3.4%	\$6,587,145
Chester	2,182	182	3.9%	\$1,263,456
Danville	2,474	206	4.7%	\$960,779
Derry	28,382	2,365	6.9%	\$16,171,285
Hampstead	2,246	187	2.1%	\$1,480,016
Londonderry	11,968	997	4.1%	\$5,888,924
Plaistow	3,985	332	4.4%	\$2,118,829
Salem	15,586	1,299	4.4%	\$8,163,339
Sandown	3,067	256	4.3%	\$1,521,968
Windham	3,483	290	2.3%	\$2,432,822
<b>Total for Study Area</b>	<b>76,031</b>	<b>6,336</b>	<b>4.6%</b>	<b>\$46,588,563</b>
<b>Total for State</b>	<b>1,374,849</b>	<b>114,571</b>	<b>8.7%</b>	<b>\$930,826,819</b>

Source: NHDHHS Division of Family Assistance

Map 2.6 – Population with Disabilities



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## DISABILITY

**Table 2.9 - Population with Disabilities**

<b>Town</b>	<b>Total Pop</b>	<b>Pop with Disability</b>	<b>Percent with Disability</b>
Atkinson	6,178	1,179	19.1%
Chester	3,792	821	21.7%
Danville	4,023	858	21.3%
Derry	34,021	7,122	20.9%
Hampstead	8,297	1,283	15.5%
Londonderry	23,236	4,535	19.5%
Plaistow	7,747	1,808	23.3%
Salem	28,112	6,806	24.2%
Sandown	5,143	932	18.1%
Windham	10,709	1,747	16.3%
<b>Study Area</b>	<b>131,258</b>	<b>27,091</b>	<b>20.6%</b>
<b>Rockingham County</b>	<b>277,359</b>	<b>62,688</b>	<b>22.6%</b>
<b>State of NH</b>	<b>1,235,550</b>	<b>330,915</b>	<b>26.8%</b>

*Source: 2000 Census*

Individuals with disabilities typically rely on a higher number of transit trips, since many persons' disabilities make them unable to operate an automobile. In addition, many individuals with disabilities require transit vehicles with specialized equipment and may require "door-to-door" service with special assistance.

It is difficult to use Census data to identify specific disabilities that will impair driving and make an individual transit dependent. While a sight disability or certain developmental disabilities would prevent driving, many physical disabilities or learning disabilities do not keep individuals from driving themselves. Disability categories used by the Census do not make this distinction, and consultation with professionals in the disability field could recommend no rule of thumb for approximating impairments to driving based on overall disability statistics.

Looking at all disabilities taken together, the three most urbanized areas in the region, Derry, Salem and Londonderry, had the highest number of residents with disabilities (7,122, 6,808 and 4,535 respectively). These portions of the region are more likely to need transit service for persons with disabilities, including specialized "door-to-door" services.

## REGIONAL TRANSIT NEED ESTIMATE

**Table 2.10** shows calculations of transit need in the Derry-Salem region based on a model developed by the Community Transportation Association of America (CTAA). Based on assumption that 0.5% of the total population will be regular transit riders, the models estimate a total transit need for the region of over 460,000 trips/year. The need for trips serving transit dependent populations is calculated at 124,132. This is nearly twice the estimated current level of service in the region. These estimates support the position that the need for transit service in



the Derry-Salem region is substantially greater than what is available under the current system with limited coordination.

**Table 2.10 - Estimate of Regional Transit Need**

Socioeconomic Characteristic	GD/S REGION
Households	50,094
Total Population	142,172
Elderly (60+)	16,051
Non Elderly Low Income	4,352
Workforce	81,704
General Public Transit Need 1 (trips/year) <sup>1</sup>	478,648
General Public Transit Need 2 (trips/year) <sup>2</sup>	462,059
Transit Dependent Need (trips/year) <sup>3</sup>	124,132
Work Trips Need (trips/year) <sup>4</sup>	424,861

1=(# of Households)\* (7.35 trips/day per transit using household) \* (0.5% of households) \* (260 days/year)

2=((Population\*2.5 trips/day per transit rider)\* (0.5% of population riding transit regularly) \* (260 days/year)

3=(Elderly pop + Non-elderly low income)\*0.15\*1.04\*0.15\*260 days/year

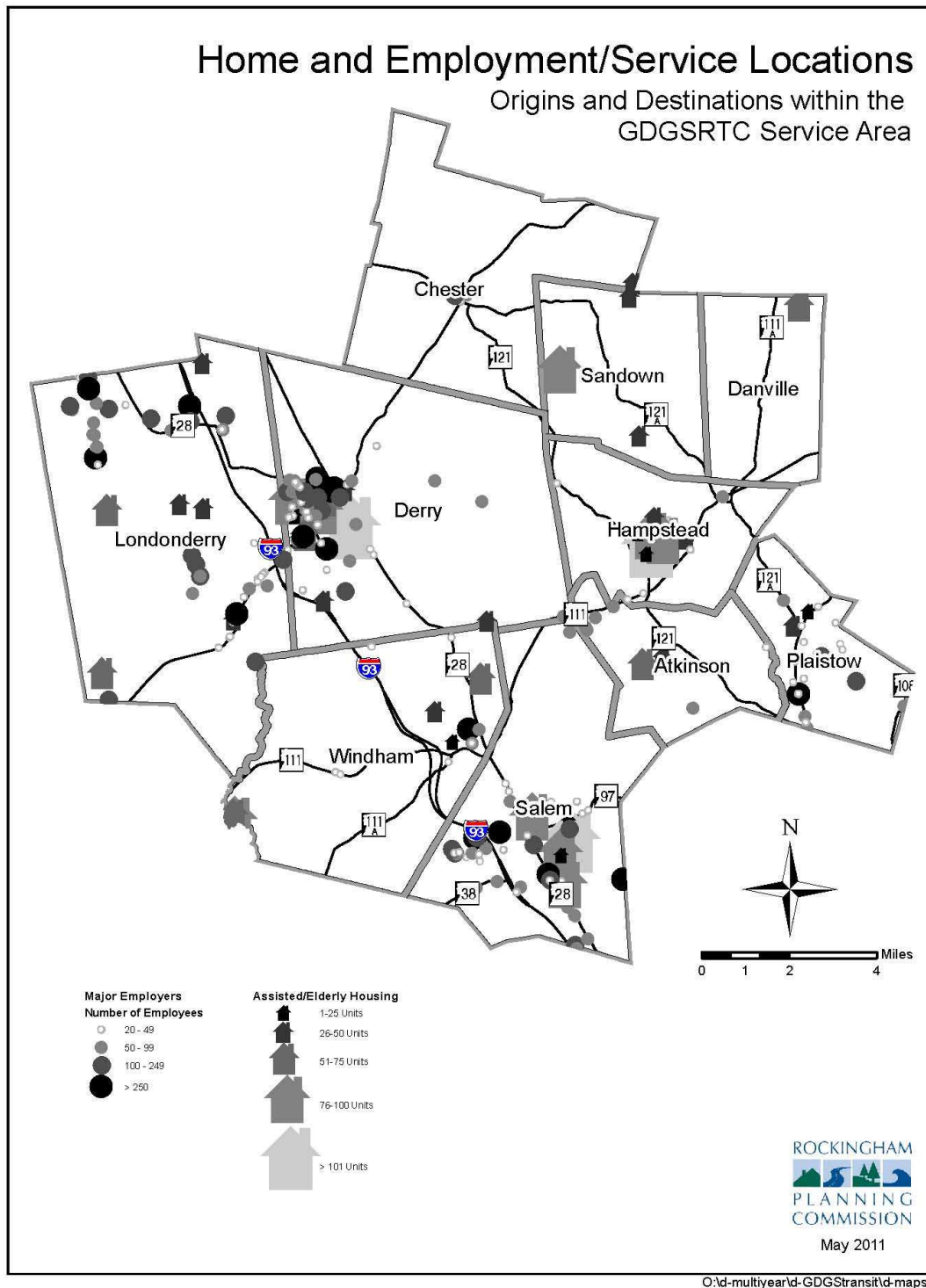
4=(Total Workforce) \* (1% of workforce commuting via transit ) \* (2 trips/day) \* (260 days/year)

**Table 2.11** represents a rough calculation of likely demand for Medicaid Non-Emergency Medical Transportation (NEMT) based on national NEMT utilization rates as well as rates for Rockingham County. The national average for utilization of NEMT service among Medicaid eligible individuals is approximately 10%. For Rockingham County that average is approximately 11.7%. However, while a slightly higher percentage of Medicaid recipients use NEMT in Rockingham County, their frequency of use is well below the national average. Nationally, Medicaid clients using NEMT average approximately 48 trips/year (4 per month). For New Hampshire the average is less than a quarter of that, at approximately 11.6 trips/year.

**Table 2.11 - Estimate of Medicaid NEMT Trip Volume in Region**

Town	Medicaid Average Enrollment 2008	Estimated Enrollees Using NEMT (Nat'l Avg)	Estimated Enrollees Using NEMT (Rock Avg)	Estimated NEMT Trip Volume (Nat'l Avg)	Est. Current NEMT Trip Volume (Rock Avg)
Atkinson	222	22	26	1,066	301
Chester	182	18	21	874	247
Danville	206	21	24	989	279
Derry	2,365	237	276	11,352	3,207
Hampstead	187	19	22	898	254
Londonderry	997	100	116	4,786	1,352
Plaistow	332	33	39	1,594	450
Salem	1,299	130	152	6,235	1,762
Sandown	256	26	30	1,229	347
Windham	290	29	34	1,392	393
<b>Total for Study Area</b>	<b>6,336</b>	<b>634</b>	<b>740</b>	<b>30,413</b>	<b>8,592</b>
<b>Total for State</b>	<b>114,571</b>	<b>11,457</b>	<b>13,373</b>	<b>549,941</b>	<b>155,374</b>

Source: NHDHHS Division of Family Assistance

**Map 2.7 – Major Trip Generators**

### **Major Trip Generators in Study Area**

Map 2.7 on the previous page shows the location of major trip generator sites at a macro regional level. These include major employers, publicly assisted multifamily housing, and age-restricted (senior) housing facilities. This visual analysis highlights the concentrations of employment in downtown Salem and Derry, with additional employment clusters off of Exits 5 and 4 in Londonderry. While Salem has some assisted multi-family housing, the largest concentration of such housing in the region is in Derry. Outside of these three largest communities there are few large employment and service centers, and those that are present tend to be widely dispersed, making them difficult to serve with traditional fixed route transit.

### **COMMUNITY INPUT ON UNMET NEED**

At the kick-off meeting for the Coordination Plan update and RCC formation process, stakeholders were asked to identify unmet needs in the region related to community transportation. The responses generated are sorted below into four categories, including Specific Needed Service Types; Operational Issues; Funding Issues; and Public Awareness. These are outlined below:

#### **Specific Needed Service Types**

- Initiate fixed route service (initially Salem-Windham-Derry, then look to expand)
- Fixed route service between communities, but also within communities (attendee gave the example of trolley service within Salem)
- Employment transportation (available on a regular daily basis)
- Capacity to meet frequent/ongoing medical care trips (dialysis/chemo - subscription)
- Out of region service – long distance medical trips (Medicaid NEMT and other)
- Mobility for kids/families of individuals with disabilities – beyond medical/NEMT
- Transportation to support after school activities
- Service on evenings/nights, weekends, and holidays
- Service to non-agency clients
- Service gaps based on eligibility (Example: consumer ineligible for senior bus because under 62 - service only available for Seniors aged 62+)
- Create links to transit systems in adjoining regions (MTA, MRVTA, COAST)

#### **Operational Issues**

- Work out service across boundaries – interaction between RCCs
- Involve taxis/other private carriers in coordination efforts – help private operators get up to speed with meeting FTA operating standards
- Volunteer capacity - volume management and records checks; design to minimize liability and hoops
- Develop common training standards and make training available
- Recognize the ride is only part of equation, support person needs too, PCA access, varying levels of rider independence

**Funding Issues**

- Lack of non-federal matching funding to draw down available federal funds
- Towns cutting funding – multiple agencies going to same pool
- Much funding is still isolated in silos with agency rules which present barriers
- Need greater funding for community-based services vs. institutions for individuals with disabilities (implementing the Community Choice Act)

**Public Awareness**

- Get info to new statewide 211 referral system
- Readily available list of options for users (churches, taxies, agency vans, CART bus, etc.)
- Beware of overpromising

**SUMMARY**

The Derry-Salem region as a whole is not economically challenged. Rockingham County is in fact one of the wealthiest areas of the state. However, every region has populations who require transportation assistance, whether they be elderly, disabled, lower income, or simply too young to drive. The need for public transportation in the region has been recognized for years. Lack of public transportation is a very real barrier to accessing adequate health care. It is a barrier to accessing jobs for many disabled and low income residents; and it is a barrier to full participation in the life of the community for all of these groups, whether that means participation in recreational or social events, or participation in town meeting.

The towns of the region took a significant step in addressing transit need in banding together to form the CART regional transit service. However, CART remains a small agency with limited capacity. As the growth of elderly and youth populations outpaces the rest of the state, and the economic downturn subsequent to the 2000 Census has put more families on the edge, the need for transit service in the region is greater than ever. The dispersed nature of development through much of the region creates much of the difficulty of meeting this need. Areas far more sparsely populated are effectively served by transit elsewhere in the country, though not without cost.

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## Chapter 3. Profile of Existing Transit Service in the Region

### INTRODUCTION

Project staff surveyed nineteen transportation service providers in the project area to update information from the original 2002-2003 *Greater Derry-Salem Regional Transit Plan* on existing transportation services and identify opportunities for coordination and service expansion. A copy of the survey instrument is included as Appendix C. The survey was conducted on-line using SurveyMonkey, with follow-up calls made to agencies to clarify responses if needed.

The survey asked a range of questions addressing days and hours of operation; service capacity in terms of vehicle numbers and characteristics such as lift equipment and radios; numbers and types of clients served; annual trips and miles logged; and size and training of staff.

### AGENCIES SURVEYED

Nineteen agencies providing transportation services in the region currently, or at the time the last service profile was developed for the *Greater Derry-Salem Regional Transit Plan* in 2002, completed surveys in late 2009. These included the regional public transportation provider, a range of nonprofit health and human service agencies using both paid and volunteer drivers, town operated senior transportation programs, and one private for-profit carrier.

#### Agencies completing surveys

1. American Cancer Society
2. Center for Life Management
3. Community Caregivers of Greater Derry
4. Cooperative Alliance for Regional Transportation (CART)
5. Easter Seals New Hampshire – Special Transit Servic, Inc.
6. Granite State Independent Living
7. Greater Salem Caregivers
8. Kimi Nichols Center
9. Lamprey Healthcare Senior Transportation
10. Londonderry Senior Center
11. M&L Transit Systems, Inc.
12. Rockingham Community Action Head Start
13. Rockingham County Adult Medical Daycare
14. Rockingham Nutrition Meals on Wheels
15. Salem Boys & Girls Club
16. Salem Senior Services
17. SarahCare Adult Day Care
18. Silverthorne Adult Day Care
19. The Upper Room

Descriptions of each of the agencies are given below. Survey responses are summarized in **Tables 3.1-3.4** at the end of the chapter. Agencies that are not currently providing service in the region, even if they responded to the survey, are not included in the summary tables at the end of the chapter.

#### American Cancer Society

The American Cancer Society is a private, non-profit organization providing rides to treatment for cancer patients throughout New Hampshire. ACS does not own and operate vehicles, but rather coordinates volunteers who drive patients in private vehicles. Services are typically offered Monday-Friday, 9:00am-5:00pm with some flexibility based on patient needs.

#### Center for Life Management (CLM)

The Center for Life Management provides a range of behavioral and mental health services, psychiatric treatment, acute care, emergency intervention, and family support services through centers in Salem, Derry, and Windham. Their service area includes all of the study area towns except Londonderry and Chester. Rides to clients are provided using a lift-equipped 12-passenger conversion van with a full-time driver. Other staff provide rides to clients on a periodic basis. Rides for outpatient services are limited to 8:30 am -4:00 pm Monday-Friday, though emergency transportation is available outside of these hours.

#### Community Caregivers of Greater Derry

This non-profit organization provides supportive services, including transportation, to elderly and disabled residents located in the six-town area of Derry, Londonderry, Chester, Sandown, Danville, and Hampstead. Transportation services are provided by a corps of approximately 100 volunteers using their own personal vehicles, so vehicles are generally not handicapped accessible.

#### Cooperative Alliance for Regional Transportation (CART)

CART is the regional public transit provider for the Greater Derry-Salem Region, formed in 2006 as a result of the 2003 Greater Derry-Salem Transit Study. CART provides demand-response public transportation service to residents of six member communities: Chester, Danville, Derry, Hampstead, Londonderry, Salem and Windham. Service within the seven town service area is available Monday-Friday from 8:00am-5:00pm, while service to several out of region medical facilities is available on certain days of the week (Manchester on Tuesdays and Thursdays, Haverhill MA on Mondays; and Lawrence and Methuen on Fridays).

#### Greater Salem Caregivers

The Greater Salem Caregivers is a non-profit agency that provides supportive services, including transportation, mainly to elderly residents located in the towns of Pelham, Salem, Atkinson, and Plaistow. Rides are also provided to disabled residents, though these account for only about 5% of trips. Transportation services are provided on weekdays by a corps of approximately 80 volunteers who use their own personal vehicles, though the agency owns one

sedan that is used to provide rides. Funding is provided through the member towns, the United Way, donations and fundraising.

#### Granite State Independent Living

Granite State Independent Living is a non-profit organization whose staff provide a range of services, including evaluation, skills training and on-going support to enable eligible consumers to pursue independent lives. Four core service areas include information and referral; peer support and counseling; skills training; and individual and systems advocacy. GSIL maintains five wheelchair accessible vans and mini-buses, which provide transportation statewide for social and civic activities. Historically GSIL has not provided trips for medical appointments. Beginning in mid-2011, though, GSIL will be a provider of Medicaid Non-Emergency Medical Transportation (NEMT) for trips within a 20-mile radius of Concord.

#### Kimi Nichols Center

The Kimi Nichols Center is a private, non-profit human service center targeting the needs of disabled citizens in the towns of Londonderry, Derry, Salem, Windham, Atkinson, Hampstead, Chester, Sandown, Danville, and Haverhill Massachusetts. Services include day habilitation, and communications and vocational training for adults with serious developmental disabilities. KNC operates a fleet of nine vehicles to pick up clients and bring them to the service center, and return them home. This provider is an identified recipient of FTA Section 5310 transportation funding (Elderly & Disabled Capital Grants Program) discussed in Chapter 5.

#### Lamprey Health Care Senior Transportation

Lamprey Health Care Senior Transportation provides rides for elderly and disabled residents of Rockingham County and parts of Strafford County. The program offers weekly service on Tuesdays to residents of the towns of Hampstead, Atkinson, Danville, and Sandown for shopping and medical appointments, with destinations largely in Plaistow. Other demand-response rides for medical appointments can also be scheduled by reservation at least a week in advance. Clients are encouraged to call about a ride in advance of scheduling appointments, as the program also offers the service of appointment scheduling to better coordinate trips. The program operates a fleet of five cutaway buses as well as one station wagon. All of the buses are lift-equipped, and have the capacity for two wheelchairs and up to 16 passengers. Lamprey is a recipient of FTA Section 5310 transportation funding.

