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

Prepared By:

Rockingham Planning Commission
156 Water Street
Exeter, N.H. 03833
(603) 778-0885

Southern NH Planning Commission
438 Dubuque St,
Manchester, N.H. 03102
(603) 669-4664

Public Comment Draft June 27, 2016

This report was funded in part through grant[s] from the Federal Highway Administration and Federal Transit Administration, U.S. Department of Transportation. The views and opinions of the agencies expressed herein do not necessarily state or reflect those of the U. S. Department of Transportation.

This Page Intentionally Left Blank

Coordinated Public Transit & Human Service Transportation Plan
Greater Derry-Salem Region
2016 Update

TABLE OF CONTENTS

APPENDICES

LIST OF ABBREVIATIONS

ADA.....Americans with Disabilities Act of 1990
BEAS .....Bureau of Elderly and Adult Services (NH DHHS)
CART .....Greater Derry-Salem Cooperative Alliance for Regional Transportation
CLM .....Center for Life Management
CMAQ .....Congestion Mitigation/Air Quality Program
CTAA .....Community Transportation Association of America
CTPP .....Census Transportation Planning Package
EFH.....Endowment for Health
ESNH.....Easter Seals of New Hampshire
FAST.....Fixing America's Surface Transportation Act (2015)
FHWA .....Federal Highway Administration
FTA .....Federal Transit Administration
JARC.....Jobs Access Reverse Commute Program (FTA)
LRTA.....Lowell Regional Transit Authority
MBTA.....Massachusetts Bay Transit Authority
MPO.....Metropolitan Planning Organization
MSA .....Metropolitan Statistical Area
MTA .....Manchester Transit Authority
MVRTA .....Merrimack Valley Regional Transit Authority
NEMT.....Medicaid Non-Emergency Medical Transportation
NHDHHS .....New Hampshire Department of Health and Human Services
NHDOT .....New Hampshire Department of Transportation
NTS.....Nashua Transit System
PTSD .....Post-Traumatic Stress Disorder
RCC .....Regional Coordinating Council for Community Transportation
RPC .....Rockingham Planning Commission
RTAP .....Rural Technical Assistance Program
RTC.....Regional Transportation Coordinator
SAFETEA-LU.....Safe, Accountable Flexible Efficient Transportation Equity Act (2005)
SCC .....State Coordinating Council for Community Transportation
SE-TRIP.....Salem Employment-Trip Reduction Integration Program
SNHPC .....Southern New Hampshire Planning Commission (Manchester area)
TANF.....Temporary Assistance for Needy Families
TAP.....Transportation Alternatives Program
TDM .....Transportation Demand Management
TIP .....Transportation Improvement Program
TMA .....Transportation Management Association
UZA or UA .....Urbanized Area
VA .....United States Veterans Administration
VFW .....Veterans of Foreign Wars

This page intentionally left blank

Chapter 1. Introduction

PROJECT BACKGROUND

How can the communities of the ten-town Greater Derry-Salem region of Rockingham County most effectively meet the transportation needs of their residents? This document is intended to provide an updated look at this question, building on the work of the *Greater Derry-Salem Transit Study* completed in 2003 and *the Coordinated Public Transit/Human Services Transportation Plan* for the region completed in 2011. The original Derry-Salem transit study involved more than 40 organizations – transportation providers, human service agencies, healthcare providers, and municipalities – in assessing transit need, inventorying existing services and developing recommendations for expanding transportation access in the region.

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

The study pre-dated passage by Congress in 2005 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU). That legislation instituted a new requirement that regions throughout the country develop *Coordinated Public Transit Human Services Transportation Plans* as a prerequisite for accessing funds from certain Federal Transit Administration (FTA) programs. These originally included the Job Access & Reverse Commute Program (Section 5316), the New Freedom Program (Section 5317) and the Capital Grants for Transportation for the Elderly and Individuals with Disabilities (Section 5310). These programs have all been consolidated under subsequent federal legislation, but the fundamental purpose of the planning requirement remains the same: to improve access to transportation for the elderly, individuals with disabilities, and those with low incomes, while also improving the efficiency with which those services are provided.

Core requirements of these *Coordinated Public Transit/Human Service Transportation Plans* include:

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

The SAFETEA-LU requirement for development of *Coordinated Public Transit/Human Services Transportation Plans* has been continued in two successive pieces of federal transportation authorization legislation: Moving Ahead for Progress in the 21st Century (MAP-21), passed in 2012; and the Fixing America's Surface Transportation (FAST) Act, passed in late 2015.

MAP-21 and the FAST Act clarified that these regional coordination plans are to be updated on a similar cycle as the Metropolitan Long Range Transportation Plans maintained by the Metropolitan Planning Organizations (MPOs) serving the study communities. For the Greater Derry-Salem region this is a five year cycle.

One key result of the original 2003 Derry-Salem Transit Study was the formation of Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART), the youngest public transportation system in the state. Since its inception in late 2006, CART has provided more than 130,000 demand-response trips within the Greater Derry-Salem area and to out of region medical destinations in Manchester. Another significant change is that several agencies that provided transportation services in the region in 2003 no longer do so. At the State level, the Legislature established the State Coordination Council for Community Transportation (SCC) in 2008 to oversee regional coordination efforts around New Hampshire, and work to remove internal barriers within at State agencies to coordinated use of various funding streams.

Underlying all of these changes in service levels and policy approach is a growing need for transportation services, exemplified in the region's rapidly growing senior population. Between 2010 and 2030 the population aged 65+ in Rockingham County is projected to grow over 128%, while the population as a whole is projected to grow approximately 8.7%. (NHOEP)

PLANNING PROCESS

The process for this update to the *Coordinated Public Transit/Human Services Transportation Plan* began in September 2016. Twenty four agencies have participated in the process along the way, including public, private non-profit and private for-profit providers of transportation; municipalities, state agencies, and individual volunteers. A full list of participating agencies is included in Appendix B. Work has been led by two regional planning commissions: Rockingham Planning Commission and Southern New Hampshire Planning Commission.

Key elements of the Coordination Plan update process have included:

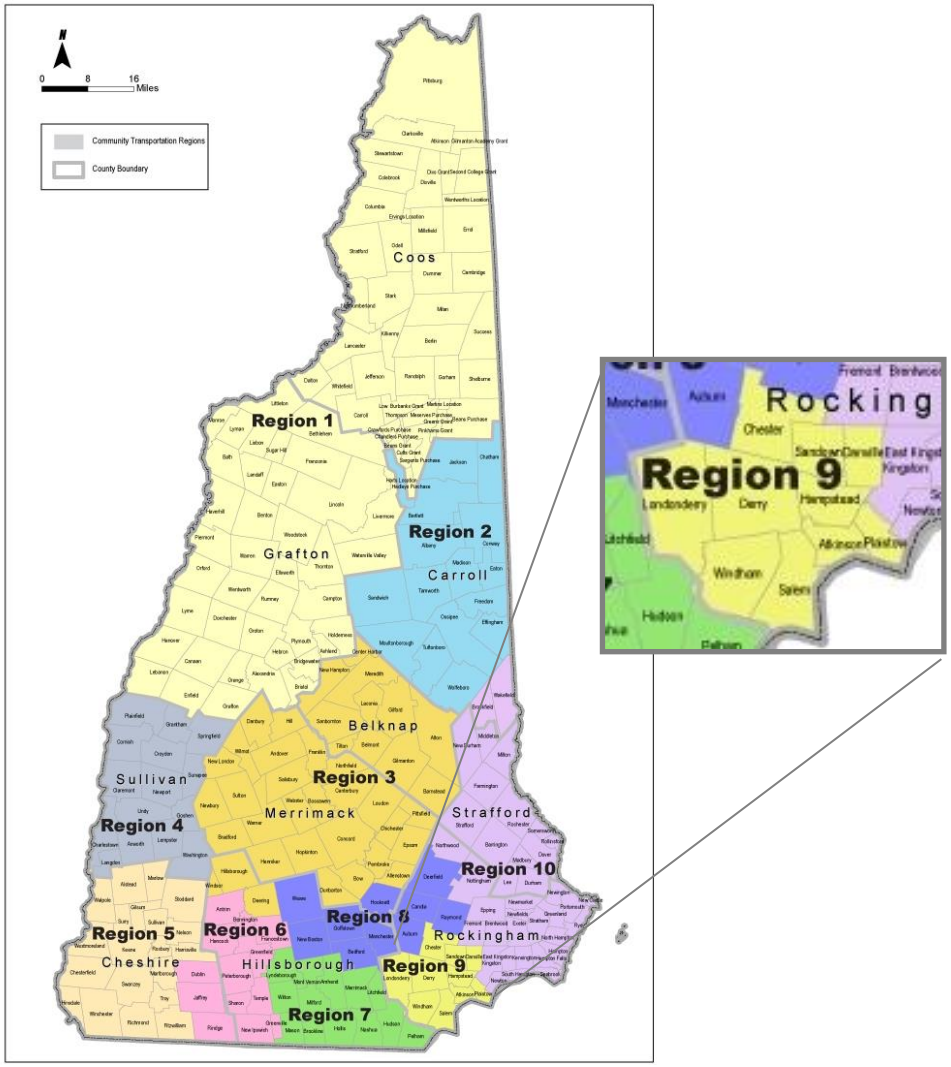
- An updated inventory of available services, based on a survey of local and regional providers, that identifies gaps in service;
- An updated assessment of transportation needs for individuals with disabilities, older adults, low-income individuals, and other population segments disproportionately likely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

The work of updating the 2011 Coordination Plan has been overseen by the Regional Coordination Council for Community Transportation (RCC) for the Greater Derry-Salem region. Under the vision set forth in the State's 2006 Coordination Plan, entitled *Statewide*

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

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

Figure 1.1 Greater Derry-Salem Regional Coordinating Council Area



This page intentionally left blank

Chapter 2. Transit Dependent Populations & Service Need Analysis

INTRODUCTION

The geographic area covered by this study consists of ten towns in western Rockingham County, covering approximately 216 square miles. The following pages offer a demographic profile and an analysis of indicators for transit need in the study region. The indicators of transit need are divided into four categories: general population and age distribution, auto availability, income and enrollment in public assistance programs, and disability status. Census data are drawn from two sources: the 2010 US Census short form, and the American Community Survey 2010-2014 five year data compilation.

The American Community Survey (ACS) replaced the old Census Long Form. The ACS takes a relatively small annual sample, allowing analysis of demographic trends on a more frequent cycle than the decennial census. However, while the ACS has been beneficial for demographic analysis at the national, state, and large metropolitan area level, sample sizes at the local level in towns the size of those in this study area are so small as to create large margins of error – even when aggregated over a five year period.

In spite of these margins of error, for many indicators though the ACS is the only source of data without going back to the 2000 Census, and so these data are used here. Data on age distribution and total population growth are drawn from the 2010 Census. Where available, updated population estimates or projections from the NH Office of Energy and Planning have been incorporated to look at growth patterns out to 2020 and 2030. Data from the NH Department of Health and Human Services on Medicaid and TANF enrollment are incorporated. Also included is a summary of regional needs identified by RCC participants.

POPULATION & AGE DISTRIBUTION

Total Population

The population of the Greater Derry / Greater Salem study region increased by 16% between 1990 and 2000, or at an average annual rate of 1.5% per year. Growth was significantly slower between 2000 and 2014, with American Community Survey data showing an average annual growth rate less than one fifth of that in the 1990s, at 0.3% per year, reaching 137,835 in 2014. The region has outpaced the State of New Hampshire during both the 1990s (1.5% vs. 1.1% AAG) and the 2000-2014 period (0.3% vs. 0.2% AAG). As with the 1990s, since 2000 communities located outside of the urbanized area, including Chester (24%), Sandown (19%), Danville (9%), and Atkinson (10%) experienced relatively high rates of growth. Growth in Windham since 2000 has also far outpaced the state and region as a whole at 30% with the addition of extensive new residential development. Derry actually lost population during this period.

Table 2.1 - Total Population

Community	Total Population 2000	Total Population 2010	Total Population 2010-2014	Average Annual Growth 1990-2000	Average Annual Growth 2000-2014
Atkinson	6,178	6,751	6,788	1.7%	0.6%
Chester	3,792	4,768	4,689	3.4%	1.4%
Danville	4,023	4,387	4,405	4.6%	0.6%
Derry	34,021	33,109	32,935	1.4%	-0.2%
Hampstead	8,297	8,523	8,512	2.1%	0.2%
Londonderry	23,236	24,129	24,185	1.6%	0.3%
Plaistow	7,747	7,609	7,599	0.6%	-0.1%
Salem	28,112	28,776	28,681	0.9%	0.1%
Sandown	5,143	5,986	6,133	2.4%	1.2%
Windham	10,709	13,592	13,908	1.7%	1.7%
RCC Region	**131,258**	**137,630**	**137,835**	**1.5%**	**0.3%**
NH	**1,235,550**	**1,316,470**	**1,280,899**	**1.1%**	**0.2%**

Source: ACS 2010-2014 5-Year Compilation

Elderly

The elderly population (65 and over) is a category of individuals that have a higher dependence on transit, as the ability to drive diminishes as individuals become older. The American Association of Retired Persons (AARP) estimates that 20% of Americans over age 65 do not drive. **Table 2.2** shows that during the 1990s the elderly population of the region grew at a rate (36%) double that of the state (18%) and triple that of the nation as a whole (36%). This difference is even greater for the period of 2000-2014, with senior population in the study area growing 66%, as compared to 26% for the State as a whole. This reflects an aging of the baby boom generation, but also influx of retirees. This can be seen in rural areas of the region such as Chester and Sandown, where the elderly population increased 103% and 103% respectively during that 14 year period; as well as in relatively developed Londonderry, which saw a 113% increase in the senior population during the same period. In Windham the senior population increased 153% in the past decade linked to major new residential development. This reflects the increase of senior independent living communities as a housing alternative in the past decade. It is also a result of efforts by towns to attract senior housing as a means of generating property tax revenue without placing demands on school systems.

