

Coordinated Public Transit & Human Services Transportation Plan for the Southeast NH Region



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**LOCALLY COORDINATED PUBLIC TRANSIT &
HUMAN SERVICES TRANSPORTATION PLAN
SOUTHEAST NH REGION
2012 UPDATE**

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LIST OF ABBREVIATIONS

ACT	Alliance for Community Transportation
ADA	Americans with Disabilities Act of 1990
BEAS	Bureau of Elderly and Adult Services (NH DHHS)
CMAQ	Congestion Mitigation/Air Quality Program
COAST	Cooperative Alliance for Seacoast Transportation
CTAA	Community Transportation Association of America
CTPP	Census Transportation Planning Package
EFH	Endowment for Health
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
	<i>FTA Section 5307 – Urban Formula Transit Grants</i>
	<i>FTA Section 5310 – Capital Grants for Elderly and Disabled Transit</i>
	<i>FTA Section 5316 – Job Access Reverse Commute (JARC) Program</i>
	<i>FTA Section 5317 – New Freedom Program</i>
JARC	Jobs Access Reverse Commute Program (FTA)
MBTA	Massachusetts Bay Transit Authority
MPO	Metropolitan Planning Organization
MSA	Metropolitan Statistical Area
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
RNMOW	Rockingham Nutrition Meals on Wheels Program
RPC	Rockingham Planning Commission
RSA	New Hampshire Revised Statutes Annotated (state law reference)
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
SRPC	Strafford Regional Planning Commission
TANF	Temporary Assistance for Needy Families
TASC	Transportation Assistance for Seacoast Citizens
TDM	Transportation Demand Management
TIP	Transportation Improvement Program
TMA	Transportation Management Association
TCRP	Transportation Cooperative Research Program
UNH	University of New Hampshire
UWGS	United Way of the Greater Seacoast
UZA	Urbanized Area
VA	United States Veterans Administration

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1.0 OVERVIEW and BACKGROUND

1.1 Introduction and Purpose

This document presents the **COORDINATED PUBLIC TRANSIT & HUMAN SERVICES TRANSPORTATION PLAN** (the Coordinated Plan), for the southeast New Hampshire study area consisting of thirty-eight communities in eastern Rockingham County, Strafford County and southern Carroll County. This Coordinated Plan has been developed by the Rockingham and Strafford Metropolitan Planning Organizations (MPOs) with guidance from the Southeast NH Regional Coordination Council for Community Transportation (RCC). In addition to serving as the guiding planning document for the RCC, the Coordinated Plan has been adopted by each MPO in response to federal requirements in the 2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU).

SAFETEA-LU established a federal mandate for regional public transit and human service coordination planning. The law requires that a public transit and human service coordination plan be in place before transportation service providers may obtain federal funding targeted toward human services under applicable funding programs administered by the Federal Transit Administration (FTA).

According to the FTA, the purpose of coordination is to improve transportation services for persons with disabilities, older adults and individuals with lower incomes. This is accomplished by ensuring that federal grantees coordinate transportation resources under multiple existing federal programs. Coordination efforts can enhance access, minimize duplication of services, and facilitate appropriate cost-effective services. The FTA authorization includes provisions for coordinating important transportation activities such as planning, funding, mobility management and development of new projects (such as the nationwide *United We Ride* program described in Section 2.4 of this Plan).

The FTA has published a guidance document, **PLANNING GUIDELINES FOR COORDINATED STATE & LOCAL SPECIALIZED TRANSPORTATION SERVICES**, intended to assist states and MPOs in developing coordinated human services transportation plans. Coordination activities must involve public, private, and non-profit transportation services, human service providers, the public, and other entities that represent individuals who have special transportation service needs.

Coordination plans should identify the transportation needs of individuals with disabilities, older adults, and individuals with limited income; assess available services and any gaps in service; and develop or improve strategies for meeting those needs and prioritizing services.

The lack of public transportation has been repeatedly identified as one of the most pressing human service needs in the southeast New Hampshire region, and in fact, throughout New Hampshire. The 2009 *United Way of the Greater Seacoast COMMUNITY NEEDS ASSESSMENT REPORT* identified lack of transportation as a major barrier for residents of the region in accessing health care and other basic life needs. Numerous other studies, including a 2009 survey by the University of New Hampshire Social Work Department, and a 2005 survey by the University of New Hampshire Institute on Disability have documented unmet transportation needs, especially in the human services transportation sector.

The **2006 STATEWIDE COORDINATION OF COMMUNITY TRANSPORTATION SERVICES PLAN**, developed by the Governor's Task Force on Community Transportation acknowledged that while a wide variety of community transportation planning efforts exist across the state, some operate in relative isolation, and in many cases, user access is restricted by region or funding mechanism. As a result, special service vehicles often have excess capacity and travel redundant routes. The plan concludes: *[t]he*

result is inefficient planning and services - workers lose access to jobs, seniors miss medical and social appointments, and low-income populations can't get to needed services. The plan further notes that almost all interregional travel in and around the state requires a car due to the lack of extensive public transportation options.

The purpose then, of this **COORDINATED PUBLIC TRANSIT & HUMAN SERVICES TRANSPORTATION PLAN**, is to create for the southeast New Hampshire region a comprehensive strategic approach to improving coordination between existing transportation systems and providers in order to strengthen services for those target populations having special transportation needs. The Coordinated Plan seeks to identify ways to enhance transportation access, minimize duplication of services, and encourage the most cost-effective transportation possible. The Coordinated Plan is a strategic tool as well as an implementation document. It will serve as the framework for the prioritization, selection, and implementation of coordinated projects seeking to use federal funding assistance through applicable FTA programs.

1.2 Plan Structure

The following sections of this Coordinated Plan provide detailed data, findings, and recommendations related to:

- Federal, state, and regional transportation planning efforts made to date, including public participation efforts
- Goals and objectives for enhanced transportation services within the region
- An assessment of human service transportation needs in the region, including identification of those individuals with disabilities, older adults and those with limited incomes
- An inventory of available human service transportation services focusing on the identification of areas where services may overlap and where gaps in service may exist
- The identification and prioritization of potential strategies to address gaps in services and actions to eliminate or reduce duplication and use resources in a more efficient manner, and recommendations for actions intended to achieve these goals

2.0 STATE AND FEDERAL TRANSPORTATION INITIATIVES

A variety of transportation coordination efforts have been, or are currently, under development across New Hampshire and the country. Some of the initiatives relevant to the southeast New Hampshire region's coordination planning are summarized in this section.

2.1 Statewide Coordination Plan

For over a decade, the State of New Hampshire has recognized the need to better coordinate and improve transportation services across the state. In 1994, a coordinating committee was formed to review and make recommendations on transportation opportunities. Their findings were developed into a proposed statewide strategy and work plan. As a result of this effort, the NH Office of Energy and Planning (NHOEP), formerly the NH Office of State Planning, undertook a Statewide Transit Coordination Study in 1995.

The Office of State Planning 1995 study reviewed existing transit services in the state and made several recommendations for developing a coordinated system - *to better utilize diminishing funds and more efficiently provide services to clients*. An advisory committee was created and the efforts of this group culminated in the creation of a work plan. The plan's recommendations included the formation of a state coordinating council along with regional coordinating councils to review and coordinate transit needs and to competitively select a regional transportation coordinator to provide needed transportation services within specified regions of the state. Unfortunately, the plan was never implemented.

In 2004, Governor Craig Benson signed Executive Order 2004-6 establishing the Governor's Task Force on Community Transportation. This was done in recognition of the Governor's Commission on Disability's recommendation that - *the number of people with disabilities is increasing across the state; that an affordable, accessible transportation infrastructure would remove one of the major barriers to people with disabilities becoming employed; and that increasing access for people with disabilities to educational opportunities, health care and social and community activities enhances independent living for those with disabilities*.

Under Executive Order 2004-6, the Task Force was charged with developing the recommendations into a coordinated state policy and state plan that would - *establish a well-coordinated, interconnected, accessible, statewide transportation system for all transit users in New Hampshire*. The Task Force consisted of representatives from the NH Department of Transportation (NHDOT), NH Department of Health & Human Services (NHDHHS), Governor's Commission on Disability; representatives from the Rural Transportation Access Network, and members of the public. The Task Force's recommendations became the **STATEWIDE COORDINATION OF COMMUNITY TRANSPORTATION SERVICES PLAN**, finalized in 2006. This 2006 plan reiterated the recommendations from the 1995 Office of State Planning effort and went further by recommending the formation of a formal organizational structure to implement transportation coordination activities throughout the state.

The 2006 plan evolved from a series of questionnaires and interviews conducted with transit providers and transportation funding agencies across the state. The plan's findings indicated broad provider and agency support for regional transportation coordination activities. Responders agreed that coordination would result in a reduction of duplicative services and expanded service coverage. Respondents also thought that the system should be consistent with NHDHHS' plan for restructuring Medicaid transportation services, further described in Section 2.4 below.

The 2006 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 Coordination Councils (RCCs) to design

and implement coordinated services in regions to be defined by the statewide body; and 3) a Regional Transportation Coordinator in each region that would arrange trips through a brokerage system of diverse funding sources and a network of providers.

In 2008 the State Legislature established the State Coordinating Council for Community Transportation (SCC) under RSA 239-B 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; Governor's Commission on Disability, transit providers, UNH Institute on Disability, AARP, Easter Seals, community action agencies, regional planning commissions, Coalition of Aging Services, Endowment for Health, and Granite State Independent Living.

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

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

The SCC provides guidance to the ten RCCs. Over the last five year period (2007-2011) all ten of the RCCs have been established and are comprised of transportation service providers, agencies purchasing transportation services, municipalities, regional planning commissions, and state agency representatives.

[The application for designation of the Southeast NH Regional Coordination Council is attached as Appendix A, and includes the list of member organizations, as well as the bylaws.]

The RCCs are structured to work with providers to create local service designs and to implement coordination policies. They are also charged with providing oversight of their respective regional transportation coordinators or lead agencies are responsible for managing the regional coordination services. As described in the statewide plan, the role of the regional transportation coordinator or lead agency under the statewide plan is to *"coordinate the service delivery of customers of sponsoring organizations so as to maximize the use of scarce resources and combine ride-sharable trips sponsored by different organizations."*

2.2 Citizens Advisory Committee & New Hampshire Long Range Transportation Plan

Concurrent with the development of the statewide plan, in 2005-2006 the NHDOT conducted an extensive public outreach process to develop the **NEW HAMPSHIRE LONG RANGE TRANSPORTATION PLAN** led by a Community Advisory Committee of public and private sector leaders. The final report of the Community Advisory Committee identified five initial transportation action items; one of which was, helping *non-drivers get where they need to go through a comprehensive and coordinated statewide program to be supported, designed, and managed by the Department of Transportation*. While the final **NH LONG RANGE TRANSPORTATION PLAN**, released in 2010, omitted specific reference to coordination of community transportation, it did include broad goals centered on interagency collaboration and improving travel choices.

2.3 New Hampshire Department of Health and Human Services

The NH Department of Health and Human Services (NHDHHS) has been exploring options for restructuring its Medicaid program for over a decade. A 2003 working group, convened by Commissioner Nicholas Vailas, developed recommendations for coordinating transportation services not only under Medicaid but among its many programs. Based on directives from the New Hampshire State Legislature in 2011, the Department is currently implementing a new Managed Care model for Medicaid. As of early 2012, the Department is in the procurement process for Care Management organizations. How the selected Care Management organizations will interface with the regional coordinating councils in providing Non-Emergency Medical Transportation for Medicaid clients to access preventive care or other treatment remains to be seen.

In 2011 NHDHHS also proposed a restructuring of senior transportation funding under Title III B of the Older Americans Act, channeling that funding through regional transit coordinators. However, statewide providers and other RCC stakeholders have expressed concern over this approach because many of the transportation services these funds support are also heavily dependent on local matching funding generated by existing grantee agencies. There is concern that rechanneling the federal funding would put at risk the local investments that also sustain the services. Determining whether efficiency improvements in the use of the Title III B federal funding can be realized without loss of the local matching funds will be a task for NHDHHS in 2012.

Another program, ServiceLink, established in 2000 and affiliated with the Department, is a statewide network of community-based connections for elders, adults with disabilities or chronic illness, and their families and caregivers. It consists of thirteen ServiceLink Resource Centers and many satellite offices around the state which provide one-stop information, referrals and assistance about local resources available to these target populations. ServiceLink's chief objectives are to reduce duplication and enhance coordination in the delivery of human services.

2.4 Federal Initiatives

In February 2004, President George W. Bush issued Executive Order # 13330 establishing an Interagency Coordinating Council on Access and Mobility to integrate the various transportation programs administered by twelve federal departments and agencies into *a responsive, comprehensive, coordinated community transportation system*. The Council implemented the Executive Order by creating an action plan that led to the nationwide ***United We Ride*** program. It is a federal interagency initiative that supports states and localities in developing coordinated human service transportation delivery systems. In addition to state coordination grants, ***United We Ride*** provides state and local agencies with transportation coordination and planning self-assessment tools, technical assistance, and other resources to help communities succeed.

The Council also developed a series of recommendations for further federal transportation integration, which ultimately was included in the ***2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU)***. This federal legislation amended three existing federal transportation funding programs that assist states in meeting the transportation needs of older adults, persons with disabilities, and those with low-incomes. These three programs are:

- Special Needs of Elderly Individuals and Individuals with Disabilities (49 U.S.C. Section 5310)
This program provides formula funding for assisting private non-profit groups to meet the transportation needs of the elderly and persons with disabilities when existing transportation services are unavailable, insufficient or inappropriate to meet these needs.

- Job Access and Reverse Commute (JARC, 49 U.S.C. Section 5316)
This program provides funding to develop new transit services to assist welfare recipients and other low-income individuals with access to jobs, training and childcare. Reverse Commute Grants are intended to develop transit services to transport workers to suburban job sites.
- New Freedom (49 U.S.C. Section 5317)
This program encourages services and facility improvements to address the transportation needs of individuals with disabilities that go beyond accommodations required by the Americans with Disabilities Act.

The federal provisions under SAFETEA-LU also mandate that recipients of federal funding under these three programs certify that all projects selected for funding applications have been derived from a locally developed and coordinated public transit and human services transportation plan, such as this Coordinated Plan.

Under these funding programs, public transit operators, including those funded under both the urbanized and non-urbanized formula programs (49 U.S.C. Sections 5307 and 5311) described in Section 7.1 of this Plan, must be included as participants in the local planning process for coordinated public transit/human service transportation. The metropolitan planning public participation requirement mandates that MPOs develop and use a participation plan that provides reasonable opportunities for interested parties to comment on the content of metropolitan long range transportation plans.

This requirement intends to afford parties who participate in the metropolitan planning process with specific opportunities to comment on coordinated plans prior to their approval. Stakeholder parties also include governmental agencies and non-profit organizations that receive federal assistance from sources other than the federal Department of Transportation to provide non-emergency transportation services; as well as recipients of assistance under Section 204 of Title 23 U.S.C., the Federal Lands Highways Program. The participation plan must be in place prior to the Metropolitan Planning Organization adoption of transportation plans addressing SAFETEA-LU provisions. Projects selected for funding under a Coordinated Plan must be included in, or be consistent with, the MPO's other transportation plans and identified transportation improvement projects.

2.5 Metropolitan Planning Organization (MPO) Structure and Function

The Rockingham and Strafford Metropolitan Planning Organizations are the federally designated transportation planning agencies for the southeastern region of New Hampshire. Each of the thirty-eight communities within the Southeast NH RCC region holds membership in one of the two metropolitan planning organizations through their association with either the Rockingham or Strafford Regional Planning Commissions. As shown in Table 1, the thirty-eight communities that make up the Southeast NH RCC region include all of the thirteen municipalities in Strafford County, two communities in adjacent Carroll County, and twenty-three of the thirty-seven municipalities in Rockingham County. The region covers the Census-defined Portsmouth and Dover-Rochester urbanized areas and adjacent communities. Map 1 illustrates the geographic location of the RCC region within the state.

MPOs are required to develop and maintain the following documents:

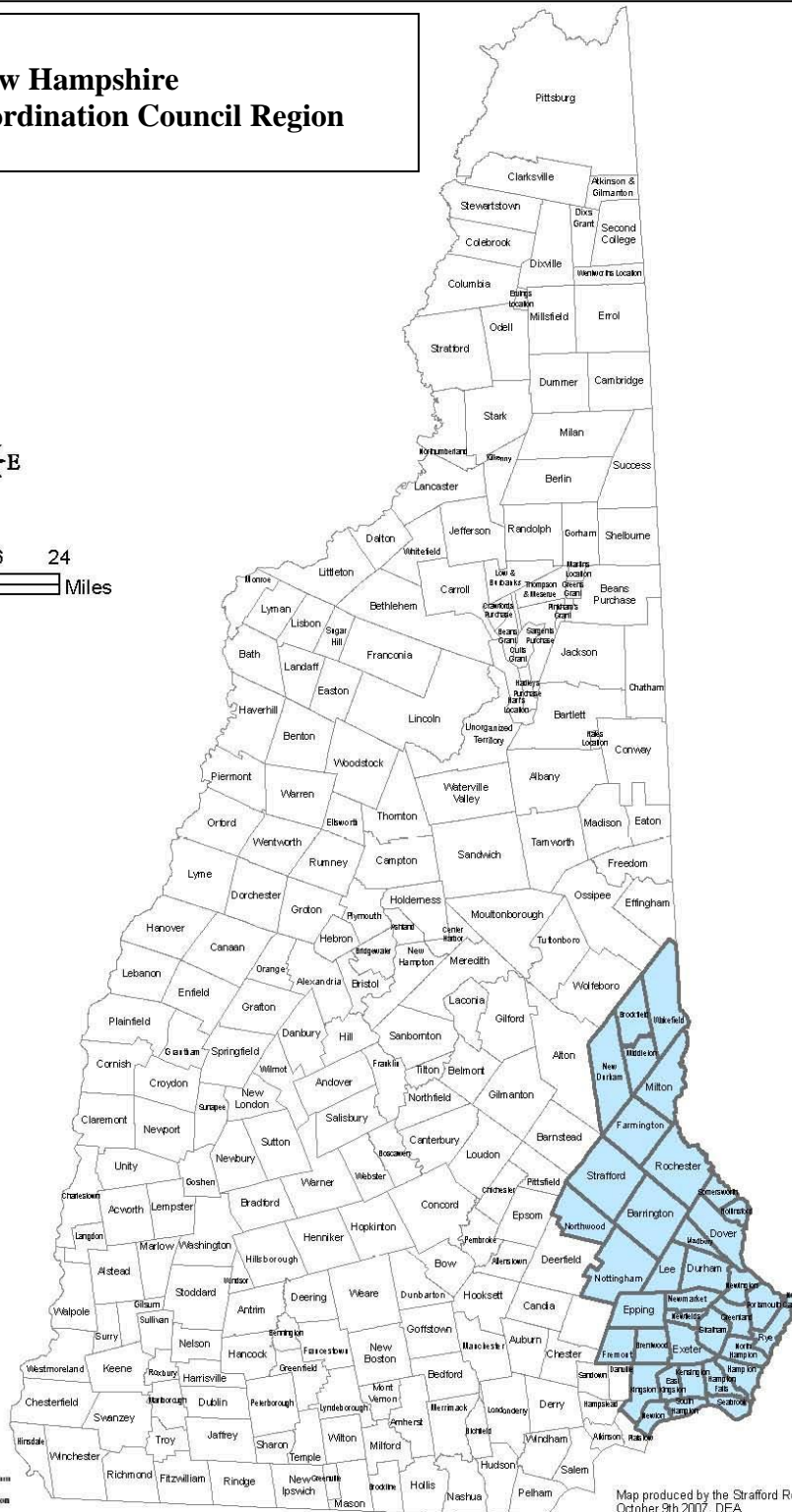
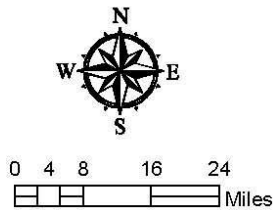
- **LONG RANGE TRANSPORTATION PLAN** that identifies transportation policies for the region over a twenty-five year horizon;
- **TRANSPORTATION IMPROVEMENT PROGRAM (TIP)** that identifies a financially constrained list of the projects to be implemented in the first four years of the Long Range Transportation Plan
- **UNIFIED PLANNING WORK PROGRAM**, a two-year work plan and budget for the organization.
- **PUBLIC PARTICIPATION PLAN FOR REGIONAL TRANSPORTATION PLANNING** which describes the MPO's public participation efforts.

TABLE 1
Southeast NH Regional Coordination Council Communities

County	Cities/Towns in the Southeast NH Region	
Carroll	Brookfield	Wakefield
Rockingham	Brentwood East Kingston Epping Exeter Fremont Greenland Hampton Hampton Falls Kensington Kingston New Castle Newfields	Newington Newmarket Newton North Hampton Northwood Nottingham Portsmouth Rye Seabrook South Hampton Stratham
Strafford	Barrington Dover Durham Farmington Lee Madbury Middleton	Milton New Durham Rochester Rollinsford Somersworth Strafford

Bold font indicates communities in the Rockingham Metropolitan Planning Organization region
Normal font indicates communities in the Strafford Metropolitan Planning Organization region

**Map 1:
Southeast New Hampshire
Regional Coordination Council Region**



Map produced by the Strafford Regional Planning Commission.
October 9th 2007. DEA

3.0 REGIONAL PLANNING FOR COMMUNITY TRANSPORTATION

The regional transportation planning process should involve a well-coordinated, cooperative, and comprehensive effort among local, regional, state, and federal agencies, health and human services providers, transit operators, and the public. Planning must necessarily take into account existing and pending initiatives at the state and federal levels, and must be responsive to the specific needs of the region's transit-dependent populations. Efforts to coordinate human services transportation must also align with other transportation objectives across the state and within the region. This section describes the historical and current planning process in the Southeast New Hampshire region supporting coordinated human services transportation development efforts.

3.1 History/Background

Regional transportation planning efforts go back to 1981 with the formation of COAST - The Cooperative Alliance for Seacoast Transportation. COAST was established and incorporated for the purpose of promoting and providing public mass transit for southeastern New Hampshire; and to support safe, effective transportation services for residents of the region. In 1982, COAST and the University of New Hampshire both became part of the Governor's *Blue Ribbon Commission* tasked with studying public transit needs in the Southeast NH region. Also in 1982, COAST fixed-route services began between Rochester, Somersworth, Dover, Newington, and Portsmouth. COAST continued to expand with additional routes to the communities of Newmarket, Farmington, Exeter, Stratham, and Berwick, Maine, among others.

In 1985, COAST was established by the New Hampshire legislature under RSA 239 as an independent public body, politic and corporate, with a mission of promoting and providing public mass transportation in the region, allowing it to become a designated recipient of federal transit funds. Part of COAST's mission since its inception has been to work collaboratively with the public and stakeholders to build a coordinated transit system in the region. In 1993, COAST first attempted to initiate a regional transportation coordination and consolidation effort. However, at that time State and agency interest was low and the effort was abandoned. Through the late 1990's and early 2000's interested parties continued to discuss informally the potential for coordinated transportation program

In 2004, a new coordination planning effort was convened jointly by Strafford Network and COAST. Strafford Network is a community support membership organization consisting of non-profit health and human service agencies and municipalities, including COAST. Strafford Network's mission is to identify and fill gaps in health and human services, including transportation, in Strafford County. Given the broader scope of COAST and the two regional planning commissions, the geographic focus of the coordination effort included all of Strafford County, as well as eastern Rockingham County and two communities in southern Carroll County. A series of community meetings and surveys of health and human service providers were conducted to gather information on transportation needs. Results indicated a growing need to improve transportation opportunities for transit-dependent populations in the region, as well as increased interest by stakeholders in collaborating on the design and implementation of a regional coordinated transportation system.

3.2 Current Planning Efforts

In 2006, the stakeholders participating in the regional coordination planning formalized themselves as the Alliance for Community Transportation (ACT). The mission of ACT includes working to expand access to transportation by improving coordination of existing resources. The vision of ACT is to ensure that community members have affordable access to convenient transportation to meet basic needs and to enable participation in the community. As described in Chapter 2, in 2010 ACT was designated as the

Regional Coordinating Council (RCC) for the Southeast NH region. The RCC is currently comprised of more than twenty health and human service agencies, municipalities, transit providers and consumers, and other representatives of a diverse cross-section of stakeholders in southeastern New Hampshire. The group meets on a monthly basis with membership including:

- Citizen Member(s)
- Cooperative Alliance for Seacoast Transportation (COAST)
- Community Action Partnership of Strafford County
- Community Partners
- Easter Seals New Hampshire
- Goodwin Community Health
- Granite State Independent Living
- Great Bay Services
- Health & Safety Council of Strafford County
- Homemaker Health Services
- Lamprey Healthcare
- New Hampshire Association for the Blind
- New Hampshire Department of Health & Human Services
- Rockingham Nutrition Meals on Wheels Program
- Rockingham Planning Commission & Metropolitan Planning Organization
- Community Action Partnership of Strafford County
- Strafford Network
- Strafford Regional Planning Commission & Metropolitan Planning Organization
- Transportation Assistance for Seacoast Citizens (TASC)
- Town of New Durham
- Town of Wakefield
- Wentworth Connections

Substantial data collection, analysis and public outreach have been conducted by ACT (serving as the Southeast NH RCC) since the adoption of the original **COORDINATED PUBLIC TRANSIT & HUMAN SERVICE TRANSPORTATION PLAN** in late 2007. These activities include:

- Regional coordination summit held in the spring of 2008
- Regional survey of transportation needs conducted by the UNH Social Work Department in consultation with the Alliance
- Regional needs assessment conducted by the United Way of the Greater Seacoast, a partner in the ACT, in 2008-2009.
- Regional transportation needs surveys conducted by Rockingham Planning Commission and Strafford Regional Planning Commission in 2008 and 2009
- The hiring of a Coordination Manager, who has provided primary staff support to ACT and the RCC. The Coordination manager has conducted extensive outreach to partner agencies, municipalities, funders, and other stakeholders.
- Detailed survey was conducted in 2010 of transportation services and program costs with a follow-up survey in late 2011
- Strategic planning forum held by the RCC in April 2010 to engage members in prioritizing service needs and developing strategic actions to meet needs.
- Survey of local welfare officers in the 38 RCC communities to gather information on unmet travel needs among transportation dependent populations in the region

- Analysis of service gaps by municipality based on provider survey information described above, to prioritize new services being implemented by the RCC.

3.3 Public Participation and Outreach

Input and participation from the public and stakeholders has been cultivated actively by the RCC as part of planning for transit coordination in the region. The series of surveys and meetings conducted over the last decade have provided significant opportunities for a variety of interested parties to participate and express their views and concerns about transportation issues. In particular the Transportation Summits held in 2007 and 2009 brought many parties to the table and provided important venues for stakeholders to share their ideas and concerns regarding how to proceed with creating and implementing a coordinated transportation system.

The RCC is currently developing an online transportation directory as part of the redesign of the RCC website. This will allow the public a one-stop source of information on the various transportation options in the region. It is being designed to be searchable by municipality, rider eligibility, or service type. The website will also be a source of information for policy makers or the public to learn about transportation needs in the region and the work the RCC and its member organizations are doing to expand transportation access and improve mobility.

In addition, each of the municipalities in the southeastern NH region holds membership in one or more of the following organizations: Rockingham Planning Commission, Strafford Regional Planning Commission, COAST, the RCC, and Strafford Network. This affords ongoing opportunities for participation by municipal representatives.

3.4 Goals and Objectives for Regional Coordinated Service

To enhance transportation options in the Southeast NH region, existing demand-response transportation resources are envisioned to be coordinated to leverage more efficient and effective use of the resources. The RCC has taken a sequential approach to implementing these goals. It is anticipated that the project will start with a small number of interested providers and expand over time as the needs and interests of providers and the transit-dependent population grow.

The overarching goals of the coordination effort are: 1) to improve the efficiency of operations for health and human services agencies and 2) to expand regional capacity to provide increased demand-response rides for transit-dependent individuals including seniors, people with disabilities, low-income residents, and others with limited access to transportation. An additional and important goal is to ensure that the autonomy, mission, and existing funding sources of each participating human service agency are preserved throughout the coordination effort.

There are many possible approaches to, and levels of coordination as reviewed in Section 6. Through a strategic planning exercise in April 2010 the RCC members reviewed their long-standing collaborative efforts to support coordination as well as the withdrawal of the State's plan to broker Medicaid transportation plan through the RCCs and chose to focus on a centralized call center with COAST as the lead agency to begin the process of coordinating transportation services within the region through centralized call-taking and scheduling. The expected development, funding, and future efforts in support of regional transportation coordination are described in Sections 6, 7, and 8.

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4.0 TRANSIT-DEPENDENT POPULATION & SERVICE NEED

4.1 Data Sources and Limitations

The sources for the demographic and socio-economic characteristics data included in this section have been obtained from a variety of sources including: the U.S. Census Bureau, NH Office of Energy and Planning, NH Department of Health and Human Services, NH Department of Safety, and surveys conducted by the regional planning commissions. Specific sources of data used in the tables and maps are listed in their respective narrative sections below.

There are a number of sources of potential uncertainty surrounding the data presented in the sections below. These uncertainties can lead to over or under estimates of demographic profiles, and hence to uncertainties surrounding estimates of present and future transit needs within the region. Some identified data limitations and sources of uncertainty include:

- Future population projections from the NH Office of Energy and Planning that are based on 2000 Census data
- Disability data from the U.S. Census Bureau, which defines disability conditions in a much broader way than do the paratransit requirements of the Americans with Disabilities Act (ADA)
- Income and poverty data from the 2000 Census. While 2006-2010 American Community Survey data are available and used in places, some of these data include high margins of error in smaller rural communities
- Case-load data from the NH Department of Health and Human Services Temporary Assistance to Needy Families (TANF) program excluding all town-level data points if the total number of recipients is five or fewer
- Non-current Household automobile availability data from the 2000 U.S. Census

Note that in some cases data are drawn from the 2010 Census, and in other cases from the 2000 Census. Information collected with the Census Long Form in 2000 (disability status, income, automobile ownership) was not collected as part of the 2010 Census. Instead, these more detailed data are now collected through the annual American Community Survey sampling process. Unfortunately, the sample sizes for the American Community Survey are relatively small. The Census Bureau in 2011 published a five-year aggregated American Community Survey dataset for 2006-2010, but even this dataset includes high margins of error in smaller rural communities on questions involving relatively small sub-populations. Accordingly this chapter uses a combination of data from the 2000 Census, 2010 Census, and the American Community Survey. Given these limitations and sources of uncertainty, the data presented below in the tables, maps and narrative sections should only be used as a planning tool to help understand general demographic characteristics of the region, and to identify general levels and geographic concentrations of transit dependent populations.

4.2 Demographic Profile

Population

As illustrated in **Table 4.1** and **Map 4.1** the Southeast NH RCC region includes thirty-eight towns and cities having a total population in 2010 of 263,246. This is nearly twenty percent of New Hampshire's

total population. Town and city size ranges from 712 in Brookfield at the northern edge of the region to 29,987 in the City of Dover. The seven largest municipalities - Dover, Rochester, Portsmouth, Hampton, Durham, Exeter, and Somersworth, comprise nearly 51 percent of the region's total population. The remaining thirty-one communities each have populations of less than 10,000 and together account for 49 percent of the region's population.

The region encompasses approximately 781 square miles, or just under nine percent of the state's total area, with an overall population density of 337 persons per square mile, higher than the state's overall population density of 147 persons per square mile. The region includes both outlying rural communities with large land areas and low population densities; as well as several centralized cities with smaller areas, higher populations and population densities.

Population in the region grew 9.2 percent between 2000 and 2010. Four communities: New Castle, Newington, Rollinsford and South Hampton saw their populations decrease by 3% -5% during that time. During the same ten-year period, the small towns of Brentwood, East Kingston, and Nottingham experienced population increases of between 29 and 40 percent. More than a third of the communities in the region experienced more than 15 percent population growth from 2000 to 2010. **Table 4.2** in the following section details historical and projected population growth.

Population Projections

Population estimates and projections from the New Hampshire Office of Energy and Planning (OEP) indicate that between 2000 and 2005, population grew by an estimated 8.9 percent throughout the region, with smaller towns experiencing much faster growth rates than the larger cities and towns. This trend is expected to continue into the future. The region's population is expected to grow 19 percent between 2000 and 2015, and by nearly 30 percent by 2025, slightly faster than the projected population growth for New Hampshire as a whole. **Table 4.2** and **Map 4.2** show community and regional population projections for 2025.

Table 4.2 also illustrates that the smaller, more rural towns of Brentwood, Brookfield, Middleton, New Durham, and Wakefield may expect increases of more than 45 percent in their populations by 2025. Conversely, the seven largest municipalities in the region - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - can expect population increases ranging from 18.9 to 30.7 percent over the next two decades.

New Hampshire's population is also growing older, reflecting both the aging of the population and immigration of retired individuals from other states. By 2025 according to U.S. Census projections, the population aged 65 and older is expected to more than double across the state. Within the region during this same period, elderly populations are expected to more than double in Strafford County, and nearly triple in both Rockingham and Carroll Counties. By 2025, the elderly population is expected to make up 19.3% of the total population in Strafford County, 27.5% in Rockingham County, and 40.8% in Carroll County. Applying county level projections to towns and cities in the region, the total elderly population can be estimated to approach nearly 54,000 individuals by 2025.

Meanwhile all three counties will lose youth populations (under age 20) and Rockingham and Carroll Counties will see only slight increases in adult populations during the same time period. On the other hand, Strafford County is expected to see a 20% increase in its adult population over that time.

