

Coordinated Public Transit Human Services Transportation Plan

For the Seacoast Region of New Hampshire

Prepared for:

Alliance for Community Transportation

and

Seacoast Metropolitan Planning Organization

*(now the Rockingham and Strafford
Metropolitan Planning Organizations)*

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TABLE OF CONTENTS

1.0 OVERVIEW/BACKGROUND.....	1
1.1 Introduction/Purpose.....	1
1.2 Plan Structure.....	2
2.0 STATE AND FEDERAL TRANSPORTATION INITIATIVES.....	3
2.1 Statewide Coordination Plan.....	3
2.2 New Hampshire’s Long Range Transportation Plan.....	4
2.3 Easter Seals Getting There Program.....	4
2.4 Department of Health and Human Services.....	4
2.5 Federal Initiatives.....	5
2.6 MPO Structure and Function.....	6
3.0 REGIONAL PLANNING PROCESS.....	9
3.1 History/Background.....	9
3.2 Current Planning Efforts.....	9
3.3 Public Participation and Outreach.....	11
3.4 Goals and Objectives for Regional Coordinated Service.....	12
4.0 TRANSIT-DEPENDENT POPULATION AND SERVICE NEED.....	13
4.1 Data Sources and Limitations.....	13
4.2 Demographic Profile.....	13
4.3 Coordinated Plan Target Populations – Socio-Economic Indicators.....	19
4.3.1 Elderly.....	20
4.3.2 Disabled.....	23
4.3.3 Income and Poverty.....	27
4.3.4 TANF Recipients.....	32
4.3.5 Auto Availability.....	35
4.3.6 Other Transit-dependent Populations.....	38
4.4 Typical Transit Destinations and Fixed Routes.....	38
4.5 Regional Transit Need Estimate.....	40
5.0 PROFILE OF EXISTING SERVICES.....	42
5.1 Fixed-Route Services.....	42
5.2 Proposed Service Expansions.....	43
5.3 Demand-response Services.....	44
5.4 Service Profile.....	47
5.5 Overview of Service Gaps.....	48
5.6 Strategies to Address Gaps in Service.....	48

TABLE OF CONTENTS

6.0 OPTIONS FOR SERVICE COORDINATION.....	51
6.1 Introduction.....	51
6.2 Models of Coordinated Services.....	52
6.3 Criteria for Selecting a Host Agency.....	56
6.4 Findings.....	56
7.0 FUNDING SOURCES.....	57
7.1 Introduction.....	57
7.2 Department of Transportation Programs.....	57
7.3 Department of Health and Human Services Programs.....	60
7.4 Other Sources of Funding.....	62
8.0 FINDINGS AND RECOMMENDATIONS.....	65
8.1 Stakeholder Perspectives on Coordination.....	65
8.2 Recommendations.....	67
8.3 Conclusion.....	71

APPENDIX A - Provider Survey Instruments

ACT Web-Based Questionnaire
Transit Resource Center Interview Sheet
Excerpts from March 2007 Transportation Summit

APPENDIX B - Coordinated Plan Public Notices

APPENDIX C - Draft Memorandum of Understanding (MOU)

1.0 OVERVIEW/BACKGROUND

1.1 Introduction/Purpose

This document presents the *Coordinated Public Transit Human Services Transportation Plan* (“the Coordinated Plan”, or “the Plan”) for thirty-eight communities in the seacoast region of New Hampshire. The Plan has been developed by the Alliance for Community Transportation (ACT) and the Seacoast Metropolitan Planning Organization (MPO) as part of the region’s *Long Range Transportation Plan*; and in response to federal requirements in the 2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU).

SAFETEA-LU established a federal mandate for regional public transit human service coordination planning. The law requires that a public transit human service coordination plan be in place before transportation service providers may obtain federal funding targeted toward human services under applicable funding programs administered by the Federal Transit Administration (FTA).

According to the FTA, the purpose of human services transportation coordination is to improve transportation services for persons with disabilities, older adults and individuals with lower incomes by ensuring that communities coordinate transportation resources under multiple existing federal programs. Coordination can enhance transportation access, minimize duplication of services, and facilitate appropriate cost-effective transportation possible with available resources. The FTA authorization includes provisions for coordinating important transportation activities such as planning, funding, mobility management and development of new projects such as the nationwide United We Ride program, described in Section 2.5 of this Plan.

FTA has published a guidance document, *Planning Guidelines for Coordinated State & Local Specialized Transportation Services*, intended to assist states and MPOs in developing coordinated human services transportation plans. Coordination activities must involve public, private, and non-profit transportation services, human service providers, the public, and other entities that represent individuals who have special transportation service needs. Coordination plans should identify the transportation needs of individuals with disabilities, older adults, and individuals with limited income; assess available services and any gaps in service; and develop or improve strategies for meeting those needs and prioritizing services.

The lack of public transportation has been repeatedly identified as one of the most pressing human service needs in the seacoast New Hampshire region, and in fact, throughout New Hampshire. The 2004 United Way of the Greater Seacoast *Community SPAN* report indicated that transportation is the primary social environment issue in the seacoast New Hampshire region. According to the Policy Resource Center Institute for Health, Law and Ethics, in its Winter 2004, Issue 4 policy document - numerous studies have documented a history of unmet transportation needs, especially in the human services transportation sector; and “...New Hampshire inefficiently spends heavily on human service transportation with the result being duplicative efforts, lack of coordination among service providers, and a weak transportation infrastructure.”

The 2006 *New Hampshire Long Range Transportation Plan* acknowledged that while a wide variety of community transportation planning efforts exist across the state, some operate in relative isolation and in many cases user access is restricted by region or funding mechanism. As a result, special service vehicles often have excess capacity and travel redundant routes. The plan concludes: “[t]he result is inefficient planning and services - workers lose access to jobs, seniors miss medical and social appointments, and low-income populations can’t get to needed services.” The report further

notes that almost all inter-regional travel in and around the state requires a car due to the lack of extensive public transportation options.

The purpose then, of this *Coordinated Public Transit Human Services Transportation Plan*, is to create for the seacoast New Hampshire region, a comprehensive strategic approach to improving coordination between existing transportation systems and providers in order to strengthen services for those target populations having special transportation needs such as those with disabilities, older adults and those of limited income. The Plan seeks to identify ways to enhance transportation access, minimize duplication of services, and encourage the most cost-effective transportation possible. In addition to being a planning tool, this Plan will be used as an implementation document. It will serve as the framework for the prioritization, selection, and implementation of coordinated projects seeking to utilize federal funding assistance through applicable FTA programs.

1.2 Plan Structure

The following sections of this Plan provide detailed data, findings, and recommendations related to:

- Federal, state, and regional transportation planning efforts made to date, including public participation efforts;
- Goals and objectives for enhanced transportation services within the region;
- An assessment of human service transportation needs in the region, including identification of those individuals with disabilities, older adults and those with limited incomes;
- An inventory of available human service transportation services focusing on the identification of areas where services may overlap and where gaps in service may exist; and
- The identification and prioritization of potential strategies to address gaps in services and actions to eliminate or reduce duplication and utilize resources in a more efficient manner; and recommendations for actions intended to achieve these goals.

2.0 STATE AND FEDERAL TRANSPORTATION INITIATIVES

A variety of transportation coordination efforts have been, or are currently under development across New Hampshire and the country. Some of the initiatives relevant to the seacoast region's coordination planning are summarized in this section.

2.1 Statewide Coordination Plan

For over a decade, the State of New Hampshire has recognized the need to better coordinate and improve transportation across the state. In 1994, a coordinating committee was formed to review and make recommendations on transportation opportunities. Their findings were developed into a proposed statewide strategy and work plan. As a result of this effort, the NH Office of Energy and Planning (OEP), formerly the NH Office of State Planning (OSP) undertook a Statewide Transit Coordination Study in 1995.

The OSP study reviewed existing transit services in the state and made several recommendations for developing a coordinated system “to better utilize diminishing funds and more efficiently provide services to clients”. An advisory committee was created and the efforts of this group culminated in the creation of a work plan. The plan's recommendations included the formation of a State Coordinating Council along with Regional Coordinating Councils to review and coordinate transit needs and to competitively select a Regional Transportation Coordinator that would provide needed transportation services within specified regions of the state. Unfortunately, the plan was never implemented.

In 2004, then Governor Craig Benson signed Executive Order 2004-6 establishing the Governor's Task Force on Community Transportation. This was done in recognition by the Governor's Commission on Disability, that “the number people with disabilities is increasing across the state; that an affordable, accessible transportation infrastructure would remove one of the major barriers to people with disabilities becoming employed; and that increasing access for people with disabilities to educational opportunities, health care and social and community activities enhances independent living for those with disabilities.”

Under the Executive Order, the Task Force was charged with developing recommendations into a coordinated state policy and state plan to “establish a well-coordinated, interconnected, accessible, statewide transportation system for all transit users in New Hampshire.” The Task Force consisted of representatives from NH Department of Transportation (DOT), NH Department of Health and Human Services (DHHS), The Governor's Commission on Disability; and representatives from the Rural Transportation Access Network as well as members of the public. The Task Force's recommendations became the Statewide Coordination of Community Transportation Services Plan, finalized in 2006.

This newer plan reiterated the recommendations from the 1995 OSP effort and went further by recommending the formation of a formal organizational structure to implement transportation coordination activities throughout the state. The plan evolved from a series of questionnaires and interviews conducted with transit providers and transportation funding agencies across the state. The plan's findings indicated broad provider and agency support for regional transportation coordination activities. Responders agreed that coordination would result in a reduction of duplicative services and expand service coverage. They also felt that the system should be consistent with the concurrent DHHS implementation of the “GraniteCare” program, further described in Section 2.4 below.

The current statewide plan recommends the creation of an institutional and geographic framework for coordinating services, and an organizational structure for implementation and oversight of transportation service and coordination activities. A Statewide Coordinating Council would be comprised of major funding agencies and other stakeholders acting primarily as an advisory body. The state is to be divided into eight to ten Regional Coordinating Councils overseen directly by the state council. Regional councils would be comprised primarily of regional representatives of funding agencies and service providers. The regional councils would work with providers to create local service designs and to implement coordination policies. They would also provide direct oversight of their respective Regional Transportation Coordinators, who would provide the regional transit brokerage services.

Each regional council would essentially act as a regional transportation broker, and could be either a transportation provider, a service group, or a private transportation firm. As described in the statewide plan, the role of the broker under the statewide plan would be to “coordinate the service delivery of customers of sponsoring organizations so as to maximize the use of scarce resources and combine ride-sharable trips sponsored by different organizations.”

2.2 New Hampshire’s Long Range Transportation Plan

Concurrent with the development of the statewide plan, in 2006 the NH DOT issued the New Hampshire Long Range Transportation Plan developed by the Community Advisory Committee for the Commissioner of the DOT. The Committee identified five initial transportation action items; one of which is “helping non-drivers get where they need to go” through a comprehensive and coordinated statewide program to be supported, designed, and managed by the DOT. The Committee identified the Easter Seals “Getting There” program as the existing best practice, and encouraged DOT to follow a similar model.

2.3 Easter Seals Getting There Program

Easter Seals New Hampshire “Getting There” program is envisioned to be a statewide partnership of citizens, transportation providers, social service agencies, businesses, planners and government agencies. This program would work to assist those lacking access to transportation services. The Getting There program is developing a new transportation service called TRAC, which will coordinate transportation requests on behalf of transportation providers, and conducts statewide assessments and planning activities to ensure long range responsiveness to individual and community needs in best serving non-driving residents.

2.4 Department of Health and Human Services

“GraniteCare” is another statewide program, developed by the DHHS under the Medicaid Modernization program. DHHS, as a member of the Governor’s Task Force on Community Transportation, has also been involved in the statewide transportation planning process, and has begun work toward development of a statewide transportation network and transit brokerage system for Medicaid-eligible, non-emergency medical trips. Among a set of broader Medicaid-related goals, GraniteCare has two transportation service goals:

- To increase access to preventative services before underlying ailments require costly acute or long-term care.
- To provide services that support individuals living independently in their communities as long as feasible, rather than them being institutionalized.

Another program, “ServiceLink”, established in 2000 and affiliated with DHHS, is a statewide network of community-based connections for elders, adults with disabilities or chronic illness, and their families and caregivers. It consists of thirteen ServiceLink Resource Centers and many satellite offices around the state which provide one-stop information, referrals and assistance about local resources including transit, which are available to these target populations. ServiceLink’s chief objectives are to reduce duplication and enhance coordination in the delivery of human services.

2.5 Federal Initiatives

In February 2004, President George W. Bush issued Executive Order # 13330 establishing an Interagency Coordinating Council on Access and Mobility (CCAM) to integrate the various transportation programs administered by twelve federal departments and agencies into “a responsive, comprehensive, coordinated community transportation system”. The CCAM implemented the executive order by creating an action plan that led to the nationwide “United We Ride” program. It is a federal interagency initiative that supports states and localities in developing coordinated human service transportation delivery systems. In addition to state coordination grants, United We Ride provides state and local agencies with transportation coordination and planning self-assessment tools, technical assistance, and other resources to help communities succeed in their coordination efforts.

The CCAM also developed a series of recommendations for further federal transportation integration, which ultimately resulted in the passage of the 2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU). This legislation amended three existing federal transportation funding programs that assist states in meeting the transportation needs of older adults, persons with disabilities, and those with low-incomes. These three programs are:

- The Special Needs of Elderly Individuals and Individuals with Disabilities (49 U.S.C. Section 5310) program, which provides formula funding for assisting private non-profit groups to meet the transportation needs of the elderly and persons with disabilities when existing transportation services are unavailable, insufficient or inappropriate to meet these needs.
- The Job Access and Reverse Commute (“JARC”, 49 U.S.C. Section 5316) program, which provides funding to develop new transit services to assist welfare recipients and other low-income individuals with access to jobs, training and childcare. Reverse Commute Grants are intended to develop transit services to transport workers to suburban job sites.
- The New Freedom (49 U.S.C. Section 5317) program which encourages services and facility improvements to address the transportation needs of individuals with disabilities that go beyond accommodations required by the Americans with Disabilities Act (ADA).

SAFETEA-LU provisions also mandate that recipients of federal funding under these three programs certify that all projects selected for funding applications have been derived from a locally developed and coordinated public transit-human services transportation plan, such as this Coordinated Plan.

Under these funding programs, public transit operators, including those funded under both the urbanized and non-urbanized formula programs (49 U.S.C. Sections 5307 and 5311) described in Section 7.2 of this Plan, must be included as participants in the local planning process for coordinated public transit/human service transportation. The metropolitan planning public participation requirement mandates that Metropolitan Planning Organizations (MPOs) develop and utilize a

participation plan that provides reasonable opportunities for interested parties to comment on the content of metropolitan transportation plans.

This requirement intends to afford parties who participate in the metropolitan planning process with specific opportunities to comment on coordinated plans prior to their approval. Stakeholder parties also include governmental agencies and non-profit organizations that receive federal assistance from sources other than the Department of Transportation to provide non-emergency transportation services; as well as recipients of assistance under Section 204 of Title 23 U.S.C., the Federal Lands Highways Program. The participation plan must be in place prior to MPO adoption of transportation plans addressing SAFETEA-LU provisions. Projects selected for funding under a coordinated plan must be included in, or be consistent with, the MPO's plans and identified transportation improvement projects.

2.6 MPO Structure and Function

The Seacoast MPO has been the federally designated transportation planning agency for the southeastern region of New Hampshire. Each of the thirty-eight communities within the region holds membership in the MPO through their association with either the Rockingham or Strafford Regional Planning Commissions. As shown in Table 1, the thirty-eight communities that make up the MPO include all of the thirteen municipalities in Strafford County, two communities in adjacent Carroll County, and twenty-three of the thirty-seven municipalities in Rockingham County. The region covers the Portsmouth/Dover/Rochester urbanized region and adjacent areas. Map 1 illustrates the geographic location of the MPO region within the state.

The Seacoast MPO and the Salem-Plaistow-Windham MPO are currently being re-aligned to create two separate MPOs – Rockingham MPO and Strafford MPO - each coterminous with the existing Rockingham and Strafford Regional Planning Commission boundaries. However, the Seacoast MPO stakeholders have determined that this single coordinated Plan will build upon work completed to date by the Seacoast MPO and regional providers; and it will adequately serve the needs of the thirty-eight communities within the seacoast region as the planning process continues. In addition, the Seacoast MPO boundary follows the proposed brokerage boundary region in the Statewide Plan. Therefore, for simplicity and clarity, the remainder of this Plan will refer to the thirty-eight community transportation planning region as the “Seacoast MPO” or “MPO”.

The MPO is required to develop and maintain a Long Range Transportation Plan that identifies transportation policies for the region over a twenty-year horizon; a Transportation Improvement Program (TIP), listing prioritized projects to be implemented; and a Unified Planning Work Program, a two-year work plan and budget for the organization. The MPO has also published a Public Participation Plan for Regional Transportation Planning which describes the MPO's public participation efforts. This document, the Coordinated Public Transit Human Services Transportation Plan, will be incorporated into the region's Long Range Transportation Plan.

TABLE 1
Seacoast MPO Region Communities by County

County	Towns in MPO Region	
Carroll	Brookfield	Wakefield
Rockingham	Brentwood East Kingston Epping Exeter Fremont Greenland Hampton Hampton Falls Kensington Kingston New Castle Newfields	Newington Newmarket Newton North Hampton Northwood Nottingham Portsmouth Rye Seabrook South Hampton Stratham
Strafford	Barrington Dover Durham Farmington Lee Madbury Middleton	Milton New Durham Rochester Rollinsford Somersworth Strafford

3.0 REGIONAL PLANNING PROCESS

The regional transportation planning process necessarily involves a well-coordinated, cooperative, and comprehensive effort among local, regional, state, and federal agencies, health and human services providers, transit operators, and the public. Planning must necessarily take into account existing and pending initiatives at the state and federal levels, and must be responsive to the specific needs of the region's transit-dependent populations. Efforts to coordinate human services transportation must also align with other transportation objectives across the state and within the MPO region. This section describes the historical and current planning process in the seacoast region that support coordinated human services transportation development efforts.

3.1 History/Background

Regional transportation planning efforts go back to 1981 with the formation of COAST - The Cooperative Alliance for Seacoast Transportation. It was established and incorporated for the purpose of promoting and providing public mass transit for southeastern New Hampshire; and to support safe, effective transportation services for residents of the region. In 1982, COAST and the University of New Hampshire both became part of the Governor's "Blue Ribbon Commission" tasked with studying public transit needs in the seacoast region. Also in 1982, COAST fixed-route services began between Rochester, Somersworth, Dover, Newington, and Portsmouth. COAST continued to expand with additional routes to the communities of Newmarket, Farmington, Exeter, Stratham, and Berwick, Maine, among others.

In 1985, COAST was established by the New Hampshire legislature under RSA 239 as an independent public body, politic and corporate, with a mission of promoting and providing public mass transportation in the region, allowing it to become a designated recipient of federal transit funds. Part of COAST's mission since its inception has been to work collaboratively with the public and stakeholders to build a coordinated transit system in the region. In 1993, COAST first attempted to initiate a regional transportation coordination and consolidation effort. However, at that time state and agency interest was low and the effort was abandoned. Through the late 1990's and into the early part of this decade, interested parties continued to discuss the possibility of creating a coordinated transportation program, and the idea finally took root.

Over the past several years, additional efforts to begin planning for a consolidated regional transportation system were initiated by various organizations within the region, most notably by Strafford Network, a community support membership organization of non-profits, municipalities, and COAST. Strafford Network's mission is to identify and fill gaps in health and human services, including transportation, in Strafford and more recently in eastern Rockingham Counties. A series of community meetings and surveys of health and human service providers were conducted in an effort to gather information on their transportation needs. Results indicated recognition of a growing need to improve transportation opportunities for transit-dependent populations in the region, as well as increased interest by stakeholders in collaborating on the design and implementation of a regional coordinated transportation system.

3.2 Current Planning Efforts

Over the last several years, interested transportation providers and health and human service organizations have come together to begin a renewed transportation planning effort, ultimately forming the Alliance for Community Transportation (ACT). ACT's mission includes working to expand access to transportation by improving coordination of existing resources. ACT's vision is to ensure that community members have affordable access to convenient transportation to meet basic

needs and to enable participation in the community. ACT is currently comprised of more than twenty health and human service agencies, municipalities, transit providers and consumers, and other representatives of a diverse cross-section of stakeholders in the seacoast region. The group meets on a monthly basis, with members from organizations including:

- Strafford Network
- Strafford County Community Action Committee, Inc. (CAP)
- COAST
- United Way of the Greater Seacoast
- Rockingham County Community Resource Network
- Lamprey Healthcare
- Homemaker Health Services
- Community Partners
- Strafford Regional Planning Commission
- Rockingham Planning Commission
- Farmington Community Preservation Guild
- Avis Goodwin Community Health Center
- Northern Strafford County Health and Safety Council
- Seacoast Mental Health
- Great Bay Services
- Frisbie Memorial Hospital
- Portsmouth Senior Center
- Compass Care
- Exeter Transportation Initiative
- The Monarch School of New England
- The McConnell Center
- Dover City Planning
- Rochester City Planning

With transportation planning grants received from the Endowment for Health (EFH) between 2004 and 2006, ACT has been able collect information to assess the level of current transportation resources and to develop recommendations for future collaboration in the region. Part of the funding allowed ACT to join the Community Transportation Association of America (CTAA), allowing access to wide range of transportation resources including technical assistance to design, initiate, and expand community-based transit programs. A portion of the grant funding also allowed ACT to obtain consulting services from the Transit Resource Center to gather additional information about the available transportation resources in the region; gauge levels of provider interest in continued collaborative efforts; and solicit provider perspectives and concerns about the development of a regional coordinated transportation system.

The Seacoast MPO and COAST have worked in collaboration with ACT over the last several years on the development of a regional coordinated transportation system. A series of ACT meetings and additional surveys and follow up interviews with transportation providers were conducted between 2005 and 2007. The interviews focused on soliciting input from providers regarding their views on the advantages, limitations, and obstacles to implementing a successful system. Preliminary results from these data gathering efforts are discussed in Sections 5.2 and 8.1. Provider survey instruments are included in Appendix A.

A regional Transportation Summit was convened in March of 2007, and stakeholders were invited to participate in discussions surrounding regional transportation needs and approaches to planning. Representatives of thirty-eight county, state and federal agencies, transit providers, and health and human service agencies attended the meeting. Consistent with the SAFETEA-LU goal of promoting participation in coordination planning by for-profit providers, intercity bus services, cab companies, and private wheelchair van companies were invited and encouraged to attend this session, though none participated. Panel discussions covered topics such as transportation coordination, service improvements, funding and sustainability, education and awareness, and energy and environmental aspects of community transportation.

Feedback from attendees was solicited on a variety of topics including their visions for community transportation; opportunities for coordination; concerns about coordination; tools needed to move forward; and possible next steps in the coordination process. Participant input is included in Section 8.1 and excerpts from the Summit are included in Appendix A. An important outcome from the Transportation Summit was the development of a short term, prioritized list of action steps that could be taken to move the planning process along. A table of those recommended action items is found at the end of Appendix A, and is summarized in Section 8.2.

After jointly evaluating various options for coordination, the ACT membership made the decision in principal, to move forward with implementation of a regional demand-response transportation brokerage system, utilizing recently awarded grant funding from the Endowment for Health and the United Way of the Greater Seacoast. Funds totaling \$160,000 will be available to ACT over the next three years for the initial development and implementation of a demand-response transportation brokerage. COAST will likely be the single largest source of revenues for a regional brokerage, providing nearly \$400,000 over three years from FTA 5307 funding and in-kind support.

3.3 Public Participation and Outreach

Input and participation from the public and stakeholders has been actively cultivated throughout the history of transportation planning in the seacoast region. The series of surveys and meetings conducted over the last decade have provided significant opportunities for a variety of interested parties to participate and express their views and concerns about transportation issues. The Transportation Summit in particular brought many parties to the table and provided an important venue for stakeholders to share their ideas and concerns regarding how to proceed with creating and implementing a coordinated transportation system.

ACT is currently developing a public information brochure to introduce health and human service agencies, municipalities and the public to the initiation of a regional coordinated demand-response brokerage system. In addition, municipalities in the seacoast region hold membership in one or more of the following organizations: Seacoast MPO, Rockingham Planning Commission, Strafford Regional Planning Commission, COAST, ACT, and Strafford Network; affording ongoing opportunities for participation by municipal representatives.

The Seacoast MPO has posted its *Public Participation Plan for Regional Transportation Planning*, their *Public Involvement for Regional Transportation Planning for the Seacoast MPO Plan*, as well as other regional transportation information and notices on the MPO website at www.seacoastmpo.org. Public notices of the initial development of this Coordinated Plan and of the opening of a thirty-day public comment period for the draft Coordinated Plan have been published on the MPO website and in area newspapers. Copies of these public notices are included in Appendix B.

3.4 Goals and Objectives for Regional Coordinated Service

The transportation brokerage system for the seacoast region is currently envisioned as a mechanism to utilize existing demand-response transportation resources in a new, more coordinated manner. ACT has wisely chosen to take a thoughtful, stepwise approach to implementation. It is anticipated that the project will start with a small number of interested providers and expand over time as the needs and interests of providers and of the transit-dependent population grow.

The overall goal of the brokerage is to improve the efficiency of operations for health and human services agencies and to expand regional capacity to provide increased demand-response rides for transit-dependent individuals including seniors, people with disabilities, low-income residents, and others with limited access to transportation. An additional and important goal is to ensure that the autonomy, mission, and existing funding sources of each participating human service agency are preserved throughout the coordination effort.

While there are many possible approaches to, and levels of coordination, the brokerage system is initially expected to allow for increased centralization and coordination of scheduling and dispatching of vehicles on behalf of the region's health and human services agencies. Additional opportunities for coordination will be identified and prioritized as the system develops over time. Options for coordinated services are discussed in Section 6.0 and recommendations for brokerage implementation are discussed in Section 8.0.

4.0 TRANSIT-DEPENDENT POPULATION AND SERVICE NEED

4.1 Data Sources and Limitations

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

There are many sources of potential uncertainty surrounding the data presented in the sections below. These uncertainties can lead to over- or under-estimates of demographic profiles; and hence, to uncertainties surrounding estimates of present and future transit needs within the region. Some identified data limitations and sources of uncertainty include:

- Non-current population values from the 2000 U.S. Census.
- Future population projections from the NH Office of Energy and Planning that are based on 2000 Census data.
- Disability data from the U.S. Census Bureau, which defines disability conditions in a much broader way than does the Americans with Disabilities Act (ADA).
- Non-current income and poverty data from 1999, the latest year for which data is available from the U.S. Census Bureau.
- Case-load data from the NH Department of Health and Human Services Temporary Assistance to Needy Families (TANF) program that excludes all town-level data points if the total number of recipients is five or fewer.
- Non-current household automobile availability data from the 2000 U.S. Census.

