



2025 COORDINATED COMMUNITY TRANSPORTATION PLAN FOR THE MONADNOCK REGION



Prepared by: Southwest Region Planning Commission
Adopted by Monadnock Region Coordinating Council: February 18, 2025

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1. INTRODUCTION

Lack of access to reliable transportation options, due to age, disability, income or other reasons, has been identified as a problem in the Monadnock Region for many years. Various studies conducted during the past five years and cited in this document reaffirm this need. Coordination has been seen by local, regional, state and federal partners as the preferred path forward for improving community transportation. Effective coordination efforts can result in more streamlined services for users, better information and resource sharing among transportation providers, and more integrated, complementary and flexible funding programs. The goal is to provide an integrated system of safe, reliable, and sustainable transportation options that allow residents to maintain independence and participate in work and community life no matter their age or ability.

The *2025 Coordinated Community Transportation Plan for the Monadnock Region* (Coordinated Plan) provides an updated look at the transportation needs of seniors, individuals with disabilities, low-income households, youth, and other populations; strategies for meeting these needs, and prioritizes transportation services for funding and implementation. It builds on the 2018 Coordinated Plan which was first adopted in 2006 with addendums passed in 2010, 2011 and 2016.



The Coordinated Plan provides guidance to the Monadnock Regional Coordinating Council for Community Transportation (MRCC), one of eight regional coordinating councils (RCCs) in New Hampshire, charged by the State to improve regional community transportation service through coordination and mobility management activities. It was developed and approved through a process that included participation by seniors, individuals with disabilities, and other members of the public utilizing transportation services; public, private, and nonprofit transportation providers; human service agencies whose clients rely on public transportation to access services; and local government and elected officials.

1.1 PLAN ELEMENTS AND PROCESS

The Coordinated Plan was developed in compliance with federal transit law that requires that projects selected for funding under the Federal Transit Administration (FTA) *Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) Program* be included in a locally developed, coordinated public transit-human services transportation plan. The requirement was initially established in 2007 with the passage of the Safe Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) which required that projects funded under Individuals with Disabilities, Job Access and Reverse Commute Program (JARC), and New Freedom programs have a locally developed, Coordinated Plan. The requirement 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.

In compliance with FTA requirements, the Coordinated Plan includes the following elements as they relate to the current state of coordinated community transportation in the Monadnock Region:

- Reviews of past plans, studies, MRCC documents and other publications that are relevant to coordinated community transportation planning;
- An assessment of demographic and socio-economic conditions as they relate to transportation needs for individuals with disabilities, older adults, persons with limited income, and other populations;
- An assessment of available services that identifies current transportation providers (public, private, and nonprofit);
- Goals, objectives, and projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
- Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

1.2 STAKEHOLDER INVOLVEMENT

The MRCC has endeavored to engage ongoing stakeholder involvement since its creation in 2010. Partnership building efforts have increased significantly since the establishment of the New Hampshire Statewide Mobility Management Network and hiring of a full-time Regional Mobility Manager (RMM) in 2021 (see Section 1.5 for a description of the mobility management network). Input was solicited from MRCC members during the planning process, contributing to the identification of the needs, goals and priority projects outlined in Chapter 5.



Additional stakeholder input was captured during two phases of the Monadnock Region Transit System Design project. Phase I, the *Microtransit Feasibility and Fixed Route Service Plan Design Assistance Study* (Transit Study) was completed in early 2022. The Study was conducted by transit consultant, Via, on behalf of Southwest Region Planning Commission (SWRPC), in partnership with Home Healthcare, Hospice, and Community Services (HCS) and the MRCC. The purpose was to examine opportunities to improve and expand transit service in Keene and surrounding towns, the eastern Monadnock Region, and high-need areas such as the town of

Winchester. It articulates a regional transit vision that phases in zones and corridors where transit is most likely to succeed in the Region. A discussion of the Transit Study is included in Chapter 3. Phase II, *Planning for a “Next Generation” Transit System for the Monadnock Region*, was launched in 2023 as a follow up to the Transit Study and is ongoing at the time of this writing. The overall goal is to identify a regional transit system governance model and managing entity to implement the expanded transit services recommended in the Transit Study.

An Advisory Task Force has provided guidance and input during both phases of the Monadnock Region Transit System Design project. The Advisory Task Force, which has been convened eight times to date, is comprised of representatives from municipalities, non-profit agencies, healthcare and academic institutions, and other organizations that could play a role in managing, funding and advocating for the expanded transit system. The MRCC has multiple representatives on the Advisory Task Force who serve both to provide input and keep the MRCC updated on activities and outcomes as the project progresses.

Stakeholder input was also gathered through a companion component of the Transit Study which included research on the region's volunteer driver programs and produced a technical paper, *Opportunities for Expanding Volunteer Driver Program Categories and Addressing Unmet Need*. The research explored two areas that could have an impact on improving community transportation access in the Region: 1) the feasibility of Volunteer Driver Programs (VDPs) serving a broader cross-section of the population including area youth, low-income persons and other transit dependent groups identified by the MRCC; and 2) programming innovations to reduce the number of unmet need ride requests. During the spring of 2023, focus group meetings were conducted with Boards and leadership of the three VDPs that serve the Monadnock Region. The results of the focus group meetings can be found in the previously referenced technical paper.

1.3 PUBLIC INVOLVEMENT

Public input was solicited through multiple studies and surveys on the need for and effectiveness of existing community transportation services, as well as opportunities to expand and improve services. Eight public meetings were held in multiple areas of the Region as part of the Monadnock Region Transit System Design project. Two additional public meetings were held to gather input from specific populations served by the Section 5310 program. The first was a listening session conducted at HCS with a support group for the blind and visually impaired which also included members from the senior population. A second listening session was conducted with a class of New American English-learners at Keene Community Education. Input gathered during these meetings, as well as from the Transit Project Advisory Task Force meetings, was shared with the MRCC and integrated into the Coordinated Plan.

Public input compiled by the Region's transportation providers was also examined and the results were used to inform the development of the Coordinated Plan. The Community Volunteer Transportation Company (CVTC) conducted a rider and driver survey in 2021. CVTC is the region's largest VDP and the only transportation provider that serves all 33 communities in the Region. The purpose of the survey was to assess the program's performance to improve outcomes in the following areas:

- Serving people without access to transportation for medical appointments, access to healthy foods, and to fulfill other essential human needs.
- Serving people looking for meaningful experiences to "make a difference in their community" by contributing to the health, well-being, and independence of CVTC riders.
- Serving the public health of the Monadnock Region by partnering with hospitals, human service agencies, and municipalities.
- Addressing any operational issues within the VDP.
- Making better strategic decisions in organizational planning.

During the Fall of 2023, HCS completed a process to evaluate its City Express bus service. In addition to an analysis of bus stop usage, the process included a rider survey, input from the community and a Passenger Advisory Committee, and a public hearing. The City Express, with two routes serving Keene and a portion of Swanzey, is an integral part of the Region's community transportation system. HCS used the results of the analysis and input gathered from the public to make alterations to the routes to better serve the public. The results were shared with the MRCC which aids the MRCC in forming a more complete understanding of the Region's transportation needs.

Examination of the information gathered from the above stakeholder and public input activities, as well as the Profile of Transit Dependent Populations (Chapter 2) and relevant community transportation documents revealed the following community transportation challenges:

- Few public transit or shared ride transportation options exist outside Keene for those without access to a private vehicle.
- Aside from Keene’s City Express service to a Swanzey Market Basket, there are no existing bus routes connecting communities to Keene, the regional hub for jobs, services and shopping.
- There are extremely limited affordable and flexible transportation options for “choice riders” and others.
- There are extremely limited transportation options for youth and the workforce.
- There is extremely limited funding for capital and ongoing operating costs creating a risk to sustainable transit services.
- There is extremely limited participation in local match funding for transit services.

Priority strategies for addressing these needs are presented in Chapter 5.

1.4 FEDERAL FORCES DRIVING COORDINATION

Much of the funding that is invested in community transportation in New Hampshire is federal funding. Given its prominent role in New Hampshire and other states, the federal government has had a strong interest in community transportation for many years. According to the FTA, agencies across the federal government administer 130 different programs to fund transportation services for people with disabilities, older adults, and persons with limited incomes. However, those transportation services can be costly and fragmented due to inconsistent program rules and a lack of interagency collaboration. In 2004, a federal interagency council called the Coordinated Council on Access and Mobility (CCAM) was formed to improve coordination among the various programs.

In 2015 the passage of the Fixing America’s Surface Transportation (FAST) Act codified CCAM and directed the agency to develop a strategic plan that outlines how it will strengthen interagency collaboration, address outstanding recommendations, and eliminate regulatory and statutory barriers to coordinated transportation services. The strategic plan was released in 2022 and establishes a common mission and vision, identifies priority areas, and outlines four key strategic goals to enable CCAM to meet the FAST Act requirements.

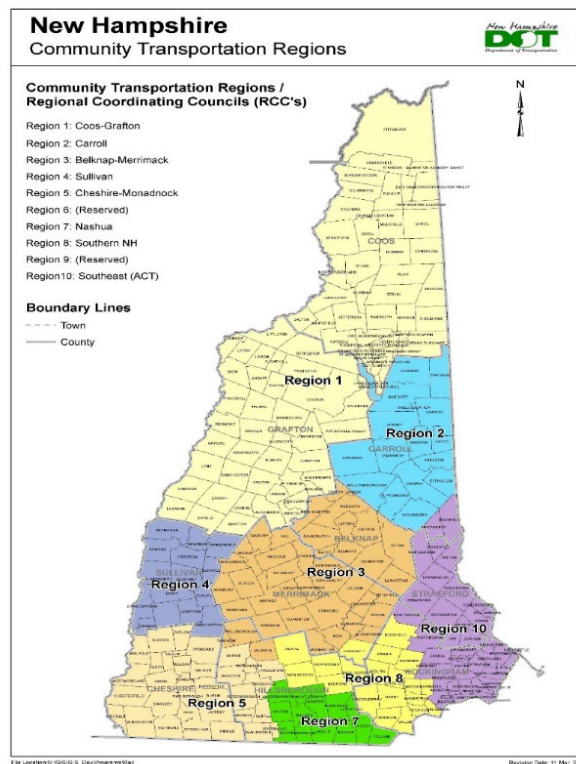
<p>Goal 1: Improve Access to Community through Transportation</p> <ul style="list-style-type: none"> • Objective 1: Reduce Federal policy barriers to coordinated transportation • Objective 2: Encourage State and local transportation coordination • Objective 3: Promote public awareness of available transportation options 	
<p>Goal 2: Enhance Cost-Effectiveness of Coordinated Transportation</p> <ul style="list-style-type: none"> • Objective 1: Enable and promote equitable cost sharing • Objective 2: Develop framework for transportation cost reporting • Objective 3: Advance awareness of Federal fund braiding opportunities 	
<p>Goal 3: Strengthen Interagency Partnerships and Collaboration with State, Local, and Industry Groups</p> <ul style="list-style-type: none"> • Objective 1: Refresh the CCAM operating model • Objective 2: Promote coordinated transportation initiatives for targeted populations • Objective 3: Expand opportunities for external input 	
<p>Goal 4: Demonstrate Innovative Coordinated Transportation</p> <ul style="list-style-type: none"> • Objective 1: Implement and evaluate CCAM pilot programs • Objective 2: Incorporate the use of innovative technologies in coordinated transportation 	

CCAM established its primary mission as issuing policy recommendations and implementing activities that improve the availability, accessibility, and efficiency of transportation for targeted populations. The agency maintains a vision of providing equal access to coordinated transportation for all Americans.

In 2020, CCAM published the *Federal Fund Braiding Guide*. Federal fund braiding for local match allows grant recipients to use funds from one federal program to meet the match requirements of another. Last updated in 2024, the guide provides information to potential grantees as well as CCAM agency program managers on acceptable federal fund braiding arrangements on transportation-related projects. The guide defines federal fund braiding for local match and examines whether federal fund braiding is allowable for 61 programs across CCAM agencies that may fund transportation.

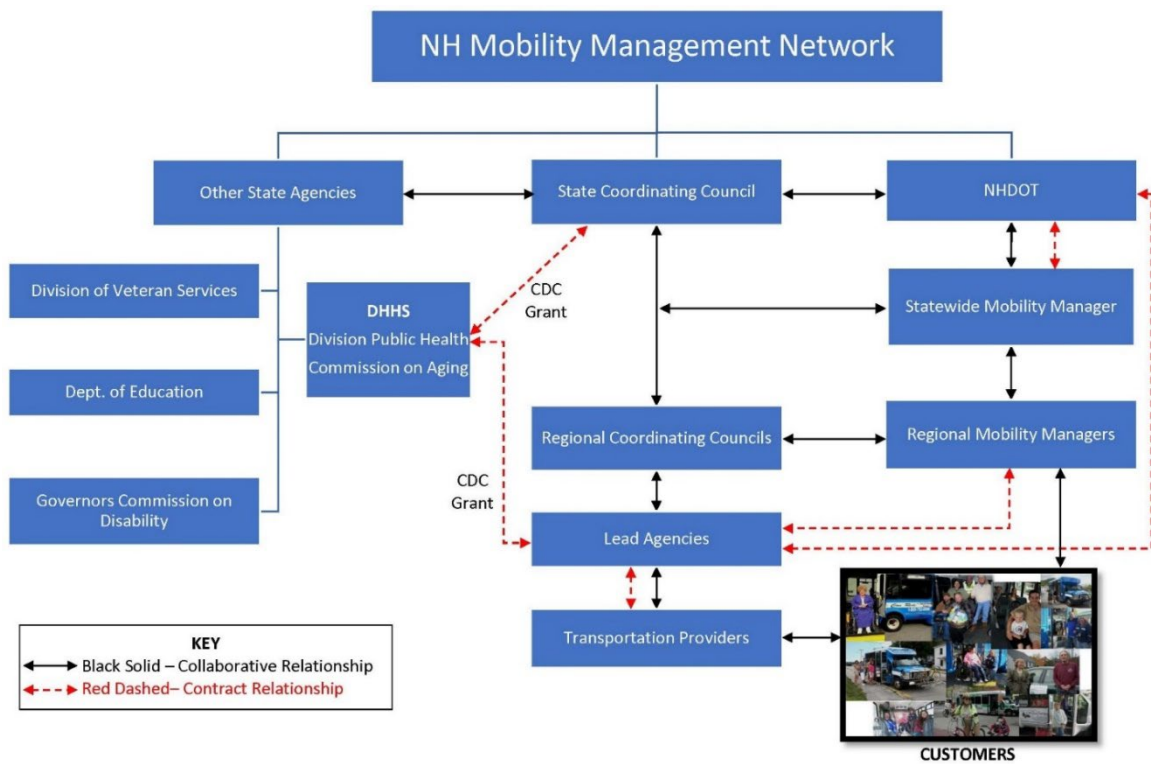
1.5 STATE FORCES DRIVING COORDINATION

The State of New Hampshire has had a long-time interest in advancing community transportation coordination. Coordination has helped the State foster improved community transportation services as well as stretch limited community transportation funds further. An important state community transportation milestone was achieved in 1996 when the NH Office of Planning and Development completed the *Statewide Transit Coordination Study*. The study recommended a bi-level oversight structure for coordinated community transportation by creating a State Coordinating Council (SCC) and Regional Coordinating Councils (RCCs). A decade later the Governor’s Task Force on Community Transportation commissioned a follow up document called the *2006 Statewide Coordination of Community Transportation Services Final Report*. The report recommended action steps for realizing the model put forward by the 1996 study. It included guidance on how to form the SCC and RCCs. The report was followed by an action from the State Legislature in 2007 to officially form the SCC and enable the creation of RCCs.



From 2007 to 2017, the SCC successfully implemented some of the 2006 Report’s recommendations, including the formation of community transportation regions in the State and eventual formation of RCCs. Another success included changes made to the NH Department of Transportation’s (NHDOT) Section 5310 funding program which is designed to enhance mobility for seniors and people with disabilities. RCCs were empowered by NHDOT to become regional laboratories for coordination by being tasked with making recommendations on how Section 5310 funds could be shared among stakeholders to implement regional capital projects, mobility management services, and purchase of service arrangements.

In 2016, the NH Statewide Coordination of Community Transportation Services Plan (see Appendix 6.1) was released, articulating a vision for coordinated community transportation. The plan provided guidance for the creation of the New Hampshire Statewide Mobility Management Network Blueprint which was adopted in 2022. The Blueprint provides a roadmap for implementation of the Statewide Mobility Management Network, which launched in 2022. It also serves as a living document that will be periodically updated as the work of the Network advances and matures.



Mobility management is a transportation strategy centered around meeting customer needs through a diverse array of providers, programs, and sources of funding. This is achieved by coordinating community transportation services into an integrated system that reduces duplication, increases availability and capacity, improves quality, and extends the efficacy of limited resources. The NH Mobility Management Network is comprised of collaborative partnerships between the SCC, Regional Coordinating Councils, NHDOT, NH Department of Health and Human Services (NHDHHS), and other federal, state, and local agencies and commissions. NHDOT contracts with and oversees the statewide mobility manager while the RCC’s, through a lead agency, do the same for regional mobility managers.

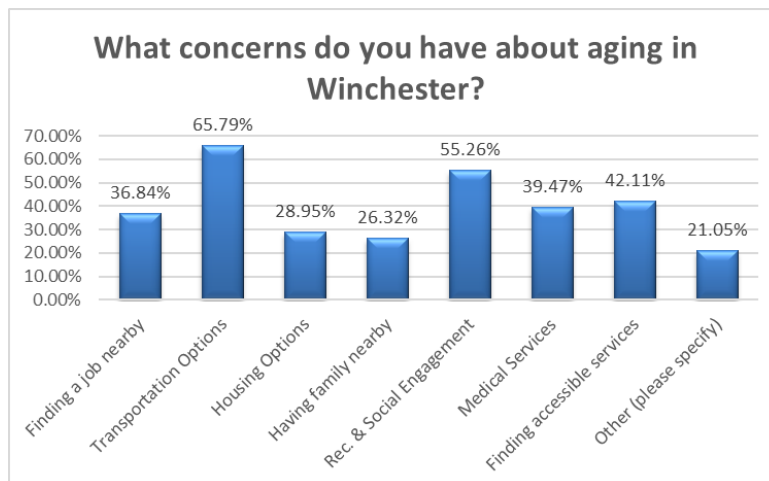
The combined assets of these stakeholders come together in the interest of creating a better transportation system and improved mobility for all people. The networks’ goal is to enable people of all ages and abilities to participate in work and community life via safe, reliable, and sustainable transportation options.

1.6 LOCAL AND REGIONAL FORCES DRIVING COORDINATION

Given the many stakeholders associated with community transportation—including user groups, transportation providers and funders—it is an issue that necessitates regional coordination and cooperation. Community transportation is consistently identified as one of the most significant needs by several regional needs assessments that have been published in the area. It is highlighted prominently in the SWRPC’s 2015 *Monadnock Region Future Plan* goal to “enhance access to goods, services and other destinations.” A lack of transportation options came up time and again as a top concern of respondents to an Age-Friendly Community Survey conducted by SWRPC in 2020. The majority of survey respondents observed that most towns have poor transportation options as illustrated below by respondents from the Town of Winchester.



Judy Shanley, National Center for Mobility Management, addresses participants at youth transportation forum.



...MRCC partner, the Healthy Monadnock Alliance, identifies transportation as a basic need alongside other basic needs like food, shelter, and heat.

Similarly, lack of transportation was identified in the *2021 Monadnock Region Food Access Analysis* conducted by SWRPC as the number two risk factor associated with food insecurity. Household poverty is number one. Given that there are few mobility alternatives for individuals to reach schools, healthcare, jobs and services, and a rapidly aging population contributing to increasing numbers of

people that do not drive, regional policymakers increasingly identify transportation as a basic need alongside other basic needs like food, shelter and heat.

More and more, residents are desiring to see the availability of more community transportation services in the region. Feedback from public and stakeholder engagement activities during the 2022 SWRPC Transit Study indicated strong support for improved public transit services. Respondents to the Healthy Monadnock 2020 Community Survey ranked more transportation options in the top three improvements that would make their communities a better place to live. The survey results prompted the Healthy Monadnock Alliance to include improving access to healthcare services via volunteer driver programs as a priority strategy in its *Community Health Improvement Plan*.

Many Monadnock Region based organizations continue to make contributions towards addressing community transportation resulting in better results for everyone. Noticeable progress has been made in recent years. Most noteworthy was the contribution of \$530,000 in funding from the NHDHHS in 2021 to help address COVID-19 health disparities among high-risk populations in rural communities. The funds were used to support community transportation improvement projects and expand mobility management services.

In 2021, prior to the disbursement of NHDHHS funding, the MRCC held a Rural Transportation Equity Forum for the purpose of engaging stakeholder input on improving community transportation in the Region. The objectives of the meeting were to:

- Understand how access to transportation, economic and social opportunity, and resources for healthy living are inextricably linked.
- Increase knowledge about community transportation and public health priorities in the Monadnock Region and resources available for implementing them.
- Identify specific community transportation improvement projects to advance priorities.
- Identify opportunities to collaborate on transportation projects.



Brainstorming on priority community transportation improvement projects.

