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

Public Review Draft

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COORDINATED PUBLIC TRANSIT &
HUMAN SERVICES TRANSPORTATION PLAN
SOUTHEAST NH REGION
2017 UPDATE

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LIST OF ACRONYMS & PROGRAM NAMES

ACT ………………...Alliance for Community Transportation (Region 9 RCC)

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

FAST…......………..Fixing America's Surface Transportation Act (2015)

FHWA ....Federal Highway Administration

FTA ....Federal Transit Administration

> *FTA Section 5307 – Urban Formula Transit Grants*
>
> *FTA Section 5310 – Capital Grants for Elderly and Disabled Transit*
>
> *FTA Section 5316 – Job Access Reverse Commute (JARC) Program*
>
> *FTA Section 5317 – New Freedom Program*

JARC ....Jobs Access Reverse Commute Program (FTA Section 5316)

MAP-21……………..Moving Ahead for Progress in the 21st Century (2012)

MBTA ....Massachusetts Bay Transit Authority

MM……………….. Mobility Management

MPO ....Metropolitan Planning Organization

NEMT.......................Medicaid Non-Emergency Medical Transportation

NHDHHS ....New Hampshire Department of Health and Human Services

NHDOT ....New Hampshire Department of Transportation

POS…………………Purchase of Service (FTA Section 5310 funding through NHDOT)

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

SAFETEA-LU ....Safe, Accountable Flexible Efficient Transportation Equity Act (2005)

SCC ....State Coordinating Council for Community Transportation

SRPC ....Strafford Regional Planning Commission

STIP ....State Transportation Improvement Program

TANF........................Temporary Assistance for Needy Families

TASC………………Transportation Assistance for Seacost Citizens

TDM………………..Transportation Demand Management

UWGS………………United Way of the Greater Seacoast

UZAαUA...................Urbanized Area

VA ....United States Veterans Administration

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1.1 OVERVIEW and BACKGROUND

1.2 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 with guidance from the Southeast NH Regional Coordination Council for Community Transportation. In addition to serving as the guiding planning document for the Southeast NH Regional Coordination Council, the Coordinated Plan has been adopted by each Metropolitan Planning Organization as part of its *Metropolitan Transportation Plan.*

The 2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (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. The 2015 Fixing America's Surface Transportation Act (FAST Act) continues this requirement.

According to the Federal Transit Administration, 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 Federal Transit Administration authorization includes provisions for coordinating important transportation activities such as planning, funding, mobility management, and development of new projects.

Federal Transit Administration has published a guidance document, *Planning Guidelines for Coordinated State & Local Specialized Transportation Services,* intended to assist states and Metropolitan Planning Organizations 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. This support for public transportation is reiterated in the 2015 *Granite State Poll for Transport NH* and the 2013 Exeter Hospital *Community Health Needs Assessment.*

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, to minimize duplication of services, and to 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 Federal Transit Administration programs.

1.3 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 State Level Planning for Transit Coordination

For over two decades, the State of New Hampshire has recognized the need to better coordinate and improve transportation 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 (OEP), formerly the NH Office of State Planning (OSP) undertook a *Statewide Transit Coordination Study* in 1995.

The OSP 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 that would provide needed transportation services within specified regions of the state. Unfortunately, the plan was never implemented.

In 2004, then Governor Craig Benson signed Executive Order 2004-6 establishing the Governor's Task Force on Community Transportation. Under the Executive Order, the Task Force was charged with developing recommendations for a coordinated state policy and state plan to "establish a well-coordinated, interconnected, accessible, statewide transportation system for all transit users in New Hampshire." The Task Force consisted of representatives from NH Department of Transportation (DOT), NH Department of Health and Human Services (DHHS), The Governor's Commission on Disability; and representatives from the Rural Transportation Access Network as well as members of the public. The Task Force's recommendations became the *Statewide Coordination of Community Transportation Services Plan*, finalized in 2006.

The 2006 state coordination plan called for the development of three entities: 1) a state-level body to oversee the development of a coordinated system; 2) a network of Regional Coordinating Councils (RCCs) to design and implement coordinated services around the state; and 3) a Regional Transportation Coordinator (RTC) in each region, which would arrange trips through a "brokerage" system of varied funding sources and a network of providers.

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

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

Since its inception, the SCC has guided development of nine RCCs around the State; hosted several statewide coordination conferences, convened working groups to clarify risk management and liability coverage needs, facilitated information sharing sessions for regional volunteer driver programs, identified data tracking needs, and partnered with the NH Department of Transportation to develop a statewide software solution for client scheduling and billing.

The Alliance for Community Transportation (ACT) is one of the nine Regional Coordination Councils (RCCs) around the state, and is formally designated as the Southeast New Hampshire RCC. 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 the Lead Agencies contracted to provide the regional transit coordination services. Each RCC is 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 RCC is attached as Appendix A, and includes the list of RCC Member organizations, as well as the RCC Bylaws. COAST is ACT's lead agency for formula funds and its Community Transportation Manager serves as staff to ACT and covers a range of mobility management functions. These include volunteer driver program development, recruiting agencies to participate in coordination, service planning, funding development and travel training.

In 2016 the SCC undertook an update to the 2006 State Coordination Plan. The need for a plan update was based on recognition that two of the key assumptions of the 2006 plan have not materialized. These are the active participation of the New Hampshire Department of Health and Human Services (DHHS) in the SCC, and the inclusion of Medicaid funds controlled by DHHS in the statewide coordination effort. Instead DHHS and the State Legislature have implemented a Medicaid Managed Care structure where transportation has been managed through a separate Medicaid-specific brokerage system.

The *2016 New Hampshire Statewide Coordination of Community Transportation Services Plan*, adopted by the SCC in January 2017, recommends a number of steps to further regional and statewide coordination efforts. Several key provisions include:

- <u>Dedicated Mobility Management staff for each RCC</u> - RCC regions with dedicated mobility management staff (including ACT) were recognized as having made more progress toward coordination than other regions with less dedicated staff time to further coordination efforts.
- <u>Coordination Software Implementation</u> - Continue the statewide implementation of coordination software currently being piloted in three RCC regions (including ACT)
- <u>Rides to Wellness Initiative</u> – This FTA grant project managed by NHDOT will integrate the scheduling software used by CTS (the statewide Medicaid transportation broker) and regional call centers, with a goal of better integrating Medicaid and non-Medicaid trips, and broadening the network of providers participating in both Medicaid and regional coordination efforts.
- <u>Re-engaging NHDHHS in the SCC</u> – More Federal funding for transit flows through NHDHHS than NHDOT, and NHDHHS participation in statewide and regional coordination efforts will be key to achieving coordination goals, and also internal NHDHHS goals for service efficiency.
- <u>Incentivize Performance</u> – The plan proposes a series of performance measures for service volume and efficiency, along with a funding bonus system for those regions that perform best.

2.2 New Hampshire Department of Transportation

The New Hampshire Department of Transportation (NHDOT) has been the most active state agency in moving regional coordination efforts forward. Most importantly this has included channeling Federal Transit Administration (FTA) funding for transportation for seniors and individuals with disabilities through the RCCs. For the last six years NHDOT has also transferred $800,000 per year in multipurpose federal transportation funding out of the highway and bridge program and into community transportation. This has supported the statewide Section 5310 Purchase of Service program that has expanded transportation options in each RCC region. NHDOT has also funded the update to the State Coordination Plan and other SCC planning initiatives. Most recently NHDOT secured a grant through the nationally competitive FTA Rides to Wellness initiative to create a link between scheduling software platforms used by regional call center and the statewide Medicaid broker. This is designed to allow Medicaid trips to be more efficiently integrated with non-Medicaid trips. NHDOT staff participate actively in the SCC

2.3 New Hampshire Department of Health and Human Services

The Department of Health and Human Services oversees multiple programs with funding for transportation. The largest of these are Medicaid, and the Older Americans Act Title IIIB. While NHDHHS was a driving force in the development of the 2006 State Coordination Plan, the department has not participated actively in the SCC in recent years.

NHDHHS took a major step in implementing Medicaid Managed Care in 2013. Under this system, each of the two contracted statewide Medicaid care management companies (WellSense and NH Healthy Families) in turn contracts with a transportation manager company that handles scheduling of all non-emergency medical transportation (NEMT) for Medicaid clients. Both companies currently use the same firm for this – Coordinated Transportation Solutions (CTS). While the Medicaid broker does not currently interface with the regional call centers such as TripLink in the ACT region, the Rides to Wellness grant described above is intended to achieve this integration.

An initial attempt to reorganize and consolidate the Title III-B program in 2014 included a change in the trip reimbursement formula. This was intended to assist agencies serving rural areas with greater driving distances, but also significantly reduced per trip reimbursement which had an adverse impact on Title III-B providers in the Southeast New Hampshire region. Further change in the program is anticipated, and will hopefully address this problem.

Another DHHS-affiliated program, ServiceLink, 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 including transit, which are 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

The current Federal transportation authorizing legislation, known as the Fixing America's Surface Transportation (FAST) Act, consolidated Federal Transit Administration (FTA) funding for seniors and individuals with disabilities. The former Section 5316 Job Access Reverse Commute (JARC) Program, and Section 5317 New Freedom program targeting expanded services for individuals with disabilities were collapsed into the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program. Section 5310 provides formula funding for assisting private non-profit groups

or public transit agencies to meet the transportation needs of senior citizens and persons with disabilities when existing transportation services are unavailable, insufficient or inappropriate to meet these needs.

The FAST Act continues the requirement that project selected for Section 5310 funding must be derived from a locally developed and coordinated public transit-human services transportation plan, such as this Coordinated Plan. 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 7.2 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 Metropolitan Planning Organizations (MPOs) develop and utilize a participation plan that provides reasonable opportunities for interested parties to comment on the content of metropolitan 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 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. 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 (MPOs) 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 MPOs 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:

- The *Metropolitan Transportation Plan* that identifies transportation policies for the region over a twenty-year horizon;
- The *Transportation Improvement Program* (TIP), listing programmed projects to be implemented over a four year period;
- The *Unified Planning Work Program*, a two-year work plan and budget for the organization;
- The *Public Participation Plan for Regional Transportation Planning* which describes the MPO's public participation efforts.

This document, the *Coordinated Public Transit Human Services Transportation Plan*, will be incorporated into the *Metropolitan Transportation Plan* for each of the two MPO regions.

TABLE 1
Southeast NH RCC Communities by County

County	Towns in Study Area	
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

Map 1: Southeast NH RCC Region

Map produced by the Strafford Regional Planning Commission.
October 9th 2007. DEA
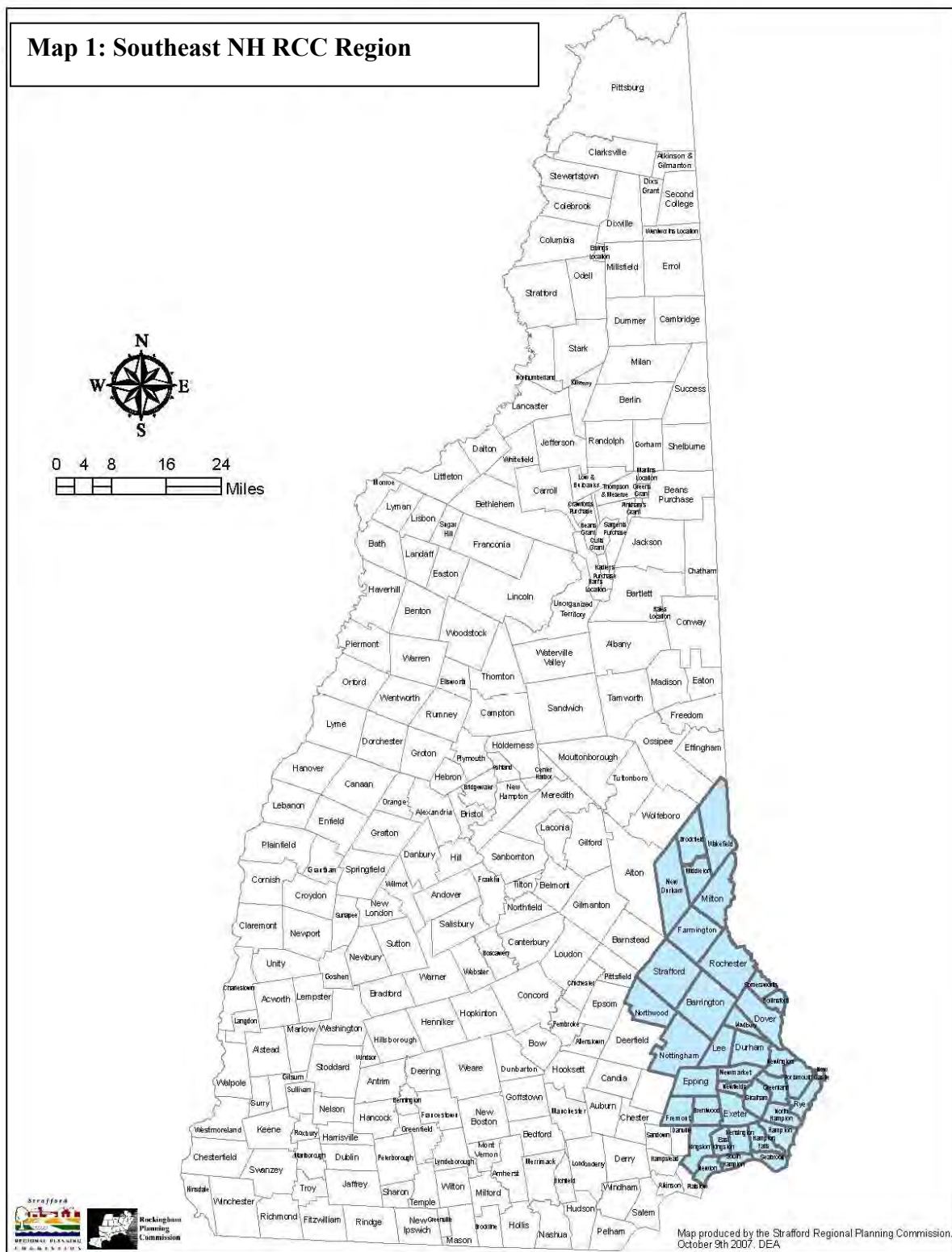
3.0 REGIONAL PLANNING FOR COMMUNITY TRANSPORTATION

The regional transportation planning process should be a *comprehensive*, *cooperative*, and *continuing* effort among local, regional, state, and federal agencies, health and human services providers, transit operators, and the public[1]. 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 are integrated into this process to align with other transportation planning objectives across the state and within the region. This section describes historic and current planning processes in the Southeast New Hampshire region that support 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 was a community support membership organization consisting of non-profit health and human service agencies and municipalities, including COAST. Strafford Network's mission was to identify and fill gaps in health and human services – including transportation – in Strafford County. Given the broader scope of COAST and the two adjoining regional planning commissions, the geographic focus of the coordination effort was expanded to include 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.

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.