#### Londonderry Senior Center

The Londonderry Senior Center is open daily from 9AM to 5PM to provide services and activities for residents of Londonderry. The agency owns one 6 passenger minivan, not lift-equipped, which is used on Tuesdays, Wednesdays and Thursday between 9:30am-3:00pm to provide rides for grocery shopping and to the Senior Center. Rides are booked through the Senior Center, while the van is by a part time driver working for the Rockingham Nutrition Meals on Wheels Program. The Senior Center and RNMoW jointly fund the transportation program.

### M&L Transportation Systems, Inc.

M&L Transportation Systems is a private, for-profit transportation carrier based in Woburn, MA. The company provides employment shuttle service under contract for several companies and Transportation Management Associations in Boston and surrounding suburbs; as well as fixed route service under contract to two municipalities. The company is exploring business opportunities in southern New Hampshire, including potential operation of fixed route service currently being planned by CART.

### Rockingham Nutrition Meals on Wheels

Rockingham Nutrition Program's Meals on Wheels program has a primary mission of delivering meals to elderly and handicapped clients throughout the county, and transporting elderly residents to meal sites. The meals on wheels program directly provides transportation to meal sites in Derry and Plaistow, and provides limited support for meal transportation to the Salem Senior Center. The Derry service is provided by Easter Seals/STS under contract to RNMOW. A seven passenger minivan is based at the Vic Geary Senior Center in Plaistow.

### Salem Boys & Girls Club

The Salem Boys and Girls Club is a non-profit agency providing a range of before and after school programs to students in the Salem School System and from surrounding towns. Programs encompass educational enrichment and career preparation, sports and recreation, the arts, health and life skills, and character and leadership. The Boys and Girls club has three school buses, one 15 passenger van and one 14 passenger mini-bus that it uses to provide transportation to and from the Salem schools.

### Salem Senior Center

The Salem Senior Center is open daily from 9AM to 5PM to provide services and activities for residents of the Salem community. The agency has a 16 passenger lift equipped minibus, which is used on Thursday mornings to provide rides for grocery shopping and to the Senior Center. The vehicle is also on the road in the afternoon 20 hours/week through a cooperative arrangement with the CART transit system. Rides for the morning service are booked through the Senior Center, while other rides are booked through CART. The Senior Center is a recipient of FTA Section 5310 transportation funding.

### SarahCare Adult Day Services

SarahCare Adult Day Services is a private company providing adult day care services for seniors at a center in Hampstead. Programs include group and individual activities and intergenerational programs at their center, as well as off-site field trips. The company provides limited transportation assistance for clients to get to and from the center through a contract with Danville Taxi.



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### Silverthorne Adult Day Care

Silverthorne Adult Day Care provides medical monitoring and social activities to residents in Salem and surrounding towns. Silverthorne no longer provides daily transportation to and from the center for clients. However, the agency maintains two lift equipped vehicles used for field trips by Silverthorne and Salem Haven Nursing Home: a 10 passenger van and a 12 passenger mini-bus.

### Special Transit Service, Inc.

Special Transit Service (STS) is a non-profit human service agency whose primary function is to provide and coordinate special needs transportation. The agency is a division of Easter Seals. STS provides specially designed transportation service on a contractual basis to human service agencies and other organizations in the Greater Manchester and Derry area. Specialized transportation service is also available to the general public. Current organizations that utilize STS for service are the State of NH DEAS, the Manchester School system and other school districts, NH Medicaid, Catholic Medical Center, Manchester Community Health Center, NH Vocational Rehab, NH Area Agencies, Granite State Independent Living Foundation, Easter Seals, CART, Rockingham Nutrition Meals on Wheels, the Manchester Housing Authority, the Greater Manchester Mental Health Center, the general public and other organizations and institutions. Fees for service are determined when service is requested. STS is an FTA Section 5310 funding recipient. Their fleet consists of over 90 vehicles, including school buses, lift-equipped buses, lift-equipped and non-lift-equipped vans, and several cars.

### Town of Windham

The Town of Windham owns and operates one handicapped accessible van, which utilizes volunteer drivers to provide medically related transportation for town residents. In addition, a group shopping trip is provided every Wednesday to Wal-Mart in Salem. Services are scheduled by contacting the Town Hall. Seniors and residents with disabilities are the primary populations using the van service.

### The Upper Room Family Resource Center

The Upper Room offers a range of support services for families and youth in the Greater Derry area. Programs include youth after school programs, education and peer support for pregnant and parenting teens, anger management classes, and home visitation programs for families in need of support. As of 2003 The Upper Room maintained one fifteen passenger van used to transport middle school students as part of the center's Youth in Action (YIA) program. This transportation service is no longer provided. The agency survey response noted that trips are referred to CART.

## SERVICE PROFILE

Most of the providers surveyed offer demand response service. There is no fixed route transit service connecting points within the region, though intercity bus service is available connecting State Park & Ride locations in Salem and Londonderry (Exits 2, 4 and 5 on I-93) to Boston, Manchester and Concord. CART has secured funding to initiate a fixed route service connecting Salem, Windham and Derry, which is planned to begin service in 2011. Six of the providers responding to the survey do offer some form of deviated fixed route service, typically in the form of a 1-3 day/ week shopping run, or a daily pick-up route to bring clients to a service center.

**Table 3.1**, at the end of this chapter, shows that service is generally limited to weekdays during normal agency business hours. Only four agencies begin service prior to 8:00 am. One volunteer driver organization, Derry Caregivers, noted having scheduled trips as early as 5:30am. Only two agencies noted providing service after 5:00pm. The same volunteer organization indicated that it has provided evening service in unusual circumstances, but this was clearly an exception. Two providers offered Saturday and Sunday service – Derry Caregivers and GSIL. Extending the availability of service to include evenings and weekends was a goal indicated by several providers, and has been identified as an objective by the Project Advisory Committee.

The responding providers have a combined fleet of 125 vehicles, with approximately 35 of them operating in the study area. The bulk of the additional vehicles are operated by Easter Seals NH Special Transit Service in the Manchester area (77); with five additional vehicles operated by Lamprey Health Care in the Seacoast region, and four by Granite State Independent Living elsewhere in the state. The approximately 35 vehicles operating at least part time in the Derry-Salem study area include: 29 handicapped accessible buses/vans; two non-handicapped accessible vans; three school buses, and four smaller vehicles. Not all of these vehicles are on the road during the providers' full service periods.

A majority of the providers surveyed focus on elderly clients, with **Table 3.3** showing that ten respondents indicating that the elderly make up over 60% of their client base. Seven providers indicate that carrying clients with disabilities was part of their mission, with three agencies focusing solely on individuals with disabilities: the Center for Life Management, Granite State Independent Living, and the Kimi Nichols Center. The Salem Boys & Girls Club is the only provider that specifically focuses on transportation for youth, and is limited to providing connection between the Club and Salem schools for before and after school programs. There are similarly a limited number of services available to the general low-income population who may simply be unable to afford a vehicle. As the public transit agency for the region, CART has filled some of this gap since its inception, though this remains a key underserved element of the transit dependent population in the region.

### Trip Volume

The estimated annual volume of trips provided within the study area was upwards of 87,500, which does not include totals for the American Cancer Society, or Granite State Independent Living. This is equivalent to 1,683 trips/week, or 337 trips/day.

### Interest in Coordination

Agencies were asked to indicate their level of interest in coordination on a scale of 1-10 where one equated to 'Not Interested' and ten equated to 'Very Interested'. Five agencies indicated an interest of 10 out of 10. Three additional agencies indicated a high interest level of 7-8, so can be counted as potential partners in coordination. Five agencies indicated that they were not interested at all in coordination. Two other agencies, while indicating lower interest on the scale or not responding to the question, are continuing to participate actively in the developing Regional Coordinating Council.

Interest in specific aspects of coordination, ranging from cooperative planning to centralized scheduling and dispatching, is identified below and in Table 3.3 at the end of the chapter.

#### **Provider Agency Interest in Specific Coordination Activities**

Coordinating vehicle schedules	7 agencies
Cooperative planning	6 agencies
Centralized scheduling & dispatching	5 agencies
Joint purchasing of insurance, gas, maintenance, etc	5 agencies
Purchasing rides for clients through a coordinated system	4 agencies
Making vehicles/ drivers available for emergencies	2 agencies
Joint use of office space or garage	3 agencies

### **SUMMARY OF FINDINGS FROM PROVIDER SURVEYS**

- ◆ The providers have a combined total of 125 vehicles, with approximately 35 of them operating at least part time in this region. Providers such as Granite State Independent Living, Easter Seals, and Lamprey Healthcare have vehicles that operate in adjacent regions or statewide
- ◆ Provider agencies offer a mix of shared-ride demand response service (offered by eight providers) and scheduled service, which often features a deviated fixed route with a set destination but providing pick-ups at riders residences (offered by seven providers), with some agencies providing both. Examples of demand response providers include CART, GSIL, or Lamprey's medical appointment service. Volunteer trips offered by the two Care Giver organizations and the American Cancer Society also fit into this category. Examples of deviated fixed route service include Meals on Wheels service to meal sites in Plaistow and Derry; weekly shopping runs provided by Lamprey and Salem Senior Center, and CLM service bringing clients to service centers. The Salem Boys' and Girls' Club provides a high volume of trips on a specific route between the Club and the Salem Schools. At present there is no regular fixed route public transit service in the region, but CART and the Town of Salem are scheduled to initiate a fixed route service connecting Salem, Windham and Derry later in 2011.

- ◆ Several agencies indicated having reduced service levels in the region since 2003. Lamprey Health Care previously offered a weekly shopping run serving Derry, Londonderry and Windham on Wednesdays, which has been cut due to loss of municipal funding. The Salem Senior Center has cut back in-house operations from five days/week to one day per week. Similarly, CLM operated two vehicles in 2003 and now operates only one vehicle. Other examples of this include the Rockingham County Adult Medical Daycare program which has eliminated service in this part of the County. The Greater Derry Community Health Service van supported by Parkland Hospital for many years stopped service in 2006; and Silverthorne Adult Day Care previously provided daily transportation to clients but now uses vehicles solely for field trips. Some of this can be attributed to general tightening of public and private agency budgets. Some of it is also likely attributable to the development of CART, either because the agencies have shifted clients to the public system to save money, or because municipalities have redirected funding. This is highly problematic, as the concept of coordination depends on multiple agencies pooling resources.
- ◆ Even with this contraction of service, there are still agency vehicles in the region that are not on the road full time. This is largely due to use of part-time drivers. An opportunity exists to better utilize these idle vehicle hours if operating funding can be secured for additional driver time.
- ◆ Service is generally limited to weekdays between 7:00am and 6:00pm. Many providers are limited to 9:00am-5:00pm. Late service is generally not available, nor is weekend service, with the exception of volunteer agencies and the market rate, client-paid service offered by Granite State Independent Living or for-profit providers such as Green Cab.
- ◆ The difficulty of providing subscription or high frequency service was cited by multiple providers. A small number of riders using a demand response service 3-5 time/week to access employment, dialysis, or adult medical daycare can consume a large share of service capacity.
- ◆ Total one-way trips provided within the study area were approximately 87,500, excluding several agencies who did not track trip volume. This is equivalent to 1,683 trips/week, or 337 trips/day.
- ◆ Many providers do not have a clear picture of exactly how much they spend on transportation services. For agencies where vehicles are driven on a part-time basis by highly qualified staff such as case workers, therapists, or nurses, time spent on transportation is not always tracked. Providers may also be unclear of their capital vehicle costs and insurance.
- ◆ Securing resources necessary to maintain their operations is a significant concern for most of the service providers. This includes securing cash funding, as well as recruiting and retaining volunteer drivers.
- ◆ While some providers have well defined long-range goals, for many organizations these are unclear and consist mainly of continuing to provide services to meet the needs of their clients. Other common goals included:

- Generally expand service availability
  - Shift riders from demand response to scheduled/fixed route service
  - Improve coordination of service, including shared scheduling
  - Otherwise improve efficiency/cost-effectiveness
  - Ensure affordability of transportation options
  - Replace aging vehicles
- ◆ While the number of agencies providing service in the region has contracted somewhat since 2003, interest in coordination appears strong among a core group of 6 to 8 agencies, most of which participated in the original 2003 coordination study. While the timeline remains unclear for integrating Medicaid and other NHDHHS transportation funding program into regional brokerages, opportunities exist at the regional level to see benefits from coordination. Full participation among provider agencies in the region should be an ultimate goal, though is unlikely at the outset, and should not be seen as a barrier to establishing pilot efforts of the sort identified in Table 3.3.
- ◆ Concerns cited by agencies reflect this increased comfort level with the concept of coordination, in that fewer concerns were stated regarding how scheduling would work, or mixing agency clients. Concerns remained on the part of some agencies regarding risk management and liability issues. The most commonly cited concern was that of finding funding to support call center expenses and pay for additional vehicle hours, especially in the face of declining municipal revenues.

**Table 3.1 - Service and Vehicle Profile by Transportation Provider**

<b>Provider</b>	<b>Hours</b>	<b>Idle Time</b>	<b>Total Vehicles</b>	<b>Access Vehicles</b>	<b>Elderly Clients</b>	<b>Disabled Clients</b>	<b>Other Client Groups</b>
American Cancer Society	M-F 9:00-5:00	NA	NA	NA			100% cancer patients
Caregivers - Derry	7 days/week 5:50-9:00	NA	NA	NA	68%	29%	3% children; 100% low income
Caregivers - Salem	M-F <8:00-4:00	Weekends/ Evenings	1	0	95%	5%	
Center for Life Management	M-F 8:30-4:00	No	1	1	25%	100%	100% low income
CART	M-F 8:00-5:00	No	3 owned Others ESNH	3 owned Others ESNH	80%	25%	100% general public (not restricted)
Granite State Independent Living	7 days/week 24 hrs/day	Not Predictable	5 (tot)	5		100%	
Kimi Nichols Center	M-F 8:00-4:00	M-F after 4pm	9	5		100%	
Lamprey Health Care Senior Transportation	Tuesday 8:00-2:00	Between apts and shopping	6 (tot) 1 (reg)	5 (tot) 1 (reg)	75%	17%	8% general low-income
Londonderry Senior Center	Tu-W-Th 9:30-3:00	M, F, Weekends	1	0	100%		
Rockingham Nutrition Meals on Wheels	(Geary) M-F 8:00-3:30	Evenings and Weekends	1	1	100%		
Salem Boys & Girls Club	M-F before/ after school	No	5	0			100% K-12 age Children
Salem Senior Center	Thursday 8:30-1:00	M, Tu, W 8:30-1:00	1	1	100%		
Easter Seals of NH Special Transit Service (STS)	M-F 8:00-5:00	No	90 (tot) 13 (reg)	90 (tot) 13 (reg)	60%	20%	Low income and public (CART)

**Table 3.2 -Staffing, Trip Volume, Fares by Transportation Provider**

<b>Provider</b>	<b>FTE Solely Driving</b>	<b>FTE Solely Adm/Sched</b>	<b>Volunteers</b>	<b>Other Staff</b>	<b>Trips/ Year</b>	<b>Avg. Rides Refused/ Week</b>	<b>Charges Fare</b>
American Cancer Society	0.0	1.0	All		unknown	Unknown	No
Caregivers - Derry	0.0	1.0	100		2,600	5	No
Caregivers – Salem	0.0	1.0	80		3,120	1	No
Center for Life Management	1.0	1.0	NA	35 Staff w/other roles incl driving	2,600	5-10	No
CART	7.0	3.5	NA		19,500	55	\$3 in town, \$4 inter- town, \$5 out of region
Granite State Independent Living	5.0 PT statewide	1.0 statewide	NA		Unknown	Unknown	\$20/hr + \$1.75/mi from Concord.
Kimi Nichols Center	0.0	0.0	NA	15 Staff w/other roles incl driving	26,000	None	No
Lamprey Health Care Senior Transportation	3.5 (tot) 0.2 (reg)	0.5 (tot) 0.05 (reg)	NA		520	6	Donation: \$3/appt, \$5/day trip
Londonderry Senior Center	0.5 (RNMOW)	0.5	NA		~940	<1	\$2.00 round trip
Rockingham Nutrition Meals on Wheels	NR	NR	NA		4,742 (Geary)	NR	Open Donation
Salem Boys & Girls Club	3.0	NR	NA		~50,000	NR	\$50/Week
Salem Senior Center	0.1	0.05	NA		520	0	No
Easter Seals of NH Special Transit Service (STS)	75.0 (tot) 7.0 (reg)	10.0 (tot) 2.5 (reg)	NA		390,000 (tot) 19,500 (reg)	20-30	Varies by contract

**Table 3.3 - Provider Interest in Various Aspects of Coordination**

<b>Provider</b>	<b>Interested in Coordination in General</b>	<b>Coop Planning</b>	<b>Joint Purchase of Gas/Maint/ Insurance</b>	<b>Purchasing Rides</b>	<b>Coord Vehicle Schedules</b>	<b>Centralized Dispatch</b>	<b>Joint Garage/ Office Space</b>	<b>Use of Vehicles in Emergency</b>
American Cancer Society	No Response							
Caregivers - Derry	1 out of 10 (No interest)							
Caregivers - Salem	10 out of 10 (High interest)	Yes	Yes		Yes	Yes	Yes	
Center for Life Management	2 out of 10 (Low interest)							
CART	10 out of 10 (High interest)		Yes		Yes	Yes		
Granite State Independent Living	7 out of 10 (High interest)	Yes		Yes	Yes			
Kimi Nichols Center	8 out of 10 (High interest)	Yes	Yes		Yes			Yes
Lamprey Health Care	10 out of 10 (High interest)	Yes	Yes	Yes	Yes	Yes	Yes	
Londonderry Senior Center	7 out of 10 (High interest)							
Rockingham Nutrition Meals on Wheels	No Response							
Salem Boys & Girls Club	1 out of 10 (No interest)							
Salem Senior Center	10 out of 10 (Yes)	Yes	Yes	Yes	Yes	Yes		
Easter Seals of NH Special Transit Service (STS)	10 out of 10 (High interest)	Yes		Yes	Yes	Yes		Yes



**Table 3.4. Study Area Towns Served by Transportation Provider**

<b>Provider</b>	<b>Atkinson</b>	<b>Chester</b>	<b>Danville</b>	<b>Derry</b>	<b>Hampstead</b>	<b>Londonderry</b>	<b>Plaistow</b>	<b>Salem</b>	<b>Sandown</b>	<b>Windham</b>
American Cancer Society	*	*	*	*	*	*	*	*	*	*
Caregivers - Derry		*		*	*	*			*	*
Caregivers - Salem	*							*	*	
Center for Life Management	*	*	*	*	*		*	*	*	*
CART		*		*	*	*		*		*
Granite State Independent Living	*	*	*	*	*	*	*	*	*	*
Kimi Nichols Center	*	*	*	*	*	*	*	*	*	*
Lamprey Health Care Senior Transportation	*	*	*		*		*		*	
Londonderry Senior Center				*		*				
Rockingham Nutrition Meals on Wheels	*	*	*	*	*	*	*	*	*	*
Salem Boys & Girls Club								*		
Salem Senior Center								*		
Easter Seals of NH Special Transit Service (STS)	*	*	*	*	*	*	*	*	*	*
<b>Total agencies</b>	<b>8</b>	<b>9</b>	<b>7</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>10</b>	<b>9</b>	<b>8</b>

## PROVIDER SURVEY NARRATIVE RESPONSES

The following are verbatim or minimally edited comments from provider surveys, and are italicized to connote this.