Even though growth in the number of elderly residents has been high, the elderly make up a smaller percentage of the population in the region (12%) than in the state as a whole (15%). The towns in the region with the highest composition of elderly residents include Atkinson (17%), Salem (15%), Hampstead (16%) and Plaistow (14%). In spite of this low base, this high growth is likely to continue, and points to increased need for transit services to meet the needs of elderly residents in the coming years. Availability of transportation services for the elderly is certainly a quality of life issue, as elderly residents who can access transit are able to more fully participate in the community. It is a health and safety issue, as elderly residents without cars must be able

to access health care, and many elderly residents with cars would be safer in a transit vehicle than behind the wheel. Finally, providing transportation services for elderly residents can be a matter of cost effectiveness, as providing services such as transportation that allow an elderly resident to maintain independence and live in their own home is less expensive than supporting that same individual in a nursing home.

Table 2.2 - Elderly Population 1990-2014 by Town

Community	Population Age 65+ (1990)	Population Age 65+ (2000)	Population Age 65+ (2010-2014)	Percent Increase (1990-2000)	Percent Increase (2000-2014)
Atkinson	383	705	1,131	84%	60%
Chester	158	230	468	46%	103%
Danville	182	286	434	57%	52%
Derry	1,726	2,103	3,313	22%	58%
Hampstead	531	775	1,398	46%	80%
Londonderry	809	1,233	2,630	52%	113%
Plaistow	574	781	1,036	36%	33%
Salem	2,547	3,240	4,384	27%	35%
Sandown	195	272	552	39%	103%
Windham	542	706	1,789	30%	153%
RCC Region	7,647	10,331	17,135	35%	66%
NH	125,029	147,970	186,137	18%	26%

Source: 1990 & 2000 Census; 2010-2014 Census American Community Survey

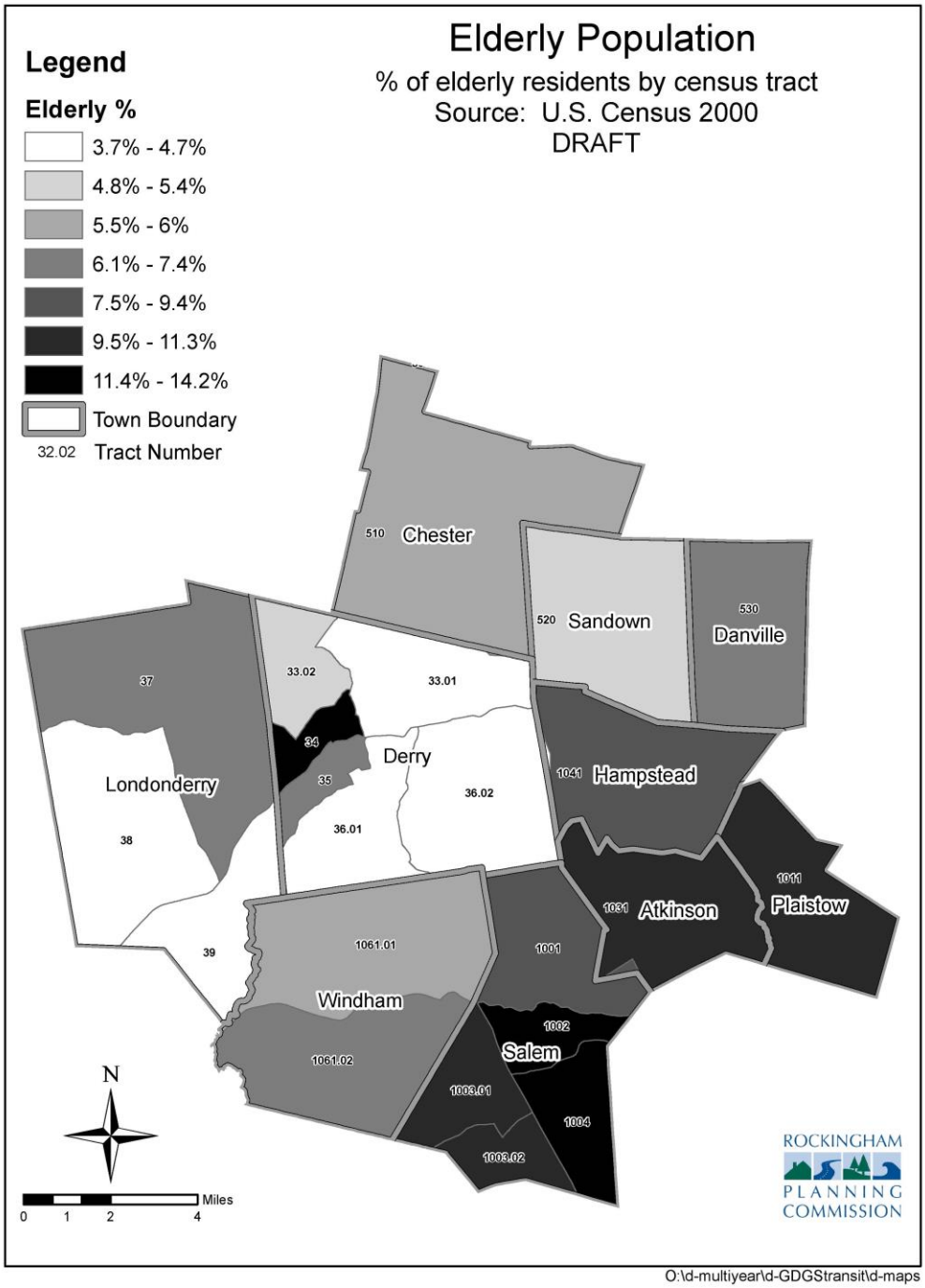
More recent estimates of population by age are available from OEP at the County level. **Table 2.3** shows OEP data projecting the population in Rockingham County aged 65+ more than doubling between 2010-2030 from 37,424 to 85,488. While overall population growth for the County is expected to be just 8.7% between 2010 and 2030, growth in the senior population is projected at over 128%

Table 2.3 - Population Projections by Age Group for Rockingham County

Age Group	Census 2000	Census 2010	2020	2030	Change 2000-2010	Change 2010-2020	Change 2010-2030
5-14	43,399	39,032	31,149	31,698	-10.1%	-20.2%	-18.8%
15-24	29,013	34,956	32,770	26,129	20.5%	-6.3%	-25.3%
25-64	158,760	168,828	169,673	161,242	6.3%	0.5%	-4.5%
65+	28,087	37,424	59,266	85,488	33.2%	58.4%	128.4%
Total	259,259	280,240	292,858	304,557	8.1%	4.5%	8.7%

Source: NH OEP County Population Projections, 2013

Map 2.1. Elderly Population



Youth

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

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

Table 2.4 - Youth Population

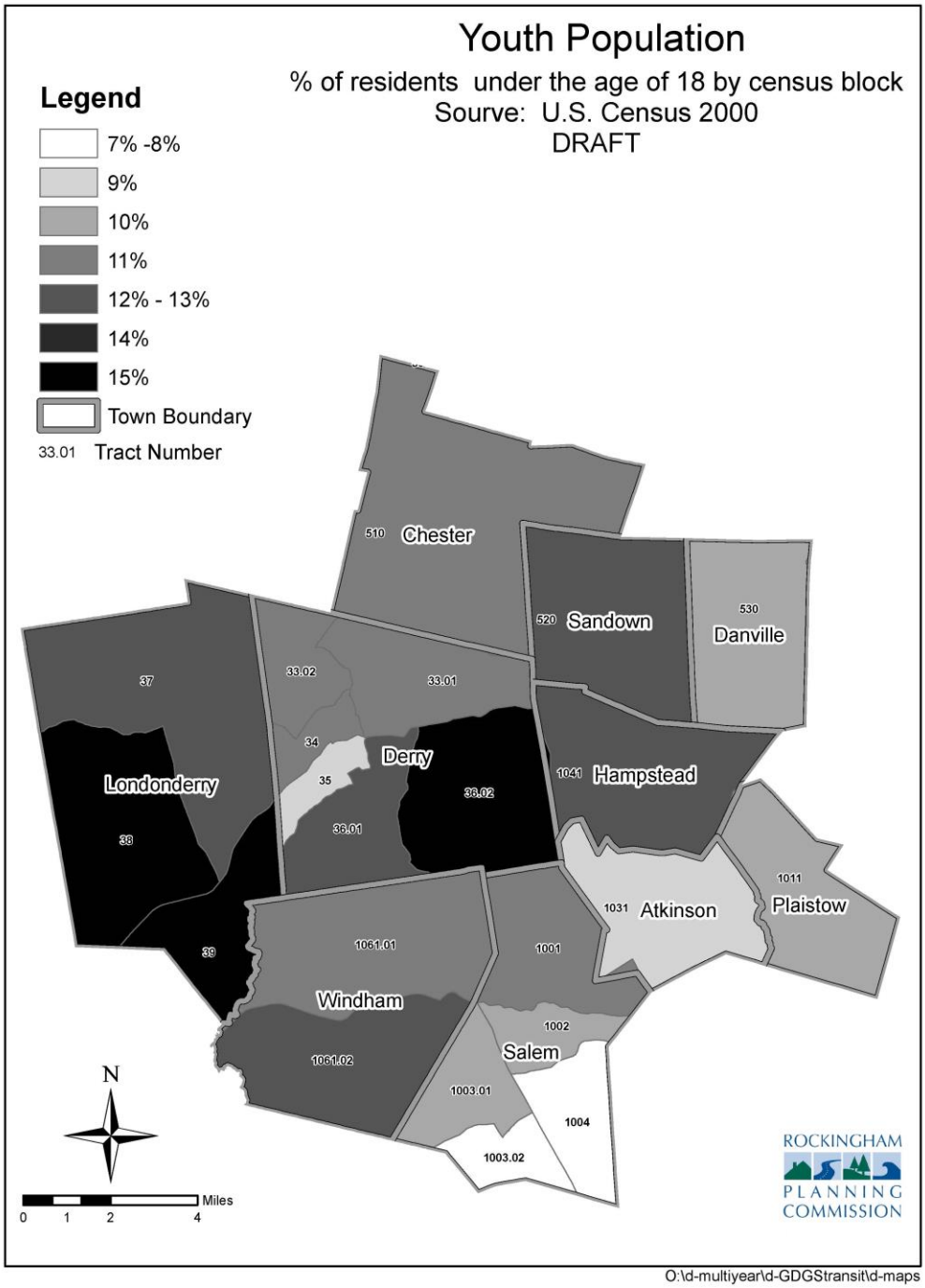
	Population Age < 15 (1990)	Population Age < 15 (2000)	Population Age < 15 (2010)	Percentage Increase (1990-2000)	Percentage Increase (2000-2010)
Atkinson	1,042	1,290	1,164	24%	-10%
Chester	626	993	1,129	59%	14%
Danville	591	1,021	1,032	73%	1%
Derry	7,418	8,568	7,162	16%	-16%
Hampstead	1,659	1,985	1,611	20%	-19%
Londonderry	5,364	6,345	5,688	18%	-10%
Plaistow	1,566	1,701	1,654	9%	-3%
Salem	5,171	5,949	5,616	15%	-6%
Sandown	1,189	1,366	1,367	15%	0%
Windham	2,199	2,660	2,804	21%	5%
RCC Region	29,105	34,487	29,227	18%	-15%
NH	236,931	257,477	241,369	9%	-6%

