

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

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**Coordinated Public Transit & Human Service Transportation Plan
Southeast New Hampshire Region
2022 Update**

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LIST OF ABBREVIATIONS

| | |
|------------|---|
| ACT | Alliance for Community Transportation |
| ADA | Americans with Disabilities Act of 1990 |
| BEAS | Bureau of Elderly and Adult Services (NH DHHS) |
| BIL | Bipartisan Infrastructure Law (2021) (same as IJJA) |
| CDC | Centers for Disease Control and Prevention |
| CDL | Commercial Driver's License |
| CMAQ | Congestion Mitigation/Air Quality Program |
| COAST | Cooperative Alliance for Seacoast Transportation |
| CTAA | Community Transportation Association of America |
| DEI | Diversity, Equity and Inclusion |
| EH | Endowment for Health |
| ESNH | Easter Seals of New Hampshire |
| FAST | Fixing America's Surface Transportation Act (2015) |
| FHWA | Federal Highway Administration |
| FTA | Federal Transit Administration |
| IJJA | Infrastructure Investment and Jobs Act (2021) (same as BIL) |
| MPO | Metropolitan Planning Organization |
| NEMT | Medicaid Non-Emergency Medical Transportation |
| NHDHHS | New Hampshire Department of Health and Human Services |
| NHDOT | New Hampshire Department of Transportation |
| NTS | Nashua Transit System |
| RCC | Regional Coordinating Council for Community Transportation |
| RNMOW | Rockingham Nutrition Meals on Wheels Program |
| RPC | Rockingham Planning Commission |
| RSA | New Hampshire Revised Statutes Annotated |
| RTAP | Rural Technical Assistance Program |
| SAFETEA-LU | Safe, Accountable Flexible Efficient Transportation Equity Act (2005) |
| SCC | State Coordinating Council for Community Transportation |
| SRPC | Strafford Regional Planning Commission |
| SSTA | Statewide Strategic Transit Assessment |
| STBG | Surface Transportation Block Grant Program (FHWA) |
| TANF | Temporary Assistance for Needy Families |
| TASC | Transportation Assistance for Seacoast Citizens |
| TDM | Transportation Demand Management |
| TMA | Transportation Management Association |
| UNH | University of New Hampshire |
| UZA or UA | Urbanized Area |
| VA | United States Veterans Administration |
| VDP | Volunteer Driver Program |
| VTS | Veterans' Transportation Service |

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1.0 OVERVIEW and BACKGROUND

1.1 Introduction and Purpose

What transportation options are available in southeastern New Hampshire? Are they adequate? How many people in the region have unmet transportation needs and how we move toward meeting those needs as efficiently as possible? This *Coordinated Public Transit & Human Services Transportation Plan* (the Coordinated Plan), for southeast New Hampshire seeks to address these questions and set out priorities for improving transportation access in the region. This region includes thirty-eight communities in Strafford, eastern Rockingham, and southern Carroll Counties. This *Coordinated Plan* has been developed by the Rockingham and Strafford Metropolitan Planning Organizations in collaboration with the Alliance for Community Transportation, made up of public and private organizations that provide transportation services or need to purchase such services.

Federal law requires that a public transit and human service coordination plan be in place for transportation service providers to access Federal Transit Administration (FTA) funding targeted to the transportation needs of older adults and individuals with disabilities, though this plan looks at the needs of other populations as well.

According to the FTA, the purpose of coordination is to improve transportation services for persons with disabilities, older adults, and individuals with lower incomes. This is accomplished by ensuring that federal grantees coordinate transportation resources under multiple existing federal programs. Coordination efforts can enhance access, minimize duplication of services, and facilitate appropriate cost-effective services. Transit Coordination encompasses a range of strategies, from information sharing and ride referrals to shared training and purchasing to centralized scheduling and dispatching.

Coordination activities must involve public, private, and non-profit transportation services, human service providers, the public, and other entities that represent individuals who have special transportation service needs.

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

The lack of public transportation has been repeatedly identified as one of the most pressing human service needs in the southeast New Hampshire region, and in fact, throughout New Hampshire. The 2019 State Plan on Aging identified lack of transportation options as a top concern for older New Hampshire residents based on a survey of over 2,600 older adults. Regionally, lack of transportation has been identified as a top concern in regional Health Needs Assessments produced by Exeter Hospital, Wentworth Douglass Hospital in Dover and Frisbie Memorial Hospital in Rochester. Regional Age Friendly Community Assessments conducted in 2021-2022 by Strafford Regional Planning Commission (SRPC) and Rockingham Planning Commission (RPC).

The *2016 Statewide Coordination of Community Transportation Services Plan*, developed by the Governor's Task Force on Community Transportation, acknowledged that while a wide variety of

community transportation planning efforts exist across the state, some operate in relative isolation, and in many cases, user access is restricted by region or funding mechanism. As a result, special service vehicles often have excess capacity and travel redundant routes. The plan concludes: *[t]he result is inefficient planning and services - workers lose access to jobs, seniors miss medical and social appointments, and low-income populations can't get to needed services.* The plan further notes that almost all interregional travel in and around the state requires a car due to the lack of extensive public transportation options.

The purpose then, of this *Coordinated Public Transit & Human Services Transportation Plan*, is to create for the southeast New Hampshire region a comprehensive strategic approach to improving coordination between existing transportation systems and providers in order to strengthen services for those target populations having special transportation needs. The Coordinated Plan seeks to identify ways to enhance transportation access, to minimize duplication of services, and to encourage the most cost-effective transportation possible while simplifying the client user experience. The Coordinated Plan is a strategic tool as well as an implementation document. It will serve as the framework for the prioritization, selection, and implementation of coordinated projects seeking to use federal funding assistance through applicable Federal Transit Administration programs.

Key Term: “Community Transportation”

Community transportation refers to all transportation resources in a community that are available to help meet people’s mobility needs. These include both public and private services, such as fixed route buses, shuttles for seniors, taxis, vans that churches or community organizations own and operate, and other services.

1.2 Planning Process

The process for this update to the Coordinated Public Transit/Human Services Transportation Plan began in late-2021. Over twenty agencies have participated in the process along the way, including public, private non-profit and private for-profit providers of transportation; municipalities, state agencies, and individual volunteers. A full list of participating agencies is included in Appendix B. Work has been led by Strafford Regional Planning Commission (SRPC) and Rockingham Planning Commission (RPC).

Key elements of the Coordination Plan update process have included:

- An updated assessment of transportation needs for individuals with disabilities, older adults, low-income individuals, and other population segments disproportionately likely to be transit dependent. This assessment draws on:
 - Survey of municipal welfare directors throughout the region
 - Survey of public and private agencies provide health and human services
 - Focus group interviews with a peer support organization for individuals with disabilities and a similar group for area residents undergoing treatment for substance use disorder.
 - Demographic data from the Census Bureau, NH Office of Strategic Initiatives (OSI), and the NH Department of Health and Human Services (Chapter 2).

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

The work of developing this Coordinated Plan has been overseen by the Alliance for Community Transportation (ACT) which functions as the Southeast New Hampshire Regional Coordinating Council for Community Transportation (Region 10 RCC). The Southeast New Hampshire RCC is one of nine such coordinating councils operating around New Hampshire. From a state agency perspective, a key goal of establishing these RCCs is to create a structure around which to reshape the provision of transportation services funded by the NH Department of Health and Human Services (NHDHHS) and the NH Department of Transportation (NHDOT).

Figure 1.1 shows the region of thirty-eight cities and towns in Strafford, eastern Rockingham and southern Carroll Counties covered by the Southeast New Hampshire Regional Coordinating Council for Community Transportation (RCC), identified by the SCC as Region 10 or the Alliance for community Transportation, which is the study area for this Plan. Figure 1.1 below shows the Region 10 RCC study area as well as the other eight RCCs around the state.

Figure 1.1 Southeast NH Regional Coordinating Council (Region 10) Area

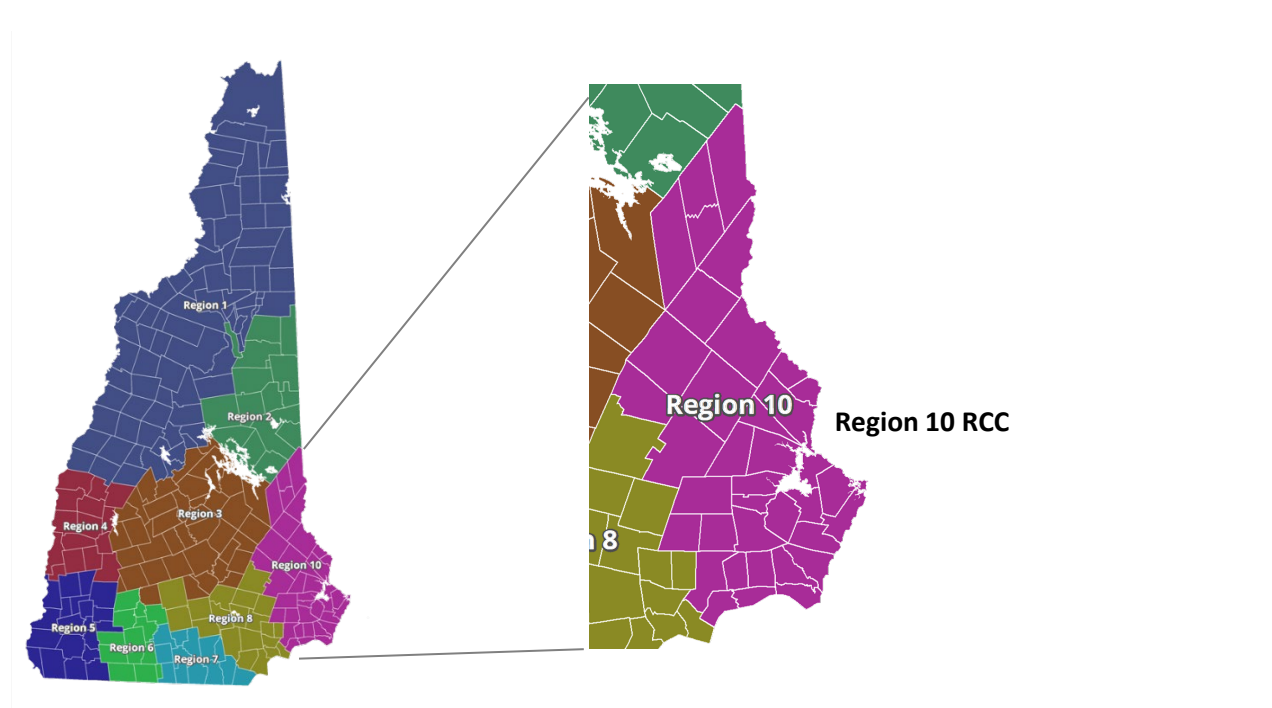
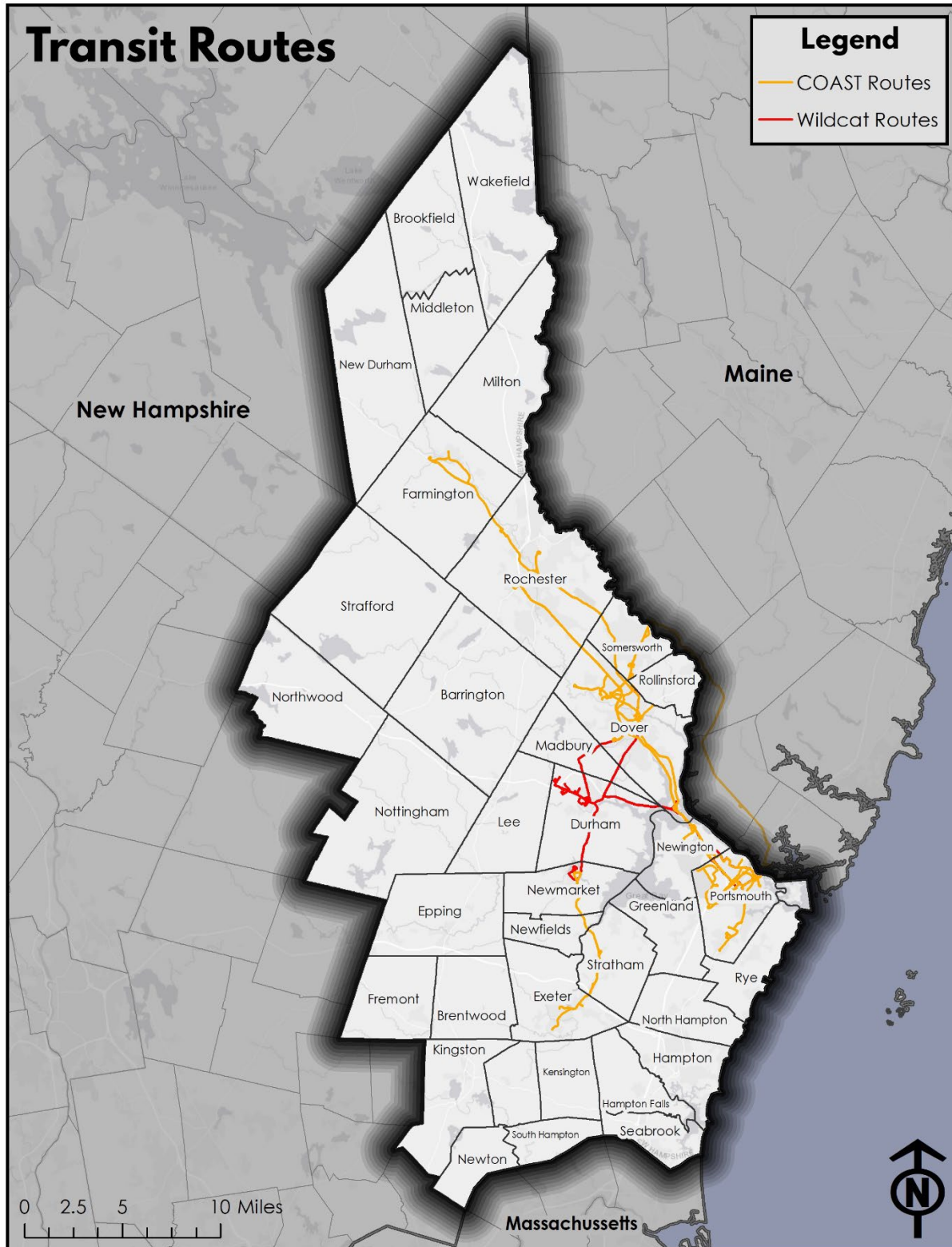


Figure 1.2 – Southeast NH RCC (Region 10) area with transit fixed and flex routes



1.3 Changes in The Transportation Landscape Since 2017

A great deal has changed in the transportation policy landscape in New Hampshire since the development of the 2017 Coordination Plan for the ACT region. A few of these factors are bulleted below and discussed in greater detail later in the document:

- COVID-19. The COVID-19 pandemic has had dramatic effects on community transportation around the state and around the country, leading to sharp declines in ridership in early 2020 followed by slow, steady recovery as riders are reassured of the safety of transit and begin traveling again, albeit with some new patterns. (See Chapters 2, 3, 4)
- Shortage of professional drivers. A nationwide shortage of commercially licensed drivers has put stress on transit and community transportation agencies nationally and in New Hampshire and forced service cutbacks. This is also causing transit agencies in New Hampshire to revisit service models and shift routes with lower volumes to smaller vehicles that don't require the operator to hold a Commercial Drivers License (CDL). (See Chapter 3)
- Shortage of volunteer drivers. Volunteer transportation organizations similarly face challenges recruiting enough volunteer drivers. This has been exacerbated by COVID and the fact that many volunteer drivers are themselves older adults with concerns about exposure. (See Chapter 3)
- The new Federal bipartisan infrastructure bill. The Infrastructure Investment and Jobs Act (IIJA), referred to alternately as the Bipartisan Infrastructure Law (BIL) has led to an approximately 30% increase in federal funding available to the region. This creates new opportunities for service but will also require significant increases in state and local matching funds needed to leverage the Federal dollars. (See Chapter 4)
- Rising operating costs. Long term increases in the cost of providing services has eroded the buying power of federal appropriations. Even with large funding increases in the IIJA/BIL, federal funding has not kept pace with inflation over 30 years. The past year has seen steep increases in transit agencies' costs for labor, fuel, parts, insurance and other expenses. (See Chapters 3, 4)
- Mobility Management funding. With the adoption of the New Hampshire 2021-2030 Ten Year Transportation Plan, the NH Department of Transportation began flexing approximately \$2.2 million/year in Federal Congestion Mitigation/Air Quality (CMAQ) program funding to the Surface Transportation Block grant program and ultimately to Federal Transit Administration (FTA) for transit use. Following consultation with the SCC this funding has been split between aid for urban and rural transit providers and establishment of new Mobility Manager positions for the state as a whole and each regional RCC. This is supplemented in rural regions of the state with a pilot grant from the Centers for Disease Control (CDC). The ACT region is unusual in that it has had a full time Regional Mobility Manager for over a decade, and serves as a model for other RCCs around the state. (See Chapters 3, 4, 5)
- Demographic Shifts. Despite short-term demand reductions related to the COVID-19 pandemic, the region anticipates long-term growth in transportation need for a burgeoning older adult population. Between 2015 and 2035 the population aged 65+ in New Hampshire is projected to grow

approximately 82%, while the population as a whole is projected to grow only about 6.9%. (NHOEP) The population of the region and state as a whole is also rapidly diversifying, with growing immigrant communities in Somersworth, Dover, Rochester, and Portsmouth. AARP estimates that 1 in 5 Americans aged 65+ do not drive, which equates statewide to approximately 75,000 non-driving older adults by 2030. (See Chapter 2)

- Statewide and regional planning for an aging population. Multiple statewide and regional organizations are grappling with preparing for an aging population, including the NH State Commission on Aging formed in 2019, the NH Alliance for Healthy Aging, and AARP New Hampshire. The State Plan on Aging, completed in 2016, identified transportation options once they stop driving as one of the top concerns for older New Hampshire residents. The NH Alliance for Health Aging's Transportation Workgroup is focused on raising awareness of transportation needs and expanding the capacity and geographic coverage of Volunteer Driver Programs (VDPs) as part of the solution to address those needs. RPC and SRPC have both worked with communities around the region, AARP NH and other partners on local and regional Age Friendly Communities assessments to identify current and future needs for an aging population. Transportation was similarly among the top issues identified by older residents in surveys and community forums. (See Chapters 2 and 6)
- COAST Route System Changes. In 2018-2019 COAST conducted a Comprehensive Operations Analysis to assess how their system of fixed bus routes could be modified to meet rider needs and desires, and respond to changes following the end of the Newington-Dover highway widening project and funding for supplemental transit service that came with that project. The new route system was implemented in June 2020 and in particular streamlines travel on COAST's trunk route between Rochester, Dover, and Portsmouth, supporting shorter commute times. (See Chapter 3)
- Demise of shared scheduling software as a statewide initiative. A key strategy in the 2016 Coordinated Plan was implementing a shared, statewide, web-based scheduling software envisioned to eventually be used in all regions and allow collaboration with the statewide Medicaid transportation brokers. This software was implemented by several regions on a pilot basis, including at the TriLink call center in this region as well as Easterseals New Hampshire for the Greater Derry-Salem region, and by Manchester Transit Authority in the Greater Manchester region. The implementation process for the software was not smooth, requiring constant modifications and bug fixes, but never ultimately providing the desired solution. COAST ultimately switched to different scheduling software, and the pilot project was not expanded to other regions. (See Chapter 3 and 4)
- Technological changes. A range of technology trends have accelerated in the past five years and are influencing transportation demand and service provision; and this will continue in the coming decade. Technology adoption accelerated by COVID-19 includes telehealth services replacing some in-person medical appointments, grocery delivery services and online retail replacing many shopping trips and increasing acceptance of telework reducing commute trips. Micromobility programs like bike sharing have grown in large and small cities around the country, and transportation network companies such as Uber and Lyft have expanded their footprints in New Hampshire. Automated driver assist technologies such as sensors and cameras to detect nearby obstacles or driver errors are already on the market and have the potential to help older drivers remain on the road safely for longer. Fully autonomous vehicles have promise over the long term to help meet transportation needs for non-drivers, but due to multiple limitations are unlikely to be a viable solution for the region's community transportation needs for the near future. (See Chapter 4)

2.0 TRANSIT DEPENDENT POPULATIONS AND SERVICE NEED

The following pages offer a demographic profile with a focus on populations disproportionately likely to have unmet transportation needs, including older adults, individuals living with disabilities, low-income populations. Data are also summarized on households without access to private vehicles (or with multiple workers and only one vehicle), and recipients of public assistance under the Temporary Assistance for Needy Families (TANF) and Medicaid programs. Lastly this section summarizes findings from surveys of municipal Welfare/Human Services Directors and public and nonprofit Human Services agencies that serve the region.

2.1 Executive Summary of Demographic Data

- The region's total population is 279,371, which is distributed across a range of very rural communities and more dense urban communities.
- Between 2015 and 2020, the region's total population grew by about 3% (8774 people)
- Older adults (people over 65) make up 18 percent of the region (approximately 49,449). Between 2015 and 2020, the older adult population in the region grew by 20% and is projected to grow an additional 52% to 146,295 by 2030. In 2020, older adults made up approximately 20% of the total regional population; by 2030 it is projected to make up approximately 30%. Projections are from the NH Office of Strategic Initiatives based on Census data.
- Large municipalities with urban cores contain the greatest overall number of older adults in the region. However, many rural communities have much higher proportions of older adults, who are likely farther from critical services and most at-risk for lack of transportation.
- Approximately 32,356 people in the region have one or more disability (about 11% of the total population). Similar to older adult populations, larger communities with a dense urban core have the highest overall number of people with disabilities. However, several rural communities have much higher proportions of people with disabilities.
- The region has an approximate overall poverty rate of 8 percent or 21,783 individuals. The distribution of people in poverty follows a slightly different trend than older adults and people with disabilities. While rural communities contain people in poverty, it appears that the largest concentrations of people in poverty are also in the communities with higher overall populations which also have dense urban centers.
- Compared to the total population in each municipality, there is a low percent of people receiving temporary financial assistance in an average month. However, many communities have high total caseloads over the course of each year, and communities with high caseloads are both urban and rural.
- Overall, there are few households through the region that lack a personal vehicle. An estimated 10% of households in Newington, Rollinsford, and Somersworth have no vehicles.