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[1] Code of Federal Regulations: Title 23 §450.306(b)

3.2 Current Planning Efforts

In 2006, the stakeholders participating in the regional coordination planning formalized themselves as the Alliance for Community Transportation (ACT). ACT's mission includes facilitating the implementation of coordinated community transportation and encouraging the development of improved and expanded regional community transportation services. ACT's vision 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 for the Southeast NH region. The Regional Coordination Council is currently comprised of more than twenty health and human service agencies, municipalities, transit providers, citizen members, 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)
- Community Action Partnership of Strafford County
- Community Partners
- Cooperative Alliance for Seacoast Transportation (COAST)
- Easter Seals New Hampshire
- Goodwin Community Health
- Granite State Independent Living
- Great Bay Services
- Homemaker Health Services
- Lamprey Health Care
- Liberty Livery & Road Nannies
- New Hampshire Association for the Blind
- New Hampshire Department of Health & Human Services (ex officio)
- NH Department of Transportation, Bureau of Rail and Transit (ex officio)
- One Sky Community Services
- Ready Rides
- Region 6 Integrated Delivery Network
- Rockingham Nutrition and Meals on Wheels Program
- Rockingham Planning Commission & Metropolitan Planning Organization
- Strafford Regional Planning Commission & Metropolitan Planning Organization
- Transportation Assistance for Seacoast Citizens (TASC)
- Town of New Durham
- Town of Wakefield
- Wentworth Senior Living

Substantial data collection and analysis and public outreach have been conducted by ACT since the adoption of the original Coordinated Public Transit and Human Service Transportation Plan in late 2007. While data collection and outreach are part of ACT's continuing operations, some specific efforts have been made to update plans or make direct improvements to coordination:

- Regional coordination summit held in the spring of 2008
- Regional survey of transportation needs conducted by the UNH Social Work Department in consultation with ACT.
- Regional needs assessment conducted by the United Way of the Greater Seacoast, a partner 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 for Community Transportation and the Regional Coordination Council. 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 Regional Coordination Council in April 2010 to engage members in prioritizing service needs and developing strategic actions to meet needs.
- Survey of local welfare offices in the 38 Regional Coordination Council 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 Regional Coordination Council.
- Regular participation on the State Coordinating Council.
- Conduct regular, local travel training sessions for municipalities and agencies to help riders become comfortable with various transportation services.
- Launch of the TripLink transportation call center and ride scheduling service.
- ACT Strategic Plan update in late 2013.
- Surveys of human service agencies, transportation providers, and municipal welfare offices to assess their needs, goals, capacity, and challenges for the 2017 update to the Coordinated Public Transit and Human Service Transportation Plan.

3.3 Public Participation and Outreach

Input and participation from the public and stakeholders has been cultivated actively by ACT as part of ongoing planning for transit coordination in the region. 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.

An online transportation directory on the ACT website will allow the public a one-stop source of information on the various transportation options in the region. It is searchable by municipality, rider eligibility, or service type. In August of 2016, the COAST call center was rebranded as TripLink. TripLink hosts the well-established Community Transportation Directory (www.communityrides.org) and is focused on helping seniors and individuals with disabilities find transportation that meet their needs, especially non-emergency medical transportation, shopping trips, and access to nutrition services. In addition to providing information and referrals to the general public, TripLink also performs call-taking and driver scheduling on behalf of COAST, Ready Rides, ACT's Community Rides program and Rockingham Nutrition and Meals on Wheels. The website is also a source of information for policy makers or the public to learn about transportation needs in the region and the work the Regional Coordination Council and its member organizations are doing to expand transportation access and improve mobility.

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, and the Regional Coordination Council. 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. ACT has taken a sequential approach to implementing these goals. 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 coordination as described in Section 6. Through efforts like the Coordination Plan update and many others, ACT and its members and partners continue to seek ways to expand the availability and coordination of transportation services to residents in Southeastern New Hampshire. The expected development, funding, and future efforts in support of regional transportation coordination are described in Sections 6, 7, and 8.

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 are described below.

- Future population projections from the NH Office of Energy and Planning from 2016 are based on 2010 Census data.

- Disability data from the U.S. Census Bureau, define disability conditions in a much broader way than do the paratransit requirements of the Americans with Disabilities Act (ADA)

- American Community Survey (ACS) five year compilation data for 2010-2014 are used extensively here, though in some cases these data include high margins of error in smaller rural communities. Note also that the ACS estimates of total population by town vary slightly in tables addressing different variables (population with disabilities vs. population in poverty).

- 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 in a given month is five or fewer

Some data are drawn from the 2010 Census, though 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 2016 published a five-year aggregated American Community Survey dataset for 2010-2014, 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 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 2014 of 265,877. This is slightly over twenty percent of New Hampshire's total population. Town and city size ranges from 786 in Brookfield at the northern edge of the region to 30,332 in the City of Dover.

TABLE 4.1 - Population Age Breakdown – 2010

Municipality	Total Pop (2010-2014)	Pop Age <20 (2010-2014)	% <20 (2010-2014)	Pop Age 20-64 (2010-2014)	% 20-64 (2010-2014)	Pop 65+ (2010-2014)	% 65+ (2010-2014)
Barrington	8,691	2,176	25.0%	5,133	59.1%	956	11.0%
Brentwood	4,598	1,363	29.6%	2,571	55.9%	489	10.6%
Brookfield	786	206	26.2%	397	50.5%	179	22.8%
Dover	30,332	6,752	22.3%	18,468	60.9%	4,086	13.5%
Durham	15,180	6,096	40.2%	7,749	51.0%	1,058	7.0%
East Kingston	2,453	606	24.7%	1,318	53.7%	438	17.9%
Epping	6,587	1,601	24.3%	3,899	59.2%	872	13.2%
Exeter	14,434	3,537	24.5%	7,439	51.5%	2,721	18.9%
Farmington	6,824	1,518	22.2%	4,194	61.5%	804	11.8%
Fremont	4,375	1,073	24.5%	2,468	56.4%	586	13.4%
Greenland	3,668	899	24.5%	2,074	56.5%	575	15.7%
Hampton	15,073	3,179	21.1%	8,202	54.4%	3,029	20.1%
Hampton Falls	2,307	558	24.2%	1,264	54.8%	355	15.4%
Kensington	2,055	530	25.8%	1,165	56.7%	254	12.4%
Kingston	6,060	1,298	21.4%	3,432	56.6%	912	15.0%
Lee	4,357	1,077	24.7%	2,383	54.7%	653	15.0%
Madbury	2,003	588	29.4%	1,174	58.6%	178	8.9%
Middleton	1,567	402	25.7%	901	57.5%	180	11.5%
Milton	4,592	1,148	25.0%	2,599	56.6%	621	13.5%
New Castle	980	134	13.7%	447	45.6%	328	33.5%
New Durham	2,648	652	24.6%	1,560	58.9%	353	13.3%
Newfields	1,625	496	30.5%	881	54.2%	172	10.6%
Newington	800	138	17.3%	471	58.9%	147	18.4%
Newmarket	8,928	2,116	23.7%	5,477	61.3%	901	10.1%
Newton	4,717	1,315	27.9%	2,805	59.5%	424	9.0%
North Hampton	4,344	946	21.8%	2,260	52.0%	813	18.7%
Northwood	4,269	968	22.7%	2,411	56.5%	632	14.8%
Nottingham	4,855	1,069	22.0%	3,037	62.6%	453	9.3%
Portsmouth	21,366	3,761	17.6%	13,265	62.1%	3,553	16.6%
Rochester	29,883	6,265	21.0%	17,398	58.2%	4,821	16.1%
Rollinsford	2,528	702	27.8%	1,438	56.9%	324	12.8%
Rye	5,315	825	15.5%	2,946	55.4%	1,278	24.0%
Seabrook	8,747	1,422	16.3%	5,263	60.2%	1,755	20.1%
Somersworth	11,765	2,804	23.8%	7,194	61.1%	1,350	11.5%
South Hampton	799	158	19.8%	460	57.6%	134	16.8%
Strafford	4,017	1,116	27.8%	2,071	51.6%	549	13.7%
Stratham	7,303	1,843	25.2%	4,229	57.9%	886	12.1%
Wakefield	5,046	879	17.4%	2,832	56.1%	1,004	19.9%
RCC Region	265,877	62,216	23.5%	159,393	57.7%	39,848	14.4%
New Hampshire	1,321,069	315,573	23.9%	754,468	57.1%	193,884	14.7%

Source: 2010-2014 American Community Survey

The seven largest municipalities - Dover, Rochester, Portsmouth, Hampton, Durham, Exeter, and Somersworth, comprise nearly 52 percent of the region's total population. The remaining thirty-one communities each have populations of less than 10,000 and together account for 48 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 updated in 2016 by the New Hampshire Office of Energy and Planning (OEP) indicate that between 2000 and 2010, 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 7.9 percent between 2010 and 2025, slower than in the prior decade, but nearly double the projected population growth for New Hampshire as a whole. **Table 4.2** shows community and regional population projections for 2025.

The OEP population projections in **Table 4.2** show the communities of Brentwood, Durham, Epping, Fremont and Greenland anticipating increases of 20 percent to 25 percent in their populations by 2025. The six largest municipalities in the region - Rochester, Dover, Somersworth, Exeter, Hampton, and Portsmouth – are projected to see much smaller increases, ranging from 0.5% for Hampton to 8.5% for Dover. Somersworth is actually projected by OEP to see a slight decrease in population of 1.5% in the next decade.

New Hampshire's population is also growing older, reflecting both the aging of the population and in-migration of retired individuals from other states. Between 2010 and 2030, according to OEP County population projections shown in **Table 4.4**, the population aged 65 and older is expected to more than double across the state. Within the region during this same period, the population aged 65 and over is expected to increase by 112 percent in Strafford County, by 98 percent in Carroll County, and by nearly 129 percent in Rockingham County. By 2030, the elderly population is expected to make up 24 percent of the total population in Strafford County, 28 percent in Rockingham County, and 40 percent in Carroll County. Applying county level projections to towns and cities in the region, the total elderly population in the RCC region can be estimated to approach nearly 75,000 individuals by 2030.

Meanwhile all three counties will lose youth populations (under age 14) and adult population (25-64) during the same time period. Only Strafford County is expected to see a slight increase in the 15-24 year old age bracket over that time (1.2 percent), while Rockingham and Carroll Counties are projected to see that population cohort drop 23 percent and 22 percent respectively.

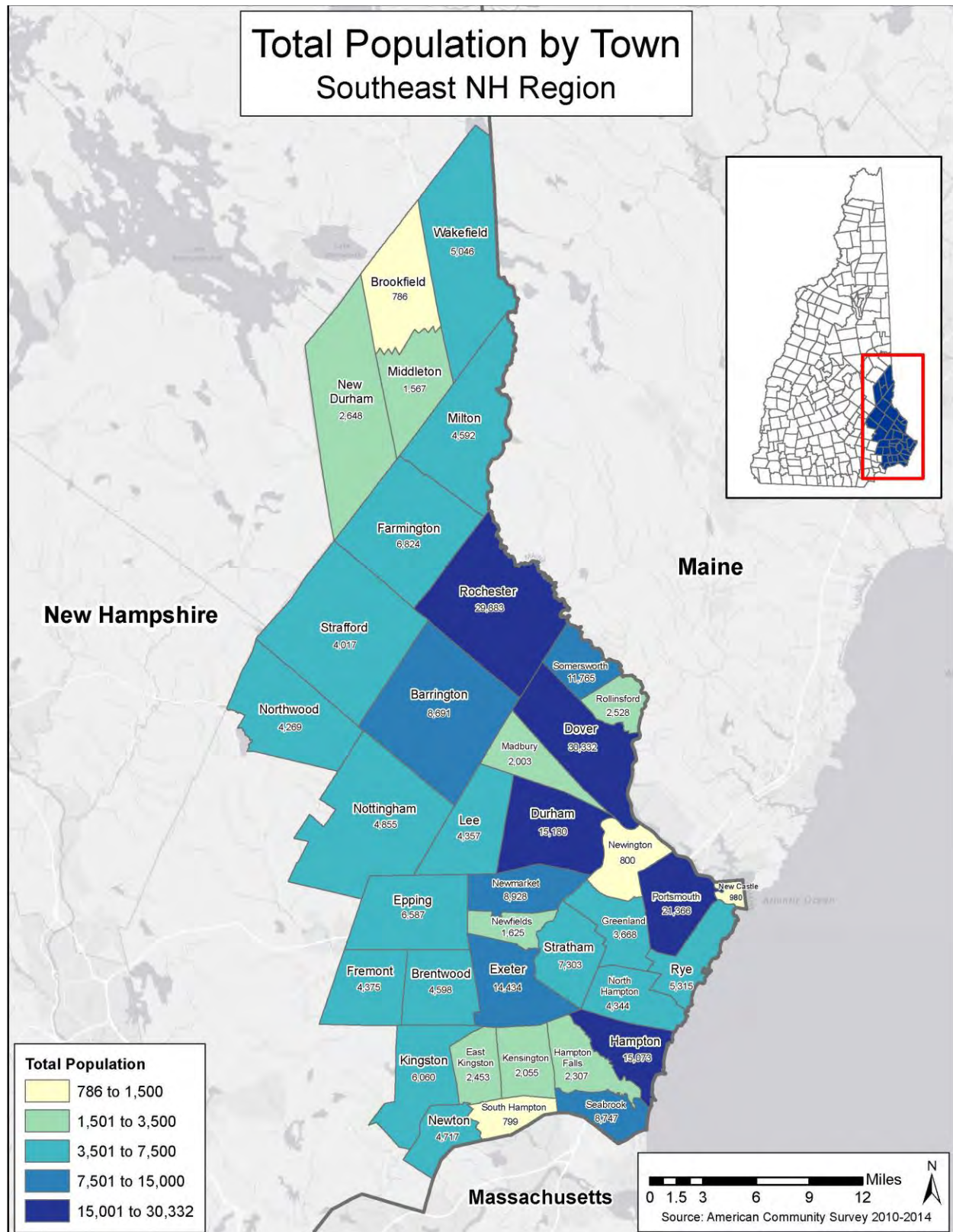**MAP 4.1 – Total Population by Town**

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

Municipality	2000 Census Population	2010 Census Population	Avg Annl Growth 2000-2010	2025 Projected Population	% Increase Projected 2010-2025
Barrington	7,475	8,576	1.4%	9,592	11.8%
Brentwood	3,197	4,486	3.4%	5,586	24.5%
Brookfield	605	712	1.6%	738	3.7%
Dover	26,884	29,987	1.1%	32,535	8.5%
Durham	12,664	14,638	1.4%	18,498	26.4%
East Kingston	1,784	2,357	2.8%	2,751	16.7%
Epping	5,476	6,411	1.6%	7,767	21.2%
Exeter	14,058	14,306	0.2%	14,922	4.3%
Farmington	5,774	6,786	1.6%	7,333	8.1%
Fremont	3,510	4,283	2.0%	5,347	24.8%
Greenland	3,205	3,549	1.0%	4,368	23.1%
Hampton	14,937	14,976	0.0%	15,046	0.5%
Hampton Falls	1,880	2,236	1.7%	2,428	8.6%
Kensington	1,887	2,124	1.2%	2,219	4.5%
Kingston	5,862	6,025	0.3%	6,124	1.6%
Lee	4,145	4,330	0.4%	4,389	1.4%
Madbury	1,509	1,771	1.6%	1,943	9.7%
Middleton	1,441	1,783	2.1%	1,937	8.6%
Milton	3,910	4,598	1.6%	4,849	5.5%
New Castle	1,009	968	-0.4%	933	-3.6%
New Durham	2,219	2,638	1.7%	2,776	5.2%
Newfields	1,551	1,680	0.8%	1,752	4.3%
Newington	778	753	-0.3%	771	2.4%
Newmarket	8,027	8,936	1.1%	9,877	10.5%
Newton	4,289	4,603	0.7%	5,296	15.1%
North Hampton	4,259	4,301	0.1%	4,733	10.0%
Northwood	3,640	4,241	1.5%	4,495	6.0%
Nottingham	3,701	4,785	2.6%	5,614	17.3%
Portsmouth	20,785	21,233	0.2%	21,886	3.1%
Rochester	28,461	29,752	0.4%	30,359	2.0%
Rollinsford	2,648	2,527	-0.5%	2,405	-4.8%
Rye	5,182	5,298	0.2%	5,539	4.5%
Seabrook	7,934	8,693	0.9%	9,314	7.1%
Somersworth	11,477	11,766	0.2%	11,628	-1.2%
South Hampton	850	814	-0.4%	785	-3.6%
Strafford	3,626	3,991	1.0%	4,267	6.9%
Stratham	6,355	7,255	1.3%	7,878	8.6%
Wakefield	4,251	5,078	1.8%	5,329	4.9%
RCC Region	**241,245**	**263,246**	**0.9%**	**284,009**	**7.9%**
N.H.	**1,235,786**	**1,316,470**	**0.6%**	**1,374,702**	**4.4%**

Source: 2000 & 2010 U.S. Census, NH Office of Energy & Planning Population Projections 2016

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 senior citizens, individuals with disabilities, 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 to get where they need to go.