Given these limitations and sources of uncertainty, the data presented below in the tables, maps and narrative sections should only be used as a planning tool to help understand general demographic characteristics of the region; and to identify general levels and geographic concentrations of transit-dependent populations.

4.2 Demographic Profile

Population

As illustrated in Table 2 and Map 2, the Seacoast MPO region of New Hampshire includes thirty-eight towns and cities having a total population in 2000 of approximately 241,000, amounting to nearly 20 percent of New Hampshire's total population. Town size ranges from just over 600 in Brookfield at the northern edge of the region to over 28,000 in the City of Rochester. The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - comprise nearly 54 percent of the region's total population. The remaining thirty-one communities each have populations of less than 10,000 and together account for 46 percent of the region's population.

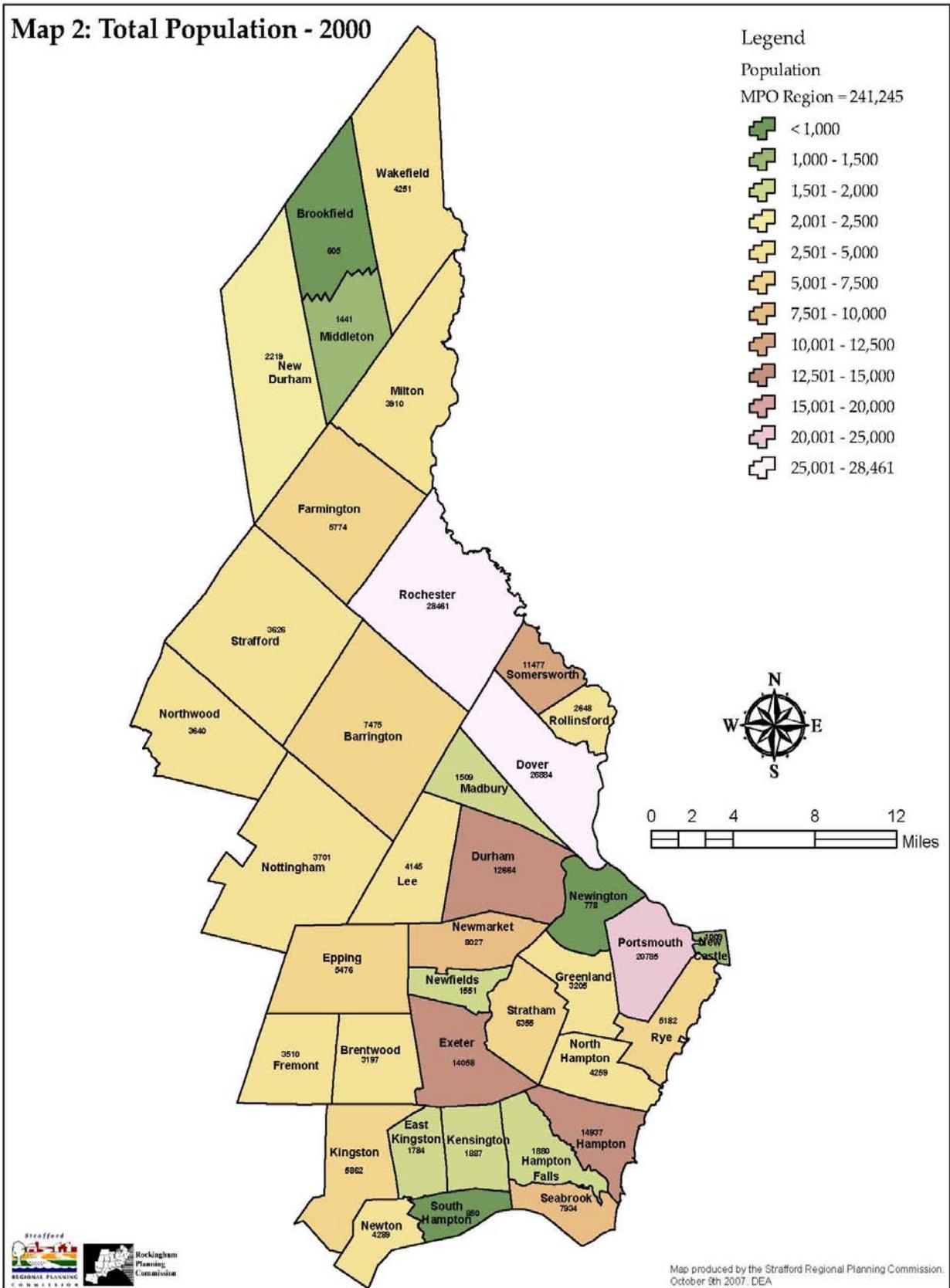
The region encompasses approximately 781 square miles or just under 9 percent of the state's total area, with an overall population density of 309 persons per square mile, much higher than the state's population density of 138 persons per square mile. The region includes both outlying rural communities with large geographic areas and low population densities, as well as several more centralized cities with smaller areas, higher populations, and higher population densities.

Population in the region grew 9 percent between 1990 and 2000. Two communities, Newington and Portsmouth saw their populations decrease by approximately 20 percent during that time, though this was due largely to closure of the Pease Air Force Base, and significant staff reductions at the Portsmouth Naval Shipyard during the early 1990's. During the same ten-year period, the small town of Newfields experienced a nearly 75 percent jump in its population. Overall, a majority of communities in the region experienced more than 15 percent population growth from 1990 to 2000. Table 3 in the following section details historical and projected population growth.

TABLE 2
Population Age Breakdown - 2000

Municipality	2000 Total Population	Population Age < 18	% of Population Age < 18	Population Age 18-64	% of Population Age 18-64	Population Age 65 +	% of Population Age 65 +
Barrington	7,475	2,057	27.5	4893	65.5	525	7.0
Brentwood	3,197	791	24.7	1932	60.4	474	14.8
Brookfield	605	141	23.3	362	59.9	101	16.7
Dover	26,884	5,602	20.8	17590	65.4	3692	13.7
Durham	12,664	1,520	12.0	10370	81.9	774	6.1
East Kingston	1,784	487	27.3	1165	65.3	132	7.4
Epping	5,476	1,483	27.1	3487	63.7	506	9.2
Exeter	14,058	3,409	24.2	8262	58.8	2387	17.0
Farmington	5,774	1,623	28.1	3558	61.6	593	10.3
Fremont	3,510	1,020	29.1	2237	63.7	253	7.2
Greenland	3,205	851	26.5	2034	63.4	323	10.1
Hampton	14,937	3,191	21.4	9547	63.9	2199	14.7
Hampton Falls	1,880	484	25.7	1155	61.4	241	12.8
Kensington	1,887	527	27.8	1180	62.3	186	9.9
Kingston	5,862	1,505	25.7	3842	65.5	515	8.8
Lee	4,145	1,279	30.9	2570	62.0	296	7.1
Madbury	1,509	452	30.0	942	62.4	115	7.6
Middleton	1,441	414	28.8	877	60.9	149	10.3
Milton	3,910	1,057	27.0	2454	62.8	399	10.2
New Castle	1,009	180	17.8	587	58.1	243	24.1
New Durham	2,219	605	27.3	1377	62.0	238	10.7
Newfields	1,551	483	31.1	952	61.4	116	7.5
Newington	778	170	21.9	505	65.2	100	12.9
Newmarket	8,027	1,777	22.1	5575	69.5	675	8.4
Newton	4,289	1,234	28.8	2730	63.7	325	7.6
North Hampton	4,259	994	23.3	2656	62.4	609	14.3
Northwood	3,640	985	27.1	2326	63.9	329	9.0
Nottingham	3,701	1,028	27.8	2407	65.0	266	7.2
Portsmouth	20,785	3,565	17.2	13835	66.6	3384	16.3
Rochester	28,461	7,195	25.3	17432	61.2	3834	13.5
Rollinsford	2,648	666	25.2	1656	62.5	326	12.3
Rye	5,182	1,151	22.2	3045	58.8	986	19.0
Seabrook	7,934	1,624	20.5	4973	62.7	1337	16.9
Somersworth	11,477	3,014	26.3	7090	61.8	1373	12.0
South Hampton	850	210	24.9	520	61.6	114	13.4
Strafford	3,626	1,088	30.0	2259	62.3	279	7.7
Stratham	6,355	1,848	29.1	3943	62.0	564	8.9
Wakefield	4,251	1,092	25.7	2523	59.3	637	15.0
MPO Region	241,245	56,802	23.5 %	154,848	64.2 %	29,595	12.3 %
N.H.	1,235,786	309,562	25.0 %	778,254	63.0 %	147,970	12.0 %

Map 2: Total Population - 2000



Population Projections

Projections from the New Hampshire Office of Energy and Planning (OEP) indicate that between 2000 and 2005, population grew by an estimated 8.9 percent throughout the region, with smaller towns experiencing much faster growth rates than the larger cities and towns. This trend is expected to continue into the future. The region's population is expected to grow 19 percent between 2000 and 2015, and by nearly 30 percent by 2025, slightly faster than the projected population growth for New Hampshire as a whole. Table 3 and Map 3 show community and regional population projections for 2025.

Table 3 also illustrates that the smaller, more rural towns of Brentwood, Brookfield, Middleton, New Durham, and Wakefield may expect increases of more than 45 percent in their populations by 2025. New Durham expects a huge 74 percent increase in its population during that time. Conversely, the seven largest municipalities in the region - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - can expect population increases ranging from 18.9 to 30.7 percent over the next two decades. The city of Rochester, with the largest population in 2000, will continue to be the largest city in the region in the future.

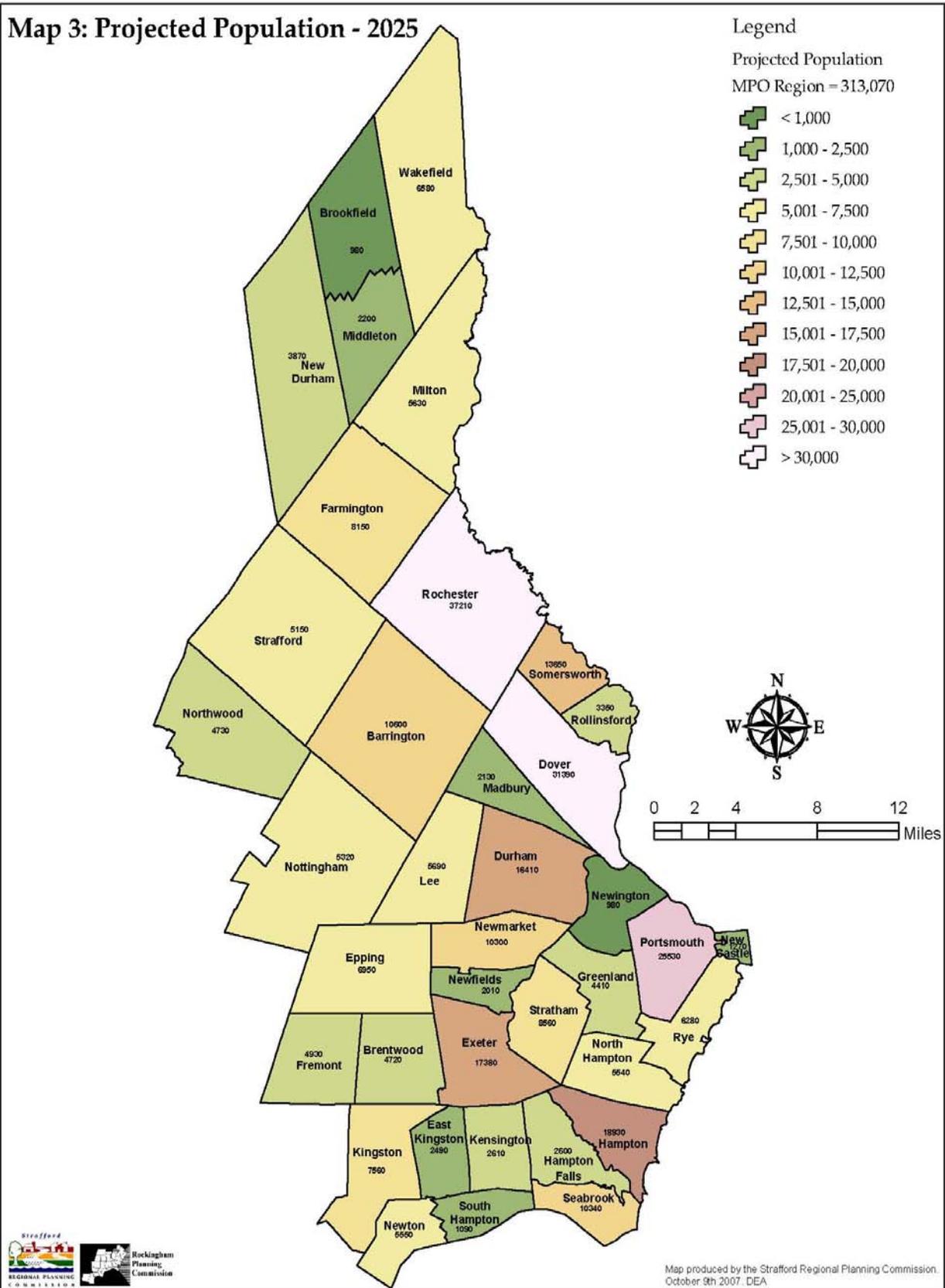
New Hampshire's population is also growing older over time, reflecting both the aging of the population and immigration of retired individuals from other states. By 2025 according to U.S. Census projections, the population aged 65 and older is expected to more than double across the state. Within the MPO region, elder populations are expected to more than double in Strafford County, and nearly triple in both Rockingham and Carroll Counties. By 2025, the elderly population is expected to make up 19.3% of the total population in Strafford County, 27.5% in Rockingham County, and a whopping 40.8% in Carroll County. Applying county level projections to the MPO region, the total elderly population can be estimated to approach nearly 54,000 individuals by 2025.

Meanwhile all three counties will lose youth populations (under age 20) and Rockingham and Carroll Counties will see only slight increases in adult populations during the same time period. On the other hand, Strafford County is expected to see a 20% increase in its adult population over that time.

TABLE 3
Population Growth 1990 to 2000, and 2025 Projections

Municipality	1990 Total Population	2000 Total Population	% Increase 1990 - 2000	2025 Projected Population	% Increase Projected 2000-2025
Barrington	6,164	7,475	21.3	10,600	41.8
Brentwood	2,590	3,197	23.4	4,720	47.6
Brookfield	518	605	16.8	980	62.0
Dover	25,042	26,884	7.4	31,390	16.8
Durham	11,818	12,664	7.2	16,410	29.6
East Kingston	1,352	1,784	32.0	2,490	39.6
Epping	5,162	5,476	6.1	6,950	26.9
Exeter	12,481	14,058	12.6	17,380	23.6
Farmington	5,739	5,774	0.6	8,150	41.1
Fremont	2,576	3,510	36.3	4,930	40.5
Greenland	2,768	3,205	15.8	4,410	37.6
Hampton	12,278	14,937	21.7	18,930	26.7
Hampton Falls	1,503	1,880	25.1	2,600	38.3
Kensington	1,631	1,887	15.7	2,610	38.3
Kingston	5,591	5,862	4.8	7,560	29.0
Lee	3,729	4,145	11.2	5,690	37.3
Madbury	1,404	1,509	7.5	2,130	41.2
Middleton	1,183	1,441	21.8	2,200	52.7
Milton	3,691	3,910	5.9	5,630	44.0
New Castle	840	1,009	20.1	1,270	25.9
New Durham	1,974	2,219	12.4	3,870	74.4
Newfields	888	1,551	74.7	2,010	29.6
Newington	990	778	-21.4	980	26.0
Newmarket	7,157	8,027	12.2	10,300	28.3
Newton	3,473	4,289	23.5	5,550	29.4
North Hampton	3,637	4,259	17.1	5,540	30.1
Northwood	3,124	3,640	16.5	4,730	29.9
Nottingham	2,939	3,701	25.9	5,320	43.7
Portsmouth	25,925	20,785	-19.8	25,530	22.8
Rochester	26,630	28,461	6.9	37,210	30.7
Rollinsford	2,645	2,648	0.1	3,350	26.5
Rye	4,612	5,182	12.4	6,280	21.2
Seabrook	6,503	7,934	22.0	10,340	30.3
Somersworth	11,249	11,477	2.0	13,650	18.9
South Hampton	740	850	14.9	1,090	28.2
Strafford	2,965	3,626	22.3	5,150	42.0
Stratham	4,955	6,355	28.3	8,560	34.7
Wakefield	3,057	4,251	39.1	6,580	54.8
MPO Region	221,523	241,245	8.9 %	313,070	29.8 %
N.H.	1,109,252	1,235,786	11.4 %	1,593,020	28.9 %

Map 3: Projected Population - 2025



4.3 Coordinated Plan Target Populations – Socio-Economic Indicators

This Coordinated Plan is primarily concerned with the transportation needs and transportation service options for specific transit-dependent populations. Target populations of interest include the elderly, disabled, those without vehicles available, and low-income populations. These target populations are less likely to have their own means of transportation, and are more likely to be dependent upon public or private transit service.

4.3.1 Elderly

The elderly population aged 65 and older generally has a higher dependence on transit, as the ability to drive tends to diminish with age. Table 2 details population breakdowns by age within the region. Based on 2000 census data, 29,595 persons sixty-five and older reside in the region. This amounts to 12.3 percent of the total population, slightly higher than the statewide elderly population percentage of 12.0 percent. Map 4 illustrates the geographic distribution of the region's elderly population, and Table 4 details the socio-economic status of the region's elderly, which is further described in Sections 4.3.2 and 4.3.3 below.

The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - have nearly 60 percent of the total elderly population, with over 17,600 individuals. However, the remaining thirty-one smaller towns are home to the remaining 40 percent of the region's elderly population, or nearly 12,000 individuals. The town of New Castle has the highest percentage of elderly relative to its total population, with a rate of 24.1 percent. The towns of Brookfield, Exeter, Rye, Seabrook and Wakefield all have 15 percent or greater of their total population aged 65 or older. Durham has the lowest percentage (6.1%) of elderly, perhaps due to the community being home to the University of New Hampshire and thus having a larger than average percentage of individuals younger than 21 years old.

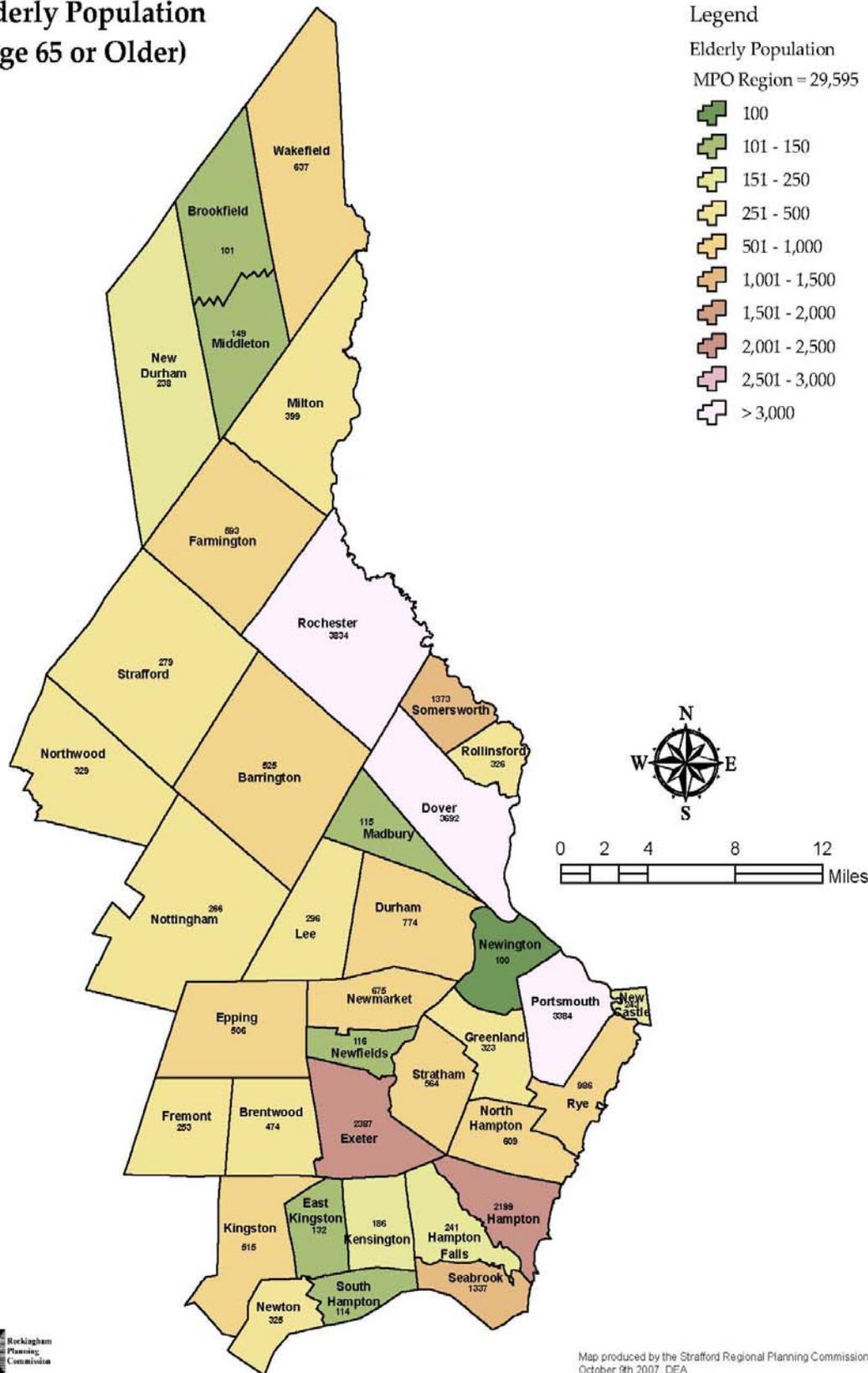
The large expected growth in the elderly population over time indicates increasing need for transit services for them. According to the United Way of the Greater Seacoast website, “[i]n the Greater Seacoast, 51 percent of older adults who require assistance with daily living need transportation to access medical care”. The American Association of Retired Persons (AARP) estimated that approximately 20 percent of Americans age 65 and over do not drive.” These figures are likely to increase as the general population ages over time.

The availability of transportation services for the elderly is also a quality of life issue, as elderly residents who can access transit are able to more fully participate in the community. There is a health and safety aspect as well, since elderly residents must be able to access health care and may be safer utilizing transit services than driving themselves. Finally, providing transportation services for the elderly can increase the cost-effectiveness of elder care since access to transit may allow more elders to live independently in their own homes rather than in more expensive institutionalized settings.

TABLE 4
Elderly Population and Socio-Economic Status - 2000

Municipality	Elderly Population (age 65 +)	Disabled Elderly	% of Elderly who are Disabled	Elderly Living Below Federal Poverty Level	Poverty Rate among the Elderly
Barrington	525	173	33.0	0	0.0
Brentwood	474	77	16.2	16	3.4
Brookfield	101	45	44.6	2	2.0
Dover	3692	1175	31.8	183	5.0
Durham	774	184	23.8	9	1.2
East Kingston	132	31	23.5	0	0.0
Epping	506	270	53.4	31	6.1
Exeter	2387	820	34.4	97	4.1
Farmington	593	274	46.2	67	11.3
Fremont	253	82	32.4	11	4.3
Greenland	323	128	39.6	19	5.9
Hampton	2199	723	32.9	148	6.7
Hampton Falls	241	64	26.6	8	3.3
Kensington	186	50	26.9	8	4.3
Kingston	515	119	23.1	18	3.5
Lee	296	84	28.4	17	5.7
Madbury	115	47	40.9	4	3.5
Middleton	149	40	26.8	9	6.0
Milton	399	178	44.6	18	4.5
New Castle	243	62	25.5	0	0.0
New Durham	238	89	37.4	16	6.7
Newfields	116	43	37.1	0	0.0
Newington	100	32	32.0	4	4.0
Newmarket	675	288	42.7	37	5.5
Newton	325	160	49.2	52	16.0
North Hampton	609	179	29.4	37	6.1
Northwood	329	125	38.0	10	3.0
Nottingham	266	122	45.9	6	2.3
Portsmouth	3384	1217	36.0	255	7.5
Rochester	3834	1534	40.0	316	8.2
Rollinsford	326	143	43.9	11	3.4
Rye	986	219	22.2	8	0.8
Seabrook	1337	506	37.8	124	9.3
Somersworth	1373	548	39.9	122	8.9
South Hampton	114	43	37.7	0	0.0
Strafford	279	112	40.1	15	5.4
Stratham	564	181	32.1	6	1.1
Wakefield	637	210	33.0	37	5.8
MPO Region	29,595	10,377	35.1 %	1,721	5.8 %
NH	147,970	53,610	36.2 %	9,992	7.2 %

**Map 4: Elderly Population
(2000, Age 65 or Older)**



4.3.2 Disabled

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

The U.S. Census Bureau collects data on disability for non-institutionalized individuals aged 5 and older. However, it should be noted that disability data is self-reported by the surveyed households and does not necessarily align with eligibility requirements for state or federal human services under Americans with Disabilities (ADA) programs. Similarly, there is no clear definition within census data as to which categories of disability result in transit dependence. Clearly, blindness would prevent an individual from driving, as would certain physical impairments and developmental disabilities, but this subset of the disabled population cannot be pinpointed or even accurately estimated using census data. Consequently, data are presented here for all census-defined categories of disability.

The Census Bureau defines disability as "...one or more of the following: (a) blindness, deafness, or a severe vision or hearing impairment; (b) a substantial limitation in the ability to perform basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; (c) difficulty learning, remembering, or concentrating; or (d) difficulty dressing, bathing, or getting around inside the home. In addition...people 16 years old and over are considered to have a disability if they have difficulty going outside the home alone to shop or visit a doctor's office, and people 16-64 years old are considered to have a disability if they have difficulty working at a job or business."

Tables 4 and 5 provide information on the region's disabled elderly and disabled adult populations, respectively. Map 5 illustrates the geographic distribution of all disabled individuals throughout the region.

