

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

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**Coordinated Public Transit & Human Service Transportation Plan
Greater Manchester-Derry-Salem Region
2022 Update**

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LIST OF ABBREVIATIONS

ADA.....	Americans with Disabilities Act of 1990
BEAS	Bureau of Elderly and Adult Services (NH DHHS)
BIL.....	Bipartisan Infrastructure Law (2021) (same as IJA)
BIPOC.....	Black, Indigenous, and People of Color
CART	Greater Derry-Salem Cooperative Alliance for Regional Transportation
CDC	Centers for Disease Control and Prevention
CDL.....	Commercial Driver's License
CMAQ	Congestion Mitigation/Air Quality Program
CTAA	Community Transportation Association of America
CTPP	Census Transportation Planning Package
DEI.....	Diversity, Equity and Inclusion
EH.....	Endowment for Health
ESNH.....	Easterseals of New Hampshire
FAST.....	Fixing America's Surface Transportation Act (2015)
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
IJA.....	Infrastructure Investment and Jobs Act (2021) (same as BIL)
LRTA.....	Lowell Regional Transit Authority
MBTA.....	Massachusetts Bay Transit Authority
MPO.....	Metropolitan Planning Organization
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
RCC	Regional Coordinating Council for Community Transportation
RNMOW.....	Rockingham Nutrition Meals on Wheels Program
RPC	Rockingham Planning Commission
RTAP.....	Rural Technical Assistance Program
SAFETEA-LU.....	Safe, Accountable Flexible Efficient Transportation Equity Act (2005)
SCC	State Coordinating Council for Community Transportation
SNHPC	Southern New Hampshire Planning Commission (Manchester area)
SSTA.....	Statewide Strategic Transit Assessment
STBG	Surface Transportation Block Grant Program (FHWA)
TANF.....	Temporary Assistance for Needy Families
TDM	Transportation Demand Management
TMA	Transportation Management Association
UZA or UA	Urbanized Area
VA	United States Veterans Administration
VDP.....	Volunteer Driver Program

Chapter 1. Introduction

PROJECT PURPOSE AND BACKGROUND

Whether you are an agency representative, town official or other community stakeholder in the Greater Manchester-Derry-Salem region, this document is intended to provide you with the most current information on how to meet the transportation needs of residents for communities within this region. This document builds on the *Coordinated Public Transit/Human Services Transportation Plans* for the Greater Derry-Salem region and for the Greater Manchester region, both completed in 2016. It should be noted that in 2020, the Regional Coordinating Councils for Community Transportation (RCCs) for the Greater Derry-Salem region (Region 9) and the Greater Manchester region (Region 8) merged to form a new, more efficient, and collaborative RCC region encompassing 20 cities and towns. This new, larger Region 8 RCC, has coordinated their efforts on developing this update.

The Federal requirement to develop *Coordinated Public Transit Human Services Transportation Plans* as a prerequisite for accessing funds from certain Federal Transit Administration (FTA) programs was established in 2005 with passage of the Safe, Affordable, Flexible, Efficient Transportation Equity Act – a Legacy for Users (SAFETEA-LU). The fundamental purpose of this planning requirement is to improve access to transportation for older adults, 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 three successive pieces of federal transportation authorization legislation: Moving Ahead for Progress in the 21st Century (MAP-21), passed in 2012; the Fixing America’s Surface Transportation (FAST) Act passed in late 2015; and the Infrastructure Investment and Jobs Act (IIJA) of 2021.

These regional coordination plans are updated on a similar cycle as the Metropolitan Long Range Transportation Plans maintained by the Southern New Hampshire Planning Commission (SNHPC) and the Rockingham Planning Commission (RPC) – the two Metropolitan Planning Organizations (MPOs) serving the study communities. For the Greater Manchester-Derry-Salem region these regional plans are updated on a five-year cycle.

PLANNING PROCESS

The process for this update to the *Coordinated Public Transit/Human Services Transportation Plan* began in mid-2021. Over twenty 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 SNHPC and RPC.

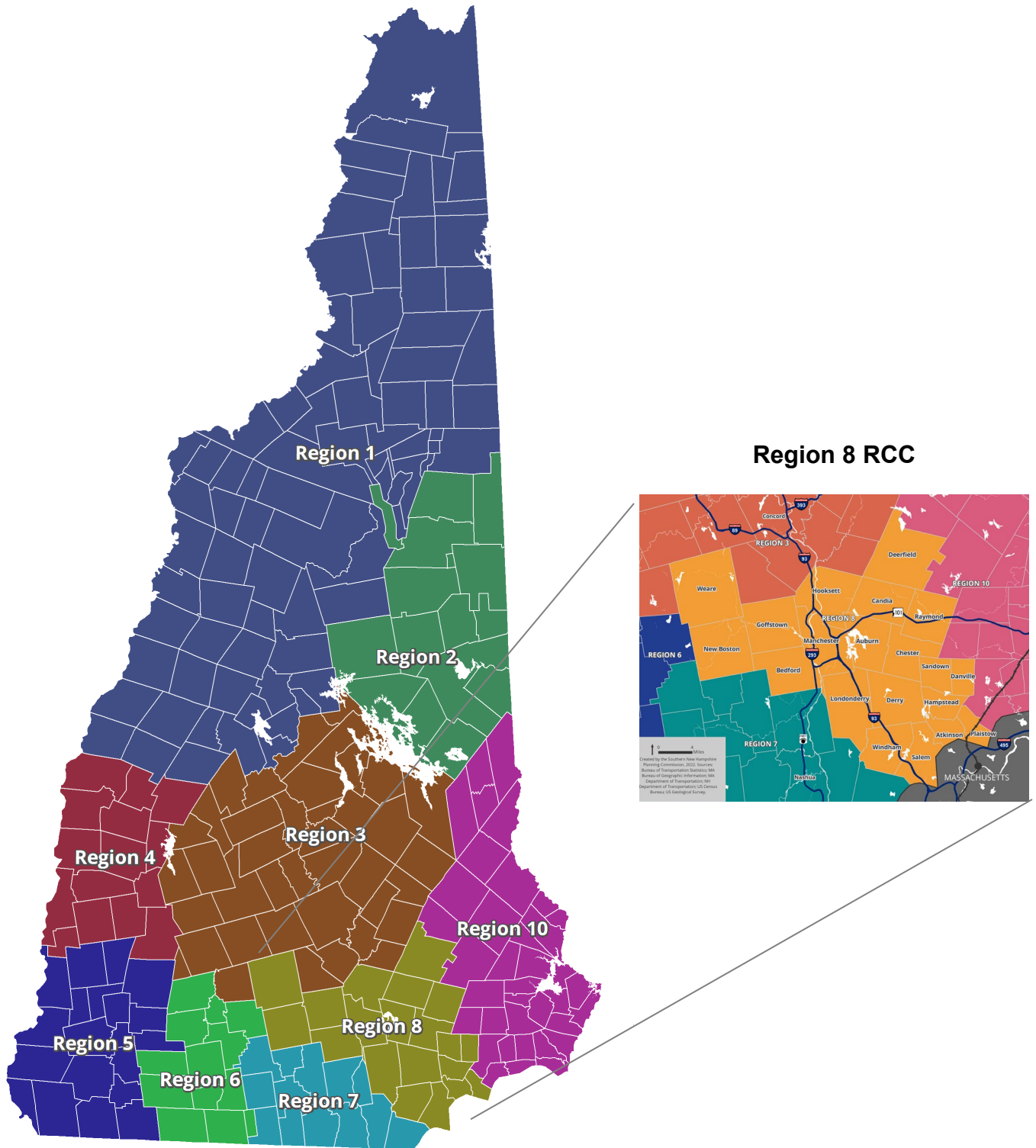
Key elements of the Coordination Plan update process have included:

- 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 as well as demographic data from the Census Bureau, NH Office of Energy and Planning, and the NH Department of Health and Human Services (Chapter 2).
- An updated inventory of available services, based on a survey of local and regional providers, that identifies gaps in service (Chapter 3);
- An assessment of recent local, state and federal planning efforts and policy initiatives related to community transportation, including funding as well as coordination rules (Chapters 4 and 5).
- Several planning sessions with the RCC to identify and prioritize strategies to address the identified gaps in service described in Chapter 6.

The work of updating and consolidating the 2016 Coordination Plans for the two formerly separate regions has been overseen by the newly consolidated Regional Coordination Council for Community Transportation (RCC) for the Greater Manchester-Derry-Salem region. Under the vision set forth in the State's 2016 Coordination Plan, entitled *Statewide Coordination of Community Transportation Services*, the consolidated Greater Manchester-Derry-Salem RCC is one of nine such coordinating councils operating around New Hampshire. 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 administered by the NH Department of Health and Human Services (NHDHHS) and the NH Department of Transportation (NHDOT).

Figure 1.1 shows the region of twenty cities and towns covered by the Greater Manchester-Derry-Salem Regional Coordinating Council for Community Transportation (RCC), identified by the SCC as Region 8, which is the study area for this Plan. This region also corresponds largely to the combined service area for the Manchester Transit Authority (MTA) and the former Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART). Figure 1 below shows the consolidated Region 8 RCC study area as well as the other eight RCCs around the state.

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



CHANGES IN THE TRANSPORTATION LANDSCAPE SINCE 2016

Beyond the mergers of CART with MTA and the joining of the two formerly separate Regional Coordinating Councils, a great deal has changed in the transportation policy landscape in New Hampshire since the development of the 2016 Coordination Plans. A few of these factors are bulleted below and discussed in greater detail later in the document:

- COVID-19. The COVID-19 pandemic has had dramatic effects on community transportation around the state and around the country, leading to sharp declines in ridership in early 2020 followed by slow, steady recovery as riders are reassured of the safety of transit and resume pre-pandemic travel patterns. (See Chapters 2, 3, 4)
- Shortage of professional drivers. A nationwide shortage of commercially licensed drivers has put stress on transit agencies nationally and in New Hampshire and forced service cutbacks. This is also causing transit agencies in New Hampshire to revisit service models and shift routes with lower volumes to smaller vehicles that don't require the operator to hold a Commercial Driver's License (CDL). (See Chapter 3)
- Shortage of volunteer drivers. Volunteer transportation organizations similarly face challenges recruiting enough volunteer drivers. This has been exacerbated by COVID and the fact that many volunteer drivers are themselves older adults with concerns about exposure. (See Chapter 3)
- The new Federal bipartisan infrastructure bill. The Infrastructure Investment and Jobs Act (IIJA) has led to an approximately 30% increase in federal funding available to the region. This creates new opportunities for service but will also require significant increases in state and local matching funds needed to leverage the Federal dollars. (See Chapter 4)
- Rising operating costs. Long term increases in the cost of providing services has eroded the buying power of federal transportation appropriations. Even with large funding increases in the IIJA federal funding has not kept pace with inflation over 30 years. The past year in particular has seen steep increases in transit agencies' costs for labor, fuel, parts, insurance and other expenses. (See Chapters 3, 5)
- Mobility Management funding. With the adoption of the New Hampshire 2021-2030 Ten Year Transportation Plan, the NH Department of Transportation began flexing approximately \$2.2 million/year in Federal Congestion Mitigation/Air Quality (CMAQ) program funding for transit use. Following consultation with the SCC this funding has been split between aid for urban and rural transit providers and establishment of new Mobility Manager positions for the state as a whole and each regional RCC. This is supplemented in rural regions of the state with a pilot grant from the Centers for Disease Control. The search to fill Mobility Manager role for the Region 8 RCC is underway as this plan is written, and a major part of the work scope for the new position will be implementing the recommendations of this plan. (See Chapters 3, 5)

- Demographic Shifts. Despite short-term demand reductions related to the COVID-19 pandemic, the region still anticipates long-term growth in transportation need for a burgeoning older adult population. Between 2015 and 2035 the population aged 65+ in New Hampshire is projected to grow approximately 82%, while the population as a whole is projected to grow approximately only about 6.9%. (NHOEP) The population of the region and state as a whole is also rapidly diversifying, with growing immigrant communities in Manchester, Salem and elsewhere. Manchester has a 74% white/non-Hispanic population, down from 82% in 2010 and 98% in 1980 according to the Census Bureau. AARP estimates that 1 in 5 Americans aged 65+ do not drive, which would equate statewide to approximately 75,000 non-driving older adults by 2030. The regional planning commissions suspect that the true percentage of non-driving older adults in New Hampshire is somewhat lower than this national figure, and are pursuing funding to develop a more precise estimate for the state. (See Chapter 2)
- Statewide planning for an aging population. Multiple statewide and regional organizations are grappling with preparing for an aging population, including the NH State Commission on Aging formed in 2019, the NH Alliance for Healthy Aging, and AARP New Hampshire. The State Plan on Aging, completed in 2016, included a survey of over 2600 older adults statewide, and transportation was one of the top concerns identified by survey respondents. The NH Alliance for Health Aging's Transportation Workgroup is focused on raising awareness of transportation needs and expanding the capacity and geographic coverage of Volunteer Driver Programs (VDPs) as part of the solution to address those needs. (See Chapter 4)
- Regional Age Friendly Communities Initiative. SNHPC in 2018 worked with communities around the region, AARP NH and other partners on a regional Age Friendly Communities assessment to identify current and future needs for an aging population. Transportation was among the top issues identified. RPC started similar work in 2021. Following on the pilot program SNHPC has conducted Transportation Option Surveys with New Boston, Londonderry, Chester; inventoried volunteer driver programs statewide; and worked with communities to better disseminate information on transportation services to residents. (See Chapter 4)
- Technological changes. A range of technology trends are already influencing transportation demand and service provision; and this will accelerate in the coming decade. Technology adoption accelerated by COVID-19 includes telehealth services replacing some in-person medical appointments, grocery deliver services and online retail replacing many shopping trips and increasing acceptance of telework reducing commute trips. Automated driver assist technologies, such as sensors and cameras, to detect nearby obstacles or driver errors, currently on the market have the potential to help older drivers remain on the road safely for longer. Fully autonomous vehicles have promise over the long term to help meet transportation needs for non-drivers, but due to multiple limitations are unlikely to be a viable solution for the region's community transportation needs for the near future. (See Chapter 3)
- Regionalization of the MTA system. MTA's absorption of CART is one of a series of steps toward regionalization the agency has taken in recent years. This also includes

shuttle services for older adults and individuals with disabilities in Goffstown, Hooksett, and New Boston, supported with funding through the RCC. (See Chapter 3)

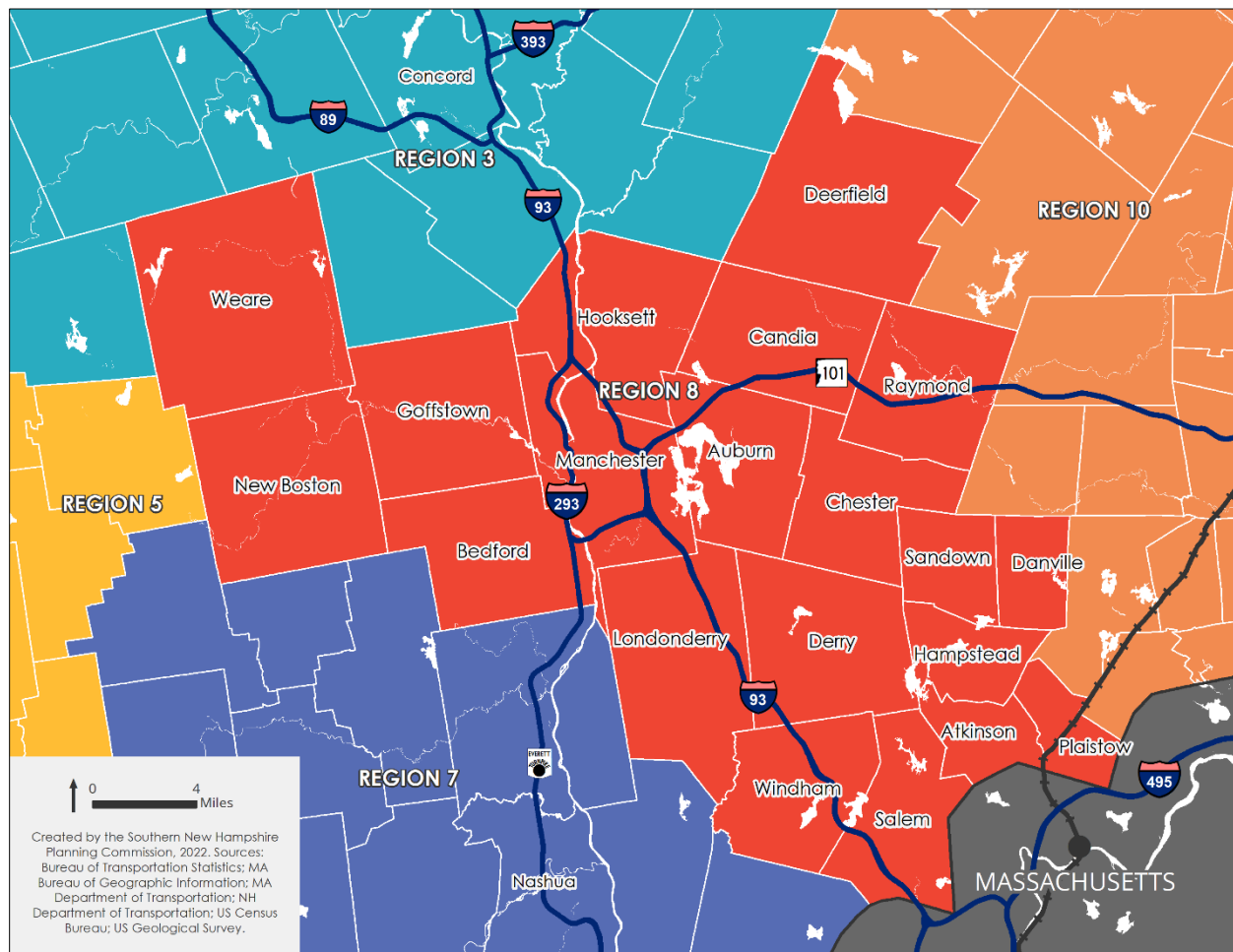
- Micromobility. In 2018 the City of Manchester launched a city-wide bikeshare program. While this is outside the traditional definition of community transportation, this program provided an additional transportation opportunity for people in Manchester seeking options beyond driving. The project was cut short by the COVID-19 pandemic but should be considered for eventual reestablishment. The target audience is not so much older adults or individuals with disabilities, but younger residents who ride transit and are looking for a first mile/last mile solution or are taking trips that can be accomplished entirely on bicycle. (See Chapter 4)

Chapter 2. Transit-Dependent Populations and Service Need

INTRODUCTION

As mentioned in Chapter 1, former Regions 8 (Greater Manchester) and 9 (Derry-Salem) RCCs merged in January 2020. Since then, transportation has been coordinated in a much larger area ranging from the rural towns of Weare and New Boston in the west to Danville, Raymond, and Plaistow in the east, and encompassing New Hampshire's largest city and the I-93 corridor that connects it to Concord to the north and Massachusetts to the south.

Map 1: Region 8 (Greater Manchester-Derry-Salem) RCC Boundaries



The new geographic area covered by this study consists of approximately 608 square miles, (including 15 square miles of inland water) and includes the following 20 municipalities:

Rockingham County (14)

- Atkinson
- Auburn
- Candia
- Chester
- Danville
- Deerfield
- Derry
- Hampstead
- Londonderry
- Plaistow
- Raymond
- Salem

- Sandown
- Windham

Hillsborough County (5)

- Bedford
- Goffstown
- Manchester
- New Boston
- Weare

Merrimack County (1)

- Hooksett

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 three sources: the 2010 US Census short form, the American Community Survey (ACS) 2015-2019 five-year data compilation, and 2020 Census population figures where applicable.