TABLE 4.1 - Population Age Breakdown – 2010

Municipality	2010 Total Population	Pop Age <19	% of Pop Age < 19	Pop Age 20-64	% of Pop Age 20-64	Pop Age 65+	% of Pop Age 65+
Barrington	8,576	2,246	26.2	5,511	64.3	819	9.5
Brentwood	4,486	1,313	29.3	2,573	57.4	600	13.4
Brookfield	712	156	21.9	423	59.4	133	18.7
Dover	29,987	6,657	22.2	19,412	64.7	3,918	13.1
Durham	14,638	5,191	35.5	8,435	57.6	1,012	6.9
East Kingston	2,357	610	25.9	1,374	58.3	373	15.8
Epping	6,411	1,600	25.0	4,141	64.6	670	10.5
Exeter	14,306	3,506	24.5	8,191	57.3	2,609	18.2
Farmington	6,786	1,786	26.3	4,250	62.6	750	11.1
Fremont	4,283	1,162	27.1	2,683	62.6	438	10.2
Greenland	3,549	900	25.4	2,147	60.5	502	14.1
Hampton Falls	2,236	580	25.9	1,341	60.0	315	14.1
Hampton	15,430	2,985	19.3	9,643	62.5	2,802	18.2
Kensington	2,124	579	27.3	1,304	61.4	241	11.3
Kingston	6,025	1,414	23.5	3,847	63.9	764	12.7
Lee	4,330	1,162	26.8	2,746	63.4	422	9.7
Madbury	1,771	499	28.2	1,097	61.9	175	9.9
Middleton	1,783	460	25.8	1,159	65.0	164	9.2
Milton	4,598	1,162	25.3	2,913	63.4	523	11.4
New Castle	968	162	16.7	508	52.5	298	30.8
New Durham	2,638	672	25.5	1,648	62.5	318	12.1
Newfields	1,680	516	30.7	1,011	60.2	153	9.1
Newington	753	146	19.4	487	64.7	120	15.9
Newmarket	8,936	1,940	21.7	6,125	68.5	871	9.7
Newton	4,603	1,259	27.4	2,919	63.4	425	9.2
North Hampton	4,301	967	22.5	2,585	60.1	749	17.4
Northwood	4,241	1,079	25.4	2,665	62.8	497	11.7
Nottingham	4,785	1,249	26.1	3,123	65.3	413	8.6
Portsmouth	20,779	3,722	17.9	13,752	66.2	3,305	15.9
Rochester	29,752	7,189	24.2	18,166	61.1	4,397	14.8
Rollinsford	2,527	626	24.8	1,552	61.4	349	13.8
Rye	5,298	1,147	21.6	3,105	58.6	1,046	19.7
Seabrook	8,693	1,809	20.8	5,359	61.6	1,525	17.5
Somersworth	11,766	2,975	25.3	7,397	62.9	1,394	11.8
South Hampton	814	172	21.1	534	65.6	108	13.3
Strafford	3,991	1,052	26.4	2,535	63.5	404	10.1
Stratham	7,255	2,059	28.4	4,354	60.0	842	11.6
Wakefield	5,078	1,126	22.2	3,071	60.5	881	17.3
RCC Region	263,246	63,835	24.2	164,086	62.3	35,325	13.4
NH	1,316,470	325,802	24.7	812,400	61.7	178,268	13.5

Source: 2010 U.S. Census

Map 4.1

Total Population

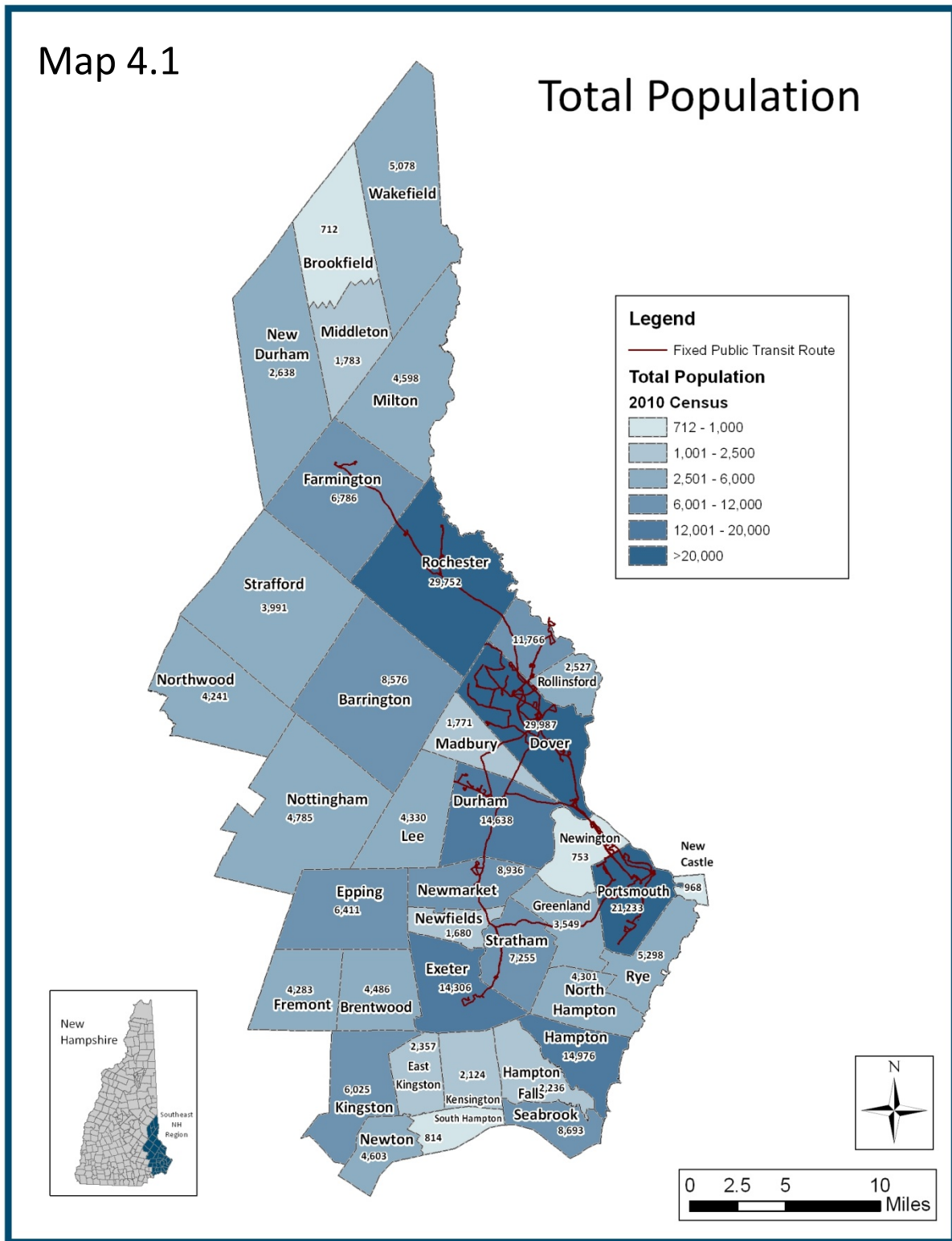


TABLE 4.2 - Population Growth 2000 to 2010, and 2025 Projections

Municipality	2000 Census Population	2010 Census Population	Average Annual Growth 2000-2010	% Change 2000-2010	2025 Projected Population	% Increase Projected 2010-2025
Barrington	7,475	8,576	1.5%	14.7%	10,600	23.6%
Brentwood	3,197	4,486	3.8%	40.3%	4,720	5.2%
Brookfield	605	712	1.8%	17.7%	980	37.6%
Dover	26,884	29,987	1.2%	11.5%	31,390	4.7%
Durham	12,664	14,638	1.6%	15.6%	16,410	12.1%
East Kingston	1,784	2,357	3.1%	32.1%	2,490	5.6%
Epping	5,476	6,411	1.8%	17.1%	6,950	8.4%
Exeter	14,058	14,306	0.2%	1.8%	17,380	21.5%
Farmington	5,774	6,786	1.8%	17.5%	8,150	20.1%
Fremont	3,510	4,283	2.2%	22.0%	4,930	15.1%
Greenland	3,205	3,549	1.1%	10.7%	4,410	24.3%
Hampton	14,937	14,976	0.0%	0.3%	18,930	26.4%
Hampton Falls	1,880	2,236	1.9%	18.9%	2,600	16.3%
Kensington	1,887	2,124	1.3%	12.6%	2,610	22.9%
Kingston	5,862	6,025	0.3%	2.8%	7,560	25.5%
Lee	4,145	4,330	0.5%	4.5%	5,690	31.4%
Madbury	1,509	1,771	1.8%	17.4%	2,130	20.3%
Middleton	1,441	1,783	2.4%	23.7%	2,200	23.4%
Milton	3,910	4,598	1.8%	17.6%	5,630	22.4%
New Castle	1,009	968	-0.5%	-4.1%	1,270	31.2%
New Durham	2,219	2,638	1.9%	18.9%	3,870	46.7%
Newfields	1,551	1,680	0.9%	8.3%	2,010	19.6%
Newington	778	753	-0.4%	-3.2%	980	30.1%
Newmarket	8,027	8,936	1.2%	11.3%	10,300	15.3%
Newton	4,289	4,603	0.8%	7.3%	5,550	20.6%
North Hampton	4,259	4,301	0.1%	1.0%	5,540	28.8%
Northwood	3,640	4,241	1.7%	16.5%	4,730	11.5%
Nottingham	3,701	4,785	2.9%	29.3%	5,320	11.2%
Portsmouth	20,785	21,233	0.2%	2.2%	25,530	20.2%
Rochester	28,461	29,752	0.5%	4.5%	37,210	25.1%
Rollinsford	2,648	2,527	-0.5%	-4.6%	3,350	32.6%
Rye	5,182	5,298	0.2%	2.2%	6,280	18.5%
Seabrook	7,934	8,693	1.0%	9.6%	10,340	18.9%
Somersworth	11,477	11,766	0.3%	2.5%	13,650	16.0%
South Hampton	850	814	-0.5%	-4.2%	1,090	33.9%
Strafford	3,626	3,991	1.1%	10.1%	5,150	29.0%
Stratham	6,355	7,255	1.5%	14.2%	8,560	18.0%
Wakefield	4,251	5,078	2.0%	19.5%	6,580	29.6%
RCC Region	241,245	263,246	1.0%	9.1%	313,070	18.9%
N.H.	1,235,786	1,316,470	0.7%	6.5%	1,593,020	21.0%

Source: 1990, 2000, and 2010 U.S. Census

4.3 Coordinated Plan Target Populations – Socio-Economic Indicators

This Coordinated Plan is primarily concerned with the transportation needs and transportation service options for specific transit-dependent populations. Of particular interest are the elderly, disabled, those without vehicles available, and low-income populations. These populations are less likely to have their own means of transportation, and are more likely to be dependent upon public or private transit service.

4.3.1 Elderly

The elderly population, defined here as aged 65 and older, generally has a higher dependence on transit, as the ability to drive tends to diminish with age. **Table 4.3** details population breakdowns by age within the region. Based on 2010 Census data, 35,325 persons 65 and older reside in the region. This amounts to 13.4 percent of the total population, similar the statewide elderly population of 13.5 percent. **Map 4.2** illustrates the geographic distribution of the region's elderly population, and **Table 4.3** details the socio-economic status of the region's elderly, which is further described in Sections 4.3.2 and 4.3.3 below.

The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - have nearly 55 percent of the total elderly population, with over 19,437 individuals. The remaining thirty-one smaller towns are home to 45 percent of the region's elderly population, or nearly 15,888 individuals. The town of New Castle has the highest percentage of elderly relative to its total population, with a rate of 30.8 percent. of the population aged 65 or older. Brookfield, Exeter, Hampton, New Castle, Newington, North Hampton, Portsmouth, Rye, Seabrook and Wakefield all have 15 percent or greater of their total population aged 65 or older. Durham has the lowest percentage (6.9 percent) of elderly, due to the community being home to the University of New Hampshire, and thus having a larger than average percentage of individuals younger than 21 years old.

The large expected growth in the elderly population over time indicates increasing need for transit services for elderly. The American Association of Retired Persons (AARP) estimated that approximately 20 percent of Americans age 65 and over do not drive. These figures are likely to increase as the general population ages over time.

The availability of transportation services for the elderly is also a quality of life issue as elderly residents who can access transit are able to more fully participate in the community. There is a health and safety aspect as well, since elderly residents must be able to access health care and may be safer using transit services than driving themselves. Finally, providing transportation services for the elderly can increase the cost-effectiveness of elder care since access to transit may allow more elders to live independently in their own homes rather than in more expensive institutionalized setting.

TABLE 4.3 - Elderly Population 1990-2010

Municipality	Elderly Population 65+ (1990)	Elderly Population 65+ (2000)	Elderly Population 65+ (2010)	Percent Increase (1990-2000)	Percent Increase (2000-2010)
Barrington	464	525	819	11.6%	35.9%
Brentwood	438	474	600	7.6%	21.0%
Brookfield	79	101	133	21.8%	24.1%
Dover	3,241	3,692	3,918	12.2%	5.8%
Durham	677	774	1,012	12.5%	23.5%
East Kingston	104	132	373	21.2%	64.6%
Epping	478	506	670	5.5%	24.5%
Exeter	1,939	2,387	2,609	18.8%	8.5%
Farmington	623	593	750	-5.1%	20.9%
Fremont	186	253	438	26.5%	42.2%
Greenland	257	323	502	20.4%	35.7%
Hampton	1,655	2,199	2,802	24.7%	21.5%
Hampton Falls	185	241	315	23.2%	23.5%
Kensington	146	186	241	21.5%	22.8%
Kingston	474	515	764	8.0%	32.6%
Lee	205	296	422	30.7%	29.9%
Madbury	110	115	175	4.3%	34.3%
Middleton	85	149	164	43.0%	9.1%
Milton	379	399	523	5.0%	23.7%
New Castle	174	243	298	28.4%	18.5%
New Durham	170	238	318	28.6%	25.2%
Newfields	85	116	153	26.7%	24.2%
Newington	70	100	120	30.0%	16.7%
Newmarket	540	675	871	20.0%	22.5%
Newton	307	325	425	5.5%	23.5%
North Hampton	449	609	749	26.3%	18.7%
Northwood	306	329	497	7.0%	33.8%
Nottingham	187	266	413	29.7%	35.6%
Portsmouth	3,152	3,384	3,305	6.9%	-2.4%
Rochester	3,396	3,834	4,397	11.4%	12.8%
Rollinsford	257	326	349	21.2%	6.6%
Rye	907	986	1,046	8.0%	5.7%
Seabrook	1,086	1,337	1,525	18.8%	12.3%
Somersworth	1,259	1,373	1,394	8.3%	1.5%
South Hampton	85	114	108	25.4%	-5.6%
Strafford	212	279	404	24.0%	30.9%
Stratham	364	564	842	35.5%	33.0%
Wakefield	440	637	881	30.9%	27.7%
RCC Region	25,171	29,595	35,325	14.9%	16.2%

Source: 1990, 2000, and 2010 U.S. Census

TABLE 4.4 - Elderly Population 2000-2010 by Town

Municipality	Total Population (2010)	Population 65+ (2000)	Population 65+ (2010)	% of Pop 65+ (2010)	% Increase Pop 65+ (2000-2010)
Barrington	8,576	525	819	9.5%	56.0%
Brentwood	4,486	474	600	13.4%	26.6%
Brookfield	712	101	133	18.7%	31.7%
Dover	29,987	3,692	3,918	13.1%	6.1%
Durham	14,638	774	1,012	6.9%	30.7%
East Kingston	2,357	132	373	15.8%	182.6%
Epping	6,411	506	670	10.5%	32.4%
Exeter	14,306	2,387	2,609	18.2%	9.3%
Farmington	6,786	593	750	11.1%	26.5%
Fremont	4,283	253	438	10.2%	73.1%
Greenland	3,549	323	502	14.1%	55.4%
Hampton	14,976	2,199	2,802	18.7%	27.4%
Hampton Falls	2,236	241	315	14.1%	30.7%
Kensington	2,124	186	241	11.3%	29.6%
Kingston	6,025	515	764	12.7%	48.3%
Lee	4,330	296	422	9.7%	42.6%
Madbury	1,771	115	175	9.9%	52.2%
Middleton	1,783	149	164	9.2%	10.1%
Milton	4,598	399	523	11.4%	31.1%
New Castle	968	243	298	30.8%	22.6%
New Durham	2,638	238	318	12.1%	33.6%
Newfields	1,680	116	153	9.1%	31.9%
Newington	753	100	120	15.9%	20.0%
Newmarket	8,936	675	871	9.7%	29.0%
Newton	4,603	325	425	9.2%	30.8%
North Hampton	4,301	609	749	17.4%	23.0%
Northwood	4,241	329	497	11.7%	51.1%
Nottingham	4,785	266	413	8.6%	55.3%
Portsmouth	21,233	3,384	3,305	15.6%	-2.3%
Rochester	29,752	3,834	4,397	14.8%	14.7%
Rollinsford	2,527	326	349	13.8%	7.1%
Rye	5,298	986	1,046	19.7%	6.1%
Seabrook	8,693	1,337	1,525	17.5%	14.1%
Somersworth	11,766	1,373	1,394	11.8%	1.5%
South Hampton	814	114	108	13.3%	-5.3%
Strafford	3,991	279	404	10.1%	44.8%
Stratham	7,255	564	842	11.6%	49.3%
Wakefield	5,078	637	881	17.3%	38.3%
RCC Region	263,246	29,595	35,325	13.4%	19.4%
N.H.	1,316,470	147,970	178,268	13.5%	20.5%

Source: 1990, 2000, and 2010 U.S. Census

Table 4.5 – Population with Disabilities 2010

Municipality	Total Disabled (age 5+)	Disabled Adults (18-64)	Disabled Elderly (age 65+)	All Disabled Adults (18+)	% All Disabled Adults	Total Elderly & Disabled	% Elderly & Disabled Adults
Barrington	931	658	173	831	11.1%	1,183	15.8%
Brentwood	265	123	77	200	6.3%	597	18.7%
Brookfield	105	51	45	96	15.9%	152	25.1%
Dover	3,836	2,250	1,175	3,425	12.7%	5,942	22.1%
Durham	831	416	184	600	4.7%	1,190	9.4%
East Kingston	157	107	31	138	7.7%	239	13.4%
Epping	812	485	270	755	13.8%	991	18.1%
Exeter	2,075	1,062	820	1,882	13.4%	3,449	24.5%
Farmington	1,439	920	274	1,194	20.7%	1,513	26.2%
Fremont	380	255	82	337	9.6%	508	14.5%
Greenland	313	164	128	292	9.1%	487	15.2%
Hampton	2,418	1,510	723	2,233	14.9%	3,709	24.8%
Hampton Falls	244	158	64	222	11.8%	399	21.2%
Kensington	211	131	50	181	9.6%	317	16.8%
Kingston	679	515	119	634	10.8%	1,030	17.6%
Lee	475	305	84	389	9.4%	601	14.5%
Madbury	121	56	47	103	6.8%	171	11.3%
Middleton	203	146	40	186	12.9%	295	20.5%
Milton	774	451	178	629	16.1%	850	21.7%
New Castle	106	29	62	91	9.0%	272	27.0%
New Durham	433	289	89	378	17.0%	527	23.7%
Newfields	157	92	43	135	8.7%	208	13.4%
Newington	115	72	32	104	13.4%	172	22.1%
Newmarket	1,185	732	288	1,020	12.7%	1,407	17.5%
Newton	685	435	160	595	13.9%	760	17.7%
North Hampton	554	336	179	515	12.1%	945	22.2%
Northwood	483	287	125	412	11.3%	616	16.9%
Nottingham	505	331	122	453	12.2%	597	16.1%
Portsmouth	3,690	2,160	1,217	3,377	16.2%	5,544	26.7%
Rochester	5,408	3,336	1,534	4,870	17.1%	7,170	25.2%
Rollinsford	466	281	143	424	16.0%	607	22.9%
Rye	522	277	219	496	9.6%	1,263	24.4%
Seabrook	1,790	1,068	506	1,574	19.8%	2,405	30.3%
Somersworth	2,149	1,320	548	1,868	16.3%	2,693	23.5%
South Hampton	152	104	43	147	17.3%	218	25.6%
Strafford	415	224	112	336	9.3%	503	13.9%
Stratham	555	250	181	431	6.8%	814	12.8%
Wakefield	746	485	210	695	16.3%	1,122	26.4%
TOTAL	36,385	21,871	10,377	32,248	13.4%	51,466	21.3%

Source:

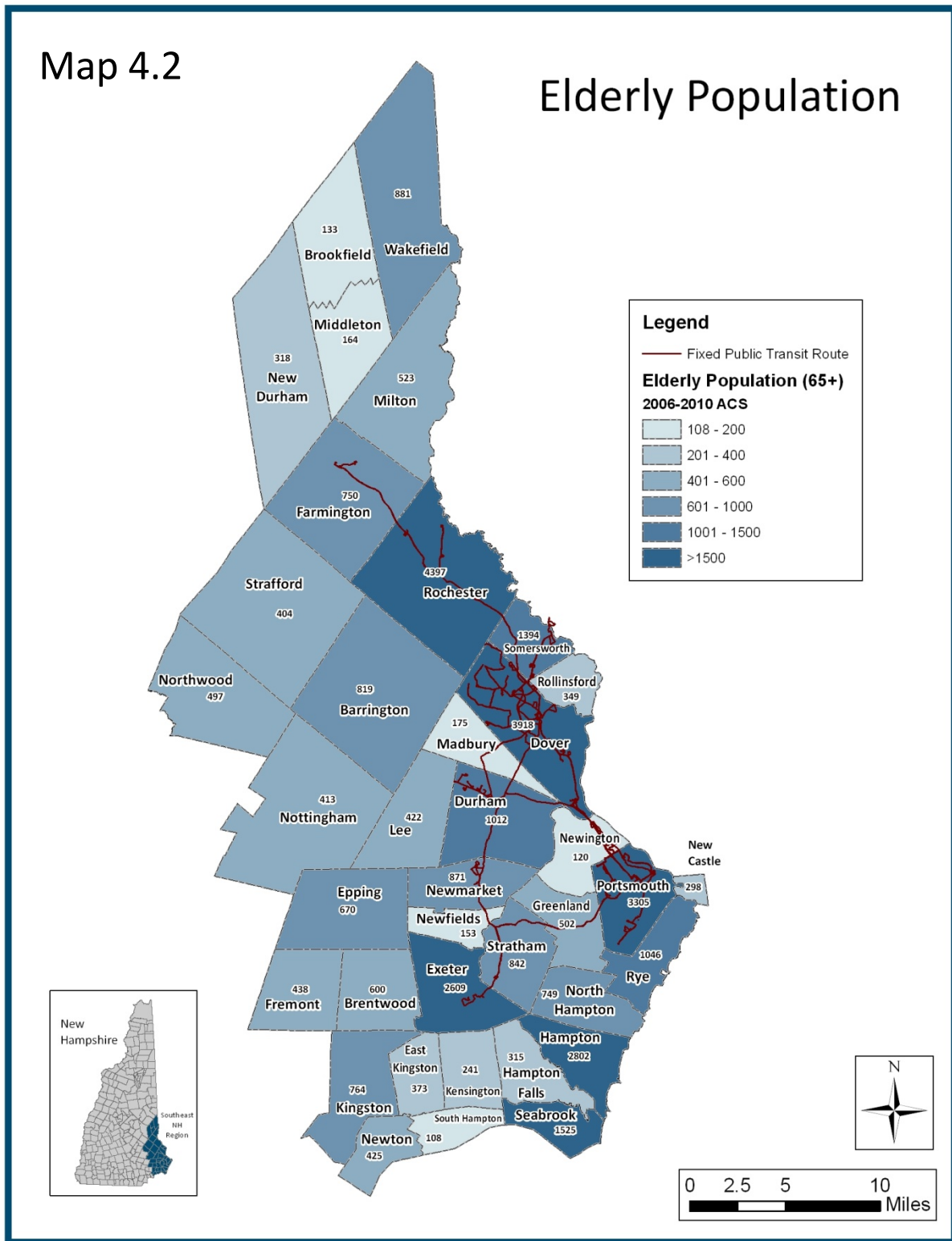
TABLE 4.6 - Elderly Population and Socio-Economic Status - 2000

Municipality	Elderly Population (age 65 +)	Disabled Elderly	% of Elderly who are Disabled	Elderly Living Below Federal Poverty Level	Poverty Rate among the Elderly
Barrington	525	173	33.0	0	0.0
Brentwood	474	77	16.2	16	3.4
Brookfield	101	45	44.6	2	2.0
Dover	3,692	1,175	31.8	183	5.0
Durham	774	184	23.8	9	1.2
East Kingston	132	31	23.5	0	0.0
Epping	506	270	53.4	31	6.1
Exeter	2,387	820	34.4	97	4.1
Farmington	593	274	46.2	67	11.3
Fremont	253	82	32.4	11	4.3
Greenland	323	128	39.6	19	5.9
Hampton	2,199	723	32.9	148	6.7
Hampton Falls	241	64	26.6	8	3.3
Kensington	186	50	26.9	8	4.3
Kingston	515	119	23.1	18	3.5
Lee	296	84	28.4	17	5.7
Madbury	115	47	40.9	4	3.5
Middleton	149	40	26.8	9	6.0
Milton	399	178	44.6	18	4.5
New Castle	243	62	25.5	0	0.0
New Durham	238	89	37.4	16	6.7
Newfields	116	43	37.1	0	0.0
Newington	100	32	32.0	4	4.0
Newmarket	675	288	42.7	37	5.5
Newton	325	160	49.2	52	16.0
North Hampton	609	179	29.4	37	6.1
Northwood	329	125	38.0	10	3.0
Nottingham	266	122	45.9	6	2.3
Portsmouth	3,384	1,217	36.0	255	7.5
Rochester	3,834	1,534	40.0	316	8.2
Rollinsford	326	143	43.9	11	3.4
Rye	986	219	22.2	8	0.8
Seabrook	1,337	506	37.8	124	9.3
Somersworth	1,373	548	39.9	122	8.9
South Hampton	114	43	37.7	0	0.0
Strafford	279	112	40.1	15	5.4
Stratham	564	181	32.1	6	1.1
Wakefield	637	210	33.0	37	5.8
RCC Region	29,595	10,377	35.1 %	1,721	5.8 %
NH	147,970	53,610	36.2 %	9,992	7.2 %

Source: 2000 Census

Map 4.2

Elderly Population



4.3.2 Disabled Population

Disabled individuals typically rely on a higher number of transit trips, as many disabilities deny this population the ability to operate a vehicle. Many disabled individuals require vehicles with specialized equipment such as wheelchair lifts. Some individuals may also require door-to-door service with specialized assistance in getting on and off vehicles.

The U.S. Census Bureau collects data on disability for non-institutionalized individuals aged 5 and older. However, it should be noted that disability data is self-reported by the surveyed households and does not necessarily align with eligibility requirements for state or federal human services under Americans with Disabilities ACT programs. Similarly, there is no clear definition within census data as to which categories of disability result in transit dependence. Clearly, blindness would prevent an individual from driving, as would certain physical impairments and developmental disabilities, but this subset of the disabled population cannot be pinpointed or even accurately estimated using census data. Consequently, data are presented here for all census-defined categories of disability.

The Census Bureau defines disability as *...one or more of the following: (a) blindness, deafness, or a severe vision or hearing impairment; (b) a substantial limitation in the ability to perform basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; (c) difficulty learning, remembering, or concentrating; or (d) difficulty dressing, bathing, or getting around inside the home. In addition...people 16 years old and over are considered to have a disability if they have difficulty going outside the home alone to shop or visit a doctor's office, and people 16-64 years old are considered to have a disability if they have difficulty working at a job or business.*

Tables 4.3 and 4.4 provide information on the region's disabled elderly and disabled adult populations, respectively. **Map 4.3** illustrates the geographic distribution of all disabled individuals throughout the region.

According to the 2000 Census, approximately 15.1 percent, or over 36,300 of the region's total population over age five, is considered disabled. This figure is slightly less than the state disabled percentage of 15.7. The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - have nearly 54 percent of the region's disabled population, or over 20,400 individuals. However, the remaining thirty-one smaller towns are home to the remaining 46 percent of the region's disabled population, or over 17,000 individuals. The communities of Farmington and Seabrook each have over 22 percent disability rates within their total populations. Milton, New Durham, and Rochester each have disabled populations of over 19 percent. Conversely, Durham has the lowest disabled percentage of all the region's municipalities with 6.6 percent.

Census data indicates that of the region's total disabled population, approximately 4,400 (12%) are younger than 21; nearly 22,000 (60%) are between the ages of 21 and 64; and nearly 10,400 (28%) are aged 65 or over. By age group, disabled individuals in the region account for almost 8 percent of the total population aged 5 to 20; just over 15 percent of all those between 21 and 64; and over 37 percent of all individuals 65 or older.

As can be seen in **Table 4.3**, the elderly population with disabilities, totaling 10,377, constitutes 35.1 percent of the total elderly population within the region, and close to 5 percent of the general population. A majority of the disabled elderly, 58% or 6,200 individuals, reside in the seven largest municipalities. By community, the percentage of disabled among elderly populations ranges from a low of 16.2 percent in Brentwood to over 53 percent in Epping. **Table 4.5** shows that there are nearly 22,000 individuals with disabilities between the ages of 21 and 64 living in the region. Fifty-five percent of these individuals live in the seven largest municipalities of Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and

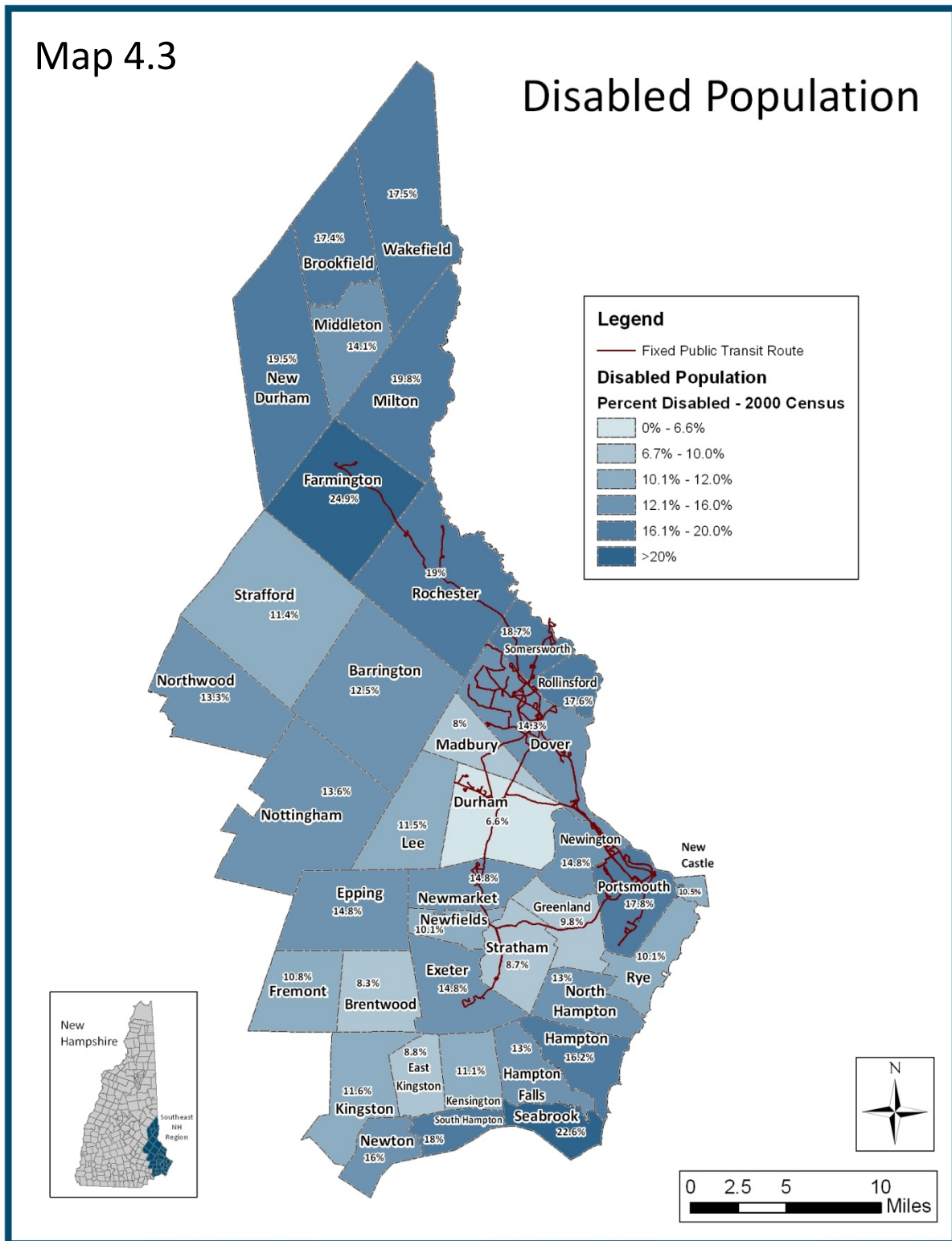
Portsmouth. Across the region, nearly 14,200 or 65 percent of disabled adults are employed. This group, as well as the 35 percent of disabled adults who are not employed, are both likely to benefit from appropriate transit options that allow them to obtain and maintain jobs in the region.

TABLE 4.7 - Disabled Population and Employment Status – 2000

Municipality	Disabled Population (Age 5+)	% of Total Population	Disabled Adults (21-64 years)	% of Total Population that are Disabled Adults (21-64 years)	Disabled & Employed Adults (21-64 years)	% of Adult Disabled Population that are Employed (21-64 years)
Barrington	931	12.5	658	8.8	420	63.8
Brentwood	265	8.3	123	3.8	60	48.8
Brookfield	105	17.4	51	8.4	35	68.6
Dover	3,836	14.3	2,250	8.4	1,339	59.5
Durham	831	6.6	416	3.3	291	70.0
East Kingston	157	8.8	107	6.0	76	71.0
Epping	812	14.8	485	8.9	321	66.2
Exeter	2,075	14.8	1,062	7.6	724	68.2
Farmington	1,439	24.9	920	15.9	532	57.8
Fremont	380	10.8	255	7.3	181	71.0
Greenland	313	9.8	164	5.1	76	46.3
Hampton	2,418	16.2	1,510	10.1	917	60.7
Hampton Falls	244	13.0	158	8.4	125	79.1
Kensington	211	11.2	131	6.9	96	73.3
Kingston	679	11.6	515	8.8	296	57.5
Lee	475	11.5	305	7.4	230	75.4
Madbury	121	8.0	56	3.7	32	57.1
Middleton	203	14.1	146	10.1	85	58.2
Milton	774	19.8	451	11.5	285	63.2
New Castle	106	10.5	29	2.9	17	58.6
New Durham	433	19.5	289	13.0	226	78.2
Newfields	157	10.1	92	5.9	64	69.6
Newington	115	14.8	72	9.3	57	79.2
Newmarket	1,185	14.8	732	9.1	552	75.4
Newton	685	16.0	435	10.1	324	74.5
North Hampton	554	13.0	336	7.9	231	68.8
Northwood	483	13.3	287	7.9	172	59.9
Nottingham	505	13.6	331	8.9	264	79.8
Portsmouth	3,690	17.8	2,160	10.4	1,415	65.5
Rochester	5,408	19.0	3,336	11.7	2,105	63.1
Rollinsford	466	17.6	281	10.6	219	77.9
Rye	522	10.1	277	5.3	182	65.7
Seabrook	1,790	22.6	1,068	13.5	753	70.5
Somersworth	2,149	18.7	1,320	11.5	763	57.8
South Hampton	152	17.9	104	12.2	87	83.7
Strafford	415	11.4	224	6.2	147	65.6
Stratham	555	8.7	250	3.9	196	78.4
Wakefield	746	17.5	485	11.4	289	59.6
RCC Region	36,385	15.1 %	21,871	9.1 %	14,184	64.9 %
NH	193,893	15.7 %	116,642	9.4 %	74,884	64.2 %

Map 4.3

Disabled Population



4.3.3 Income and Poverty

Another strong indicator of transit dependency is income. Lower income households are less able to purchase, insure and maintain a vehicle, along with other spending restrictions that they may have. In southeast NH region, especially in the smaller outlying towns without fixed transit services, not having a vehicle is likely to mean that individuals cannot adequately access jobs, health care, shopping venues, and other vital community services.