Approximately 15.1 percent or over 36,300 of the region's total population over age five is considered disabled. This figure is slightly less than the state disabled percentage of 15.7. The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - have nearly 54 percent of the region's disabled population, or over 20,400 individuals. However, the remaining thirty-one smaller towns are home to the remaining 46 percent of the region's disabled population, or over 17,000 individuals. The communities of Farmington and Seabrook each have over 22 percent disability rates within their total populations. Milton, New Durham, and Rochester each have disabled populations of over 19 percent. Conversely, the town of Durham has the lowest disabled percentage of all the region's municipalities with 6.6 percent.

Census data indicates that of the region's total disabled population, approximately 4,400 (12%) are younger than 21; nearly 22,000 (60%) are between the ages of 21 and 64; and nearly 10,400 (28%) are aged 65 or over. By age group, disabled individuals in the region account for almost 8 percent of the total population aged 5 to 20; just over 15 percent of all those between 21 and 64; and over 37 percent of all individuals 65 or older.

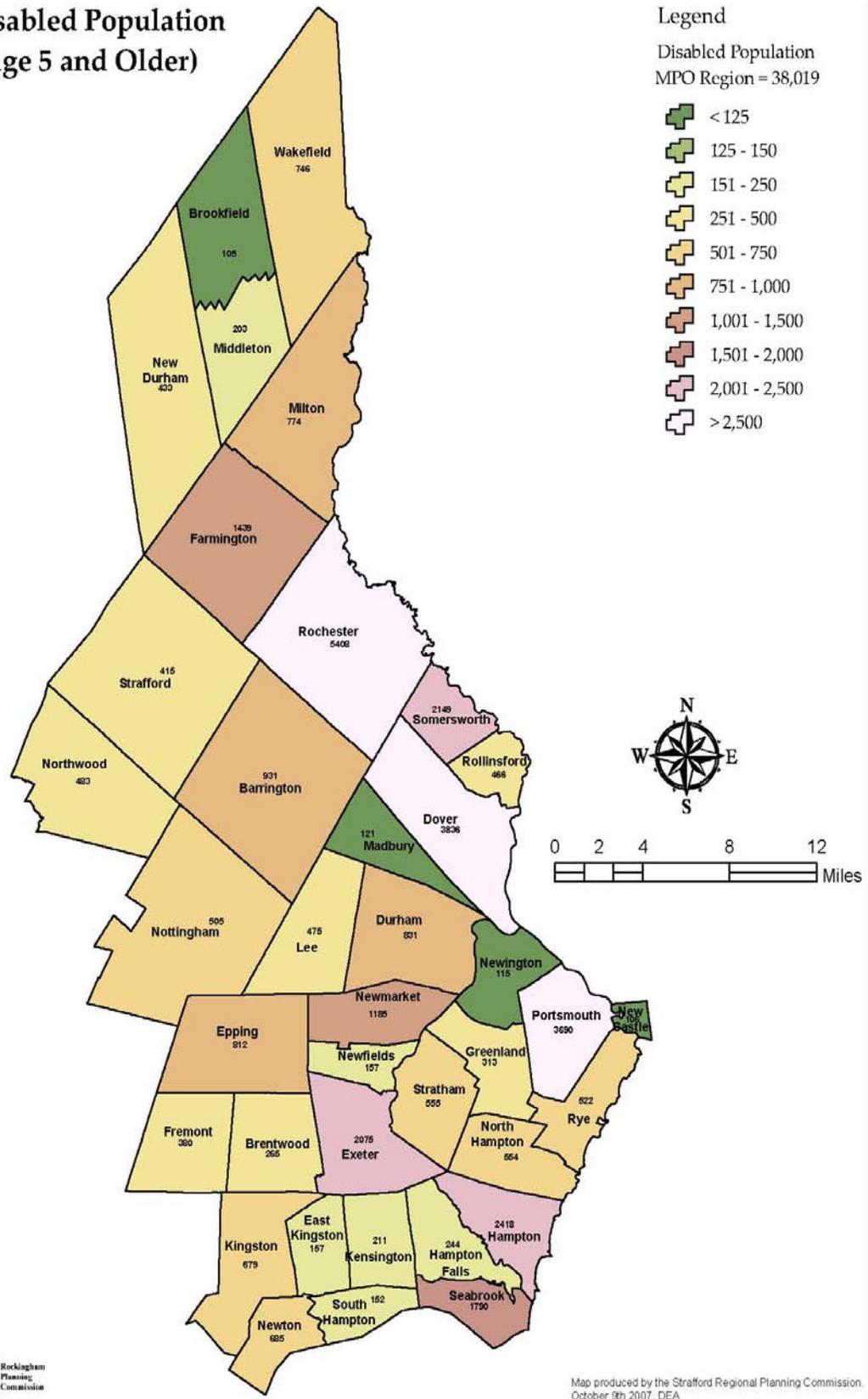
As can be seen in Table 4, the elderly disabled population of 10,377 individuals constitutes 35.1 percent of the total elderly population within the region, and close to 5 percent of the general population. A majority of the disabled elderly, 58% or 6,200 individuals reside in the seven largest municipalities. By community, the percentage of disabled among elderly populations

ranges from a low of 16.2 percent in Brentwood to over 53 percent in Epping. Table 5 shows that there are nearly 22,000 disabled individuals between the ages of 21 and 64 living in the region. Fifty-five percent of these individuals live in the seven largest municipalities of Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth. Across the region, nearly 14,200 or 65 percent of disabled adults are employed. This group, as well as the 35 percent of disabled adults who are not employed, are both likely to benefit from appropriate transit options that allow them to obtain and maintain jobs in the region.

TABLE 5
Disabled Population and Employment Status - 2000

Municipality	Disabled Population (Age 5+)	% of Total Population	Disabled Adults (21-64 yrs)	% of Total Population that are Disabled Adults (21-64 yrs)	Disabled & Employed Adults (21-64 yrs)	% of Adult Disabled Population that is Employed (21-64 yrs)
Barrington	931	12.5	658	8.8	420	63.8
Brentwood	265	8.3	123	3.8	60	48.8
Brookfield	105	17.4	51	8.4	35	68.6
Dover	3,836	14.3	2,250	8.4	1,339	59.5
Durham	831	6.6	416	3.3	291	70.0
East Kingston	157	8.8	107	6.0	76	71.0
Epping	812	14.8	485	8.9	321	66.2
Exeter	2,075	14.8	1,062	7.6	724	68.2
Farmington	1,439	24.9	920	15.9	532	57.8
Fremont	380	10.8	255	7.3	181	71.0
Greenland	313	9.8	164	5.1	76	46.3
Hampton	2,418	16.2	1,510	10.1	917	60.7
Hampton Falls	244	13.0	158	8.4	125	79.1
Kensington	211	11.2	131	6.9	96	73.3
Kingston	679	11.6	515	8.8	296	57.5
Lee	475	11.5	305	7.4	230	75.4
Madbury	121	8.0	56	3.7	32	57.1
Middleton	203	14.1	146	10.1	85	58.2
Milton	774	19.8	451	11.5	285	63.2
New Castle	106	10.5	29	2.9	17	58.6
New Durham	433	19.5	289	13.0	226	78.2
Newfields	157	10.1	92	5.9	64	69.6
Newington	115	14.8	72	9.3	57	79.2
Newmarket	1,185	14.8	732	9.1	552	75.4
Newton	685	16.0	435	10.1	324	74.5
North Hampton	554	13.0	336	7.9	231	68.8
Northwood	483	13.3	287	7.9	172	59.9
Nottingham	505	13.6	331	8.9	264	79.8
Portsmouth	3,690	17.8	2,160	10.4	1,415	65.5
Rochester	5,408	19.0	3,336	11.7	2,105	63.1
Rollinsford	466	17.6	281	10.6	219	77.9
Rye	522	10.1	277	5.3	182	65.7
Seabrook	1,790	22.6	1,068	13.5	753	70.5
Somersworth	2,149	18.7	1,320	11.5	763	57.8
South Hampton	152	17.9	104	12.2	87	83.7
Strafford	415	11.4	224	6.2	147	65.6
Stratham	555	8.7	250	3.9	196	78.4
Wakefield	746	17.5	485	11.4	289	59.6
MPO Region	36,385	15.1 %	21,871	9.1 %	14,184	64.9 %
NH	193,893	15.7 %	116,642	9.4 %	74,884	64.2 %

**Map 5: Disabled Population
(2000, Age 5 and Older)**



4.3.3 Income and Poverty

Another strong indicator of transit dependency is income. Lower income households are less able to purchase, insure, and maintain a vehicle, along with other spending restrictions that they may have. In the seacoast region, especially in the smaller outlying towns without fixed transit services, not having a vehicle is likely to mean that individuals cannot adequately access jobs, health care, shopping venues, and other vital community services.

Table 6 and Map 6, and Table 7 and Map 7 present data on income, and poverty status respectively, for the year 1999. The overall median household income in the region is \$50,178, slightly higher than the state average of \$49,467. Twenty-seven of the thirty-eight communities have median household incomes higher than the state average. Towns with the highest household incomes tend to be located in the coastal region and in the small towns of Brentwood, Newfields, East Kingston, and Kensington. Communities having the lowest household incomes include the more urbanized Rochester, Portsmouth, Dover, and Somersworth, along with some of the smaller more rural and outlying towns such as Farmington, Milton, Middleton, and Wakefield.

The overall per-capita income for the region is \$24,197, slightly higher than the state average of \$23,844. However, there is a wide range across the region. Eleven of the thirty-eight communities have median household incomes less than the state average. Per-capita income ranges from a low of approximately \$16,500 in Farmington to a high of nearly \$67,700 in New Castle. Seventeen of the thirty-eight communities have per-capita incomes less than the state average, including the larger communities of Dover, Durham Rochester, and Somersworth as well as several of the smaller outlying communities such as Middleton, Milton, Newton, Seabrook, and Strafford.

In a region with a relatively high cost of living like the seacoast, a more specific measure of transit need is reflected in the population with incomes that fall below the federal poverty level. It is also likely that a large percentage of the non-elderly poor may also receive direct financial assistance under the Temporary Assistance for Needy Families (TANF) program as described in Section 4.3.4.

The U.S. Census Bureau measures poverty using a complex set of thresholds that vary by family size, number of children and age of the householder. The data collected by the Census Bureau excludes some sub-populations such as those living in college dormitories, institutionalized individuals, those living in military group quarters, and unrelated individuals under fifteen years of age. Therefore, the poverty data presented in Table 7 is based on approximately 97 percent rather than 100 percent, of the total regional population. 1999 is the most recent year for which census-based income and poverty data available, thus, it may not accurately reflect current income and poverty status within the region.

Given these caveats, and as can shown in Table 7, the region has an overall poverty rate of seven percent or 16,790 individuals. This rate is slightly higher than the overall state rate of 6.4 percent. The seven largest municipalities have two-thirds of the region's poverty level population, or nearly 11,300 individuals. The remaining thirty-one smaller towns are home to the remaining one-third of the region's poor, amounting to approximately 5,500 individuals. Map 7 presents the geographic distribution of poverty level populations across the region.

Even though census data excludes individuals living in college dormitories, Durham has the highest percentage of its population living below the poverty level, at 27.7 percent (over 2,200 people). This is a much higher percentage than any other community in the region. It should be

noted that this figure is based on census surveys of only 64 percent of Durham's population. It is therefore likely to over-estimate the overall poverty level population in town. This anomaly may also be due in part to the significant number of UNH students who live in off-campus housing in the town. These individuals may be more likely to have lower incomes than working age non-students. However, these individuals are also served by fixed-route transit that operates on campus and between Durham and other seacoast communities.

Among the region's elderly population, as shown previously in Table 4, over 1,700 elders live below the poverty level, with two-thirds of them residing in the seven largest municipalities. The small town of Newton, in the southwestern portion of the region has the highest poverty rate among its elderly with 16 percent; followed by Farmington at 11.3%. Conversely, the towns of Barrington, East Kingston, New Castle, Newfields, and South Hampton do not have any elderly living below the poverty level, based on the 1999 data.

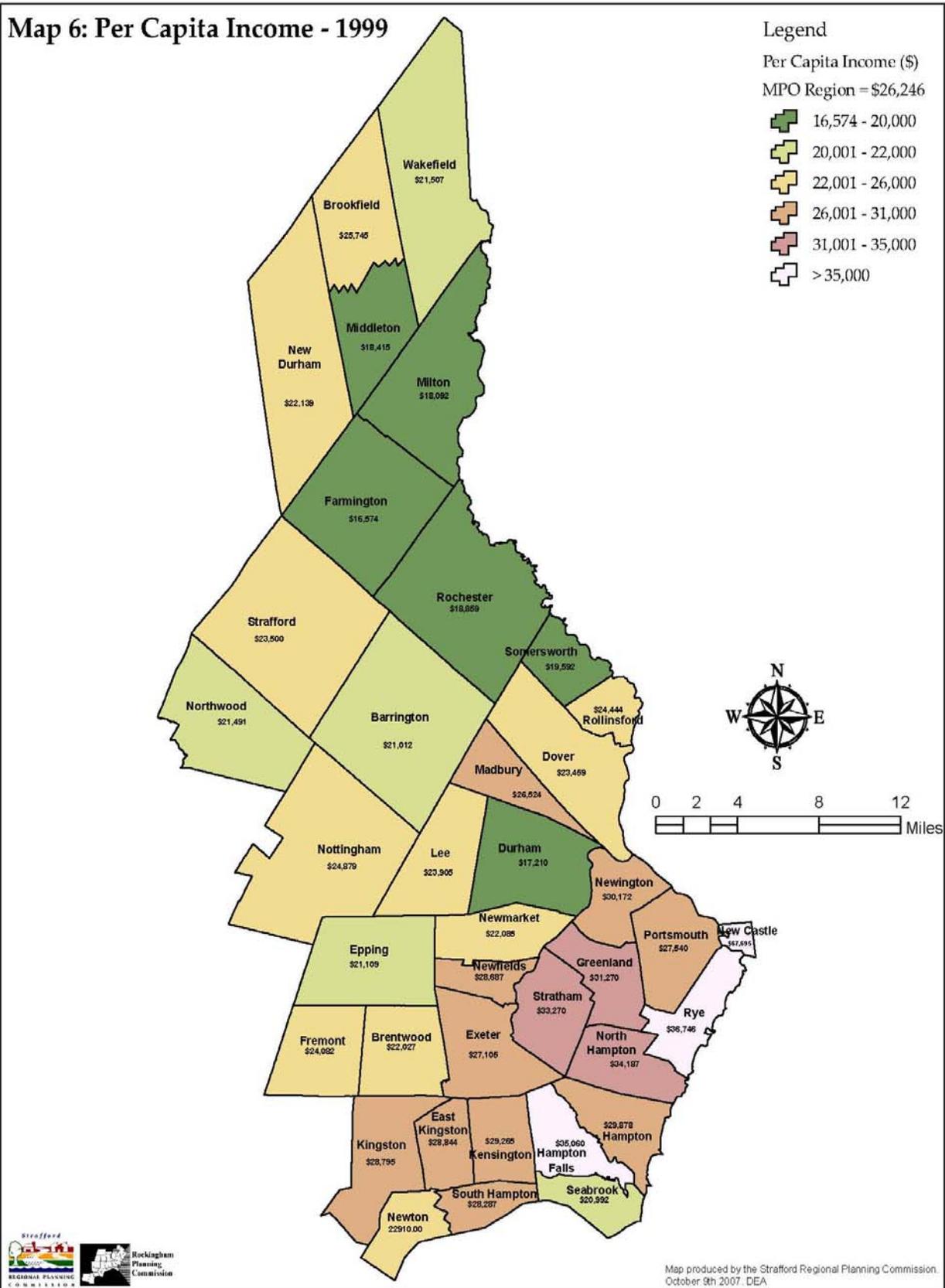
TABLE 6
Income - 1999

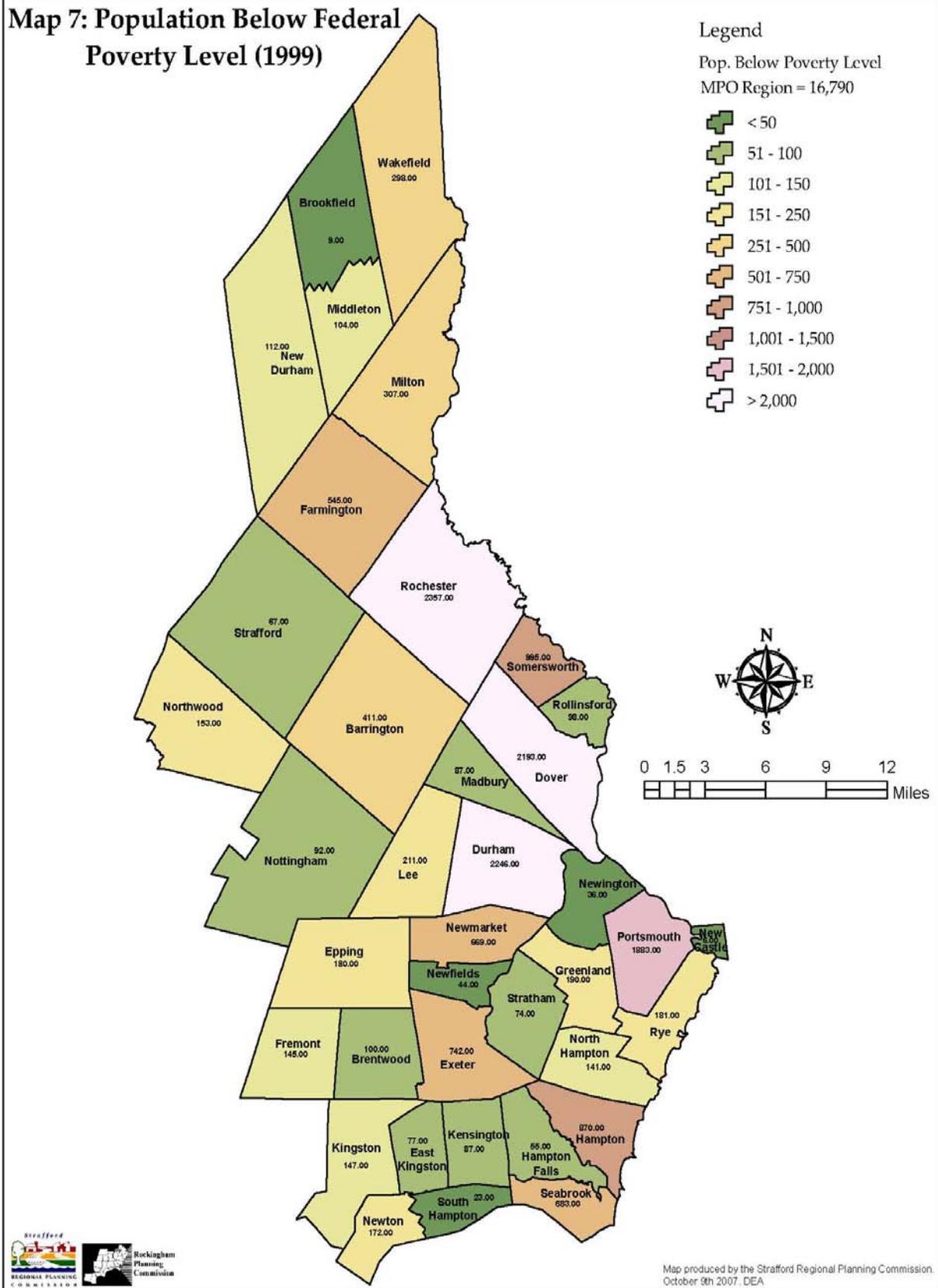
Municipality	Median Household Income (\$)	Per Capita Income (\$)
Barrington	50,630	21,012
Brentwood	68,971	22,027
Brookfield	52,132	25,745
Dover	43,873	23,459
Durham	51,697	17,210
East Kingston	65,197	28,844
Epping	50,739	21,109
Exeter	49,618	27,105
Farmington	40,971	16,574
Fremont	62,171	24,082
Greenland	62,172	31,270
Hampton	54,419	29,878
Hampton Falls	76,348	35,060
Kensington	67,344	29,265
Kingston	61,522	28,795
Lee	57,993	23,905
Madbury	57,981	26,524
Middleton	43,942	18,415
Milton	44,194	18,092
New Castle	83,708	67,695
New Durham	52,270	22,139
Newfields	71,375	28,687
Newington	59,464	30,172
Newmarket	46,058	22,085
Newton	60,972	22,910
North Hampton	66,696	34,187
Northwood	50,675	21,491
Nottingham	62,423	24,879
Portsmouth	45,195	27,540
Rochester	40,596	18,859
Rollinsford	48,588	24,444
Rye	63,152	36,746
Seabrook	42,874	20,992
Somersworth	42,739	19,592
South Hampton	63,750	28,287
Strafford	59,044	23,500
Stratham	76,726	33,270
Wakefield	42,500	21,507
MPO Region	\$ 50,178	\$ 24,197
NH	\$ 49,467	\$ 23,844

TABLE 7
Poverty Status - 1999

Municipality	Population Below Federal Poverty Level (#)	Poverty Rate (%)	Adult Population in Poverty (age 18-64 yrs)
Barrington	411	5.5	259
Brentwood	100	3.7	50
Brookfield	9	1.5	5
Dover	2,193	8.4	1,458
Durham	2,246	17.7	2,158
East Kingston	77	4.4	40
Epping	180	3.3	73
Exeter	742	5.4	385
Farmington	545	9.5	325
Fremont	145	4.2	71
Greenland	190	5.9	86
Hampton	870	5.9	450
Hampton Falls	55	2.9	30
Kensington	87	4.6	53
Kingston	147	2.5	104
Lee	211	5.1	120
Madbury	87	5.8	65
Middleton	104	7.3	65
Milton	307	7.9	126
New Castle	6	0.6	6
New Durham	112	5.1	58
Newfields	44	2.8	29
Newington	36	4.6	24
Newmarket	669	8.3	430
Newton	172	4.0	74
North Hampton	141	3.3	90
Northwood	153	4.2	106
Nottingham	92	2.5	69
Portsmouth	1,883	9.3	1,108
Rochester	2,357	8.4	1,165
Rollinsford	98	3.7	53
Rye	181	3.5	110
Seabrook	683	8.6	293
Somersworth	995	8.8	549
South Hampton	23	2.7	12
Strafford	67	1.9	36
Stratham	74	1.2	43
Wakefield	298	7.1	167
MPO Region	16,790	7.0 %	10,345
NH	78,530	6.4 %	44,903

Map 6: Per Capita Income - 1999





4.3.4 TANF Recipients

The number of welfare recipients is another indicator of transit need as recipients of public assistance are also less able to afford a private vehicle. These individuals may require more transit trips than other transit-dependent populations since they may need to periodically report to welfare offices, access employment, job training programs, and childcare locations, as well as needing to travel for health care, shopping and other community activities.

Case load data obtained from the New Hampshire Department of Health and Human Services under the Temporary Assistance for Needy Families (TANF) program is much more current (August 2007) than U.S. Census poverty data. The Division of Family Assistance provides financial assistance to needy families with dependent children through one of two programs: the NH Employment Program and the Family Assistance Program.

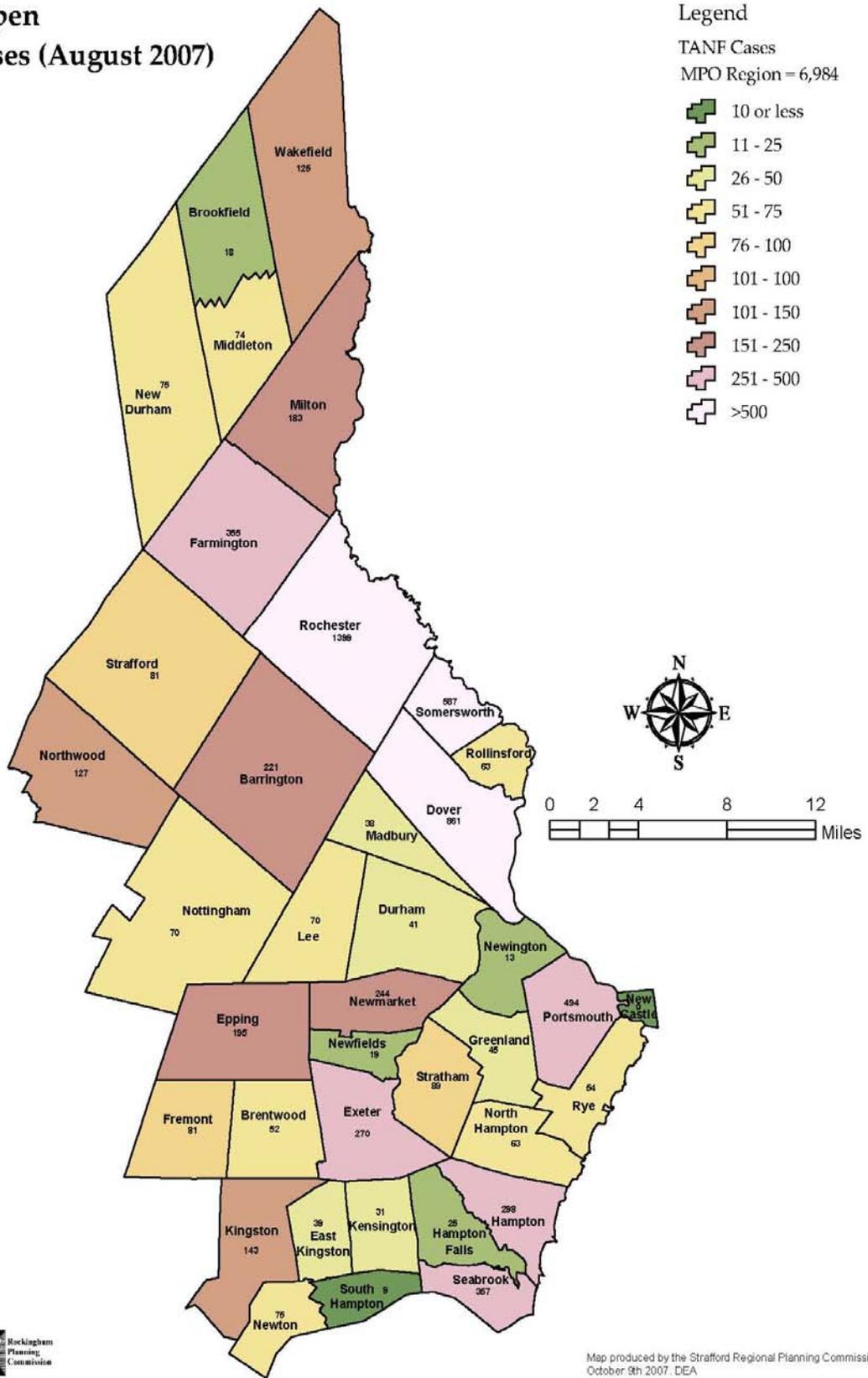
The data presented in Table 8 and Map 8 constitutes the combined unduplicated number of TANF recipients, regardless of whether they participate in more than one sponsored program. It should be noted that DHHS excludes community level data if the number in any category is greater than zero but less than five, therefore the data slightly under-estimates the total number of TANF recipients in the region.