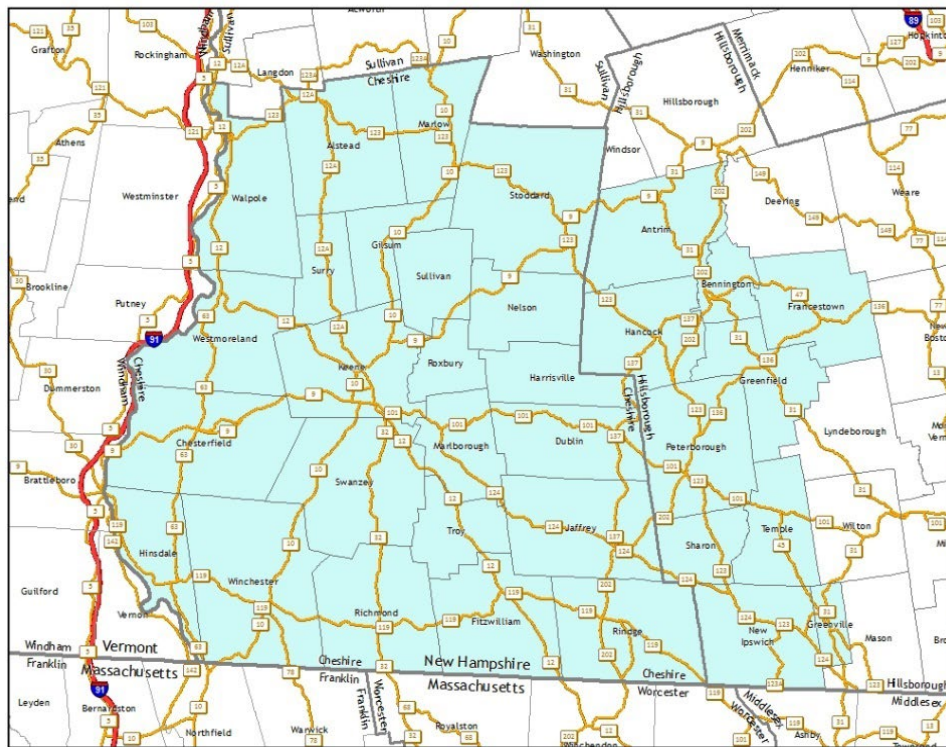
34 stakeholders from across the region participated in the forum. Participants represented multiple sectors including transportation providers, human service agencies, healthcare, public health, community planning, education, community-based organizations, mental health service providers,

housing, youth organizations, older adult organizations, and citizens. Stakeholder input was used to inform the development of a MRCC Solicitation for Project Proposals which was released in May 2022.

The funding resulted in the expansion of a shopping shuttles service operated by HCS; establishment of youth transportation services for children participating in Keene Housing Kids Collaborative (KHKC) after school programs; and a substantial increase in the Region’s volunteer driver corps through the CVTC and Keene Senior Center (KSC). The combination of NHDHHS funding with NHDOT Section 5310 funding contributed to a doubling of public transportation ridership during the two-year period July 2021 to June 2023.

1.7 THE MONADNOCK REGIONAL COORDINATING COUNCIL STORY

With the backdrop of federal, state, and regional forces driving coordination, the Monadnock Region brought forward local and regional partners to form a RCC. Regional coordination began in 2010 with two separate RCCs representing the eastern and western parts of the Region. In 2012 the two RCCs merged into one RCC called the Monadnock Regional Coordinating Council for Community Transportation (MRCC). The MRCC’s geographical area includes all of Cheshire County (Alstead, Chesterfield, Dublin, Fitzwilliam, Gilsum, Harrisville, Hinsdale, Jaffrey, Keene, Marlborough, Marlow, Nelson, Richmond, Rindge, Roxbury, Stoddard, Sullivan, Surry, Swanzey, Troy, Walpole, Westmoreland and Winchester) and 10 towns in western Hillsborough County (Antrim, Bennington, Francess town, Greenfield, Greenville, Hancock, New Ipswich, Peterborough, Sharon and Temple). Although the 33-town area is the MRCC’s focus, it addresses transportation outside the region as well, since a great deal of Monadnock area transportation demand involves crossing regional and state boundaries.

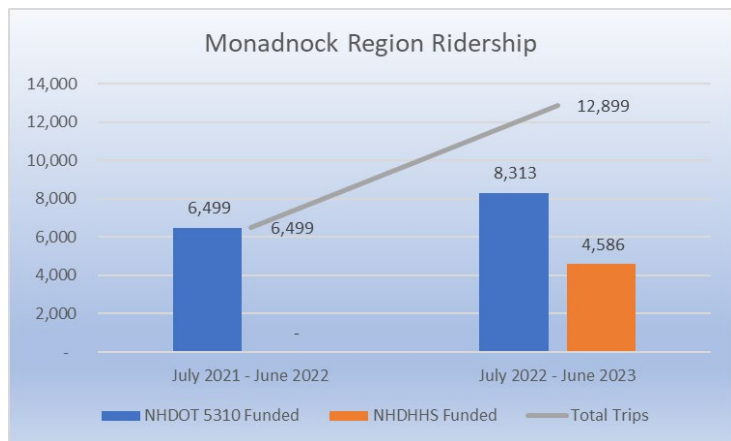


The MRCC Region is located in Southwest New Hampshire

During its 14-year history, the MRCC has made significant progress towards better coordination, including managing and providing over 97,313 rides for older adults, people with disabilities, children and youth from low-income households, and others who need or choose to use public transportation. The MRCC has achieved substantial outcomes since the release of the 2018 Coordinated Plan:

- Dispersed over \$1.3 million in combined NHDOT 5310 and NHDHHS funds to establish new and expand existing transportation services:
 - Expanded both frequency and service area of HCS shopping shuttle services.
 - Established the Region’s first youth transportation program to enable children from low-income households to participate in after school programs offered by Keene Housing Kids Collaborative partners.
 - More than doubled the Region’s volunteer driver corps in the wake of the COVID-19 pandemic through CVTC and KSC outreach campaigns.

- Increased by nearly 100% the number of public transportation trips provided during SFY 2023 as compared to SFY 2022.
- Selected SWRPC to provide full-time mobility management services on behalf of the MRCC.
- Participated in successful effort by NH Public Transit Association to secure increased funding for public transportation in the SFY 2024-2025 State budget (\$1.7 million). Secured Town of Jaffrey



- and Town of Winchester Select Board resolutions in support of the increased funding.
- Completed and published results of the Microtransit Feasibility and Fixed Route Transit Service Plan Design Assistance Study (Transit Study). The study provides a framework for expanding transit and community transportation services to better serve communities in the Region.
- Secured a NHDOT planning grant to identify a transit operating and governance model to implement the Transit Study recommendations.
- Completed and published volunteer driver program (VDP) study focused on two objectives: 1) identify strategies for VDPs to expand transportation services to a broader cross section of the Monadnock Region population (youth, low-income families, adults under age 60, traditionally marginalized ethnic and racial groups), and 2) reduce the number of unmet need rides caused by unavailability of volunteer drivers. Focus groups were conducted with Boards and leadership of all three of the VDPs serving the Region.

“With additional financial and operational resources from the SCC and its partners, the MRCC experienced a doubling of both ridership and membership during the past two years. This shows that when additional resources are brought to bear, more partners are willing to come to the MRCC table in the interest of creating a more robust community transportation network for the region’s residents.”

Frank Dobisky, MRCC Chair, Thomas Transportation

- Participated in the launch of the statewide *Keep NH Moving* website, the official website and transportation resource directory for the SCC and the RCCs.

1.8 MONADNOCK REGIONAL COORDINATING COUNCIL MEMBERS AND PARTNERS

Membership of the MRCC has grown significantly during the past few years. At the time of writing there are 17 members that have a seat at the MRCC. MRCC members and partners represent a diverse array of stakeholders including transportation providers, human service agencies, charitable organizations, academic institutions, housing agencies, healthcare providers, community-based organizations, local government, and interested citizens.

- Able NH
- Cheshire County
- Cheshire County Recovery Court
- Community Volunteer Transportation Company
- David Meader, Citizen Member
- Home Healthcare, Hospice & Community Services
- Keene Senior Center
- Keene Family YMCA
- Keene Housing Kids Collaborative
- Keene State College
- Meals on Wheels of Hillsborough County
- RSVP Volunteer Center
- SAU 60
- Community Action Partnership Hillsborough & Rockingham Counties
- The Lukas Community
- Thomas Transportation

In addition to its active members, the MRCC has and continues to collaborate with many partners. In addition to collaborating on MRCC activities, many of these partners participate in public transportation improvement project advisory task forces. Partners offering transportation services or transportation fleets are considered by the MRCC as potential affiliates for 5310 grants or other transportation service contracts to expand or improve community transportation services in the Monadnock Region.

- Adventure Limousine and Transportation
- All Towns in Region 5
- Antioch University New England
- The MOOver
- Cheshire County Children’s Museum
- Cheshire Medical Center
- Cheshire Village at Home
- Disabled American Veterans
- First Student, Inc.
- Grapevine Community Resource Center
- Greater Monadnock Collaborative
- Healthy Monadnock Alliance
- Ideal Taxi
- Jaffrey-Rindge Memorial Ambulance
- Monadnock Adult Care Center
- Monadnock at Home
- Monadnock Community Hospital
- Monadnock Developmental Services
- Monadnock Family Services
- Monadnock Farm & Community Coalition
- Monadnock Outdoors
- Monadnock ServiceLink
- Monadnock United Way
- SmartRide LLC
- Southwestern Community Services
- Sunshine Taxi
- The Community Kitchen
- The River Center
- The Walpole Foundation
- Tony’s Taxi

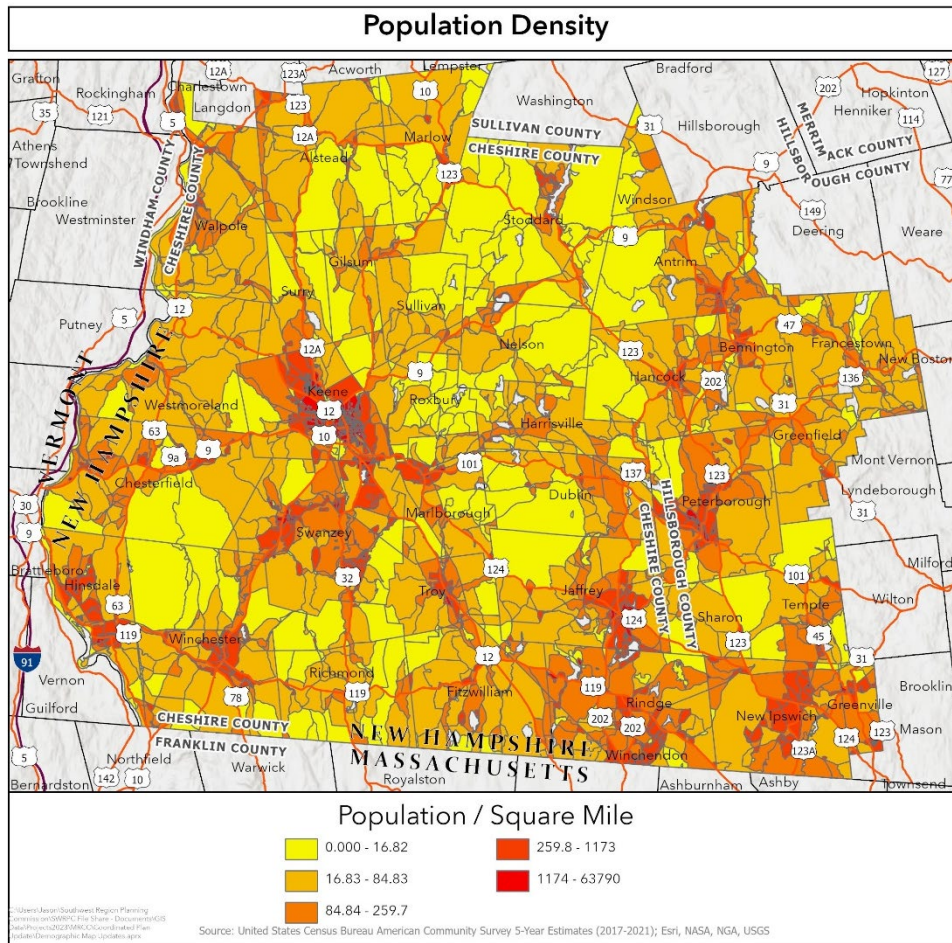
1.9 CHAPTER SUMMARY

Effective coordination among transportation stakeholders is critical for providing community transportation services in the Monadnock Region. Well-coordinated community transportation can produce important benefits, like streamlined services for users and more comprehensive service-area coverage. Local, regional, state, and federal forces combine to promote coordination in the community transportation sector. Key forces include: a spirit of coordination among local and regional institutions; state legislation that established the State Coordinating Council (SCC) and that enabled regions to form Regional Coordinating Councils (RCCs); establishment of the Statewide Mobility Management Network; and the ongoing work of the Coordinating Council on Access and Mobility (CCAM), a federal interagency council tasked with making recommendations on how to improve efficiency across federal community transportation programs. In the Monadnock Region, the RCC is known as the Monadnock Regional Coordinating Council (MRCC), which serves a 33-town area. The MRCC includes representatives from community transportation organizations and institutions whose clients depend on community transportation. To date, the MRCC has established full-time mobility management services, established new and expanded existing transportation services, participated in a successful statewide campaign to increase State funding for transit and public transportation services, and administered federal funds that have supported tens of thousands of rides on community transportation services within the Region.

2. PROFILE OF TRANSIT DEPENDENT POPULATION

2.1 SIGNIFICANT POPULATION LIVES IN RURAL AREAS

The MRCC planning area consists of 33 towns in southwestern New Hampshire, covering approximately 952 square miles. The area is mostly rural averaging 105 people per square mile. During the 2020 Census, town populations in the area ranged from a low of 220 people in Roxbury to a high of 23,047 people in Keene. The rural nature of the region in and of itself makes serving the population with public transportation services very challenging, often requiring providers to log many miles and spend a great deal of time on the road transporting people.



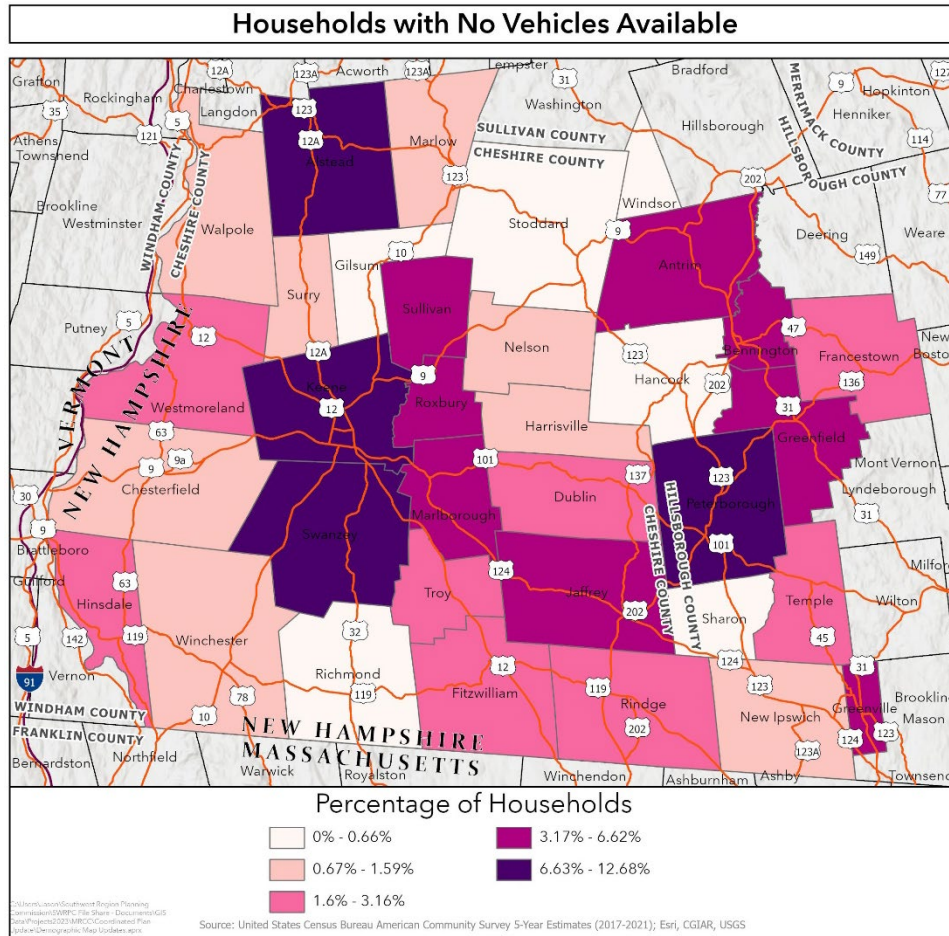
While most of the Monadnock Region is rural, there are pockets of population density in village or downtown areas as well as along the region’s arterial highways. Approximately 56,000 people live within a mile of major highways in the Monadnock Region (NH Routes 9, 10, 12, 101 and US Route 202).¹ Approximately 30% of the regional population is considered by the US Census as living in an urban area. By contrast, the US 2020 Census calculated that about 80% of the US population lives in urban areas.

¹ Based on Census blocks whose center is located within the one mile buffer area of the specified highways.

Although there are a few examples of local proactive land use planning to allow for new dense housing and mixed-use development, most of the region is not planning for more transit friendly development. Therefore, it is expected that mobility solutions like fixed route transit and microtransit will continue to be a considerable challenge for most of the region.

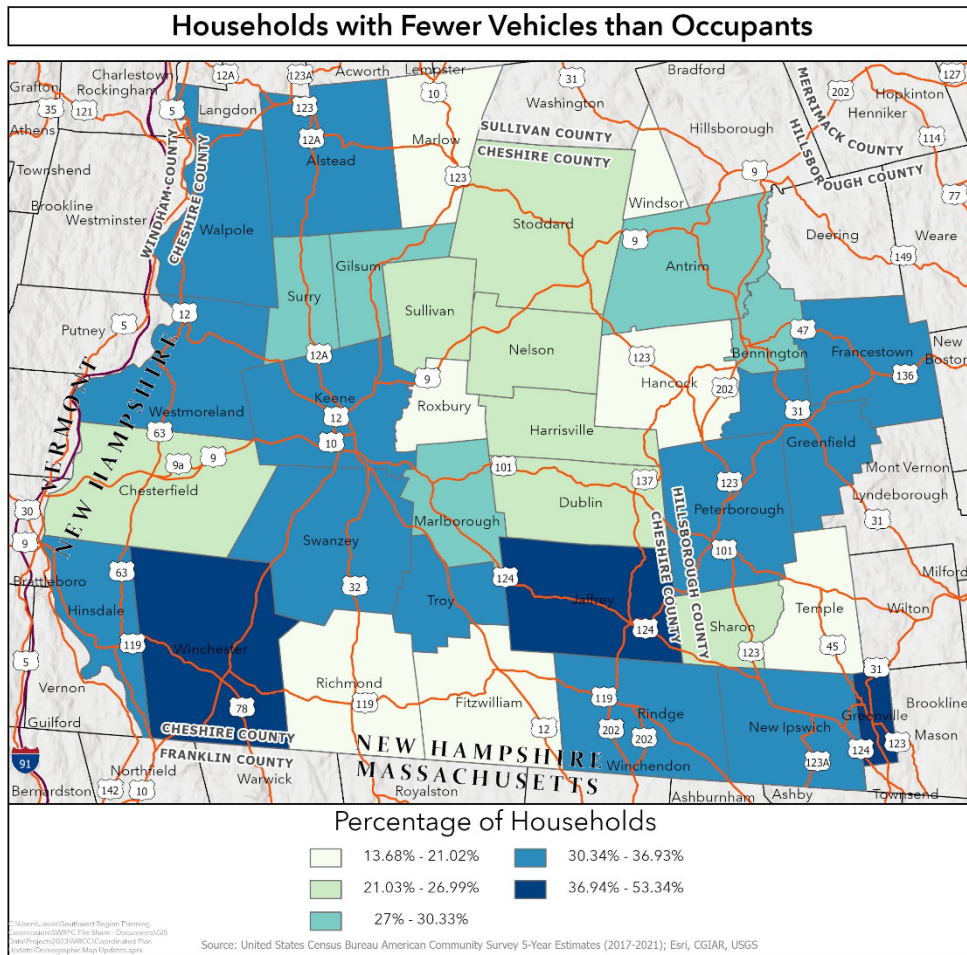
2.2 HOUSEHOLDS WITHOUT ACCESS TO VEHICLES ARE VULNERABLE

Like most parts of rural America, the vast majority of people living in the Monadnock Region rely on the personal automobile to get around. In fact, the percent of households that have automobiles in the region is estimated at 95 percent, or over 38,400 households.