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. According to the Census Bureau 35,325 persons 65 and older resided in the region in 2010. This amounted 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.

The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - had nearly 55 percent of the total elderly population in 2010, with over 19,437 individuals. The remaining thirty-one smaller towns are home to 45 percent of the region's elderly population, or 15,888 individuals. The town of New Castle has the highest percentage of elderly relative to its total population, with 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 senior 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 1990-2014

Municipality	Population Age 65+ (1990)	Population Age 65+ (2000)	Population Age 65+ (2010)	Population Age 65+ (2010-2014)	Percent Increase (1990-2000)	% Increase Elderly Pop (2000-2010)
Barrington	464	525	819	956	11.6%	56.0%
Brentwood	438	474	600	489	7.6%	26.6%
Brookfield	79	101	133	179	21.8%	31.7%
Dover	3,241	3,692	3,918	4,086	12.2%	6.1%
Durham	677	774	1,012	1,058	12.5%	30.7%
East Kingston	104	132	373	438	21.2%	182.6%
Epping	478	506	670	872	5.5%	32.4%
Exeter	1,939	2,387	2,609	2,721	18.8%	9.3%
Farmington	623	593	750	804	-5.1%	26.5%
Fremont	186	253	438	586	26.5%	73.1%
Greenland	257	323	502	575	20.4%	55.4%
Hampton	1,655	2,199	2,802	3,029	24.7%	27.4%
Hampton Falls	185	241	315	355	23.2%	30.7%
Kensington	146	186	241	254	21.5%	29.6%
Kingston	474	515	764	912	8.0%	48.3%
Lee	205	296	422	653	30.7%	42.6%
Madbury	110	115	175	178	4.3%	52.2%
Middleton	85	149	164	180	43.0%	10.1%
Milton	379	399	523	621	5.0%	31.1%
New Castle	174	243	298	328	28.4%	22.6%
New Durham	170	238	318	353	28.6%	33.6%
Newfields	85	116	153	172	26.7%	31.9%
Newington	70	100	120	147	30.0%	20.0%
Newmarket	540	675	871	901	20.0%	29.0%
Newton	307	325	425	424	5.5%	30.8%
North Hampton	449	609	749	813	26.3%	23.0%
Northwood	306	329	497	632	7.0%	51.1%
Nottingham	187	266	413	453	29.7%	55.3%
Portsmouth	3,152	3,384	3,305	3,553	6.9%	-2.3%
Rochester	3,396	3,834	4,397	4,821	11.4%	14.7%
Rollinsford	257	326	349	324	21.2%	7.1%
Rye	907	986	1,046	1,278	8.0%	6.1%
Seabrook	1,086	1,337	1,525	1,755	18.8%	14.1%
Somersworth	1,259	1,373	1,394	1,350	8.3%	1.5%
South Hampton	85	114	108	134	25.4%	-5.3%
Strafford	212	279	404	549	24.0%	44.8%
Stratham	364	564	842	886	35.5%	49.3%
Wakefield	440	637	881	1004	30.9%	38.3%
RCC Region	**25,171**	**29,595**	**35,325**	39848	14.9%	19.4%
New Hampshire	**125,029**	**147,970**	178268	193884		20.5%

Source: 1990, 2000, and 2010 U.S. Census; 2010-2014 American Community Survey

**TABLE 4.4 – Population Projections by County and Age Group**

Rockingham County

Age Group	Census 2010	OEP 2020	OEP 2030	Change 2010-2020	Change 2010-2030	Age Distrib 2010	Age Distrib 2030
5-14	39,032	32,049	34,235	-17.9%	-12.3%	14%	11%
15-24	34,956	32,197	26,791	-7.9%	-23.4%	12%	9%
25-64	168,828	167,985	159,085	-0.5%	-5.8%	60%	52%
65+	37,424	59,612	85,648	59.3%	128.9%	13%	28%
Total	280,240	291,843	305,759	4.1%	9.1%	100%	100%

Strafford County

Age Group	Census 2010	OEP 2020	OEP 2030	Change 2010-2020	Change 2010-2030	Age Distrib 2010	Age Distrib 2030
5-14	14,180	13,493	13,808	-4.8%	-2.6%	12%	11%
15-24	23,153	23,500	23,432	1.5%	1.2%	20%	18%
25-64	64,348	63,708	61,309	-1.0%	-4.7%	55%	47%
65+	14,645	21,473	31,056	46.6%	112.1%	13%	24%
Total	116,326	122,174	129,605	5.0%	11.4%	100%	100%

Carroll County

Age Group	Census 2010	OEP 2020	OEP 2030	Change 2010-2020	Change 2010-2030	Age Distrib 2010	Age Distrib 2030
5-14	5,138	4,562	4,384	-11.2%	-14.7%	11%	9%
15-24	4,539	3,658	3,537	-19.4%	-22.1%	10%	7%
25-64	26,333	23,977	20,794	-8.9%	-21.0%	57%	43%
65+	9,838	14,191	19,426	44.2%	97.5%	21%	40%
Total	45,848	46,388	48,141	1.2%	5.0%	100%	100%

Source: NH Office of Energy & Planning County Population Projections, 2016

MAP 4.2 – Elderly Population
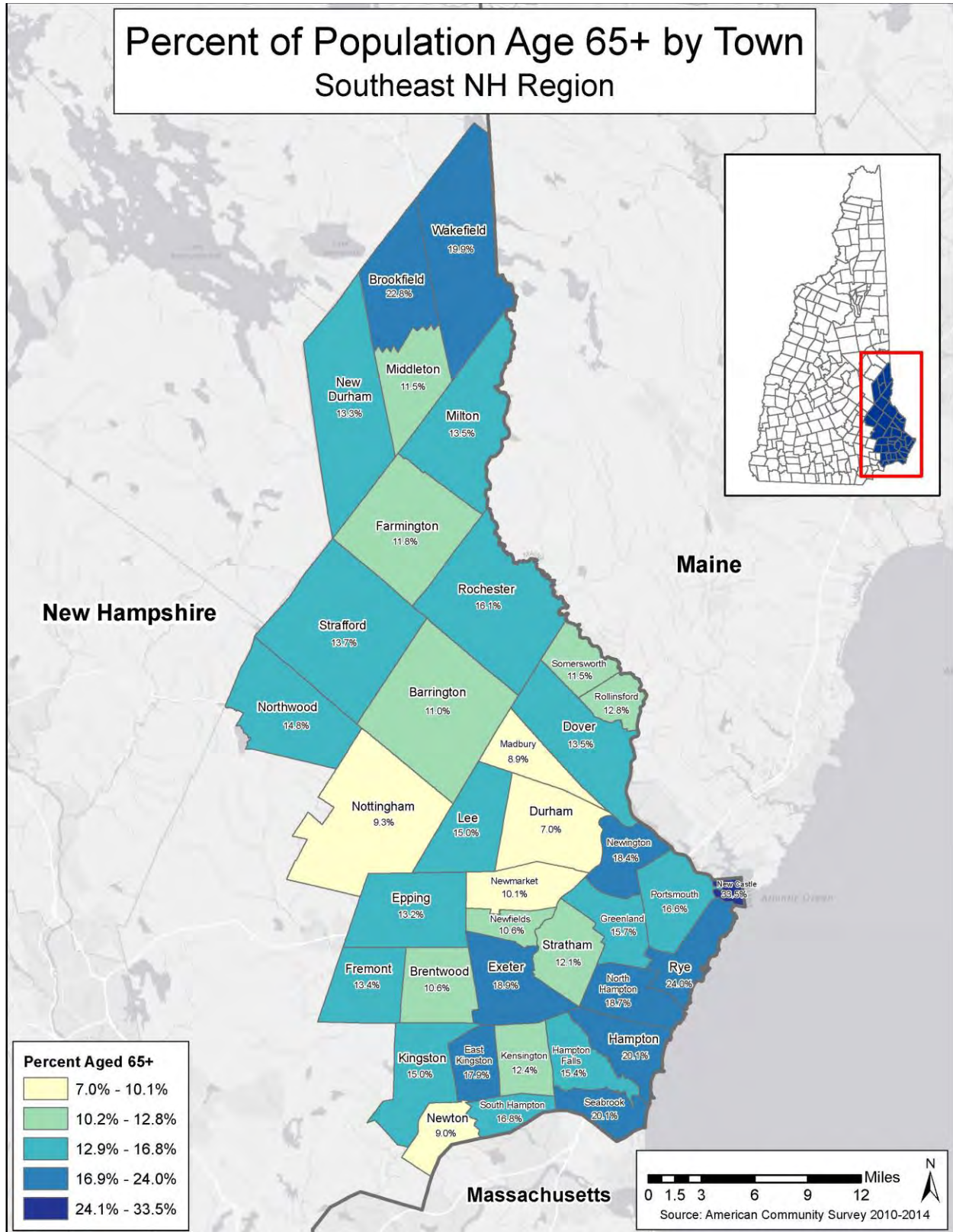
Individuals with disabilities typically rely on a higher number of transit trips, as many disabilities deny this population the ability to operate a vehicle. Many individuals with disabilities require vehicles with specialized equipment such as wheelchair lifts. Some individuals may also require door-to-door 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. Categories of disability in the American Community Survey include hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. However, the numbers of individuals in these subsets are small enough, particularly in smaller communities, that margins of error can exceed 100%, and across the 38 RCC communities average 72%. Consequently, data are presented here for all census-defined categories of disability.

Table 4.5 provides information on the region's population of adults with disabilities, and elderly with and without disabilities. **Map 4.3** illustrates numbers of individuals with disabilities in communities throughout the region.

According to the 2010-2014 American Community Survey, approximately 11.9 percent, or over 31,310 of the region's total population, has one or more disabilities. This figure is roughly on par with the estimate of 11.8 percent of the population statewide having one or more disabilities. The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - have nearly 54 percent of the region's population with disabilities, or over 16,750 individuals. The remaining thirty-one smaller towns are home to the remaining 46 percent of the region's population with disabilities, or over 14,550 individuals. The highest disability rates are in Farmington (19 percent), Rochester and Seabrook (17 percent each). Brentwood, Durham and Newfields have the lowest estimated rates, ranging from 6.1 percent to 6.9 percent.

Census data indicates that of the region's total population with disabilities, approximately 2,330 (7%) are younger than 18; nearly 16,300 (52%) are between the ages of 18 and 64; and nearly 12,700 (41%) are aged 65 or over.

As can be seen in **Table 4.5**, the elderly population with disabilities, totaling 12,689, constitutes 33.8 percent of the total elderly population within the region, and close to 5 percent of the general population. Combining adults age 18-64 with disabilities and senior citizens age 65+ with or without disabilities, two of the main populations likely to need transportation assistance, these groups total 53,861 residents of the region, or over 20% of the total population.

Table 4.5 – Population with Disabilities 2010-2014

Geography	Total Pop	Total Pop with Disability	% of Pop with Disability	Adults Age 18-64 with Disability	Elderly Age 65+	Elderly Age 65+ with Disability	Elderly plus Adults with Disability	% Elderly plus Adults with Disability
Barrington	8,691	958	11.0%	421	956	514	1,377	15.8%
Brentwood	4,184	257	6.1%	129	386	99	515	12.3%
Brookfield	786	78	9.9%	35	179	35	214	27.2%
Dover	29,373	3,439	11.7%	1,679	3,710	1,451	5,389	18.3%
Durham	15,169	991	6.5%	655	1,058	254	1,713	11.3%
East Kingston	2,453	198	8.1%	98	438	94	536	21.9%
Epping	6,587	833	12.6%	476	872	290	1,348	20.5%
Exeter	14,251	1,760	12.4%	670	2,568	915	3,238	22.7%
Farmington	6,805	1,293	19.0%	729	804	335	1,533	22.5%
Fremont	4,306	331	7.7%	166	539	118	705	16.4%
Greenland	3,668	327	8.9%	130	575	164	705	19.2%
Hampton	14,765	1,683	11.4%	821	2,917	784	3,738	25.3%
Hampton Falls	2,307	171	7.4%	57	355	102	412	17.9%
Kensington	2,055	201	9.8%	110	254	83	364	17.7%
Kingston	6,060	563	9.3%	284	912	227	1,196	19.7%
Lee	4,357	327	7.5%	101	653	133	754	17.3%
Madbury	1,995	139	7.0%	53	178	68	231	11.6%
Middleton	1,563	239	15.3%	150	180	63	330	21.1%
Milton	4,576	714	15.6%	426	621	288	1,047	22.9%
New Castle	966	102	10.6%	20	328	82	348	36.0%
New Durham	2,648	362	13.7%	164	353	167	517	19.5%
Newfields	1,621	112	6.9%	51	172	41	223	13.8%
Newington	798	82	10.3%	22	147	55	169	21.2%
Newmarket	8,911	1,043	11.7%	720	901	258	1,621	18.2%
Newton	4,700	336	7.1%	201	424	135	625	13.3%
North Hampton	4,344	517	11.9%	230	813	287	1,043	24.0%
Northwood	4,269	322	7.5%	137	632	136	769	18.0%
Nottingham	4,855	398	8.2%	270	453	83	723	14.9%
Portsmouth	20,789	2,307	11.1%	1,186	3,308	1,021	4,494	21.6%
Rochester	29,661	5,053	17.0%	2,892	4,640	1,841	7,532	25.4%
Rollinsford	2,506	182	7.3%	85	324	81	409	16.3%
Rye	5,275	565	10.7%	187	1,242	334	1,429	27.1%
Seabrook	8,736	1,488	17.0%	713	1,755	716	2,468	28.3%
Somersworth	11,694	1,519	13.0%	913	1,350	499	2,263	19.4%
South Hampton	799	68	8.5%	44	134	20	178	22.3%
Strafford	4,017	401	10.0%	185	549	186	734	18.3%
Stratham	7,303	894	12.2%	466	886	320	1,352	18.5%
Wakefield	5,046	1,057	20.9%	615	1,004	410	1,619	32.1%
RCC Region	**262,889**	**31,310**	**11.9%**	**16,291**	**37,570**	**12,689**	**53,861**	**20.5%**
New	**1,306,315**	**153,720**	**11.8%**	**80,022**	**186,13**	**60,667**	**266,159**	**20.4%**

