VIRGINIA
**Coordinated Human
Services Mobility**

DRPT

2019

Coordinated Human Service Mobility Plan

Coordinated Human Service Transportation Plan Update
December 2019

Prepared by:

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Executive Summary

Overview

The Commonwealth of Virginia is geographically diverse across its more than 42,000 square miles, and is home to a more than 10 million demographically diverse residents. The Commonwealth includes dense urban areas, suburban communities, and sprawling rural communities. Its geography includes mountain ranges, valleys, and flatlands, and creates significant challenges in transportation planning. Rural areas pose particular transportation challenges because they are low-density, and many rural areas are in and around mountain ranges. As a result, transit vehicles must travel longer distances to reach passengers and destinations. Virginia's average rural population is older and more likely to be living with a disability. DRPT and the consultant team of Michael Baker International, Foursquare Integrated Transportation Planning, and Renaissance Planning Group address transportation challenges in this plan that take into account geographic, demographic and economic diversity.

The Virginia Department of Rail and Public Transportation (DRPT)'s goal in developing the Coordinated Human Service Mobility Plan is to enhance access to and the efficiency of transportation for people with disabilities, older adults, low-income individuals, and veterans. This document is the culmination of nearly a year of research, public outreach, and analysis of data and information collected throughout the process.

The Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program requires that any activity funded under this program be supported by a coordinated transportation plan that assesses current services and transportation needs of seniors and people with disabilities, identifies strategies to address service gaps, and sets priorities for project implementation.

Public Outreach

This plan was developed through an extensive outreach process that included seniors, individuals with disabilities, transportation providers, mobility managers, and other groups interested in transportation. The team held regional workshops, ride-along interviews, stakeholder interviews, regional coordination calls, community meetings at elder-care facilities, special topic interviews, a statewide steering committee meeting, and a pop-up event, and conducted a variety of surveys.

Existing Transportation Services

The team inventoried all public and private transportation services in the state to better understand the existing statewide transportation network, identify gaps in human service transportation, and craft recommendations that build on adjoining services.

Service Needs and Gaps

Transportation gaps and needs were identified through analysis of demographic data as well as input from providers, mobility managers, other stakeholders, and community members. This research found that human service transportation could better serve several key population groups and several types of trips. Populations in need of better service include rural seniors, people with chronic medical conditions, non-Medicaid recipients, low-income residents, minority residents, the unhoused or housing-insecure, veterans and their families, the working poor, and job-seekers. Types of trips that could be better served include: recurring medical trips, essential non-medical trips, quality-of-life non-medical trips, location-specific medical trips, employment trips, after-hours evening trips, multi-stop trips, and long-distance trips.

Future Direction

DRPT will use the Coordinated Human Service Mobility Plan to guide its investments in Virginia's transportation services that are designed to meet the needs of seniors, individuals with disabilities, and other priority populations. This plan is a living document that can be updated on an ongoing basis to account for changes in technology, new transportation challenges, and transportation successes. DRPT expects its grantees to take an active role in implementing projects that advance mobility for all Virginians and will continue to support these projects to the best of its ability. This plan does not prescribe funding, nor will there be sufficient funding through DRPT's programs to fund every recommendation. Organizations working to further transportation should explore funding opportunities with other local, state, and federal agencies.

List of Abbreviations

AAA	Area Agency on Aging		HHS	Department of Health and Human service
AARP	Organization supporting retirees		ICF	Interagency Coordination Framework
ACS	American Community Survey		DD	Developmental Disability, including intellectual
BHA	Behavioral Health Authority		MCO	Managed Care Organization
CCAM	Coordinating Council on Access and Mobility		MPO	Metropolitan Planning Organization
CHSM	Coordinated Human Service and Mobility		NEMT	Non-Emergency Medical Transportation
COG	Washington Metropolitan Council of Governments		PDC	Planning District Commission
			PTSD	Post-Traumatic Stress Disorder
CSB	Community Services Board		TNC	Transportation Network Company
CTAV	Community Transportation Association of Virginia		TPO	Transportation Planning Organization
			VA	Veterans Affairs
DARS	Virginia Department for Aging and Rehabilitative Services		VACSB	Virginia Association of Community Service Boards
DBHDS	Virginia Department of Behavioral Health & Developmental Services		VAMM	Virginia Association of Mobility Managers
DBVI	Virginia Department for the Blind and Vision Impaired		VAPDC	Virginia Association of Planning District Commissions
DMAS	Department of Medical Assistance Services		VDOT	Virginia Department of Transportation
DRPT	Virginia Department of Rail and Public Transportation		VBPD	Virginia Board for People with Disabilities
			WOSP	Who/What/Where, Obstacles, Strategies, Projects
DSS	Virginia Department of Social Services			
ESO	Employment Support Organization			
FTA	Federal Transit Administration			