Sixty-one percent, or 8,726 individuals receiving TANF assistance live in the seven largest communities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth. The less affluent communities of Farmington, Middleton, Milton, Rochester, and Somersworth all have over ten percent of their total population and over twelve percent of their households currently receiving TANF assistance. Not surprisingly, New Castle having an unusually high per-capita income has none of its population enrolled in the program. For the region as a whole, 5.9% of the population and 7.4% of all households receive TANF assistance.

TABLE 8
TANF Recipients – August 2007

Municipality	Total Population	Population Receiving TANF	% of Population Receiving TANF	Total # of Households	TANF Cases	% of all Households Receiving TANF
Barrington	7,475	438	5.9	2,756	221	8.0
Brentwood	3,197	101	3.2	911	52	5.7
Brookfield	605	30	5.0	237	18	7.6
Dover	26,884	1,763	6.6	11,573	861	7.4
Durham	12,664	69	0.5	2,882	41	1.4
East Kingston	1,784	77	4.3	629	39	6.2
Epping	5,476	400	7.3	2,047	195	9.5
Exeter	14,058	549	3.9	5,898	270	4.6
Farmington	5,774	773	13.4	2,146	355	16.5
Fremont	3,510	142	4.0	1,165	81	7.0
Greenland	3,205	78	2.4	1,204	45	3.7
Hampton	14,937	540	3.6	6,465	298	4.6
Hampton Falls	1,880	43	2.3	704	25	3.6
Kensington	1,887	54	2.9	656	31	4.7
Kingston	5,862	282	4.8	2,122	143	6.7
Lee	4,145	133	3.2	1,466	70	4.8
Madbury	1,509	69	4.6	534	38	7.1
Middleton	1,441	147	10.2	516	74	14.3
Milton	3,910	391	10.0	1,456	183	12.6
New Castle	1,009	0	0.0	444	0	0.0
New Durham	2,219	147	6.6	817	75	9.2
Newfields	1,551	26	1.7	516	19	3.7
Newington	778	25	3.2	294	13	4.4
Newmarket	8,027	475	5.9	3,379	244	7.2
Newton	4,289	146	3.4	1,518	75	4.9
North Hampton	4,259	110	2.6	1,671	63	3.8
Northwood	3,640	250	6.9	1,347	127	9.4
Nottingham	3,701	136	3.7	1,331	70	5.3
Portsmouth	20,785	1,005	4.8	9,874	494	5.0
Rochester	28,461	3,042	10.7	11,434	1,399	12.2
Rollinsford	2,648	116	4.4	1,033	63	6.1
Rye	5,182	85	1.6	2,176	54	2.5
Seabrook	7,934	713	9.0	3,425	357	10.4
Somersworth	11,477	1,283	11.2	4,687	587	12.5
South Hampton	850	19	2.2	302	9	3.0
Strafford	3,626	153	4.2	1,281	81	6.3
Stratham	6,355	162	2.5	2,306	89	3.9
Wakefield	4,251	260	6.1	1,684	125	7.4
MPO Region	241,245	14,232	5.9 %	94,886	6,984	7.4 %
NH	1,235,786	n/a	n/a	474,606	n/a	n/a

**Map 8: Open
TANF Cases (August 2007)**



Map produced by the Strafford Regional Planning Commission, October 9th 2007. DEA

4.3.5 Auto Availability

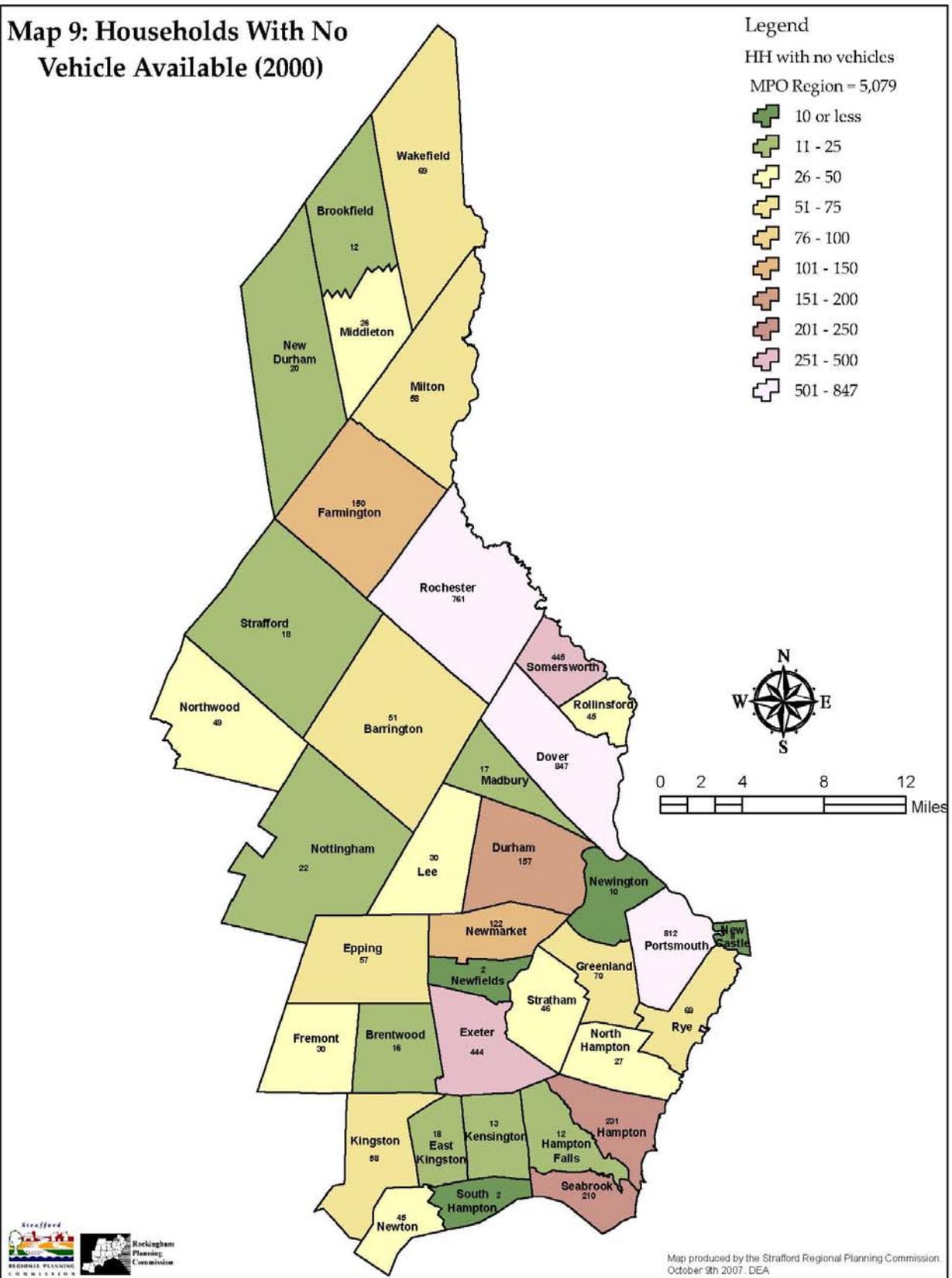
The greatest indicator of transit need for the general public is typically the level of auto ownership, since individuals without the use of a vehicle have to make transit trips to access their basic day-to-day opportunities. Again, especially in the smaller outlying towns without fixed transit services, not having a vehicle is likely to ensure that individuals cannot effectively access jobs, education, health care, shopping venues and other vital community services.

As illustrated in Table 9 and on Map 9, the seacoast region has over 5,000 households or 5.4 percent of all households without an available vehicle. This is slightly lower than the statewide figure of 5.8 percent. The cities of Portsmouth and Somersworth both have more than 8 percent of households without a vehicle, while the smaller and wealthier outlying towns of Newfields and South Hampton each have less than one percent of households without a vehicle. The seven largest municipalities - Rochester, Dover, Somersworth, Durham, Exeter, Hampton, and Portsmouth - have a combined total of nearly 3,700 households without an available vehicle, or over 73 percent of all such households in the region. The remaining thirty-one smaller towns have a total of 1,382 households or 27% of the region's households without an available vehicle.

TABLE 9
Auto Availability - 2000

Municipality	Total Number of Households (2000)	Number of Households with no Vehicle Available (2000)	% of all Households with No Vehicle Available (2000)
Barrington	2,756	51	1.9
Brentwood	911	16	1.8
Brookfield	237	12	5.1
Dover	11,573	847	7.3
Durham	2,882	157	5.4
East Kingston	629	18	2.9
Epping	2,047	57	2.8
Exeter	5,898	444	7.5
Farmington	2,146	150	7.0
Fremont	1,165	30	2.6
Greenland	1,204	70	5.8
Hampton	6,465	231	3.6
Hampton Falls	704	12	1.7
Kensington	656	13	2.0
Kingston	2,122	58	2.7
Lee	1,466	30	2.0
Madbury	534	17	3.2
Middleton	516	26	5.0
Milton	1,456	58	4.0
New Castle	444	8	1.8
New Durham	817	20	2.4
Newfields	516	2	0.4
Newington	294	10	3.4
Newmarket	3,379	122	3.6
Newton	1,518	45	3.0
North Hampton	1,671	27	1.6
Northwood	1,347	49	3.6
Nottingham	1,331	22	1.7
Portsmouth	9,874	812	8.2
Rochester	11,434	761	6.7
Rollinsford	1,033	45	4.4
Rye	2,176	69	3.2
Seabrook	3,425	210	6.1
Somersworth	4,687	445	9.5
South Hampton	302	2	0.7
Strafford	1,281	18	1.4
Stratham	2,306	46	2.0
Wakefield	1,684	69	4.1
MPO Region	94,886	5,079	5.4 %
NH	474,606	27,360	5.8 %

Map 9: Households With No Vehicle Available (2000)



4.3.6 Other Transit-dependent Populations

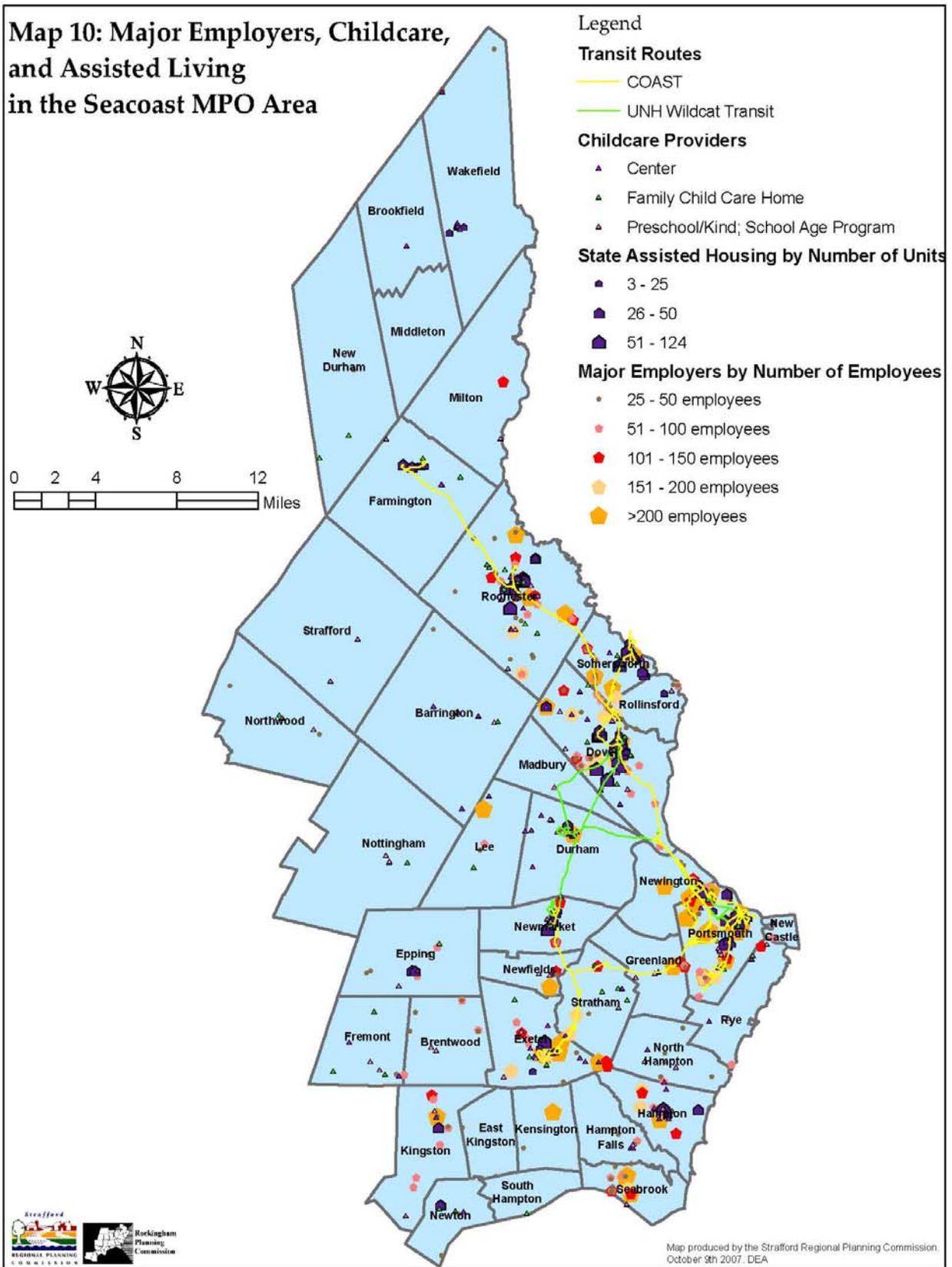
While not specifically evaluated in this Plan, other transit-dependent populations may exist from time to time. These populations include individuals who have been temporarily disabled due to injury or illness; those who have lost their driving privileges; or those households with fewer vehicles than the number of individuals who may need one at any given time. In addition, the youth population is less likely to have access to a vehicle for transportation to after-school jobs, educational and extra-curricular activities, recreation, shopping, and the like. These populations are likely to be at least occasionally dependent upon public transit systems or other means of getting from place to place.

4.4 Typical Transit Destinations and Fixed Routes

Map 10 illustrates the locations of the region's major employers, publicly assisted multifamily housing locations, childcare centers, and existing public transit routes. It is based on 2004 information collected by the regional planning commissions for the Community Development Finance Authority (CDFA). This visual representation highlights the concentrations of employment in areas served by fixed-route transit with some notable exceptions in the southern portion of the region without fixed-route service. The map also points out the multitude of assisted housing units and childcare centers without access to fixed-route service.

While a majority of the region's total and transit-dependent populations have fixed-route service available in their hometown, this map may be used in conjunction with Tables 1 - 9 and Maps 1 - 9 to geographically target significant under-served populations. Map 10 may also be helpful in identifying and prioritizing potential transit service proposals for funding under the Job Access and Reverse Commute (JARC) program described in Section 7.2 since the low-income employed population is most likely to travel to and from these destinations.

Map 10: Major Employers, Childcare, and Assisted Living in the Seacoast MPO Area



4.5 Regional Transit Need Estimate

According to the Community Transportation Association of America (CTAA), several transit need models have been developed over the last twenty years. Most of these models have significant limitations and do not address all transit-dependent populations. They should therefore be used in conjunction with other methods of assessing local needs including surveys, communications with providers and consumers, and other data sources where available. However, The Transit Cooperative Research Program of the Transportation Research Board is now supporting a project to develop models that are more effective in forecasting actual transit demand and need. These may become available by 2009 (personal communication with Charles Rutkowski, Assistant Director of CTAA).

At that time, transit needs within the MPO region should be reassessed using the newer models to improve upon existing estimates and help further define and prioritize transit system improvement projects. Until better models are available, we have used the transit need formula below, developed by CTAA and based on readily available census data, to generate a rough estimate of transit trip need for three categories of transit use: Transit Dependent Need (elderly, low-income, disabled), General Public Transit Need, and Work Trips Need (employment transportation). Table 10 shows the result of calculations estimating transit need for different seacoast populations now and in the future.

Table 10
Estimate of Seacoast Regional Transit Need

Socioeconomic Characteristic	1999/2000	2025 Projection¹
Total Population	241,245	313,070
Elderly (age 60 +)	38,705	100,931
Non-Elderly Low-income (age 18 - 65)	10,345	13,425
Workforce (age 16+)	127,326	165,200
General Public Transit Need (trips/year) ²	784,046	1,017,478
Transit-dependent Need (trips/year) ³	298,420	695,742
Work Trips Need (trips/year) ⁴	662,095	859,040

Notes:

1 = Projections assume projected population % for elderly, but current % of low-income and workforce.

2 = (population * 2.5 trips/day per rider)*(0.5% of population regularly riding transit) * 260 days/year

3 = (elderly population + non-elderly low-income) * 0.15*1.04*0.15*260 days/year

4 = (total workforce * 1% commuting via transit) * 2 trips/day * 260 days/year

The model assumes that 0.5% of the total population would be regular transit riders, taking 2.5 trips per day, 260 days per year. Therefore, the model estimates a total transit need of over 784,000 trips per year, based on the total population in the region. By 2025, the total transit need would be nearly 1,020,000 trips per year.

For transit-dependent populations, the model assumes that fifteen percent of both the elderly (age 60 and over) and the non-elderly low-income populations do not drive, and fifteen percent of those individuals need a ride on any given day. It is assumed that a significant percentage of the disabled population needing transit falls into either the elderly or low-income populations (e.g. those that already may not drive). However, a small factor is added to the calculation to attempt to account for adult non-low-income individuals with disabilities that prevent them from driving. Therefore, the

estimate of regional transit need for transit-dependent populations is 298,420 trips per year in 2000 and conservatively estimated to increase to over 695,000 trips per year by 2025.

For the region's workforce, this model assumes that one percent of the total workforce would commute by public transit if available, twice per day, 260 days per year. Based on employment data from the New Hampshire Department of Employment Security, transit needs in 2000 are estimated at over 662,000 trips per year. By 2025, this number increases to 859,000 trips per year, assuming that the same percentage of the overall population is employed at that time, as it was in 2000.

It should also be noted that in some outlying towns, individuals may choose or need to travel to destinations outside the seacoast region for services and/or for employment. For instance, residents of Northwood may be as likely to travel to Concord as to Rochester, Dover, or Portsmouth. Some seacoast residents are also likely to travel across the state line into neighboring Maine or Massachusetts communities for needed services. This would slightly reduce the transit needs estimates within the seacoast region, but is assumed to have an overall negligible effect on general transit need estimates.

5.0 PROFILE OF EXISTING SERVICES

5.1 Fixed-Route Services

COAST

The seacoast region is fortunate to have public fixed-route transportation service provided by the Cooperative Alliance for Seacoast Transportation (COAST), a non-profit transportation provider of public bus service throughout the seacoast region. It is a designated direct recipient of Federal Transit Administration Section 5307 funding, described in Section 7.2.

Based on population breakdowns in the region and in the communities served by COAST routes, in theory over 66% of the region's inhabitants have access to public transit within their hometown. However, many of these individuals may not live near a bus stop, so this figure is likely to over-estimate transit availability in the region. COAST's public transit routes have seen ridership more than double over the past decade. COAST estimates that total ridership has increased 95% over the last five years, and totaled over 375,000 trips in fiscal year 2007.

COAST operates four main inter-city routes Mondays through Fridays. Buses run approximately every one to four hours, depending upon the route. There are some evening and weekend routes. All fares are \$1 per trip, regardless of route and distance traveled. Monthly passes are available for \$35 and are valid for use on all COAST, COAST Trolley, and UNH Wildcat Transit Routes described below. Children aged five and under ride free. Half-fare privileges are extended to the elderly (65 years and older), disabled, and individuals possessing a valid Medicare Card.

In addition to inter-city routes, COAST operates three in-town routes in Dover each with one round-trip per day and stops approximately every one-quarter mile between the outskirts of the city and the Dover Transportation Center located in the city center. Fares are \$1.00 and COAST's half-fare privileges are available to qualifying individuals. COAST also operates fixed trolley routes in and around Portsmouth on an approximately hourly schedule, Monday through Friday or Saturday, depending upon the stop. There is no service on Sundays or major holidays. There is also a summer seasonal downtown Portsmouth trolley service, primarily intended for sightseers, but which also connects to other COAST services in the region. The trolleys operate Monday through Sunday from 10:30 am to 5:30 pm on the half-hour, except between 2:30 - 3:00 pm. The cost for adults is 50¢, and children aged five and under ride free.

Wildcat Transit

The University of New Hampshire (UNH) provides fixed-route service via Wildcat Transit (University Transportation Services), intended primarily to serve UNH students, faculty and staff. Wildcat operates free campus-based connector routes in Durham with schedules varying in conjunction with university operations. Wildcat also provides public transit routes between Durham and the communities of Dover, Newington, Newmarket, and Portsmouth. Costs are \$1.00 per ride for the public, with UNH students, faculty, and staff riding for free. Children under the age of five also ride free. Passengers over 65 or passengers with disabilities displaying a valid Medicare card ride at a half-fare rate. Through a mutual agreement with COAST, monthly passes and single ride tickets are accepted on both agency's vehicles and routes.

Wildcat Access (formerly known as the "Handi-Van") provides on-campus transportation service for UNH students and employees with permanent or temporary mobility impairments. Wildcat Access services only the campus area that is also served by the campus connector shuttle buses.

C&J Trailways

C&J Trailways is a private transportation carrier, which operates coach bus service along fixed-routes between Dover, Durham, Portsmouth, Newburyport Massachusetts, Boston's Logan Airport, and Boston's South Station, which houses the main Boston Amtrak and bus terminal. Within the seacoast region, C&J provides inter-city transportation between Dover and Portsmouth, with round-trip fares of \$7. Buses run approximately every half-hour during the morning commute and approximately every two hours throughout the day, with some weekend and holiday service.

Amtrak Downeaster

Amtrak operates daily passenger train service between Portland Maine and Boston Massachusetts, with stops in Dover, Durham, and Exeter. Round-trip fares between these three seacoast locations ranges from \$12 to \$16. There are five trips per day, including some evening services.

5.2 Proposed Service Expansions

COAST has indicated having several plans in the works for the expansion of transit services, all in different stages of development. Two of these programs are being funded under the federal Congestion Mitigation and Air Quality (CMAC) program described in Section 7.2.

- Expansion of flexible fixed-routes in Dover's greater downtown area is intended to add three routes from outlying portions of the city to and from the Dover train station. The plan includes an option for riders to call for off-route pickups.
- As part of the larger Little Bay Bridge Project funded by NH DOT, COAST plans to increase the frequency of runs on Route #2 between Rochester, Somersworth, Dover, Newington, and Portsmouth; and make improvements in the Portsmouth Trolley Route which runs between several in-town destinations.
- COAST has indicated that it also intends to make improvements to existing routes and schedules including adding Saturday service on its Route #1, which runs between Dover, Somersworth and Berwick Maine; as well as filling in gaps in route stops on Routes #1 and #2.

- Additional fixed route service has also been proposed along US Route 1, into Seabrook and Hampton. This route could connect low-income workers in Seabrook and Hampton to jobs in those communities as well as in Portsmouth and surrounding communities.
- The University of New Hampshire may also be exploring the possibility of adding service along either NH Route 125 or the Spaulding Turnpike, with Wildcat Transit service between the UNH campus and the Lee Traffic circle at the junction of NH Route 125 and Route 4 (personal communication with Rad Nichols, COAST).

5.3 Demand-response Services

Taxi Cabs

There are numerous private taxicab companies operating in and around the seacoast area. While no taxi companies were surveyed as part of the region's transit coordination planning effort, it is safe to assume that some percentage of the transit-dependent population relies at least occasionally on taxi service to reach destinations such as medical appointments, shopping venues, community activities, and perhaps even employment.

Human Service Providers

There are dozens of human service organizations providing transit services to specific target populations within the seacoast region. Many of these providers, along with COAST, have been surveyed several times over the last decade as part of the region's ongoing transportation planning process. Most recently, a detailed survey was conducted by ACT, and sponsored by the United Way of the Greater Seacoast via a web-based questionnaire. This survey resulted in responses from ten agencies, eight of which provide transportation services. Transit Resource Center, a consulting firm working on behalf of Strafford Network and ACT, conducted in-depth follow up interviews with ten agencies, including eight of the same agencies and two additional agencies not previously surveyed. Both surveys asked a range of questions addressing client base, number, and type of vehicles, days and hours of operation, size of transportation staff, funding sources, and level of interest in coordination efforts. The results of these surveys are summarized below. The survey instruments are included in Appendix A.

Compass Care

Compass Care is a private, non-profit organization that provides a range of support services to seniors to allow them to continue living at home. Adult Day Health, Senior Wellness, Senior Companion, and Alzheimer's Family Educator are some of their programs. Compass Care is located at Parrott Avenue Place in Portsmouth, a center for several independent, non-profit organizations that provide healthcare, adult day health, meals, recreation, transportation, information, and referral and social services for Seacoast seniors. Transportation services are provided Monday through Friday between client homes and the day programs via two twelve-passenger wheelchair lift buses funded under FTA Section 5310 – the Capital Assistance Program for Elderly and Disabled Persons, described in Section 7.2.

COAST

In addition to its regional public transit services, COAST provides complimentary para-transit services to approximately 100 ADA qualifying individuals. Sixteen of COAST's vehicles are wheelchair accessible.

In conjunction with Lamprey Health Care, COAST also provides community-based route bus service within portions of the region, primarily to and from shopping destinations. Exeter Hospital and Seacoast Mental Health Center are also fixed stops. The buses always service the stops named in the schedules, and they can divert off-route up to one and one-half miles to provide more flexible community-based service, as needed. Routes run one day per week: one round-trip each Wednesday morning between Exeter and Stratham; one round-trip each Thursday between Lee, Newmarket, Durham, Newington, and Portsmouth; and one round-trip each Friday between Seabrook, Hampton, Hampton Falls, North Hampton, Portsmouth, and Newington.

Lamprey Health Care

Lamprey Health Care is a private non-profit organization located in Newmarket. It provides primary health care services throughout the seacoast region. Through their Senior Transportation program, Lamprey provides rides to shopping and medical appointments to seniors aged 55 and over and those with disabilities in 32 communities across Rockingham and Strafford Counties. Scheduled weekly trips occur Monday through Friday, and door-to-door service is provided for individuals who need it.