2.2 Data Sources and Limitations

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

There are several limitations with the data presented in the sections below that can affect estimates of present and future transit needs within the region. Some identified data limitations are:

- Disability data from the U.S. Census Bureau, define disability conditions in much broader terms than paratransit requirements of the Americans with Disabilities Act (ADA)
- American Community Survey (ACS) 2015-2020 five-year compilation data are used extensively here and in some cases these data include high margins of error in smaller rural communities. Note also that the ACS estimates of total population by town vary slightly in tables addressing different variables (population with disabilities vs. population in poverty).
- Some detailed demographic data (such as disability status, income, automobile ownership) are no longer included in the decennial Census Long Form. Instead, these more detailed data are now collected through the annual American Community Survey sampling process. Unfortunately, the sample sizes for the American Community Survey are relatively small.
- Case-load data from the NH Department of Health and Human Services Temporary Assistance to Needy Families (TANF) program exclude all town-level data points if the total number of recipients in a given month is five or fewer.

Because the ACS includes high margins of error in smaller rural communities this chapter uses a combination of data from the 2020 Census and the 2015-2020 American Community Survey. The data presented below in the tables, maps and narrative sections should only be used as a planning tool to help understand general demographic characteristics of the region, and to identify general levels and geographic concentrations of transit dependent populations.

2.3 Partner Agency Assessments of Local & Regional Transportation Need

Two surveys were conducted to gather input from partners in the region with first hand knowledge of populations likely to have unmet transportation needs. These included: 1) municipal human service directors; and 2) public and non-profit health and human service agencies that do not provide transportation but work with individuals likely to need transportation assistance. Survey questions addressed trends in numbers of clients served, observations regarding client access to different types of transportation (medical care, employment, childcare, social and civic activities), destinations in their communities that clients have difficulty accessing, impacts of COVID-19, and how they observe municipalities preparing for a growing older adult population.

Survey of Municipal Welfare Offices

- Most municipalities did not report an overall increase in the number of applicants compared to pre-covid years; some even reported lower numbers compared to pre-covid years. There was an increase in the number of welfare applications early in the Covid 19 pandemic primarily due to loss of employment. The number of applicants declined thereafter as federal resources increased.
- A handful of local welfare offices reported that Covid 19 had no impact on the perceived level of need for services
- Multiple towns reported that temporary rent and utility assistance through the Community Action Partnership of Strafford County (Strafford CAP) was essential
- Most offices do not keep data on whether applicants have access to their own vehicle. Strafford reported that about one out of eight applicants do not have their own vehicle; Dover estimated that about 50% of applicants do not have a vehicle.
- Welfare offices reported they see clients lacking transportation for essential trips like employment, healthcare, food, and human service appointments. However, they did not observe increased transportation challenges for essential trip purposes due to the Covid 19 pandemic.
- When respondents identified specific locations where people were likely more dependent on community transportation services, they were primarily older adult communities or assisted living facilities.
- Respondents identified shopping and healthcare related facilities as top destinations where better transportation access is needed.
- Most respondents said their communities are not taking specific steps to prepare for the projected increased concentration of older adults (or did not respond to the question). One community noted supporting Ready Rides; one has expanded housing options for older adults.

Survey of Regional Human Service Agencies

- Human service agencies provide a huge range of services to people of all ages in the region.
- All agencies noted that their clients lack transportation, though they report varying levels of need.
 - Crossroads house in Portsmouth reported that at least 80% of the people they serve lack transportation.
 - Rochester Housing Authority reported 60% of the people they serve lack transportation.
 - HAVEN Violence Prevention and Support Services said more than half of their clients

do not have access to an automobile or have unmet transportation needs.

- All agencies said their clients lack transportation access for essential trips like employment, healthcare, food, education, and human service appointments.
- Only a few agencies reported slight increases in the clients' lack of transportation for healthcare, childcare and civic/social activities after the onset of the Covid 19 pandemic. Several agencies reported noticeably increased transportation barriers for employment for clients after the onset of the Covid 19 pandemic.
- Agencies reported a very wide range of impacts to their services and clients from Covid 19:
 - Reduced levels of service because they were only able to transport individual people per vehicle trip due to covid restrictions and mask mandates
 - Reductions in staffing levels and support services
 - fewer shelter beds available because beds had to be spread farther apart
 - Inability of clients to receive care because they had tested positive for Covid 19
 - Cost of living increases but stagnant wages – especially hard for people on fixed income
 - Changes to protocols like appointments
 - Loss of clients due to pandemic-related fear
 - Increased individual mental health challenges due to pandemic-related stress (staff and clients), combined with a lack of mental health providers.
 - Friends and neighbors were unable to provide backup transportation due to quarantine
 - The pandemic isolated domestic abuse victims and kept them stuck at home with their abusers. This resulted in an observed increase in domestic violence and the number of people seeking shelter. Also, the court system was backlogged with protective orders (including orders to protect children from abusers).
 - Agencies adapted and improvised to maintain as many of their services as possible during the worst of the pandemic.

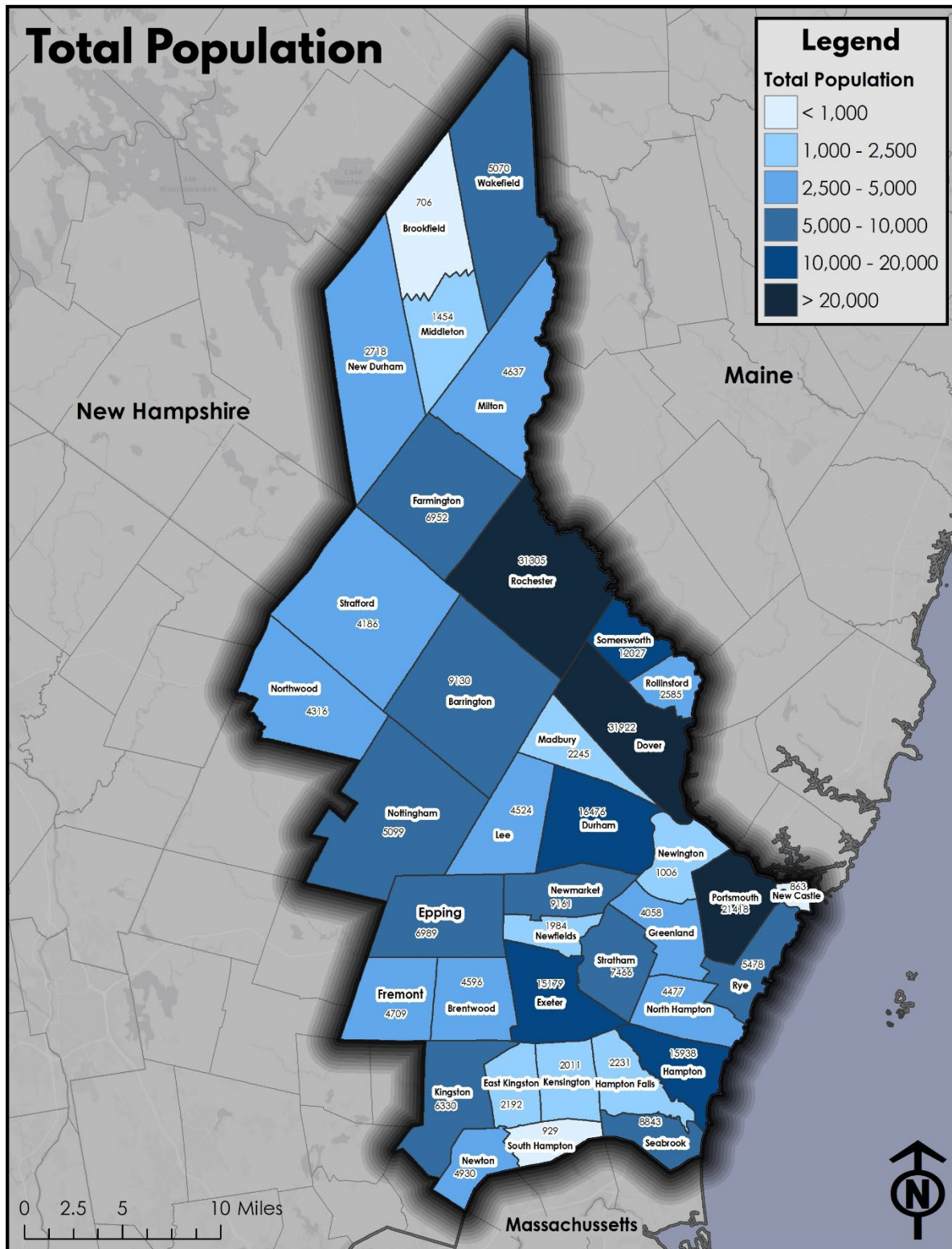
2.4 Population

The region encompasses approximately 781 square miles, or just under nine percent of the state's total area. About half of the population (53%) lives in seven municipalities - Dover, Rochester, Portsmouth, Hampton, Durham, Exeter, and Somersworth. The remaining 47% of the population lives in the other 31 rural municipalities.

The Southeast NH RCC region includes thirty-eight towns and cities having a total 2020 population of 279,371 (US decennial census). This is slightly over twenty percent of New Hampshire's total population. Town and city size ranges from 755 in Brookfield at the northern edge of the region to 32,741 in the City of Dover.

Population in the region grew 3 percent between 2010 and 2020. Four communities: Brookfield, East Kingston, Middleton, and New Castle saw their populations decrease between 11-16 percent during that time. Newfields, Newington, and Madbury experienced population increases between 21 and 36 percent. Between 2010 to 2020, most communities saw population growth, though primarily at low rates. Tables in the following section details historical and projected population growth.

Figure 2.1 – Population Range by Municipality



Source: 2020 U.S. Census

Population Projections

The population in the region is expected to grow by 2.29 percent by 2030; and by 6.37 percent by 2040. Over the next 10 years, the greatest growth is expected in people 65 years and older:

- Rockingham County is projected to experience 55 percent growth in older adults
- Carroll County is projected to experience 62 percent growth in older adults
- Strafford County is projected to experience 56 percent growth in older adults

Figure 2.2 – Population Projections by County and Age Group

Rockingham County

| Age Group | Census 2020 | Projected 2030 | Projected 2040 | Projected Change 2020-2030 | Change 2020-2030 | Age Distrib 2020 | Age Distrib 2030 |
|-----------|-------------|----------------|----------------|----------------------------|------------------|------------------|------------------|
| 5-14 | 33,872 | 35,322 | 39,211 | 6.61% | 18.34% | 12% | 11% |
| 15-24 | 35,013 | 28,616 | 30,875 | -16.73% | -10.16% | 12% | 9% |
| 25-64 | 170,317 | 164,097 | 160,569 | -4.69% | -6.74% | 58% | 51% |
| 65+ | 55,003 | 93,411 | 103,666 | 55.35% | 72.40% | 19% | 29% |
| Total | 294,206 | 321,446 | 334,321 | 2.31% | 6.41% | 100% | 100% |

Carroll County

| Age Group | Census 2020 | Projected 2030 | Projected 2040 | Projected Change 2020-2030 | Change 2020-2030 | Age Distrib 2020 | Age Distrib 2030 |
|-----------|-------------|----------------|----------------|----------------------------|------------------|------------------|------------------|
| 5-14 | 4,255 | 4,258 | 4,521 | 0.07% | 3.03% | 9% | 8% |
| 15-24 | 4,352 | 3,778 | 3,791 | -13.19% | -13.07% | 9% | 7% |
| 25-64 | 24,318 | 21,739 | 20,947 | -10.60% | -15.35% | 52% | 42% |
| 65+ | 13,709 | 22,210 | 23,823 | 62.01% | 60.41% | 29% | 43% |
| Total | 46,633 | 51,985 | 53,082 | 11.48% | 5.93% | 100% | 100% |

Strafford County

| Age Group | Census 2020 | Projected 2030 | Projected 2040 | Projected Change 2020-2030 | Change 2020-2030 | Age Distrib 2020 | Age Distrib 2030 |
|-----------|-------------|----------------|----------------|----------------------------|------------------|------------------|------------------|
| 5-14 | 13,784 | 12,700 | 14,927 | -7.86% | 8.29% | 11% | 10% |
| 15-24 | 24,522 | 23,019 | 22,345 | -6.13% | -8.88% | 20% | 17% |
| 25-64 | 65,679 | 66,670 | 68,806 | 1.51% | 4.76% | 53% | 50% |
| 65+ | 19,648 | 30,674 | 33,235 | 56.12% | 69.15% | 16% | 23% |
| Total | 123,634 | 133,063 | 139,313 | 7.63% | 12.68% | 100% | 100% |

Source: NH Office of Strategic Initiatives (Planning Divisions) County Population Projections (2022)

2.4 Coordinated Plan Target Populations – Socio-Economic Indicators

This Coordinated Plan is primarily concerned with the transportation needs and transportation service options for specific populations such as older adults, individuals with disabilities, those without a reliable personal vehicle, and people with low-income. These populations are more likely to lack reliable transportation or are more likely to need community transportation services.

Older adults

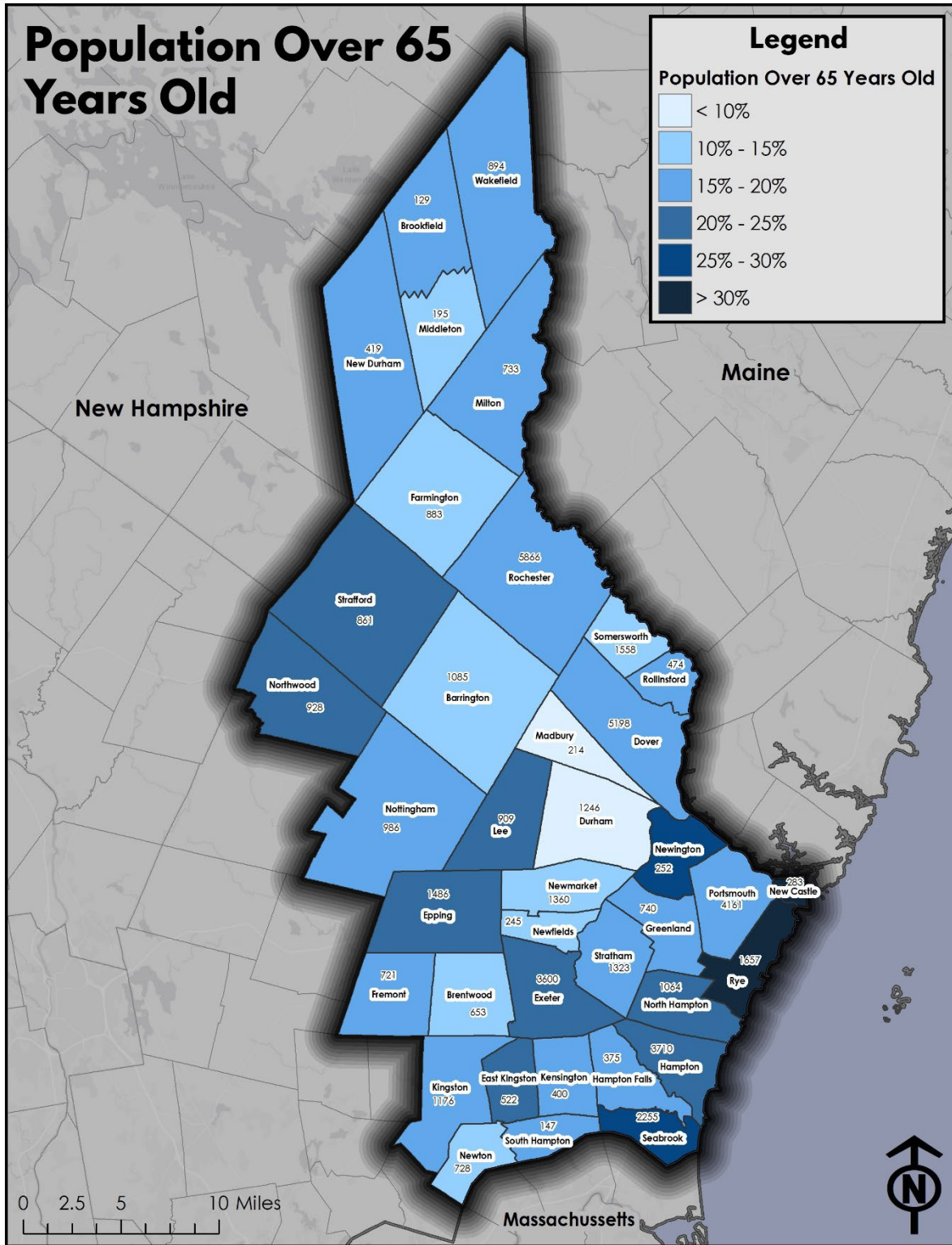
The older adult population, defined here as aged 65 and older, generally has a higher dependence on transit, as the ability to drive tends to diminish with age. According to Census data between 2015 and 2020, the overall regional population grew 3% but the population of people over 65 grew 25%. This tracks with the projected growth in older adult populations

According to 2020 data from the ACS - between 2015 and 2020 the older adult population in the RCC region grew by 21%. Newington, Newton, Nottingham, and Strafford all grew by over 60%; Newfields grew by nearly 80%. The largest eight municipalities in the region generally have concentrated urban populations and account for 62 percent of the total older adult population in 2020, with over 30,617 people. The remaining thirty smaller, more rural towns are home to 36 percent of the region's older adult population, or 18,832 individuals. However, many of the municipalities with the greatest local concentration of older adults are rural towns. It should be noted that even urbanized communities may have rural sections where people who require transportation support are isolated.

The American Association of Retired Persons (AARP) estimates that 1 out of every of Americans age 65 and over do not drive. Population projections for the NH Office of Planning and Development indicate that older adult populations throughout the region will continue to increase by over 50% through 2030

The availability of transportation services for older adults is a quality-of-life issue as those who can access transit are able to more active members of the community. Access to transportation services is also a health and safety aspect since older adults need to access health care and may be safer using transit services than driving themselves. Providing transportation services for older adults can increase the cost-effectiveness of long-term care since access to transit may allow more older adults to live independently rather than in more expensive institutionalized settings

Figure 2.3 – Population Aged 65+ by Municipality



Source: U.S. Census – American Community Survey (2020)

Individuals with Disabilities

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

The U.S. Census Bureau collects data on disability for non-institutionalized individuals aged 5 and older. However, it should be noted that disability data is self-reported by the surveyed households and does not necessarily align with eligibility requirements for state or federal human services under Americans with Disabilities ACT programs. Similarly, there is no clear definition within census data as to which categories of disability result in transit dependence. Categories of disability in the American Community Survey (ACS) include hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. However, the numbers of individuals in these subsets are small enough, particularly in smaller communities, that margins of error can exceed 100%, and across the 38 RCC communities average 72%. Consequently, data are presented here for all census-defined categories of disability.

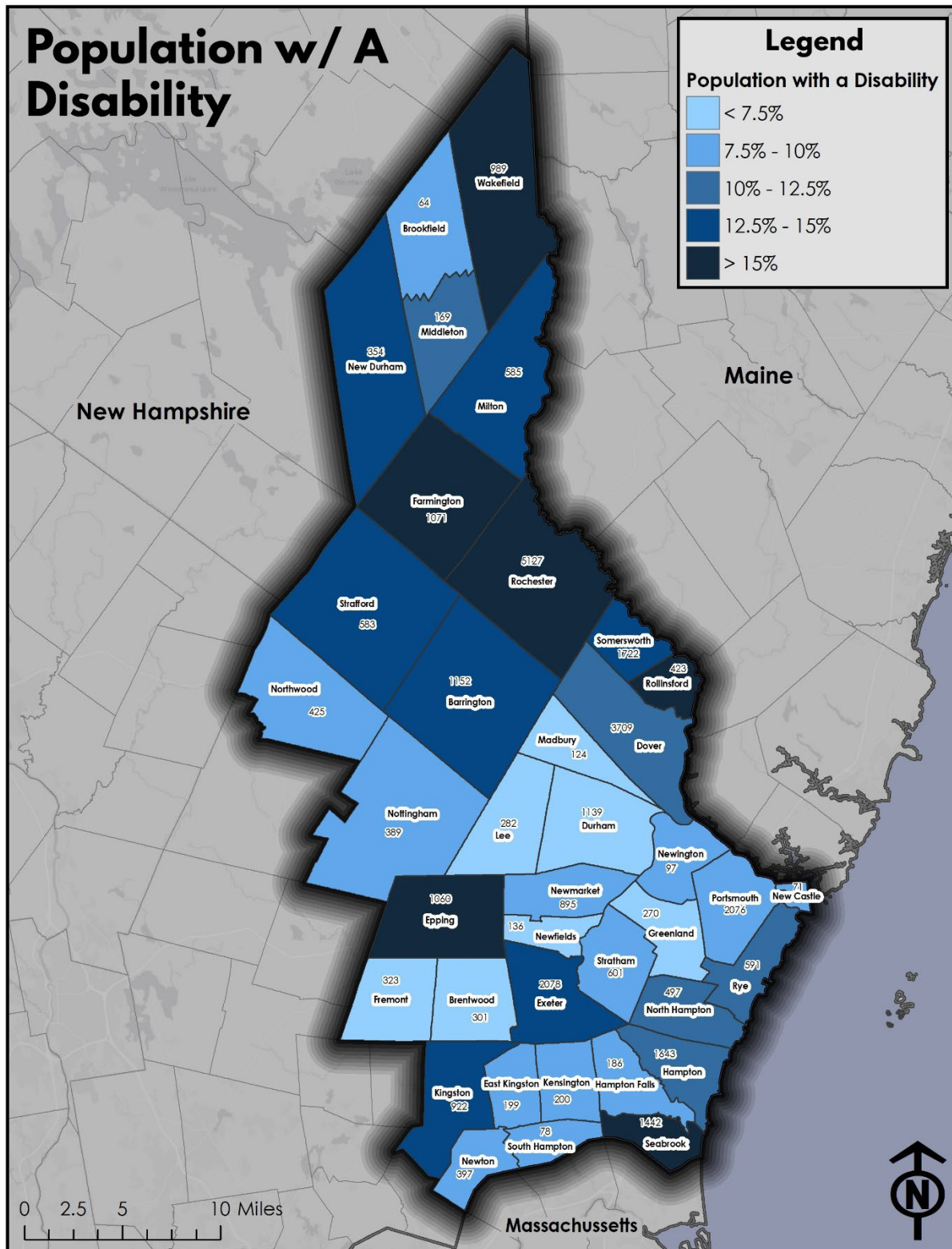
According to the 2015-2020 ACS, approximately 11.7 percent, or about 32,356 of the region's total population, has one or more disabilities. Larger or urbanized municipalities have the greatest total number of people with disabilities. This accounts for 55 percent of the region's population with disabilities, or over 17,800 individuals (Rochester, Dover, Somersworth, Seabrook, Exeter, Hampton, and Portsmouth). However, the municipalities with the largest percent of local residents with disabilities are distributed throughout the region: Wakefield (19.5%), Rochester (16.4%), Rollinsford (16.4%), Seabrook (16.3%), Farmington (15.4%), and Epping (15.2%). Brentwood, Lee, and Madbury have the lowest estimated rates (below 6.5 %).