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

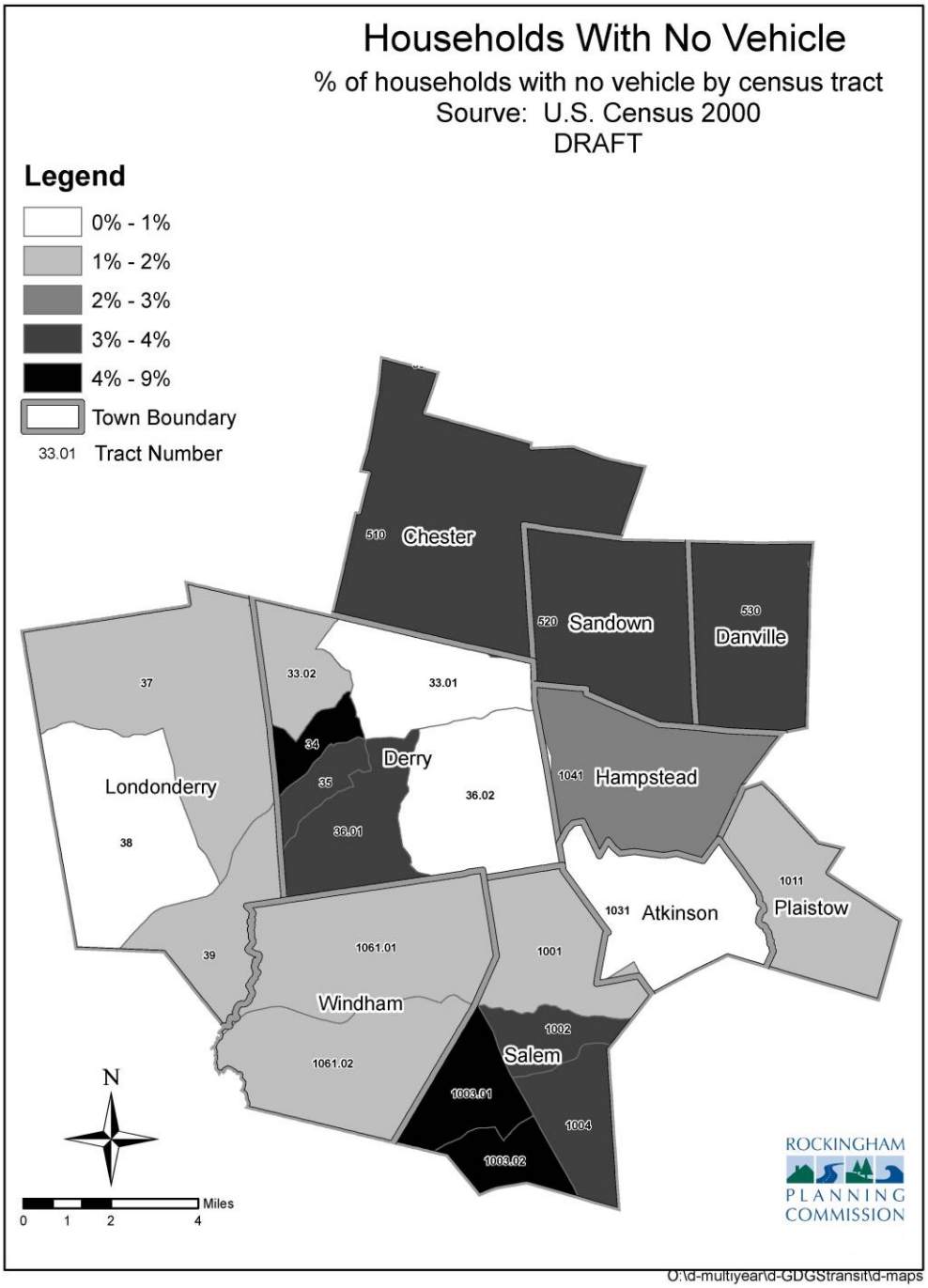
AUTO AVAILABILITY

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

MAP 2.2 - Youth Population



Map 2.3 - Automobile Availability



Nearly 1260 households in the region (2.4%) have no access to an automobile, and are fully transportation dependent. Many of these households represent elderly residents, though low-income families and individuals often also lack private automobiles. Another 5,097 households (9.8%) have two or more members working outside the home and only one vehicle available. The largest numbers of households without cars are in the larger towns of Salem (377) and Derry (463).

Table 2.5 - Auto Ownership

Geography	Total Households	Households with No Vehicle Available	Percent of HHs with No Vehicle Available	Households of 2+ with only one Vehicle Available	Percent of HHs with 2+ People and only one Vehicle Available	Passenger Vehicle Registrations (2004)
Atkinson	2,597	32	1.2%	196	7.5%	5,770
Chester	1,612	0	0.0%	119	7.4%	3,855
Danville	1,537	24	1.6%	150	9.8%	3,442
Derry	12,934	463	3.6%	1,490	11.5%	25,873
Hampstead	3,447	64	1.9%	262	7.6%	7,344
Londonderry	8,750	105	1.2%	708	8.1%	23,045
Plaistow	2,949	54	1.8%	405	13.7%	6,856
Salem	11,093	377	3.4%	1,127	10.2%	25,119
Sandown	2,130	45	2.1%	247	11.6%	4,661
Windham	4,987	95	1.9%	393	7.9%	10,516
RCC Region	52,036	1,259	2.4%	5,097	9.8%	116,481
Rock County	117,284	3,591	3.1%	11,397	9.7%	
NH	519,580	27,444	5.3%	64,818	12.5%	

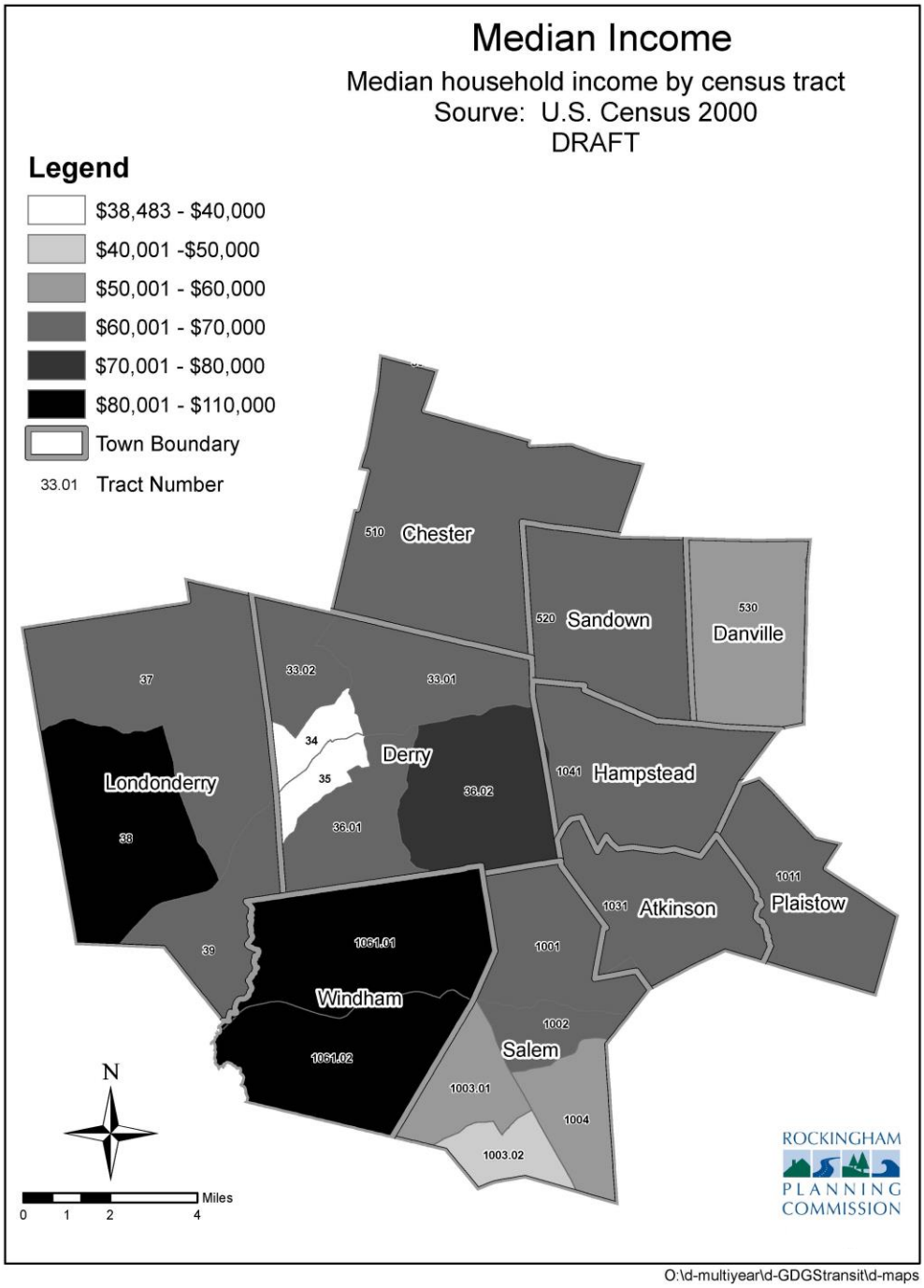
Source: 2010-2014 ACS 5-Year Data Compilation, NH Department of Safety

INCOME

Another strong indicator of transit dependency within a region is income, as low-income households are less able to purchase and maintain automobile. **Map 2.4** shows that the more urbanized portions of the region, specifically Derry and Salem, have the lowest median household income levels ($54,287 and $58,090 respectively). However, these incomes are still well above that for the state as a whole ($49,467). Income data are available from the American Community Survey at the County level and for the three largest communities of Derry, Londonderry and Salem.

A more specific measure of transit need in the region is the population with income below the federal poverty level. Almost 6,800 individuals in the region fell below the poverty level according to ACS data, with the largest numbers found in Derry (2,678) and Salem (1,155). While the total percent of individuals in poverty falls below the state average, the percentage of seniors in poverty exceeds the state average in several towns. These include Hampstead (7.7%), Salem (6.6%), Sandown (6.5%), and Derry and Windham at 6.3% respectively.

Map 2.4 - Median Household Income



Map 2.5 - Households Living Under the Poverty Level

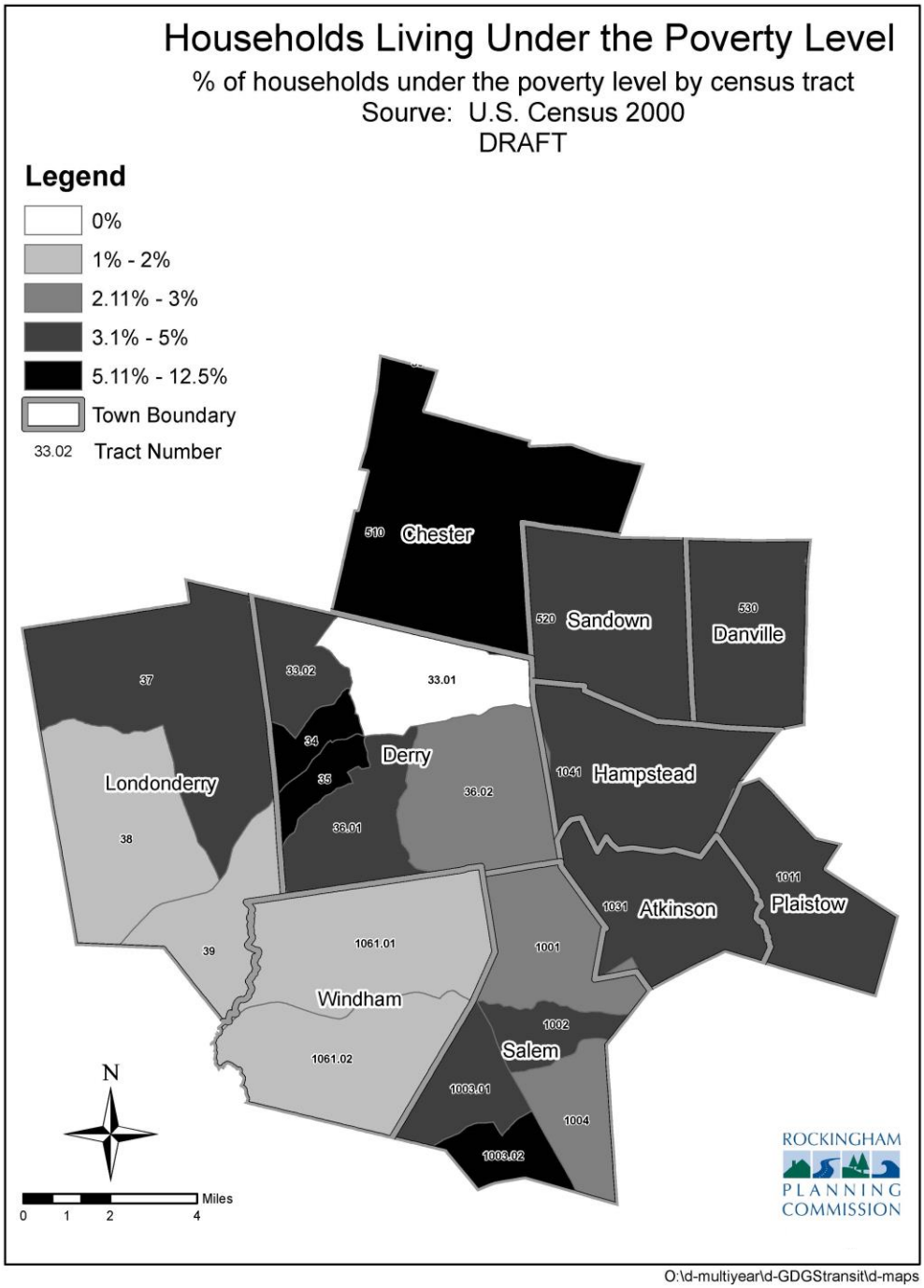


Table 2.6 – Household Income & Poverty Status

Community	Total Population	Population Below Poverty Level		Percent Below Poverty 2010-2014	
Atkinson	6,788	211	3.1%	3.3%	1,131
Chester	4,689	211	4.5%	5.0%	468
Danville	4,405	118	2.7%	4.0%	434
Derry	32,935	2,678	8.1%	4.6%	3,313
Hampstead	8,512	529	6.2%	3.8%	1,398
Londonderry	24,185	723	3.0%	2.1%	2,630
Plaistow	7,599	247	3.3%	3.2%	1,036
Salem	28,681	1,155	4.0%	4.1%	4,384
Sandown	6,133	445	7.3%	4.1%	552
Windham	13,908	479	3.4%	1.8%	1,789
RCC Region	137,835	6,796	4.9%	4.1%	17,135
NH	1,280,899	113,374	8.9%	6.5%	186,137

Source: 2010 Census & 2010-2014 ACS 5-Year Data Compilation

PUBLIC ASSISTANCE ENROLLMENT – TANF & MEDICAID

The number of welfare recipients in a region is another indicator of transit need, as recipients of public assistance are more likely than the population as a whole to face transportation challenges due to lack of a private automobile. The number of recipients enrolled in the Temporary Assistance for Needy Families (TANF or welfare) in each town for 2014 shown in **Table 2.7.** There was a total of 3,371 TANF cases in the ten town area in 2014. TANF caseloads strongly correlate to the median household income level by town and the number of people below the poverty level. Derry, with the lowest median income in the region, has both the largest number of cases (1,284) and one of the highest percentages of the population receiving TANF assistance (3.9%). Salem, while having one of the lower percentages of population receiving TANF support, still has the third highest overall number of open cases behind Londonderry. These findings point to higher demand for transit in Derry, Londonderry and Salem than other parts of the region, both in terms of income levels and higher population densities that could potentially support transit.