Source: American Community Survey 2010-2014 5-Year Compilation

MAP 4.3 – Population with Disabilities
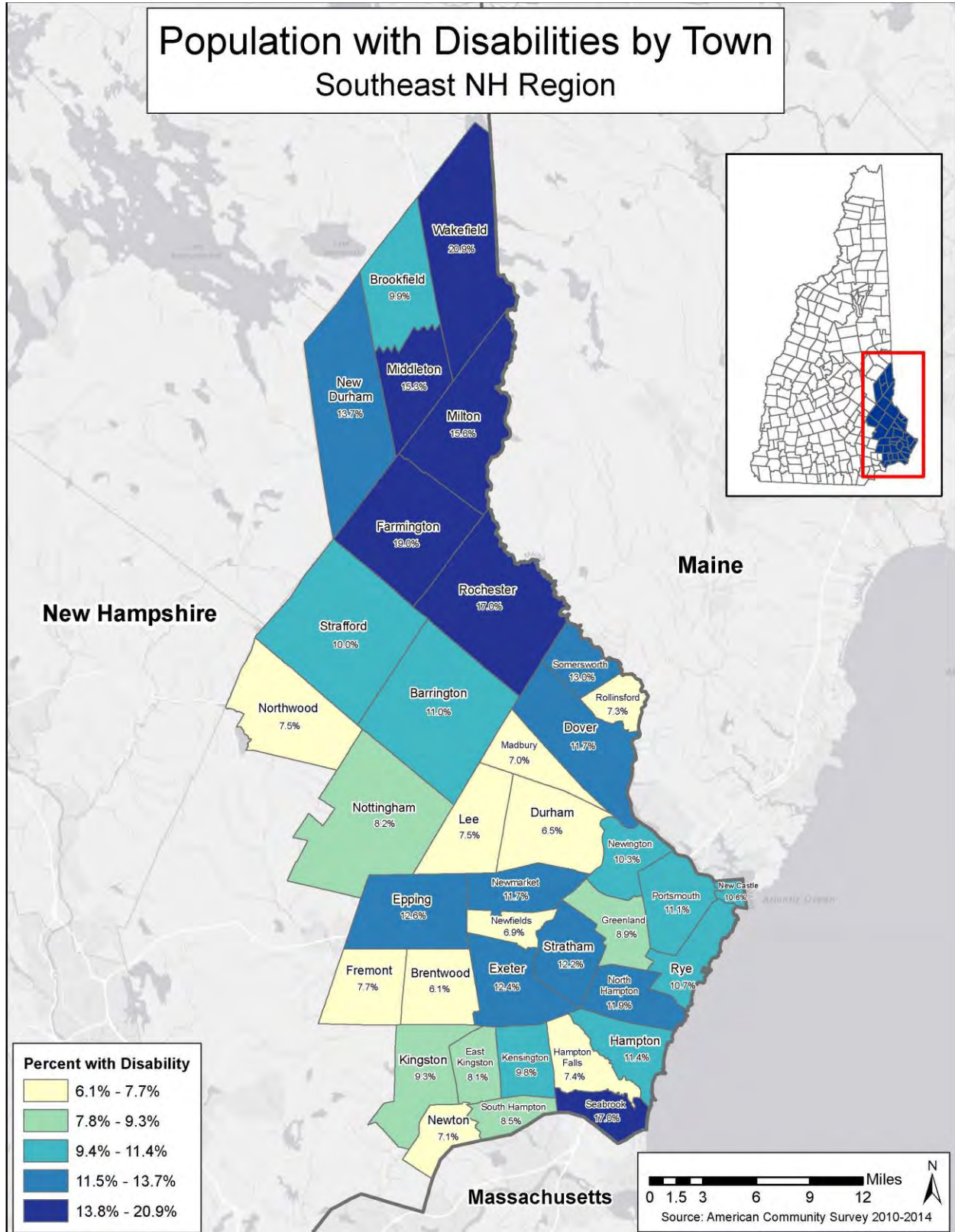
Income and Poverty

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 4.6 and Map 4.5 present data on income and poverty status from the 2010-2014 American Community Survey five year data compilation. In a region with a relatively high cost of living like southeast NH, a key measure of likely 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. The 2010 Census short form did not include an income question, so no 100% count data are available on income since 2000. The poverty data presented in **Table 4.6** are from the 2010-2014 American Community Survey five year data compilation, which uses a much smaller annual sampling.

Given these caveats, as can be seen in **Table 4.6**, the region has an overall poverty rate of 8.6 percent or 21,968 individuals. This rate is slightly lower than the statewide rate of 8.9 percent. The seven largest municipalities have nearly half of the region's poverty level population, or 10,151 individuals. The remaining thirty-one smaller towns are home to an estimated 11,817 individuals in poverty. **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 22 percent (over 1,800 people). This is a much higher percentage than any other community in the region. This high figure is likely due to the significant number of UNH students who live in off-campus housing in the town.

TABLE 4.6 – Poverty Rates for General & Elderly Population

Community	Total Population 2014	Population in Poverty 2014	Percent in Poverty 2014	Population Aged 65+	Aged 65+ in Poverty	Percent Aged 65+ in Poverty
Barrington	8,669	546	6.3%	956	16	1.7%
Brentwood	4,182	308	7.4%	386	21	5.4%
Brookfield	780	27	3.5%	179	0	0.0%
Dover	29,476	2,729	9.3%	3,710	185	5.0%
Durham	8,222	1,808	22.0%	1,058	55	5.2%
East Kingston	2,453	70	2.9%	438	29	6.6%
Epping	6,575	415	6.3%	872	14	1.6%
Exeter	14,249	1,056	7.4%	2,568	103	4.0%
Farmington	6,805	914	13.4%	804	22	2.7%
Fremont	4,324	116	2.7%	539	21	3.9%
Greenland	3,644	154	4.2%	575	29	5.0%
Hampton	14,765	1,046	7.1%	2,917	50	1.7%
Hampton Falls	2,307	86	3.7%	355	6	1.7%
Kensington	2,048	82	4.0%	254	8	3.1%
Kingston	6,014	332	5.5%	912	96	10.5%
Lee	4,285	112	2.6%	653	17	2.6%
Madbury	2,000	159	8.0%	178	3	1.7%
Middleton	1,563	205	13.1%	180	6	3.3%
Milton	4,572	372	8.1%	621	5	0.8%
New Castle	966	26	2.7%	328	10	3.0%
New Durham	2,648	147	5.6%	353	7	2.0%
Newfields	1,625	2	0.1%	172	2	1.2%
Newington	800	35	4.4%	147	13	8.8%
Newmarket	8,847	886	10.0%	901	52	5.8%
Newton	4,717	428	9.1%	424	8	1.9%
North Hampton	4,344	159	3.7%	813	18	2.2%
Northwood	4,269	357	8.4%	632	0	0.0%
Nottingham	4,825	147	3.0%	453	28	6.2%
Portsmouth	20,831	1,590	7.6%	3,308	234	7.1%
Rochester	29,611	4,006	13.5%	4,640	425	9.2%
Rollinsford	2,528	134	5.3%	324	0	0.0%
Rye	5,275	251	4.8%	1,242	83	6.7%
Seabrook	8,747	1,085	12.4%	1,755	54	3.1%
Somersworth	11,722	1,775	15.1%	1,350	83	6.1%
South Hampton	799	21	2.6%	134	4	3.0%
Strafford	3,998	75	1.9%	549	13	2.4%
Stratham	7,291	25	0.3%	886	16	1.8%
Wakefield	5,011	282	5.6%	1,004	110	11.0%
RCC Region	255,787	21,968	8.6%	37,570	1,846	4.9%
New Hampshire	1,280,899	113,374	8.9%	186,137	11,075	5.9%

Source: 2010-2014 American Community Survey 5-Year data compilation

MAP 4.4 – Population in Poverty

Poverty Rate by Town
Southeast NH Region
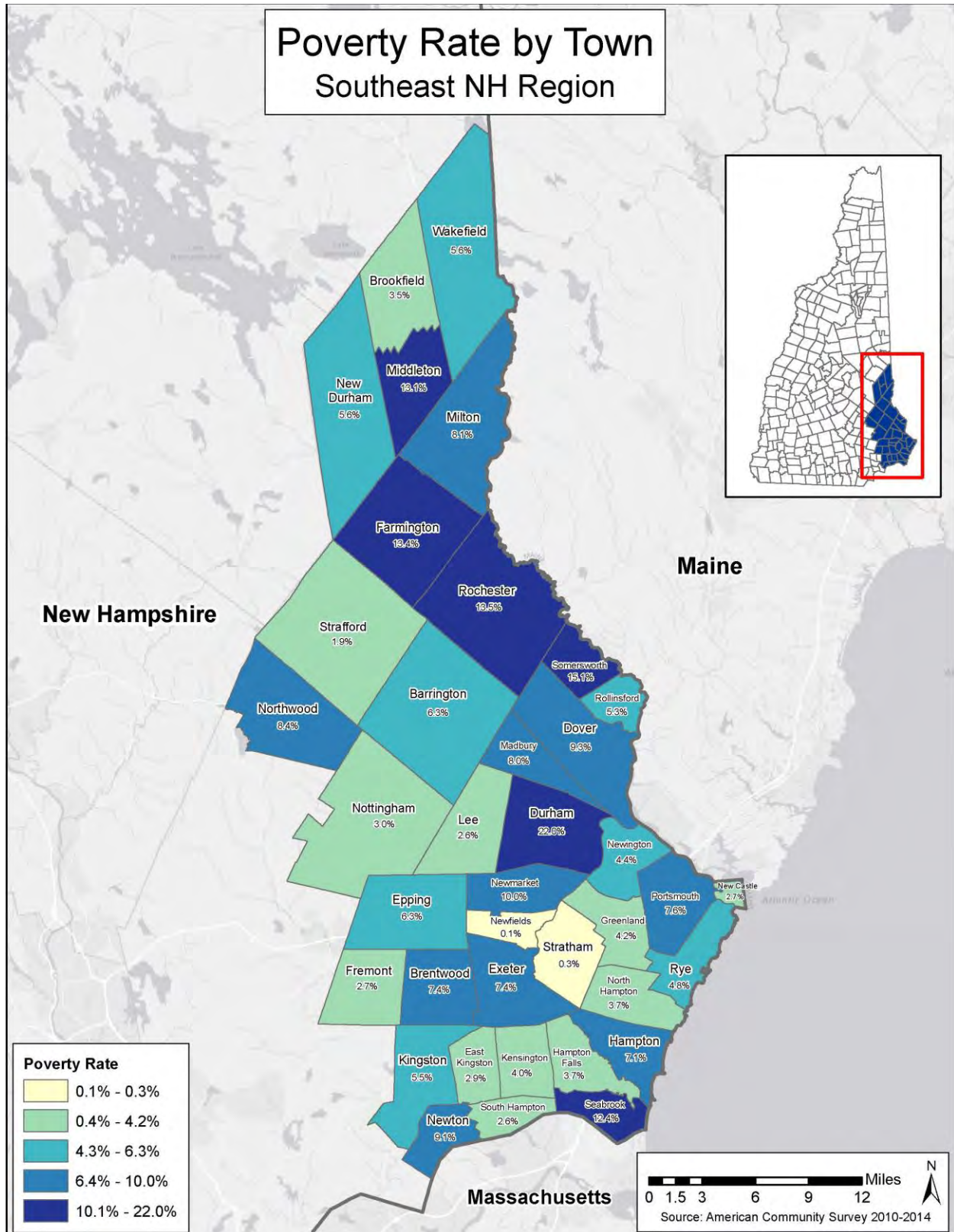
Source: 2000 US Census, 2010-2014 American Community Survey

These individuals may be more likely to have lower incomes than working age non-students. However, many of 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, over 1,840 elders live below the poverty level, with over sixty percent of them residing in the seven largest municipalities. The small town of Wakefield, at the northern tip of the region has the highest poverty rate among its elderly with 11 percent; followed by Kingston at 10.5%. Only Brookfield, Rollinsford and Northwood are estimated to have no elderly living below the poverty level, based on the 2010-2014 ACS data.

Temporary Assistance for Needy Families (TANF) 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 4.7** and **Map 4.6** constitute 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 ten, therefore the data slightly under-estimates the total number of recipients in the region.

Fifty-seven percent of average monthly TANF caseload can be attributed to the seven largest communities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth. For the region as a whole, 0.4% of the population receives TANF assistance in a given month. As the enrolled population changes from month to month, the share of the population receiving TANF over the course of a year would be significantly higher, but the dataset doesn't allow one to identify individual cases or average recipient months.

Table 4.8 shows Medicaid cases by municipality with similar patterns to TANF enrollment, though Medicaid data are presented on an annual basis rather than solely a monthly basis. Average enrollment during 2011 in the region was 25,929 individuals, or 9.8 percent of the population. In the region $161,567,061 was spent on Medicaid services in 2011. As with TANF enrollment, Rochester had the largest number of Medicaid recipients (5,756).

TABLE 4.7 – Temporary Assistance for Needy Families (TANF) Recipients – September 2014

| Town	Total Population 2010	Estimated Pop 2014	Avg TANF Cases/Month 2014	% of Pop on TANF 2014
Barrington	8,576	8,669	24	0.3%
Brentwood	4,486	4,182	<10	0.2%
Brookfield	712	780	<10	1.3%
Dover	29,987	29,476	126	0.4%
Durham	14,638	8,222	<10	0.1%
East Kingston	2,357	2,453	<10	0.4%
Epping	6,411	6,575	19	0.3%
Exeter	14,306	14,249	48	0.3%
Farmington	6,786	6,805	70	1.0%
Fremont	4,283	4,324	<10	0.2%
Greenland	3,549	3,644	<10	0.3%
Hampton	14,976	14,765	14	0.1%
Hampton Falls	2,236	2,307	<10	0.4%
Kensington	2,124	2,048	<10	0.5%
Kingston	6,025	6,014	<10	0.2%
Lee	4,330	4,285	<10	0.2%
Madbury	1,771	2,000	<10	0.5%
Middleton	1,783	1,563	15	0.9%
Milton	4,598	4,572	29	0.6%
New Castle	968	966	<10	1.0%
New Durham	2,638	2,648	12	0.5%
Newfields	1,680	1,625	<10	0.6%
Newington	753	800	<10	1.3%
Newmarket	8,936	8,847	14	0.2%
Newton	4,603	4,717	15	0.3%
North Hampton	4,301	4,344	<10	0.2%
Northwood	4,241	4,269	18	0.4%
Nottingham	4,785	4,825	16	0.3%
Portsmouth	21,233	20,831	46	0.2%
Rochester	29,752	29,611	311	1.0%
Rollinsford	2,527	2,528	<10	0.4%
Rye	5,298	5,275	<10	0.2%
Seabrook	8,693	8,747	50	0.6%
Somersworth	11,766	11,722	97	0.8%
South Hampton	814	799	<10	1.3%
Strafford	3,991	3,998	<10	0.3%
Stratham	7,255	7,291	<10	0.1%
Wakefield	5,078	5,011	<10	<0.2%
RCC Region	**263,246**	**255,787**	**1,139**	**0.4%**

Source: 2010 US Census, 2010-2014 ACS, NHDHHS Division of Family Services

Table 4.8 - Medicaid Recipients

Municipality	US Census Pop 2010	Medicaid Member Months 2011	Medicaid Average Enrollment 2011	% of Pop on Medicaid 2011
Barrington	8,576	7,872	656	7.6%
Brentwood	4,486	2,728	227	5.1%
Brookfield	712	536	45	6.3%
Dover	29,987	35,477	2,956	9.9%
Durham	14,638	1,780	148	1.0%
East Kingston	2,357	1,222	102	4.3%
Epping	6,411	7,196	600	9.4%
Exeter	14,306	12,377	1,031	7.2%
Farmington	6,786	13,425	1,119	16.5%
Fremont	4,283	3,232	269	6.3%
Greenland	3,549	1,874	156	4.4%
Hampton	14,976	11,515	960	6.4%
Hampton Falls	2,236	1,182	99	4.4%
Kensington	2,124	1,027	86	4.0%
Kingston	6,025	4,828	402	6.7%
Lee	4,330	2,836	236	5.5%
Madbury	1,771	1,024	85	4.8%
Middleton	1,783	2,773	231	13.0%
Milton	4,598	7,234	603	13.1%
New Castle	968	146	12	1.2%
New Durham	2,638	3,053	254	9.6%
Newfields	1,680	652	54	3.2%
Newington	753	422	35	4.6%
Newmarket	8,936	9,316	776	8.7%
Newton	4,603	3,361	280	6.1%
North Hampton	4,301	3,302	252	5.9%
Northwood	4,241	4,968	414	9.8%
Nottingham	4,785	3,750	313	6.5%
Portsmouth	21,233	24,517	2,043	9.6%
Rochester	29,752	69,077	5,756	19.3%
Rollinsford	2,527	2,977	248	9.8%
Rye	5,298	2,551	213	4.0%
Seabrook	8,693	15,875	1,323	15.2%
Somersworth	11,766	29,996	2,500	21.2%
South Hampton	814	258	22	2.7%
Strafford	3,991	3,784	315	7.9%
Stratham	7,255	3,767	314	4.3%
Wakefield	5,078	9,525	794	15.6%