Since most people do not live within walking distance of basic services, motor vehicles are more often than not critical for ensuring that people can reach hospitals, health clinics, pharmacies, grocery stores, banks, employment, social services and other essential destinations. Households without vehicles are particularly vulnerable to economic and health crises. Currently there are estimated to be about 1,900 households in the region that do not have a vehicle available. It is estimated that almost 1,500 of those households, nearly 77% of the total for the region, constitute a person living alone, and therefore, at greater risk of being socially isolated. Municipalities that have a larger proportion of households without a vehicle are Alstead (12.6%), Keene (8.4%), Swanzey (7.9%), and Peterborough (7.4%). Keene is perhaps the only location in the region where a person could get by comfortably without access to a vehicle, assuming the person has no personal mobility challenges.

When jobs and services are only accessible by a motor vehicle, even households with few vehicles may have serious transportation challenges. Jaffrey, Greenville, and Winchester stand out as towns that have a high proportion of “vehicle poor” households when comparing vehicle ownership to household size. Although different household members have different transportation needs, even non-drivers such as youth or elderly non-drivers still have needs to travel. Where there are no alternative transportation options available, “vehicle poor” communities can lead to more stressors on households with few vehicles or can lead to social isolation on certain household members.



2.3 TRANSPORTATION IS EXPENSIVE

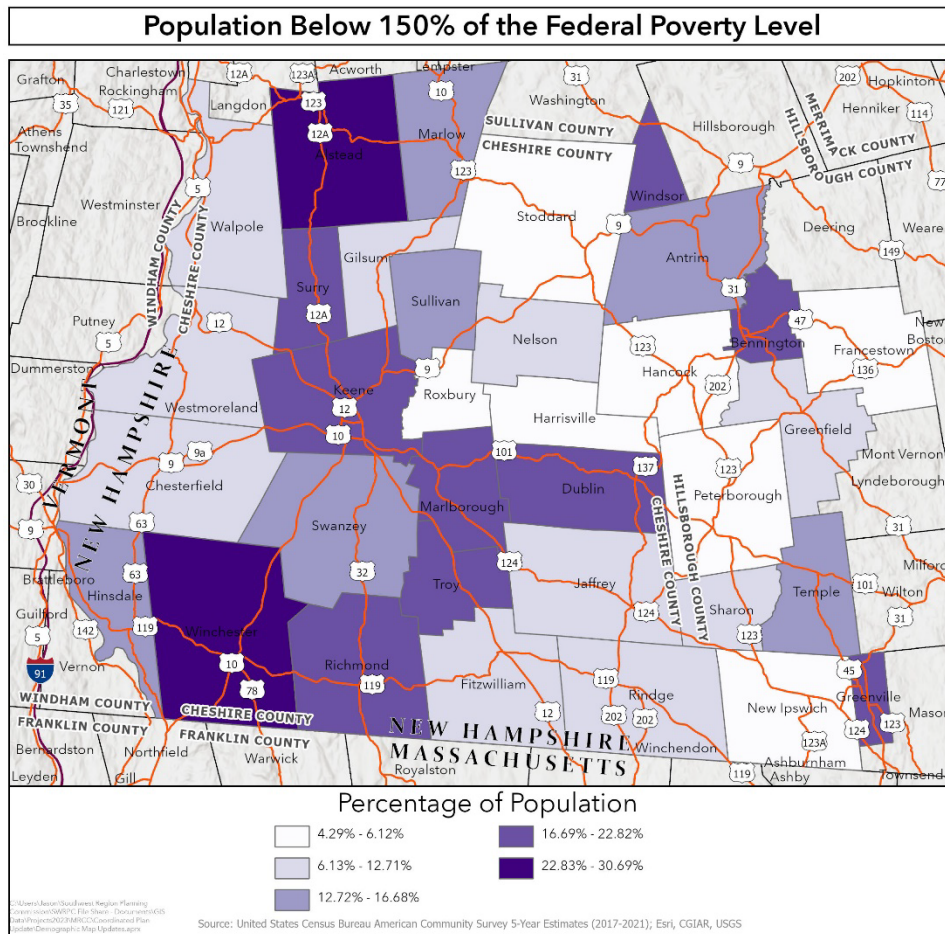
In 2022, the average American household spent \$12,295 on automobile expenses, equivalent to 17% of the average household’s income after taxes.² Using those figures and extrapolating for the Monadnock Region, households spent about \$496 million on their personal vehicles in 2022. As noted earlier, land development has a major impact on transportation. Typically, a household’s second-largest expenditure after housing, transportation costs are largely a function of the characteristics of the neighborhood in which a household is located. Compact and mixed-use neighborhoods with walkable streets and close proximity to jobs, services and transit tend to be more efficient, affordable, and sustainable. Living in a rural area automatically compounds living costs for low-income households and even median income households. According to the Center for Neighborhood Technology, housing and transportation costs

² Consumer Expenditure Survey, US Bureau of Labor Statistics, 2022.

range from 36% to 78% of a typical household’s income (not low-income) in the census block groups within the MRCC planning area.³

Vehicle costs are also regressive, impacting those with the least amount of income disproportionately. While the average household may spend about 17% of its annual income on personal vehicles, the number is heavily influenced by the top 40% of wealthiest American households. Those making up the poorest quintile of households spend about 30% of their annual income on personal vehicles while the second lowest quintile and the third lowest quintile spend 21% and 17% of their income respectively.⁴

Low-income households are located in every corner of the Monadnock Region, but there are certain areas where there is a critical mass of low-income people. Municipalities where 20% or more of the population are considered low-income (people living at 150% of the federal poverty level) include Winchester, Alstead, Surry, Windsor, Bennington, and Troy. Keene, Winchester, and Swanzey have the highest estimated number of low-income households (3,867, 1,246, 1,141 respectively) making up 44% of the regional low-income population.

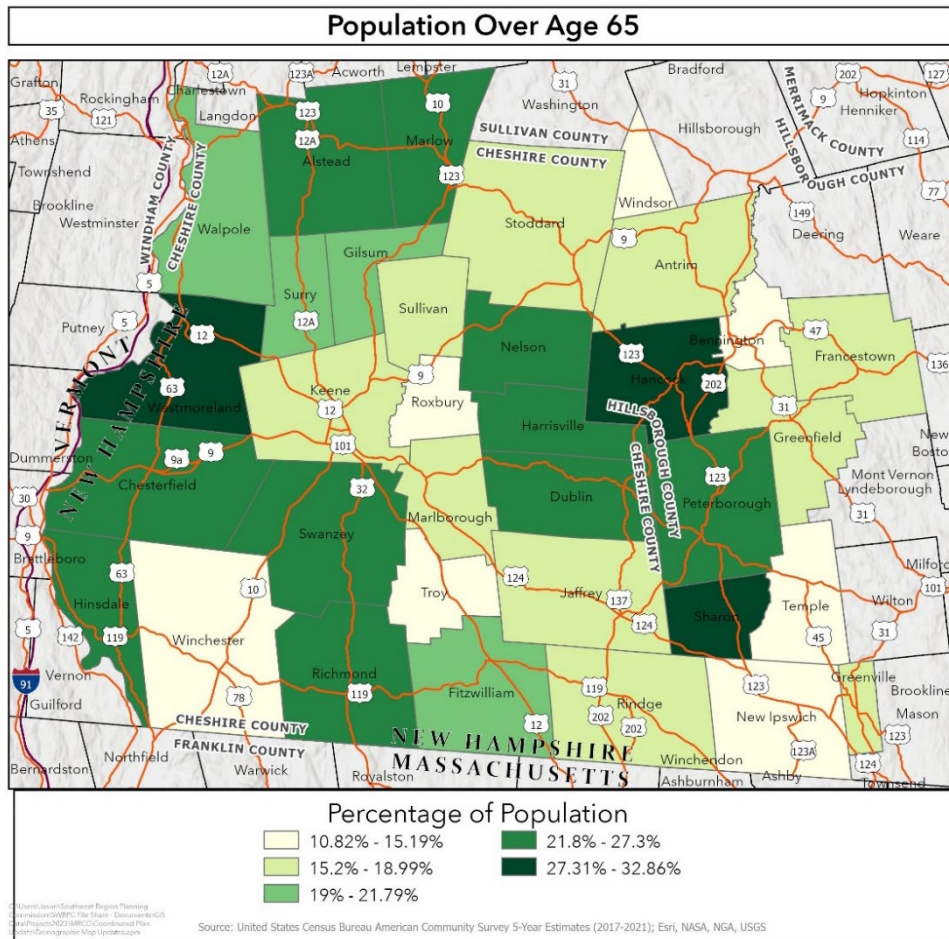


³ <http://htaindex.cnt.org/>, accessed 5/12/24.

⁴ Consumer Expenditure Survey, US Bureau of Labor Statistics, 2022.

2.4 MANY SENIORS DO NOT DRIVE

The proportion of the Region’s population aged 65 and older continues to grow more rapidly than any other age group in Southwest New Hampshire. Between 2010 and 2020, the number of senior (65+) residents grew 43% from 14,296 to 20,486. The number of residents aged 55 to 59 represent the largest 5-year age group cohort and will contribute to this trend of an aging population in the coming years.⁵ Although a senior’s level of mobility can vary significantly from individual to individual, 20% of senior households in the United States do not drive.⁶ Allowing for the fact that 80% of Americans live in urban areas, it is likely that this relatively high number of non-drivers is at least partially due to the fact that most seniors live in urban areas that are walkable or have transit. Seniors living in rural areas like southwest New Hampshire do not have the same luxury. As of 2023, 17 of the 33 municipalities in the Monadnock Region have senior populations that make up at least 20% of their total population. Hancock, Peterborough, Sharon, Nelson, Harrisville, Dublin, Hinsdale, and Westmoreland are all municipalities with senior populations that make up at least 25% of their total population. Municipalities with the largest estimated numbers of seniors are currently Keene (4,147), Swanzey (1,766), Peterborough (1,722), and Rindge (1,152). These four municipalities make up about 43% of the entire region’s senior population.

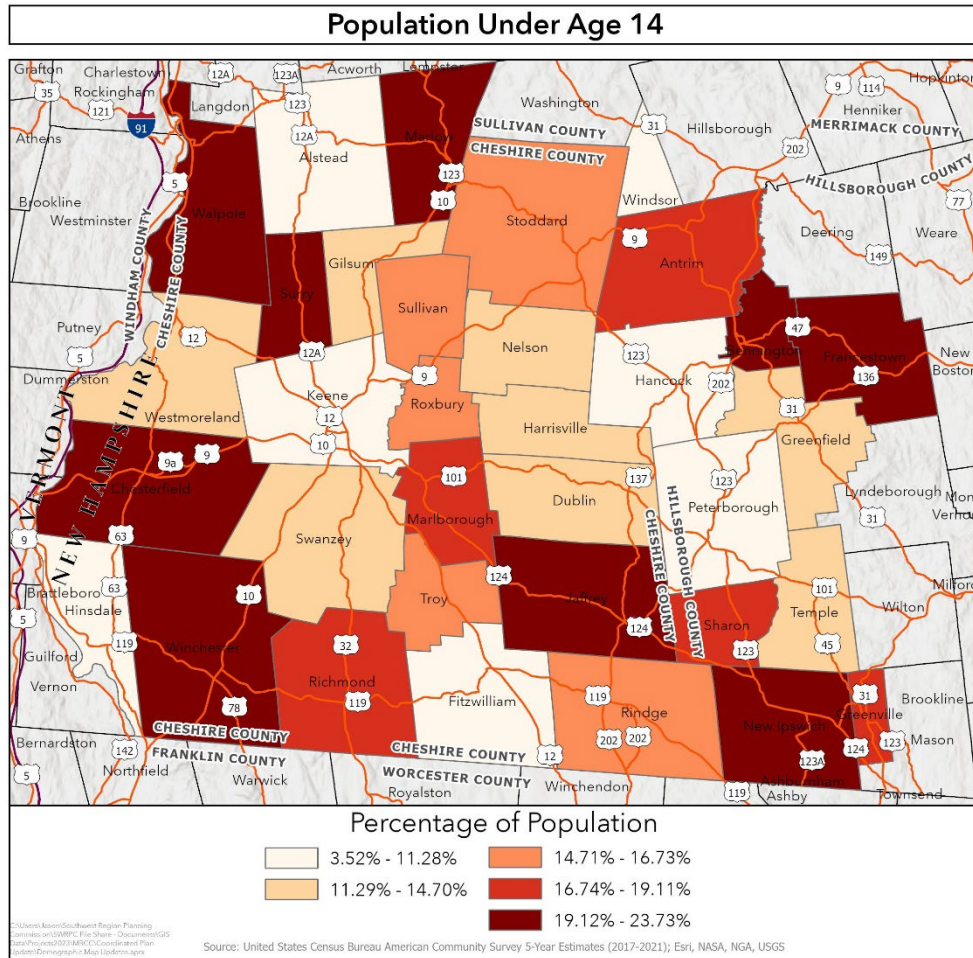


⁵ Population by Age Cohort, Southwest Region (2020). Source: US Census Bureau American Community Survey Estimates.

⁶ 2022 National Household Travel Survey, USDOT.

2.5 YOUTH HAVE TRANSPORTATION NEEDS TOO

Although they are often overlooked, youth are another important transit-dependent population because they are non-drivers. Although school bussing programs and parents provide most trips for children, there are significant gaps in transportation for youth in the Monadnock Region including pre- and after-school transportation as well as summer transportation.



While there are about as many youth (age 14 and under) as there are seniors (65 and older) living in the Monadnock Region at this time, the proportion of youth population to the total population is expected to slightly decrease over time.⁷ Municipalities with a high estimated proportion of youth today include New Ipswich (23.7%), Bennington (21.4%), and Marlow (20.9%). Municipalities with the highest estimated number of youth are Keene (2,591), New Ipswich (1,238), Jaffrey (1,098), and Rindge (1,068): these towns make up about 40% of the total estimated youth population in the entire region.

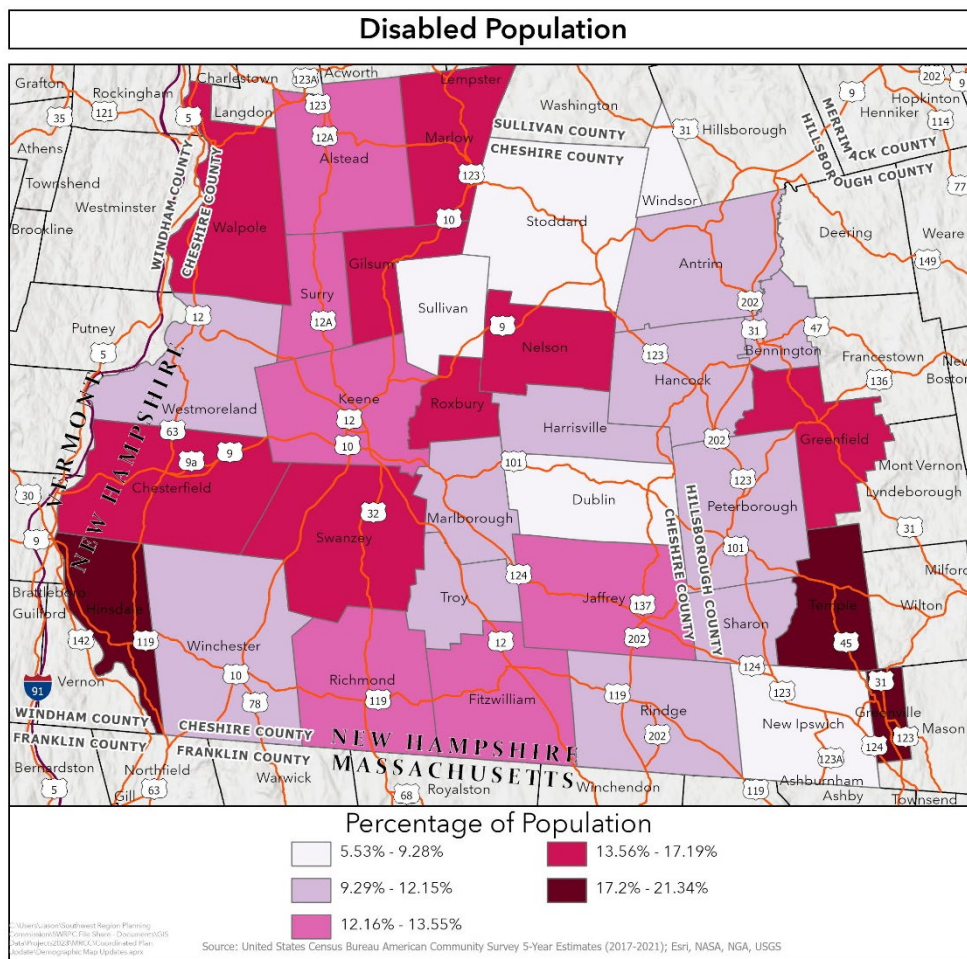
As indicated earlier, youth tend to rely on their families to get rides. Family households with single parents may be disproportionately affected if no other household members are drivers. The proportion of single parent family households in the entire region is 17%. Municipalities with very high proportions of single parent family households include Hinsdale (32.7%), Alstead (32.4%) and Greenville (27.3%),

⁷ Cheshire County's 0-14 population is estimated to shrink by about 600 children between 2010 and 2040 or about 5%.

while municipalities with the largest number of single parent family households include Keene (382), Swanzey (176), Peterborough (102) and Hinsdale (99).⁸

2.6 PEOPLE WITH DISABILITIES

There are many kinds of disabilities, and some have no impact on an individual’s ability to drive. Unfortunately, there is no data source that differentiates non-driver and drivers by disability status. However, a person reporting a disability can be an important indicator for a population that cannot drive or whose ability to drive is at risk. Municipalities with the highest proportion of people with disabilities include Greenville (21.3%), Hinsdale (20.0%), and Temple (18.5%). Municipalities with the largest estimated number of disabled people are Keene (3,112), Swanzey (1,229), Hinsdale (794), and Peterborough (745).



In the Monadnock Region, veterans have a greater propensity to have a disability than non-veterans. It is estimated that 29.2% of veterans have a disability while 14.4% of non-veterans have a disability. For the cohort of people aged 18 and over with disabilities, veterans are estimated to make up 17.4% of that group of people or an estimated 2,129 people. Municipalities with the highest estimated numbers of disabled veterans include Keene (366), Swanzey (331), Hinsdale (154) and Rindge (131).⁹

⁸ American Community Survey, 5 Year Estimates (2017-2021), Table DP02

⁹ American Community Survey, 5 Year Estimates (2017-2021), Table C21007

2.7 OTHER VULNERABILITIES: ACCESS TO HEALTHCARE

Medical transportation is the most common trip purpose for Section 5310 funded MRCC transportation providers with 2,542 trips occurring during SFY 2024. This represents 52% of all trips provided during the fiscal year. During the same year, there was a total of 590 trip denials across all providers. Most of these would have been medical transportation trips. Access to medical care is an unmet need that is more prevalent among certain populations in the Monadnock Region.¹⁰ Fifteen percent of respondents to the Healthy Monadnock Alliance 2024 Greater Monadnock Community Survey reported they could not access medical care for a sickness or illness or have a routine medical visit during the past year. This figure represents a concerning increase of 6% compared to the survey conducted in 2017, before the COVID pandemic. Ten percent of 2024 survey respondents reported they could not get to a routine exam or checkup because they lacked transportation to get there. Those with low incomes are particularly likely to say this has happened to them.

2.8 CHAPTER SUMMARY

The Monadnock Region contains a number of populations that face particularly significant transportation challenges. People living in rural areas, people with no or low access to a vehicle, seniors, children, people with disabilities, and veterans are some of the groups that are most likely to face transportation-related difficulties. These populations live in all areas of the Region, but their respective distributions exhibit patterns that are useful to consider when coordinating community transportation.

¹⁰ 2024 Greater Monadnock Community Survey, <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:ef4259bb-102b-4f9d-91a8-0ef921cc41c6>

3. PROFILE OF COMMUNITY TRANSPORTATION SERVICES IN THE REGION

Community transportation services in the Region include both public and private options that are available to respond to the mobility needs of individuals including but not limited to seniors, people with disabilities and people with lower income. Two primary forms of community transportation are available: fixed-route services and demand response services. Fixed-route services run on regular scheduled routes with fixed stops. Some fixed-route services offer paratransit services for passengers with mobility difficulties near transit routes. Demand response services provide passengers with rides from a specific location to another specific location at an agreed upon time.¹¹ These services transport passengers based on requests for needed rides.

A profile of fixed-route and demand response transportation services is provided below. Up to date detailed information about transportation services operating in the region and statewide can be found online at [Keep NH Moving](#). Information is available about each service including type of transportation offered (i.e., bus service, volunteer driver program), towns served, route schedules, hours of operation, scheduling information, fares, rider eligibility, accessibility for individuals with disabilities, and more.

Section 3.6 includes a summary of the results the [Transit Study](#), which includes an assessment of the existing community transportation system and opportunities for service improvements and expansion.

3.1 FIXED-ROUTE SERVICES

Fixed-route services are limited in the Monadnock Region. There are currently two local fixed-route bus services operating in the region, City Express and the MOOver. City Express operates in Keene and a small part of Swanzey. The MOOver operates in Hinsdale (with connections to Brattleboro, VT) and Walpole (with connections to Bellows Falls, VT).