### What are your agency's long-term goals (5-10 years) regarding transportation?

- *Lower cost per ride by doing less individual demand-response to be more efficient by grouping rides at fixed times.*
- *Assist CART with ongoing system development. Continue to provide cost efficient transportation resources on a local, regional and state wide basis. Work with regional systems developing to provide coordinated transportation resources for system development. Work with SCC to develop transportation resources in NH.*
- *Increase ridership; become part of the coordination plan.*
- *To move seniors to and from our community services, which are often in locations whereby they can access other services as well. Medical appointments often receive priority in ridership in many transportation systems, leaving few options for other needs being met.*
- *Paid staff to solely take care of coordinating rides; develop database software to better track and coordinate drives.*
- *Reduce reliance on demand-response and establish fixed route and shuttle services.*
- *We would like to assist advocating for transportation assistance in the community. We service children 3-5 years old and their families. We cannot provide transportation to clients.*
- *We intend to work with regional brokers where feasible.*
- *Have transportation available in all Rockingham County towns at a reasonable rate for handicapped and elderly.*
- *To continue to provide safe, reliable transportation. To positively impact the environment by increasing mass transit usage and to continue to provide our employees with a work environment which highlights their value and nurtures individual growth and empowerment.*

### What are the most pressing transportation needs that you see in the Greater Derry-Salem region, whether for your clients or other residents?

- *Medical appointments.*
- *Convenient, low cost methods of transportation to get around the area for whatever reasons.*
- *Funding.*
- *Financial Security of CART to provide services in future while expanding services provided. Over the last year there has been a reduction in financial support of the system and service hours have been reduced; Development of Fixed Route system.*
- *Not enough options, fixed route needed, too much notice required, not enough time to coordinate.*
- *Ability to fulfill passenger requested service. Lack of service provider resources and financial means to contract for service.*

- Clients getting their children to school, getting to everyday activities for recreation. Being able to transport their children places. Getting to Social services such as Salem DHHS and out of town appointments.
- Schedules public transit and reduced advance reservation requirements.
- Elderly who can no longer drive; disabled who cannot drive.
- Initiate fixed route service. Mobility for elders to get to doctor appointments, shopping etc.
- Affordable transportation.

**Are there any obstacles or concerns that you see relative to your agency participating in a coordinated regional transportation service? If so, what suggestions do you have for how those concerns or obstacles can be addressed?**

- No.
- Our agency has a long history of service provision and development of transit in the CART area.
- Funding – We’re all requesting funding from the same bucket. Policies and procedures.
- Build a better mouse trap and we will participate. Having run different systems, coordinated and not, I think this gives us some good perspective. Just looking at the systems we have running in this service area, Londonderry, Vic-Geary, and Derry with STS. One system) Londonderry is a coordinated service, town provides the van, we provide the driver, 100% of rides with us to the Center, 19 clients. Recent gliche as vehicle breaks down and Town decides it is not worth repairing it. Second System) We own and operate vehicle in 8 Town area. 40 clients. 4325 rides to Center, 417 other, and an extremely popular place for area seniors to receive luncheons, an array of other services, and to just be at a home away from home. Third System) Easter Seals runs service for RNMOW which RNMOW used to operate. 25 Clients receiving rides from 2 towns. 2668 rides provided in the year. Current system confusing as to whom is a RNMOW client, CART client, or STS client.
- Financial commitment from municipalities to leverage federal dollars. Restructure service agreements with communities, provide linkage service to other systems. Securing transportation resources.
- The amount of deadhead miles required to deliver service and insurance limitations for sharing vehicles or drivers.
- I am a new business; owned by a single mom. It's difficult to leave the business for meetings. I cannot make a capital contribution.
- Limited resources.
- Our office and staff are located in Woburn MA. This would not pose a problem with service, however, travel time would be a factor in our hourly cost.

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## Chapter 4. Options for Service Coordination and Expansion

### INTRODUCTION

There are currently more than 17 agencies offering some form of transportation service in the Greater Derry-Salem area. Each has its own mission, equipment, eligibility requirements, funding sources, and institutional objectives. However, while providers only report turning away a limited number of clients in a week, estimates of the various transportation dependent populations in the region suggest a level of need much higher than the current level of service. The initiation of CART service in October 2006 introduced new capacity to the region and began to address this need. CART generated new municipal investment to match Federal Transit Administration (FTA) dollars and put additional vehicles on the road. During the same period, though, several other agencies in the region have cut back service, due to a combination of funding loss, changing internal priorities, the availability of the new CART service, and possibly other factors.

CART was established to be not just a public transit provider, but a coordinating entity that could provide, or contract for provision of, centralized ride reservation, dispatch and billing capacity for other provider agencies. In so doing, CART and partner agencies could optimize use of resources already available in the region (i.e. existing agency transportation budgets) to leverage additional FTA funding and expand capacity. Some of this sort of collaboration has materialized, but there remains great potential for further coordination, and untapped FTA resources waiting to be leveraged with agency dollars or other new sources of funding.

Several developments at the State level since the completion of the 2003 Derry-Salem Transit Study support expanded coordination. These include the update to the State of NH Transit Coordination Plan in 2006; and the subsequent formation of the State Coordinating Council for Community Transportation (SCC) to support coordination and expansion of community transportation services through a network of Regional Coordinating Councils (RCCs) around the state. In the Derry-Salem region, the formation of the Greater Derry-Salem RCC has reinvigorated coordination efforts, and the RCC will play a lead role in implementing the recommendations of this plan.

The following pages outline the spectrum of coordination activities, from simple sharing of information among provider agencies, to a fully centralized community transit system, and multiple options in between. The chapter goes on to describe the preferred coordination structure that the RCC has identified as best suited to the region.

### BENEFITS & COSTS OF COORDINATION

Coordination can improve the performance of individual transportation providers as well as the overall mobility within the region. A regional coordinated service can achieve economies of scale in many areas by consolidating client intake, reservations, scheduling, and dispatching functions. Joint purchase of maintenance services, fuel, and items like scheduling software can also save money. Greater efficiency can stretch the limited funding and personnel resources available to the agencies in the region in a number of ways:

- Reducing duplication of effort in terms of staff time devoted to intake, scheduling, dispatching, and other administrative functions.
- Making more efficient use of vehicles by increasing the potential for combining multiple trips, perhaps funded by multiple agencies, on one vehicle.
- Streamlining the reimbursement billing and reporting processes for multiple funding sources (NHDHHS, municipalities, private grants) through the use of paratransit scheduling and tracking software, thus allowing providers to cost-effectively access critical funding. While many regions efforts to develop a call center are on hold waiting for a decision on a statewide software application, such software is already in use in this region.
- Use existing agency resources in the region to leverage additional FTA funding that is available to the region but not drawn down for lack of matching funding.

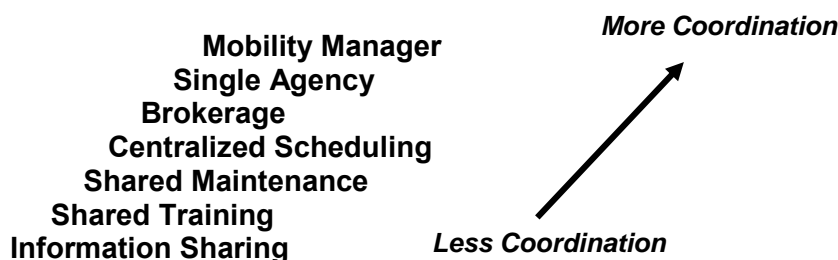
Another benefit related to funding service is that centralized tracking of trip information allows providers to more easily demonstrate their impact and effectiveness when they pursue funding. An innovative coordinated system will help providers access funding that may not be available to them for general operation of individual vans – whether the FTA funding available to the region through CART, or other federal or private grant pools available for innovative new projects.

In terms of overall dollars going to transportation services, a coordinated system is often initially more expensive than the status quo, as funding is needed to establish and staff a call center. Coordination is unlikely to free up funding to be shifted to other services beside transportation, and advocates need to be careful to clarify this with municipal, state and private sector funders. However, recognizing the growing need for transit services for seniors and others in the region, coordination is an important first step to meeting this need while reducing unit cost per ride.

## ALTERNATIVE MODELS FOR COORDINATION

The Community Transportation Association of America describes what it calls the "Coordination Continuum" pictured in **Figure 4.1**. Coordination can range from simple cooperation, in terms of sharing information, up to full centralization of all transportation services with a single agency.

**Figure 4.1 - The Coordination Continuum**



While there is a benefit to any level of coordination, the real benefits in terms of eliminating duplication of effort and reducing unit costs per ride are realized once major functions such as eligibility processing, scheduling, dispatching, billing, and funding administration are centralized. Most coordinated systems use one of the three models at the top of the list -

brokerage, single agency, or mobility manager. These three models, and a fourth that centralizes scheduling and dispatching, are described in the following pages.

The two models at the top of the list in **Figure 4.1**, single agency control and mobility management, involve consolidation of transportation services. In these approaches, all human service transportation in the region would be managed by a single agency. Vehicles previously operated by other providers in the region would be shifted to the central agency to operate and maintain. This sort of centralization provides perhaps the greatest opportunities for improving service consistency, quality, and cost effectiveness, as duplication of effort among agencies is eliminated. However, depending on the existing mix of transportation provider agencies in a region, this sort of centralization is not always the most effective or feasible approach. The potential drawbacks of these models are also discussed below.

### **Single Agency Control**

Under the single agency control model one agency provides all transportation services for individuals in the region. Other agencies participating in the coordinated system contract with this lead agency to meet their transportation needs. This approach is very efficient in terms of centralized management and operations. However, it is usually used only where there is a strong existing regional transit agency that already provides much of the transit service in a region. While several providers have expressed an interest in contracting out their transportation services, consolidation to a single provider is not feasible in the region.

### **Mobility Manager**

The mobility manager model takes the single agency model one step further by centralizing provision of all modes of community transit in the region. The mobility manager not only provides all demand response service in the region, but also provides fixed route transit service, and serves as the clearinghouse for information on vanpool and carpool ride-matching.

Given the large number of demand-response providers in the region, the important role played by existing volunteer networks in the region, and the fact that CART, while a regional transit agency, remains a small agency with limited capacity, we believe that the single agency and mobility manager models are not appropriate models for the Derry-Salem area at this point. The following pages describe in detail two models which may be appropriate for the region: the brokerage model, and a somewhat less sophisticated call center model that would coordinate scheduling and dispatching but would not centralize billing.

### **Brokerage Model**

Under a brokerage the overall management of the transit system is consolidated, but the vehicle fleets are not consolidated as with a single agency model. Brokerage systems have the following characteristics:

- The broker serves as central point for client contact, intake/eligibility determination, scheduling, dispatching, and reporting/invoicing.

- The broker assigns rides to any of the participating provider agencies, typically on a least-cost basis.
- The broker may or may not provide service directly
- The broker usually manages maintenance for all vehicles in the combined fleet, insurance, and staff training

The brokerage concept is probably the most widely used coordination model nationally. It makes efficient use of staff time by centralizing intake, scheduling, dispatching; while maintaining existence of multiple providers.

Funding and billing are typically run through the broker in a brokered system. Providers bill the broker for each ride they provide, while the broker bills funding agencies for reimbursement. The broker charges an administrative fee for each ride it schedules to cover the costs of running the call center and other services.

This process is simplified through the use of paratransit scheduling and tracking software. Once a client has been entered into the computer system and his/her eligibility for Medicaid or other funding programs determined, the broker can readily print out reports and invoices for billing and reimbursement. Most scheduling software is based on a Geographic Information System (GIS), such that the program can locate a client's home, identify the most appropriate vehicle in the area to make the pick-up, and identify the most efficient route to mesh that client's trip with other trip requests. Some software packages also allow multiple providers as well as funders to access scheduling, billing, and reporting information on-line.

A brokerage could be most readily established through an agency that already has staff capacity in place to handle intake, scheduling, billing, training, and maintenance. A brokerage could also be housed with an agency that does not already provide transportation services, but all of these positions would need to be hired and an entirely new structure created.

#### Summary of Broker Responsibilities

The following list outlines the typical responsibilities of a brokerage, as implemented elsewhere in the country:

##### Client Intake

- Conduct client certification or eligibility determination depending upon various participating agencies' policy and procedures.
- Develop computerized client information database including address information, special needs, funding eligibility, etc.

##### Reservations & Scheduling

- Provide call center services including computerized trip reservations, trip distribution, trip assignment, vehicle routing and scheduling, and manifest production/distribution.



### Reporting & Billing

- Establish provider reimbursement methodology, fare structure and agency invoicing procedures.
- Select and develop contracts with service providers through competitive procurement or a negotiated process.
- Negotiate reimbursement agreements with agencies whose clients use the system.
- Accept completed manifests from service providers and update/reconcile trip database accordingly by recording no-shows, cancels, add-ons, etc.
- Generate all required reports, payable summaries and invoices from the database.
- Establish a record keeping system that ensures accountability and data integrity and allows for a well-defined audit trail for all transactions.
- Monitor service provider compliance with contract requirements, federal and local regulations.

### Training & Operations Standards

- Provide all training of broker staff including program information, operation of office equipment and software, sensitivity and telephone courtesy.
- Coordinate training for drivers from all providers in safety and client assistance practices.
- Establish service standards, policy and procedures; program parameters; and training and monitoring programs in conjunction with an oversight committee and funding agencies.
- Monitor service performance including on-time performance, missed trips, no shows, driver courtesy, safety, passenger ride time, vehicle standards and wheelchair loading and tie down procedures.
- Accept and respond to all complaints and commendations in a timely manner and develop complaint reports and monitor for trends.

### Promotion & System Development

- Develop and distribute program information; promote and market the service.
- Recruit new providers and agencies into the coordinated system.
- Pursue additional funding from public and private sources to expand the system.

### General Oversight

- Assist in establishing an advisory/oversight committee that includes representation from participating agencies, riders, funding sources and service providers.

### Vehicle Maintenance

- Establish maintenance standards and schedules for all vehicles used in the coordinated system, and monitor compliance with the standards. In some cases the broker may directly provide vehicle maintenance if it has the necessary facilities and staff; or it may contract for maintenance with a third party.

## **Centralized Scheduling – Lead Agency Model**

This model would centralize the intake, reservations, scheduling, and dispatching functions of the coordinated system without fully centralizing the funding and billing processes. Also, the Lead Agency would not necessarily undertake a contractual obligation to provide all trip needs in the region for a program such as Medicaid, as is typically the case when states restructure Medicaid transportation through one or more brokerages. As with the brokerage model, housing the call center with an agency that already has a structure in place for scheduling and dispatching rides will be more cost effective than creating the call center from scratch. While this approach does not capture major efficiency gains possible through centralized funding and billing, it could potentially be implemented without a restructuring of Medicaid and other funding processes at the state level, and would allow substantial efficiency gains through coordinated scheduling of vehicles, and reduced duplication of call center staff at multiple agencies.

### Summary of Lead Agency Call Center Responsibilities

The following list outlines proposed responsibilities of a simplified call center. The major departures from the brokerage model are the removal of billing and maintenance functions.

#### Client Intake

- Conduct client certification or eligibility determination depending upon various participating agencies' policy and procedures.
- Develop computerized client information database including address information, special needs, funding eligibility, etc.

#### Reservations & Scheduling

- Provide call center services including computerized trip reservations, trip distribution, trip assignment, vehicle routing and scheduling, and manifest production/distribution.

#### Data Gathering & Reporting

- Accept completed manifests from service providers and update/reconcile trip database accordingly by recording no-shows, cancels, add-ons, etc.
- Generate reports tracking usage, as well as payable summaries to allow individual providers to bill Medicaid, TANF, and other funding agencies for services provided to eligible clients.

#### Training & Operations Standards

- Provide all training of broker staff including program information, operation of office equipment and software, sensitivity and telephone courtesy.
- Coordinate training for drivers from all providers in safety and client assistance practices. (optional)
- Establish service standards, policy and procedures, program parameters, and training and monitoring programs in conjunction with an oversight committee and funding agencies.

- Monitor service performance including on-time performance, missed trips, no shows, driver courtesy, safety, passenger ride time, vehicle standards and wheelchair loading and tie down procedures.
- Accept and respond to all complaints and commendations in a timely manner and develop complaint reports and monitor for trends.

#### Promotion & System Development

- Develop and distribute program information; promote and market the service.
- Recruit new providers and agencies into the coordinated system.
- Pursue additional funding from public and private sources to expand the system.

#### General Oversight

- Assist in establishing an advisory/oversight committee that includes representation from participating agencies, riders, funding sources and service providers.

**Figure 4.2 - Summary of Functions Centralized Under Each Service Model**

Function	Brokerage	Lead Agency Call Center
Client intake/eligibility determination	Yes	Yes
Scheduling & Dispatching	Yes	Yes
Providing rides	Possible	Possible
Data gathering & reporting	Yes	Yes
Billing directly to State funding program	Yes	No
Training & operations standards	Yes	Yes
Promotion & system development	Yes	Yes
General oversight	Yes	Yes
Maintenance	Possible	Possible

The three coordination measures at the bottom of **Figure 4.1** - shared information, shared training, and shared maintenance - are all considered as elements of the two service models. Shared information and training will be essential for either model to ensure consistent service. Sharing maintenance is not essential, but provides potential for cost savings and increased safety through consistent maintenance schedules and tracking.

## **SERVICE COORDINATION & EXPANSION CONSIDERATIONS**

The structure of how ride requests are received, scheduled and dispatched among multiple agencies, as described in the previous section, is a key element of service coordination. Equally important is looking at the range of transportation services currently provided in the region, assessing to whom these services are available and for what purposes, identifying service gaps, identifying the most effective means to respond to unmet trip needs; and finally identifying how

multiple agencies' services can be developed, modified and knitted together to begin filling these unmet needs.

Chapter 2 concluded with a summary of types of transportation services needed in the region. These service needs were identified through a combination of input from RCC members and stakeholders, as well as the local Welfare Officer survey and analysis of current services and gaps. These include trips for employment; general medical care and appointments; chronic medical care such as dialysis, chemotherapy, cardiac rehabilitation or adult medical daycare; out of region medical care for services not available in the RCC region; grocery and other shopping, social or civic opportunities; and after school transportation for school age children. Chapter 3 identified which provider agencies currently offer service to meet each of these trip types.

**Figure 4.3** identifies a range of different community transportation services (fixed routes, open demand response service, deviated fixed routes or flex routes, etc.) and assesses how effective each strategy is for meeting the different types of trip needs described above

The rows of **Figure 4.3** represent different types of community transportation services (open demand response service such as CART currently provides, deviated fixed-route such as Lamprey Health Care runs, volunteer driver programs such as offered by the Caregiver organizations, or fixed route service such as what CART will pilot in the coming months, etc). Columns on the table represent the different trip needs (employment, medical, groceries, etc)

To evaluate the appropriateness of each service type in meeting different trip needs, a three color rating scale is used, based on a combination of estimated viability and cost effectiveness:

- Green = Strategy is a viable and cost effective means of meeting this trip need type (Recommended).
- Yellow = Strategy is a viable means of providing this trip type, though not the most cost effective (Imperfect solution but may be necessary).
- Red = Strategy is not a viable or cost effective means of meeting this trip need type (Not recommended).