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.

Additional sources of data include the NH Department of Health and Human Services (NH DHHS) on Medicaid and the Temporary Assistance for Needy Families (TANF) enrollment data.

POPULATION & AGE DISTRIBUTION

Total Population

According to the decennial Census, the population of the study region increased by 6.6% between 2010 and 2020. This is faster than the 4.6% statewide population growth rate during the same period. No communities in the study area lost population during this time, but Danville was the slowest growing at 0.5%. The fastest growing towns in the region during this time were Auburn (20%), Windham (16.4%), New Boston (14.8%), Deerfield (13.4%), and Hooksett (10.6%). The

communities that saw the greatest net increases in population were Manchester (6,079), Windham (2,225), and Bedford (2,119).

Table 2.1: Population Growth by Municipality, 2010-2020

Municipality	2010 Population	2020 Population	Change
Auburn	4,953	5,946	20.0%
Windham	13,592	15,817	16.4%
New Boston	5,321	6,108	14.8%
Deerfield	4,280	4,855	13.4%
Hooksett	13,451	14,871	10.6%
Bedford	21,203	23,322	10.0%
Chester	4,768	5,232	9.7%
Sandown	5,986	6,548	9.4%
Londonderry	24,129	25,826	7.0%
Hampstead	8,523	8,998	5.6%
Manchester	109,565	115,644	5.5%
Raymond	10,138	10,684	5.4%
Goffstown	17,651	18,577	5.2%
Atkinson	6,751	7,087	5.0%
Salem	28,776	30,089	4.6%
Derry	33,109	34,317	3.6%
Weare	8,785	9,092	3.5%
Plaistow	7,609	7,830	2.9%
Candia	3,909	4,013	2.7%
Danville	4,387	4,408	0.5%
RCC Region	336,886	359,264	6.6%
State of NH	1,316,470	1,377,529	4.6%

Older Adult Population

The older adult population (age 65+) is a category of individuals that typically have a higher dependence on transit.

Table 2.2: % of Age 65+ Population by Municipality, 2019

Municipality	Total	65+	% 65+
Hampstead	8,632	1,682	19.5%
Atkinson	7,145	1,375	19.2%
Salem	29,791	5,480	18.4%
Candia	3,959	694	17.5%
Bedford	22,628	3,731	16.5%
Plaistow	7,716	1,265	16.4%
Goffstown	18,053	2,957	16.4%
Hooksett	14,542	2,201	15.1%
Deerfield	4,541	674	14.8%
Windham	14,853	2,181	14.7%
Londonderry	26,490	3,668	13.8%
Auburn	5,582	755	13.5%
Raymond	10,529	1,415	13.4%
Manchester	112,673	14,845	13.2%
Danville	4,556	553	12.1%
Derry	33,485	4,046	12.1%
Chester	5,270	636	12.1%
Sandown	6,547	788	12.0%
New Boston	5,899	647	11.0%
Weare	9,091	965	10.6%
RCC Region	351,982	50,558	14.4%

Table 2.2 shows the percentage of each municipality's residents over the age of 65 (2019 ACS 5-year estimates). The three towns with the highest percentage of elderly residents are all adjacent to each other in the southeastern part of the region: Hampstead (19.5%), Atkinson (19.2%), and Salem (18.4%). Plaistow, the southeasternmost town in the region, ranks sixth (16.4%).

The two towns ranking lowest in elderly population – Weare (10.6%), and New Boston (11.0%) – are both located in the far western part of the RCC region.

Table 2.3 shows that from 2010 to 2019, elderly population increased by 40.8% in the study region.

Manchester's increase of 15.6% was the smallest percentagewise, but its overall gain of ~2,000 new elderly residents ranks first. Atkinson's elderly population increased by only 23.4%; however, Atkinson has the second-highest percentage of elderly population at 19.2%, with only Hampstead having a higher percentage (19.5%)

Table 2.3: Age 65+ Population Growth by Municipality, 2010-2019

Municipality	65+ Pop. (2010)	65+ Pop. (2019)	Change
Chester	283	636	125.0%
Londonderry	1,718	3,668	113.5%
Weare	468	965	106.4%
Auburn	371	755	103.2%
Deerfield	362	674	86.2%
Sandown	435	788	81.1%
Hooksett	1,293	2,201	70.2%
Raymond	852	1,415	66.1%
Windham	1,333	2,181	63.7%
New Boston	400	647	61.6%
Hampstead	1,078	1,682	56.0%
Goffstown	1,975	2,957	49.7%
Derry	2,752	4,046	47.0%
Candia	477	694	45.5%
Bedford	2,683	3,731	39.1%
Plaistow	932	1,265	35.7%
Danville	410	553	34.9%
Salem	4,133	5,480	32.6%
Atkinson	1,115	1,375	23.4%
Manchester	12,846	14,845	15.6%
RCC Region	35,915	50,558	40.8%

Four towns' 65+ populations more than doubled:

- Chester, 125% increase (283 to 636)
- Londonderry, 113.5% increase (1,718 to 3,668)
- Weare, 106.4% increase (468 to 965)
- Auburn, 103.2% increase (371 to 755)

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 (14.4%) than in the state as a whole (18.7%). Despite this low base, this high growth is likely to continue, and points to increased need for transportation services including transit and other options to meet the needs of elderly residents in the coming years. Ideally, a transportation service assessment of people who do not drive such as youth, older adults, and the disabled population would be useful in identifying needs and service preferences.

Availability of transportation services for the elderly is certainly a quality-of-life issue, as elderly residents who can access transit are less likely to isolate and more likely to participate in their community. In a recent assessment by MTA of actual rider destinations, it was revealed that riders used MTA and CART services to get to a wide array of medical appointments but also for grocery shopping, hair appointments, participating in community events such as those at their community library or Recreation Department, and other social engagements. Staying connected to essential services such as health care, as well as having access to shopping and social events can be life changing to anyone who cannot drive. For an elderly resident, access to transportation can be an issue of health and safety, of being able to age-in-place and maintain independence, and ensure costs associated with nursing home care do not increase.

Table 2.4: % of Age 5-14 Population by Municipality, 2019

Municipality	Total Ages 5-14	Total Population	% of Total
Windham	2,420	14,610	16.6%
New Boston	879	5,711	15.4%
Bedford	3,411	22,535	15.1%
Weare	1,259	9,031	13.9%
Chester	667	5,129	13.0%
Hampstead	1,059	8,621	12.3%
Raymond	1,255	10,428	12.0%
Danville	543	4,515	12.0%
Sandown	764	6,389	12.0%
Londonderry	3,097	25,927	11.9%
Derry	3,851	33,448	11.5%
Atkinson	757	6,952	10.9%
Manchester	11,837	112,109	10.6%
Hooksett	1,492	14,289	10.4%
Plaistow	789	7,689	10.3%
Auburn	529	5,446	9.7%
Goffstown	1,754	18,061	9.7%
Deerfield	429	4,476	9.6%
Salem	2,665	29,234	9.1%
Candia	341	3,936	8.7%
RCC Region	39,798	348,536	11.4%

Youth

In 2019, youth aged 5-14 comprised 11.4% of the study region's population, down from 13.3% in 2010. Between 2010 and 2019, the region's Age 5-14 population declined by 6,625 (14.3%). 17 of 20 communities experienced declines in their Age 5-14 populations, ranging from Bedford (-1.8%)

to Danville (-40.1%). Only three communities saw increases in youth population – Windham (11.8%), Raymond (11.5%), and New Boston (11.3%).

An overall aging demographic in New Hampshire often goes together with a decrease in youth population. There are now five towns in the region: Auburn, Goffstown, Deerfield, Salem, and Candia – in which youth now comprise under 10% of the total population.

Table 2.5: Change in Age 5-14 Population by Municipality, 2010-2019

Municipality	2010 Age 5-14	2019 Age 5-14	% Change
Windham	2,164	2,420	11.8%
Raymond	1,126	1,255	11.5%
New Boston	790	879	11.3%
Bedford	3,473	3,411	-1.8%
Weare	1,377	1,259	-8.6%
Manchester	13,065	11,837	-9.4%
Hooksett	1,680	1,492	-11.2%
Atkinson	900	757	-15.9%
Hampstead	1,267	1,059	-16.4%
Goffstown	2,099	1,754	-16.4%
Sandown	917	764	-16.7%
Derry	4,800	3,851	-19.8%
Chester	843	667	-20.9%
Londonderry	4,114	3,097	-24.7%
Deerfield	602	429	-28.7%
Auburn	753	529	-29.7%
Plaistow	1,148	789	-31.3%
Candia	497	341	-31.4%
Salem	3,901	2,665	-31.7%
Danville	907	543	-40.1%
RCC Region	46,423	39,798	-14.3%

AUTO AVAILABILITY

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

Over 32,000 households in the region (17.1%) have access to one or fewer vehicles (See Table 2.6). Many of these households represent elderly residents, though low-income families and individuals often also lack private automobiles. As might be expected, given its dense urban core, Manchester has by far the most workers (28.4%) with access to one or fewer vehicles, followed by Plaistow (17.5%), Derry (16.9%), Salem (16.5%), and Raymond (15.6%)

Table 2.6: Auto Availability

Municipality	Total Households (HH)	Total Workers Age 16+	Workers 16+ in HH w/ 1 or Fewer Vehicles	% of Workers 16+ in HH w/ 1 or Fewer Vehicles
Manchester	46,188	60,250	17,124	28.4%
Plaistow	3,119	4,587	802	17.5%
Derry	12,741	19,175	3,245	16.9%
Salem	11,536	16,177	2,669	16.5%
Raymond	4,112	5,921	922	15.6%
Goffstown	6,115	8,484	1,311	15.5%
Danville	1,685	2,712	345	12.7%
Hampstead	3,573	4,486	549	12.2%
Hooksett	5,252	7,744	837	10.8%
Londonderry	9,338	14,565	1,393	9.6%
Bedford	7,813	11,518	1,093	9.5%
New Boston	1,964	3,201	295	9.2%
Atkinson	2,745	4,109	305	7.4%
Deerfield	1,653	2,649	196	7.4%
Auburn	1,973	2,988	208	7.0%
Weare	3,129	5,203	362	7.0%
Candia	1,537	2,224	150	6.7%
Chester	1,687	3,091	192	6.2%
Windham	5,009	7,148	333	4.7%
Sandown	2,229	3,780	106	2.8%
RCC Region	133,398	190,012	32,437	17.1%

INCOME

Another strong indicator of transit dependency within a region is income, as low-income households are less able to purchase and maintain an automobile. **Table 2.7** shows that the region has a significantly higher median income (\$102,682) than that of New Hampshire (\$77,923). Only Manchester (\$62,087) and Raymond (\$76,437) fall below the statewide average. The communities

with the highest median income are Windham (\$154,032), Bedford (\$135,374), Chester (\$133,214), and New Boston (\$132,386).

Table 2.7: Median Income

Municipality	Median Income*
Windham	\$154,032
Bedford	\$135,374
Chester	\$133,214
New Boston	\$132,386
Sandown	\$112,634
Atkinson	\$112,009
Deerfield	\$111,003
Londonderry	\$110,810
Auburn	\$110,163
Candia	\$99,167
Weare	\$95,775
Goffstown	\$93,017
Salem	\$90,673
Danville	\$90,457
Hampstead	\$88,250
Plaistow	\$85,263
Hooksett	\$81,937
Derry	\$78,943
Raymond	\$76,437
Manchester	\$62,087
RCC Region	\$102,682
State of NH	\$77,923

A more specific measure of transit need in the region is the population with income below the federal poverty level (See Table 2.8); 25,427 individuals in the region fell below the poverty level according to 2019 5-Year ACS data. The highest numbers were found in Manchester (15,399), Derry (2,695) and Salem (1,343). The towns of Windham (0.7%), New Boston (1.2%), and Auburn (1.4%) had the lowest numbers.

Table 2.8: Population Below Poverty Line (All Ages)

Municipality	Population for Whom Poverty Status is Determined (All Ages)	Population in Poverty	Percent in Poverty
Manchester	109,296	15,399	14.1%
Derry	33,112	2,695	8.1%
Raymond	10,390	779	7.5%
Goffstown	15,831	1,016	6.4%
Weare	9,031	563	6.2%
Deerfield	4,460	270	6.1%
Salem	29,031	1,343	4.6%
Candia	3,936	173	4.4%
Hampstead	8,592	364	4.2%
Plaistow	7,628	313	4.1%
Hooksett	13,427	534	4.0%
Bedford	21,906	609	2.8%
Chester	5,082	136	2.7%
Danville	4,515	104	2.3%
Londonderry	25,885	591	2.3%
Sandown	6,389	143	2.2%
Atkinson	6,897	149	2.2%
Auburn	5,446	77	1.4%
New Boston	5,711	70	1.2%
Windham	14,482	99	0.7%
RCC Region	341,047	25,427	7.5%

When considering the highest percentages of population below the poverty line Manchester was the highest at 14.1%, followed by Derry (8.1%), Raymond (7.5%), and Goffstown (6.4%). Looking at Table 2.9, Manchester (19.8%) and Derry (14.7%) had by far the highest childhood (<18) poverty rates; all other communities' childhood poverty rates fell below the 9.7% regional average. Childhood poverty rates were lowest in Candia, Danville, Atkinson, New Boston, and Windham (all 0.0%).

Table 2.9: Population Below Poverty Line (Ages <18)

Municipality	Total Population (Age <18)	Population in Poverty (Age <18)	Percent in Poverty (Age <18)
Manchester	21,260	4,209	19.8%
Derry	6,965	1,021	14.7%
Raymond	2,254	209	9.3%
Goffstown	3,477	299	8.6%
Plaistow	1,330	104	7.8%
Hampstead	1,818	120	6.6%
Salem	5,039	298	5.9%
Londonderry	5,849	240	4.1%
Weare	2,127	85	4.0%
Bedford	5,692	214	3.8%
Deerfield	871	30	3.4%
Hooksett	2,663	50	1.9%
Sandown	1,393	25	1.8%
Chester	1,072	12	1.1%
Auburn	1,113	8	0.7%
Candia	651	0	0.0%
Danville	948	0	0.0%
Atkinson	1,330	0	0.0%
New Boston	1,459	0	0.0%
Windham	3,912	0	0.0%
RCC Region	71,223	6,924	9.7%

As shown on Table 2.10, the percentage of seniors in poverty varies widely by community, with an average of 5.9% for the region. Candia (13.4%) was at the top of the list followed by Manchester (10.1%), Deerfield (7.1%), Hampstead (6.6%), and Derry (6.3%): all communities above the 5.9% regional average for 65+ individuals. Senior poverty rates were lowest in Windham (0.0%, Sandown (0.1%), and Danville (1.3%).

Table 2.10: Population Below Poverty Line (Ages 65+)

Municipality	Total Population (Age 65+)	Population in Poverty (Age 65+)	Percent in Poverty (Age 65+)
Candia	694	93	13.4%
Manchester	13,927	1,410	10.1%
Deerfield	674	48	7.1%
Hampstead	1,682	111	6.6%
Derry	3,867	243	6.3%
Salem	5,360	293	5.5%
New Boston	647	34	5.3%
Plaistow	1,265	63	5.0%
Goffstown	2,570	121	4.7%
Hooksett	2,201	87	4.0%
Raymond	1,415	53	3.7%
Weare	965	33	3.4%
Atkinson	1,375	46	3.3%
Londonderry	3,668	120	3.3%
Auburn	755	14	1.9%
Bedford	3,249	46	1.4%
Chester	636	9	1.4%
Danville	553	7	1.3%
Sandown	788	1	0.1%
Windham	2,087	0	0.0%
RCC Region	48,378	2,832	5.9%

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 general population 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 2021 shown in **Table 2.11**. There was a total of 29,416 TANF cases in the study region in 2021. TANF caseloads strongly correlate to the median household income level by town and the number of people below the poverty level.

Manchester had 16,368 requests for assistance, more than five times the amount of the next-highest community, Derry (2,867). Its per capita rate of 14.2% is also significantly higher than the second-place communities of Raymond (8.4%) and Derry (8.4%). The towns of Windham (2.8%), Hampstead (3.0%), and Bedford (3.1%) have the lowest numbers of TANF cases per capita.

Table 2.11: TANF Cases by Municipality (2020)

Municipality	# of TANF Cases	2020 Pop	Percent Enrolled in TANF
Manchester	16,368	115,644	14.2%
Raymond	897	10,684	8.4%
Derry	2,867	34,317	8.4%
Weare	594	9,092	6.5%
Plaistow	500	7,830	6.4%
Danville	276	4,408	6.3%
Hooksett	877	14,871	5.9%
Salem	1,709	30,089	5.7%
Londonderry	1,392	25,826	5.4%
Sandown	342	6,548	5.2%
Candia	196	4,013	4.9%
Deerfield	235	4,855	4.8%
New Boston	271	6,108	4.4%
Chester	231	5,232	4.4%
Goffstown	766	18,577	4.1%
Auburn	227	5,946	3.8%
Atkinson	232	7,087	3.3%
Bedford	725	23,322	3.1%
Hampstead	267	8,998	3.0%
Windham	444	15,817	2.8%
RCC Region	29,416	359,264	8.2%

PERSONS WITH DISABILITIES

Nearly 40,000 individuals in the study region (11.6%) are defined as having a disability, with figures ranging from a high of over 14% in both Candia and Manchester to 6% in Windham.

Since 2008, the U.S. Census Bureau American Community Survey covers six types of disability:

- **Hearing difficulty:** Deaf or having serious difficulty hearing (DEAR).
- **Vision difficulty:** Blind or having serious difficulty seeing, even when wearing glasses (DEYE).
- **Cognitive difficulty:** Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM).

- **Ambulatory difficulty:** Having serious difficulty walking or climbing stairs (DPHY).
- **Self-care difficulty:** Having difficulty bathing or dressing (DDRS).
- **Independent living difficulty:** Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).

While it can be helpful to examine these figures in the context of transportation, it would be misleading to define all those with a disability as having special transportation needs. Rather, these figures should be used to help us acknowledge the segment of our society that, because of physical or other limitations, may need to consider alternative modes of transportation for mobility.

Table 2.12: Population with a Disability

Municipality	Total Pop. w/a Disability	Total Population	% of Total
Candia	571	3,936	14.5%
Manchester	15,559	110,332	14.1%
Deerfield	576	4,476	12.9%
Danville	573	4,515	12.7%
Atkinson	848	6,952	12.2%
Hooksett	1,715	14,197	12.1%
Goffstown	2,102	17,550	12.0%
Hampstead	1,026	8,612	11.9%
Derry	3,880	33,242	11.7%
Sandown	737	6,389	11.5%
Plaistow	865	7,689	11.2%
Raymond	1,128	10,428	10.8%
Salem	3,030	29,090	10.4%
Londonderry	2,663	25,907	10.3%
Chester	446	5,129	8.7%
Weare	743	9,002	8.3%
Bedford	1,774	21,955	8.1%
Auburn	429	5,446	7.9%
New Boston	392	5,711	6.9%
Windham	867	14,512	6.0%
RCC Region	39,924	345,070	11.6%

MODE OF WORK TRIP TRAVEL

Across the study region, 157,280 of 191,530 workers age 16+ (82.1%) drove alone to work. Driving alone to work was most prevalent in Weare (90.3%), Sandown (89.3%), and Auburn (87.3%), and least prevalent in Goffstown (76.2%) and Manchester (79.1%).

Carpooling was the preferred travel mode for 14,933 (7.8%) of the region's working population. It was most prevalent in Manchester (11.0%), Raymond (10.4%), and Danville (10.2%), and least prevalent in Weare (3.3%) and Windham (3.4%).