Table 4.8 and Map 4.4, and **Table 4.9 and Map 4.5** present data on income, and poverty status respectively, from the 2000 Census. . The overall median household income in the region is \$50,178, slightly higher than the state average of \$49,467. Twenty-seven of the thirty-eight communities have median household incomes higher than the state average. Towns with the highest household incomes tend to be located in the coastal region and in the small towns of Brentwood, Newfields, East Kingston, and Kensington. Communities having the lowest household incomes include the more urbanized Rochester, Portsmouth, Dover, and Somersworth, along with some of the smaller more rural and outlying towns such as Farmington, Milton, Middleton, and Wakefield.

The overall per-capita income for the region is \$24,197, slightly higher than the state average of \$23,844. However, there is a wide range across the region. Eleven of the thirty-eight communities have median household incomes less than the state average. Per-capita income ranges from a low of approximately \$16,500 in Farmington to a high of nearly \$67,700 in New Castle. Seventeen of the thirty-eight communities have per-capita incomes less than the state average, including the larger communities of Dover, Durham Rochester, and Somersworth as well as several of the smaller outlying communities, such as Middleton, Milton, Newton, Seabrook, and Strafford.

In a region with a relatively high cost of living like southeast NH, a more specific measure of transit need is reflected in the population with incomes that fall below the federal poverty level. It is also likely that a large percentage of the non-elderly poor may also receive direct financial assistance under the Temporary Assistance for Needy Families program as described in Section 4.3.4.

The U.S. Census Bureau measures poverty using a complex set of thresholds that vary by family size, number of children and age of the householder. The data collected by the Census Bureau excludes some sub-populations such as those living in college dormitories, institutionalized individuals, those living in military group quarters, and unrelated individuals under fifteen years of age. Therefore, the poverty data presented in **Table 4.9** is based on approximately 97 percent rather than 100 percent, of the total regional population. 1999 is the most recent year for which census-based income and poverty data available, thus, it may not accurately reflect current income and poverty status within the region.

Given these caveats, and as can be seen in **Table 4.9**, the region has an overall poverty rate of seven percent or 16,790 individuals. This rate is slightly higher than the overall state rate of 6.4 percent. The seven largest municipalities have two-thirds of the region's poverty level population, or nearly 11,300 individuals. The remaining thirty-one smaller towns are home to the remaining one-third of the region's poor, amounting to approximately 5,500 individuals. **Map 4.5** presents the geographic distribution of poverty level populations across the region.

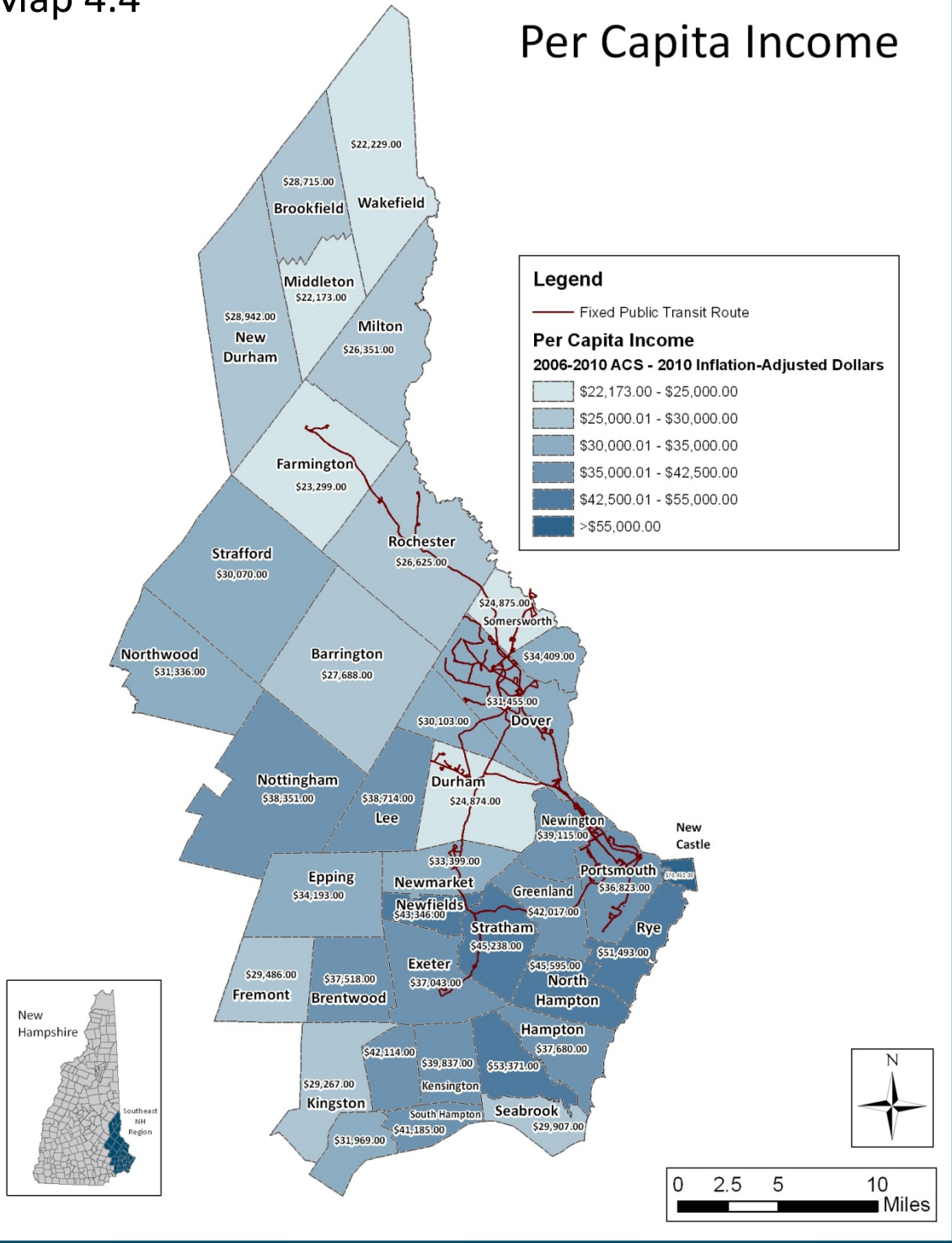
Even though Census data excludes individuals living in college dormitories, Durham has the highest percentage of its population living below the poverty level, at 27.7 percent (over 2,200 people). This is a much higher percentage than any other community in the region. It should be noted that this figure is based on census surveys of only 64 percent of Durham's population. It is therefore likely to over-estimate the overall poverty level population in town. This anomaly may also be due in part to the significant number of UNH students who live in off-campus housing in the town. These individuals may be more

likely to have lower incomes than working age non-students. However, these individuals are also served by fixed-route transit that operates on campus and between Durham and other seacoast communities.

Among the region's elderly population, as shown previously in **Table 4.6**, over 1,700 elders live below the poverty level, with two-thirds of them residing in the seven largest municipalities. The small town of Newton, in the southwestern portion of the region has the highest poverty rate among its elderly with 16 percent; followed by Farmington at 11.3%. Conversely, the towns of Barrington, East Kingston, New Castle, Newfields, and South Hampton do not have any elderly living below the poverty level, based on the 2000 Census data.

Map 4.4

Per Capita Income



Map 4.5

Poverty Rate

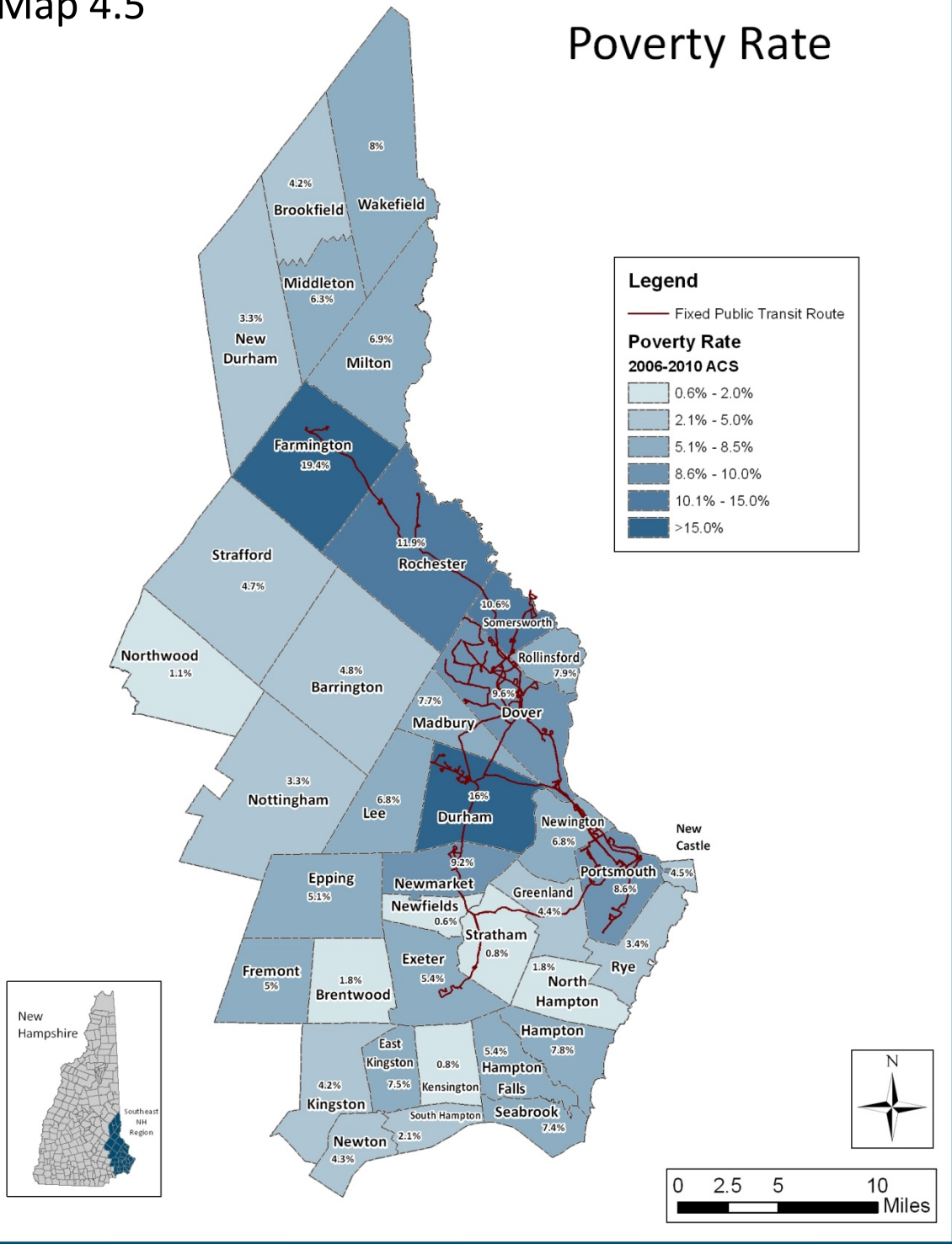


Table 4.8 - Households and Median Household Income

Municipality	2010 Number of Households	Median Household Income (\$)1999	Median Household Income (\$) 2010
Barrington	2,961	\$50,630	\$73,449
Brentwood	1,017	\$68,971	\$112,440
Brookfield	258	\$52,132	\$48,750
Dover	11,856	\$43,873	\$58,756
Durham	3,312	\$51,697	\$64,318
East Kingston	846	\$65,197	\$90,000
Epping	2,363	\$50,739	\$70,984
Exeter	6,202	\$49,618	\$61,089
Farmington	2,466	\$40,971	\$40,971
Fremont	1,441	\$62,171	\$81,754
Greenland	1,275	\$62,172	\$82,216
Hampton	6,966	\$54,419	\$63,548
Hampton Falls	819	\$76,348	\$114,107
Kensington	764	\$67,344	\$88,971
Kingston	2,302	\$61,522	\$70,063
Lee	1,900	\$57,993	\$66,447
Madbury	586	\$57,981	\$86,579
Middleton	602	\$43,942	\$54,408
Milton	1,730	\$44,194	\$63,674
New Castle	372	\$83,708	\$75,227
New Durham	905	\$52,270	\$74,698
Newfields	577	\$71,375	\$107,596
Newington	288	\$59,464	\$81,250
Newmarket	4,039	\$46,058	\$68,343
Newton	1,656	\$60,972	\$92,949
N. Hampton	1,775	\$66,696	\$77,832
Northwood	1,553	\$50,675	\$64,325
Nottingham	1,590	\$62,423	\$99,167
Portsmouth	9,410	\$45,195	\$62,395
Rochester	12,268	\$40,596	\$50,382
Rollinsford	1,065	\$48,588	\$64,583
Rye	2,292	\$63,152	\$77,064
Seabrook	3,846	\$42,874	\$50,718
Somersworth	4,949	\$42,739	\$53,430
South Hampton	321	\$63,750	\$78,375
Strafford	1373	\$59,044	\$66,520
Stratham	2717	\$76,726	\$103,271
Wakefield	2790	\$42,500	\$47,686
RCC Region	265,580	\$50,178	\$70,490
NH	502,201	\$49,467	\$63,033

Source: 2000 US Census, 2005-2009 American Community Survey

TABLE 4.9- Population Below Federal Poverty Level

Municipality	Population Below Federal Poverty Level (#) 1999	Poverty Rate (%) 1999	Adult Population in Poverty (age 18-64 years)	Population Below Federal Poverty Level (#) 2010	Percent Below Poverty 2010
Barrington	411	5.5	259	408	4.8
Brentwood	100	3.7	50	76	2
Brookfield	9	1.5	5	26	4.2
Dover	2,193	8.4	1,458	2,851	10
Durham	2,246	27.7	2,158	2,293	26.4
East Kingston	77	4.4	40	172	7.5
Epping	180	3.3	73	323	5.2
Exeter	742	5.4	385	779	5.5
Farmington	545	9.5	325	1,292	19.5
Fremont	145	4.2	71	210	5
Greenland	190	5.9	86	154	4.4
Hampton	870	5.9	450	1,213	7.9
Hampton Falls	55	2.9	30	126	5.4
Kensington	87	4.6	53	17	0.8
Kingston	147	2.5	104	252	4.2
Lee	211	5.1	120	296	6.8
Madbury	87	5.8	65	148	7.7
Middleton	104	7.3	65	97	6.3
Milton	307	7.9	126	312	7
New Castle	6	0.6	6	35	4.5
New Durham	112	5.1	58	86	3.3
Newfields	44	2.8	29	11	0.6
Newington	36	4.6	24	49	6.8
Newmarket	669	8.3	430	816	9.2
Newton	172	4	74	196	4.3
North Hampton	141	3.3	90	80	1.9
Northwood	153	4.2	106	45	1.1
Nottingham	92	2.5	69	153	3.3
Portsmouth	1,883	9.3	1,108	1,805	8.7
Rochester	2,357	8.4	1,165	3,352	12
Rollinsford	98	3.7	53	203	7.9
Rye	181	3.5	110	182	3.4
Seabrook	683	8.6	293	636	7.5
Somersworth	995	8.8	549	1,253	10.7
South Hampton	23	2.7	12	15	2.1
Strafford	67	1.9	36	184	4.7
Stratham	74	1.2	43	58	0.8
Wakefield	298	7.1	167	398	8
RCC Region	16,790	7.00%	10,345		
NH	78,530	6.40%	44,903		

Source: 2006-2010 American Community Survey

4.3.4 Temporary Assistance for Needy Families Recipients

The number of welfare recipients is another indicator of transit need as recipients of public assistance are also less able to afford a private vehicle. These individuals may require more transit trips than other transit-dependent populations since they may need to periodically report to welfare offices, access employment, job training programs, and childcare locations, as well as needing to travel for health care, shopping and other community activities.

Case load data obtained from the NH Department of Health & Human Services (NHDHHS) under the Temporary Assistance for Needy Families (TANF) program is much more current (September 2011) than U.S. Census poverty data. The Division of Family Assistance provides financial assistance to needy families with dependent children through one of two programs: the NH Employment Program and the Family Assistance Program.

The data presented in **Table 4.10** and **Map 4.6** constitutes the combined unduplicated number of TANF recipients, regardless of whether they participate in more than one sponsored program. It should be noted that NHDHHS excludes community level data if the number in any category is greater than zero but less than five, therefore the data slightly under-estimates the total number of recipients in the region.

Sixty-one percent, or 8,726 individuals receiving TANF assistance live in the seven largest communities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth. The less affluent communities of Farmington, Middleton, Milton, Rochester, and Somersworth all have over ten percent of their total population and over twelve percent of their households currently receiving TANF assistance. Not surprisingly, New Castle, having an unusually high per-capita income for the region, has none of its population enrolled in the program. For the region as a whole, 5.9% of the population and 7.4% of all households receive TANF assistance.

Table 4.11 shows Medicaid cases by municipality with similar patterns to TANF enrollment. Average enrollment during 2010 in the region was 25,151 individuals, or 9.5 percent of the population. In the region \$163,949,511 was spent on Medicaid services in the region in 2010. As with TANF enrollment, Rochester had both the largest number of Medicaid recipients (5,517) and the highest of its population receiving Medicaid assistance (18.5%).

TABLE 4.10 - TANF Recipients – September 2011

Town	US Census Pop 2000	US Census Pop 2010	Total TANF Cases (AGS)	Adults receiving TANF benefits	Children receiving TANF benefits	% of Pop on TANF 2009
Barrington	7,475	8,576	275	65	499	6.6%
Brentwood	3,197	4,486	73	13	127	3.1%
Brookfield	605	712	22	5	45	7.0%
Dover	26,884	29,987	1,094	392	1,734	7.1%
Durham	12,664	14,638	44	*	75	N/A
East Kingston	1,784	2,357	50	11	84	4.0%
Epping	5,476	6,411	251	75	419	7.7%
Exeter	14,058	14,306	395	90	669	5.3%
Farmington	5,774	6,786	388	137	674	12.0%
Fremont	3,510	4,283	109	26	196	5.2%
Greenland	3,205	3,549	67	13	101	3.2%
Hampton	14,937	15,430	360	80	547	4.1%
Hampton Falls	1,880	2,236	30	7	55	2.8%
Kensington	1,887	2,124	32	*	53	N/A
Kingston	5,862	6,025	149	36	267	5.0%
Lee	4,145	4,330	99	9	160	3.9%
Madbury	1,509	1,771	36	12	61	4.1%
Middleton	1,441	1,783	96	28	181	11.7%
Milton	3,910	4,598	196	65	316	8.3%
New Castle	1,009	968	*	*	6	N/A
New Durham	2,219	2,638	95	24	172	7.4%
Newfields	1,551	1,680	25	*	33	N/A
Newington	778	753	10	0	15	2.0%
Newmarket	8,027	8,936	286	77	468	6.1%
Newton	4,289	4,603	111	15	189	4.4%
North Hampton	4,259	4,301	93	22	154	4.1%
Northwood	3,640	4,241	155	26	255	6.6%
Nottingham	3,701	4,785	110	23	188	4.4%
Portsmouth	20,785	20,779	552	154	930	5.2%
Rochester	28,461	29,752	1,574	584	2,656	10.9%
Rollinsford	2,648	2,527	90	26	165	7.6%
Rye	5,182	5,298	61	9	93	1.9%
Seabrook	7,934	8,693	402	127	689	9.4%
Somersworth	11,477	11,766	703	280	1,255	13.0%
South Hampton	850	814	13	*	17	N/A
Strafford	3,626	3,991	109	24	180	5.1%
Stratham	6,355	7,255	114	16	189	2.8%
Wakefield	4,251	5,078	61	14	114	2.5%

Source: 2010 US Census, NHDHHS Division of Family Services September 2011

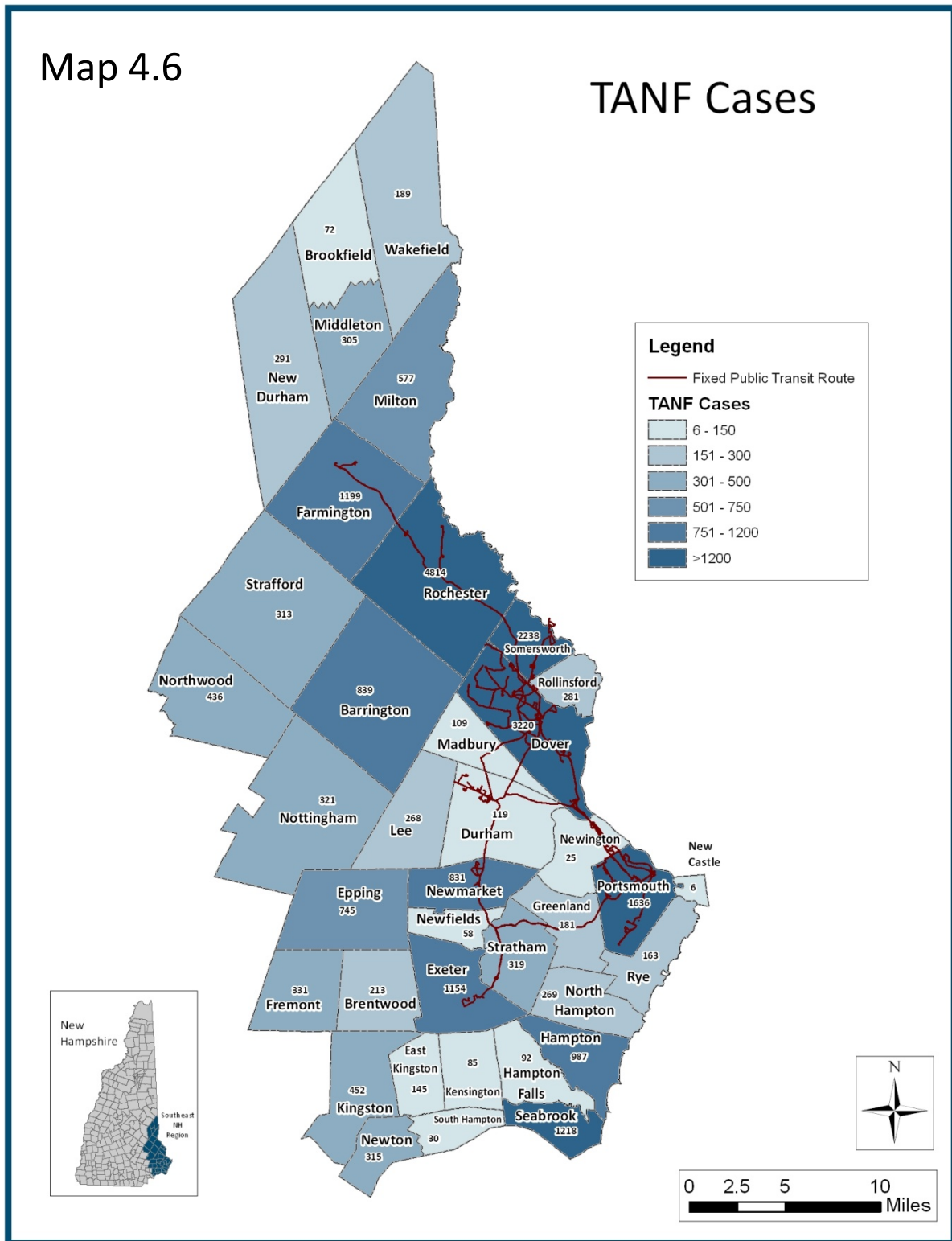
Table 4.11 - Medicaid Recipients

Municipality	Medicaid Member Months 2010	Medicaid Average Enrollment 2010	% of Pop on Medicaid 2010	Medicaid Expenditures 2010
Barrington	7,432	619	7.22%	\$ 3,371,892
Brentwood	2,784	232	5.17%	\$ 4,992,255
Brookfield	379	32	4.49%	\$ 104,849
Dover	34,556	2,880	9.60%	\$ 22,608,080
Durham	1,627	136	0.93%	\$ 1,087,321
East Kingston	1,260	105	4.45%	\$ 459,554
Epping	6,311	526	8.20%	\$ 2,898,994
Exeter	12,298	1,025	7.16%	\$ 6,923,055
Farmington	13,433	1,119	16.49%	\$ 5,023,016
Fremont	3,098	258	6.02%	\$ 1,804,319
Greenland	1,906	159	4.48%	\$ 979,484
Hampton	11,245	937	6.07%	\$ 6,581,760
Hampton Falls	1,014	85	3.80%	\$ 519,498
Kensington	907	76	3.58%	\$ 579,259
Kingston	4,645	387	6.42%	\$ 2,600,651
Lee	2,879	240	5.54%	\$ 1,466,549
Madbury	1,054	88	4.97%	\$ 414,319
Middleton	2,743	229	12.84%	\$ 634,264
Milton	6,952	579	12.59%	\$ 2,807,668
New Castle	79	7	0.72%	\$ -
New Durham	3,254	271	10.27%	\$ 1,282,688
Newfields	645	54	3.21%	\$ 552,595
Newington	504	42	5.58%	\$ 278,725
Newmarket	8,816	735	8.23%	\$ 3,883,767
Newton	3,350	279	6.06%	\$ 1,333,139
North Hampton	2,728	227	5.28%	\$ 1,652,834
Northwood	4,761	397	9.36%	\$ 2,441,611
Nottingham	3,508	292	6.10%	\$ 1,603,359
Portsmouth	24,587	2,049	9.86%	\$ 25,165,239
Rochester	66,205	5,517	18.54%	\$ 31,530,576
Rollinsford	3,021	252	9.97%	\$ 1,158,548
Rye	2,568	214	4.04%	\$ 1,953,802
Seabrook	15,626	1,302	14.98%	\$ 6,440,905
Somersworth	28,902	2,409	20.47%	\$ 11,609,992
South Hampton	315	26	3.19%	\$ 246,747
Strafford	3,585	299	7.49%	\$ 1,819,061
Stratham	3,248	271	3.74%	\$ 1,729,517
Wakefield	9,458	796	15.68%	\$ 3,409,619
RCC Region	301,683	25,151	0	\$163,949,511

Source: NHDHHS Division of Family Assistance

Map 4.6

TANF Cases



4.3.5 Auto Availability

The greatest indicator of transit need for the general public is typically the level of auto ownership or access to a vehicle, since individuals without the use of a vehicle have to make transit trips to access their basic day-to-day opportunities. Again, especially in the smaller outlying towns without fixed transit services, not having a vehicle is likely to ensure that individuals cannot effectively access jobs, education, health care, shopping venues and other vital community services.

As illustrated in **Table 4.12** and on **Map 4.7**, southeast NH region has over 5,500 households or 3.6 percent of all households without an available vehicle. The cities of Portsmouth and Somersworth both have more than 5 percent of households without a vehicle, while the smaller and wealthier outlying towns of Newfields and South Hampton each have less than one percent of households without a vehicle. The seven largest municipalities – Dover, Durham, Exeter, Hampton, Portsmouth, Rochester, Somersworth – have a combined total of nearly 4,282 households without an available vehicle, or over 54 percent of all such households in the region. The remaining thirty-one smaller towns have a total of 1,457 households or 46% of the region's households without an available vehicle.

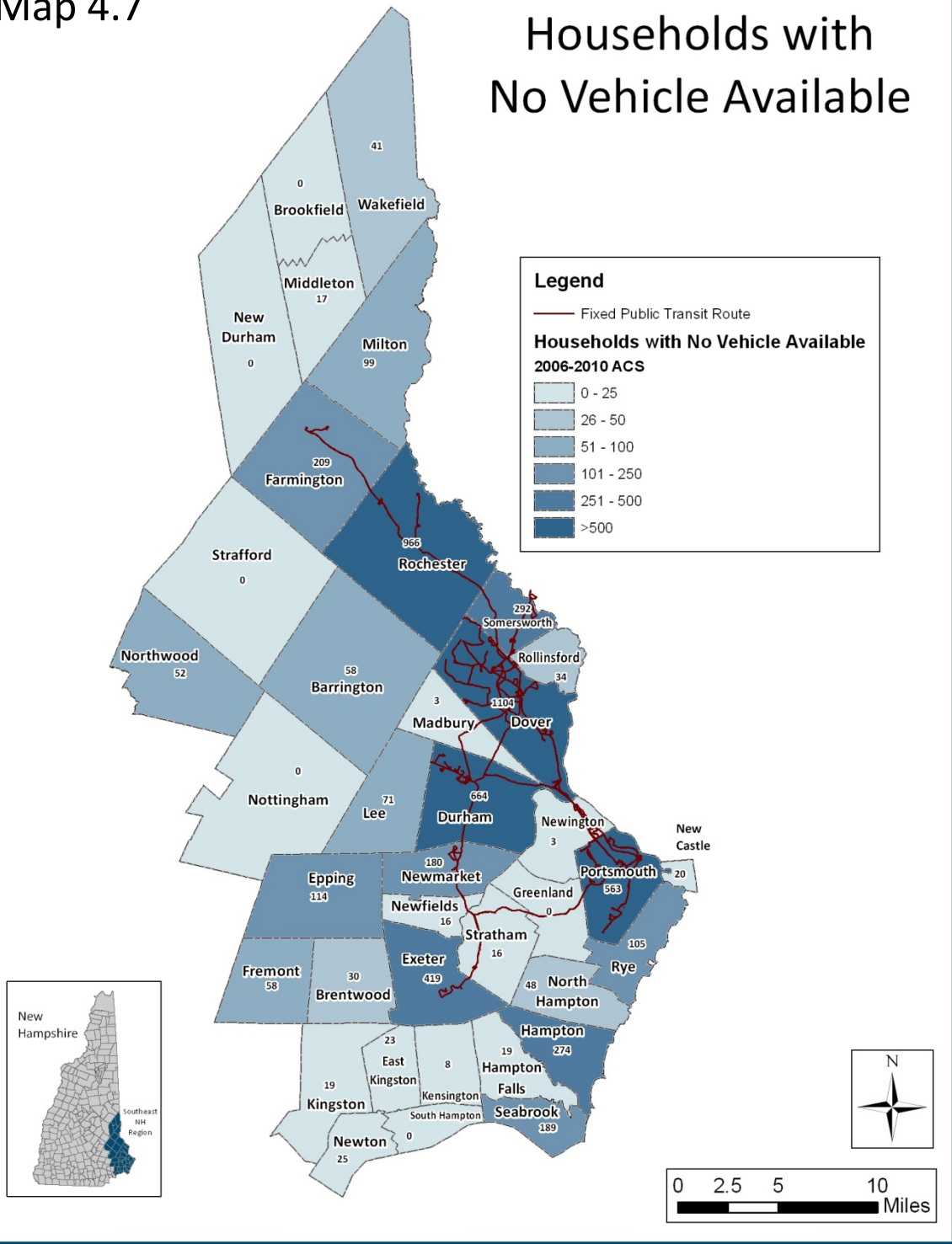
Table 4.12 - Auto availability 2006-2010

Municipality	Total Households with No Vehicle Available	Total Households	% Households with No Vehicle Available
Barrington	58	2,899	2.0%
Brentwood	30	1,186	2.5%
Brookfield	0	260	0.0%
Dover	1,104	12,589	8.8%
Durham	664	3,519	18.9%
East Kingston	23	859	2.7%
Epping	114	2,450	4.7%
Exeter	419	6,305	6.6%
Farmington	209	2,453	8.5%
Fremont	58	1,514	3.8%
Greenland	0	1,290	0.0%
Hampton	274	7,065	3.9%
Hampton Falls	19	829	2.3%
Kensington	8	775	1.0%
Kingston	19	2,243	0.8%
Lee	71	1,805	3.9%
Madbury	3	584	0.5%
Middleton	17	589	2.9%
Milton	99	1,820	5.4%
New Castle	20	408	4.9%
New Durham	0	955	0.0%
Newfields	16	578	2.8%
Newington	3	302	1.0%
Newmarket	180	3,763	4.8%
Newton	25	1,763	1.4%
North Hampton	48	1,714	2.8%
Northwood	52	1,694	3.1%
Nottingham	0	1,684	0.0%
Portsmouth	563	9,927	5.7%
Rochester	966	12,357	7.8%
Rollinsford	34	1,042	3.3%
Rye	105	2,339	4.5%
Seabrook	189	3,976	4.8%
Somersworth	292	4,679	6.2%
South Hampton	0	305	0.0%
Strafford	0	1,285	0.0%
Stratham	16	2,636	0.6%
Wakefield	41	2,029	2.0%
Southeast NH Region	5,739	104,470	3.6%