Each of these service provision strategies is appropriate for some types of trips, and less appropriate for other types. For example, fixed route services can have relatively low per passenger cost if there is an adequate concentration of passengers and desired destinations along the chosen route. It can be well suited for employment transportation, in that once a route is designed to serve specific destinations, adding passengers does not result in incrementally higher costs to the system. It is also well suited to grocery shopping or social trips that can be scheduled around availability of transportation. However, if there is inadequate population density along a route, that route may be neither cost effective nor ultimately viable. Conversely, open demand response service is well suited to medical trips that may be difficult to schedule around bus times; but is not cost effective for providing transportation for grocery shopping, where riders have flexibility in when they travel, and should be steered toward fixed routes where they exist, or weekly shopping shuttles in more rural areas.

**Figure 4.3 - Analysis of Transportation Needs and Strategies for Greater Derry-Salem Region**

Strategies	Transportation System Needs						
	Job Access	Chronic Medical	Groceries	Social	Medical	After School	Out of Region Medical
	<i>Daily travel/limited schedule flexibility</i>	<i>2x-3x/week, some schedule flexibility</i>	<i>~1x/week, full schedule flexibility</i>	<i>Full schedule flexibility</i>	<i>Infrequent/ some schedule flexibility</i>	<i>Daily/limited schedule flexibility</i>	<i>Infrequent/ some schedule flexibility</i>
Maintain current open demand response							
Expand open demand response service							
Develop volunteer-based demand-response service							
Develop scheduled, deviated fixed routes (like Lamprey)							
Phase I fixed route (Salem-Windham-Derry)		Dialysis center not on proposed route				High schools not on proposed route	Routes limited to Derry-Windham-Salem
Expand fixed route services							
Connect to Intercity Transit at Park & Rides							
Connection to other transit systems (MVRTA, MTA)							
Ride-Sharing & Vanpools							

**Legend for Rating System:**

	= Strategy is a potentially cost effective means of meeting this trip need type (Recommended)
	= Strategy is a viable means of providing this trip type, though not the most cost effective (Imperfect solution)
	= Strategy is not a cost effective means of meeting this trip need type (Not recommended)

Notes:

Two additional Transportation System Needs were previously identified: Evening Service and Weekend Service. These have been omitted as columns here, as they overlap with other identified trip types. (i.e. a weekend trip would be an employment trip, a social trip, etc)

Also, while expanded fixed route services are theoretically well suited to all of these trip types, there is not enough population density to support fixed route service in most of the smaller towns in the region.

**Figure 4.4 - Analysis of Transportation Needs and Providers for Greater Derry-Salem Region**

Strategies	Transportation System Needs						
	Job Access	Chronic Medical	Groceries	Social	Medical	After School	Out of Region Medical
	<i>Daily travel/limited schedule flexibility</i>	<i>2x-3x/week, some schedule flexibility</i>	<i>~1x/week, full schedule flexibility</i>	<i>Full schedule flexibility</i>	<i>Infrequent/ some schedule flexibility</i>	<i>Daily/limited schedule flexibility</i>	<i>Infrequent/ some schedule flexibility</i>
Greater Derry-Salem CART	General Public	General Public	General Public	General Public	General Public		General Public
Lamprey Health Care			Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities		
Rockingham Nutrition Meals on Wheels			Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities			
Granite State Independent Living	Individuals with Disabilities	Medicaid		Individuals with Disabilities	Medicaid		Medicaid
Greater Salem Caregivers		Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities		Elderly & Individuals with Disabilities
Greater Derry Caregivers		Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities		Elderly & Individuals with Disabilities
Center for Life Management		Individuals with Disabilities			Individuals with Disabilities		
Kimi Nichols Center		Individuals with Disabilities			Individuals with Disabilities		
American Cancer Society		Cancer Patients			Cancer Patients		Cancer Patients
Salem Boys & Girls Club						Children & Youth	
Salem Senior Center			Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities			
SarahCare		Elderly & Individuals with Disabilities		Elderly & Individuals with Disabilities			
Elliot Hospital		Transit Dependent Patients			Transit Dependent Patients		Transit Dependent Patients

**Legend for Table:**



= Provider's service addresses this need



= Provider's service addresses this need only for agency clients receiving other services from the provider

A challenge currently faced by the CART system is the growing number of riders using the system to access treatment for chronic medical conditions. Examples of this include dialysis, cardiac rehabilitation, chemotherapy, or adult medical daycare. CART is currently undertaking an analysis of common trip patterns for these and other trip types, which can form the basis for new scheduled, deviated fixed routes, also called flex routes. While scheduling of these medical services is not fully flexible, in some cases riders/patients have latitude to schedule around available transportation. Expanding the capacity of volunteer driver networks in the region is another potential approach to addressing these recurring medical trips.

**Figure 4.4** shows the types of trip needs currently being addressed by various service providers in the region. Notation is provided for populations eligible to ride each service. In many cases eligible riders are limited to seniors and individuals with disabilities. In other cases agencies specifically serve individuals with disabilities, or youth. CART, as a public transit agency funded by the FTA, is open to the general public. Agencies whose transportation services are only open to riders otherwise affiliated with that agency, as a medical patient or otherwise, are highlighted in gray. Among other things, this table highlights the lack of employment transportation options, and general transportation options for riders who may have limited income but are not elderly and do not have a disability.

## CURRENT STATE & REGIONAL CONTEXT

Several developments at the State level since the completion of the 2003 Derry-Salem Transit Study support expanded coordination of community transportation services. The first of these were the formation of the Governor's Task Force on Community Transportation, which worked with Nelson-Nygaard Associates to update the State of NH Transit Coordination Plan originally developed in 1995. The updated plan, titled *Statewide Coordination of Community Transportation Services*, was completed in 2006.

The plan called for the development of three entities: 1) a state-level body to oversee the development of a coordinated system; 2) a network of Regional Coordinating Councils (RCCs) to design and implement coordinated services around the state; and 3) a Regional Transportation Coordinator (RTC) in each region, which would arrange trips through a "brokerage" system of varied funding sources and a network of providers.

In 2008 the State Legislature established the State Coordinating Council for Community Transportation (SCC) under RSA 239B to support coordination and expansion of community transportation services statewide. The SCC includes representatives of the State Departments of Transportation, Health and Human Services, and Education; as well as the Governor's Commission on Disability, transit providers, the UNH Institute on Disability, AARP, Easter Seals, the community action agencies, regional planning commissions, the Coalition of Aging Services, the Endowment for Health, and Granite State Independent Living.

The SCC is charged with developing state-level coordination systems, including coordination regions and information technologies, and working with regional groups to establish regional councils. It is responsible to the Governor and Legislature for implementing coordination.

The SCC oversees a developing statewide network of ten (10) Regional Coordinating Councils. The Greater Derry-Salem RCC was officially designated in June 2010, following extensive work by a regional coordination advisory committee to develop a Memorandum of Understanding, Bylaws, Conflict of Interest Policy, and a work plan for the RCC for the coming year.

Since its inception, the SCC has made substantial progress on supporting development of the 10 RCCs around the State; clarifying its enabling legislation and that of the RCCs to ensure that RCCs are legally political subdivisions of the State of NH and members enjoy liability protection; holding two successful Coordination Summits; and convening working groups to clarify risk management and liability coverage needs, identify data tracking needs, and scope out a statewide software solution for client scheduling and billing.

#### Integration of Department of Health and Human Services Funding

To build on these accomplishments, and help establish a sustainable funding base for the regional coordination initiatives being established by the network of RCCs, a critical next step will be the integration by the NH Department of Health and Human Services (DHHS) of transportation funding from their various programs (Medicaid Non-Emergency Medical Transportation, Older Americans Act Title IIIB, Temporary Assistance for Needy Families, etc.) into regional brokerage initiatives. This was assumed as a future source of stable funding for a regional coordination effort in the 2003 Derry-Salem Transit Study. For several years DHHS worked to bring forward a Request for Proposals from in-state or national contractors to broker Medicaid transportation. At the request of regional coordination initiatives, this concept was subsequently changed to provide for channeling Medicaid funding through the ten Regional Transportation Coordinators (RTCs) as these were designated in each region. In 2009 DHHS stepped back from this initiative, acknowledging that it lacked sufficient baseline data on program cost and trip volume to allow a contractor to reliably bid a contract, and that up front costs necessary to implement this transition would be difficult to secure given the current fiscal outlook at the Department.

More recently, the SCC has proposed a three step approach to integrating Medicaid funding into regional brokerages:

**Phase One** - In the first phase, emphasis would be placed on enrolling as many community transportation providers into Medicaid as possible, with the use of a shared-ride trip reimbursement rate aimed at saving DHHS money, but also ensuring provider agencies recover their fully-allocated cost of providing trips. This would be possible by combining more trips onto each vehicle. Phase One would also institute a reimbursement rate for trips provided through managed volunteer driver programs. This would help cover the costs of administering a volunteer driver program, which will help DHHS develop more providers, which will be increasingly important under the new federal Health Care Act, as there will be an increase in Medicaid clients who may need the transportation benefit. These changes will help save the Department of Health and Human Services money by utilizing community transportation networks and ridesharing. During Phase One, participating lead agencies would not be obligated to take any and all trips assigned by the Department.

**Phase Two** - In the second phase, using lead agencies as referral services for DHHS, ride requests would come into Medicaid Client Services. The RTCs would then take the trip themselves or refer it to another provider. A key benefit would be developing good data, as



right now DHHS lacks appropriate data on trip volumes, per-trip costs, and regional variation. With the potential software purchase, all regions would be connected to the same system. Phase Two would also allow the providers the freedom to decline trips. However, Phase 2 is also designed to help reduce the utilization of providers of last resort who have a higher cost service.

**Phase Three** - In Phase Three, the Medicaid program will be a fully-brokered regional system and the broker may be the Regional Transportation Coordinator (RTC) in each region, or a separate entity. The broker will be responsible for a client getting a trip. The current rate structure would be eliminated, and a new rate structure negotiated based on historical costs. In Phase Two, DHHS anticipates gathering adequate data on actual trip costs to be able to develop this rate structure. A broker would receive a negotiated rate from DHHS, then in turn negotiate with providers to set regional rates. The broker would take on responsibility for finding the least expensive appropriate mode.

## **CRITERIA FOR SELECTION OF LEAD AGENCY OR BROKER**

The criteria for selecting a host agency, as identified in the original Derry-Salem Transit Study, include the following:

- Willingness and capacity of host agency to take a proactive role in developing the coordinated system by adding new providers and client agencies as time goes on.
- Ability to secure funding from a range of sources (private not-for-profit or public agency is key to securing foundation funding).
- Ability of agency, under its mission statement, to serve all parts of the transit dependent population in the region, including not just the elderly and disabled, but also low-income clients, youth, and members of the general public needing transportation options.
- Political acceptability of the host agency to other providers and client agencies taking part in the coordinated system.

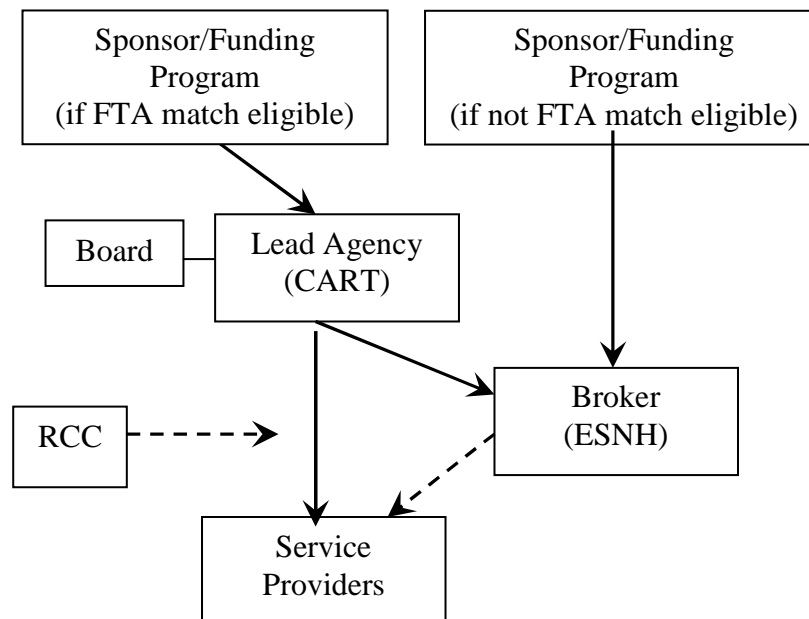
## **PREFERRED COORDINATION STRUCTURE FOR DERRY-SALEM REGION**

In September 2010, the RCC held a Strategic Planning workshop to identify priorities for transportation service expansion, identify the most appropriate service strategies to address those trip types, and designate a preferred structure for transit coordination in the region and a preferred Lead Agency.

RCC members considered a range of structural models for coordination described earlier in this chapter. The model that was ultimately selected is a variant on the Lead Agency model described here. The RCC membership identified CART as the appropriate lead agency for the region, with Easter Seals filling the Broker/Call Center role under contract, similar to CART's existing service agreement with Easter Seals. There was one exception identified to this structure, regarding Medicaid Non-Emergency Medical Transportation (NEMT) funding. NEMT funding is explicitly not eligible as match for FTA funding.

In light of this, there may not be an advantage to the region for Medicaid funding to be managed by CART as Lead Agency. Medicaid funding may be better managed by an agency such as Easter Seals which has long experience with the program. Ultimately we anticipate that regional agencies charged with managing Medicaid transportation and funding will be selected through a competitive procurement process. This structure with alternate funding flows based on funding program, is diagrammed in Figure 4.5.

**Figure 4.5 – Preferred Coordination Structure for Derry-Salem RCC Region**



## Chapter 5. Funding Sources

### INTRODUCTION

Identifying funding to implement transit coordination and initiation of fixed route service in the region is an essential step in the planning process. Coordination of services entails significant financial and institutional commitment. This chapter outlines funding from a variety of sources, including the Federal Transit Administration (FTA), the NH Department of Transportation (NHDOT), the NH Department of Health and Human Services (NHDHHS), local sources, the the Corporation for National Service, and private foundations. The chapter also analyzes the applicability of the different funding sources for this specific project.

An important factor common to nearly all the funding programs listed below is that they require non-federal (local, state, or private) matching dollars. Securing adequate matching funding is a challenge for all transit systems in New Hampshire. With this in mind, potential sources of matching funding are analyzed.

Municipal contributions form the core of the non-federal funding that CART and other provider agencies rely on to match FTA dollars and other federal funding streams. Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in a strong economy, and has been particularly challenging given the current economic downturn.

The New Hampshire Department of Health and Human Services is in the process of reevaluating how it funds Medicaid transportation, and exploring various options including channeling funding through regional brokerages as called for in the 2006 statewide coordination study conducted by the Governor's Task Force for Community Transportation. Timing for full implementation of this concept remains unclear, but may yet be a long term piece of the funding puzzle for regional coordination initiatives.

Some of the funding programs listed below are more appropriate than others for the start-up phases of transit coordination, but most could eventually prove to be applicable. Depending on the types of service being implemented, appropriate funding types and amounts will change. For example, the FTA Section 5307 funding used by CART to support its demand response and planned fixed route services cannot readily be used to support a volunteer driver program. Other funding streams target specific client populations. Ultimately, funding an integrated regional transit system will be like building a puzzle. The following pages describe many potential pieces of that puzzle.

### UNITED STATES DEPARTMENT OF TRANSPORTATION

#### Federal Transit Administration (FTA) Urbanized Area Formula Program (Section 5307)

In New Hampshire, Section 5307 funds are allocated to the State and apportioned to transit systems based on a formula including population and population density within Census-

defined Urbanized Areas. Small Urbanized Areas— areas 50,000 to 200,000 in population — can use FTA funds for capital, maintenance, and operating expenses. In urbanized areas (UZAs) with populations greater than 200,000 these funds may be used only for eligible capital and preventative maintenance expenses. Apportionment of funding in Large UZAs is based on a combination of population, population density, and route miles of service.

The 2000 Census redrew the boundaries of the three urbanized areas that are part of the project's study area. Based on the 1990 Census, Salem was part of the Lawrence-Haverhill, Massachusetts urbanized area. Based on the 2000 Census, this region was incorporated into the greater Boston urbanized area (UZA), such that FTA funding for southern NH is channeled through the Massachusetts Bay Transportation Authority (MBTA). FTA funding available to the Southern NH portion of the Boston UZA totals nearly \$665,000 for FY2010. As the population of the region is greater than 200,000, this 5307 funding may only be used for capital expenses and preventative maintenance. The Nashua urbanized area and the Manchester urbanized area, on the other hand, are classified as Small UZAs, and are thereby able to use 5307 funding for capital, maintenance, and operating purposes.

Following the 2000 Census New Hampshire received an increase in FTA 5307 funding based on population growth in the urbanized areas of the state. In particular, large portions of the towns of Derry, Londonderry, and Windham were absorbed into the Nashua UZA, resulting in a gain of over \$440,000 annually in the FTA apportionment to the Nashua UZA. A portion of these funds have been used by CART to operate public transportation service in the region, beginning in late 2006. Should additional matching funding become available to access a larger portion of the FTA funding attributable to Derry, Londonderry and Windham, access to these additional funds will need to be negotiated with NHDOT and the Nashua UZA, as represented by the City of Nashua and the Nashua RPC/MPO.

A larger challenge is that much of southern NH is likely to be redesignated as a Large UZA (over 200,000 in population) following the 2010 Census. This would likely lead to more FTA 5307 funding being available to the region, but those funds could not be used for transit operations. Either municipalities or the state would need to come up with 100% of the funding to support transit operations in the CART region (and likely the Nashua, Manchester and Seacoast regions); or systems would need to make major cutbacks. Legislation has been proposed in Congress to address this looming problem by allowing small transit systems (operating 100 buses or fewer) in large UZAs to have continued flexibility to use their FTA funding for operating assistance. Building local understanding of this threat, and enlisting support of the Congressional delegation to address it, will be critical in the coming year as Congress debates the new Transportation funding authorization bill.

#### FTA Capital Grants (Section 5309)

The transit capital investment program (49 U.S.C 5309) provides capital assistance for three primary activities:

- New and replacement buses and facilities (Bus and Bus Related Facilities program),
- Modernization of existing rail systems (Fixed Guideway Modernization program, and
- New fixed guideway systems (New starts program and small starts)

Fixed guideway projects may eventually be part of the region's transportation network in the I-93 corridor, but are not a focus for the RCC. However, there is history of the NHDOT working with the state's urban transit agencies and the Congressional Delegation to secure Section 5309 funds for vehicle purchases or transit facility upgrades.

*FTA Capital Assistance Program for Elderly & Disabled Persons (Section 5310)*

This program provides formula funding to states with the purpose of assisting private-nonprofit groups and certain public bodies in meeting the transportation needs of elders and persons with disabilities when transit service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds may be used only for capital expenses that support transportation to meet the special needs of older adults and persons with disabilities on an 80%/20% matching basis. Historically, NHDOT has prioritized vehicle replacement over fleet expansion with this funding program, and requires that applicants participate in regional coordination efforts where they exist.