Table 2.8, shows Medicaid cases by municipality, with similar patterns to TANF enrollment. Average enrollment during 2011 in the ten town region was 8,657 individuals, or 6.3% of the population. This is lower than the statewide average of 11.4% of the population receiving Medicaid assistance. Approximately $62.5 million was spent on Medicaid services in the region in 2014. As with TANF enrollment, Derry had both the largest number of Medicaid recipients (2,960) and the highest percentage of its population receiving Medicaid assistance (9%).

Table 2.7 - TANF Recipients

Town	Total Population 2010	ACS Estimated Pop 2014	Total TANF Cases 2014	% of Pop on TANF 2009
Atkinson	6,751	6,788	<120	1.8%
Chester	4,768	4,689	<120	2.6%
Danville	4,387	4,405	182	4.1%
Derry	33,109	32,935	1,284	3.9%
Hampstead	8,523	8,512	187	2.2%
Londonderry	24,129	24,185	712	2.9%
Plaistow	7,609	7,599	110	1.4%
Salem	28,776	28,681	580	2.0%
Sandown	5,986	6,133	209	3.4%
Windham	13,592	13,908	107	0.8%
RCC Region	137,630	137,835	3,371	2.4%

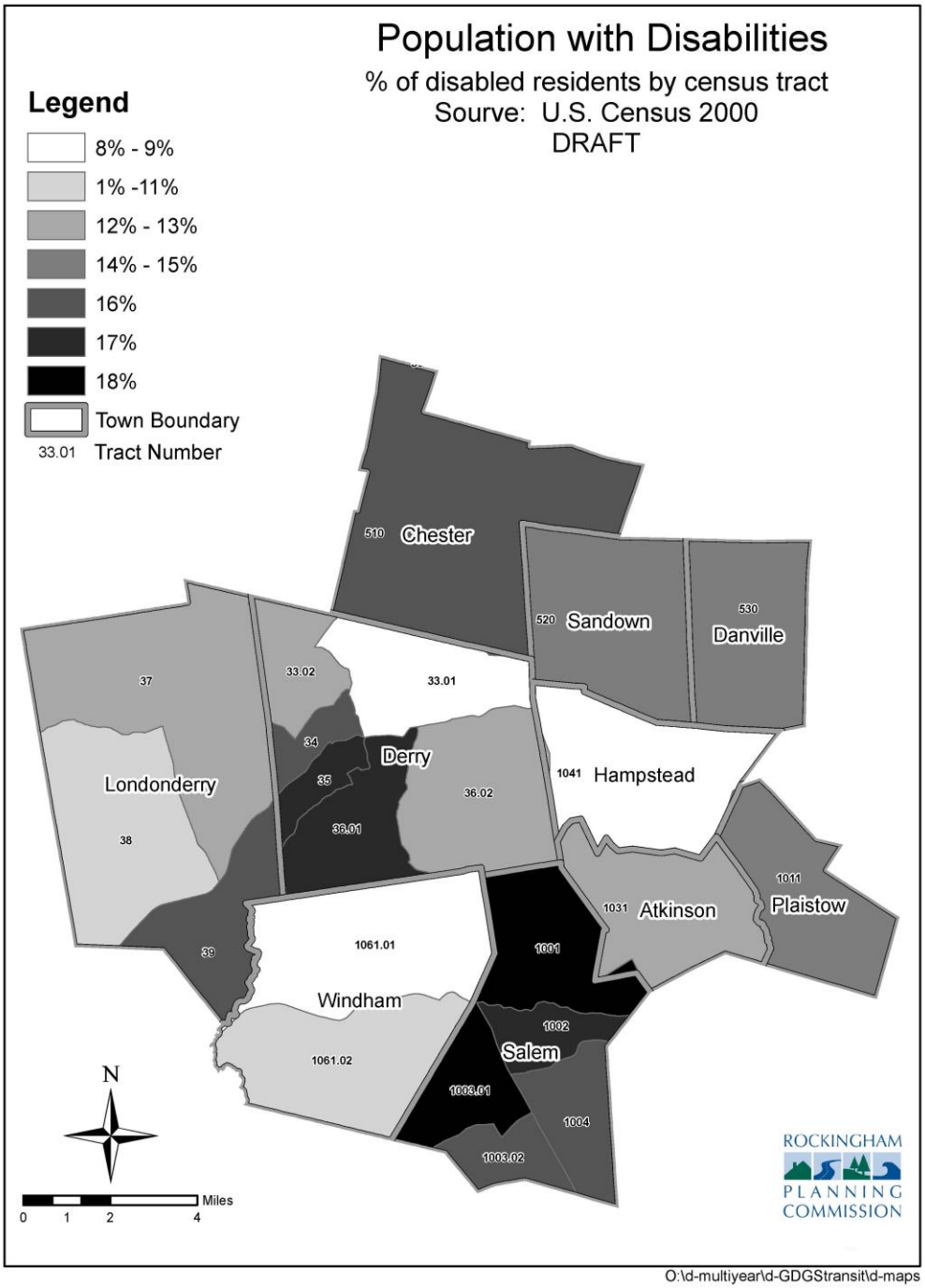
Source: NHDHHS Division of Family Assistance

Table 2.8 – Medicaid Recipients

Community	Medicaid Member Months 2011	Medicaid Average Enrollment 2008	Medicaid Average Enrollment 2011	% of Pop Enrolled in Medicaid 2011	Expenditures 2011	Per Member Per Month Payment
Atkinson	2,923	222	244	3.6%	$9,276,837	$3,174
Chester	2,690	182	224	4.8%	$1,504,433	$559
Danville	3,201	206	267	6.1%	$1,572,312	$491
Derry	35,525	2,365	2,960	9.0%	$18,588,015	$523
Hampstead	4,628	187	386	4.5%	$2,970,092	$642
Londonderry	15,525	997	1,294	5.4%	$7,105,688	$458
Plaistow	5,668	332	472	6.2%	$2,714,946	$479
Salem	23,171	1,299	1,931	6.7%	$11,726,987	$506
Sandown	5,011	256	418	6.8%	$2,708,333	$540
Windham	5,532	290	461	3.3%	$4,376,941	$791
RCC Region	103,874	6,336	8,657	6.3%	62,544,584	$602
NH	1,746,999	114,571	145,583	11.4%	$1,012,543,187	$580

Source: NHDHHS Division of Family Assistance, NH Medicaid Annual Report 2008 & 2011

Map 2.6 – Population with Disabilities



DISABILITY

Table 2.9 - Population with Disabilities

Geography	Total Population	Population with a Disability	Percent with Disability
Atkinson	6,788	554	8.2%
Chester	4,802	398	8.3%
Danville	4,416	499	11.3%
Derry	33,018	3,410	10.3%
Hampstead	8,297	1,283	15.5%
Londonderry	24,247	1,884	7.8%
Plaistow	7,614	957	12.6%
Salem	28,729	2,773	9.7%
Sandown	6,133	463	7.5%
Windham	13,908	731	5.3%
RCC Region	137,952	12,952	9.4%
NH	1,306,315	153,720	11.8%

Source: 2010-2014 ACS 5-Year Data Compilation

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

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

Looking at all disabilities taken together, the three most urbanized areas in the region, Derry, Salem and Londonderry, had the highest number of residents with disabilities (3,410, 2,733 and 1,884 respectively). These portions of the region are more likely to need transit service for persons with disabilities, including specialized "door-to-door" services. People with disabilities in the RCC region (9.4%) make up a slightly lower share of the overall population than for the state as a whole (11.8%). According to the UNH Institute on Disability, Rockingham County also has the highest employment rate for people with disabilities in the state at approximately 43% compared to 39.5% for the state as a whole.

VETERANS

Consistent with being the second most populous county in New Hampshire, Rockingham County also has the second highest total of veterans among New Hampshire's counties. The

Department of Veterans Affairs reports 28,057 veterans living in Rockingham County, including 1,417 deployed since the September 11, 2001 terrorist attacks. The largest share of these (37%) are from the Vietnam War, followed by the first Gulf War (14%), the Korean War (12.1%), World War II (10.3%) and post-9/11 deployments (6.9%). All other conflicts taken together account for 19.2% of veterans in Rockingham County.

Some of the highest health care needs, and consequent highest transportation needs, are found with older veterans of Vietnam, Korea and World War II. This said, there are also significant numbers of younger veterans of the Persian Gulf conflicts that have returned home with physical disabilities associated with lost limbs or Traumatic Brain Injury (TBI); or emotional disabilities associated with Post Traumatic Stress Disorder (PTSD). The New Hampshire Commission on PTSD and TBI published a report in 2014 compiling data on veterans in New Hampshire that estimated 15% of veterans deployed since 9/11 have returned home with PTSD, amounting to 213 veterans in Rockingham County. The report noted 134 vets treated at the Veteran's Administration Medical Center in Manchester for PTSD since 2002, and 36 treated for traumatic brain injury.

Some transportation services are available specifically for veterans, including vans operated by the Disabled American Veterans (DAV), and a very small number of vans operated statewide by the VA Medical Center in Manchester. Local VFW or American Legion Posts also tend to have systems for providing volunteer rides for members. This said, transportation can still be a problem for veterans. An example of a transportation barrier for veterans who are Medicaid eligible is that when their health care is being paid for by the VA rather than Medicaid, they lose their eligibility for Medicaid transportation benefits to get to appointments, which can be a barrier to accessing preventive care.

REGIONAL TRANSIT NEED ESTIMATE

Table 2.10 shows calculations of transit need in the Derry-Salem region based on a model developed by the Community Transportation Association of America (CTAA). Based on assumption that 0.5% of the total population will be regular transit riders, the models estimate a total transit need for the region of over 447,000 trips/year. The need for trips serving transit dependent populations is calculated at 139,798. This is more than triple the estimated current level of service in the region. These estimates support the position that the need for transit service in the Derry-Salem region is substantially greater than what is available under the current system with limited coordination.

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

Table 2.10 - Estimate of Regional Transit Need

Community	Total Population (2010)	Total Pop 65+	Non-Elderly Poverty Pop	Transit Need (Trips/Year) for Transit Depend Population	Total Transit Need (Trips/Year)
Atkinson	6,751	1,131	168	7,903	21,941
Chester	4,768	468	184	3,967	15,496
Danville	4,387	434	116	3,346	14,258
Derry	33,109	3,313	2470	35,184	107,604
Hampstead	8,523	1,398	422	11,073	27,700
Londonderry	24,129	2,630	606	19,688	78,419
Plaistow	7,609	1,036	234	7,727	24,729
Salem	28,776	4,384	867	31,947	93,522
Sandown	5,986	552	409	5,847	19,455
Windham	13,592	1,789	367	13,117	44,174
RCC Region	137,630	17,135	5843	139,798	447,298
NH	1,316,470	186,137	102299	1,754,845	4,278,528