Given small data sample sizes, other modes of transportation were aggregated into an "Other" category. This category encompasses the following: public transportation, walking, taxi, motorcycle, and bicycle. Regionwide, 7,378 (3.9%) of the region's working population commuted by one of these modes. It was most prevalent in Deerfield (7.0%), Goffstown (5.9%), and Manchester (5.7%), and least prevalent in Raymond (0.9%) and Auburn (1.1%).

Working at home was the preferred mode for 11,844 individuals (6.2%). It was particularly prevalent in Chester (16.3%) and Windham (13.3%). It is worth noting, however, that these data were gathered prior to COVID disrupting and fundamentally changing the telecommuting landscape nationwide, so these numbers are largely moot in 2022.

Despite the prevalence of commuting by single-occupancy vehicle the increase in the aging and disabled populations suggests an ongoing need to provide viable transportation options. Increasing transportation resources and support of fixed-route and demand-response options, the bolstering of Volunteer Driver Programs, and ongoing support of campaigns to promote awareness of existing transportation resources is crucial to assisting New Hampshire's vulnerable populations. Sharing information in an easy-to-digest, user-friendly manner can go a long way toward improving residents' awareness of and likelihood to try transit options.

SNHPC has partnered with MTA, community planners, librarians, and others to create more awareness of transportation options through a variety of mechanisms. For example, MTA has participated in multiple "touch a bus" type of events in Goffstown, Chester, Londonderry, and Hooksett. Staff at SNHPC has also worked with multiple communities in developing improved accessibility to transit information on community websites. This work is expected to continue in the form of outreach videos in Derry and Goffstown, with the potential to expand to other outreach/advocacy work in the coming months and years.

Table 2.13: Mode of Travel to Work

Municipality	Total Workers Age 16+	Mode of Travel							
		Drove Alone	% Drove Alone	Carpool	% Carpool	Other*	% Other	WAH**	% WAH
Atkinson	4,109	3,534	86.0%	185	4.5%	95	2.3%	292	7.1%
Auburn	2,990	2,610	87.3%	191	6.4%	33	1.1%	155	5.2%
Bedford	11,518	9,664	83.9%	530	4.6%	208	1.8%	1,117	9.7%
Candia	2,224	1,808	81.3%	176	7.9%	29	1.3%	211	9.5%
Chester	3,095	2,296	74.2%	245	7.9%	50	1.6%	504	16.3%
Danville	2,715	2,270	83.6%	277	10.2%	65	2.4%	103	3.8%
Deerfield	2,649	2,183	82.4%	117	4.4%	186	7.0%	164	6.2%
Derry	19,180	15,881	82.8%	1,534	8.0%	768	4.0%	978	5.1%
Goffstown	9,154	6,975	76.2%	897	9.8%	540	5.9%	741	8.1%
Hampstead	4,487	3,863	86.1%	247	5.5%	80	1.8%	296	6.6%
Hooksett	8,197	6,836	83.4%	525	6.4%	205	2.5%	631	7.7%
Londonderry	14,566	12,221	83.9%	889	6.1%	568	3.9%	889	6.1%
Manchester	60,617	47,948	79.1%	6,668	11.0%	3,456	5.7%	2,546	4.2%
New Boston	3,202	2,731	85.3%	144	4.5%	42	1.3%	285	8.9%
Plaistow	4,587	3,899	85.0%	284	6.2%	78	1.7%	326	7.1%
Raymond	5,922	4,945	83.5%	616	10.4%	54	0.9%	308	5.2%
Salem	16,182	13,819	85.4%	858	5.3%	534	3.3%	955	5.9%
Sandown	3,780	3,376	89.3%	197	5.2%	57	1.5%	151	4.0%
Ware	5,203	4,698	90.3%	172	3.3%	94	1.8%	239	4.6%
Windham	7,153	5,722	80.0%	243	3.4%	236	3.3%	951	13.3%
Region	191,530	157,280	82.1%	14,993	7.8%	7,378	3.9%	11,844	6.2%

*Public transportation, walked, taxicab, motorcycle, bicycle, or other means

**Worked at Home (PRE-COVID)

Assessing the need for Community Transportation and improved service coordination in the SNHPC region involves the identification of those individuals or groups with special transportation needs. Those individuals having less than adequate access to private vehicles or those unable to operate private vehicles would likely be included in this population, along with readily identifiable groups such as the elderly, those with low incomes, the physically disabled and children.

Based on these figures summarizing a pattern of regional dependence on the single-occupant automobile, the results of Table 2.13 would suggest that those individuals having less than adequate access to private vehicles or those unable to operate private vehicles would likely be included among those having special transportation needs and most dependent on Community Transportation. As highlighted earlier, those in the region with special transportation needs would likely include the elderly, those with low incomes or disabilities, and children.

MTA fixed routes currently extend beyond Manchester, providing services to portions of Bedford, Goffstown, Hooksett, Londonderry and express services are available to Concord and Nashua. MTA is also involved with organizations such as Southern New Hampshire University, Manchester Community College, and University of New Hampshire (Manchester) to promote the expansion of fixed route transit. MTA currently provides students of these schools with subsidized transportation on its system.

Southern and Rockingham Planning Commissions along with MTA and the many transportation service providers within Region 8 are committed to improving mobility management within the region including accessibility of transportation options, access to employment, medical care and other services, and ensuring growth in the industry also considers the environment and sustainable communities. For example, providing “green alternatives” or consideration of energy efficient alternatives, the role of transportation alternatives such as ridesharing and telecommuting can have a profound effect on the reduction of green-houses gases via the reduction of number of trips traveled.

Chapter 3. Profile of Existing Transit Service in the Region

INTRODUCTION

Southern and Rockingham Planning Commission staff sent surveys to more than two dozen transportation service providers in the project area to update information from the 2016 *Coordinated Public Transit/Human Services Transportation Plans* from both the Greater Manchester Regional Coordination Council (Region 8 RCC) and the Greater Derry-Salem Regional Coordination Council (Region 9 RCC) with regard to existing transportation services and opportunities for coordination and service expansion. A copy of the survey is included as Appendix C. The survey was conducted on-line using PublicInput.com, with follow-up calls made to agencies to clarify responses when 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 impacts of COVID-19 on services.

AGENCIES SURVEYED

Twelve agencies providing transportation services in the region completed surveys in late 2021. These included the regional public transportation provider, a range of nonprofit health and human service agencies using both paid and volunteer drivers, town operated senior transportation programs, and one private for-profit carrier.

Agencies completing surveys

1. American Cancer Society
2. Atkinson Elder Services
3. Bellmore's Transportation Service
4. The Caregivers/Catholic Charities (Bedford-based)
5. Girls Incorporated of New Hampshire
6. Hillsborough County Meals on Wheels (formerly St. Joseph's Community Services)
7. Manchester Transit Authority (including MTA & CART services)
8. Easter Seals New Hampshire
9. Granite State Independent Living
10. Rockingham Nutrition Meals on Wheels Program
11. Windham Senior Transportation Program
12. 360 SHS (formerly Seniors Helping Seniors)

Descriptions of each of the agencies are provided in the next section, listed alphabetically and numbered for ease of reference. Survey responses are summarized in **Tables 3.1-3.3** 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.

1. 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.

2. 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.

3. Bellmore's Transportation

Bellmore's Transportation is a family-owned private taxi and livery company that has served the Merrimack Valley and Southern New Hampshire for over 30 years. They provide airport transportation to Boston Logan, Manchester, Providence and Worcester; corporate travel, transportation for group trips and special event rentals. Vehicles include sedans, SUVs, 6 and 14 passenger vans and limousines. Pre-arranged services are available 24 hours a day, seven days a week.

4. The Caregivers/Catholic Charities

The mission of The CareGivers, Inc. is to help the frail, elderly and disabled maintain their independence and dignity through the spirit of volunteerism. They recruit, screen, train and coordinate volunteers to offer presence and assistance to those in need through transportation, food, and companionship programs. The CareGivers is a program of Catholic Charities. The most requested service is Rides for Healthy Living which links clients with much needed transportation to doctors' offices, medical appointments, and other health services to ensure that medical needs are being met. They help vulnerable individuals remain independent in their homes and connected to their communities, avoiding the harsh reality of premature institutionalization. Since 2012, The CareGivers, Inc. has been a participant of the Region 8 RCC and has provided Community Transportation services through the FTA 5310 program administered by NHDOT. The CareGiver, Inc. serves the Greater Manchester and Nashua areas.

5. Easter Seals New Hampshire

Easterseals New Hampshire (ESNH) is a national non-profit human service agency whose mission is to provide services for seniors, individuals with autism, developmental disabilities, physical disabilities and other special needs. Easterseals 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

Bureau of Elderly and Adult Services (BEAS), the Manchester School District, NH Medicaid, Catholic Medical Center, NH Vocational Rehab, Easterseals programs, the Manchester Housing Authority, 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 60 vehicles, including school buses, lift-equipped buses, lift-equipped and non-lift-equipped vans, and several cars.

6. Girls Incorporated of New Hampshire

Girls Inc. of New Hampshire is a non-profit organization serving girls ages 5-18. Girls Inc. offers research-based informal education programs that encourage girls to take risks and master physical, intellectual and emotional challenges. Major programs address math and science education, pregnancy and drug abuse prevention, media literacy, economic literacy, adolescent health, violence prevention, careers and leadership, and sports participation. Programs are offered after school at centers in Manchester and Nashua. The organization operates a transportation program to bring girls from school to their centers where they participate in after school activities. The cost of transportation is worked into the overall program fee.

7. Granite State Independent Living

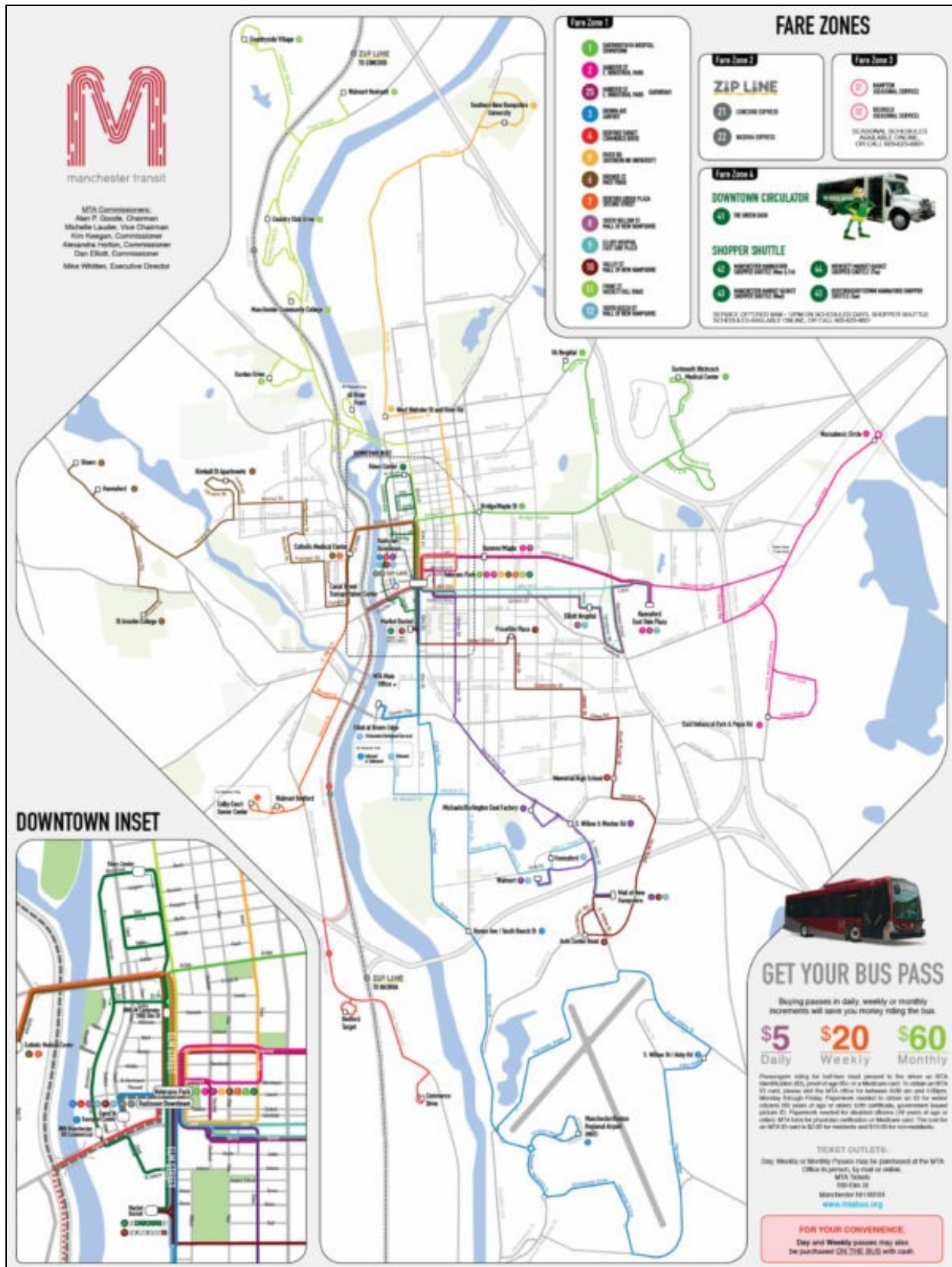
Granite State Independent Living is a statewide non-profit organization whose staff provide a range of services, including evaluation, skills training and on-going support to enable eligible consumers to pursue independent lives. Four core service areas include information and referral; peer support 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.

8. Manchester Transit Authority (including both MTA and CART services)

Manchester Transit Authority is the municipal transportation provider for the city of Manchester, operating fixed transit routes plus the StepSaver complementary paratransit program for individuals with disabilities that prevent them from riding the fixed route bus. Over the last several years MTA has expanded its regional footprint. Part of this has included absorbing the former Derry-Salem CART transit system that serves the five communities of Derry, Salem, Londonderry, Hampstead and Chester. Service to these communities remains branded as CART, though is fully integrated with the MTA system. Through the RCC, MTA also provides limited demand response service to the communities of Goffstown, Hooksett and New Boston.

The MTA fixed-route system, shown on page 3-4, consists of thirteen routes providing scheduled service Monday through Friday. Saturday service is provided on eleven of these routes. Hours of operation on weekdays are 5:25 AM to 6:25 PM while Saturday service is provided between 9:30 AM and 5:25 PM including express service to Nashua and Concord. The regular fare for a one-way trip is \$2.00 with half fare discounts available for older adults aged 65+ and individuals with disabilities. Weekly and monthly passes providing unlimited use of the system for seven and thirty-one day periods are also available.

FIGURE 3.1 – Manchester Transit Authority (MTA) Fixed Route Network



Travel between Manchester, Concord and Nashua is available on the MTA's intercity Zipline services with the purchase of a \$5.00 day pass.

Service within the CART communities is available Monday-Friday from 8:00am-5:00pm, while service connecting CART communities to medical facilities in Manchester is available on Tuesdays and Thursdays.

Service on the Goffstown Shuttle and Hooksett Shuttle are provided Monday through Friday between 9:00am and 2:00pm. Service on the New Boston Shuttle is provided Monday through Friday between 7:00am and 4:30pm. All three shuttles are fare-free.

9. Rockingham Nutrition Meals on Wheels

RNMOW provides nutritious meals and support services, including transportation, to older and or permanently or temporarily home challenged residents of Rockingham County to help them preserve long term health, independence, and wellbeing.

RNMOW directly provides rides to the luncheon center at the Vic Geary Center in Plaistow, and to other locations in the greater Plaistow area. RNMOW also partners with Manchester Transit Authority (formerly CART and Easter Seals) to provide rides to luncheon centers in Derry, Londonderry, and Salem, and for other trips for older adult riders. A seven-passenger minivan is based at the Vic-Geary Center in Plaistow, and operates with partial support from FTA Section 5310 Formula funding available through the Region 8 RCC. RNMOW has several other vehicles that provide rides directly outside of Region 8, including in Seabrook/Hampton, Raymond/Fremont/Epping, and Exeter and surrounding towns. Rides requests for these services and the greater Plaistow area are coordinated through the TripLink call center operated by COAST, which handles demand response scheduling for COAST's ADA service, the Portsmouth Senior Transportation Program, RNMOW, the Community Action Partnership for Strafford County, and the Ready Rides Volunteer Program.

10. 360 SHS (formerly Seniors Helping Seniors)

360 SHS 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.

11. 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.

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

12. 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.

13. 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.

14. Kimi Nichols Center

The Kimi Nichols Center is a private, non-profit human service center targeting the needs of citizens with disabilities 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.

15. 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.

16. Sandown Senior Affairs Transportation Program

The mission of the Sandown Senior Affairs Transportation Program is to provide free transportation services and supports to elderly, disabled, chronically or temporarily ill residents of the Town of Sandown through a network of local volunteers. The program is available to Sandown seniors and others in need of transportation primarily for medical reasons and is free of charge, though donations are appreciated and go towards reimbursing drivers for fuel & program expenses.

17. 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.

SERVICE PROFILE

Mix of Fixed Route, Demand Response and Intercity Services: Most of the providers surveyed offer demand response service. The Manchester Transit Authority (MTA) is the only provider of fixed route transit service in the region. This is largely concentrated in the City of Manchester, though regional fixed route connections exist between Manchester and Nashua, Manchester and Concord and Manchester and Manchester-Boston Regional Airport in Londonderry. 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/MTA and Rockingham Nutrition Meals on Wheels each offer 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.

Minimal Evening and Weekday Services: Transit service is generally limited to weekdays during normal agency business hours. Only five agencies begin service prior to 8:00 am. Many MTA fixed routes begin service as early as 5:30am. One volunteer driver organization, Derry Caregivers, noted having scheduled trips as early as 5:30am. Only five agencies noted providing service after 5:00pm. Prior to Covid, several MTA fixed routes operated in the evening. However, due to driver shortages caused by Covid-19, those services now end at 6:30 pm. One volunteer organization indicated that it has provided evening service in unusual circumstances, but this was clearly an exception. Most MTA routes operate on Saturdays, though only three providers offered Saturday and Sunday service - Derry Caregivers, Bellmore Transportation and GSIL. Extending the availability of service to include better options in the evening and on weekends has been identified as an objective by the Regional Coordinating Council. See table 3.1 at the end of this chapter.

Emphasis on Older Adults and Individuals with Disabilities: A majority of the providers surveyed focus on elderly clients, with **Table 3.1** showing that eight respondents indicating that the elderly make up 60% or greater of their client base. Eight providers indicated that carrying clients with disabilities was part of their mission, with two agencies focusing primarily on individuals with disabilities: Granite State Independent Living and Easter Seals NH. A substantial portion of Easter Seals' work in the region is special needs school bus transportation. Girls Inc. of NH focuses on after school transportation for school age girls. 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.

Few Options for Younger Low-Income Residents: Outside of communities served by CART or the MTA fixed-route system there are few services available to low-income populations under age 60 who don't have a disability. This group remains a key underserved element of the

transit dependent population in the region. This is especially the case since a number of services in the region (MTA/CART Derry, Londonderry and Hampstead Shuttles, RNMOW Vic Geary Center service, and MTA shuttles in Goffstown, Hooksett and New Boston) are supported with Section 5310 funds which target older adults and individuals with disabilities and designed to meet their needs.