In 2010 NHDOT announced the availability of a separate pool of \$800,000 in Section 5310 funding that had been flexed from the highway program; for the purpose of funding Purchase of Service projects through developing regional transit coordination efforts. Funds are available only to regions that have designated Regional Coordinating Councils (RCCs) and Lead Agencies. FTA rules allow capitalized transit service contract to be treated as a capital expense under certain circumstances. Services must still be targeted to the needs of the elderly and individuals with disabilities. As of Spring 2011 the RCC, through CART acting as Lead Agency for coordination in the region, has applied for and secured a portion of these Section 5310 Purchase of Service funds for new service expansions in the region.

In 2005, Congress enacted SAFETEA-LU. SAFETEA-LU introduced the requirement that projects funded with Section 5310 funds be derived from locally developed, coordinated public transit-human services transportation plan. In 2009, New Hampshire received an apportionment of \$637,264 in Section 5310 funds.

*FTA Job Access and Reverse Commute (JARC) Program (Section 5316)*

Successful Job Access and Reverse Commute applications require significant coordination between transit, employment services and other local agencies. JARC funding is allocated by formula to States for areas with populations below 200,000 persons, and to designated recipients for areas with populations of 200,000 persons and above. The formula is based on the number of eligible low-income and welfare recipients in urbanized and rural areas on a 50%/50% matching basis. State Temporary Aid to Needy Families (TANF) funds are often used as match, and could likely be secured for a project in this region. The primary beneficiaries of this program are low-income families that otherwise would have a difficult time getting to jobs and related services, such as childcare and training.

JARC projects are aimed at developing new transportation services for welfare recipients and low-income persons seeking to obtain and maintain employment. This program is designed to support development and operation of transportation services including Capital, Planning, Operating and Mobility Management. This program is measured in actual or estimated

numbers of jobs that can be accessed, and actual or estimated number of rides (as measured by one-way trips) provided as a result of the JARC projects implemented in the current reporting year. The largest concentration of TANF recipients in the region is located in Derry, while Salem is the major employment center for the region. CART has secured a small amount of JARC funding as a component of the planned Derry-Salem fixed route service, to be implemented in early 2011. Additional JARC funding can be pursued for this service, or to support a commuter ride-sharing initiative targeting low-income workers.

*FTA New Freedom Program (Section 5317)*

The New Freedom Program aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. Reducing barriers to transportation services and expanding the transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act (ADA) is the highlight of this program. Section 5317 funds can be used for capital and operating expenses for new public transportation services and new public transportation alternatives beyond those required by the ADA. In 2009, there were \$1,399,144 dollars apportioned for the Boston, MA-NH-RI urbanized area.

*Rural Transit Assistance Program (RTAP) (Section 5311(b)(3))*

The Rural Transit Assistance Program (RTAP) was established to provide training, technical assistance and support to rural transit providers throughout America. The objectives of the New Hampshire RTAP are:

- To promote the safe and efficient operation of public transit systems while efficiently utilizing public and private resources;
- Developing state and local relationships to address the training and technical needs of the rural transit community;
- To continually improve the quality and availability of resources and technical assistance to rural systems;
- To encourage individual local transit operators to work together in solving mutual issues;
- To support the coordination of public, private and human services transit providers within a region.

RTAP program funds are allocated to the states based on an administrative formula. The RTAP formula first allocates \$65,000 to each of the states and Puerto Rico, and \$10,000 to the Insular Areas of Guam, American Samoa, and Northern Marianas, and then distributes the balance according to non-urbanized population of the states. There is no Federal requirement for a local match.

State RTAP funds are intended for education, staff development and technical assistance for rural transit operators. In New Hampshire, these funds are used to support rural transit activities by way of training, technical assistance, research, and support services. As such, this program does not fund operational or capital expenditures. This program does not require a matching share. For Federal FY 2010, New Hampshire received \$100,623 in RTAP funding.

While portions of each community in the study area are urbanized, there are non-urbanized areas in the region such that RTAP funds could be available for eligible projects.

#### Federal Highway Administration (FHWA) Surface Transportation Program (STP)

Among the many USDOT funding streams, the Surface Transportation Program (STP) provides the greatest flexibility in potential uses. These funds are typically used for highway construction and are managed by the NHDOT. However, they may be used for any capital project, including transit vehicles and facilities, bicycle and pedestrian facilities. Nationally, 4%-5% of STP funds are used for transit projects such as bus procurement or transit facilities, while the vast majority are used for highway projects. States or MPOs may elect to transfer (or “flex”) a portion of STP funding for any projects eligible for funds under FTA programs except urbanized area formula (Section 5307) operating assistance. The program requires a non-federal share of 20%.

While the New Hampshire Department of Transportation has not frequently flexed FHWA funds for transit use, the supplemental pool of FTA Section 5310 funding for Purchase of Service described above was flexed from the Surface Transportation Program.

#### Congestion Mitigation and Air Quality (CMAQ) Program

These funds are available to states for programs that reduce traffic congestion and improve air quality. All states receive CMAQ funds. Those states without non-attainment areas (regions with excessive levels of air pollution) transfer their CMAQ allocation to their Surface Transportation Program fund allotment. A non-federal share of 20% is required.

CMAQ funding for transit is typically spent in the following ways: to purchase buses, vans or rail equipment; for transit passenger facilities; or for operating support for pilot transit services. Funding may be used for all projects eligible under FTA programs including operating assistance for up to three years. In New Hampshire CMAQ funds are available on a two year cycle, with the next opportunity to apply anticipated in early 2012, with project selection in early 2013.

The Town of Salem, in cooperation with CART, has secured CMAQ funding to initiate the planned Derry-Salem fixed route transit service. CMAQ funding is difficult to justify for demand response service, as this type of service does not necessarily remove traffic from the roads, nor result in fewer trips, but rather targets basic mobility for those who would otherwise have difficulty traveling.

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**

Many federal programs, apart from traditional transit programs, include funds that can be used for transportation. These funds are typically reserved for addressing the transportation needs of the population served by the program, and often can be used only for transportation related to that program, not for the general transportation needs of the participants. In some cases, program funds can be used for general access or to expand overall service in a coordinated

system. The Medicaid program accounts for the largest share of NH Department of Health and Human Services (DHHS) transportation expenditures. DHHS is making a concerted effort to better coordinate the transportation services offered by its various divisions both internally and with the Department of Transportation, the results of which should be visible in a few years.

#### Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF) program is managed by the DHHS Division of Family Assistance (DFA). The DFA has primary responsibility for the administration of the programs authorized under Titles IV-A and XVI of the Social Security Act. TANF assistance is time-limited and intended to promote work, responsibility and self-sufficiency.

Of the four main purposes of the TANF program, transit service meets two: providing assistance to needy families and ending dependence of needy parents by promoting job preparation and work. Assistance activities are defined in 45 CFR Part 260.31 of the TANF final rule and are subject to a variety of spending limitations and requirements – including work activities, time limits, child support assignment, and data reporting.

“Assistance” includes benefits directed at basic needs (e.g. food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses) even when conditioned on participation in a work activity or other community service activity. In NH, all able-bodied TANF adults must participate in the NH Employment Program. Appropriate NHEP activities include employment, job search, on-the job training, job readiness, alternative work experience, adult basic education, vocational skills training, post secondary education and barrier resolution. TANF provides many support services to facilitate participation in the above activities. Support services may include child care, mileage reimbursement, bus passes, books, fees and supplies, tuition and reimbursement for other services to remove barriers to participation in activities. TANF funds may also be used for grants to develop or expand services that promote the major goals of TANF. TANF funds have been committed as match for JARC applications elsewhere in the state and may be a key component of a funding solution for the region.

#### Older Americans Act, Title III-B

Title III-B funding supports the network of agencies and organizations needed to provide home and community based care for senior citizens. One of the permitted uses of the funds (of Title III-B: Supportive Services) is transportation for eligible citizens. To receive services, one must be 60 years of age or older. Preference is given to minorities and those with low incomes. The NHDHHS Department of Elderly and Adult Services (DEAS) administers Title III-B funding. Title III-B funds are used by Lamprey Health Care, Rockingham Nutrition Meals on Wheels program and other agencies around the state to support senior transportation services.



## OTHER SOURCES OF STATE AND FEDERAL FUNDS

### State General Fund Appropriations

The State of New Hampshire contributes very little to support public transportation operation. In 2008, the most recent year for which comprehensive data are available, the average per capita state contribution to public transportation operating assistance was \$23.30 (AASHTO/ APTA). If one looks at the median state per capita contribution, to remove the influence of large states such as New York or California which fund large rail systems, the median state investment was \$1.27 per capita. New Hampshire's contribution of state dollars to public transportation in 2008 was \$0.17 per capita. State operating support for public transit had grown to approximately \$200,000 by 2009, but was cut by about 75% in the FY2010-FY2011 biennial budget to \$54,000/year, shared among all of the transit systems in the state. Versions of the FY2012-2013 budget proposed by the Governor and the State Legislature eliminate this funding entirely.

Developing a dedicated source of state funding for public transportation has been a long-standing goal of the NH Transit Association, the state's regional planning commissions, and other organizations. Building support for increased State investment among policy makers from the Greater Derry-Salem region will be an important piece of long term work for the RCC.

### Community Service Block Grants (CSBG)

These grants are designed to provide a range of services and activities that will have measurable and major impacts on the causes of poverty in New Hampshire communities or those areas of the community where poverty is a particularly acute problem. The Governor's Office of Energy and Planning manages Federal funding for these block grants. Grants are given to the six NH Community Action Agencies to carry out the purposes of the CSBG Act. Five percent of the funds may be reserved for special Community Services Projects, which are innovative and can demonstrate a measurable impact in reducing poverty.

### Corporation for National Service - AmeriCorps and VISTA Programs

The AmeriCorps VISTA program places skilled volunteers in community development positions around the country, with an emphasis on helping bring communities and individuals out of poverty. Approximately 6,000 AmeriCorps VISTA members serve in hundreds of nonprofit organizations and public agencies throughout the country working to increase literacy, improve health services, create businesses, increase housing opportunities, or expand access to technology. VISTA volunteer positions require local investment in matching funding, but could be a cost-effective approach for building new programs like expanding the pool of volunteer drivers serving the region.

## LOCAL SOURCES

### Local General Fund Appropriations

Municipal contributions form the core of the non-federal funding that CART and other provider agencies rely on to match FTA dollars and other federal funding streams. For CART, FY2010

municipal contributions totaled approximately \$145,000 across seven communities. Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in a strong economy, and has been particularly challenging given the current economic downturn.

One key is ongoing outreach to municipal officials, to ensure that newly elected or newly hired officials understand the transit need in the region, the roles of multiple agencies in meeting that need, the relative cost effectiveness of providing transit services to support independent living, and the consequences of cutting funding. With this in mind, municipal participation in the RCC will be very beneficial and should be encouraged.

#### Local Option Fee For Transportation Funding

One means of generating local funding is local vehicle registration fees. Beginning on July 1, 1997, in addition to the motor vehicle registration fee collected, the legislative body of a municipality may vote to collect an additional fee for the purpose of supporting a municipal and transportation improvement fund. The additional fee collected can be up to \$5.00. Of the amount collected, up to 10 percent, but not more than \$0.50 of each fee paid, may be retained for administrative costs. The remaining amount will be deposited into the Municipal Transportation Improvement fund to support improvements in the local or regional transportation system including roads, bridges, bicycle and pedestrian facilities, parking and intermodal facilities and public transportation.

Use of the local option fee has several advantages as a local funding source for public transportation. First, it is established as a dedicated source of funds for transportation. Second, it is stable from year to year and not subject to an annual appropriations process. Third, it has the capacity to raise sufficient amounts of money to fund the local match obligation of both an expanded and coordinated demand response system and the fixed route service recommendations in this report.

#### County Funding

Historically Rockingham County has not participated in funding transportation, with the exception of a shuttle to bring participants to the County's Adult Medical Daycare program at the County Complex in Brentwood. Currently this service is not offered in the western part of the county. One reason may be that service areas for transportation programs have historically not followed county boundaries – note that three different RCCs cover parts of Rockingham County.

However, the development of a comprehensive network of RCCs covering the state means that for the first time every town in the county will be covered by one of these developing transportation systems. As County governments hold responsibility for nursing homes, there is a strong argument to be made for counties funding transportation services, as a means of long term health care costs by helping seniors live independently at home rather than enter costly long-term nursing home care. While not a current funding option, developing County support needs to be fully explored by the RCC.

## PRIVATE SOURCES

### Business Support

There are many examples nationally, and some in New Hampshire, of businesses supporting transit systems. In the Upper Valley, Dartmouth Hitchcock Hospital and Dartmouth College are major supporters of Advance Transit, the regional public transportation system. In Concord, Northeast Delta Dental Corporation has been a supporter of Concord Area Transit. In Manchester, the Manchester Transit Authority has generated matching support from supermarkets for weekly shopping shuttle services; as well as support for commuter service from the Stonyfield Farm dairy company.

Businesses are most likely to support transit systems if they meet a clear need for the business, such as getting employees to work and thus reducing the need to build expensive additional employee parking. In Massachusetts and some other states, larger businesses are required by state laws, or encouraged by incentive programs, to develop Trip Reduction programs that reduce vehicle miles traveled by employees. These businesses often sponsor ride-share programs, or employee shuttles. If a transit system significantly improves access for its clientele, a business may choose to support a transit system.

CART provides many trips to local grocery stores, hospitals, or medical facilities like the Fresenius Medical Care dialysis center in Londonderry; and has begun approaching these businesses about becoming funding partners in CART. To date this has yielded limited results, but is in its early stages. The initiation of fixed route service in Derry and Salem will create a new opportunity to approach businesses. Businesses supporting the service can be offered preference in route planning.

In short, business support should be pursued as a means of sustaining current core services and funding service expansions. However, keeping in mind the lack of regulatory requirements or clear incentives in New Hampshire that lead businesses in some states to support transit, this is likely to be only a small part of the solution to funding community transportation in the region.

### Sales of Services and Products

Many transit systems bring in additional dollars through the sale of products and services. One of the most common sources of such income is the sale of advertising space inside or outside the vehicles. COAST, the public transit agency in the NH Seacoast region, generates over \$100,000 annually in advertising revenue.

### Agency In-Kind Matching Funding

While not cash funding, a major advantage of a coordinated system is the potential to use existing resources from multiple provider agencies as in-kind match for Federal Transit Administration (FTA) funding. If an existing provider agency, such as Lamprey Health Care, uses non-federal funding to support transportation services, or even non-USDOT funding such as Title IIIB dollars, a properly structured coordination agreement can allow these funds to be

used as match for FTA dollars. Given the challenges of increasing municipal investment, state investment, and the short term nature of most private foundation grants, collaborative operating agreements that make use of existing agency funds to leverage new FTA dollars are one of the most promising opportunities for expanding services in the region.

#### Private Charitable Foundations

Foundation support has been, and will continue to be, vital to the success of transit in the region. A three year pilot grant from the Endowment for Health (EFH) supported the start-up of the CART system in 2006-2009, providing non-federal matching funding while municipal contributions were phased in over a three year period. Similarly, the NH Charitable Foundation (NHCF) has supported initiation of CART service, along with Heritage United Way. Other provider agencies have been successful in securing grant funding from other foundations.

In general, foundations show a strong preference for financially supporting pilot projects or capital projects, and are often unwilling to fund ongoing operating costs. New coordination initiatives arising out of the RCC planning process represent pilot projects that could be good candidates for grant funding. The availability of FTA funds through CART makes for an attractive source of match, and the fact that projects arise out of a participatory regional planning process will also strengthen grant applications. A final key element in securing grant funding is being able to show a plan for financial sustainability following the end of grant funding, if grant dollars are being used for operating expenses.

As noted above several foundations have supported the start-up of CART and its predecessor, the Greater Derry Greater Salem Regional Transportation Council (GDGSRTC). For some of these which funded recent start-up work, such as EFH and NHCF, the timing is likely not appropriate for further funding requests.

Several other funders to consider are listed below, though this is by no means an exhaustive list:

- Heritage United Way
- The Alexander Eastman Foundation
- The Agnes Lindsay Trust
- Citizens Bank Foundation

Heritage United Way has supported CART as well as other provider agencies in the region. The Alexander Eastman Foundation (AEF) was a major funder of CART's predecessor, the Greater Derry Greater Salem Regional Transportation Council, providing more than \$117,000 between 1998-2003. The Agnes Lindsay Trust provides relatively small grants of \$5,000-\$15,000, but has funded multiple agencies in the Greater Derry-Salem region. The Citizens Bank Foundation is a larger regional foundation serving nine New England and Mid-Atlantic states, but emphasizes innovative responses to basic human needs and community-based services targeted to low - and moderate-income families and individuals.

## Chapter 6. Findings & Recommendations for Service Coordination

### INTRODUCTION

The following pages summarize input received throughout the plan update process from stakeholders including Regional Coordinating Council (RCC) members, other providers and purchasers of transportation services, and municipal officials on options for service coordination and development. The chapter also offers recommendations for system development.

### FINDINGS

Key sources of input for these findings include the survey of provider agencies, survey of local welfare officers, the Strategic Planning Workshop held with RCC members in September 2010, and data from the US Census, NH Office of Energy and Planning, and NH Department of Health and Human Services.

- ◆ The Greater Derry-Salem region is now served by public transportation - The development of the Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART) since the completion of the last regional coordination plan has expanded access to transportation for transit dependent populations as well as members of the general public in the region.
- ◆ New Regional Coordinating Councils provide a useful framework for coordination - The formation of the Greater Derry-Salem Regional Coordinating Council for Community Transportation (RCC) in 2010, and similar entities around the state as provided for under RSA 239-B, provides a structure for coordination planning and eventual coordinated management of various Federal- and State-funded transportation programs.
- ◆ CART's existing call center structure can be built on to support coordination - The structure of CART's call center, operated by Easter Seals, positions the region well to implement service coordination between the transit agency and human service providers. Scheduling software designed for coordination, which other RCCs are waiting for the State to procure, is already in use. Vehicles owned by multiple agencies already participate in the CART system, including CART itself, Easter Seals, Salem Senior Center, and Green Cab.
- ◆ The number of agencies providing service in the region has declined - Partially offsetting CART service expansion, several agencies have reduced service levels in the region since 2003, including Lamprey Health Care, Salem Senior Center, the Center for Life Management, Rockingham Adult Medical Daycare, Greater Derry Community Health Services, and Silverthorne Adult Day Care. Some of this can be attributed to general tightening of public and private agency budgets. Another likely factor is the development of CART itself, either because agencies have shifted clients to the public system to save money, or because municipalities have redirected funding. This presents a challenge, as the concept of coordination depends on multiple agencies pooling resources.
- ◆ Some vehicles in the region remain underutilized - Even with this contraction of service, there are still agency vehicles in the region that are not on the road full time. Many agencies

employ part time drivers, as they lack operating funding for full time drivers or may not need full time service. An opportunity exists to better utilize these idle vehicle hours if operating funding can be secured for additional driver time.