Figure 2.4 Population with Disabilities 2020

| Geography | Total Pop | Total Pop with Disability | % of Pop with Disability | Older adult Age 65+ | Older adult Age 65+ with Disability |
|----------------------|------------------|----------------------------------|---------------------------------|----------------------------|--|
| Barrington | 9,130 | 1,152 | 12.6% | 1,086 | 180 |
| Brentwood | 4,596 | 301 | 6.5% | 653 | 36 |
| Brookfield | 706 | 64 | 9.1% | 129 | 3 |
| Dover | 31,922 | 3,710 | 11.6% | 5,199 | 902 |
| Durham | 16,476 | 1,140 | 6.9% | 1,247 | 161 |
| East Kingston | 2,192 | 199 | 9.1% | 522 | 107 |
| Epping | 6,989 | 1,061 | 15.2% | 1,487 | 323 |
| Exeter | 15,179 | 2,078 | 13.7% | 3,600 | 700 |
| Farmington | 6,952 | 1,071 | 15.4% | 883 | 194 |
| Fremont | 2,718 | 354 | 6.9% | 419 | 110 |
| Greenland | 4,709 | 323 | 6.7% | 722 | 33 |
| Hampton | 4,058 | 270 | 10.3% | 741 | 329 |
| Hampton Falls | 15,938 | 1,644 | 8.3% | 3,710 | 30 |
| Kensington | 2,231 | 186 | 10.0% | 375 | 33 |
| Kingston | 2,011 | 201 | 14.6% | 400 | 163 |
| Lee | 6,330 | 923 | 6.2% | 1,176 | 92 |
| Madbury | 4,524 | 282 | 5.5% | 910 | 22 |
| Middleton | 2,245 | 124 | 11.6% | 214 | 23 |
| Milton | 1,454 | 169 | 12.6% | 195 | 122 |
| New Castle | 4,637 | 586 | 8.2% | 734 | 33 |
| New Durham | 863 | 71 | 13.0% | 283 | 84 |
| Newfields | 1,984 | 137 | 6.9% | 245 | 38 |
| Newington | 1,006 | 97 | 9.6% | 252 | 53 |
| Newmarket | 9,161 | 896 | 9.8% | 1,361 | 261 |
| Newton | 4,930 | 398 | 8.1% | 728 | 135 |
| North Hampton | 4,477 | 468 | 10.5% | 1,064 | 161 |
| Northwood | 4,316 | 426 | 9.9% | 928 | 43 |
| Nottingham | 5,099 | 389 | 7.6% | 987 | 59 |
| Portsmouth | 21,418 | 2,076 | 9.7% | 4,161 | 309 |
| Rochester | 31,305 | 5,128 | 16.4% | 5,867 | 871 |
| Rollinsford | 2,585 | 423 | 16.4% | 474 | 130 |
| Rye | 5,478 | 592 | 10.8% | 1,658 | 122 |
| Seabrook | 8,843 | 1,442 | 16.3% | 2,255 | 301 |
| Somersworth | 12,027 | 1,722 | 14.3% | 1,559 | 185 |
| South Hampton | 929 | 78 | 8.4% | 147 | 11 |
| Strafford | 4,186 | 583 | 13.9% | 861 | 93 |
| Stratham | 7,466 | 602 | 8.1% | 1,323 | 124 |
| Wakefield | 5,070 | 990 | 19.5% | 894 | 65 |
| RCC Region | 276,140 | 32,356 | 11.7% | 49,449 | 6,641 |
| New Hampshire | 1,338,372 | 170,907 | 12.8% | 245,142 | 34,747 |

Source: American Community Survey 2015-2020 5-Year Compilation

Figure 2.5 – Population with Disability by Municipality



Income and Poverty

Another strong indicator of likely unmet transportation needs is income. The cost of critical things like housing, utilities, healthcare, and vehicle ownership make up a greater proportion of the monthly budget for lower income households, than middle- or higher-income households. Purchasing, insuring, and maintaining a vehicle may be too expensive for many families in the southeast NH region. Households with lower incomes may not be able to find affordable housing in urban communities where jobs and other resources are concentrated. Especially in the smaller outlying towns that do not have fixed transit services, individuals without reliable access to a personal vehicle have greater difficulty accessing jobs, health care, groceries and other essential goods, and other vital community services.

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

The U.S. Census Bureau measures poverty using several thresholds that vary by family size, number of children and age of the householder. This plan measures poverty levels by compiling the number of people at or below 50% of the federal poverty level. The data collected by the Census Bureau excludes some sub-populations such as those living in college dormitories, institutionalized individuals, those living in military group quarters, and unrelated individuals under fifteen years of age. The Census short form does not include an income question, so no 100% count data are available on income since 2000. 2015-2020 ACS five-year data compilation uses a much smaller annual sampling of communities in NH.

Even though Census data excludes individuals living in college dormitories, Durham has the highest percentage of its population living below the poverty level, at 22 percent (over 1,800 people). This is a much higher percentage than any other community in the region. This high figure is likely due to the significant number of University of NH students who live on or near Durham's campus and have limited income or do not work while in college. UNH Durham has on-campus and regional fixed-route transit services.

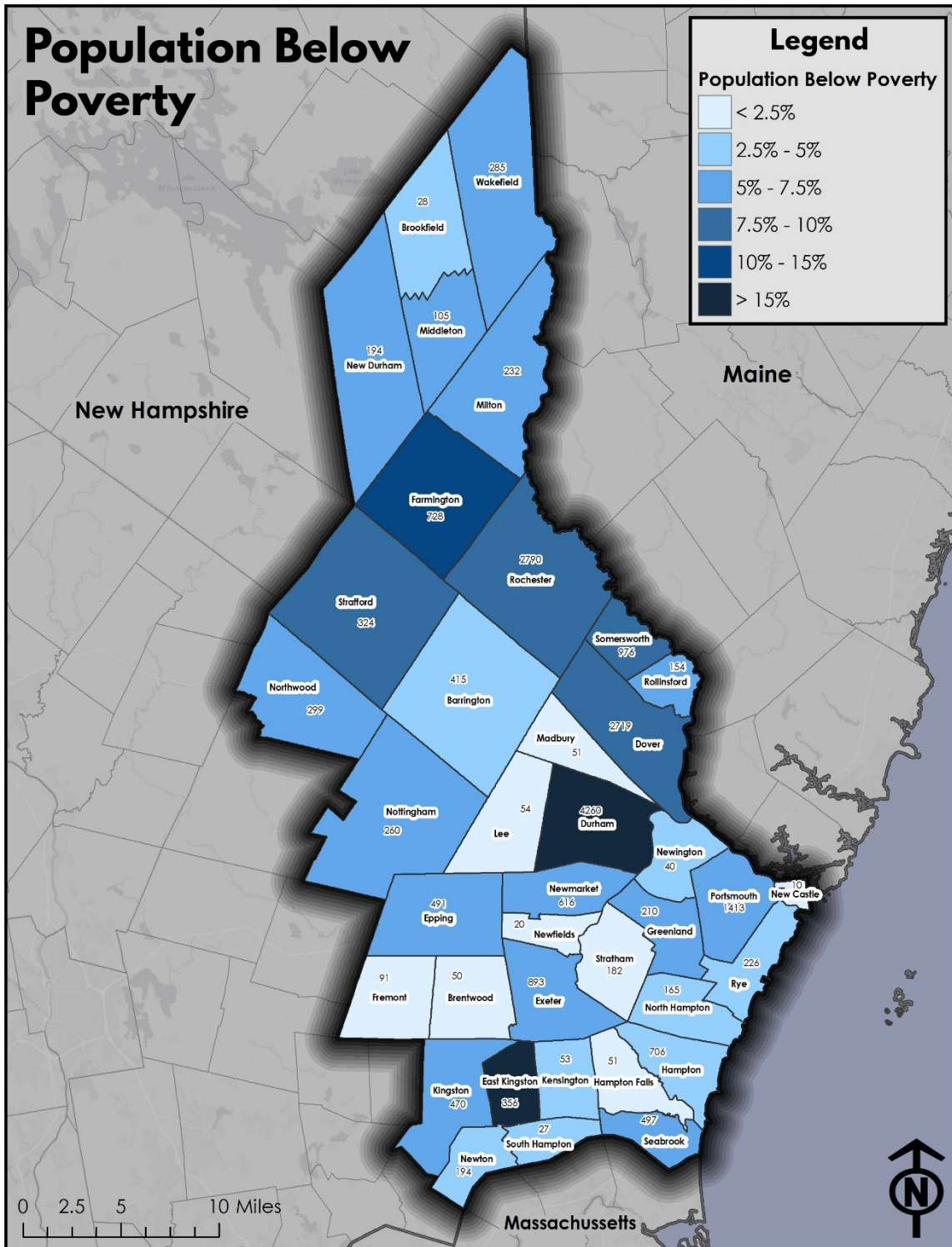
The region has an approximate overall poverty rate of 8 percent or 21,783 individuals. People in poverty appear to be distributed slightly differently than trends for older adults and people with disabilities. Ignoring Durham, East Kingston has the largest proportion of people in poverty (16%). The next four highest are Farmington, Rochester, Dover, and Somersworth – all which have large populations and urban centers. While many rural communities contain people in poverty, it appears that the largest populations of people in poverty are also in the communities with higher overall populations and dense urban centers.

Figure 2.6 Poverty Rates for General & Older adult Population

| Community | Total Population 2020 | Population in Poverty | Percent in Poverty 2020 | Population Aged 65+ |
|-------------------|--------------------------------------|----------------------------------|--|--------------------------------|
| Barrington | 9,130 | 416 | 4.6% | 1,086 |
| Brentwood | 4,596 | 50 | 1.1% | 653 |
| Brookfield | 706 | 28 | 4.0% | 129 |
| Dover | 31,922 | 2720 | 8.5% | 5,199 |
| Durham | 16,476 | 4261 | 25.9% | 1,247 |
| East Kingston | 2,192 | 356 | 16.2% | 522 |
| Epping | 6,989 | 491 | 7.0% | 1,487 |
| Exeter | 15,179 | 893 | 5.9% | 3,600 |
| Farmington | 6,952 | 728 | 10.5% | 883 |
| Fremont | 2,718 | 91 | 7.2% | 419 |
| Greenland | 4,709 | 211 | 1.9% | 722 |
| Hampton | 4,058 | 706 | 5.2% | 741 |
| Hampton Falls | 15,938 | 51 | 4.4% | 3,710 |
| Kensington | 2,231 | 53 | 2.3% | 375 |
| Kingston | 2,011 | 470 | 2.6% | 400 |
| Lee | 6,330 | 54 | 7.4% | 1,176 |
| Madbury | 4,524 | 51 | 1.2% | 910 |
| Middleton | 2,245 | 106 | 2.3% | 214 |
| Milton | 1,454 | 233 | 7.3% | 195 |
| New Castle | 4,637 | 10 | 5.0% | 734 |
| New Durham | 863 | 195 | 1.2% | 283 |
| Newfields | 1,984 | 20 | 1.0% | 245 |
| Newington | 1,006 | 40 | 4.0% | 252 |
| Newmarket | 9,161 | 616 | 6.7% | 1,361 |
| Newton | 4,930 | 194 | 3.9% | 728 |
| North Hampton | 4,477 | 165 | 3.7% | 1,064 |
| Northwood | 4,316 | 300 | 7.0% | 928 |
| Nottingham | 5,099 | 261 | 5.1% | 987 |
| Portsmouth | 21,418 | 1414 | 6.6% | 4,161 |
| Rochester | 31,305 | 2791 | 8.9% | 5,867 |
| Rollinsford | 2,585 | 155 | 6.0% | 474 |
| Rye | 5,478 | 226 | 4.1% | 1,658 |
| Seabrook | 8,843 | 497 | 5.6% | 2,255 |
| Somersworth | 12,027 | 976 | 8.1% | 1,559 |
| South Hampton | 929 | 27 | 2.9% | 147 |
| Strafford | 4,186 | 324 | 7.7% | 861 |
| Stratham | 7,466 | 182 | 2.4% | 1,323 |
| Wakefield | 5,070 | 285 | 5.6% | 894 |
| RCC Region | 276,140 | 20,648 | 7.89% | 49,449 |

Source: 2015-2020 American Community Survey

Figure 2.7 – Population in Poverty by Municipality



Source: US Census – 2015-2020 American Community Survey

Temporary Assistance for Needy Families (TANF) Recipients

The number of welfare recipients is another indicator of transit need because the cost of purchasing and owning a personal vehicle may be too high for people with low income. These individuals may require more transit trips than other transit-dependent populations since they may need to periodically report to welfare offices, access employment, job training programs, and childcare locations, as well as needing to travel for health care, shopping and other community activities.

Case load data obtained from the NH Department of Health & Human Services (NHDHHS) under the Temporary Assistance for Needy Families (TANF) program is much more current and representative than U.S. Census poverty data. Data shown below are the total number of unduplicated cases for 2022 through September. Note that NHDHHS excludes community level data if the number in any category is greater than zero but less than ten, therefore the data slightly under-estimates the total number of recipients in the region. The Division of Family Assistance includes several programs: New Hampshire Employment Program; Family Assistance Program; Families with Older Children; Unemployed Parents; Interim Disabled Parent; National Supplement for Working Families; Medical Assistance Group.

Fifty-two percent of average monthly TANF caseload can be attributed to some of the largest communities – Rochester, Dover, Portsmouth, Somersworth, and Seabrook. For the region as a whole, 2% of the population receives TANF assistance in a given month. As the enrolled population changes from month to month, the share of the population receiving TANF over the course of a year would be significantly higher, but the dataset doesn't allow one to identify individual cases or average recipient months.

Figure 2.9 below shows Medicaid cases by municipality for the month of November 2022. This is only a snapshot in time but still provides estimated monthly enrollment levels for communities in the region. Average enrollment during November in the region was 42,379 individuals, or 16 percent of the population.

Figure 2.8 Temporary Assistance for Needy Families (TANF) Recipients

| Town | Total Population | Total TANF Cases as of Sep 2022 | Est Avg TANF Cases/ Month 2022 | Est Monthly Average % of Pop on TANF 2022 |
|-------------------|-------------------------|--|---------------------------------------|--|
| Barrington | 9130 | 1,794 | 199 | 2.2% |
| Brentwood | 4596 | 451 | 50 | 1.1% |
| Brookfield | 706 | 123 | 14 | 1.9% |
| Dover | 31922 | 7,245 | 805 | 2.5% |
| Durham | 16476 | 569 | 63 | 0.4% |
| East Kingston | 2192 | 338 | 38 | 1.7% |
| Epping | 6989 | 1,371 | 152 | 2.2% |
| Exeter | 15179 | 2,531 | 281 | 1.9% |
| Farmington | 6952 | 2,303 | 256 | 3.7% |
| Fremont | 4709 | 694 | 77 | 1.6% |
| Greenland | 4058 | 540 | 60 | 1.5% |
| Hampton | 15938 | 2,573 | 286 | 1.8% |
| Hampton Falls | 2231 | 233 | 26 | 1.2% |
| Kensington | 2011 | 230 | 26 | 1.3% |
| Kingston | 6330 | 1,112 | 124 | 2.0% |
| Lee | 4524 | 725 | 81 | 1.8% |
| Madbury | 2245 | 248 | 28 | 1.2% |
| Middleton | 1454 | 511 | 57 | 3.9% |
| Milton | 4637 | 1,329 | 148 | 3.2% |
| New Castle | 863 | 47 | 5 | 0.6% |
| New Durham | 2718 | 605 | 67 | 2.5% |
| Newfields | 1984 | 176 | 20 | 1.0% |
| Newington | 1006 | 105 | 12 | 1.2% |
| Newmarket | 9161 | 1,905 | 212 | 2.3% |
| Newton | 4930 | 694 | 77 | 1.6% |
| North Hampton | 4477 | 543 | 60 | 1.3% |
| Northwood | 4316 | 1,010 | 112 | 2.6% |
| Nottingham | 5099 | 711 | 79 | 1.5% |
| Portsmouth | 21418 | 4,145 | 461 | 2.2% |
| Rochester | 31305 | 11,860 | 1,318 | 4.2% |
| Rollinsford | 2585 | 504 | 56 | 2.2% |
| Rye | 5478 | 548 | 61 | 1.1% |
| Seabrook | 8843 | 2,848 | 316 | 3.6% |
| Somersworth | 12027 | 3,856 | 428 | 3.6% |
| South Hampton | 929 | 122 | 14 | 1.5% |
| Strafford | 4186 | 735 | 82 | 2.0% |
| Stratham | 7466 | 673 | 75 | 1.0% |
| Wakefield | 5070 | 1,333 | 148 | 2.9% |
| RCC Region | 276,140 | 57,340 | 6,371 | 2.3% |

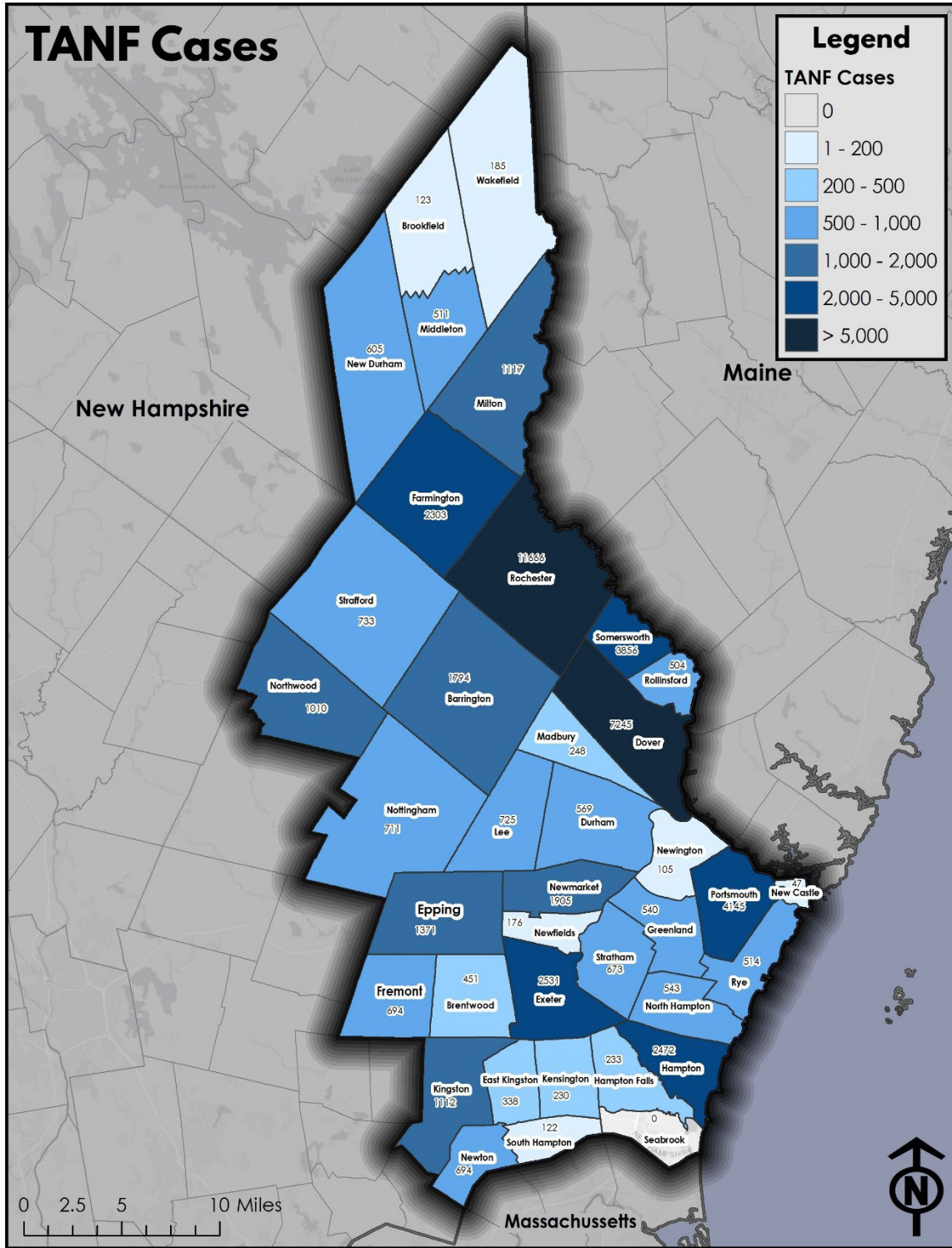
Source: 2020 US Census, NHDHHS Division of Family Services
 Cases include multiple programs: NH Employment Program; Family Assistance; Families with Older Children; Unemployed Parents; Interim Disabled Parent; National Supplement for Working Families; Medical Assistance Group

Figure 2.9 - Medicaid Recipients

| Municipality | US Census Pop 2020 | Total Medicaid Cases in 2022 | Estimated Average Monthly Caseload 2022 | Monthly Average Percent of residents receiving Medicaid |
|---------------------|---------------------------|-------------------------------------|--|--|
| Barrington | 9,130 | 1,284 | 107 | 1% |
| Brentwood | 4,596 | 416 | 35 | 1% |
| Brookfield | 706 | 97 | 8 | 1% |
| Dover | 31,922 | 5,545 | 462 | 1% |
| Durham | 16,476 | 446 | 37 | 0% |
| East Kingston | 2,192 | 227 | 19 | 1% |
| Epping | 6,989 | 1,045 | 87 | 1% |
| Exeter | 15,179 | 1,906 | 159 | 1% |
| Farmington | 6,952 | 1,744 | 145 | 2% |
| Fremont | 2,718 | 500 | 42 | 2% |
| Greenland | 4,709 | 369 | 31 | 1% |
| Hampton | 4,058 | 1,872 | 156 | 4% |
| Hampton Falls | 15,938 | 196 | 16 | 0% |
| Kensington | 2,231 | 157 | 13 | 1% |
| Kingston | 2,011 | 787 | 66 | 3% |
| Lee | 6,330 | 503 | 42 | 1% |
| Madbury | 4,524 | 177 | 15 | 0% |
| Middleton | 2,245 | 371 | 31 | 1% |
| Milton | 1,454 | 1,014 | 85 | 6% |
| New Castle | 4,637 | 37 | 3 | 0% |
| New Durham | 863 | 430 | 36 | 4% |
| Newfields | 1,984 | 132 | 11 | 1% |
| Newington | 1,006 | 70 | 6 | 1% |
| Newmarket | 9,161 | 1,337 | 111 | 1% |
| Newton | 4,930 | 512 | 43 | 1% |
| North Hampton | 4,477 | 356 | 30 | 1% |
| Northwood | 4,316 | 750 | 63 | 1% |
| Nottingham | 5,099 | 526 | 44 | 1% |
| Portsmouth | 21,418 | 3,147 | 262 | 1% |
| Rochester | 31,305 | 8,998 | 750 | 2% |
| Rollinsford | 2,585 | 369 | 31 | 1% |
| Rye | 5,478 | 377 | 31 | 1% |
| Seabrook | 8,843 | 2,073 | 173 | 2% |
| Somersworth | 12,027 | 2,918 | 243 | 2% |
| South Hampton | 929 | 86 | 7 | 1% |
| Strafford | 4,186 | 526 | 44 | 1% |
| Stratham | 7,466 | 487 | 41 | 1% |
| Wakefield | 5,070 | 1,101 | 92 | 2% |
| RCC region | 276,140 | 42,888 | Average: 16% | Average 1% |

Source: NHDHHS Division of Family Assistance

Figure 2.10 – Temporary Assistance for Needy Families (TANF) Enrollment by Municipality



Source: NH Department of Health and Human Services 2022

Auto Availability

The level of auto ownership or access to a vehicle is an indicator of people's level of transit need. To access their basic day-to-day needs, people without a personal vehicle have to rely on friends and family, take community transportation, or forego their trip. In the smaller outlying towns without fixed transit services, not having a vehicle is likely to ensure that individuals cannot effectively access jobs, education, health care, shopping venues and other vital community services.