Source: NHDHHS Division of Family Assistance

MAP 4.5 – Temporary Assistance for Needy Families (TANF) Cases
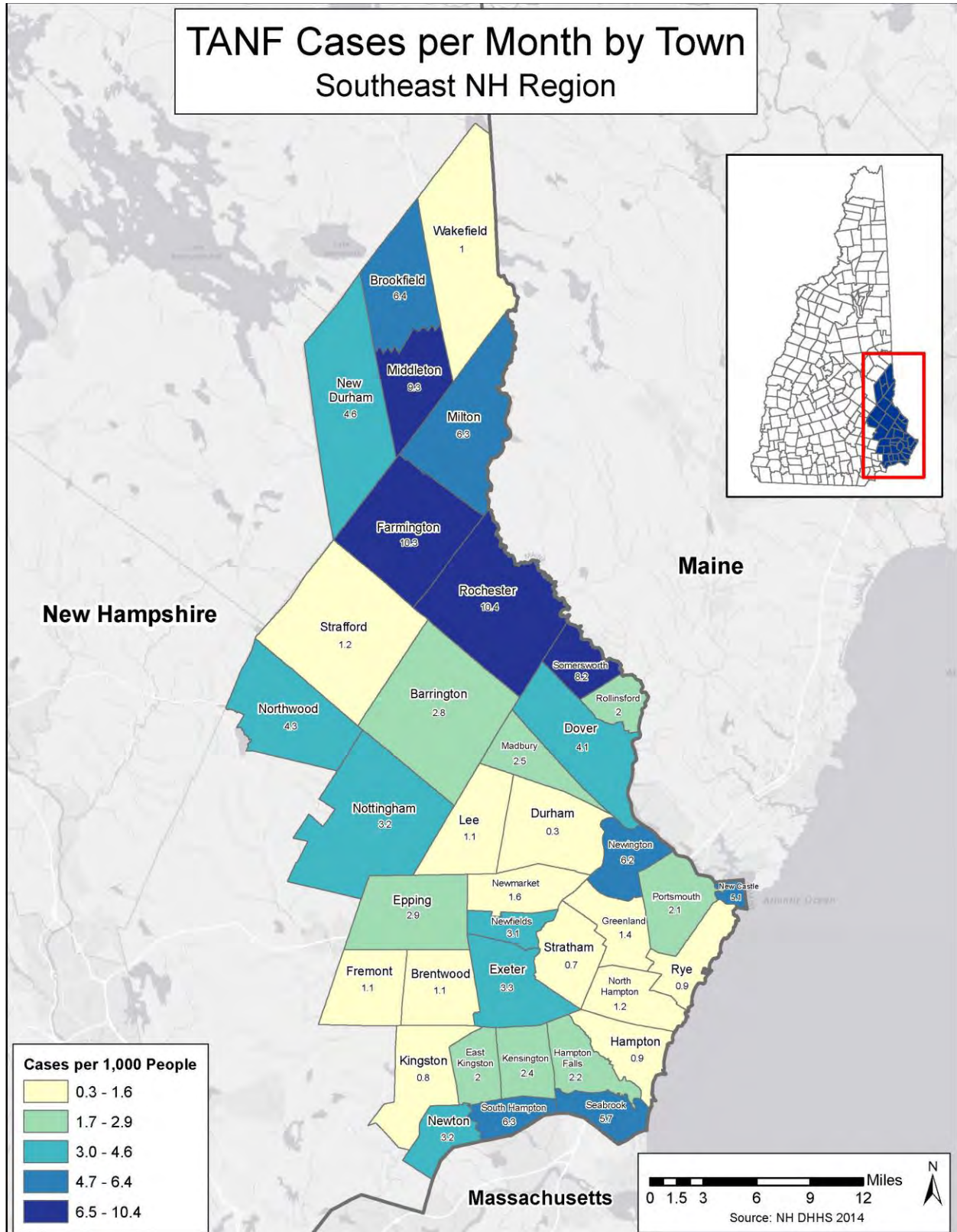
<u>*Auto Availability*</u>

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 4.9** and on **Map 4.7**, southeast NH region has nearly 5,190 households or 4.7 percent of all households without an available vehicle. The town of Durham has over 10.3% of residents lacking a vehicle (unsurprising for a college town), while Farmington and Somersworth both exceed 8.5% of households without a vehicle; while the communities of Brookfield, Hampton Falls, Newfields, Nottingham, South Hampton and Strafford all have fewer than one percent of households lacking an automobile.

Table 4.8 also shows data on households with two or more workers yet only one automobile available. Durham and North Hampton have the highest numbers in this category with 5.4% and 5.8% of households respectively with two or more workers and only one vehicle. Taken together, these households and those lacking a vehicle altogether make up 8.2% if households in the region.

Table 4.9 - Auto availability 2010-2014

Geography	Total Households	HHs with No Vehicle Available	% HHs with No Vehicle Available	Households of 2+ with only one Vehicle Available	% HHs with 2+ People and only one Vehicle Available
Barrington	3,307	35	1.1%	31	0.9%
Brentwood	1,400	74	5.3%	40	2.9%
Brookfield	298	2	0.7%	0	0.0%
Dover	12,586	777	6.2%	417	3.3%
Durham	3,073	316	10.3%	165	5.4%
East Kingston	882	9	1.0%	23	2.6%
Epping	2,604	109	4.2%	27	1.0%
Exeter	6,248	320	5.1%	222	3.6%
Farmington	2,625	230	8.8%	30	1.1%
Fremont	1,608	43	2.7%	22	1.4%
Greenland	1,397	25	1.8%	22	1.6%
Hampstead	3,447	64	1.9%	76	2.2%
Hampton	6,618	172	2.6%	204	3.1%
Hampton Falls	902	4	0.4%	5	0.6%
Kensington	746	13	1.7%	13	1.7%
Kingston	2,442	46	1.9%	20	0.8%
Lee	1,774	17	1.0%	32	1.8%
Madbury	655	16	2.4%	3	0.5%
Middleton	553	14	2.5%	0	0.0%
Milton	1,656	97	5.9%	49	3.0%
New Castle	451	12	2.7%	0	0.0%
New Durham	1,001	22	2.2%	17	1.7%
Newfields	574	2	0.3%	6	1.0%
Newington	314	3	1.0%	6	1.9%
Newmarket	3,816	231	6.1%	75	2.0%
Newton	1,747	17	1.0%	0	0.0%
North Hampton	1,735	38	2.2%	101	5.8%
Northwood	1,676	29	1.7%	26	1.6%
Nottingham	1,824	5	0.3%	17	0.9%
Portsmouth	10,325	625	6.1%	389	3.8%
Rochester	12,715	889	7.0%	372	2.9%
Rollinsford	1,024	34	3.3%	14	1.4%
Rye	2,315	86	3.7%	26	1.1%
Seabrook	3,837	195	5.1%	50	1.3%
Somersworth	4,492	429	9.6%	146	3.3%
South Hampton	306	0	0.0%	0	0.0%
Strafford	1,430	0	0.0%	10	0.7%
Stratham	2,781	47	1.7%	23	0.8%
Wakefield	2,260	140	6.2%	21	0.9%
RCC Region	**109,444**	**5,187**	**4.7%**	**2,700**	**2.5%**
New Hampshire	**519,580**	**27,444**	**5.3%**	**13,811**	**2.7%**

Source: 2010-2014 American Community Survey

MAP 4.6 – Households with No Vehicle Available

Households with No Vehicle Available by Town
Southeast NH Region
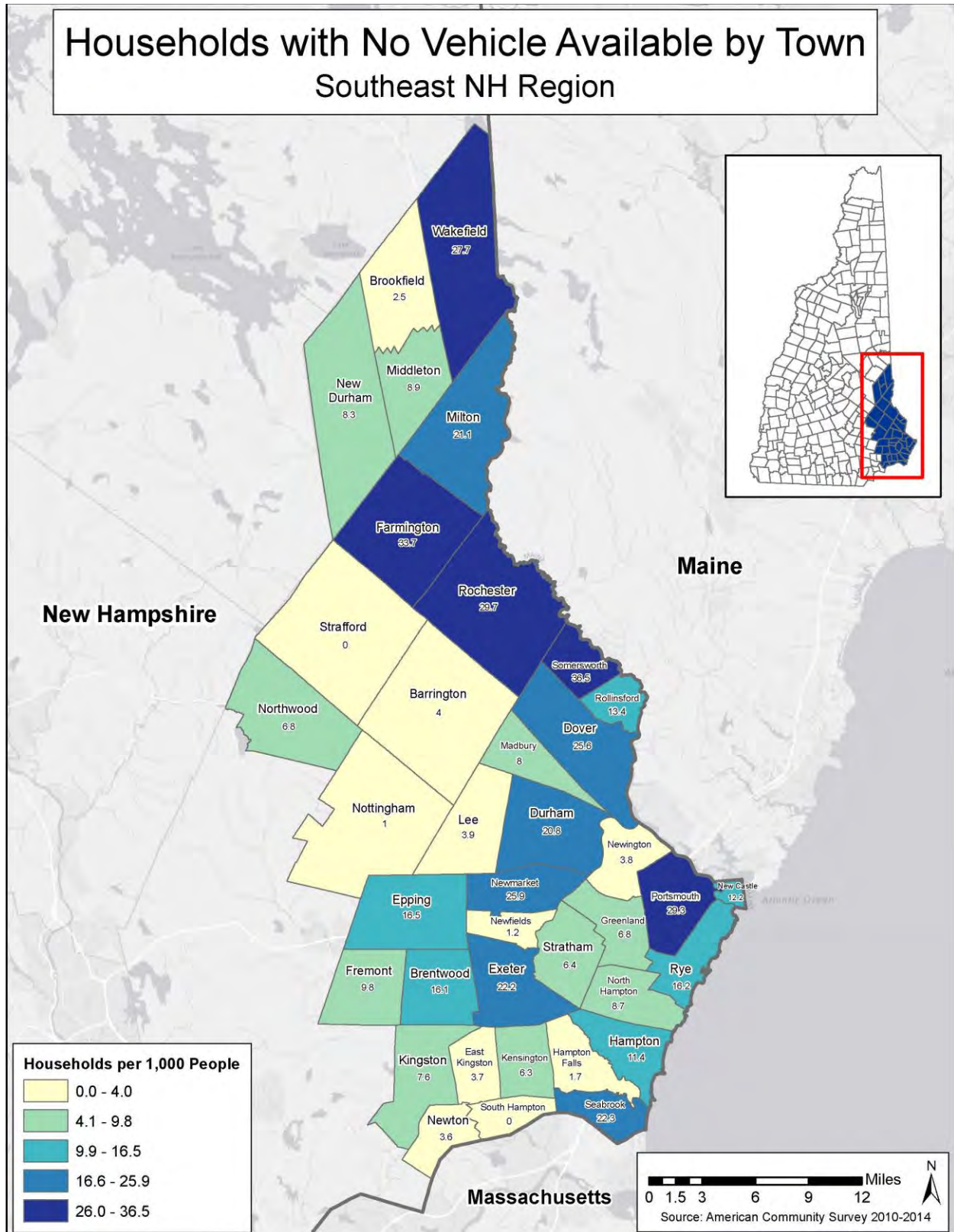
Other Transit-Dependent Populations

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 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, individuals with disabilities), General Public Transit Need, and Work Trips Need (employment transportation).

Tables 4.10 and 4.11 show the result of calculations estimating transit need for different Southeast NH populations now and in the future.

Table 4.10 - Calculation of Trip Need for NH and RCC Region based on CTAA Model

	Carroll County	Rockingham County	Strafford County	New Hampshire
Total Population (2014)	47,109	295,213	116,099	1,280,899
Total Pop 65+ (2014	10,439	40,580	15,376	186,137
Non-Elderly Poverty Pop (2014	3,900	14,825	12,145	102,299
Transit Need (Trips/Year) for Transit Dependent Population	87,238	337,084	167,438	1,754,845
Total Transit Need (Trips/Year)	153,104	959,442	377,322	4,162,922

Formula for Calculating Transit Dependent Need
=((65+ Pop)+(Non-Elderly Poverty Pop))(15% of this population assumed to not drive) * (15% of that population needing a ride any given day) * 260 days of service/year*

Formula for Calculating Total Transit Need for General Population

=(total population)(0.5% of this population assumed to not drive) * (2.5 trips/day)* 260 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)

TABLE 4.11 – CTAA Model-Calculated Transit Need by Municipality

Community	Total Population (2010)	Total Population Age 65+	Non-Elderly Poverty Pop	Transit Need (Trips/Year) for Transit Dependent Population	Total Transit Need (Trips/Year)
Barrington	8,669	956	530	9,041	28,174
Brentwood	4,182	386	287	4,095	13,592
Brookfield	780	179	27	1,253	2,535
Dover	29,476	3,710	2,544	38,049	95,797
Durham	8,222	1,058	1,753	17,102	26,722
East Kingston	2,453	438	41	2,914	7,972
Epping	6,575	872	401	7,745	21,369
Exeter	14,249	2,568	953	21,422	46,309
Farmington	6,805	804	892	10,318	22,116
Fremont	4,324	539	95	3,857	14,053
Greenland	3,644	575	125	4,259	11,843
Hampton	14,765	2,917	996	23,807	47,986
Hampton Falls	2,307	355	80	2,647	7,498
Kensington	2,048	254	74	1,996	6,656
Kingston	6,014	912	236	6,984	19,546
Lee	4,285	653	95	4,551	13,926
Madbury	2,000	178	156	2,032	6,500
Middleton	1,563	180	199	2,306	5,080
Milton	4,572	621	367	6,011	14,859
New Castle	966	328	16	2,093	3,140
New Durham	2,648	353	140	2,999	8,606
Newfields	1,625	172	0	1,046	5,281
Newington	800	147	22	1,028	2,600
Newmarket	8,847	901	834	10,556	28,753
Newton	4,717	424	420	5,135	15,330
North Hampton	4,344	813	141	5,804	14,118
Northwood	4,269	632	357	6,017	13,874
Nottingham	4,825	453	119	3,480	15,681
Portsmouth	20,831	3,308	1,356	28,376	67,701
Rochester	29,611	4,640	3,581	50,017	96,236
Rollinsford	2,528	324	134	2,786	8,216
Rye	5,275	1,242	168	8,578	17,144
Seabrook	8,747	1,755	1,031	16,950	28,428
Somersworth	11,722	1,350	1,692	18,508	38,097
South Hampton	799	134	17	919	2,597
Strafford	3,998	549	62	3,717	12,994
Stratham	7,291	886	9	5,445	23,696
Wakefield	5,011	1,004	172	7,155	16,286
RCC Region	**255,787**	**37,570**	**20122**	**350,998**	**831,307**
New Hampshire	**1,280,899**	**186,137**	**102,299**	**1,754,845**	**4,162,922**

Sources: U.S. Census 2010, ACS 2010-2014

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 831,300 trips per year, based on the total population in the region. By 2025, the total transit need would be nearly double this.

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 population with disabilities 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 350,998 trips per year in 2014.