Trip Volume: Trip volume in the region declined sharply in 2020 with COVID-19 when many services were briefly suspended, but have been recovering since to approximately 60%-80% of pre-COVID volumes depending on provider. The Caregivers were an outlier in this, actually seeing an increase in ride requests during COVID. The estimated annual volume of trips provided within the study area provided by surveyed participants was upwards of 677,000, though this includes 390,000 trips (58% of the total) that were provided on MTA's fixed route service. The total volume does not include trips for the Atkinson Elder Services program, Meals on Wheels of Hillsborough County, or the agencies known to be providing service in the region who did not respond to the survey. MTA/CART service alone accounts for approximately 7,500 trips/week, with all other carriers combined accounting for approximately 5,500 trips/week.

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'. Six agencies indicated an interest of 10 out of 10. One additional agency indicated a high interest level of eight, so can be counted as potential partners in coordination. One agency responded with a 3 out of 10 (Meals on Wheels of Hillsborough County) and one with a 1 out of 10 (Caregivers of Bedford), and five agencies didn't respond to the question.

SUMMARY OF FINDINGS FROM PROVIDER SURVEYS

- ◆ Mix of Service Types with Emphasis on Demand Response: 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 MTA's CART branded service, GSIL, or Atkinson Elder Services. Volunteer trips offered by the two Caregiver organizations also fit into this category. Examples of deviated fixed route service include the MTA/CART Hampstead and Salem Shuttles, Meals on Wheels service to meal sites in Plaistow and Derry; and weekly shopping runs provided by RNMOW. MTA offers extensive fixed route service within Manchester as well as out of region connections to Nashua and Concord.
- ◆ Service Expansions: Some services in the region have expanded since 2016 with Federal Transit Administration (FTA) Section 5310 funding made available through the RCC. These include new regional shuttles operated by Manchester Transit Authority (MTA) to Goffstown, New Boston and Hooksett.
- ◆ Discontinued Services: Several agencies have reduced service levels in the region since the advent of CART. Lamprey Health Care terminated their service in 2019, though some of it has been picked up by Rockingham Nutrition Meals on Wheels (RNMOW). Other examples of this include the Rockingham County Adult Medical Daycare program, Salem Senior Center, the Center for Life Management (CLM) and Silverthorne Adult Day Care which

have all ceased operating regular transportation services. 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 problematic, as the concept of coordination depends on multiple agencies pooling resources

- ◆ Minimal Evening & Weekend Options: Service is generally limited to weekdays between 7:00am and 6:00pm. Many providers are limited to 9:00am-5:00pm. Off-hour service is only available through volunteer agencies and the market rate, client-paid service offered by Granite State Independent Living or Bellmore's Transportation Service.
- ◆ Trip Volumes Dropped During COVID but are Recovering: Total one-way trips provided within the study area were approximately 677,000/year including 390,000 provided by MTA/CART. MTA/CART service alone accounts for approximately 7,500 trips/week, with all other carriers combined accounting for approximately 5,500 trips/week. Most agencies saw a significant drop in trip volume due to the COVID-19 pandemic. Most agencies with professional drivers suspended service altogether in the spring of 2020 with the initial onset of the pandemic. These agencies restarted service in summer 2020 and have gradually built back ridership. The Caregivers were an outlier in this pattern, as they have seen ride demand increase since the onset of COVID. The reasons for this likely include riders feeling more comfortable riding in a vehicle with just a driver versus a transit vehicle with multiple other passengers.
- ◆ Operating Challenges – Funding and Driver Recruitment/Retention: 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 both professional and volunteer drivers. Transit companies around the country have been challenged to recruit enough commercially licensed drivers to fill shifts, and multiple transit agencies in New Hampshire have instituted incremental service cutbacks in response to this. Pay rate in the public or non-profit sector is likely part of this. Driving jobs in the package delivery field are plentiful, relatively well paid and don't require the same sort of interaction with the public, which can be stressful with regard to policies around mask wearing and social distancing on vehicles. The pandemic has also impacted recruitment of volunteer drivers, many of whom are themselves older adults with potential medical vulnerabilities.
- ◆ Long Range Goals: Long range goals expressed by providers have changed somewhat since the 2016 update to the plan. This seems largely driven by the impact of COVID and the broader driver labor shortage. In 2016 long-range goals stated by providers tended to focus on the following:
 - Generally expanding service availability
 - Shifting riders from demand response to scheduled service
 - Improving coordination of service, including shared scheduling
 - Otherwise improving efficiency/cost-effectiveness
 - Ensuring affordability of transportation options
 - Replacing aging vehicles

Long range goals expressed by respondents in 2021 focused on:

- Recruiting adequate drivers to maintain service
 - Rebuilding ridership
 - Keeping riders and drives safe during the pandemic
 - Continuing to meet client needs
- ◆ Coordination Interest: While the number of agencies providing service in the region has contracted somewhat since 2016, interest in coordination remains among a core group of at least six 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 Regional Coordinating Council should be an ultimate goal, though is unlikely at the outset, and should not necessarily be seen as a barrier to establishing pilot coordination efforts.

Table 3.1 – Service and Rider Profile

Provider	Service Type	Operation Type	Vehicle Type(s)	Trips/ Week	Trips/ Year	% of Trips Requiring Lift	Percent Older Adult	Percent with Disability	Other Client Groups	Miles/ Year	Charges Fare
Atkinson Elder Services Program	Door to Door	Operate own vehicles	Van (accessible), Sedan/SUV				90%-100%	1%-10%			None
Bellmore's Transportation Service	Curb to Curb	Operate own vehicles	Sedans/SUVs	UNK		Zero					Market rate by mile + time
The Caregivers (Bedford)	Door to Door	Volunteers with private vehicles	Sedans/SUVs	82	4,300	Zero	90%-100%	1%-10%			None
Caregivers - Derry	Door to Door	Volunteers with private vehicles	Sedans/SUVs		6,500						None
Caregivers - Salem	Door to Door	Volunteers with private vehicles	Sedans/SUVs		3,120						None
Easter Seals NH	Curb to Curb & Door-to-Door	Operate own vehicles	Buses (accessible), Sedans/SUVs	4646	241,592	4%	20%-30%	80%-90%	Students 60-70%	1.18M VSM, 960K VRM	Usually paid by sponsor
Girls Inc. of NH	Fixed Route	Operate own vehicles	Buses (accessible), Buses (non-access)	300	15,600	Zero	1%-10%	1%-10%	Students 90-100%		Part of weekly program fee
Granite State Independent Living	Curb to Curb & Door-to-Door	Operate own vehicles	Van (accessible), Sedan/SUV	40-50	2,600	99%	40%-50%	90%-100%	Gen Public 20%-30%		\$22/hr + \$2/mi
MTA/CART	Fixed Route, Curb to Curb, Door to Door, Route Deviation	Operate own vehicles	Vans (accessible), Buses (accessible)	7500	390,000	5%	20-30%	10-20%	Students 10-20%, Gen Public 70-80%	500K+ VRM	Varies by program Free-\$4
Rockingham Nutrition Meals on Wheels	Curb to Curb	Operate own vehicles & Purchase service	Small buses (accessible)		9,932		90%-100%				Varies \$3-\$5
360 SHS	Door through Door	Volunteers with private vehicles	Sedan/SUV	30-40	2,080	Zero	90%-100%	1%-10%			\$16 each way
VA Medical Center			Small buses (accessible)		1,660						
Windham Senior Van	Curb to Curb	Volunteers drive agency van	Van (accessible), Sedan/SUV			5%	90%-100%	1%-10%			

Table 3.2 -Service Hours, Idle Time, Refusals and Coordination Interest

Provider	Days & Hours	Idle Time	Avg Rides Refused/ Week	Refusal Reason: Out of Region	Refusal Reason: Outside Svc Hrs	Refusal Reason: Eligibility	Refusal Reason: Lead Time	Refusal Reason: Capacity	Refusal Reason: Other	Coord Interest (1-10)	Keep Me Informed	Notes
Atkinson Elder Services Program												
Bellmore's Transportation Service	Any time of day	Best time 10:00am-2:00pm								10 = High Interest	Yes	
The Caregivers (Bedford)	Any time of day		0							1 = No Interest	Yes	
Caregivers - Derry												
Caregivers - Salem												
Easter Seals NH	Varies, but 6:00am-6:00pm on weekdays	Pre-COVID all vehicles were in full use	10-15	1-10%	1-10%	1-10%	1-10%	10-20%		10 = High Interest	Yes	
Girls Inc. of NH	2:00-4:00pm (after school) on weekdays	School days 8:00am-2:00pm	2-3	90-100%		90-100%		90-100%		8	Yes	
Granite State Independent Living	24/7	NA	1-2				20-30%			10 = High Interest	Yes	1 week notice for requests
MTA/CART	Mostly 5:30am-6:30pm Mon-Sat. 3 routes run to 9:30pm	Sunday, Weekdays >6:30pm, off peak 10:30-1:00pm	5	10-20%	10-20%	1-10%	20-30%	10-20%		10 = High Interest	Yes	
Rockingham Nutrition Meals on Wheels	8:00-5:00 weekdays	Nights and Weekends	0							10 = High Interest	Yes	
360 SHS	8:00-5:00 weekdays		2-3	1-10%			1-10%	60-70%	1-10%	10 = High Interest	Yes	
VA Medical Center												
Windham Senior Van					80-90%							

Table 3.3. Study Area Towns Served by Transportation Provider

Provider	Atkinson	Chester	Danville	Derry	Hampstead	Londonderry	Plaistow	Raymond	Salem	Sandown	Windham	Auburn	Bedford	Candia	Deerfield	Francestown	Goffstown	Hooksett	Manchester	New Boston	Weare	
Atkinson Elder Services Program	*																					
Bellmore's Transportation Service	*	*		*	*	*	*		*	*	*	*							*			
The Caregivers (Bedford)							*						*				*		*			
Caregivers - Derry		*	*	*	*	*				*	*											
Caregivers - Salem									*													
Easter Seals NH													*	*			*	*	*			
Girls Inc. of NH																			*			
Granite State Independent Living	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MTA/CART		*		*	*	*			*								*	*	*	*		
Rockingham Nutrition Meals on Wheels		*	*	*	*	*	*		*	*	*	*		*	*							
360 SHS	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
VA Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Windham Senior Van										*												
Total agencies	5	7	5	7	7	7	6	3	7	6	7	5	5	5	4	3	6	5	8	4	3	

PROVIDER SURVEY NARRATIVE RESPONSES

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

What sorts of impacts has your transportation program experienced related to COVID-19?

- *GSIL - At least a 50% loss in riders.*
- *360 SHS - Increase in requests for transportation*
- *Girls Inc. - less children on the bus for more social distancing*
- *Bellmore Transportation - Less volume of work*
- *ESNH - Has heightened labor crisis, reduced ability to use capacity of vehicles, community programs limited capacity, reduced travel of most medically fragile populations because of significant risk, significant cost increase of service due to limited capacity, availability of parts for maintenance and cost increase of vehicles.*
- *Hillsborough MOW - We suspended transportation for a period of time*
- *MTA - Complete suspension of service for 3 months in 2020 and now finding our footing in the new normal.*
- *The Caregivers - extra precautions*
- *RNMOW - Increased cost of everything, maintenance, fuel, supplies, wages.*

If your ridership has decreased due to COVID, what is your sense of how your clients are meeting the needs for which they previously used your service? Are they simply staying home? Relying on family? Replacing travel with online services and telemedicine?

- *GSIL - Many consumers are using apps for shopping rather than going out. Some depend on family/friends to purchase what they need. Many of our consumers have compromised health and don't want to go out any more.*
- *360 SHS - Relying on Family Members*
- *Bellmore Transportation - Staying home*
- *ESNH - Some who have limited help have suffered the most. People are doing less for themselves and relying on family to meet their most critical needs to meet their daily needs.*
- *MTA - Many commute trips seem to have been replaced with teleworking. Seniors seem to be traveling less frequently but unknown whether that's due to them staying home or finding a less public manner of travel like family/friends.*

If your ridership has decreased due to COVID, how do you anticipate use of your agency's transportation services rebounding post-pandemic and over what period of time? Do you think demand will be similar to before COVID?

- *GSIL - We have seen a slight increase in ride requests. I think that their health concern weighs more on their decision to go out. They have other options available such as shopping apps to meet their needs. With Winter coming again, I feel that we will see another reduction in ride requests.*
- *360 SHS - We are currently experiencing large increase in requests for transportation from the community as well as from agencies calling to find out about our services*

- Bellmore's Transportation - Yes, hopefully soon
- ESNH - There will be a very slow recovery as pandemic continues. Also, labor crisis will continue to play a role in our ongoing services.
- Hillsborough MOW - Yes
- MTA - Yes, we anticipate reaching pre-COVID levels of ridership in FY23.
- The Caregivers - No decrease

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

- GSIL - Our hope is to retain our drivers in the current employment environment. We are working with other agencies to help us with this. We are also hoping that as people are vaccinated that they will be wanting to get out more.
- 360 SHS - Hoping to increase the number of volunteers
- Girls Inc. - We would prefer to contract with a transportation provider for our needs
- ESNH - Currently in planning. Strategic consideration is being evaluated and succession planning is underway.
- MTA - Far too numerous for this survey lol. As a transit authority, nearly all of our agency goals regard transportation.
- The Caregivers - Continue to grow
- RNMOW - To try to serve as many folks 60+ who need curb to curb transportation.

2016 Responses

- 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?

- GSIL - Lack of transportation provider lists especially for accessible transportation. Also, affordable accessible transportation for those that don't qualify for our programs.
- 360 SHS - Many Seniors do not or cannot use Public Transport and they do not feel comfortable or cannot afford a taxi or Uber. Our service is friendly, convenient, and affordable - but we definitely need more volunteers.
- Girls Inc. - Access, drivers
- ESNH - Continued development of public/private transportation service targeted at isolated and transportation dependent demographics. Consideration of more coordinated effort to provide a central place for human service and public transportation coordination. Consideration of more support for public/private service development, with streamlined oversight requirements. More local and state funding to develop sustainable service. A broad base of community involved in service and solution development
- Hillsborough Meals on Wheels - medical appointments
- MTA - Salem-Londonderry-Manchester service.
- The Caregivers - More volunteers needed
- RNMOW - If an older person needs a medical ride from the Derry/Salem region to either Exeter or Portsmouth hospital or if an older person needs a medical ride from the Seacoast area to Manchester, there does not seem to be any affordable options.

2016 Responses

- 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?

- GSIL - NEMT appointments are #1 then shopping, restaurants or other social events.
- 360 SHS - Medical Appointments
- Girls Inc. - We pick up school, then drop off at Girls Inc.
- ESNH - Medical, shopping, Adult Day service, Social, education, employment,

- Hillsborough MOW - medical appointments
- MTA - I think we cover most destinations of significant demand. It's more one offs of a family friend here or a movie theater there that we receive occasionally.
- The Caregivers - Medical, Eye, Dialysis, Dental, shopping

2016 Responses

- 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

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

- GSIL - I would find it helpful to have an updated list of transportation providers as well as the Lead Agencies for these areas. I receive many calls looking for rides in these areas.
- 360 SHS - Annual Transportation Resource Guide - we rely on this information when we cannot provide services to our Senior community.
- ESNH - Look forward to working with the planning commissions and SCC/RCC system to improve the coordinated transportation.
- MTA - There were several questions about when our fleet was not in use; just to be up front, MTA would not participate in a vehicle sharing arrangement in which non-MTA employees drove our vehicles. The insurance hurdles and Federal regulations to enact that are simply too steep for us.

Chapter 4. Options for Service Coordination and Expansion

INTRODUCTION

A succession of planning efforts over the past 15 years have called for increased coordination as one tool to support expanded access to transportation options in the Greater Manchester-Derry-Salem region and statewide. At the regional level these include the 2003 Derry-Salem Transit Study and updates to the Coordinated Public Transit/Human Services Transportation in 2006, 2011, and 2016. At the state level these include the 2006 State of NH Transit Coordination Plan, its update in 2016, and the NH Statewide Mobility Management Network Blueprint of 2021.

The Greater Derry-Salem region was one of the first in the state to take substantial steps toward coordination of public transit and human service transportation. The CART transit system 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.

Beyond MTA/CART, Chapter 3 documented that there are more than a dozen other agencies offering some form of transportation service in the Greater Manchester-Derry-Salem area. Each has its own mission, equipment, eligibility requirements, funding sources, and institutional objectives. While pre-COVID providers only reported 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 by the Manchester Transit Authority (MTA) of new regional services in smaller outlying towns such as Goffstown, New Boston and Hooksett has been a step toward addressing this need. Supplemental services provided by Rockingham Nutrition Meals on Wheels, The Caregivers and CART with funding through the RCC have also targeted expanding access in the region. Each of these services has involved a variety of coordination and fund-braiding strategies. While concern about exposure during the COVID pandemic has reduced demand, as have increased opportunities to replace trips with online activity, demographic and survey data summarized in Chapter 2 continue to point to unmet need in the region that is anticipated to grow in the coming decade.

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 will also describe coordination strategies that have been piloted in the region – some successful and long lasting, others which proved not sustainable – and the region’s current plans for long term service coordination and consolidation through the Greater Manchester Derry-Salem RCC. The RCC has played and will continue to play a lead role in coordination efforts in the region.

BENEFITS & COSTS OF COORDINATION

Coordination can improve the performance of individual transportation providers as well as the overall mobility within the region. 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) using 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.

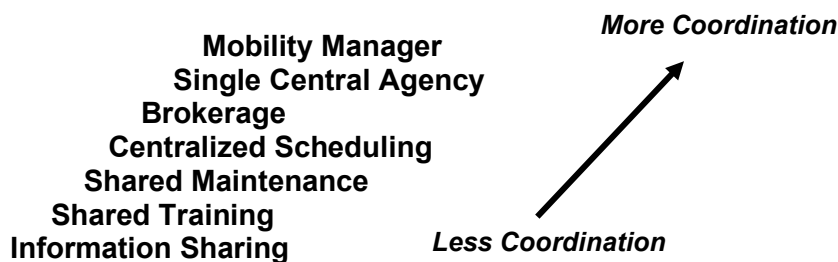
Another benefit related to funding service is that centralized tracking of trip information allows providers to more easily demonstrate their impact and effectiveness when they pursue funding. An innovative coordinated system will help providers access funding that may not be available to them for general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

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 older adults and others in the region, coordination is an important first step to meeting this need while reducing unit cost per ride.

MODELS OF 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



Fifteen Years of Coordination Efforts in the Region

CART, MTA and other agencies in the region have experimented with coordination and fund-raiding efforts for over 15 years. The earliest example of this was using funds from Parkland Hospital to leverage FTA dollars (2006-2008) for CART demand response services which, among other things, supported medical transportation. CART had short-lived coordination agreements

with Salem Senior Center and Green Cab where CART managed vehicle scheduling and purchased hours on these other agencies' vehicles. CART has also coordinated with the Rockingham Nutrition Meals on Wheels Program to braid Older Americans Act Title IIIB funding with FTA funding to support nutrition shuttles and other services for older adults in Derry, Londonderry and Hampstead. MTA has had long-standing partnerships with area supermarkets braiding private funding with FTA dollars to support weekly grocery shopping shuttle services. Some of these, such as the RNMOW and grocery store relationships, have proved sustainable while others have not, including work with Parkland, Salem Senior Center and Green Cab.

This said, the coordination model that has predominated in the region over the last decade is one of consolidation. Examples include Rockingham Nutrition Meals on Wheels Program contracting with Easter Seals NH and then CART to operate their nutrition shuttle services in Derry and Londonderry; several agencies such as Silverthorne Adult Daycare and the Center for Life Management eliminating their transportation services with the advent of CART; and most recently the consolidation of CART into MTA to assure the long-term stability of the CART system.

