

2018

Coordinated Community Transportation Plan for the Monadnock Region



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

Prepared by:
Southwest Region Planning Commission
37 Ashuelot Street Keene, NH 03431
7/26/2018

Table of Contents

Chapter 1: Introduction	3
Local and Regional Forces Driving Coordination.....	3
State Forces Driving Coordination	4
Federal Forces Driving Coordination.....	6
The Monadnock Region Coordinating Council Story.....	7
Monadnock Region Coordinating Council Partners	8
Chapter Summary	9
Chapter 2: Summaries of Relevant Community Transportation Documents	10
New Hampshire Statewide Coordination of Community Transportation Services Plan	10
Addendum to the Coordinated Community Transportation Plan for Southwest New Hampshire/Coordinated Community Transportation Plan for Southwest New Hampshire	11
Monadnock Region Community Transportation Directory	12
Scenario Analyses for Regional Planning in Southwest New Hampshire.....	12
Southwest Connects: Southwest Region Transportation Plan, 2014-2035.....	13
East-West Transportation Corridor Alternatives Study.....	13
NH 12 Transit and Paratransit Study.....	14
NH Route 119 Transit Expansion Feasibility Study Final Report.....	15
NH Route 10 Job Access Study	15
Chapter Summary	16
Chapter 3: Profile of Transit Dependent Population.....	17
Significant Population Lives in Rural Areas	17
Households Without Access to Vehicles Are Vulnerable	18
Transportation Is Expensive.....	20
Many Seniors Do Not Drive.....	21
Youth Have Transportation Needs Too.....	22
People with Disabilities.....	24
Chapter Summary	25
Chapter 4: Profile of Existing Services in the Region	26
Fixed Route Services	26
Demand Response Services	28
The FTA 5310 Purchase of Service Program in the Monadnock Region.....	29

Chapter Summary	33
Chapter 5: Community Transportation Funding	34
Introduction to Funding	34
United States Department of Transportation Funding.....	35
United States Department of Health and Human Services Funding.....	39
New Hampshire Funding	41
Local and Private Funding	42
Chapter Summary	44
Chapter 6: Plan for Addressing Community Transportation Needs	45
Community Transportation Needs	45
MRCC Mission and Vision.....	46
MRCC Goals and Objectives.....	47
MRCC Project Priorities	48
Implementation.....	52
Chapter Summary	52
Selected List of Acronyms.....	54
Glossary.....	55

Chapter 1: Introduction

The need to provide transportation services to people who do not have access to reliable transportation options, due to age, disability, income or other reasons, has been identified as a problem in the Monadnock Region for many years. This plan is intended to provide an updated look at this issue, building on the work of the *Coordinated Community Transportation Plan for Southwest New Hampshire* (Coordinated Plan) completed in 2006 and Addendums to the Plan passed in 2010, 2011 and 2016. The 2017 Plan provides guidance to the Monadnock Region Coordinating Council (MRCC), one of nine regional coordinating councils (RCCs) in New Hampshire, charged by the State to improve regional community transportation service through coordination activities.

Following the introduction, the content of this plan includes the following:

- Reviews of past plans, studies, MRCC documents and other publications that are relevant to coordinated community transportation planning in the Monadnock Region;
- An assessment of demographic and socio-economic conditions in the Monadnock Region as they relate to current and projected demand for community transportation;
- An introduction to community transportation services in the Monadnock Region;
- An analysis of the current state of coordinated community transportation in the Monadnock Region and how that relates to plans for improving transportation coordination; and
- Coordinated Plan goals and objectives and how the Monadnock Region Coordinating Council envisions moving those goals and objectives forward.

For many years, coordination has been seen by local, regional, state and federal partners as the preferred path forward for improving community transportation. Coordination, if successful, should lead to outcomes like more streamlined services for users, better information and resource sharing among transportation providers, and more integrated, complementary and flexible funding programs.

Local and Regional Forces Driving Coordination

The Monadnock Region is often recognized in New Hampshire for its collaborative spirit. Area social service agencies are known for coming together to examine ways to leverage each other's expertise and resources to tackle issues by following the mantra "the whole is greater than the sum of its parts." This often happens when organizations identify a common interest in applying for grants and decide to jointly apply for funds to help address local and regional issues as diverse as housing and community development, social service programming and health. Given the many stakeholders associated with community transportation—including user



Various Monadnock agencies gathering for a community transportation forum held in 2010.

groups, transportation providers and funders--it is yet another issue that necessitates regional coordination and cooperation.

In fact, community transportation is identified again and again as one of the most significant needs by several regional needs assessments that have been published in the area. It is highlighted prominently in the Southwest Region Planning Commission's (SWRPC) 2015 *Monadnock Region Future Plan* goal to "enhance access to goods, services and other destinations." It has similarly been highlighted in several former Monadnock United Way Community Needs Assessments. Where it is not identified outright it is implied in documents such as the Monadnock United Way's *Community Well Being in the Monadnock Region* report and Cheshire Medical Center's *Healthy Monadnock Plan*, which argue for breaking down barriers preventing access to schools, training, healthcare, jobs and social connections. Given that there are few mobility alternatives for individuals to reach schools, jobs and services, and there are a number of people in the community that don't drive, regional policymakers increasingly identify transportation as a basic need alongside other basic needs like food, shelter and heat.

...[R]egional policymakers increasingly identify transportation as a basic need alongside other basic needs like food, shelter and heat.

Countless Monadnock based organizations continue to make contributions towards addressing community transportation resulting in better results for everyone. Noticeable progress has been made in recent years. In the last 5 years, the Community Volunteer Transportation Company (CVTC) has successfully developed community transportation programming in the eastern part of the Monadnock Region where community transportation services did not exist before. Monadnock United Way (MUW), a local community transportation funder, has recently taken the significant step to identify transportation as a basic need and "safety net" service that it is committed to support. Although Keene Housing and Southwest Community Services (SWCS) do not provide transportation services in the Monadnock Region, both organizations have tried to maximize access to jobs and services in another important way, working hard to build new affordable housing in locations that already have transit service instead of building in remote locations.

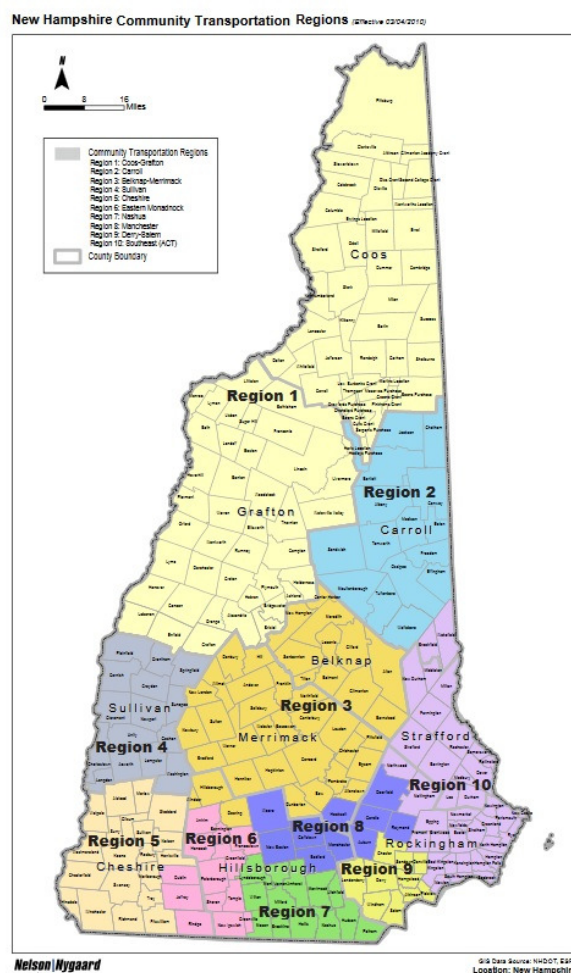
State Forces Driving Coordination

The State of New Hampshire also has had a continued interest in advancing community transportation coordination. It has helped the State foster improved community transportation services as well as stretch limited community transportation funds further. An important state community transportation milestone was achieved in 1996 when the NH Office of State Planning completed the *Statewide Transit Coordination Study*. The study recommended a bi-level oversight structure for coordinated community transportation by creating a State Coordinating Council (SCC) and Regional Coordinating Councils (RCCs). A decade later the Governor's Task Force on Community Transportation commissioned a follow up document from a private consultant with experience implementing community transportation coordination, called the *2006 Statewide Coordination of*

Community Transportation Services Final Report, which recommended some action steps for realizing the model put forward by the 1996 study. In addition to providing guidance on how to form an SCC and RCCs, the report recommended a Regional Transportation Coordinator (RTC), or broker, for each region to work as a middle man between providers, funding agencies and riders to match up rides with disparate funding sources. The report was followed by an action from the State Legislature in 2007 to officially form the SCC and enable the creation of RCCs.

From 2007 to 2017, the State Coordinating Council attempted to implement the 2006 Report's recommendations, succeeding in implementing some parts but coming up short implementing other recommendations. One success included the formation of 10 community transportation regions in the State and the eventual formation of 9 regional coordinating councils. Another success included changes it made with the New Hampshire Department of Transportation (NHDOT) to its Federal Transit Administration (FTA) 5310 fund programming, a program designed to enhance mobility for seniors and people with disabilities. RCCs were empowered by NHDOT to become regional laboratories for coordination by being tasked with making recommendations on how FTA 5310 funds could be shared among stakeholders to implement regional capital projects, mobility management services, and purchase of service arrangements. While these advancements were significant, the State did not succeed in setting up a key provision of the 2006 Report—the development of RTCs. This was partly due to the 2006 Report's heavy reliance on the NH Department of Health and Human Services (NHDHHS) funding. Unfortunately for the coordinated model, DHHS made a decision to reform its Medicaid transportation and Bureau of Elderly Adult Services funded transportation outside of the SCC's envisioned coordinated community transportation framework.

A new *2016 NH Statewide Coordination of Community Transportation Services Plan* was recently completed in 2017 and represents the State's most recent vision for coordinated community transportation. It continues to advocate for a bi-level oversight structure of the SCC and 9 RCCs. More information about this report is included in the next chapter.



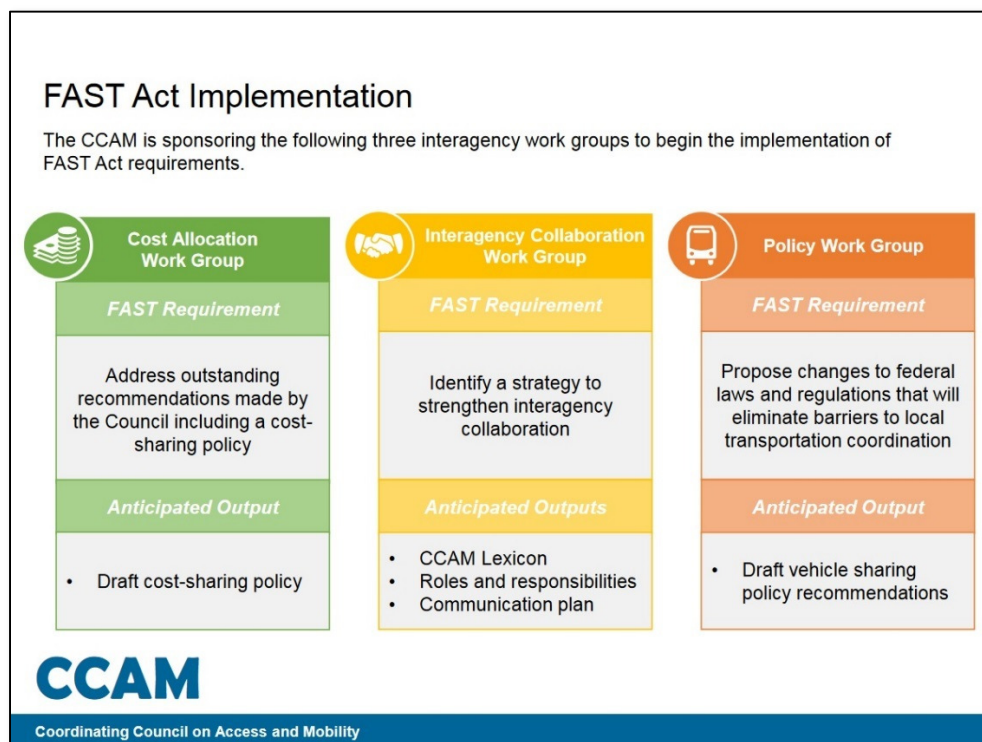
The ten NH regions identified by the State Coordinating Council. The MRCC represents Regions 5 and 6. Source: Nelson Nygaard.

Federal Forces Driving Coordination

Much of the funding that is invested in community transportation in New Hampshire is federal funding. Given its prominent role in New Hampshire and other states, the federal government has also had a strong interest in community transportation for many years. According to the FTA, agencies across the federal government administer 80 different programs to fund transportation services for people with disabilities, older adults, and lower-income individuals. In 2004, a federal interagency council called the Coordinated Council on Access and Mobility (CCAM) was formed to improve coordination among the various programs.

In 2014 the Government Accountability Office (GAO) issued a report recommending that the CCAM develop a strategic plan for nonemergency medical transportation services coordination, develop a cost-sharing policy and address other challenges associated with coordinated federal nonemergency medical transportation programs. The report was followed by the passage of the Fixing America's Surface Transportation (FAST) Act in 2015 which codified CCAM and directed CCAM to develop a strategic plan that:

- Outlines the roles and responsibilities of each CCAM federal agency;
- Addresses outstanding recommendations previously made by the Council;
- Addresses GAO recommendations concerning local coordination of transportation services; and
- Proposes changes to federal laws and regulations that will eliminate barriers to local transportation coordination.



Source: Coordinating Council on Access and Mobility

At the time of writing, CCAM has convened multiple listening sessions and meetings and has a goal of completing its strategic plan in 2020. Among the issues that CCAM hopes to resolve are inconsistent, duplicative, and restrictive federal program rules and regulations that cause transportation services to be fragmented, underutilized, or difficult to navigate. CCAM also is working to streamline customer access to transportation, reduce duplication of transportation services, rewrite federal rules that may impede the coordinated delivery of services, and improve the efficiency of services using existing resources.