City Express

Operated by Home Healthcare, Hospice and Community Services (HCS), **City Express** provides weekday service from 8 a.m. to 4:30 p.m. Its routes cover Keene’s downtown as well as destinations along important corridors like Court Street, Maple Avenue, Park Avenue, West Street and Winchester Street. City Express is supported by its **Para Express** on-demand service, providing complimentary paratransit services for individuals with disabilities who live within 3/4 mile of the



Home Healthcare, Hospice and Community Services run's the City Express Bus in Keene

¹¹ Microtransit is another form of community transportation that is not currently operated in the Region but was identified as a potential option during the previously referenced Transit Study. The Transit Study findings and recommendations are summarized later in this chapter and in Appendix 6.1. Microtransit, also known as “on demand transit”, is a form of public transit that features flexible routing and scheduling of vehicles.

City Express route but who are certified as having a transit disability and unable to use the fixed-route service. Fares are \$1 per trip for riders using the City Express service.

City Express ridership peaked in 2009 at over 50,000 annual passenger trips and has steadily declined since then. This peak included HCS' campus shuttle bus that was offered to Keene State College students, faculty and staff, a service that is no longer provided. Combined ridership for City Express and Para Express was 19,419 and 19,902 in 2022 and 2023 respectively.

The MOOver

Operated by Southeastern Vermont Transit (SEVT), the MOOver, based in Rockingham, VT, serves the Vermont towns along the Connecticut River Valley from Brattleboro, VT to White River Junction, VT. Since many Vermonters and Granite Staters shop, work and use services on both sides of the Connecticut River, the MOOver has several bus routes that enter New Hampshire. One local transit service, called the Bellows Falls In-town Route, connects Bellows Falls, VT with Walpole, NH on weekdays from 9:00 a.m. to 1:00 p.m. The service connects riders

with destinations in North Walpole and the Shaw's Plaza in addition to many destinations in Bellows Falls, VT. In addition, the MOOver operates the Brattleboro Blue Line service, which operates on weekdays from 6:00 a.m. to 5:44 p.m. The Brattleboro Blue Line bus service transports people as far as Hinsdale Village on NH 119, connects people with several housing and commercial destinations on NH 119, and connects to other MOOver routes in Brattleboro, VT.



The MOOver has two bus runs that enter the Monadnock Region in Walpole and Hinsdale.

Like the City Express service, the MOOver offers curb to curb paratransit services for individuals with disabilities that are unable to use the fixed route services because they have a transit disability. The MOOver is fare free for all riders.

Intercity Bus and Train Services

Intercity Bus

At the time of writing there is one intercity bus route operating in the Monadnock Region, through Greyhound Bus. The route involves two buses traveling between Springfield, MA and White River Junction, VT (one in each direction) seven days a week with intermediary stops in Bellows Falls, VT, Keene and Brattleboro, VT. Bus connections to regional and national city destinations are available in Springfield, MA and White River Junction, VT. Fares for all intercity buses fluctuate from time to time and are based on the length of the trip.

Intercity Rail

Though based outside of the region, intercity rail is available to regional residents and is available to address community needs for long-distance transportation. The Amtrak Vermonter operates daily between St. Albans, VT and Washington, DC with both northbound and southbound trains. Amtrak stops are available just outside of the Monadnock Region in Bellows Falls and Brattleboro, Vermont. The other major nearby rail service is the Massachusetts Bay Transit Authority's commuter rail service linking

Fitchburg, MA to Boston, MA. Fitchburg is about a 25-minute drive from New Ipswich. Like the intercity bus routes, fares are based on trip distance.

3.2 DEMAND RESPONSE SERVICES

There are several agencies and companies that provide demand response transportation services in the Monadnock Region. For demand response services, sometimes called "dial-a-ride", individual passengers contact an agency and request transportation from a specific location to another specific location at a certain time. These services do not follow a fixed route or run on a pre-defined schedule, but instead provide curb-to-curb, and occasionally door-to-door service using passenger vehicles or vans. These services usually, but not always, require reservations in advance. Examples of demand response services operating in the Monadnock Region include volunteer driver programs, human services transportation and medical transportation.

Volunteer Driver Programs

Given the Region's rurality, most transportation services available to residents are Volunteer Driver Program (VDP) services, rather than transit or shuttle services. Ridership data shows that VDPs serve as the backbone of the Region's community transportation system. Historically, the number of rides provided by VDP services is significantly higher than on-demand transit and shuttle rides. During the State fiscal year ending June 30, 2023, Community Volunteer Transportation Company and Keene Senior Center volunteer drivers provided a combined total of 7,375 trips, representing 57.5% of all trips provided by FTA Section 5310 and NH Department of Health and Human Services funded transportation providers. In addition to providing more trips, VDP services are available to all 33 communities in the Monadnock Region, whereas transit and shuttle services operate primarily in the City of Keene. While older adults and people with disabilities are the most common users of VDP services, some VDPs serve all types of riders.

There are three VDPs that service the Monadnock Region. All three programs provide rides during weekdays and require advance notice.

Community Volunteer Transportation Company



The Community Volunteer Transportation Company serves all 33 communities in the Monadnock Region

Community Volunteer Transportation Company (CVTC) provides "no-fee" transportation services across the entire Region. Services are available to the general public, although 98% of rides are provided to seniors and people with disabilities. Trip purposes include non-emergency medical, social service appointments, and trips to the grocery store and pharmacy. As the largest VDP in the Region, serving all 33 of the region's municipalities, CVTC provided 61% of the total 27,531 rides provided by all FTA Section 5310 providers in the region during the four-year period July 1, 2019 to June 30, 2023.

Riders use CVTC for a variety of reasons. The results of a 2021 Drivers and Riders survey conducted by CVTC indicated that the majority of riders use CVTC due to short-term and long-term health related reasons. Fifty-four percent of riders are unable to drive due to health condition, 31% due to short-term limiting circumstance, 24% due to ability, 22% due to age, and 12% due to economic situation.

Keene Senior Center: Cheshire Village at Home

Keene Senior Center (KSC) provides rides within western Cheshire County for members of Cheshire Village at Home (CVAH), a program of KSC. CVAH is a membership organization providing seniors a single point of access to a network of trained volunteers to help with needs which often cause older adults to leave their homes for a more restrictive residential setting such as a nursing home or assisted living facility. More specifically, CVAH offers older adults who wish to remain independent and socially connected to the community and “age in place” (in their own homes) when operating a vehicle and/or household chores become difficult. The VDP is operated by CVAH and provides transportation for CVAH members for medical appointments, grocery shopping, social visits, and other purposes.

Future in Sight

Future in Sight (FIS), a statewide organization based in Concord, New Hampshire, provides essential services and support for approximately 1,000 blind and visually impaired children, youth, adults, and elderly persons annually. FIS matches former and current clients in New Hampshire to qualified volunteer drivers for transportation to the grocery store, medical appointments, agency programs, and other important appointments. FIS provides rides anywhere in the Monadnock Region for its clients. Most rides are provided for older adults. Due to the limited availability of volunteer drivers, preference is given to riders who are seeking transportation to medical appointments, grocery shopping or peer support groups.

Senior Transportation

Some demand response transportation operating in the area specifically targets seniors. Both services listed below require 24-hour advanced notice.

The Friendly Bus

Operated by HCS, The Friendly Bus provides rides for people aged 60 and over to get groceries, visit friends, attend medical appointments, have lunch at the Friendly Meals sites – or any activity in the City of Keene. The service operates during weekdays from 8 a.m. and 4 p.m. No fare is required, but donations are accepted.



In addition to operating the City Express, HCS operates the Friendly Bus in Keene.

Human Services Transportation

Human service agency transportation is defined here as human service agencies that primarily provide transportation services to individuals enrolled in their programs. The services are often provided either free of charge or through reimbursements from federal and state programs. There are several known human service agency transportation providers that serve the Region. All services require advanced notice to schedule rides and services are typically provided during business hours on weekdays.

Monadnock Adult Care Center

Monadnock Adult Care Center (MACC) provides rides to and from its location in Jaffrey whenever possible to persons enrolled in MACC programs. Transportation for trips, outings, and community activities is also available.

Monadnock Area Peer Support Agency

Monadnock Area Peer Support Agency serves Cheshire County and Peterborough and provides transportation to and from its location in Keene to persons enrolled in its programs.

Monadnock Developmental Services

Serving Cheshire County, Monadnock Developmental Services provides transportation to and from its locations in Keene and Peterborough for persons enrolled in its programs.

Monadnock RSVP

Serving the Monadnock Region, Monadnock RSVP provides transportation to medical appointments and/or grocery shopping for persons enrolled in its programs.

Medical Transportation

Medical transportation providers tend to be organizations or companies that provide non-emergency medical transportation or emergency medical transportation services. The types of medical transportation providers offer can range from wheelchair transport services, which have vehicles with specialized lifts to take patients to and from doctor's appointments, medical treatments, and therapy appointments to ambulance transportation for emergency and non-emergency situations. Like human service transportation agencies, advance notice is required and varies from provider to provider.

HCS Medical Transportation

HCS Medical Transportation provides round trip medical transportation from Keene to the Veterans Administration Medical Center at White River Junction, VT and Dartmouth-Hitchcock Medical Center in Lebanon, NH. Priority is given to those over age 60, veterans, and individuals with disabilities. Rides for priority groups will be scheduled on a first come, first serve basis. Others with a medical appointment may ride on a space available basis.



*HCS Medical Transportation Vehicle at
Dartmouth-Hitchcock Medical Center.*

Jaffrey Rindge Memorial Ambulance Service

Serving the Monadnock Region, Jaffrey Rindge Memorial Ambulance Service provides non-emergency medical trips and is available as needed. A fare is required, and Medicaid is accepted.

SMARTRide LLC

SMARTRide LLC provides non-emergency medical transportation for persons who are traveling to and from hospitals, health care centers, and medical offices in the Monadnock Region.

In addition to these medical transportation providers, rides to nonemergency medical rides are also offered by the CVTC, HCS, and the Southern NH Services Greenville Falls Van. Although these companies offer more than medical transportation (such as transportation to social service appointments, shopping, job training/education and other basic needs trips), medical related trips are a significant proportion of the trips that they make. All of these providers operate on weekdays typically during normal business hours and require advanced notice.

3.3 MEDICAID FEE FOR SERVICE

As discussed in Chapter 1, rides paid for with Medicaid and administered by the New Hampshire Department of Health and Human Services (NHDHHS) are not part of the State’s Coordinated Transportation System but nevertheless represent a significant proportion of medical rides occurring in the region. In New Hampshire, there are currently three Medicaid Plan choices offered through New Hampshire Healthy Families, AmeriHealth Caritas New Hampshire, and Well Sense. Medicaid subscribers contact their health plan representative to arrange Medicaid rides. Eligible trips include non-emergency medical appointments and trips to the pharmacy. Rides are available on weekdays between 8 a.m. and 6 p.m. except for holidays and require advance notice. Coordinated Transportation Solutions, the broker working on behalf of NHDHHS, reported that 692,949 trips were provided statewide in SFY 2024. In the Monadnock Region, 56,640 of these trips were provided.

3.4 PRIVATE FOR HIRE TRANSPORTATION

In addition to the human service, medical and senior transportation providers, there are several private for hire companies that provide community transportation services. Some of the entities have gotten involved in providing medical trips through the Medicaid program such as Adventure Limousine & Transportation. Companies that provide local and long-distance rides for hire include companies like Adventure Limousine & Transportation, S & S Taxi, Sunshine Taxi, Thomas Transportation and Tony’s Taxi.

3.5 THE FTA 5310 PURCHASE OF SERVICE PROGRAM IN THE MONADNOCK REGION

The FTA’s Section 5310 Purchase of Service Program, a federal program that provides subsidies toward local and regional transportation services for seniors and people with disabilities, is a current focus of the MRCC. Although the MRCC includes members and affiliates that are involved in community transportation services that extend beyond Section 5310 purchase of service trips, the Section 5310 Program is currently the only form of transportation for which the MRCC is charged with making decisions about service delivery.

Purchase of Service (POS) is a term that describes the acquisition of transportation services under a contract, lease, or other arrangement. In the Monadnock Region, Cheshire County has served as the lead agency representing the MRCC since the program’s inception in July 2011 by “purchasing” rides for area seniors and people with disabilities. Through SFY 2024, the MRCC-managed program provided 97,313 rides.

Section 5310 Purchase of Service Trends, SFY 2012 thru 2024

State Fiscal Year	Ambulatory Trips	Accessible Trips	Total
2012	4,752	101	4,853
2013	5,878	74	5,952
2014	6,521	123	6,644
2015	7,456	95	7,551
2016	5,633	32	5,665
2017	6,695	29	6,724
2018	8,249	109	8,358
2019	7,187	105	7,292
2020	6,193	126	6,319
2021	6,228	172	6,400
2022	6,363	136	6,499
2023	12,663	236	12,899
2024	11,801	356	12,157
Totals	79,321	1,249	97,313

3.6 TRANSIT STUDY AND “NEXT GENERATION” TRANSIT PROJECT

Completed in 2022, the *Microtransit Feasibility and Fixed Route Service Plan Design Assistance Study* (Transit Study) was conducted on behalf of SWRPC, in partnership with HCS and the MRCC. The purpose was to examine opportunities to improve community transportation services in the Monadnock Region. Based on guidance from stakeholders and the public, the Transit Study focused on Keene and surrounding towns, the eastern Monadnock Region, and high need areas such as the Town of Winchester. Key activities of the Transit Study included:

1. An assessment of the existing fixed-route transit system in Keene and shared ride services regionwide;
2. An assessment of the feasibility of operating microtransit as a replacement and/or complement for the City Express service; and
3. An assessment of the feasibility of expanding transit services beyond the current City Express service area.

The results of these activities confirm there are few public transit or shared ride transportation options available outside of Keene for those without access to a private vehicle. Further, recent MRCC data indicates ridership demand is increasing across all services throughout the Monadnock Region.

In addition to examining transit services, the Transit Study includes an existing conditions analysis of other community transportation services operated in the Region. The Transit Study identified several transit service alternatives with cost estimates and ridership forecasts for each. Also included are recommendations to support the implementation of one or more of the alternatives in the future.

Existing Transit and Shared Ride Transportation Services Analysis

The HCS operated City Express fixed-route bus service currently has two circulator routes that run once per hour in opposite directions. Both routes operate only on weekdays and complete eight circuits per day. Monthly ridership for the City Express averages about 1,500 boardings. Hourly boarding data indicates that the service is used for general trips throughout the day, rather than commuting during traditional business hours.¹² Both routes have slight peaks in the mid-morning between 9:00 a.m. and 10:00 a.m. There is also a minor afternoon peak on both routes around 1:00 p.m. The most popular boardings include the Keene Transportation Center, West St. Plaza, Riverside Plaza, YMCA, and Cheshire Medical Center.

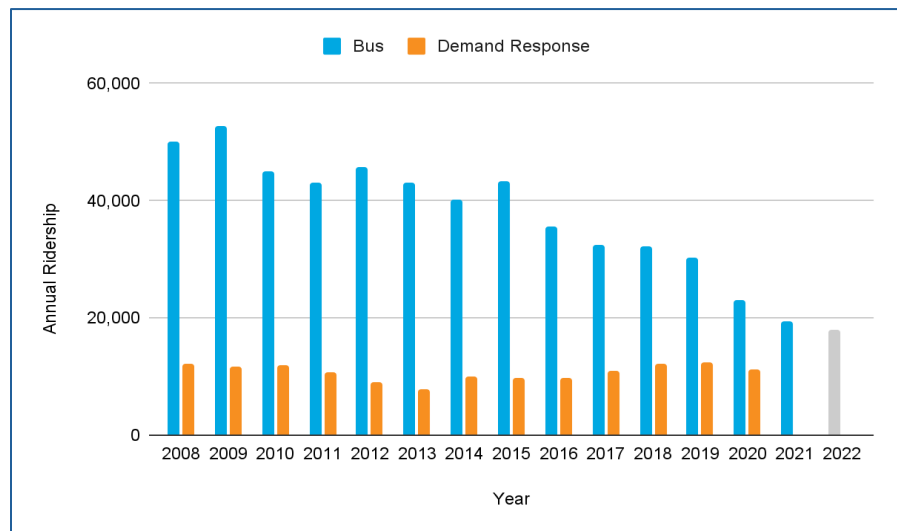
The Red Route has higher ridership and productivity than the Black Route.

While the Black Route provides access to a similar number of residents as the Red Route, it is within a half mile of more jobs.

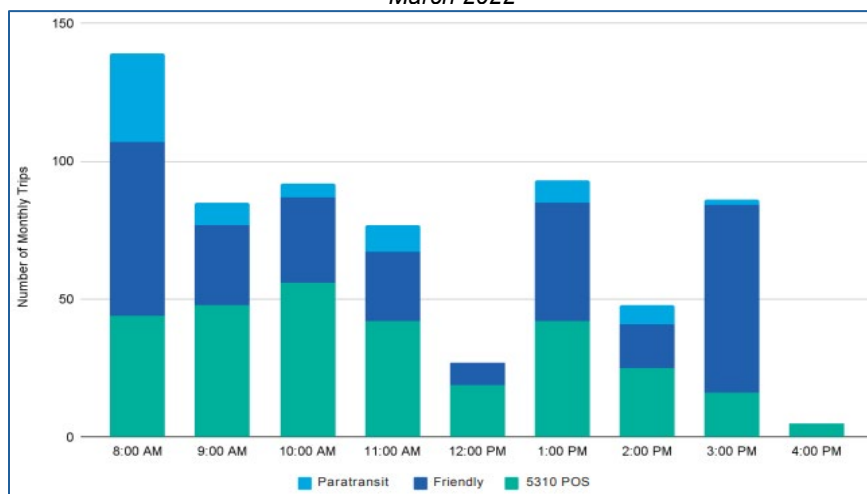
As previously indicated, City Express ridership peaked in 2009 at over 50,000 annual passenger trips. This peak included ridership from the HCS Campus Shuttle Bus which was offered to Keene State

College students, faculty, and staff. The campus shuttle ceased operations in 2020 just prior to the COVID pandemic. The City Express has seen steadily declining trip numbers since 2009.

Annual Ridership for HCS Transportation Services



Time of Day and Monthly Ridership data for Demand Response Service March 2022



Requests by time of day vary between programs. The Para Express, which has the fewest trips, peaks in

The Section 5311 funded HCS operated Friendly Bus, Para Express and Shopping Shuttle demand response services average over 550 rides per month combined.¹³ More than half of these are Friendly Bus trips, about a third are funded through FTA's Section 5310 program for seniors and people with disabilities, and another 13% are paratransit trips. Across all programs, about 8% of riders use wheelchairs.

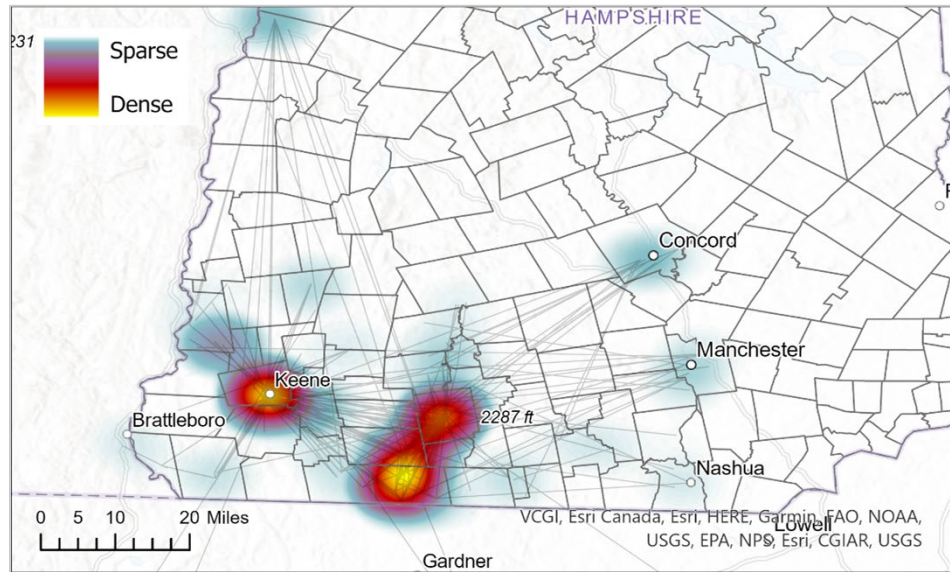
¹² The Transit Study ridership data for fixed-route service refers to the period from July 2021 to February 2022.

¹³ The Transit Study ridership data for demand-response services is from January to April 2022.

the early morning at 8:00 a.m. and has no rides between 11:00 a.m. and 1:00 p.m. Both the Section 5310 funded trips and the Friendly Bus had fluctuations throughout the day with no clear patterns. Section 5310 funded trips had the most requests at 10:00 a.m. and 1:00 p.m. Friendly Bus trips peaked in the mornings at 8:00 a.m. and in the afternoons at 5:00 p.m. When looking at all three programs, most trips are in the morning at 8:00 a.m. and the fewest trips around noon.