Weekly shopping trips include stops at the grocery, pharmacy, bank, shopping mall, or post office as requested. There are also monthly daylong outings for each of the communities, usually involving visits to seasonal points of interest such as viewing foliage or attending a craft fair. A donation of \$3.00 is requested for the weekly trips and \$5.00 for the monthly recreational trip, however, no one is denied service for lack of ability to pay. Medical appointments, such as rides to hospitals, labs, and doctors' offices, are arranged as part of the weekly outing when possible, or at other times if needed. Arrangements to be picked up for these appointments must be made several weeks in advance to guarantee a van's availability that day. The agency has five sixteen-passenger wheelchair equipped buses funded under the FTA 5310 program.

Seacoast Mental Health Center

Seacoast Mental Health Center is located in Portsmouth and is a private non-profit community mental health provider of psychiatric, counseling, and psychological services for the region and the adjoining southern Maine seacoast. Transportation services are provided to and from the Center along a fixed-route on Mondays, Tuesdays, and Wednesdays. The agency has one wheelchair accessible ten-passenger vehicle funded under the FTA 5310 program.

Portsmouth Senior Citizens Center

The Portsmouth Senior Citizens Center is a division of the Portsmouth Housing Authority, and is located at Parrot Avenue Place in Portsmouth, along side Compass Care. The Senior Citizens Center is a multipurpose community center for the seniors of Portsmouth and neighboring municipalities. The Center provides basic health care clinics, social activities, outings, counseling support groups, information, referrals, and meals for senior adults 60 and over, and for the disabled. Transportation within Portsmouth and outlying areas near the city line is provided Monday through Friday on a demand-response basis to medical appointments, shopping, and

other needed destinations. Clients call the morning before the day they need transportation services. The agency has a total three wheelchair accessible buses - one sixteen-passenger, and two nine-passenger vans funded under the FTA 5310 program.

Great Bay Services

Great Bay Services is located in Newington, and is a non-profit organization providing a broad range of services including assistance with employment, housing and medical services to support individuals with developmental disabilities. Transportation is provided for clients to and from group homes and places of employment, primarily in the Portsmouth, Exeter, Greenland, Stratham and Rye areas. Transportation is scheduled in advance on a regular basis, seven days per week including nights. Through existing agreements, COAST provides transportation for two Great Bay clients and Community Partners provides transportation for twelve Great Bay clients. The agency has two ten-passenger, wheelchair accessible buses funded through the FTA 5310 program.

The Homemakers Health Services

The Homemakers Health Services agency is a non-profit agency located in Rochester. It provides in-home assistance services and adult day care for seniors and disabled adults in Strafford County. The day care services include transportation, exercise, education, meals, recreation, cultural activities and field trips, socialization, health screening, and oversight. Transportation is provided on a flexible fixed-route to and from the adult day care program and medical appointments. The service operates Monday through Friday during mornings and afternoons. The agency has four wheelchair accessible vehicles, ranging from nine-passenger to sixteen-passenger models funded under the FTA 5310 program.

Rockingham Nutrition and Meals on Wheels

The Rockingham Nutrition and Meals on Wheels program is based in Brentwood. It operates Monday through Friday around the lunch hour, providing meals to seniors attending eleven senior dining facilities and delivering meals to homebound participants. The agency also provides support services such as referrals to other agencies, information relevant to senior interests, activities, distribution of donated items, and transportation in specific areas of Rockingham County via three mini-vans. These vehicles are not funded through the FTA 5310 program.

Community Partners

Community Partners is located in Dover and is Strafford County's community mental health center and agency for developmental services, serving children and adults with developmental disabilities, head trauma injuries and cognitive impairments, and children, adults, and seniors with emotional stress or mental illness. A broad range of support services are provided including health, rehabilitation and housing support. Door-to-door transportation to and from medical appointments, day programs, work, school, and other community resources and activities. Transportation is provided on a demand basis as requested by the agency's case managers and is available Monday through Friday. The agency has five wheelchair accessible vehicles ranging from six-passenger vans to a fifteen-passenger bus, all funded under the FTA 5310 program.

Strafford County Community Action

Strafford County Community Action is one of six Community Action agencies in New Hampshire. Its service area includes the thirteen communities in Strafford County. The agency works to ensure that basic needs of low-income and disadvantaged individuals are met through a variety of programs including fuel assistance, home rehabilitation, emergency shelter and homeless assistance, counseling, employment assistance, Head Start and childcare services, Meals on Wheels and food pantries, as well as recreational programs. Transportation services are provided to seniors aged sixty and over for shopping and medical appointments, on a weekly scheduled route in Rochester, Dover, and Somersworth, via a single wheelchair accessible ten-passenger bus funded through the FTA 5310 program. Community Action volunteers also provide senior transportation for medical appointments throughout Strafford County.

Volunteers and Volunteer-Based Organizations

Some of the providers described above use volunteer drivers to supplement their transportation services. Many other volunteer organizations provide transportation services in the seacoast region as well. One such organization is Transportation Assistance for Seacoast Citizens (TASC), a cooperative effort of local churches. TASC provides transportation to eligible residents in eight seacoast communities: Exeter, Greenland, Hampton, Hampton Falls, North Hampton, Rye, Stratham, and Seabrook. Rides are available for medical and social service appointments, grocery shopping and other basic needs. Eligible residents include senior citizens and individuals with disabilities that prevent them from driving. Service is generally provided Monday through Friday during daytime hours, although additional service can be provided subject to volunteer availability.

5.4 Service Profile

A general picture of the region's human service transit profile can be illustrated through evaluation of the information provided by the ten agencies in the most recent survey responses and interviews. Due to the preliminary nature of results from these responses, provider services can only be characterized here, in a general sense. More detailed analysis of currently available services and service gaps will be forthcoming from the Transit Resource Center and will provide greater detail on the region's overall service profile. However, examples of transportation planning information that can be gleaned from the provider survey and interviews include these findings:

- Residents of most communities in the MPO region have human service transportation providers available to them. However, none of the surveyed providers specifically indicated that they serve some of the outlying towns such as Wakefield and Brookfield (in Carroll County) at the northern edge of the region. In addition, several providers also serve client populations outside of the MPO region.
- Approximately fifty-two vehicles including large and small buses, vans and automobiles are currently utilized by providers for the majority of transportation services. Thirty-nine of these vehicles are equipped with wheelchair access. COAST operates a total of nineteen vehicles, mostly buses, amounting to about one-third of all available vehicles. Most of COAST's vehicles are used for their fixed-route bus service.
- Some providers maintain additional vehicles that they use only for specialized programs and for clients needing dedicated one-on-one services. Some agencies provide door-to-door service for clients.

- Twenty-three vehicles, operated by eight of the providers, are funded under the FTA Capital Assistance Program for Elderly & Disabled Persons (Section 5310). COAST and the Rockingham Nutrition, Meals on Wheels program do not utilize Section 5310 funding.
- Most providers operate only on weekdays with no evening or night time service. COAST provides evening and/or weekend service on some routes and Great Bay Services provides client transportation services seven days per week, including nights.
- One-way human services related trips for all reporting providers combined, are estimated to total over 6,300 trips per month or over 76,000 trips annually.

5.5 Overview of Service Gaps

It is very important in the transportation planning process to identify and then work to fill gaps in existing services. Even the limited data available at this writing points to significant gaps in service to transit-dependent populations:

- While existing resources provide approximately 76,000 trips per year, the current transit needs estimate for transit-dependent individuals, indicates that potentially 298,000 trips per year are needed, as summarized in Section 4.5 and Table 10. Thus, based solely on results from the surveys of ten area providers, existing human service transportation may only be reaching about 25 percent of this Plan's target population.
- A significant portion of transit-dependent individuals live in the more rural, outlying towns without access to fixed route transit services. These towns may also be under-served by area human service agencies that are more likely to operate in the larger communities that have higher concentrations of the target populations.
- Many potential clients, especially the working poor and TANF recipients, would be likely to benefit from expanded evening and weekend services.

5.6 Strategies to Address Gaps in Service

In general, the needs of transit-dependent populations can be addressed through a broad range of service types and strategies, including improvements or expansions in the following areas:

- Geographic areas served by fixed-route transit
- Hours of operation for fixed-route transit
- Numbers of clients served by human service agencies
- Types of clients served by human service agencies
- Geographic areas served by agencies
- Hours of operation of transportation service provided by agencies

Efforts to further improve service in the region would best be focused on addressing the specific transit needs of those populations not currently served by regular COAST routes and schedules; and those for whom fixed route may not be a viable option. This implies dedicating resources to coordination of demand-response services.

The main goal of ACT's transportation coordination effort is to improve demand-response services by leveraging existing resources in a new, more efficient way. The primary and initial strategy proposed to address service gaps is to coordinate demand-response activities in areas such as dispatch, scheduling, administrative duties, and funding in a way that increases the availability of vehicles and drivers to serve transit-dependent populations.

Significant planning work has been completed to date, as described in earlier sections of this Plan. However, as ACT moves forward in developing a coordinated brokerage system, there are some key issues to address in order to support implementation of this strategy. These efforts are currently underway by the Transit Resource Center, which has been tasked with assisting ACT in some of the following developmental areas:

- Gaining a clearer picture of regional provider capacities, their vehicle operations, existing levels and sources of funding, client bases, and whether or not their needs and requirements are currently being met. As the transportation planning process continues to evolve, it will become more important to gather and analyze additional data from the many other human service providers not yet surveyed in order to more fully evaluate service needs and potential gaps, as well as to identify priority projects for implementation. In addition to analyzing recently collected provider data, more detailed regional information on the number and type(s) of clients served, specific geographic service areas, hours of operation, level of service available to clients, and agency needs and plans for service improvements will be needed.
- Further evaluating the differing transportation needs for each of the various transit-dependent populations - all of which may have different trip origins and destinations, frequency and time-of-day needed for transportation, and any special services required. Coordination efforts will need to provide services to these different groups simultaneously.
- Educating and reaching out to a broader range of providers, transportation consumers, employers, and local and regional governments on the importance of improving transportation service. Commitments and participation from stakeholders and agency boards of directors must be obtained. Currently ACT is developing a public outreach brochure intended to introduce the larger community to the coordination effort; and is also drafting Memorandums of Understanding (MOU's) to formalize brokerage relationships among interested parties. MOU's typically cover a broad range of participatory elements including standard terms and conditions, performance specifications, compensation, quality assurance, liability, indemnification, oversight, dispute resolution, reporting requirements, and the like.
- Determining the desired type of brokerage model and level of coordination effort as described in Section 6.0 to create a system that best fits the region's needs and that includes those agencies that are ready and willing to participate. The specific model selected will need to be expandable over time and must be able to align with MPO requirements and goals, and with ongoing statewide and federal initiatives.
- Evaluating current and ongoing funding needs for the sustainability of a coordinated system, and seeking additional sources of funding especially local sources of matching dollars as described in Section 7.0.

- Overcoming provider concerns and potential barriers to coordination as described in Section 8.1.
- Working through the short and long-term strategic planning action steps described in Section 8.2, while remaining mindful of the longer term vision, goals, and objectives for the coordinated system.

6.0 OPTIONS FOR SERVICE COORDINATION

6.1 Introduction

There are currently dozens of human service agencies offering transportation services in the seacoast region. Each has its own mission, equipment, eligibility requirements, funding sources, and institutional objectives. Clearly, coordination efforts must be able to effectively leverage the specialized expertise and resources available from the different providers.

Many sources of valuable coordination planning information, guidance documents, and case studies are available from organizations such as the Community Transportation Association of America (CTAA) and from the Transit Cooperative Research Program (TCRP) of the Federal Transportation Research Board. As coordination efforts move ahead in the seacoast region, ACT and the MPO may wish to review these documents in more detail to help in recognizing and overcoming typical pitfalls, dealing with normal consensus-building issues, learning from other best practices and ultimately in developing a successful coordinated system.

Benefits of Coordination

Transportation coordination can improve the performance of individual transportation providers as well as the overall mobility of individuals within the region. A regional coordinated service can achieve economies of scale in many areas by consolidating client intake, reservations, scheduling, and dispatching functions. Joint purchase of maintenance services, fuel, and items like scheduling software can improve overall cost-effectiveness and enhance service delivery. Greater coordination can also stretch limited funding, vehicles and personnel resources available to human service agencies.

According to the federal Transportation Research Board in their Transit Cooperative Research Program (TCRP) Report #101, there is a wide array of potential benefits from coordination, including:

- A better match between services and transportation needs.
- Lower trip costs for riders and for human service agencies.
- Reduced vehicle travel and less duplication of services.
- Greater productivity – more riders per vehicle mile.
- Centralization of administration and control.
- One-stop shopping for customers needing transportation service.
- Higher quality service (more timely, responsive, reliable; enhanced training).
- Increased geographic coverage of transportation services and increased services to riders formerly without transportation, resulting in better access and increased independence for transit-dependent populations.
- Transportation services available more frequently and for a wider variety of purposes
- An overall increase in the number of trips provided.
- Enhanced ability of human service agencies to focus on their core missions rather than on transportation.
- Access to a greater level of funding and to more funding sources.
- Access to the specialized expertise of a wide variety of transportation providers and human service agencies.
- Access to state and federal agency expertise and support.

- Stronger support and funding commitments from local elected officials and key leaders in the social service network.
- Broader community support for maintaining and expanding transportation services.

Another benefit is achieved through centralized tracking of trip information. This can serve to streamline the reimbursement billing process for Medicaid and other funding sources through the use of para-transit scheduling and tracking software, thus allowing providers to cost-effectively access funding critical to their missions. It can also allow providers to more easily demonstrate their agency's service impacts and effectiveness when they pursue additional funding.

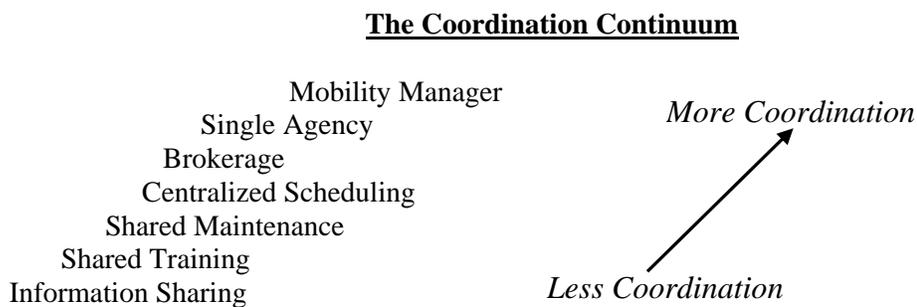
Costs of Coordination

On the other hand, coordination does come with costs. As described in the TRCP Report #101, a coordinated transportation system:

- May initially be more expensive, more difficult, and more time consuming to achieve than most stakeholders expect.
- May have high ongoing administrative costs especially for accounting and reporting required by funding agencies.
- May increase the overall cost-effectiveness or reduce per-trip costs, but may not necessarily make transportation dollars available for other activities.
- Depends upon ongoing and effective participation by stakeholders.
- Depends upon mutual trust, respect and goodwill among the parties involved.
- Must be periodically assessed for effectiveness, changes in client base, and in light of changes in funding mechanisms and state and federal transportation initiatives.

6.2 Models of Coordinated Services

The Community Transportation Association of America describes what it calls the "Coordination Continuum". Coordination can range from simple cooperation, in terms of sharing information, up to full centralization of all transportation services within a single agency or umbrella organization.



While there is a benefit to any level of coordination, the real benefit in terms of eliminating duplication of effort and reducing unit costs per ride is realized once major functions such as client eligibility processing, scheduling, dispatching, billing, and funding administration are centralized. Most coordinated systems use one of the three models at the top of the continuum - brokerage, single agency, or mobility manager. These three models, and a fourth that centralizes scheduling and dispatching are described below.

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

The three coordination measures at the bottom of the CTAA continuum diagram - shared information, shared training, and shared maintenance - are all considered elements of the more centralized service models. Shared information and training are essential for any centralized model in order to ensure consistent service. Sharing maintenance is not essential, but provides potential for cost savings and increased safety through consistent maintenance schedules and tracking.

1. Single Agency Control

Under the single agency control model one agency provides all transportation services in the region. Other agencies participating in the coordinated system contract with this lead agency to meet their clients' transportation needs. This approach is very efficient in terms of centralized management and operations. It is most effectively used where there is a strong existing regional transit agency that already provides much of the public transit service in a region.

2. Mobility Manager

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

3. Brokerage Model

The CTAA defines a transportation brokerage as a "method of providing transportation where riders are matched with appropriate transportation providers through a central trip-request and administrative facility. The transportation broker may centralize vehicle dispatch, record-keeping, vehicle maintenance and other functions under contractual agreements with agencies, municipalities and other organizations. Actual trips are provided by a number of different vendors." (Policy Resource Center, Winter 2004, Issue 4). According to the Transportation Research Board in its TCRP Report #105, "[t]he agencies that choose to participate in a brokerage determine the level and quality of service they need, and establish their own desired policies surrounding fares, allowable trip purposes, or degree of driver assistance."

Under a brokerage model, the overall management of the demand-response transportation system is consolidated, but vehicle fleets are not consolidated as with a single agency or mobility manager model. Key brokerage characteristics include:

- The broker serves as central point for client contact, intake/eligibility determination, scheduling, dispatching, and reporting/invoicing.
- The broker assigns rides to any of the participating provider agencies, typically on a least-cost basis.
- The broker may or may not provide service directly.

- The broker usually manages maintenance for all vehicles in the combined fleet, insurance, and staff training.

In one form or another, the brokerage concept is the most widely used coordination model across the country. It makes efficient use of staff time by centralizing intake, scheduling, and dispatching while maintaining the existence and autonomy of multiple providers. Funding and billing are typically run through the broker. Providers bill the broker for each ride they provide, while the broker bills funding agencies for reimbursement. The broker charges an administrative fee for each ride it schedules to cover the costs of running a call center and providing other services.

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

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

Summary of Broker Responsibilities

The following list outlines the typical responsibilities of a brokerage, as implemented elsewhere in the country:

- a) Client Intake:
 - Conduct client certification or eligibility determination, based on participating agencies' policies and procedures.
 - Develop a computerized client information database including address information, special needs, and funding eligibility.
- b) Reservations & Scheduling:
 - Provide call center services including computerized trip reservations, trip distribution, trip assignment, vehicle routing and scheduling, and manifest production/distribution.
- c) Reporting & Billing:
 - Establish a provider reimbursement methodology, fare structure, and agency invoicing procedures.
 - Select and develop contracts with service providers through competitive procurement or a negotiated process.
 - Negotiate reimbursement agreements with agencies whose clients use the system.
 - Accept completed manifests from service providers and update/reconcile the trip database accordingly by recording no-shows, cancellations, etc.
 - Generate all required reports, payable summaries, and invoices from the database.
 - Establish a record keeping system that ensures accountability and data integrity and allows for a well-defined audit trail.

- Monitor service provider compliance with contract requirements, and federal and state regulations.
- d) Training & Operations Standards:
- Provide all training of broker staff including program information, operation of office equipment and software, sensitivity, and telephone courtesy.
 - Coordinate training in safety and client assistance practices for drivers from all providers.
 - Establish service standards, policies and procedures, program parameters, and training and monitoring programs in conjunction with an oversight committee and funding agencies.
 - Monitor service performance including on-time performance, missed trips, no shows, driver courtesy, safety, passenger ride time, vehicle standards and wheelchair loading and tie down procedures.
 - Accept and respond to complaints and commendations in a timely manner, and develop complaint reports and monitor them for trends.
- d) Promotion & System Development:
- Develop and distribute program information, and promote and market the service.
 - Recruit new providers and agencies into the coordinated system.
 - Pursue additional funding from public and private sources to expand the system.
- e) General Oversight:
- Assist in establishing an advisory/oversight committee that includes representatives from participating agencies, riders, funding sources, and service providers.
- f) Vehicle Maintenance:
- Establish maintenance standards and schedules for all vehicles used in the coordinated system, and monitor compliance with those standards. In some cases the broker may directly provide vehicle maintenance if it has the necessary facilities and staff; or it may contract with a third party.

4. Centralized Scheduling - Simplified Call Center Model

This model would centralize the intake, reservations, scheduling, and dispatching functions of the coordinated system without centralizing funding and billing processes. As with the brokerage model, housing a call center with an agency that already has a structure in place for scheduling and dispatching rides would be more cost effective than creating the call center from scratch. A Scheduling Manager would serve multiple roles, overseeing the other staff and the program as a whole, while also working to promote and expand the system, and implementing coordinated training and service standards. While this approach does not capture the efficiency gains from centralized funding and billing, it could potentially be implemented without a restructuring of Medicaid and other funding processes at the state level.

6.3 Criteria for Selecting a Host Agency

As noted above, a brokerage or a call center could be housed with an existing agency that provides transportation services, or with another agency that does not provide transportation, but recognizes transportation as a key part of their mission. In theory, any of the providers currently involved in ACT could take on the coordination role. It is more likely though, that the role would most efficiently be filled by an agency that already has sufficient staff and infrastructure already in place to schedule and dispatch rides.

In general, the criteria for selecting a host agency include:

- Willingness and capacity of the host agency to take on a proactive role in developing the coordinated system by adding new providers and client agencies as time goes on.
- Ability of the agency to secure funding from a range of sources. A private non-profit or public agency is essential to securing foundation funding.
- Ability of the agency under its mission statement, to serve all parts of the transit-dependent population in the region - not just the elderly and disabled, but also low-income clients, youth, and others needing transportation services.
- Political acceptability of the host agency by other providers and client agencies participating in the coordinated system.

6.4 Findings

COAST is the largest local transportation provider, and thus has the most robust infrastructure. Its mission specifically includes working to coordinate transportation with other agencies. COAST is currently the organization in the best position to assume the broker's role. COAST already does, or is most likely to be able to, fulfill the criteria listed above.

ACT has already identified a goal of establishing a regional brokerage. After evaluation of multiple options, the brokerage model was found to be the most appropriate approach given: 1) the existing distribution of vehicles and resources among the many agencies in the region; and 2) concurrent planning efforts at the statewide level to develop a system of regional brokerages in restructuring its transportation programs described in Section 2.1

7.0 FUNDING SOURCES

7.1 Introduction

Identifying funding to implement a demand-response transit coordination program in the region is an essential step in the planning process. Coordination of services entails significant and continued financial and institutional commitment.

While the regulatory basis for this Coordinated Plan under SAFETEA-LU focuses on three specific federal funding programs, this section outlines funding from and applicability of a variety of sources, including the Federal Transit Administration (FTA), the Department of Transportation (DOT), the Department of Health and Human Services (DHHS), as well as local sources and private foundations.

Some of the funding programs listed below are more appropriate than others for the start-up phase of a coordination project, but most could eventually prove to be applicable to ongoing program funding. Depending on the type of service adopted and its stage of implementation, appropriate funding sources and amounts will change. For example, a broader range of funding sources is likely to be available for demand-response service than for regular fixed-route transit service, which is typically supported with FTA funds.

An important factor common to nearly all the funding programs listed below is that they require non-federal (local, state, or private) matching dollars. Securing adequate matching funds is a challenge for all transit systems in New Hampshire. With this in mind, potential sources of matching funds are discussed below. It should also be stressed that the successful implementation of a coordinated system will require ongoing funding commitments from local governments. In order for service to be sustainable into the future, it is likely that greater financial commitments will be required.

7.2 Department of Transportation Programs

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

In New Hampshire, Section 5307 funds are allocated to the state and distributed to transit systems based on a formula including population, population density, and route miles of transit service. Funds are distributed to transit systems designated as FTA recipients, by the local Metropolitan Planning Organization. Small Urbanized Areas (SUZAs) - areas 50,000 to 200,000 in population - can use funds for capital, maintenance, and operating expenses. In urbanized areas (UZAs) with populations greater than 200,000 these funds may be used only for eligible capital and preventative maintenance expenses. Apportionment of funding is based on a combination of population, population density, and route miles of service. In the seacoast region, COAST is a direct recipient of federal funding under Section 5307.

FTA Non-Urbanized Area Formula Program (Section 5311)

Section 5311 funds are allocated by FTA to states for public transportation projects in non-urbanized areas, by a formula based solely on the non-urbanized population in each state. Program funds require a 20% non-federal match and may be used for capital, operating and administrative assistance to state agencies, local public bodies, non-profit organizations, and operators of public transportation services. There is no limit on funds used for operating expenses. As many of the seacoast's outlying towns are considered rural, funding for enhanced services may be available for those communities.

FTA Capital Grants (Section 5309)

These funds for capital purchases offer long-term funding potential for vehicles and facilities. The process of seeking a capital earmark can be lengthy and requires the cooperation of the congressional delegation since earmarks are made by Congress. To the extent that such capital requests will be made by the state as part of the potential reauthorization of the Transportation Equity Act for the 21st Century (TEA21), or as an individual budget appropriation request, ACT should be sure to make its funding needs known to both the DOT and the state's congressional delegation.

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

This program provides formula funding to states for the purpose of assisting private non-profit groups and certain public bodies in meeting the transportation needs of elders and persons with disabilities. Funds may be used only for capital expenses or purchase-of-service agreements on an 80%/20% matching basis. The DOT prioritizes vehicle replacement over fleet expansion with this funding program, and SAFETEA-LU requires that applicants participate in regional coordination planning efforts.

NH DOT now requires recipients of 5310 funding to participate in regional coordination planning initiatives. Agencies that do not participate in implementation of regional coordination efforts are unlikely to be able to secure 5310 funding in the future. Current ACT members that are recipients of 5310 funding include Compass Care, Lamprey Health Care, Seacoast Mental Health Center, Portsmouth Senior Citizens Center, Great Bay Services, The Homemakers Health Services, Community Partners, and Strafford County Community Action. To the extent that these agencies participate in the implementation of the proposed ACT brokerage, they should continue to receive priority for replacement vehicles in the coming years.

FTA New Freedom Program (Section 5317)

The New Freedom formula grant program aims to provide additional services and facility improvements to address the transportation needs of individuals with disabilities, which go beyond those required by the Americans with Disabilities Act. Funding is provided for capital and operating costs associated with these services. Up to ten percent of funds may be used for planning, administration, and technical assistance. Funding is allocated through a formula based on the population of persons with disabilities and is subject to public participation and coordinated planning under SAFETEA-LU requirements.