Source: 2006-2010 American Community Survey

Map 4.7

Households with No Vehicle Available



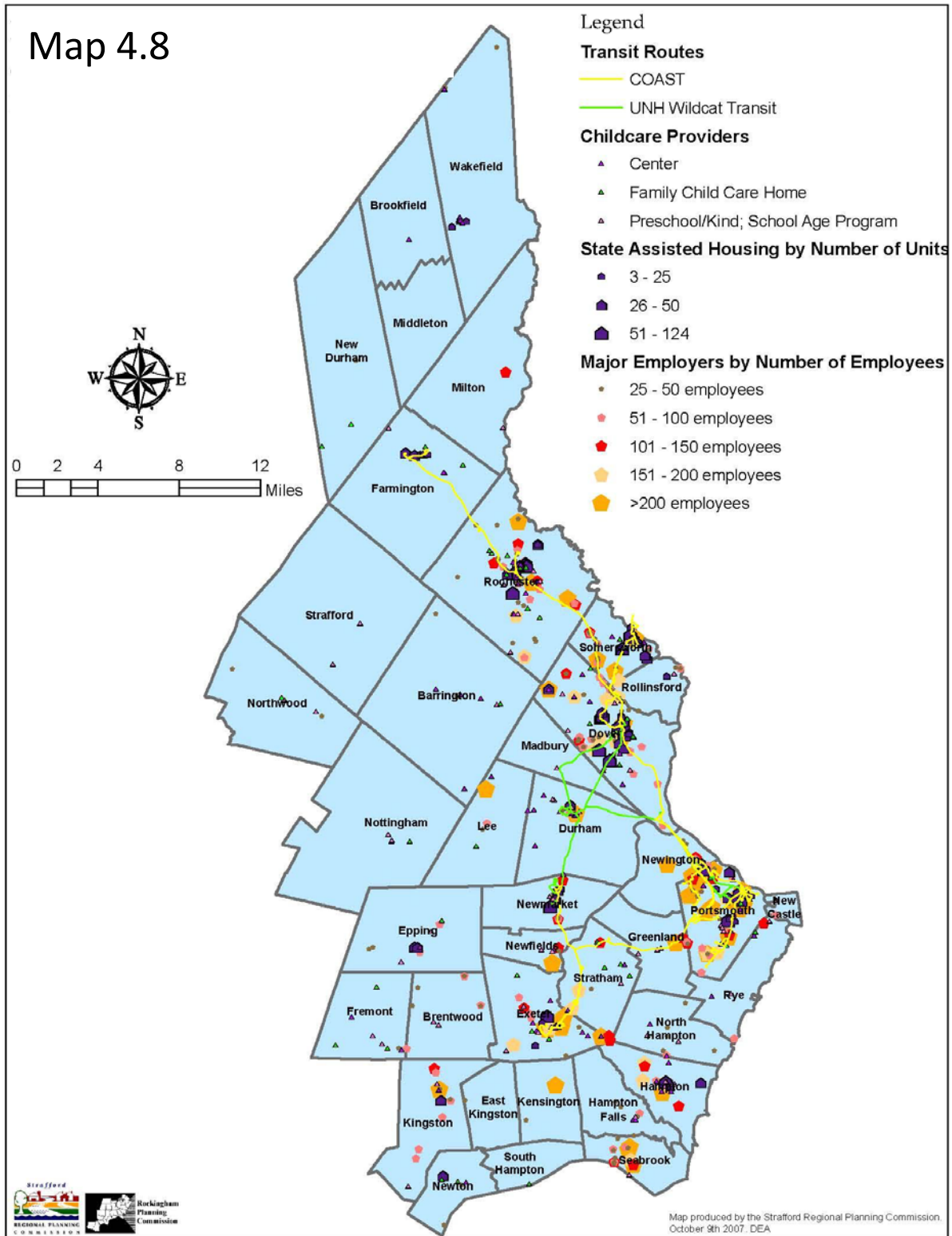
4.3.6 Other Transit-Dependent Populations

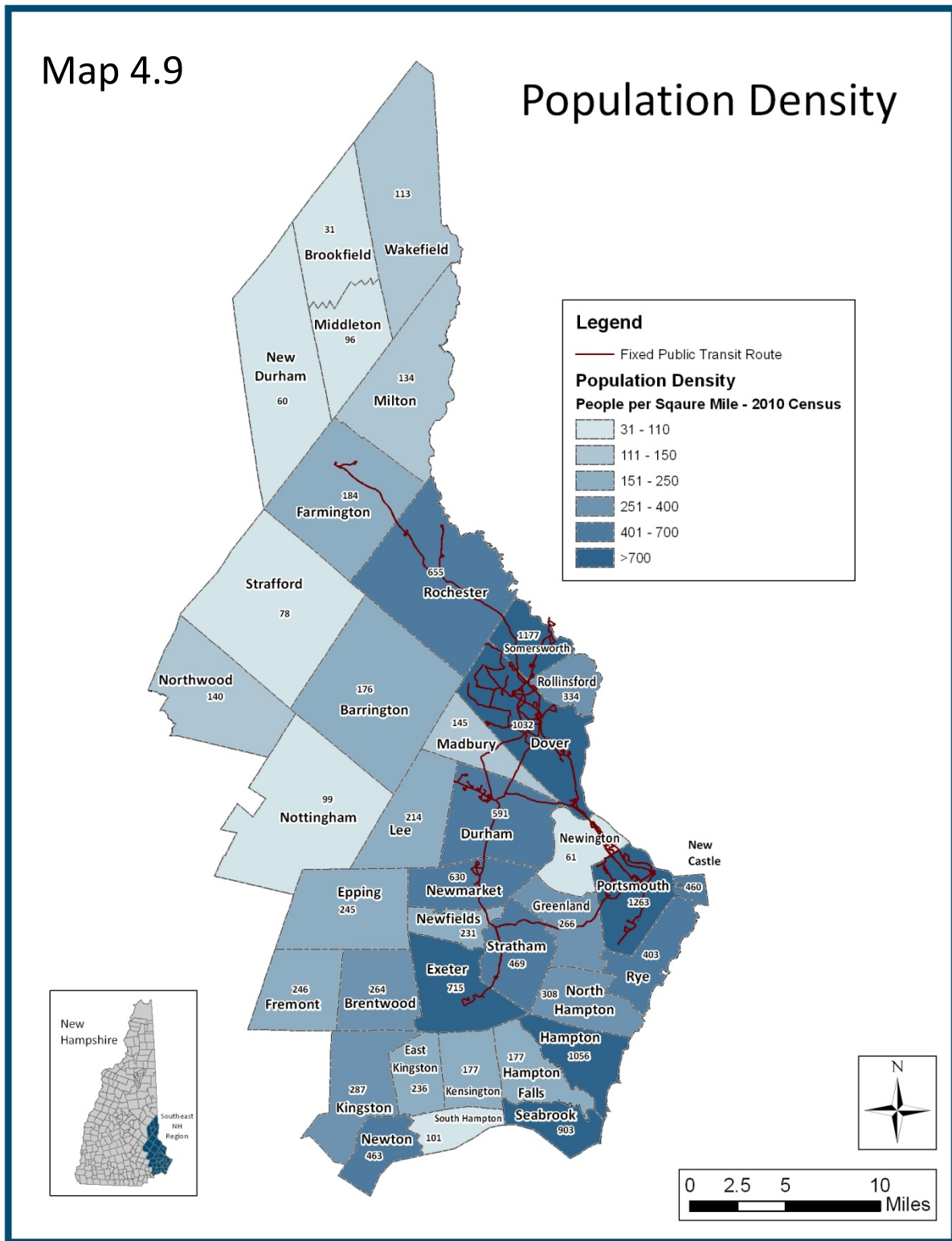
While not specifically evaluated in this Plan, other transit-dependent populations may exist from time to time. These populations include individuals who have been temporarily disabled due to injury or illness; those who have lost their driving privileges; or those households with fewer vehicles than the number of individuals who may need one at any given time. In addition, the youth population is less likely to have access to a vehicle for transportation to after-school jobs, educational and extra-curricular activities, recreation, shopping, and the like. These populations are likely to be at least occasionally dependent upon public transit systems or other means of getting from place to place.

4.4 Typical Transit Destinations and Fixed Routes

Map 4.8 illustrates the locations of the region's major employers, publicly assisted multifamily housing locations, childcare centers, and existing public transit routes. It is based on 2004 information collected by the regional planning commissions for the Community Development Finance Authority (CDFA). This visual representation highlights the concentrations of employment in areas served by fixed-route transit with some notable exceptions in the southern portion of the region without fixed-route service. The map also points out the multitude of assisted housing units and childcare centers without access to fixed-route service.

While a majority of the region's total and transit-dependent populations have fixed-route service available in their hometown, this map may be used in conjunction with the other tables and maps in this chapter to geographically target significant under-served populations. **Map 4.8** may also be helpful in identifying and prioritizing potential transit service proposals for funding under the Job Access and Reverse Commute program described in Section 7.2 since the low-income employed population is most likely to travel to and from these destinations.





4.5 Regional Transit Need Estimate

According to the Community Transportation Association of America (CTAA), several transit need models have been developed over the last twenty years. Most of these models have significant limitations and do not address all transit-dependent populations. They should therefore be used in conjunction with other methods of assessing local needs including surveys, communications with providers and consumers, and other data sources where available.

At that time, transit needs within the seacoast region should be reassessed using the newer models to improve upon existing estimates and help further define and prioritize transit system improvement projects. Until better models are available, we have used the transit need formula below, developed by Community Transportation Association of America using readily available census data to generate a rough estimate of transit trip need for three categories of transit use: Transit Dependent Need (elderly, low-income, disabled), General Public Transit Need, and Work Trips Need (employment transportation).

Tables 4.13 and 4.14 show the result of calculations estimating transit need for different Southeast NH populations now and in the future.

Table 13 - Calculation of Trip Need for NH and RCC Region based on CTAA Model

	NH Statewide	Carroll County	Rockingham County	Strafford County
Total Population	1,235,786	43,666	277,359	112,233
Total Population Aged 60 +	194,741	10,137	38,324	16,409
Total Population Aged 65 +	148,039	7,794	28,083	12,616
Non-Elderly Poverty Population (<65)	68,538	2,911	10,648	8,946
Transit Dependent Need (Trips/Year)	1,601,789	79,384	297,946	154,260
Total Transit Need (trips/year)	4,016,305	141,915	901,417	364,757

Formula for Calculating Transit Dependent Need

$$= ((60+ \text{ Pop}) + (\text{Non-Elderly Poverty Pop})) * (15\% \text{ of this population assumed to not drive}) * (15\% \text{ of that population needing a ride any given day}) * 260 \text{ days of service/year}$$

Formula for Calculating Total Transit Need for General Population

$$= (\text{total population}) * (0.5\% \text{ of this population assumed to not drive}) * (2.5 \text{ trips/day}) * 260 \text{ days of service/year}$$

(Assumes essentially that 0.5% of the population is reliant on transit, and uses transit for a daily weekday commute round trip plus a side trip every 4 days)

The model assumes that 0.5% of the total population would be regular transit riders, taking 2.5 trips per day, 260 days per year. Therefore, the model estimates a total transit need of over **855,550** trips per year, based on the total population in the region. By 2025, the total transit need would be nearly year.

For transit-dependent populations, the model assumes that fifteen percent of both the elderly (age 60 and over) and the non-elderly low-income populations do not drive, and fifteen percent of those individuals need a ride on any given day. It is assumed that a significant percentage of the disabled population needing transit falls into either the elderly or low-income populations (e.g. those that already may not drive). However, a small factor is added to the calculation to attempt to account for adult non-low-income individuals with disabilities that prevent them from driving. Therefore, the estimate of regional transit need for transit-dependent populations is **424,809** trips per year in 2010 and conservatively estimated to increase to over trips per year by 2025.

For the region's workforce, this model assumes that one percent of the total workforce would commute by public transit if available, twice per day, 260 days per year. Based on employment data from the New Hampshire Department of Employment Security, transit needs in 2000 are estimated at over 662,000 trips per year. By 2025, this number increases to 859,000 trips per year, assuming that the same percentage of the overall population is employed at that time, as it was in 2000.

It should also be noted that in some outlying towns, individuals may choose or need to travel to destinations outside the seacoast region for services and/or for employment. For instance, residents of Northwood may be as likely to travel to Concord as to Rochester, Dover, or Portsmouth. Some southeast NH residents are also likely to travel across the state line into neighboring Maine or Massachusetts communities for needed services. This would slightly reduce the transit needs estimates within the seacoast region, but is assumed to have an overall negligible effect on general transit need estimates.

TABLE 4.14 – CTAA Model-Calculated Transit Need by Municipality

Geography	Total Population (2010)	Transit Need (Trips/Year) for Transit Dependent Population	Total Transit Need (Trips/Year)
Brookfield	712	1,332	2,314
Brentwood	4,486	5,378	14,580
East Kingston	2,357	4,216	7,660
Epping	6,411	8,366	20,836
Exeter	14,306	25,352	46,495
Fremont	4,283	5,111	13,920
Greenland	3,549	5,348	11,534
Hampton	15,430	30,688	50,148
Hampton Falls	2,236	3,602	7,267
Kensington	2,124	2,282	6,903
Kingston	6,025	8,292	19,581
New Castle	968	2,555	3,146
Newfields	1,680	1,588	5,460
Newington	753	1,351	2,447
Newmarket	8,936	12,959	29,042
Newton	4,603	5,263	14,960
North Hampton	4,301	7,015	13,978
Northwood	4,241	5,050	13,783
Nottingham	4,785	5,147	15,551
Portsmouth	20,779	37,611	67,532
Rye	5,298	9,619	17,219
Seabrook	8,693	16,688	28,252
South Hampton	814	1,107	2,646
Stratham	7,255	8,505	23,579
Barrington	8,576	10,306	27,872
Dover	29,987	48,283	97,458
Durham	14,638	22,401	47,574
Farmington	6,786	13,184	22,055
Lee	4,330	5,463	14,073
Madbury	1,771	2,555	5,756
Middleton	1,783	2,044	5,795
Milton	4,598	6,802	14,944
New Durham	2,638	3,492	8,574
Rochester	29,752	57,914	96,694
Rollinsford	2,527	4,143	8,213
Somersworth	11,766	18,678	38,240
Strafford	3,991	5,068	12,971
RCC Region	263,246	424,809	855,550
New Hampshire	1,316,470	2,118,120	4,278,528

Mean travel to work Durham has the lowest at 17.9 minutes probably because of the University of New Hampshire. Epping and Nottingham has the highest travel time at 38.5 minutes. The northern communities have the highest commute times. **TABLE 15.**

TABLE 4.15 - Mean Travel to Work Time by Municipality

Municipality	Mean Travel to Work (mins) ACS Year 2009
Barrington	27.1
Brentwood	30.1
Brookfield	34.7
Dover	23.9
Durham	17.9
East Kingston	30.1
Epping	35.8
Exeter	24.6
Farmington	31.1
Fremont	30.7
Greenland	24.3
Hampton	25.7
Hampton Falls	27.4
Kensington	30.6
Kingston	33.6
Lee	25
Madbury	25.7
Middleton	35.6
Milton	30
New Castle	23.7
New Durham	34.8
Newfields	26
Newington	23.8
Newmarket	28.4
Newton	30.9
North Hampton	23.3
Northwood	33.1
Nottingham	35.8
Portsmouth	20.3
Rochester	25.9
Rollinsford	19.4
Rye	33.9
Seabrook	22.2
Somersworth	23.1
South Hampton	32.2
Strafford	30.6
Stratham	24.6
Wakefield	33.5

Source: 2005-2009 ACS 5 Year Estimates

4.6 Findings from UNH Social Work Survey

In 2009 the Alliance for Community Transportation conducted a survey in collaboration with the University of New Hampshire Social Work Department to study elderly and disabled consumers. A total

of 2,564 surveys were distributed through partnering health and human service provider agencies, with 641 surveys returned, for a response rate of 24%. The survey questions and responses can be found in the **Appendix A-4**. Below is a summary of the major findings of the survey:

Characteristics of respondents:

- 24.4% response rate with 641 surveys returned
- 78% respondents female
- 74% age 60+
- 31% age 80+
- 42% live alone
- 68% have income <\$20,000

Transportation Use:

- 64% get rides from family/friends
- 25% use agency vehicle or public bus
- 78% would use coordinated service for healthcare appointment
- 64% would use coordinated service for grocery shopping
- 52% would use coordinated service for non-grocery errands

Barriers to Mobility:

- 38% missed a health care appointment in prev. 12 months due to lack of transp.
- 52% of those who missed health care appointments did not have license
- 46% of those who missed school or work did not have license
- 53% of those age 60+ won't drive after dark
- 58% of those age 60+ won't drive in snow

4.7 Survey of Town & City Welfare Directors

Another tool used to gather data on local and regional transportation needs, particularly among populations more likely to be transit dependent, was a survey of municipal welfare officers, conducted in November and December 2011. The two regional planning commissions sent invitations in late November to all Welfare Officers in the 38 communities in the region to respond to an online survey using Survey Monkey. Follow-up emails and phone-calls were made in to encourage participation and clarify responses where needed.

The surveys asked a range of questions including: number of clients the municipality human service office served in the past year, individuals receiving welfare assistance comparing to last year, clients having access to automobiles, percentage of clients transit dependent, perceived difficulty in finding transportation for several different trip purposes (employment, medical care, child care), known specific destinations in the community or region that clients have difficulty accessing, and general observations related to lack of transportation.

A total of 21 out of 38 communities in the region responded to the survey: Dover, Durham, East Kingston, Epping, Fremont, Greenland, Hampton, Kensington, Kingston, Lee, Madbury, Milton, New Castle, Newton, Northwood, Rochester, Rollinsford, Seabrook, Somersworth, Strafford, and Stratham.

Many municipalities within the region have part time Welfare officers so time availability was a barrier to collecting the data. The survey questions and responses can be found in the **Appendix A-2**.

Summary of Findings

- There was not a clear trend in terms of the number of individuals and families receiving assistance. Some communities reported an upward trend in aid recipients during 2009-2011, while others reported consistent or slightly declining numbers.
- Respondents estimates of the number of welfare recipients who lacked access to an automobile similarly varied by community. Two towns did not track this information. In some smaller communities all clients were reported to have auto access. Other communities reported large portions of their welfare recipients lacking access to an automobile. Somersworth estimated 50% of recipients having no vehicle. Hampton reported 60% with no vehicle, and 90% as “vehicle challenged” including vehicles with reliability problems.
- Access to medical appointments was the most commonly cited transportation challenge, note by 14 of 21 respondents. Employment access was next, cited by 11 of 21 respondents. Access to human services offices was cited by nine respondents. Two cited grocery shopping and one childcare.
- Respondents were asked to rate the difficulty of finding transportation for different trip purposes including employment, healthcare and childcare on a scale of 1-10 where “1” meant transportation was not a problem, and “10” meant transportation is a major problem. Employment transportation was rated as the most significant issue, at 6 out of 10. Medical care was second at 5.7 out of 10, and Child Care third at 4.4 out of 10.
- Specific destinations needing improved transportation access obviously varied from town to town. One consistent theme, though, was senior housing facilities, many of which have been sited without regard to public transportation. It was also noted that the Homeless Center of Strafford County, located in Gonic, had access problems. Other homeless shelters, including Crossroads House in Portsmouth, and My Friends Place in Dover, are located on COAST bus routes.
- Broader needs cited by respondents included expanded evening and weekend service to fit many retail or service industry work schedules, and East-West transportation between the Seacoast and Concord.

4.8. Survey of Health and Human Service Agencies Not Operating Transportation Services

The final tool used for gathering input on transit need was a survey of health and human services agencies not operating transportation services in the region, but which have regular contact with client groups likely to be transit dependent, such as senior citizens, individuals with disabilities, or low income individuals and families. Examples of such agencies include homeless shelters, community health centers, child care centers, or senior centers. As with the welfare officer survey, the survey was conducted online using Survey Monkey in November and December 2011, with email and phone follow-up contacts.

The surveys asked a range of questions including: client groups the agencies work with, proportion of clients with access to an automobile, perceived difficulty in finding transportation for several different trip purposes (employment, medical care, child care), known specific destinations in the community or region that clients have difficult accessing, and general observations about lack of transportation.

Thirteen health and human services agencies have responded to the survey including: Child and Family Services Transitional Living Program, Child Development Council/Kingston Children's Center, Cross Roads House, Families First, Gerry's Emergency Food Pantry, Goodwin Community Health, Hampton Child and Family Program, Homeless Center for Strafford County, My Friend's Place, Rockingham Community Action/Southern NH Services, Rockingham Community Action/WIC Program, Seacoast Family Food Pantry, Seymour Osman Community Center, and SHARE Fund. The survey questions and responses can be found in the **Appendix A-3**.

Summary of Findings

- Respondents to the survey included four homeless shelters, four nutrition programs and food pantries, two community health centers, three children's centers and a workforce development program.
- As with the welfare offices, not all agencies specifically track whether clients had access to a private automobile. One agency estimated a low of 5% of clients lacking an automobile, but most other agencies that tracked this reported that 30%-90% of their clients were transportation dependent.
- Access to medical appointments was the most commonly cited transportation challenge, noted by 8 of 14 respondents. Employment access was next, cited by 7 of 14 respondents. Access to human services offices was also cited by seven respondents. Other trip needs cited included housing searches, childcare, education/training, and legal services.
- Respondents were asked to rate the difficulty of finding transportation for different trip purposes including employment, healthcare and childcare on a scale of 1-10 where "1" meant transportation was not a problem, and "10" meant transportation is a major problem. Employment transportation was rated as the most significant issue, at 6.9 out of 10. Medical care was second at 6.4 out of 10, and Child Care third at 5.7 out of 10.
- Respondents identified a number of areas with concentrations of transit dependent individuals where additional transit service would be useful. Several respondents noted the value of COAST service, but that clients living distant from COAST services are stuck. Several respondents noted service need in Hampton and Seabrook. Others cited Rochester, Gonic, Epping and Raymond. More specific references in Portsmouth included Dearborn House, Atlantic Heights, Ross Apartments, and Junkins Avenue (year round).

5.0 PROFILE OF EXISTING SERVICES

The Southeast NH region has one of the most diverse and comprehensive transportation systems in NH offering a number of publicly and privately operated transportation options along with a variety of transportation modes including intercity rail and both fixed route and demand response bus services. Nonetheless, transportation services in the region continue to fall short of the growing demand.

Since the inception of the State and Regional Coordination Councils in the mid-2000s, the Southeast NH region has been able to further enhanced the planning efforts and increase the services on the ground to fill some of the gaps that have been identified over the last few years. A few of the ongoing success stories include familiar organizations such as COAST, C&J, the Amtrak Downeaster, and Wildcat Transit at the University of New Hampshire (UNH). In addition, human service providers and agencies have continued to fill many of the service gaps and provide essential accessibility and mobility options to the region's underserved populations.

Nine service providers updated information from the 2007 **Coordinated Public Transit & Human Services Transportation Plan for Southeast NH** on existing transportation services and identified opportunities for coordination and service expansion. A copy of the survey is included in the Appendix A-1. The survey was conducted online using Survey Monkey, with follow up calls made to agencies if response was needed.

The survey asked a range of questions addressing days and hours of operation; service capacity number of vehicles owned; number and types of clients served; and average number of trips per week.

It was not possible to collect survey responses from all of the transportation providers in the region, but the answers collected did provide a snapshot of services existing in the Southeast NH region. The results of the survey will be reviewed later in this chapter.

5.1 Fixed Route Services

COAST

Public fixed-route transportation service is provided by the Cooperative Alliance for Seacoast Transportation (COAST), a non-profit transportation provider of public bus and paratransit service in 20 communities in the region. In order to become a direct recipient of Federal Transit Administration funds, COAST, through NH RSA 239, is an independent body, political and corporate, of the State of New Hampshire and is consequently is a designated direct recipient of Federal Transit Administration (FTA) Section 5307 funding, described in Section 7.2.

Based on population breakdowns in the region and in the communities served by COAST routes, in theory over 66% of the region's inhabitants have access to public transit within their hometown. However, many of these individuals may not live near a bus stop, so this figure is likely to over-estimate transit availability in the region. COAST's public transit routes have seen ridership more than double over the past decade, increasing 31% in the past five years. In fiscal year 2011 COAST provided a record 464,870 trips.

COAST operates four main inter-city routes Mondays through Fridays. Buses run approximately every one to four hours, depending upon the route. There are some evening and weekend routes. All fares are \$1.50 per trip, regardless of route and distance traveled. Monthly passes are available for \$52 and are

valid for use on all COAST, COAST Trolley, and UNH Wildcat Transit routes described below. Children aged five and under ride free. Half-fare privileges are extended to the elderly (65 years and older), disabled, and individuals possessing a valid Medicare Card. Student IDs from UNH or Great Bay Community College also allow free travel on all COAST routes.

In addition to inter-city routes, COAST operates extensive intra-city service in Dover and Portsmouth. The Dover FastTrans service features three routes connecting points downtown with the Strafford County Complex. COAST runs an additional three Dover Community Routes featuring one round-trip per day and stops approximately every one-quarter mile between the outskirts of the city, the Dover Middle School & High School complex, and the Dover Transportation Center located in the city center. Fares are 50¢, and COAST's half-fare privileges are available to qualifying individuals. COAST also operates fixed trolley routes in and around Portsmouth on an approximately hourly schedule, Monday through Friday or Saturday, depending upon the stop. There is no service on Sundays or major holidays. There is also a summer seasonal downtown Portsmouth trolley service, primarily intended for sightseers, but which also connects to other COAST services in the region. The trolleys operate Monday through Sunday from 10:30 am to 5:30 pm on the half-hour, except between 2:30 - 3:00 pm. The cost for adults is 50¢, and children aged five and under ride free.

Wildcat Transit

The University of New Hampshire (UNH) provides fixed-route service via Wildcat Transit (University Transportation Services), intended primarily to serve UNH students, faculty and staff. Wildcat Transit operates free campus-based connector routes in Durham with schedules varying in conjunction with university operations. Wildcat Transit also provides public transit routes between Durham and the communities of Dover, Newington, Newmarket, and Portsmouth. Costs are \$1.00 per ride for the public, with UNH students, faculty, and staff riding for free. Children under the age of five also ride free. Passengers over 65 or passengers with disabilities displaying a valid Medicare card ride at a half-fare rate. Through a mutual agreement with COAST, monthly passes and single ride tickets are accepted on both agency's vehicles and routes.

Wildcat Transit has secured funding for two major service expansions beginning in 2012. This includes 30 minute commute hour frequency on Wildcat Route 4 service between Durham, Newington and Portsmouth; and a new service connecting Rochester and the UNH Durham campus.

C&J Transportation

C&J is a private transportation carrier, which operates coach bus service between Dover, Durham, Portsmouth, Newburyport Massachusetts, Boston's Logan Airport, and Boston's South Station, which houses the main Boston Amtrak and bus terminal. Within the Southeast NH region, C&J provides inter-city transportation between Dover and Portsmouth, with round-trip fares of \$7. C&J service out of Dover has expanded significantly since the opening of the Park & Ride and bus terminal at Exit 9 off the Spaulding Turnpike. Buses run approximately every half-hour during the morning commute and approximately every hour throughout the day, with slightly curtailed weekend and holiday service.

C&J Transportation offers a number of discounts for its trips that include: Their Half-Fare Program for those 65 years or age or older along with Medicare card holders and those with disabilities. Kids under 5 ride free and children under 12 ride at the "Kids" rate with an adult. Students and active military also qualify for a discount with valid student or military identification card.

Amtrak Downeaster

The region is served by the Amtrak Downeaster, providing passenger connections between Boston and Portland, Maine, operating five daily round trips. Service is available in two Strafford County locations: at new or renovated rail stations in Dover and Durham. The Amtrak Downeaster has ten stops total which include: Portland, Old Orchard Beach (seasonal), Saco, Wells, Dover, Durham-UNH, Exeter, Haverhill, Woburn, and Boston.

Fares range in price depending upon the travel destination and schedule. Amtrak offers seasonal specials along with every day specials including: a 50% discount for senior passengers (62 and over) on regular one way fares, a 50% discount for passengers with disabilities and Medicare card holders for regular one way fares, half price for kids 2-15 years old and infants (under 2 years old) ride free. Military personnel and Veterans are offered an everyday discount of 15%. Depending on departure schedule and station typically prices range from \$14-20 dollars for one way trips from New Hampshire locations to Boston and \$14-18 dollars from New Hampshire stations to Portland, Maine.

5.2 Demand-Response Services

Public Transit Providers

- COAST

Americans with Disabilities Act (ADA) Service: While all of COAST's fixed-route bus fleet is fully accessible to persons with disabilities, in addition to its regional public transit services, COAST provides complementary paratransit services to individuals who are unable to access or navigate the fixed-route bus service, per the guidelines of the Americans with Disabilities Act (ADA). Annual use of COAST Americans with Disabilities Act (ADA) paratransit service has increased dramatically since 2007, from 1,136 trips to 7,104 trips in FY2011; a 525% increase in five years.

Flex routes: In conjunction with Lamprey Health Care, COAST also provides community-based bus service, largely where COAST fixed-route service is unavailable. Three flexible routes, wherein the bus may divert from a prescribed route to board or discharge a passenger, are provided one day per week. The routes provide access within eleven communities to shopping and health care providers.

North Bus: In April 2011, COAST began a demand-response service in five rural communities in the northernmost part of the region. Curb-to-curb, once per week service to each community was established to provide access to grocery and pharmacy shopping in the City of Rochester; the unique feature of this service is that it is operated by volunteers trained to drive the COAST minibus used for the "North Bus" service. This project was the first developed specifically under the auspices of the Regional Coordination Council and supported initially by Federal Transit Administration (FTA) Section 5317 funds for both capital and operating costs, while private grants provided the match.

- Wildcat Transit

Wildcat Access (formerly known as the "Handi-Van") provides on-campus transportation service for UNH students and employees with permanent or temporary mobility impairments. Wildcat Access services only the campus area that is also served by the campus connector shuttle buses.

Human Service Providers

There are over a dozen human service organizations providing transit services to specific target populations within the Southeast NH region. Many of these providers, along with COAST, have been surveyed several times over the last decade as part of the region's ongoing transportation planning process. Most recently, a survey was conducted by the two regional planning agencies using a web-based questionnaire. This survey resulted in responses from ten agencies. The results of the survey are summarized at the end of this chapter. The survey instrument is included in Appendix A-1.

- Lamprey Health Care

Lamprey Health Care is a private non-profit organization based in Newmarket. It provides primary health care services throughout the seacoast region. Through its Senior Transportation program, Lamprey provides rides from resident's homes to shopping and medical appointments to seniors aged 55 and over and those with disabilities in 32 communities across Rockingham and Strafford Counties. Scheduled weekly, and the door-to-door services are provided on weekdays.

Weekly shopping trips for the elderly and disabled include stops at the grocery, pharmacy, bank, shopping mall, or post office as requested. There are also monthly daylong outings for each of the communities, usually involving visits to seasonal points of interest such as viewing foliage or attending a craft fair. A donation of \$3.00 is requested for the weekly trips and \$5.00 for the monthly recreational trip, however, no one is denied service for lack of ability to pay. Medical appointments, such as rides to hospitals, labs, and doctors' offices, are arranged as part of the weekly outing when possible, or at other times if needed. Arrangements to be picked up for these appointments must be made several weeks in advance to guarantee a ride. The agency has five wheelchair-accessible buses funded under the Federal Transit Administration (FTA) Section 5310 program.

- Great Bay Services

Great Bay Services, located in Newington, is a non-profit organization providing a broad range of services including assistance with employment, housing and medical services to support individuals with developmental disabilities. Transportation is provided for clients to and from group homes and places of employment, primarily in the Portsmouth, Exeter, Greenland, Stratham and Rye areas. Transportation is scheduled in advance on a regular basis, seven days per week including nights. Great Bay Services reported having a fleet of 14 vehicles, including a vehicle mix of buses, vans, and smaller passenger vehicles. Included in its fleet are two ten-passenger, wheelchair-accessible buses funded through the Federal Transit Administration (FTA) Section 5310 program.

- Mark Wentworth Home/Wentworth Connections

The Mark Wentworth Home, through its dba Wentworth Connections, has been operating the Senior Transportation Program in Portsmouth since January of 2009. This is a Demand-Response transportation program that serves seniors 60 years or older, disabled individuals, and volunteers needing transportation to their programs. Rides are provided to medical appointments, grocery and pharmacy shopping, social and recreational activities, and to volunteer positions as well as to and from the adult day program formerly known as Compass Care. Reservations for the "curb-to-

curb” service are made the morning before the service. Service is provided in three wheelchair-accessible vehicles, two of which are funded through the FTA Section 5310 program. The program was restructured in late 2011 to be operated directly by the Mark Wentworth Home, and with expanded funding commitment from the City of Portsmouth.

- *The Homemakers Health Services*

The Homemakers Health Services agency is a non-profit agency located in Rochester. It provides in-home assistance services and adult day care for seniors and disabled adults in Strafford County. Door-to-door transportation is provided to enrolled adult day care clients to and from the adult day care program as well as medical appointments. Transportation is provided Monday through Friday during mornings and afternoons. The agency has four wheelchair accessible vehicles, ranging from nine-passenger to twelve-passenger minibuses funded under the Federal Transit Administration (FTA) Section 5310 program.

- *Rockingham Nutrition and Meals on Wheels*

The Rockingham Nutrition and Meals on Wheels program is based in Brentwood. It operates Monday through Friday around the lunch hour, providing meals to seniors attending eleven senior dining facilities and delivering meals to homebound participants. The agency also provides support services such as referrals to other agencies, information relevant to senior interests, activities, distribution of donated items, and transportation in specific areas of Rockingham County via three mini-vans. These vehicles are not funded through the Federal Transit Administration (FTA) Section 5310 program.

- *Community Partners*

Community Partners has facilities in Dover and Rochester, and is Strafford County’s community mental health center and area agency for developmental services, serving children and adults (including older adults) with developmental disabilities, acquired brain disorder, emotional stress or mental illness. Door-to-door transportation to clients is provided to and from medical appointments, day programs, work, school, and other community resources and activities. Transportation is provided on a demand basis as requested by the agency’s staff and is available Monday through Friday. Community Partners also assists Great Bay Services by providing rides to their clients twice a week. The agency has five wheelchair accessible vehicles ranging from six-passenger vans to a fifteen-passenger bus, all funded under the Federal Transit Administration (FTA) Section 5310 program.

- *Community Action Partnership of Strafford County*

The Community Action Partnership of Strafford County is one of six Community Action agencies in New Hampshire. Its service area includes the thirteen communities in Strafford County. The agency works to ensure that basic needs of low-income and disadvantaged individuals are met through a variety of programs including fuel assistance, home rehabilitation, emergency shelter and homeless assistance, counseling, employment assistance, Head Start and childcare services, Meals on Wheels and food pantries, as well as recreational programs. Transportation services are provided to area seniors, age sixty and over, for shopping and medical appointments, on a weekly scheduled basis in Rochester, Dover, and Somersworth, via a single wheelchair-accessible sixteen-passenger bus funded through the Federal Transit Administration

(FTA) Section 5310 program. Community Action volunteers also provide senior transportation for medical appointments throughout Strafford County.

- *Granite State Independent Living (GSIL)*

Granite State Independent Living is a statewide independent living center. They receive a state contract from the Department of Education to transport low income clients, with significant disabilities, that rely on mobility devices like wheelchairs and scooters. The ambulatory consumers are reimbursed for bus passes or private car miles from the program. The trip purpose is limited to shopping, social activities or errand type trips with this program to consumers that have gone through an eligibility process. Granite State Independent Living provides these trips using their own fleet of vehicles out of Concord or contracting with public transit operators and private wheelchair van services around New Hampshire when it is less expensive than using their own fleet. Granite State Independent Living provides transportation as a last resort.