The region has nearly 5,114 households or 3 percent of all households without an available vehicle. Newington, Rollinsford, and Somersworth have the highest percentage of households without a vehicle (10%). Most other communities are under 5 percent; East Kingston, Hampton Falls, Greenland, and Madbury have 0% of households lacking a vehicle.

Other Transit-Dependent Populations

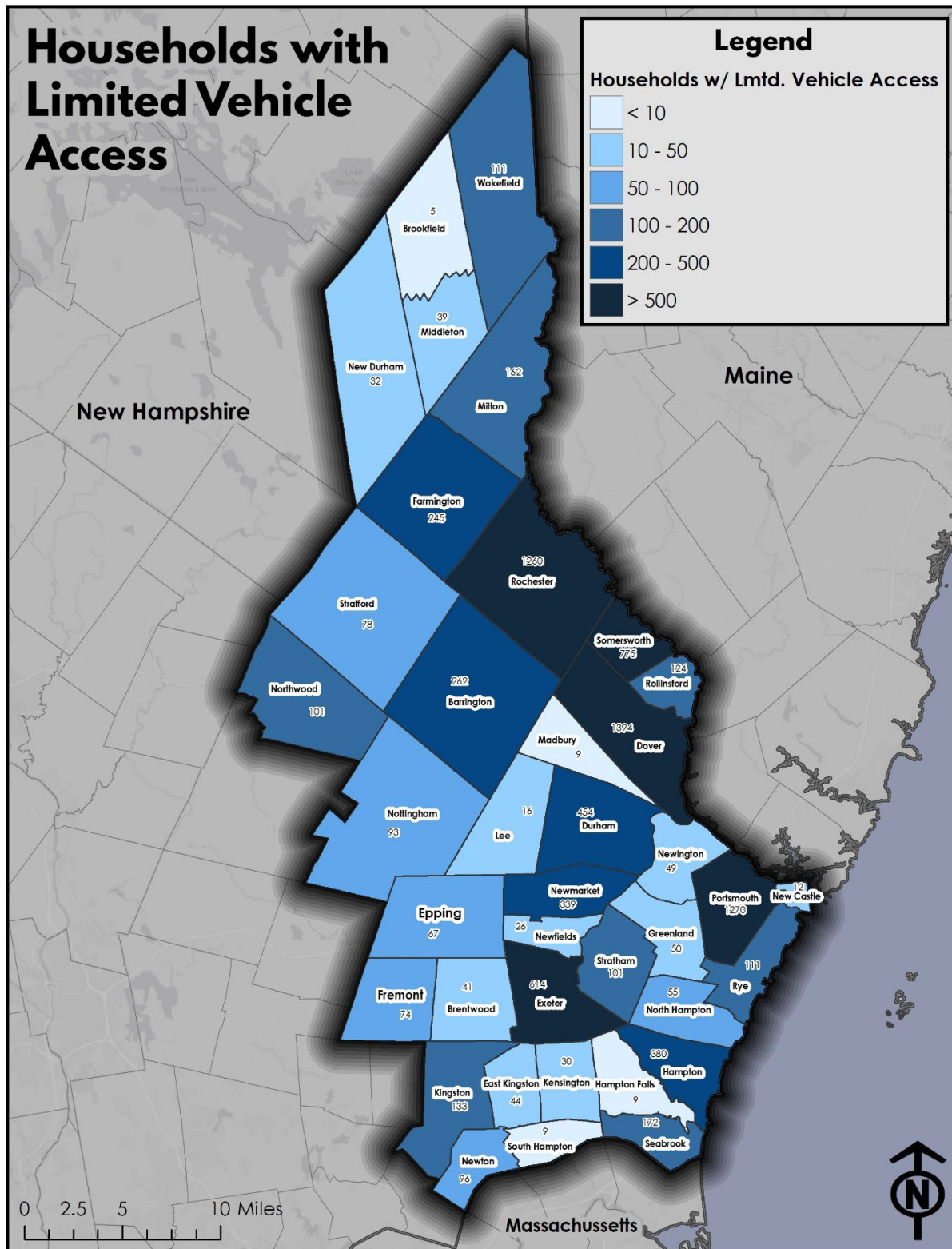
While not specifically evaluated in this Plan, other transit-dependent populations exist on a temporary basis. These include individuals with a short-term disability due to injury or illness; those who have lost their driving privileges for some period; and people left without a vehicle due to a breakdown or crash – whether for just a short time while the vehicle is being repaired, or a longer period while the individual or family saves to replace it. In addition, the youth population is less likely to have access to a vehicle for transportation to after-school jobs, educational and extra-curricular activities, recreation, shopping, and the like. These populations are likely to be at least occasionally dependent upon public transit systems or other means of getting from place to place.

Figure 2.11 Auto availability

| Geography | Total Households | HHs with No Vehicle | % HHs with No Vehicle | HHs w/more workers than vehicles | % HHs w/more Workers than Vehicles | Combined Vehicle Limited HHs | % Vehicle Limited HHs |
|-------------------|------------------|---------------------|-----------------------|----------------------------------|------------------------------------|------------------------------|-----------------------|
| Barrington | 3,290 | 163 | 5% | 99 | 3% | 262 | 8% |
| Brentwood | 1,541 | 20 | 1% | 21 | 1% | 41 | 3% |
| Brookfield | 274 | 5 | 2% | 0 | 0% | 5 | 2% |
| Dover | 13,860 | 862 | 6% | 532 | 4% | 1,394 | 10% |
| Durham | 3,206 | 222 | 7% | 232 | 7% | 454 | 14% |
| East Kingston | 812 | 4 | 0% | 40 | 5% | 44 | 5% |
| Epping | 2,730 | 25 | 1% | 42 | 2% | 67 | 2% |
| Exeter | 6,693 | 425 | 6% | 189 | 3% | 614 | 9% |
| Farmington | 2,815 | 132 | 5% | 113 | 4% | 245 | 9% |
| Fremont | 1,686 | 9 | 1% | 65 | 4% | 74 | 4% |
| Greenland | 1,576 | 0 | 0% | 50 | 3% | 50 | 3% |
| Hampton | 7,058 | 168 | 2% | 212 | 3% | 380 | 5% |
| Hampton Falls | 829 | 2 | 0% | 7 | 1% | 9 | 1% |
| Kensington | 723 | 21 | 3% | 9 | 1% | 30 | 4% |
| Kingston | 2,747 | 70 | 3% | 63 | 2% | 133 | 5% |
| Lee | 1,883 | 16 | 1% | 0 | 0% | 16 | 1% |
| Madbury | 714 | 0 | 0% | 9 | 1% | 9 | 1% |
| Middleton | 554 | 31 | 6% | 8 | 1% | 39 | 7% |
| Milton | 1,707 | 69 | 4% | 93 | 5% | 162 | 9% |
| New Castle | 418 | 7 | 2% | 5 | 1% | 12 | 3% |
| New Durham | 1,883 | 19 | 1% | 13 | 1% | 32 | 2% |
| Newfields | 617 | 7 | 1% | 19 | 3% | 26 | 4% |
| Newington | 423 | 44 | 10% | 5 | 1% | 49 | 12% |
| Newmarket | 4,066 | 168 | 4% | 171 | 4% | 339 | 8% |
| Newton | 1,763 | 54 | 3% | 42 | 2% | 96 | 5% |
| North Hampton | 1,906 | 47 | 2% | 8 | 0% | 55 | 3% |
| Northwood | 1,691 | 41 | 2% | 60 | 4% | 101 | 6% |
| Nottingham | 1,967 | 38 | 2% | 55 | 3% | 93 | 5% |
| Portsmouth | 10,097 | 755 | 7% | 515 | 5% | 1,270 | 13% |
| Rochester | 13,151 | 836 | 6% | 424 | 3% | 1,260 | 10% |
| Rollinsford | 1,036 | 105 | 10% | 19 | 2% | 124 | 12% |
| Rye | 2,304 | 53 | 2% | 58 | 3% | 111 | 5% |
| Seabrook | 3,870 | 114 | 3% | 58 | 1% | 172 | 4% |
| Somersworth | 5,246 | 514 | 10% | 261 | 5% | 775 | 15% |
| South Hampton | 332 | 5 | 2% | 4 | 1% | 9 | 3% |
| Strafford | 1,386 | 7 | 1% | 71 | 5% | 78 | 6% |
| Stratham | 2,886 | 29 | 1% | 72 | 2% | 101 | 3% |
| Wakefield | 2,202 | 27 | 1% | 84 | 4% | 111 | 5% |
| RCC Region | 111,942 | 5,114 | 5% | 2,472 | 2% | 7,586 | 7% |

Source: 2015-2020 American Community Survey

Figure 2.12 – Households with No Vehicle Available by Municipality



Source: US Census 2015-2020 American Community Survey

3.0 PROFILE OF EXISTING SERVICES

The Southeast region of New Hampshire has one of the most diverse and comprehensive transportation systems in NH, offering a number of publicly and privately operated transportation options across modes including intercity rail and bus, regional fixed route public transit and numerous demand response bus services and volunteer driver programs. However, as the region continues to grow rapidly, new businesses locate here, and the population ages, transportation services in the region continue to fall short of the growing demand. The shortcomings include frequency of service, geographic coverage, and capacity constraints due to staffing, vehicle, and/or financial limitations.

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

Three surveys were conducted for this 2022 update to the Coordinated Public Transit/Human Services Transportation Plan, including transportation providers, local welfare directors, and public and nonprofit human service agencies who don’t provide transportation but work with populations likely to have unmet transportation needs. These surveys provided an updated understanding of the needs of consumers, and the resources and challenges of the agencies and organizations that serve them.

It was not possible to collect survey responses from all of the transportation providers in the region, but the answers collected provide a snapshot of services existing in the Southeast NH region. This chapter includes profiles of the key transportation providers in the region, compiles results of the provider agency survey, and examines trip volume by town and known service gaps around the region.

3.1 Fixed Route Services

COAST

Public fixed-route transportation service is provided by the Cooperative Alliance for Seacoast Transportation (COAST), a regional non-profit transportation provider operating in the region. COAST, through NH RSA 239, is a political subdivision of the State of New Hampshire and consequently is a direct recipient of Federal Transit Administration (FTA) funding, described in Section 7.2.



With the impending completion of the Newington-Dover project on the Spaulding Turnpike in mid-2020, COAST underwent a Comprehensive Operations Analysis (COA) between 2018 and early 2020. This was done in preparation for service changes that would be necessitated with the end of construction mitigation funding that was being used to enhance COAST services at the time. The result of the COA was a revamped regional and local fixed route bus network that we designed to better meet regional needs, as identified through an extensive public input process, and within the financial constraints COAST had to work within. The new system was launched in late June 2020, during the relatively early days of the COVID-19 pandemic.

COAST provides public fixed-route bus service in six of the 38 municipalities in the Southeast RCC region. Based on population data from the 2020 census, those communities represent

82% of the total population in the region. COAST's fixed route public transit service was impacted heavily by the COVID-19 pandemic. Service was suspended briefly in the spring of 2020, and has been slowly rebuilding since. Fixed route ridership as of January 2023 is approximately at 60% of pre-pandemic levels, though this also reflects a significantly reduced schedule forced by an ongoing driver shortage.

COAST is scheduled to operate eight main regional routes Mondays through Saturdays (except Routes 44 and 100). These are known as Routes 1, 6, 12, 13, 14, 43, 44, and 100. Buses run hourly; between approximately 5:45am and 7:00pm, with some routes running as late as 10:00pm.

In addition to regional routes, COAST operates local fixed route bus services in Dover and Portsmouth. These are known as Routes 33, 34, 40, 41 and 42. Like the regional routes, COAST's local routes are scheduled to run hourly, Monday through Saturday (except Route 42). The approximate daily span of services for COAST's local routes is 6:00am to 8:00pm, with some exceptions.

All fares on COAST's fixed route buses are \$1.50 per trip, regardless of route and distance traveled. Children aged five and under ride free. Half-fare privileges are extended to older adults (65 years and older), riders with disabilities, and individuals possessing a valid Medicare Card. Student IDs from UNH or Great Bay Community College also allow free travel on all COAST routes. Two multi-ride fare options exist: single-ride ticket bundles are available for \$20 (good for 15 rides) and monthly passes for \$52 (good for unlimited use during the calendar month). COAST also sells single-ride drop tickets to area non-profits for a 50% discount, as well as provides set amounts of tickets to area welfare offices and emergency homeless shelters for free. Temporary training passes for qualified individuals are available as well.

Wildcat Transit

The University of New Hampshire (UNH) provides fixed-route bus service via Wildcat Transit (University Transportation Services), which serves UNH students, faculty and staff, and the public. Wildcat Transit operates free campus-based connector (shuttle) routes in Durham with schedules varying in conjunction with university operations. Wildcat Transit also provides regional fixed-route service from Durham to Dover (Route 3), from Durham to Portsmouth (Route 4), and from Durham to Newmarket (Route 5). The Newmarket route (Route 5) is scheduled to be discontinued at the end of the 2022-2023 academic year due to reduced demand as more students have shifted to recently built off-campus housing in Durham rather than apartments in Newmarket. Similar to COAST, Wildcat services were briefly curtailed early in the COVID-19 pandemic and have been building back ridership since. Costs are \$1.50 per ride for the public, with UNH students, faculty, and staff riding for free (with UNH ID). Children under the age of five ride free. Passengers over 65 or passengers with disabilities displaying a valid Medicare card ride at a half-fare rate. Through a mutual agreement with COAST, monthly passes and single ride tickets are accepted on both agencies' vehicles and routes.



Visit the [Wildcat Transit website](#) for more information.

C&J Bus Lines

C&J Bus Lines is a private carrier that operates coach bus service between Dover, Portsmouth, Seabrook, Boston Logan Airport, and Boston South Station where connections can be made via Amtrak and various intercity bus companies to points south and west. Buses run approximately every half-hour during the morning commute and approximately every hour throughout the day, with slightly reduced weekend and holiday service. C&J also offers a premium service between Portsmouth (NH), Tewksbury (MA), and New York City featuring one to three buses per day, 7 days a week (with only one run on Monday, Tuesday, Wednesday, and Saturday). Within the Southeast NH region, C&J provides limited intercity transportation between Dover and Portsmouth, with round-trip fares of \$7. In 2020 C&J opened a new transit center in Seabrook off of Route 107, shifting operations here from its former facility in Newburyport off Exit 57 on I95 due to capacity limitations.



C&J offers a number of discounts for its trips that include their Half-Fare Program for those 65 years or age or older along with Medicare card holders and those with disabilities. Children under 5 ride free and children under 12 ride at the “Kids” rate with an adult. Students and active military also qualify for a discount with valid student or military identification card. C&J was heavily impacted heavily by COVID-19 but has gradually built back ridership as people return to air travel and hybrid work schedules.

www.ridecj.com

Amtrak Downeaster

The region is served by the Amtrak Downeaster, providing five daily round trip trains between Boston North Station and Brunswick, Maine. Station stops in the RCC region include Dover, Durham and Exeter. The Amtrak Downeaster has twelve stops total which include: Brunswick, Freeport, Portland, Old Orchard Beach (seasonal), Saco, Wells, Dover, Durham-UNH, Exeter, Haverhill, Woburn, and Boston.



Fares range in price depending upon the travel destination and schedule. Amtrak offers seasonal specials along with a 50% discount for senior passengers (65 and over) on regular one way fares, a 50% discount for passengers with disabilities and Medicare card holders for regular one-way fares, half price for kids 2-12 years old and infants (under 2 years old) ride free. Military personnel and Veterans receive a discount of 15%. Depending on departure schedule and station, prices range from \$17.00-\$21.00 dollars for one way trips from New Hampshire locations to Boston and \$12.00 dollars from New Hampshire stations to Portland, Maine. In 2022 Amtrak instituted a long-sought policy of allowing riders to bring bicycles on the train (with reservation) at all station stops. Following steep declines during COVID, Downeaster ridership has recovered to approximately 85% of pre-pandemic levels. This reflects a drop in commuter activity and an increase in day-trips.

www.amtrakdowneaster.com

3.2 Demand-Response Services

PUBLIC DEMAND RESPONSE PROVIDERS

COAST

In addition to its regional fixed-route services, COAST provides complementary paratransit services to individuals who are unable to access or navigate the fixed-route bus network, per the guidelines of the Americans with Disabilities Act (ADA). Riders must be certified as eligible to be able to use this service.

Annual use of COAST ADA paratransit service has increased dramatically over time. Between 2008 and 2019 COAST's demand for mandated ADA service grew 880%, and their cost to provide those services grew 744%. Reflecting this strong demand and need, ADA paratransit ridership has recovered almost fully to pre-pandemic levels while fixed route ridership has returned more slowly.

COAST also offers several advanced reservation demand response services in the region. These include Route 7 On Demand, Portsmouth Senior Transportation, Community Rides, accessible volunteer driver program trips, as well as privately contracted services. Eligibility for these services varies depending on the program. These services have experienced varying levels of ridership recovery since the pandemic hit, some having surpassed pre-pandemic levels.

Wildcat Transit

Wildcat Access provides on-campus transportation service for UNH students and employees with permanent or temporary mobility impairments. Wildcat Campus Connector services only the campus area that is also served by the Campus Connector shuttle buses. Approval for Wildcat Access is required for students and may be obtained from the Student Accessibility Services Office, or from UNH Health and Wellness. Faculty and staff may obtain approval from the UNH Affirmative Action Office. Wildcat Transit is exempt from having to provide full ADA paratransit service in conjunction with their fixed bus routes.

HUMAN SERVICE PROVIDERS

There are over a dozen human service agencies providing transportation services to specific target populations within the Southeast NH region. Many of these providers, along with COAST, have been surveyed several times over the last decade as part of the region's ongoing transportation planning process. For this plan update a survey of transportation providers was conducted by ACT and the two regional planning agencies, yielding responses for fourteen transportation services across eleven organizations. The results of the survey are summarized at the end of this chapter.

Portsmouth Senior Transportation (Operated by COAST)

In 2019 the City of Portsmouth began contracting with COAST to provide transportation services for Portsmouth residents aged 62 and over, or aged 18-61 that have an eligible disability. Individuals who qualify under these conditions are eligible for subsidized trips with discounted fares. Individuals from the general public who are 18 or older or do not qualify for the service under the eligibility conditions are eligible to use the services but must pay the full cost of their trip.