Sources: U.S. Census 2010, ACS 2010-2015 5-year data compilation

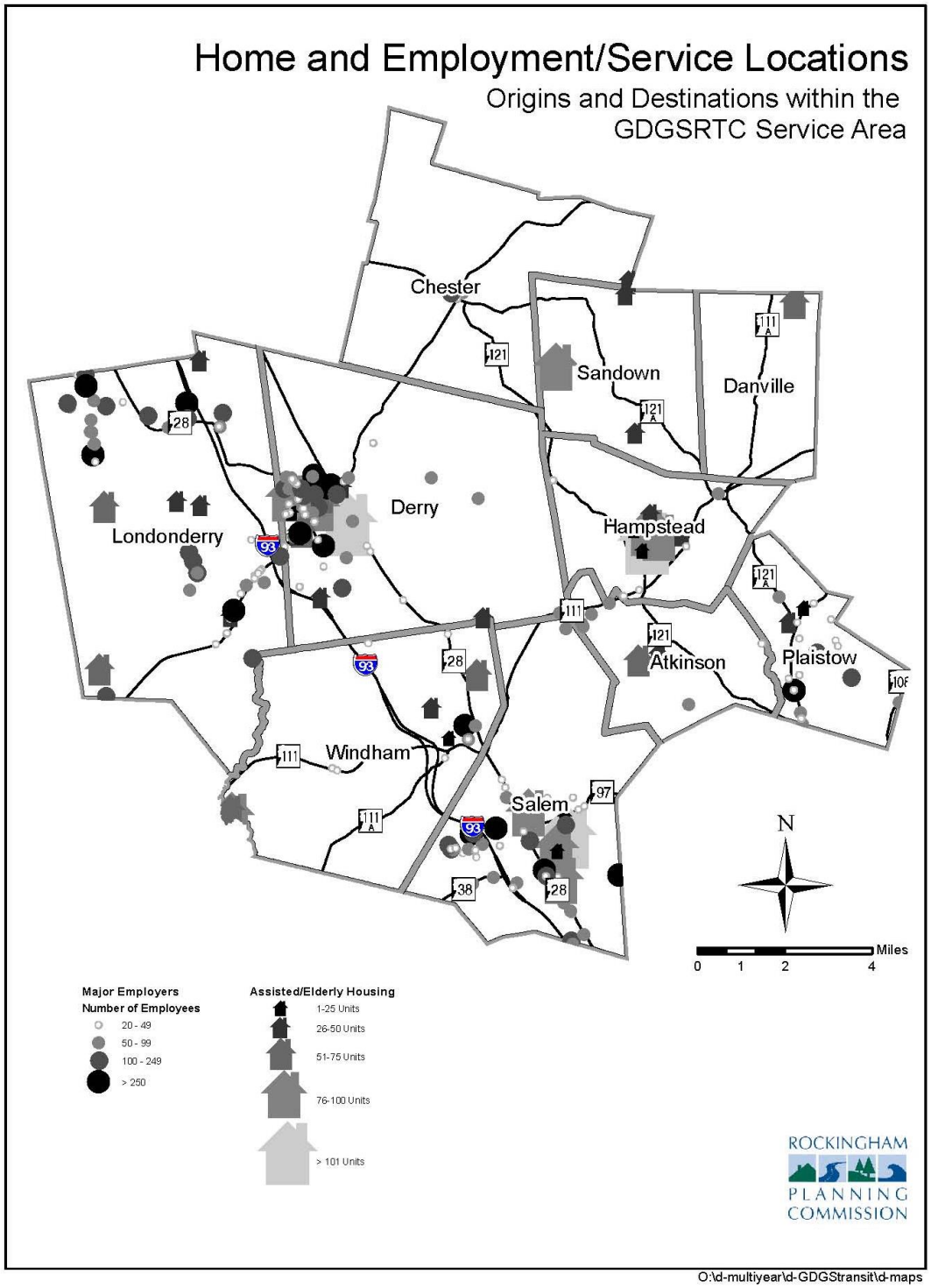
1=(# of Households) (7.35 trips/day per transit using household) * (0.5% of households) * (260 days/year)*
*2=((Population*2.5 trips/day per transit rider)* (0.5% of population riding transit regularly) * (260 days/year)*
*3=(Elderly pop + Non-elderly low income)*0.15*1.04*0.15*260 days/year*
*4=(Total Workforce) * (1% of workforce commuting via transit) * (2 trips/day) * (260 days/year)*

Table 2.11 - Estimate of Medicaid NEMT Trip Volume in Region

Community	Medicaid Average Enrollment 2011	Estimated Enrollees Using NEMT (Nat'l Avg)	Estimated Enrollees Using NEMT (Rock Avg)	Estimated NEMT Trip Volume (Nat'l Avg)	Estimated NEMT Trip Volume (Rock Avg)
Atkinson	244	24	29	1,171	331
Chester	224	22	26	1,075	304
Danville	267	27	31	1,282	362
Derry	2,960	296	346	14,208	4,017
Hampstead	386	39	45	1,853	524
Londonderry	1,294	129	151	6,211	1,756
Plaistow	472	47	55	2,266	641
Salem	1,931	193	226	9,269	2,621
Sandown	418	42	49	2,006	567
Windham	461	46	54	2,213	626
RCC Region	8,657	866	1,013	41,554	11,749
NH	145,583	14,558	17,033	698,798	197,585

Source: NHDHHS Division of Family Assistance, NH Medicaid Annual Report 2008 & 2011

Map 2.7 – Major Trip Generators



Major Trip Generators in Study Area

Map 2.7 on the previous page shows the location of major trip generator sites at a macro regional level. These include major employers, publicly assisted multifamily housing, and age-restricted (senior) housing facilities. This visual analysis highlights the concentrations of employment in downtown Salem and Derry, with additional employment clusters off of Exits 5 and 4 in Londonderry and on Route 125 in Plaistow. While Salem has some assisted multi-family housing, the largest concentration of such housing in the region is in Derry. Outside of these three largest communities there are few large employment and service centers, and those that are present tend to be widely dispersed, making them difficult to serve with traditional fixed route transit.

COMMUNITY INPUT ON UNMET NEED

At one of the RCC meetings devoted to the Coordination Plan update process, RCC members were asked to identify unmet needs in the region related to community transportation. The responses generated are sorted below into four categories, including Specific Needed Service Types; Operational Issues; Funding Issues; and Public Awareness. These are outlined below:

Specific Needed Service Types

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

Operational Issues

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

Funding Issues

- Lack of non-federal matching funding to draw down available federal funds
- Municipal funding is flat, following past cuts – multiple agencies going to same pool
- Much funding is still isolated in silos with agency rules which present barriers
- Need greater funding for community-based services vs. institutions for individuals with disabilities

Public Awareness

- Update and clarify info in statewide 211 referral system
- Readily available list of options for users (churches, taxies, agency vans, CART bus, etc.)
- Beware of overpromising

SUMMARY

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

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

Chapter 3. Profile of Existing Transit Service in the Region

INTRODUCTION

Project staff sent surveys to more than two dozen transportation service providers in the project area to update information from the 2011 *Coordinated Public Transit/Human Services Transportation Plan* on existing transportation services and identify opportunities for coordination and service expansion. A copy of the survey instrument is included as Appendix C. The survey was conducted on-line using SurveyMonkey, with follow-up calls made to agencies to clarify responses if needed.

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

AGENCIES SURVEYED

Eleven agencies providing transportation services in the region completed surveys in late 2015. These included the regional public transportation provider, a range of nonprofit health and human service agencies using both paid and volunteer drivers, town operated senior transportation programs, and one private for-profit carrier.

Agencies completing surveys

1. Atkinson Elder Services
2. Center for Life Management
3. Community Caregivers of Greater Derry
4. Cooperative Alliance for Regional Transportation (CART)
5. Easter Seals New Hampshire
6. Granite State Independent Living
7. Greater Salem Caregivers
8. Lamprey Healthcare Senior Transportation
9. Rockingham Nutrition Meals on Wheels
10. Seniors Helping Seniors
11. Veterans Administration Medical Center Manchester

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

Atkinson Elder Services

The Town of Atkinson's Elder Services program offers rides to Atkinson residents age 60 and older. Rides are provided free of charge to eligible riders, are available Monday-Friday between 8:00am-5:00pm. The phone line to request a ride is staffed Monday-Friday from 8:30am-12:00 noon. Drivers are part time town employees. Medical trips are prioritized. The program is funded through the town's annual operating budget and donations.

Center for Life Management (CLM)

The Center for Life Management provides a range of behavioral and mental health services, psychiatric treatment, acute care, emergency intervention, and family support services through centers in Salem, Derry, and Windham. Their service area includes all of the study area towns except Londonderry and Chester. In prior years CLM provided clients with rides to outpatient services at their facilities. Currently the agency's lift-equipped 12-passenger conversion van is used for group trips one or two times per week. Daily transportation for outpatient services is now provided through the statewide Medicaid transportation broker.

Community Caregivers of Greater Derry

This non-profit organization provides supportive services, including transportation, visitation, errands, chores and limited respite care, to elderly residents and residents with disabilities located in the seven-town area of Derry, Londonderry, Chester, Sandown, Danville, Hampstead and Windham. Transportation services are provided by a corps of approximately 150 volunteers using their own personal vehicles, so vehicles are generally not handicapped accessible.

Cooperative Alliance for Regional Transportation (CART)

CART is the regional public transit provider for the Greater Derry-Salem Region, formed in 2006 as a result of the 2003 Greater Derry-Salem Transit Study. CART provides demand-response public transportation service to residents of five member communities: Chester, Derry, Hampstead, Londonderry, and Salem. Service within the five town service area is available Monday-Friday from 8:00am-5:00pm, while service to out of region medical facilities in Manchester is available on Tuesdays and Thursdays.

Greater Salem Caregivers

The Greater Salem Caregivers is a non-profit agency that provides supportive services, including transportation, mainly to elderly residents located in the towns of Pelham and Salem. Service to Plaistow was discontinued in 2015 due to lack of local volunteers. Rides are also provided to residents with disabilities, though these account for only about 5% of trips. Transportation services are provided on weekdays by a corps of approximately 80 volunteers who use their own personal vehicles, though the agency owns one sedan that is used to provide rides. Funding is provided through the member towns, the United Way, donations and fundraising.

Granite State Independent Living

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

Lamprey Health Care Senior Transportation

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

Rockingham Nutrition Meals on Wheels

Rockingham Nutrition Program's Meals on Wheels program has a primary mission of delivering meals to elderly and handicapped clients throughout the county, and transporting elderly residents to meal sites. The meals on wheels program directly provides transportation to the meal site at the Vic Geary Center in Plaistow, and partners with Easter Seals and CART to provide meal site transportation in Derry and Londonderry. RNMOW also provides limited support for meal transportation to the Salem Senior Center. A seven passenger minivan is based at the Vic Geary Senior Center in Plaistow, and in the past two years has offered expanded service making of Section 5310 Formula funding available through the RCC.

Seniors Helping Seniors

Seniors Helping Seniors is a home care provider offering companion care, light housekeeping, errands, transportation assistance and dementia care. Care is provided by other seniors employed by the agency. Seniors Helping Seniors is a national organization with a Southern New Hampshire office in Bedford. Their service area includes the whole RCC study area.

Easter Seals New Hampshire

Easter Seals New Hampshire (ESNH) is a national non-profit human service agency whose mission is to provide services for individuals with autism, developmental disabilities, physical

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

Veterans' Administration Medical Center Manchester

The U.S. Veteran's Administration Medical Center in Manchester operates limited transportation service to assist veterans in with transportation to appointments at the Medical Center. The Medical Center operates one 18 passenger bus, and also contracts with Care Plus, a private chair car company. Transportation is available free of charge to eligible veterans on weekdays between the hours of 6:00am and 4:30pm. In certain circumstances they will also reimburse clients for transportation provided by others.

Additional Agencies Not Responding to Survey but Known to Provide Service in the Region

American Cancer Society

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

Kimi Nichols Center

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

Silverthorne Adult Day Care

Silverthorne Adult Day Care provides medical monitoring and social activities to residents in Salem and surrounding towns. Silverthorne no longer provides daily transportation to and from the center for clients. However, the agency maintains two lift equipped vehicles used for

field trips by Silverthorne and Salem Haven Nursing Home: a 10 passenger van and a 12 passenger mini-bus.

Salem Boys & Girls Club

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

SarahCare Adult Day Services

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

Town of Windham

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

SERVICE PROFILE

Most of the providers surveyed offer demand response service. There is no fixed route transit service connecting points within the region, though intercity bus service is available connecting State Park & Ride locations in Salem and Londonderry (Exits 2, 4 and 5 on I-93) to Boston, Manchester and Concord. CART has previously secured federal Congestion Mitigation Air Quality (CMAQ) funding to initiate a fixed route service connecting Salem, Windham and Derry, though this project was canceled for lack of municipal marching funding. Three of the providers responding to the survey do offer some form of deviated fixed route service, typically in the form of a 1-3 day/week shopping run, or a daily pick-up route to bring clients to a service center.

Table 3.1, at the end of this chapter, shows that service is generally limited to weekdays during normal agency business hours. Only five agencies begin service prior to 8:00 am. One volunteer driver organization, Derry Caregivers, noted having scheduled trips as early as 5:30am. Only three agencies noted providing service after 5:00pm. One volunteer organization indicated that it has provided evening service in unusual circumstances, but this was clearly an exception.

Three providers offered Saturday and Sunday service – Derry Caregivers, GSIL and CART's Early Bird/Night Owl taxi voucher program. Extending the availability of service to include evenings and weekends was a goal indicated by several providers, and has been identified as an objective by the Regional Coordinating Council.

The responding providers have a combined fleet of 113 vehicles, with approximately 27 of them operating in the study area. The bulk of the additional vehicles are operated by Easter Seals NH in the Manchester area (77); with three additional vehicles operated by Lamprey Health Care in the Seacoast region, and seven by Granite State Independent Living elsewhere in the state . The approximately 27 vehicles operating at least part time in the Derry-Salem study area include: 23 handicapped accessible buses/vans; two non-handicapped accessible vans; and two smaller vehicles. Not all of these vehicles are on the road during the providers' full service periods.

A majority of the providers surveyed focus on elderly clients, with **Table 3.3** showing that seven respondents indicating that the elderly make up 60% or greater of their client base. Eight of the eleven providers indicated that carrying clients with disabilities was part of their mission, with three agencies focusing solely on individuals with disabilities: the Center for Life Management, Granite State Independent Living, and the VA Medical Center's transportation program. A substantial portion of Easter Seals' work in the region is special needs school bus transportation. While the Salem Boys & Girls Club did not respond to the survey, they are another known provider that specifically focuses on transportation for youth, and provides a connection between the Club and Salem schools for before and after school programs. There are similarly a limited number of services available to the general low-income population who may simply be unable to afford a vehicle. As the public transit agency for the region, CART has filled some of this gap since its inception, though this remains a key underserved element of the transit dependent population in the region. This is especially the case since some CART services, such as the evening/weekend taxi voucher program, are funded with federal dollars for which only seniors and individuals with disabilities are eligible.