The Monadnock Region Coordinating Council Story

With the backdrop of local, regional, state and federal forces driving coordination, the Monadnock Region has brought forward local and regional partners to form a regional coordinating council. Regional coordination began in 2010 with two separate regional coordinating councils representing the eastern and western parts of the region, but in 2012 the two regional coordinating councils formed into one regional coordinating council, called the Monadnock Region Coordinating Council for Community Transportation (MRCC). The geographical district that the MRCC focuses on includes all of Cheshire County (Alstead, Chesterfield, Dublin, Fitzwilliam, Gilsum, Harrisville, Hinsdale, Jaffrey, Keene, Marlborough, Marlow, Nelson, Richmond, Rindge, Roxbury, Stoddard, Sullivan, Surry, Swanzey, Troy, Walpole, Westmoreland and Winchester) and 10 towns in



A meeting of the Eastern Monadnock Region Coordinating Council in 2011.



The MRCC Region is located in SW New Hampshire

western Hillsborough County (Antrim, Bennington, Francetown, Greenfield, Greenville, Hancock, New Ipswich, Peterborough, Sharon and Temple). Although the 33-town area is the MRCC's focus, it addresses transportation outside of the region as well, since a great deal of Monadnock area transportation demand involves crossing regional and state boundaries.

In the eight-year history of the MRCC, it has made some

significant achievements towards better coordination. By 2017, the MRCC has:

- Completed and adopted several versions of a Coordinated Community Transportation Plan, which was based on hours of strategic planning;
- Created and launched an MRCC website, <http://monadnockrcc.weebly.com/>;
- Completed two editions of print and web-based editions of a Monadnock Region Community Transportation Directory and disseminated the print copies to area hospitals, social service agencies, town libraries and town halls;
- Developed a governance structure including the establishment of bylaws, a conflict of interest policy, officer designations and committee and subcommittee structures to execute plans;
- Developed and disseminated educational and informational materials to communicate the purpose of the MRCC and the need for community transportation support; and
- Managed and provided over 37,000 rides from July 2014 to June 2017 to community members using 5310 Purchase of Service funds. This number of rides does not include many thousands of other rides that were delivered by various MRCC partners during the same period.

Monadnock Region Coordinating Council Partners

At the time of writing there are 14 members that have a seat at the MRCC representing transportation providers, social service agencies, a charitable organization, a hospital, housing agency, county government and an interested citizen.

- | | |
|---|--|
| • American Red Cross | • Keene Housing |
| • County of Cheshire | • Keene Housing Kids Collaborative |
| • Citizen Member – Chuck Weed | • Monadnock at Home |
| • Center for Population Health at Cheshire Medical Center Dartmouth Hitchcock | • Monadnock RSVP Volunteer Center |
| • Community Volunteer Transportation Company | • Monadnock United Way |
| • Home Healthcare, Hospice & Community Services | • Robert J. Diluzio Ambulance Service |
| | • Southwest Region Planning Commission, ex officio |
| | • Volunteers Enabling Transportation |

In addition to its active members, the MRCC has identified and collaborated with many partners since it began in 2010. The MRCC envisions many of these partners becoming members and participating in many of the MRCC's future activities as the coordination framework evolves. Partners offering transportation services or transportation fleets are considered by the MRCC as potential affiliates for 5310 grants or other transportation service contracts to expand or improve community transportation services in the Monadnock Region.

- | | |
|--|---------------------------------------|
| • Adventure Limousine and Transportation | • Disabled American Veterans |
| • All Towns in Region 5 and 6 | • First Student, Inc. |
| • The Current | • Grapevine Community Resource Center |
| • Cheshire Village at Home | • Ideal Taxi |

- Jaffrey-Rindge Memorial Ambulance
- Keene Center Genesis
- Keene Senior Center
- Monadnock Community Hospital
- Monadnock Developmental Services
- Monadnock Family Services
- Monadnock ServiceLink
- Merit Care Transportation LLC
- Peterborough Taxi
- Southern New Hampshire Services
- Sunshine Taxi
- The River Center
- Thomas Transportation
- Tony's Taxi

Chapter Summary

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

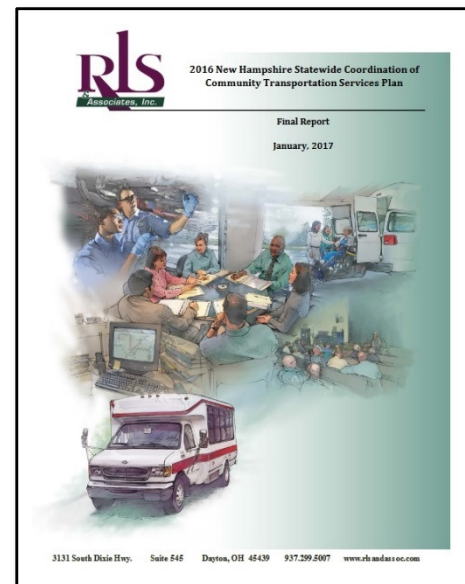
Chapter 2: Summaries of Relevant Community Transportation Documents

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

New Hampshire Statewide Coordination of Community Transportation Services Plan

Year of publication: 2017

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



The 2017 Plan includes an inventory of plans, studies and other publications relevant to statewide transportation coordination, an assessment of existing coordination practices and policies, an overview of demographic and socio-economic conditions, information about available transportation services in each region, an assessment of feedback from state and regional stakeholders, and information about “best practices” coordination in other peer states.

A major finding of the 2017 Plan is that the SCC should consider hiring a State Mobility Manager and require that each Region is served by a Regional Mobility Manager. In addition, the Plan recommends roles for the SCC, RCC and NHDOT. The suggested roles for each party are as follows¹:

State Coordinating Council

- Act as the advisory council to state agencies dealing on all passenger transportation or access to transportation related issues and for NHDOT funding solicitations.

¹ The following excerpt on SCC, RCC and NHDOT roles comes from page 5 of the Plan.

- Build agency-to-agency relationships between state agencies and state agency departments/bureaus.
- Provide measurable goals and performance measure standards to RCCs.
- Provide a definition and vision for true coordinated transportation.
- Build relationships with state agencies which fund transportation in order to secure more funding for local providers.
- Communicate best practices in coordination to the RCCs so that the RCCs can consider implementing those practices or similar practices.

Regional Coordinating Councils

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

New Hampshire Department of Transportation

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

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

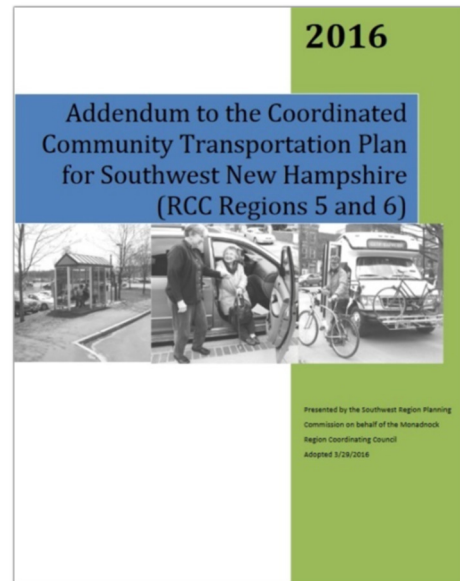
Addendum to the Coordinated Community Transportation Plan for Southwest New Hampshire/Coordinated Community Transportation Plan for Southwest New Hampshire

Year of publication: 2016 & 2006

The Plan you are reading is a replacement of the *Coordinated Community Transportation Plan for Southwest New Hampshire* completed in 2006 and Addendums to the Plan, the most recent of which was passed in 2016. The original 2006 Plan was written to follow the guidance of the *2006 Statewide Coordination of Community Transportation Services Report*, including the goal of establishing a Regional Transportation Coordinator, or broker, for the region. The Plan offers an overview of different types of community

transportation, provides context about state and federal efforts to encourage coordination, discusses transportation service demand and supply and summarizes community transportation providers operating in the region. A list of needs and an action plan are also included in the 2006 Plan.

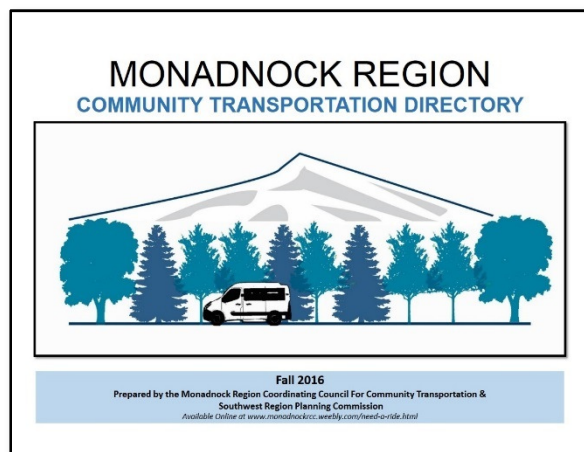
The 2016 Addendum updates needs and action plan originally established in the 2006 Plan. Needs are broken down by stakeholder category: community transportation users, providers, and purchasers. Purchaser in this case refers to organizations that provide funding towards community transportation. Many of the needs, goals and objectives outlined later in this 2017 Coordinated Community Transportation Plan are derived from the 2016 Addendum. See Chapter 6 for more information on needs as well as goals and objectives.



Monadnock Region Community Transportation Directory

Year of publication: 2016 & 2012

The Community Transportation Directory is an MRCC sponsored document, available online or as a hardcopy, that includes information about the MRCC, definitions about different categories of community transportation services, and listings of transportation services by category and by Monadnock Region town. Transportation provider contact information, service description, eligibility, service area and schedule information are included for 29 different transportation services operating in the Monadnock Region. The 2017 Community Transportation Directory is the second edition, replacing an edition printed in 2012. The new edition includes some new features that were not part of the original document including information about park and ride lots, intercity bus services and nearby passenger rail services.



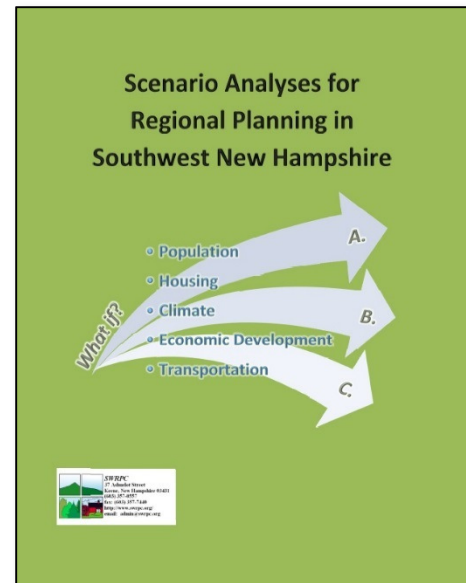
Scenario Analyses for Regional Planning in Southwest New Hampshire

Year of publication: 2015

In 2015, Southwest Region Planning Commission completed a 3-year effort to develop a regional plan, called *Monadnock Region Future*. The main plan included several plan appendices, including an appendix that explored the use of scenario planning for different theme areas. One of the scenarios in the document posited Monadnock Region residents increasingly replacing household expenses dedicated to personal vehicles towards better regional transit, sidewalks and bicycle paths over time. The scenario examines the impacts of reducing the ratio of vehicles per household by 1/100th of a point each year starting in 2016 out to 2025 (a change of 1.85 vehicles per household in 2016 to 1.65

vehicles per household in 2035). The study applies population growth and inflation factors to the analysis and is based on an investment scenario in which just 50% of household savings from avoided vehicle expenses is invested in transit, pedestrian and bicycle projects. The other 50% is new discretionary income for each household.

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



Southwest Connects: Southwest Region Transportation Plan, 2014-2035

Year of publication: 2015

Southwest Connects is the current long-range plan for the Southwest Region Planning Commission (SWRPC), and it also contains SWRPC's Regional Transportation Improvement Program, which is a list of projects recommended for the Region. The plan looks at the Planning Commission's 34-town district through a lens of eight corridors and fourteen nodal centers. The only community in RCC Region 6 that is not represented by SWRPC is the Town of Franconia. The plan examines a variety of existing surface transportation assets including community transportation services. Each corridor system has information about available fixed route, demand response, volunteer driver, rideshare and intercity bus offerings. In addition, each corridor has information about "special populations" that represents different potential community transportation user markets (e.g. youth, seniors, low income, etc.). The plan supports the development of community transportation in its vision statement and it is supported through some of the goals and objectives in the plan as well. SWRPC has published a number long range transportation plans over the years. *Southwest Connects* replaced a 2007 long range transportation plan.



East-West Transportation Corridor Alternatives Study

Year of publication: 2013

The problem of east west travel is an issue that all northern New England states (New Hampshire, Maine and Vermont) have grappled with for a long time and it has been viewed by some as a major

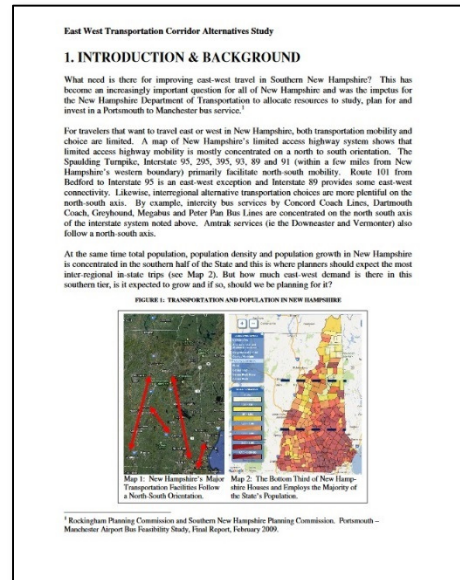
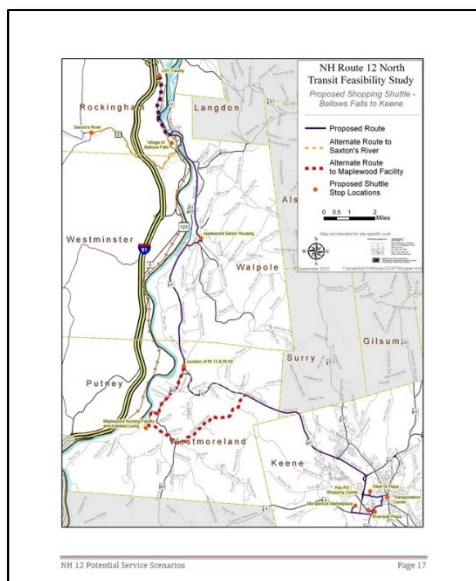
economic barrier as well as a tremendous economic development opportunity. This study examines a smaller piece of the east-west connectivity quandary—the connection between the Monadnock Region and the Capital Corridor/ Interstate 93 area consisting of Manchester and bookended by Concord and Nashua. With the two regions in mind, the purpose of this study was to: 1) quantify existing and future demand for travel between the regions via this corridor; and 2) identify proposed services, program(s) or projects to more efficiently, safely and effectively serve this travel. The study includes information about applicable plans and studies, analyzes socioeconomic and commuting data as well as road operations information, and capital programming plans for the area. In addition, it compiles survey data from taxis, limousine/shuttle/shared van services, charter buses and human service transportation providers to better understand east-west trip demands. The study also explores intercity bus schedules and park and ride lot infrastructure related to the study area.