Advance reservation demand response trips are available Monday through Friday from 6:00am to 6:00pm, primarily for grocery shopping and non-emergency medical services, but other trip purposes are also allowed. Reservations are provided through the TripLink call center. All trips must either originate or end within the City of Portsmouth. Trips may not exceed more than 5 miles beyond the Portsmouth City line, and must stay within New Hampshire or Eliot or Kittery, Maine.

www.cityofportsmouth.com/recreation/senior/portsmouth-senior-transportation

Community Action Partnership of Strafford County

Community Action Partnership of Strafford County (CAPSC) is one of five Community Action agencies in New Hampshire. The CAPSC service area includes the thirteen communities in Strafford County. The agency works to ensure that basic needs of low-income and disadvantaged individuals are met through a variety of programs including fuel assistance, utility assistance, weatherization, homeless outreach, housing and rental assistance, food pantries, Head Start and childcare services. Transportation services are provided to area seniors, age sixty and over, for trips to grocery stores, retail stores and pharmacies on a weekly scheduled basis in Strafford County via a single wheelchair-accessible sixteen-passenger bus funded through the Federal Transit Administration (FTA) Section 5310 program.



www.straffordcap.org

The Homemakers Health Services/Easter Seals

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



www.thehomemakers.org

Rockingham Nutrition and Meals on Wheels

The Rockingham Nutrition and Meals on Wheels program is based in Brentwood. It operates Monday through Friday around the lunch hour, providing meals to older adults attending eleven senior dining facilities and delivering meals to homebound participants. The agency also provides support services such as referrals to other agencies, information relevant to senior interests, activities, distribution of donated items, and transportation in specific areas of Rockingham County using two accessible cut-away minibuses purchased with FTA funds through COAST and two accessible minibuses purchased using Section 5310 capital funds through NHDOT.



www.rockinghammealsonwheels.org

Granite State Independent Living (GSIL)

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



Granite State Independent Living also provides transportation for their agency's internal programs such as peer-to-peer group meetings, advocacy, outreach, and other miscellaneous reasons. Most of their trips

operate in the evenings and on weekends, with some capacity to provide critical trips on holidays. GSIL structures itself as a transportation provider of last resort, when other options are not available. Drivers are part-time and on-call and service is heavily dependent on driver availability.

www.gsil.org

Great Bay Services

Great Bay Services is a regional nonprofit working with individuals with developmental disabilities. They offer a wide selection of programs designed to promote increased awareness and skill levels in health, the arts, volunteerism, career development, technology, community participation, and other important life skills. Programs are designed to encourage full participation of people with intellectual disabilities in society. Great Bay Services provides transportation for participants in social, educational, training and work opportunities. Great Bay Services provides transportation 5 days a week to clients with Intellectual & Developmental Disabilities, including Down Syndrome, Autism, & Cerebral Palsy, door-to-door to and from community resources and activities, including health-related activities. GBS has 3 wheelchair accessible fifteen-passenger buses, as well as a 12-passenger van and use of staff vehicles ranging in size from 4-person cars to 8-person mini-vans.



www.greatbayservices.org

Veterans Administration – Veterans Transportation Service (VTS)

The Veterans Transportation Service provides non-emergency medical transportation to qualifying veterans. Trips are scheduled through riders' primary care providers and riders must meet a number of administrative and medical criteria. Service is available Monday through Friday.

VOLUNTEER-BASED ORGANIZATIONS

Ready Rides

Ready Rides is a non-profit organization that is a community-based effort to help seniors and the disabled get to medical related appointments and other essential services. Ready Rides provides transportation to medical appointments at no charge to residents of Barrington, Durham, Epping, Lee, Madbury, Newfields, Newmarket, Northwood, Nottingham, and Strafford. Epping was added as a service town in 2022.



readyrides.org

Transportation Assistance for Seacoast Citizens

The largest such organization in the region is the Transportation Assistance for Seacoast Citizens (TASC), a private non-profit that began as a cooperative effort of several municipalities and local churches. Based in Hampton, TASC provides transportation to eligible residents in eleven seacoast communities: Brentwood, East Kingston, Exeter, Greenland, Hampton, Hampton Falls, Kensington, North Hampton, Rye, Stratham, and Seabrook. Rides are available for medical and social service appointments, grocery shopping and other basic needs. Eligible residents include older adults and individuals with disabilities that prevent them from driving. Service is generally provided Monday-Friday during daytime hours, although additional service can be provided subject to volunteer availability. Rides for ambulatory adults are provided in volunteers' private vehicles, while TASC leases an accessible minivan from COAST to serve riders with wheelchairs or other accessibility devices.



<http://www.tasc-rides.org>

Rye Senior SERVE

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

town.rye.nh.us/senior-services

Wakefield First Congregational Church - The Good Shepherd

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

www.fccwakefieldnh.org

Carroll County RSVP

Carroll County Retired and Senior Volunteer Program (RSVP) is a private nonprofit organization that serves all of Carroll County including Wakefield and Brookfield in the ACT/RCC Region. Rides are provided for non-emergency medical appointments in volunteers' private vehicles Monday-Friday between 8:00am and 6:00pm. Rides are free, and while donations are accepted, they are not solicited.



www.carrollcountyrsvp.org

Disabled American Veterans of New Hampshire (DAV-NH)

The Disabled American Veterans of NH provides non-emergency medical transportation to the Manchester VA Medical Center. Transportation is provided by volunteers using agency-owned accessible minibuses. Service is available mornings, Tuesday through Thursday

3.3 TripLink

TripLink is a critical tool for coordinating demand-response transportation services. The call center is operated by COAST on behalf of ACT and was developed with support from FTA funds in the form of a Veteran Transportation and Community Living Initiative (VTCLI) grant designed to create One-Call One-Click call centers around the country. TripLink hosts the well-established Community Transportation Directory maintained by ACT and is focused on helping older adults and individuals with disabilities find transportation that meets their needs, especially non-emergency medical transportation, shopping trips, and access to nutrition services.

In addition to providing information and referrals to the public, TripLink also performs call-taking and driver scheduling on behalf of COAST ADA, COAST Route 7 On Demand, Portsmouth Senior Transportation, ACT's Community Rides program, Ready Rides, Rockingham Nutrition Meals on Wheels Program, and the Community Action Partnership of Strafford County. In 2022 TripLink implemented a common application process that lets callers apply once to qualify for all the transportation services offered through TripLink for which they are eligible. TASC also participates in the Common Application, though it is not part of TripLink. This consolidation of call center and registration services in one location has helped nonprofit transportation providers operate more efficiently and make it easier for the public to find the services they need.

3.4 Community Transportation Provider Survey

The 2022 update to the Coordinated Plan included an expanded survey effort to understand the resources and challenges of human service and transportation providers, and the needs of consumers in the region. In October of 2022 surveys were sent out to all public and private non-profit transportation service providers, as well as known private taxi, livery and chair car companies operating in the RCC region. The survey asked a range of questions addressing days and hours of operation; service capacity in terms of vehicle numbers and characteristics such as lift equipment and radios; numbers and types of clients served; annual trips and miles logged; and impacts of COVID-19 on services. Findings are summarized in the following paragraphs and in Figures 3.3 through 3.5. Survey instruments and full response details are in **Appendix A**.

Twelve agencies representing fourteen transportation programs in the region completed surveys. These included the regional public transportation provider and a range of nonprofit health and human service agencies using both paid and volunteer drivers.

Agencies & Programs Responding to Provider Survey

- Carroll County RSVP
- COAST - ADA
- COAST - Fixed Route
- COAST - Route 7 On Demand & Community Rides
- Easterseals Homemakers & Health Services
- Granite State Independent Living
- Great Bay Services
- Portsmouth Senior Transportation
- Ready Rides
- Rockingham Nutrition Meals on Wheels
- Rye Senior SERVE
- Transportation Assistance for Seacoast Citizens
- U.S. Veterans Administration Medical Center
- UNH Wildcat Transit

Summary of Providers Survey Results

- Six of the thirty-seven communities in the region have fixed route bus service. Newmarket and Exeter have advanced reservation service through COAST's Route 7 On-Demand, which also stops in Stratham but only to deliver
- The region has unusually good intercity bus and rail access to Portland and Maine points, and Boston and points south and west via C&J Bus Lines and the Amtrak Downeaster train.
- The number of one-way demand-response trips provided per week by nonprofit agencies varied widely from 20 (Rye Senior SERVE) to 166 (RNMOW). COAST was an outlier with close to 400 trips provided throughout its ADA paratransit and other advanced reservation demand response programs.
- Most service is concentrated on weekdays during typical business hours. Few agencies reported providing trips on the weekends, though several volunteer programs noted that some of their drivers were willing to do weekend trips in special circumstances

- The majority of individuals served by agencies were older adults or persons with disabilities. Aside from COAST fixed-route, Strafford CAP noted the highest percentage of rides provided to the general public (younger than 65, without disabilities). Access is very limited for younger low-income people who live outside of communities served by COAST fixed routes.
- Altogether the responding agencies carried 637,516 trips per year and drove over 1.3 million service miles. If the two fixed route providers (COAST and Wildcat) and Easter Seals statewide operations are removed from those totals, over 48,000 trips are provided and 370,000 service miles driven by the various demand response agencies in the region.
- While separate from the survey, an additional 148,000 Medicaid non-emergency medical trips were provided in the region during SFY22.
- Agencies reported fewer refusals of trip requests in this survey than in prior years surveys, likely due to demand still being in a rebuilding phase as the region emerges from COVID-19 and vulnerable populations regain confidence in being out and about. TASC cited lack of capacity as their most common reasons for refusals, while Ready Rides noted trip requests for out of region destinations were the most common reason for refusal.
- The largest number respondents (10) reported providing curb-to-curb service (rider must get from building to vehicle without assistance); six provided door-to-door service, where the driver may assist the rider in getting from the building to the vehicle; and only two reported providing door-through-door service, where the driver is allowed to enter a rider's residence to assist them. COAST's Route 7 On Demand, RNMOW and Rye Senior SERVE all reported providing Route Deviation services.
- Most providers in the region do not charge a formal fare, instead asking for donations – for some agencies this is due to a prohibition on fares for services supported with Older Americans Act funds, while for others it is simply a recognition of the limited means of many of their riders. COAST charges fares for their fixed route and ADA services, and Wildcat Transit charges a fare for riders not associated with UNH.
- Most respondents noted challenges with recruiting and retaining drivers in the last several years, whether paid drivers or volunteers. This was particularly the case for commercially licensed drivers. While COVID exacerbated this problem its roots extend back before the pandemic.
- Five respondents indicated high interest in coordination, including two not currently associated with TripLink. Four others indicated medium levels of interest (5-6 out of 10).
- Long range goals expressed by providers have changed somewhat since the 2017 update to the plan. This seems largely driven by the impact of COVID and the broader driver labor shortage.
 - Recruiting adequate drivers to maintain service
 - Rebuilding ridership
 - Keeping riders and drivers safe during the pandemic
 - Building public and policy-maker awareness of transportation needs
 - Expanding service availability in rural areas

Figure 3-1. Service and Rider Profile

| Provider | Service Type | Operation Type | Vehicle Type(s) | Trips/Week | Trips/Year | % of Trips Requiring Lift | Percent Older Adult | Percent with Disability | Percent Low-Income | Percent Gen Public | Service Miles/Year | Charges Fare |
|--|--------------------------------|----------------------------------|-----------------------------------|------------|------------|---------------------------|---------------------|-------------------------|--------------------|--------------------|--------------------|---|
| Carroll County RSVP | Door to Door | Volunteers | | 30-40 | 1,820 | 0% | 90-100% | 30-40% | 70-80% | | 43,662 | \$2.00 RT donation |
| COAST ADA | Door to Door | Operate own vehicles | 5+ Cutaways, 5+ Minivans | 240 | 12,480 | 25% | 60-70% | 90-100% | | 1-10% | 146,000 | \$3.00/trip |
| COAST Fixed Route | Fixed Route | Operate own vehicles | 5+ HD Buses, 4 Cutaways | 4,662 | 242,424 | | NA | NA | NA | NA | 654,048 | \$1.50 full fare, \$52 monthly |
| CAP of Stafford County | Curb to Curb | Operate own vehicles | 1 Accessible Cutaway | 68 | 3,536 | <1% | 10-20% | 10-20% | 20-30% | 10-20% | 11,075 | \$2.00 RT Donation |
| COAST Rute 7 On Demand | Curb to Curb | Operate own vehicles | 5+ Cutaways, 5+ Minivans | 18 | 936 | 15% | 50-60% | | | | 7,645 | \$3.00/\$1.50 |
| Easter Seals NH/ Strafford County Homemakers | Curb to Curb & Fixed Route Bus | Operate own vehicles | 1 Minivan, 3 Cutaways | 4,646 | 241,592 | 1%-2% | 80-90% | 80-90% | 80-90% | | 15,600 | Usually paid by sponsor, \$22/hr + \$2/mi |
| Granite State Independent Living | Curb to Curb & Door-to-Door | Operate own vehicles | Accessible Cutaway | 40-50 | 2,340 | 99% | NA | 100% | NA | NA | | Varies based on trip |
| Portsmouth Senior Transportation | Curb to Curb | Operate own vehicles | 5+ Cutaways, 5+ Minivans | 130 | 6,760 | 9% | 80-90% | 10-20% | | | 39,309 | Accepts Donations |
| Ready Rides - VDP | Curb to Curb & Door-to-Door | Volunteers & Purchase Svc | Volunteers own vehicles | 38 | 1,976 | 1% | 80-90% | 80-90% | | | | |
| Rockingham Nutrition Meals on Wheels | Curb to Curb; Door to Door | Operate own vehicles & Purch Svc | 4 Cutaways, 2 Accessible Minivans | 166 | 8,632 | 10% | 80-90% | 80-90% | | 1-10% | 62,140 | Varies \$3-\$5 |
| Rye Senior SERVE - VDP | Curb to Curb; Route Deviation | Volunteers+ Agency Van | Volunteer cars & 1 Access Cutaway | 20 | 1,040 | 0% | 90-100% | 1-10% | 1-10% | 1-10% | 6,000 | \$2.00 RT Donation |
| TASC - VDP | Curb to Curb & Door to Door | Volunteers+ Agency Van | Volunteer cars & 1 Access Minivan | 60 | 3,120 | 4% | 90-100% | 1-10% | 80-90% | | 53,500 | Accepts Donations |
| VA Medical Center | Curb to Curb & Door to Door | Operate own vehicles | Small buses (accessible) | 32 | 1,660 | | | | | | | |
| Wildcat Transit | Fixed Route | Operate own vehicles | 5+ HD Buses | 2,100 | 109,200 | 1% | NA | NA | NA | NA | 271,562 | Free to UNH; \$1.50 others |

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

| Provider | Days & Hours | Avg Rides Refused/Week | Refusal Reason: Out of Region | Refusal Reason: Outside Svc Hrs | Refusal Reason: Eligibility | Refusal Reason: Lead Time | Refusal Reason: Capacity | Refusal Reason: Other | Coord Interest (1-10) | Keep Me Informed |
|---|--|------------------------|-------------------------------|---------------------------------|-----------------------------|---------------------------|--------------------------|-----------------------|-----------------------|------------------|
| Carroll County RSVP | 8:00am-5:00pm, M-F | 2% | 1-10% | 1-10% | 1-10% | 20-30% | 1-10% | | 10 = High Interest | Yes |
| COAST ADA | 5:00am-8:00pm, M-F; limited Sat | NA | | | | | | | | Yes |
| COAST Fixed Route | 5:20am-9:54pm M-S 8:30am-4:00pm, M-F, different towns | NA | | | | | | | 6 | Yes |
| CAP of Strafford County | daily | <1 (est) | 1-10% | | | | | | 10 = High Interest | Yes |
| COAST Route 7 On-Demand | 9:30am-5:15pm M-F | | | | | | | | | Yes |
| Easter Seals NH/Strafford County Homemakers | programs, mid-day shopping | | | | | | | 90-100% | 5 | Yes |
| Granite State Independent Living | 24/7 | | | | | 20-30% | | | 10 = High Interest | Yes |
| Portsmouth Senior Transportation | 6:00am-6:00pm, M-F | | | | | | | | | Yes |
| Ready Rides - VDP | 6:30am-6:00pm, M-F | | 40-50% | | 1-10% | 10-20% | 1-10% | 1-10% | 10 = High Interest | Yes |
| Rockingham Nutrition Meals on Wheels | 8:00am-4:00pm M-F, some flexibility | low/zero | 1-10% | 1-10% | 1-10% | 1-10% | | | 10 = High Interest | Yes |
| Rye Senior SERVE - VDP | 8:00-5:00 M-F, some flexibility | <1 | 1-10% | 1-10% | 1-10% | 1-10% | 10-20% | | 5 | No |
| TASC - VDP | 8:00-5:00 M-F, some flexibility | 6 | | | | | 90-100% | | 5 | Yes |
| VA Medical Center | | | | | | | | | | |
| Wildcat Transit | 7:00am-Midnight M-F; 10:00-10:00 Sat-Sun | | 1-10% | 1-10% | 1-10% | 1-10% | 1-10% | | 1 = No Interest | Yes |

Figure 3.4 - Analysis of Transportation Needs and Providers for ACT Region

| Transportation System Needs | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| | Job Access | Chronic Medical | Groceries | Social | Medical | After School | Out of Region Medical | | |
| Strategies | Daily travel/limited schedule flexibility | 2x-3x/week, some schedule flexibility | ~1x/week, full schedule flexibility | Full schedule flexibility | Infrequent/ some schedule flexibility | Daily/limited schedule flexibility | Infrequent/ some schedule flexibility | | |
| Carroll County RSVP | Older Adults | Older Adults | | | Older Adults | | | | |
| COAST ADA | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | | |
| COAST Fixed Route | General Public | General Public | General Public | General Public | General Public | General Public | General Public | | |
| CAP of Strafford County | | | Older Adults | | | | | | |
| COAST Route 7 On-Demand | General Public | General Public | General Public | General Public | General Public | General Public | General Public | | |
| Easter Seals NH/Homemakers Health Services | | Older Adults & Individuals with Disabilities | | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | | | | |
| Granite State Independent Living | Individuals with Disabilities | Individuals with Disabilities | Individuals with Disabilities | Individuals with Disabilities | Individuals with Disabilities | Individuals with Disabilities | Individuals with Disabilities | | Individuals with Disabilities |
| Great Bay Services | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | Qualifying Individuals with Disabilities | | | | |
| Ports mouth Senior Transportation | Older Adults | Older Adults | Older Adults | Older Adults | Older Adults | | | | |
| Ready Rides - VDP | | Older Adults & Individuals with Disabilities | | | Older Adults & Individuals with Disabilities | | | | |
| Rockingham Nutrition Meals on Wheels | | Older Adults | Older Adults | Older Adults | Older Adults | | | | |
| Rye Senior SERVE - VDP | | Older Adults | Older Adults | Older Adults | Older Adults | | | | |
| TASC - VDP | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | Older Adults & Individuals with Disabilities | | Older Adults & Individuals with Disabilities |
| VA Medical Center | | Veterans | | | Veterans | | | | |
| Legend for Table: | = Provider's service addresses this need | | | | | | | | |
| | = Provider's service addresses this need only for agency clients receiving other services from the provider | | | | | | | | |

3.4 Overview of Service Gaps

Identifying service gaps and finding ways to fill them is a critical part of effective public transportation planning. Managing changes in transportation services throughout the region is a never-ending process and demographic data are the primary tool for tracking the distribution of regional population and responding to transportation demand. Data on populations likely to have unmet transportation needs are compiled in Chapter 4 – Transit Dependent Population and Service Need. Accurate distribution of trips provided by town by the various transportation agencies in the region have historically been difficult to secure, but as more agencies schedule trips through TripLink, and as the Regional Mobility Manager builds connections and trust with other providers in the region, we now have a much clearer picture of distribution of service.

Figure 5.5 shows SFY2022 trip totals by town for ten programs serving the region, including Ready Rides, Rockingham Nutrition Meals on Wheels, Community Action Partnership of Strafford County, Portsmouth Senior Transportation, COAST ADA, COAST Route 7 on Demand, and Community Rides – all of which are scheduled through TripLink call center. The table also shows data provided by TASC, Wentworth Douglass Hospital, Great Bay Services and Granite State Independent Living (GSIL), which schedule independently; and totals for Medicaid Non-Emergency Medical Transportation (NEMT) trips shared by NHDHHS. Note that Wentworth Douglass trips are available only to patients of the hospital and associated medical practices. Providers whose data are not accounted for in the table include Rye Senior SERVE, Carroll County RSVP, Community Partners, and Future In Sight (formerly NH Association for the Blind).

Next to the trip totals is a column showing an estimate of Transit Dependent Trip Need calculated using a model from the Community Transportation Association of America (CTAA), a non-profit organization that provides technical assistance to rural and small urban transit systems around the country. CTAA's model for estimating trip need for transit dependent populations uses Census data on the population over age 65 and the population under 65 below the poverty line and assumes 15% of that population does not drive. The model calculates each of these non-drivers needs a one-way trip approximately every 9 days, or a round trip every 18 days.

In other words, the model assumes a non-driving older adult would need to travel a little less than once every two weeks, or 41 trips/year. The 2017 National Household Transportation Survey estimates that the average American takes 3.4 one-way trips (1.7 round trips) per day (1230 trips/year), so this is a very conservative measure.

The CTAA model calculates a need for capacity to provide 380,871 trips per year for transit dependent residents. Looking in aggregate, if just the public and non-profit demand response providers' trips are counted, the region is meeting about 13% of this estimated need. Once Medicaid NEMT trips are factored in, this share rises to about 50% of the CTAA estimate.

Counting Medicaid trips in certain municipalities such as Rochester and Somersworth, show up as having seen trip volume in the past year at or above their total need as calculated by the model. A few caveats are in order in looking at these data. In particular it's important to remember that while Medicaid is providing many trips in the region, these are only for non-emergency medical care and don't represent capacity to provide trips for grocery shopping, social contact or other basic life needs.