Introduction

The Coordinated Human Service Mobility Plan

Human service transportation is a specific subset of public transportation that requires a different set of tools and solutions. Where public transportation is, by definition, open to the public, in a variety of mode types (e.g., fixed route buses, vanpools, trains), human service transportation is much narrower in scope. A rider must qualify to use a transportation service; in that sense, it is not truly open to the public. The two parameters that are specifically identified by the Federal Transit Administration (FTA) are senior status and disability status, but low-income individuals and veterans may also qualify with some programs. Fundamentally, the mission of human service transportation is to improve personal mobility for individuals not well-served by traditional forms of transportation.

The service provided can vary based on whether the area is urban or rural, the topography, or the development pattern. Some areas have door-to-door demand response service offered through the existing public transportation agencies. The human service portion of the service may help provide assistance to cover the fares. Other areas may rely entirely on faith-based or other volunteer-based services that might be door-to-door or even door-through-door based on the needs of the customers. In urban areas, there are overlapping services and thus there may be opportunities for coordination of services and resources, thus promoting efficiency. The FTA's requirement of a coordinated human service mobility (CHSM) plan helps identify these opportunities and improve services.

This document is designed to be a foundational plan for both the Virginia Department of Rail and Public Transportation (DRPT) and for DRPT's human

The aim of human service transportation is to improve personal mobility for individuals not well served by traditional transportation.

Public Transit is open to any member of the public

Human Service Transportation Serves a specific population (e.g. people 65+ or with disabilities) and/or certain types of trips (e.g. medical)

Human service transportation provides access to agency services and/or to meet the basic, day-to-day mobility needs of transportation-disadvantaged populations, especially individuals with disabilities, seniors, and people with low incomes.

People with Disabilities

People 65+

Low-income Households

Veterans
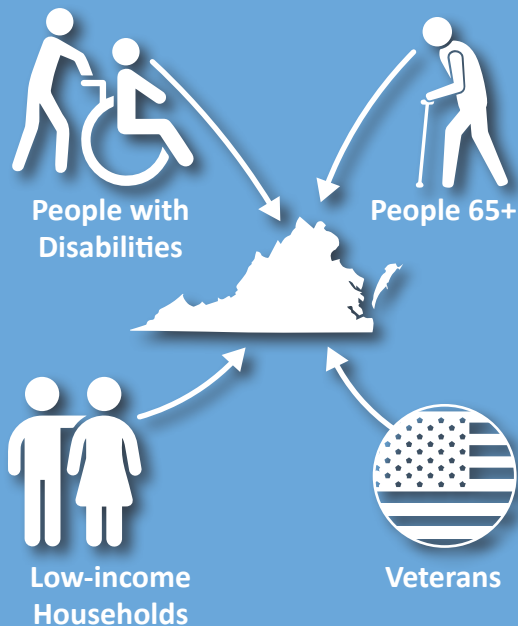
service transportation and mobility partners. DRPT's goal is to provide a resource for organizations and agencies involved in human service transportation to achieve the best outcomes with the funding available. A comprehensive look at and review of what exists across the Commonwealth with the participation of stakeholders and members of the public will help ensure that this plan achieves those results. The previous planning effort in 2013 resulted in over 19 individual plans for planning districts across the state but lacked statewide coordination and management strategies, which have been included in this update.

A CHSM plan is specifically required to improve human service transportation, which is defined by the FTA as "[transportation] services provided by or on behalf of a human service agency to provide access to agency services and/or to meet the basic, day-to-day mobility needs of transportation-disadvantaged populations, especially individuals with disabilities, seniors, and people with low incomes." The FTA specifies that the development of the plan includes close coordination with individuals with disabilities and seniors and related stakeholders. Virginia's CHSM plan development also included outreach to veterans and veteran groups and analysis of data on low-income households.