FTA Job Access and Reverse Commute (JARC) Program (Section 5316)

The Job Access and Reverse Commute grant program is primarily intended to fund the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income individuals to and from jobs and activities related to their employment. The JARC program authorizes grants aimed at developing new transportation services for low-income workers (below 150 percent of the federal poverty level) and/or filling in gaps in existing services. Reverse Commute projects are intended to provide transportation to suburban jobs from urban, rural and other suburban locations - but not necessarily just for low-income people. Eligible JARC funded projects include late-night and weekend service, guaranteed ride home services, shuttle services, expanded fixed route transit, ride-sharing and carpooling, and car loan programs.

Capital funds require a 20% non-federal match and operating funds require a 20% non-federal match. Up to 10% of federal funds can be used for project administration. State Temporary Aid to Needy

Families (TANF) funds can be used as matching funds, and could be secured for funding in the seacoast region. The primary beneficiaries of this program are low-income families that otherwise would have a difficult time getting to jobs and related services, such as childcare and training opportunities. The seacoast area may be well suited for a JARC project since over 25% of TANF recipients in the region and many of the region's large employers are located outside of communities and/or routes currently served by COAST's fixed-route transit service. SAFETEA-LU requires that these projects be developed from a public, coordinated planning, and selection process.

JobLinks Employment Transportation Initiative

The JobLinks program was established by Congress in 1993 as a demonstration project to test alternate means of filling gaps between employment transportation needs and available services for individuals underserved by public transit. The program uses FTA and Department of Labor funding, and is administered by the Community Transportation Association of America (CTAA). Grants are available for pilot projects for a period of one year on a 50%/50% matching basis. Funds may be used for a range of projects to improve employment transportation, including coordination of demand-response service, and specific fixed-route services that target workers. Project allocations are typically in the range of \$100,000-\$150,000.

Rural Transit Assistance Program (RTAP) Section 5311(b)(2)

The FTA under the Section 5311 Rural Public Transportation Program, provides funding to states intended for education, staff development, and technical assistance for rural transit operators. In New Hampshire, these funds are used to support rural transit activities such as training, technical assistance, research, and support services. This program does not fund operational or capital expenditures. It does not require a local matching share. Even though much of the seacoast region is within an urbanized area, some of it is not, thus this assistance may be available for some projects.

Federal Highway Administration (FHWA) Surface Transportation Program (STP)

These funds are typically used for highway construction and are handled by the New Hampshire DOT. However, they may also be used for any capital project, including transit systems. Nationally, 4 to 5 percent of STP funds are used for transit projects such as bus procurement or transit facilities, with the vast majority paying for highway projects. States or MPOs may elect to transfer or "flex" a portion of STP funding for any projects eligible for funds under FTA programs except urbanized area formula operating assistance. The program requires a non-federal match of 20%. In FY2008, NH DOT took the major step of flexing \$800,000 in STP funding into the 5310 program to provide capital funding for the purchase of service contracts to purchase rides, to supplement the capacity of new regional brokerage entities such as ACT.

Congestion Mitigation and Air Quality (CMAQ) Program

These funds are available to states for programs that reduce traffic congestion and improve air quality. All states receive CMAQ funds. States without non-attainment areas (regions with excessive levels of air pollution) can transfer their CMAQ allocation to their Surface Transportation Program fund allotment. A non-federal match of 20% is required. CMAQ funding for transit is typically spent to purchase buses, vans or rail cars; for transit passenger facilities; or for operating support for transit service. Funding may be used for all projects eligible under FTA programs including operating assistance, for up to three years. There is a long turnover period in the application process, and CMAQ funding for demand-response service would be difficult to justify, as this type of service does not necessarily remove traffic from the roads, nor result in fewer total trips. Since the seacoast NH

region includes non-attainment areas, this funding has been available, and COAST currently receives CMAQ funding.

7.3 Department of Health and Human Services Programs

Many federal programs apart from traditional transit programs provide funds that can be used for transportation purposes. These funds are typically reserved for addressing the transportation needs of the specific population being served by the program, and often can only be used for transportation related to that program, not for more general transportation-related needs of the participants. In some cases, program funds can also be used for general access or to expand overall service in a coordinated system.

Medicaid

The Medicaid program accounts for the largest share of DHHS transportation expenditures. DHHS is making a concerted effort to better coordinate the transportation services offered by its various divisions both internally and in conjunction with the Department of Transportation, the results of which should be visible in a few years.

As discussed in Section 2.4, the New Hampshire DHHS, through its GraniteCare program development is reevaluating how it funds Medicaid transportation. DHHS is exploring various options including channeling funds through regional brokerages across the state. Any change in funding resulting from this evaluation is most likely to occur over the longer term. The likelihood of state funding in the short term is somewhat limited, so attention must be paid to securing private foundation support or other flexible funding, at least for the initial phases of implementation.

Temporary Assistance for Needy Families (TANF)

TANF is the current name for the federal welfare program, formerly called Aid to Families with Dependent Children. The DHHS Division of Family Assistance (DFA) administers TANF funds. 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, work, and marriage. TANF funds may be used for direct assistance and for other types of benefits. Assistance activities are defined in 45 CFR Part 260.31 and are subject to a variety of spending limitations and requirements including work activities, time limits, child support assignment, and data reporting. A state may also choose to fund activities that are not considered direct assistance. These latter activities do not have the same requirements and limitations.

Direct assistance includes benefits directed at basic needs (e.g. food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses) even when conditioned on participation in a work activity or other community service activity. In New Hampshire, all able-bodied TANF adults must participate in the NH Employment Program (NHEP). Appropriate NHEP activities include employment, job search, on-the job training, job readiness, alternative work experience, adult basic education, vocational skills training, post secondary education and barrier resolution. TANF provides many support services to facilitate participation in the above activities. Support services may include childcare, mileage reimbursement, bus passes, books, fees and supplies, tuition, and reimbursements for other services in order to remove barriers to participation in activities.

TANF funds may also be used for grants to develop or expand services that promote its major goals. TANF funds have been committed as matching funds for JARC applications elsewhere in the state, and may be a key component of ongoing funding for the region's coordinated transit program.

New Hampshire Employment Program

One of the ongoing expenses of a coordinated transportation system is funding for drivers. Through the state's Employment Program, this could be achieved at a low cost. The New Hampshire Employment Program on-the-job training program offers an incentive to employers to hire and train eligible applicants including potentially, transit drivers. This program reimburses the employer up to 50% of the employee's wages up to a maximum of \$3,500 for the duration of the contract; the training cannot exceed a 26-week period.

The Alternative Work Experience Program is a community service program designed to provide individuals in the Employment Program with work experience opportunities in public and not-for-profit agencies. Agencies are eligible if they provide NHEP participants with unpaid work activities that will help them to upgrade job skills, develop good working habits, establish a recent work history, and gain a better understanding of the employer/employee relationship. Employers participating in this program also serve to provide a vital community service by increasing job opportunities for these individuals.

Older Americans Act, Title III

Funding that emerges from this federal legislation supports the network of agencies and organizations needed to provide home and community based care for the elderly. It also leverages resources from other federal, state, and local entities. One of the permitted uses of the funds under Title III B - Supportive Services, is transportation for eligible citizens. To receive services, one must be 60 years of age or older. Preference is given to minorities and those with low-incomes. The DHHS Department of Elderly and Adult Services administers Title III-B funding in New Hampshire. Locally, Rockingham Nutrition, Meals on Wheels receives Title III-B funding.

Health Care Fund - Community Grant Program

The Community Grant Program supports local health care initiatives statewide by providing grant funding to local organizations through the Health Care Fund (formerly the Health Care Transition Fund). Recipients have used the grant funds for a variety of innovative projects to promote access to health care; improve its quality and cost-effectiveness; foster the integration of health and social supports in communities; and expand consumer involvement in health care. The Community Grant Program provides a mechanism to try out improvements in the health care system at the local level and then evaluate their potential broader application to changes in statewide systems.

Head Start

Head Start is a program of comprehensive services intended for economically disadvantaged children. Funds are given to local public and non-profit agencies for various development and education services, including supportive services like transportation. Possibilities for the seacoast region include local Head Start programs seeking funding for a vehicle that could also be used to serve other needs in the community. A local transportation provider could also be included in a local Head Start proposal as the transportation provider. Locally, Strafford County Community Action operates Head Start buses.

Ryan White CARE Act

This act provides funds to urban areas, states, and U.S. territories to establish a comprehensive community-based continuum of care including primary medical care and support services for people with HIV infection and AIDS. Title I of the Act provides grant funds to eligible metropolitan areas while Title II provides formula grant support to states and territories. Transit bodies can provide transit or para-transit service for their clients. For those not eligible for Medicaid, Ryan White funds can be used to pay for medical transportation and for transportation to other necessary services such as food shopping, support groups or legal assistance. For patients who are Medicaid recipients, Medicaid transportation can pay for medical appointments and Ryan White funding can pay for transportation for necessary non-medical trips.

The rate of HIV and AIDS infection is quite low in New Hampshire, so it is likely that funds would have only limited applicability in the seacoast region. It should be noted though, that Aids Response Seacoast, a Portsmouth based non-profit HIV/AIDS service organization was represented at the March 2007 Transportation Summit, and may be interested in partnering with ACT in accordance with its mission, funding sources and client transportation needs.

Community Transportation Assistance Project (CTAP)

Sponsored by the U.S. Department of Health and Human Services and administered by the Community Transportation Association of America, this project is intended to help improve coordination of human services transportation and public transit resources. It strives to help human service transit providers meet their obligations under the Americans with Disabilities Act, and to encourage coordination between DHHS-funded transportation and other community public transit services. This program offers technical information and assistance to human service transportation providers to ensure safe, successful, and cost efficient transportation. ACT may benefit from utilizing these services as the coordinated system develops over time.

7.4 Other Sources of Funding

Community Service Block Grants (CSBG)

These grants are designed to provide a range of services and activities that have measurable and major impacts on the causes of poverty in New Hampshire communities, or in those parts of the community where poverty is a particularly acute problem. The Governor's Office of Energy and Planning provides funds for these block grants. Grants are given to the six NH Community Action Agencies to carry out the goals of the CSBG Act. Five percent of the funds may be reserved for special community service projects that are innovative and can demonstrate a measurable impact on the causes of poverty in New Hampshire. Locally, Strafford County Community Action receives CSBG funding.

Corporation for National Service - AmeriCorps and VISTA Programs

For over 35 years, AmeriCorps VISTA has been working to bring communities and individuals out of poverty. Today, nearly 6,000 AmeriCorps VISTA volunteers serve in hundreds of non-profit organizations and public agencies throughout the country, working to fight illiteracy, improve health services, create businesses, increase housing opportunities, and bridge the digital divide. The possibility of including a VISTA volunteer in the planning or operations side of the coordinated system could be a useful and cost-effective approach, especially during the start-up phase.

Local Sources of Funding

The long-term success of coordinated transportation in the region will depend largely on securing ongoing local funding to match FTA dollars. Some potential sources of matching funds are described below.

Local General Fund Appropriations

Securing additional municipal-level funding must be a continued focus of coordinated efforts in the coming years, and will involve presenting the coordinated transportation plan and proposed service improvements to Boards of Selectmen, welfare officers, housing authorities, and other municipal officials. Local budgets are perennially tight, and expected budget cuts at the state level are likely to make them tighter. However, municipalities are the main source of matching funds for most transit systems in the state, and a higher commitment will be necessary from each community. Some municipalities in the region are members of COAST and together, contribute over \$642,000 annually to support local fixed-route transit services in their communities and/or to serve specific routes. In addition, many local governments provide small grants or donations to support local health and human services agencies, some of which could possibly be directed toward transportation.

Local Option Fee for Transportation Funding

One means of generating local funding would be through local vehicle registration fees. A New Hampshire law passed in 1997 (RSA 261.153, as amended) permits municipalities to collect additional motor vehicle registration fees of up to \$5.00 per vehicle to support a municipal transportation improvement fund. Municipalities can establish the required fee based on anticipated funding needs for transportation improvements. The additional fee would be collected from all vehicles, both passenger and commercial, with the exception of all terrain vehicles. Of the amount collected, up to 10 percent, but not more than \$0.50 of each fee paid, may be retained for administrative costs. The remaining amount would be deposited into a municipal transportation improvement fund to help pay for improvements to local or regional transportation system including roads, bridges, bicycle and pedestrian facilities, parking and inter-modal facilities and public transportation. Voters must approve institution of the fee via a town warrant article or city ballot measure. Given an estimated 200,000 passenger car registrations in the region based on 2004 NH Department of Safety data, this funding mechanism could theoretically yield \$900,000 to \$1,000,000 annually if approved in all thirty-eight communities in the MPO region.

Use of the local option fee has several advantages as a local funding source for public transportation. First, it is established as a dedicated source of funds for local transportation. Second, it is stable from year to year and not subject to an annual appropriations process. Third, it has the capacity to raise significant money to fund local matching obligations of both a coordinated demand-response system and potential expansion of fixed-route service in the region. ACT and the MPO would need to lobby hard in all communities in order to gain access to this funding mechanism, and in a practical sense, the likelihood of obtaining funding through this avenue seems rather low.

Private Sources of Funding

Business Support

Several area Chambers of Commerce are members of COAST. Chambers of Commerce may be able to play a key role in approaching large employers, such as hospitals, supermarkets, higher education institutions and retailers who want the business of transit riders and need transportation for their workers. Businesses may be willing to pay for part of the cost of delivering those riders to their doors. Many local businesses also support the United Way of the Greater Seacoast through corporate giving, employee volunteerism, and in-kind donations. Some of these contributions generate funds that the United Way can turn into grants to support coordinated transportation programs, as is the case with ACT's recent combined transportation implementation grant from the United Way and the Endowment for Health.

Sales of Services and Products

Transit systems often bring in additional dollars through the sale of products and services. One of the most common sources of such income is the sale of advertising space inside or outside the vehicles. Locally, COAST already realizes some revenues from transit advertising. COAST and several of the local providers also charge fares or fees for transportation services. As a rule, these fees do not generate much revenue for the agencies.

Private Charitable Foundations

Foundation support has been and will continue to be vital to the success of coordinated transportation service in the region. Foundation funding particularly from the Endowment for Health (EFH), has already supported significant progress in the region's transportation planning process as described in Section 3.2. Most recently, the combined \$160,000 grant from the Endowment for Health and United Way to ACT will be used to initiate the demand-response transportation brokerage project in the seacoast region.

Key to securing further foundation funding will be ACT's ability to place funding requests within the broader context of regional planning efforts; and to gain the support of the stakeholders who have been involved in its development. Similarly important will be identifying other sources of local funding to match foundation commitments. Finally, ACT will need to demonstrate that following an initial period of foundation support, the transportation brokerage can be sustained through other funding sources.

8.0 FINDINGS AND RECOMMENDATIONS

8.1 Stakeholder Perspectives on Coordination

Results from provider surveys and interviews, feedback received at the Transportation Summit, and discussions at ACT meetings indicate that interested parties agree on moving forward to begin implementing a brokerage type system for demand-response transportation services in the seacoast region. Participants have expressed their willingness to make the commitment to such a system according to their individual capacities, missions, and needs.

Findings from stakeholder input are summarized below. These findings should be considered preliminary in nature, as the Transit Resource Center's work in analyzing results from the recent one-on-one interviews is not yet complete. However, the major themes and perspectives that have come out of the various provider surveys, interviews, forums and discussions seems to be consistent among respondents over time.

Providers cited a wide range of advantages and opportunities that could be gained from coordination of demand-response services, including many described by the Transportation Research Board in Section 6.1, including:

- Provide more services to growing population, especially the elderly.
- Non-transportation providers could stay more focused on their missions.
- Participation could be gained from more agencies, area employers, hospitals, and clinics.
- Expanded service territories and service options could be developed.
- Additional funding sources and amounts could be accessed.
- Improved efficiencies in service delivery could be achieved.
- Opportunities would be available for networking and sharing of resources, ideas, and information among providers.
- Cost savings are possible through reduced insurance costs and staff devoted to transportation.
- Clients could benefit through one-stop shopping via centralized dispatch.
- Enhanced services, including evening and weekend transportation could be provided.

At the same time, providers identified numerous potential concerns with a coordinated system. Stakeholder concerns and issues that will need to be addressed as the system is designed and implemented, fall into six general categories covering different facets of a coordinated effort. These areas and concerns are summarized below. As ACT continues to move toward the implementation phase, it will be extremely important to reach consensus as a group on these issues, at each decision step along the way.

Agency Capacity

Providers expressed concerns about increased levels of staff time, expense, and other resources that may be needed from them in a larger coordinated system. Many agencies are already stretched thin for resources. Some agencies questioned whether their policy makers and boards would ultimately agree to such an approach, even if staff feels that coordination is a viable option.

Funding and Sustainability

Concerns were also raised over whether individual agencies might “gain or lose” with regard to continued access to funding. It was generally agreed that existing funding streams for agency services should be maintained. It is also clear that additional sources of funding will be needed in the future and that the coordination effort must show successful improvements in service in order to continue to be funded.

Service Quality

While providers recognize the need for expanded transit service in the region, some are also hesitant about their agency’s involvement in a coordinated system out of concern that they could lose control of how their clients are served and prioritized. Several providers also expressed concern about the level of service that their current clients would receive under a coordinated system. These providers believe that it will be difficult for a brokered system to offer the same sort of personalized service vital to their clients.

By way of example, it is true that a new reservations agent at a brokerage would not have the same initial rapport with an elderly client, as does a program administrator at a small provider agency. However, that rapport can be built and operating standards instituted, to ensure that all clients are treated courteously and appropriate efforts are made to meet their needs.

Equally important to remember is that the current level of demand-response service is not fully meeting the needs of the region’s transit-dependent populations, and that expanding to meet those needs will require some institutional change. Coordination will allow expansion of the number of people served in the community, and an increase in the level of service for existing clients.

Some providers are concerned that they be able to continue giving priority to their existing clients with their existing vehicles. Additional clients could be added to existing runs so long as current clients are not refused service or made to wait an inordinately long time. Additional service efficiency could also be gained by serving new clients at times when vehicles would otherwise be idle. Agencies with concerns about adding any new riders to their existing runs could participate by simply allowing the coordinated system to use their vehicles during periods when they would otherwise sit idle.

Logistics

Many providers have raised specific concerns over logistics. Processes must be put in place to manage key operational elements such as billing, client eligibility, record keeping, vehicle maintenance, geographic restrictions of some human service programs, and requests for same-day or emergency services. Well-crafted Memorandums of Understanding (MOU’s) can spell out performance standards, and serve to keep all parties “on the same page” with regard to the program and to participants’ expectations.

Liability coverage is an area of particular concern and uncertainty for most providers. Agencies often have coverage through insurance carriers that specialize in specific client populations (i.e. elderly or disabled individuals), and expanding coverage to carry other populations may require insurance policy changes. The most cost effective approach to liability coverage for a coordinated system may be in having each provider maintain its current insurance carrier, while adding the system broker as an additionally insured. The addition of another insured party on an existing policy is not typically expensive. The broker and providers would need to develop agreements specifying the circumstances

under which each party will be responsible when vehicles are being shared. Providers have shared some information on current insurance coverage levels however, some are not aware of their insurance costs as these costs are sometimes rolled into broader umbrella-type plans. Pinpointing these costs and comparing them against costs for a joint purchase of insurance will be a key implementation task.

Stakeholder Involvement

Some providers expressed concerns over what they see as potential conflicts in areas such as differing agency priorities, maintenance of their internal controls, loss of flexibility, turf issues, and perhaps even hidden agendas. There may also be a certain level of distrust in a single agency having control over the service operation. Clearly, a key element in the continued effort to implement a coordinated system is in building trust, openness, mutual respect, shared goals, and collaborative thinking among all participating stakeholders.

It was also pointed out that additional involvement will be needed from various other constituencies such as the business community in order to meet the transit needs of employees; and from municipalities, especially the smaller towns, so that costs are not disproportionately borne by the larger cities in the region. Lastly, support from state agencies and congressional offices may be needed to address barriers that exist as a function of limitations or constraints in human services programs and funding mechanisms.

Project Goals/Management

Providers expressed a range of concerns about the overall scope, direction, and viability of a regional transportation coordination effort. This type of effort has been proposed and discussed several times in the past, yet the idea has never progressed into substantive action. Providers are somewhat skeptical that this new effort will be any more successful than attempts in the past have been. There is also concern about the current lack of a clear vision and/or potentially competing visions of how a coordinated system would be designed and implemented. Questions were also raised over whether program expectations and goals are realistic and how a successful effort would even be defined. Finally, there was concern expressed over what organization would have authority for system management including oversight, dispute resolution, future expansion, and the like.

8.2 Recommendations

The Alliance for Community Transportation, in collaboration with the Seacoast MPO, COAST, regional planning commissions, area stakeholders, the CTAA, and local, state, and federal agencies has made great strides over the last several years in defining a path toward its goals and objectives for a coordinated human services transportation system in the seacoast New Hampshire region.

- ACT has successfully pursued a comprehensive planning process; repeatedly brought key stakeholders to the table; and garnered substantial interest and commitment from a broad range of interested parties and the public.
- ACT has collected and evaluated a wide array of data and information on regional demographics, available services and gaps in existing services, agency capacities, and potential funding sources.
- ACT has evaluated a variety of options for service coordination suitable for the region, and has selected its preferred direction forward.

- Finally, ACT has obtained a significant three-year implementation grant from the Endowment for Health (EFH) and the United Way. Along with COAST’s anticipated \$400,000 pass-through of FTA 5307 funds and in-kind support, the group can now begin to implement a regional brokerage system.

These significant achievements now put ACT in a good position to move from the planning phase to the implementation phase of the program. Several specific recommendations and action steps are provided below to assist ACT in its early implementation phase.

Short-Term Recommendations and Action Plan

The Transit Resource Center recently presented to ACT, a list of prioritized short-term actions to take toward implementation of a demand-response transportation brokerage system. Similar input was received from participants at the Transportation Summit. The tasks listed are based upon a set of basic assumptions relevant at this time:

- That ACT has the desire and authority to serve as the system’s advisory committee going forward;
- That COAST is in the best position to assume the broker’s role and that the COAST Board of Directors will approve this approach;
- That some agencies and providers are willing and ready now to enter into a brokerage agreement and assume roles as “designated providers”, and that their Boards of Directors will approve this approach; and
- That the draft Memorandum of Understanding (MOU) circulated to ACT members (attached in Appendix C) is a viable starting point for cementing commitments and relationships, and that it can and should be revised as negotiations continue among the interested parties.

The following steps constitute necessary tasks that should be undertaken over the short term, perhaps within the next three to six months, to ensure that system development proceeds smoothly.

1. Establish the oversight/advisory committee

The role of this committee is to monitor the performance of the broker and provider agencies, and together with the broker to guide the development of the coordinated system. The specific duties and composition of the committee need to be more fully defined, and members recruited and trained. It is recommended that the ACT Executive Committee form the initial committee and add members as warranted along the way. Representatives from municipalities, the local business community, NH DOT, NH DHHS and other funding agencies may be appropriate future members.

2. Establish COAST in the Broker role

The agency best prepared to take on the broker role appears to be COAST. There was agreement among providers that housing a brokerage with an agency having a structure already in place for scheduling and dispatching was preferable to creating and staffing an

entirely new organization. COAST has an existing mandate to work with providers on coordinated efforts. It also has an extensive presence in the region; direct avenues of federal funding; existing contractual relationships with some providers; and in-house maintenance capability which can potentially be used to coordinate maintenance service for all vehicles in a combined system.

3. *Finalize agreements with interested providers*

The draft MOU can be used as a template for reaching agreement on the details of each agency's participation. Finalizing language will require additional input from decision makers at each participating provider agency and must specifically address operating standards, insurance coverage standards, and funding mechanisms.

4. *Meet with boards of directors of interested providers to present MOU and secure commitments*

Once an agreement has been reached among the Advisory Committee members on blanket MOU provisions, the MOU will need to be presented to the boards of directors of each provider for approval. This will also serve as an opportunity to negotiate specifics of vehicle availability, scheduling procedures, and reimbursement rates.

5. *Implement scheduling software*

Scheduling software will need to be purchased and implemented in order to initiate the brokerage system. Selection of the software needs to be made quickly and should be subject to approval by the broker (presumably COAST) who will need to use it. The initial software purchase can be funded under the Endowment for Health (EFH) grant, however over the longer term, software upgrades, new technologies and the like should be built into annual system administrative budgets.

6. *Initiate shared driver training*

Training of all drivers to meet the standards agreed upon in the draft Memorandum of Understanding can and should be initiated immediately. This is a rather simple initial step toward implementation.

7. *Establish the call center at COAST*

Establishing a call center will entail some restructuring or realignment of COAST's scheduling and dispatch procedures, hiring call center staff, purchasing computers, and equipping shared vans with appropriate communications equipment. Initially the EFH grant can cover some or all of these costs but over the longer term, these operating and capital costs will need to be funded from other sources.

8. *Begin shared ride scheduling*

Participating providers and COAST can begin immediately to share ride schedules, client lists, and vehicles once the MOU's are executed.

9. *Establish a marketing campaign to raise awareness of expanded demand-response service*

Raising awareness of new or expanded services under the coordinated system will be a key task for the broker and the oversight committee especially over the short term. Funding for outreach will need to be built into all program funding requests as time goes on. During the start-up phase funds can come from the EFH grant, but should eventually be built into annual administrative budgets.

Long-Term Recommendations and Action Plan

Recognizing that the scope of services provided by the coordinated brokerage will be rather limited initially, and that the EFH grant will expire in three years, the following recommendations are provided as general suggestions to help ACT in its planning efforts to ensure that the brokerage system can be sustained and perhaps even expanded over time.

1. *Ensure FTA 5310 Funding*

Ensure the continued availability of FTA Section 5310 funding for vehicle replacement for provider agencies. This funding should be prioritized for agencies that have signed on to participate in the regional brokerage initiative.

2. *Seek local funding sources*

Securing additional funding from a variety of local sources including municipalities, counties and the business community will be critical to the sustainability of transit programs in the region. This will be the case especially in matching FTA funds to expand fixed-route transit service in the region, but also to the development of a coordinated and expanded demand-response system. Local matching funding will be necessary for JARC funding, as well as most foundation support. The broker and the advisory committee will need to work with Regional Planning Commissions, municipal and county governments, and local business organizations to educate them on the coordinated system model, including budget needs and ridership estimates as compared to current funding and rides provided, as well as typical funding and service levels for other communities around the state.

3. *Advocate for dedicated state transit funding*

A core problem for transit systems throughout the state is the lack of dedicated state funding available to match federal transit dollars. While better coordination between NH DOT and NH DHHS will improve overall access to human service funding for coordinated systems, ultimately there is an ongoing need for more state funding for transit service available to all groups in the region. The broker and participating providers should work with the New Hampshire Transit Association to advocate for a dedicated, ongoing source of state funding for transit services.