Figure 3.5 – SFY22 Trips by Town for COAST Fixed Route & Major Demand Response Providers

| | Ready Rides | TASC | RNMOW | WD Hospital** | Great Bay Svcs | GSIL | CAPSC | COAST ADA | COAST PST & RTOD | ACT/Community Rides | DR Subtotal | Medicaid NEMT | Regional Trip Total | CTAA Est. Trip Need | Factor |
|-------------------|-------------|-------|-------|---------------|----------------|------|-------|-----------|------------------|---------------------|-------------|---------------|---------------------|---------------------|--------|
| Barrington | 22 | | | 342 | 208 | | | | | | 572 | 1,510 | 2,082 | 8,651 | 24% |
| Brentwood | | 53 | 259 | | | | | | | 2 | 314 | 855 | 1,169 | 3,693 | 32% |
| Brookfield | | | | | | | | | | | - | - | - | 955 | 0% |
| Dover | | | | 7,727 | 1,066 | 28 | 636 | 4,210 | | 25 | 13,692 | 13,186 | 26,878 | 44,559 | 60% |
| Durham | 278 | | | 436 | 230 | 6 | 321 | | | | 1,271 | 874 | 2,145 | 20,448 | 10% |
| East Kingston | | 97 | 69 | | | | | | | | 166 | 4 | 170 | 4,174 | 4% |
| Epping | | | 1,906 | | 148 | | | | | 30 | 2,084 | 1,901 | 3,985 | 11,450 | 35% |
| Exeter | | 1,236 | 2,917 | | 94 | 2 | | | 790 | 9 | 5,048 | 3,520 | 8,568 | 25,023 | 34% |
| Farmington | | | | | | | | 391 | | | 391 | 14,257 | 14,648 | 9,515 | 154% |
| Fremont | | | 67 | | | | | | | | 67 | 2,334 | 2,401 | 4,496 | 53% |
| Greenland | | 4 | | | | | | | | | 4 | 331 | 335 | 5,792 | 6% |
| Hampton | | 621 | 374 | | 128 | 40 | | | | 6 | 1,169 | 4,779 | 5,948 | 24,847 | 24% |
| Hampton Falls | | 155 | 85 | | 166 | | | | | 11 | 417 | 24 | 441 | 2,592 | 17% |
| Kensington | | - | | | | | | | | | - | 471 | 471 | 2,720 | 17% |
| Kingston | | | 360 | | | | | | | | 360 | 1,565 | 1,925 | 9,375 | 21% |
| Lee | 191 | | | 122 | | | | | | | 313 | 640 | 953 | 5,585 | 17% |
| Madbury | 4 | | | 30 | | | | | | | 34 | 408 | 442 | 1,558 | 28% |
| Middleton | | | | | | | | | | | - | 1,217 | 1,217 | 1,728 | 70% |
| Milton | | | | | | | | | | 93 | 93 | 4,487 | 4,580 | 5,543 | 83% |
| New Castle | | | | | | | | | | | - | - | - | 1,783 | 0% |
| New Durham | | | | | | | | | | | - | 965 | 965 | 3,693 | 26% |
| Newfields | | | | | | | | | | | - | 175 | 175 | 1,612 | 11% |
| Newington | | | | | | | | | | | - | - | - | 1,722 | 0% |
| Newmarket | 403 | | 104 | 231 | 134 | | | | 383 | 5 | 1,260 | 713 | 1,973 | 11,420 | 17% |
| North Hampton | | 122 | 12 | | | | | | | | 134 | 731 | 865 | 7,057 | 12% |
| Northwood | 71 | | 18 | | 310 | | | | | | 399 | 1,303 | 1,702 | 7,295 | 23% |
| Nottingham | 450 | | | | 164 | | | | | | 614 | 1,032 | 1,646 | 7,477 | 22% |
| Portsmouth | | | | 10 | 1,492 | | | 2,535 | 6,173 | 57 | 10,267 | 11,399 | 21,666 | 30,006 | 72% |
| Rochester | | | | 4,634 | 1,912 | 4 | 675 | 2,329 | | 358 | 9,912 | 40,781 | 50,693 | 48,070 | 105% |
| Rollinsford | | | | 490 | | | | | | 8 | 498 | 775 | 1,273 | 3,547 | 36% |
| Rye | | 37 | | | | | | | | | 37 | 329 | 366 | 10,903 | 3% |
| Seabrook | | 495 | 832 | | 410 | | | | | 4 | 1,741 | 13,798 | 15,539 | 16,421 | 95% |
| Somersworth | | | | 2,118 | 858 | | | 1,359 | | 19 | 4,354 | 11,321 | 15,675 | 14,650 | 107% |
| South Hampton | | | | | | | | | | | - | 142 | 142 | 1,022 | 14% |
| Strafford | 179 | | | | 358 | | | | | | 537 | 451 | 988 | 5,591 | 18% |
| Stratham | | 722 | 14 | | | | | | | 12 | 748 | 240 | 988 | 8,755 | 11% |
| Wakefield | | | | | | | | | | | - | 4,109 | 4,109 | 7,143 | 58% |
| ACT Region Totals | 1,598 | 3,542 | 7,017 | 16,140 | 7,678 | 80 | 1,632 | 10,824 | 7,346 | 639 | 56,496 | 140,627 | 197,123 | 380,871 | 52% |

Sources: TripLink, NHDHHS, 2016-2020 ACS data

Another consideration is that providers like Great Bay Services focuses on a small pool of clients with developmental disabilities and provides rides to each several days per week for employment or activities. In 2022 Great Bay’s average rider took 256 trips, so their trip numbers can skew the comparison of trips provided vs estimated trip need according to the CTAA model.

Several small, relatively affluent communities like Newington and New Castle show up as having received no trips. While Newington is served by COAST fixed route and consequently COAST ADA paratransit, it is

not served by any volunteer driver programs. The CTAA model doesn't account for different needs of higher-income older adults.

There are multiple communities in the table that are in the service area of one or more providers but show few if any trips. Examples of this include Greenland, Kensington and Rye which are all served by TASC; and Madbury and Newfields served by Ready Rides. This may reflect lack of need, as these are relatively affluent communities, but based on findings from the regional Age Friendly Community assessments completed by the two planning commissions, this also likely reflects a lack of awareness of services that are available in those communities. Lack of awareness of services was found to be a consistent problem around the region, particularly as more information is provided only online and not in hard copy. While large majorities of older adults do turn to the internet for information, between 10%-20% of survey respondents in each of the local and regional surveys indicated they did not use the internet. This highlights a need for more outreach on service availability through non-internet avenues such as brochures, newsletters, public libraries, local cable channels, and in-person presentations.

Lastly, there are five communities in the region that do not have any local transportation services. Certain populations in these communities may be eligible for services from statewide organizations like Granite State Independent Living or the Veterans' Administration, but aside from the limited eligibility these agencies lack capacity to be a major source of transportation in any given town. Examples of these communities include Middleton, Milton, New Durham, Rollinsford and New Castle. Fremont and Kingston enjoy limited service from RNMOW, but are not covered by a volunteer driver program.

3.5 Strategies to Address Gaps in Service

In general, the unmet needs of transit-dependent populations can be addressed through a broad range of service types and strategies:

- Expanding the geographic areas served by fixed-route transit
- Expanding frequency of operation for fixed route transit
- Expanding hours and days of service for both fixed route and demand response
- Recruiting, training and retaining more volunteer drivers to increase ride-giving capacity
- Expanding outreach and information flow to increase the number of clients using available services
- Expanding eligibility to different types of clients beyond older adults and individuals with disabilities.
- Improved capacity of Regional Coordinating Council to coordinate regional providers and services
- Promote transit-oriented development practices in urban areas

Efforts to improve service in the region may best be focused on addressing the specific transit needs of those populations not currently served by COAST's fixed route network, and those for whom fixed route may not be a viable option. This includes dedicating resources to coordination of demand-response services. The main goal of the region's transportation coordination effort is to address transportation service gaps. Improving the overall coordination of transportation services could generate additional resources that may be used to fill identified service gaps. Significant planning work has been completed to date, as described in earlier sections of this plan. However, as the region continues to strive for a more coordinated system, some key issues need to be addressed to support implementation of this strategy.

- Maintaining a clear picture of regional provider capacities, their vehicle operations, existing levels and sources of funding, client bases, and whether their needs and requirements are currently being met. It is important to gather and analyze additional data from the many other human service providers not yet surveyed to evaluate service needs, potential gaps, and response strategies.
- Outreach to a broader range of providers, transportation consumers, employers, and local and regional governments is a continuing goal of ACT and its partners. Communication about the importance of improving regional transportation services should stem from outreach efforts. Outreach should ultimately result in greater participation from stakeholders and agencies in ongoing efforts to improve coordination of transportation services. A final step for the coordination effort is to negotiate contracts and establish billing standards with individual agencies.
- Evaluating current and ongoing funding needs for the coordinated system, and seeking additional sources of funding, is a critical need. Currently available FTA Section 5310 funding is largely committed to ongoing projects in the region, so continuing to diversify and expand the funding pool will be important. Sources to target for this include municipalities, the two counties, and potentially hospitals and other medical practices as described in Chapter 7.
- Continue to promote participation in the TripLink system to ensure transportation providers can efficiently schedule trips and clients have access to a variety of service options.
- Coordination efforts and collaboration among ACT partners should be directed toward addressing transportation provider concerns and potential barriers to coordination as described in Section 8.1.
- It is important to work through short and long-term strategic actions (described in Section 8) while remaining mindful of the longer-term vision, goals, and objectives for the coordinated system.

4.0 COORDINATION OF COMMUNITY TRANSPORTATION SERVICES

4.1 Introduction

A succession of planning efforts over the past 20 years have called for increased coordination as one tool to support expanded access to transportation options in the Southeast New Hampshire region and statewide. At the regional level these include the *Coordinated Public Transit/Human Services Transportation Plans* for the region completed in 2007, 2012, and 2017. At the state level these include the 2006 State of NH Transit Coordination Plan, its update in 2016, and the NH Statewide Mobility Management Network Blueprint of 2021.

The ACT region has been a leader in planning for community transportation coordination for more than three decades. Part of COAST's mission since its inception in the 1980s has been to work collaboratively with regional stakeholders to build a coordinated transit system for the region. Since inception ACT has made progress with key elements of coordination such as shared scheduling and dispatch, regional mobility management, and simplifying access for riders to a greater degree than most areas of the state.

The following pages summarize the benefits and costs of community transportation coordination; provide additional context on regional, statewide and federal coordination and mobility management initiatives; and look at a range of options for service expansion based on needs identified in previous chapters.

4.2 Thumbnail History of Transit Coordination Planning

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

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

In the Southeast NH region, efforts to address the coordination of publicly-funded transportation services began in the 1990s, with COAST and an array of human service agencies coalescing to address the problem, though recommendations were not implemented at the time as administrations and state priorities changed. Planning that ultimately led to the formation of ACT began in 2004, spearheaded by Strafford Network. These regional collaborative efforts were enhanced by the work of the Governor's Task Force on Community Transportation in 2005-2006, that resulted in the State Coordinating Council (SCC), through adoption of RSA 239-B. This collaborative effort was formalized as the Alliance for

Community Transportation (ACT) and was subsequently recognized by the SCC as the Regional Coordination Council (RCC) for the Southeast NH region.

4.3 Benefits & Costs of Transit Coordination

Coordination can improve the performance of individual transportation providers as well as overall mobility within the region. Greater efficiency can stretch limited funding and personnel resources available to the agencies in the region in a number of ways:

- Reducing duplication of effort in terms of staff time devoted to intake, scheduling, dispatching, and other administrative functions.
- Making more efficient use of vehicles by increasing the potential for combining multiple trips, perhaps funded by multiple agencies, on one vehicle.
- Streamlining the reimbursement billing and reporting processes for multiple funding sources (NHDOT, NHDHHS, municipalities, private grants) using paratransit scheduling and tracking software, thus allowing providers to cost-effectively access critical funding. The ACT region has been a leader in piloting software for coordinated ride scheduling, dispatching, reporting and billing.
- Use existing agency resources in the region to leverage FTA or other federal funding streams – commonly referred to as “braiding”.
- Improve ease of finding information and accessing transportation services for people who need rides.

Another benefit related to funding service is that centralized tracking of trip information allows providers to more easily demonstrate their impact and effectiveness when they pursue funding; and also to identify gaps where services aren’t available or where they are available but few rides are being requested. An innovative coordinated system helps providers access funding that may not be available to them for general operation of individual vans – whether the FTA funding available to the region through COAST and ACT other federal or private grant pools available for innovative new projects.

While the benefits of coordination described above suggest it should be an obvious strategy to improve efficiency and rider access, it isn’t easy to achieve. Provider agencies are often hesitant to coordinate if it means changing operating routines that, if not perfect, are familiar to staff and riders. Provider agencies may be concerned that another agency won’t understand their clients’ needs, that clients will have difficulty navigating a new routine, that their clients won’t receive the same priority under a different agency, that coordination might have adverse impacts on insurance coverage, or that funders won’t understand the coordination structure and revenue streams will be impacted. Each of these concerns can be addressed, and have been addressed in many coordinated systems, but getting to that point takes time, information sharing and trust building – all goals of the RCC.

It takes a committed lead agency willing take on the added work of multi-agency collaboration on top of their own operations. Depending on the structure of a coordination agreement this can include overseeing subrecipients of federal funding, engaging in the trust-building and negotiations needed for shared service standards, integrating other agencies into call center operations, and additional staff time needed for outreach.

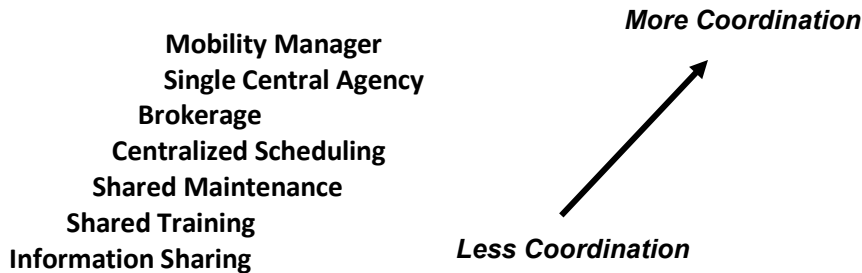
The leadership of COAST has been a key factor in the coordination progress made in the Southeast NH RCC region, as has the willingness of key providers such as RNMOV and Strafford CAP to try a new

operating model for their transportation services. Some of the coordination successes that have grown out of this willingness to experiment are described below.

4.4 Models of Coordination

The Community Transportation Association of America describes what it calls the "Coordination Continuum" pictured in **Figure 6.1**. Coordination can range from simple cooperation in sharing information, up to full centralization of all transportation services with a single agency.

Figure 4.1 - The Coordination Continuum



Transportation providers in the ACT region have experimented with strategies across this spectrum over the past twenty years, from simple information sharing and referrals between agencies when a different program is better suited to meet a rider's trip request, to consolidation of services, to centralized scheduling and mobility management currently offered by TripLink. Key examples are described in greater detail elsewhere in the plan, but include:

- Ride referrals between TripLink, TASC, RNMOW and other agencies
- Development of a searchable online regional transportation directory
- Development of shared service standards and risk management practices
- Cooperative vehicle purchase and driver training for TASC and RNMOW
- Consolidation of services with RNMOW picking up former Lamprey routes and COAST taking on the Portsmouth Senior Transportation Program
- Development of the TripLink call center and incremental addition of new services as agencies gain comfort with centralizing scheduling
- The TripLink Common Application allowing riders to register for multiple services at once
- Early establishment of a regional Mobility Manager position that oversees TripLink operations, works with providers on risk management and volunteer driver recruitment, works with medical schedules to ensure understanding of transportation availability, provides travel training, develops new funding streams, etc.

4.5 Mobility Management

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

ACT has had a full time Mobility Manager since 2008. The Region 7 (Greater Nashua) and Region 3 (Belknap-Merrimack) RCCs have also had part time Mobility Manager positions. These positions have

worked to improve information sharing among providers, improve information flow to the public on available transportation options, formalize communication between schedulers at medical offices and providers to better schedule appointments when transportation is available, pursue new sources of public and private funding, and other strategies.

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

The NH Department of Health and Human Services (NHDHHS) was also successful in 2021 in securing American Rescue Plan (ARP) funding through the Centers for Disease Control (CDC) COVID Health Disparities grant program to support mobility management and service improvements in the six rural RCC regions. The combination of the flexed NHDOT funding and CDC funding will support a network of full time Mobility Managers in all eight RCC regions as well as a Statewide Mobility Manager in a pilot effort over the next two years. As the ACT region was already funding a Mobility Manager using FTA Section 5310 funding, this supplemental funding can be used to further develop TripLink and expand direct transportation services.

The 2021 NH Mobility Management Network Blueprint sets out the plan for how these resources will be used. All the Regional Mobility Managers will be dedicated to improving information sharing among providers, improving information flow to the public on available transportation options, formalizing communication between schedulers at medical offices and providers to better schedule appointments when transportation is available, pursuing new sources of public and private funds, and developing additional partnerships to carry out regional and state goals related to community transportation.

The full Role Description for the Regional Mobility Managers from the Blueprint is shown below, with several modifications specific to the ACT region.

Figure 4.2 Regional Mobility Manager Role Description

| Roles for Regional Mobility Managers | |
|--|--|
| Regional Service Delivery (Customers) | |
| 1 | Assist the RCC and local providers to develop and implement, a customer centered approach to transportation access and coordination in the region for older adult, low-income, disabled, veteran and other vulnerable populations. |
| 1.1 | Ensure the reliable and effective operation of TripLink. |
| 1.2 | Continue to refine and expand use of the TripLink Common Application. |
| 2 | Develop relationships with transit-dependent and vulnerable populations in the region to address issues of access, diversity, equity, & inclusion (DEI) and ensure their voices are heard. |

| | |
|--|---|
| 3 | Create and update annually an inventory of available transportation services in the region to be made available to the public. |
| 4 | Conduct outreach activities in the region to educate and train groups and individuals how to access and use the transportation network/services. |
| Regional Coordination (Providers) | |
| 5 | Develop new opportunities for coordination and/or expansion of transportation options across municipal and regional boundaries. |
| 6 | Cultivate multi-agency partnerships which reduce costs through increased efficiency and effective transportation coordination. |
| Capacity Building (System) | |
| 7 | Assist the RCC to develop its organizational infrastructure and capacity to effectively fulfill its mission. Efforts will include strategic planning, fundraising, communication, and member recruitment & retention. |
| 8 | Conduct periodic needs assessments to identify barriers to mobility in the region and propose recommendations to reduce those barriers. |
| 9 | Build relationships with state, regional, and local elected officials, and community leaders to educate them about the needs, roles and benefits of regional/local transportation services and coordination. This should include ways in which they can support financially (funding) and operationally (policy) these services and coordination efforts. |
| 9.1 | Continue to increase funding support from healthcare providers through grants and advertising. |
| 9.2 | Work to increase government funding through county grants and CDBG and local option fee support from municipalities. |
| 10 | Identify and research corporate, foundation, and government sources of funding for matching funds. Include opportunities to use “braided” funding streams. |
| 11 | Participate in a regional evaluation of existing and new opportunities for technology integration with a focus on scalability, platform accessibility, ease of implementation, relative affordability, maturity (how long has it been around) and generalizability (will it work out of the box). |
| Statewide Planning, Coordination & Capacity Building (Connecting the Regions) | |
| 12 | Participate in and coordinate with the SCC, local RCC and statewide mobility management network which includes the statewide mobility manager, regional mobility managers. |
| 12.1 | Participate in statewide projects such as the AHA Transportation Workgroup |

| | |
|-------------|---|
| 12.2 | Lead efforts supporting VDP's in conjunction with the AHA Transportation Workgroup. |
| 13 | Participate in state, regional, and local transportation planning activities including required human services coordinated plans, SCC strategic plan, the RCC strategic plan or workplan, RPC planning and other related plans and initiatives. |
| 14 | Assist the DOT, SCC and statewide mobility manager to implement at the regional level strategic initiatives identified in the SCC Strategic Plan and other statewide planning documents. For Example, development of a statewide system for data collection and development of a system for tracking medical appointments missed due to lack of transportation in providers electronic medical records systems. |

While Mobility Management appears at the top end of the Community Transportation of America (CTAA) Coordination Continuum shown in Figure 6.1, it is worth noting that Mobility Managers as depicted in Figure 6.1 are somewhat different than Mobility Managers as envisioned under the Blueprint. Mobility Management in CTAA's Coordination Continuum assumes a highly coordinated transit system with robust service availability where a Mobility Manager mainly works with individual riders to help them most efficiently navigate the system.

Direct assistance to riders with trip planning, such as provided by TripLink, is part of the Mobility Manager role as envisioned in the Blueprint. However, ACT's Regional Mobility Manager is involved at least as much in system development: seeking to bring providers, purchasers of trips and other funders to the ACT/RCC table, assessing service needs and working to build capacity to meet those needs.

5.0 FUNDING SOURCES

5.1 Introduction

Identifying funding to implement transit coordination and expand service options in the region is an essential step in the planning process. Coordination of services entails significant financial and institutional commitment. This chapter outlines funding from a variety of sources, including the Federal Transit Administration (FTA), the NH Department of Transportation (NHDOT), the NH Department of Health and Human Services (NHDHHS), local sources and private foundations. Federal funding for transportation has expanded significantly under the 2021 Bipartisan Infrastructure Law (BIL). The chapter also analyzes the applicability of the different funding sources for specific projects.

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

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

Early planning for transit coordination in the Southeast New Hampshire region and statewide included an assumption that the New Hampshire Department of Health and Human Services (DHHS) would integrate Medicaid Non-Emergency Medical Transportation (NEMT) with regional coordination brokerages as called for in the 2006 statewide coordination study conducted by the Governor's Task Force for Community Transportation. Ultimately DHHS pursued a different model for Medicaid Managed Care where all Medicaid NEMT is now coordinated through two separate transportation manager organization. These include Coordinated Transportation Solutions (CTS) serving as the transportation broker for WellSense Health Plan and AmeriHealth Caritas New Hampshire; and Medical Transportation Management (MTM) serving as the transportation broker for NH Healthy Families. Many human service transportation providers as well as public transit agencies and for-profit providers have participated as Medicaid NEMT providers, though some have also stopped doing so as reimbursement rates don't adequately cover the cost of participating. The statewide Medicaid transportation manager is not integrated with any of the regional coordination efforts.

Some of the funding programs listed below are appropriate for transit coordination, while others are better suited solely for transit operations. Depending on the types of service being implemented, appropriate funding types and amounts will change. For example, the FTA Section 5307 funding used by COAST to support its fixed route services cannot readily be used to support a volunteer driver program unless rides are available to the general public vs being limited to older adults and individuals with disabilities. Other funding streams target specific client populations. Ultimately, funding a more coordinated and integrated regional transit system will be like building a puzzle. The following pages describe many potential pieces of that puzzle.

5.2 United States Department of Transportation

Federal Highway Administration and Federal Transit Administration funding apportionments to New Hampshire increased across the board with the new Bipartisan Infrastructure Law (BIL). On average FTA apportionments under the BIL, starting with FFY2022, increased approximately 30 percent as compared to FFY2021. This increase will help transit systems catch up from an extended period where inflationary increases in operating expenses exceeded funding growth. The four major FTA funding programs used in the region and two primary FHWA funding programs that can be used for transit projects are described in detail below.