Federal public transportation funding is handled through three FTA grant programs. Urban systems receive FTA Section 5307 funding and rural systems receive FTA Section 5311 funding; the objectives of both of these sections are to provide transportation to the public without limitations. FTA Section 5310 funds provide operating assistance to public transit and other agencies that serve seniors and individuals with disabilities in both urban and rural areas. While the intent of the programs differ, public transit agencies (Section 5307 and 5311 recipients) are valuable to this process. As stated in the FTA Circular C 9070.1G Chapter II, Part 6, the "FTA expects local transit providers to participate in the development of a coordinated public transit/human service transportation plan." This is in addition to the participation by seniors,

individuals with disabilities, private or non-profit transportation and human service providers, and other members of the public specified by the FTA.

Funding and Monitoring

The FTA Section 5310 grant program supports operating expenses and the purchase of vehicles and equipment by eligible recipients. In Virginia, DRPT and the Metropolitan Washington Council of Governments (COG) receive and distribute 5310 funding. Under the Fixing America's Surface Transportation (FAST) Act (Pub. L. No. 114-94), funds are apportioned based on each state's share of the targeted populations. Metropolitan Planning Organizations (MPO) and other entities are allowed to be designated recipients for large urbanized areas with populations over 200,000. In accordance with the FTA guidance and by mutual agreement, DRPT serves as the designated recipient for the Richmond/Petersburg, Roanoke, and Hampton Roads Urbanized Areas. Funding through DRPT is awarded to subrecipients through an annual application process. COG serves as the recipient of funding for the Washington D.C., Maryland and Northern Virginia Urbanized Area, and applicants serving this area apply for funding directly to COG. Section 5310 funds are passed on to eligible subrecipients, including public transit providers, non-profit operators of services for seniors or individuals with disabilities, and other approved local or state organizations. COG's plan is available at https://www.mwcog.org/coordinated-human-service-transportation-plan/.

FTA Section 5310 funding is allocated based on Census data on seniors and people with disabilities. The FTA will provide funding for up to 50 percent of the net operating expenses for a human service program and up to 80 percent of eligible capital expenses. The remainder of the operating and capital expenses must be covered by non-federal sources or non-U.S. Department of Transportation federal transportation-eligible funds.

In 2013, the most common needs for additional services involved evening, weekend, and employment trips.

2013 Coordinated Human Service Plans

DRPT completed the last set of CHSM plans in 2013 for most of the planning district commissions (PDCs). The plans for Hampton Roads PDC and a combined plan for Richmond Regional PDC and Crater PDC were completed in 2014. In the 21 total plans, 124 unique needs or gaps were identified through research, analysis, and public and stakeholder outreach. Seven categories were identified to describe each of the needs and gaps: communication, coordination, cost, service, policies, built environment, and other issues. Needs with and gaps in transportation services and communications were by far the most numerous of the issues identified. Table 1 below identifies the top ten most frequently occurring needs and gaps in the plans across all categories.

Table 1. Frequently Cited Needs/Gaps from 2013 CHSM Plans

Rank	Need/Gap	Category	Number of Plans
1	Lack of evening fixed route service	Service	19
2	Lack of weekend fixed route service	Service	18
3	Service for commuting/to employment	Service	18
4	Need for "How to Ride Transit" training	Communication	15
5	Transportation for non-Medicaid funded trips	Cost	15
6	Need for better branding	Communication	14
7	Need for trips outside the PDC	Service	14
8	Lack of knowledge about available services	Communication	13
9	Customers cannot afford services	Cost	12
10	Lack of door-to-door and door-through-door services	Service	11

Lack of evening and weekend fixed route service and the need for more service to employment were the most frequently cited gaps. The most frequently cited coordination need/gap was a lack of coordination between providers. The lack of flexibility with regard to "borderline" service eligibility and need for reduced

liability insurance were the most frequently cited policy issues. The most common built environment need was for better bus stops and/or shelters. Lack of accessible vehicles with more than one wheelchair facility was also found in five plans and was the most common among other issues.

Policy Changes Since 2013

On December 4, 2015, President Barack Obama signed the FAST Act into law, which reauthorized surface transportation programs through fiscal year 2020. The FAST Act contained only minor changes for FTA Section 5310, including the following:

- A government entity that operates public transit and is eligible to receive either FTA Sections 5307 or 5311 funds can now also receive FTA Section 5310 funds.
- A new pilot program was created to find and test promising, replicable public transportation and mobility solutions that increase access to health care, provide better coordination technology, and reduce the cost of health care (FAST Act Section 3006(b)).
- A requirement was established that the interagency transportation Coordinating Council on Access and Mobility (CCAM) create an updated strategic plan on transportation coordination across federal agencies and develops a cost-sharing policy (FAST Act Section 3006(c)).