Granite State Independent Living also provides transportation for their agency's internal programs such as peer-to-peer group meetings, advocacy, outreach and other miscellaneous reasons. Most of their trips operate in the evenings and on weekends. They also provide some transportation on holidays. Their drivers are part-time and on-call and is heavily dependent on driver availability. Granite State Independent Living is not eligible for state fuel because they are not exempt from the Federal Gas Tax and thus purchase fuel on the retail market.

- *Volunteers and Volunteer-Based Organizations*

While some human service organizations in the region have volunteer drivers to supplement their transportation services, only a limited number of volunteer driver organizations exist in the region.

The largest such organization in the region is the Transportation Assistance for Seacoast Citizens (TASC), a private non-profit that began as a cooperative effort of several municipalities and local churches. Based in Hampton, Transportation Assistance for Seacoast Citizens (TASC) provides transportation to eligible residents in eight seacoast communities: Exeter, Greenland, Hampton, Hampton Falls, North Hampton, Rye, Stratham, and Seabrook. Rides are available for medical and social service appointments, grocery shopping and other basic needs. Eligible residents include senior citizens and individuals with disabilities that prevent them from driving. Service is generally provided Monday through Friday during daytime hours, although additional service can be provided subject to volunteer availability.

Rye Senior Serve is a private non-profit that operates its own minibus to provide transportation services to senior residents of Rye. Weekly grocery shopping trips and occasional event-based trips are operated by the volunteers of this non-profit.

The Good Shepherd is a program of the Congregational Church in Wakefield. Volunteers operating their own vehicles provide rides to residents of Wakefield and Brookfield who have no other means to get to medical appointments.

Taxi Cabs & Livery Service Providers

There are numerous private taxicab and livery service companies operating in and around the Southeast NH area. While none were surveyed as part of the region's transit coordination planning effort, it is reasonable to assume that some percentage of the transit-dependent population relies, at least

occasionally, on taxi and livery service to reach destinations such as medical appointments, shopping venues, community activities, and perhaps even employment.

5.3 Recently Implemented & Proposed Service Expansions

A number of major service expansions on the COAST and Wildcat Transit systems are programmed to begin operation in 2012 or early 2013. Several of these are being funded under the Federal Congestion Mitigation and Air Quality (CMAQ) program described in Section 7.2.

- On January 9, 2012, COAST did a “soft launch” of its new COAST Clipper Connection service – a pair of express bus routes connecting Dover and Somersworth with Portsmouth Naval Shipyard (PNSY). The Dover route will also stop at Pease Tradeport, while the Somersworth route traverse Dover-Berwick-South Berwick-Elliot-Kittery. The service makes use of Congestion Mitigation and Air Quality (CMAQ) funding originally allocated for the COAST Spaulding Express Bus Service, but modified in response to interest and match support from Portsmouth Naval Shipyard for employee transit service.
- As part of the Newington-Dover Little Bay Bridges construction project, COAST has secured funding to increase the frequency of commute hour service to every 30 minutes on Route #2 between Rochester, Somersworth, Dover, Newington, and Portsmouth; and the Pease-Portsmouth Trolley. Similar doubling of commute hour frequency will be available on Wildcat Transit Route 4 connecting Durham, Newington and Portsmouth.
- Wildcat Transit recently secured Congestion Mitigation and Air Quality (CMAQ) funding to implement a new route connecting the UNH Durham campus with Rochester, via NH Route 125, with stops at the Lee Traffic Circle, and the Barrington Park and Ride. The stop in Lee is in close proximity to the Wentworth-Douglass Urgent Care Facility and Professional Center.
- Congestion Mitigation and Air Quality (CMAQ) start-up funding has been allocated for a new East-West transit service connecting Portsmouth with Manchester Airport and Downtown Manchester, with flag stops in Epping and Exeter with a connection to the Amtrak Downeaster train service. UNH is also studying the feasibility of an East-West connection between its Durham and Manchester campuses, with possible connection to Concord.
- COAST has begun year-round Saturday service on its Route 1, which runs between Dover, Somersworth and Berwick Maine, after summer and Christmas trials were successful. COAST also intends to add bus stops to fill service gaps on Routes #1 and #2.
- The COAST North Bus service launched in the spring of 2011 and is funded by Federal Transit Administration (FTA) Section 5317 matched by the United Way of the Greater Seacoast and the Endowment for Health. The North Bus is a once-a-week service to the disabled and elderly in Middleton, Brookfield, Wakefield, New Durham and Milton, with the priority given to the disabled and elderly. A COAST minibus, operated by volunteer drivers trained by COAST, brings riders to Rochester for grocery and pharmacy shopping. The North Bus provides access to those services to members of the community who have few or no other transportation options.
- COAST was notified by Federal Transit Administration (FTA) in November 2011 that its proposal for discretionary capital funds in the new Veteran Transportation and Community

Living Initiative had been approved. The proposal for the capital funds, intended to enhance access to regional transportation resources by veterans, active military personnel and their families, will support notable enhancements to the infrastructure supporting regional coordination: mobile data terminals for all regional fixed route and demand response vehicles connected to the regional call/coordination center, telephone/communications equipment upgrades, coordination software enhancements, and facility upgrades to support expanded call center operations. The approved project proposal will be supported by \$324,000 of Federal Transit Administration (FTA) Section 5309 capital funds.

- Finally, additional fixed route service has also been proposed along US Route 1, into Seabrook and Hampton. This route could connect low-income workers in Seabrook and Hampton to jobs in those communities as well as in Portsmouth and surrounding communities.

5.4 Overview of Service Gaps

It is very important in the transportation planning process to identify and then work to fill gaps in existing services. In addition to monitoring changes in the region's demographic data that are key elements in analyzing need and subsequent gaps in transportation demand, tracking changes in transportation services provided throughout the region is a never-ending process. The region's planners have a significant role, but so too do the transportation providers and other stakeholders, to ensure that adequate data is available for analysis so that regional transportation resources are appropriately distributed throughout the region.

In 2010, the Southeast NH regional Coordination Council Program Development Committee developed a "Service Gap Analysis" to identify the communities in the region with the greatest unmet transportation needs. Using US Census data for general, elderly and disabled populations for all 38 communities in the region, the committee developed a methodology to establish a relative ranking of the communities for unmet transportation demand. The study utilized data about types of transportation services available in each community, but economic factors were not included as the focus was to identify the disabled and elderly unmet transportation demand.

The result of the analysis and ranking established the priority for service expansion anticipated to be funded either by Federal Transit Administration (FTA) Section 5317 funds or through the NH Department of Transportation grant using Federal Transit Administration (FTA) Section 5310 funds to purchase new services. Alternatively, future efforts to determine transportation service gaps in the region may well address the needs of certain segments of the regional population, rather than the geographic distribution of demand for or supply of services. For example, transportation access by current and former military personnel and their families was the cornerstone of the recent Federal Transit Administration (FTA) Veterans Transportation and Community Living Initiative grant opportunity that is expected to help address the transportation needs of that population. However, the response to that concern will likely not be geographic, but rather, functional.

5.5 Strategies to Address Gaps in Service

In general, the unmet needs of transit-dependent populations can be addressed through a broad range of service types and strategies, including improvements or expansions in the following areas:

- Geographic areas served by fixed-route transit
- Hours of operation for fixed-route transit

- Numbers of clients served by human service agencies
- Types of clients served by human service agencies
- Geographic areas served by agencies
- Hours of operation of transportation service provided by agencies

Efforts to further improve service in the region may best be focused on addressing the specific transit needs of those populations not currently served by regular COAST routes and schedules; and those for whom fixed route may not be a viable option. This implies dedicating resources to coordination of demand-response services.

The main goal of the region's transportation coordination effort is expected to address transportation service gaps. Improved information resources through the call center and website will enhance access to services. Additionally, improved efficiencies of transportation service should provide additional resources that may be used to identified permit service gaps to be filled.

Significant planning work has been completed to date, as described in earlier sections of this Plan. However, as the region moves forward in developing a coordinated system, there are some key issues to address in order to support implementation of this strategy.

- Gaining a clearer picture of regional provider capacities, their vehicle operations, existing levels and sources of funding, client bases, and whether or not their needs and requirements are currently being met. As the transportation planning process continues to evolve, it will become more important to gather and analyze additional data from the many other human service providers not yet surveyed in order to more fully evaluate service needs and potential gaps, as well as to identify priority projects for implementation. In addition to analyzing recently collected provider data, more detailed regional information on the number and type(s) of clients served, specific geographic service areas, hours of operation, level of service available to clients, and agency needs and plans for service improvements will be needed.
- Educating and reaching out to a broader range of providers, transportation consumers, employers, and local and regional governments on the importance of improving transportation service. Commitments and participation from stakeholders and agency boards of directors must be obtained. A next step for the coordination effort is to negotiate contracts with agencies interested in participating along with beginning to establish agreed upon billing standards.
- Evaluating current and ongoing funding needs for the sustainability of a coordinated system, and seeking additional sources of funding especially local sources of matching dollars as described in Section 7.0.
- Overcoming provider concerns and potential barriers to coordination as described in Section 8.1.
- Working through the short and long-term strategic planning action steps described in Section 8.2, while remaining mindful of the longer term vision, goals, and objectives for the coordinated system.

5.6 Key Findings from the Demand Response Provider Survey

In December 2011 short surveys were sent out to the demand response transportation service providers in the Southeast NH region to update information about the types of transportation services provided, agency access to vehicles, the typical fares, contact information and agency's level of interest in a variety of coordination strategies.

Many of the agencies that provide demand response services in the region have been active participants in developing the coordination strategies for the region. Most of the groups surveyed are members on the Alliance for Community Transportation (ACT) Membership Committee and have been cooperatively developing service standards and moving the coordination efforts forward in the region. Highlighted below are some of the key finding from the survey.

Key Findings:

Table 5-1 relates agency's interest in participating with alternative coordination strategies. Groups were asked to rate interest on a scale of 0-10 (10 being most interested).

- Agencies indicated a high level of interest across the spectrum of coordination options.
- Comments written on the survey indicated agencies relying on volunteer vehicles for the transportation of clients would not be able to participate in efforts such as "Joint Fuel Purchase" or "Joint Maintenance" as they do not own the vehicles used to transport clients. It was also noted that most volunteer owned vehicles are not designed to be wheelchair-accessible and have limited space for passengers. These factors would be prohibitive in respect to accepting supplemental rides from other agencies .
- Most agencies supported "Information Sharing" and "Referrals with other Agencies."

Table 5- 1 - Agency Interest in Specific Coordination Strategies

	Types of Joint Coordination Effort						
	Information Sharing	Referrals with other agencies	Joint Fuel Purchase	Joint Maintenance	Accepting Periodic Supplemental Rides	Consolidating Call Center Functions	Other
TASC	10	10	0	0	0	10	0
Great Bay Services	10	10	0	0	10	9	0
Community Partners	8	8	8	8	8	8	8
American Cancer Society	5	6	4	1	3	2	0
Lamprey Health Care Senior Transportation	10	10	10	10	10	10	10
Community Action Partnership of Strafford	0	0	0	10	8	9	0
The Homemakers Health Services	10	10	10	10	10	10	10
Rockingham Nutrition & Meals on Wheels	10	8	9	7	4	6	0

Source: December 2011 Transportation Provider Survey

The survey asked demand response service providers to outline the segments of the population their transportation efforts focused. Table 5-2 conveys which groups of clients Human Service Providers are serving in the region. The survey results indicate that the “Elderly” and “Individuals with Disabilities” have the greatest access to demand response transportation in the region. It should be noted that COAST did not participate in this survey so results for “Non-Elderly Low Income Clients” are somewhat skewed and would likely be much higher. COAST provides a number of fixed route services in areas with the greatest population of “Non-Elderly Low Income Clients.”

Initial observations from the survey included:

- Funding targeted to assist specific populations, along with distinct agency missions shaped the responses provided by service providers.

An example of this comes from The American Cancer Society, whose transportation goal is to provide rides, when possible, to cancer patients for cancer treatment. Their mission is focused on a limited population, but is not limited to any one demographic or socioeconomic segment of the overall population. Transportation funding from Medicare and other targeted sources often requires clients to qualify for services and can limit the population an agency can provide transportation to.

- Responses indicated that it is often difficult to distinguish a single category under which any given client may fall. For instance, an elderly individual may also be a veteran, low income, or disabled. Additionally, data about the demographic or socioeconomic characteristics of clientele are not necessarily collected by providers if the data doesn’t impact the eligibility of a client to receive transportation services. This is reflected in the table below where agencies reported providing rides to groups and, in some cases, listed their totals as exceeding 100%.

Table 5- 2 - Trips by Major Client Population

	Percent of Trips by Major Client Population				
	Elderly	Individuals with Disabilities	Low Income (Non-Elderly)	Other	Notes
TASC	73%	27%	0%	0%	
Great Bay Services	0%	100%	0%	0%	
Community Partners	3%	24%	97%	0%	
American Cancer Society	10%	5%	5%	100%	Service available only to cancer patients for cancer treatment
Lamprey Health Care Senior Transportation	90%	3%	7%	0%	
Community Action Partnership of Strafford County	100%	0%	0%	0%	
The Homemakers Health Services	80%	20%	20%	0%	
Rockingham Nutrition & Meals on Wheels	97%	3%	0%	0%	

Source: December 2011 Transportation Provider Survey

Table 5-3 below illustrates the purpose of most trips provided by human service providers. From this chart it is clear that healthcare and grocery shopping are the two primary reasons for trips making up about 55% of total trips. One misleading element of this chart is the trips going to the pharmacy. The pharmacy may not be the primary destination for trips but often times there is a pharmacy available in or near supermarkets.

The table shows only a small percentage of trips for providing access to employment. This result is not unexpected because the survey only focused on demand response providers, and COAST and the COAST paratransit services were not taken into account through the survey. One of COAST's major rolls in the region is connecting residents to employment opportunities.

Table 5- 3 Trips by Trip Purpose

	Percent of Trips by Trip Purpose							
	Grocery	Medical	Job/Work	Pharmacy	Adult Daycare	Senior Center or Meal Site	Social /Rec	Other
TASC	3%	89%	-	-	-	-	-	8%
Great Bay Services	-	-	35%	-	15%	-	25%	25%
Community Partners	3%	-	-	-	-	-	-	97%
American Cancer Society	-	100%	-	-	-	-	-	-
Lamprey Health Care Senior Transportation	75%	25%	-	5%	-	-	20%	-
Community Action Partnership of Strafford County	85%	-	-	-	-	-	-	15%
The Homemakers Health Services	2%	45%	-	-	100%	-	35%	-
Rockingham Nutrition & Meals on Wheels	25%	10%	-	-	-	50%	-	10%

Source: December 2011 Transportation Provider Survey

Table 5-4 - Agency Transportation Service Characteristics

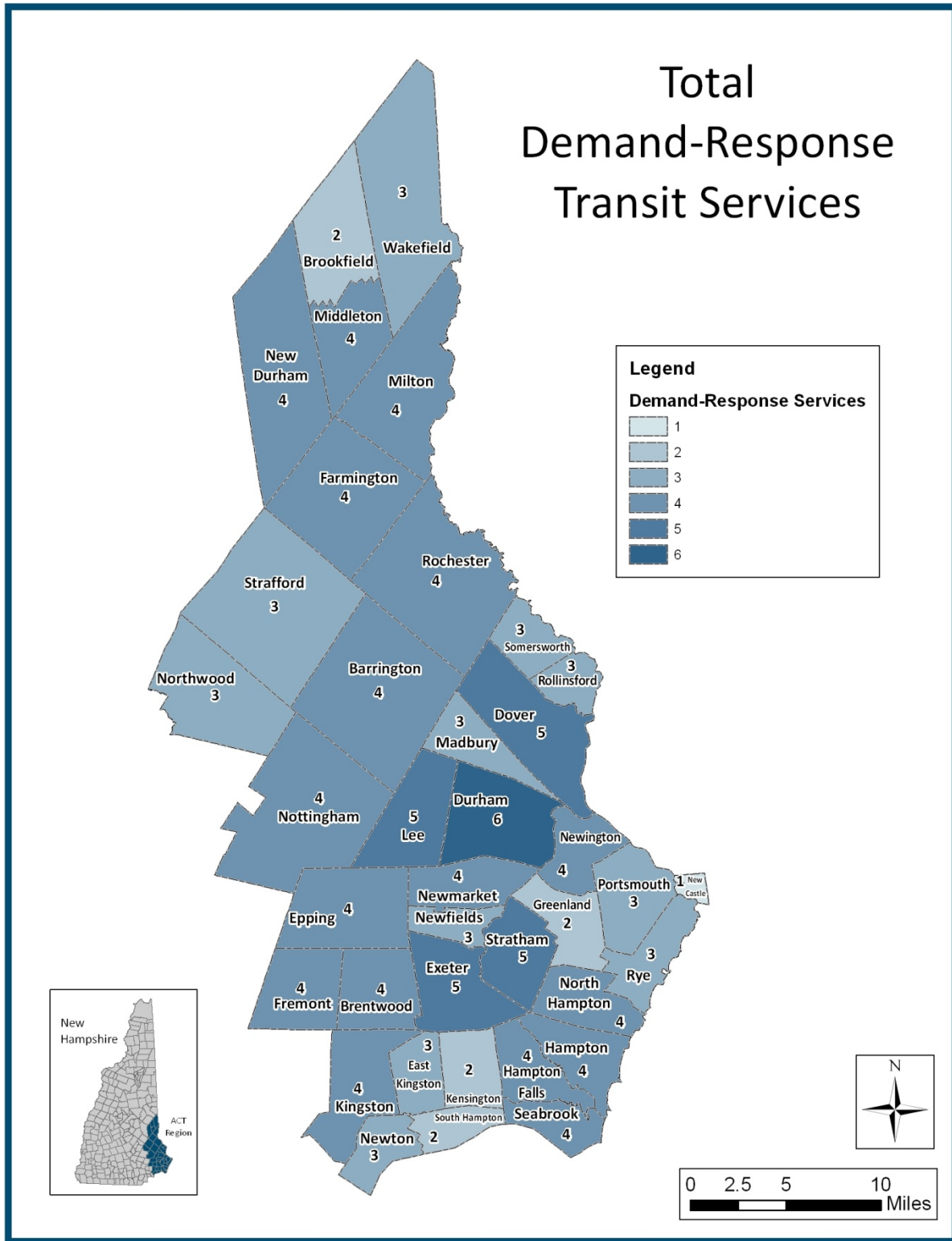
	Agency Overview				
	Average Trips per Week in the ACT Region	Type of Service	# of Vehicles & Vehicle Type	Vehicle Ownership	Typical Fare (one way)
TASC	100	curb to curb	40 small vehicles	volunteer owned	\$0.00
Great Bay Services	85	door to door	14 vehicles, mix of vehicle type	11 agency owned, 3 contracted	\$0.00
Community Partners	647	door through door	10 vehicles, a mix of vehicle type	agency owned	\$0.00
American Cancer Society	110	door to door	200 small vehicles	volunteer owned	\$0.00
Lamprey Health Care Senior Transportation	600	door to door	5 buses / mini buses	agency owned	\$1.50
Community Action Partnership of Strafford County	16	door to door	1 bus / mini bus	agency owned	\$1.00
The Homemakers Health Services	1400	door through door	4 buses / mini buses	contracted	\$13.00
Rockingham Nutrition & Meals on Wheels	247	door through door	3 vans	agency owned	\$1.00

Source: December 2011 Transportation Provider Survey

Map 5-1 relates the number of demand response providers offering services in each community of the Southeast NH region. For the purposes of this map, the COAST North Bus service was added because of its clearly defined service area and similarity of its service to other agencies in the survey.

While the map could lead one to believe there is widespread transit access in the region, many of the communities are served only one day a week or are served by providers that target their transportation services to a small segment of the population.

Map 5-1 –Total Demand Response Transit Services for the Southeast NH Region



Source: December 2011 Transportation Provider Survey

6.0 TRANSPORTATION SERVICE COORDINATION

6.1 History:

Historically, public transit agencies, supported with Federal funding as early as the 1960's and other public funding, have operated fixed route bus services. Following the 1990 Americans with Disabilities Act (ADA), public transit operations added demand response services to augment fixed route service and in some areas, beyond that which is required under the ADA. Also beginning in the 1960's, human service agencies began to develop transportation programs where there was no public transit services available to meet the transportation needs of their clients to access the agencies' services. Both public transit and human service transportation services became supported with one or more public funding programs and private sources. These funding sources typically have had specific rules including: clients who may be transported; accounting and data-reporting; as well as service delivery rules. The net effect of these funding and operational patterns of public and human service transportation services was to create barriers to coordination by a "silo" effect of the specific funding programs.

In the mid-1990's, the Federal Transit Administration (FTA) began to encourage the coordination of Federally-funded transportation programs. A mandate for States to develop plans for public transit/human service transportation coordination became part of the reauthorization of the Federal transportation program in 2005.

In the Southeast NH region, efforts to address the coordination of publicly-funded transportation services began in the 1990s, with COAST and an array of human service agencies coalescing to address the problem. These regional collaborative efforts were enhanced by the work of the Governor's Task Force on Community Transportation in 2005-2006, that resulted in the State Coordinating Council (SCC), through adoption of RSA 239-B. This collaborative effort was formalized as the Alliance for Community Transportation (ACT) and was subsequently recognized by the SCC as the Regional Coordination Council (RCC) for the Southeast NH region.

6.2 Reasons for Transportation Coordination

The Transit Cooperative Research Program (TCRP), supported with funding from the Federal Transit Administration (FTA), has produced several research papers and reports on the concept of, reasons for, and development of coordination of publicly-funded transportation services. The 2003 TCRP Report 91, Economic Benefits of Coordinating Human Service Transportation and Transit Services notes the following conditions as problems that may be addressed through coordination of transportation services:

- *Multiple transportation providers, each with its own mission, equipment, eligibility requirements, funding sources, and institutional objectives, often resulting in significant duplication of expenditures and services*
- *No formal mechanism for cooperation or communication among these operators*
- *A total level of service well below the total level of need*
- *Vehicles and other resources not utilized to capacity*
- *Duplicative services in some parts of the community but other areas have little or no service available*
- *Substantial variations in service quality including safety standards, from provider to provider*
- *A lack of reliable information—for consumers, planners, and service operators—about the services being provided and their costs*
- *No comprehensive plan to address these problems*

6.3 Benefits of Coordination

TCRP Report 91 also describes many tangible and intangible benefits that typically result from improved coordination of human service and public transportation services, including:

- *Coordinated transportation services often have access to more funds and thus are better able to achieve economies of scale. They also have more sources of funds and other resources and thus create organizations that are more stable because they are not highly dependent on only one funding source*
- *Second, higher quality and more cost-effective services can result from more centralized control and management of resources*
- *Third, the enhanced mobility created by better access to jobs, health care, shopping, or community facilities has substantial personal and community benefits*
- *Finally, coordinated services can offer more visible transportation services for consumers and less confusion about how to access services*

Other benefits of coordination, not usually expressed in monetary terms but still important in their own right, include improving service quality, filling service gaps by making transportation services available to more people and/or available to larger service areas, centralizing oversight and management, and more accurately reporting of regional transportation data and costs.

6.4 Costs of Coordination

TCRP Report 91 recognizes that coordination of transportation services comes at a cost. It notes that:

“it may be initially more expensive, more difficult, and more time consuming to achieve than most agency representatives initially perceive. Coordination may increase overall cost effectiveness or reduce unit costs (for example, costs per trip), but coordination may not necessarily free up transportation dollars for other activities. Some agencies have hoped to see money returned to them — this has seldom happened because any cost savings realized are most often devoted to addressing unmet travel needs. Also, coordination agreements can unravel over time, so constant work is necessary to ensure that all parties keep working together. Coordination depends on mutual trust and good will among all parties involved; therefore, long-standing coordination arrangements can be jeopardized by antagonistic or self-serving individuals. Despite these concerns, the economic and other benefits of coordination typically outweigh coordination’s costs in many communities.”

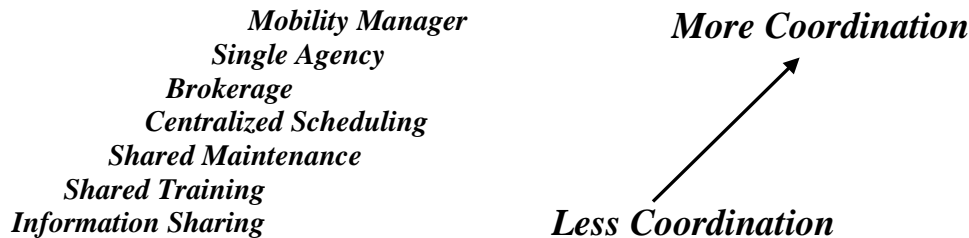
6.5 Coordinated Transportation Model

While there can be a benefit to any level of coordination, the real benefit in terms of eliminating duplication of effort and reducing unit costs per ride is realized once major functions such as client eligibility processing, scheduling, dispatching, billing, and funding administration are centralized.

The TCRP Report 105, Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged, reviews numerous means by which transportation coordination activities have been undertaken, noting that coalition-building, leadership, participation by a lead agency, State involvement, and use of technology are key elements in a successful coordination strategy.

There are numerous ways to describe how transportation coordination might be developed. The Community Transportation Association of America (CTAA) describes what it calls the *coordination continuum* in which coordination can range from simple cooperation, sharing information, up to full centralization of all transportation services within a single agency or umbrella organization.

Figure 6.1 Coordination Continuum



Since 2007 agencies participating in the Southeast NH region coordination effort have reviewed a number of the coordination strategies listed in the continuum in Figure 6.1. Among the strategies investigated were the “Single Agency Control,” and “Mobility Manager” models. These strategies offer a high level of coordination, but were determined to not be the best fit for the region.

Single Agency Control

Under a Single Agency control model one agency provides all community transportation services in the region. Other agencies participating in the coordinated system contract with this lead agency to meet their clients’ transportation needs. This approach is very efficient in terms of centralized management and operations. It is most effectively used where there is a strong existing regional transit agency that already provides much of the public transit service in a region.

Mobility Manager

The Mobility Manager model takes the Single Agency model one step further by centralizing the provision of all modes of transit across the region. The mobility manager not only provides all demand-response service in the region, but also provides fixed-route transit service, and may serve as a clearinghouse for information on vanpool and carpool ride-matching.

Due to the large number of demand-response providers in the region and the diverse public and private funding streams that support these many programs, the single agency and mobility manager models have been deemed not practical for the Southeast NH region at this time.

The 2007 version of Coordinated Plan asserted the most likely model for coordination activities in the Southeast NH region was a “Brokerage” model as there had been an expectation of a statewide Medicaid transportation brokerage to which the regional coordination effort would have been linked. The NH Department of Health and Human Services (NHDHHS) withdrew its plans for the statewide Medicaid transportation brokerage in late 2009. In April 2010 the Southeast NH region developed the framework for its own plan for coordination of transportation services in the region.

The RCC members chose to pursue the goal of a central call center and named COAST as the lead agency to host the call center and develop the coordination efforts. The lead agency was envisioned to further the collaborative efforts in the region for coordination rather than assume the traditional role of a “broker”. Other goals were identified, such as expanding service availability and developing a system by which client eligibility processing, scheduling, dispatching, billing, and funding administration are centralized for compiling service and financial data for the region’s transportation services.

Development of Transportation for Southeast NH region

Since 2010, the RCC has worked to develop the infrastructure needed for transportation coordination of transit and human service agencies. Through continued collaborative efforts, the RCC members chose to begin coordination to the extent possible by reducing duplicative trips and make use of idle vehicle hours. Expecting such activities to be coordinated through the call center:

- the RCC developed “service standards” for service providers so that shared rides would be performed only by service providers meeting those baseline standards; additional service standards were developed for volunteer driver programs that may become part of the regional coordination efforts
- COAST created a call center that may be upgraded as needed to manage future expanded call volumes
- COAST, in anticipation of receiving web-based coordination software for the region through the State of NH’s relationship with a “United We Ride” project, arranged for an advance copy of that software to support imminent coordination transportation services by purchasing of “state-of-the-art” mobile data terminals that will be supported by that coordination software
- COAST submitted a successful proposal for discretionary FTA capital funds to support significant infrastructure improvements to the regional call/coordination center that will enhance transportation options for veterans, active military and their families in addition to the general population in the region

As a key element of transportation coordination efforts are to improve efficiencies and expand transportation opportunities, the Southeast NH region’s efforts to date have been to set the stage for those attributes of coordination. The importance of the NH Department of Transportation (NHDOT) plans to access web-based transportation coordination software cannot be understated. This technology will permit all coordination partners to benefit through streamlined client intake, trip assignments (ridesharing where possible), collection of service data, and accounting for services. Further, the pending FTA capital grant will support on-vehicle technologies to further increase efficiencies in scheduling and data management.

While not following a true “brokerage” model, the Southeast NH region’s use of the coordination software will permit centralizing intake, scheduling, and dispatching while maintaining the existence and autonomy of multiple providers. Funding and billing of coordinated services will be through the lead agency.

The region has obtained limited Federal funding to support the call center, but coordination partners are expected to share in the coordination/call center expenses in recognition of the shifting of their transportation responsibilities to the call/coordination center.

6.6 Southeast NH Region Coordination Summary

As of January 2011 the Southeast NH RCC has formally identified COAST as the lead agency to manage community transportation coordination in the region. COAST is the largest local transportation provider with the most robust infrastructure. Its mission specifically includes coordinating transportation with other agencies.

Given the NHDHHS decision not to re-channel Medicaid transportation funding through the developing network of RCCs in New Hampshire, and given the organic way in which funding support for other community transportation services has developed in New Hampshire, this lead agency model has been identified by the RCC as a more pragmatic approach for the region than a classic “brokerage” model.

While federal funding passed through NHDHHS is a key component of transportation services offered by many health and human service agencies in New Hampshire, these funds are rarely adequate to fully support those services. Agencies have typically assembled numerous local funding sources to keep their vehicles on the road. These may include municipal funds, county funds, foundation support, and private donations; as well as fares or rider donations. Senior transportation programs partially funded under the Older Americans Act Title IIIB program are an example of this. A substantial concern in the current proposal from the NH Bureau of Elderly and Adult Services to rechannel Title IIIB funding by developing lead agencies in each regional coordination council region is whether these locally-generated funds can also be readily rechanneled, or whether restructuring the relatively limited amount of Title IIIB funding would jeopardize the local resources. Much of the benefit of centralized scheduling, and of using agency generated funds to leverage FTA funds through the lead agency, can still be achieved without full funding centralization.

How lead agencies in each regional coordination council will ultimately interface with a proposed statewide broker of Medicaid Non-Emergency Medical Transportation services remains to be seen as NHDHHS plans develop and contractors are selected.

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7.0 FUNDING SOURCES

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. While the regulatory basis for this Coordinated Plan under SAFETEA-LU focuses on three specific Federal Transit Administration funding programs, this section outlines funding from 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, and private foundations. The chapter also analyzes the applicability of the different funding sources for this specific project.

Some of the funding programs listed below are more appropriate for the start-up phases of transit coordination, but most programs could be applicable for ongoing program funding. Depending on the types of service being implemented and the state of implementation, appropriate funding types and amounts will change. For example, the FTA Section 5307 funding used by COAST to support its fixed route and ADA paratransit 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.

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 discussed below. Municipal contributions form the core of the non-federal funding that COAST and other provider agencies rely on to match federal dollars. 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 NHDHHS 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 major, long term piece of the funding puzzle for regional coordination initiatives.

7.1 UNITED STATES DEPARTMENT OF TRANSPORTATION

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 these 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 Section 5307 funding in Urbanized Areas over 200,000 is based on a combination of population, population density, and route miles of service. In the Southeast NH region, COAST is a designated recipient of federal funding under Section 5307

A looming challenge is that much of southern NH is likely to be re-designated as a Large Urbanized Area (over 200,000 in population) following the 2010 Census. This would likely lead to more Section 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 COAST region (and likely the Nashua, Manchester and CART regions); or systems would need to

make major cutbacks. Legislation has been proposed in Congress to address this problem by allowing small transit systems (operating 100 buses or fewer) in Large Urbanized Areas to have continued flexibility to use their Section 5307 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 a new transportation funding authorization bill.

FTA Capital Grants (Section 5309)

These funds for capital purchases offer long-term funding potential for vehicles and facilities. To the extent that such capital requests will be made by the state as part of the reauthorization of the US DOT's authorizing legislation, titled SAFETEA-LU (the Safe, Affordable, Flexible, Efficient Transportation Equity Act – a Legacy for Users), or as an individual budget appropriation request, the Southeast NH RCC should make its funding needs known to both the NHDOT and the state's Congressional delegation. 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. To the extent practicable, COAST may, as a designated recipient of FTA funds, apply directly to FTA for funds to support COAST projects or projects for the regional coordination efforts on behalf of the RCC.

In November 2011, COAST learned that the proposal it had submitted for a new *Section 5309* funding program, the *Veterans' Transportation and Community Living Initiative*, had been selected in a national competition. The grant purpose is to address the transportation needs of the region's veterans, active military personnel and their families by enhancing the region's call center and coordination activities. Restricted to capital enhancements of the call center/coordination infrastructure, the selected proposal included coordination software, telecommunications upgrades including mobile data terminals for all coordination vehicles, and facility improvements for expanded call/coordination center operations.

FTA Capital Assistance for Transportation of Elderly & Individuals with Disabilities (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. Under SAFETEA-LU, projects funded with Section 5310 funds must be derived from locally developed, coordinated public transit-human services transportation plans such as this document. Historically, the NHDOT has prioritized vehicle replacement over fleet expansion with this funding program, and requires that applicants participate in regional coordination efforts where they exist.

Current Regional Coordination Council (RCC) members that are recipients of Section 5310 funding include Lamprey Health Care, Homemakers Health Services, Community Partners, Greater Bay Services, Wentworth Connections and the Community Action Partnerships of Strafford County. Additional recipients who have not been active in the Regional Coordination Council are Seacoast Mental Health Center and Great Bay Services. It is important to the success of the region's transportation coordination program that those agencies participating in coordination efforts continue to apply for and receive top priority for 5310 funding to keep their transportation services viable.

In 2010 NHDOT announced the availability of Federal funds that had been transferred from a Federal Highway Administration account to the Section 5310 program for the purpose of support operation of services to the elderly and disabled. FTA rules for this program permit the use of the capital funds (at 80% Federal) to support "acquisition of transportation services". Funds were allocated to all the State's RCC regions, but awarded only to regions recognized by the SCC that had both an identified lead agency

as well as projects suitable for the funding program. As of Spring 2011 the RCC, through COAST acting as Lead Agency for coordination in the region, applied for and secured approximately \$135,000 of this Section 5310 Purchase of Service funding to support new service expansions in the region.