In addition to a number of recommendations on improving park and ride infrastructure and intercity bus services, the study finds demand and need for additional funding to support volunteer driver programs and taxi voucher programs for medical-related long-distance trips from the Monadnock Region to Manchester and Boston.

NH 12 Transit and Paratransit Study

Year of publication: 2010

The goal of the NH 12 Corridor Transit and Paratransit study was to explore the feasibility of expanded public transportation service to enhance mobility for residents and workers and promote economic activity. SWRPC, with the help of a Route 12 Steering Committee, produced a *Report Identifying the Market, Needs and Support for Public Transportation Services on the Route 12 North Corridor* as a resource to understand the need and opportunity for various public transportation operations along the Route 12 North Corridor. That report included a number of potential service concepts to address the mobility needs identified in the market analysis.



Transportation Services (CATS) Charlestown-Claremont route; e) startup of a CATS volunteer driver program for Charlestown and f) use of a potential new van shared by American Red Cross and Home Healthcare Hospice and Community Services to Upper Valley medical destinations. Several improvements to coordinated transportation resulted from the study including improvements to the CATS fixed transit route in Charlestown, the startup of a CATS volunteer driver program and coordination between ARC and HCS on trips to Upper Valley medical destinations.

NH Route 119 Transit Expansion Feasibility Study Final Report

Year of publication: 2009

SWRPC worked with a steering committee and Nelson Nygaard Consulting Associates to determine the feasibility of extending Brattleboro, VT's fixed route transit system, the Beeline, into Hinsdale and Winchester, NH. The study assessed travel patterns and service needs, markets for public transportation, and service design alternatives to meet Hinsdale and Winchester's needs. A priority alternative came out of the study to extend a Beeline route from Brattleboro to Winchester.

The result of the study was the establishment of a new Beeline transit route that extends from Brattleboro to Hinsdale's downtown area. The fixed route transit route provides service Monday thru Saturday with hours that can accommodate most commuters. The most popular stop on the route is the Hinsdale Super Walmart. The service remains in operation today.

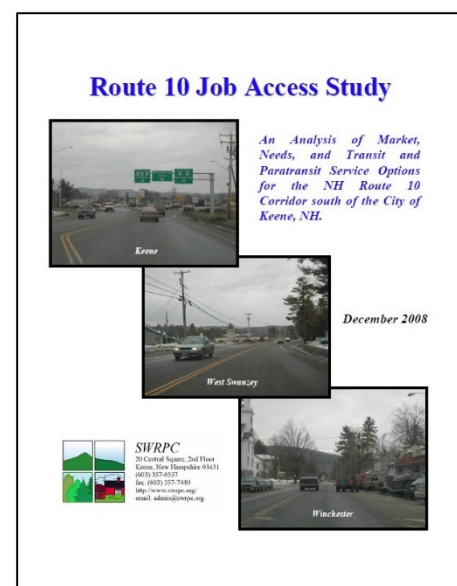


NH Route 10 Job Access Study

Year of publication: 2008

SWRPC worked with a steering committee to conduct a study to explore opportunities for using Federal Transit Administration Job Access Reverse Commute (JARC) funds. The study focused on the Route 10 Corridor, an arterial with a high number of commuters that connects a high proportion of affordable housing developments in West Swanzey and Winchester to employment in Keene. The study included a public transit market analysis, a needs analysis, and service options analysis.

The study's includes recommendations on new services that could be piloted through a mobility manager (rideshare with emergency ride home program, commuter shuttle and demand response para transit), marketing and outreach recommendations to improve community support and match for services, future planning initiatives and financing recommendations.



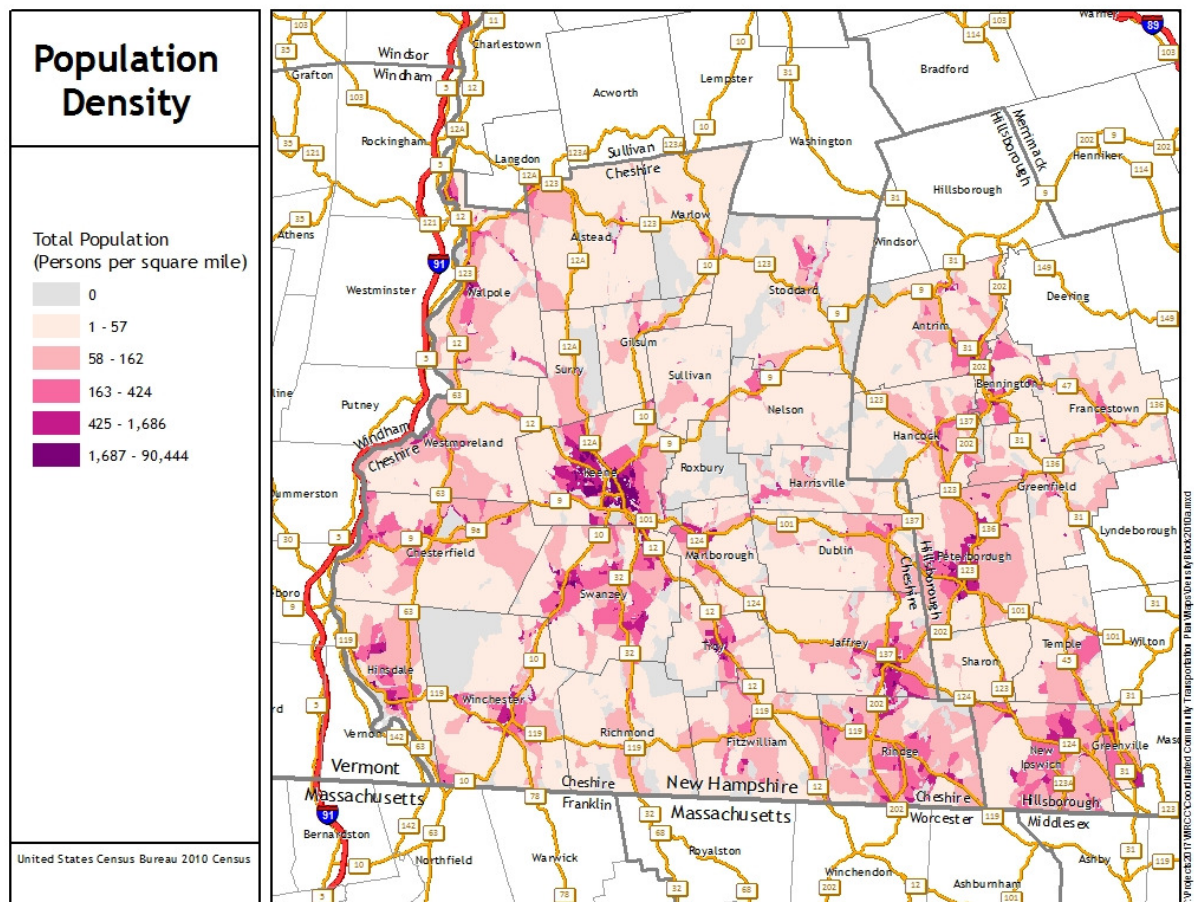
Chapter Summary

Over the past decade, a wide range of plans and studies have shed light on the current state of community transportation within the Monadnock Region. Studies have illuminated the demand for transportation services along critical corridors; the positive impact community transportation has or could have on economic development and job access; the location and size of populations in the region especially in need of community transportation services; and high-priority projects for improving regional community transportation. Most recently, the New Hampshire Statewide Coordination of Community Transportation Services Plan made numerous recommendations to the State Coordinating Council that, if implemented, could have a major impact on Regional Coordinating Councils, including the MRCC. Most notably, the plan recommended that the State should consider hiring a State Mobility Manager and require that each region designate a Regional Mobility Manager.

Chapter 3: Profile of Transit Dependent Population

Significant Population Lives in Rural Areas

The MRCC planning area consists of 33 towns in southwestern New Hampshire, covering approximately 952 square miles. The area is mostly rural averaging 105 people per square mile. During the 2010 Census, town populations in the area ranged from a low of 229 people in Roxbury to a high of 23,409 people in Keene. The rural nature of the region in and of itself makes serving the population with transit services very challenging, often requiring transit service providers to log many miles and spend a great deal of time on the road transporting people.



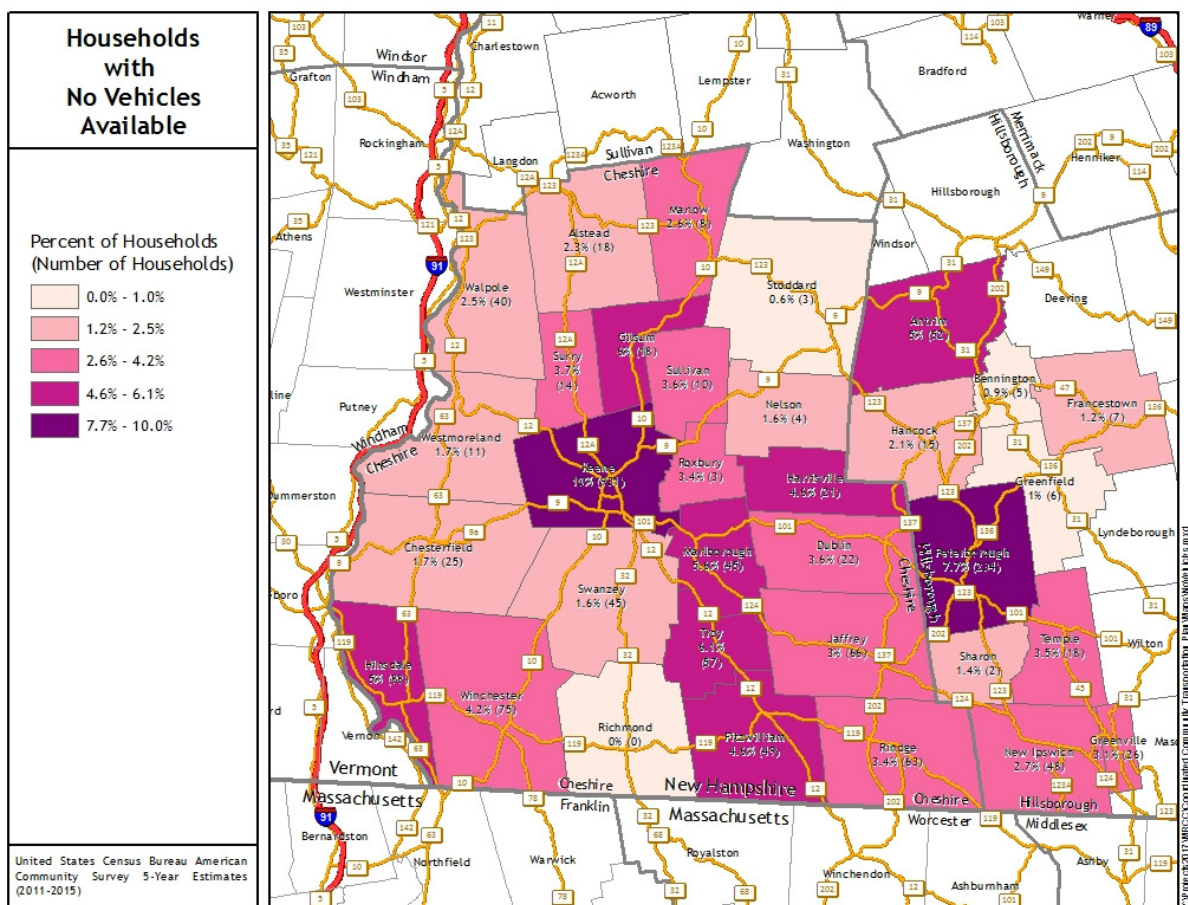
While most of Monadnock Region is rural, there are pockets of population density in village or downtown areas as well as along the region's arterial highways. Approximately 56,000 people live within a mile of all of the major highways in the Monadnock Region (NH Routes 9, 10, 12, 101 and US Route 202).² Approximately 30% of the regional population is considered by the US Census as living in an urban area. By contrast, the US 2010 Census calculated that about 80% of the US population lives in urban areas.

² Based on Census blocks whose center is located within the one mile buffer area of the specified highways.

Between 2010 and 2040, the entire area's population is expected to grow by only 6 percent³ and therefore population growth on its own is not expected to be a significant driver for changing the built environment into a more transit friendly density. Although there are a few examples of local proactive land use planning to allow for new dense housing and mixed use development, most of the region is not planning for more transit friendly development. Therefore, it is expected that mobility solutions like fixed route transit will continue to be a considerable challenge for most of the region.