Statewide Demographics

Demographic Overview of Virginia

The Commonwealth of Virginia is the 12th largest U.S. state, with a 2017 population of 8.3 million[1]. The state has grown nearly seven percent since 2010 and is expected to continue growing, especially in the larger urbanized areas and surrounding suburbs. Populations in Virginia's rural communities are expected to continue shrinking.

Population in Poverty

Individuals living in households in poverty may rely more significantly on human service transportation. The U.S. Census Bureau uses pre-tax income thresholds that vary by family size and composition, but not by geography, to define households in poverty. The federal poverty level in 2018 was $12,492 for individuals and $25,752 for a family of four. However, the cost of living varies widely across the state.

The Northern Virginia region has a relatively high cost of living and includes four of the top ten U.S. counties with the highest median household income. In this region, even households with relatively high incomes may experience financial difficulty due to the high cost of living in the area. Conversely, in southern and western Virginia as well as in the Eastern Shore and many rural parts of the state, the cost of living is low and families with relatively low incomes might not be experiencing financial difficulty.

Another factor within regions is the level of median income variation. The Central, Northern, and Tidewater regions have the greatest variation between their lowest- and highest-income jurisdictions. In the Northern region, the highest-income county's (Loudoun) household median income is 181 times larger than the lowest-income county's (Page).

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1. All demographics data retrieved from U.S. Census - http://factfinder.census.gov
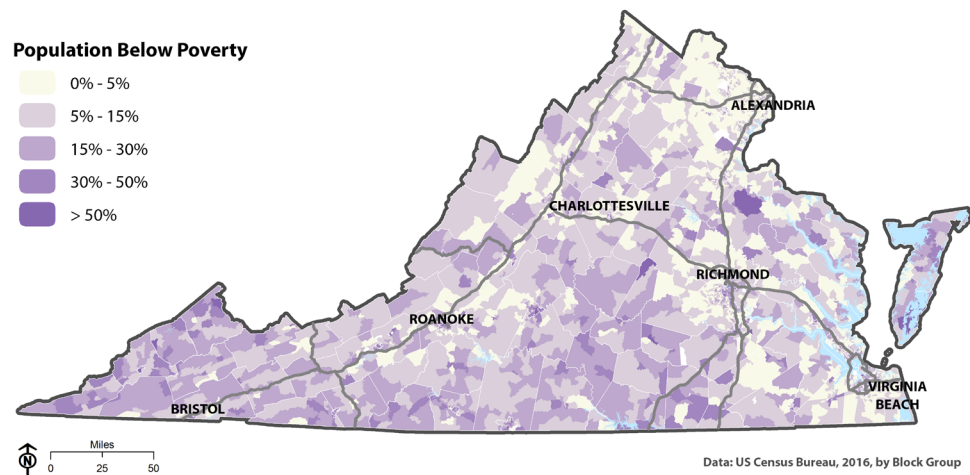
Federal Poverty Line

Individual	Household of 4
$12,492	**$25,752**

Northern Virginia has a relatively high cost of living while the cost of living is low in most rural parts of the state including southern and western Virginia.

Population Below Poverty

- 0% - 5%
- 5% - 15%
- 15% - 30%
- 30% - 50%
- > 50%

Miles
0   25   50

Data: US Census Bureau, 2016, by Block Group

Where Are Populations in Poverty?

In general, there are fewer households in poverty in the eastern and northern areas of the state and nearly all of Northern Virginia near Washington, D.C. has very few households in poverty. There are heavier concentrations of households in poverty throughout the southern and southwestern areas of the state.

The highest concentrations of households in poverty are in very rural and urban areas. The highest rural concentrations of households in poverty are present in the southern half of Norton in Wise County, the central-western area of Dickenson County, northern Cumberland County, Prince George, Seaview in Northampton County, and northern Caroline County. The highest concentrations of households in poverty in urbanized areas are in Radford, southern Blacksburg, Lynchburg, Crewe, several neighborhoods in Richmond's east end and southside, several neighborhoods in Norfolk and Chesapeake, northern Petersburg, and Harrisonburg.