- ◆ Restructuring services can more efficiently provide certain trip types – While the open demand response service offered by CART provides important flexibility for medical trips, scheduled demand responsive routes such as those operated by Lamprey or Meals on Wheels are more efficient for trips such as grocery shopping that can be scheduled around ride availability. The RCC analyzed a range of trip types and identified service types that can most cost effectively meet each.
- ◆ Additional Federal funding is available to the region for service expansion – Several sources of Federal Transit Administration (FTA) funding are available to the region, but are not being fully accessed due to lack of non-federal matching funding. This matching funding could come from municipalities, private sources, and even Federal programs outside of the US Department of Transportation, including most DHHS programs.
- ◆ Demand for service continues to outstrip available capacity- Surveys of welfare officers and providers highlight significant remaining unmet transportation need in the region, including trips for medical services, employment, shopping. Agencies cite increase in trip request that cannot be met.
- ◆ There is a public perception of duplicative services- Local policy makers in various communities note a perception that they are funding multiple agencies to provide the same service. This perception is valid to an extent, in that a resident of a town such as Hampstead could go shopping using services provided by Lamprey or CART depending on the day of the week. However, careful outreach is needed to ensure that municipalities understand this doesn't mean an over-supply of service. Taken together, all of the services provided in the region still meet only a fraction of the need. It does, though, point to an opportunity for coordination.
- ◆ There is a lack of service outside of weekday business hours- Agency-based transportation services in the region are mostly offered during weekday business hours. This limits the ability of individuals to schedule appointments in the late afternoon and early evening.
- ◆ There is a lack of information on the full range of available services- There is no centralized point of information outlining available transportation services for the region.
- ◆ Flexibility will be needed to ensure priority for existing agency clients - A key condition of participation for several providers is that they be able to give priority to their existing clients with their existing vehicles. Additional clients may be added to existing runs so long as current clients are not refused service or made to wait an inordinately long time. Additional efficiency may be gained by serving new clients at times when vans are not currently in use, as described below. Agencies with concerns about adding any new riders to their existing runs may participate by simply allowing the coordinated system to use their vehicles during periods when they are currently idle.

- ◆ Provider agencies harbor concerns around liability - Liability coverage is a significant concern and area of uncertainty for most providers. Providers often have coverage through insurance carriers that specialize in specific client populations (i.e. elderly or disabled individuals), such that expanding to carry other populations may require coverage changes. The most cost effective approach to liability coverage for a coordinated system will likely be having each provider maintain its current insurance carrier, while adding the broker as an additionally insured. All providers participating in coordination would carry agreed-upon coverage levels. In 2010 the State Coordinating Council convened a subcommittee to identify insurance needs for developing regional brokerages. The committee included service providers, state agencies, as well as representatives from the insurance industry and developed a series of risk management tools for RCCs, as well as recommended insurance coverage limits for providers in a coordinated system.
- ◆ Integrating volunteer drivers into a coordinated system will be a challenge - Incorporating existing volunteer drivers into a coordinated system poses challenges. To the extent that volunteers and the provider organizations with which they work are willing to shift scheduling over to the broker, volunteers can be a tremendous resource to the system. They can be especially helpful in providing rides for repetitive medical trips such as dialysis or cardiac rehabilitation; or for longer distance medical trips where an agency vehicle and professional driver would be particularly expensive.

The broker can maintain a list of volunteers including the times that they are available to give rides in private vehicles, and the types of clients they would like to serve, and schedule rides accordingly. In other cases a broker may forward ride requests to a volunteer driver organization, whose volunteer manager would seek a driver to take the ride.

This said, volunteers trips provided through Caregiver organizations can be difficult to separate from other services provided by those volunteers, such as grocery shopping or in-home assistance.

## SYSTEM DEVELOPMENT RECOMMENDATIONS

1. Complete the RCC Development Process by Establishing a Lead Agency - During the Strategic Planning Session held in September 2010, RCC members considered a range of structural models for coordination which are described in Chapter 4. Ultimately, RCC members felt the most appropriate coordination model identified is for CART to serve as the Lead Agency with Easter Seals filling the Broker/Call Center role under contract, similar to CART's existing service agreement with Easter Seals. As described in Chapter 4, CART was established to be not just a public transit provider, but a coordinating entity that could provide, or contract for provisions of, centralized ride reservation, dispatch and billing capacity for other provider agencies. In doing so, CART and partner agencies could optimize use of resources already available in the region (i.e., existing agency transportation budgets) to leverage additional FTA funding and expand capacity.
2. Maintain the Region 9 RCC- The formation of Regional Coordination Councils is a result of State Legislation which established the Statewide Coordination Council (SCC). The SCC's duties include establishing community transportation regions, encouraging the

development of regional coordination councils (RCCs) and approving the formation of regional coordination councils. On June 10, 2010 the Greater Derry Salem (Region 9) RCC was approved by the SCC. The role of the RCC is to facilitate the implementation of coordinated community transportation in the region, encourage the development of improved and expanded regional community transportation services, and advise the SCC on the status of community transportation in the region. The RCC will continue to seek stakeholders in the region including local transportation providers, funding agencies, consumers, and agencies requiring transportation services. Consistent with State Legislation, the RCC will continue to work towards the arrangement of transportation through a network of providers ensuring quality service.

The Rockingham Planning Commission (RPC) and Southern New Hampshire Planning Commission (SNHPC) will continue to provide staffing assistance to support the Lead Agency and Oversight/Advisory Committee as resources permit.

3. Pursue Coordination Opportunities to Leverage FTA Match - Due to the difficulty of securing new municipal funding, one of the best opportunities for securing matching funding for additional FTA dollars will be developing coordination agreements with other provider agencies in the region. If structured properly, this can allow funds supporting existing agency operations to be used to leverage FTA dollars to expand operations as part of a coordinated system.

An example of this is the collaborative initiative of CART, ESNH and Rockingham Nutrition Meals on Wheels Program. This project will use resources from RNMoW that currently support a service bringing seniors to meal sites in Derry and Londonderry, and use them to leverage additional FTA funds to allow expansion of the service into a demand-responsive route serving shopping and medical destinations as well as the meal sites.

4. Develop a pilot taxi-voucher program- Establish a pilot taxi-voucher program to support travel needs such as return trips from medical appointments ending after normal service hours. Research procuring an accessible taxicab such as low-floor minivan with wheelchair space. Such a system should be targeted for medical transportation.
5. Develop region-wide volunteer driver program - Three volunteer programs operate in the region currently - Community Caregivers of Greater Derry, the Greater Salem Caregivers, and the American Cancer Society (ACS) Road to Recovery Program. However, two communities in the region, Danville and Plaistow, are outside of the service areas for the two caregiver programs, and ACS rides are only available to oncology patients. Ideally the RCC can work with these agencies to fill these town gaps, and help secure resources to support their operation.
6. Expand access to employment transportation - Most provider agencies in the region offer services targeted to specific population groups - largely senior citizens, individuals with disabilities, or in some cases youth. CART, as a public transit agency, is open to all members of the general public, though like all agencies in the region is limited in its capacity. One goal of coordination is to expand transportation access to members of the public who are not clients of specific agencies, or are otherwise eligible for transportation assistance under



DHHS programs. Access to employment is a particular need. Launch of the Derry-Salem fixed route service will begin to address this. A second proposed initiative is a regional ridesharing program, building on resources available through the NH Rideshare program. FTA Job Access/Reverse Commute (JARC) funding would be well suited to support such a program.

7. Support continuation of existing services in the region through vehicle replacement - FTA Section 5310 funding accessed by agencies in the region to periodically replace vehicles should continue to be available to these agencies for vehicle replacement to avoid further loss of service. This said, priority for vehicle replacement should be given to agencies participating in the RCC, and whose vehicles will participate in regional service coordination efforts.
8. Recognize trip type priorities in developing new services - Stakeholders participating in the Strategic Planning Session identified the following trip types which should receive the highest priority in maintaining existing service and seeking to expand service:
  - Medical appointments
  - Job access
  - Groceries/shopping
  - Social/recreational
  - Out of region medical
  - Chronic medical (dialysis, chemo)
9. Improve Information Available on Transportation Options - Develop and disseminate an updated guide to transportation options available in the region. This should be web based for simplicity of updating, though paper copies should be available. Local public access TV channels should also be used for outreach.
10. Work to guide NHDHHS planning on Medicaid transportation- The Region 9 RCC will help guide coordination of shared ride transportation services in the region to expand access for transportation dependent individuals and improve the efficiency of services. This includes providing input to NHDHHS on restructuring Medicaid non-emergency medical transportation (NEMT). However, as of early 2011 it appears that NHDHHS may not be ready to fully implement Medicaid restructuring for several years.
11. Establish Operating and Service Agreements with Interested Parties- Decisions by providers whether or not to take part in the coordinated system will depend in large part on the specific provisions of the Draft Memorandum of Understanding (MOU) on Operating Standards for Service Coordination found in Appendix E. The MOU is an example used by CART and Transit Service Providers participating in CART Service currently. The MOU outlines the responsibilities of CART, CART's broker contractor (Easter Seals NH) and provider agencies, and sets out detailed operating standards for customer service, driver qualifications and training, vehicle maintenance, and other risk management procedures. Adjustments to these operating standards may be needed to respond to requirements of new funding programs, and will need to be agreed to by all participating parties. Details of available vehicle time, geographic restrictions on vehicle use, billing rates, and how exactly

trips are scheduled will likely vary from provider to provider, and will be negotiated directly between CART as Lead Agency, the broker, and the provider.

12. Secure resources to fund brokerage operations- In a traditional brokerage system, the cost of maintaining the brokerage office is covered through administrative fees allowable under Medicaid and other transportation funding programs. The NHDOT announcement of available FTA Section 5301 POS funds allows for 5% of the 5310 funds allocated to a region to be used to cover the administrative expenses of the lead agency related to this program, as “mobility management”. In the long term, a shift by NHDHHS to channel Medicaid transportation funding through regional brokerages may allow stable funding both to purchase rides and to maintain a call center structure. Several private charitable foundations have supported the start-up of CART and its predecessor, the Greater Derry Greater Salem Regional Transportation Council. However, given the reduced funding pools at many foundations, and demand on statewide foundations for similar support from other regions that have not previously received funding, it is unlikely that the Region 9 RCC will be able to secure new resources from statewide funders such as the Endowment for Health or the NH Charitable Foundation in the next few years. More localized foundations, such as the Alexander Eastman Foundation, may be a potential source of matching funding for specific new services that target access to medical care or other priorities.
13. Work to maintain and enhance Town funding- The establishment of CART was made possible in part through the financial support of several municipalities in the Region. Over the past couple of years however, many municipalities have cut contributions to CART service due to the tightening of municipal budgets. Going forward, in the near future at least, it will be a challenge to maintain current levels of municipal funding for CART let alone further new funding from municipalities.
14. Advocate for dedicated state transit funding- A core problem for transit systems throughout the state is the lack of dedicated state funding available to match federal transit dollars. While better coordination between NHDOT and NHDHHS will improve access to human service funding for coordinated systems, ultimately there is a need for more state funding for transit to serve all groups in the community. Currently, the New Hampshire Transit Association is working to gain access to State turnpike toll credits as match for FTA funding, to make up for recent reductions in State transit operating assistance. Statewide, transit systems leave an estimated \$2 million per year on the table due to lack of non-federal matching funding, which could otherwise be used to address growing needs. Extending access to toll credits to individual transit agencies as match would allow these agencies to access their full annual FTA apportionments. This type of assistance could be provided to transit agencies without depriving other critical programs at NHDOT of resources, or require new General Fund allocations.
15. Establish fixed route transit service in the region- Extensive fixed route service is usually not practical in an area with population densities as low, and development as dispersed, as much of the Greater Derry-Salem region. However, this sort of service may well be effective in the population centers of Derry and Salem, and to provide connections to employment, retail, and service centers outside of the study area such as Manchester and Methuen. Fixed

route service will be key to expanding transit access for transit dependent populations that are not eligible for funding programs such as Medicaid.

In 2010 CART solicited a request for proposals for a Fixed Route System transit service to coordinate and/or provide public transportation through the use of accessible and non-accessible vehicles for the Greater Derry-Salem region. The service, known as the Salem Employee- Trip Reduction integration project (SE-TRIP) will provide local fixed route bus service between downtown Salem and downtown Derry, crossing through a portion of Windham. The service will consist of 4-6 round trips per day, Monday through Friday. The routing and schedule are designed to serve employment centers, including the industrial park west of Exit 2 of I-93, the Mall at Rockingham Park, and other retail locations along and near Route 28 and institutions centers such as Parkland Hospital in Derry. Service also provides connections with the I-93 Exit 2 Park & Ride. Implementation of the service has been delayed while CART works with the host municipalities to secure adequate non-federal matching funding.

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## **APPENDICES**

**Appendix A.    Application Packet for RCC Designation**

**MOU & Roster of Signers  
Bylaws  
Conflict of Interest Policy**

**Appendix B.    Advisory Committee Members**

**Appendix C.    Transit Provider Survey Instrument**

**Appendix D.    Welfare Officer Survey Instrument**

**Appendix E.    CART MOU on Operating Standards for Service Coordination**

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## **APPENDIX A**

### **Application Packet for RCC Designation**

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May 28, 2010

Jeanne Ryer, Chair  
NH Statewide Coordinating Council for Community Transportation (SCC)  
c/o Endowment for Health  
14 South Street  
Concord, NH 03301

Kenneth Hazeltine, Chair  
SCC Subcommittee on Regional Coordinating Councils  
c/o Granite State Independent Living  
21 Chenell Drive  
Concord, NH 03301-8539

***RE: Application for Recognition as RCC for Region 9 – Greater Derry-Salem Area***

Dear Jeanne & Ken,

Please accept this packet as the application to establish the Greater Derry-Salem Regional Coordinating Council (RCC) for Community Transportation, identified as Region 9 in the New Hampshire's statewide plan for transit coordination.

The application consists of this cover letter and an attached application form describing the Memorandum of Understanding (MOU) signed by participating organizations, a list of agencies participating in the planning process who have signed the MOU to date, the Bylaws adopted by the group, and the Work Plan for moving the transportation coordination efforts forward in the Greater Derry-Salem region in the coming year.

With the recent passage of SB321 by both houses of the State Legislature, the Greater Derry-Salem RCC requests recognition as a free-standing entity, anticipating approval of the bill by Governor Lynch, and establishment of RCCs as political subdivisions of the State. Recent policy changes by the Local Government Center have the implication that housing the RCC jointly under the Rockingham Planning Commission (RPC) and Southern NH Planning Commission (SNHPC) will not provide the liability protection for RCC members that we previously thought. This said, RPC and SRPC are in the process of developing a separate MOU regarding technical assistance and administrative support for RCC.

Thank you for your consideration of this application. If you have questions on any of the materials here, please contact me at 778-0885, or Tim White or Matt Caron with SNHPC at 669-4664.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Bogle".

Scott Bogle  
RPC Senior Transportation Planner

CC: Tim White & Matt Caron, Southern NH Planning Commission







Submission to  
**Statewide Coordinating Council for Community Transportation**  
Requesting establishment of  
**The Greater Derry-Salem (Region 9)**  
**Regional Coordinating Council for Community Transportation**  
**May 2010**

The Greater Derry-Salem Regional Coordinating Council (RCC) for Community Transportation respectfully submits this application for designation as the RCC for Region 9, as part of the statewide network of RCCs being overseen by the State Coordinating Council and participating State agencies.

### **History**

In the Derry-Salem region, the work of the RCC builds on the 2003 Greater Derry-Salem Transit Study, which involved more than 30 municipalities and health and human service agencies in the region in inventorying existing transportation service in the region, assessing transit need, and developing recommendations for expanding transportation access. The plan recommended creation of a new public transit agency to begin accessing federal transit funding available to the region, and collaboration among multiple transportation provider agencies to coordinate scheduling and dispatching of rides to make most effective use of limited available resources. A key result of the 2003 study has been the formation of CART, the new public transportation agency for the Derry-Salem region, which began service in 2006 with support from the Federal Transit Administration, the Endowment for Health, the NH Charitable Foundation, and nine member towns. Since its inception in late 2006, CART has provided more than 50,000 demand-response trips within the Greater Derry-Salem area and to out of region medical destinations in Manchester and Northern Massachusetts.

The 2003 document has served as the Locally Coordinated Public Transit/Human Service Transportation Plan for the region, as required by SAFETEA-LU, the federal transportation authorization act passed in 2005. SAFETEA-LU requires that these plans be updated periodically. Many of the 2003 Plan's original recommendations have been implemented, while key aspects of the needs original needs analysis are out of date.

Coordinated scheduling of demand response transportation services was part of the original design for CART, and has developed to some degree through partnerships between CART, Easter Seals of NH and the Salem Senior Center. Much of the focus of CART staff time since inception has been consumed with attaining designation as a recipient of Federal Transit Administration (FTA) funds, and dealing with the adjustments of a new and growing transit system. Also, the challenge of building a coordinated system has been compounded by cutbacks at other provider agencies, resulting in fewer opportunities for coordination. Since CART's inception, several agencies that previously provided transportation in the region have cut back or eliminated service. Some agency transportation services have been reduced due to municipal funding cuts, while in other cases agencies have opted to eliminate in-house services and instead refer clients to CART.

Work to update the Locally Coordinated Public Transit/Human Service Transportation Plan and establish the RCC began in September 2009, with the Rockingham Planning Commission and Southern NH Planning Commission working jointly to reconvene representatives from transportation providers, municipalities, state agencies and other interested parties. Progress on the coordination plan update has included surveying transportation provider agencies to update information on available service in the region; and conducting a needs assessment based on demographic data and input from local officials to identify service gaps. Key challenges include:

- A burgeoning need for transportation linked to a rapidly growing senior population;
- A relatively dispersed population in much of the region, and consequent long trip distances and high trip cost from rural communities to medical or retail destinations in larger towns like Derry, Salem or Plaistow;
- Limited vehicle hours available to provide needed services.
- Limited ability to prioritize trip needs through CART based on use of FTA funding

The RCC is currently identifying opportunities for coordination and priorities for service improvements and expansion. The Greater Derry-Salem region has an advantage over many regions of the state in the form of the existing CART call center, operated by Easter Seals of NH. The capacity already exists for coordinated scheduling. Further, the concept of coordination is not new to most of the provider agencies in the region. The formation of the RCC has reinvigorated efforts to develop coordination agreements between CART and other local and regional providers.

### **Membership/Memoranda of Understanding (MOU)**

Participation in the Greater Derry-Salem transit coordination planning group has been strong since its reactivation in late 2009, including public, private non-profit and private for-profit transportation service providers; municipal representatives; two regional planning commissions; the NH Department of Health and Human Services; and other stakeholder organizations. As of May 2010 the following ten organizations have signed MOUs as members:

1. Easter Seals of NH, Special Transit Service
2. Granite State Independent Living
3. Greater Derry-Salem CART
4. Greater Salem Caregivers
5. Green Cab Company
6. Lamprey Healthcare Senior Transportation
7. Rockingham Community Action
8. Rockingham Nutrition/Meal on Wheels
9. Rockingham Planning Commission
10. Southern NH Planning Commission

Additional MOUs are anticipated from several agencies who have been participating in the planning process over the past eight months. The MOU form is attached as **Appendix A**.

### **Bylaws**

In conformance with the SCC guidance for RCCs, the Derry-Salem coordination collaborative adopted bylaws for the RCC at its May 2010 meeting. Those bylaws are attached as **Appendix**

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**B.** The collaborative has established a Nominating Committee to identify officers of the RCC, who will be elected at the group's June 2010 meeting.

The collaborative has had one consumer participate consistently, who also participated in the original regional transit coordination study in 2001-2003. The RCC bylaws call for 1-3 Citizen members to be officially appointed. RPC and SNHPC staff are developing an application which will be used to solicit prospective Citizen members. We anticipate publishing a notice in local newspapers following the June meeting and selecting Citizen members based on the responses we receive.