4. *Secure resources to fund brokerage operations*

In a traditional brokerage system, the cost of maintaining the brokerage office is covered through administrative fees allowable under Medicaid and other transportation funding programs. In the long-term, a shift by NH DHHS to channel Medicaid transportation funding through regional brokerages should allow more stable funding for users to purchase rides and for the brokerage to staff and maintain a brokerage office.

5. *Expand transit access to low-income residents*

The current public transit system currently offers extensive access to a majority of the region's low-income population. However, to better address the needs of those in the smaller outlying towns, the coordinated system could pursue federal Job Access Reverse Commute (JARC) and JobLinks funding described in Section 7.2. JARC funding has been awarded in other regions to establish brokerage systems to provide rides to work for TANF clients, as well as providing employment to TANF clients in transportation system operations. JARC funding could also be used to support commute hour fixed-route service between the larger communities and outlying employment centers in the region. JARC funding requires a 50% non-federal match, which can be provided by TANF funds either directly from the state or through a regional Community Action Program.

6. *Expand fixed-route transit service in the region*

If funding opportunities become available, expansion of fixed-route service may provide significant opportunities for under-served populations. Extensive fixed-route service is usually not practical in an area with low population densities and dispersed development as is the case in many seacoast communities. However, this type of service may well become more viable as the region's population increases. Fixed-route service expansions would be an important component of expanded transit access for larger numbers of transit-dependent populations that are able to use public transit but are not eligible for funding programs such as Medicaid.

8.3 Conclusion

It will be crucial to the long-term success of the program to periodically evaluate the system's effectiveness, assess its strengths and weaknesses, and to be willing to make changes as needed. ACT may wish to avail itself of the many guidance documents from CTAA, FTA and other MPOs. There are likely to be valuable insights to be gained from the lessons learned in prior efforts implemented across the state and in other parts of the country.

Updated data on the region's transit-dependent populations and needs, system capacity, funding levels and sources, and levels of consumer and stakeholder satisfaction will need to be collected and assessed in relation to service levels and focus at regular intervals over the operation of the program.

Lastly, as statewide initiatives develop over time, ACT may need to align and/or coordinate more directly with statewide programs. All of these aspects of operating and maintaining a regional brokerage will require the ongoing commitment, support and flexibility of ACT members, consumers, stakeholders, COAST, funding sources, and governmental agencies at all levels.

APPENDIX A
Provider Survey Instruments



Alliance for Community Transportation - Strafford and Eastern Rockingham Counties and Kittery/Eliot Maine

powered by United eWay

The Alliance for Community Transportation (ACT) is a group of health and human service agencies and municipalities in Strafford and Eastern Rockingham Counties (NH) and Kittery/Eliot (ME) working to expand access to transportation by coordinating resources. In the coming years coordination is likely to be a requirement for most federal funding that supports transportation. A critical first step in assessing opportunities for coordination is getting a detailed picture of transportation services currently available in the Greater Seacoast.

Please take a few minutes to fill out this important on-line survey. It should take no more than 15 minutes to complete.

If desired, you may print a hard copy of the survey to review the questions prior to filling in your responses. Entering responses into this on-line survey must be completed and submitted in one session (it is not possible to save your work).

Please respond by March 16.

Thank you!

1. * Your first name

2. * Your last name

3. * Your email address

4. Your local phone number (with area code)

5. Does your agency provide or purchase client transportation (please check all that apply) ?

- with your own vehicles
- with volunteer drivers
- through a contract with another agency
- on an as-needed basis with taxi/lift-equipped vehicle companies
- we do not provide or purchase transportation
- other

6. If you responded "other" or checked multiple boxes on question 3 above, please explain:

7. Please review the list of vehicle types. If your agency owns and operates vehicles to transport clients, please click all vehicle types that apply (owned and operated by your agency).

- vans
- lift-equipped vans
- buses
- lift-equipped buses
- sedans
- other

8. If you checked "other" above, please list here and describe.

9. Please provide more details about your agency-owned vehicles including type, year, seating capacity and odometer reading (example: "van, 1994, seats 8, 198000 miles"). If your agency owns more than 10 vehicles, please email your list to bsilvia@straffordnetwork.com for convenience.

10. If your agency contracts for service, or pays for rides on an as-needed basis with taxi or lift-equipped van companies, please provide information about the contractor/vendor (name and address).



11. Does your agency provide transportation services to your clients year round?

- Yes
- No

12. If your agency does not provide transportation service to your clients year-round, please identify the months during which service is provided.



On average, how many *one-way passenger trips* do you provide on each of the following days? (A one-way passenger trip is one passenger going only in one direction. A return trip by the same passenger.) Please enter the number per day in the questions to follow.

13. Average # of trips on weekdays?



14. Average # of trips on Saturdays?



15. Average # of trips on Sundays?



16. On average, how many client riders per week require Personal Care Attendants (PCAs)?

17. On average, how many total one-way passenger trips does your agency provide per MONTH (please include PCAs in your total)?

18. On average, how many one-way passenger trips does your agency provide per YEAR (please include PCAs in your total) ?

19. On average, how many one-way passenger trips per week are provided for individuals requiring lift-equipped vehicles (please include PCAs in your total) ?

20. Are there predictable blocks of time during which one or more of your vehicles are not in use? If yes, please describe the days of the week and the times of the day (typically).

21. Of the clients you serve, please indicate approximately what percentage are ELDERLY ?

22. Of the clients you serve, please indicate approximately what percentage are PERSONS with DISABILITIES?

23. Of the clients you serve, please indicate approximately what percentage are PRESCHOOL AGE (Headstart, daycare, etc) ?

24. Of the clients you serve, approximately what percentage are K-12 SCHOOL AGED CHILDREN ?

25. Of the clients you serve, approximately what percentage are LOW INCOME ?

26. Of the clients you serve, approximately what percentage are GENERAL PUBLIC ?

27. What geographic area does your agency serve? Please list the county OR the towns below:

28. If particular geographic areas are served on specific days of the week, please specify (example: "Newfields & Stratham on Weds; Lee & Durham on Thurs");

29. Please indicate the approximate total # of miles your agency drives providing client transportation annually. If you track revenue miles (when the vehicle is carrying passengers) separately from total mileage, please provide both figures.

30. If your agency must refuse a client ride request, please review the list of possible reasons and check all that apply:

- request for geographic destinations we don't serve
- request for a time we don't operate (i.e. weekends)
- rider did not meet client eligibility (i.e. non-elderly)
- request was made with inadequate notice (i.e. less than 24 hours)
- other

31. If you clicked "other" above, please describe.

32. Please indicate which of the reasons identified above (for refusing client requests for transportation) are MOST common for your agency?

33. On average, how many client rides are refused per WEEK?

34. Which of the following types of service does your agency provide (please click all that apply)?

- curb-to-curb (rider is responsible to get from building to vehicle without driver assistance)
- door-to-door (driver may assist rider in getting from building to vehicle)
- door-through-door (driver may enter residence to assist client)
- fixed route bus service
- other

35. If you clicked "other" or checked more than one box, please describe:

36. What is the earliest morning pick-up time you provide for clients (please enter the number only-do not include "AM")?

37. What time in the afternoon have you completed all returns of passengers to their residences (please enter the number only-do not include "PM") ?

38. If your hours of operation vary according to the day of the week, please describe:

39. What fares, if any, does your agency charge clients for transportation? Please list and describe.

40. What is your agency's total annual amount for direct services and administrative costs for your transportation program?

41. Over the past 5 years, what were your AGENCY's annual capital costs for the purchase of buses or other transportation-related equipment?

42. Please note the number of PAID STAFF POSITIONS whose sole job is driving clients.

43. Please note the number of PAID STAFF POSITIONS whose sole job is ride dispatching/scheduling.

44. Please note the number of PAID STAFF POSITIONS who both drive and serve other roles at your agency.

45. Please note the number of VOLUNTEERS in your agency with time dedicated to providing transportation services.

46. Please list all sources and amounts of funding used to support your agency's transportation program (show amounts for the past 3 years).

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

48. Is your agency interested in coordinating transportation services with other agencies?

Yes No

49. If no, please describe the barriers and/or concerns relative to participation in a coordinated transportation system with other agencies.

50. If yes, please identify which of the following activities your agency would be interested in coordinating with other agencies (please click all that apply):

- coordinating client visits
- coordinating vehicle schedules
- joint purchasing (insurance, gas, maintenance, etc)
- centralized dispatching
- joint use of office space or garage
- cooperative planning
- making vehicles/drivers available for emergencies

other

51. If you clicked "other" above, please describe:

Thank you for completing this survey! Your input will be extremely valuable to ACT's ability to meet your agency and client's needs relative to transportation. We appreciate your willingness to provide this important data!

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Alliance for Community Transportation Provider Interview Questionnaire

A: Introductions

Agency Name:

Contact Person(s):

Address:

Phone:

Fax:

E-Mail:

Website:

Area Served:

Services Provided:

Clientele:

Mission:

Corporate Structure:

B: Background

Brief review of the purpose of the meeting, purpose of the project and some background regarding federal and state emphasis on transportation coordination.

C: Agency Resources

a. Review inventory reported in previous surveys:

b. Specific Resources available:

Equipment:

Personnel:

Dispatch:

Office space:

Administration related to transportation:

Financial and Funding Sources:

Technology Used:

Insurance:

Maintenance:

Alliance for Community Transportation Provider Interview Questionnaire

D: Opportunities and Obstacles for coordination of transportation services

Advantages:

Limitations:

Obstacles:

Willingness—what the agency can share or relinquish:

Agency's experiences with coordinating transportation or other services:

E: Paradigm shift

Can you think of how your agency could focus even more on its core mission if all of the direct and indirect costs and the responsibilities for transportation of your clients could be administered in another way?

F: Other Comments, Concerns, Thoughts:

Transportation Summit

“What is your **Vision** for community transportation by the Year 2010?”

Coordination (Efficiencies and Cost Savings)
Improved Services (Quality and Expansion)
Funding and Sustainability
Education and Awareness
Energy and the Environment

“What **Opportunities** have you heard during today’s presentations?”

Coordination (Efficiencies and Cost Savings)
Improved Services (Quality and Expansion)
Funding and Sustainability
Education and Awareness
Policy

“What **Concerns** do you have about coordination and your organization’s ability to participate in a Regional Coordinated System?”

Agency Capacity
Funding and Sustainability
Logistics
Services (quality, gains/losses, efficiencies)
Stakeholders
Realistic Project Goals / Management?

“What **Tools** do you need to communicate to your staff, board, volunteers, stakeholders, and clients about ACT and the Coordinated Transportation System Project? How can ACT help you to feel fully informed to talk about Transportation Coordination with members of your organization?”

Content
Format

Transportation Summit

Panel Discussion

Following the breakout sessions to respond to the questions above, a panel comprised of Jo Ann Hutchinson from CTAA, Noah Berger from FTA Region I, Patrick Herlihy from Department of Health and Human Services and Kit Morgan with the NH Department of Transportation, responded to the following participant questions:

Q: Based on what you have heard today, what do you see as next steps?

ACT has the right ideas...
Don't get stuck—move to Legislature and Governor and implement
Prioritize and refine as you go
Task Force and DHHS keep on front burner; political issues will continue
Will be ongoing; needs to be sustained long-term

Q: How do we bring “education” and “business to the table”?

Add representatives to planning group
Agency Board has great representatives
We need ways/tools to bring them
Develop information/tools/one pager first because they might assume it's an “ask” for \$ but it goes beyond that
Define – what are we talking about achieving and for whom? And business needs to understand
Be aware of their agendas too when asking for their involvement

Q: At what point do we expand the discussion to include issues like nutrition (that will reduce the need for medical services in the future)? How do we move to preventive issues?

Medicaid...prevention focused. Physicians complain of no-shows...sometimes transportation related. Hope to save \$ in long run (quantify benefits to community...long-term disease, etc.)
Medical costs of health conditions not being maintained but should be
TCRP report...data exists on costs for not providing transportation (can be obtained at www.ctaa.org)

Q: What are major “pitfalls”/obstacles we need to avoid?

None! Communicate!

Q: What might be implications of numbers from 2010 if we become part of Boston SMA?

No operating \$ to large urbanized areas. Formula devised locally.

Q: Need for diversified funding?

CTAA is continuing to review. Suggested they go to their State Delegate

Transportation Summit

Q: Does CTAA have any primer on generating business community participation? Under what circumstances does this tend to happen? Parking shortages? Bad congestion? State mandates? Incentives?

Look at the employment toolkits, magazine articles and ask for technical assistance in this area.
Ask CTAA if there are specific tools readily available.

Q: Can New Hampshire DOT fund a study...to generate more participation by business?

Yes, planning grants are possible at 80/20
Yes, Planning for Coordination can also help

Q: Has DHHS analyzed locations of Medicaid clients relative to towns (and ideally transit routes) to get a sense for potential for bus pass program? If not, will you please do so recognizing that the eligible pool changes, but just a snapshot in time.

No data. Bus pass project is underway

Q: Will adding legislation for SCC/RCC/RTC structure include pilot funding (The \$100k/region in the plan). Alternatively, can this come from TANF restructuring funds or other DHHS sources?

(no response captured)

Q: Is technical assistance available to encourage/develop an in>state response to the Medicaid RFP?

Tell them expectations, how to integrate, how to accomplish

Q: Could a regional broker that was up and running respond to the RFP for their region only?

No, must be statewide

Q: What leadership qualities are going to be needed?

Trust among regional planning groups
Champion or “spark plug” to drive with energy and enthusiasm
Someone with decision making authority at the table

Q: How to involve decision makers? What next steps can we articulate to our Boards, etc?

One pager...as noted
Formal agreement about who is broker
Memorandums of Understanding (MOU's) worked out and signed)

Q: How to do we communicate effectively and regularly? (internal and external)

Websites, etc. United We Ride has information to follow on this and there is a new toolkit (One Call, One Vision that should be reviewed)

Transportation Summit

Q: Partnership Building Strategies?

Today's meeting a good example that is underway.

Q: Which programs nationwide are the most successful and how do we tap into them here in the Seacoast? Best practices/scale

There are many. Go to www.unitedweride.gov and review programs such as those in Washington State, Iowa, North Carolina, and Oregon. Leadership awards have been given to these and others at State and community level. Documentation encouraged from beginning of coordination. Often, due to lack of data before coordination it is difficult to measure successes. Often cost savings more obvious in urban areas than rural areas.

Q: What to do to help with congestion? Mediate across State?

Seacoast commuter options

Improving transit projects in region – Coast; new park and ride in Dover

Q: How does Medicaid reimbursement for transport work?

Now – each provider is enrolled with rates by type of provider. Medicaid client services get bill
Future – broker enrolled; will negotiate contract with providers at rate appropriate. Broker—
reimbursement from State to broker then broker pays provider; seeking different ways to do this
(i.e. administration fee to broker plus costs of ride; moving to capitated rate in future)

Q: Is there scheduling software for demand response that could/would be shared? Is it currently in use?

Yes, many models are available. Go to www.unitedweride.gov for more information on technology. Attend annual EXPO in Reno, NV in May to see first hand demonstrations of available software programs.

Q: What is the actual next step that we can articulate to our boards and members to educate and inform about ACT and how are we going to get there?

One pager, as noted. Formal agreement about who as broker
MOUs worked out and signed

Q: How much does a broker system really costs – coordinator, insurance, marketing, maintenance, capital costs (GPS, IT, cell), legal, financial, etc. do not say depends, give me real cost.

Depends! Massachusetts possibly a model

Eye opener! Cut services or charge more?

Concord...model working

TCRP has data on costs

Vermont has a statewide coordinated system and lots of information

Transportation Summit

Q: How to break insurance barriers? Have any in-roads been made with insurance companies and Insurance Commission?

CTAA will soon be offering insurance pool to assist its members. Additionally, CTAA has a reduced fuel program (go to www.ctaa.org for details)
Educate insurance companies and commissions; include/invite them to meetings (UWGS and Access to healthcare group has insurance reps @ table)

Q: Cross state boundaries

Networking with parties involved for solutions
Physician appointments needed are accommodated
We cross now; obstacle is funding-related
Political issue at local level

Q: Can State be the purchaser of vehicles for all transportation?

Florida DOT has a state purchasing pool and also pooling purchases at local and State level is occurring in some areas

Q: Will adding legislation help?

Funding was not addressed today
\$50/year RTCs, funding source unknown

Transportation Summit

Action Planning, Setting Priorities, Time Lines

Following the panel discussion of questions and answers, a discussion was held on priorities that the group felt could be addressed. These priorities and other areas identified throughout the Summit will be reviewed by the Alliance for Community Transportation (ACT) for further action. The following priorities were identified:

Topic #	Priority #	Priority Topic	Lead Responsibility
1		Draft legislation about the system and coordinate the contact people and develop strategy	ACT and all partners
2		Monitor leadership changes at State level since department priorities could change with elections	“
3		Conduct outreach to Legislators; describe project beyond cost savings and number of trips but identify measurable outputs	“
4	1	Develop a one-page document as soon as possible with bullets identifying case stories and placing a face on this issue and the needs	“
5		Invite consumers to the table for assistance	“
6		Identify a champion or champions in the community or State to market and educate the concept	“
7		Invite decision makers to put themselves in a rider/consumer shoes for a day as one way to better educate them about the need for community transportation	“
8	2	Metropolitan Planning Organization (MPO) needs to obtain New Hampshire’s approval of coordinated plan.	MPO, NH DOT and ACT
9		Agree on one central location for drivers’ records data posting	ACT and all partners
10	3	Draft and obtain signatures for Memorandums of Understanding (MOU) for brokerage (obtain samples to begin)	“
11		Seek dedicated funding source to create stability in transportation services	“
12		Create an online communication system for information and referral (i.e. website, list serve, 211 and 511, etc.)	“

APPENDIX B
Coordinated Plan Public Notices

NOTE: This notice was published in the following locations:

- *Portsmouth Herald on July 26, 2007*
- *Foster's Daily Democrat on July 27, 2007*
- *Seacoast MPO website on or about July 27, 2007*

PUBLIC NOTICE

In August of 2005, Congress passed the Safe, Accountable, Flexible and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU), reauthorizing the federal surface transportation act. As a part of this reauthorization, grantees under federal transportation funding programs must meet certain requirements in order to receive funding. One of the SAFETEA-LU requirements is that projects to be federally funded must be part of a “locally developed coordinated public transit human services transportation plan”.

The New Hampshire Seacoast Metropolitan Organization (MPO) through the Strafford and Rockingham Regional Planning Commissions has recently received a grant from the New Hampshire Department of Transportation to develop a Coordinated Public Transit Human Services Transportation Plan for thirty-eight communities in the New Hampshire seacoast region. The Plan is being developed with input received from representatives of each of the communities; public, private and non-profit transportation services; human service providers; and the general public.

Parties or individuals interested in learning more about the Plan or about the regional human services transportation planning process may contact:

Cynthia Copeland, AICP, Executive Director
Strafford Regional Planning Commission
2 Ridge Street, Suite 4
Dover, NH 03820
(603) 742-2523
Email srpc@strafford.org
www.strafford.org

NOTE: This notice was published in the following locations:

- *Portsmouth Herald on October 20, 2007*
- *Foster's Daily Democrat on October 20, 2007*
- *Seacoast MPO website on October 26, 2007*

PUBLIC NOTICE

The New Hampshire Seacoast Metropolitan Organization (MPO) through the Strafford and Rockingham Regional Planning Commissions has drafted its *Coordinated Public Transit Human Services Transportation Plan* for thirty-eight communities in the New Hampshire seacoast region. The Plan will be available for a thirty-day public review and comment period beginning October 29, 2007.

The Coordinated Plan can be accessed online at www.seacoastmpo.org and may be viewed at the following locations:

Rockingham Planning Commission
156 Water Street
Exeter, NH 03933
(603) 778-0885
www.rpc-nh.org

Strafford Regional Planning Commission
2 Ridge Street, Suite 4
Dover, NH 03820
(603) 742-2523
www.strafford.org

Comments will be accepted until close of business on November 27, 2007.
If you have any questions please contact:

Myranda McGowan, Transportation Planner
Strafford Regional Planning Commission
2 Ridge Street, Suite 4
Dover, NH 03820
(603) 742-2523
Email mmcgowan@strafford.org
www.strafford.org

APPENDIX C

Draft Memorandum of Understanding

DRAFT

(For discussion purposes only)

Memorandum Of Understanding

between

The Alliance for Community Transportation,

The Cooperative Alliance for Seacoast Transportation

and

**Transit Service Providers
Participating in the Brokerage**

MEMORANDUM OF UNDERSTANDING

INTRODUCTION:

This Memorandum of Understanding (MOU) is to describe the relationship between the Alliance for Community Transportation (ACT), the Cooperative Alliance for Seacoast Transportation (COAST) acting as the broker/manager contractor (Broker) and any public, nonprofit or for profit entity providing transportation services in Strafford County and Eastern Rockingham County area in accordance with the laws and regulations of the State of New Hampshire (Provider).

PROGRAM OVERVIEW:

The Alliance for Community Transportation (ACT) has been working since _____ to establish a coordinated transportation system for the region.

[Note: briefly go into the background of the group and establish its legal status, membership and leadership].

The Brokerage model has been selected as the most appropriate for the region. COAST, acting as the direct recipient and manager of FTA funding, would be working with ACT and the various agency providers to guide the implementation of the transit coordination initiative. COAST would act in the capacity of the broker/manager (Broker). **[Note: briefly go into the background of COAST including legislative mandate, legal status, FTA direct recipient status, etc.]**

Objectives for the system include increasing the efficiency of transit service provided in the region, expanding service availability for the transit dependent populations and other member of the general public in the region, improving ease of access to the system, and establishing common standards for service delivery. The following agreement lays out the guidelines under which coordinated transportation service in the region will operate.

The success of a coordinated transportation system, particularly in the short term as the system develops, will depend on a combination of existing transportation providers to coming together and sharing resources; and providers and funding agencies working jointly to identify new sources of funding for transit in the region, and new and innovative ways to administer existing funding programs. Through these steps a coordinated transportation program will be able to provide a higher level of service to people in need in the region.

SCOPE OF SERVICES

I. Definitions

ACT- Alliance for Community Transportation

Brokerage – The coordinated regional transit service described in the following pages is at times identified as “The Brokerage”, referring to a coordinated transit system in which one agency takes on a lead role, brokering and assigning trip requests among a number of participating Provider agencies.

Broker/Manager (Broker) – COAST is to serve in the Broker/Manager role, operating the regional brokerage call center described in the following Scope of Services.

COAST - Cooperative Alliance for Seacoast Transportation

Common Wheelchair - Any mobility device that does not exceed 30 inches in width and 48 inches in length when measured two inches above the ground and a maximum weight of 600 pounds for the device and the user combined, including three-wheeled scooters and other non-traditional mobility devices.

Curb to Curb Service – Demand response transit service in which the rider is responsible for getting him/herself between the vehicle and the door of the residence or other destination. This will be the primary service model for CART, though Door to Door Service (see below) will be available on request where needed.

Door to Door Service – Demand response transit service in which the driver of the transit vehicle will provide assistance to the rider between the vehicle and the door of the riders residence or other destination. Door to Door Service will be available on request to CART riders when drivers can provide this assistance while maintaining sight of the vehicle.

Federal Transit Administration (FTA) – FTA is the Federal agency within the United State Department of Transportation that provides funding and sets rules, guidance, and best practices for public transportation

nationally. Because CART is a public transit service, it is able to access Federal Transit Administration (FTA) funding to underwrite service costs, and also must respond to FTA requirements for service standards.

PCA - Personal Care Attendant.

Provider Agency (Provider) – Any agency that agrees to provide rides as assigned by the Broker/Manager in the Regional Brokerage System. Provider agencies will be responsible for providing both vehicle and driver, and will be reimbursed for expenses based upon this Memoranda of Understanding (MOU). Note: NHDOT must approve use of any vehicles originally purchased with FTA Section 5310 funding.

Subscription Service – Demand response transit service provided over an extended period of time for repetitive trips for purposes including but not limited to employment, education or ongoing medical treatment without requiring that a reservation be placed for each trip. The Brokerage may provide subscription service in certain circumstances, but not to the detriment of access for clients requiring individual trips.

Manifest - A list of assigned trips that the Broker/Manager issues to Provider agencies on a daily basis, to be completed in accordance with the Scope of Services. The manifest will also include information on any special needs of the rider, and how that rider will pay for the ride.

II. ACT Responsibilities

With governance oversight, ACT shall:

- Establish policies and procedures affecting the transportation services provided under this Agreement
- Monitor and evaluate the Broker/Manager's provision of those services
- Provide management and technical assistance to the Broker/Manager as needed

III. Broker/Manager Responsibilities

The Broker/Manager shall provide transportation services in accordance with the standards and requirements detailed here including:

- Handle trip requests, client intake, and registration
- Schedule passenger trips
- Assign trips to participating Provider agencies via daily manifests
- Dispatch vehicles
- Manage reimbursement to Provider agencies for trips provided in accordance with this Memorandum of Understanding.
- Where possible secure reimbursement from Medicaid or other funding programs for eligible client trips.
- Ensure compliance with Operating Standards among Providers agencies
- Provide training to drivers in the following areas:
 - Wheelchair lift and securement (DOT)
 - Passenger assistance (DOT)
 - Defensive driving (DOS)
- Conduct periodic rider surveys to ensure customer satisfaction
- Investigate and resolve passenger complaints

- Maintain records (trips, unduplicated riders, turndowns, complaints), including collecting manifests from Provider agencies.
- Report to ACT on system performance metrics described in Scope of Services
- Work with ACT and Provider agencies in marketing the regional transit system.

IV. Provider Responsibilities

- Provide rides to clients as assigned by the Broker/Manager as agreed to in this signed Memorandum of Understanding.
- Provide completed Manifests to the Broker/Manager with data on actual pick-up and drop-off times, no-shows, and any incidents to allow for performance monitoring
- Notify the Broker/Manager within agreed upon timeframes of any incidents or accidents as described in this Scope of Services.
- Maintain vehicles in accordance with the Vehicle Standards in this Scope of Services
- Hire drivers in accordance with the Driver Standards in this Scope of Services, or enter into viable subcontract agreement(s) with third parties for driver coverage.
- Adhere to all other Operating Standards included in this Scope of Services
- Work with ACT and the Broker/Manager in marketing the regional transit system.