Zero-Car Ownership

Households with zero-car ownership often overlap with households in poverty. It is estimated that owning and maintaining a car costs about $9,000 annually. That means it would make up nearly a third of the household budget for a family of four living right at the poverty line. Unlike many costs (such as housing), the cost of operating and maintaining a vehicle remains relatively fixed, regardless of location. This means that in parts of the state with lower average household incomes, many of which are rural and not served by public transit, owning and maintaining a vehicle is difficult. In rural Virginia, there are many areas where more than half of the households live without a car. The population of zero-car ownership households also includes a small subset who voluntarily live without a vehicle for a mix of financial and personal reasons. This is typically limited to urban areas which are well-served by transit and often experience significant congestion.

Elderly Population

This analysis defined the elderly population as aged 65 or older. While this population includes individuals with a wide range of needs and abilities, many older residents find their transportation needs and challenges shifting at this time in their lives. Many seniors experience physical or financial limitations that prevent them from owning and operating a vehicle while also experiencing an increased need for medical services. Attaining age 65 is the primary requirement of Medicare eligibility for most Virginia residents.

It is useful to identify high concentrations of seniors because they are a significant user of human service transportation. Elderly veterans are another group that frequently uses human transportation services. The population of elderly veterans is also disproportionately likely to include individuals with disabilities.

There are many neighborhoods in Richmond, Norfolk, Petersburg, Fairfax, and Hampton where more than a quarter of the residents do not own a car.

$8,469
Average annual Cost of Car Ownership

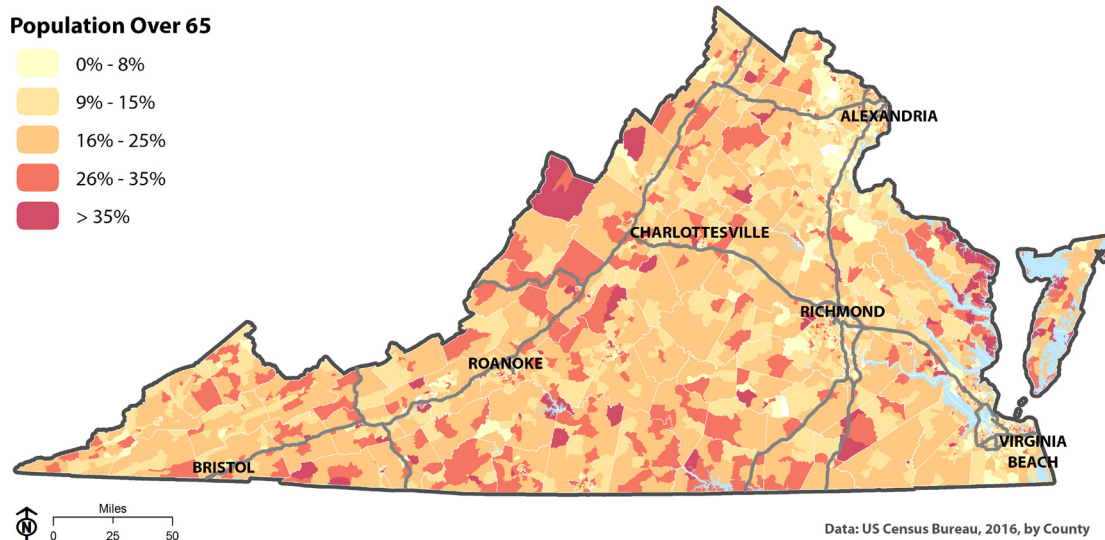**Annual Budget for Household of 4 at the Federal Poverty Line**
$25,752

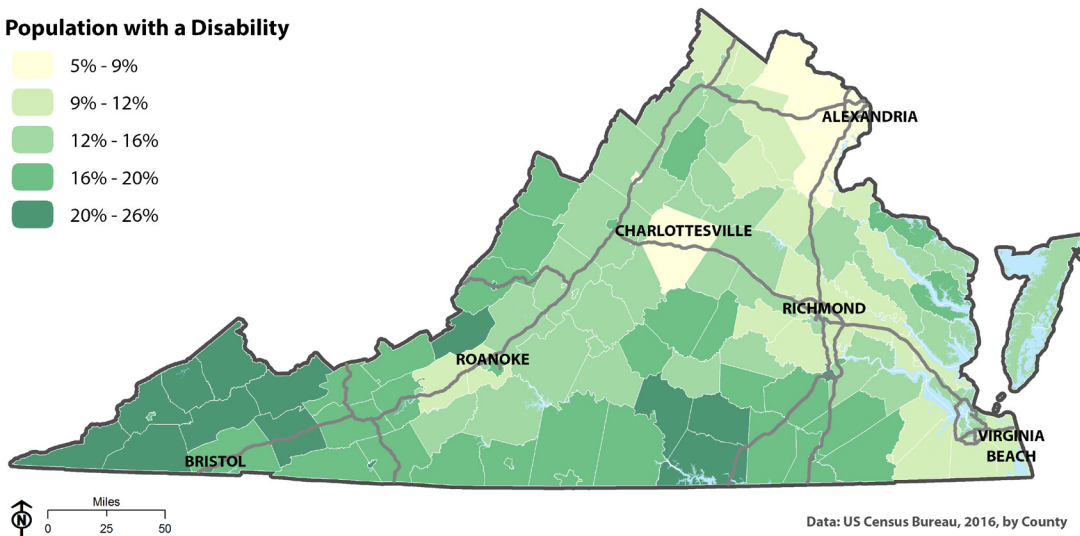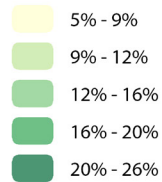*Transportation needs and challenges shift as people grow older.*