4.6 Findings from Consumer Survey

In 2016 the Alliance for Community Transportation conducted a survey in collaboration with multiple health and human service agencies to get a clearer picture of the transportation needs of seniors and individuals with disabilities in the region. Surveys were distributed through partnering health and human service provider agencies, with 172 surveys returned. 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:

- 172 surveys returned
- 72% respondents female
- 77% age 65+
- 47% live in a single family house
- 55% have income <$20,000

Transportation Use:

- 31% have a driver's license and a vehicle available
- 70% get rides from family/friends
- 15% use public transit (COAST or Wildcat Transit)
- 16% use agency vehicle or public bus
- 17% use a taxi
- 73% would use coordinated service for healthcare appointment
- 56% would use coordinated service for grocery shopping
- 38% would use coordinated service for non-grocery errands

Barriers to Mobility:

- 41% noted they no longer drive
- 11% noted they have a car and license, but avoid driving at night or in poor conditions
- 54% missed a health care appointment in prev. 12 months due to lack of transp.
- 45% had foregone grocery shopping or other errands in prev. 12 months due to lack of transp.
- 36% noted they don't know what services are available
- 32% noted service isn't available when they need it
- 24% noted service isn't available to destinations they need to access

4.6 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 June through August 2016. The two regional planning commissions sent invitations in June to all Welfare Officers in the 38 communities in the region for 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 difficult accessing, and general observations related to lack of transportation.

A total of 14 out of 38 communities in the region responded to the survey: Dover, East Kingston, Epping, Exeter, Fremont, Hampton, Kingston, Madbury, New Castle, New Durham, Newton, Portsmouth, Seabrook, Somersworth, 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 2014-2015, 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. Seven towns noted they 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. Several communities estimated roughly 40%-50% of local welfare recipients lacked automobile access.

- Access to medical appointments was the most commonly cited transportation challenge, note by 6 of 14 respondents. Employment access was next, cited by 5 of 14 respondents. Access to human services offices was cited by four respondents.

- 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 were "1" meant transportation was not a problem, and "10" meant transportation is a major problem. Medical transportation was rated as the most significant issue, at 5.9 out of 10. Employment was second at 5.4 out of 10, Social and Civic Activities was third at 3.9 out of 10, followed by Child Care, averaging 3.4 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. Winter seasonal residents in Hampton Beach were another underserved population noted.

- Broader needs cited included expanded evening and weekend service to fit many retail or service industry work schedules, and East-West transportation between the Seacoast and Concord.

4.7 Survey of 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 June through August 2016, 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, childcare), known specific destinations in the community or region that clients have difficult accessing, and general observations about lack of transportation.

Fourteen health and human services agencies responded to the survey including: Salvation Army, Child and Family Services of NH, Society of St. Vincent de Paul, Seacoast Family Promise, Lamprey Health Care, New Generation, Wentworth Douglass Hospital, Seacoast Mental Health, Dover Housing Authority, Kingston Human Services, St. Thomas More Food Pantry, My Friend's Place, and Exeter Hospital. The survey questions and responses can be found in the **Appendix A-3.**

Summary of Findings

- Respondents to the survey included two homeless shelters, three nutrition programs and food pantries, two hospitals and a mental health center, and two municipalities.

- As with the welfare offices, not all agencies specifically track whether clients had access to a private automobile. One agency estimated a low of 1% of clients lacking an automobile, but most other agencies that tracked this reported that 25%-75% of their clients were transportation dependent.

- Access to medical appointments was the most commonly cited transportation challenge, noted by 13 of 14 respondents. Employment access was next, cited by 9 of 14 respondents. Access to human services offices was also cited by six respondents. Other trip needs cited included getting kids to school or daycare, accessing food pantries, and grocery shopping.

- 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 were "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 8 out of 10. Social and Civic Activities were second at 7.9 out of 10. Medical care was third at 7.8 out of 10, and Child Care fourth at 6.1 out of 10.

- Respondents identified a number of areas with concentrations of transit dependent individuals where additional transit service would be useful. Locations noted included Wadleigh Falls Senior Apartments, Mast Landing, all of Farmington, portions of Rochester, portions of Somersworth not on Route 108, Epping, Raymond, Rollinsford, Barrington, Lee and the south side of Dover, the Ledges, New Meadows, and a new senior housing facility on Scotland Road.

5.0 PROFILE OF EXISTING SERVICES

The Southeast region of New Hampshire 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 fixed route and demand response bus services. However, as the region continues to grow rapidly and the population ages, transportation services in the region continue to fall short of the growing demand.

Over the past 20 years, the Regional Coordination Council for Southeast New Hampshire, known as The Alliance for Community Transportation (ACT), has been working to enhance planning efforts, increase collaboration among service providers, and fill service gaps. The region's transit providers – COAST, C&J, the Amtrak Downeaster, and University of New Hampshire's Wildcat Transit (UNH Wildcat) – continue to grow along with its vibrant communities. Human service providers and agencies continue to fill service gaps and provide essential transportation services to the region's underserved populations.

For the 2017 Coordinated Plan, transportation providers, human service agencies, local welfare offices, and community transportation consumers were surveyed. These surveys provided an updated understanding of the needs of consumers, and the resources and challenges of the agencies and organizations that serve them.

It was not possible to collect survey responses from all of the transportation providers in the region, but the answers collected 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 11 communities in the region. COAST, through NH RSA 239, is an independent body, political and corporate, of the State of New Hampshire and consequently is a designated direct recipient of Federal Transit Administration (FTA) funding, described in Section 7.2 of this plan.

COAST provides fixed-route service in 8 of the 38 municipalities in the Southeast RCC region. However, based on population data from the 2010 census, those communities represent 82% of the total population in the region. COAST's public transit routes have seen ridership more than double over the past decade, increasing approximately 123% in the past five years. In fiscal year 2016 COAST provided 477,729 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[1]. Several multi-ride passes are also available: $15 punch tickets; monthly passes for $52; single-ride drop tickets; and $130 monthly passes for the Clipper Connection. 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

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[1] For administrative reasons, there is a temporary $0.25 surcharge for passengers boarding COAST vehicles (including ADA paratransit) in Somersworth. See http://www.coastbus.org/default/fares_passes.html for more details

from UNH or Great Bay Community College also allow free travel on all COAST routes except the Clipper Connection.

In addition to inter-city routes, COAST operates intra-city service in Dover and Portsmouth. The Dover FastTrans service operates nine daily trips (Monday through Friday) that connect the Dover Transportation Center, the downtown Henry Law Park, the NHDOT Park & Ride at exit 9 of the Spaulding Turnpike, and the Strafford County Complex. COAST 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.

On January 9, 2012, COAST launched its COAST Clipper Connection service – express bus service connecting Rochester, Somersworth, and Dover with Portsmouth Naval Shipyard (PNSY). The service is funded through Congestion Mitigation and Air Quality (CMAQ) funding and matching support from the US Navy's facilities division (NAVFAC).

As part of the Newington-Dover/Little Bay Bridges expansion project, COAST received 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
The University of New Hampshire (UNH) provides fixed-route service via Wildcat Transit (University Transportation Services), which serves UNH students, faculty and staff, and the public. Wildcat Transit operates free campus-based connector routes in Durham with schedules varying in conjunction with university operations. Wildcat Transit also provides longer fixed-route service from Durham to Dover (Route 3), and from Durham to Newington and Portsmouth (Route 4), and from Durham to Newmarket (Route 5). Costs are $1.50 per ride for the public, with UNH students, faculty, and staff riding for free (with UNH ID). Children under the age of five 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.
Visit the Wildcat Transit website for more information.

C&J Bus Lines
C&J Buslines 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. Buses run approximately every half-hour during the morning commute and approximately every hour throughout the day, with slightly reduced weekend and holiday service. In 2011 C&J began offering service between Ogunquit, (ME), Portsmouth (NH), Tewksbury (MA), and New York City. Buses run three times per day, 7 days a week (with only two runs on Saturday). 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. 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. Children 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. **Error! Reference source not found.** on the next page displays recent total ridership data for C&J starting in 2002. **Error! Reference source not found.** shows regionally-specific ridership from points in southeast New Hampshire (including Newburyport, MA), to Boston, MA.

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 Demand Response Providers

COAST
While all of COAST's fixed-route bus fleet is fully accessible to persons with disabilities, in addition to its regional fixed-route service, 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 1,598 trips to 15,066 trips in FY2015; a 843% increase in five years.

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. Due to lack of significant ridership, The North Bus was discontinued in September of 2016. The North Bus was a once-a-week service prioritized for individuals with disabilities and elderly residents in Middleton, Brookfield, Wakefield, New Durham and Milton. Preliminary analysis of demographics and potential user need suggested that ridership would support the service, but ridership was consistently low, with only a core group of five or six residents. For a detailed summary and explanation, see chapter 8.

Wildcat Transit
Wildcat Access provides on-campus transportation service for UNH students and employees with permanent or temporary mobility impairments. Wildcat Campus Connector 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 agencies 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 ACT and 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.

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 28 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.

Wentworth Senior Living

Wentworth Senior Living collaborates with the City of Portsmouth to provide transportation services for residents of the city and the Mark Wentworth Home. Demand-Response transportation was provided to seniors within the City of Portsmouth primarily for grocery shopping or to health care services. Reservations for the "curb-to-curb" service are can be made the morning before service. Service is provided by wheelchair-accessible vehicles, one of which was funded through the Federal Transit Administration (FTA) Section 5310 program.
wentworthseniorliving.org

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.
Thehomemakers.org

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 and two accessible cut-away vans which were purchased with FTA 5317 funds. These vehicles are not funded through the Federal Transit Administration (FTA) Section 5310 program.
rockinghammealsonwheels.org

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.
Communitypartnersnh.org

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.
Straffordcap.org

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.

Gsil.org

Volunteers and Volunteer-Based Organizations
Ready Rides

Ready Rides is a 501 (c) 3 non-profit organization that is a community-based effort to help seniors and the disabled get to medical related appointments and other essential services. Ready Rides provides transportation to medical appointments at no charge to residents of Barrington, Durham, Lee, Madbury, Newfields, Newmarket, Northwood, Nottingham, and Strafford.

Readyrides.org

Transportation Assistance for Seacoast Citizens

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.

Tasc-rides.org

Rye Senior SERVE

Rye Senior SERVE is a private non-profit that operates its own minibus to provide transportation services to senior residents of Rye. Program volunteers provide a number of transportation services to Rye seniors: trips to healthcare appointments; weekly trips to the Portsmouth area to grocery stores, pharmacies, and the bank; social events at the library; and personal home wellness visits.

Town.rye.nh.us

Wakefield First Congregational Church - The Good Shepherd

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.

Fccwakefieldnh.org

Taxi Cabs & Livery Service Providers

There are numerous private taxicab and livery service companies operating in and around the Southeast NH area. While none was 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

The COAST call center is an important tool for coordinating demand-response transportation services. The call center was developed with support from FTA funds in the form of a Veteran Transportation and Community Living Initiative (VTCLI) grant. As of August, 2016 the call center was rebranded as TripLink. TripLink hosts the well-established Community Transportation Directory maintained by ACT and is focused on helping seniors and individuals with disabilities find transportation that meets their needs, especially non-emergency medical transportation, shopping trips, and access to nutrition services.

In addition to providing information and referrals to the public, TripLink also performs call-taking and driver scheduling on behalf of COAST, Ready Rides, ACT's Community Rides program. In the Spring of 2017 Rockingham Nutrition and Meals on Wheels will join TripLink to coordinate their extensive driver network and call-taking needs. Consolidating these call center services in one location will help nonprofit transportation providers operate more efficiently and make it easier for the public to find the services they need. This work is part of a national effort funded through the Veterans Transportation and Community Living Initiative to create similar One-Call One-Click Centers around the country.

5.4 Overview of Service Gaps

Identifying service gaps and finding ways to fill them is a critical part of effective public transportation planning. Managing changes in transportation services throughout the region is a never-ending process and demographic data are the primary tool for tracking the distribution of regional population and responding to transportation demand. Regional planners and transportation providers work collaboratively with other stakeholders to ensure that data are used accurately so that regional transportation resources are appropriately distributed throughout the region.

Direct reporting about ridership and service area from transportation providers and human service agencies is a primary tool for tracking service and identifying gaps throughout the Southeast RCC region. The survey conducted for the update to this plan provided more detailed information from a wider sample of transportation providers and human service agencies; the results are described later in this chapter. The community transportation directory managed by ACT and the Community Rides is also an important tool for tracking transportation services in the region.

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:

- 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 human service agencies
- Hours of operation of transportation service provided by agencies
- Improved capacity of Regional Coordinating Council to coordinate regional providers and services
- Promote transit-oriented development practices in urban areas

Efforts to 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 includes dedicating resources to coordination of demand-response services. The main goal of the region's transportation coordination effort is to address transportation service gaps. Improving the overall coordination of transportation services could generate additional resources that may be used to fill identified service gaps. Significant planning work has been completed to date, as described in earlier sections of this plan. However, as the region continues to strive for a more coordinated system, some key issues need to be addressed to support implementation of this strategy.

- Maintaining a clear picture of regional provider capacities, their vehicle operations, existing levels and sources of funding, client bases, and whether their needs and requirements are currently being met. As the transportation planning process continues to evolve, it is important to gather and analyze additional data from the many other human service providers not yet surveyed to evaluate service needs, identify potential gaps, and prioritize projects for implementation. In addition to analyzing recently collected provider data, more detailed regional information is needed to understand agency-specific factors such as the number and types of clients served; specific geographic service areas; hours of operation; level of service available to clients; and agency needs and plans for service improvements.

- Outreach to a broader range of providers, transportation consumers, employers, and local and regional governments is a continuing goal of ACT and its partners. Education on the importance of improving regional transportation services should stem from outreach efforts. Outreach should ultimately result in greater participation from stakeholders and agencies in ongoing efforts to improve coordination of transportation services. A final step for the coordination effort is to negotiate contracts and establish billing standards with individual agencies.

- Evaluating current and ongoing funding needs for the coordinated system, and seeking additional sources of funding, is a critical requirement. It is especially important to continue developing strong relationships with municipalities to secure sources of matching local dollars as described in Section 7.0.

- Promote participation in the newly implemented TripLink system to ensure transportation providers can efficiently schedule trips and clients have access to a variety of service options.

- Coordination efforts and collaboration among ACT partners should be directed toward addressing transportation provider concerns and potential barriers to coordination as described in Section 8.1.

- It is important to work through short and long-term strategic actions (described in Section 8) while remaining mindful of the longer-term vision, goals, and objectives for the coordinated system.