Households Without Access to Vehicles Are Vulnerable

Like most parts of rural America, the vast majority of people living in the Monadnock Region rely on the personal automobile to get around. In fact, the percent of households that have automobiles in the region is estimated at 95 percent, or over 38,400 households. In 2015, the number of registered vehicles was about 1.1 times higher than the population old enough to drive. Only Keene had fewer vehicles than age eligible drivers.⁴

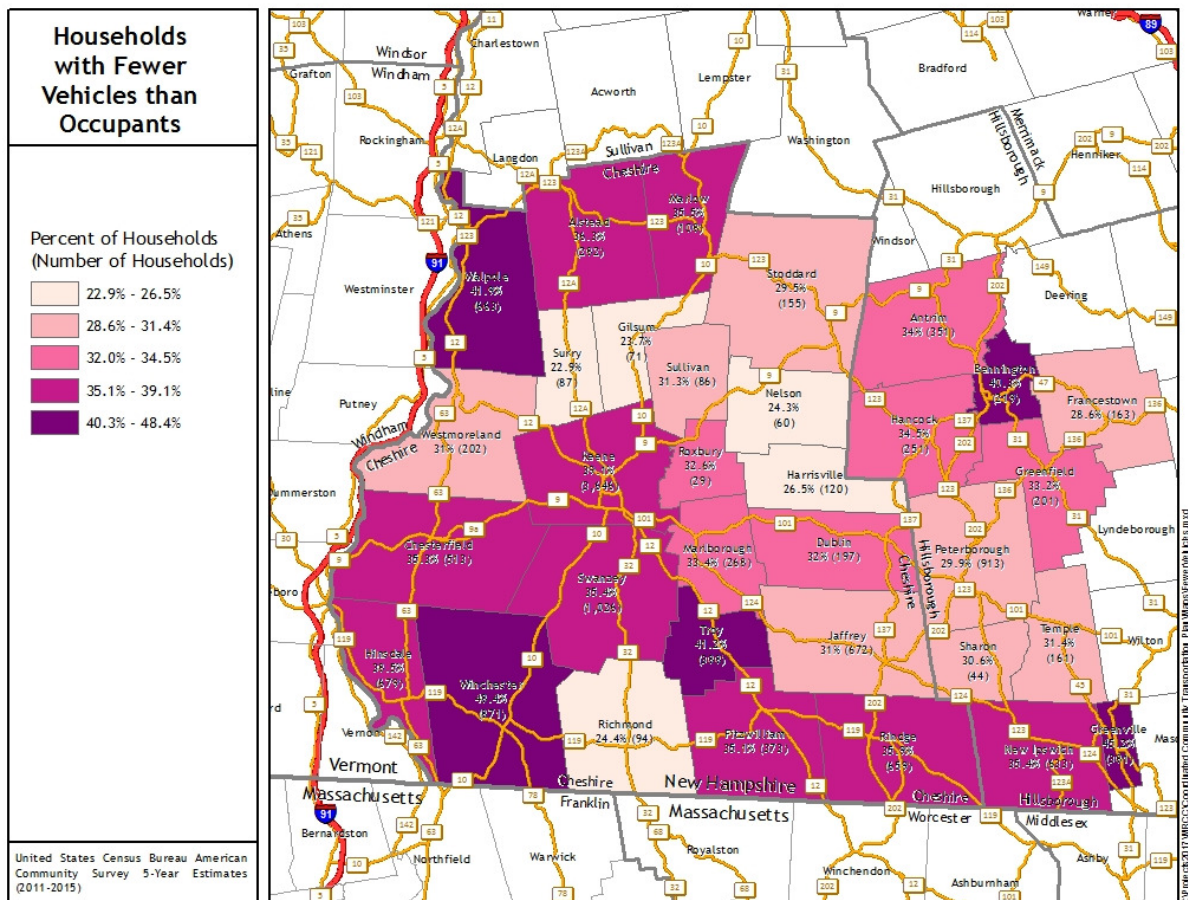


Since most people do not live within walking distance of basic services, motor vehicles are more often than not critical for ensuring that people can reach hospitals, health clinics, pharmacies, grocery stores,

³ This calculation represents the SWRPC district population based on 2016 NH Office of Energy and Planning estimates. This population is roughly the same as Regions 5 and 6, although it includes Windsor and Langdon and does not include Franconia.

⁴ NH Department of Safety, Division of Motor Vehicles.

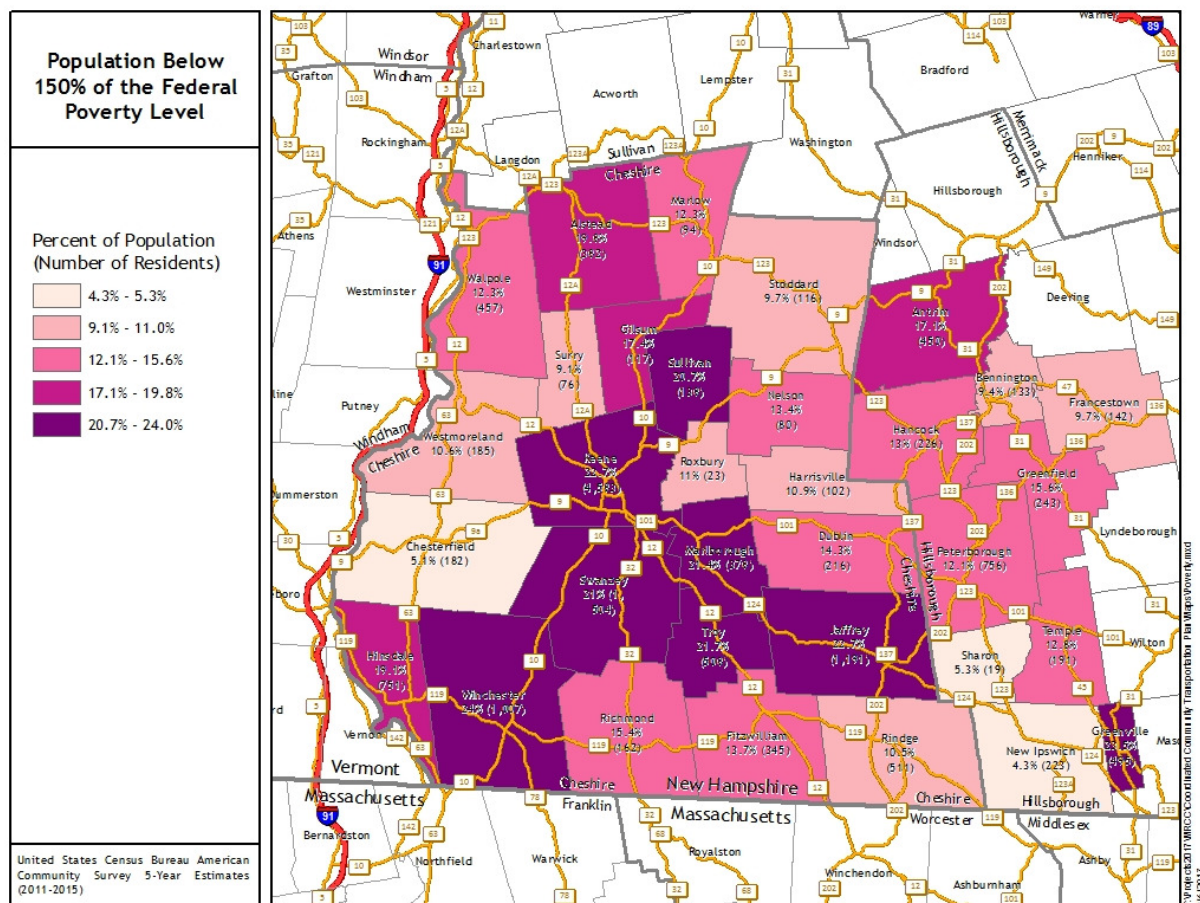
When jobs and services are only accessible by a motor vehicle, even households with few vehicles may have serious transportation challenges. Bennington, Greenville, Troy, Walpole and Winchester stand out as towns that have a high proportion of “vehicle poor” households when comparing vehicle ownership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



Transportation Is Expensive

In 2015, the average American household spent \$9,467 on automobile expenses, equivalent to 16% of the average household's income after taxes.⁵ Using those figures and extrapolating for the Monadnock Region, households spent about \$382 million on their personal vehicles in 2015. As noted earlier, land development has a major impact on transportation. Typically a household's second-largest expenditure after housing, transportation costs are largely a function of the characteristics of the neighborhood in which a household is located. Compact and mixed-use neighborhoods with walkable streets and close proximity to jobs, services and transit tend to be more efficient, affordable, and sustainable. Living in a rural area automatically compounds living costs for low income households and even median income households. According to the Center for Neighborhood Technology, housing and transportation costs are calculated to range from 39% to 76% of a typical household's income (not low income) in the census block groups within the MRCC planning area.⁶

Vehicle costs are also regressive, impacting those with the least amount of income disproportionately. While the average household may spend about 16% of its annual income on personal vehicles, the



⁵ Consumer Expenditure Survey, US Bureau of Labor Statistics

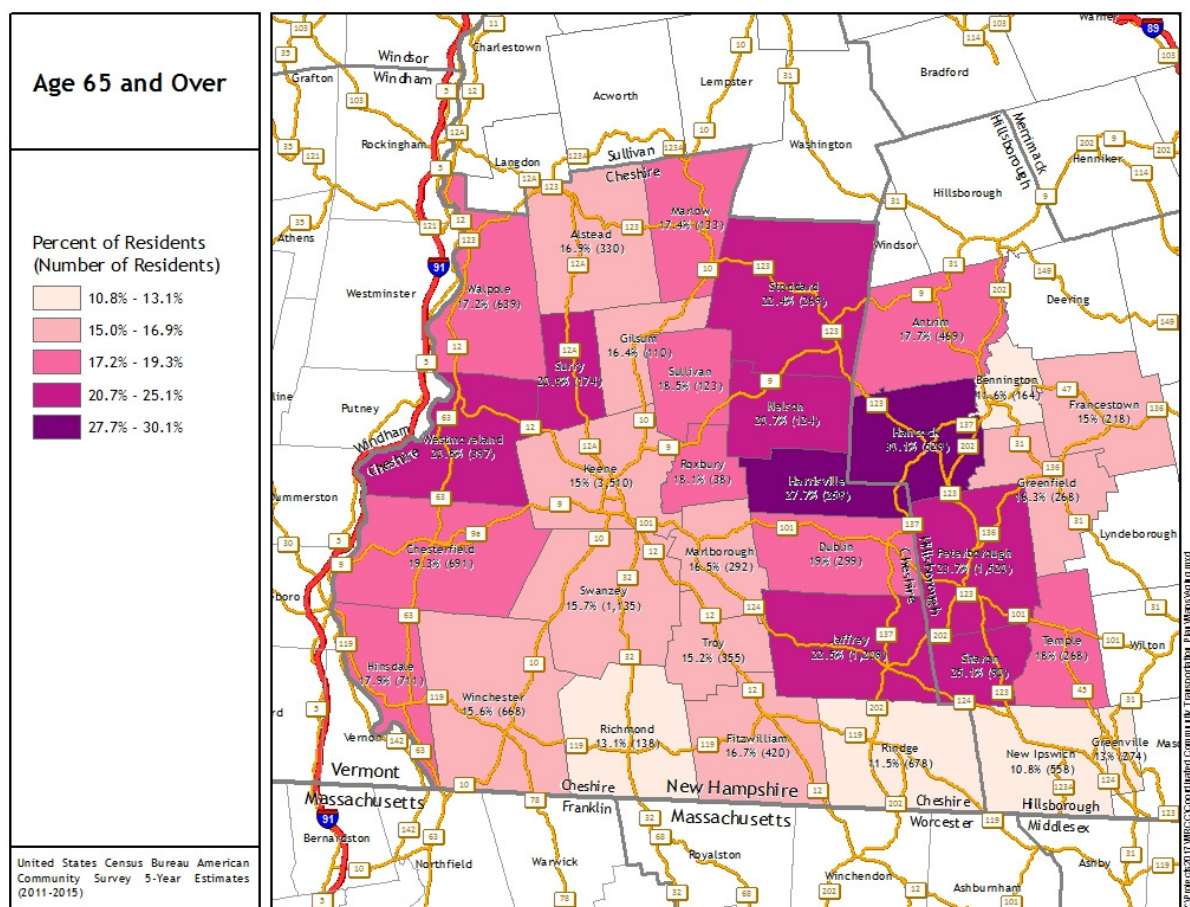
⁶ <http://htaindex.cnt.org/>, accessed 5/12/17.

number is heavily influenced by the top 40% wealthiest American households. Those making up the poorest quintile of households spend about 31% of their annual income on personal vehicles while the second lowest quintile and the third lowest quintile spend 21% and 19% of their income respectively.⁵

Low income households are located in every corner of the Monadnock Region, but there are certain areas where there is a critical mass of low income people. Municipalities where 20% or more of the population are considered low income (people living at 150% of the federal poverty level) include Greenville, Jaffrey, Keene, Marlborough, Sullivan, Swanzey, Troy and Winchester. Jaffrey, Keene, Swanzey and Winchester have the highest estimated number of low-income households (1,191, 4,583, 1,504 and 1,007 respectively) making up 52% of the regional low-income population.

Many Seniors Do Not Drive

Between 2010 and 2040, the number of people 65 years old and over living in southwest New Hampshire is estimated to grow by over 13,000 people or by about 86 percent.⁷ By comparison, the total population is only expected to grow by about 6%. Although a senior's level of mobility can vary



⁷ This calculation represents the SWRPC district population based on 2016 NH Office of Energy and Planning estimates. This population is roughly the same as Regions 5 and 6, although it includes Windsor and Langdon and does not include Francestown.

Youth Have Transportation Needs Too

Age 14 and Under

Percent of Residents
(Number of Residents)

- 8.1% - 11.3%
- 12.0% - 14.2%
- 15.1% - 17.8%
- 19.1% - 20.4%
- 23.5% - 26.5%

United States Census Bureau American Community Survey 5-Year Estimates (2011-2015)

Reproduced by MDCO Coordinated Community Transportation Planning Unit

22 | Page

over time.⁹ Municipalities with a high estimated proportion of youth today include Bennington (26.5%), New Ipswich (23.5%) and Marlow (20.4%). Municipalities with a highest estimated number of youth are Keene (2,808), New Ipswich (1,208), and Swanzey (1,136). Keene, New Ipswich and Swanzey make up about 48% of the total estimated youth population in the entire region.