Trip Volume

The estimated annual volume of trips provided within the study area was upwards of 47,000, which does not include totals for the Atkinson Elder Services program, or the agencies known to be providing service in the region who did not respond to the survey. This is equivalent to 904 trips/week, or 181 trips/day.

Interest in Coordination

Agencies were asked to indicate their level of interest in coordination on a scale of 1-10 where one equated to 'Not Interested' and ten equated to 'Very Interested'. Three agencies indicated an interest of 10 out of 10. Two additional agencies indicated a high interest level of 7-8, so can be counted as potential partners in coordination. One agency responded with a 1 out of 10, and five agencies didn't respond to the question. That said, one of the non-responding agencies is already coordinating services and participating actively in the Regional Coordinating Council.

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

SUMMARY OF FINDINGS FROM PROVIDER SURVEYS

- The providers have a combined total of 113 vehicles, with approximately 27 of them operating at least part time in this region. Providers such as Granite State Independent Living, Easter Seals, and Lamprey Healthcare have vehicles that operate in adjacent regions or statewide

- Provider agencies offer a mix of shared-ride demand response service (offered by six providers) and scheduled service, which often features a deviated fixed route with a set destination but providing pick-ups at riders residences (offered by five providers), with some agencies providing both. Examples of demand response providers include CART, GSIL, or Lamprey's medical appointment service. Volunteer trips offered by the two Care Giver organizations also fit into this category. Examples of deviated fixed route service include the CART Hampstead and Salem Shuttles, Meals on Wheels service to meal sites in Plaistow and Derry; and weekly shopping runs provided by Lamprey. At present there is no regular fixed route public transit service in the region.

- Several agencies indicated having reduced service levels in the region since 2003. Lamprey Health Care previously offered a weekly shopping run serving Derry, Londonderry and Windham on Wednesdays, which has been cut due to loss of municipal funding. CLM operated two vehicles in 2003 and now operates only one vehicle and only for group trips, not for transportation to outpatient services. Other examples of this include the Rockingham County Adult Medical Daycare program and Salem Senior Center which have both eliminated service. Likewise Silverthorne Adult Day Care previously provided daily transportation to clients but now uses vehicles solely for field trips. Some of this can be attributed to general tightening of public and private agency budgets. Some of it is also likely attributable to the development of CART, either because the agencies have shifted clients to the public system to save money, or because municipalities have redirected funding. This is highly problematic, as the concept of coordination depends on multiple agencies pooling resources.

- Even with this contraction of service, there are still agency vehicles in the region that are not on the road full time. This is largely due to use of part-time drivers. An opportunity exists to better utilize these idle vehicle hours if operating funding can be secured for additional driver time.

- Service is generally limited to weekdays between 7:00am and 6:00pm. Many providers are limited to 9:00am-5:00pm. The CART Early Bird/Night Owl taxi voucher program has provided an early morning, evening and weekend service alternative, at least for seniors and individuals with disabilities, though need for additional service during these periods was identified through the welfare officer survey. Beyond the CART taxi voucher program, this off-hour service is only available through volunteer agencies and the market rate, client-paid service offered by Granite State Independent Living or for-profit providers such as Green Cab.

- The difficulty of providing subscription or high frequency service was cited by multiple providers. A small number of riders using a demand response service 3-5 time/week to access employment, dialysis, or adult medical daycare can consume a large share of service capacity.

- Total one-way trips provided within the study area were approximately 47,000, excluding several agencies who did not track trip volume. This is equivalent to 904 trips/week, or 181 trips/day.

- Securing resources necessary to maintain their operations is a significant concern for most of the service providers. This includes securing cash funding, as well as recruiting and retaining volunteer drivers.

- While some providers have well defined long-range goals, for many organizations these are unclear and consist mainly of continuing to provide services to meet the needs of their clients. Other common goals included:

    - Generally expand service availability
    - Shift riders from demand response to scheduled service
    - Improve coordination of service, including shared scheduling
    - Otherwise improve efficiency/cost-effectiveness
    - Ensure affordability of transportation options
    - Replace aging vehicles

- While the number of agencies providing service in the region has contracted somewhat since 2011, interest in coordination remains among a core group of 5 to 6 agencies, most of which participated in the 2003 and 2011 coordination studies. Opportunities do still exist at the regional level to see benefits from coordination. Full participation among provider agencies in the region should be an ultimate goal, though is unlikely at the outset, and should not be seen as a barrier to establishing pilot efforts of the sort identified in Table 3.3.

- Concerns cited by agencies reflect this increased comfort level with the concept of coordination, in that fewer concerns were stated regarding how scheduling would work, or mixing agency clients. Concerns remained on the part of some agencies regarding risk management and liability issues. The most commonly cited concern was that of finding funding to support call center expenses and pay for additional vehicle hours, especially in the face of declining municipal revenues.

Table 3.1 - Service and Vehicle Profile by Transportation Provider

Provider	Hours	Idle Time	Total Vehicles	Access Vehicles	Elderly Clients	Disability Clients	Other Client Groups
Atkinson Elder Services	M-F 8:00-5:00	NA					
Caregivers - Derry	M-F 5:00-6:00	NA	0	0	75%	25%	100% low income
Caregivers - Salem	M-F <5:30-4:00	Weekends/ Evenings	1	0	90%	10%	50% low income
Center for Life Management	NA	NA	1	1	25%	100%	
CART	M-F 8:00-5:00 Eve/Weekend Taxi Voucher	No	5 owned Others ESNH	5 owned Others ESNH	75%	40%	25% low income 8% other
Easter Seals NH	M-F 6:00-6:00 Greater Manch	Varies by vehicle type	90 (tot) 13 (reg)	90 (tot) 13 (reg)	44%	95%	14% preschool 43% school age 44% low income
Granite State Independent Living	7 days/week 24 hrs/day	Not Predictable	9 (tot)	6 (tot)	60%	100%	99% low income
Lamprey Health Care Senior Transportation	M-F for Med Fri Shopping 8:00-3:00	Between apts and shopping	4	3	80%	20%	8% general low-income
Rockingham Nutrition Meals on Wheels	(Geary) M-F 8:30-3:30	Evenings and Weekends	1	0	100%		
Seniors Helping Seniors	7 days/week 24 hrs/day	NA	NA	NA	100%		Transport only for active clients
VA Medical Center Manchester	M-F 6:00-4:30	NA	1	1	100%	100%	100% low income

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

Provider	FTE Solely Driving	FTE Solely Adm/Sched	Volunteers	Other Staff	Trips/ Year	Miles/Year	Avg. Rides Refused/ Week	Charges Fare
Atkinson Elder Services	NA	NA	NA	NA	NA	NA	NA	NA
Caregivers - Derry	0.0	1.0	150		6500	120,000	2	No
Caregivers – Salem	0.0	1.0	80		3,120	58,160	2	No
Center for Life Management	NA	NA	NA	35 Staff w/other roles	50-100 group trips/year	NA	NA	No
CART	7.0	3.5	NA		13,600	151300	27	$3 in town, $4 inter-town, $5 out of region
Easter Seals NH	70.0 (tot) Inc R8 RCC	8.0 (tot) Incl R8 RCC	NA	8 drive and serve other roles	412,000 (tot)	2.5 million	50	Varies by contract
Granite State Independent Living	5.0 PT statewide	1.0 statewide	NA	NA	1300	NA	<5%	$22/hr + $2/mi from Concord.
Lamprey Health Care Senior Transportation	2	0.5	NA	3.0 FTE driving/ other rules	1560		None	Donation: $5/appt, $10/day trip
Rockingham Nutrition Meals on Wheels	3	0	Few	Requests logged by meal site staff	9,932	13600 (Plaistow)	NR	Open Donation
Seniors Helping Seniors	NA	3.0	NA	160 caregiver employees	5,200		0-2	$24/hr + $0.39/mi 3 hour minimum
VA Medical Center Manchester	NA	NA	NA	NA	1660	NA	NA	No charge

Table 3.3 - Provider Interest in Various Aspects of Coordination

Provider	Interested in Coordination in General	Coord Client Visits	Coord Vehicle Schedules	Joint Purchase of Gas/Maint/ Insurance	Centralized Schedule & Dispatch	Purchase Rides in Coord System	Joint Garage/ Office Space	Coop Planning	Coop Funding	Use of Vehicles in Emergency
Atkinson Elder Services	NA									
Caregivers - Derry	1 out of 10 (No interest)									
Caregivers - Salem	10 out of 10 (High interest)	Yes	Yes	Yes				Yes	Yes	Yes
Center for Life Management	NA									
CART	8 out of 10 (High interest)		Yes	Yes	Yes	Yes	Yes	Yes		Yes
Easter Seals NH	10 out of 10 (High interest)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Granite State Independent Living	NA									
Lamprey Health Care	10 out of 10 (High interest)			Yes				Yes		
Rockingham Nutrition Meals on Wheels	No Response			Yes		Yes		Yes	Yes	
Seniors Helping Seniors	7 out of 10 (med interest)									
VA Medical Center	NA									

Table 3.4. Study Area Towns Served by Transportation Provider

Provider	Atkinson	Chester	Danville	Derry	Hampstead	Londonderry	Plaistow	Salem	Sandown	Windham
Atkinson Elder Services Program	*									
Caregivers - Derry		*	*	*	*	*			*	*
Caregivers - Salem								*		
Center for Life Management	*	*	*	*	*		*	*	*	*
CART		*		*	*	*		*		
Easter Seals NH						*				
Granite State Independent Living	*	*	*	*	*	*	*	*	*	*
Lamprey Health Care Senior Transportation	*		*		*		*		*	
Rockingham Nutrition Meals on Wheels		*	*	*	*	*	*	*	*	*
Seniors Helping Seniors	*	*	*	*	*	*	*	*	*	*
VA Medical Center	*	*	*	*	*	*	*	*	*	*
Total agencies	**6**	**7**	**7**	**7**	**8**	**7**	**6**	**7**	**7**	**6**

PROVIDER SURVEY NARRATIVE RESPONSES

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

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

- *CART - Replace fleet of vehicles. Expand to serve more towns. Get business support to service either by funding or running a commuting shuttle. .*
- *Derry Caregivers - Reduce waitlist. Increase staff hours.*
- *ESNH - To stabilize our workforce to meet our contractual obligations with the advent of new cost associated with increasing wages for labor and new eligibility for employees access to agency health care. To be able to continue to operate and provide vital community transportation services, focused on not duplicating public transit in our service area. Promote the development of fully funded transit resources to provide specialized transit services for elderly and disabled as this population continues to grow larger into the future.*
- *Lamprey Health Care – To continue to provide transportation for seniors and adults with disabilities*
- *Salem Caregivers - More availability for wheel chair services*
- *RMNOW - Our mission is to provide nutritious meals and beneficial support services to older and disabled residents of Rockingham County who need assistance to help them preserve long term health, well-being, and independence. We would like to see our clientele having improved mobility.*
- *Seniors Helping Seniors - No change-commonly offered service but all receiving transportation assistance are also generally engaging SHS for other services. We have a 4 visit minimum. On occasion this will include rides to eye surgery, follow - up appointment, and then 2 more eye appointments for other eye and then no longer needs SHS, on occasion rides are provided on a weekly basis to therapy appointments that are ongoing and then, when discharged, SHS no longer needed. Most of the time SHS provides rides as needed to clients who are receiving meal prep, medication reminder, housekeeping, companionship, personal care assist.*

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

- *CART - Lack of affordable accommodating services*
- *Derry Caregivers - Most pressing need is regular dedicated funding for transit services and development. Public and private transit agencies need more resources in order to develop services that are focused on the general public, seniors and people with disabilities. Service needs are projected to grow as we move into the future.*
- *Lamprey Health Care – Rides to Boston, Laconia, Concord*
- *Salem Caregivers - In a Town like Salem, if you do not have a car you are out of luck.*
- *Seniors Helping Seniors - Low income seniors need transportation for medical visits as well as errands such as groceries and pharmacy.*

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

- *CART - Connections to Manchester MTA and Nashua MTA*
- *ESNH - Medical appointments, shopping, personal care destinations, volunteer destinations, other*
- *Greater Salem Caregivers - Going to Boston can be a problem*
- *Lamprey Health Care – Boston, Manchester, Laconia, Concord for dialysis and cancer treatments*
- *RMNOW - probably medical, grocery shopping, specific medical treatments, senior services centers,*
- *Seniors Helping Seniors - We don't have any difficulty transporting to local and long distance destinations*

In what ways, if any, have your agency's transportation services changed in the past five years?

- *CART - Some towns that were served ceased to fund; one town cut its funding significantly. Services were curtailed to those towns.*
- *ESNH - We have grown by 40 employees and 1.5 million in revenue (mostly student transportation)*
- *Salem Caregivers - More weekly services for dialysis, radiation, physical therapy, pain management, and infusion.*
- *RMNOW - Expanded in area service, and clients served. Have not really expanded in technology used. Have raised standards of operations. Having systems whereby we are stand-alone operators, and systems whereby we are second party payers for someone else to operate the system, the transportation services as second party payers is much less focused on our client services than if we run it ourselves.*
- *Seniors Helping Seniors - We used to fill one time transportation needs however now only provide transportation to clients of SHS with ongoing services.*

Chapter 4. Options for Service Coordination and Expansion

INTRODUCTION

There are currently more than 15 agencies offering some form of transportation service in the Greater Derry-Salem area. Each has its own mission, equipment, eligibility requirements, funding sources, and institutional objectives. However, while providers only report turning away a limited number of clients in a week, estimates of the various transportation dependent populations in the region suggest a level of need much higher than the current level of service. The initiation of CART service in October 2006 introduced new capacity to the region and began to address this need. CART generated new municipal investment to match Federal Transit Administration (FTA) dollars and put additional vehicles on the road. Since that time, though, several other agencies in the region have cut back service, due to a combination of funding loss, changing internal priorities, the availability of the new CART service, and possibly other factors.