Recent data indicates that volunteer driver programs provide a significant number of rides and help to fill gaps in the vast areas of the Monadnock Region that are unserved by public transit. Only three of the Region’s 33 communities (not including the City Express’ service to the Swanze Market Basket just beyond Keene’s city limits) are served by transit. MRCC data collected during SFY 2024 after the Transit Study was completed, shows that CVTC, the Region’s largest VDP, provided an average of 21 daily rides, which equates to about 450 monthly rides. The number of monthly rides provided by CVTC is slightly less than the number of rides provided by all HCS demand response services combined in

the City of Keene. Popular ride destinations for CVTC trips include the Monadnock Dialysis Center, Monadnock Community Hospital, Cheshire Medical Center, and several local shopping centers. CVTC’s top two trip purposes during SFY 2024 were medical (65.6% of trips) and shopping/food (25.8% of trips). Ninety-nine percent of requested rides were by individuals over 60 years of age or by those with a disability.



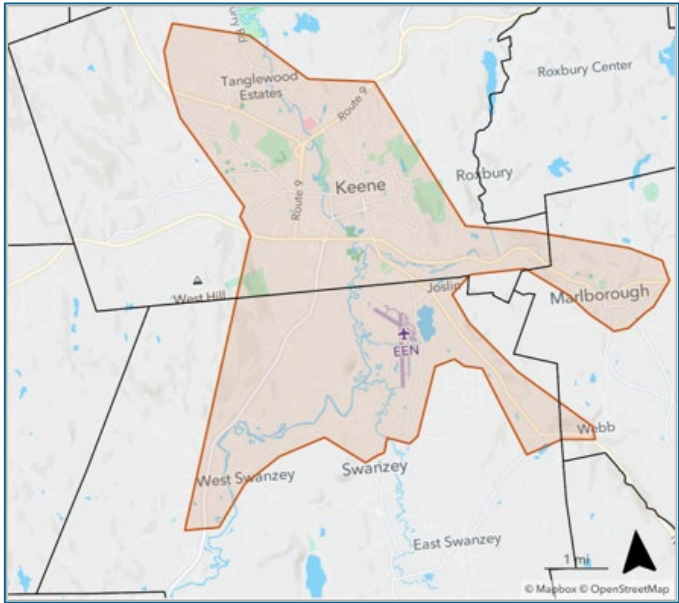
Heat map of completed volunteer driver trips and origin-destination links (2021).

the City of Keene. Popular ride destinations for CVTC trips include the Monadnock Dialysis Center, Monadnock Community Hospital, Cheshire Medical Center, and several local shopping centers. CVTC’s top two trip purposes during SFY 2024 were medical (65.6% of trips) and shopping/food (25.8% of trips). Ninety-nine percent of requested rides were by individuals over 60 years of age or by those with a disability.

Although CVTC serves the entire Monadnock Region, CVTC is challenged to meet ridership demand. The primary reason for unmet need trips is driver unavailability. Limited volunteer driver capacity has restricted CVTC’s ability to accommodate ridership demand which is increasing due in part to the Region’s accelerating aging population and subsequent increase in individuals who are no longer able to drive. During the period 2022 to 2024, CVTC dedicated an employee specifically to conduct a rider and driver recruitment campaign. The campaign resulted in new rider enrollments significantly outpacing new driver enrollments. During SFY 2024, CVTC denied 1,035 trips out of 6,438 trips requested, representing a 16% unmet need ride rate. The rate of trip denials increased significantly during the first three months of SFY 2025. During the three-month period August to October, 2024, CVTC reported 327 trip denials out of 1,616 trips requested, representing a 25.4% unmet need ride rate. Driver unavailability was the reason for 97.5% of trip denials.

A “Next Generation” Transit System for the Monadnock Region

The Transit Study produced a roadmap to expand much needed public transit services to more areas and people in the Monadnock Region. It also prompted the MRCC and regional partners to launch the “Next Generation” Transit System project. The project, which is ongoing at the time of this writing, aims to expand services through a three-phased approach. Phase one would include expansion of services in the Greater Keene area.

Phase I: Greater Keene On-Demand Microtransit Service Profile			
Service Area: Serves key population centers and destinations within and surrounding Keene, including Swanzey and Marlborough. This service is modeled to operate from 7 a.m. to 6 p.m. on weekdays and 9 a.m. to 4 p.m. on weekends.			
Demand Hot Spots: Keene downtown/ Keene Transportation Center, Market Basket, Keene State College, West St. Plaza, Cheshire Medical Center, West Swanzey, Swanzey Town Hall, Marlborough Town Center			
	Demographic and Socioeconomic Patterns		
	Population	23,900	
	Jobs	16,800	
	Zero-vehicle households	10%	
	Households in poverty	14%	
	Older adults 65+	17%	
	Young adults, 18-29 (Note Keene State College’s 2023 enrollment: 2,697)	32%	
People with disabilities	15%		
Transit Study Simulation Results			
Demand Scenario	Low	Medium	High
Ridership Estimates (trips/weekday)	250	280	310
Ridership Estimates (trips/year)	79,000	89,000	99,000

It is recommended that transit improvements be implemented initially in the Greater Keene area for several reasons. First, this area has the highest concentration of population and jobs, resulting in the greatest impact and reach. In addition, the Keene-based alternatives represent the lowest cost per trip, providing the greatest value for the money. Finally, since transit services are already in operation in this area, operated by HCS, this alternative is likely the quickest and easiest to implement.

The expanded Greater Keene services are projected to:

- Increase ridership from approximately 2,000 passenger trips/per month to 8,200,
- Provide transit access to 70% more people and 46% more jobs,
- Provide more convenient ride booking (10-25 minutes before travel),
- Provide more direct and faster rides between origin and destination, and
- Services will be designed to better serve existing riders, including seniors and individuals with disabilities, and be more attractive to “choice riders”, including commuters and those who desire to have the option to use public transportation instead of their personal vehicles.

To expand ridership, the Transit Study recommends adding microtransit to the mix of available public transportation services, both in Greater Keene and other parts of the Region. While fixed-route service is an effective option for population dense urbanized areas with adequate pedestrian infrastructure and key destinations that are easily connected to one another, it is not suitable to effectively serve less dense rural areas.

Depending on the success of phase one, stakeholder interest, and funding availability, services could be expanded next to Winchester and the East Monadnock area, followed by implementing other regional services.



Essential to implementing expanded transit services is the identification of a managing entity that will be responsible for operating the services. Currently, HCS is the only locally based public transit service in the Region with a focus on service in Keene. Managing a new Greater Keene transit system and one that ultimately stretches to other areas of the Region may not be the best fit for HCS operationally or be in alignment with its mission. Whether HCS continues to operate its current transit services, or opts to expand, restrict or stop providing services, it is anticipated another entity will be needed to manage any expansion of services as envisioned in the Transit Study.

The new entity could be a County transit system, nonprofit transit system (new dedicated organization or existing organization), specially designated entity, or established through a joint powers agreement. To build a foundation for success, the transit system would be designed to optimize functionality, sustainability and other desirable goals for the purpose of supporting a more innovative, coordinated and resilient transportation system for Greater Keene and other parts of the Monadnock Region. The “Next Generation” project offers a pathway forward to developing a more robust transit system that improves the lives of seniors, individuals with disabilities and low-income populations in need of transit as well as “choice riders” seeking alternatives to the single-occupant vehicle.

3.7 CHAPTER SUMMARY

“Community transportation” aims to serve people facing particularly significant transportation challenges. Groups that rely on community transportation include, but are not limited to, seniors, people with disabilities, and people with low-income. A variety of community transportation services exist in the Region, including both “fixed-route” and “demand response” services. Fixed-route services include buses

and trains that run on a predetermined schedule and route. Demand response services, on the other hand, operate on a by-appointment basis. In the Monadnock Region, demand response services include vans and buses carrying clients to or from human service providers; ambulances and other vehicles providing non-emergency transportation to medical services; and buses and shuttles that provide seniors with free or low-cost transportation. The FTA Section 5310 Purchase of Service (POS) Program is a key federal program that supports community transportation across the nation, including the Monadnock Region. Through SFY 2023, the MRCC-managed POS program has provided 80,570 rides. A Transit Study published in 2022 produced a roadmap to expand much needed public transit services to more areas and people in the Monadnock Region. The Transit Study led to the launch of the “Next Generation” Transit System project which aims to expand services through a three-phased approach.

4. COMMUNITY TRANSPORTATION FUNDING

Substantial funding resources are needed to both sustain the gains the MRCC has made over the past five years with expanding mobility management and community transportation services and to implement new alternatives as defined in the Transit Study. Funding to implement community transportation coordination and service in the Region will be essential to ensure a functional community transportation system. Coordination and delivery of services requires significant commitments and contributions from funders and partners. Sources of funding can come from federal, state, local and private sources. A number of funding sources are summarized in this chapter.

4.1 INTRODUCTION TO FUNDING

In the community transportation world, funding is typically directed to five types of activities: planning, capital acquisition, mobility management services, operating costs, and technical assistance. Planning funds are sometimes available to study needs or form strategic plans that address community transportation needs. In the Monadnock Region, community transportation planning funds have been used to update several versions of the Monadnock Coordinated Community Transportation Plan, as well as studies assessing community transportation needs and solutions for the Region. Capital costs refer to community transportation equipment and asset needs such as vehicles, buses, radios and communication equipment, hardware and software, and transit related intelligent transportation systems. One FTA program that is currently used to support coordinated transportation in New Hampshire, the Section 5310 program, also considers purchasing transportation services from other transportation providers, as well as mobility management as other forms of “capital” costs. Operating costs are often salary costs of individuals either managing, providing dispatch or driving community transportation vehicles. Some technical assistance funds are also available to train people working in the community transportation field.

Community transportation in New Hampshire is funded with a combination of federal, county, local, private, and (to a limited degree) State dollars, with federal funding being the predominant source. Federal funding for public transportation expanded significantly under the 2021 Bipartisan Infrastructure Law (IIJA). These much needed emergency funds were essential to continuing community transportation operations during the worst impacts of the COVID pandemic. However, the funds are expected to be exhausted by SFY 2026.

In much of the country, state legislatures provide a large portion of the non-federal match. New Hampshire historically has dedicated little funding to public transit and made no contributions during the decade 2010 to 2020. The State contributed minimally during the SFY 2020-2021 biennium, allocating \$200,000 per year which was split among all transit agencies statewide – enough to support 3-4 days of service. Nationally, in 2020, the median per capita state investment in public transportation was \$5.94. In comparison, New Hampshire invested \$0.59. This put New Hampshire at approximately one fortieth of the median per capita state investment in transit nationally; and by far the lowest of the New England States – approximately one twentieth of what Maine or one seventieth of what Vermont invests as small, largely rural peer states.

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

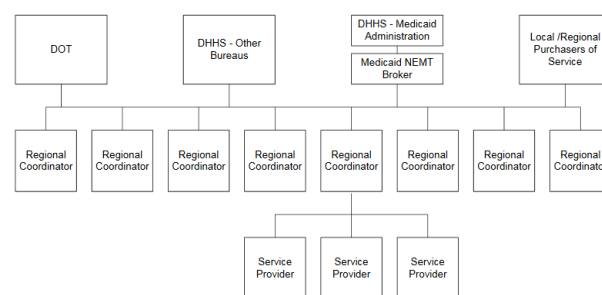
Responding to years of input through the Ten-Year Transportation Plan process, as well as decades of local and regional studies on unmet transportation needs for seniors and others, New Hampshire budgeted \$1.7 million for the SFY 2024-2025 for public transit operating assistance. With this increase, New Hampshire remains at the lowest per capita funding level in New England

A common feature of federal funding programs is that they require non-federal (local, state, or private) matching funds. Without state matching funds, securing adequate match funding is a challenge for transit systems in New Hampshire. Municipal and charitable giving contributions are the predominant sources of non-federal funding that HCS, CVTC and other area provider agencies rely on to match FTA funds and other federal funding streams. Maintaining local and charitable match contributions and growing them to keep pace with increasing costs of providing service is an ongoing challenge.

The original model for transit coordination in the Monadnock Region and statewide included an assumption that the New Hampshire Department of Health and Human Services (NHDHHS) 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.

However, NHDHHS pursued a different model for Medicaid Managed Care where all Medicaid NEMT is now coordinated through two separate transportation manager organizations. These include Medical Transportation Management (MTM) serving as the transportation broker for WellSense Health Plan and AmeriHealth Caritas New Hampshire; and Coordinated Transportation Solutions (CTS) serving as the transportation broker for NH Healthy Families. Many human service transportation providers as well as public transit agencies and for-profit providers are now participating as Medicaid NEMT providers, though the statewide Medicaid transportation managers are not integrated with any of the state coordination efforts of the SCC or the regional coordination efforts of the MRCC.

Figure 2-2 Contractual/Operational Relationships



A figure from the 2006 Governor’s Task Force for Community Transportation Study. The envisioned coordinated model included NHDHHS participation, but this model did not materialize.

Some of the funding programs listed below are a more likely source of funding for community transportation than others. Some funds, for example, are eligible for a variety of purposes leading to a situation in which community transportation competes with other federal, state, municipal or private sector priorities.

4.2 UNITED STATES DEPARTMENT OF TRANSPORTATION FUNDING

For the following United States Department of Transportation funding sources, NHDOT administers all of the funds on behalf of New Hampshire. Most of the programs listed below are administered through the NHDOT Bureau of Rail and Transit.

FTA Statewide Planning and Research Program (Section 5305(e))

The Federal Transit Administration's (FTA's) Section 5305(e) Statewide Planning and Research Program is funding that can be used to conduct planning and technical studies of public transportation systems. Examples include feasibility studies for projected system expansions or new transit systems. Priority is given to required plans (such as Coordinated Plans), projects that address FTA planning emphasis areas, and projects that either assess existing service or research how to improve transit connectivity. At the time of writing, the Bureau of Rail and Transit has been opening up this grant opportunity every two years. A twenty-percent local match is required. An estimated \$350,000 was available for SFY 2024 through SFY 2025 statewide.

SWRPC has taken advantage of this funding source several times to update the Monadnock Coordinated Plan. In addition, funds were used to conduct the Transit Study referenced earlier in this document. SWRPC also secured a second Section 5305(e) grant to identify a transit operating model for expanding transit services zones and corridors where transit is most likely to succeed in the Region.

FTA Enhanced Mobility of Seniors and People with Disabilities Program (Section 5310)

As its name implies, the Section 5310 Enhanced Mobility of Seniors and People with Disabilities Program is funding to improve the mobility of seniors and people with disabilities. Funding for the FTA 5310 Regional Coordinating Council (RCC) Program is distributed as formula funds through a lead agency. Eligible projects include contracted services and mobility management. Program funds are available on an 80% federal/20% non-federal matching basis given FTA's concurrence that the NHDOT is in effect purchasing transportation services from each region. Unlike other forms of funding, Section 5310 funding recipients have the requirement of being involved in the RCCs. Requests for funding must correlate with needs, strategies and/or projects identified in the regional Coordinated Plan.

Formula funds are allocated by region based on previous contract amounts and regional populations of seniors (65+) and those between the ages of 0-64 with disabilities, using U. S. Census American Community Survey 5-year estimates data. The total funding available during SFY 2024 and 2025 funding round for regional distribution statewide was \$4,815,600, with \$490,600 allocated for Region 5, the coverage area for the MRCC. The regionally allocated funds are comprised of apportioned FTA Section 5310 funds as well as Federal Highway Administration (FHWA) "Flex" funds transferred to FTA to supplement Section 5310 related service statewide.

Cheshire County has served as a lead agency on behalf of the MRCC since the beginning of the program. Currently, Cheshire County subgrants out mobility management services to SWRPC, and subgrants transportation services to HCS, CVTC and Keene Senior Center (KSC) to provide rides for area seniors and people with disabilities. A portion of the Section 5310 budget is allocated to address any rides that

the providers cannot currently accommodate (unmet need rides) through taxi companies and companies with accessible vehicles.

The FTA 5310 Enhanced Mobility of Seniors and Individual with Disabilities Capital (Vehicle & Equipment) Program provides funding for accessible vehicles and other capital purchases (e.g., radio systems, fare boxes, bus maintenance equipment, software, etc.). Section 5310 capital funding must be used for the express purpose of improving mobility for seniors and people with disabilities. Capital grants for vehicles emphasize replacement of vehicles at the end of their useful life to sustain existing service and prioritizes replacement vehicles based on their age and mileage. Eligible recipients include private non-profit organizations, local governmental authority that is either approved to coordinate services for seniors and individuals with disabilities or that certifies there are no non-profit organizations available in the area to provide the service, and private operators of public transportation, including shared-ride taxi services. Capital funding made available for rural areas in 2024 was \$472,872, which included carryover funds of \$150,872 from the previous year. A 20% local/state match is required for this funding.

Both HCS and the Monadnock Adult Care Center (MACC) have recently benefitted from the Section 5310 capital program. HCS purchased a replacement vehicle which is used primarily to provide non-emergency medical transportation to the VA Medical Center in White River Junction, VT and Dartmouth Hitchcock Medical Center in Lebanon, NH. The MACC, which is run by Monadnock Family Services, purchased a vehicle to drive seniors and people with disabilities to local shopping destinations.

FTA Rural Area Formula Program (Section 5311)

Another important community transportation operating fund is the Section 5311 program. This program aims to provide rural community transportation service to the general public and the grant can cover operating costs, administrative costs, job access and reverse commute projects, and the acquisition of public transportation services for populations under 50,000. Although federal funds can be used for capital costs, NHDOT has made the decision that no capital funds are available in the New Hampshire administered Section 5311 program. Instead, Section 5339 Program funds are available for rural capital transit costs. Examples of services that are supported with this funding include fixed route with Americans with Disabilities Act (ADA) paratransit, route deviation, and demand responsive services. Given the rural nature of New Hampshire, the Section 5311 program is very popular. Funding is available every two years. The SFY 2018 and 2019 grant amount available was \$11,400,000. A 50% local/state match is required for this funding.

Currently, the only entities in the Monadnock Region receiving Section 5311 funding are HCS and The MOOver!, who use the funds to operate the City Express in Keene, and the Blue Line in Hinsdale, respectively.

FTA Intercity Bus Program (Section 5311f)

Section 5311f refers is a program that funds operating expenses, administrative costs, and capital projects/equipment for rural intercity bus service. Intercity bus service is defined as regularly scheduled bus service for the general public that operates with limited stops over fixed routes connecting two or more urban areas not in close proximity, that has the capacity for transporting baggage carried by passengers, and that makes meaningful connections with scheduled intercity bus service to more distant points, if such service is available.

The one current intercity bus route operating through the Monadnock Region by Greyhound Buslines does not use New Hampshire 5311(f) funding, but the route is subsidized in part by the Vermont Agency of Transportation.

FTA Bus and Bus Facilities Program (Section 5339)

The Federal Transit Administration (FTA) Section 5339 (Bus and Bus Facilities Program) is a formula program that provides funding for capital projects to replace, rehabilitate, and purchase buses and bus-related equipment, and to construct bus-related facilities. This program was established under Moving Ahead for Progress in the 21st Century (MAP21) and reauthorized under the Bipartisan Infrastructure Law (BIL) – also known as the Infrastructure Investment and Jobs Act (IIJA), replacing the previous Section 5309 discretionary program established under the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). Typical projects supported by this program include the acquisition of buses for fleet and service expansion, the acquisition of replacement vehicles, bus rebuilds, passenger amenities such as passenger shelters and bus stop signs, bicycle facilities, bicycle racks and accessory and miscellaneous equipment such as mobile radio units, supervisory vehicles, fare boxes, computers, shop and garage equipment or intelligent transportation systems (ITS).

Eligible subrecipients include public agencies or private nonprofit organizations engaged in public transportation, including those providing services open to a segment of the general public, as defined by age, disability, or low income. Available Statewide funds for SFY 2024 Project Solicitation was \$5,091,896. Statewide funds are primarily for rural areas not covered by Small and Large Urban area apportionments.

HCS has recently taken advantage of the Section 5339 program to purchase two small cutaway replacement buses for its VNA program.

Federal Highway Administration (FHWA) Surface Transportation Block Grant Program

The Surface Transportation Block Program (STBG) provides flexible funding that may be used by States and localities for projects to preserve and improve the conditions and performance on any federal-aid highway, bridge and tunnel projects on any public road, pedestrian and bicycle infrastructure, and transit capital projects, including intercity bus terminals. Formerly known as the Surface Transportation Program, the project is predominantly used for highway construction purposes. However, for several years NHDOT has elected to “flex” STBG funds annually from the fund to support the statewide Section 5310 Program described earlier. Twenty percent of any capital project must be matched with non-federal funds. Since NHDOT began flexing the block grant funds to the RCCs, Monadnock Region 5 Section 5310 Providers HCS, CVTC, KSC have provided rides using these funds.

Congestion Mitigation and Air Quality Program (CMAQ)

The Congestion Mitigation and Air Quality (CMAQ) Program, as its name implies, is intended to address congestion and air quality issues. Eligible projects include transit vehicle acquisitions, construction of new facilities or improvements to facilities that increase transit capacity, and transit operating assistance for new services or the incremental cost of expanded services. In addition, the program funds alternative fuel projects such as refueling or charging facilities, highway and intersection projects that improve traffic flow, projects that implement Intelligent Transportation Systems (ITS) technology, transportation-focused (non-recreational) bicycle transportation and pedestrian improvements that provide a reduction in single-occupant vehicle travel, and rail network improvements. For the SFY 2024 and 2025 round of the

CMAQ program, \$30 million was made available. A minimum twenty percent match is required in order to access the federal funds.