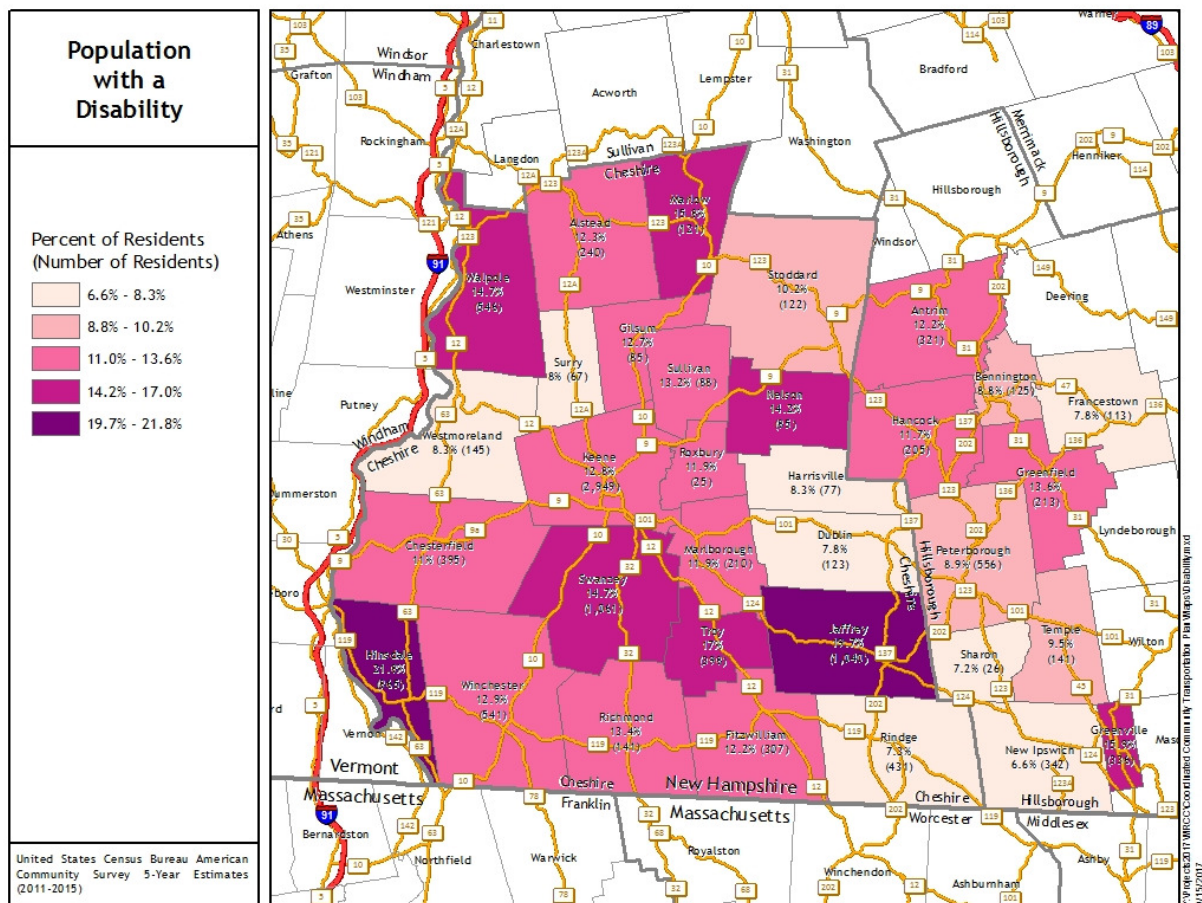
As indicated earlier, youth tend to rely on their families to get rides. Family households with single parents may be disproportionately affected if no other household members are drivers. The proportion of single parent family households in the entire region is 31%. Municipalities with very high proportions of single parent family households include Winchester (57%), Swanzey (45.7%) and Walpole (41.2%), while municipalities with the largest number of single parent family households include Keene (1,914), Swanzey (647), New Ipswich (524) and Peterborough (501).¹⁰

⁹ Cheshire County's 0-14 population is estimated to shrink by about 600 children between 2010 and 2040 or about 5%.

¹⁰ American Community Survey, 5 Year Estimates (2011-2015), Table DP02

People with Disabilities

There is a broad spectrum of disabilities some of which do not affect an individual's ability to drive. Unfortunately, there is no data source that differentiates non-driver and drivers by disability status. However, a person reporting a disability is an important factor that points to a population that cannot drive or is vulnerable and could stop driving in the future. Municipalities with the largest estimated



number of disabled people are Keene (2,949), Swanzey (1,061) and Jaffrey (1,040). Municipalities with the highest proportion of people with disabilities include Hinsdale (21.8%), Jaffrey (19.7%) and Troy (17%).

In the Monadnock Region, veterans have a greater propensity to have a disability than non-veterans. It is estimated that 27% of veterans have a disability while 14% of non-veterans have a disability. For the cohort of people age 18 and over with disabilities, veterans are estimated to make up 20% of that group of people or an estimated 2,370 people. Municipalities with the highest estimated numbers of disabled veterans include Keene (410), Swanzey (265), Jaffrey (200) and Hinsdale (156).¹¹

¹¹ American Community Survey, 5 Year Estimates (2011-2015), Table C21007

Chapter Summary

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

Chapter 4: Profile of Existing Services in the Region

Community transportation is the family of transportation services—public and private—that are available to respond to mobility needs of individuals including but not limited to seniors, people with disabilities and people with lower income. Community transportation services are often classified as either fixed route services or demand response services. Fixed route services run on regular scheduled routes with fixed stops. Some fixed route services offer paratransit services for passengers with mobility difficulties near routes. Demand response services provide passengers rides from a specific location to another specific location at an agreed upon time. These services transport passengers based on requests for needed rides.

A profile of fixed route and demand response transportation services is provided below. Readers seeking up to date information or more detail about the services are encouraged to use the Monadnock Region Community Transportation Directory, which is available on the [MRCC website](#).

Fixed Route Services

Fixed route services are limited in the Monadnock Region. There are currently three distinct local fixed route bus services, a couple of intercity bus routes and there is intercity rail service just outside of the region as well. Although intercity bus routes and intercity rail are not typically included in discussions about community transportation, they are nevertheless an existing transportation asset in the region and do provide important services to community members.

City Express and Campus Shuttle

The three local fixed route bus services operate in Keene, a small part of Swanzey, Hinsdale (with connections to Brattleboro, VT) and Walpole (with connections to Bellows Falls, VT). The Keene City Express, operated by Home Healthcare, Hospice and Community Services (HCS), provides weekday service from 8 a.m. to 5 p.m. and its route covers Keene's downtown as well as destinations along important corridors like Court Street, Maple Avenue, Park Avenue, West Street and Winchester Street. The City Express is supported by its Para Express



Home Healthcare Hospice and Community Services runs the City Express Bus in Keene

service, complimentary paratransit services for individuals with transit disabilities who live within 3/4 mile of the City Express route but who are certified as having a transit disability and cannot use the fixed route service. When Keene State College is in session, HCS also runs its Campus Community Shuttle, a shuttle bus that operates on weekdays from 7:30 a.m. to 7:30 p.m. connecting to the City Express, as well as making trips out to Market Basket in Swanzey and the Monadnock Marketplace area in western Keene. Fares are \$1 per trip for general public riders using any of the services.

Ridership for the City Express and Campus Shuttle has averaged about 39,400 rides over the last five years ranging from 32,429 trips and 44,675 trips.

The Current

The other local fixed route bus provider operating in the Monadnock Region is called The Current. Based in Rockingham, VT, The Current mostly serves the Vermont area in towns along the Connecticut River Valley from Brattleboro, VT to White River Junction, VT. Since many Vermonters and Granite Staters shop, work and use services on both sides of the Connecticut River, The Current has several bus routes that enter New Hampshire. One local transit service, called the Walpole Intown Route, connects Bellows Falls, VT with Walpole, NH on weekdays from 9:30 a.m. to 1:00 p.m. with a \$1 fare. The service connects riders with destinations in North Walpole and the Shaw's Plaza in addition to many destinations in Bellows Falls, VT. In addition, The Current operates the Brattleboro Blue Line service, which operates on weekdays from 6:10 a.m. to 5:44 p.m. and from 7:50 a.m. to 5:40 p.m. on Saturdays. The Brattleboro Blue Line bus service, which accepts a fare of \$1, transports people as far as Hinsdale Village on NH 119, connects people with several housing and commercial destinations on NH 119, and connects to other Current routes in Brattleboro, VT. Like the City Express service, the Current offers curb to curb paratransit services for individuals with disabilities that are unable to use the fixed route services because they have a transit disability.



Southeast Vermont Transit operates the Current which has two bus runs that enter the Monadnock Region in Walpole and Hinsdale.

Intercity Bus

At the time of writing there are two intercity bus routes operating in the Monadnock Region, both of which are through Greyhound Bus. The older, more established route involves two buses traveling between Springfield, MA and White River Junction, VT (one in each direction) seven days a week with intermediary stops in Bellows Falls, VT, Keene and Brattleboro, VT. Bus connections to regional and national city destinations are available in Springfield, MA and White River Junction, VT. The other Greyhound route operates on Fridays and Sundays between Brattleboro, VT and Boston, MA via Keene and Nashua. Like the other route, there is one bus going each way on the days of operation. Fares for all intercity buses fluctuate from time to time and are based on the length of trip.

Intercity Rail

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

Authority's commuter rail service linking Fitchburg, MA to Boston, MA, about a 25 minute ride from New Ipswich. Like the intercity bus routes, fares are based on trip distance.

Demand Response Services

There are several agencies and companies that provide demand response transportation services in the Monadnock Region. These are transportation services that do not run on a pre-defined schedule, but instead provide curb-to-curb, and occasionally door-to-door service using passenger vehicles or vans.

Human Service Transportation

One type of demand response transportation service is human service agency transportation, which is defined here as agencies that primarily provide transportation services to individuals enrolled in a human service agency's programs. The services are often provided either free of charge or through reimbursements from federal and state programs. Known area human service agency transportation providers include the Monadnock Adult Day Care Center, Monadnock Area Peer Support Agency, Monadnock Developmental Services, and Monadnock R.S.V.P Neighbors-In-Deed. All services require advanced notice before setting up a ride and services are typically provided during business hours on weekdays.

Medical Transportation

Another category of demand response service is medical transportation. Medical transportation providers tend to be organizations or companies that provide non-emergency medical transportation or emergency medical transportation services. The types of medical transportation providers can range from wheelchair transport services, which have vehicles with specialized lifts to take patients to and from doctor's appointments, treatment, and therapy appointments, to ambulance transportation



R. J. Diluzio offers emergency and non-emergency medical rides in Cheshire County.

for emergency and nonemergency situations. Medical transportation services available to the general public include the HCS Medical Transportation to Upper Valley, the Jaffrey Rindge Memorial Ambulance Service, Merit Care Transportation Service, LLC, and R.J. Diluzio Ambulance. The Jaffrey Rindge Memorial Ambulance Service, Merit Care Transportation LLC and R.J. Diluzio Ambulance are available as needed. In addition to these general public services, the Disabled American Veterans offer medical rides for veterans to the White River

Junction Veteran's Hospital from western Cheshire County. Like human service transportation, advance notice is required and varies from provider to provider. Disabled American Veterans do not require fare, but donations are accepted. All other service providers base fares on trip distance.

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

As discussed in Chapter 1, rides paid for with Medicaid and administered by the New Hampshire Department of Health and Human Services are not part of the State's Coordinated Transportation System, but nevertheless represent a significant proportion of medical rides occurring in the region. In New Hampshire, there are currently three Medicaid Plan choices offered through New Hampshire Healthy Families, New Hampshire Health Protection and Well Sense. Medicaid subscribers contact their health plan representative to arrange Medicaid rides. Medicaid provides transportation eligible under Medicaid such as non-emergency medical appointments and trips to the pharmacy. Rides are available on weekdays between 8 a.m. and 6 p.m. except for holidays and require advance notice. Coordinated Transportation Solutions reported that they honored 60,500 reservations made in 2017. That is equivalent to at least 121,000 rides given.

Senior Transportation

Some demand response transportation operating in the area specifically targets seniors. The Friendly Bus, which is operated by HCS, provides rides for people age 60 or over in Keene on weekdays from 8 a.m. and 4 p.m. No fare is required, but donations are accepted. In addition, the Monadnock Family Services Adult Outreach Shuttle offers transportation to and from Market Basket and occasionally Walmart in Rindge for people age 60 and over in Peterborough and Jaffrey. Round trip fares are \$4.00. Both services require 24 hours notice.



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

Private For Hire Transportation

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

The FTA 5310 Purchase of Service Program in the Monadnock Region

The FTA's Section 5310 Purchase of Service Program, a federal program that provides subsidies toward local and regional transportation services for seniors and people with disabilities, is a current focus of the MRCC. Although the MRCC includes members and affiliates that are involved in

community transportation services that extend beyond Section 5310 purchase of service trips, the Section 5310 Program is currently the only form of transportation for which the MRCC is charged with making decisions about service delivery.

Purchase of Service (POS) is a term that describes the acquisition of transportation services under a contract, lease, or other arrangement. In the Monadnock Region, the County of Cheshire has served as the lead agency representing the MRCC since the program's inception in July 2011 by "purchasing" rides for area seniors and people with disabilities.¹² The MRCC-managed program has been in existence since July 2011 and has provided over 37,000 rides through June 2017.

Section 5310 Purchase of Service Trends, SFY 2012 thru 2017

State Fiscal Year	Ambulatory Trips	Accessible Trips	Total
2012	4,752	101	4,853
2013	5,878	74	5,952
2014	6,521	123	6,644
2015	7,456	95	7,551
2016	5,633	32	5,665
2017	6,695	29	6,724
Totals	36,935	454	37,389

In the summer of 2016, SWRPC conducted an analysis of Section 5310 POS data from three local transit agencies, the American Red Cross (ARC), Home Healthcare Hospice and Community Services (HCS), and Contoocook Valley Transportation Company (now known as the Community Volunteer Transportation Company (CVTC)). The purpose of SWRPC's Section 5310 POS data analysis was to:

1. Identify gaps in the provision of service;
2. Find areas for potential coordination of services, and;
3. Find other opportunities for enhancing service availability.

As part of the analysis, SWRPC collected data for 16,568 unique trips between the period of June 9, 2013 and December 31, 2015. Of these, 11,830 trips were conducted by ARC, 4,458 conducted by CVTC, and 2,465 conducted by HCS. Various attributes of each trip were collected and analyzed including each client's identification number, origin address, destination address, pick up time, appointment or drop off time, date of trip, Section 5310 eligibility status, whether the client required a mobility aid, vehicle mileage, and whether the ride was cancelled or was a "no show". After reviewing and analyzing the trip and location data, SWRPC identified a number of key findings regarding 5310 POS trips. Following are these trip trend observations.

Trip Trend Observations

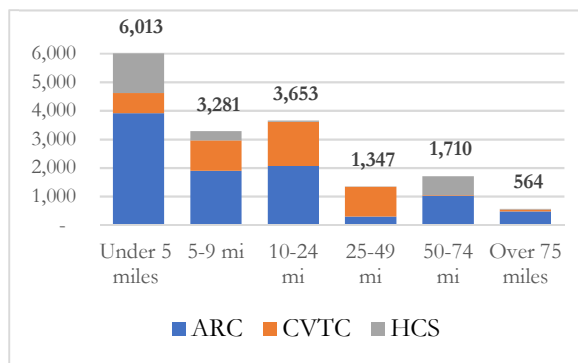
In total, 1,214 unique individuals received rides. The majority of individuals (739) received fewer than five rides during the time period. The average number of trips per rider was 13.7 while the

¹² The County of Hillsborough served as a lead agency for rides originating in Hillsborough County towns in SFY12, but the County of Cheshire became lead agency for the entire MRCC region in SFY13.

median number of trips per rider was 3. A little over 12% of riders took more than 25 trips between June 2013 and December 2015, with one ARC client receiving 617 rides during this period.