V. Insurance

1. The Provider shall not commence work under this Agreement until it has obtained all insurances required under this paragraph and such insurance has been approved by the Broker Manager. The Broker/Manager shall be supplied with certificates of such insurance ten (10) business days prior to the initiation of any work under this Agreement:

a. Workers' Compensation Insurance:

The Provider & the Broker/Manager shall maintain Workers' Compensation insurance in accordance with the laws of the State of New Hampshire as necessary. In addition to statutory workers' compensation, coverage will include employer's liability with limits of: Each accident \$500,000; disease, policy limit \$500,000; disease, each employee \$500,000.

b. General Liability Coverage:

The Provider and Broker/Manager shall maintain commercial general liability coverage to include bodily injury and property damage in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. Coverage shall include abuse, molestation or sexual assault by employees of the contractor. Specific evidence of this coverage must be shown on the required certificates of insurance.

c. Vehicle Liability:

The Provider and Broker/Manager shall maintain automobile liability insurance coverage in the amount of \$1,000,000 for bodily injury and property damage combined single limit per occurrence. This coverage shall apply to all owned, hired, non-owned and leased vehicles.

d. *Umbrella or Excess:*

The Provider and Broker/Manager shall take out and maintain additional limits of liability coverage above the required automobile liability and commercial general liability in the amount not less than \$2,000,000 each occurrence and \$2,000,000 aggregate.

2. ACT & BROKER/MANAGER SHALL BE NAMED “ADDITIONAL INSURED” ON ALL COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA OR EXCESS LIABILITY POLICIES MAINTAINED.

Providers in the coordinated system agree to furnish the Broker/Manager with a certificate of insurance evidencing commercial general liability, automobile liability and workers’ compensation coverages as outlined in this MOU.

The Broker/Manager & ACT must be added as additional insureds for both commercial general liability and automobile liability coverage and require a minimum of 30-days advanced notice of cancellation or material change of coverage.

3. The insurances specified in paragraphs 1(a) through 1(d) shall be obtained from an acceptable insurance company authorized to do business in the State of New Hampshire and shall be taken out before work is commenced and kept in effect until all work required to be performed, under the terms of this Agreement is satisfactorily completed. The Provider shall forward a copy of the required certificates of insurance to the Broker/Manager and shall give a minimum of thirty (30) days notice in the event of material change or cancellation of any of the required insurances.

4. On an Annual basis, the Provider will be required to submit to the Broker/Manager a Certificate of Insurance, which states the required coverage and their effective dates. Additionally, the following language should be included on the certificate: “Should any of the above described policies be cancelled or materially changed before the expiration date thereof, the issuing company will mail 20 days written notice to the certificate holder named (_____).

Additionally, on a quarterly basis, the Provider will be required to submit to the Broker/Manager an updated statement of insurance coverage from the Provider’s insurance agent confirming that required coverage levels remain in place.

VI. Description of Services

Service will be Curb-to-Curb demand response paratransit service, provided within the _____ region, offered to seniors, individuals with disabilities, and members of the general public in communities that participate financially in ACT. Door-to-Door service will be available on request.

VII. Eligibility and Registration

1. The Broker/Manager may eventually be responsible for determining the eligibility of individuals requesting rides for various funding programs from which ACT may seek reimbursement for transportation provided. These include but are not limited to Medicaid, TANF, Older Americans Act Title IIIB, etc. Need for this eligibility determination process will depend on results of current planning for regional and statewide coordination by the NH Department of Health and Human Services (DHHS).

2. Once registered, individuals who have requested a ride will be sent a rider handbook that provides tips on using the CART service.

VIII. Service Hours

1. Call center operation hours and ride services will extend from ___am to ___pm on Monday through Friday. At some future point ACT may choose to shift resources or secure additional resources to provide limited evening, Saturday, or Sunday service.

2. Service is not required to be provided on the following holidays: New Year's Day; Martin Luther King, Jr.'s Birthday; Presidents' Day; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans' Day; Thanksgiving and Christmas.

IX. Service Area

1. The Broker/Manager will take reservations for, schedule, and dispatch trips requested by residents of communities participating in ACT. 'Participation' is evidenced by commitment of municipal matching funding. At present those communities which have committed funds. Trips will be provided throughout these communities.

2. Substantial need and demand have also been identified for medical transportation between member communities and destinations in_____. Additional out-of-region destinations may be added to this approved list. Depending on the volume of trip requests to these destinations, the ACT may need to revisit the terms of service to these destinations if out of region trips begin to significantly divert resources from in-region trips.

X. Fare Policy & Collection

Amount per trip for those who can pay. Amount for those who cannot afford to pay???
How to collect fares???

XI. Trip Reservations, Scheduling, and Dispatching

The Broker will perform registration of new clients, trip reservations, and trip scheduling functions for the coordinated system.

Personnel with dispatch, supervisory, and management capabilities shall staff the Broker/Manager's office (out of which the call center operations are based) on all days and during all hours during which transportation service is in operation. At present, call center operation hours are anticipated to extend from ___am to ___pm on Monday through Friday.

The Broker/Manager must be able to maintain contact with all vehicles at all times. Providers will install two-way radio units or cellular telephones in all vehicles used to provide services under this Agreement.

Personnel with reservation capabilities will be available to take reservations from individuals requesting rides on the Broker/Manager's main phone number Monday through Friday between the hours of ___am and ___pm.

In general, rides will be scheduled no more than two weeks ahead to limit the potential for vehicles booking up weeks in advance with subscription trips, though some level of subscription service may be available.

Assignment of Rides – Provider Vehicles Available to System Exclusively

- The Broker will assign passenger rides to the lowest cost most appropriate provider. Nothing in this MOU shall be construed to mean that the Broker is obligated to assign trips solely on the basis of cost.
- Transportation will be assigned to providers based on the needs of the individual. In an effort to reduce the overall costs to the program the Broker reserves the right to assign more than one individual to a vehicle.
- Execution of this MOU does not warrant or guarantee a minimum or maximum amount of service to any provider. Trip assignment decisions are not based solely on cost, but include consideration of the quality of service and need of the consumer.
- Trips scheduled for the following day will be supplied to the provider in the form of individual vehicle manifests sent by fax or email, each manifest noting the pick-up and drop off times of each scheduled trip, by customer name, origin, and destination.
- In addition to trips assigned via the manifest, the Broker may assign same day and add-on trip request to providers as schedules allow.

Assignment of Rides – Provider Vehicles Accepting Trips as Space Permits

- Providers will supply the Broker with existing schedules for subscription trips as far in advance as possible. The Broker will add trips to these schedules as space is available, and will also identify opportunities to shift riders among providers to achieve more efficient schedules.
- The broker will contact providers as ride requests come in to be added to individual Providers schedules. Providers will have the opportunity to decline rides.
- Trips scheduled for the following day will be supplied to the provider in the form of individual vehicle manifests sent by fax or email, each manifest noting the pick-up and drop off times of each scheduled trip, by customer name, origin, and destination.
- In addition to trips assigned via the manifest, the Broker may assign same day and add-on trip request to providers as schedules allow.

XII. Subscription Service

A formal policy on subscription services has yet to be adopted by ____ and _____. Given the limited resources of the _____ system at startup, capacity is likely not available to provide a significant level of subscription service while maintaining reliable capacity to provide one-time trips such as medical appointment with a reasonable lead time between the date of request and date of trip. At a maximum, under FTA regulations, no more than 50% of trips provided by _____ may be subscription trips.

XIII. Suspension of Service to Passengers

The Broker/Manager shall adhere to the procedures described in Attachment 1.1 regarding the suspension of service to passengers who show a pattern or practice of missing scheduled trips.

XIV. Service Standards

1. Provider and/or Broker will provide Curb to Curb service, with Door to Door service, in which the driver or an attendant provides passenger assistance between the vehicle and the door of the passenger's home or other destination, available upon request.
2. Shared rides will be utilized whenever possible
3. A wheelchair accessible vehicle must be used for clients in wheelchairs who require transportation. A rider who can transfer without any assistance may request service in a non-wheelchair accessible vehicle.
4. On time expectations for passenger transports. On time is defined as (15 minutes) prior to scheduled pick up time or (15 minutes) after scheduled pick up time under normal operating conditions. The drop time may be early but never beyond the scheduled time.
5. Excessive ride times will be avoided when possible. Factors such as medical condition of the passenger and the urgency of the trip may be considered in defining acceptable trip length. In general acceptable ride times will be defined as a maximum of 60 minutes or no more than twice the average time to drive the trip in a private automobile.
6. Courteous behavior by all parties involved in the scheduling, dispatching and delivery of the passenger trip is expected. Courteous is defined as respect for the customer or passenger's well being at all times.
7. The Broker/Manager's reservation agents will work with clients to find a ride. In the event that a ride is not available at the time requested by a client, the Broker/Manager will, within reason, work with the client to provide him/her with information on other options, including identifying alternate ride times, and other providers outside the network.
8. Service will be provided and the Broker/Manager shall reimburse Providers only for those clients and services specifically indicated on the manifest that is supplied by the Broker/Manager, or service authorized or required directly by the Broker/Manager. Provider shall ensure that no unauthorized passengers are transported. If an additional passenger who has not reserved a trip requests to ride, the driver will contact the dispatch center to determine whether the trip can be fit into the schedule, and to record the trip.
9. Providers shall inform the Broker/Manager of any difficulties experienced in transporting a rider, whether related to safety, behavior, or other reason. The Broker/Manager shall determine whether to take disciplinary action. The Broker/Manager shall notify the Provider of any actions to take.
10. A Provider may refuse to transport any person or persons who are a threat to the health, safety, or welfare of the Provider's employees or other passengers. The Provider must consult with the Broker/Manager prior to any refusal of service except in emergency situations where safety dictates

immediate action.

11. Passengers shall be allowed 5 minutes to report for boarding measured from the time the vehicle arrives at the pick-up address and the driver notifies passenger of the vehicle's arrival. If rider fails to acknowledge the vehicle presence and report for boarding within 5 minutes, driver shall report the trip as a no show and obtain instructions from the dispatcher. Normally in this situation the dispatcher will attempt to contact the rider by phone. In the event that driver arrives at the address more than 5 minutes before the scheduled pick-up time, customer shall have until the scheduled time to report for boarding. Exceptions may be made in specific circumstances for the safety of the client. All exceptions will be noted on the driver manifest.

Repeated operation by the Broker/Manager of service that fails to meet the service standards stated herein will be cause for action by ACT, up to and including termination of this Agreement. Similarly, repeated operation by a Provider of service that fails to meet the service standards stated herein may be cause for action by the Broker/Manager, up to and including termination of participation in the Brokerage system.

XV. Vehicle Standards, Inspections and Maintenance

1. The Broker/Manager shall ensure that all vehicles used in the performance of services under this Agreement comply with the standards contained in Attachments _____
2. The Broker/Manager shall compile and maintain a list of all vehicles used to provide services under this Agreement, including license plate numbers and vehicle identification numbers, prior to initiating service. Use of any vehicles purchased with FTA Section 5310 funding must be approved by the NH Department of Transportation, Bureau of Rail and Transit.
3. The Broker/Manager will monitor to ensure that Providers keep all vehicles fully licensed and inspected as required by the State of New Hampshire. Providers must comply with all state and local vehicle registration, permitting and regulatory requirements.
4. Drivers shall perform daily safety inspections of vehicles prior to beginning each day's service. Vehicles failing the daily inspection shall not be used in service until the reason for the failure is corrected. Written pre-trip inspection reports shall be maintained on file for not less than three (3) years at the Provider's facilities for compliance with FTA Triennial Review requirements, and shall be made available to the Broker/Manager for review upon request. Pre-trip inspection forms are included in Attachment ____ for the Provider's use.
5. If a Provider supplies a vehicle to the Broker/Manager for use in providing services under this Agreement, a detailed joint inspection will take place prior to acceptance of any vehicle by the Broker/Manager, with representatives of the Broker/Manager and Provider agreeing upon damage and wear.
6. The Broker/Manager reserve the right to inspect Provider-owned vehicles used in providing services under this Agreement at any reasonable time, scheduled and unscheduled, and to order the immediate removal from service of any vehicle not in compliance with the vehicle standards referenced herein. Failure to comply with this requirement may be cause for disallowance of compensation for services rendered in the violating vehicle.

7. Provider agencies shall, at their own expense, institute a program of regular and preventive maintenance to ensure that all vehicles used to provide services under this Agreement remain in proper working order. Costs to Provider agencies in implementing such a program are understood to be offset by the reimbursement from the Broker/Manager for fully-allocated operating costs incurred by the Provider agency in providing service under this agreement. Providers shall follow the preventive maintenance procedures included in Attachment ____.

8. Provider agencies shall keep service records to document maintenance performed on all vehicles used in providing services under this Agreement, as outlined in Attachment ____; and shall furnish copies of these records to the Broker/Manager. Service records shall be kept on file by the Broker/Manager, and made available for inspection upon request.

9. All physical damage to vehicles shall be reported to the Broker/Manager not later than twenty-four (24) hours following said damage, and repaired by the Provider within fourteen (14) days of occurrence, regardless of cause.

10. If a vehicle is found to have damage during an inspection by the Broker/Manager, then the damage must be repaired within 14 days of receiving written notification from the Broker/Manager of the damages.

XVI. Driver Standards

1. The Broker/Manager and the Provider shall ensure that the following mandatory requirements are attained for drivers assigned to provide services under this Agreement:

- a. Perform their duties with due regard for the safety, comfort and convenience of passengers and their property.
- b. Properly secure wheelchairs and their users.
- c. Comply with all applicable federal, state and local laws, regulations and licensing requirements, including FTA drug and alcohol testing, and do not have a criminal record. The Broker/Manager shall require prospective drivers to obtain a Criminal Record Offender Information (CORI) check. Any information obtained which would directly affect the safety and well being of passengers must be submitted to Broker for review prior to the hiring of the applicant.
- d. Have and maintain a current, valid New Hampshire driver's license, or Commercial Driver's License if required.
- e. Contact the Broker/Manager's dispatcher before leaving a designated location without picking up the passenger(s) and when encountering problems such as passenger(s) not being ready, incorrect addresses or addresses which are inaccessible to wheel chairs.
- f. Have and maintain a good driving record. Providers shall require prospective drivers to obtain a statement as to any moving violations as defined by the NH Division of Motor Vehicles. Any information obtained which would directly affect the safety and well being of the passengers must be submitted to Broker/Manager for review prior to the hiring of the applicant.
- g. Must be at least twenty-one (21) years of age.

- h. Open and close vehicle doors when passenger(s) enter and exit the vehicle. Assistance is not required to be provided to passengers traveling as attendants.
 - i. Provide assistance to passengers with no more than two (2) bags or packages.
 - j. Announce their presence at the specific entrance of the building of trip origin in an attempt to locate the passenger(s), if the passenger(s) does not appear at curbside for the pickup at the scheduled time. Sounding the horn does not constitute an appropriate announcement.
 - k. Wear clothing which is neat and clean in appearance and wear identification nametags.
 - l. NO SMOKING at any time, whether a passenger is on board or not.
 - m. Refrain from eating or drinking in vehicles and guard against the smoking, eating or drinking in vehicles by passengers.
 - n. Do not play loud music or other AV equipment that may interfere with the safe operation of the vehicle or may be irritating to passengers. Similarly, passengers are not allowed to play loud music. Portable devices with headphones are allowable for passengers, though not for drivers while operating the vehicle.
 - o. Be courteous and exemplary in speech and action while transporting passengers.
 - p. Never leave a vehicle unattended when passengers are in the vehicle, except in an emergency. In such an emergency, passengers may be left in the vehicle or removed to the surrounding environment whichever is safer. This section does not apply to circumstances in which a driver leaves a vehicle to assist clients in entering and leaving the vehicle, or announcing the presence of the vehicle in accordance with item “J” in this section.
 - q. Ensure that only the driver occupies the driver's seat.
 - r. Do not, under any circumstances, push any vehicle with their vehicle or allow the pushing of their vehicle with another vehicle.
 - s. Do not, under any circumstances, discipline any passenger.
 - t. Comply with all state and local laws regarding the speed and method of operation of vehicles.
 - u. Do not accept personal tips or gratuities.
2. The following acts are not permissible for drivers when providing services under this Agreement:
- a. Use of intoxicating liquors narcotics or controlled substances of any kind (excluding doctors' prescriptions, which do not impair driving ability).
 - b. Smoking in Provider vehicles.

- c. Resorting to physical violence to settle a dispute with a fellow employee, passenger(s) or the general public while on duty. In self-defense, a driver may use no more force than is reasonably necessary.

3. And the Broker/Manager shall have the right to request the Provider to remove from the provision of transportation services under this Agreement any driver whose conduct or performance does not comply with the requirements stated herein.

XVII. Driver Training

1. The Broker/Manager and the Provider must ensure that all drivers assigned to transportation services provided under this Agreement meet, at a minimum, the following training requirements annually:

- a. Passenger Assistance
- b. Defensive Driving
- c. Wheelchair Lift and Securement (If operating lift equipped vehicle)
- d. Emergency and accident procedures;
- e. Drug and alcohol awareness

2. Drivers must be thoroughly familiar with the vehicle(s) to be operated and receive training in defensive driving and passenger assistance/sensitivity prior to being placed into service under this Agreement. Abbreviated instruction in passenger assistance techniques shall be provided prior to the driver's first day of service, but full PAT certification must be obtained within eight (8) weeks of that date. This deadline may be relaxed in specific instances at the discretion of Broker if such training is not readily available at the time.

3. Drivers must receive training in the remaining areas listed above within twelve (12) weeks of their first day of service under this Agreement.

4. Compensation to drivers for time spent attending training sessions shall be the responsibility of the Broker/Manager.

5. Written documentation of training received by each driver shall be maintained on file by the Broker/Manager, and made available for review upon request by Broker.

XVIII. Mobility Devices

1. The Broker/Manager shall ensure transport of all wheelchairs, including three-wheeled scooters and other non-traditional mobility devices and their users, in vehicles used to provide services under this Agreement.

2. The Broker/Manager may require, or instruct Provider agencies to require, that wheelchairs ride in designated securement locations in the vehicle.

3. The Broker/Manager may require, or instruct Provider agencies to require, that a passenger permit his/her wheelchair to be secured. However, the Broker/Manager shall not deny transportation service to a

wheelchair, including a three-wheeled scooter, or its user, on the grounds that the mobility device cannot be secured or restrained satisfactorily by the vehicle's securement system.

4. The Broker/Manager may recommend, or instruct Provider agencies to recommend, to a user of a wheelchair that the individual transfer to a vehicle seat. The Broker/Manager shall not require the individual to transfer.
5. The Broker/Manager and Provider agencies shall allow individuals with disabilities who do not use wheelchairs, including standees, to use a vehicle lift to enter the vehicle, provided that the lift is equipped with handrails or other devices to assist standees in maintaining their balance.

XXI. Drug and Alcohol Testing

1. The Broker/Manager and Providers shall comply with the requirements of COAST's Drug and Alcohol testing policy, which is included in Attachment ____.
2. The Broker/Manager and Providers shall ensure that every employee assigned to services provided under this Agreement (whether an employee of the Broker/Manager or of a participating Provider agency) who holds a safety-sensitive position, as defined in Attachment ____, receives a copy of this policy, and signs the confirmation of receipt contained therein.
3. The costs of the actual drug and alcohol testing performed in accordance with this section shall be borne by the Broker/Manager.

XXII. Complaints

1. The Broker/Manager will be responsible for the processing, investigation and resolution of passenger complaints regarding services the services, whether related to services provider directly by the Broker/Manager or by participating Providers. The Broker will advise the passenger and Provider of any action to be taken in order to settle the complaint.
2. The Broker and Provider shall cooperate with any request by ACT to distribute or post notices informing passengers of complaint procedures on vehicles used to provide services under this Agreement.
 2. Complaints against drivers' behavior may require the Broker/Manager to take action up to and including the requirement that the offending driver be removed from the provision of Provider services. Drivers who accumulate five (5) unrelated substantiated complaints in a twelve (12) month period would be removed from the program.

XXIII. Incident & Accident Reporting

The Provider shall report all accidents and incidents occurring during the provision of services under this Agreement immediately by telephone to Broker. The driver involved shall prepare a written report within twenty-four (24) hours of the accident, and forward a copy to Broker.

Providers are required to notify the Broker/Manager, as soon as possible, but no later than twenty-four hours, in the case of the following:

- A vehicle accident while transporting a passenger assigned by the Broker/Manager. An accident is defined as "The vehicle making contact with an immobile or mobile object".

- A vehicle incident while transporting a passenger assigned by the Broker/Manager. An incident is defined as “A non-contact complaint, such as a vehicle left in dangerous parking area, with passengers onboard”.
- Injury to a passenger assigned by the Broker/Manager due to an accident while boarding, being transported, or de-boarding the vehicle.
- Any incident involving a passenger assigned by the Broker/Manager, defined as improper conduct such as, verbal abuse from the passenger or others, touching other passengers, removing clothing inappropriately.

Provider agencies will provide to the Broker/Manager completed vehicle manifests with data on actual pick-up and drop-off times, no-shows, and any incidents as described above to allow for performance monitoring.

Media contact, in the event of a catastrophic accident, will be handled by the Broker after consultation with the Provider.

XXIV. Inclement Weather

1. In the event of inclement weather that significantly affects the ability of the Broker/Manager and Provider to provide transportation services under this Agreement in a safe manner, Broker may approve the temporary suspension of service and/or the service standards described in Section XIV.
2. If contact is made and the Broker/Manager and Provider disagree as to whether services are to be operated, and the weather and/or road conditions, in the judgment of the Broker/Manager, are such that they would compromise the safety of passengers, the Broker/Manager may refuse to provide services. However, Provider expects service to be operated unless weather conditions are such that safe transportation is significantly difficult for the Broker/Manager and or Provider to provide, not merely inconvenient. Consistent suspension of service by the Broker/Manager will be cause for action by Provider, up to and including termination of this Agreement.
3. If the provision of service is suspended due to inclement weather in the course of a service day, the Broker/Manager and Provider shall make every effort to ensure that passengers needing transportation home are provided with service as safely as possible. Provider shall assist the Broker/Manager in contacting passengers to arrange return trips.

XXV. Records/Reporting

1. The Broker/Manager shall be responsible for properly maintaining separate records for services provided under this Agreement. Records to be maintained include, but are not limited to:
 - a. Operating statistics
 - b. Individual maintenance files for each vehicle used to provide services
 - c. Driver employment, licensing, training, and drug/alcohol testing records (a release
 - d. will be required).
 - e. Master client list of users, including name, address and telephone number, eligibility for various funding programs, and any special mobility information
 - f. Performance Indicator Program reports

2. The Broker/Manager shall prepare and submit the following reports to ACT and Providers.

Daily

- a. Reports of any accidents and incidents occurring during the provision of service
- b. Passenger complaints
- c. Total number of trips provided, and or canceled/denied (Daily driver manifests, as described in Section XXVI, paragraph 3)
- d. Changes in Employee records
- e. Changes in Maintenance records
- f. Reports should be separated according to bill code where applicable

Monthly

- a. Billing invoice, as described in Section XXVI, paragraph 2
- b. Reports should be separated via Billcode where applicable

Quarterly

- a. Confirmation of insurance coverage

3. Sample reporting forms are included in Attachment _____. Revisions to these sample forms may be agreed upon between the Broker/Manager and _____.

4. ACT may, from time to time, request the Broker/Manager to provide different or more detailed information for service planning or evaluation purposes.

XXVI. Billing / Reimbursement

1. The Provider shall submit to the Broker Manager an invoice by the 7th of each month for the previous month's trips. This invoice should include a daily summary sheet with reimbursements according to the terms included herein. The Provider will be paid once a month. An invoice ("carrier payment report") summarizing the driver manifests will be required to verify that the Provider performed the invoiced trips. Once the Broker/ Manager has reviewed all invoices for the month then a payment will be sent out.

2. The Monthly summaries shall include the following:

- a. Total number of trips provided.
- b. Total number of cancellations
- c. Total number of no-shows
- d. Total number of on-time pickups and drop-offs
- e. Total number of late pick ups and drop offs
- f. List of service disruptions
- g. Total fares and/or ride cards collected by Providers
- h. Total reimbursement due
- i. Summary of trip purposes (medical, shopping, recreation, employment, etc.)
- j. Summary of trips by rider's town of residence
- k. Summary of trips by destination
- l. Tabulation of rides assigned to each Provider, including origin and destination Towns
- m. Tabulation of mileage (by trip in manifests, can be reported in aggregate)

3. The Broker/Manager shall submit, as documentation of the information contained in the invoices, daily driver manifests for the month, to include: passenger name, identification number, pick-up and drop-off addresses, scheduled and actual pick-up times, fare/ticket collected, vehicle and driver as well as vehicle mileage at pick-up.

THE BROKER reserves the right to conduct an inspection of any vehicle used for service within this MOU at any time or place.

By signing this Memorandum of Understanding the signer hereby acknowledges and agrees to the terms herein. Both parties also acknowledge their willingness to work diligently to enhance the transportation services offered to residents of the seacoast region.

Name of Provider

Authorized Official for Provider (Signature & Title)

Date

Authorized Official for Broker/Manager (Signature & Title)

Date

Authorized Official for ACT (Signature & Title)

Date

Standard Terms and Conditions
(if not already addressed)

1. Conflict of Interest
2. Copyrights
3. Confidentiality
4. Non-Discrimination
5. Prohibition against assignment
6. FTA Terms and Conditions
7. Contract Modifications and Termination
8. Indemnification
9. Term of the Agreement

Attachment A - Vehicle Availability

The Provider's vehicle(s) will be available to the brokerage at the following times:

<u>Day of the Week</u>	<u>Time Block(s)</u>
<u>Monday</u>	_____
<u>Tuesday</u>	_____
<u>Wednesday</u>	_____
<u>Thursday</u>	_____
<u>Friday</u>	_____
<u>Saturday</u>	_____
<u>Sunday</u>	_____

Name of Provider

Signature of Authorized Official and Title

Date

Attachment B – Reimbursement Rates

The Broker and the Provider agree that the Provider will be reimbursed for trips provided on the following basis. Trips will be assigned based on most appropriate cost per category.

Option A. Flat Fee per One-Way Trip

5 Miles or Less \$ _____.

10 Miles or Less \$ _____.

20 Miles or Less \$ _____.

Mile Rate for Trips Over 20 Miles \$ _____.

Additional Fee for Additional Passengers \$ _____.

Option B. Per Hour

Rate per Hour: \$ _____.

Loading Fee \$ _____.

Option C. Other Agreed-Upon Compensation \$ _____.

THE BROKER RESERVES THE RIGHT TO NEGOTIATE TRIP RATES ON A TRIP-BY-TRIP BASIS.

Name of Provider

Signature of Authorized Official and Title

Date