To date no transit-related CMAQ projects have ever been funded in the Monadnock Region.

Rural Transit Assistance Program (RTAP)

The Rural Transit Assistance Program (RTAP) is an FTA program dedicated to creating public and rural transit solutions in America through technical assistance, partner collaboration, free training and other transit industry products. This is an excellent resource to all regional coordinating councils as it has the potential to provide the MRCC and its rural transit provider partners customized training and resources.

4.3 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FUNDING

There are estimated to be at least 130 different federal programs that are associated with the provision of transportation. Many of these federal programs, apart from traditional transit programs, aim to address the transportation needs of the population served by the specific program, rather than the general public. In some cases, program funds can be used for general access or to expand overall service in a coordinated system. Of the programs most aligned with the needs of the transit dependent population, many are administered by the U. S. Department of Health and Human Services. The Medicaid program accounts for the largest share of NH Department of Health and Human Services (NHDHHS) transportation expenditures, though, as described earlier, this program is now coordinated under a separate statewide broker that is not tied in with regional coordination efforts at this time.

Medicaid

Medicaid is the federal health plan that covers eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. New Hampshire Medicaid subscribers are eligible for transportation services through the Medicaid Non-Emergency Medical Transportation (NEMT) Program. Through this program, subscribers have two options for getting rides to medical appointments, pharmacies and other eligible medically-related trip purposes. The Friends and Family Mileage Reimbursement Program, as its name implies, is a program that reimburses friends or family members for mileage between residences and Medicaid-covered healthcare services. In addition, Medicaid recipients who do not have a vehicle or a friend/family member who can drive may request a ride from a broker who will arrange the ride using public transportation, a transportation service, a wheelchair van or non-emergency ambulance service. The current brokers are Medical Transportation Management (MTM) and Coordinated Transportation Solutions (CTS). There were 56,640 trips provided for Medicaid recipients in the Monadnock Region during SFY 2024.

Although the Medicaid Program does not have a strong coordination relationship with the SCC or RCCs, it provides significant relief to the coordinated system by covering medically-related ride demand throughout the State. In addition, the Program affects how agencies participating in the MRCC do business. Transportation providers in the Monadnock Region are required to determine if a person is eligible for Medicaid transportation before scheduling rides using other funding.

Temporary Assistance for Needy Families (TANF)

Low-income families, which may be eligible for Medicaid transportation, may also be eligible for the federal Temporary Assistance for Needy Families (TANF) Program, which is called the Financial Assistance for Needy Families (FANF) program in New Hampshire. TANF assistance is time-limited

and intended to promote work, responsibility and self-sufficiency. Like the Medicaid Program, it is administered by NHDHHS.

Of the four main purposes of the TANF program, transit service meets two: (1) providing assistance to needy families and (2) ending dependence of needy parents by promoting job preparation and work. TANF benefits are dedicated to basic needs, including food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses. Benefits are often conditioned on a work activity or other community service activity. TANF provides many support services to facilitate participation in these activities including 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. In the past, TANF funds were committed as match for transit services funded under the Jobs Access Reverse Commute (JARC) program, which has been discontinued.

Older Americans Act, Title III-B

Title III-B funding, also administered by NHDHHS, supports agencies and organizations that provide home and community-based care for people 50 years or older. One of the permitted uses of the funds (of Title III-B: Supportive Services) is transportation for medical, grocery shopping and other purposes. Preference is given to minorities and those with low incomes. Agencies are not required to transport disabled individuals if they do not own accessible vehicles.

Community Services Block Grant (CSBG)

Federal Community Services Block Grant (CSBG) funding, also administered by NHDHHS, provides funds to alleviate the causes and conditions of poverty. Funding can be used to provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services and/or health. In addition, discretionary grants are available at the statewide or local level, or for associations with demonstrated expertise in addressing the needs of low-income families, such as Community Action Agencies (CAAs). With the support of CSBG funding, states and CAAs work together to increase self-sufficiency, improve living conditions, facilitate ownership of and pride in communities and develop strong family and support systems. For SFY's 2025 and 2026, there was approximately \$3.6 million per year apportioned to CAAs statewide. No match is required for this funding.

Of the \$3.6 million per year allocation in SFY's 2025 and 2026, the regional CAA, Southwestern Community Services, received approximately \$440,000. Funding is distributed to CAAs based on poverty demographic data of their respective service areas.

4.4 NEW HAMPSHIRE FUNDING

In addition to including revenue for public transit during recent budget cycles, the State has a history of raising revenue as a match to federal funds supporting community transportation through general fund appropriations and through NH Turnpike toll credits.

State General Fund Appropriations

The State of New Hampshire has historically contributed very little to support public transportation. \$200,000 per year was allocated in the SFY 2020-21 State Budget to support public transit operations. A strong advocacy effort by the NH Public Transportation Coalition resulted in an allocation of \$1.7 million in the SFY 2024-25 State Budget. Developing a dedicated source of state funding for public

transportation has been a longstanding goal of transit providers. Building support for increased State investment among policy makers from the Monadnock Region will continue to be a priority for the MRCC.

Turnpike Toll Credits

The State of New Hampshire utilizes turnpike toll credits as a matching strategy for federal funding and this sometimes applies to community transportation projects. Turnpike toll credits are earned when the State collects turnpike toll revenue and in turn uses that State collected revenue to construct, reconstruct, rehabilitate, and/or maintain turnpike facilities. In essence, toll credits are a “soft match” that allow 100% federal funds to be used on a non-turnpike project. In New Hampshire, all federal aid projects that require a state match use toll credits. Historically, the turnpike system’s balance has run a surplus in revenue, allowing for this soft match approach. One of the advantages of this strategy is that it provides the State the ability to fully utilize federal funds when no state cash match is available. Otherwise, any federal funds that could not be matched, could not be invested in New Hampshire. A drawback of the strategy is that the use of toll credits to match federal program reduces the program by 25%.

Turnpike toll credits have been historically used to match federal programs like RTAP and the 5305(e) programs as well as specific projects sponsored by NHDOT such as a recent CMAQ project to update statewide traffic signal control systems.

4.5 LOCAL AND PRIVATE FUNDING

Local General Fund Appropriations

Municipal contributions are important non-federal match funding sources used by CVTC, HCS, the MOOver, and other provider agencies to match FTA funding and other federal funding streams. For example, HCS receives match funding from the City of Keene for the City Express system and The MOOver receives match funding from the Town of Hinsdale. CVTC has a successful outreach program that has raised funds from several municipalities in the Monadnock Region as well. However, maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is an ongoing challenge. Typically, transportation providers need to conduct outreach to municipal officials constantly 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. One of the goals of the “Next Generation” Transit System project is to engage municipalities in providing ongoing funding for expanded public transit services in the Monadnock Region.

Local Option Fee for Transportation Funding

New Hampshire is not a “home rule” state, meaning that state enabling legislation is required for municipalities to implement specific initiatives, including the development of transportation funds. In New Hampshire, there is one law, found in NH RSA 261:153 which does enable a municipality to develop a transportation fund by collecting a fee of \$5.00 as part of a vehicle’s registration. The municipality’s legislative body, a city council or town voters, must vote to adopt the measure. The statute allows municipalities to use this funding towards improvements in the local or regional transportation system including roads, bridges, bicycle and pedestrian facilities, parking and intermodal facilities, electric vehicle charging stations, and public transportation. Additionally, municipalities can determine if they want to use the funding for any subset of state’s list of eligible projects. An advantage of the

enabling statute is that a municipality can have a dedicated and stable source of funds for transportation that may be used to match other transportation grant programs.

In the Monadnock Region, Keene, Peterborough and Swanzey are the only known municipalities to have adopted the local option fee. However, none of these municipalities have earmarked the funding for community transportation or appear to have plans to support community transportation with this funding.

County Funding

Both Cheshire County and Hillsborough County provide funding to CVTC. In addition, Cheshire County has been an outstanding partner in managing Section 5310 Purchase of Service grants on behalf of the MRCC. As County governments hold responsibility for nursing homes and jails, there is an argument to be made for counties providing supportive funding to transportation services as a means of controlling long term health care costs by helping seniors live independently at home rather than enter costly long-term nursing home care. Likewise, community transportation could support transition services for jail populations (such as transportation to jobs, social services, education or training) to prevent recidivism. As previously mentioned, a county managed transit system is one of options being explored for the “Next Generation” Transit System project.

Private Sector Support

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

Several MRCC partners provide trips to grocery stores, hospitals, banks and other private institutions. If private sector businesses and organizations can be convinced that community transportation services serve an important need for their customers, clients, or workers, funding from the private sector is possible. To date, several MRCC partners have approached various destinations about providing contributions and have had limited success. However, while there has been no coordinated strategy for approaching the private sector to date, the “Next Generation” Transit System project provides an opportunity for concerted outreach to the Region’s employers.

Sales of Services and Products

Many transit systems bring in additional funding 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. HCS uses this strategy for its City Express service and this could potentially be expanded to include other MRCC transportation providers.

Agency In-Kind Matching Funding

While not cash funding, a major advantage of a coordinated system is the potential to use existing resources from multiple provider agencies as in-kind match for federal funding. For example, the MRCC’s Section 5310 POS Program matches every federal dollar with in-kind volunteer driver time logged by drivers working with CVTC. Historically, in-kind match through the program has exceeded

the required twenty percent match. Given the challenges of attracting more 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 federal funding remains a key funding strategy for maintaining a coordinated transportation system.

Private Charitable Foundations

Foundation support and charitable giving continue to play an important role in sustaining and expanding community transportation services, particularly as a match source. Foundations like the Endowment for Health and New Hampshire Charitable Foundation have provided assistance towards transportation initiatives across the state. CVTC receives funding from the New Hampshire Charitable Foundation and the Roy A. Hunt Foundation. With the help of Cheshire County, the MRCC continually explores other smaller charitable funding programs, many of which focus on access to healthcare.

4.6 CHAPTER SUMMARY

While funding for community transportation in the Monadnock Region comes from a variety of sources, the majority of funding comes from federal sources. For purposes of coordinated community transportation, the Federal Transit Administration (FTA) and the Federal Highway Administration (FHWA) are the most significant funding sources. A range of FTA and FHWA programs are administered by the New Hampshire Department of Transportation (NHDOT) and support community transportation planning, capital acquisition, mobility management services, operating costs, and technical assistance. Federal funds typically require a cash or in-kind match from another funding source which presents a constant challenge to community transportation providers within the Monadnock Region. Other sources that fund community transportation within the region include State budget allocations, local governments, private sector entities, and philanthropic organizations. Although the federal Medicaid program funds a significant portion of community transportation within the region, Medicaid funds are administered by New Hampshire Department of Health and Human Services, which operates outside the scope of current coordinated transportation efforts.

5. PLAN FOR ADDRESSING COMMUNITY TRANSPORTATION NEEDS

The needs, goals, and objectives in this chapter were developed considering input from various stakeholder groups; findings from a review of past plans, studies, MRCC documents, and other publications; assessment of demographic and socio-economic conditions; and analysis of the current state of coordinated community transportation in the Monadnock Region. To achieve the goals and objectives, the MRCC prioritized projects that it would like to undertake if new funding (outside the Section 5310 program) is secured. The previously referenced “Next Generation” Transit System project will provide a platform for securing new funding as it will be integral to establishing a new transit system managing entity and expansion of public transit services in the Region.

5.1 COMMUNITY TRANSPORTATION NEEDS

When developing previous Coordinated Plans, the MRCC found it useful to categorize needs based on the perspectives of three major groups of stakeholders: community transportation users, providers and purchasers. These needs remain unchanged. *Users* are people that utilize community transportation services whether they are clients, patients or members of the general population. *Providers* are organizations and companies that are operating the community transportation system whether they are providing rides or arranging and scheduling transportation services. *Purchasers* are organizations, municipalities and other stakeholders that invest funds into the community transportation system. Following are needs identified by the MRCC for each stakeholder group.

User Needs:

- ✓ Easy access to comprehensive information about available transportation resources
- ✓ Consistency of transportation services and routes
- ✓ Increased options that are affordable for and accessible to people with disabilities
- ✓ Access to medical appointments, employment, education, job training, shopping, daycare, and after-school activities
- ✓ Increased affordable long-distance options
- ✓ Access to social visits, cultural events, and other community activities
- ✓ Affordable and flexible fee options
- ✓ Weekend and evening transportation
- ✓ Trained escorts for users in need of travel assistance and continued support for travel training programs
- ✓ Integrated transportation—trip planning, coordinated services, expanded infrastructure (Park and Ride, bus stops, etc.)
- ✓ Education, awareness and acceptance of community transportation
- ✓ Trip reduction through coordination of human services, intake procedures, and home-based service delivery
- ✓ Minimum level of service to people residing in eastern Monadnock Region municipalities

Provider Needs:

- ✓ Sustained funding for existing services
- ✓ Funding sources for local match
- ✓ Funding to expand services

- ✓ Identifying and breaking down perceived and actual funding barriers
- ✓ Education and training on funding resources
- ✓ Funds to build organizational capacity (e.g. staff, vehicles)
- ✓ Streamlined reporting between providers
- ✓ More volunteer drivers – especially for long distance trips
- ✓ Data collection improvements
- ✓ Management system to track ridership, growth and other trends
- ✓ Track unmet need quantity and reasons
- ✓ Technical assistance
- ✓ Joint vehicle purchase and maintenance
- ✓ Addressing insurance barriers between providers
- ✓ Overcoming coordination issues (i.e. vehicle sharing, trip sharing, and driver sharing)
- ✓ Joint purchasing between providers
- ✓ Establish minimum operating standards
- ✓ Driver training program
- ✓ Shared vehicle standards
- ✓ Fostering private-public partnerships
- ✓ Trip reduction through coordination of human services, travel training, intake procedures, and home-based service delivery
- ✓ Improved communication among providers

Purchaser Needs:

- ✓ Information and education (e.g. annual report)
- ✓ Improved communications among RCC members
- ✓ Funding partnerships; leveraging funding to achieve maximum use of funds (e.g. NHDOT, Foundations, HUD, USDA, CDFA, CDBG, EDA, Towns, HHS, United Way)

5.2 MRCC MISSION, VISION, GOALS AND OBJECTIVES

To address its community transportation challenges, the MRCC participated in an activity to review and gain consensus on whether the current mission, vision, goals, objectives, and priority projects adopted for the 2018 Coordinated Plan are still relevant in the context of its work during the intervening period. The consensus was that they are still relevant, however, given the results of the Transit Study and current efforts to implement the “Next Generation” Transit System project, it was important to re-visit projects that were identified but not adopted as top priority projects in the 2018 Coordinated Plan. The MRCC is aware that these additional projects are targeted as a part of efforts to expand public transit services in the Region. The MRCC also reviewed the objectives and activities included in the SFY 2025 Mobility Management Plan while considering the goals and objectives for the Coordinated Plan. The results of the MRCC strategic planning activity are discussed in.

MRCC Mission and Vision

The mission and vision statements that were included in the 2018 Coordinated Plan remain unchanged.

Mission

To actively lead and engage the Monadnock Region in building an innovative, coordinated, and resilient transportation network.

Vision

A regional transportation network for everyone.

MRCC Goals and Objectives

The overall goal of the MRCC is to improve coordinated transportation in the Monadnock Region by enhancing the focus on mobility management, collecting and monitoring performance information, and defining the needs and potential benefits that could be realized through higher levels of coordination and cooperation. The MRCC re-adopted the following goals and objectives which are aimed at achieving its overall goal.

- Goal 1: Improve partner and user awareness about community transportation resources, needs and the benefits of coordination in order to develop a strong commitment and capacity to support and build a diverse and integrated regional transportation network.
- Objective 1A: Implement and monitor the effectiveness of MRCC Mobility Management Work Plan communications and marketing and outreach activities.
- Goal 2: Improve and maintain a regional transportation network that ensures compliance, communication, collaboration, capacity, and coordination.
- Objective 2A: Cultivate relationships and engage transportation networks (SCC, other RCCs) and providers to improve governance and outcomes.
- Objective 2B: Refine and implement a mobility management model for the Monadnock Region so that there is an efficient coordinated network.
- Objective 2C: Evaluate actions and progress regarding data collection, metrics, bylaws, goals and accomplishments on a yearly basis to set strategic direction for the next year.
- Objective 2D: Improve policies for MRCC operations and standards in order to achieve congruency between providers and enhance regional capacity.
- Objective 2E: Ensure fiscal oversight and accountability to ensure resources are used efficiently.
- Objective 2F: Evaluate potential expansions or new services in the region and develop a priority list of community transportation expansion projects and programs.
- Goal 3: Develop new funding sources and continue to maintain existing funding streams in order to meet the transportation needs of the community.
- Objective 3A: Continue to apply for Section 5310 funding from NHDOT in order to meet the needs of seniors and people with disabilities.
- Objective 3B: Help MRCC stakeholders maintain compliance with current funder requirements and assist them in being prepared for compliance requirements associated with new sources of funding.
- Objective 3C: Identify and leverage a diverse portfolio of funding sources and encourage joint pursuits of funding among MRCC stakeholders so that transportation services can be expanded.

- Objective 3D: Continue to work with SCC and state officials to advocate for increasing the amount of federal surface transportation funds that are flexed in order to expand community transportation services.
- Objective 3E: Inform taxpayers and legislators on the need for preserving existing funding streams for community transportation.
- Objective 3F: Develop sources of alternative revenue to ensure sustainable service delivery and the expansion of services.

During the planning process, the MRCC provided input into the development of an annual Mobility Management Work Plan. The MRCC adopted the work plan in August 2024. The following work plan goals and objectives align with goals and objectives the MRCC has adopted in previous Coordinated Plans.

- Assist MRCC and local providers to implement a customer-centered approach to transportation access and coordination in the region for older adult, low-income, disabled, veteran and other vulnerable populations.
- Conduct outreach activities to educate groups and individuals on how to access and use the transportation network/services.
- Develop new opportunities for coordination and/or expansion of transportation options across municipal and regional boundaries.
- Cultivate multi-agency partnerships which reduce costs through increased efficiency and effective transportation coordination.
- Assist the MRCC to improve its organizational infrastructure to effectively fulfill its mission.
- Secure funding to sustain existing transportation and mobility management services, and for the expansion of transportation services.
- Participate in and coordinate MRCC activities with the SCC and statewide mobility management network.
- Participate in state, regional, and local transportation planning activities including required human services coordinated plans, SCC strategic plan, the RCC strategic plan or work plan, RPC planning and other related plans and initiatives.
- Assist the NHDOT, SCC and statewide mobility manager to implement at the regional level strategic initiatives identified in the SCC Strategic Plan and other statewide planning documents.

MRCC Project Priorities

The MRCC’s overarching priority is to sustain the community transportation services that are currently provided, and through coordination activities, endeavor to improve service quality, efficiency and effectiveness. However, the MRCC recognizes that the existing system of community transportation services is anemic and that more funding will be needed to meet the standards envisioned in the MRCC vision statement.

As indicated above, the MRCC participated in an activity to select the Coordinated Plan priority projects. The results of the activity are included in the table below. MRCC members were asked to rank projects based on their perceived levels of impact on the goals and objectives and feasibility of implementation based on available resources. The point values of the rankings were: High (3 points), Medium (2 points) and Low (1 point). The number of responses under the ranking categories were multiplied by the point values and added together for each project.

Coordinated Plan Project Priorities	High	Med	Low	Score
Top Priorities from 2018 Plan				
Meet Section 5310 service providers' current unmet need for Seniors and People with Disabilities.*	7	2	-	25
Conduct education, outreach, and advocacy to increase community participation and understanding of community transportation.*	6	3	-	24
Increase capacity to provide youth transportation including transportation to and/or from daycare and afterschool programs.*	6	3	-	24
Develop and implement a framework to use under-utilized vehicles and drivers to meet needs (i.e. town recreation department vehicles, day care vans, school buses, etc.).	2	6	1	19
Implement driver training programs to ensure consistency in driver training.	1	3	5	14
Provide transportation services to people experiencing loneliness and social isolation.*	2	6	-	12
Increase capacity to provide new evening/off-hour ride services.*	3	4	1	18
Provide travel training assistance for existing services (i.e., help new riders/clients navigate the transit system).*	3	4	1	18
Increase local capacity to provide new weekend ride services.*	2	6	-	12
Other Project Ideas Offered by MRCC Members				
Pursue microtransit options.*	3	-	-	9
Establish a vehicle repair program for low-income residents.	2	-	-	6
Increase public transportation services in Eastern Monadnock Region.*	1	-	-	3
Increase transportation service capacity through engaging third-party payers (i.e., dialysis centers).*	1	-	-	3
* These projects align with "Next Generation" Transit System project recommendations.				

Additional information about the top priority projects is provided below.

Priority 1: Meeting Unmet Need for Seniors and People with Disabilities

Implementing a program to address requests for rides that are not accommodated by the MRCC's Section 5310 transportation providers is critically needed as the level of unmet need rides is increasing due to increasing demand. This is an especially acute challenge for the Region's volunteer driver programs. However, the budget dedicated to unmet needs is relatively small, creating a situation in which increased awareness could quickly deplete the fund. The "Next Generation" Transit System project recommendation to phase in microtransit zones beyond the Greater Keene area over time would help to address unmet need related critical medical transportation trips.