Where are the Elderly Populations?

Areas with high concentrations of elderly residents are scattered throughout the state but are primarily outside urbanized areas. These high concentrations of elderly residents are often in very rural areas, small urbanized communities, clustered along lakes or rivers or in large assisted-living facilities.

Population Over 65

- 0% - 8%
- 9% - 15%
- 16% - 25%
- 26% - 35%
- > 35%

ALEXANDRIA
CHARLOTTESVILLE
RICHMOND
ROANOKE
BRISTOL
VIRGINIA BEACH

Miles
0   25   50

Data: US Census Bureau, 2016, by County

Population with a Disability

- 5% - 9%
- 9% - 12%
- 12% - 16%
- 16% - 20%
- 20% - 26%

ALEXANDRIA

CHARLOTTESVILLE

RICHMOND

ROANOKE

VIRGINIA BEACH

BRISTOL

Miles
0   25   50

N

Data: US Census Bureau, 2016, by County

Disability types include hearing, vision, cognitive, ambulatory, self-care, and independent living.

Disability Population

The American Community Survey (ACS), asks about six disability types: hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty. Respondents who report any of these six difficulties are considered to have a disability. Individuals with each kind of disability have different transportation needs and challenges.

Where are the Populations with Disabilities?

The highest concentrations of residents with disabilities are in southwestern Virginia in Lee, Wise, Scott, Russell, Dickenson, Buchanan, Tazewell, Smyth, and Craig Counties. There are also concentrations in Mecklenburg, Lunenburg, and Charlotte Counties in south-central Virginia.

Public transportation in Virginia comes in four basic forms: rail, fixed route transit, deviated fixed route transit, and demand response.

RAIL

FIXED ROUTE

DEVIATED FIXED ROUTE

DEMAND-RESPONSE

Overview of Transportation Services in Virginia

Types of Services

There are a variety of service types that contribute to the human service transportation spectrum in Virginia, based on their accessibility to seniors and those with disabilities. Agencies offering each of these service types are funded by DRPT through one or more FTA grants and/or state funding. The basic division of services is as follows:

Public Transportation Providers

Public transportation in Virginia comes in four basic forms: rail, fixed route transit, deviated fixed route transit, and demand response.

- **Rail:** Virginia has four rail systems—Metrorail in Northern Virginia, operated by WMATA; Virginia Railway Express, a commuter service between Fredericksburg, Manassas, and Washington, D.C.; and the Tide light rail in Norfolk. Amtrak also has service throughout the state that serves Norfolk, Newport News, Richmond, Fredericksburg, Roanoke, Lynchburg, Staunton, Charlottesville, and Danville. Amtrak service continues to Washington, D.C., and beyond, to West Virginia and beyond, and to North Carolina and beyond.
- **Fixed Route Transit:** Fixed route transit services are public services that operate on set schedules along set routes. These services normally only stop at designated stops and/or stations and thus the accessibility factor tends to be lower than other options.
- **Deviated Fixed Route Transit:** Deviated fixed route service is similar to traditional fixed route service, but will veer from the specified route if requested ahead of time. There is a distance limitation, usually three-quarters of a mile, which satisfies the Americans with Disabilities Act (ADA) for public transit accessibility. Providers may choose to service a larger buffer area if they wish. Generally, providers require a day's notice to be added to the deviation manifest.