5.6 Community Transportation Provider Survey

The 2017 update to the Coordinated Plan included an expanded survey effort to understand the resources and challenges of human service and transportation providers, and the needs of consumers in the region. In June of 2016 surveys were sent out to the demand response transportation service providers, regional and local human service agencies, and local welfare offices throughout the Southeast NH region. The surveys were administered using an online service called Survey Monkey, which aided in distribution to respondents and data analysis. Findings from the transportation providers survey are summarized here. Findings from the other surveys are summarized in Chapter 4, and details are in **Appendix A.**

Transportation Providers' Survey
- Type of service
- Geographic area
- Vehicle needs
- Trips and distance traveled
- types of clients
- service costs

Trip data from providers
- Total trips
- Type of client
- Trip purpose
- COAST ADA data

Table 5.1 - Respondents to Provide Agency Survey

Rye Senior SERVE
Ready Rides
Seabrook Welfare Program
Great Bay Services
COAST
Tri-City Consumers' Action Cooperative
Transportation Assistance for Seacoast Citizens
New Hampshire Association for the Blind

Summary of Transportation Providers Survey Results

8 transportation providers responded to the survey
- The number of one-way trips provided per week varied widely from 10 (NH Association for the Blind) to 75 (Transportation Assistance for Seacoast Citizens). COAST was an outlier with 350 trips provided throughout its ADA, Medicaid, and Community Rides programs. Most agencies reported not providing trips on the weekends.
- The majority of individuals served by agencies were seniors or persons with disabilities. Ready Rides reported providing a significant proportion of rides to the general public
- Many respondents reported that their drivers travel between 20 and 45 thousand miles during a single year
- Agencies noted that when they had to deny a service request from a client it was primarily because the client was not in their geographic service area, because the request was during a time the agency didn't operate, or the client was not qualified for the service (e.g. Medicaid/Medicare). New Hampshire Association for the Blind noted that most service denials were because of lack of capacity.
- The majority of respondents reported providing curb-to-curb service (rider must get from building to vehicle without assistance); three provided door-to-door service, where the driver may assist the rider in getting from the building to the vehicle; and only two reported being able to provide door-through-door service, where the driver is allowed to enter a rider's residence to assist them.
- Except for COAST all respondents provide service at no cost to clients
- Most respondents were interested in increasing the coordination with other transportation agencies in the region, but some were restricted by local or state contracts.
- Agencies provided various details on their organizational practices such as hours of operation, service and administrative costs

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:

- o   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
- o   No formal mechanism for cooperation or communication among these operators
- o   A total level of service well below the total level of need
- o   Vehicles and other resources not utilized to capacity
- o   Duplicative services in some parts of the community but other areas with little or no service
- o   Substantial variations in service quality including safety standards, from provider to provider
- o   A lack of reliable information—for consumers, planners, and service operators—about the services being provided and their costs
- o   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:

o   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
o   Second, higher quality and more cost-effective services can result from more centralized control and management of resources
o   Third, the enhanced mobility created by better access to jobs, health care, shopping, or community facilities has substantial personal and community benefits
o   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."
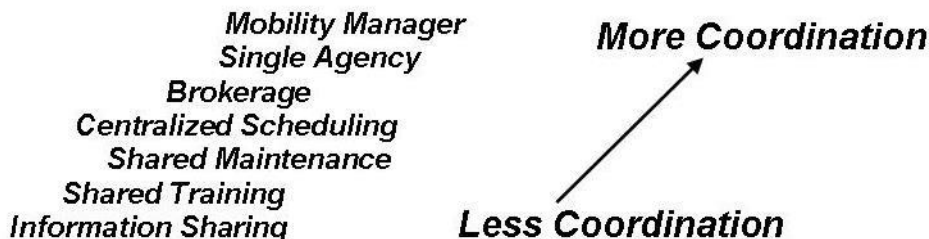
6.5 Coordinated Transportation Model

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 c*oordination 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

Mobility Manager
Single Agency
Brokerage
Centralized Scheduling
Shared Maintenance
Shared Training
Information Sharing

More Coordination

Less Coordination

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.

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 (NH DHHS) 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.

While the call center (dubbed TripLink) is functioning and taking calls on behalf of COAST, Ready Rides, and ACT's Community Rides program, as of September 2016 no agency has moved their already existing call taking to TripLink. Rockingham Nutrition & Meals on Wheels has signed a contract to begin using TripLink, but has not completed the transition. TASC has committed to moving is call taking to TripLink by January 2018.

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 attempt to begin coordinating 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:

- o 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
- o COAST created a call center that may be upgraded as needed to manage future expanded call volumes
- o 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
- o 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

Efforts to establish a coordinated transportation service (the Community Rides) which would be provided by a network of providers selecting trips through an online trip board were minimally effective. Community Partners was initially the only participant. After COAST transferred its status as Lead Agency for POS Funds to the Rockingham Planning Commission, it began providing Community Rides trips as well. Shortly thereafter Community Partners, dealing with a financial crisis, stepped away from all coordination efforts. No other providers have yet to meet the RCC's Service Standards and participate in the Community Rides.

In February 2013 the RCC was successful in helping to launch a new volunteer driver program using the model developed by TASC. The new, independent agency is called Ready Rides and now serves 9 communities in region. Its coordinator promotes the service, registers clients, and recruits and trains volunteer drivers. The call taking for Ready Rides is performed by TripLink.

As the sole non-volunteer agency to have met the Service Standards, COAST also performs accessible trips requested by Ready Rides' clients with disabilities. TASC has opted to meet its accessibility requirements by purchasing an accessible minivan with Section 5317 Capital Funds and training a cadre of volunteers to properly secure mobility devices and operate the vehicle. Future Community Rides participants will likely provide accessibility services for both Ready Rides and TASC.

The web-based software used by TripLink is an effective tool for decentralized agencies such as volunteer driver programs and may allow for future collaboration between agencies. The online functionality could either allow dispatchers at multiple agencies to work together to apportion trip requests or alternatively, TripLink could function as the primary dispatcher/scheduler, and agency partners could use the web portal simply to access their trip assignments or fully developed manifests.

The region is using Section 5310 Formula Funds to support the call center, but coordination partners are expected to share in the coordination/call center expenses in recognition of the shifting of certain responsibilities to TripLink.

6.6 Southeast NH Region Coordination Summary

In January 2011 the Southeast NH RCC formally identified COAST as the lead agency to manage community transportation coordination in the region. In July 2014 the responsibilities of lead agency were split between COAST and the Rockingham Planning Commission. COAST continues to serve as the lead agency for formula funds while the Rockingham Planning Commission is the lead agency for Purchase of Service. COAST is the largest local transportation provider and this transition has allows it to receive Purchase of Service funds and therefore participate more fully as a provider.

Given the NH DHHS 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 NH DHHS 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, private donations, and fares or rider donations. Senior transportation programs partially funded under the Older Americans Act Title III-B program are an example of this. NH DHHS does not require that agencies provide their Title III-B services in a coordinated fashion and fund transportation using a unique methodology that is inconsistent with industry practice and which does not take into consideration how the costs of service provision are incurred.

A statewide coalition of III-B providers has been meeting with NH DHHS in the hopes of moving to a per mile or per trip formula, rather the current "person day" formula.

Medicaid transportation in New Hampshire is currently handled by a single broker, Coordinated Transportation Solutions (CTS). This system functions as a kind of coordination in that there is one call taker and multiple providers, except that it is not done in concert with the RCCs and their efforts to coordinate within their regions.

The RCC's efforts seem to have led to increased transportation in the region, but there is no evidence that it has reduced duplication of service or created efficiencies that led to cost-savings or allowed for an increase of service with level funding. Untangling the web of III-B funding, municipal match, and longstanding missions, service areas, and expectations requires continued, consistent effort on the part of all involved.

7.0 FUNDING SOURCES

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

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

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

Earlier planning for transit coordination in the Southeast New Hampshire region and statewide included an assumption that the New Hampshire Department of Health and Human Services (DHHS) would integrate Medicaid Non-Emergency Medical Transportation (NEMT) with regional coordination brokerages as called for in the 2006 statewide coordination study conducted by the Governor's Task Force for Community Transportation. Ultimately DHHS pursued a different model for Medicaid Managed Care where all Medicaid NEMT is now coordinated through a separate transportation manager organization. Many human service transportation providers as well as public transit agencies and for-profit providers are now participating as Medicaid NEMT providers, though the statewide Medicaid transportation manager is not integrated with any of the regional coordination efforts.

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

7.1 United States Department of Transportation

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

Section 5307 Urbanized Area Formula funds are the primary source of federal funding that supports COAST transit services. These funds are apportioned and managed differently depending on the size of Census-defined Urbanized Area where they are being used. For Small Urbanized Areas, with a population between 50,000 and 200,000, Section 5307 funds allocated to the State and apportioned to transit systems based on a formula including population and population density within Census-defined Urbanized Areas. These Small Urban Section 5307 funds can be used for capital, maintenance, and operating expenses. COAST receives Section 5307 funds apportioned to the Portsmouth Urbanized Area and the Dover Rochester Urbanized Area. COAST also receives a limited amount of Section 5307 funding through the

Maine Department of Transportation based on COAST service extending across the state line from Somersworth into South Berwick. In SFY 2018 COAST is making a limited amount of its 5307 allocation available to fund mobility management expenses.

FTA Bus & Bus Facilities Program Grants (Section 5339)

The Bus and Bus Facilities grant program (49 U.S.C 5339) provides capital assistance for transit agencies to purchase new or used buses, as well as construct bus-related maintenance or passenger facilities. Section 5339 funding accruing to the State are available annually through a competitive grant process.

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

This program provides formula funding directly to transit agencies (in areas over 200,000 in population), and to states for rural and small urban areas. The program purposes is 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 were originally allocated 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. However under MAP-21 two other programs were absorbed into Section 5310, and eligible uses of program funding were expanded to include transit operations and mobility management.

Two pools of Section 5310 funding are allocated to the RCC region by the NH Department of Transportation. These include: 1) Section 5310 Purchase of Service funding from NHDOT used to support the Ready Rides and TASC volunteer driver programs, the Community Rides demand response medical trip service for seniors and individuals with disabilities, and limited nutrition access provided by Rockingham Nutrition & Meals on Wheels; and 2) Section 5310 Formula funding that supports regional mobility management efforts. NHDOT also manages a third pool of Section 5310 funding used only for vehicle replacement, and requires that applicants participate in regional coordination efforts where they exist. Multiple agencies in the region have used Section 5310 capital grants to purchase vehicles.

FTA Funding Programs Discontinued under MAP-21 and the FAST Act

Two FTA funding programs described in the prior Coordination Plan have since been discontinued and consolidated into the Section 5310 program. One of these was the Job Access and Reverse Commute program (JARC, or Section 5316), which was aimed at developing new transportation services for welfare recipients and low-income persons seeking to obtain and maintain employment. The second discontinued program was the New Freedom program (Section 5317) which targeted expanding the transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act (ADA).

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

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

- To promote the safe and efficient operation of public transit systems while efficiently utilizing public and private resources;
- Developing state and local relationships to address the training and technical needs of the rural transit community;

- To continually improve the quality and availability of resources and technical assistance to rural systems;
- To encourage individual local transit operators to work together in solving mutual issues;
- To support the coordination of public, private and human services transit providers within a region.

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

State RTAP funds are intended for education, staff development and technical assistance for rural transit operators. In New Hampshire, these funds are used to support rural transit activities by way of training, technical assistance, research, and support services. As such, this program does not fund operational or capital expenditures. This program does not require a matching share. While portions of each community in the study area are urbanized, there are non-urbanized areas in the region such that RTAP funds could be available for eligible projects.

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

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

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

Congestion Mitigation and Air Quality (CMAQ) Program

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

CMAQ funding for transit is typically spent in the following ways: to purchase buses, vans or rail equipment; for transit passenger facilities; or for operating support for pilot transit services. Funding may be used for all projects eligible under FTA programs including operating assistance for up to five years. In New Hampshire CMAQ funds are typically available on a two year cycle, with the next opportunity to apply anticipated in late 2016, with project selection in early 2017.

Because of the requirement to demonstrate air quality benefits, when CMAQ funds are used for transit it is typically for fixed route commuter transit, where it can be demonstrated that the bus is taking cars off the road. COAST is currently using CMAQ funds successfully for its Clipper Connection service, and expanded commute hour service on Route 2 and the Pease-Portsmouth Trolley. CMAQ funding is difficult to justify for demand response service, as this type of service does not necessarily remove traffic

from the roads, nor result in fewer trips, but rather targets basic mobility for those who would otherwise have difficulty traveling.

7.2 United States Department of Health and Human Services (USDHHS)

Many federal programs, apart from traditional transit programs, include funds that can be used for transportation. These funds are typically reserved for addressing the transportation needs of the population served by the program, and often can be used only for transportation related to that program, not for the general transportation needs of the participants. In some cases, program funds can be used for general access or to expand overall service in a coordinated system. The Medicaid program accounts for the largest share of NH Department of Health and Human Services (DHHS) transportation expenditures, though as described earlier is now coordinated under a separate statewide broker that is not tied in with regional coordination efforts. DHHS has discussed coordinating transportation services offered by its various divisions both internally and with the Department of Transportation, though has made relatively little progress with this due in part to budget pressures.

Temporary Assistance for Needy Families (TANF)

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

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

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

Older Americans Act, Title III-B

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

Lamprey Health Care, Rockingham Nutrition Meals on Wheels program and other agencies around the state to support senior transportation services.

An initial attempt to reorganize and consolidate the Title III-B program in 2014 included a change in the trip reimbursement formula. This was intended to assist agencies serving rural areas with greater driving distances, but also significantly reduced per trip reimbursement which had an adverse impact on Title III-B providers in the Southeast New Hampshire region. Further change in the program is anticipated, and will hopefully address this problem.

7.3 Other Sources of State and Federal Funds

State General Fund Appropriations

The State of New Hampshire contributes very little to support public transportation. In 2012, the most recent year for which comprehensive data are available, the average per capita state contribution to public transportation was $47.20 (AASHTO/APTA). If one looks at the median state per capita contribution, to remove the influence of large states such as New York or California which fund large rail systems, the median state investment was $4.20 per capita. New Hampshire's contribution of state dollars to public transportation in 2012 was $0.18 per capita. Most of this amount is actually funding spent on intercity commuter bus service on I-93 required as part of the interstate widening project. The state has also historically contributed 10% match toward capital bus purchases by public transit agencies. At present New Hampshire contributes no state funding to public transit operating assistance.

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

Community Service Block Grants (CSBG)

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

Corporation for National Service - AmeriCorps and VISTA Programs

The AmeriCorps VISTA program places skilled volunteers in community development positions around the country, with an emphasis on helping bring communities and individuals out of poverty. Approximately 7,000 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 FTA dollars and other federal funding streams. For COAST, FY2016 municipal requests totaled approximately $595,000 across eleven communities. Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in a strong economy, and has been particularly challenging given the current economic downturn.

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

Local Option Fee for Transportation Funding

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

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

County Funding

Historically Rockingham County has not participated in funding transportation, with the exception of a shuttle that at one point brought participants to the County's Adult Medical Daycare program at the County Complex in Brentwood. That service was ended several years ago. One reason may be that service areas for transportation programs have historically not followed county boundaries – note that three different RCCs cover parts of Rockingham County.

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

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

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

Sales of Services and Products

Many transit systems bring in additional dollars through the sale of products and services. One of the most common sources of such income is the sale of advertising space inside or outside the vehicles. COAST generates over $190,000 annually in advertising revenue. While the North Bus was operating, sales of advertising on the bus covered the bulk of the non-federal match needed for operations.

Agency In-Kind Matching Funding

While not cash funding, a major advantage of a coordinated system is the potential to use existing resources from multiple provider agencies as in-kind match for Federal Transit Administration (FTA) funding. If an existing provider agency, such as Lamprey Health Care, or TASC or Ready Rides uses non-federal funding to support transportation services, or even non-USDOT funding such as Title IIIB dollars, a properly structured coordination agreement can allow these funds to be used as match for FTA dollars. Given the challenges of increasing municipal investment, state investment, and the short term nature of most private foundation grants, collaborative operating agreements that make use of existing agency funds to leverage new FTA dollars are one of the most promising opportunities for expanding services in the region.

Private Charitable Foundations

Foundation support has been, and will continue to be, vital to the success of transit in the region. A three year pilot grant from the Endowment for Health (EFH) supported the start-up of ACT and the Southeast New Hampshire RCC providing key non-federal matching funding for coordination planning efforts. Similarly, the United Way of the Greater Seacoast (UWGS) has supported ACT's efforts along with the NH Charitable Foundation (NHCF). Other provider agencies have been successful in securing grant funding from other foundations.

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

8.0 FINDINGS AND RECOMMENDATIONS

This chapter summarizes progress in implementing transportation coordination since the adoption of the updated *Coordinated Public Transit/Human Services Transportation Plan* for the region in 2012. 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 and 2012 COORDINATION PLANS

Significant progress has been made in implementing recommendations for regional transportation service coordination and expansion identified in the *2007 & 2012 Coordination Plans*. 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 Lead Agencies for the RCC*
  COAST served as the single Lead Agency for ACT from 2010 until June 2015. As of July 2015, the Rockingham Planning Commission has taken on the role of Lead Agency for Purchase of Service. COAST continues in its role as the Lead Agency for Formula Funds. This transition has allowed COAST to participate in POS as a transportation provider. Given its status as the largest public transportation provider in the region, it was determined that their participation as a provider was crucial to ACT's success.