Within the observed dataset, trip purpose information was not collected consistently, however SWRPC was able to determine medical, shopping, education and social agency trips based on many of the data addresses. Among the addresses that were located, SWRPC looked at the top 25 locations of addresses and found that about 86% of trips were for medical purposes, 8.6% of trips were for shopping, and the rest were to schools and social agencies. Based on anecdotal feedback from the providers, medical purpose trips are the dominant form of trips used with Section 5310 funding. Within the dataset of locatable origins and destinations, Monadnock Community Hospital and the Bond Wellness Center (MCH/BWC) (located on the same campus) were the most frequent drop-off and pick-up locations (3,244 trips). Cheshire Medical Center in Keene came in second, with over 2,300 unique pick up and drop off points. The Keene Metro Treatment Center, Fresenius Kidney Care Center (Keene), and Dartmouth Hitchcock (Lebanon) rounded up the top five addresses.

Length of 5310 POS trips, 6/9/13 thru 12/31/15



Most trip demand came from larger population centers. Trip origins from Keene (37%), Peterborough (15%), and Jaffrey (13%) were the most common. Keene included 6,135 points, 37% of all trips origins. Marlow (population 744) and Roxbury (population 226) were the only two municipalities that did not have resident populations served by the three agencies.

The geographic extent of trips formed somewhat of a triangle between major interstate highways, including Interstate 91 in Vermont and Massachusetts, Interstates 89 and 93 in New Hampshire, and Interstates 90, 91, and 93 in Massachusetts. Many riders needed to access medical care beyond the Monadnock Region, likely because services in the Monadnock Region are scarce or unavailable. The farthest destinations north were Hartford (incl. White River Junction) in Vermont and Lebanon in New Hampshire. The farthest municipalities west and south include Brattleboro, VT, Greenfield, MA, and West Springfield, MA. Major destinations on the eastern side of the service area include Concord, NH, Manchester, NH, and the Boston, MA metropolitan area.

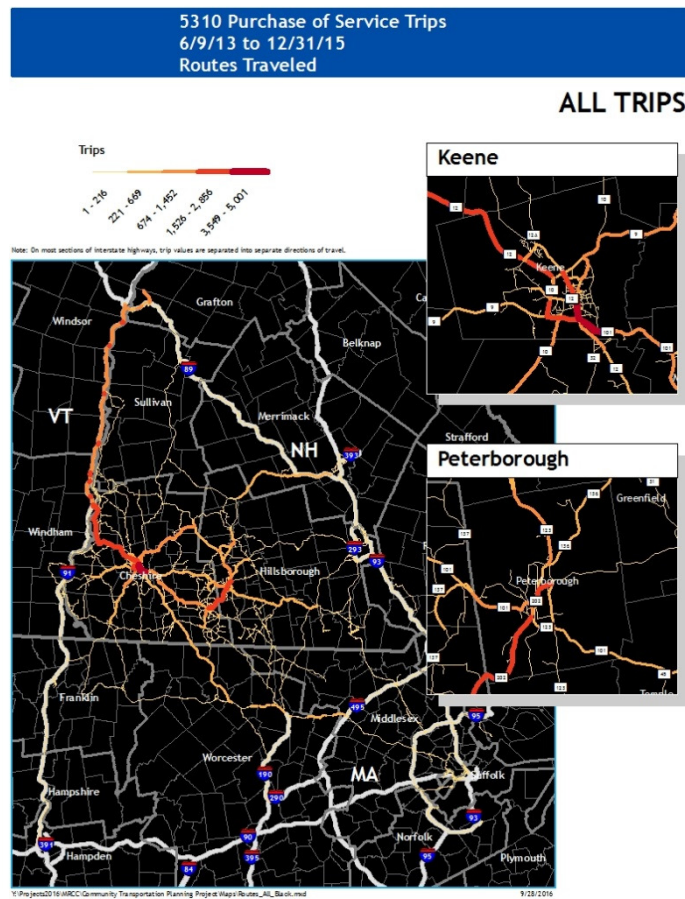
Using the data, SWRPC attempted to determine if there was an opportunity to replace multiple demand response trips with fixed route transit or at least bundled demand response trips (trips carrying 2 or more passengers at once). SWRPC was not able to answer this question definitively, as it did

not have expertise or modeling software that could help it determine the trade-offs of losing ridership demand when riders are faced with the longer waiting and ridership times that could be expected by bundling rides in a rural area. However, a route analysis showed that US 202 between Jaffrey and Peterborough and NH 12/ I 91 between Keene and White River Junction, VT/Lebanon, NH were the most frequently traveled routes. Other key connections across and between communities were on NH 9 and NH 124.

Hartford (incl. White River Junction) in Vermont and Lebanon, NH acted as substantial trip generators, the majority associated with the Veterans Hospital (333) in White River Junction and Dartmouth Hitchcock Medical Center (419) in Lebanon. However, there is also a large need for trips to Massachusetts.

MCH/BWC was the most common location for all transit agencies on Tuesdays, Wednesdays, Thursdays, and Fridays, with Market Basket (Swanzy) being the most common location on Mondays. Almost no trips occurred on the weekend. Most riders needed to travel in the morning (including return trips), and were picked up between 8:00 a.m. and 12:00 p.m. Less than a third were picked up between 12:00 p.m. and 6:00 p.m. Only 5% of rides were after 4 p.m. The most common pick-up hour was between 8:00 to 9:00 a.m. for ARC and 10:00 a.m. to 11:00 a.m. for CVTC and HCS. For all agencies, the busiest month was June, with 1,522 total trips. The least busy month was December with 1,125. However, the difference between those two months was only 397 trips. There was little variance between the months of the year. In fact, all months ranged between 7 to 9% of total trips during any month in the calendar year.

Both ARC and CVTC had a total of 274 unique volunteer drivers within the two and a half year period, servicing the majority of transportation need.¹³ The provision of service, as defined by the number of



Map showing an analysis of likely routes for 5310 POS trips taken between June 2013 and December 2015.

¹³ HCS does not rely on volunteers to provide transportation services.

trips, is skewed towards a relatively small number of what might be termed “super volunteers”. Of the 25 volunteer drivers that provided the most rides, 6 provided more than 500 rides, and one representing ARC provided 718 rides. Together, these volunteers provided more trips than all others combined, over 60% of all observed trips. About 36% of trips were fairly short, under five miles, and 56% were under 10 miles. Only 14% of trips were over 50 miles. Only a very small number of trips exceeded 100 miles.

Top 25 Volunteer Drivers, 6/9/13 thru 12/31/15

Rank	Vehicle	Total Trips	Rank	Vehicle	Total Trips
1	ARC #1	718	14	CVTC ID# 822	208
2	CVTC ID# 263	707	15	ARC #11	194
3	ARC #2	697	16	ARC #12	188
4	ARC #3	585	17	CVTC ID# 707	183
5	CVTC ID# 1050	575	18	ARC #13	174
6	ARC #4	558	19	ARC #14	169
7	ARC #5	494	20	CVTC ID# 225	167
8	ARC #6	353	21	ARC #15	141
9	ARC #7	337	22	ARC #16	140
10	ARC #8	285	22	CVTC ID# 311	140
11	ARC #9	274	24	CVTC ID# 952	137
12	CVTC ID# 710	230	25	ARC #17	131
13	ARC #10	223	-	Blank or 0	694

Data Collection Observations

Although some excellent information was gleaned from the analysis of Section 5310 POS trips, SWRPC did note a need for all agencies in the program to improve data collection practices and revisit data definitions in order to ensure data consistency and quality. Some of the data recorded by the agencies was not usable, resulting in an undercount of actual demand. Other data lacked certain detail resulting in a less than full understanding of actual trends. However, the majority of data was in an acceptable enough condition to arrive at the observations described above. A second observation from the analysis was that the agencies did not have a system in place for tracking referrals or rides that were never accommodated (unmet need rides). MRCC partners, including the transportation providers, have met several times and developed plans to improve data collection and tracking. However, the SCC is also in the process of developing recommended data collection standards for the Section 5310 Program. As such, the MRCC has decided to await more guidance from the SCC on this topic.

Chapter Summary

“Community transportation” aims to serve people facing particularly significant transportation challenges. Groups that rely on community transportation include, but are not limited to, seniors, people with disabilities, and people with low income. A variety of community transportation services exist in the region, including both “fixed-route” and “demand response” services. Fixed-route services include buses and trains that run on a predetermined schedule and route. Demand response services, on the other hand, operate on a by-appointment basis. In the Monadnock Region, demand response services include: vans and buses carrying clients to or from human service providers; ambulances and other vehicles providing non-emergency transportation to medical services; and buses and shuttles that provide seniors with free or low-cost transportation. The FTA 5310 Purchase of Service (POS) Program is a key federal program that supports community transportation across the nation, including the Monadnock Region. Analysis of POS-supported rides within the region showed that: (1) medical facilities are the most common destination for POS-supported rides; (2) ridership is heaviest in the morning and remains fairly constant year-round; and (3) a core group of “super volunteers” provide the majority of POS-supported rides.

Chapter 5: Community Transportation Funding

Funding to implement community transportation coordination and service in the region will be essential to ensure a functional community transportation system. Coordination of services requires significant commitments and contributions from funders and partners. Sources of funding can come from federal, state, local and private sources. A number of funding sources are summarized in this chapter.

Introduction to Funding

In the community transportation world, funding is typically directed to five types of activities: planning, capital acquisition, mobility management services, operating costs, and technical assistance. Planning funds are sometimes available to study needs or form strategic plans that address community transportation needs. In the Monadnock Region, community transportation planning funds have been used to update several versions of the Monadnock Coordinated Community Transportation Plan, as well as studies assessing community transportation needs on specific corridors. Capital costs refer to community transportation equipment and asset needs such as vehicles, buses, radios and communication equipment, hardware and software, and transit related intelligent transportation systems. One FTA program that is currently used to support coordinated transportation in New Hampshire, the Section 5310 program, also considers purchasing transportation services from other transportation providers, as well as mobility management as other forms of “capital” costs. Mobility management, as defined by the *2016 New Hampshire Statewide Coordination of Community Services Plan*, describes a variety of activities including the sharing of information and collaboration with community transportation users and partners, the identification of funds to support the community transportation system, and the management of projects that implement regional coordination goals.¹⁴ Operating costs are often salary costs of individuals either managing, providing dispatch or driving community transportation vehicles. Some technical assistance funds are also available to train people working in the community transportation field.

Federal funding is the predominant source of funding for community transportation in New Hampshire. The State of New Hampshire does not have a dedicated revenue source to support community transportation like it does for roads and bridges, and no state contributions have been made towards transit since 2009.¹⁵ A common feature of federal funding programs is that they require non-federal (local, state, or private) matching funds. Without state matching funds, securing adequate match funding

...NH does not have a dedicated revenue source to support community transportation like it does for roads and bridges, and no state contributions have been made towards transit since 2009.

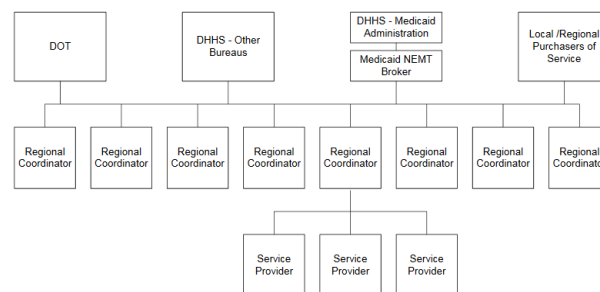
¹⁴ RLS Associates Inc., [2016 New Hampshire Statewide Coordination of Community Services Plan](#), 2017. See page 102 of the plan for full detail describing recommended mobility management activities.

¹⁵ NH apportioned \$188,000 as match for federal transit funds.

is a challenge for transit systems in New Hampshire. Municipal and charitable giving contributions are the predominant sources of non-federal funding that HCS, CVTC and other area provider agencies rely on to match FTA funds and other federal funding streams. Maintaining local and charitable match contributions, and growing them to keep pace with increasing costs of providing service is an ongoing challenge.

The original model for transit coordination in the Monadnock Region and statewide included an assumption that the New Hampshire Department of Health and Human Services (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. However, DHHS pursued a different model for Medicaid Managed Care where all Medicaid NEMT is now coordinated through a separate transportation manager organization. Many human service transportation providers as well as public transit agencies and for-profit providers are now participating as Medicaid NEMT providers, though the statewide Medicaid transportation manager is not integrated with any of the state coordination efforts of the SCC or the regional coordination efforts of the MRCC.

Figure 2-2 Contractual/Operational Relationships



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

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

United States Department of Transportation Funding

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

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

The Federal Transit Administration’s (FTA’s) Section 5305(e) Statewide Planning and Research Program is funding that can be used to conduct planning and technical studies of public transportation systems. Examples include feasibility studies for projected system expansions or new transit systems. Priority is given to required plans (such as Coordinated Plans), projects that address FTA planning emphasis areas, and projects that either assess existing service or research how to improve transit connectivity. At the time of writing, the Bureau of Rail and Transit has been opening up this grant opportunity every two years. A twenty-percent local match is required. During the last call for proposals in SFY 2018 and 2019, \$268,000 was available statewide.

SWRPC has taken advantage of this funding source several times to update the Monadnock Coordinated Plan. In addition, funds were used to study the feasibility of transit service on NH Route 119 from Winchester to Brattleboro, Vermont and NH Route 12 from Keene to Walpole.¹⁶ Starting in 2018, SWRPC will conduct a two-year study examining the feasibility of a multimodal transportation center in the Greater Keene area.

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

As its name implies, the Section 5310 Enhanced Mobility of Seniors and People with Disabilities Program is funding to improve the mobility of seniors and people with disabilities. At the time of writing, Section 5310 funding is distributed as Formula Funds, purchase of service funding, and capital funding. Unlike other forms of funding, grantees receiving Section 5310 funding have the requirement of being involved in regional coordinating councils. Requests for funding must correlate with needs, strategies and/or projects identified in the regional Coordinated Plan.