Mobility Management

The 2016 Statewide Transit Coordination Plan placed a strong emphasis on the concept of Mobility Management. According to the 2021 NH Mobility Management Network Blueprint, *"Mobility management is a transportation strategy that prioritizes customer needs, and the meeting of those needs through the coordination of a variety of providers."*

Several RCC regions around the state have experimented with Mobility Manager positions, most notably the Alliance for Community Transportation (Region 10 RCC), which has had a full time Coordination Manager/Mobility Manager since 2008. The Region 7 (Greater Nashua) and Region 3 (Belknap-Merrimack) RCCs have also had part time Mobility Manager positions. These positions have worked to improve information sharing among providers, improve information flow to the public on available transportation options, formalize communication between schedulers at medical offices and providers to better schedule appointments when transportation is available, pursue new sources of public and private funding, and other strategies.

In 2020, the NH Department of Transportation agreed to flex \$2.2 million per year in Federal Highway Administration funding to support improved transit service around the state. A quarter of this funding is being distributed to the state's Urban transit systems, a quarter to the Rural systems, a quarter for a Statewide mobility manager and regional mobility managers, and a quarter to pilot new services identified under the 2020 Statewide Strategic Transit Assessment (SSTA).

The NH Department of Health and Human Services (NHDHHS) was also successful in 2021 in securing American Rescue Plan (ARP) funding through the Centers for Disease Control (CDC) COVID Health Disparities grant program to support mobility management and service improvements in the six rural RCC regions. The combination of the flexed NHDOT funding and CDC funding will support a network of full time Mobility Managers in all eight RCC regions as

well as a Statewide Mobility Manager in a pilot effort over the next two years. The 2021 NH Mobility Management Network Blueprint sets out the plan for how these resources will be used.

The Southern New Hampshire Planning Commission serves as the Lead Agency for the Greater Manchester-Derry-Salem/Region 8 RCC and hired a full time Mobility Manager for the region in August of 2022.

All the Regional Mobility Managers will be dedicated to improving information sharing among providers, improving information flow to the public on available transportation options, formalizing communication between schedulers at medical offices and providers to better schedule appointments when transportation is available, pursuing new sources of public and private funds, and developing additional partnerships to carry out regional and state goals related to community transportation.

The full Role Description for the Regional Mobility Managers from the Blueprint includes the following:

Figure 4.2 Regional Mobility Manager Role Description

Roles for Regional Mobility Managers	
Regional Service Delivery (Customers)	
1	Assist the RCC and local providers to develop and implement, a customer centered approach to transportation access and coordination in the region for older adult, low-income, disabled, veteran and other vulnerable populations.
2	Develop relationships with transit-dependent and vulnerable populations in the region to address issues of access, diversity, equity, & inclusion (DEI) and ensure their voices are heard.
3	Create and update annually an inventory of available transportation services in the region to be made available to the public.
4	Conduct outreach activities in the region to educate and train groups and individuals how to access and use the transportation network/services.
Regional Coordination (Providers)	
5	Develop new opportunities for coordination and/or expansion of transportation options across municipal and regional boundaries.
6	Cultivate multi-agency partnerships which reduce costs through increased efficiency and effective transportation coordination.

Capacity Building (System)	
7	Assist the RCC to develop its organizational infrastructure and capacity to effectively fulfill its mission. Efforts will include strategic planning, fundraising, communication, and member recruitment & retention.
8	Conduct periodic needs assessments to identify barriers to mobility in the region and propose recommendations to reduce those barriers.
9	Build relationships with state, regional, and local elected officials, and community leaders to educate them about the needs, roles and benefits of regional/local transportation services and coordination. This should include ways in which they can support financially (funding) and operationally (policy) these services and coordination efforts.
10	Identify and research corporate, foundation, and government sources of funding for matching funds. Include opportunities to use “braided” funding streams.
11	Participate in a regional evaluation of existing and new opportunities for technology integration with a focus on scalability, platform accessibility, ease of implementation, relative affordability, maturity (how long has it been around) and generalizability (will it work out of the box).
Statewide Planning, Coordination & Capacity Building (Connecting the Regions)	
12	Participate in and coordinate with the SCC, local RCC and statewide mobility management network which includes the statewide mobility manager, regional mobility managers.
13	Participate in state, regional, and local transportation planning activities including required human services coordinated plans, SCC strategic plan, the RCC strategic plan or workplan, RPC planning and other related plans and initiatives.
14	Assist the DOT, SCC and statewide mobility manager to implement at the regional level strategic initiatives identified in the SCC Strategic Plan and other statewide planning documents. For Example, development of a statewide system for data collection and development of a system for tracking medical appointments missed due to lack of transportation in providers electronic medical records systems.

While Mobility Management appears at the top end of the Community Transportation of America (CTAA) Coordination Continuum shown in Figure 4.1, it is worth noting that Mobility Managers as depicted in Figure 4.1 are somewhat different than Mobility Managers as envisioned under the Blueprint. Mobility Management in CTAA’s Coordination Continuum assumes a highly coordinated transit system with robust service availability where a Mobility Manager works with individual riders to help them most efficiently navigate the system.

Direct assistance to rider with trip planning is part of the Mobility Manager role as envisioned in the Blueprint, but these positions will be involved at least as much in system development: seeking to bring providers, purchasers of trips and other funders to the coordination table, assessing service needs and working to build capacity to meet those needs.

SERVICE COORDINATION & EXPANSION CONSIDERATIONS

Coordination and service expansion are key elements in developing improvements for community transportation programs. First, the region must identify the following:

- the range of transportation services currently provided in the region
- assessing to whom these services are available
- understanding the purposes of each trip
- identifying service gaps
- identifying the most effective means to respond to unmet trip needs
- identifying strategies to fill 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, the transportation provider survey, and the analysis of current services and gaps. A broad range of trip types can be take using services currently available in the region, though rider eligibility, eligible trip purposes, geography served and service hours vary across providers; and outside of MTA fixed route and ADA service most providers require that rides be scheduled days in advance. Trip types include:

- employment
- general medical and dental appointments
- chronic medical care such as dialysis, chemotherapy, cardiac rehabilitation
- adult medical daycare
- out of region medical care (limited to volunteer driver programs)
- grocery, pharmacy, and other shopping
- veterinary and pet services
- local library, senior center, YMCA, or other community destinations
- barbers/salons, banks, and other personal needs
- social or civic opportunities
- 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 service types or strategies (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 (fixed route as operated by MTA, open demand response and deviated fixed route services such as MTA/CART provides, volunteer driver programs such as offered by the three Caregiver organizations). 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 shaded rating scale is used, based on a combination of estimated viability and cost effectiveness:



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

Each of these service strategies is appropriate for some types of trips, and less appropriate for others. For example, fixed route services can have low per rider cost if there is an adequate concentration of riders and desired destinations along the chosen route. It can be well suited for employment trips in that once a route is designed to serve specific destinations, adding passengers does not result in incrementally higher operating costs. It is also well suited to grocery shopping or social trips that can be scheduled around availability of service. However, if there is inadequate population density along a route, that route may be neither cost effective nor ultimately viable. Conversely, 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 Manchester-Derry-Salem Region

Strategies	Transportation System Needs									
	Job Access	Medical/ Pharmacy	Chronic Medical	Out of Region Medical	Groceries	General Errands	Social	After School		
Maintain current open demand response (MTA/CART)	Daily travel/limited schedule flexibility	Infrequent/ some schedule flexibility	2x-3x/week, some schedule flexibility	Infrequent/ some schedule flexibility	~1x/week, full schedule flexibility	Full schedule flexibility	Full schedule flexibility	Daily/limited schedule flexibility		
Expand open demand response service (CART or other agency)										
Develop volunteer-based demand-response service										
Develop scheduled, deviated fixed routes (like Salem Shopper Shuttle)										
Fixed route services (MTA network, Salem-Londonderry-Manchester) (if population density is adequate and destinations are close)										
Connect to Intercity Transit at Park & Rides										
Connection to other transit systems (MVRTA, NTS)										
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	Job Access	Chronic Medical	Groceries	Social	Medical	After School	Out of Region Medical
MTA CART Service	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public
MTA Fixed Route Network	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public	General Public
Rockingham Nutrition Meals on Wheels	Individuals with Disabilities	Medicaid	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities
Granite State Independent Living	Individuals with Disabilities	Medicaid	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities
Greater Salem Caregivers		Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities
Community Caregivers of Greater Derry		Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities	Older Adults & Individuals with Disabilities
The Caregivers of Bedford/Catholic Charities		Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities	Low-Income Older Adults & Individuals with Disabilities
American Cancer Society		Cancer Patients			Cancer Patients			Cancer Patients			Cancer Patients		Cancer Patients	
Salem Boys & Girls Club										Children & Youth				
Veteran's Administration		Veterans			Veterans			Veterans			Veterans		Veterans	
Atkinson Elder Services Program			Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson	Older Adults Living in Atkinson
Sandown Elder Services Program			Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown	Older Adults Living in Sandown
Seniors Helping Seniors		Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults who are SHS Clients	Older Adults 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/MTA system is the growing number of riders using the system to access treatment for chronic medical conditions such as dialysis, cardiac rehabilitation, chemotherapy, or adult medical daycare. Scheduling medical services is typically not flexible though in some cases riders/patients have been able to work with medical offices and transportation providers to schedule appointments around available transportation. Working with the transportation service providers in the region, including volunteer driver programs and medical offices, is one of the tasks the new Mobility Manager will help to address.

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. MTA/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 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 outside of MTA's fixed route network primarily in Manchester, 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

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, Easter Seals NH, regional planning commissions, the Endowment for Health, Granite State Independent Living, and a private sector industry representative.

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 nine Regional Coordinating Councils. The combined Greater Manchester-Derry-Salem (Region 8) RCC was officially designated in 2020 following the mergers of the CART transit system with MTA, and merger of the former Greater Derry-Salem (Region 9) RCC with the Greater Manchester (Region 8) RCC.

Since its inception, the SCC has made substantial progress on supporting development of the nine 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 several 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.

The current emphasis on establishing Statewide and Regional Mobility Management positions in each RCC region stems from the 2016 update to the *Statewide Coordination of Community Transportation Services Plan* by RLS Associates.

The plan reiterated support for:

- 1) the SCC as a state-level body to oversee the development of a coordinated system;
- 2) the network of Regional Coordinating Councils (RCCs) to design and implement coordinated services around the state; and
- 3) full time Mobility Manager positions at the state level and at each Regional Coordinating Council.

Many agencies in the region and in the state are excited at the prospect of renewed vigor and support through the SCC and Mobility Management network. For example, NHDHHS has taken a major step toward internal coordination through the Centers for Disease Control and Prevention (CDC) COVID Disparities funding to support mobility management and service expansion at the six rural RCCs. Other SCC partners are optimistic that Medicaid NEMT services can be better integrated with regional efforts.

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) through the NH Department of Transportation (NHDOT), federal funding streams that pass through the NH Department of Health and Human Services (NHDHHS), as well as local sources and private foundations. Federal funding for transportation has expanded significantly under the 2021 Bipartisan Infrastructure Law (BIL). The chapter analyzes the applicability of each of these different funding sources for specific project types.

An important factor common to nearly all the funding programs listed below is that they require non-federal (local, state, or private) matching dollars. While eligible costs vary by FTA funding program, FTA funds typically cover 50% of eligible transit operating expenses, and 80% of eligible capital vehicle or equipment purchases, preventive maintenance, planning and mobility management. Securing adequate matching funding is a challenge for all transit systems in New Hampshire, and this challenge will grow in the coming years as significant new matching funding will be needed to access new federal funding under the 2021 Bipartisan Infrastructure Law. With this in mind, potential sources of matching funding are analyzed.

Municipal contributions form the core of the non-federal funding that Manchester Transit Authority (MTA) and other provider agencies rely on to match FTA dollars and other federal funding streams. MTA/CART and other transit agencies in the state have been successful in selling advertising on buses to supplement municipal revenue, and the State of New Hampshire provides a share of match funding for capital vehicle purchases and a very small amount of match for transit operations. Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in a strong economy, and will likely be more of a challenge as cities and towns recover from the COVID-19 pandemic.

Earlier planning for transit coordination 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 Medicaid NEMT is now coordinated through two separate transportation manager organization. These include Coordinated Transportation Solutions (CTS) serving as the transportation broker for WellSense Health Plan and AmeriHealth Caritas New Hampshire; and Medical Transportation Management (MTM) serving as the transportation broker for NH Healthy Families. Many human service transportation providers as well as for-profit providers have participated as Medicaid NEMT providers, though some have also stopped doing so as reimbursement rates don't adequately cover the cost of participating. The statewide Medicaid transportation manager is not integrated with any of the regional coordination efforts.

Some of the funding programs listed below are appropriate for transit coordination, while others are better suited solely for transit operations. Depending on the types of service being implemented, appropriate funding types and amounts will change. For example, the FTA Section 5307 funding used by MTA/CART to support their fixed route and demand response services cannot readily be used to support a volunteer driver program. Other funding streams target specific client populations. Ultimately, funding a more coordinated and 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 Highway Administration and Federal Transit Administration funding apportionments to New Hampshire increased across the board with the new Bipartisan Infrastructure Law (BIL). On average FTA apportionments under the BIL, starting with FFY2022, increased approximately 30 percent as compared to FFY2021. This increase will help transit systems catch up from an extended period where inflationary increases in operating expenses exceeded funding growth. The four major FTA funding programs used in the region and two primary FHWA funding programs that can be used for transit projects are described in detail below.

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. MTA/CART receives this Small Urban Section 5307 funding to support MTA's operations in the Manchester area. In FY2022 this amounted to \$3,097,938.

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 bus revenue miles. 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 policy change was a critical fix for the former stand-alone CART transit system 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), MTA/CART, and the Lowell Regional Transit Authority (LRTA) every year based on a negotiation among the three transit agencies. In FY2022 this amounted to \$2,702,142 to the Urbanized Area, of which the CART/MTA share totaled \$501,656 .

MTA/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. In FY2022 New Hampshire received \$3.6 million in Boston UZA funding, of which the region receives \$75,000 for CART/MTA service.

A potential concern following the 2020 Census is that the Manchester Urbanized Area could expand to absorb the Concord area, thereby clearing the 200,000 person population threshold. This could have severe consequences. Beside the issue of eligibility of operating expenses in Large Urban areas described above, the Nashua Urbanized Area also saw a drop in its FTA apportionment of approximately 30% following its transition to Large Urban status. Transit systems in New Hampshire, given the lack of state funding for public transportation and consequent lower service volumes and revenue miles, are less competitive in FTA's Large Urban apportionment formula in comparison with larger systems in other states that provide more significant transit funding.

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 (\$22,558 in FFY2022), while another pool of Section 5339 funding accrues to the State and is available annually through a competitive grant process. A third pool of 5339 funding is nationally competitive. Nationally there was a significant increase in 5339 funding beginning in FFY2018 which has helped address fleet replacement concerns for MTA/CART and other transit agencies statewide and nationally.

FTA Enhanced Mobility of Seniors and Individuals with Disabilities (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 purpose is assisting private-nonprofit groups and certain public bodies in meeting the transportation needs of older adults and individuals with disabilities when transit service provided is unavailable, insufficient, or inappropriate to meeting these needs. Program funds are available on an 80% federal/20% non-federal matching basis, and may be used to support capital needs, transit operations and mobility management.

As with Section 5307, some Section 5310 funding is available to MTA/CART directly through the Nashua Urbanized Area (\$81,931 in FFY2022), while an additional amount is allocated to the RCC region by the NH Department of Transportation (\$383,508 in FFY2022). These funds support a wide range of services in the RCC region including:

- MTA/CART/RNMOW nutrition shuttles in Derry and Londonderry
- MTA Goffstown Shuttle
- MTA Hooksett Shuttle
- MTA New Boston Shuttle

- RNMOV nutrition shuttle to the Vic Geary Center in Plaistow
- The Caregivers volunteer recruitment and management
- Easter Seals NH regional call center operations

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.

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.

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. RTAP funds have been used in the past 2-3 years to provide support to all Section 5310 recipients in meeting requirements under Title VI of the Civil Rights Act. RTAP funds are also being used as part of the funding mix to establish a new Statewide Mobility Manager position beginning in early 2022.

Federal Highway Administration (FHWA) Surface Transportation Block Grant Program (STBG)

Among the many USDOT funding streams, the Surface Transportation Block Grant Program (STBG) 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 STBG 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 a portion of STBG 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%.

For more than a decade the New Hampshire Department of Transportation has transferred \$800,000/year in STBG funding into the Section 5310 program to support purchase of transit service by the Regional Coordinating Councils. The STBG program also plays a role in the transfer of Congestion Mitigation and Air Quality Program (CMAQ) funds to transit use described below.

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 which provide an 80% federal share with required 20% non-federal match. CMAQ funding for transit is typically spent to purchase buses, vans or rail equipment; for transit passenger facilities; or for operating support for pilot transit services. If used to support operations of a new start-up transit service there has traditionally been a five year limit to that start-up operating assistance. However that time limit was removed with passage of the Infrastructure Investment and Jobs Action (IIJA) in 2021.

Because of the requirement to demonstrate air quality benefits, when CMAQ funds have been used in New Hampshire 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. This said, state departments of transportation have flexibility to transfer up to 50% of their CMAQ funding apportionment to other transportation uses. In response to extensive public input on the Draft 2021-2030 Ten Year Transportation Plan, in 2020 NHDOT began transferring approximately \$2.2 million per year from CMAQ for broader transit uses. This transfer has been divided with one quarter being divided among the state's urban transit providers, one quarter divided among the rural transit providers, one quarter to support a statewide Mobility Manager and partially fund additional Mobility Manager positions in each of the RCC regions, and the balance set aside to begin implementing services prioritized in the 2019 Statewide Strategic Transit Assessment (SSTA).

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 childcare, 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 Rockingham Nutrition Meals on Wheels program, Hillsborough County Meals on Wheels Program, Easterseals New Hampshire 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 Manchester-Derry-Salem region. Further change in the program is anticipated, and will hopefully address this problem.

Centers for Disease Control and Prevention

The NH Department of Health and Human Services was successful in 2021 in securing American Rescue Plan (ARP) funding through the Centers for Disease Control and Prevention (CDC) COVID Health Disparities grant program to support mobility management and service improvements in the six rural RCC regions. These funds, in combination with the flexed CMAQ funding described above, will support a network of full time Mobility Managers in all eight RCC regions as well as a Statewide Mobility Manager in a pilot effort over the next two years. These funds create a key opportunity to test the regional mobility manager concept on a pilot basis.

OTHER SOURCES OF STATE AND FEDERAL FUNDS

State General Fund Appropriations

The State of New Hampshire contributes very little to support public transportation. In 2020, the most recent year for which comprehensive data are available, the average per capita state contribution to public transportation was \$63.00 (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 \$5.94 per capita. New Hampshire's contribution of state dollars to public transportation in 2019 was \$0.61 per capita. Most of this amount is actually funding spent on intercity commuter bus service on I-93 and on service on the Spaulding Turnpike required as part of mitigation for widening projects on those highways. The state has also historically contributed 10% match toward capital bus purchases by public transit agencies. Beginning in 2020 the State Legislature returned to an earlier practice of allocating \$200,000/year in operating assistance for public transit, divided across all urban and rural transit systems in the state. On a per capita basis this amounts to approximately \$0.15/capita. The MTA/CART share of this statewide allocation is approximately \$35,000. New Hampshire state investment in public transportation relative to the other five New England states is shown in Figure 5.1 below.

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.