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

Section 5307 Urbanized Area Formula funds are the primary source of federal funding that supports COAST transit services. These funds are apportioned and managed differently depending on the size of Census-defined Urbanized Area where they are being used. For Small Urbanized Areas, with a population between 50,000 and 200,000, Section 5307 funds allocated to the State and apportioned to transit systems based on a formula including population and population density within Census-defined Urbanized Areas. These Small Urban Section 5307 funds can be used for capital, maintenance, and operating expenses. COAST receives Section 5307 funds apportioned to the Portsmouth Urbanized Area and the Dover Rochester Urbanized Area. COAST also receives a limited amount of Section 5307 funding through the Maine Department of Transportation based on COAST service extending across the state line from Somersworth into Berwick, as well as into Kittery from Portsmouth. In SFY 2023 COAST is making a limited amount of its 5307 allocation available to fund mobility management expenses. In FFY2022, Section 5307 funding to the Portsmouth and Dover-Rochester Urbanized Areas amounted to \$3,097,938.

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

A potential concern following the 2020 Census is that the Portsmouth Urbanized Area could be absorbed into the Boston Urbanized Area, or the Portsmouth and Dover-Rochester Urbanized areas could merge, thereby clearing the 200,000 person population threshold. This could have severe consequences. Beside the issue of eligibility of operating expenses in Large Urban areas described

above, the Nashua Urbanized Area also saw a drop in its FTA apportionment of approximately 30% following its transition to Large Urban status. Transit systems in New Hampshire, given the lack of state funding for public transportation and consequent lower service volumes and revenue miles, are less competitive in FTA's Large Urban apportionment formula in comparison with larger systems in other states that provide more significant transit funding.

CARES Act & COVID

Special supplemental amounts of Section 5307 urban formula funding and Section 5311 rural formula funding were approved by Congress in FFY2021 to help transit agencies maintain funding during the COVID-19 pandemic. Recognizing challenges for states and municipalities, and reduced fare revenue due to reduced ridership, these CARES Act funds can be used at a 100% federal share with no match requirement. COAST received a total of \$5.33 million in supplemental Section 5307 funding through the CARES Act, and \$3.2 million through ARP which has been critical in maintaining service levels through the public health crisis. These funds should be fully expended within the next two years and remain critically important for replacing lost revenues, covering extraordinary costs associated with COVID, and now exceptionally high inflation. The financial holes they have helped fill since March of 2020 will need to be filled with revenue from other sources in FY25 if service levels are to be maintained.

FTA Bus & Bus Facilities Program Grants (Section 5339)

The Bus and Bus Facilities grant program (49 U.S.C 5339) provides capital assistance for transit agencies to purchase new or used buses, as well as construct bus-related maintenance or passenger facilities. One pool of Section 5339 funding accrues to the State and is available annually through a competitive grant process. A second pool of 5339 funding is nationally competitive. There was a significant increase in 5339 funding beginning in FFY2018 which has helped address fleet replacement concerns for COAST and other transit agencies statewide and nationally. There was another significant increase in 5339 funding under the BIL. Subsequently, COAST has successfully pursued and secured 5339 funding from both the state and national pools for its planned new operations, maintenance and administrative facility.

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

This program provides formula funding directly to transit agencies (in areas over 200,000 in population), and to states for rural and small urban areas. The program purpose is assisting private-nonprofit groups and certain public bodies in meeting the transportation needs of older adults and persons with disabilities when transit service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds were originally allocated only for capital expenses that support transportation to meet the special needs of older adults and persons with disabilities on an 80%/20% matching basis. However, under MAP-21 two other programs were absorbed into Section 5310, and eligible uses of program funding were expanded to include transit operations and mobility management.

Section 5310 is the primary source of funding for the RCC's work, and flows to the region through NHDOT to COAST, which acts as the Lead Agency for the RCC/ACT. Section 5310 funding supports the following activities in whole or in part:

- Regional mobility management staff and expenses
- TripLink call center staffing and facilities
- Ready Rides volunteer driver program
- Rockingham Nutrition Meals on Wheels Program (RNMOW) nutrition shuttle services
- Community Action Partnership of Strafford County shuttle services
- Community Rides supplemental medical transportation services

NHDOT also manages a third pool of Section 5310 funding used only for capital projects, which has historically prioritized vehicle replacement, and requires that applicants participate in regional coordination efforts where they exist. Multiple agencies in the region have used Section 5310 capital grants to purchase vehicles.

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

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

- To promote the safe and efficient operation of public transit systems while efficiently utilizing public and private resources;
- Developing state and local relationships to address the training and technical needs of the rural transit community;
- To continually improve the quality and availability of resources and technical assistance to rural systems;
- To encourage individual local transit operators to work together in solving mutual issues;
- To support the coordination of public, private and human services transit providers within a region.

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

State RTAP funds are intended for education, staff development and technical assistance for rural transit operators. In New Hampshire, these funds are used to support rural transit activities by way of training, technical assistance, research, and support services. As such, this program does not fund operational or capital expenditures. This program does not require a matching share. While portions of each community in the study area are urbanized, there are non-urbanized areas in the region such that RTAP funds could be available for eligible projects. RTAP funds have been used in the past 2-3 years to provide support to all Section 5310 recipients in meeting requirements under Title VI of the Civil Rights Act. RTAP funds are also being used as part of the funding mix to establish the new Statewide Mobility Manager position established in mid-2022.

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

Among the many USDOT funding streams, the Surface Transportation Block Grant Program (STBG) provides the greatest flexibility in potential uses. These funds are typically used for highway construction and are managed by the NHDOT. However, they may be used for any capital project, including transit vehicles and facilities, bicycle and pedestrian facilities. Nationally, 4%-5% of STBG funds

are used for transit projects such as bus procurement or transit facilities, while the vast majority are used for highway projects. States or MPOs may elect to transfer (or “flex”) a portion of STBG funding for any projects eligible for funds under FTA programs except urbanized area formula (Section 5307) operating assistance. The program requires a non-federal share of 20%.

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

Congestion Mitigation and Air Quality (CMAQ) Program

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

CMAQ funding for transit is typically spent to purchase buses, vans or rail equipment; for transit passenger facilities; or for operating support for pilot transit services. If used to support operations of a new start-up transit service there has traditionally been a five year limit to that start-up operating assistance. That time limit was removed with passage of the Infrastructure Investment and Jobs Action (IIJA) in 2021, though in the 2022 CMAQ funding round NHDOT has maintained the limitation. In New Hampshire CMAQ funds are typically available on a four-year cycle, with the next opportunity to apply anticipated in 2026.

Because of the requirement to demonstrate air quality benefits, when CMAQ funds are used for transit it is typically for fixed route commuter transit, where it can be demonstrated that the bus is taking cars off the road. CMAQ funding is difficult to justify for demand response service, as this type of service does not necessarily remove traffic from the roads, nor result in fewer trips, but rather targets basic mobility for those who would otherwise have difficulty traveling. This said, state departments of transportation have flexibility to transfer up to 50% of their CMAQ funding apportionment to other transportation uses. In response to extensive public input on the Draft 2021-2030 Ten Year Transportation Plan, in 2020 NHDOT began transferring approximately \$2.2 million per year from CMAQ for broader transit uses. This transfer has been partitioned with one quarter being divided among the state’s urban transit providers, one quarter divided among the rural transit providers, one quarter to support a statewide Mobility Manager and partially fund additional Mobility Manager positions in each of the RCC regions, and the balance set aside to begin implementing services prioritized in the 2019 Statewide Strategic Transit Assessment (SSTA).

Under the distribution agreement for mobility management funding between the RCCs, the SCC and NHDOT, the base share for the Region 10 (ACT) and Region 8 urban RCCs is \$65,000/year. The availability of CDC funding for mobility management in rural parts of the state as part of a two year COVID Disparity pilot grant (see page X) has allowed NHDOT to redistribute regional allocations and provide \$120,000/year to the urban RCCs. The NHDOT commitment of \$65,000/year from the flexed CMAQ funding appears to be for the long term, but the region should not count on the supplemental \$55,000 beyond the two-year CDC pilot grant.

COAST also currently receives \$1.2 million per year in CMAQ funding as transitional support while the system adjusts to the loss of supplemental funding that supported increased serviced during the Newington-Dover Spaulding Turnpike widening project. While costs are no longer incurred for the more frequent fixed route service provided during construction, paratransit costs under the Americans with Disabilities Act (ADA) grew dramatically during the construction period and were supported in part through the mitigation program. The current supplemental CMAQ funding allows COAST time to develop additional municipal and other resources to support these costs. This CMAQ funding is currently projected to end in FY2023 and it is uncertain whether municipal funding can fully replace this in time given the disruptions of the COVID pandemic that emerged after the original funding timeline was set.

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

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

Temporary Assistance for Needy Families (TANF)

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

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

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

employment transportation for low-income residents is a clear need in the region, and TANF could be a key component of a funding solution for the region.

Older Americans Act, Title III-B

Title III-B funding supports the network of agencies and organizations needed to provide home and community based care for senior citizens. One of the permitted uses of the funds (of Title III-B: Supportive Services) is transportation for eligible citizens. To receive services, one must be 60 years of age or older. Preference is given to minorities and those with low incomes. The NHDHHS Bureau of Elderly and Adult Services (BEAS) administers Title III-B funding, and state matching funding makes up approximately 40% of the Title III-B grants received by transportation providers. Title III-B funds are used by Rockingham Nutrition Meals on Wheels program, Community Action Partnership of Strafford County, Strafford Homemakers and other agencies around the state to support senior transportation services.

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

Centers for Disease Control and Prevention

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

5.4 Other Sources of State and Federal Funds

State General Fund Appropriations

New Hampshire contributes very little to support public transportation. In 2020 the average per capita state contribution to public transportation was \$63.00 (AASHTO/APTA). Looking at the median state per contribution, to remove the influence of large states which fund extensive rail systems, the median state investment was \$5.94 per capita. New Hampshire's state contribution to public transportation in 2020 was \$0.59 per capita (operating and capital). Most of this amount was funding spent on state match for eligible capital expenses. The state has historically contributed 10% match toward capital bus purchases by public transit agencies. Since 2020 the State Legislature has allocated \$200,000/year in operating assistance for public transit, divided across all urban and rural transit systems. This amounts to approximately \$0.15/capita. The COAST share of this amount is approximately \$35,000. Investment in public transportation relative to the other five New England states is shown in Figure 5.1 below.

Figure 5.1. Comparative State Investment in Public Transportation – New England

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

Source: AASHTO 2022

Developing a dedicated source of state funding for public transportation has been a long-standing goal of the NH Transit Association (NHTA), the state’s regional planning commissions, and other organizations. NHDOT’s supplemental Targeted Needs budget proposal for the 2024-2025 biennium includes increases in General Fund appropriations for public transportation, with an additional \$400,000 in SFY2024 and \$1.4 million in SFY2025 targeted for rural transit. While this would still be just a down-payment on the level of investment required to meet current and anticipated transportation access needs, it would be a significant step. It is also expected to be difficult to pass in the State Legislature. Building support for increased State investment among policy makers from the Southeast New Hampshire region will be an important piece of long-term work for the RCC.

National Center for Mobility Management

During 2022 ACT received a one-time grant of \$10,000 from the National Center for Mobility Management (NCMM) to pilot a new organizational assessment tool for regional mobility management efforts. ACT membership spent a series of meetings working through a series of questions related to Governance, Operating Systems and Procedures, Funding, Communications, Use of Technology and other topics. While this was a one-time funding opportunity the grant proceeds supported ACT work, and NCMM is a potential source for future funding to support innovative pilot projects that could be duplicated elsewhere in New Hampshire or nationwide.

Community Development Block Grants (CDBG)

These grants are designed to provide a range of services and activities that will have measurable and major impacts on the causes of poverty in New Hampshire communities or those areas of the community where poverty is a particularly acute problem. The Office of Strategic Initiatives within the New Hampshire Department of Business and Economic Affairs manages Federal funding for these block grants. Grants are given to the six NH Community Action Agencies to carry out the purposes of the CSBG Act. Five percent of the funds may be reserved for special Community Services Projects, which are innovative and can demonstrate a measurable impact in reducing poverty. ACT has received CDBG funding from the City of Dover and has applied to the City of Rochester for funding.

Corporation for National Service - AmeriCorps and VISTA Programs

The AmeriCorps VISTA program places skilled volunteers in community development positions around the country, with an emphasis on helping bring communities and individuals out of poverty. Approximately 7,000 AmeriCorps VISTA members serve in hundreds of nonprofit organizations and public agencies throughout the country working to increase literacy, improve health services, create businesses, increase housing opportunities, or expand access to technology. VISTA volunteer positions require local investment in matching funding, but could be a cost-effective approach for building new programs like expanding the pool of volunteer drivers serving the region.

5.5 Local Sources

Local General Fund Appropriations

Municipal contributions form the core of the non-federal funding that COAST and other provider agencies rely on to match FTA dollars and other federal funding streams. For COAST, FY2022 municipal requests totaled approximately \$1.046 million across eleven communities. Maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is challenging in a strong economy, and has been particularly challenging as the region emerges from COVID-19.

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

Local Option Fee for Transportation Funding

Another means of generating local funding is local vehicle registration fees. Under RSA 261:153 IV, the legislative body of a municipality may vote to collect an additional fee for the purpose of supporting a municipal and transportation improvement fund. The additional fee collected can be up to \$5.00. Of the amount collected, up to 10 percent, but not more than \$0.50 of each fee paid, may be retained for administrative costs. The balance is deposited into the Municipal Transportation Improvement fund to support improvements in the local or regional transportation system including roads, bridges, bicycle and pedestrian facilities, parking and intermodal facilities and public transportation.

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

All of this said, only 12 communities in the RCC region have adopted this fee. Raising local awareness of this funding option should be a priority in conjunction with raising awareness of unmet local transportation needs.

Figure 5.2. Potential Revenue from Supplemental Local Vehicle Registration Fee (RSA 261:153)

| | Registrations to which Fee would apply | Gross Revenue at \$5.00 | Admin Fee to town (10%) | Net potential proceeds for transportation use | Already Charges Fee |
|-----------------------|--|----------------------------|----------------------------|---|------------------------|
| Brookfield | 821 | \$ 4,105 | \$ 411 | \$ 3,695 | |
| Wakefield | 1,029 | \$ 5,145 | \$ 515 | \$ 4,631 | |
| Barrington | 9,246 | \$ 46,230 | \$ 4,623 | \$ 41,607 | Yes |
| Dover | 26,302 | \$ 131,510 | \$ 13,151 | \$ 118,359 | Yes |
| Durham | 5,343 | \$ 26,715 | \$ 2,672 | \$ 24,044 | Yes |
| Farmington | 6,300 | \$ 31,500 | \$ 3,150 | \$ 28,350 | |
| Lee | 4,212 | \$ 21,060 | \$ 2,106 | \$ 18,954 | |
| Madbury | 1,745 | \$ 8,725 | \$ 873 | \$ 7,853 | |
| Middleton | 1,908 | \$ 9,540 | \$ 954 | \$ 8,586 | |
| Milton | 4,042 | \$ 20,210 | \$ 2,021 | \$ 18,189 | |
| New Durham | 3,006 | \$ 15,030 | \$ 1,503 | \$ 13,527 | |
| Rochester | 26,916 | \$ 134,580 | \$ 13,458 | \$ 121,122 | Yes |
| Rollinsford | 2,448 | \$ 12,240 | \$ 1,224 | \$ 11,016 | Yes |
| Somersworth | 10,131 | \$ 50,655 | \$ 5,066 | \$ 45,590 | Yes |
| Strafford | 4,297 | \$ 21,485 | \$ 2,149 | \$ 19,337 | |
| Brentwood | 4,478 | \$ 22,390 | \$ 2,239 | \$ 20,151 | |
| East Kingston | 839 | \$ 4,195 | \$ 420 | \$ 3,776 | |
| Epping | 7,240 | \$ 36,200 | \$ 3,620 | \$ 32,580 | |
| Exeter | 13,512 | \$ 67,560 | \$ 6,756 | \$ 60,804 | Yes |
| Fremont | 4,662 | \$ 23,310 | \$ 2,331 | \$ 20,979 | |
| Greenland | 4,171 | \$ 20,855 | \$ 2,086 | \$ 18,770 | Yes |
| Hampton | 16,564 | \$ 82,820 | \$ 8,282 | \$ 74,538 | |
| Hampton Falls | 2,565 | \$ 12,825 | \$ 1,283 | \$ 11,543 | |
| Kensington | 2,228 | \$ 11,140 | \$ 1,114 | \$ 10,026 | |
| Kingston | 6,448 | \$ 32,240 | \$ 3,224 | \$ 29,016 | |
| New Castle | 1,036 | \$ 5,180 | \$ 518 | \$ 4,662 | Yes |
| Newfields | 1,769 | \$ 8,845 | \$ 885 | \$ 7,961 | |
| Newington | 1,285 | \$ 6,425 | \$ 643 | \$ 5,783 | |
| Newmarket | 7,992 | \$ 39,960 | \$ 3,996 | \$ 35,964 | Yes |
| North Hampton | 2,640 | \$ 13,200 | \$ 1,320 | \$ 11,880 | Yes |
| Northwood | 4,763 | \$ 23,815 | \$ 2,382 | \$ 21,434 | |
| Nottingham | 5,148 | \$ 25,740 | \$ 2,574 | \$ 23,166 | |
| Portsmouth | 19,636 | \$ 98,180 | \$ 9,818 | \$ 88,362 | |
| Rye | 5,436 | \$ 27,180 | \$ 2,718 | \$ 24,462 | |
| Seabrook | 8,928 | \$ 44,640 | \$ 4,464 | \$ 40,176 | Yes |
| South Hampton | 290 | \$ 1,450 | \$ 145 | \$ 1,305 | |
| Stratham | 7,197 | \$ 35,985 | \$ 3,599 | \$ 32,387 | |
| ACT RCC Region | 236,573 | \$ 1,182,865 | \$ 118,287 | \$ 1,064,579 | |

Source: NH Department of Safety

County Funding

Both Rockingham County and Strafford County provide funding to ACT, with Rockingham providing \$3000/year and Strafford \$5000/year. In years past Rockingham County funded a shuttle that brought participants to the County's Adult Medical Daycare program at the County Complex in Brentwood. That service was ended several years ago. Note that two different RCCs cover parts of Rockingham County. Strafford County also provides a larger amount of funding to COAST annually for a bus route that serves the Strafford County Complex in Dover.

The development of a comprehensive network of RCCs covering the state means that now every town in every county will be covered by an RCC working to expand transportation options in their respective regions. As County governments hold responsibility for nursing homes, there is a strong argument to be made for counties providing significant funding transportation services, as a means of long term health care costs by helping seniors live independently at home rather than enter costly long-term nursing home care. Further developing County support should be explored by the RCC.

5.6 Private Sources

Business Support

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

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

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

Sales of Services and Products

Many transit systems bring in additional dollars through the sale of products and services. One of the most common sources of such income is the sale of advertising space inside or outside the vehicles. COAST generates over \$190,000 annually in advertising revenue.

Braiding Funding with Partner Agencies

While not cash funding, a major advantage of a coordinated system is the potential to use existing resources from multiple provider agencies as in-kind match for Federal Transit Administration (FTA) funding. If an existing provider agency, such as the Rockingham Nutrition Meals on Wheels Program (RNMOW), or TASC or Ready Rides uses non-federal funding to support transportation services, or even non-USDOT funding such as Title IIIB dollars, a properly structured coordination agreement can allow these funds to be used as match for FTA dollars. Currently referred to as “braiding” funds, this practice has been used in New Hampshire for years due to limited State funding. The use of Title III-b dollars received by RNMOW as match on Section 5310 funding in the ACT and CART regions is one of the best examples in New Hampshire of fund braiding. RNMOW, Community Action Partnership of Strafford County and Ready Rides also all contribute match eligible funding to support their use of the TripLink call center.

Given the challenges of increasing municipal investment, state investment, and the short term nature of most private foundation grants, collaborative operating agreements that make use of existing agency funds to leverage new FTA dollars are one of the most promising opportunities for expanding services in the region. With development of the Statewide Mobility Manager position, hopefully this sort of interdepartmental coordination of transportation resources can be expanded at the state level as well, beyond individual agency partnerships in specific regions.

Private Charitable Foundations

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

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

6.0 FINDINGS AND RECOMMENDATIONS

This chapter summarizes progress in implementing transportation coordination since the adoption of the updated *Coordinated Public Transit/Human Services Transportation Plan* for the region in 2017. Additionally, it recaps findings on transportation need and service strategies based on input from RCC members and other community stakeholders, and sets out recommendations for the next steps in implementing service coordination and expansion strategies to meet documented need for improved transportation access in the region.

6.1 Progress Since Adoption of 2017 Coordinated Plan

Significant progress has been made in implementing recommendations for regional transportation service coordination and expansion identified in the *2017 Coordinated Public Transit/Human Services Transportation Plan* for the region. Key steps are described briefly below:

- *Sustained and grew the Southeast NH RCC*
The Alliance for Community Transportation has served as the Regional Coordination Council for Community Transportation (RCC) for the southeast NH region since 2010, and has maintained strong membership and regular bi-monthly meetings where members discuss shared challenges and opportunities to coordinate and expand services. The ACT Executive Committee meets on a monthly basis to provide input to the Regional Mobility Manager and address action items such as short notice grant submittals needing attention prior to the next scheduled meeting of the full ACT membership.
- *Maintained Service through COVID-19 Pandemic*
Remarkably, COAST, RNMOV, Ready Rides, Strafford CAP and other providers in the region and statewide were able to maintain critical services throughout the COVID-19 pandemic. While COAST suspended fixed route service briefly in spring 2020 it maintained critical access through demand response options. This has been done with innovation and great attention to rider and operator safety in the form of expanded bus cleanings, improve air filtration systems, safety barriers, masking, seating patterns, driver training, passenger outreach, and drivers taking overtime to maintain services when others were out sick or in quarantine. This was also supported by substantial supplemental funding from FTA detailed later in this section.
- *Consolidated Lead Agency for the RCC*
COAST became the single Lead Agency for ACT in July 2019. Prior to this Rockingham Planning Commission had served as Lead Agency for FTA Section 5310 Purchase of Service (POS) funding received from NHDOT, while COAST was Lead Agency for 5310 Formula funds. This arrangement allowed COAST to participate in POS as a transportation provider. In 2018 NHDOT and FTA determined that NHDOT could be defined as the entity purchasing service, allowing all Section 5310 funds to flow through COAST.
- *Upgraded Vehicles & Equipment*
Using Section 5317 (former FTA New Freedom program) capital funds, ACT provided the federal funds for two new accessible cutaway style buses for Rockingham Nutrition & Meals on Wheels, improving transportation options for riders with mobility impairments. In 2020, Rockingham Nutrition used Section 5310 Capital funds, completing the upgrade of its fleet to all accessible vehicles. These vehicles

provide meal-site access and other critical trips in the Exeter, Epping and Hampton/Seabrook areas. The TripLink call center also transitioned to use of mobile data terminals in all vehicles to facilitate short-notice trips, improved communication and navigation, and operations data collection.