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

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

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

BENEFITS & COSTS OF COORDINATION

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

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

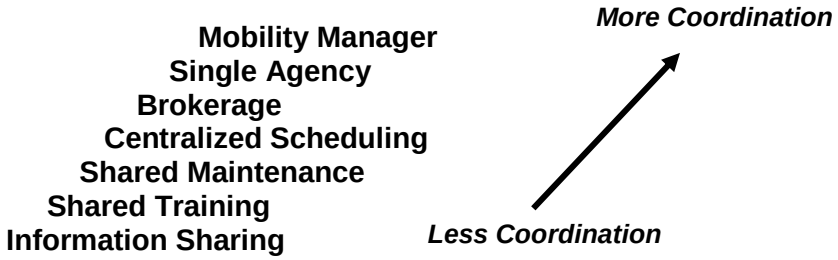
Another benefit related to funding service is that centralized tracking of trip information allows providers to more easily demonstrate their impact and effectiveness when they pursue funding. An innovative coordinated system will help providers access funding that may not be available to them for general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

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

ALTERNATIVE MODELS FOR COORDINATION

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

Figure 4.1 - The Coordination Continuum



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

centralized. Most coordinated systems use one of the three models at the top of the list - brokerage, single agency, or mobility manager. These three models, and a fourth that centralizes scheduling and dispatching, are described in the following pages.

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

Single Agency Control

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

Mobility Manager

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

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

Brokerage Model

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

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

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

The brokerage concept is probably the most widely used coordination model nationally. It makes efficient use of staff time by centralizing intake, scheduling, dispatching; while maintaining existence of multiple providers. The transportation component of New Hampshire's Medicaid Managed Care system is structured as a brokerage, or technically multiple brokerages. Originally three separate Care Management Agencies in turn had contracted transportation managers. Currently one transportation manager, Coordinated Transportation Solutions (CTS), service both remaining Care Management Agencies, so there is effectively a unified statewide brokerage for Medicaid managed care.

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

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

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

Centralized Scheduling – Lead Agency Model

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

Summary of Lead Agency Call Center Responsibilities

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

Client Intake

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

Reservations & Scheduling

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

Data Gathering & Reporting

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

Training & Operations Standards

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

Promotion & System Development

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

General Oversight

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

Figure 4.2 - Summary of Functions Centralized Under Each Service Model

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

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

SERVICE COORDINATION & EXPANSION CONSIDERATIONS

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

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

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

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

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

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

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

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

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

Legend for Rating System:

= Strategy is a potentially cost effective means of meeting this trip need type (Recommended)

= Strategy is a viable means of providing this trip type, though not the most cost effective (Imperfect solution)

= Strategy is not a cost effective means of meeting this trip need type (Not recommended)

Notes:

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

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

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

Strategies	Transportation System Needs						
	Job Access	**Chronic Medical**	**Groceries**	**Social**	**Medical**	**After School**	**Out of Region Medical**
	Daily travel/limited schedule flexibility	*2x-3x/week, some schedule flexibility*	*~1x/week, full schedule flexibility*	*Full schedule flexibility*	*Infrequent/ some schedule flexibility*	*Daily/limited schedule flexibility*	*Infrequent/ some schedule flexibility*
Greater Derry-Salem CART	General Public	General Public	General Public	General Public	General Public		General Public
Lamprey Health Care			Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities		
Rockingham Nutrition Meals on Wheels			Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities			
Granite State Independent Living	Individuals with Disabilities	Medicaid		Individuals with Disabilities	Medicaid		Medicaid
Greater Salem Caregivers		Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities		Elderly & Individuals with Disabilities
Community Caregivers of Greater Derry		Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities	Elderly & Individuals with Disabilities		Elderly & Individuals with Disabilities
Center for Life Management		Individuals with Disabilities			Individuals with Disabilities		
Kimi Nichols Center		*Individuals with Disabilities*			*Individuals with Disabilities*		
American Cancer Society		*Cancer Patients*			*Cancer Patients*		*Cancer Patients*
Salem Boys & Girls Club						*Children & Youth*	
Veteran's Administration		Veterans			Veterans		Veterans
Atkinson Elder Services Program			Elderly Living in Atkinson		Elderly Living in Atkinson		
Seniors Helping Seniors		Elderly who are SHS Clients	Elderly who are SHS Clients	Elderly who are SHS Clients	Elderly who are SHS Clients		Elderly who are SHS Clients

Legend for Table:

= Provider's service addresses this need

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

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

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

CURRENT STATE & REGIONAL CONTEXT

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

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

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

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

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

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

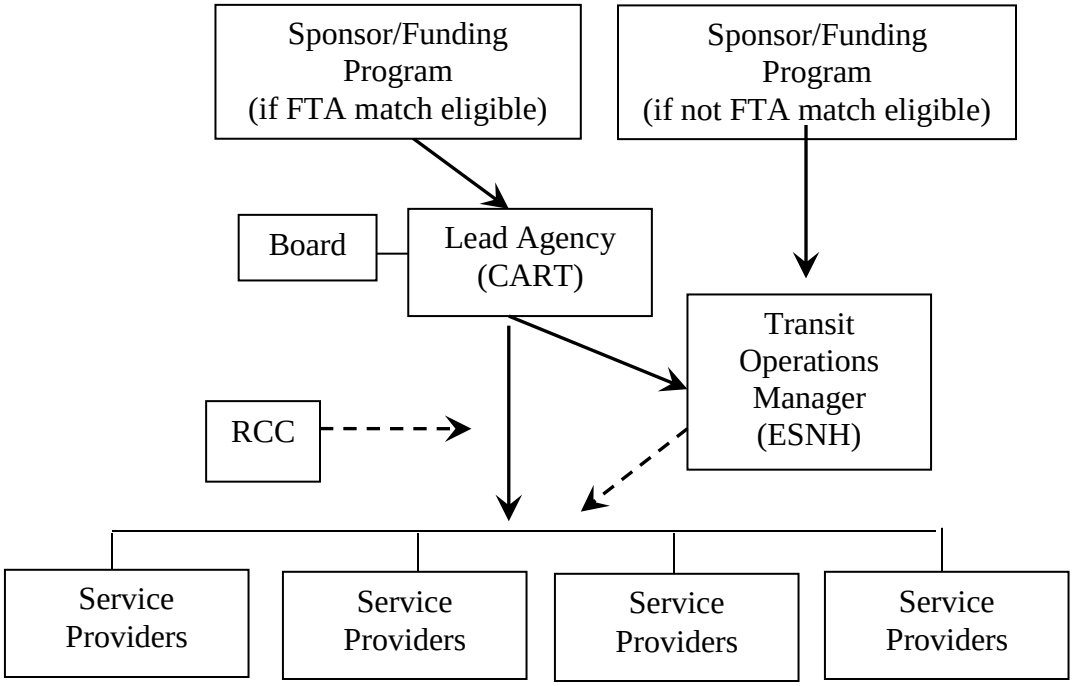
Factors that have worked against coordination in the region include the aforementioned service cutbacks at many agencies in the region that previously provided services; and a general indifference to statewide and regional coordination efforts on the part of the state Department of Health and Human Services. On the one hand NHDHHS has taken a major step toward internal coordination through the Medicaid Managed Care initiative. Most Medicaid Non-Emergency Medical Transportation (NEMT) is now coordinated through a single statewide broker. Unfortunately Medicaid Managed Care was implemented with little attention to regional coordination efforts as originally proposed in the 2006 statewide coordination plan. NHDHHS has participated only minimally in the SCC, and not engaged in steps to link other funding programs with regional coordination efforts as has been done by the NH Department of Transportation.

PREFERRED COORDINATION STRUCTURE FOR DERRY-SALEM REGION

In September 2010, the RCC held a Strategic Planning workshop to identify priorities for transportation service expansion, identify the most appropriate service strategies to address those trip types, and designate a preferred structure for transit coordination in the region and a preferred Lead Agency. This process was reviewed and updated in May 2016.

RCC members considered a range of structural models for coordination described earlier in this chapter. The model that was ultimately selected is a variant on the Lead Agency model described here. The RCC membership identified CART as the appropriate lead agency for the region, with Easter Seals filling the Broker/Call Center role under contract, similar to CART's existing service agreement with Easter Seals. There was one exception identified to this structure, regarding Medicaid Non-Emergency Medical Transportation (NEMT) funding.

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



Chapter 5. Funding Sources

INTRODUCTION

Identifying funding to implement transit coordination and initiation of fixed route service in the region is an essential step in the planning process. Coordination of services entails significant financial and institutional commitment. This chapter outlines funding from a variety of sources, including the Federal Transit Administration (FTA), the NH Department of Transportation (NHDOT), the NH Department of Health and Human Services (NHDHHS), local sources 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 CART and other provider agencies rely on to match FTA dollars and other federal funding streams. Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in a strong economy, and has been particularly challenging in recent years of economic downturn.

Earlier planning for transit coordination in the Derry-Salem 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 CART to support its demand response and planned fixed route services cannot readily be used to support a volunteer driver program. Other funding streams target specific client populations. Ultimately, funding an integrated regional transit system will be like building a puzzle. The following pages describe many potential pieces of that puzzle.

UNITED STATES DEPARTMENT OF TRANSPORTATION

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

Section 5307 Urbanized Area Formula funds are the primary source of federal funding that supports CART transit services. These funds 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.

In Large Urbanized Areas with populations over 200,000, transit agencies are Designated Recipients of Section 5307 funding and receive funds directly from FTA. Apportionment of funding in Large UZAs is based on a combination of population, population density, and route miles of service. Until recently, in urbanized areas with populations greater than 200,000 these could only be used only for eligible capital and preventative maintenance expenses. However, beginning with MAP-21 in 2012, small transit agencies in Large UZAs have flexibility to use up to 75% of their Section 5307 apportionment for transit operation.

This is a major policy change since the completion of the 2011 *Coordination Plan*, and was a critical fix for CART and the Nashua Transit System. Following the 2010 Census the Nashua NH-MA Urbanized Area crossed the 200,000 population threshold, and prior to the change in MAP-21 the two agencies would have lost access to FTA operating funding. Funds for the Nashua Urbanized Area are now divided up among the Nashua Transit System (NTS), CART, and the Lowell Regional Transit Authority (LRTA) every year based on a negotiation among the three transit agencies.

CART also receives a limited amount of Section 5307 funding through the Boston Urbanized Area. Most communities along New Hampshire's southern border are within the Boston Urbanized Area, including Salem, Hampstead, Atkinson, and Plaistow in the Derry-Salem RCC region.

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. A small amount of Section 5339 funding is available directly to the region through the Nashua Urbanized Area, while another pool of Section 5339 funding accrues to the State and is 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.
As with Section 5307, some Section 5310 funding is available to CART directly through the Nashua Urbanized Area, while two additional amounts 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 CART Derry-Londonderry Shuttle and Hampstead Shuttle; and 2) Section 5310 Formula funding that supports a range of other project priorities identified through the RCC. 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

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. 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.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

Many federal programs, apart from traditional transit programs, include funds that can be used for transportation. These funds are typically reserved for addressing the transportation needs of the population served by the program, and often can be used only for transportation related to that program, not for the general transportation needs of the participants. In some cases, program funds can be used for general access or to expand overall service in a coordinated system. The Medicaid program accounts for the largest share of NH Department of Health and Human Services (DHHS) transportation expenditures, 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 Derry-Salem region. Further change in the program is anticipated, and will hopefully address this problem.

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 Greater Derry-Salem region will be an important piece of long term work for the RCC.

Community Service Block Grants (CSBG)

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

Corporation for National Service - AmeriCorps and VISTA Programs

The AmeriCorps VISTA program places skilled volunteers in community development positions around the country, with an emphasis on helping bring communities and individuals out of poverty. Approximately 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.

LOCAL SOURCES

Local General Fund Appropriations

Municipal contributions form the core of the non-federal funding that CART and other provider agencies rely on to match FTA dollars and other federal funding streams. For CART, FY2016 municipal contributions totaled approximately $126, 000 across five 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.

PRIVATE SOURCES

Business Support

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

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

CART provides many trips to local grocery stores, hospitals, or medical facilities like the Fresenius Medical Care dialysis center in Londonderry; and has begun approaching these businesses about becoming funding partners in CART. To date this has yielded limited results, but should not be abandoned.

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

Sales of Services and Products

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

annually in advertising revenue. CART has been successful in developing advertising revenue to offset flat municipal contributions during the recent recession. CART currently generates over $30,000 in net advertising revenue.