Priority 2a: Improving Education, Outreach and Advocacy

The addition of full-time mobility management services and temporary infusion of NHDHHS funding in 2021 helped to bolster the MRCC's education, outreach and advocacy activities. The MRCC and its partners desire to sustain and even build upon this effort. With less financial resources available, the MRCC will need to be creative in its approach to its outreach campaign, working collaboratively with transportation providers and other partners to combine their efforts. Additional support will be provided by the mobility manager as outreach is a critical responsibility and is embedded in the Mobility Management Work Plan. The MRCC can continue to rely on this support if mobility management services can be sustained with future rounds of Section 5310 funding. The MRCC can also leverage the outreach activities associated with the "Next Generation" Transit System project. The transit project helps to make the case for a grander vision for community transportation by describing services that could expand over time covering more people and places than are currently covered.

Priority 2b: Improving Transportation for Youth

In 2023, the MRCC convened a youth transportation work group and conducted research to demonstrate the need for youth transportation services. With the research results in hand, the MRCC secured funding and technical assistance from the National Center for Mobility Management to conduct a regional youth transportation forum. The forum yielded potential strategies for establishing a youth transportation program. The program became a reality when the MRCC awarded NHDHHS funding to the Keene Housing Kids Collaborative to establish its program. Recognizing the value of the program to the low-income youth and families it serves, the KHKC Board allocated funding for the program in the KHKC budget after the NHDHHS funding ended. Assuming the budget allocation may not be included in future budgets, the MRCC desires to assist KHKC with securing funding from other sources so that the program can be sustained. The "Next Generation" Transit System project would be open to area youth in Greater Keene to start.

Priority 4: Putting Underutilized Vehicles to Work

Since the MRCC began its work, they have discussed the idea of speaking with different organizations that have vans or buses that are underutilized and asking if they would consider using their vehicles for other purposes or sharing vehicles with other partners. For example, the church van, the town recreational department's bus, or the retirement community's shuttle could be shared with other partners. During SFY 2025, the MRCC will conduct an agency transportation survey which will be distributed to human service agencies, municipal recreation departments, senior living facilities, and other organizations that provide transportation services for those they serve. In addition to identifying opportunities to collaborate with these organizations to increase community transportation capacity in the Region, the MRCC will use the results to identify opportunities for shared vehicle use.

Priority 5: Implementing Driver Training Programs

The MRCC has seen driver training programs as an important priority for volunteer driver programs, however, MRCC partners have also recognized the importance of all drivers in the MRCC network meeting a standard of training and preparedness for interacting with riders of all ages and abilities. Training topics that have been discussed include defensive driving, sensitivity training, and fully understanding transportation agency policies relating to interactions with riders.

Priority 6: Addressing Social Isolation

As the proportion of the Monadnock Region population aged 65 and older increases, and the number of non-drivers increases, the MRCC and its partners share an ongoing concern that the Region will have a growing socially isolated population. MRCC members and partners HCS, KSC, Monadnock at Home, and RSVP Volunteer Center specifically provide programs and services to address social isolation among older adults. HCS highlights the role its transit services play in connecting older adults to one another while being transported on medical, shopping and other trips. CVTC's driver and rider survey respondents consistently indicated the importance that volunteer driver programs play in providing social engagement opportunities for both drivers and riders. With the "Next Generation" Transit System project plan to help those in Greater Keene at first, the CVTC and Keene Senior Center could focus on rides outside of that zone to help with social isolation.

5.3 IMPLEMENTATION

Neither the Statewide Mobility Management Network requirement that RCCs adopt annually a Mobility Management Work Plan or NHDOT set-aside funding for regional mobility managers existed at the time the previous Coordinated Plan was adopted. The MRCC will benefit from these additional supports in the implementation of the priority projects identified in this Coordinated Plan. The implementation activities in the Mobility Management Work Plan (Appendix 6.2) are aligned with these projects and organized around the state-level priorities adopted by the SCC.

In addition, "Next Generation" Transit System project activities have been integrated in the Mobility Management Work Plan. This was done strategically to ensure the MRCC's work aligns with the efforts of "Next Generation" project stakeholders to expand public transportation services in the Monadnock Region. Many of the performance measures listed below are expected to improve dramatically if even the first phase of "Next Generation" project is implemented.

The MRCC will monitor and evaluate the effectiveness and impact of its implementation efforts through the mechanisms listed below. Ongoing performance evaluation will guide the MRCC to adjust its strategies as needed each year and to inform the development of the next Coordinated Plan.

Mobility Management Network Performance Measures

- Percent change in number of new individuals served per month.
- Percent change in number of referrals made to/received from another agency.
- Percent change in the number of No-Shows per month.
- Patients who miss healthcare appointments because of transportation barriers.
- Passenger trips per revenue vehicle mile.
- Operating costs: a) Per revenue vehicle mile; and b) Per one-way passenger trip
- Hours and revenue miles per service day provided by agencies participating in the MRCC (capacity measure distinct from efficiency measures).
- New Funding: a) For mobility management services; and 2) For transportation services.
- Number of completed outreach activities and events including media coverage, press releases, advertisements, service brochures, stakeholder meetings, social media/website.
- Number of service providers and stakeholders working collaboratively and engaged in the RCC.
- Number and percentage of municipalities in RCC region with demand-response service for older adults and individuals with disabilities operating at least three days per week.
- Number of volunteer driver programs in the region and their participation in the VDP network.

- Transportation services customer survey results and satisfaction ratings.
- Number volunteer drivers onboarded and towns represented.

Additional MRCC Mobility Management Work Plan Performance Indicators

- # new MRCC members representing vulnerable populations.
- # meetings with human service agencies.
- # of partnerships mobilized to promote transportation resources.
- # of service providers and stakeholders working collaboratively and engaged in the MRCC.
- Transit system managing entity and governance model identified to implement expanded transportation services.

5.4 CHAPTER SUMMARY

Hundreds of residents in the Monadnock Region depend on community transportation to get to medical appointments, work, the grocery store, social services, and a variety of locations integral to leading healthy, satisfying lives. The individuals who depend on community transportation do so because they face significant transportation challenges and often include seniors, people with disabilities, and low-income individuals. The Monadnock Region’s predominately rural character and sparse transit coverage means that community transportation is all the more critical for people without a car or unable to drive.

In the preceding chapters, this Coordinated Plan has sought to illustrate the history, current state, and future of coordination within the region’s community transportation sector. Given chronically scarce funds, coordination among community transportation users, providers, and purchasers is critical for meeting the region’s community transportation needs. Coordination can imply a variety of activities, including, but not limited to, unifying data collection methods, collectively pursuing funding opportunities, jointly mounting educational and promotional initiatives, co-managing facilities or vehicles, developing mutually recognized best practices, and cooperatively creating an effective call referral system.

The Monadnock Region benefits from a range of organizations that are committed to sustaining, expanding, and improving community transportation. Many of these organizations are either members of the Monadnock Regional Coordinating Council (MRCC) or have worked closely with it. As one of the state’s eight regional coordinating councils, the MRCC works to build a “regional transportation network for everyone.” The Coordinated Plan is the MRCC’s guide for achieving that vision. The identified needs, goals, objectives, and prioritized projects contained in the Coordinated Plan will inform the Council’s work as it pursues its mission: “to actively lead and engage the Monadnock Region in building an innovative, coordinated, and resilient transportation network.” With the Plan as its guide, the MRCC is well situated to develop and execute a work plan that will yield tangible improvements for community transportation users across the Monadnock Region.

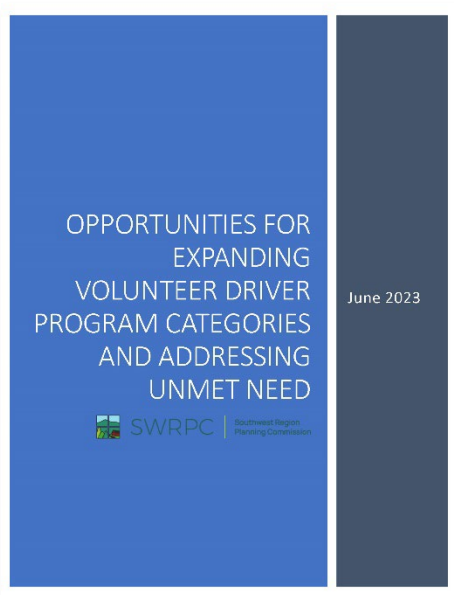
6. APPENDIX

6.1 SUMMARIES OF RELEVANT COMMUNITY TRANSPORTATION DOCUMENTS

A great deal of planning has occurred around community transportation over the last decade. This chapter provides a brief overview of several regional and state documents that have helped shape the Monadnock Region's understanding of community transportation needs as well as plans for improving community transportation coordination. Ten years of plans, studies and other documents are presented in chronological order starting with the most recent documents.

Opportunities for Expanding Volunteer Driver Program Categories and Addressing Unmet Need

Year of Publication: 2023



The MRCC recognizes that transportation access to economic and social opportunity, as well as resources for healthy living, are inextricably linked and critically important to the health and well-being of transit-dependent populations in the largely rural 1,000 square mile Monadnock Region. Given the Region's rurality, most shared ride services available to residents are Volunteer Driver Program (VDP) services, rather than transit or shuttle services. Ridership data shows that VDPs serve as the backbone of the Region's community transportation system.

While VDPs have made steady progress to address the transportation challenges of older adults and people with disabilities, challenges faced by other transit-dependent populations including youth and low-income persons remain unresolved. Topmost among the MRCC's priorities for improving the region's community transportation system are:

1) expanding services to a broader cross-section of the

population that would benefit from VDP shared ride services including area youth and young to middle-aged able-bodied low-income people; and 2) identifying programming innovations to address unmet need for older adults and people with disabilities.

During the spring of 2023, SWRPC conducted focus group meetings with Boards and leadership of the three VDPs that serve the Monadnock Region. The purpose of the meetings was to gather input specific to each organization on current strengths, barriers and opportunities related to expanding VDP services and addressing unmet need. This technical paper discusses the findings and recommendations that emerged from the focus group sessions. Included are overall findings as well as detailed discussions of findings from sessions conducted with each VDP. Recommended strategies and next steps for expanding services and addressing unmet need are also presented.

Microtransit Feasibility and Fixed Route Transit Service Plan Design Assistance Study

Year of Publication: 2022

This transit feasibility study was conducted by SWRPC in 2022 in partnership with the HCS and the MRCC. It examined the existing conditions of transit services in the Region and identified opportunities for improvement. Based on guidance from stakeholders and the public, it focused on three high-need areas: 1) Keene and surrounding towns; 2) Eastern Monadnock Region; and 3) Town of Winchester. A primary focus of the study was to understand if microtransit is a suitable alternative transportation option for Southwest New Hampshire. Three key assessments were performed:

1. An assessment of the existing fixed-route transit system;
2. An assessment of the feasibility of operating microtransit as a replacement for or complement to the existing system; and
3. An assessment of the feasibility of expanding transit services beyond the current model.

An examination of existing conditions analyzed regional population and employment patterns that were then used to identify the three areas of high need: Keene as a population and job center, Eastern Monadnock Region for its high senior and car-free population, and Winchester for its higher levels of disabled residents and poverty. The existing bus network consists of two fixed-route services in Keene with approximately 1,500 boardings per month. No other routes exist connecting Keene to the surrounding towns. Additional existing transit options include demand-response services from the HCS Friendly Bus and Para Express and the volunteer driver program of CVTC.

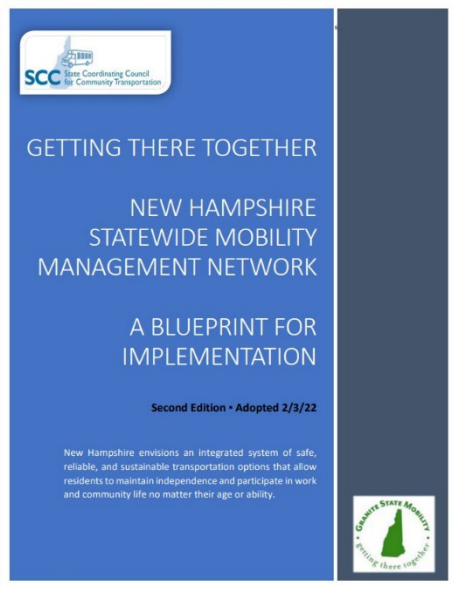
A total of 12 transit service alternatives were evaluated for the study. Fixed-route buses, on-demand microtransit, and pre-booked microtransit were the three modes explored. Cost estimates and ridership forecasts were developed as metrics for determining efficacy. The study recommends a phased approach to implementation with investments first in either Greater Keene microtransit or hybrid microtransit and a north-south bus route. If funding and interest are sufficient, then expansion of the transit network to include Winchester and the East Monadnock area is recommended as a second phase.

Additional discussion of the results of the study are presented in Chapter 3 of this Coordinated Plan.



Getting There Together – New Hampshire Statewide Mobility Management Network: A Blueprint for Implementation

Year of Publication: 2022



The mobility management network blueprint, published in 2022, provides a road map for the implementation of mobility management networks and builds upon NHDOT’s 2016 State Coordinated Plan. It describes in detail the working relationships between stakeholders, program funding sources, and the overall organizational structure of the network with a focus on the implementation of full-time mobility managers. The State Coordinating Council produced this living document to stand as the primary guidance for assembling a community transportation network in New Hampshire. The NH Mobility Management Network is organized as a collaborative partnership between the NHDOT, State Coordinating Council, Regional Coordinating Councils, mobility managers, and a host of other state agencies.

The blueprint envisions an integrated system of safe, reliable, and sustainable transportation options that allow residents to maintain independence and participate in work and community life regardless of age or ability. The stated mission of mobility management networks is to accomplish this by improving the coordination, capacity, accessibility, quality, and sustainability of mobility services statewide. The document puts forth five guiding principles:

1. Mobility management is a transportation strategy that prioritizes customer needs, and the meeting of these needs through the coordinated use of a variety of providers.
2. Mobility management is an evolving concept that aims to improve specialized transportation, particularly for veterans, older adults, people with disabilities, and low-income individuals.
3. Mobility management looks beyond a single transportation service or solution to a “family of services” philosophy that can offer a wide range of services and options to meet an equally wide array of community demographics and needs.
4. Mobility Management begins with a community vision in which the entire transportation network including public transit, private operators, cycling and walking, and volunteer drivers work together with customers, planners, and stakeholders to deliver coordinated transportation options that best meet a community's needs.
5. Mobility management requires a customized approach, meaning no two programs are exactly alike, even though they share a core philosophy, desired outcomes and require partnerships across the spectrum.

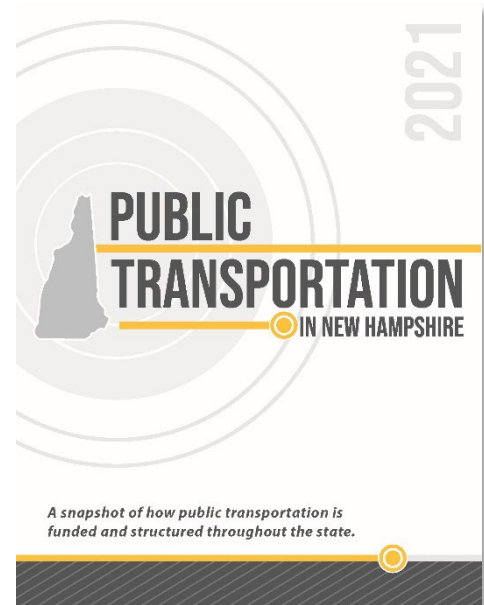
The blueprint provides in-depth guidance on roles and core competencies for mobility managers, performance measures for the statewide network, and recommendations for sustainability of the network. A major emphasis is placed on relationship building and outreach, pillars of successful community transportation initiatives.

Public Transportation in New Hampshire

Year of Publication: 2021

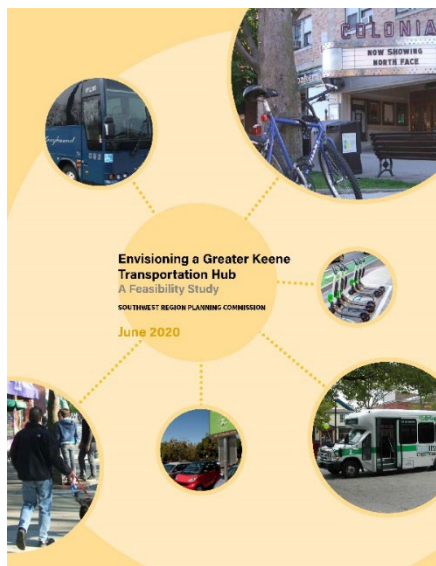
This document provides a snapshot of how public transportation is funded and structured throughout the state. Public transit is a lifeline to many New Hampshire residents of all ages and demographics. In order to maintain the public transit services available in New Hampshire today, significant increases in public funding are critically needed. The federal funding that New Hampshire's public transit systems rely heavily upon is not keeping pace with the growing demand and rising service costs. With adequate ongoing support, transit agencies can focus on providing reliable transportation service and ensure access for New Hampshire's future generations.

Lack of federal and state investment is a central problem for New Hampshire's transportation system as a whole, including the highway and bridge network as well as transit. The state's Constitution prohibits the use of gas tax revenues for non-highway expenses and there is a lack of revenue mechanisms used in other states to support transit. New Hampshire ranks near the bottom nationally and last among New England states in per capita funding for public transportation. This document describes sources of funding for public transportation; federal, state, and local funding challenges; and potential solutions to the lack of funding. Also included is information about the urban and rural transit agencies that serve the state and the Monadnock Region.



Envisioning a Greater Keene Transportation Hub Feasibility Study

Year of Publication: 2020



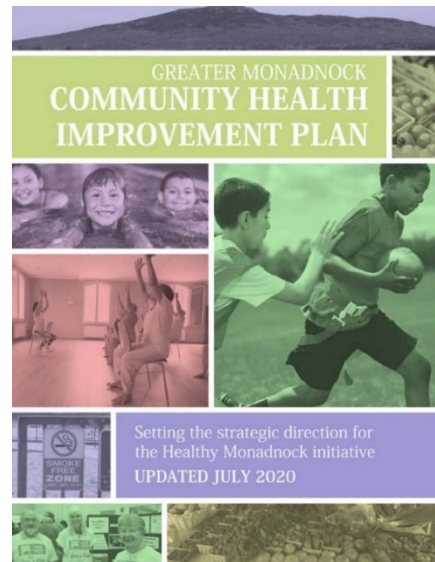
This Study explored questions around establishing an intermodal Transportation Hub in or near Keene, NH. Although the Study concludes that there is a good case for developing a Transportation Hub, it does not recommend a specific design or location. To illustrate the potential benefits of a Hub, the Study developed a conceptual design intended to help community stakeholders envision what a Hub might look like, what features it could include, and how it might fit into the context of downtown Keene. The question of developing a Transportation Hub is complex and will be an iterative process, with the first step involving the gathering and analysis of data and information to evaluate its feasibility. The Study is meant to be a resource to inform further conversation, deliberation and if warranted, implementation. The Study produced eight key findings and eight corresponding high-level recommendations to help guide next steps.

Greater Monadnock Community Health Improvement Plan

Year of Publication: 2020

The 2020 *Greater Monadnock Community Health Improvement Plan* (CHIP) incorporates the input of numerous public health partners and community members to provide a roadmap to focus and solidify community health improvement activities. It is a “living document” that is updated periodically to reflect the priorities of the Healthy Monadnock Alliance. The goal of the plan is to enable diverse community partners to accelerate progress on improving the overall health of people and places in the region through sustained and aligned efforts while prioritizing the reduction of health disparities.

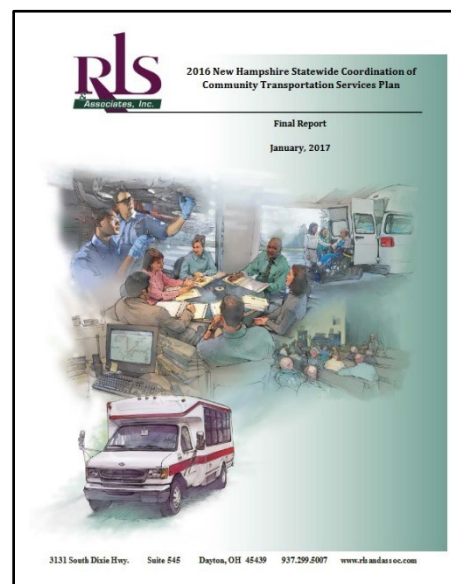
The CHIP promotes supporting municipalities to adopt community transportation and complete streets initiatives that minimize barriers and increase access for all people to healthcare services, healthy foods, active living, and social opportunities. The CHIP indicates that community transportation can address disparities in this area by providing no- or low-cost alternatives for those who do not have access to a vehicle. The plan cites increased availability of volunteer driver programs as a primary strategy to improve access to healthcare services and notes the transportation challenges within the region as a lack of affordable options, limited public transportation services, and insufficient wheelchair accessibility.