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

The Job Access and Reverse Commute (JARC) grant program is primarily intended to fund the development and maintenance of transportation services designed to transport welfare recipients and eligible low income individuals to and from jobs and activities related to their employment. The program authorizes grants aimed at developing new transportation services for low-income workers (below 150 percent of the federal poverty level) and/or filling in gaps in existing services. Reverse Commute projects are intended to provide transportation to suburban jobs from urban, rural and other suburban locations - but not necessarily just for low-income people. Eligible projects include late-night and weekend service, guaranteed ride home services, shuttle services, expanded fixed route transit, ride-sharing and carpooling, and car loan programs.

Capital funds require a 20% non-federal match and operating funds require a 50% non-federal match. State Temporary Aid to Needy Families (TANF) funds can be used as matching funds, though given recent and ongoing cuts at the NHDHHS the likelihood securing new TANF funding is limited. 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 opportunities. The Southeast NH area may be well suited for a JARC project since over 25% of TANF recipients in the region and many of the region's large employers are located outside of communities and/or routes currently served by COAST's fixed-route transit service. SAFETEA-LU requires that Job Access Reverse Commute (JARC) projects also be listed in the Coordinated Public Transit & Human Services Transportation Plan.

Federal Transit Administration New Freedom Program (Section 5317)

The New Freedom formula grant program aims to provide additional services and facility improvements to address the transportation needs of individuals with disabilities, which go beyond those required by the Americans with Disabilities Act (ADA). Funding is provided for capital and operating costs associated with these services. Funding is allocated through a formula based on the population of persons with disabilities and is subject to public participation and coordinated planning under SAFETEA-LU requirements.

Federal Transit Administration Rural Transit Assistance Program (RTAP) (Section 5311(b) (3))

The Section 5311 (b) (3) Rural Transit Assistance Program provides funding to states intended for education, staff development, and technical assistance for rural transit operators. In New Hampshire, these funds are used to support rural transit activities such as training, technical assistance, research, and support services. This program does not fund operational or capital expenditures. It does not require a local matching share. Even though much of the Southeast NH region is within an urbanized area, some of it is not, thus this assistance may be available for some projects.

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

These funds are typically used for highway construction and are handled by the New Hampshire Department of Transportation. However, they may also be used for any capital project, including transit systems. Nationally, 4%- 5% of Surface Transportation Program (STP) funds are used for transit projects such as bus procurement or transit facilities, with the vast majority paying for highway projects. States or MPOs may elect to transfer or "flex" a portion of this funding for any projects eligible for funds under

FTA programs except urbanized area formula operating assistance. The program requires a non-federal match of 20%. Beginning in FY2012, NHDOT took the major step of flexing \$800,000 in Surface Transportation Program funding into the Section 5310 program to support purchase of service contracts through the developing regional coordination efforts. The action has served as a catalyst in many regions of the state to begin coordination and expansion of transportation services, including the Southeast NH region.

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 Congestion Mitigation & Air Quality (CMAQ) funds. Those states without non-attainment areas (regions with excessive levels of air pollution) transfer their fund 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: 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 Federal Transit Administration 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. COAST and its member communities have used CMAQ funding extensively to pilot new transit services.

7.2 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 NHDHHS transportation expenditures. The NHDHHS is making a concerted effort to better coordinate the transportation services offered by its various divisions both internally and with the NHDOT, the results of which should be visible in a few years.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) is the current name for the federal welfare program, formerly called Aid to Families with Dependent Children. The NHDHHS Division of Family Assistance administers these funds. Of the four main purposes of the program, transit service meets two: 1) providing assistance to needy families; and 2) ending dependence of needy parents by promoting job preparation, work, and marriage. TANF funds may be used for direct assistance and for other types of benefits. Assistance activities are defined in 45 CFR Part 260.31 and are subject to a variety of spending limitations and requirements including: work activities, time limits, child support assignment, and data reporting.

Direct 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 New Hampshire, all able bodied adults receiving TANF support must participate in the NH Employment Program. Appropriate NH Employment Program activities include: employment, job search, on-the-job training, job readiness, alternative work experience, adult basic education, vocational skills training, postsecondary education and barrier resolution. TANF provides many support services to facilitate participation in the listed activities. Support services may include: childcare, mileage reimbursement, bus passes, books, fees and supplies, tuition, and reimbursements for other services in order to remove barriers to participation in activities.

TANF funds may also be used for grants to develop or expand services that promote its major goals. TANF funds have been committed as matching funds for JARC program funding applications elsewhere in the state, and may be a key component of ongoing funding for the region's coordinated transit program.

New Hampshire Employment Program

One of the ongoing expenses of a coordinated transportation system is funding for drivers. Through the State's Employment Program, this could be achieved at a low cost. The New Hampshire Employment Program on-the-job training program offers an incentive to employers to hire and train eligible applicants including potential, transit drivers. This program reimburses the employer up to 50% of the employee's wages up to a maximum of \$3,500 for the duration of the contract; the training cannot exceed a 26-week period.

The Alternative Work Experience Program is a community service program designed to provide individuals in the Employment Program with work experience opportunities in public and not-for-profit agencies. Agencies are eligible if they provide participants with unpaid work activities that will help them to upgrade job skills, develop good working habits, establish a recent work history, and gain a better understanding of the employer/employee relationship. Employers participating in this program also serve to provide a vital community service by increasing job opportunities for these individuals.

Older Americans Act, Title III-B

Title III-B of the Older Americans Act addresses Supportive Services for senior citizens. This funding supports the network of agencies and organizations needed to provide home and community based care for senior citizens, and one of the permitted uses of the funds 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 Bureau of Elderly and Adult Services administers Title III-B funding in New Hampshire. Title III-B funds are used by Lamprey Health Care, Rockingham Nutrition Meals on Wheels program, Community Action Partnership of Strafford County and other agencies around the state to support senior transportation services.

7.3 OTHER SOURCES OF STATE AND FEDERAL FUNDS

State General Fund Appropriations

The State of New Hampshire contributes a small percentage in local match 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 state per capita contributions, and removing 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 operations 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. The State's FY2012-2013 budget eliminated this operating support entirely.

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

Community Service Block Grants

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 a community where poverty is a particularly acute problem. The NH 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 Community Service Block Grant 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 VISTA Programs

The AmeriCorps VISTA programs 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.

7.4 LOCAL SOURCES

Local General Fund Appropriations

Municipal contributions form the core of the non-federal funding that COAST and other provider agencies rely on to match Federal Transit Administration 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.

One key is ongoing outreach to municipal officials to ensure that newly elected or hired officials understand the transit needs of 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 beneficial and 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 this “Local Option” vehicle registration 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. Strafford County currently partners with the City of Dover to support the Dover FastTrans fixed route service. One reason that most counties in New Hampshire are not involved with transportation funding is that service areas for transportation programs have historically not followed county boundaries – note that three different regional coordination councils cover parts of Rockingham County.

However, the development of a comprehensive network of regional coordination councils 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 are responsible for nursing homes, there is a strong argument to be made for counties funding transportation services as a means of reducing longterm 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 regional coordination council.

7.5 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 of 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. 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.

COAST and other agencies in the region provide many trips to local grocery stores, hospitals, or medical facilities like dialysis centers. TASC has approached a number of these businesses about becoming funding partners, though to date this has yielded limited results.

In short, business support should be pursued as a means of sustaining current core services and funding service expansions. However, given the lack of regulatory requirements or incentives in New Hampshire that lead businesses 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 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 funding. If an existing provider agency, such as Lamprey Health Care, uses non-federal funding to support transportation services, or even non-US Department of Transportation funding such as Title III-B dollars, a properly structured coordination agreement can allow these funds to be used as match for Federal Transit Administration 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 Federal Transit Administration 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 is supporting the start-up of RCC services, providing matching funds for federal transit dollars – mainly Section 5317 New Freedom funds. Similarly the United Way of the Greater Seacoast has supported the initiation of Southeast NH RCC services. Other provider agencies have been successful in securing grant funding from other foundations.

In general, foundations show a strong preference for supporting pilot projects or capital projects, and are often unwilling to fund ongoing operating costs. New initiatives arising out of the regional coordination planning process are potentially attractive candidates for pilot grant funding. The attractiveness of the projects is enhanced by the ability to leverage FTA dollars with foundation dollars at a minimum 50%/50% ratio in the case of operations, and often an 80%/20% ratio in the case of mobility management or other capital expenses. The fact that projects arise out of a participatory regional planning process strengthens 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.

8.0 FINDINGS AND RECOMMENDATIONS

This chapter summarizes progress in implementing transportation coordination since the adoption of the original *COORDINATED PUBLIC TRANSIT/HUMAN SERVICES TRANSPORTATION PLAN* for the region in 2007. Additionally, it recaps findings on transportation need and service strategies based on input from RCC members and other community stakeholders, and sets out recommendations for the next steps in implementing service coordination and expansion strategies to meet documented need for improved transportation access in the region.

8.1 Progress Since Adoption of 2007 COORDINATION PLAN

Significant progress has been made in implementing recommendations for regional transportation service coordination and expansion identified in the *2007 COORDINATION PLAN*. Key steps are described briefly below:

- *Established and expanded membership in the Southeast NH RCC*
The Alliance for Community Transportation was formally designated as the Regional Coordination Council for Community Transportation (RCC) for the southeast NH region in February 2010.
- *Established COAST as Lead Agency for the RCC*
While COAST appeared to be the logical lead agency for coordinating transportation services in the region since planning began, several steps since 2007 have allowed this designation to be formalized. First, an amendment to RSA 239 B in 2010 clarified that an RCC has legal status and liability protection for its members as a subdivision of the State of New Hampshire, consequently the RCC does not need to be housed under another agency to realize this protection. At the April 2010 Strategic Planning Session, the membership of the Southeast NH RCC formally identified COAST as the preferred lead agency for the region. Most recently, in the Fall of 2011, COAST completed the process of changing insurance carriers to ensure adequate liability protection for the lead agency's activities on behalf of the RCC.
- *Hired Manager of Coordination Planning & Operations*
In early 2009 COAST hired a Manager of Coordination Planning and Operations. The new staff has spent time implementing the work described in this section and building the foundation for broader coordination initiatives recommended later in this chapter.
- *Collected and analyzed new data on regional transit need*
This document has been shaped by new data on transportation need in the region collected over the past four years by various agencies, including the US Census Bureau, UNH Department of Social Work, and the Strafford and Rockingham MPOs. These numbers and statistics are described in Chapter 4.
- *Adopted Service Standards for Coordinated Transportation*
During 2011 the RCC developed two sets of service standards for coordinated transportation designed to ensure consistently high standards for safety and customer service throughout the coordinated system. Standards were developed both for service contractors employing professional drivers and volunteer driver organizations. Both documents set out baseline standards for insurance coverage, interaction with passengers, vehicle safety, driver qualifications and training, handling of incidents or accidents, and reporting of service data. These standards will form the core of new service contracts to be implemented in 2012.

- *Secured of Multiple Sources of New Funding*
COAST and the RCC members have been effective in securing funding for implementing service activities. This includes successive rounds of Federal Transit Administration New Freedom and Job Access Reverse Commute funding, as well as the new Federal Transit Administration Section 5310 Purchase of Service funding made available by NH DOT. Most recently, COAST was notified of its successful proposal for discretionary capital funds through the Federal Transit Administration to support transportation needs of the region's veterans, active military personnel and their families by enhancing the region's call center and coordination activities. These capital infrastructure improvements will significantly enhance to regional transportation coordination efforts and impacts.
- *Implemented COAST North Bus Service*
In April 2011, COAST implemented its **North Bus** service as the first new service under **The Community Rides** program of services – those developed through the RCC to benefit the region. The unique feature of this once-a-week shopping service to five rural communities north of Rochester is that it is operated by volunteer drivers operating a small COAST minibus. The service marks the first public transportation available in Brookfield, Wakefield, Middleton and New Durham and a limited restoration of service to Milton.
- *Implemented COAST Dover FastTrans Service*
In three phases between December 2008 and October 2009, COAST implemented hourly service on Route 1 and three new intra-city bus routes within the City of Dover. The new bus services operate Monday – Friday, 7 am to 6 pm and are supported with federal Congestion Mitigation and Air Quality (CMAQ) funds, matched by City and County funds.
- *Implemented COAST Clipper Connection Service*
In January 2012 COAST implemented the first two routes of the COAST **Clipper Connection**, an employment transportation service connecting Dover and Somersworth with Portsmouth Naval Shipyard (PSNY) and Pease Tradeport. Funding for the service is drawn from a combination of Department of Defense resources from Portsmouth Naval Shipyard (PSNY) and Congestion Mitigation and Air Quality (CMAQ) funds allocated to COAST for an earlier concept of express commuter transit service on the Spaulding Turnpike.

8.2 Findings on Transportation Need and Coordination Opportunities

- *Unmet need for transportation in the region is large and growing*
Unmet need for transportation access in the region continues to be significant, and will grow in the coming decade. This is particularly evidenced by the growth of the senior population. Between 2000-2010 the population over age 65 in the Southeast NH region increased 19% as compared to overall growth of 9% for the population as a whole (2010 Census). Between 2010-2020 the population over age 65 in Rockingham County is projected to increase 78%, and in Strafford County increase 49% (NH Office of Energy and Planning).
- *Transportation need is greater in some parts of the region than others*
Based on the service gap analysis conducted in 2010, unmet need for transportation is particularly acute in certain areas of the region, particularly northern and western Strafford County and central and southern Rockingham County. These areas are not served by COAST's core fixed route network and have been identified as priorities for the first phase of service expansion.

- Services are more widely available to some populations than others
Aside from COAST fixed route services, most other transportation services in the region target specific client populations of various provider agencies. Most common are services for seniors, followed by individuals with disabilities. Access is relatively more limited for the general adult low income population.
- Employment is a top priority, though other travel needs cannot be underestimated
Needs assessment surveys placed high priority on employment transportation, as well as access to medical care, shopping and social services. At the same time, evidence mounts of the importance of basic social contact for shut-ins, pointing to a need for broader access for all trip purposes.
- Expansion of volunteer networks will be a priority
The April 2010 Strategic Planning Session identified expansion of volunteer driver networks to the entire Southeast NH region as a priority. Evidence from other RCCs and other volunteer programs around the state and country show volunteer drivers to be one important cost effective strategy to meet rural transportation need.
- Statewide work of the Statewide Coordinating Council is providing benefits to the RCC region
Statewide procurement of software to facilitate transit coordination will assist the Southeast NH region. The readiness of this region to proceed with call center implementation is allowing COAST to implement necessary software on an expedited timeline. Other key achievements of the Statewide Coordinating Council include the flexing by NH Department of Transportation of \$800,000 per year in Federal Highway Administration Surface Transportation Program funding into the FTA Section 5310 program to support new service contracts through the RCCs.
- Restructuring at NH Department of Health & Human Services remains uncertain
The transportation implications of the NHDHHS plans for shifting to a managed care model for Medicaid remains unclear as of early 2012. Prospective care-management contractors have contacted provider agencies regarding capacity and willingness to participate in Medicaid non-emergency medical transportation, but the extent to which contractors would work with the RCCs remains to be seen. A proposal from the NHDHHS Bureau of Elderly and Adult Services to restructure Older Americans Act Title III B funding has not been well received as a stand-alone initiative as it appears to emphasize reducing contract management costs at the state level over maintaining or enhancing service to clients.
- Provider agency concerns
The 2007 COORDINATED PLAN described a range of concerns identified by participating provider agencies around coordination. While the Southeast NH Region has made substantial progress in the past four years in addressing these concerns, they continue to warrant reference. The concerns include:
 - ✓ **Agency Capacity** – Some agencies identified a lack of time and resources to participate in a broader coordinated regional system
 - ✓ **Funding Impacts** - Impact of coordination on municipal funding for transportation as a whole is a concern, as well as funding to specific agencies. For example will regional communities maintain current commitments or reduce funding as federal and private dollars come online?
 - ✓ **Service Quality** - While most providers recognized the need for expanded transit service in the region, some appear to remain hesitant to involve their agency in a coordinated system out of concern that they could lose control of their client services and priorities.

- ✓ **Logistics** – Agency representatives have agreed to service standards for coordinated transportation, though details of individual contracts remain to be worked out. Some agencies appear more prepared to move ahead with contracting than others, which is to be expected.
 - ✓ **Stakeholder Involvement** –The Alliance for Community Transportation and the member organizations remain committed to involving as broad a range of stakeholders as possible in the planning effort, including municipalities, businesses, and key decision-makers from each provider agency.
 - ✓ **Project Viability & Leadership** – Concern remains over long-term scope and viability of a regional transportation coordination effort. The Southeast NH region’s initiative has progressed further than prior coordination efforts in the region by already implementing new services and being poised to launch a call center. There remains uncertainty over the long-term viability of the effort once the pilot funding has been exhausted if there is no restructuring of the funding at the state level.
- *Provider agency interest in coordination appears to be growing*
Through the work of the RCC in the past year to define service standards, identify liability concerns, develop risk management strategies, and build trust, the sense of the RCC Executive Committee is that many of the concerns identified above have been allayed. Undoubtedly logistical questions remain to be addressed, but there is a growing willingness on the part of provider agencies to enter coordinated service agreements. Purchase of service contracts will be a first opportunity to test this willingness. Consolidation of existing call center functions will be a subsequent step.
 - *Funding sustainability for pilot coordination initiatives is a concern*
The Southeast NH region has been relatively successful in securing funding to pilot coordination and new service initiatives. This includes Federal Transit Administration funding through the New Freedom, Job Access Reverse Commute (JARC) and 5310 Purchase of Service programs, as well as critical non-federal matching funding through the Endowment for Health and United Way of the Greater Seacoast. These pilot matching funds run out in September 2013, and will need to be replaced through a combination of new public funding (local, state or county), private funding, or leveraging existing agency budgets much as COAST and Lamprey do currently.

8.3 Recommendations

The April 2010 Strategic Planning Session identified a series of short and long-term recommendations for the development of service coordination and expansion in the Southeast NH region. The recommendations were revisited and modified. The lists below reflect an additional twenty months of work by the Southeast NH region, the Statewide Coordinating Council, and relate new developments in funding and state agency program and policy initiatives.

Short Term Recommendations and Action Plan

The following steps should be pursued in the first two years (2012-2013) to ensure that system development proceeds smoothly.

1. Maintain the Southeast NH RCC

The RCC serves as an important forum for information gathering on regional need and agency services, as well as the main venue for engaging provider agencies in developing coordination agreements. The Southeast NH RCC and its partner RCCs around the state are important venues for building statewide support for community transportation, including developing

communication strategies to raise public awareness of current and future needs, and actions that necessary to meet needs.

2. *Proceed with COAST in the Lead Agency role*

The RCC has identified COAST as the Lead Agency for the region, and the COAST Board has approved that role for the range of coordination efforts currently identified. This Lead Agency role is consistent with COAST's enabling legislation. COAST has an extensive presence in the region, including direct avenues of federal funding; existing contractual relationships with some providers; and in-house maintenance capability potentially available to coordinate maintenance service for all vehicles in a combined system. A COAST role in future Medicaid or other major NH Department of Health & Human Services restructuring efforts will be evaluated as those initiatives progress.

3. *Finalize service agreements with providers to implement funded service expansions*

The service standards adopted by the RCC during 2011 will form the core of service contracts to support several new or expanded services for which COAST, on behalf of the RCC, has secured funding to date. These services are listed below, with likely provider agencies identified in parentheses:

Projects supported with Section 5310 Purchase of Service funds:

- New service in rural communities with no service in the region using idle hours of existing Federally-funded agency vehicles.
- Increase frequency of service on "Coastal" route between Seabrook and Portsmouth.
- Support transportation to two community health centers for elderly or disabled patients with no other transportation options.
- Volunteer driver mileage reimbursement for travel through a recognized volunteer driver program.
- Support for increased ADA paratransit services.

Projects supported with New Freedom, Job Access Reverse Commute (JARC), and other funds:

- Support the startup of the regional call/coordination center operation.
- Integration of ride requests and trip scheduling for the Transportation Assistance for Seacoast Citizens (TASC) volunteer driver program into the COAST call center.
- Foster development of new volunteer driver programs in underserved portions of the Southeast NH region, potentially housed under existing agencies.

4. *Implement coordination software*

As noted above, the State of New Hampshire is moving forward with procurement of a transit coordination software package through a partnership with the Montachusett Area Regional Transit Authority as part of its Federal Transit Administration ***United We Ride*** demonstration project. The software will be available to each of the ten RCC initiatives as they begin coordinated scheduling. COAST has reached agreement with the software provider to implement the software on an accelerated timeline. Software should go live in the winter 2012. As part of the implementation, COAST is also piloting use of state-of-the-art mobile data terminals in its ADA paratransit vehicles. Deployment of additional mobile data terminals in other vehicles participating in the regional coordination effort is expected through the Veterans Transportation and Community Living Initiative grant for which COAST's proposal was approved.

5. ***Initiate shared driver training***
Training of all drivers to meet the service standards agreed upon must be initiated immediately. Some of this funding may be underwritten by NH DOT through the Rural Transportation Assistance Program with the balance covered through New Freedom funds and existing match funding. This is a simple initial step toward implementation.
6. ***Enhance the COAST Call/Coordination Center***
While COAST established a call center in 2011 to support the launch of the ***North Bus*** service, with expanded telecommunication capacity, staffing and a toll-free telephone number, further substantial upgrades to the infrastructure will be critical to its role as an expanded or enhanced regional call/coordination center. The startup of the web-based coordination software to manage services and the associated data will be a key element of enhancement, as will be the testing of associated communications hardware for service vehicles. Funding for the capital and operating expansion is in place for the short-term and plans are developing to support the call/coordination center's long term capital and operating expenses.
7. ***Begin shared ride scheduling***
Implementation of the core Section 5310 funded purchase of service contracts will begin Winter 2012, possibly prior to full implementation of the web-based coordination software. However, more robust coordination of transportation services, to reduce duplication and improve efficiencies of services, will be possible when the coordination software is fully functional. Coordination efficiencies in the region will grow as more partners and/or funders participate in the regional transportation coordination effort.
8. ***Employment Transportation***
Sustain and expand community transportation for employment purposes. Continue to support and enhance the connections between area residents and employment services (e.g., NH Employment Services), job training services such as Great Bay Community College, and employment sites via the operations of affordable, convenient and accessible community transportation services. Pursue FTA Section 5316 Job Access Reverse Commute (JARC) funding as one source of support for these transportation services.
9. ***Establish a marketing campaign to raise awareness of expanded demand-response service***
Raising awareness of new or expanded services under the coordinated system will be a key task for COAST as lead agency, contracted providers and other Southeast NH regional partners. Funding for outreach will need to be built into all program-funding requests as time goes on.
10. ***Continue outreach on Census 2010 operating assistance issue***
As noted in Chapter 7, COAST and the other urban transit agencies in southeastern New Hampshire could lose access to FTA funding for transit operating assistance in 2013 based on the redrawing of urbanized areas following the 2010 Census. COAST and the two regional planning commissions have met with the New Hampshire Congressional delegation to convey the severity of the service cuts that would result if this federal policy is not fixed in the coming year. As of January 2012, three out of four members of the delegation have signed on as cosponsors of companion bills in both houses of Congress that would fix the problem. Action on these bills is expected in late winter as part of the reauthorization of SAFETEA-LU. Ongoing communication on the importance of the measures will be important in the meantime.

Long-Term Recommendations and Action Plan

The following recommendations are provided to guide the Southeast NH RCC in its planning efforts to ensure that the coordination system can be sustained and viably expanded over time.

1. *Ensure availability of FTA Section 5310 funding for vehicle replacement*

Ensure the continued availability of FTA Section 5310 funding for vehicle replacement for provider agencies. This funding should be prioritized for agencies that are members in good standing of the RCC, and that have signed service coordination agreements once the proposed call center is operational.

2. *Pursue funding to maintain newly established services and support other needed expansions*

The following services have been identified as priorities through the Southeast NH region's planning process. Pilot support for some of these services has been secured through the New Freedom program, Section 5310 Purchase of Service program and other streams; though ongoing funding will need to be secured. New resources may be needed to implement other service strategies:

- Continued enhancement and operation of the regional call center housed at COAST.
- Basic scheduled 1-2 day a week service in key underserved areas of the region, including northern Strafford and southern Carroll Counties, western Strafford County, Rollinsford, and southern and central Rockingham County. Purchase of idle hours on existing publicly-funded agency vehicles is the preferred strategy. However, needed capacity outstrips known available idle hours; therefore additional service contracts may be pursued.
- Expand the capacity of volunteer driver organizations to cover the full RCC region. This may be achieved through a combination of expanding the service areas of existing agencies, such as TASC, and establishing new volunteer driver programs to cover other areas. Needed support may include staff time, call center assistance and volunteer mileage reimbursement.
- Expand fixed route service where service demand and development density warrant. Increased frequency of the "Coastal" route operated by Lamprey Health Care for COAST on US Route 1 between Seabrook and Portsmouth is a first step. Future connections may include commuter transit services into Portsmouth and Dover from points west and south.
- Work with the revitalized Seacoast Commuter Options Transportation Management Association to improve employment transportation options in the region including establishing car and vanpools using JARC funding where appropriate. Expand access to health care providers in the region by engaging them to partner with the coordination efforts.
- Support expanded paratransit service for individuals with disabilities under the Americans with Disabilities Act .
- Work to engage private for-profit transportation providers in the delivery of transportation services through the coordinated system.

- Consider new alternatives to deliver transportation services including strategies such as: deployment of accessible taxis in the region and development of expanded local voucher programs, etc...
3. ***Seek local funding sources to replace pilot foundation funds***
Securing local funding from a variety of sources including municipalities, counties and the business community will be critical to the sustainability of transit programs in the region. Another option for non-federal match is leveraging existing agency transportation budgets through service coordination contracts, similar to what COAST and Lamprey Health Care already have in place. Establishing these new match sources will be essential in advance of the September 2013 end of the current Endowment for Health and United Way of the Greater Seacoast funding. The Southeast NH RCC and Lead Agency will need to work with the regional planning commissions, municipal and county governments, and local business organizations to provide information on the coordinated system model, budget needs, ridership estimates as well as comparison funding and service levels for other communities around the state.
4. ***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 NH Departments of Transportation and Health & Human Services will improve overall access to human service funding, ultimately there is an ongoing need for more state funding for transit service available to eligible riders in the region. While New Hampshire has always been near the bottom among states in terms of per capita support for public transportation, the FY2012-2013 State Budget eliminated all state support for public transit operations. The Lead Agency and participating providers should work with the New Hampshire Transit Association to advocate for a dedicated, ongoing source of state funding for transit services.

8.4 Conclusion

It will be crucial to the long-term success of the program to periodically evaluate the system's effectiveness and assess its strengths and weaknesses. Part of this self-evaluation process will be internal, making use of the evaluation plan and indicators developed early in the planning process in collaboration with the Endowment for Health and the United Way of the Greater Seacoast. The Statewide Coordinating Council will also provide a forum for sharing evaluation information with other regions.

Updated data on the region's transit-dependent populations and needs, system capacity, funding levels and sources, and levels of consumer and stakeholder satisfaction will need to be collected and assessed in relation to service levels and focus at regular intervals over the operation of the program. Lastly, as statewide initiatives develop over time, the RCC may need to align or coordinate more directly with statewide programs.

Survey for Human Service Coordinated Plan Update

[Exit this survey](#)

Coordinated Plan Update

The purpose of this survey is to collect data to be incorporated into informational tables in the "The Seacoast Human Service Transportation Coordination Plan."

"The human service transportation coordination plan provisions aim to improve transportation services for persons with disabilities, older adults, and individuals with lower incomes by ensuring that communities coordinate transportation resources provided through multiple federal programs. Coordination will enhance transportation access, minimize duplication of services, and facilitate the most appropriate cost-effective transportation possible with available resources." (FTA Fact Sheet)

This update is a collaborative effort between Strafford Regional Planning Commission, Rockingham Planning Commission, the Alliance for Community Transportation, and service providers from the Regional Coordination Council (RCC) region. Federal rules mandate this document be updated every five years to maintain eligibility to access specific Federal Transit Administration funding programs including: 5310, 5316, and 5317.

We ask statewide providers (Easter Seals, GSIL, ASC, etc.) to provide only information relevant to the Alliance for Community Transportation region.

Thank You!

*1. Please provide contact information for the service provider.

Contact Name:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
City/Town:	<input type="text"/>
State:	-- select state --
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

2. Please indicate the percentage of our overall trips associated with the following groups:

Elderly	<input type="text"/>
Individuals with Disabilities	<input type="text"/>
Veterans	<input type="text"/>
Non-elderly low income clients	<input type="text"/>
Medicare reimbursable	<input type="text"/>
Medicaid reimbursable	<input type="text"/>
Other (please specify)	<input type="text"/>

3. Please estimate the approximate percentage of your overall service made up by the following trip types:

Grocery shopping	<input type="text"/>
Health care appointments	<input type="text"/>
Employment	<input type="text"/>
Pharmacy	<input type="text"/>
Adult daycare	<input type="text"/>
Senior center or meal site	<input type="text"/>
Social or recreational opportunities	<input type="text"/>
Other (please specify)	<input type="text"/>

4. Please indicate the:

Typical fare or donation per trip (one-way)	<input type="text"/>
Average number of trips per week (please count trips as a single point-to-point travel leg)	<input type="text"/>
If your service is most often "curb-to-curb," "door-to-door," or "door-through-door"	<input type="text"/>

5. What are your usual days and hours of operation?

	Start	End
Sun	<input type="text"/>	<input type="text"/>
Mon	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>
Thur	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	

6. How many vehicles do you use to transportation clients and who owns those vehicles?

# of agency owned buses or mini-buses	<input type="text"/>
---------------------------------------	----------------------

of agency owned
vans

of agency owned
smaller passenger
vehicles

of contracted buses
or mini-buses

of contracted vans

of contracted smaller
passenger vehicles

vehicles owned by
volunteers

7. Please rate your interest in (1=not interested 10=very interested):

1 2 3 4 5 6 7 8 9 10

Information sharing

Referrals with other
agencies

Joint fuel purchase

Joint maintenance

Accepting periodic
supplemental rides

consolidating call
center functions

Other (please specify)

8. Please indicate all communities you provide services to:

Barrington

Kensington

Northwood

Brentwood

Kingston

Nottingham

Brookfield

Lee

Portsmouth

Dover

Madbury

Rochester

Durham

Middleton

Rollinsford

East Kingston

Milton

Rye

Epping

New Castle

Seabrook

Exeter

New Durham

Somersworth

Farmington

Newfields

South Hampton

Fremont

Newington

Strafford

Greenland

Newmarket

Stratham

Hampton

Newton

Wakefield

Hampton Falls

North Hampton

Done

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Create your own [free online survey](#) now!

**Southeast NH Transit Needs Assessment & Coordination Plan
Survey for Town & City Welfare Directors**

As of 12/27/11 21 out of 38 communities have responded to the survey: Dover, Durham, East Kingston, Epping, Fremont, Greenland, Hampton, Kensington, Kingston, Lee, Madbury, Milton, New Castle, Newton, Northwood, Rochester, Rollinsford, Seabrook, Somersworth, Strafford, Stratham.

5. How many clients did your town human services office serve in the past town fiscal year?

- Dover: 551 cases and 1240 individuals
- Durham: 11
- East Kingston: 4
- Epping: 10 +/-
- Fremont: 30 +/-
- Greenland: 6
- Hampton: 500
- Kensington: 4
- Kingston: 283
- Lee: 8
- Madbury: Six
- Milton: 145 families 2010
- New Castle: One
- Newton: Approx. 40.
- Northwood: 25 vouchers so far 2011
- Rochester: Fiscal Year 2010-2011: 296 Families/197 Singles. Financial assistance only. Does not include non-financial case management and referrals to other agencies.
- Rollinsford: 25
- Seabrook: 323
- Somersworth: 200
- Strafford: 24
- Stratham: 20

6. How many individuals are currently receiving welfare assistance from your town?

- Dover: 165 cases and 242 individuals
- Durham: 1
- East Kingston: 0
- Epping: 2
- Fremont: It depends. Current range is 15-20.
- Greenland: 3
- Hampton: 10
- Kensington: 0
- Kingston: 57
- Lee: 7
- Madbury: None
- Milton: 135 families 2011 not complete
- New Castle: None

- Newton: Currently, none ongoing - approx. 5 within the past month.
- Northwood: 0 right now
- Rochester: Local Welfare is not a program, but emergency assistance. As of July 1st 2011 to December 15th 2011 Rochester has financially assisted 171 Families/112 Single residents. Does not include non-financial case management and referrals to other agencies.
- Rollinsford: 1
- Seabrook: It's on a monthly basis
- Somersworth: 25
- Strafford: 0
- Stratham: 5 people received assistance from the Town in 2011 so far;

7. How do these numbers compare with the past two years? (if you have data for the previous two years available please note these)

- Dover: In FY 09 we had 379 cases and 1191 individuals In FY10 we had 472 cases and 1102 individuals
- Durham: Same
- East Kingston: 2010 = 5, 2009 = 4
- Epping: Up a little.
- Fremont: Comparable to past two years, may be down slightly, but the winter season is just beginning.
- Greenland: similiar
- Hampton: Fewer people receive financial help than in past years. This is due to better utilization of community resources.
- Kensington: increase
- Kingston: They have increased between 10 and 20%.
- Lee: Higher, more welfare \$ spent so far this year than entire last fiscal cycle
- Madbury: Yes
- Milton: 2010 145 2009 154
- New Castle: Had three the previous year
- Newton: The numbers have stayed about the same, although it seems that in this past year the assistance requests have been more for rents where in the past it was more for oil/propane and electric.
- Northwood: 52 vouchers given out in 2010
- Rochester: As our level of case management has improved and time spent with clients has increased, we have lowered the number of returning clients and money spent. This is a newer, more effective model, most other local welfare departments state they cannot duplicate due to staffing issues
- Rollinsford: Decline
- Somersworth: About the same
- Strafford: We are up about 6 people/families from last year. The 24 mentioned above are all those who called or came into the office. Not everyone received assistance and some received assistance more than once.
- Stratham: 2009: 17 cases (11 received assistance) 2010: 19 cases (9 received assistance) 2011: 21 cases to date (5 received assistance)

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.