- *Hired Coordination Manager*
  In early 2009 COAST hired a Manager of Coordination Planning and Operations and an Assistant Manager of Coordination in 2011. As operations have transitioned, COAST currently employs a Community Transportation Manager and two reservationists.

- *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 five 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.

- *Procured Vehicles*
  Using 5317 capital funds, ACT provided the federal funds for an accessible minivan for TASC to use in transporting its accessible clients; 2 cutaway style buses for Rockingham Nutrition & Meals on Wheels, and a cutaway for Riverside Rest Home.

- *TripLink Expansion*
  COAST's Call Center initially took trip requests for COAST's ADA service and the North Bus. It has expanded into taking calls for Ready Rides and the Community Rides and has taken on an information and referral role as well. In the summer of 2016 the Call Center was rebranded as TripLink to reinforce its broader role in the community. In spring 2017 TripLink will take on the call-taking and scheduling for Rockingham Nutrition & Meals on Wheels. In fall 2017 TASC will move its call-taking to TripLink as well.

- *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 have been updated to better reflect best practices and current insurance norms.

- *Secured Multiple Sources of New Funding*
  COAST and the RCC members have been effective in securing funding for implementing service activities. Over the past 6 years, funding has been received from the FTA's 5317 New Freedom and 5316 Job Access Reverse Commute programs. Primary funding has since transitioned to Section 5310 Purchase of Service and 5310 Formula Funds made available by NHDOT from the FTA.

  COAST has also received VTCLI capital funds for technology improvements and capital funds used to purchase vehicles. Local match has been secured through municipal requests, vehicle advertising, grants from private foundations, and cash match from providers using TripLink as their call center.

- *Piloted a Shopper Shuttle in Rural Communities*
  In April 2011, COAST implemented the **North Bus** on behalf of the RCC. 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 marked the first public transportation available in Brookfield, Wakefield, Middleton and New Durham and a limited restoration of service to Milton. The service expanded to serve Farmington in 2012. Unfortunately, this service was ended at the end of FY16. While there was a small cadre of frequent riders, ridership was too low to warrant continuing the service.

- *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). Initial funding for the service was 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. Continued funding is provided by FTA Section 5307 funds and PSNY.

- *Community Transportation Directory*
  In 2012 the RCC launched an online Community Transportation Directory. The Directory is searched on a variety of criteria including pick-up town and trip purpose. Printed copies of the Directory are also available and are distributed through social service agencies, libraries, and at community events. It is updated regularly.

- *The Community Rides*
  In fall 2014 ACT launched its coordinated non-emergency medical transportation program. Initially the program served only federally-designated community health centers but was expanded to bring clients to any registered medical destination as of July 1, 2015. This service is available at no charge for seniors and individuals with disabilities.

- *Scheduling Software*
  COAST continues to participate as a pilot site in NHDOT's scheduling software project. COAST uses this software – RydeLog – to manage its ADA paratransit, North Bus, and Medicaid trips. An older version of the software, UWR, is used by Ready Rides and TripLink to allow TripLink to accept trip requests and to allow volunteers to select rides online. The final component, QRyde, which will be used to facilitate the coordinated non-emergency medical transportation, continues to be behind schedule. Ready Rides' UWR module is scheduled to transition to QRyde in the spring of 2017.

- *Expanded Service from Volunteer Driver Programs*
  The RCC assisted in the launch of a new volunteer driver program in 2012. Ready Rides began by serving seniors and individuals with disabilities in Barrington, Northwood, Nottingham, and Strafford and has expanded to serve Durham, Lee, Madbury, Newfields, and Newmarket as well. This service has grown steadily over the last 3 years. ACT has used 5317 and 5310 to help fund its operations. Currently, 5310 funds are used to provide volunteer mileage reimbursements and administrative expenses.

  ACT has also worked with Transportation Assistance for Seacoast Citizens (TASC) to help the agency access 5317 Mobility Management funding and to purchase an accessible minivan. The accessible minivan is operated by a specially trained cadre of volunteers. Ambulatory trips continue to be performed in volunteers' own vehicles. TASC has begun access Section 5310 Purchase of Service funds for volunteer mileage reimbursements and administrative expenses.

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). The rapid growth of Ready Rides, providing over 2,000 non-emergency medical trips per year in the region, just 3 years after having launched, bears out the premise that seniors' needs are not being adequately met.

- *Transportation need is greater in some parts of the region than others*
  Based on the service gap analysis conducted in 2010 and updated in 2012, unmet need for transportation is particularly acute in certain areas of the region, particularly in the southeastern portion of the region (south-central Rockingham County). These areas are not served by COAST's or Wildcat Transit's core fixed route networks and have been identified as priorities for the first phase of service expansion. While the rural towns north of Rochester had appeared to be a high need region, the North Bus's low ridership indicates that either residents have found alternate solutions or that a once per week shuttle does not meet seniors' needs.

- *Services are more widely available to some populations than others*
  Aside from COAST's fixed route services, most other transportation services in the region target the clients of various provider agencies or specific demographic groups – seniors and individuals with disabilities. Access is relatively more limited

- *Employment is a top priority for some*
  Employment was identified as a significant problem by welfare officers and some human service providers in the region. ACT's consumer survey, which primarily reach seniors, did not identify employment transportation as a significant need.

- *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. Volunteer driver programs are currently active in at least 18 of the region's 38 municipalities. The two largest volunteer driver programs in the region continue to look at expanding into rural communities.

- *Statewide work of the State Coordinating Council is providing benefits to the RCC region*
  The SCC's work in encouraging the NH Department of Transportation to flex $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. The SCC is also actively working to convince NHDHHS to renew its participation and is in the midst of updating its strategic plan.

- *Changes at NH Department of Health & Human Services*
  The State's decision to transition to Medicaid Managed Care (MMC) led to NHDHHS disengaging from the coordination efforts. Managed Care Organizations (MCO's) initially contracted with their own transportation brokers and there was no coordination with ACT or even within Medicaid. However, there is currently only one transportation broker in the state. While this has reduced some of the burden on transportation providers, the brokerage software being used does not allow for a consolidated interface. NHDOT's recent receipt of an FTA Rides to Wellness grant is intended to bridge this gap.

  While the situation has improved within the Medicaid network, there is no coordination between the transportation broker and any of the RCC's, nor is any envisioned.

  There have been changes in how the Bureau of Elderly and Adult Services provides funding for transportation through the Older Americans ACT Title III-B. Further changes are under review as transportation providers seek improvements in the funding formula.

- *Provider agency concerns*
  The 2007 and 2012 *COORDINATED PLANS* described a range of concerns identified by participating provider agencies around coordination. While some progress has been made, they continue to warrant reference. The concerns include:

  - ✓ **Funding Impacts** – Making significant changes to their service models could endanger providers' Title III-B funding and municipal support. These serious concerns continue to be a significant hurdle to reducing redundancy and filling gaps in service.
  - ✓ **Service Quality** – Agencies that could benefit from a coordinated call center continue to have several concerns. It is important that customer service remains high, there needs to be a feedback loop between TripLink and the providers, and finally, providers are concerned that some client will have difficulty understanding the transition and that they will lose clients because of this.
  - ✓ **Stakeholder Involvement** –The Alliance for Community Transportation continues to have good meeting attendance and a high level of engagement from its members.

- *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. Having received private grants to use as match from the Endowment for Health, the United Way of the Greater Seacoast, and the NH Charitable Foundation, it is unclear if the RCC will continue to find external sources of local match. If the only sources of match available are noncash, this will dramatically reduce the RCC's budget.

- *Increased service, but limited coordination*
  The RCC's work has led to increased service in the communities served by Ready Rides and a limited increase in service with the implementation of the Community Rides. However, there has been limited success in implementing coordination practices such as shared fuel purchasing or driver training, joint maintenance or information sharing. Consolidated call center functions has been a primary focus or the RCC but thus far only COAST, Ready Rides, and the Community Rides' ride requests pass through TripLink. Rockingham Nutrition & Meals on Wheels and TASC have committed to moving their call-taking and scheduling to TripLink, but this has not yet been implemented.

  In November 2016 the RCC began a renewed effort to identify opportunities for coordination that are readily implementable and that will reduce costs or administrative burdens for providers.

- *North Bus Cancellation*
  Based on data that indicated a below average rate of car ownership, lower income levels, and a lack of transportation alternatives, ACT launched the North Bus in April 2011 and cancelled in September 2016. The North Bus was a volunteer-driven minibus that brought seniors and individuals with disabilities in six rural communities into Rochester for shopping and services. Despite this, the service was cancelled after it failed to expand its ridership beyond a small but consistent core group of riders.

  Outreach included visiting senior centers, recreation centers, congregate meal sites, distributing flyers, advertising on the local PEG stations, and a mass mailing. The end of this project shows two things – demographic likelihood does not predetermine success, and ACT has been and will continue to be willing to cease funding programs that are not meeting the needs of the region's seniors and individuals with disabilities.

- *Continued software delays*
  The software being developed to allow Community Rides' trip requests to be shared with multiple service providers is still incomplete. Continued delays in launching QRyde have made it difficult to recruit new partners. Additionally, limited interest in participating in Community Rides from ACT's members led to development being paused as HBSS focused on updating QRyde's volunteer module which will be used by Ready Rides.

8.3 Recommendations

The *2017 COORDINATED PLAN'S* recommendations reflect the *2013 STRATEGIC PLAN* and ACT's successes and delays since that time. ACT's goal here is to identify actions that have the greatest chance of garnering member support and being implemented by lead agency staff.

<u>*Short Term Recommendations and Action Plan*</u>

The following steps should be pursued in the first two years (2017-2018) 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 RCC's 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. ***Finalize service agreements with interested providers to implement funded service expansions***
   Work with member agencies to ensure that those interested in participating in POS-funded services meet a consistent level of service and safety.

   Current projects supported with Section 5310 Purchase of Service funds:

   - Volunteer driver mileage reimbursement and administrative support for Ready Rides and TASC.

   - Funds set aside to support expanded volunteer driver service in as yet unserved communities.

   - The Community Rides: a coordinated network of agencies providing non-emergency medical transportation to seniors and individuals with disabilities within the RCC. Additional, regionally diverse partners are required to increase this program's impact.

   - Access to congregate meals sites in Hampton and Seabrook, supplemented with a shopper shuttle and non-emergency medical transportation as time allows.

   Projects supported with Section 5310 Formula funds:

   - Lead efforts in agency coordination.

   - Travel training and outreach to ensure existing services are fully utilized.

   - Consolidated call center functions.

3. ***Implement coordination software***

   - Complete Ready Rides' transition from United We Ride software to the QRyde volunteer module.

   - Complete the development of QRyde and implement its use for distributing trip requests for the Community Rides and Ready Rides' accessible trips

   - Implement Rides to Wellness bridge software to efficiently connect QRyde to CTS, New Hampshire's Medicaid transportation broker.

- Assist Rockingham Nutrition & Meals in Wheels in deploying mobile data terminals in its fleet.

- Reach out to for-profit providers to invite participation in the Community Rides when QRyde is fully functional.

4. ***Work with service providers to determine and implement coordination techniques and practices***

- Work to make the region's transportation network functions as seamlessly and as simply as possible for users.

- Launch a Provider Workgroup to meet with the focused intent of identifying tangible and easily implemented coordination tools.

  - Initiate shared driver training, locally or in collaboration with NH RTAP.
  - Research opportunities for agencies to purchase insurance collaboratively.
  - Research COAST performing vehicle maintenance for partner agencies.

- Advocate to NHDOT and NHDHHS on behalf of the RCC and member agencies for:

- Universal reporting requirements to ease the administrative burden of varied reporting in the various RCC's and State agencies,
- Sufficient funding to provide the services being funding by the State agency,

- Develop a coordinated marketing strategy that expands on Travel Training and the Community Transportation Directory.

- Implement cross-promotional activities, particularly providing all new clients with information regarding all transportation services for which they might be eligible and proving them with a copy of the Community Transportation Directory.

- Establish the ACT Executive Committee as a forum for informally vetting changes to providers' services or service areas.

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 Capital, Formula, and Purchase of Service funding***
   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. NHDOT should continue to work with the State to make Purchase of Service and Formula funding available as well.

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.

- Continued enhancement and operation of the regional call center (TripLink) housed at COAST.

- Basic scheduled 1-2 day a week service in key areas of the region developed in coordination with existing programs. Provision of services by existing publicly-funded agency vehicles is the preferred strategy. Trip types include shopping, groceries, errands, non-emergency medical transportation, nutrition access, and socialization and community involvement.

- Expand the capacity of volunteer driver programs 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 Ready Rides. Support may include staff time, call center services, and volunteer mileage reimbursement.

- Help identify areas where service demand and development density warrant an expansion of fixed route service.

- Work with the revitalized Commute SMART Seacoast to improve employment transportation options in the region including establishing car and vanpools. Expand access to health care providers in the region by engaging them to partner with the coordination efforts.

- 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.

- Where effective, consider feeder shuttles from rural areas to bus stops served by COAST and Wildcat Transit.

- Support initiatives developed by participating agencies that increase transportation options in the region, favoring those programs that remove silos and will help make service more widely available.

- Pursue funding sources whose eligibility requirements allow the RCC to provide services to a broader array of clients, especially low-income adults.

3. ***Enhance TripLink, increasing the number of agencies using TripLink and expanding its use as a Mobility Management resource in the region.***
   Work with partner agencies to transition their call taking, scheduling, client intake, dispatching, and/or other functions to TripLink with the goal of reducing expenses and developing a more robust and seamless one-call/one-click experience for users.

   To be most effective, TripLink must perform its adopted functions in a manner that meets agencies' needs, rather than the agencies changing how they meet their clients' needs. Additionally, the client experience must be prioritized, ensuring that existing clients do not leave a service that they had previously found acceptable.

4. ***Seek local funding sources to replace pilot foundation funds***
   ACT will continue to develop new sources of local match funding. Options currently being considered are: fees provided by agencies using TripLink, new local grants, advertising on agency vehicles, and municipal requests. Non-cash match generated by volunteer drivers continues to be a valuable source of match.

5. *Advocate for dedicated state transit and community transportation 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 could 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, and future budgets have not renewed funding. COAST and participating providers should continue to work through the SCC with the New Hampshire Transit Association and Transport NH to advocate for a dedicated, ongoing source of state funding for transit and community transportation.

7. *Employment Transportation*
Employment contributes to a higher quality of life for seniors and disabled adults by increasing their integration into the community. As appropriate, the RCC should participate in efforts to improve employment transportation for seniors, adults with disabilities, and low-income adults.

8.4 Conclusion

The success of the RCC will be determined by whether its efforts help service providers operate more efficiently while simultaneously improving the user experience for their clients. To help service providers, the RCC must focus on strategies that providers are most willing and able to adopt.

To improve access for clients, the RCC must make community transportation in the Seacoast easy to find and use. Services must be reliable and affordable and clients must be treated with respect and warmth. TripLink needs to expand its efforts to aid those residents in need of transportation assistance. Collaboration and communication amongst providers will be important in ensuring that providers who are obliged to deny service to someone are also encouraging that individual to contact TripLink for support.

APPENDICES

APPENDIX A   **Survey Documentation**

    Appendix A-1   **Provider Survey Instrument**
    Appendix A-2   **Welfare Officer Survey Instrument & Responses**
    Appendix A-3   **Non-Provider Partner Agency Survey Instrument & Responses**
    Appendix A-4   **Consumer Survey Instrument & Responses**

APPENDIX B   **Coordinated Plan Public Notices**

APPENDIX C   **Application Packet for RCC Designation (includes RCC MOU)**

APPENDIX D   **Operating Standards for Coordinated Transportation Services**

APPENDIX A-1
Provider Survey Instrument

APPENDIX A-2
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APPENDIX A-3
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