Agency In-Kind Matching Funding

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

Private Charitable Foundations

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

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

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

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

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

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

Chapter 6. Findings & Recommendations for Service Coordination

INTRODUCTION

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

FINDINGS

Key sources of input for these findings include the survey of provider agencies, survey of local welfare officers, the Strategic Planning Workshop held with RCC members in September 2010, and updated in May 2016, and data from the US Census, NH Office of Energy and Planning, and NH Department of Health and Human Services.

- New Regional Coordinating Councils provide a useful framework for coordination – The formation of the Greater Derry-Salem Regional Coordinating Council for Community Transportation (RCC) in 2010, and similar entities around the state as provided for under RSA 239-B, provides a structure for coordination planning and eventual coordinated management of various Federal- and State-funded transportation programs.

- CART's existing call center structure can be built on to support coordination - The structure of CART's call center, operated by Easter Seals, positions the region well to implement service coordination between the transit agency and human service providers. Scheduling software designed for coordination, which other RCCs are waiting for the State to procure, is already in use. Vehicles owned by multiple agencies already participate in the CART system, including CART itself, Easter Seals, Salem Senior Center, and Green Cab.

- The number of agencies providing service in the region has declined - Partially offsetting CART service expansion, several agencies have reduced service levels in the region since 2003, including Lamprey Health Care, Salem Senior Center, the Center for Life Management, Rockingham Adult Medical Daycare, Greater Derry Community Health Services, and Silverthorne Adult Day Care. Some of this can be attributed to general tightening of public and private agency budgets. Another likely factor is the development of CART itself, either because agencies have shifted clients to the public system to save money, or because municipalities have redirected funding. This presents a challenge, as the concept of coordination depends on multiple agencies pooling resources.

- Some vehicles in the region remain underutilized - Even with this contraction of service, there are still agency vehicles in the region that are not on the road full time. Many agencies employ part time drivers, as they lack operating funding for full time drivers or may not need full time service. An opportunity exists to better utilize these idle vehicle hours if operating funding can be secured for additional driver time.

- Restructuring services can more efficiently provide certain trip types – While the open demand response service offered by CART provides important flexibility for medical trips, scheduled demand responsive routes such as those operated by Lamprey or Meals on Wheels are more efficient for trips such as grocery shopping that can be scheduled around ride availability. The RCC analyzed a range of trip types and identified service types that can most cost effectively meet each.

- Additional Federal funding is available to the region for service expansion – Several sources of Federal Transit Administration (FTA) funding are available to the region, but are not being fully accessed due to lack of non-federal matching funding. This matching funding could come from municipalities, private sources, and even Federal programs outside of the US Department of Transportation, including most DHHS programs.

- Demand for service continues to outstrip available capacity - Surveys of welfare officers and providers highlight significant remaining unmet transportation need in the region, including trips for medical services, employment, shopping. Agencies cite increase in trip request that cannot be met.

- There is a public perception of duplicative services - Local policy makers in various communities note a perception that they are funding multiple agencies to provide the same service. This perception is valid to an extent, in that a resident of a town such as Hampstead could go shopping using services provided by Lamprey or CART depending on the day of the week. However, careful outreach is needed to ensure that municipalities understand this doesn't mean an over-supply of service. Taken together, all of the services provided in the region still meet only a fraction of the need. It does, though, point to an opportunity for coordination.

- There is a lack of service outside of weekday business hours - The CART Early Bird/Night Owl taxi voucher program has improved transportation options outside of business hours for seniors and individuals with disabilities. Still, this service is available only to seniors and individuals with disabilities, and remains expensive, as users still by 50% of a market rate taxi fare. Most other agency services follow regular weekday business hours.

- There is a lack of service for populations other than seniors and individuals with disabilities – Multiple funding sources and agencies support service for seniors and individuals with disabilities. CART, as the region's public transit agency, is the only provider of general public transit services. However, given resource limitations and the difficulty of providing fixed route service in the region's low density development pattern, even CART services tend to be geared more toward periodic trip needs rather than daily employment transportation.

- There is a lack of information on the full range of available services - There is no centralized point of information outlining available transportation services for the region.

- Provider agencies harbor concerns around liability - Liability coverage is a significant concern and area of uncertainty for most providers. Providers often have coverage through insurance carriers that specialize in specific client populations (i.e. elderly or disabled

individuals), such that expanding to carry other populations may require coverage changes. The most cost effective approach to liability coverage for a coordinated system will likely be having each provider maintain its current insurance carrier, while adding the broker as an additionally insured. All providers participating in coordination would carry agreed-upon coverage levels. In 2010 the State Coordinating Council convened a subcommittee to identify insurance needs for developing regional brokerages. The committee included service providers, state agencies, as well as representatives from the insurance industry and developed a series of risk management tools for RCCs, as well as recommended insurance coverage limits for providers in a coordinated system.

- Integrating volunteer drivers into a coordinated system will be a challenge - Incorporating existing volunteer drivers into a coordinated system poses challenges. To the extent that volunteers and the provider organizations with which they work are willing to shift scheduling over to the broker, volunteers can be a tremendous resource to the system. They can be especially helpful in providing rides for repetitive medical trips such as dialysis or cardiac rehabilitation; or for longer distance medical trips where an agency vehicle and professional driver would be particularly expensive.

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

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

SYSTEM DEVELOPMENT RECOMMENDATIONS

1. Maintain the Region 9 RCC - The formation of Regional Coordination Councils was a result of State Legislation which established the Statewide Coordination Council (SCC). The SCC's duties include establishing community transportation regions, encouraging the development of regional coordination councils (RCCs) and approving the formation of regional coordination councils. The role of the RCC is to facilitate the implementation of coordinated community transportation in the region, encourage the development of improved and expanded regional community transportation services, and advise the SCC on the status of community transportation in the region. The RCC will continue to seek stakeholders in the region including local transportation providers, funding agencies, consumers, and agencies requiring transportation services. Consistent with State Legislation, the RCC will continue to work towards the arrangement of transportation through a network of providers ensuring quality service.

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

2. Improve Information Available on Transportation Options – Develop and disseminate an updated guide to transportation options available in the region. This should be web based for simplicity of updating, though paper copies should be available. Local public access TV channels should also be used for outreach.

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

   An example of this is the collaborative initiative of CART, ESNH and Rockingham Nutrition Meals on Wheels Program. This project uses resources from RNMoW that previously supported a stand-alone service bringing seniors to meal sites in Derry and Londonderry, and uses them to leverage additional FTA funds to allow expand the service into a route deviation shuttle to shopping and medical destinations as well as the meal sites.

4. Maintain and expand the CART taxi-voucher program – Work to expand participation by additional taxi companies in the CART Early Bird/Night Owl taxi voucher program. This has been an effective means of expanding early morning, evening, and weekend mobility options for seniors and individuals with disabilities in the region through use of FTA Section 5310 funding.

5. Expand access to employment transportation - Most provider agencies in the region offer services targeted to specific population groups – largely senior citizens, individuals with disabilities, or in some cases youth. CART, as a public transit agency, is open to all members of the general public, though like all agencies in the region is limited in its capacity. One goal of coordination is to expand transportation access to members of the public who are not clients of specific agencies, or are otherwise eligible for transportation assistance under DHHS programs. Access to employment is a particular need. Previous outreach efforts by CART and the Town of Salem to major employers in Salem found little interest in employee transit. However, as the economy has recovered and the labor market has tightened, there may be new interest from employers in expanding transportation benefits as a tool for attracting employees.

6. Strengthen volunteer driver programs – Three volunteer programs operate in the region currently – Community Caregivers of Greater Derry, the Greater Salem Caregivers, and the American Cancer Society (ACS) Road to Recovery Program. Two communities in the region, Atkinson and Plaistow, are outside of the service areas for the two caregiver programs, and ACS rides are only available to oncology patients. Volunteer driver programs can be the most efficient way to handle high volume transportation needs such as dialysis or cardiac rehab, at least for ambulatory consumers. While all of these are established, successful program, all such programs have a constant need to recruit and train new drivers. The RCC has worked with Greater Salem Caregivers to support additional volunteer recruitment. Such assistance should continue and be expanded.

7. Support continuation of existing services in the region through vehicle replacement – FTA Section 5310 funding accessed by agencies in the region to periodically replace vehicles should continue to be available to these agencies for vehicle replacement to avoid further loss of service. This said, priority for vehicle replacement should be given to agencies participating in the RCC, and whose vehicles will participate in regional service coordination efforts.

8. Recognize trip type priorities in developing new services - Stakeholders participating in the Strategic Planning Session identified the following trip types as priorities in maintaining existing service and seeking to expand service:
    - Medical appointments
    - Job access
    - Groceries/shopping
    - Social/recreational
    - Nutrition services
    - Out of region medical
    - Chronic medical (dialysis, chemo)

9. Work to guide NHDHHS Medicaid Transportation into the Region 9 Coordinated Transportation Delivery System - The NHDHHS provision of Medicaid transportation has become part of a managed care contract with two companies who oversee all health care for Medicaid recipients in NH. The Medicaid managed care companies contract with a single transportation broker to deliver transportation through a contracted network of providers. The NH SCC is currently working on developing a project for seamless integration between state regional software pilot sites and the Medicaid Transportation Broker. The proposed project will create a direct portal between the Region 9 service manager and the Medicaid Transportation broker. The region 9 RCC is a state software pilot site location. The Region 9 RCC will work with CART and Easter Seals to expand service access for transportation dependent individuals while improving the efficiency of services to the regions Medicaid transportation recipients.

10. Establish Operating and Service Agreements with Interested Parties - Decisions by providers whether or not to take part in the coordinated system will depend in large part on the specific provisions of the Draft Memorandum of Understanding (MOU) on Operating Standards for Service Coordination found in Appendix F. The MOU is an example used by CART and Transit Service Providers participating in CART Service currently. The MOU outlines the responsibilities of CART, CART's contracted transit operations manager (Easter Seals NH) and provider agencies; and sets out detailed operating standards for customer service, driver qualifications and training, vehicle maintenance, and other risk management procedures. Adjustments to these operating standards may be needed to respond to requirements of new funding programs, and will need to be agreed to by all participating parties. Details of available vehicle time, geographic restrictions on vehicle use, billing rates, and how exactly trips are scheduled will likely vary from provider to provider, and will be negotiated directly between CART as Lead Agency, the broker, and the provider.

11. Secure resources to fund regional call center operations - To date CART has covered regional call center costs using FTA Section 5307 funding matched with local dollars. To the

extent additional provider agencies join in regional coordination efforts, additional local match will likely be needed to match expanded use of FTA dollars. Several private charitable foundations supported the start-up of CART, though, given the reduced funding pools at many foundations, and demand on statewide foundations for similar support from other regions that have not previously received funding, it is unlikely that the Region 9 RCC will be able to secure new resources from statewide funders such as the Endowment for Health or the NH Charitable Foundation in the next few years. More localized foundations, such as the Alexander Eastman Foundation, may be a potential source of matching funding for specific new services that target access to medical care or other priorities.

12. Work to maintain and enhance Town funding **-** The establishment of CART was made possible in part through the financial support of several municipalities in the Region. Over the past several years municipal allocations to CART have been flat due to the tightening of municipal budgets. Expansion of service to better meet local needs described in Chapter 2 will require additional local investment as well as private sector funding development and combining resources through coordination.

13. Advocate for dedicated state transit funding - A core problem for transit systems throughout the state is the lack of dedicated state funding available to match federal transit dollars. In the coming years there will be a need for more state funding for transit to serve all groups in the community. In years past there was a small pool of State General Fund dollars allocated to transit assistance. That funding was eliminated in 2012. Restoring and growing this funding pool remains a goal of the New Hampshire Transit Association.

14. Establish fixed route transit service and additional route deviation shuttle services in the region- Extensive fixed route service is usually not practical in an area with population densities as low, and development as dispersed, as much of the Greater Derry-Salem region. That said, in 2010 the Town of Salem secured federal Congestion Mitigation/Air Quality (CMAQ) program funding for a Fixed Route System transit service between downtown Salem and downtown Derry, crossing through a portion of Windham. The service was designed to serve employment centers, including the industrial park west of Exit 2 of I-93, the Mall at Rockingham Park, and other retail locations along and near Route 28 and institutions centers such as Parkland Hospital in Derry. Ultimately this service was not implemented for lack of municipal matching funding. However, there has been renewed interest in fixed route service to create connections to Manchester and Nashua via the Manchester Transit Authority and Nashua CityBus. Continued development of route deviation shuttle services, such as CART's Salem Shuttle and Hampstead Shuttle, will also help expand access with greater efficiency than open demand response service.

15. Participate in Statewide Transit Coordination and Advocacy – In addition to the State Coordinating Council for Community Transportation (SCC), two other groups exist as important sources of information and voices for transit advocacy in the State. These include the NH Transit Association (NHTA) and Transport New Hampshire. TransportNH advocates for greater investment in all aspects of the transportation, with a particular emphasis on transit access and better accommodation and safety for people walking and bicycling. Multiple RCC member agencies participate in these organizations, all of which provide useful tools for the work of the RCC.

APPENDICES

Appendix A. RCC Membership

Appendix B. Transit Provider Survey Instrument

Appendix C. Welfare Officer Survey Instrument

Appendix D. Human Service Agencies Survey Instrument

This Page Intentionally Blank

APPENDIX A

RCC Membership

This Page Intentionally Blank

APPENDIX B

Transit Provider Survey Instrument

This Page Intentionally Blank

APPENDIX C

Welfare Officer Survey Instrument

This Page Intentionally Blank

APPENDIX D

Human Service Agency Survey Instrument