New Hampshire Statewide Coordination of Community Transportation Services Plan

Year of publication: 2017

The 2017 Plan, written by RLS Associates, replaced the *2006 Statewide Coordination of Community Transportation Services Report*, which provided guidance to state and regional stakeholders for building a coordinated transportation framework in New Hampshire. In 2016 the SCC came to the conclusion that the remaining 2006 Plan strategies not yet implemented were not feasible due to New Hampshire’s political and funding landscape. The coordinated system model presented in the 2006 Plan was premised largely on the idea that there would be significant funding and participation from the New Hampshire Department of Health and Human Services towards a state coordinated transportation system, but that never materialized. The 2017 Plan reassesses opportunities for the SCC and RCCs to move ahead based on the current funding and political environment in New Hampshire.



The 2017 Plan includes an inventory of plans, studies and other publications relevant to statewide transportation coordination, an assessment of existing coordination practices and policies, an overview of demographic and socio-economic conditions,

information about available transportation services in each region, an assessment of feedback from state and regional stakeholders, and information about “best practices” coordination in other peer states.

A major finding of the 2017 Plan is that the SCC should consider hiring a State Mobility Manager and require that each Region is served by a Regional Mobility Manager. In addition, the Plan recommends roles for the SCC, RCC and NHDOT. The suggested roles for each party are as follows¹⁴:

State Coordinating Council

- Act as the advisory council to state agencies dealing on all passenger transportation or access to transportation related issues and for NHDOT funding solicitations.
- Build agency-to-agency relationships between state agencies and state agency departments/bureaus.
- Provide measurable goals and performance measure standards to RCCs.
- Provide a definition and vision for true coordinated transportation.
- Build relationships with state agencies which fund transportation in order to secure more funding for local providers.
- Communicate best practices in coordination to the RCCs so that the RCCs can consider implementing those practices or similar practices.

Regional Coordinating Councils

- Ensure true coordinated transportation activities are implemented to reduce unnecessary duplication of resources and promote the provision of more and better service with existing resources.
- Implement Mobility Managers, as regions with Mobility Managers seem to be achieving more success in coordinating transportation resources and improving efficiency.
- Analyze performance and provide oversight to Section 5310 recipients.
- Communicate barriers and successes to the SCC.
- Foster additional transportation provider participation in the RCC.

New Hampshire Department of Transportation

- Continue to be a resource to local transportation providers.
- Continue to analyze formulas and funding sources to ensure the best use of limited Federal funding.
- Provide support and assist in securing a state funding source for transportation in New Hampshire.

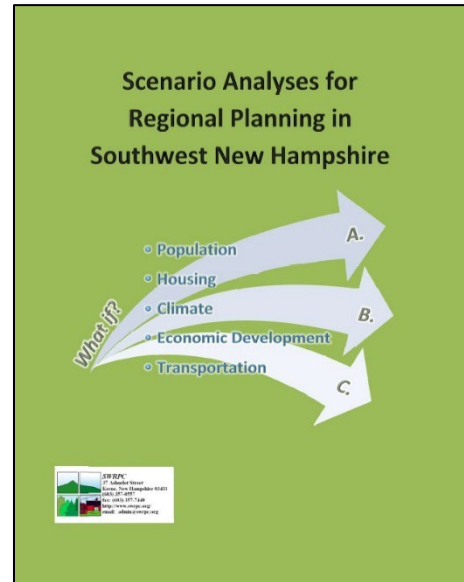
At the time of writing, the SCC is evaluating these recommendations. The outcome of their deliberations may have a bearing on the future of all RCCs, including the MRCC.

¹⁴ The following excerpt on SCC, RCC and NHDOT roles comes from page 5 of the Plan.

Scenario Analyses for Regional Planning in Southwest New Hampshire

Year of publication: 2015

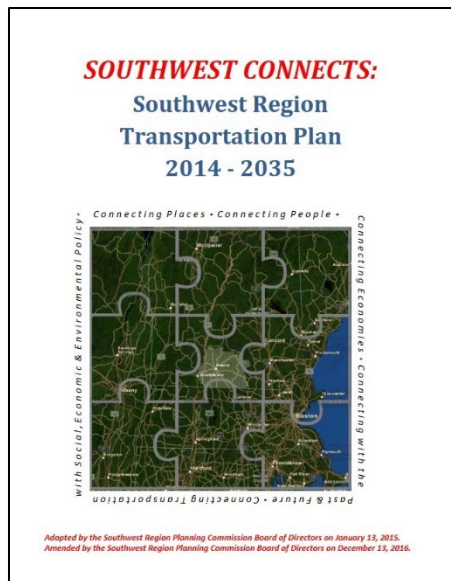
In 2015, Southwest Region Planning Commission completed a 3-year effort to develop a regional plan, called *Monadnock Region Future*. The main plan included several plan appendices, including an appendix that explored the use of scenario planning for different theme areas. One of the scenarios in the document posited Monadnock Region residents increasingly replacing household expenses dedicated to personal vehicles towards better regional transit, sidewalks and bicycle paths over time. The scenario examines the impacts of reducing the ratio of vehicles per household by 1/100th of a point each year starting in 2016 out to 2035 (a change of 1.85 vehicles per household in 2016 to 1.65 vehicles per household in 2035). The study applies population growth and inflation factors to the analysis and is based on an investment scenario in which just 50% of household savings from avoided vehicle expenses is invested in transit, pedestrian and bicycle projects. The other 50% is new discretionary income for each household.



The study's scenario findings suggest that by 2035 in exchange for giving up some vehicles, the region could have enough funding to operate 45 new fixed route buses and 39 new demand response buses in the Monadnock Region. In addition, from 2016 to 2035 it would have raised enough funding to pay for 156 miles of sidewalk repairs, 48 miles of new sidewalk, and 52 miles of new multipath trails. The document illustrates how a strong transportation paradigm shift could potentially create an improved community transportation system.

Southwest Connects: Southwest Region Transportation Plan, 2014-2035

Year of publication: 2015



Southwest Connects is the current long-range plan for the Southwest Region Planning Commission (SWRPC), and it also contains SWRPC's Regional Transportation Improvement Program, which is a list of projects recommended for the Region. The plan looks at the Planning Commission's 34-town district through a lens of eight corridors and fourteen nodal centers. The only community in RCC Region 6 that is not represented by SWRPC is the Town of Franconstown. The plan examines a variety of existing surface transportation assets including community transportation services. Each corridor system has information about available fixed route, demand response, volunteer driver, rideshare and intercity bus offerings. In addition, each corridor has information about "special populations" that represents different potential community transportation user markets (e.g. youth, seniors, low-income, etc.). The plan supports the development of community transportation in its vision statement and it is

supported through some of the goals and objectives in the plan as well.

6.2 SFY 2025 MOBILITY MANAGEMENT WORK PLAN

Overall Goal: Improve coordinated transportation in the Monadnock Region by enhancing the focus on mobility management, collecting and monitoring performance information, and defining the needs and potential benefits that could be realized through higher levels of coordination and cooperation.			
Regional Service Delivery (Customers)			
Objective 1: Assist MRCC and local providers to implement a customer-centered approach to transportation access and coordination in the region for older adult, low-income, disabled, veteran and other vulnerable populations.			
Activities	Who	Timeframe	Outcomes/Deliverables
1.1: Monitor monthly trip data and engage the MRCC's input on strategies to improve service delivery.	Mobility Manager (MM), providers	FY25, Q1-Q4	<ul style="list-style-type: none"> • # New individuals served/month • # Referrals/month • # Communities served by VDPs • Other trip statistics • <i>Mobility manager performance indicator results</i> • <i>Customer input results</i> • <i>Documentation of quality improvements</i>
1.2: Meet with HCS, CVTC and KSC representatives to better understand agency customer/client service policies.	MM	FY25, Q1-Q4	
1.3: Attend SCC travel training and other customer service training sessions that may be offered.	MM, JC	TBD	
1.4: Provide support to providers with customer/client input gathering activities (i.e., attending listening sessions, providing input on survey questions, disseminating results).	MM, providers	FY25, Q1-Q4	
1.5: Monitor monthly mobility manager performance indicators and share with MRCC.	MM, MRCC	Monthly	
Objective 2: Develop relationships with transit-dependent and vulnerable populations to address issues of access, diversity, equity, & inclusion (DEI) and ensure their voices are heard.			
Activities	Who	Timeframe	Outcomes/Deliverables
2.1: Complete Cheshire Medical Center DEI training series.	MM	FY25, Q1-Q2	<ul style="list-style-type: none"> • # new MRCC members representing vulnerable populations • # meetings with human service agencies • <i>Data on vulnerable populations</i> • <i>Regional public input session hosted, if requested for statewide needs assessment</i>
2.2: Attend monthly Able NH Transportation Equity Task Force meetings and assist with connecting individuals with disabilities to regional and statewide community transportation resources.	MM	FY25, Q1-Q4	
2.3: Conduct outreach to human service agencies that serve vulnerable populations to identify innovative solutions to address transportation disparities.	MM, JC	FY25, Q2-Q4	
2.4: Provide opportunities for representatives from vulnerable populations to participate in MRCC activities and learn about available transportation resources in the region.	MM, JC, CG, MRCC	FY25, Q1-Q4	
2.5: Participate in statewide community transportation needs assessment and engage MRCC as appropriate.	MM, JC, CG, MRCC	FY25, Q3-Q4	
2.6: Integrate community transportation improvement activities with SWRPC Age-Focused Project activities.	MM, JC, CG, JA	FY25, Q1-Q4	
Objective 3: Conduct outreach activities to educate groups and individuals on how to access and use the transportation network/services.			
Activities	Who	Timeframe	Outcomes/Deliverables
3.1: Utilize MRCC and SWRPC platforms to reinforce provider outreach campaigns.	MM, JC, CG, JA, providers	FY25, Q1-Q4	<ul style="list-style-type: none"> • # New individuals served/month • # Referrals/month • # Communities served by VDPs
3.2: Maintain transportation provider inventory on Keep NH Moving website.	MM	FY25, Q1-Q4	
3.3: Conduct human services agency transportation services survey to identify transportation needs of their clients.	MM, JC	FY24, Q2-Q3	

3.4: Conduct stakeholder meetings and participate in community events to educate community stakeholders and the public about regional community transportation resources. Integrate with SWRPC transit system design project outreach activities.	MM, JC, MRCC	FY25, Q1-Q4	<ul style="list-style-type: none"> • # of partnerships mobilized to promote transportation resources • # of completed outreach activities and events including media coverage, press releases, advertisements, service brochures, schedules, stakeholder meetings, social media/website traffic, etc.
3.5: Conduct multi-media outreach campaign to promote transportation resources to the public (e.g., Keep NH Moving website, press releases, social media, brochure distribution through partner sites, SWRPC website posts and newsletter items, etc.).	MM, JC, CG MRCC	FY25, Q1-Q4	
3.6: Maintain Region 5 webpage on Keep NH Moving website.	MM	FY25, Q1-Q4	
3.7: Participate in Fall statewide community transportation awareness campaign.	MM, CG	FY25, Q1	
3.8: Update as appropriate transit system design project featured project page on SWRPC website and post periodic blogs.	MM, CG	FY25, Q1-Q4	
3.9: Participate in statewide VDP outreach campaign.	MM, CG	FY25, Q1-Q2	

Regional Coordination (Providers)

Objective 1: Develop new opportunities for coordination and/or expansion of transportation options across municipal and regional boundaries.

Activities	Who	Timeframe	Outcomes/Deliverables
1.1: Provide administrative support for MRCC, including strategic planning, coordinating meetings and meeting record keeping, maintaining membership records, distributing reports, etc.	MM, JC	FY25, Q1-Q4	<ul style="list-style-type: none"> • # New individuals served/month • # of service providers and stakeholders working collaboratively and engaged in the MRCC • # of providers participating in the statewide volunteer driver program network • # of volunteer drivers serving underrepresented areas • MRCC meeting minutes • Transit operating and governance model identified • Transit service managing entity identified
1.2: Coordinate SWRPC transit system design project activities to identify managing entity and governance model for expanded regional transit services: <ul style="list-style-type: none"> • Solicit ongoing project Advisory Task Force input during each phase of the project • Hold public meetings to solicit community input • Conduct meetings to engage manager/sponsor, contributor and advocate-level stakeholders 	MM, JC, JM	FY25, Q1-Q4	
1.3: Engage the MRCC and other community transportation stakeholders to select and implement specific coordination and/or expansion projects aligned with the Coordinated Community Transportation Plan. Potential projects may include: <ul style="list-style-type: none"> • Support volunteer driver recruitment efforts to serve underrepresented communities. • Support KHKC to sustain youth transportation program. • Collaborate with Vermont partners to make improvements to Brattleboro-Hinsdale and Walpole-Rockingham transit connections. 	MM, JC, MRCC	FY25, Q1-Q4	
1.4: Evaluate the impact of transportation projects on transportation services using the mobility manager performance indicators.	MM, MRCC	FY25, Q1-Q4	

Objective 2: Cultivate multi-agency partnerships which reduce costs through increased efficiency and effective transportation coordination.

Activities	Who	Timeframe	Outcomes/Deliverables
2.1: Work with MRCC to develop a list of local and regional agencies that provide transportation services and agencies that need transportation services.	MM, CG, MRCC	FY25, Q2-Q4	<ul style="list-style-type: none"> • # of new, expanded, or existing partnerships • # of completed outreach activities, stakeholder meetings and workshops • # new MRCC members
2.2: Conduct outreach to target agencies to discuss potential approaches to coordination. Coordinate outreach activities with transit system design project outreach activities.	MM, JC, CG	FY25, Q2-Q4	
2.3: Identify any legislative, regulatory or federal funding program barriers that will need to be overcome to effectively coordinate transportation services across multiple agencies.	MM, MRCC	FY25, Q2-Q4	
2.4: Utilize the results of SWRPC's transit system design project to make the case for transportation coordination.	MM, JC, CG	FY25, Q2-Q4	

2.5: Invite target agencies to participate in MRCC activities.	MM, JC, CG, MRCC	FY25, Q3-Q4	<ul style="list-style-type: none"> • <i>Inventory of human services agencies providing and needing transportation services</i> • <i>List of legislative, regulatory and federal funding program barriers to coordinated transportation and strategies for addressing them</i>
Capacity Building (System)			
Objective 1: Assist the MRCC to improve its organizational infrastructure to effectively fulfill its mission.			
Activities	Who	Timeframe	Outcomes/Deliverables
1.1: Complete update to the Coordinated Community Transportation Plan for the Monadnock Region.	MM, JC, MRCC	FY25, Q1	<ul style="list-style-type: none"> • # and proportion of new, expanded, or existing partnerships mobilized to support MRCC mission
1.2: Solicit input and consensus from MRCC on capacity building approach. Coordinate capacity building activities with SWRPC transit system design project.	MM, JC, MRCC	FY25, Q1-Q2	
1.3: Conduct nominating process to select FY26-FY28 MRCC officers.	MM, MRCC	FY25, Q4	<ul style="list-style-type: none"> • <i>Adopted MRCC coordinated plan</i>
1.4: Secure MOUs and COIs from all MRCC members.	MM, MRCC	FY25, Q1-Q4	
1.5: Conduct ongoing MRCC member recruitment activities.	MM, CG, MRCC	FY25, Q1-Q4	
1.6: Implement outreach and capacity building activities.	MM, MRCC	FY25, Q2-Q4	
Objective 2: Secure funding to sustain existing transportation and mobility management services, and for expansion of transportation services.			
Activities	Who	Timeframe	Outcomes/Deliverables
2.1: Support Cheshire County and MRCC to develop and submit FY26-27 FTA Section 5310 application.	MM, MRCC	FY25, Q2-Q3	<ul style="list-style-type: none"> • Funding secured to support existing transportation and mobility management services
2.2: Identify additional funding sources and conduct fund development activities.	MM, JC	FY25, Q1-Q4	
2.3: Partner with SCC on mobility management network fund development activities.	MM	FY25, Q1-Q4	<ul style="list-style-type: none"> • Transit system managing entity and governance model identified to implement expanded transportation services
2.4: Integrate fund development activities with SWRPC transit system design project activities to identify a managing entity and governance model for expanded regional transit services.	MM, JC	FY25, Q1-Q4	
2.5: Explore opportunities for technology integration as a potential cost saving strategy for providers.	MM, JC, MRCC	FY25, Q1-Q4	
<ul style="list-style-type: none"> • <i>Funding sources pursued for transit system capital and operating costs</i> 			
Statewide Planning, Coordination & Capacity Building (Connecting the Regions)			
Objective 1: Participate in and coordinate MRCC activities with the SCC and statewide mobility management network.			
Activities	Who	Timeframe	Outcomes/Deliverables
1.1: Participate in monthly SCC meetings.	MM, HCS, CVTC	FY25, Q1-Q4	<ul style="list-style-type: none"> • <i>Meeting minutes</i>
1.2: Attend statewide mobility manager meetings.	MM	FY25, Q1-Q4	
1.3: Participate in statewide VDP network meetings as appropriate.	MM	FY25, Q1-Q4	
1.4: Maintain ongoing communications with statewide mobility manager.	MM	FY25, Q1-Q4	
1.5: Report on statewide mobility management network activities at MRCC meetings.	MM	FY25, Q1-Q4	
Objective 2: 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.			

Activities	Who	Timeframe	Outcomes/Deliverables
2.1: Participate in SCC subcommittee meetings and planning sessions.	MM	FY25, Q1-Q4	<ul style="list-style-type: none"> • Meeting minutes • Adopted MRCC coordinated plan • Regional public input session hosted, if requested for statewide needs assessment
2.2: Participate in statewide community transportation needs assessment and engage MRCC as appropriate.	MM, JC, CG, MRCC	FY25, Q1-Q4	
Objective 3: Assist the NHDOT, 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.			
Activities	Who	Timeframe	Outcomes/Deliverables
3.1: Integrate NHDOT, SCC and other statewide strategic initiatives with MRCC regional-level activities.	MM, JC	FY25, Q1-Q4	<ul style="list-style-type: none"> • Inputs for statewide systems
3.2: Complete monthly performance measure reporting.	MM	Monthly	
3.3: Contribute information to statewide data collection systems as requested.	MM	FY25, Q1-Q4	

7. SELECTED LIST OF ACRONYMS

- **CCAM** – Coordinated Council on Access and Mobility
- **CDFA** – New Hampshire Community Development Finance Authority
- **CMAQ** – Congestion Mitigation and Air Quality Program
- **CSBG** – Community Services Block Grant
- **CVTC** – Community Volunteer Transportation Company
- **CTS** - Coordinated Transportation Solutions
- **FAST** – Fixing America’s Surface Transportation Act of 2015
- **FTA** – Federal Transit Administration
- **GAO** – Government Accountability Office
- **HCS** – Home Healthcare, Hospice and Community Services
- **HUD** – U.S. Department of Housing and Urban Development
- **NEMT** – Medicaid Non-Emergency Medical Transportation
- **MRCC** – Monadnock Regional Coordinating Council
- **NHDHHS** – NH Department of Health and Human Services
- **NHDOT** – New Hampshire Department of Transportation
- **RCC** – Regional coordinating council
- **RTAP** – Rural Transit Assistance Program
- **RTC** – Regional Transportation Coordinator
- **SCC** – State Coordinating Council
- **SWRPC** – Southwest Region Planning Commission

8. GLOSSARY

- **5310/Section 5310** – shorthand for the FTA Enhanced Mobility of Seniors and People with Disabilities Program (Section 5310), a federal program aimed at improving the mobility of seniors and people with disabilities.
- **Brokerage services** – Brokerage services are services provided by a transportation broker. Transportation brokers arrange transportation services by subcontracting with local qualified transportation providers.
- **Capital funding** – a type of 5310 funding that can be used for community transportation capital costs. Eligible costs include buying vehicles and relevant equipment.
- **Community transportation** – the family of transportation services—public and private—that are available to respond to mobility needs of individuals including but not limited to seniors, people with disabilities and people with lower income.
- **Demand response services** – transit services that run on a by-appointment basis.
- **Fixed-route services** – buses, trains, or other transit vehicles that run on a predetermined schedule and route.
- **Formula Funds** – a type of 5310 funding allocated according to how many seniors (65 years old or older) live in each region.
- **Microtransit** – also known as “on demand transit”, is a form of public transit that features flexible routing and scheduling of vehicles.
- **Mobility management** – a term that describes a variety of activities including the sharing of information and collaboration with community transportation users and partners, the identification of funds to support the community transportation system, and the management of projects that implement regional coordination goals.
- **Paratransit** – special transportation services for people with disabilities, often provided as a supplement to fixed-route bus and rail systems by public transit agencies
- **Purchase of Service (POS) funding** – a type of 5310 funding used to purchase rides for seniors and people with disabilities.
- **Purchaser** – a term used to refer to organizations, municipalities and other stakeholders that invest funds into the community transportation system or pay providers to serve their clients.
- **Regional Coordinating Council (RCC)** – New Hampshire has nine RCC’s charged by the State with working to improve regional community transportation service through coordination activities.
- **Route deviation** – where paratransit picks up or drops off riders at origins or destinations within a certain distance of a fixed-route service.
- **State Coordinating Council (SCC)** – the advisory council to state agencies dealing on all passenger transportation or transportation access issues and for NHDOT funding solicitations.