Formula Funds are allocated by region and is distributed through a single lead agency or designated regional transportation coordinator selected by each regional coordinating council. The Section 5310 “Enhanced Mobility of Seniors & Individuals with Disabilities” funds are eligible for capital/mobility management projects (requiring a 20% non-federal match), and/or operating expenses (requiring a 50% non-federal match). In order to receive the funding, the scope of work of the regional transportation coordinator must have a scope of services that benefits the region. The total funding available for regional distribution statewide in SFY 2018 was \$564,284. This funding is allocated by region according to a formula based on regional populations of seniors (65+) and those between the ages of 0-64 with disabilities, using U. S. Census American Community Survey 5-year estimates data. In SFY 2018 the amount of Section 5310 Formula Funds was \$51,631 for regions 5 and 6, the coverage area for the MRCC.

Since the program has had a relationship with the coordinated community transportation network that exists in New Hampshire today, CVTC has served the role of regional transportation coordinator for the MRCC. Currently, CVTC utilizes the funding to support two dispatch personnel that coordinate rides, as well as a portion of the executive director’s salary. CVTC’s scope of work involves “on the ground” ride coordination services between users and volunteer drivers, administration of an unmet need/accessible trip program, and outreach services on behalf of the MRCC. The unmet need/accessible trip program was developed by MRCC, to pay for “back up” transportation services for 5310 eligible people that are unable to be served by the MRCC’s core 5310 transportation providers due to schedules or lack of available drivers.

Purchase of Service (POS) funding, as mentioned earlier, is funding that can be used to purchase rides for seniors and people with disabilities. Like Formula Funds, POS funding is distributed through a single lead agency selected by each regional coordinating council, and the formula for deriving the amount of funding is also based on U.S. Census data associated with the number of seniors and people with disabilities. POS funding, which is currently allocated to regional coordinating councils every two years was \$2,020,095 for SFY 2018 and 2019. The allocation to the MRCC was \$207,848. Since POS is considered a capital cost, 20% match is required to match the federal funds. Interestingly, Section 5310 POS funds in New Hampshire actually start out as Federal Highway Administration

¹⁶ Summaries of those two studies are located in Chapter 2.

(FHWA) Surface Transportation Program (STP) funds that are converted (flexed) into Section 5310 funds. More information about the FHWA STP program is provided below.

Since the beginning of the program, Cheshire County has served as a lead agency to purchase rides on behalf of the MRCC using POS funds. Currently, HCS, CVTC and Volunteers Enabling Transportation (VET) are the vendors that are reimbursed with the funding to provide rides for area seniors and people with disabilities. In addition, funding has been set aside to address any rides that the trio of providers cannot currently accommodate (unmet need rides) through taxi companies and companies with accessible vehicles.

Section 5310 Capital funding is also available as long as it is used for the express purpose of improving mobility for seniors and people with disabilities. Eligible capital costs include accessible vehicles and other equipment (e.g., radio systems, fare boxes, bus maintenance equipment, etc.). Capital grants for vehicles emphasize replacement of vehicles at the end of their useful life to sustain existing service and prioritizes replacement vehicles based on their age and mileage. Capital grant funding for rural areas in SFY 2018 was approximately \$376,000.

The Monadnock Adult Care Center, which is run by Monadnock Family Services, has benefitted from this program. It recently purchased a vehicle to drive seniors and people with disabilities to local shopping destinations.

FTA Rural Area Formula Program (Section 5311)

Another important community transportation operating fund is the Section 5311 program. This program aims to provide rural community transportation service to the general public and the grant can cover operating costs, administrative costs, job access and reverse commute projects, and the acquisition of public transportation services for populations under 50,000. Although federal funds can be used for capital costs, NHDOT has made the decision that no capital funds are available in the New Hampshire administered Section 5311 program. Instead Section 5339 Program funds are available for rural capital transit costs. Examples of services that are supported with this funding include fixed route with Americans with Disabilities Act (ADA) paratransit, route deviation, and demand responsive services. Given the rural nature of New Hampshire, the Section 5311 program is very popular. Funding is available every two years. The SFY 2018 and 2019 grant amount available was \$6,064,212. A 50% local/state match is required for this funding.

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

FTA Intercity Bus Program (Section 5311f)

Section 5311f refers is a program that funds operating expenses, administrative costs, and capital projects/equipment for rural intercity bus service. Intercity bus service is defined as regularly scheduled bus service for the general public that operates with limited stops over fixed routes connecting two or more urban areas not in close proximity, that has the capacity for transporting baggage carried by passengers, and that makes meaningful connections with scheduled intercity bus service to more distant points, if such service is available. The funding, which is currently awarded every 2 years by NHDOT, was \$600,000 for SFY 2018 and 2019.

The two current intercity bus routes operating through the Monadnock Region by Greyhound Buslines do not use New Hampshire 5311(f) funding, but those routes have been subsidized in part by the Vermont Agency of Transportation and the Massachusetts Department of Transportation.

FTA Bus and Bus Facilities Program (Section 5339)

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

HCS has taken advantage of the Section 5339 program. Recently HCS used 5339 funds to purchase two new City Express service buses, part of a server, three desktop PC's, and 23 new City Express bus stop replacement signs.

Federal Highway Administration (FHWA) Surface Transportation Block Grant Program

The Surface Transportation Block Program provides flexible funding that may be used by States and localities for projects to preserve and improve the conditions and performance on any federal-aid highway, bridge and tunnel projects on any public road, pedestrian and bicycle infrastructure, and transit capital projects, including intercity bus terminals. Formerly known as the Surface Transportation Program, the project is predominantly used for highway construction purposes. However, for several years NHDOT has elected to “flex” \$800,000 annually from the fund to support the statewide Section 5310 POS Program described earlier. The estimated average apportionment of Surface Transportation Block Grants to New Hampshire under the FAST ACT is \$175 million. Twenty percent of any capital project must be matched with non-federal funds. Since NHDOT began flexing the block grant funds to the RCCs, Monadnock Region Section 5310 Providers HCS, CVTC, VET and DAV have provided rides with these funds.

Congestion Mitigation and Air Quality Program (CMAQ)

The Congestion Mitigation and Air Quality (CMAQ) Program, as it's name implies, is intended to address congestion and air quality issues. Eligible projects include transit vehicle acquisitions, construction of new facilities or improvements to facilities that increase transit capacity, and transit operating assistance for new services or the incremental cost of expanded services. In addition, the program funds alternative fuel projects such as refueling or charging facilities, highway and intersection projects that improve traffic flow, projects that implement Intelligent Transportation Systems (ITS) technology, transportation-focused (non-recreational) bicycle transportation and pedestrian improvements that provide a reduction in single-occupant vehicle travel, and rail network improvements. For the SFY 2018 and 2019 round of the CMAQ program, \$13.5 million was made available. A minimum twenty percent match is required in order to access the federal funds.

The 2017 round of the CMAQ Program was the first time in the history of the program where CMAQ funding was available statewide. To date no CMAQ projects have ever been funded in the Monadnock Region.

Rural Transit Assistance Program (RTAP)

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

United States Department of Health and Human Services Funding

As noted earlier, there are estimated to be at least 80 different federal programs that are associated with the provision of transportation. Many of these federal programs, apart from traditional transit programs, aim to address the transportation needs of the population served by the specific program, rather than the general public. In some cases, program funds can be used for general access or to expand overall service in a coordinated system. Of the programs most aligned with the needs of the transit dependent population, many are administered by the U. S. Department of Health and Human Services. The Medicaid program accounts for the largest share of NH Department of Health and Human Services (NH DHHS) transportation expenditures, though, as described earlier, this program is now coordinated under a separate statewide broker that is not tied in with regional coordination efforts at this time.

Medicaid

Medicaid is the federal health plan that covers eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. New Hampshire Medicaid subscribers are eligible for transportation services through the Medicaid Non-Emergency Medical Transportation (NEMT) Program. Through this program, subscribers have two options for getting rides to medical appointments, pharmacies and other eligible medically-related trip purposes. The Friends and Family Mileage Reimbursement Program, as its name implies, is a program that reimburses friends or family members for mileage between residences and Medicaid-covered healthcare services. In addition, Medicaid recipients who do not have a vehicle or a friend/family member who can drive may request a ride from a broker who will arrange the ride using public transportation, a transportation service, a wheelchair van or non-emergency ambulance service. The current broker is Coordinated Transportation Solutions (CTS), which has a facility based in Concord, NH. As of November 2017, there were 15,795 Medicaid recipients in the Monadnock Region.¹⁷

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

¹⁷ <https://www.dhhs.nh.gov/ombp/medicaid/documents/medicaid-enrollment-11302017.pdf>

other funding. Some of the known regional organizations that have contracts with the Medicaid Program include HCS and Adventure Transportation.

Temporary Assistance for Needy Families (TANF)

Low income families, which may be eligible for Medicaid transportation, may also be eligible for the federal Temporary Assistance for Needy Families (TANF) Program, which is called the Financial Assistance for Needy Families (FANF) program in New Hampshire. TANF assistance is time-limited and intended to promote work, responsibility and self-sufficiency. Like the Medicaid Program, it is administered by NHDHHS.

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

Older Americans Act, Title III-B

Title III-B funding, also administered by NHDHHS, supports agencies and organizations that provide home and community based care for people 60 years or older. One of the permitted uses of the funds (of Title III-B: Supportive Services) is transportation. Preference is given to minorities and those with low incomes. 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 many Title III-B providers across New Hampshire. Further change in the program is currently underway and will hopefully address this problem.

Title III-B funds are used by HCS to support the Friendly Bus which operates primarily in Keene, but does make some trips to parts of Swanzey and Marlborough.

Community Services Block Grant (CSBG)

Federal Community Services Block Grant (CSBG) funding, also administered by NHDHHS, provides funds to alleviate the causes and conditions of poverty. Funding can be used to provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services and/or health. In addition, discretionary grants are available at the statewide or local level, or for associations with demonstrated expertise in addressing the needs of low-income families, such as Community Action Agencies (CAAs). With the support of CSBG funding, states and CAAs work together to increase self-sufficiency, improve living conditions, facilitate ownership of and pride in communities and develop strong family and support systems. In SFY's 2016 and 2017, there was approximately \$3.4 million apportioned to CAAs statewide. No match is required for this funding.

Of the \$3.4 million allocation in SFY's 2016 and 2017, the regional CAA, Southwestern Community Services, received approximately \$400,000. Funding is distributed to CAAs based on poverty demographic data of their respective service areas.

New Hampshire Funding

As indicated earlier in this chapter, New Hampshire does not have a dedicated source of revenue for community transportation or public transit. However, the State does have a history of raising revenue as a match to federal funds supporting community transportation through general fund appropriations and through NH Turnpike toll credits.

State General Fund Appropriations

The State of New Hampshire has historically contributed very little to support public transportation. As mentioned earlier, no state funding have been apportioned towards transit since 2009, when \$188,000 was apportioned statewide. Before 2009, when funding was raised from the State, the state contributed 10% match toward capital bus purchases. In addition, funding has been spent on intercity commuter bus service on I-93, required as part of the interstate widening project as a way to mitigate traffic. Developing a dedicated source of state funding for public transportation has been a longstanding goal of transit providers. Building support for increased State investment among policy makers from the Monadnock Region will be an important piece of long term work for the MRCC.

Turnpike Toll Credits

The State of New Hampshire utilizes turnpike toll credits as a matching strategy for federal funding and this sometimes applies to community transportation projects. Turnpike toll credits are earned when the State collects turnpike toll revenue and in turn uses that State collected revenue to construct, reconstruct, rehabilitate, and/or maintain turnpike facilities. In essence, toll credits are a "soft match" that allow 100% federal funds to be used on a non-turnpike project. In New Hampshire, all federal aid projects that require a state match use toll credits. Historically, the turnpike system's balance has run a surplus in revenue, allowing for this soft match approach. One of the advantages of this strategy is that it provides the State the ability to fully utilize federal funds when no state cash match is available. Otherwise, any federal funds that could not be matched, could not be invested in New Hampshire. A drawback of the strategy is that the use of toll credits to match federal program reduces the program by 25%. If state funds were available as the 20% match to the federal program, \$171M of federal highway funds (the amount projected during the 2017-2026 Ten Year period) would amount to a \$214M program.

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

Local and Private Funding

Local General Fund Appropriations

Municipal contributions are important non-federal match funding sources used by CVTC, HCS, the Current, and other provider agencies to match FTA funding and other federal funding streams. For example, HCS receives match funding from the City of Keene for the City Express system, The Current receives match funding from the Town of Hinsdale. CVTC has a successful outreach program that has raised funds from several municipalities in the Monadnock Region as well. However, maintaining municipal contributions, and growing them to keep pace with increasing costs of providing service, is an ongoing challenge. Typically transportation providers need to conduct outreach to municipal officials constantly to ensure that newly elected or newly hired officials understand the transit need in the region, the roles of multiple agencies in meeting that need, the relative cost effectiveness of providing transit services to support independent living, and the consequences of cutting funding. With this in mind, municipal participation in the RCC would be very beneficial and should be encouraged.

Local Option Fee for Transportation Funding

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

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

County Funding

Historically, Cheshire County and Hillsborough County have not funded transportation service other than for County nursing home residents. However, Cheshire County has been an outstanding partner in managing Section 5310 Purchase of Service grants on behalf of the MRCC. As County governments hold responsibility for nursing homes and prisons, there is an argument to be made for counties providing supportive funding to transportation services as a means of controlling long term health care costs by helping seniors live independently at home rather than enter costly long-term nursing home care. Likewise community transportation could support transition services for prison populations (such as transportation to jobs, social services, education or training) to prevent

recidivism. While not a current funding option, developing County support should be fully explored by the MRCC.

Private Sector Support

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

Several MRCC partners provide trips to grocery stores, hospitals, banks and other private institutions. If private sector businesses and organizations can be convinced that community transportation services serve an important need for their customers, clients, or workers, funding from the private sector is possible. To date, several MRCC partners have approached various destinations about providing contributions and have had limited success. However, there has been no coordinated strategy for approaching the private sector to date, so this may be worth pursuing further.

Sales of Services and Products

Many transit systems bring in additional funding through the sale of products and services. One of the most common sources of such income is the sale of advertising space inside or outside the vehicles. HCS uses this strategy for its City Express service and this could potentially be expanded to include other MRCC transportation providers.