- *TripLink Expansion*

In 2016 the COAST call center, which scheduled trips for COAST ADA paratransit, the Ready Rides volunteer driver program, and Community Rides, was rebranded as TripLink to reinforce its broader role in the community and the key ACT goal of coordinating trip scheduling. In 2017 TripLink began call-taking and scheduling for Rockingham Nutrition & Meals on Wheels. The Portsmouth Senior Transportation program began scheduling through TripLink in fall 2018, and Community Action Partnership of Strafford County consolidated their scheduling through TripLink in fall 2021. To support this added call volume TripLink added staff and now employs three (2.63 FTE) reservation agents/schedulers/dispatchers.

- *TripLink Common Application*

In November 2021 ACT launched the TripLink Common Application which allows users to apply for multiple eligibility-restricted services at one. Users can apply for COAST ADA Paratransit, Portsmouth Senior Transportation, Route 7 On Demand, Community Rides, Ready Rides, TASC, Rockingham Nutrition & Meals on Wheels Senior Shuttle, and Community Action Partnership of Strafford County's Senior Shuttle. People can apply online or by phone, mail, or fax. The online application allows users to upload required documentation and can be completed by a social worker or other caregiver. The Common Application is also available in Spanish.

- *Scheduling Software*

During 2013 to 2018 TripLink participated as a pilot site for what was envisioned to become a unified statewide scheduling software known as RydeLog. This project was supported by NHDOT and was intended to facilitate communication between regional call centers and statewide Medicaid transportation brokers, and between different regions to support trips crossing regional boundaries. A companion software known as QRyde was developed for volunteer driver trip scheduling. The RydeLog software experienced ongoing stability and reliability problems and delays in addressing bugs. TripLink switched to a different software package in 2018 known as Trip Master. The QRyde volunteer software is still in use, though work is in progress to incorporate a volunteer module into Trip Master to reduce the need for cross-referencing between the two packages as many riders use multiple services.

Since the spring of 2018 COAST has employed a real-time transit app for riders to use either on their mobile devices or computers to see precise location information on their bus(es). Originally this was provided through DoubleMap, but as of September 2022 COAST has switched to Passio GO! The new app also shows real time passenger loads on all COAST buses.

- *Secured Multiple Sources of New Funding*

COAST and the RCC members have been effective in securing funding for implementing service activities. New private funding has come from the Endowment for Health, First Seacoast Bank, Wentworth-Douglass Hospital and Exeter Hospital. Rockingham County and Strafford County. New sources of federal funding include COVID relief funding through the CARES Act (2020) and expanded annual allocations for 5307 and 5310 included in the new Infrastructure Investment and Jobs Act (IIJA), also referred to as the Bipartisan Infrastructure Law (BIL) of 2021. Another funding success has

been NHDOT's decision to flex \$2.2 million/year out of the federal Congestion Mitigation Air Quality (CMAQ) program to support transit needs. A quarter of this funding is distributed among the eight RCCs statewide to support mobility management activity.

- *Geographic Service Expansions*
Since 2017 both the Ready Rides and TASC volunteer driver programs have expanded their services areas, with Ready Rides adding service to Epping residents, and TASC adding Brentwood, East Kingston, and Kensington. Service expansions of this sort require a corps of volunteer drivers stepping forward from the new community and a financial contribution from the town. Expanding service to other communities along the Route 125 corridor remains a goal for ACT.
- *Statewide Work to Support and Expand Volunteer Driver Programs*
Building on experience from the development of Ready Rides, the Regional Mobility Manager has played an active role in facilitating the statewide Volunteer Driver Peer-to-Peer Network. In 2021-2022 the mobility manager helped lead a multi-agency volunteer driver recruitment campaign with the NH Association of Broadcasters featuring advertisements and PSAs on WMUR, NHPR, NHPTV and online advertising on Facebook, YouTube and other sites.
- *Service Consolidation*
In 2021, after temporarily suspending its service during the pandemic, Lamprey Health Care stopped operating their senior transportation services. These had focused on scheduled weekly shopping trips for older riders throughout Rockingham County and were supported with Older Americans' Act Title IIIb funding. RNMOV stepped forward and picked up most of these routes to maintain service levels, especially in smaller communities around the region. Title IIIb funds were reallocated accordingly to support the new service. While Lamprey had maintained their own separate scheduling system, all of these trips are now scheduled through TripLink for RNMOV.
- *COAST Fixed Route System Redesign*
During 2018-2019 COAST undertook a Comprehensive Operations Analysis that resulted in major changes to its fixed route network and schedule. These changes cut travel times on many of the core routes, established easy to remember hourly schedules, improved the rider experience, and opened transit access to new destinations.
- *COAST Operations and Maintenance Center*
During 2021 and 2022 COAST has made substantial progress toward the financing and construction of a new operations, maintenance and administration facility that will consolidate functions currently spread between two locations, allow indoor bus storage extending bus life, enhance in-house maintenance capacity and improve system energy efficiency. The facility is currently at the 60% design stage with an estimated cost of \$14.7 million. Over 82% of this cost has been secured to date through a combination of Federal Transit Administration grants, and the sale of tax credits made available through the NH Community Development Finance Authority. Most recently an additional \$2 million in USDOT funding was awarded through assistance from New Hampshire's Congressional delegation.
- *Increased Attention to the Needs of an Aging Population*
Since 2017 both SRPC and RPC have launched regional Age Friendly Community initiatives with funding from the Point32 Health Foundation (formerly Tufts Health Plan Foundation) and AARP New

Hampshire. These have included a series of city and town-level Age Friendly Community Assessments, all of which have found high levels of concern among older residents on how they will meet their travel needs once they age out of driving. These are spurring new community conversations about improving transportation access for older residents. At the state level the NH Alliance for Healthy Aging is facilitating similarly conversations and working with the State Commission on Aging to secure funding for a statewide assessment of transportation needs for older adults.

6.2 Findings on Transportation Need and Coordination Opportunities

- Unmet need for transportation in the region is large and growing.
Unmet need for transportation access in the region continues to be significant and will grow in the coming decade. This is particularly evidenced by the growth of the older adult population. Older adults (65 and older) make up 18% of the region. Between 2015-2020 the older adult population (over age 65) in the Southeast NH region increased 20.9% as compared to overall growth of 3% for the population as a whole (ACS 2020). The older adult population is projected to nearly double by 2040.
- Transportation need is greater in some parts of the region than others.
Comparing trips provided by town (including Medicaid) with findings from the CTAA trip need model, a number of communities show up as underserved. These include rural Carroll and Strafford County communities not served by COAST, such as Brookfield, Middleton, Milton, New Durham and Rollinsford. Two communities in central Rockingham County, Fremont and Kingston, are served by RNMOV but are not covered by a volunteer driver program. Also note that the CTAA model analysis has its limitations. By including Medicaid NEMT trip data, communities such as Rochester, Somersworth, Farmington and Milton show up as receiving trip numbers close to or above the CTAA estimates, but these don't reflect the full range of needed trip types.
- Services are more widely available to some populations than others.
Aside from COAST's fixed route services, most other transportation services in the region target the clients of various provider agencies or specific demographic groups – primarily older adults and individuals with disabilities. Factors contributing to this include the requirements of key federal funding programs such as FTA Section 5310 and Older Americans Act Title IIIb, reliance on non-profit volunteer driver programs that prioritize these populations, and ultimately a lack of public or private funding all levels (especially the state) for broadly accessible community transportation.
- COVID-19 had dramatically impacted the transportation system.
The COVID-19 pandemic led to sharp declines in ridership in early 2020 followed by slow, steady recovery as riders are reassured of the safety of transit and begin traveling again, albeit with some new patterns. COVID has impacted agencies' ability to hire drivers and recruit volunteers based on both health concerns and heightened workplace stress as some riders react badly to safety protocols. It has changed travel patterns by forcing broader adoption of telework, telehealth and retail services like grocery delivery. It highlighted problems of isolation faced by older adults and others without access to transportation; and it resulted in a large (though temporary) influx of federal funding to support services. While fixed route transit ridership remains well below pre-COVID levels, most demand response services have seen ridership return to where it was prior to the pandemic.

- Information on community transportation options isn't reaching many who need them.
The local and regional work on Age Friendly Communities that the two regional planning commissions have completed in 2021-2022 has highlighted a problem that even in communities where transportation services are available, many residents aren't aware of those services. A significant percentage (10%-20%) of older residents still do not use the internet regularly, so conveying information via older channels (newspaper, newsletters, town halls, public libraries, local cable, presentations) remains important. Even for the internet savvy, transportation information can be difficult to find on town websites.
- The ACT Region leads the state in implementing coordination.
The ACT region has gone further in implementing coordination of community transportation services than any other RCC in the state. Part of this is due to the willingness of COAST to incorporate shared scheduling and dispatching capacity into their operation to develop a regional call center, and commit funding to the project over many years. Part of this is the sheer length of time the region has worked on Coordination, with ACT's formation predating that of most of the other RCCs in the state. This meant that the ACT region was prepared to apply for early federal funding streams for coordination and mobility management when other regions were not, and the region invested those funds in establishing a mobility manager position early on. This combination of commitment by the transit system to be a lead agency, time and staff capacity spent building relationships, the experience and expertise of the mobility manager, and openness to change from agencies like RNMOV and Community Action Partnership of Strafford County have resulted in cost efficiencies for agencies, improved service access and ease of use for riders.
- Expansion of volunteer networks remains a priority.
Volunteer driver programs are currently active in at least 23 of the region's 38 municipalities – up from 18 at the time of the last Coordinated Plan update. Expansion of geographic areas served by existing volunteer driver programs continues to be the most efficient means of expanding transportation access in communities with few or no options currently. The two largest volunteer driver programs in the region continue to look at expanding into rural communities.
- Statewide work of the State Coordinating Council is providing benefits to the RCC region.
In 2021 NHDOT began flexing approximately \$2.2 million/year in Federal Congestion Mitigation/Air Quality (CMAQ) program funding transit use. Based on consultation with the SCC, one quarter of this funding is supporting statewide and regional mobility management positions, including ACT's own Mobility Manager. This frees up some Section 5310 funding for additional service capacity. The SCC has also provided an umbrella for statewide collaboration among volunteer driver programs, being led by ACT's Mobility Manager.
- Greater engagement from NH Department of Health & Human Services is yielding benefits.
The NH Department of Health and Human Services has participated much more actively in the SCC over the past several years, and this has yielded benefits for the ACT region. One example of this is the CDC Rural COVID Disparity pilot grant, which by funding mobility manager positions in rural regions led NHDOT to make supplemental Section 5310 funding available for mobility management in urban regions. NHDHHS staff are also now more collaborative in sharing data useful for assessing regional transportation needs, including town level data on Medicaid NEMT usage and TANF enrollment.

- Provider agency concerns highlight role of COVID and longer term trends.
Many of the concerns highlighted by transportation providers on the survey and in ACT meetings relate to the COVID-19 pandemic, though most didn't begin with the pandemic. These concerns include:
 - ✓ **Driver Recruitment and Retention** – Community transportation agencies nationwide continue to experience problems with recruiting and retaining drivers. This is most pronounced for commercially licensed drivers able to operate full sized buses, but extends to drivers for smaller vehicles. This reflects challenges meeting market pay rates, changes in the work environment with more animosity from some riders unhappy with safety protocols, and other factors.
 - ✓ **Rising operating costs** – These include rising costs for labor, fuel, parts and insurance. Recent federal funding increases are anticipated to largely be consumed with catching up with these inflationary pressures, leaving relatively little for service expansion.
 - ✓ **Long term funding and ability to address community needs** – Agencies have long recognized most of the needs identified in the data presented here. Expanding services to meet those need will ultimately require not just coordination to get the most out of every currently available dollar, but expanded investment at the private, local, state, and federal levels.
- Lack of state funding for community transportation limits sustainability and expansion potential.
While the State Legislature has resumed its annual contribution of \$200,000 toward public transit operations statewide, this was only ever a down-payment on realistic state investment in community transportation. Federal funding through the CARES Action, American Rescue Plan and the new Bipartisan Infrastructure Law has made up for decades of appropriations that didn't keep up with inflation. New Hampshire falls far behind other states in its investment in community transportation at about \$0.59 per capita, about one tenth of the national median investment of \$5.94/capita. Looking closer to home, the state invests about one twentieth of our nearest small, rural neighboring states of Maine and Vermont. NHDOT is taking steps to address this, with increased requests for State General Fund support for transit in their SFY2024-2025 budget. It should be noted that State General Funds are also appropriated for transportation services as match under the Older American Act Title IIIB program, though these funds are not considered for any state in the AASHTO calculations of per capita state investment described above.

6.3 Recommendations

The 2022 *COORDINATED PLAN'S* recommendations reflect planning and assessment work completed by COAST, ACT, the SCC, Strafford Regional Planning Commission and Rockingham Planning Commission since 2017. This includes COAST's 2019 Comprehensive Operations Analysis, ACT's work with the National Center for Mobility Management (NCMM) mobility management assessment tool, the 2021 New Hampshire Blueprint for Mobility Management, local and regional Age Friendly Community assessments undertaken by the planning commissions, and the data specific to this plan summarized in the previous chapters. These recommendations are divided into two time categories: Short Term (1-2 years) and Long Term (3-5 years)

Short Term Recommendations and Action Plan (1-2 Years)

The following steps should be pursued in the next two years (2023-2024) to ensure that system development proceeds smoothly.

1. Maintain the Southeast NH RCC

The RCC serves as an important forum for information gathering on regional need and agency services, as well as the main venue for engaging provider agencies in developing coordination agreements. The Southeast NH RCC and its partner RCCs around the state are important venues for building statewide support for community transportation, including developing communication strategies to raise public awareness of current and future needs, devising strategies to address those needs, and building coalitions implement those strategies.

2. Continue supporting current services working with TripLink and receiving Section 5310 funding.

Work with member agencies to ensure that those interested in participating in POS-funded services meet a consistent level of service and safety.

Current projects supported with Section 5310 funds:

- TripLink Call Center and lead agency efforts supporting agency coordination
- Mobility management functions including travel training and outreach to ensure existing services are fully utilized.
- Ready Rides: Volunteer driver mileage reimbursement and administrative support
- The Community Rides: a coordinated network of agencies providing non-emergency medical transportation to older adults and individuals with disabilities within the RCC. Additional, regionally diverse partners are required to increase this program's impact.
- RNMO: Access to congregate meals sites in Hampton/Seabrook, Exeter, and Epping supplemented with a shopper shuttle and non-emergency medical transportation as time allows.
- Strafford CAP: Support for current shopping and medical appointment trips for older adults in Dover, Rochester and Somerworth.

3. Integrate volunteer driver software with primary scheduling software Work with CTS to add a volunteer driver module to its Trip Master software or identify a new vendor who can provide the needed software to replace aging, stand-alone QRyde application.

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

- Work to make the region's transportation network function as seamlessly and as simply as possible for users.
- Work with interested providers to integrate new functions and/or services into TripLink and identify opportunities for fund braiding to leverage new resources implement funded service expansions. TripLink is unique in the state as a regional, multi-agency call center, and could conceivably be expanded to handle services in other regions.
- Continue playing a leadership role in the statewide Volunteer Driver Workgroup and Mobility Managers Workgroup.
- Continue developing performance measures at the regional and statewide levels that include but also go beyond measuring inputs and outputs. The multi-agency nature of TripLink and the shared scheduling software make the ACT region better able to monitor indicators like trips per hour, trips by town, and unduplicated riders. A next level performance measure would be working with healthcare providers to track medical appointments missed due to lack of transportation.

- Advocate to NHDOT and NHDHHS on behalf of the RCC and member agencies for:
 - Universal reporting requirements to ease the administrative burden of varied reporting in the various RCC's and State agencies,
 - Sufficient funding to fully cover the cost of providing the services being funded by the State agency under programs like Title IIIB,
 - Information on federal funding streams identified in the National Center for Mobility Management Braiding Guide including amounts received by New Hampshire and how those are currently used.
- Develop and implement a coordinated outreach strategy that expands on Travel Training and the Community Transportation Directory. Based on findings from Age Friendly Community Assessments, this strategy needs to include non-internet-based outreach through public libraries, town halls, public access cable, and traditional print media. Test messaging with focus groups.
- Build on cross-promotional activities such as the TripLink Common Application, providing all new clients with information regarding all transportation services for which they might be eligible and providing them with a copy of the Community Transportation Directory.
- Expand outreach activities to historically disadvantaged populations to ensure they are benefitting from equal access to transportation services. Partner with regional organizations such as NAACP Seacoast, the Racial Unity Team and area adult education programs to plan outreach, tailor messaging.

5. *Support Land Use Policies that Improve Transit Access*

Work with municipalities, housing advocacy organizations and developers to encourage land use policies and siting decisions that make new development easier to access by transit. Examples include working with municipal planning boards to ensure connectivity to transit stops is considered in reviewing new commercial or multi-family residential development; and encouraging non-profit and for-profit developers of workforce housing to prioritize sites served by transit.

Long-Term Recommendations and Action Plan (2-5 years)

The following recommendations are intended to guide the Southeast NH RCC in its planning efforts to continue expanding community transportation access throughout the region and sustain the regional coordination effort.

1. *Ensure continued availability of FTA Section 5310 funding.*

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

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

The following services have been identified as priorities through the Southeast NH region's planning process.

- Continued enhancement and operation of the regional call center (TripLink) housed at COAST.
- Basic scheduled 1-3 day a week service in key areas of the region developed in coordination

with existing programs. Provision of services by existing publicly-funded agency vehicles is the preferred strategy. Trip types include shopping, groceries, errands, non-emergency medical transportation, nutrition access, and socialization and community involvement.

- Expand the capacity of volunteer driver programs to cover the full RCC region. This can be achieved most efficiently by working with existing programs such as TASC and Ready Rides to expand their service areas. Support may include staff time, call center services, and volunteer mileage reimbursement.
- Work with the revitalized CommuteSMART Seacoast to improve employment transportation options in the region including establishing car and vanpools, or a late night shuttle to allow restaurant or other service industry employees to get home after evening shifts – identified as a need in the 2020 COAST Economic Impact Study.
- Expand access to health care providers in the region by engaging them to partner with the coordination efforts through improved communication on appointment scheduling, coordination of their own transportation services, and funding contributions.
- Consider new alternatives to deliver transportation services including strategies such as: deployment of accessible taxis in the region and development of expanded local voucher programs, etc.
- Help identify areas where service demand and development density warrant an eventual expansion of fixed route service, recognizing that the region currently lacks FTA funding for further fixed route expansion.
- Where effective, consider feeder shuttles from rural areas to bus stops served by COAST and Wildcat Transit -
- Support initiatives developed by participating agencies that increase transportation options in the region, favoring those programs that remove silos and will help make service more widely available.
- Pursue funding sources, whether federal, state, county, municipal, or private, whose eligibility requirements allow the RCC to provide services to a broader array of clients, especially low-income adults.

3. Pursue private and public contracting opportunities.

Identify and pursue additional private and public contracting opportunities that are compatible with the TripLink structure and system capacity. A good example is Portsmouth Senior Transportation now being contracted to COAST, which allows the TripLink call center to register new riders, take reservations, and schedule trips in coordination with other trips COAST is providing in the City. For those services, COAST directs a portion of the contract to support TripLink's role in the service.

4. Enhance TripLink, increasing the number of agencies using TripLink and expanding its use as a Mobility Management resource in the region.

Work with partner agencies to transition their call taking, scheduling, client intake, dispatching, and/or other functions to TripLink with the goal of reducing expenses and developing a more robust and seamless one-call/one-click experience for users.

To be most effective, TripLink must perform its adopted functions in a manner that meets agencies' needs, rather than the agencies changing how they meet their clients' needs. Additionally, the client

experience must be prioritized, ensuring that existing clients do not leave a service that they had previously found acceptable.

5. *Seek local funding sources to expand services.*

Continue to develop new sources of local match funding. Working with the planning commissions and specific municipalities to adopt the “Local Option” vehicle registration fee enabled under RSA 261:153 IV and direct proceeds to community transportation is a prime opportunity for this. Additional opportunities include advertising on agency vehicles, growing support from hospitals and other medical practices, and charitable grants. Non-cash match generated by volunteer drivers continues to be a valuable source of match.

6. *Advocate for dedicated state transit and community transportation funding.*

A core problem for transit systems throughout the state is the lack of dedicated state funding available to match federal transit dollars. While better coordination between NH Departments of Transportation and Health & Human Services could improve overall access to human service funding, ultimately there is an ongoing need for more state funding to make community transportation services available to more people in the region with unmet transportation needs. RCC members, including and especially municipalities in the region, should partner with the New Hampshire Transit Association and Transport NH in developing a statewide transit coalition and potentially a caucus in the state legislature to advocate for a dedicated, ongoing source of state funding for transit and community transportation.

6.4 Conclusion

The success of the RCC will be determined by whether its efforts expand access to community transportation services in the region, help service providers operate more efficiently, and improve the user experience for their clients.

To help service providers, the RCC must focus on strategies that providers are most willing and able to adopt. To improve access for clients, the RCC must make community transportation in the Seacoast easy to find and use. To expand services new sources of funding need to be developed. The RCC, its member organization and the regional mobility manager are all critical to realizing these goals through the actions described here.