### **Legal Status of the RCC**

RSA 239-B, the state legislation that established the State Coordinating Council (SCC) referenced RCCs, but did not establish them as political subdivisions of the State of NH such that RCC members enjoy indemnification. To address the need for legal protection for RCC members, several RCCs have been established as advisory committees to the regional planning commission(s) that serve the towns in their region. However, recent policy changes by the Local Government Center (LGC) mean that LGC liability coverage used by SNHPC and other regional planning commissions cannot be extended to RCC members. Senate Bill 321, which as of the date of this application has passed both houses of the State Legislature, amends RSA 239-B to establish RCCs as independent public bodies, and provide indemnification to members. In anticipation of SB321 being signed into law, the Greater Derry-Salem RCC is proposed as an independent entity as described in that legislation. While not providing a legal umbrella for the RCC, Rockingham Planning Commission and Southern New Hampshire Planning Commission are currently developing a Memorandum of Understanding describing ongoing technical assistance and staff support the agencies will provide to the RCC.

### **Work Plan**

The attached Work Plan identifies work completed since the kick-off of the planning process in September 2009; short term tasks to prioritize, develop resources for, and implement interim coordination measures; and longer term tasks related to selection of a Regional Transportation Coordinator to handle Medicaid Non-Emergency Medical Transportation (NEMT) at the point that the State is ready to proceed. We see the work plan as a dynamic document, and may be updated in the coming months as specific collaboration opportunities and/or new resources become available. The Work Plan was approved at the May 2010 meeting of the collaborative, and is attached as **Appendix C**.

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Submission to  
**Statewide Coordinating Council for Community Transportation**  
Requesting establishment of  
**The Greater Derry-Salem (Region 9)**  
**Regional Coordinating Council for Community Transportation**  
**May 2010**

**APPENDICES**

APPENDIX A – RCC Region 9 Memorandum of Understanding

APPENDIX B – RCC Region 9 Bylaws & Conflict of Interest Policy

APPENDIX C – RCC Region 9 Work Plan



**APPENDIX A – RCC Region 9 Memorandum of Understanding**





# **Greater Derry-Salem Region 9 Regional Coordination Council for Community Transportation: Memorandum of Understanding**



*WHEREAS* there are several different transportation programs currently providing service within the Greater Derry-Salem region to seniors, persons with disabilities, and human service agency clients;

*WHEREAS* there are significant unmet needs for individuals requiring such transportation services;

*WHEREAS* this service gap is anticipated to grow significantly in the next twenty years due to demographic trends in this region;

*WHEREAS* coordination efforts have been shown to result in increased service through improved cost efficiency, elimination of duplication, and access to additional funding; and

*WHEREAS* there is a need – and an opportunity -- to create a balanced network of diverse transportation services and options by coordinating transportation in this region,

*WHEREAS* the State Coordinating Council for Community Transportation (SCC) is overseeing the development of a statewide network of Regional Coordinating Councils (RCCs), and Regional Transportation Coordinators (RTCs or brokers), to facilitate coordination of transportation services and improve access to transportation services. As part of this network, the Greater Derry-Salem area is identified as Region 9.

## *BE IT KNOWN THAT*

\_\_\_\_\_ intends to participate in the establishment and functioning of the Greater Derry-Salem Regional Coordination Council for Community Transportation. This Memorandum of Understanding documents this intent and the organization's commitment to the primary mission of the RCC.

The Greater Derry-Salem region (Region 9) includes the towns of Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, and Windham.

The primary mission of the RCC is to:

- Help develop, implement, and provide guidance to the coordination of shared ride transportation options within the region so that (1) seniors, low-income and persons with disabilities can access local and regional transportation services to get to locations within the region and between regions; and (2) municipalities, human service agencies and other organizations can purchase such shared ride coordinated transportation services for their citizens, clients, and customers.
- To recruit, select (with approval from the SCC), guide/direct, assist, monitor, and if necessary replace the Regional Transportation Coordinator (RTC), an organization which will be responsible for the day-to-day coordination of community transportation in the region.
- Provide feedback and reports to the SCC relative to the policies that this RCC has established.

In addition to actual service delivery options, the focus of the RCC's mission will encompass developing standards for mileage reimbursement, subsidy programs, volunteer driver programs, and vehicle sharing, as well as related functions such as travel training, information referral, call center functions, vehicle procurement, insurance and maintenance, training, and technological support.

In signifying this intention and commitment, \_\_\_\_\_ pledges to:

- Designate one representative (and/or up to two alternate representatives) to the RCC, and ensure that the representative attends regularly scheduled meetings of the RCC and is active in the functioning of the RCC and Committees.
- Provide meeting space for the RCC and/or Committees, as needed

Signing this Memorandum of Understanding does not signify a commitment of funding at this time.

Either party may cancel this Memorandum of Understanding with 30 days written notice.

*IN WITNESS WHEREOF*, indicates its support and intent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*ACCEPTANCE BY:*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**APPENDIX B – RCC Region 9 Bylaws & Conflict of Interest Policy**



# Greater Derry-Salem Regional Coordination Council for Community Transportation Bylaws

## **Article I: Purpose**

The Southern NH Planning Commission (SNHPC) and the Rockingham Planning Commission (RPC), in order to address the availability, efficiency and quality of community transportation options for residents of the ten (10) town Greater Derry-Salem region; and to implement provisions of RSA239-B calling for the coordination of public transit and human service transportation, hereby establish the Greater Derry-Salem Regional Coordination Council for Community Transportation, hereinafter referred to as the RCC.

The Greater Derry RCC Region includes the ten municipalities of Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown and Windham.

This RCC will be charged with the following duties:

- Help develop, implement, and provide guidance for the coordination of shared ride transportation options within the region so that (1) seniors, low-income and persons with disabilities can access local and regional transportation services to get to locations within the regions and between regions; and (2) municipalities, human service agencies and other organizations can purchase such shared ride coordinated transportation services for their citizens, clients, and customers.
- Recruit, select [with approval from the State Coordination Council for Community Transportation (hereinafter called the SCC)], guide, direct, assist, monitor, and if necessary replace the Regional Transportation Coordinator (hereinafter called the RTC), an organization which will be responsible for the day-to-day coordination of community transportation in the region.
- Provide feedback and reports to the SCC relative to the policies that the RCC has established.



- Periodically measure and assess the effectiveness of the program with appropriately determined indicators and consider means by which to continue to improve the program.

In addition to actual service delivery options, the focus of the RCC's mission may encompass, but not be limited to, transportation planning and resource development as well as administrative functions.

## **Article II: Membership of the Council**

### **II.1 Membership Eligibility Criteria**

The RCC shall be composed of organizational and citizen members as follows:

- **Organizational members** – Any of the following organizations will become a member of the RCC upon formal adoption of the RCC's Memorandum of Understanding by that governmental unit or organization, and formal acceptance by the RCC:
  - Any public, private non-profit, or for-profit organization based in the region which currently funds, arranges or provides such transportation services for its citizens, clients or customers;
  - Any regional public transportation agency or state or regional agency involved in the planning or provision of public transportation in the region;
  - Organizations representing groups of consumers and constituents that would be positively affected by such mobility and access improvements in the region.

Each organizational member shall designate one (1) representative and up to two (2) alternate representatives to the RCC.

- **Citizen members** – Citizen members must be residents of the service area and take an active interest in improving mobility for seniors and persons with disabilities. There shall be at least one, but no more than three (3) citizen members on the RCC. Citizen members shall be recommended for appointment by the members of the RCC and selected based on their interest, expertise, and commitment to improving public transportation options in the region. The term of each citizen member shall be two years. Citizen members may serve multiple terms, but must submit an application at the end of each term. The Membership Committee will review the applications and recommend the appropriate number of citizen members, to be

voted upon by the membership at the RCC's regular monthly meeting. Citizen members have voting rights but do not have the right to designate an alternate.

- **State & Federal agency members** – State and federal agency members associated with the work of the RCC are automatically ex-officio members of the RCC. A letter of commitment to serve in this capacity (so as to help determine the quorum for meetings) must be submitted to the Chair, and renewed on an annual basis.

## **II.2 Rights and Responsibilities of Membership**

Each member is afforded one (1) full vote on any decision put to a vote. Each organizational member's vote can be cast by his/her representative or alternate representative.

To be in "good standing," a member or alternate must: 1) attend at least 75% of the regularly scheduled meetings in a year; and 2) must participate in some facet of the RCC's work program.

## **Article III: Officers of the Council**

### **III.1 Officers and Terms of Office**

The Officers of the RCC shall be as follows:

- Chair (***Initial term to run 2010-2011***)
- Vice Chair (***Initial term to run 2010-2011***)
- Secretary/Treasurer (***Initial term to run 2010***)

An individual must be a member of good standing for a minimum of one year to be elected as an officer. Except for the Secretary/Treasurer's initial term, a term is to be for a two (2) year period. Officers may serve up to two (2) consecutive terms.

### **III.2 Election of Officers and Operating Year**

The RCC's operating year shall be January 1<sup>st</sup> through December 31<sup>st</sup>. The annual meeting will be held in January at which time the Officers will be elected by majority vote.

Nominations for officers must be given to the Secretary/Treasurer no later than thirty (30) days prior to the Annual Meeting.

### **III.3 Responsibilities of the Officers**

The Chair, or in the event of his/her absence, the Vice Chair, shall preside at all meetings of the RCC; but neither shall be deprived of his/her right to vote.

The Chair or Vice Chair shall have such other powers and perform such other duties as may from time to time be voted by the RCC, including the establishment of committees and appointment of committee members as may be necessary or convenient for carrying out the business of the RCC.

The Secretary/Treasurer shall be responsible for attending all meetings and keeping accurate records thereof.

Collectively, the Chair, Vice Chair, Secretary/Treasurer and two (2) at-large members appointed by the Chair shall comprise the Executive Committee. The at-large member appointees must be members in good standing.

### **III.4 Vacancies**

If an officer vacates an office for any reason the Chair (or Vice Chair if the vacancy is the Chair) shall declare the vacancy at the next regularly scheduled meeting. The Chair (or Vice Chair if the vacancy is the Chair) may accept nominations from the floor at the meeting at which the vacancy has been declared. If nominations from the floor are accepted, voting will take place at the next scheduled meeting.

### **III.5 Removal of Officers**

An officer under consideration for removal should have the opportunity to be advised and be able to speak to the concerns of the membership. Such matters and discussions should take place in an executive session of the general membership. The officer under consideration for removal may be given a 30-day period to correct any deficiencies before the vote is taken. Members, by 2/3 ballot vote of members present, may remove an officer at the next meeting.

## **Article IV: Meetings of the Council**

### **IV.1 Regular Meetings**

The RCC shall meet monthly, or at the call of the Chair. The RCC may vote at a prior meeting not to hold the next regular monthly meeting. The Chair may also cancel a regular monthly meeting. Should the regular monthly meeting be cancelled by the Chair, the reason(s) for that decision will be provided along with the notice of the cancellation.

At the regular meetings, the RCC may take such actions, pass such resolutions, or conduct such other business as are on the agenda or may otherwise be properly brought before it.

### **IV.2 Special Meetings**

The Chair, or in the event of his/her absence, the Vice Chair may call a special meeting of the RCC as required and shall call a special meeting at the request of one-third (1/3) of the members. Business at special meetings shall be limited to the subjects stated in the call for them.

### **IV.3 Information Meetings**

The Chair may call an informational meeting as may be required for the presentation and dissemination of reports, analyses, or other data, and for the informal discussion thereof by the RCC. No formal action by the RCC shall be taken at such meetings. Resolutions may be introduced and discussed at such meetings, but formal debate and action on such resolutions may take place only at future regular or special meetings.

### **IV.4 Meeting Notice and Agenda; Open Meetings**

Not less than seven days advance notice in writing of regular or informational meetings shall be given to all members. Not less than three business days advance notice in writing of special meetings shall be given to all members. Such notices, for regular, informational or special meetings, shall contain the time, place and proposed agenda.

All meetings of the RCC shall be subject to the New Hampshire's Right to Know laws (RSA 91-A). All regular meetings shall be open to the general public. All meetings of the Executive Committee shall be noticed three business days in advance. The form of the meeting notices shall follow the notice requirements of RSA 91-A:2.

#### **IV.5 Quorum**

Fifty (50%) of the membership constitutes a quorum.

#### **IV.6 Structure and Conduct of Meetings**

Parliamentary procedures for the conduct of meetings shall be vested with the Chair. The RCC procedures shall provide an opportunity for all members to be heard on any given issue and for the efficient conduct of business.

#### **IV.7 Public Participation at Meetings**

Any person is welcome to attend all regular and special meetings of the RCC, excluding any required executive sessions, and is permitted to address the RCC under direction from the Chair. There shall be two separate opportunities for public comment in these meetings – the first shall be specific to other business, the second specific agenda items. The Chair shall establish when these opportunities shall occur in the agenda. Each public comment shall be limited to 3 minutes. This limit may be extended at the discretion of the Chair.

Any person wishing to comment at the meeting must first provide his/her name and address to the Secretary.

### **Article V: Voting**

No member will be permitted to vote unless its duly-designated representative has signed the RCC Conflict of Interest Policy.

No vote on a substantive matter shall be taken unless the issue to be voted on has been listed in the proposed agenda, and timely notice (see Article IV.4) has been given to all members. Election of Officers and Citizen Members are considered to be substantive issues. Financial commitments of the RCC and its members are also considered substantive issues. A quorum must exist before any formal vote is taken (see Article IV.5).

Each member is afforded one (1) vote on any decision put to a vote and must be present to vote. In the absence of a voting organizational member representative, a designated alternative may cast the vote if present at the meeting. Otherwise, no proxy voting is permitted.

All decisions put to a vote, with the following exceptions, require a majority vote of all members present to pass. The exceptions, which require a 2/3 vote of all members present to pass, include changes or amendments to these by-laws (see Article VIII) and officer removals (see Article III.4).

## **Article VI: Committees of the RCC**

On an annual basis, THE RCC shall establish or continue standing committees as may be necessary or convenient for carrying out the business of the RCC. Standing committees will be chaired by members of the RCC but may include non-RCC members.

In addition to the Executive Committee, standing committees may include:

- Finance Committee
- Marketing/Public Information Committee
- Membership Committee
- Design/Operations Committee
- Consumer Liaison Committee

Additional standing committees can be established if deemed necessary or convenient to conduct the business of the RCC. These committees can be established upon the affirmative vote of the majority of the RCC members present at a regular or special meeting.

The Chair, or in his/her absence, the Vice Chair, shall establish ad-hoc committees and appoint committee members as may be necessary or convenient for carrying out the business of the RCC. Non-members, because of their special expertise or association with particular issues, and at the discretion of the Chair, may be appointed to ad-hoc committees.

## **Article VII: Discrimination**

The RCC shall not, in any of its activities, policies or programs, discriminate against any person on the basis of race, age, religion, national origin, sexual orientation, gender or any other status covered in the laws of the State of New Hampshire or the United States Code.

## **Article VIII: Conflicts of Interest**

The RCC Conflict of Interest Policy, incorporated by reference in these Bylaws, shall apply to all members and guide the conduct of business.

## **Article IX: Amendments**

These by-laws may be amended by the affirmative vote of 2/3 vote of the RCC present at a regular meeting thereof, if the notice of such meeting has contained a copy of the proposed amendment. Amendments are considered a substantive issue.

## **Article X: Effective Date**

Bylaws shall become effective upon adoption by 2/3 vote of the RCC members present.

**APPENDIX C – RCC Region 9 Work Plan**





## **MEMORANDUM**

**TO:** Jeanne Ryer, SCC Chair  
Ken Hazeltine, RCC Certification Committee Chair

**FROM:** Matt Caron, SNHPC Regional Transportation Planner  
Tim White, SNHPC Senior Transportation Planner  
Scott Bogle, RPC Senior Transportation Planner

**SUBJECT:** Region 9 RCC- Work Plan

**DATE:** May 28, 2010

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One of the requirements for designation of a Regional Coordinating Council (RCC) is development and adoption a work plan of tasks anticipated in the coming year to plan and implement regional coordination efforts. The work plan identifies objectives relative to regional transportation priorities and projects.

The proposed Greater Derry-Salem/Region 9 RCC Work Plan identifies work completed to date, as well as short-term and long-term objectives of the RCC.

### **Progress Since Initiation of Coordination Plan Update Process in September 2009**

- Completed service provider survey and updated Greater Derry-Salem Transit Coordination Plan Service Profile chapter;
- Completed municipal Welfare Director survey to identify how serious lack of transportation is in the community;
- Completed update of Regional Needs Assessment chapter to Coordination Plan;
- Adopted Region 9 RCC Memorandum of Understanding (MOU)
- Adopted Bylaws for the Region 9 RCC;
- Adopted Conflict of Interest Policy for RCC Members;
- Adopted RCC Work Plan for FY2011

### **Short-Term Goals (June 2010 Forward):**

- Continue to conduct open development process to include a diverse group of regional stakeholders;
- Recruit Citizen Member(s) for the RCC;
- Finalize an agreement among RCC, Rockingham Planning Commission (RPC) and Southern NH Planning Commission (SNHPC) regarding ongoing staff support and technical assistance.
- Participate in State Coordinating Council;
- Adopt RCC priorities for service improvements;

- Complete update of 2003 Greater Derry-Salem Transit Coordination Plan. Re-adopt Coordination Plan through RPC and SNHPC Metropolitan Planning Organizations (MPOs);
- Develop and distribute a directory of transportation services in the region;
- Develop consistent tracking of service parameters, including trip origin, destination, time, mileage, type, expenses, etc., to identify common trip patterns and opportunities for coordination;
- Develop service standards and a template operating agreement for coordinated service (a draft of this was developed in 2003 and can serve as a starting point);
- Assess fully-allocated operating costs to identify cost reimbursement rates for trips traded among agencies;
- Develop coordination agreements where possible using existing resources;
- Secure funding for continued support of RCC organization, and resources to implement the service improvements prioritized for the region with additional cost requirements;
- Advocate with statewide coalition for increased, sustained public investment in community transportation.

**Long-Term Goals (Timing linked to NHDHHS rollout of Medicaid plan):**

- Develop scope of work for Regional Transportation Coordinator;
- Develop minimum criteria for the Region 9 Regional Transportation Coordinator;
- Issue RFP for Regional Transportation Coordinator;
- Conduct an open recruitment process leading to identification and selection of a Regional Transportation Coordinator;
- Execute contract with Regional Transportation Coordinator;
- Begin coordinated Medicaid NEMT service delivery;
- Survey customer satisfaction;
- Consider service expansion;

If you have any questions, please do not hesitate to contact us at Southern NH Planning Commission (669-4664, [mcaron@snhpc.org](mailto:mcaron@snhpc.org), [twhite@snhpc.org](mailto:twhite@snhpc.org)); or Rockingham Planning Commission (778-0885, [sbogle@rpc-nh.org](mailto:sbogle@rpc-nh.org)).

Thank you for your assistance in this matter.