Agency In-Kind Matching Funding

While not cash funding, a major advantage of a coordinated system is the potential to use existing resources from multiple provider agencies as in-kind match for federal funding. For example, the MRCC's Section 5310 POS Program matches every federal dollar with in-kind volunteer driver time logged by drivers working with CVTC and VET. Historically, in-kind match through the program has exceeded the required twenty percent match. Given the challenges of attracting more municipal investment, state investment, and the short term nature of most private foundation grants, collaborative operating agreements that make use of existing agency funds to leverage federal funding remains a key funding strategy for maintaining a coordinated transportation system.

Private Charitable Foundations

Foundation support and charitable giving continue to provide an important role in sustaining and expanding community transportation services, particularly as a match source. In the Monadnock Region, the Monadnock United Way has played a prominent role in funding several MRCC transportation providers, and has identified transportation as a basic need in the Monadnock Region. The Monadnock United Way is a member of the MRCC. Other foundations like the Endowment for Health and New Hampshire Charitable Foundation have provided assistance towards transportation initiatives across the state. With the help of Cheshire County, the MRCC is currently looking into other smaller charitable funding programs, many of which focus on access to healthcare.

Chapter Summary

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

Chapter 6: Plan for Addressing Community Transportation Needs

As part of a strategic planning process in 2016 and 2017, the MRCC revisited and came to a consensus on the region's community transportation needs. It also decided to refine its mission and vision statements, and reevaluate and redefine its goals and objectives. In late 2017, the MRCC evaluated and prioritized projects that it would like to undertake if new funding (outside of the current Section 5310 funds currently maintaining MRCC activities) could be obtained. An outline of the resulting planning guidance is presented in the remaining part of this chapter.

Community Transportation Needs

Like previous MRCC Coordinated Plans, the MRCC found it useful to categorize needs based on the perspectives of three major types of stakeholders: community transportation users, providers and purchasers. The term *users* is meant to refer to the people that utilize community transportation services whether they are clients, patients or members of the general population. *Providers* describe the organizations and companies that are operating the community transportation system whether they are providing rides or arranging and scheduling transportation services. *Purchasers* are organizations, municipalities and other stakeholders that invest funds into the community transportation system. Using these stakeholder categories, following are bulleted lists of needs for each stakeholder type.

User Needs:

- ✓ Easy access to comprehensive information about available transportation resources
- ✓ Consistency of transportation services and routes
- ✓ Increased options that are affordable for and accessible to people with disabilities
- ✓ Access to medical appointments, employment, education, job training, shopping, daycare, and after-school activities
- ✓ Increased affordable long-distance options
- ✓ Access to social visits, cultural events, and other community activities
- ✓ Affordable and flexible fee options
- ✓ Weekend and evening transportation
- ✓ Trained escorts for users in need of travel assistance and continued support for travel training programs
- ✓ Integrated transportation—trip planning, coordinated services, expanded infrastructure (Park and Ride, bus stops, etc.)
- ✓ Education, awareness and acceptance of community transportation
- ✓ Trip reduction through coordination of human services, intake procedures, and home-based service delivery
- ✓ Minimum level of service to people residing in Region 6 municipalities

Provider Needs:

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

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

Purchaser Needs:

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

MRCC Mission and Vision

Previously, the MRCC had two operating mission and vision statements for Region 5 and 6. In November of 2015 and February of 2016, visioning sessions were held to develop one mission statement and one vision statement for the MRCC. The mission statement adopted by the MRCC is:

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

MRCC members worked to create a vision statement that was to the point, concise and clear. They also found it significant to keep the statement simple and direct so that multiple groups could participate in achieving this vision. The vision statement adopted by the MRCC is:

A regional transportation network for everyone.

Additionally, the MRCC agreed that a visual representation of key words through a word cloud could further describe what *transportation for everyone* signifies.



MRCC Goals and Objectives

The following goals and objectives were adopted by the MRCC:

- | | |
|---------------|---|
| Goal 1: | Improve partner and user awareness about community transportation resources, needs and the benefits of coordination in order to develop a strong commitment and capacity to support and build a diverse and integrated regional transportation network. |
| Objective 1A: | Develop a communications and marketing plan and implement, evaluate and update annually. |
| Goal 2: | Improve and maintain a regional transportation network that ensures compliance, communication, collaboration, capacity, and coordination. |
| Objective 2A: | Cultivate relationships and engage transportation networks (SCC, other RCCs) and providers to improve governance and outcomes. |
| Objective 2B: | Define and implement mobility management model for the Monadnock Region so that there is an efficient coordinated network. |
| Objective 2C: | Evaluate actions and progress regarding data collection, metrics, bylaws, goals and accomplishments on a yearly basis to set strategic direction for the next year. |

Objective 2D:	Set policies for MRCC operations and standards in order to achieve congruency between providers and enhance regional capacity.
Objective 2E:	Ensure fiscal oversight and accountability to ensure resources are used efficiently.
Objective 2F:	Evaluate potential expansions or new services in the region and develop a priority list of community transportation expansion projects and programs.
Goal 3:	Develop new funding sources and continue to maintain existing funding streams in order to meet the transportation needs of the community.
Objective 3A:	Continue to apply for Section 5310 funding from NHDOT in order to meet the needs of seniors and people with disabilities.
Objective 3B:	Help MRCC stakeholders maintain compliance with current funder requirements and assist them in being prepared for compliance requirements associated with new sources of funding.
Objective 3C:	Identify and leverage a diverse portfolio of funding sources and encourage joint pursuits of funding among MRCC stakeholders so that transportation services can be expanded.
Objective 3D:	Continue to work with SCC and state officials to advocate for increasing the amount of federal surface transportation funds that are flexed in order to expand community transportation services.
Objective 3E:	Inform taxpayers and legislators on the need for preserving existing funding streams for community transportation.
Objective 3F:	Develop sources of alternative revenue to ensure sustainable service delivery and the expansion of services.

MRCC Project Priorities

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

To address its community transportation deficiencies, the MRCC went through a process to evaluate "regional coordination" project activities that could be implemented with the assistance of new revenue sources. As part of this process, MRCC partners identified roles that they could play in project implementation. Examples of roles included grant writer, grant administrator, fiscal agent, provider of matching funds, provider of in-kind match, fundraiser, mobility manager, advocate, an outreach and education partner, resource development or provide transportation services. MRCC

partners also identified other partners or stakeholders that should be involved in project implementation.

Seventeen project ideas were identified, and are shown below as projects A through Q. All projects are meant to strengthen the existing community transportation system.

Project #	Project Description
A	Increase local capacity to provide new long distance medical ride services.
B	Increase local capacity to provide new weekend ride services.
C	Increase capacity to provide new evening/off-hour ride services.
D	Increase capacity to provide transportation for employment, education and/or job training.
E	Increase capacity to provide youth transportation including transportation to and/or from daycare and afterschool programs.
F	Provide travel training assistance for existing services (i.e. help new riders/clients navigate the transit system).
G	Meet Section 5310 service providers' current unmet demand.
H	Purchase and pilot MRCC integrated ride scheduling software.
I	Purchase shared dispatching services.
J	Purchase brokerage services.
K	Purchase seamless insurance coverage to share drivers and vehicles.
L	Purchase joint vehicles and maintenance service.
M	Implement driver training programs to ensure consistency in driver training.
N	Create and implement a plan for shared vehicle standards.
O	Develop & implement a framework to use under-utilized vehicles & drivers to meet needs (i.e. town recreation dept. vehicles, day care vans, school buses, etc.).
P	Conduct education, outreach, and advocacy to increase community participation and understanding of community transportation.
Q	Provide transportation services to people experiencing loneliness and social isolation.

The MRCC used a prioritization exercise that involved assessing each project's potential impact and the existing capacity of the MRCC to address the project. As a result, the following projects were chosen as the priority projects for the MRCC.

- **Priority #1:** Conduct education, outreach, and advocacy to increase community participation and understanding of community transportation (P).
- **Priority #2:** Meet Section 5310 service providers' current unmet demand (G).
- **Priorities #3-6** (4-way tie):
 - Increase capacity to provide youth transportation including transportation to and/or from daycare and afterschool programs (E).
 - Implement driver training programs to ensure consistency in driver training (M).
 - Develop and implement a framework to use under-utilized vehicles and drivers to meet needs (i.e. town recreation department vehicles, day care vans, school buses, etc.)(O).

- Provide transportation services to people experiencing loneliness and social isolation (Q).

Additional detail about the MRCC's support for each project is provided below.

Priority #1: Improving Education, Outreach and Advocacy

Although the MRCC and its partners are trying to implement an education, outreach and advocacy program, most of this relies on volunteer efforts from staff that already have full time obligations. Some Section 5310 Formula Funds have been used to improve the “reach” of the MRCC's outreach, but it is still a fairly limited program, and some MRCC partners have noted that the MRCC would benefit from having access to a marketing and branding expert.

Eight MRCC partners participating in the survey indicated that their organization saw this project idea as something that aligned with the MRCC's goals, while one partner answered “not sure”. All nine partners expected that they could play a role in support of this project, with seven of the nine indicating that there was a high probability that they would be involved. The County of Cheshire and CVTC both indicated that they could potentially lead the effort. To the question, “What other organizations should be involved in order for this project to be successful (who else should be at the table)?” the MRCC participants listed the following stakeholders: city and town staff and officials, other service providers (non-profit and for profit), Keene State College, school administrative units, a marketing/branding specialist, media, riders/users, volunteer drivers, businesses and town welfare offices.

Priority #2: Meeting Unmet Need for Seniors and People with Disabilities

Like the education, outreach and advocacy project, the MRCC began implementing a program to try and address requests for rides that are not accommodated by the MRCC's Section 5310 transportation providers in 2017. However the budget dedicated to unmet needs is relatively small, creating a situation in which increased awareness could quickly deplete the fund.

Similar to the education, outreach and advocacy project, all partners believed that this project aligned with the MRCC's goals. Seven of the nine MRCC partners participating in the survey indicated that their organization could play a role in support of this project, with five of the nine indicating that there was a high probability that they would be involved. Like the top priority project, the County of Cheshire and CVTC both indicated that they could potentially lead the effort. The MRCC partners listed the following categories of stakeholders as having an important role in addressing the project: all transportation providers, including for-profit providers, Cheshire Medical Center/Healthy Monadnock, Veteran's Administration advocates from clinics, and city or town officials.

Priority #3a: Improving Transportation for Youth

The MRCC has taken an increased interest in improving transportation for youth. Members like Keene Housing, Keene Housing Kids Collaborative, and the Monadnock United Way, all of which have adopted strategic plans to invest in Monadnock area youth, see transportation as important for improving childhood outcomes by providing youth access to afterschool activities, quality childcare and entry level employment.

Like the top priority project, eight of nine partners believed that this project aligned with the MRCC's goals, while one partner was “not sure”. Seven of the nine MRCC partners participating in

the survey indicated that their organization could play a role in support of this project, and four of partners indicated that there was a high probability that they would be involved. In this case, the County of Cheshire and Cheshire Medical Center both indicated that they could potentially lead the effort. The MRCC partners listed the following categories of stakeholders as having an important role in addressing the project: school administrative units/schools, Keene YMCA, transportation providers, vocational services, daycare providers, parents, and social service agencies.

Priority #3b: Driver Training

Priority #3b was seen by the MRCC as an important priority for volunteer driver programs, however MRCC partners have also discussed the importance of all drivers in the MRCC network meeting a standard of training and preparedness for interacting with riders of all ages and abilities. Training topics that have been discussed include defensive driving, sensitivity training, and fully understanding transportation agency policies relating to interactions with riders.

Eight of nine MRCC partners saw this project activity as consistent with MRCC's goals, with one partner stating that they were "not sure" if the project aligned with MRCC goals. Seven partners expected that they could play a role in supporting the project, and four expected that there would be a high priority that they would be involved in the project. HCS and the County of Cheshire both saw themselves playing a leadership role for the project activity.

Priority #3c: Putting Underutilized Vehicles to Work

Since the MRCC began its work, they have discussed the idea of speaking with different organizations that have vans or buses that are underutilized and asking if they would consider using their vehicles for other purposes or sharing vehicles with other partners. For example, the church van, the town recreational department's bus, or the retirement community's shuttle could be shared with other partners. One MRCC partner suggested that towns could share a recreational van as opposed to every town having its own vehicle.

Six of the MRCC partners stated that this project idea was consistent with MRCC goals, while three agencies answered "not sure". Three of the nine partners expected that they could play a role in the project and two said that there was a high probability that they would participate. Like several other priority projects listed above, CVTC and the County of Cheshire stated that they could see themselves taking a leadership role for the project. Other partners that were identified as playing an important role in the project included city and town staff and officials, churches, recreation centers, school bus companies, Thomas Transportation, nursing homes, and social services with vehicles used on fixed/limited schedules, like Monadnock Family Services.

Priority #3d: Addressing Social Isolation

As the proportion of the Monadnock Region population aging to 65 or older increases, and the number of non-drivers increases, there is an emerging concern that the region will have a growing socially isolated population. Some programs are emerging to address this issue, including MRCC partner, Monadnock at Home and Monadnock RSVP.

Seven of the MRCC partners identified the project as consistent with MRCC's goals, and all respondents suggested that they could play a role in moving the project forward. Additionally, seven

of the MRCC partners stated that there was a high probability that they would be involved in such a project. Four MRCC partners saw themselves as playing a leadership role in this project activity including the County of Cheshire, CVTC, Cheshire Medical Center and Monadnock RSVP. The additional stakeholders that were listed as being important to achieve the project included churches, senior centers, nursing and group homes, Monadnock Development Services, Monadnock Family Services, other transportation providers, behavioral health organizations, Neighbors in Need, social service providers and support groups.

Implementation

As part of the MRCC's strategic planning process, the MRCC has decided that it will strive to develop a work plan each year that encompasses a list of strategies to implement. These strategies should be consistent with the needs, mission, vision, goals, objectives and priority projects described earlier in this chapter, until such time as this Coordinated Plan is updated. In addition to forming a list of strategies, it is the MRCC's intent to monitor the effectiveness and impact of those strategies, evaluate the performance of the MRCC as a mechanism to implement the strategies, and the steps that it should take in the following year. The MRCC has the flexibility of the full Council, an executive committee and several subcommittees that can be used to implement the work plan.

Chapter Summary

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

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

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

is well situated to develop and execute a work plan that will yield tangible improvements for community transportation users across the Monadnock Region.

Selected List of Acronyms

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

Glossary

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