Table 5.1. Comparative State Investment in Public Transportation - New England

State	2020 Population	2020 State Funding	2020 Per Capita Funding	2020 State Funding for Operating	Per Capita Funding for Operating
Massachusetts	7,022,220	2,333,718,671	\$ 332.33	\$ 1,567,711,731	\$ 223.25
Connecticut	3,600,260	708,350,572	\$ 196.75	\$ 472,350,572	\$ 131.20
Rhode Island	1,096,229	63,383,734	\$ 57.82	\$ 54,649,134	\$ 49.85
Vermont	642,495	8,156,111	\$ 12.69	\$ 7,087,000	\$ 11.03
Maine	1,362,280	14,732,041	\$ 10.81	\$ 4,061,833	\$ 2.98
New Hampshire	1,377,848	815,387	\$ 0.59	\$ 200,000	\$ 0.15
		National Average	\$ 63.00		
		National Median	\$ 5.94	(Ohio)	

Source: AASHTO 2022

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 Office of Strategic Initiatives within the New Hampshire Department of Business and Economic Affairs 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 MTA/CART, FY2022 municipal contributions totaled approximately \$1.56 million across nine communities.

Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in normal economic times and will be additionally so in the wake of COVID.

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 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. (Hillsborough County Funding?) One reason may be that service areas for transportation programs have historically not followed county boundaries – note that two different RCCs cover parts of Rockingham County.

However, the development of a comprehensive network of RCCs covering the state means that now in theory at least every town in the county is 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 MTA 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.

MTA/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 MTA/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. Pre-COVID, MTA/CART generated over \$130,000 annually in advertising revenue.

Braiding Funding with Partner Agencies

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 the Rockingham Nutrition Meals on Wheels Program, uses non-federal funding to support transportation services, or even non-USDOT federal funding such as Title IIIB dollars, a properly structured coordination agreement can allow these funds to be used as match for FTA dollars. Currently referred to as “braiding” funds, this practice has been used in New Hampshire for years due to limited State funding. 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. With development of the Statewide Mobility Manager and Regional Mobility Manager positions, hopefully this sort of interdepartmental coordination of transportation resources can be expanded.

Private Charitable Foundations

Foundation support has been vital to the expansion of transit in the region. A three-year pilot grant from the Endowment for Health (EH) 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 MTA/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.

Several other funders to consider are listed below which have funded community transportation service expansions, vehicle purchases or planning initiatives, though this is by no means an exhaustive list:

- Granite United Way
- The Alexander Eastman Foundation
- The Agnes Lindsay Trust
- Citizens Bank Foundation
- New Hampshire Children's Health Foundation

Granite United Way and its predecessor Heritage United Way have supported CART prior to its merger with MTA, as well as other provider agencies in the region. The Alexander Eastman Foundation (AEF) was a funder of both CART and its 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 including match on a CART vehicle purchase. 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. Recommendations for Service Coordination

INTRODUCTION

The following recommendations were developed based on current conditions experienced by the providers. They also provide a forward-looking approach and are strategies designed to capitalize on opportunities, such as the recent Congressional funding, and recognize the challenges that providers face such as the ongoing driver and overall labor shortages. These recommendations are focused primarily on near-term system development (next five years) but remain relevant and may be building blocks for longer.

RECENT FINDINGS

These are the most important and impactful findings since the previous plan:

- **Funding:** In recent years, funding from the federal government has been more reliable in the formula categories for transit. Congress has consistently provided 5-year funding bill authorizations, most recently with the Infrastructure Investment and Jobs Act (IIJA), also known as the Bipartisan Infrastructure Bill (BIL). However, the State of New Hampshire still ranks 49th in the nation for transit funding.
- **Driver Recruitment Challenges:** Even before the COVID-19 pandemic, transit agencies nationwide were challenged to recruit enough commercially licensed drivers to fill shifts. Multiple transit agencies in New Hampshire have instituted incremental service cutbacks in response to this. Pay rate in the public or non-profit sector is likely part of this. Driving jobs in the package delivery field are plentiful, relatively well-paid, and don't require the same sort of interaction with the public, which can be stressful regarding mask wearing and social distancing policies. The pandemic has also impacted recruitment of volunteer drivers, many of whom are themselves older adults with potential medical vulnerabilities.
- **Shift in Goals:** Long-range goals expressed by providers have changed somewhat since the 2016 plan update. This seems largely driven by the impact of COVID and the broader driver labor shortage. In 2016, long-range goals stated by providers tended to focus on the following:
 - Generally expanding service availability
 - Shifting riders from demand-response to scheduled service
 - Improving coordination of service, including shared scheduling
 - Otherwise improving efficiency/cost-effectiveness
 - Ensuring affordability of transportation options
 - Replacing aging vehicles

Long-range goals expressed by respondents in 2021-2022 focused on:

- Recruiting adequate drivers to maintain service
- Rebuilding ridership
- Continuing to meet client need

RECOMMENDATIONS

In consideration of the current needs of customers, findings from various surveys, and discussions about funding availability and the effectiveness of potential strategies in achieving their goals, the providers in the Region 8 Regional Coordination Council have developed the following recommendations. These strategies are all important and have not been prioritized.

1. Guide and support a Region 8 Mobility Manager.

Guide and support a regional mobility manager who will facilitate the implementation of coordinated community transportation in the region, thereby developing improved and expanded regional community transportation services, and work with the State Mobility Manager, RCC, SCC, and other stakeholders to improve the accessibility of community transportation in the region.

2. Maintain and Encourage Regional Collaboration of Transportation Providers

Led by the Mobility Manager, the Regional Planning Commission staff will continue to reach out to community transportation providers to facilitate collaboration with the goal of improving regional transportation services. In coordination with providers, the Mobility Manager should have realistic objectives, goals, and benchmarks that are specific, measurable, and results oriented as outlined in the SCC Mobility Manager blueprint.

3. Develop a Diversity, Equity, and Inclusion (DEI) policy, including overall goals, objectives, and desired outcomes framework and implementation timeline aligned with federal guidance and requirements.

Expand the work of the RCC to ensure federal compliance on DEI and to anticipate any new or expanded federal requirements for FTA or other federal funding.

4. Develop a multifaceted strategy to incorporate DEI strategies and measures into the operational culture of the region's transit operations.

Ensure all participant agencies are aware of DEI requirements to maintain compliance with federal DEI guidance. The RCC should take further actions and expand needs assessment of communities in need such as immigrants and other underserved populations (BIPOC, low-income, etc.) in specific areas. This could include areas such as governance or authority, leadership, agency team diversity, training and staff development, planning diversity initiatives, and communicating diversity initiatives. The RCC could expand outreach to meet community leaders where they are. This effort should involve actions to develop relationships, include activities such as conducting interviews, and generally to open lines of communication to gain current and better input on the mobility needs of diverse populations to provide a more equitable and inclusive culture for transit operators.

5. Ensure transportation services for the daily needs of seniors and those with disabilities to provide mobility to medical, social, and other health and activity destinations.

Work with transportation service partners, community stakeholders, and organizations to prioritize resources for demand-response to access services that seniors and populations with disabilities most need. Develop prioritization by trip types and service linking within trips based on demand for services. Incorporate specific strategies for different trip types. Collaborate on outreach efforts to ensure awareness of access to services and work with stakeholders to create transit-friendly programs that help users transition away from being independent drivers to transit users.

6. Collaborate with Community, Recreation, and Senior Centers to develop and provide mobility offerings for the populations they serve.

Utilizing the Mobility Manager, develop partnerships with communities to develop age-appropriate transportation services and access to local and regional destinations. Throughout the Region 8 service area there are many community-based centers that would benefit from improved access and service by community transportation services. .

For example, municipalities often rely on libraries or recreational centers to act as the heart of the community; they serve seniors by providing programing and social opportunities. Libraries typically do not have transportation services available for the seniors in their communities. Exploring the potential for collaboration to provide transportation services to libraries and existing senior centers could ensure seniors stay connected within their communities.

7. Support Statewide Needs Assessment.

Support the efforts of a statewide needs assessment to provide information on the needs of seniors, disabled, and other vulnerable populations. This assessment would provide direction on gaps and opportunities for transportation services for communities and the many populations they serve.

8. Develop and refine sustained outreach strategies across media channels to provide awareness of regional transportation options.

Provide regionwide and town-specific information across the various media channels that consistently and accurately reflects the current availability of transportation services. These efforts should be sustained to promote and educate potential users of transportation options and changes to services as they occur. Work directly with each municipality as media consumption varies in each town. Media should include local newsletters and other printed materials, online and mobile-based channels such as smartphones or tablets, including social media, local public access TV channels, and others that are typically used for outreach.

9. Develop public-private community transportation options such as volunteer driver programs to replace taxi voucher programs for travel during weekends and evenings.

Work to expand ride options through public-private partnership programs to reinvigorate programs in decline. Encourage innovative programs especially in rural communities with

limited or no transportation services. For example, explore partnerships with Transportation Network Companies (TNCs) and the opportunities they present with federal and private funding as innovations and policies allow. Explore flexible and innovative offerings with TNCs in other markets, and their potential to fill gaps in return trips and emergency situations.

10. Pursue Coordination Opportunities to Leverage FTA Match.

Develop coordination agreements with provider agencies in the region that leverage other non-federal funding of existing providers to access additional FTA dollars to expand operations as part of a coordinated system. For example, partnering with large employers such as a university who benefit from expanded transit service (frequency or additional route) and can provide non-federal match for the expanded service.

11. Assess transportation and commuting labor supply needs by employers where there is a concentration of workers and explore potential services to expand employment access.

Engage large employers and determine the level of interest in offering or expanding commuter transportation benefits as a tool for attracting and retaining employees. This has been piloted in Manchester's Millyard employment center, and can include employee shuttles to park and rides, circulator busses such as the Green Dash, and micro-mobility solutions such as shared electric scooters and other transportation demand management solutions.

12. Establish fixed-route transit service and/or additional route deviation shuttle services in the region.

There has been renewed interest in fixed-route service to create connections to Manchester and Nashua via the MTA and Nashua CityBus. Continued development of route deviation shuttle services, such as the Salem and Hampstead Shuttles, will also help expand access with greater efficiency than open demand-response service.

13. Continue to prioritize FTA section 5310 funds for vehicle replacement.

Provide support for continued and expanded funding of vehicle replacement to ensure demand-responsive and other community transportation services are maintained throughout the region. FTA Section 5310 funding accessed by agencies in the region to periodically replace vehicles should continue to be available to these agencies 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.

14. Facilitate the grant application process for providers in the region and ensure they are consistent with the goals and objectives of the Plan including low/no carbon vehicles and overall energy efficient vehicles.

Provide timely and comprehensive technical assistance about the availability and requirements for submitting competitive applications for vehicle replacements. Emphasis should be on vehicles that are the least costly to operate, especially in fueling and maintenance, and have low or zero emissions.

15. Utilize and develop efficiencies in demand-responsive and other community transportation services provided on call.

Task the Mobility Manager with ascertaining vehicle utilization of various transit fleets. 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. Although insurance issues may need to be handled, an opportunity may exist to better utilize these idle vehicle hours if operating funding can be secured for additional driver time.

16. Continue to participate in groups that further statewide transit coordination and advocacy to implement the goals and objectives of the RCC's statewide blueprint for transit.

Explore opportunities with advocacy organizations to develop or expand collaborative strategies between transit agencies and human service agencies across the region.

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. Transport NH 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.

17. Work with municipalities to maintain and enhance local funding for community transportation.

Expansion of service (service hours and frequency of service) to better meet local needs described in Chapter 2 and Chapter 3 will require additional local investment as well as private sector funding development and combining resources through coordination. While the IIJA has significantly increased Federal Transit Administration funding to the region, being able to access these funds will require new non-federal match. One potential source of such match outside of the local property tax is the supplemental vehicle registration fee enabled under RSA 261:153, which allows municipalities to charge a supplemental vehicle registration fee of up to \$5.00 with proceeds to be used for range of locally prioritized transportation needs. Analysis of revenue potential is waiting on release of passenger vehicle registration totals by town from NH DMV.

18. Advocate to expand dedicated state transit funding.

Work to educate and develop champions for additional, expanded, and dedicated streams of state funding for transit and other complementary transportation services. Although some additional funding has been provided in recent years, the need far exceeds what is provided and is growing as the population ages.

New Hampshire's per capita investment of state funding in public transit (\$0.59/capita) trails far behind the national median (\$5.94/capita) and New England peer states (VT at

\$12.69/capita and ME at \$10.81/capita). Expanded State and/or local funding is necessary to access the full amounts of federal transit dollars available in New Hampshire, and ultimately Region 8.

19. Continue to develop relationships with state, regional and local agencies concerned about transportation to improve on transportation services.

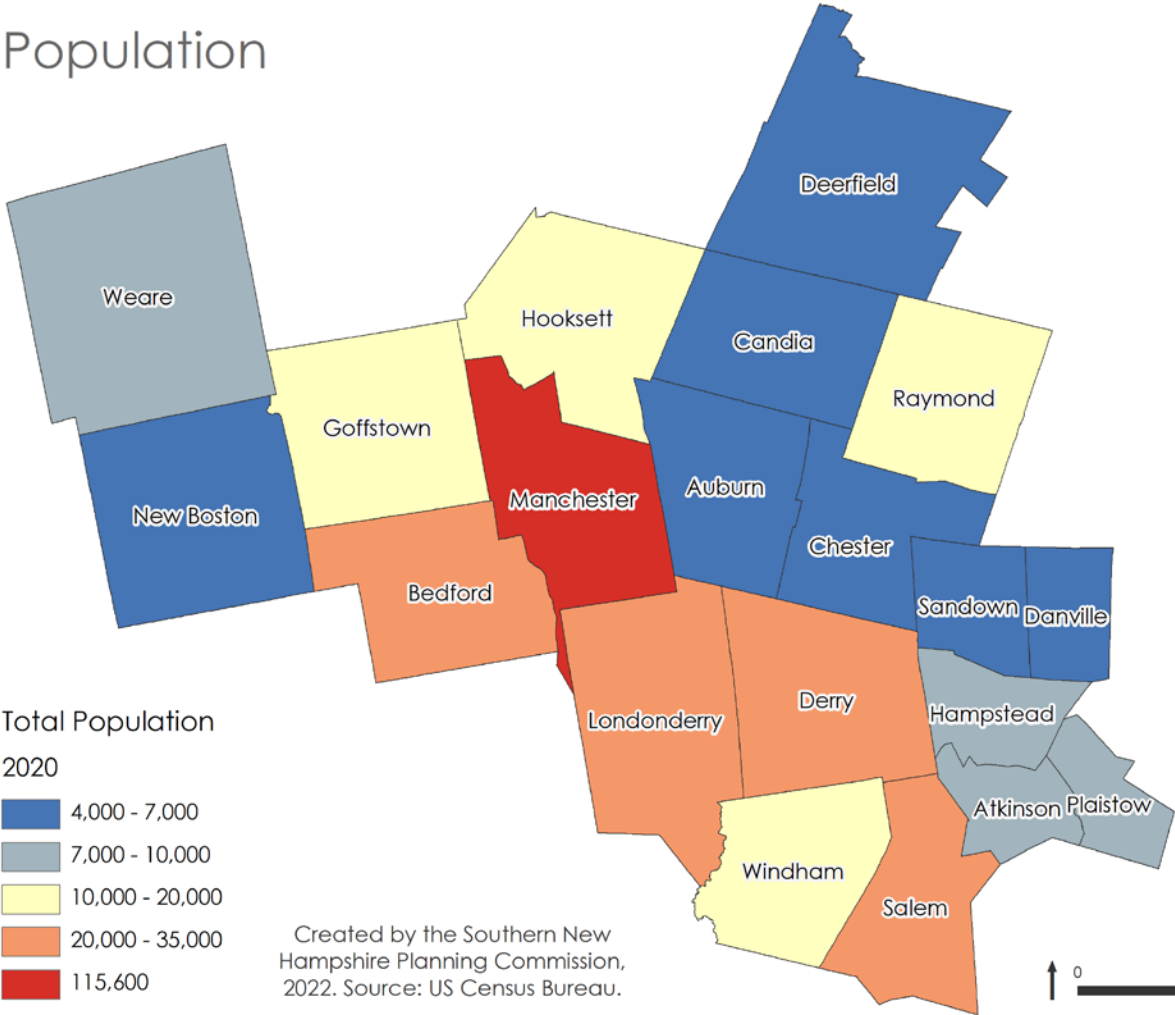
Work with agencies to improve on transportation awareness and ensure sources of information are accurate and consistent. For example, work with Service Link to ensure the 211 data base, “Navigate”, is accurate when assisting caregivers and residents needing transportation services.

Appendix A:

Maps

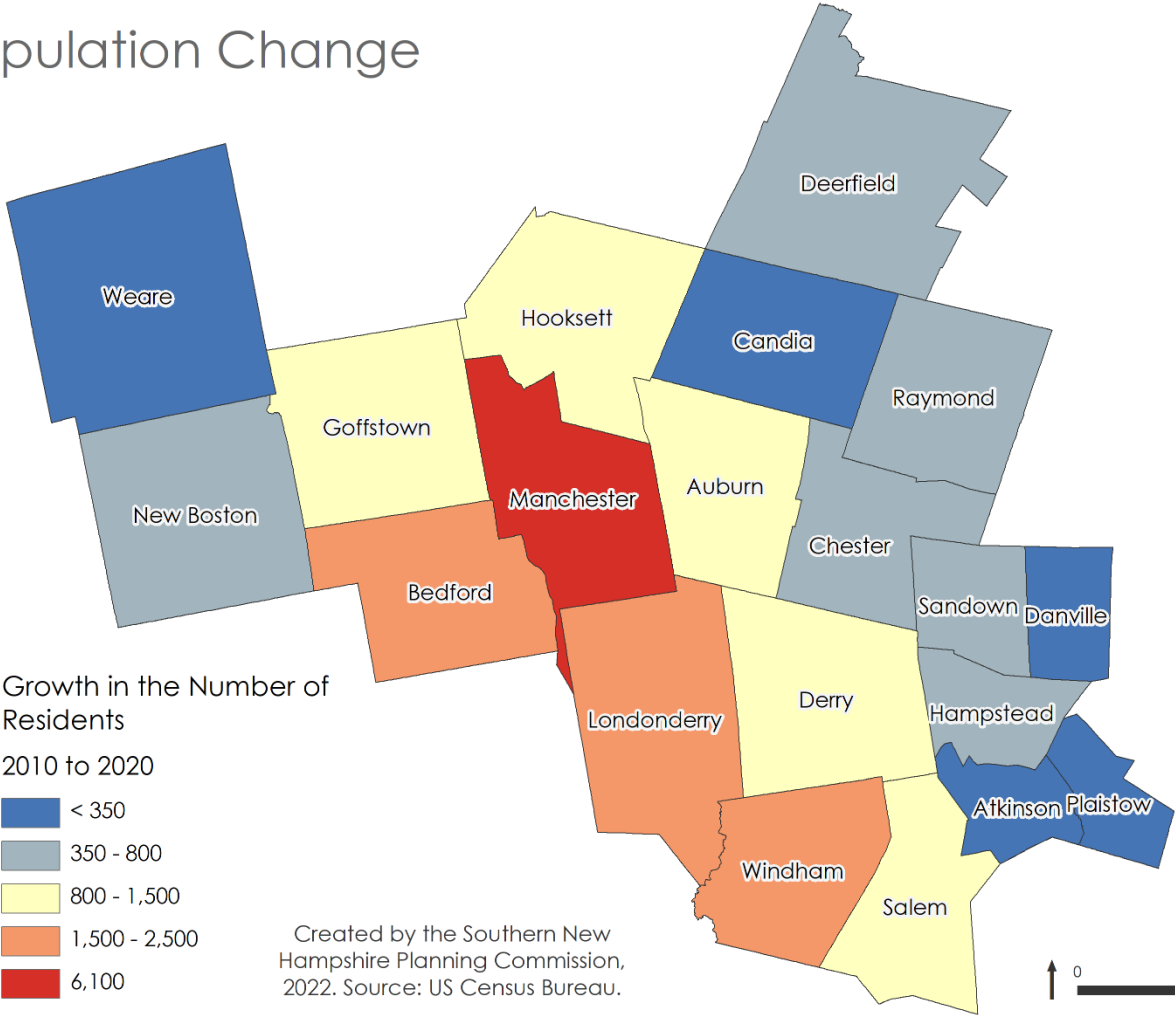
MAP 1

Population



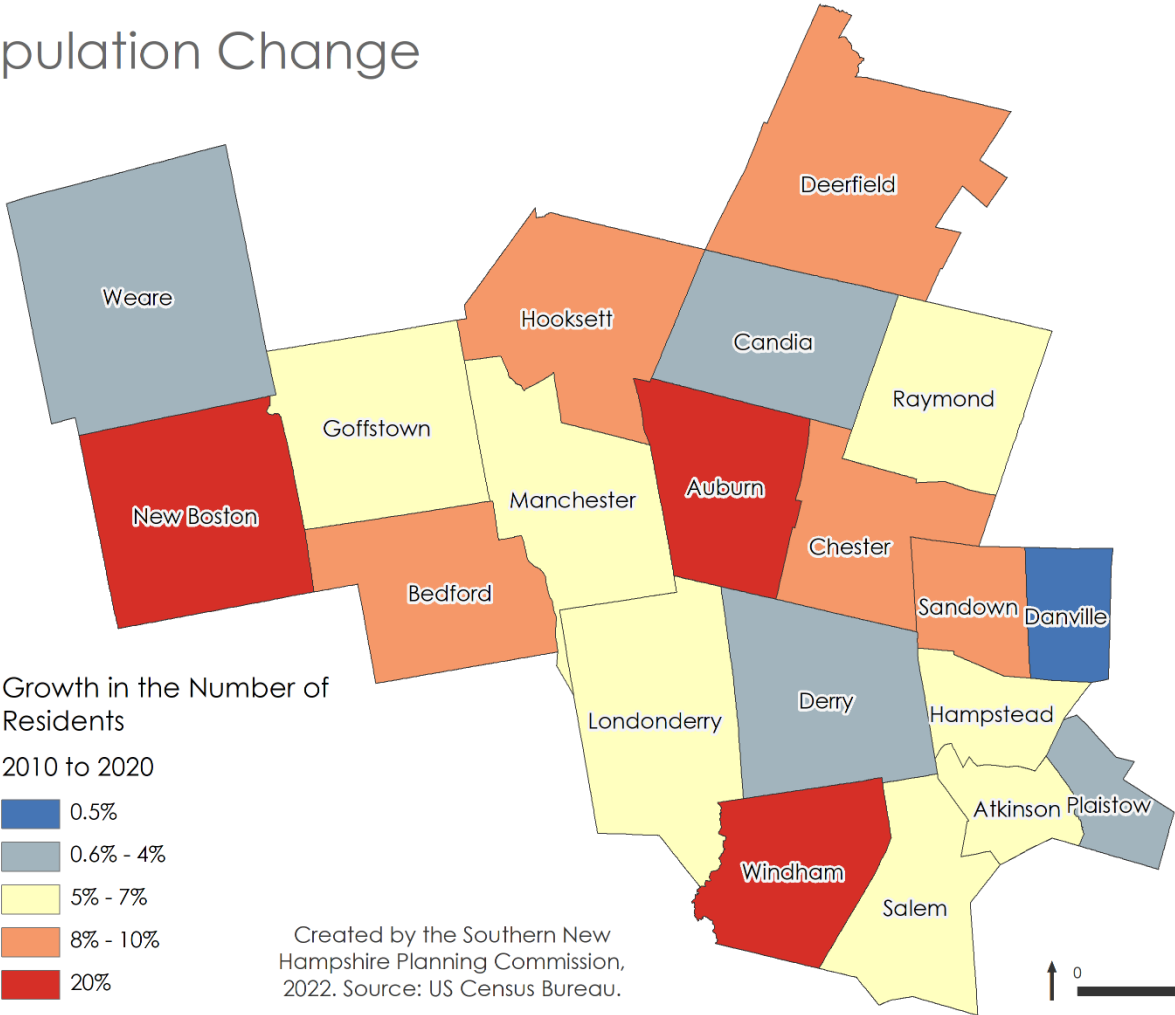
MAP 2

Population Change



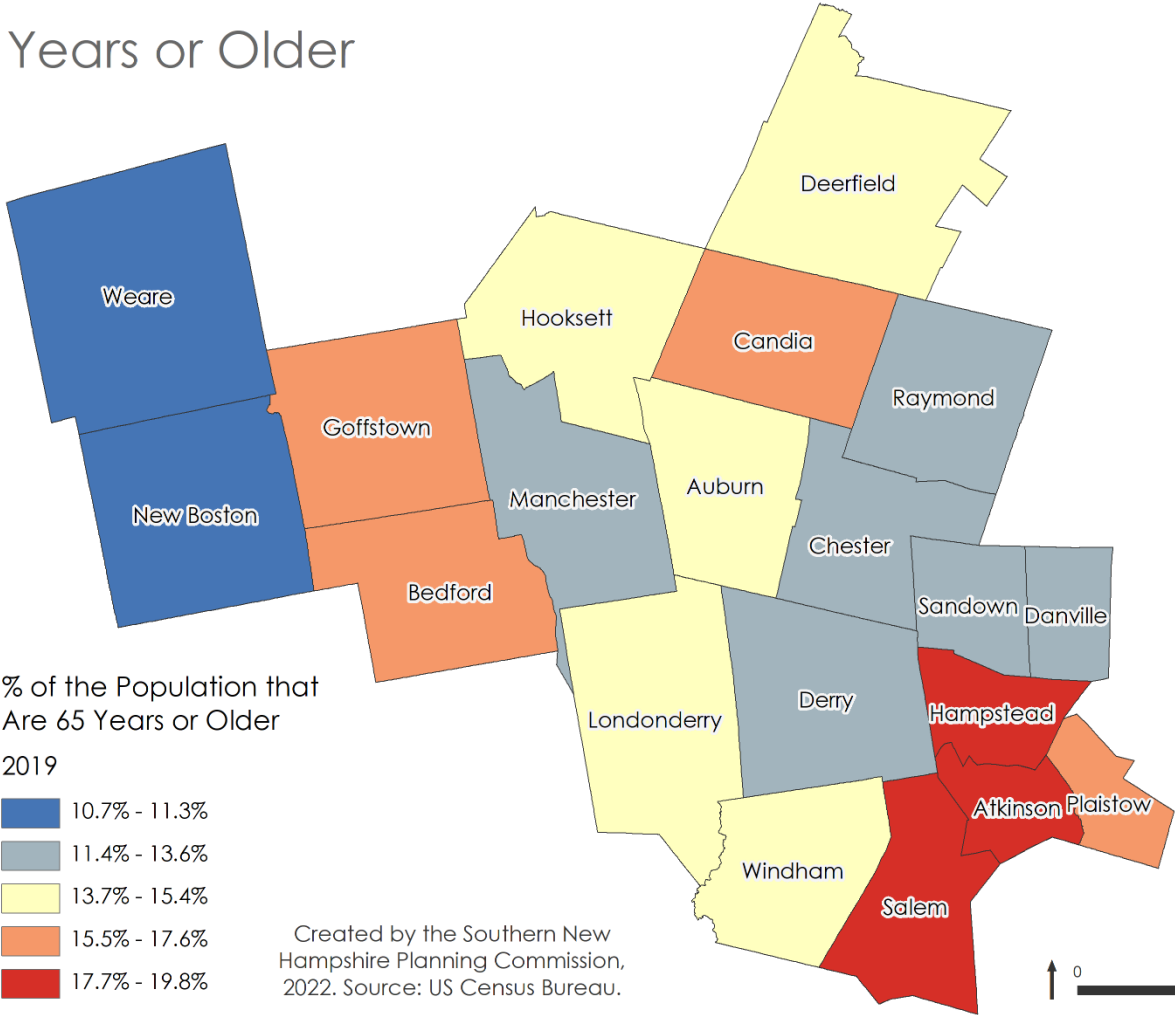
MAP 3

Population Change



MAP 4

65 Years or Older



% of the Population that
Are 65 Years or Older
2019

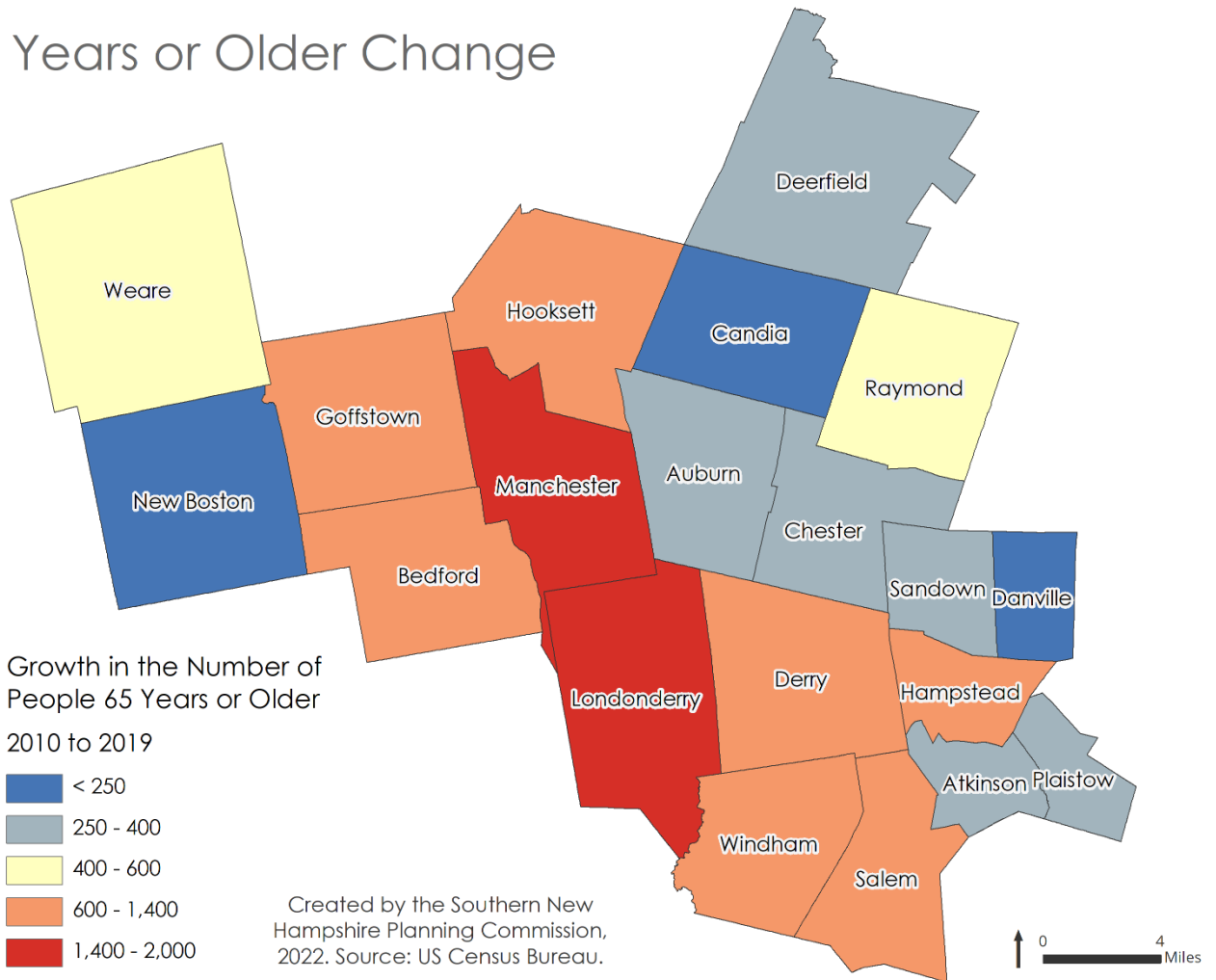
- 10.7% - 11.3%
- 11.4% - 13.6%
- 13.7% - 15.4%
- 15.5% - 17.6%
- 17.7% - 19.8%

Created by the Southern New Hampshire Planning Commission, 2022. Source: US Census Bureau.