- Dover: NO
- Durham: All have an automobile
- East Kingston: No
- Epping: No
- Fremont: Do not keep these records, but estimate that about 70% have access to an automobile.
- Greenland: Yes - one of the current clients does not have access to a vehicle and one does not currently have the ability to drive.
- Hampton: No. Of the persons who come to the Town for assistance, nearly all are vehicle challenges; no vehicle, unreliable vehicle or no fuel. In numbers: 90% are vehicle challenged; 60% have no vehicle
- Kensington: all have automobiles
- Kingston: It would vary but currently about 3 to 5%.
- Lee: 40%
- Madbury: No. Of those who did not have transportation they had family or friends available to transport.
- Milton: I would say 33% of our clients have non dependable transportation
- New Castle: Two clients with no access to an automobile.
- Newton: I would estimate that 15 to 20 percent do not have reliable access to transportation.
- Northwood: I would say all my clients have vehicles the price of gas is the issue
- Rochester: The question of access to an automobile is asked on our application for case management purposes. However, it is not entered into a database for statistical analysis. We could include this in a potential update to our welfare system program. Many applicants have access to an automobile, but often experience cost repairs they are challenged to pay. Many approach local welfare for rent, as they used rental money for auto repair. This needs to be verified with receipts. Others use the Coast Bus. Too many live in areas not reasonably next to a bus stop. Area hospitals health care vans have improved access to medical care.
- Rollinsford: no
- Seabrook: I do not keep a separate record of automobile access .I know transportation is a issue in Seabrook. no public transportation
- Somersworth: 50 percent
- Strafford: No. Because we are in a rural area nearly everyone has transportation arrangements. I did speak with one woman this year who temporarily did not have a car because she couldn't afford to repair it for inspection, but her plan was to get it on the road. I believe we have elderly folks in our town who have transportation issues, but they don't see me about them. I think they have children or neighbors helping out.
- Stratham: I note in their application if they don't have transportation. It is a very low percentage of clients that are transit dependent. In my year and a half working here, I have only seen one or two. However, I do encourage clients to use public transit to save on gas money.

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.)

- Dover: EMPLOYMENT AND MEDICAL CARE
- Durham: n/a
- East Kingston: Groceries, Medical Appointments
- Epping: Medical
- Fremont: Elderly to medical appointments and for household needs; general assisted population with all aspects of transportation including getting kids to school, making it to an appointment with local services or other agencies, doctors, etc.
- Greenland: Employment options are limited for the client that is currently unlicensed;
- Hampton: employment, medical care, grocery shopping, DHHS appts in Portsmouth,
- Kensington: none- just paying for the gas.
- Kingston: MEDICAL CARE!!
- Lee: medical, employment, other social services
- Madbury: Our clients have received fuel and electric assistance, thus have no information from which to answer #10-12 below.
- Milton: Medical, employment, Health and Human Services Appointments, Child Care
- New Castle: Doctor's appointments, fuel assistance, shopping
- Newton: Mostly medical appointments and state welfare/unemployment appointments.
- Northwood: dr's appointments, Seacoast Mental Health, looking for jobs
- Rochester: Outside of Coast Bus operations area. For employment, medical and homeless shelters. It is very challenging providing transportation to residents needing homeless shelter services outside of the seacoast area. Public transportation to the Concord and Manchester area is needed.
- Rollinsford: employment
- Seabrook: medical, apply for long term assistance in Portsmouth. employment outside of walking
- Somersworth: employment, DHHS, court, medical
- Strafford: N?A
- Stratham: Employment search, employment, medical appointments

10. How significant a problem is lack of transportation for your clients in accessing health care, childcare, and employment on a scale of 1-10 where 1 = *not a problem* and 10 = *major problem*

Municipality	Difficulty Accessing Healthcare	Difficulty Accessing Childcare	Difficulty Accessing Employment
Dover	6	6	9
Durham	2	2	2
Epping	4	1	1
Fremont	6	4	7
Greenland	2	1	5
Hampton	7	8	7
Kensington	1	3	5
Kingston	10	1	5
Lee	7	4	5
Madbury	-	-	-
Milton	10	10	10
New Castle	10	4	10
Newton	8	6	7
Northwood	5	5	8
Rochester	4	7	7
Rollinsford	1	1	3
Seabrook	9	7	7
Somersworth	7	6	8
Strafford	-	-	-
Stratham	3	3	3

13. 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.

- Dover: Public Housing and all large rental complexes
- East Kingston: 55+ Housing Communities
- Epping: Whispering Pines, Route 27
- Fremont: Elderly particularly, as they can't drive for more reasons than financial reasons (health, eyesight, etc). Transportation to/from the nursing home would likely be a benefit.
- Greenland: No
- Hampton: Winter rentals on Hampton Beach & Lafayette Road
- Kensington: None
- Kingston: Senior Housing Facility: the Kingston Pines
- Milton: Pineland Park Milton NH 03851, Center Milton, and Milton Mills
- New Castle: Since our town has neither public or senior housing, is a moot question.
- Newton: We do have some senior housing as well as many elders in our community.
- Northwood: We are somewhat rural so they have to depend on themselves or each other. I would say the elderly who live in homes sometimes need rides to the hospital to visit spouse. Local churches have a few people that will help.

- Rochester: The "Homeless Center for Strafford County" is in Gonic. I do not believe Gonic has Coast Bus services. Gonic also is the home of the Riviera Motel, which caters to very low-income residents who use it as their primary residence. It is a very long walk to the nearest bus stop.
- Rollinsford: Public housing, downtown area.
- Seabrook: Its people who are not disabled , just don't drive a vehicle
- Somersworth: Seniors
- Strafford: I don't know of any.
- Stratham: No.

14. 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. "Wentworth Douglas Hospital", or "Market Basket on Lafayette Road").

- East Kingston: Exeter Hospital, Stop & Shop, Portsmouth Ave. in Exeter, Shaw's or Market Basket, Portsmouth Ave. in Stratham, Hannaford, Rte. 111 in Hampstead.
- Epping: Exeter Hospital, Market Basket Route 125
- Fremont: Hannaford, Raymond; Market Basket and Walmart, Epping; Lamprey Health Care, Raymond; other medical facilities in Exeter, Derry, or the vicinity.
- Greenland: Portsmouth Hospital, Health & Human Services, Market Basket (Portsmouth)
- Hampton: Seacoast DHHS on Pease, Market Basket in Seabrook, Walmart in Seabrook, City of Portsmouth (employment?), Town of Exeter (employment?), Hampton Beach to Town of Hampton (Town Hall, Hannaford, transfer to other locations).
- Kensington: Market Basket in Seabrook - we do not have any full grocery or pharmacies in town.
- Kingston: Exeter Hospital Pharmacies such as Rite Aid in Kingston, WalMart in Plaistow, Walgreens in E. Hampstead Grocery Shopping: Market Basket in Plaistow, Hannaford's in E. Hampstead
- Lee: Dialysis in Exeter, Market Basket in Lee
- Madbury: Wentworth Douglas Hospital, Rochester Health & Human Services Dept
- Milton: Rochester market basket Frisbie Hospital, 150 Wakefield Street Rochester, Community Partners Rochester, Avis Goodwin Community Health
- New Castle: Portsmouth Hospital, Market Basket (Lafayette Road), hearing aid (Portsmouth), fuel assistance (Portsmouth)
- Newton: Exeter Hospital, DHHS, Market Basket in Plaistow.
- Northwood: Seacoast Mental Health, Portsmouth, NH, Concord Hospital, Concord, NH and Dartmouth Hospital in Lebanon ,NH
- Rochester: Market Basket-96 Milton Road, Riviera Motel-21 Calef Highway Gonic, Market Basket.
- Seabrook: Exeter hospital , Portsmouth hospital (north of Seabrook)
- Somersworth: Frisbee and Wentworth Douglas Hospital, VA, Dover Court, Goodwin Community Center
- Stratham: Market Basket, Exeter Hospital

15. How much does your town or city currently spend on transportation services?

- Lee: approx. \$4000?
- Madbury: None

- New Castle: Averaged about \$50 per month.
- Newton: I have only paid for transportation in a few cases, and the average price was \$70 for a taxi.
- Northwood: I have local people and churches who have donated gas cards to help some of these people out. I would say I received 10 gas cards this yr.
- Rochester: The City of Rochester funds Coast Bus service. I am unaware of the amount. City Welfare provides limited Coast Bus passes typically to assist clients meet office expectations i.e., job searches and applying for other services. They are also used to provide transportation to shelters such as My Friend's Place in Dover and Crossroads in Portsmouth. Other emergency purposes, including medical appointments and food shopping are provided if no other option is available.
- Rollinsford: zero
- Seabrook: \$517.65
- Somersworth: N/A
- Strafford: The municipality spends nothing that I know of.
- Stratham: Through public service funding, \$6,000

16. 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)?

- Lee: Strafford county residents who may need medical services in Rockingham county
- Milton: It is a needed service as we do not have any form of public transportation here in Milton and Milton Mills
- New Castle: None,
- Newton: The major challenge is lack of affordable transportation.
- Rochester: #1 likely challenge for coordination is the initial funding of services. If funding is available, agencies/people will provide coordination.
- Rollinsford: Challenges. Not cost effective.
- Seabrook: Seabrook has a taxi program with the Community Center to go south to Newburyport and Salisbury, MA. Nothing to get to Exeter or Portsmouth areas.
- Somersworth: Can't think of any at this time
- Northwood: No
- Strafford: The layout of our roads in town would be challenging for any comprehensive transportation service.

17. Please include any other comments you have on unmet transportation needs in your community and ways to address these needs.

- New Castle: We are such a small community and with few welfare clients that most situations are not very difficult to address.
- Rochester: Public transportation to the Concord and Manchester area is needed. State Division of Health and Human Services are in the process of consolidating offices. This will increase distance and will result in a transportation issue for people seeing state services across the state. *Might be in left field, but I have had some clients refuse to take public transportation because busses do not provide seatbelts. Despite the size of the bus, people programmed to wear seatbelts on every other form of

transportation often feel vulnerable without seatbelts, even on a bus. "That seat in front of me won't protect me in the event of a severe accident" is what a client told me recently. Of course they don't represent the majority, but thought it was interesting how expectations change with time.

- Seabrook: Have hard time finding Transportation to go North of Seabrook
- Somersworth: It needs to run later in the evening and longer on weekends
- Strafford: Perhaps the elderly are the ones who would benefit the most. However, because of the road system it would be costly and lengthy "ride" to get wherever they needed to go. From a personal and philosophical perspective, I think that anyone who lives out here understands the transportation problems that presents. I find it a wonderful opportunity for families and the citizens of Strafford to personally reach out to their neighbors and family members and have the blessing of helping someone in need.

18. Of the individuals and families you've worked with, are there any whose story especially illustrates the transportation challenges faced by citizens in New Hampshire who are unable to drive (permanently or temporarily) or lack access to a private automobile? If so, would you briefly share that story below?

- Lee: Elderly WWII vet needs dialysis in Exeter 3x per week for 4 hours each visit. Both he and wife are in 80s and driving has become a challenge, and now winter is on the way as well.
- New Castle: Having both an elderly client and a handicapped client, neither of whom could drive, transportation was critical for even minor respects to everyday life. Without support of family, friends or some organization, these people struggle for a decent quality of life.
- Northwood: Son lives out of state. Mother and Father live in Northwood, father went into the hospital mom does not drive and the son called me looking for help so his mom could go visit his dad in the hospital every day. I called the church and they provided the transportation to take her to visit him.

Southeast NH Transit Needs Assessment & Coordination Plan
Survey for Health and Human Service Agencies Not Operating Transportation Services

As of 12/27/11 13 agencies responded to the survey. Agency names are found below under Question 11.

6. What client groups does your agency work with?

- Senior Citizens, Individuals, People with Disabilities, Low Income Persons or Families
- All ages, low income
- Children/youth from low-income families.
- 18-21 year old homeless
- Children from infancy through school age - a large percentage of which are from low income families
- Seniors, individuals with disabilities and low income families
- families, single Moms and Dads, children ages 4 - 8 yrs old, all income families especially just above poverty line
- Homeless individuals and families, primarily low income
- low income individuals & families; people with disabilities; senior citizens; unemployed & underemployed; homeless or at risk of homelessness; people in crisis
- low income adults, youth, and dislocated/laid off workers
- All of the above
- all ages - primarily low income and uninsured, as well as many that are homeless
- Homeless families and single adults

7. 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.

- 30 Percent
- We have started this, but it is not consistent, but based on the # of bus passes we are handing out I estimate at least 300 or so
- No, we do not keep such records. An estimate of those who are transit dependent is 30%.
- 90% of our clients rely on the bus route for transportation
- No. We do not keep transportation data.
- We do not keep records. Many of our clients "car pool", some walk and some depend on public transportation or senior transportation. Probably 90% of our clients come here by auto, but many find buying gas difficult and some do not come as they cannot afford the gas even if they have a car.
- yes, I have two families out of thirty, who don't have transportation. I have turned away one family because of transportation as we do not provide transportation
- We do not keep transportation specific records, so this is an estimate. Of families who stay at My Friend's Place approx 50% have access to an automobile. of Individuals approximately 20%
- estimated 50%
- I do not keep track - guess would be about 5%
- In some of our programs we collect that information but not all
- We serve about 5,500 patients, at least 1,000 are homeless w/o transportation
- Approximately 90% of clients do not have an automobile.

8. For what sorts of trip purposes do you see clients having difficulty finding rides? (i.e. employment, medical care, human service agency appointments, etc.)

- Food service assistance
- health care appointments
- Employment, school/afterschool pick-up, appointments.
- Employment, medical care, school, mental health appointments
- This is not an issue that has been generally brought to our attention, although I am certain there have been clients that are dependent on others for transportation , we have not retained that data. We have had a number of families that have children start public school to find their town does not provide transportation to/from 1/2 day kindergarten to full day childcare. That is the major problem I refer to below.
- All clients come here for is food, personal care items and education for healthy living. We do refer our people to many other agencies however and a great number of them cite transportation issues....whether it is the availability of a car or gas money.
- medical, State benefit appointments,
- Employment, medical care and human service agency visits would all top our list. In addition we would add shopping.
- employment commuting/job search/job interviews; medical care; assistance appointments; court appearances/legal services; child care/child visitation; school/education/training programs
- employment, mandatory visits to the employment office, medical appts, human service appts
- All of the above
- Health and dental care, labs, hospital tests, counseling services
- Employment, medical care, mental health care, other human service agencies, housing search, shopping, entertainment

9. How significant a problem is lack of transportation for your clients in accessing health care, childcare, and employment on a scale of 1-10 where 1 = *not a problem* and 10 = *major problem*

Organization	Difficulty Accessing Healthcare	Difficulty Accessing Childcare	Difficulty Accessing Employment
Gerry's Emergency Food Pantry	-	-	7
Goodwin Community Health	7	7	6
Seymour Osman Community Center	6	7	7
Child and Family Services Transitional Living Program Seacoast	7	1	10
Child Development Council, Inc (DBA Kingston Children's Center)	5	10	5
Seacoast Family Food Pantry	9	-	9
Hampton Child and Family Program	2	3	4
My Friend's Place	8	10	8
SHARE Fund	8	5	8
Rockingham Community Action/Southern NH Services	5	5	6
Rockingham Community Action	9	7	8
Families First	4	2	3
Cross Roads House	7	-	9

12. 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.

- Especially Senior Housing and Low income Housing
- Rochester, Farmington
- There are currently bus stops near the public housing neighborhood.
- I think there are already plenty of bus stops, but the bus needs to have more mandatory stops. Some of the bus stops only have the bus actually stop if there is someone waiting at it. This has been a problem in the winter months when it gets dark earlier and the bus has driven by because they were not able to see the person since it was dark out. The closest mandatory stop is over 2 miles away.
- All public housing.....and I simply do not understand why there is Coast service to City Hall in Portsmouth (where our agency is located) during the summer and nothing during the winter. Can anyone make sense of this?
- Dearborn House, Atlantic Heights, Ross Apartments, all elderly complexes. Beach area for transient population. I used to see just the beach area for low economics but all over town is now growing. The two mobile home parks could use access for public transportation. There is no Coast available in the Hampton area, which restricts job availability for individuals and families, who don't have a car.
- My Friend's Place is located on a bus line which is very helpful. We frequently have to educate clients....How do I read this schedule.
- All of Rochester and Gonic is needed.
- Raymond, Epping, Exeter, Seabrook, Hampton, etc.
- They do okay if they are in Portsmouth. ALL surrounding areas are a problem (winter rentals, motels, Seabrook area.....

13. 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. "Wentworth Douglas Hospital", or "Market Basket on Lafayette Road").

- Rochester Community Center
- Our agency
- Shaw's/Hannaford on Central Ave.; Wentworth Douglass Hospital; Wal-mart in Somersworth; Dover City Hall/Public Library/McConnell Center; Fox Run Mall in Newington; Rochester Community Center.
- Fox Run Mall, Shaw's plaza on Central Ave in Dover, Market Basket on Indigo Hill Rd in Somersworth, Dover Library, Dover High School
- Hannaford, 800 plaza Portsmouth, Market Basket on Lafayette Rd, Community Campus off West road, Market Basket on Woodbury, Portsmouth Hospital on Borthwick and related doctors' offices there. Here(Seacoast Family Food Pantry at 7 Junkins Ave, Portsmouth -- I am sure there are many others.
- Hannaford, Lafayette Road Hampton, Market Basket Seabrook or Portsmouth, Shaw's North Hampton, Exeter Hospital, Portsmouth Hospital, Families first
- WDH, Walmart on High Street in Somersworth, Health & Human Services in Rochester on Wakefield Street Triangle Club on Broadway in Dover.
- Goodwin Community Health in Somersworth; Frisbie hospital; Wentworth Douglas Hospital; Social Security Office in Portsmouth; NH Employment Security in Somersworth; Dept. of Health & Human Services; Rochester Community Center-Gerry's Food Pantry/Community Clothing Shop

- Employment Security Lafayette Rd Portsmouth
- Exeter Hospital, Wentworth Douglas Hospital, Portsmouth Hospital, supermarkets, Walmart, Banks, MD offices
- Community Campus Building on West Rd, Portsmouth Hospital and a return trip home
- Seacoast Mental Health. Coast Trolley in Portsmouth is invaluable, but transfers and operating hours make using it for employment challenging.

14. Does your agency pay for transportation for any clients? If yes, who is eligible, and approximately how much does your agency spend annually for transportation assistance?

- No
- We purchase bus passes
- No.
- We buy COAST tickets as needed and provide residents that are not working yet with tickets as needed until they have an income. We have bought a package of 50 tickets, twice in the last two years.
- No. We do not pay for transportation.
- no
- We eliminated transportation seven years ago when our grant ran out and there was not one to replace the money.
- We transport non emergency visits to WDH or other health related needs. at a cost of aprox \$1,000 per year. We also provide bus tickets to assist with other transport needs on a case by case basis for approrximately \$500 per year.
- We do not pay for transportation at this time. We may consider providing transportation assistance in the future.
- yes. We pay 30 cents per mile. Not sure what the annual expense is
- Yes, but minimal numbers are eligible and we work with towns to assist with the cost. We may spend a few thousand dollars per year at most on transportation assistance including funding for gasoline, etc.
- We used to get grants of about \$10,000 per year. We did not get that this year, so have not been able to provide many with transportation. We still try to get all the prenatal patients health care here regardless of funding (hoping it will work out).
- No

15. 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)?

- Not sure how the organizations that own the vehicles feel. We don't have our own. The challenge would be scheduling
- Lack of resources--not enough vehicles, drivers, time, or funding for any of these.
- It would be very helpful to our program to have occasional access to a bus with seat belts for field trips for the children. There is not currently a transportation provider that will provide seat belts and we need them to transport children under 5. It would be a great opportunity for us to be able to hire a bus from another agency and a potential source of additional revenue without an increase in expense for the agency providing the bus.
- I am sad that transportation is so difficult for many of our low income seniors.....and of course for anyone during the winter.

- Getting agencies to work together is always challenging but it could be done if different agencies would change hours of operation or childcare centers allowing clients to stay longer because of transportation. If citizens had public transportation to work, and errands, I see big win win for families. More children could have preschool and childcare because parents could get to work and get their child to a preschool program. No preschool program in the Seacoast area offers transportation except Fun, which does not offer scholarship assistance or a formal preschool program.
- We frequently look to other agencies providing services or referrals to our clients for assistance with the cost of transportation - i.e. bus tickets. Coming up with a means to assist our clients with all of their transportation needs is a challenge.
- Opportunities: Coordinating services among agencies who have the ability and desire to provide transportation passes/tokens for clients to access public transit (such as City Welfare; SHARE Fund; Salvation Army, CAP). Challenges: The problem of many needed services located outside the city limits -how to schedule regular bus routes to these locations?
- Licensing issues, DOT issues, locations for pickups and delays in pickups, conflicting schedules for securing vehicles, etc.

16. Please include any other comments you have on unmet transportation needs in your community and ways to address these needs.

- Huge problem. Waiting too long for this to get off the ground.
- N/A
- Most of our clients rely on the bus for transportation to and from work, which has been a problem on Sundays when the bus is not running.
- While I realize that transportation can be very costly, it seems to me that especially with the cost of gas and car ownership that we as a community should be doing a better job helping -- especially our seniors -- get where they need to go. And, in fact, it would be delightful if this transportation were not only for the most bare necessities but could be used for "fun" as well.
- Struggling families, who do not have transportation are at the will of friends and neighbors. They become stuck in their home situations. Senior citizens become housebound as well.
- Are there transferable bus passes available that could be purchased by an organization for periodic client use?
- With the lack of jobs, especially for the unskilled, transportation to work becomes a huge barrier to securing employment and becoming economically self-sufficient. Ride Sharing Programs with incentives? I wonder how are other similar communities across the nation are addressing this need?

17. Of the individuals and families you've worked with, are there any whose story especially illustrates the transportation challenges faced by citizens in New Hampshire who are unable to drive (permanently or temporarily) or lack access to a private automobile? If so, would you briefly share that story below?

- We are unable to help those Disabled or Senior Citizens that are home bound due to their health or no transportation. We believe this is causing a large gap in the group of people who really need our services.
- I will have to get back to you on this
- N/A
- When a car breaks down and the owner finds a way to use other transportation to the now defunct senior center on Parrott for bingo and lunch and that this is their sole source of entertainment due to income and to us to supplement their food on a monthly basis and both the transportation and facility

disappears.....as happened to several of our low income seniors, I find this sad and perhaps the illustration of transportation woes in our community.

- Senior citizen in a wheelchair needed emergency dental treatment (in Somersworth). SHARE was able to provide funds for the dental care but it took three days to arrange transportation through other agencies. Client suffered in extreme pain while waiting. Single mother with no car needed to pick up her severely disabled child from Spaulding Youth Center in Tilton every Friday afternoon to come home for the weekends as part of child's transition plan. SHARE was unable to assist. Unemployed father of three secured a FT local job, had car but did not have gas money for his first two weeks of work (until first payday). No alternative transportation available. SHARE was unable to assist. Client was resigned to walk to work (about one hour each way). Unemployed client missed appeal hearing for unemployment benefits due to lack of transportation to Somersworth. SHARE unable to assist. No transportation available for date & time. Client was denied unemployment compensation and had no income.
- We have had patients that cannot go get their medication. We have had patients that cannot get out to see a provider when they are sick. We have had children with significant dental pain that can't get in here. We often have patients that can't get to PRH, Exeter or Wentworth Douglas; from here or their house to get lab work and/or important tests done. Some patients have cars, but no \$ for gas. Some are living in their cars and can't even afford the gas to start them once in a while to get warm, let alone go to the Dr. Often patients will get rides here and then they are stranded here. The winter is very hard because so many used to walk and ride their bikes.

Appendix A-4 - UNH Social Work Department Survey

Community Transportation Survey

Thank you for taking the time to complete this survey. Your name will not be connected to your comments and all responses will be kept confidential. When returning this survey, you will have the option to be entered in a drawing for a \$50 gift certificate to a local supermarket.

Personal Means of Transportation

Please tell us a little about your current driving capabilities.

1. Are you currently licensed to drive a vehicle? ☐ Yes ☐ No

If you answered "NO" please skip to question #6

2. Are there circumstances under which you don't drive? CHECK ALL THAT APPLY.

<input type="checkbox"/> At night	<input type="checkbox"/> Raining
<input type="checkbox"/> On the highway	<input type="checkbox"/> Snowing
<input type="checkbox"/> During peak driving times	<input type="checkbox"/> Other: _____
<input type="checkbox"/> I have a disability	<input type="checkbox"/> None of the above

3. Do you have a vehicle readily available to you to drive? ☐ Yes ☐ No

4. Are you concerned about losing your ability to drive within the next 5 years?
☐ Yes ☐ No

5. Do you give rides to your friends, family members, and/or others in your community?
☐ Yes ☐ No

6. How do you currently get to places and activities that you need to get to? CHECK ALL THAT APPLY.

<input type="checkbox"/> Drive self	<input type="checkbox"/> Taxi
<input type="checkbox"/> Friend/family member takes me	<input type="checkbox"/> Use a wheelchair
<input type="checkbox"/> Public bus (i.e. COAST)	<input type="checkbox"/> Walk
<input type="checkbox"/> Agency bus/van	<input type="checkbox"/> Other: _____

Transportation Needs

Please tell us about your potential use of a brokered transportation service.

A brokered transportation service is when one agency is used as a central call-in center to arrange a ride for you using vehicles available from several community organizations.

7. On a scale of 1 (I will never use the service) to 4 (I will definitely use the service), please rate your willingness to use a brokered transportation service?

Never	Will	Probably Won't	Probably Will	Definitely Will
1		2	3	4

8. Based on your needs, to where would you travel using a brokered transportation service?
CHECK ALL THAT APPLY.

<input type="checkbox"/> My job	<input type="checkbox"/> Volunteer activities
<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Recreational/social activities
<input type="checkbox"/> Health care appointments	<input type="checkbox"/> Specific place/city/town: _____
<input type="checkbox"/> Place of worship	<input type="checkbox"/> Other: _____
<input type="checkbox"/> School/vocational training	<input type="checkbox"/> None of the above
<input type="checkbox"/> Errands (other than grocery shopping)	

9. On average, how many days per week would you use a brokered transportation service?

<input type="checkbox"/> One day	<input type="checkbox"/> Four days	<input type="checkbox"/> Seven days
<input type="checkbox"/> Two days	<input type="checkbox"/> Five days	<input type="checkbox"/> I don't know
<input type="checkbox"/> Three days	<input type="checkbox"/> Six days	<input type="checkbox"/> I won't use this service

10. When going out, do you need physical assistance: (CHECK ALL THAT APPLY):

<input type="checkbox"/> Getting in/out of your home	<input type="checkbox"/> I don't need assistance
<input type="checkbox"/> Getting in/out of a car/van	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Getting on/off of a bus	

11. When going out, do you have: (CHECK ALL THAT APPLY):

<input type="checkbox"/> A wheelchair	<input type="checkbox"/> A guide dog/service animal
<input type="checkbox"/> A walker or cane	<input type="checkbox"/> None of the above
<input type="checkbox"/> Crutches	<input type="checkbox"/> Other: _____

12. In the past 12 months, how many times have you been unable to go to work/school because you did not have reliable transportation?

☐ 1-4 times
☐ 5-9 times
☐ 10 or more times
☐ Does not apply to me (i.e. I do not go to work/school)
☐ Never, I have transportation

13. In the past 12 months, how many times have you been unable to go to a healthcare appointment because you did not have reliable transportation?

☐ 1-4 times
☐ 5-9 times
☐ 10 or more times
☐ Does not apply to me (i.e. I have not had a scheduled healthcare appointment in the last 12 months)
☐ Never, I have transportation

14. In the past 12 months, how many times have you been unable to participate in social/recreational activities because you did not have reliable transportation?

☐ 1-4 times
☐ 5-9 times
☐ 10 or more times
☐ Does not apply to me (i.e. I do not participate in social activities)
☐ Never, I have transportation

15. In the past 12 months, how many times have you been unable to run errands* because you did not have reliable transportation? (*Errands include going to the bank, grocery shopping, hairdresser/barber, pharmacy, local community agencies, etc.)

☐ 1-4 times
☐ 5-9 times
☐ 10 or more times
☐ Does not apply to me (i.e. I do not wish to go on errands)
☐ Never, I have transportation

Brokered Transportation Preferences

Please tell us what you would like from a brokered transportation service.

16. What would you be willing to pay for your use of a brokered transportation service?

<input type="checkbox"/> Up to \$3/per trip	<input type="checkbox"/> \$20 or more/per trip
<input type="checkbox"/> \$4-\$7/per trip	<input type="checkbox"/> Other: _____
<input type="checkbox"/> \$8-\$11/per trip	<input type="checkbox"/> I don't know
<input type="checkbox"/> \$12-\$15/per trip	<input type="checkbox"/> I am not willing to pay a fee
<input type="checkbox"/> \$16-\$19/per trip	<input type="checkbox"/> I am not able to pay a fee

17. When using a brokered transportation service, in which of the following types of vehicles would you prefer to be driven? CHECK ALL THAT APPLY.

<input type="checkbox"/> Car	<input type="checkbox"/> A vehicle with a lift or ramp
<input type="checkbox"/> Van	<input type="checkbox"/> I don't know
<input type="checkbox"/> Bus	<input type="checkbox"/> Other: _____

18. Please rate how important is it that you know the driver if you are driven by an agency staff/volunteer in their personal car? Please circle the number that corresponds with your answer.

Not at all Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4

19. Please rate how important is it that you know the driver if you are driven by an agency staff/volunteer in an agency van? Please circle the number that corresponds with your answer.

Not at all
Important
1

Somewhat
Important
2

Very
Important
3

Extremely
Important
4

20. Please rate how important is it that you know the driver if you are driven by an agency staff/volunteer in an agency bus? Please circle the number that corresponds with your answer.

Not at all
Important
1

Somewhat
Important
2

Very
Important
3

Extremely
Important
4

21. What would be some of your concerns in using this brokered transportation service? CHECK ALL THAT APPLY.

____ Unsure of being picked up

____ Need advance planning

____ Takes too long

____ Unknown driver

____ Concerned about getting back/home

____ Uncomfortable sharing a ride

____ Concerned about safety

____ Unknown cost

____ Will it take me where I need to go

____ Other: _____

____ Will it take me when I need to go

____ No concerns

22. How can we address the concerns that you may have?

General Information

Finally, we would like to know a little more about you and your household.

23. What is your age? CHECK ONE.

____ 18-24

____ 40-44

____ 60-64

____ 80-84

____ 25-29

____ 45-49

____ 65-69

____ 85-89

____ 30-34

____ 50-54

____ 70-74

____ 90-94

____ 35-39

____ 55-59

____ 75-79

____ 95+

24. What is your gender? ____ Male ____ Female ____ Transgender

25. What is your ethnicity? CHECK ALL THAT APPLY.

____ Caucasian

____ Latino/Hispanic

____ African-American

____ Native American

____ Asian/Pacific Islander

____ Other: _____

26. What is your employment status?

____ I am currently employed

____ I am currently looking for a job

____ I am retired

____ I choose not to work

____ I am unable to work

____ Other: _____

____ I volunteer

27. What is your zip code? _____
28. Approximately how many miles do you live from your city/town center? _____miles
29. What is your current living arrangement?
- | | |
|---------------------------------|-------------------------------|
| _____Live alone | _____Group home |
| _____Live with spouse/partner | _____Assisted living facility |
| _____Living with family/friends | _____Nursing home |
| _____Senior housing | _____Other: _____ |
30. Including you, how many people currently live in your household? _____
31. What is the total income in your household?
- | | |
|-------------------------|-------------------------|
| _____Less than \$19,999 | _____ \$40,000-\$59,999 |
| _____ \$20,000-\$39,999 | _____ \$60,000 or more |
32. Please provide any additional comments about your transportation needs:

Thank you for completing our survey!

Please return this survey within two weeks.

To mail, simply fold, tape or staple, then drop in the mail. No postage necessary.

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NOTICE PUBLIC COMMENT PERIOD & PUBLIC HEARING COORDINATED PUBLIC TRANSIT & HUMAN SERVICES TRANSPORTATION PLAN FOR SOUTHEAST NH

Date posted: Fri, Jan 13th, 2012 12:00:00 am

The Strafford Regional Planning Commission and Rockingham Planning Commission are currently updating the 2007 Coordinated Public Transit & Human Services Transportation Plan FOR SOUTHEAST NH. The Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A legacy for users (SAFETEA-LU) requires as a condition for funding three programs in the Federal Transit Administration, that proposed projects come from a locally developed public transit & human services transportation plan.

The **Coordinated Public Transit & Human Services Transportation Plan** for Southeast NH includes: 1) an assessment of transportation needs for southeast NH; 2. an inventory of currently available transportation services; 3) strategies to address gaps in services; and 4) a listing of priorities and actions.

The draft plan is available on the Strafford Regional Planning Commission website: (www.trafford.org/transportation/metroplan.php). Copies can be sent to interested parties upon request.

The Public Comment period begins on **January 16, 2012** for thirty days. The public is encouraged to offer comments on the plan prior to the close of business (5:00 PM) on **February 16, 2012**. The public hearing will be held on February 17, 2012 at Strafford Regional Planning Commission, 150 Wakefield Street, Rochester, NH at 9 a.m, in Conference Room 1A. Comments can be sent via mail, email, and fax to the following:

Strafford Regional Planning Commission
150 Wakefield Street, Suite 12
Rochester, NH 03867
Website: www.trafford.org

Phone: (603) 994-3500
Fax: (603) 994-3504
Email: mauen@trafford.org

Alliance for Community Transportation (ACT)

Working to expand affordable and efficient community transportation in Southeast New Hampshire

APPENDIX C

January 13, 2010

Jeanne Ryer, Chair

NH Statewide Coordinating Council for Community Transportation (SCC)

c/o Endowment for Health

14 South Street

Concord, NH 03301

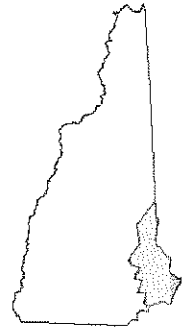
Kenneth Hazeltine, Chair

SCC Subcommittee on Regional Coordinating Councils

c/o Granite State Independent Living

21 Chenell Drive

Concord, NH 03301-8539



RE: ACT application as RCC for Region 10 – Southeast NH

Dear Jeanne & Ken,

Please accept this packet as application of the Alliance for Community Transportation (ACT) to serve as the Regional Coordinating Council (RCC) for Region 10, newly re-identified by ACT as the "Southeast New Hampshire" region, rather than the "Greater Seacoast" region.

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 those ACT members who have signed the MOU, the Bylaws adopted by ACT, and the workplan adopted by ACT to move the transportation coordination efforts forward in our region.