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## **APPENDIX B**

### **Advisory Committee Members**

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## Appendix B1 – Project Advisory Committee

The following agencies and individuals participated in meetings of the Project Advisory Committee:

Mr. Patrick Herlihy  
Transportation Coordinator  
NH DHHS – Division of Family Assistance  
129 Pleasant St.  
Concord, NH 03301

Ms. Lauren Silva  
Granite State Independent Living  
21 Chennell Drive  
Concord, NH 03301

Ms. Debra Perou  
Executive Director  
Rockingham Nutrition Meals on Wheels  
106 North Road  
Brentwood, NH 03833

Mr. Richard O'Shaughnessy  
Executive Director  
Greater Salem Caregivers  
287 Lawrence Road  
Salem, NH 03079

Ms. Deborah Bartley  
Director of Community Services  
Lamprey Health Care  
205 South Main Street  
Newmarket, NH 03857

Mr. Fred Roberge  
Vice President  
Special Transit Service, Inc.  
180 Zachary Road  
Manchester, NH 03103

Mr. George Sioras  
Community Development Director  
Town of Derry  
14 Manning Street  
Derry, NH 03038

Mr. Richard Hartung  
Chairman of Selectman  
Town of Hampstead  
11 Main Street  
Hampstead, NH 03841

Mr. Bob Ramsay  
CART Board Representative  
Town of Londonderry  
268B Mammoth Road  
Londonderry, NH 03053

Mr. William Scott  
Community Development Director  
Town of Salem  
33 Geremonty Drive  
Salem, NH 03079

Ms. Augusta Vaillancourt  
33 Lincoln Drive  
Londonderry, NH 03053

Ms. Jocelyn Gallant  
42 Brookwood Dr.  
Salem, NH 03079

Ms. Natalie Avila  
Green Cab  
33 Londonderry Road, Unit 8  
Londonderry, NH 03053

Ms. Lee Maloney  
Executive Director  
CART  
50 Nashua Road, Suite 4  
Londonderry, NH 03038

Ms. Cheryl Rosenthal  
Manchester Transit Authority  
110 Elm Street  
Manchester, NH 03101

Mr. Scott Bogle  
Senior Transportation Planner  
Rockingham Planning Commission  
156 Water Street  
Exeter, NH 03833

Mr. Matt Caron  
Transportation Planner  
Southern NH Planning Commission  
438 Dubuque Street  
Manchester, NH 03102

Ms. Lisa Cinella  
M&L Transit Systems, Inc.  
60 Olympia Ave.  
Woburn , MA 01801

Mr. Tim Roache  
Senior Transportation Planner  
Nashua RPC  
9 Executive Park Drive, Suite 201  
Merrimack, NH 03054

Mr. Don Leonard  
New England Coach Company  
547 Maple Street  
Manchester, NH 03104

Ms. Patti Drelick  
Executive Director  
Salem Senior Center  
1 Sally Sweet Way  
Salem, NH 03079

Ms. Jane Dichard  
Region 10 Community Support Services  
8 Commerce Drive, Suite 801  
Atkinson, NH 03811

Mr. Christopher Morgan  
Administrator  
NHDOT Bureau of Rail & Transit  
7 Hazen Drive  
Concord, NH 03302

Mr. Peter Klecan  
CLM Behavioral Health  
10 Tsienneto Road  
Derry, NH 03038

Mr. Joseph Freeman  
Executive Director  
Kimi Nichols Ctr.  
17 East Rd.  
Plaistow, NH 03865

## Appendix B2 – Project Mailing List

The following individuals and agencies were also included on the project mailing list:

Ms. Donna Tighe  
Executive Director  
CHS of Greater Derry  
41 Birch St.  
Derry, NH 03038

Mr. Mike Goodwin  
Chief Prof. Officer  
Salem Boys & Girls Club  
3 Geremonty Driver  
Salem, NH 03079

Ms. Kimberly Bavaro  
Executive Director  
The Upper Room  
36 Tsienneto Road, P.O. Box 1017  
Derry, NH 03038

Ms. Linda Steir  
Executive Director  
SarahCare Adult Daycare Services  
Hampstead Commons, 201 Route 111  
Hampstead, NH 03841

Ms. Donna Sullivan  
CART Board Representative  
Town of Danville  
210 Main Street  
Danville, NH 03819

Ms. Sarah Landry  
Senior Affairs Coordinator  
Town of Londonderry  
535 Mammoth Road  
Londonderry, NH 03053

Mr. Nelson Rheume  
Selectman  
Town of Sandown  
PO Box 1756  
Sandown, NH 03873

Ms. Connie Young  
Southwest ServiceLink  
287 Lawrence Road  
Salem, NH 03079

Patient Services Director  
Northeast Rehab Home Care  
70 Butler St.  
Salem, NH 03079

Mr. Gary Santille  
Executive Director  
Rockingham Community Action/Head Start  
7 Junkins Ave.  
Portsmouth, NH 03801

Ms. Paula Faist  
Executive Director  
Silverthorne Adult Day Care  
23 Geremonty Dr.  
Salem, NH 03079

Ms. Bonnie King  
Property Manager  
Nutfield Heights Senior Citizens Center  
3 Hood Road  
Derry, NH 03038

Mr. Fred Childs  
Chair of Selectmen  
Town of Atkinson  
21 Academy Avenue  
Atkinson, NH 03811

Mr. Sonke Dornblut  
NH Institute on Disabilities  
10 West Edge Drive, Suite 101  
Durham, NH 03824

Ms. Leigh Komornick  
Planning Director  
Town of Plaistow  
145 Main St.  
Plaistow, NH 03865

Mr. Tom Case  
CART Board Representative  
70 Mt. Village Road  
Windham, NH 03087

Ms. Christina Tarness  
Executive Director  
VNA of Manchester & Southern NH  
435 South Main Street  
Manchester, NH 03102

Ms. Tina Legere  
Chief Executive Officer  
Parkland Medical Center  
1 Parkland Drive  
Derry, NH 03038

Ms. Cindee Tanuma  
Executive Director  
Caregivers of Greater Derry  
58 East Broadway  
Derry, NH 03038

Ms. Helen Kolifraith  
Transportation Director  
Rockingham County Nursing Home  
117 North Road  
Brentwood, NH 03833

Mr. Art McLean  
Executive Director  
Boys and Girls Club of Greater Derry  
P.O. Box 140  
Derry, NH 03041

Mr. James Hassam  
Selectman  
Town of Chester  
84 Chester Street  
Chester, NH 03036

Ms. Jill McLaughlin  
Welfare Director  
Town of Derry  
14 Manning Street  
Derry, NH 03038

Mr. Art Rugg  
Welfare Administrator  
Town of Londonderry  
268B Mammoth Road  
Londonderry, NH 03053

Ms. Kathy Davis  
Welfare Director  
Town of Windham  
3 North Lowell Road  
Windham, NH 03087

Ms. Kathleen Proulx  
Director, Ambulatory Care Center  
Elliot Hospital  
One Elliot Way  
Manchester, NH 03103

Patient Services Director  
Holy Family Hospital  
70 East Street  
Methuen, MA 01844

Patient Services Director  
Lawrence General Hospital  
1 General Street  
Lawrence, MA 01840

Patient Services Director  
Catholic Medical Center  
100 McGregor Street  
Manchester, NH 03102

Patient Services Director  
Dartmouth Hitchcock  
100 Hitchcock Way  
Manchester, NH 03102

Patient Services Director  
Merrimack Valley Hospital  
140 Lincoln Avenue  
Haverhill, MA 01830

Patient Services Director  
Pentucket Medical Center  
1 Park Way  
Haverhill, MA 01830

Ms. Lisa Ryan  
Human Resources Director  
Hampstead Hospital  
218 East Road  
Hampstead, NH 03841

Freedom Taxi  
15 Linlew Drive  
Derry, NH 03038

Liberty Taxi  
127 Rockingham Road  
Derry, NH 03038

Ms. Gail Mortermor  
First Student  
33 Chester Road  
Derry, NH 03038

Freedom Coach Chair Transportation  
8 Haley Circle  
Exeter, NH 03833

Cardinal Care Transportation  
572 Hanover St.  
Manchester, NH 03104

CareRide  
60 Tennyson Avenue  
Nashua, NH 03060

Mr. Claude Bissonnette  
Trilogy Wheelchair Transport  
39 Brown Avenue  
Manchester, NH 03101

TransCare  
10 Ingalls Court  
Methuen, MA 01844

Ms. Debbie Curtis  
Care Plus Ambulance  
1501 Columbia Circle  
Merrimack, NH 03054

Ms. Sonja Galyon Kamonika  
4A Transportation  
P.O. Box 140  
Derry, NH 03038

Mr. Anthony Komornick  
Senior Transportation Planner  
Merrimack Valley Planning Commission  
160 Main Street  
Haverhill, NH 01830

Mr. Harry Blunt  
Concord Trailways  
7 Langdon Street  
Concord, NH 03301

M. Benton Smith  
The Coach Company  
PO Box 423  
Plaistow, NH 03865

Mr. Joseph J. Costanzo  
Executive Director  
Merrimack Valley RTA  
85 Railroad Ave.  
Haverhill, NH 01835



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## **APPENDIX C**

### **Transit Provider Survey Instrument**

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# Greater Derry-Salem Transportation Providers Survey

## 1. Introduction & Contact Information

State and federal agencies that fund transportation services are placing increased emphasis on coordination of public transit and public and private human service transportation; and making participation in regional coordination efforts a requirement for accessing funding support. A critical first step in assessing opportunities for coordination is getting a detailed picture of transportation services currently available in the Greater Derry-Salem region. Your help in providing information about your agency is much appreciated!

Please respond by October 23rd, 2009. Thank you!

### 1. Name of your agency/company:

### 2. Name of contact person:

### 3. Email address for contact person:

### 4. Phone number for contact person:

### 5. Which of the following best describes your agency or company?

- ☐ Public agency (State, County, Local)
- ☐ Private non-profit organization
- ☐ Private for-profit organization
- ☐ Other

If you checked Other please describe:

# Greater Derry-Salem Transportation Providers Survey

## 6. Does your agency/company provide or purchase client transportation? (please check all that apply)

- ☐ We provide transportation with our own vehicles
- ☐ We provide transportation with volunteer drivers
- ☐ We provide transportation through a contract with another agency
- ☐ We purchase rides on an as-needed basis with taxi/lift-equipped vehicle companies
- ☐ We do not provide or purchase transportation
- ☐ Other

If you checked "Other" or checked multiple boxes, please explain:

## 2. Description of Transportation Services

The following questions address the specifics of transportation services provided by agencies in the Derry-Salem area, whether directly, by volunteers, or on a contracted basis.

The 10-Town Greater Derry-Salem transit study area includes: Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, and Windham.

If your organization does not provide transportation services in one of the ways described above, please SKIP to QUESTION 31.

## 7. What geographic area does your agency/company serve? Please list the towns/cities below. If you provide service statewide or to the entire county note this instead.

## Greater Derry-Salem Transportation Providers Survey

**8. Please review the following list of vehicle types. If your agency/company owns and operates vehicles to transport clients, please click all vehicle types that you own and operate.**

☐ Vans (wheelchair accessible)

☐ Vans (non-accessible)

☐ Buses (wheelchair accessible)

☐ Buses (non-accessible)

☐ Sedans

☐ Other

If you checked "Other" above, please list and describe:

**9. Please provide more details about your agency-owned vehicles including type, year, seating capacity and odometer reading (example: "van, 1994, seats 8, 198,000 miles"). If your service area extends beyond the 10 towns in the Greater Derry-Salem study area please just identify vehicles used in this area.**

**If your agency owns more than 10 vehicles, please email your list to [sbogle@rpc-nh.org](mailto:sbogle@rpc-nh.org).**

**10. If your agency contracts for service, or pays for rides on an as-needed basis with taxi or lift-equipped van companies, please provide information about the contractor/vendor (name and address).**

## Greater Derry-Salem Transportation Providers Survey

**11. On average, how many passenger trips do you provide in the study area on each of the following days? (Note: A trip is counted as one passenger going only in one direction. A return trip by the same passenger counts as a second trip.)**

Average # of trips on Weekdays

Average # of trips on Saturdays

Average # of trips on Sundays

**12. On average, how many client trips per WEEK in the study area require Personal Care Attendants (PCAs)?**

**13. On average, how many total one-way passenger trips does your agency provide per WEEK in the study area? (please include PCAs in your total)**

**14. On average, what percentage of trips in the study area are provided for individuals requiring lift-equipped vehicles (please include PCAs in your total)?**

**15. Of the clients you serve, please indicate approximately what percentage fall into the following categories? (We understand that there may be overlap in these categories - please note where this exists)**

Elderly

Persons with Disabilities

Preschool Age Children

K-12 Age Children

Low Income

General Public

**16. If particular geographic areas are served on specific days of the week, please specify (example: "Derry & Londonderry on Weds", or "Manchester on Tues & Thurs"):**

**17. Are there predictable blocks of time during which one or more of your vehicles is not in use? If yes, please describe the days of the week and the times of the day (typically).**

## Greater Derry-Salem Transportation Providers Survey

**18. Please indicate the approximate total # of miles your agency/company drives providing client transportation in the study area annually. If you track revenue miles (when the vehicle is carrying passengers) separately from total mileage, please provide both figures.**

**19. If your agency/company must refuse a client ride request, please review the list of possible reasons and check all that apply:**

- ☐ Request for geographic destinations we don't serve
- ☐ Request for a time we don't operate (i.e. weekends)
- ☐ Rider did not meet client eligibility (i.e. non-elderly)
- ☐ Request was made with inadequate notice (i.e. less than 24 hours)
- ☐ Not Applicable
- ☐ Other

If you checked Other please describe:

**20. Please indicate which of the reasons identified above (for refusing client requests for transportation) are MOST common for your agency/company?**

**21. On average, how many client rides are refused per WEEK?**

**22. Which of the following types of service does your agency provide (please click all that apply)?**

- ☐ Curb-to-curb (rider is responsible to get from building to vehicle without assistance)
- ☐ Door-to-door (driver may assist rider in getting from building to vehicle)
- ☐ Door-through-door (driver may enter residence to assist client)
- ☐ Fixed route bus service
- ☐ Charter bus service
- ☐ Other

If you checked Other, or more than one box, please describe:

## Greater Derry-Salem Transportation Providers Survey

**23. What is the earliest morning pick-up time you provide for clients?**

**24. What time in the afternoon have you completed all returns of passengers to their residences?**

**25. If your hours of operation vary on different days of the week, please describe:**

**26. What fares, if any, does your agency/company charge clients for transportation? Please list and describe.**

### 3. Staffing & Funding

**27. What is your agency's total annual expenditure for direct services and administrative costs for your transportation program?**

**28. Over the past 5 years, what were your agency's/company's annual capital costs for the purchase of vans, buses or other transportation-related equipment?**

**29. Please note the number of staff positions, both paid and volunteer, devoted to providing transportation services at your agency/company:**

Paid staff positions whose sole job is driving clients

Paid staff positions whose sole job is scheduling/dispatching

Paid staff positions who both drive and serve other roles

Volunteers with time dedicated to providing transportation



## Greater Derry-Salem Transportation Providers Survey

**30. Please list the sources and amounts of funding used to support your agency's transportation program (please show amounts for the last full fiscal year). If your funding has changed significantly in the past year please describe.**

### 4. Agency Goals, Observed Needs & Coordination Opportunities

**31. What are your agency's long-term goals (5-10 years) regarding transportation?**

**32. What are the most pressing transportation needs that you see in the Greater Derry-Salem region, whether for your clients or other residents?**

**33. What are the top 5-10 trip destinations that the clients you work with need to get to, but currently have difficulty accessing?**

**34. How would you rate your agency's interest in coordinating transportation services with other agencies on a scale of 1-10 where 1 = Not Interested, and 10 = Highly Interested?**

1 = Not  
Interested

10 =  
Highly  
Interested    N/A

Coordination Interest

☐☐☐☐☐☐☐☐☐☐☐

## Greater Derry-Salem Transportation Providers Survey

**35. Are there any obstacles or concerns that you see relative to your agency participating in a coordinated regional transportation service? If so, what suggestions do you have for how those concerns or obstacles can be addressed?**

**36. Please identify which of the following activities your agency would be interested in coordinating with other agencies (please click all that apply):**

- ☐ Coordinating client visits
- ☐ Coordinating vehicle schedules
- ☐ Joint purchasing of insurance, gas, maintenance, etc
- ☐ Centralized scheduling & dispatching
- ☐ Purchasing rides for clients through a coordinated system
- ☐ Joint use of office space or garage
- ☐ Cooperative planning
- ☐ Making vehicles/drivers available for emergencies
- ☐ Other
- ☐ Not applicable

If you checked Other please describe:

**37. If you have any other comments regarding regional transportation need, coordination issues, or suggestions for this planning process, please let us know:**

Thank you for completing this survey. Your input will be extremely valuable in planning for improving access to transportation in the Greater Derry-Salem region. We appreciate your willingness to provide these important data!

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## **APPENDIX D**

### **Welfare Officer Survey Instrument**

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## APPENDIX D – Welfare Officer Survey Instrument

### Greater Derry-Salem Transit Needs Assessment & Coordination Plan Survey for Town Human Service Directors

The Rockingham Planning Commission and Southern New Hampshire Planning Commission are working cooperatively with ten towns in the Greater Derry-Salem area to assess needs for public transit and human service transportation, and opportunities for service coordination. This survey of local Welfare/Human Service Directors is intended to gather information on transportation needs of lower-income individuals in the region. We appreciate your help!

1. Town: \_\_\_\_\_
2. Welfare Office Address: \_\_\_\_\_
3. Contact Name: \_\_\_\_\_
4. Contact Phone & Email: \_\_\_\_\_
5. How many clients did your town human services office serve in the past town fiscal year?
6. How many individuals are currently receiving welfare assistance from your town?
7. How do these numbers compare with the past two years? (if you have data for the previous two years available please note these)
8. Do you keep records of whether clients have access to an automobile? If so, please indicate the percentage of clients that are transit dependent (*i.e. they do not have access to an automobile, do not have the ability to drive, or otherwise must rely on alternative forms of transportation*). If you don't have specific data, please provide your best estimate.
9. For what sorts of trip purposes do you see clients having difficulty finding rides? (i.e. employment, medical care, human service agency appointments, etc.)
10. How significant a problem is lack of transportation for your clients in accessing employment on a scale of 1-10 where 1 = *not a problem* and 10 = *major problem*

Not a Problem

1      2      3      4      5      6      7      8      9      10

Major Problem

11. Are there particular areas of town with high populations of residents that may be more likely to be transit dependent (elderly, low-income, or folks with disabilities) where you think transit service or other alternative transportation services would be most needed? For example public housing or senior housing facilities? If so, please identify these.
12. Please identify the top destinations in your town or the surrounding region where you know your clients need to get to that would be important destinations for a transit service or other alternative transportation service. Please be as specific as possible with actual locations (i.e. *"Parkland Hospital"*, or *"Market Basket on South Broadway"*).
13. How much does your town currently spend on transportation services?
  - a. Support for CART or human service provider agencies:
  - b. Direct transportation assistance to individual clients (CART ride cards, taxi fare, etc)
14. What opportunities and challenges do you see regarding coordination of transportation services among agencies in the region? (i.e. coordinating use of vehicles/vehicle scheduling, shared responsibility for maintenance, centralized dispatching, etc)?
15. Please include any other comments you have on unmet transportation needs in your community and ways to address these needs.

**THANK YOU FOR YOUR HELP!**

Please return completed surveys to: Scott Bogle, Rockingham Planning Commission,  
156 Water Street, Exeter, NH, 03833; or [sbogle@rpc-nh.org](mailto:sbogle@rpc-nh.org). With questions please call 778-0885.