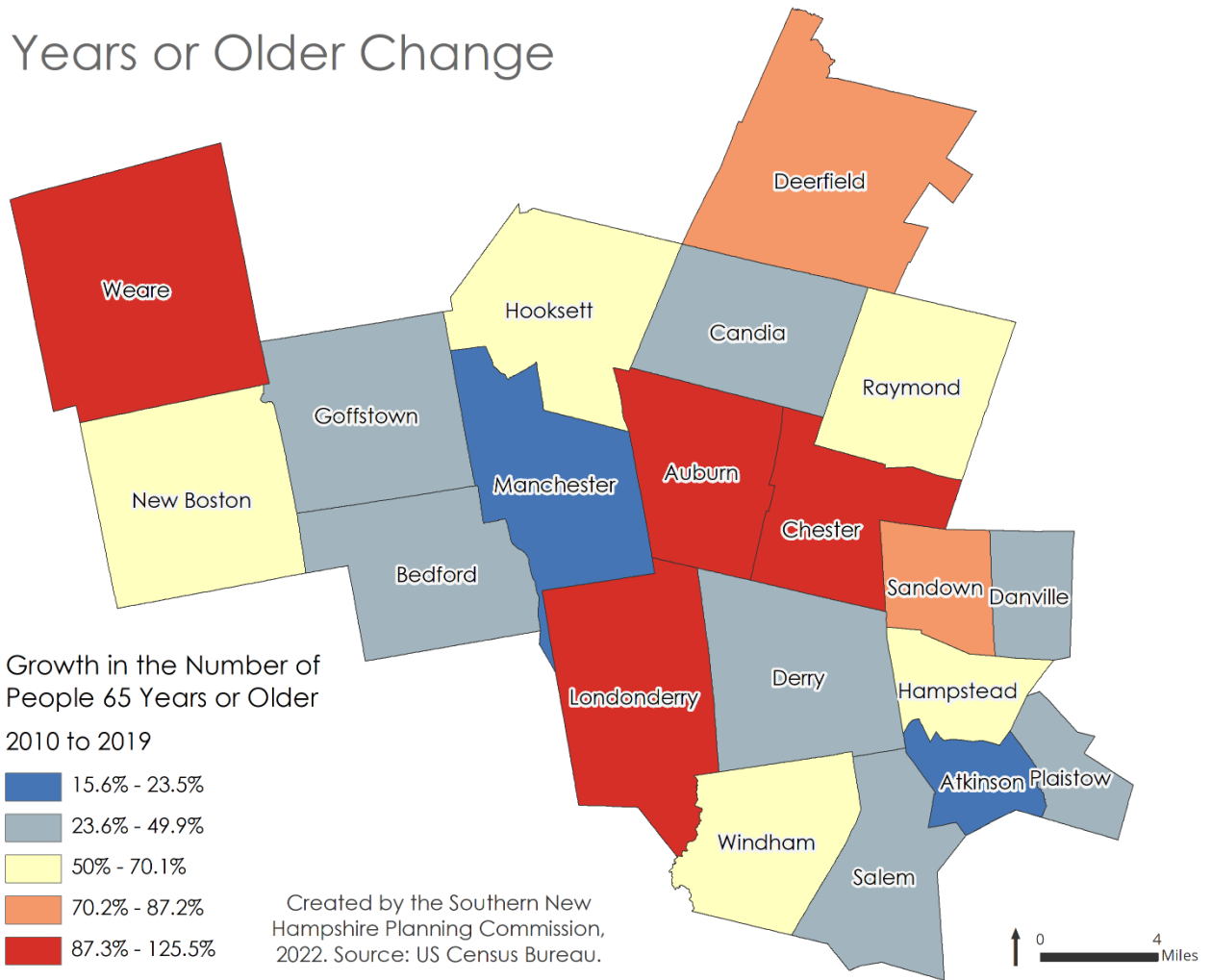
MAP 5

65 Years or Older Change



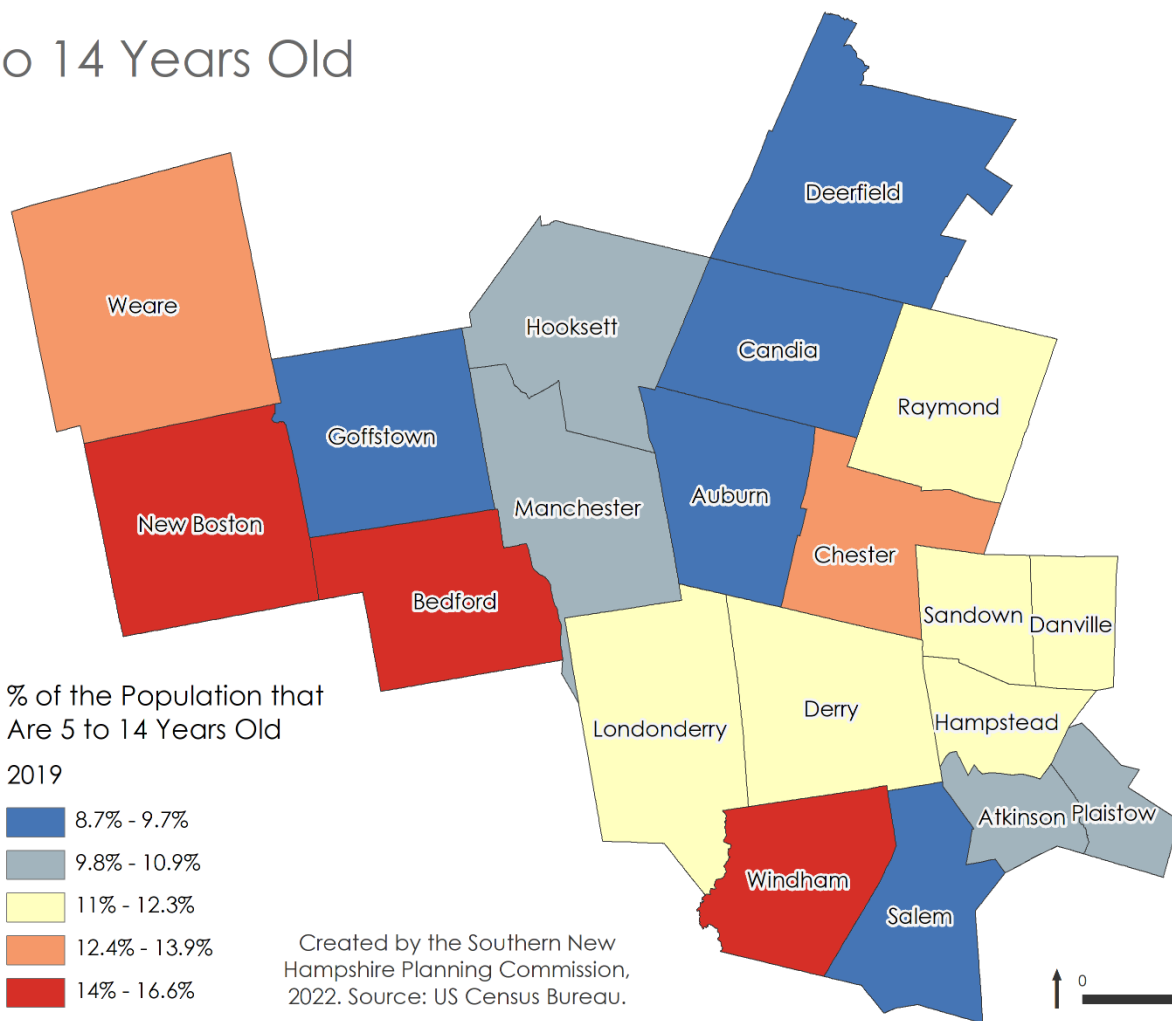
MAP 6

65 Years or Older Change



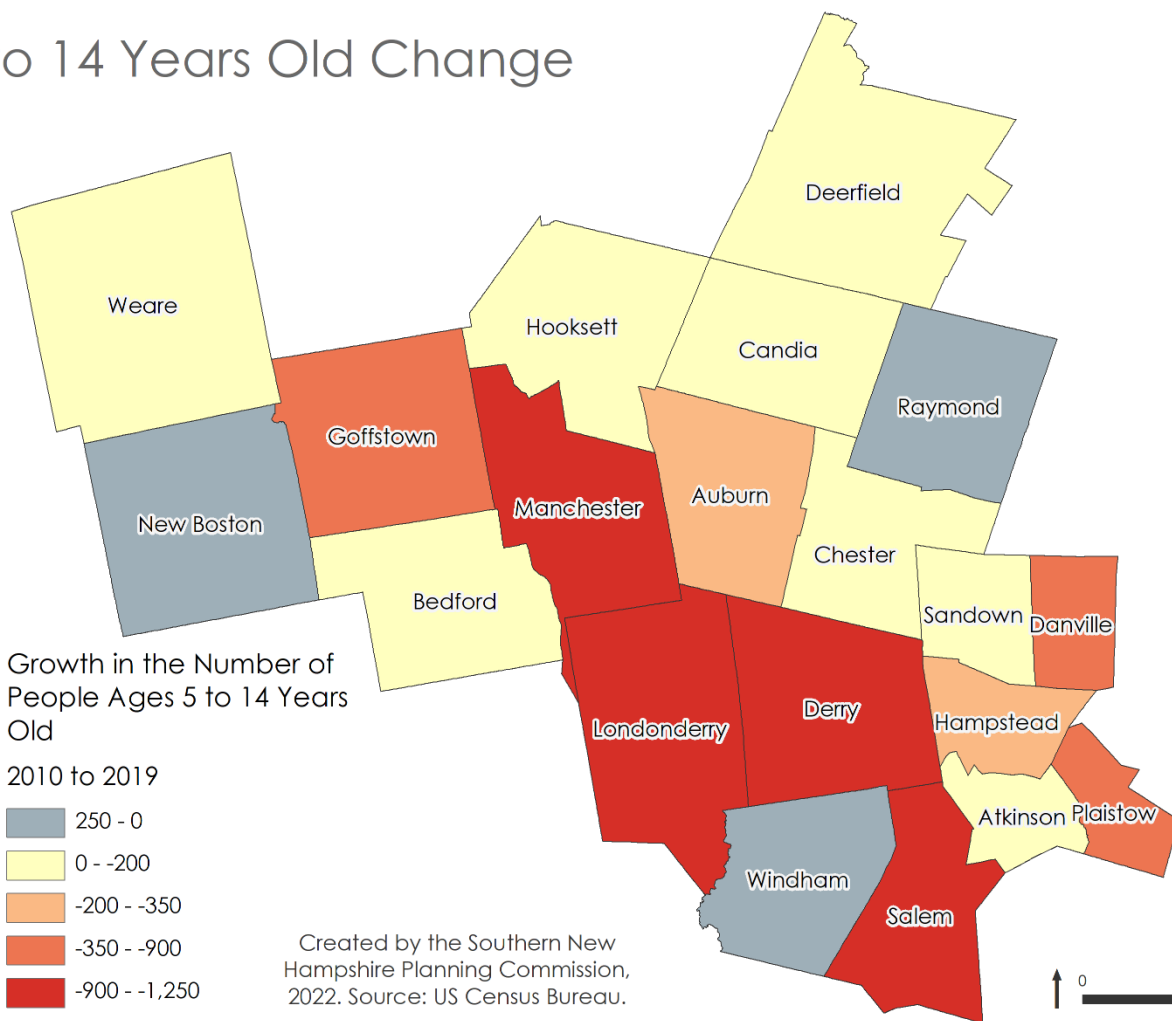
MAP 7

5 to 14 Years Old



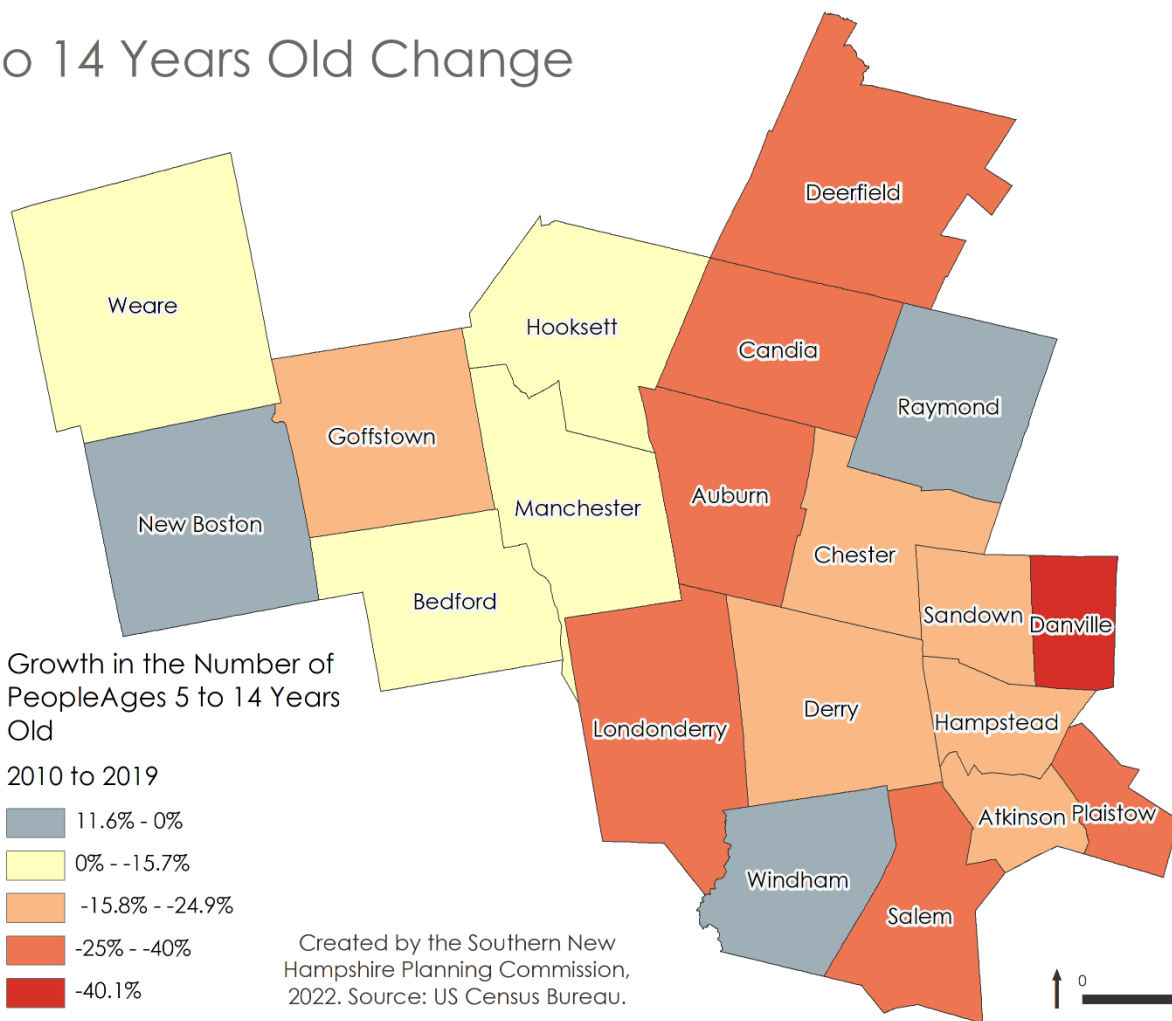
MAP 8

5 to 14 Years Old Change



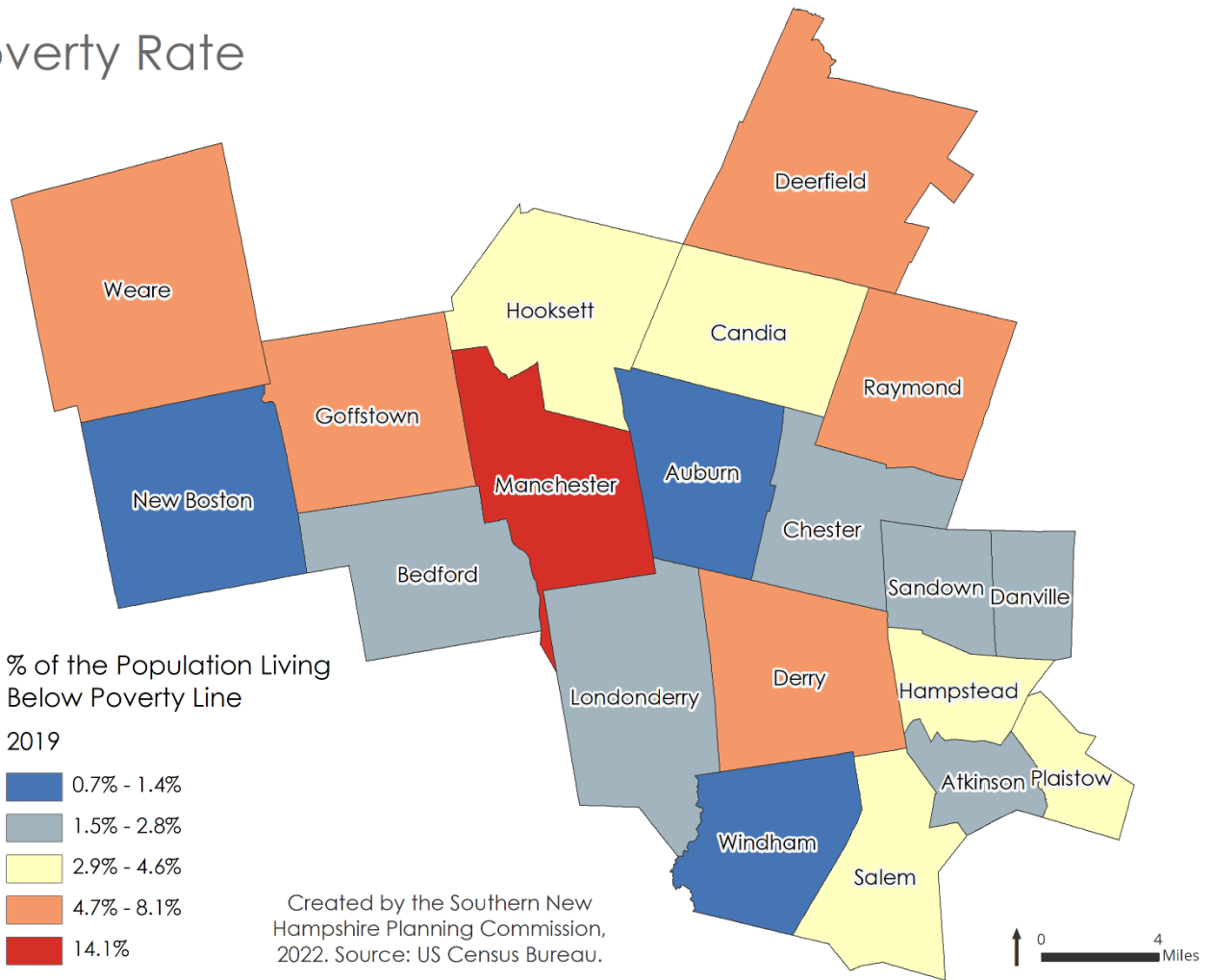
MAP 9

5 to 14 Years Old Change



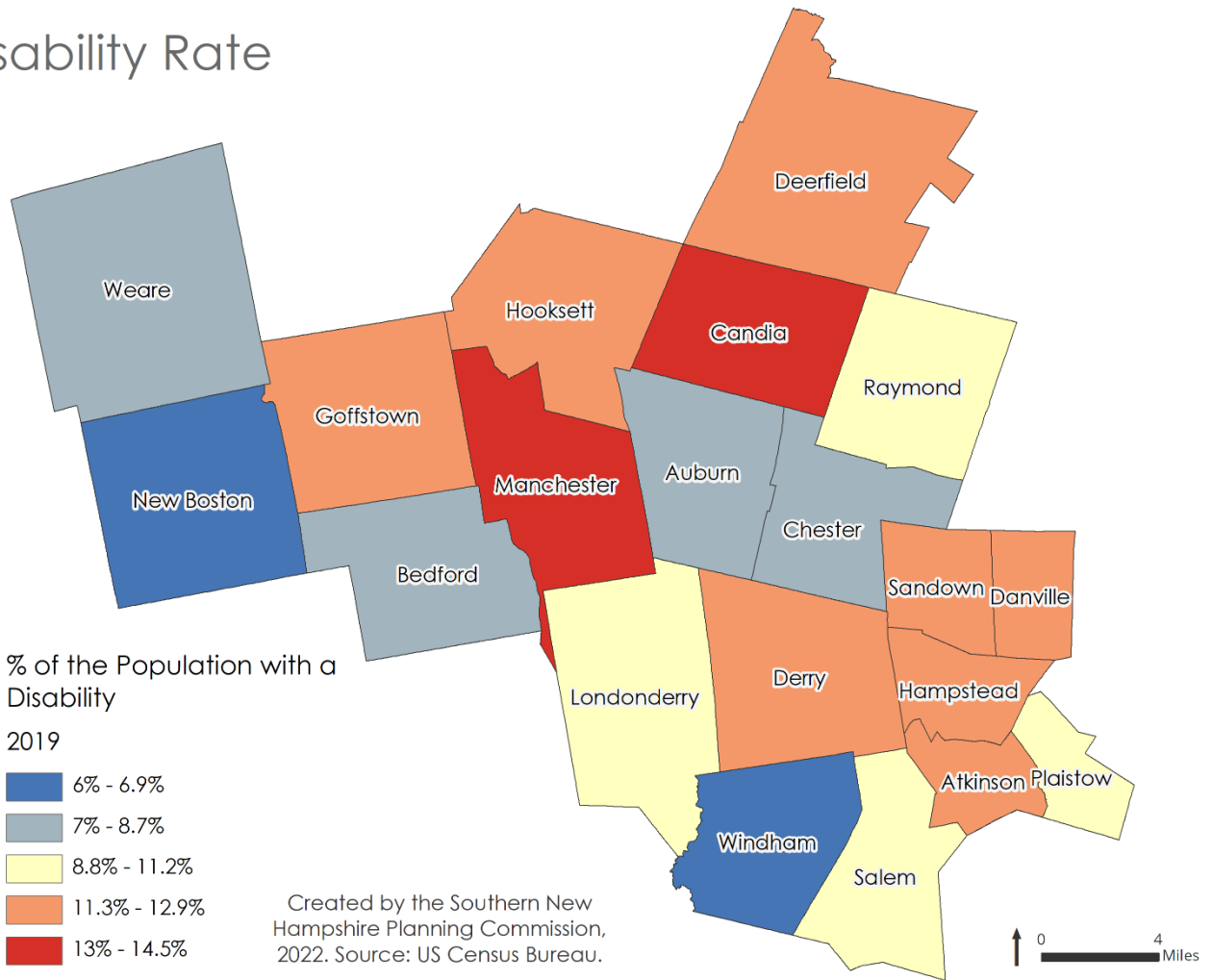
MAP 10

Poverty Rate



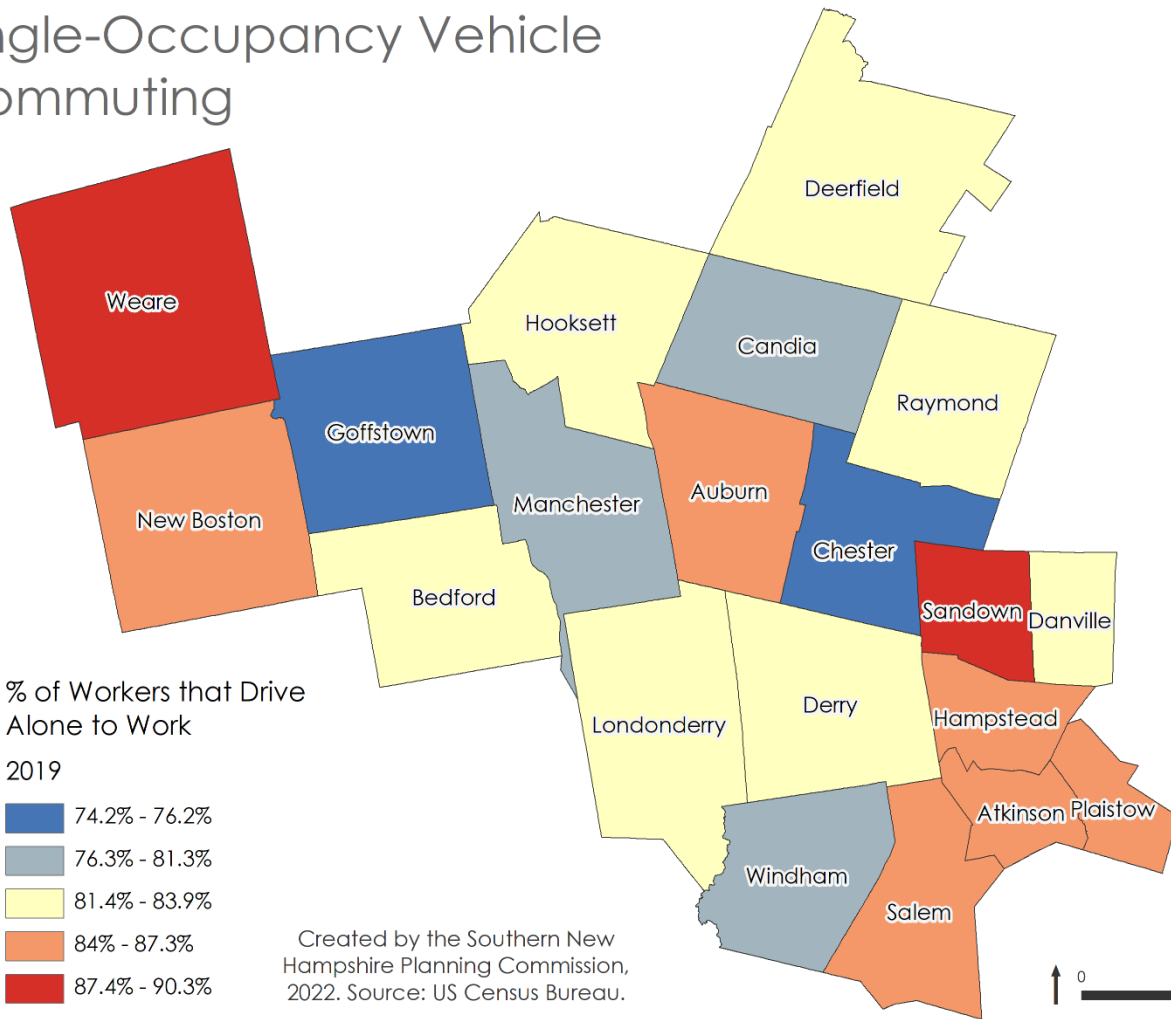
MAP 11

Disability Rate



MAP 12

Single-Occupancy Vehicle Commuting



MAP 13

Vehicle Limited Workers