In response to concerns raised by the SCC and others regarding indemnification of RCCs as advisory bodies, an MOU between ACT and COAST has been approved by ACT members relative to the position of "Manager of Coordination Planning and Operations". This MOU also includes language in support of ACT being under COAST's umbrella for indemnification. The COAST Board of Directors will consider the formal acceptance of ACT's inclusion under the COAST umbrella as an advisory group at its January 27, 2010 meeting; approval is anticipated.

Thus, it is with pleasure and growing confidence in ACT's progress that I respectfully submit this application for your consideration.

Sincerely,

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

Scott Bogle, Chair

Alliance for Community Transportation (ACT)

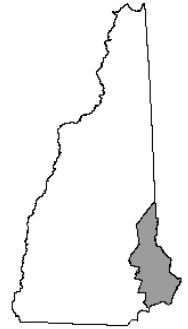
BRENTWOOD
BROOKFIELD
DOVER
DURHAM
EAST KINGSTON
EPPING
EXETER
FARMINGTON
FREMONT
GREENLAND
HAMPTON
HAMPTON FALLS
KENSINGTON
KINGSTON
LEE
MADBURY
MIDDLETON
MILTON
NEW CASTLE
NEW DURHAM
NEWFIELDS
NEWINGTON
NEWMARKET
NEWTON
NORTH HAMPTON
NORTHWOOD
NOTTINGHAM
PORTSMOUTH
ROCHESTER
ROLLINSFORD
RYE
SEABROOK
SOMERSWORTH
SOUTH HAMPTON
STRAFFORD
STRATHAM
WAKEFIELD

CC: Dianne Smith, COAST Manager of Coordination Planning & Operations

Alliance for Community Transportation (ACT)

Working to expand affordable and efficient community transportation in Southeast New Hampshire

Submission to
Statewide Coordinating Council for Community Transportation
for consideration of
The Alliance for Community Transportation (ACT)
as the
Regional Coordinating Council
for
Southeast New Hampshire (Region 10)
January 2010



The Alliance for Community Transportation (ACT) respectfully submits its application as the Regional Coordinating Council for Region 10 - Southeast New Hampshire.

History

For at least 10 years members of ACT have been working for improvements in the coordination of transportation services in much of the designated region. These efforts were largely undertaken on a volunteer basis through the participating organizations. With funding from the Endowment for Health to match planning funds from the Federal Transit Administration, ACT was able to engage consultants to begin the data-collection efforts necessary to formulate a plan for human service transportation coordination. The two regional planning commissions serving the area provided significant support to ACT with the development of regional data as well as the region's Coordinated Transportation Plan. Over the past several years ACT has secured additional private funding in support of its efforts, which included outreach and education. Then, with the increased Federal and State level focus on transportation coordination, ACT has been able to leverage those private resources as match to new Federal grant funds to hire a transportation professional to plan and operate coordinated transportation services. ACT is very encouraged by these recent developments, as well as the formalized relationships within the organization as recommended through and supported by the SCC.

Membership/Memoranda of Understanding (MOU)

The membership of ACT has remained relatively constant throughout its history, with the inclusion of many health advocacy organizations, organizations representing a range of constituents, including elderly, disabled and economically-disadvantaged populations, as well as providers of transportation. While there were twenty-eight organizations and two consumers participating in ACT just prior to the formalization of ACT's organization, at this date the following fifteen organizations have signed MOUs as members:

- Avis Goodwin Community Health Center, Dover
- COAST, Dover
- Community Partners, Dover
- Easter Seals of NH, Special Transit Service, Manchester
- Granite State Independent Living, Concord
- The Homemakers Health Services, Rochester

BARRINGTON
BRENTWOOD
BROOKFIELD
DOVER
DURHAM
EAST KINGSTON
EPPING
EXETER
FARMINGTON
FREMONT
GREENLAND
HAMPTON
HAMPTON FALLS
KENSINGTON
KINGSTON
LEE
MADBURY
MIDDLETON
MILTON
NEW CASTLE
NEW DURHAM
NEWFIELDS
NEWINGTON
NEWMARKET
NEWTON
NORTH HAMPTON
NORTHWOOD
NOTTINGHAM
PORTSMOUTH
ROCHESTER
ROLLINSFORD
RYE
SEABROOK
SOMERSWORTH
SOUTH HAMPTON
STRAFFORD
STRATHAM
WAKEFIELD

- NH Association for the Blind, Portsmouth
- Rockingham Nutrition/Meal on Wheels, Brentwood
- Rockingham Planning Commission, Exeter
- Strafford Network, Rochester
- Strafford Regional Planning Commission, Dover
- Transportation Assistance for Seacoast Citizens (TASC), Hampton
- Town of Wakefield
- Wentworth Connections, Portsmouth

Additional MOUs are yet anticipated from long-standing ACT members. The MOU form is attached as **Appendix A**.

Bylaws

In conformance with the SCC guidance for RCCs, ACT adopted bylaws at its December 2009 meeting, following a long collaborative process. Those bylaws are attached as **Appendix B**.

Work Plan

ACT has had the good fortune to have been awarded private grant funds from the Endowment for Health and the United Way of the Greater Seacoast, in addition to Federal Transit Administration (FTA) New Freedom funds. Drawing upon the history and work plans associated with the private grants, ACT reconciled the goals and objectives of those efforts and developed an updated work plan, approved at its January 2010 meeting, to guide the organization's future efforts toward coordinated transportation service in Southeast New Hampshire. The work plan is in the form of a timeline table and is attached as **Appendix C**.

Greater Seacoast Regional Coordination Council for Community Transportation: Memorandum of Understanding

WHEREAS there are several different transportation programs currently providing service within the Greater Seacoast 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 Alliance for Community Transportation (ACT) is a partnership of health and human service agencies, municipalities, and regional planning agencies from Strafford, Rockingham and Carroll Counties, formed with the purpose of removing geographical barriers to transportation, improving access to transportation services and coordinating community transportation services in the region, and will serve as the foundation for the Greater Seacoast Regional Coordination Council.

BE IT KNOWN THAT

_____ intends to participate in the establishment and functioning of the Greater Seacoast Regional Coordination Council for Community Transportation. This Memorandum of Understanding documents this intent and the organization's commitment to the primary mission of the Council.

The Greater Seacoast region includes Strafford, Eastern Rockingham and Southern Carroll counties.

The primary mission of the Council 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 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.
- To recruit, select (with approval from the SCC), guide/direct, assist, monitor, and if necessary replace the Regional Transportation Coordinator, an organization which will be responsible for the day-to-day coordination of community transportation in the region.
- Provide feedback and reports to the State Coordination Council for Community Transportation relative to the policies that this Council has established.

In addition to actual service delivery options, the focus of the Council's mission will encompass transportation options such as 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 Council, and ensure that the representative attends regularly scheduled meetings of the Council and is active in the functioning of the Council and Committees.
- Provide meeting space for the Council 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: _____

ACT: The Alliance for Community Transportation: Bylaws

Appendix B

ACT application as
Southeast NH RCC

Article I: Name

The name of the **Regional Coordinating Council** (hereinafter called the RCC) shall be **The Alliance for Community Transportation** (hereinafter called ACT). These bylaws shall provide the procedures for conduct of business of the ACT.

Article II: Purpose

ACT's service area includes the municipalities comprising Region 10: Barrington, Brentwood, Brookfield, Dover, Durham, East Kingston, Epping, Exeter, Farmington, Fremont, Greenland, Hampton, Hampton Falls, Kensington, Kingston, Lee, Madbury, Middleton, Milton, New Castle, New Durham, Newfields, Newington, Newmarket, Newton, North Hampton, Northwood, Nottingham, Portsmouth, Rochester, Rollinsford, Rye, Seabrook, Somersworth, South Hampton, Strafford, Stratham and Wakefield.

Established by its founding members, ACT is organized to:

- 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 ACT 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 ACT's mission may encompass, but not be limited to, transportation planning and resource development as well as administrative functions.

Article III: Membership of the Council

III.1 Membership Eligibility Criteria

ACT shall be composed of organizational and citizen members as follows:

- **Organizational members** – Any of the following organizations are automatically a member of ACT upon formal adoption of ACT's Memorandum of Understanding by that governmental unit or organization, and formal acceptance by the ACT:
 - 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 ACT.

- **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 (1) citizen member on ACT. The maximum number of citizen members on ACT shall equate to no more than 10% of the total organizational members. 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. Applications to be a citizen member must be submitted to the Secretary no later than 10 days prior to ACT's regular monthly meeting. Appointed by the Chair, the Membership Committee will review the applications and recommend the appropriate number of citizen members, to be voted upon by the membership at ACT'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 ACT 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.

III.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.

III.3 Annual Membership Dues

There may be annual membership dues to cover the administrative costs and other business of the RCC, the amount to be determined annually. Membership dues for any citizen member may be waived per the vote of ACT.

Article IV: Officers of the Council

IV.1 Officers and Terms of Office

The Officers of ACT shall be as follows:

- Chair (***Initial term to run 2010-2011***)
- Vice Chair (***Initial term to run 2010-2011***)
- Secretary (***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's initial term, a term is to be for a two (2) year period. Officers may serve up to two (2) consecutive terms.

IV.2 Election of Officers and Operating Year

The RCC's operating year shall begin at the annual January meeting.

Officers will be elected by majority vote on an annual basis at the RCC's ***annual*** meeting.

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

IV.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 ACT, 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 shall be responsible for attending all meetings and keeping accurate records thereof.

Collectively, the Chair, Vice Chair, Secretary 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.

IV.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.

IV.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 V: Meetings of the Council

V.1 Regular Meetings

ACT 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, ACT 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.

V.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.

V.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 ACT 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.

V.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 a regular, informational or special meetings, shall contain the time, place and proposed agenda.

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.

All meetings of ACT 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.

V.5 Quorum

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

V.6 Structure and Conduct of Meetings

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

V.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 be permitted to address ACT 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, and to the Secretary.

Article VI: Voting

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 V.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 V.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 IV.4).

Article VII: Committees of the RCC

On an annual basis, ACT 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 ACT but may include non-ACT members.

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

- Marketing/Public Information Committee
- Membership 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 ACT 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 VIII: 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 IX: Effective Date

These by-laws will become effective upon adoption by 2/3 vote of the ACT members present.

[illegible]

APPENDIX D

Alliance for Community Transportation (ACT)

Service Standards for Service Providers

Adopted September 2011

I. Introduction

The Alliance for Community Transportation (ACT) has been recognized as the Regional Coordinating Council (RCC) for Southeast New Hampshire (Region 10) by the Statewide Coordinating Council (SCC), as authorized by RSA 239-B. The RCC duties are to:

- Facilitate the implementation of coordinated community transportation in the region
- Encourage the development of improved and expanded regional community transportation services
- Advise the SCC on the status of community transportation in their region

In recognition of the fact that coordination of transportation services will be accomplished through contracts with transportation providers for service delivery, ACT has developed common baseline standards for that service delivery. The service standards are expected to provide purchasers of transportation, as well as the users of that transportation, with assurances of consistent standards of coordinated transportation services in Region 10.

To accomplish this coordination, ACT has identified a lead agency to serve as the “coordinator” or “mobility manager” for said services. Service standards will be incorporated into contracts for service delivery and include expectations for reporting service data so that future coordination efforts will be improved and appropriately priced.

II. Definitions

ACT – Alliance for Community Transportation: The organization recognized as the Regional Coordinating Council (RCC) for the Southeast New Hampshire region. ACT is a collaborative of organizations “working to expand affordable and efficient community transportation in Southeast New Hampshire”.

Agency – The organization funding the transportation service.

Coordinator – The entity through which transportation demand and service delivery is coordinated; also referred to as “lead agency” or “mobility manager”.

Curb to Curb Service – Demand response transportation wherein the rider is responsible for getting him/herself between the vehicle and the door of the residence or other destination.

Demand Response Service – Transportation services that are delivered to an individual's location in response to a specific request for service; such services are typically provided as “curb to curb” services.

Door to Door Service – Demand response service in which the driver of the vehicle will provide assistance to the rider between the vehicle and the door of the rider's origin and/or destination.

Driver – The person operating the vehicle delivering transportation services.

Federal Transit Administration (FTA) – FTA is the Federal agency within the United States Department of Transportation that provides funding and sets rules, guidance, and best practices for public and coordinated transportation.

Lead Agency – The entity identified by the RCC to coordinate transportation services in the region; aka “Coordinator” or “Mobility Manager”.

Manifest - A daily list of assigned trips issued to the Provider by the Coordinator, to be completed in accordance with the Scope of Services. The manifest will also include information on any special needs of the rider and how that rider will pay for the ride.

Mobility Manager - The entity identified by the RCC to coordinate transportation services in the region; aka “Coordinator” or “Lead Agency”.

Provider – The entity that delivers the transportation service. Unless otherwise agreed upon, the Provider will be responsible for providing both vehicle and driver.

RCC – A Regional Coordinating Council, as recognized by the SCC and defined by RSA 239-B, is responsible for facilitating and enhancing the coordination of transportation services in a designated region of New Hampshire.

Region 10 - Identified by the SCC, the Southeast New Hampshire region is comprised of 23 Rockingham County communities, all 13 Strafford County communities, and the two southernmost Carroll County communities.

SCC – The Statewide Coordinating Council, created in 2006 through RSA 239-B, is composed of stakeholders in the state-wide delivery of community transportation services and serves to improve the coordination and development of community transportation throughout the State of New Hampshire.

Trip – The transportation service delivered to an individual from the point of origin or boarding to the destination or point of departure from the vehicle.

Wheelchair - Any mobility device that does not exceed 30 inches in width and 48 inches in length when measured two inches above the ground and a maximum weight of 600 pounds for the device and the user combined, including three-wheeled scooters and other non-traditional mobility devices.

II. Insurance

A. The Provider shall not commence work until it has obtained all insurances required under this paragraph and such insurance has been approved by the Coordinator. The Coordinator shall be supplied with certificates of such insurance ten (10) business days prior to the initiation of any work:

1. Workers' Compensation Insurance: The Provider shall maintain Workers' Compensation insurance in accordance with the laws of the State of New Hampshire as necessary. In addition to statutory workers' compensation, coverage will include employer's liability with limits of: Each accident \$500,000; disease, policy limit \$500,000; disease, each employee \$500,000.

2. General Liability Coverage: The Coordinator and the Provider shall maintain commercial general liability coverage to include
 - a. Premises operations (bodily injury and property damage): \$1,000,000 per occurrence and \$2,000,000 aggregate
 - b. Products/Completed Operations Aggregate: \$1,000,000
 - c. Personal and Advertising Injury: \$1,000,000
 - d. Medical Payments: \$10,000
 - e. Damage to rented premises: \$100,000 per occurrence
 - f. The Coordinator listed as an "additional insured"
 - g. That the "commercial general liability" will be "at occurrence"
 - h. That the policy will provide for "contractual liability" coverage.
 3. Vehicle Liability: The Provider shall maintain automobile liability insurance coverage:
 - a. Bodily injury and property damage combined single limit per occurrence of \$1,000,000. This coverage shall apply to any auto or all owned, hired, non-owned and leased vehicles.
 - b. Medical Payments: \$10,000
 - c. Uninsured/Underinsured Motorists Liability: \$1,000,000
 - d. Hired/Non-owned Automobile Liability: \$1,000,000
 - e. The Coordinator listed as an "additional insured"
 4. Umbrella Liability: The Provider shall purchase and maintain additional limits of liability coverage above the required automobile liability and commercial general liability as umbrella liability at occurrence in the amount not less than \$2,000,000 each occurrence and \$2,000,000 aggregate
 5. Directors & Officers Liability: \$1,000,000/\$1,000,000 to include non-compensated Directors and Officers.
 6. Employee Dishonesty or Fidelity Bond: \$25,000
- B. Provider agrees to furnish the Coordinator with a certificate of insurance evidencing that the Coordinator is listed as "additional insured" on the Provider's commercial general liability, automobile liability, and umbrella liability coverage as outlined in this Agreement. The Coordinator must have a minimum of 30-days advanced notice of cancellation or material change of any coverage for which it is named an "additional insured".
- C. The insurances specified in paragraphs A (1) through A (6) shall be obtained from an acceptable insurance company authorized to do business in the State of New Hampshire and shall be taken out before work is commenced and kept in effect until all work required to be performed, under the terms of this Agreement is satisfactorily completed. The Provider shall forward a copy of the required certificates of insurance to the Coordinator and shall give a minimum of thirty (30) days notice in the event of material change or cancellation of any of the required insurances.
- D. On an annual basis, the Provider will be required to submit to the Coordinator a Certificate of Insurance, which states the required coverage and their effective dates. Additionally, the following language should be included on the certificate: "Should any of the above described policies be cancelled or materially changed before the expiration date thereof, the issuing company will mail 20 days written notice to the certificate holder named. Additionally, on a quarterly basis, the Provider will be required to submit to the Coordinator an updated statement of insurance coverage from the Provider's insurance agent confirming that required coverage levels remain in place.

III. Service Standards

A. Service Type

1. The Provider will provide Curb to Curb demand response services, unless otherwise agreed upon through the Service Contract scope of work.
2. Shared rides, wherein multiple passengers (perhaps from different funding Agencies) are on-board the vehicle, will be provided whenever possible.
3. A wheelchair-accessible vehicle that meets ADA standards must be used for clients in wheelchairs who require transportation. A rider who uses a wheelchair but who can transfer without any assistance may request service in a non-wheelchair-accessible vehicle if the wheelchair can be stowed on-board.

B. Service Timing

1. Passengers will be allowed 5 minutes to report for boarding measured from the time the vehicle arrives at the pick-up address and the driver notifies passenger of the vehicle's arrival. If rider fails to acknowledge the vehicle presence and report for boarding within 5 minutes, the driver will obtain instructions from the dispatcher. Normally in this situation the dispatcher will attempt to contact the rider by phone. Drivers may arrive at the address no more than 5 minutes before the scheduled pick-up time. Exceptions may be made in specific circumstances for the safety of the client. All exceptions will be noted on the driver manifest.
2. The standard for on-time performance shall be service delivery up to 10 minutes after the scheduled pick up time; early departures with the consent of the rider are considered "on-time".
3. Excessive ride times are to be avoided. Factors such as medical condition of the passenger and the urgency of the trip may be considered in defining acceptable trip length. In general, acceptable ride times will be defined as a maximum of 60 minutes or no more than twice the average time to drive the trip in a private automobile (whichever is greater) while employing the shared-ride concept whenever possible. Any complaints with respect to acceptable ride times will be communicated to the Coordinator and reviewed to determine if any adjustments are warranted.
4. The Coordinator recognizes that the Provider may find it desirable to provide trips at a time different from what had been scheduled. The Coordinator may negotiate the trip time with the passenger and/or have the Provider staff interface directly with the passenger solely for the purpose of negotiating trip schedules. If such negotiations do not amend the assigned trip, the Provider will be required to provide the service assigned by the Coordinator.
5. The Provider will inform the Coordinator of any difficulties experienced in transporting riders, whether related to scheduling, safety, behavior, or other reason. Such notice should be provided on an approved form to the Coordinator within 24 hours of the problem's occurrence.

C. Service Interruption

1. The Provider will consult with the Coordinator before cancelling service due to inclement weather. Under no circumstances will riders be left "stranded" without access back to their homes.
2. Emergencies
 - a. On-board emergencies (including but not limited to passenger bleeding, difficulty breathing, loss of consciousness, seizure, suicide threat, violent outburst, etc) must be communicated immediately to dispatcher.

- b. Drivers will communicate the nature and severity of the emergency and will be advised as to the best course of action.
 - c. Passengers not involved in the emergency must be transported to their destinations within a reasonable period of time, either on the original vehicle or in a Provider-provided relief vehicle.
 - d. The Coordinator must be informed as soon as possible of any emergencies directly involving the vehicle or passengers, but in no case more than 24 hours after the event.
- D. Conduct Toward Passengers
 - 1. Courteous and respectful behavior is expected of all parties involved in the scheduling, dispatching and delivery of the rider's trip. Under no circumstances should a customer be spoken to harshly, abusively, loudly, or disrespectfully.
 - 2. The Provider may refuse to transport any person or persons who are a threat to the health, safety, or welfare of the Provider's employees or other passengers. The Provider must consult with the Coordinator prior to any refusal of service except in emergency situations where safety dictates immediate action.
- E. Constraints on Passengers
 - 1. Passengers are not permitted to drink, eat, or smoke while on the Provider vehicles.
 - 2. Passengers are expected not to be disruptive to other passengers or the driver.
 - 3. Passengers may be limited to two bags or packages, but more may be permitted if space allows; bags or packages must be stored safely out of the aisles/walkways.
 - 4. Passengers are expected to follow basic safety rules, including seat belt use, when applicable.
- F. Children
 - 1. Age: Children under the age of 18 may not ride unaccompanied by an adult unless a separate agreement exists between the Coordinator, Agency and Provider under a specific contract for service.
 - 2. Safety restraints: Persons under the age of eighteen must use safety restraints per NH RSA 265:107-a. If a child must use a "child restraint system" per RSA 265:107-a, the accompanying adult shall be responsible for providing that restraint and shall be responsible for properly securing it with the vehicle's seatbelts.

IV. Vehicle Standards, Inspections and Maintenance

- A. The Provider will provide the Coordinator a list of all vehicles used to provide services under this Agreement, including VIN, license plate numbers and Provider's own vehicle identification numbers, prior to initiating service.
- B. The Provider will have its name clearly displayed on the vehicle, at a minimum near the passenger entry door, as well as the Coordinator's name as the entity contracting for service.
- C. The Provider will keep all vehicles fully licensed and inspected as required by the State of New Hampshire. Providers must comply with all state and local vehicle registration, permitting and regulatory requirements.
- D. The Provider will have an effective program of regular and preventive maintenance to ensure that all vehicles used for Coordinator services remain in proper working order. The Provider must follow the preventive maintenance procedures recommended by the vehicle's manufacturer, at a minimum.

- E. Drivers shall perform daily vehicle safety inspections prior to beginning each day's service. Vehicles failing the daily inspection, per the attached criteria, shall not be used in service until the failure is corrected. Written pre-trip inspection reports shall be maintained on file for not less than one year at the Provider's facilities for compliance review and shall be made available to the Coordinator for review upon request.
- F. Vehicles will be equipped with the following:
 - 1. Seat belts for each vehicle occupant and an emergency seat belt cutter
 - 2. Two-way communications
 - 3. Heating and air conditioning sufficient for riders' comfort
 - 4. Snow tires or all-season radial tires
 - 5. Chock blocks, UL-rated Class ABC fire extinguisher sized appropriately for the vehicle, safety reflectors, and flashlight
 - 6. A first-aid kit plus a biohazard bag.
- G. The Coordinator reserves the right to inspect the Provider's vehicles used in providing services at any reasonable time, scheduled or unscheduled, and to order the immediate removal from service of any vehicle not in compliance with the vehicle standards referenced herein.
- H. The Provider will keep service records to document maintenance performed on all vehicles used in providing services to the Coordinator, and will provide them to the Coordinator, upon request.
- I. The Provider will have any vehicle's accident damage, to the extent the damage falls within the "out of service criteria" or would preclude the vehicle passing NH State Inspection, repaired before the vehicle is used in service to transport Coordinator services.
- J. The Provider shall ensure that the vehicle interior and exterior are clean before providing service.

V. Driver Standards

The Provider will ensure that the Coordinator has a list of the individuals who may or will be assigned to operate vehicles to deliver Coordinator service and will ensure that the following mandatory requirements are attained for drivers assigned to provide Coordinator services:

- A. Qualifications
 - 1. The Provider's drivers must have and maintain a current valid operator class license appropriate for the vehicle being operated.
 - 2. The Provider will ensure that the following background checks are made for each Driver upon hire, at least every 5 years thereafter or before commencement of service under this program:
 - a. Providers will submit their drivers' information to the BEAS State Registry, per RSA 161-F:49.
 - b. Providers will have a current Criminal Record Check obtained for their drivers through the NH State Police, as well as a current check on the NH State Police's Sex Offender Registry for each driver. Drivers who live in, or have lived in, other States within the past 10 years must have a similar criminal background check from those States, as well.
 - c. Provider will require Drivers to self-report any incidents or convictions that will subsequently appear on future checks of the above registries.
 - d. Provider will ensure that Drivers of vehicles requiring a Commercial Driver License will have provided the information required under the Federal Motor Carrier Safety Administration (FMCSA) 49 CFR Part 383.35.

3. Drivers who have a record resulting from the above-noted checks:
 - a. Will be excluded from service if convictions include:
 1. Violent crimes
 2. Felony convictions
 - b. May be considered for a waiver from exclusion by the Coordinator, if so desired by the Provider
 4. Drivers will have and maintain a good driving record. The Provider will ensure that each driver has a current driving record on file, updated annually, as well as a driving record that includes all other states in which they lived during the past 10 years. The Provider will require Drivers to self-report any driving infractions that will appear on subsequent driving record checks. Drivers with records that indicate any of the following violations within the past 10 years will be disqualified from Coordinator services:
 - Convictions for driving under the influence of drugs or alcohol
 - Reckless driving/driving to endanger
 - Leaving the scene of an accident
 - Driving without a license
 - Driving with a suspended license
 - Repeated moving violations as defined by the state issuing the license
 5. Drivers will participate in and be subject to the Drug & Alcohol Testing program described below.
 6. Drivers must be at least twenty-one (21) years of age.
- B. Performance: Drivers will:
1. Perform their duties with due regard for the safety, comfort and convenience of passengers and their property.
 2. Be courteous and exemplary in speech and action while transporting passengers.
 3. Comply with all state and local laws regarding the speed and method of operation of vehicles.
 4. Properly secure wheelchairs and their users.
 5. Wear clothing which is neat and clean in appearance, appropriate and not so loose as to be a hazard to safe operation of the vehicle.
 6. Wear identification nametags/badges.
 7. Open and close vehicle doors when passenger(s) enter and exit the vehicle.
 8. Provide assistance to passengers with no more than two (2) bags or packages, up to 20 pounds per package.
 9. Contact the dispatcher before leaving a designated pickup location without picking up the passenger(s) as well as when encountering problems such as passenger(s) not being ready, incorrect addresses or addresses which are inaccessible to wheelchair users.
 10. Announce their presence at the specified entrance of the building of trip origin in an attempt to locate the passenger(s) if the passenger(s) does not appear for the pickup at the scheduled time.
 11. Refrain from eating or drinking in vehicles and guard against the smoking, eating or drinking in vehicles by passengers.
 11. Not SMOKE in the vehicle at any time, whether a passenger is on board or not.
 12. Not play loud music or other AV equipment that may interfere with the safe operation of the vehicle or may be annoying to passengers. Portable devices with headphones are not permitted to be worn by drivers while they are on duty and/or operating a vehicle.

13. Never leave a vehicle unattended when passengers are onboard, except in an emergency. In such an emergency, passengers may be left in the vehicle or removed to the surrounding environment: whichever is safer. This section does not apply to circumstances in which a driver temporarily leaves a vehicle to assist other clients in entering and leaving the vehicle, or announcing the presence of the vehicle in accordance with item "10" in this section.
14. Whenever leaving the vehicle, it must be secured to prevent accidental uncontrolled movement or unauthorized use.
15. Ensure that only the driver occupies the driver's seat.
16. Not permit, under any circumstances, for the vehicle to be used to push any other vehicle, nor for their vehicle to be pushed with another vehicle.
17. Not, under any circumstances, speak harshly to or discipline any passenger.
18. Not accept personal tips or gratuities.

C. The following are not permitted by drivers:

1. Use of or being under the influence of alcoholic beverages, intoxicating liquors, narcotics or controlled substances of any kind (excluding doctors' prescriptions that do not impair driving ability) while on duty.
2. Use of physical force to settle a dispute with a fellow employee, passenger(s) or the general public while on duty. In self-defense, a driver may use no more force than is reasonably necessary.

D. The Coordinator has the right to require the Provider to disallow from Coordinator service delivery any driver whose conduct or performance does not comply with the requirements stated herein, or if not specifically noted in these requirements, a driver whose behavior or conduct warrants, to a reasonable standard, such removal from service to the Coordinator.

VI. Driver Training

- A. The Provider must ensure that all drivers delivering Coordinator services have, at a minimum, the following training requirements:
1. Familiarization with the vehicle being operated
 2. Completion of an approved Defensive Driving course; refresher training approved by the Coordinator will be required at least every three years
 3. Training on Wheelchair Lift and Securement (If operating lift equipped vehicle); refresher training approved by the Coordinator will be required upon acquisition of new equipment/technology for such mechanisms and/or every three years
 4. Emergency and accident procedures; refresher training approved by the Coordinator will be required at least every three years
 5. Completion of a passenger assistance training program; abbreviated instruction in passenger assistance techniques may be provided prior to the driver's first day of service, but full PAT training should be obtained within a year
- B. Compensation to drivers for time spent attending training sessions will be the responsibility of the Provider.
- C. Written documentation of training received by each driver will be maintained on file by the Provider and made available for review upon request by the Coordinator.

VII. Mobility Devices

- A. The Provider will ensure safe transport of all persons in wheelchairs, including three-wheeled scooters and other non-traditional mobility devices.
- B. The Provider will ensure that wheelchairs are secured in the vehicle in the designated securement location.
- C. If providing ADA-paratransit service or any other service available to the general public the Provider may not deny service
 - 1. to a person using a wheelchair or other mobility device on the grounds that the mobility device cannot be secured or restrained satisfactorily by the vehicle's securement system
 - 2. to an individual who refuses to permit the use of such restraints to the mobility device.
- D. The Provider may suggest that a person using a wheelchair transfer to a seat in the vehicle, but shall not require the individual to transfer.
- E. The Provider will allow individuals with disabilities who do not use wheelchairs, including standees, to use a vehicle lift to enter the vehicle, provided that the lift is equipped with handrails or other devices to assist standees in maintaining their balance.

VIII. Drug and Alcohol Awareness and Testing

- A. The Provider will comply with 49 USC Section 5331 (through 49 CFR Part 40, as amended) the "Procedures for Transportation Workplace Drug and Alcohol Testing Programs" and the FTA regulations, "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations", in 49 CFR Part 655.
- B. The Provider will ensure that every safety-sensitive employee associated with Coordinator services receives a copy of this Drug & Alcohol policy and signs the confirmation of receipt contained therein.
- C. The costs associated with the development and implementation of the Drug Alcohol policy and testing performed in accordance with this section will be borne by the Provider.

IX. Incident & Accident Reporting

The Provider shall report to the Coordinator all accidents and incidents (as defined below) that occur during the provision of Coordinator services.

- A. Accidents
 - a. Definitions:
 - i. A "vehicle accident" is defined as "the vehicle making contact with an immobile or mobile object"
 - ii. A "passenger accident" is when an injury or possible injury occurs to an individual who is boarding, being transported, or de-boarding the vehicle, unrelated to a "vehicle accident".
 - b. Reporting requirements: The Provider will notify the Coordinator immediately or as soon as possible after notice is provided to the Provider by the driver. The driver involved will prepare a written report by the end of that business day, which the Provider will immediately forward to the Coordinator.

- B. Incidents
 - a. Definitions
 - i. A “vehicle incident” is differentiated from a “vehicle accident” by the lack of contact with another object, yet involves the vehicle’s use while transporting any passenger. Examples may include a complaint that a vehicle was left unattended, or perhaps a complaint of poor driving.
 - ii. A “passenger incident” is when a passenger has engaged in or been subject to behavior or actions that are improper such as verbal or physical abuse, inappropriate contact or other behaviors generally considered unacceptable by or to passengers.
 - b. Reporting requirements: The Provider will notify the Coordinator as soon as possible after notice is given to the Provider by the driver. The driver involved will prepare a written report by the end of that business day, which the Provider will forward to the Coordinator by the end of the next business day.

The Provider will be circumspect in its conveyance of information regarding incidents and accidents, will provide information as necessary to the Coordinator and the authorities (insurance, law-enforcement), and will be guarded in its comments to the media about such situations.

X. Records/Reporting

The Provider will be responsible for maintaining separate records for services provided to the Coordinator. Trip records will be maintained by the Provider for at least one fiscal year after the delivery of service. Trip records will be on Coordinator-provided forms that should be transmitted electronically to the Coordinator. Records to be maintained by the Provider will include, but are not limited to:

- A. Driver and safety-sensitive employees’ employment, licensing, training, drug/alcohol testing records
- B. Vehicle data & maintenance records
- C. Operating data*:
 - a. Vehicle hours
 - b. Revenue (or loaded) hours
 - c. Vehicle miles
 - d. Revenue (or loaded) miles
 - e. Total passenger boardings
 - f. Farebox revenues collected by Provider
 - g. Number of unduplicated riders
 - h. Number of trips by wheelchair users
 - i. Number of occasions of use of a child safety restraint
 - j. Number of user cancellations
 - k. Number of no-shows by users
 - l. On-time performance data (on-time, late, missed trips)
 - m. Trip purpose
 - n. Service disruption reports
 - o. Town of origin
 - p. Destination town

* Note: these data may be readily submitted through Coordinator’s service coordination software accessible to the Provider

ADDENDUM

Vehicle "OUT OF SERVICE" Criteria

Immediate "Out of Service" Criteria *

1. **Any** safety problem that may injure a passenger, such as sharp edges
2. **Any** inoperative front or rear directional lights (side directional lights can be inoperative)
3. More than one (1) headlight out
4. More than one (1) brake light out
5. More than one (1) tail light out
6. More than three (3) clearance lights out
7. Any brake problems
8. Any steering problems
9. Any tires that show less than 4/32 of tread for steer and 2/32 for drive wheels
10. A break in the front windshield that reduces the operator's visibility. As defined by any of the three following cases:
 - any crack or stone bruise bigger than a quarter in the travel path of the windshield wipers; or
 - two cracks that intersect anywhere in either windshield; or
 - any crack that begins to split open on either windshield
11. Any broken or missing suspension parts

Criteria that should require a call to Dispatch to discuss *

1. Any vehicle showing more than "full" or less than "add" on the oil dipstick
2. Any broken windows
3. Any vehicle body damage/problems
4. Any overheating problems (*shut down vehicle immediately*)
5. Anything that "common sense" deems unsafe

** if any of these criteria are met during the course of a shift and while out on the road, drivers must, as soon as is reasonably and safely possible, pull over the vehicle, call dispatch and wait for further instruction..*

IF A VEHICLE IS NOT SAFE OR IS OTHERWISE "UNSATISFACTORY", DISPATCH MUST BE CONTACTED IMMEDIATELY AND THE CONDITION NOTED ON THE INSPECTION REPORT AND/OR ON THE MANIFEST.

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