- **Demand Response:** Demand response systems are those that do not have fixed routes or set schedules but provide service based on needs. Customers typically call 24 hours in advance, request a pick-up time and location, and a manifest is created by the agency for the next day's schedule. The service is generally curb-to-curb.

Volunteer and Non-Profit Human Service Providers

Human Service Transportation Providers

During the previous iteration of coordinated human service transportation planning, seven key types of service providers were involved in the development of regional CHSM plans. These providers offer a wide variety of services to those with physical and mental disabilities, including senior citizens, veterans, and low-income populations. Aside from public transit providers, these agencies all provide transportation for their clients, residents, and patients as a supplemental service. The seven agency types listed below were key participants in earlier planning processes, providing valuable guidance and input. For this reason, these agencies continue to be engaged in the current consolidated CHSM planning effort.

- **Community Services Boards (CSBs) and Behavioral Health Authority (BHA)** - These boards provide or arrange for mental health, developmental disability, and substance use disorder services within each locality. CSBs and the BHA are funded through the Virginia Department of Behavioral Health and Developmental Services (DBHDS).
- **Employment Support Organizations (ESOs)** - These organizations provide employment services for people with disabilities.
- **Area Agencies on Aging (AAAs)** - These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. AAAs are funded through the Virginia Department for Aging and Rehabilitative Services (DARS).

In addition to engaging those who manage and fund the alternative human service mobility programs, it is important to engage those who keep them running day to day.

- **Public Transit Providers** - These include publicly or privately owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and vehicles are marked to show public transportation service.
- **Disability Services Boards** - These boards provide information and referrals to local governments regarding ADA and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities.
- **Centers for Independent Living (CIL)** - These organizations serve as educational/resource centers for people with disabilities.
- **Brain Injury Programs** - These programs serve as clubhouses and day programs for people with brain injuries.
- **Other appropriate associations and organizations** - These include Alzheimer's Chapters, AARP, the Wounded Warrior Program, and the Virginia Association of Community Services Boards (VACSB).

In addition to engaging those who manage and fund the alternative human service mobility programs, it is important to engage those who keep them running day to day and have direct and sustained contact with their users. Staff, drivers, and managers provided valuable insight into the everyday challenges faced by non-traditional transportation providers, as well as the needs of those who require mobility assistance.

Institutions and Non-profit Organizations
In addition to the seven agency types identified above, which participated in the development of the regional CHSM plans, the following services also provide supplemental transportation services to their visitors, residents, and patients:
- **Adult Daycare Services:** Virginia is home to dozens of Adult Daycare

Centers that often provide transportation services for residents and visitors. This is an essential piece of the statewide transportation network. Those who interact with users on a daily basis–such as aides and drivers—provided valuable input into the identification of the gaps in the network, and their insight will help develop a more integrated, efficient system for all users.

- **Hospitals and Health Clinics:** Hospitals, health clinics, and other healthcare providers sometimes provide transportation services to patients that require mobility assistance to and from appointments, and between inpatient and outpatient care. These providers are an essential piece of the human service framework, and can often face challenges such as high no-show rates, or patients waiting an extended amount of time after discharge to travel home.
- **Community Center On-Demand Programs:** Non-profit community centers and organizations that offer transportation services to the elderly and those with physical and mental disabilities can provide valuable insight into the challenges and gaps in the overall transportation network.

Private Transportation Providers

There are a number of private transportation providers within each region across the state:

- **Transportation Network Companies (TNCs):** "Ridesourcing" or TNC services use smartphone apps to bring passengers in contact with drivers who typically drive part-time and use their own vehicles. This includes companies such as Uber, Lyft, UZURV, and Via. Some TNCs, such as UZURV, have been used by public transit agencies to provide paratransit services (for example, GRTC is using UZURV through a pilot program to fill certain rides; UZURV is a specialized transportation TNC).
- **Private Human Services Providers:** Richmond Van Go Inc. is the largest
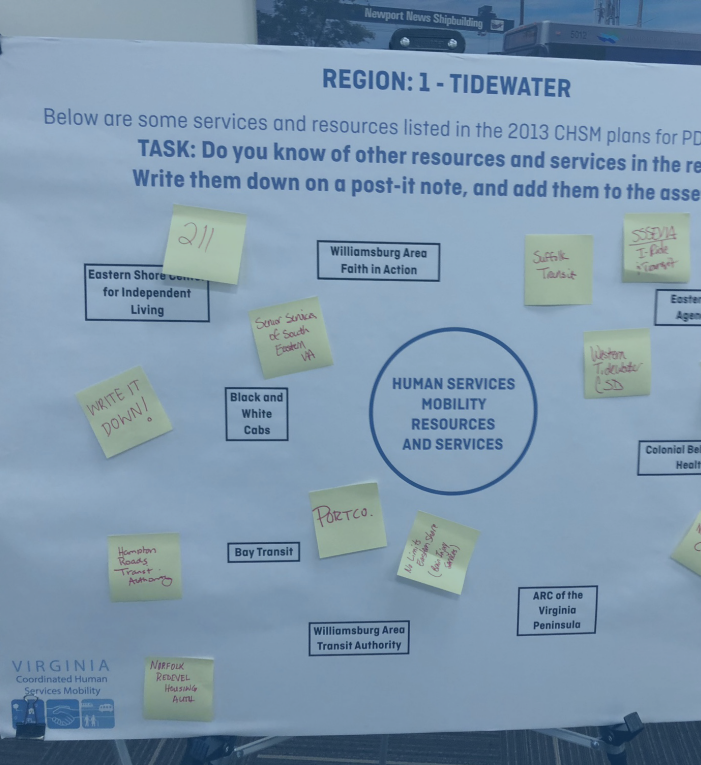
Types of Private Transportation

TNCS

HUMAN SERVICE PROVIDERS

TAXI

private provider of non-emergency medical transportation (NEMT), human services, and special needs transportation in the Richmond Tri-Cities area. They specialize in wheelchair and shuttle services for employment, medical appointments, churches, student transportation as well as special events like weddings and reunions.

- **Private Taxi Services** that serve the general public either via call-in reservations or roadside hailing.

Public Outreach

A CHSM plan engages a variety of transportation providers, both public and private, and solicits feedback from populations who may not have easy access to public meetings or other events. Therefore, the public outreach and participation element of this plan was detailed and well-organized to maximize involvement.

Outreach Vision

The CHSM plan is ultimately a reflection of the people who need transportation services, including seniors, individuals with disabilities, veterans, and other vulnerable populations. For this reason, the planning process focused on the input and perspectives of these individuals during plan development. The CHSM team strategically used networks of community, advocacy, and mobility agencies to organize and structure the outreach efforts to reach a robust, representative group of participants. The outreach process conformed to federal guidelines and regulations, as specified in FTA Circular 9070.1G. The process was designed to be flexible to allow for adjustments according to the needs and availability of all stakeholder groups.
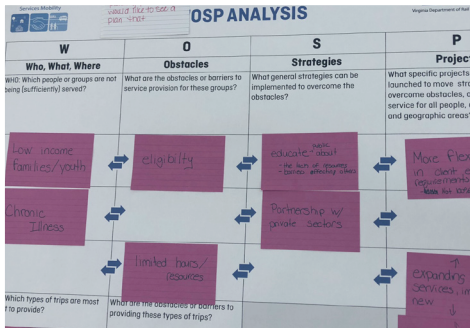
Public Outreach Goals and Outcomes

The public outreach process was designed to meet the following goals:

- Provide **robust community engagement** flexible enough to respond to shifting needs and the availability of communities and individuals.
- Provide **meaningful opportunities** for vulnerable populations – including senior citizens, individuals with disabilities, low-income groups, and veterans – to participate in the development of a CHSM plan that truly meets their needs and improves their quality of life.
- **Collect Information** that contributes to a useful, accessible plan that will support statewide and regional agencies as they leverage funding.
- **Forge connections** between individuals, transportation providers, and community and advocacy groups that can lead to mobility solutions and partnerships.

The public outreach process was designed to **collect information and develop a series of concrete deliverables** that shape the consolidated CHSM Plan. The process sought feedback on the existing regional plans to understand what has changed in the human service landscape since 2013. Participants provided insight as to which resources, needs, strategies, and priority projects remain relevant, which need updates, and how updates can more effectively solve mobility challenges in Virginia. Updates in the 2019 consolidated statewide plan include:

- A comprehensive list of available transportation services and resources
- A list of unmet transportation needs and gaps, identifying in particular:
  - Statewide commonalities
  - Variations between regions and user groups
- Revised strategies that are specific enough to move the plan to action:
  - A series of statewide strategies
  - Revised strategies for each region
- Potential projects to prioritize for funding and implementation.

The public outreach process was designed to collect information, forge connections and provide robust community engagement opportunities to hear from vulnerable populations.
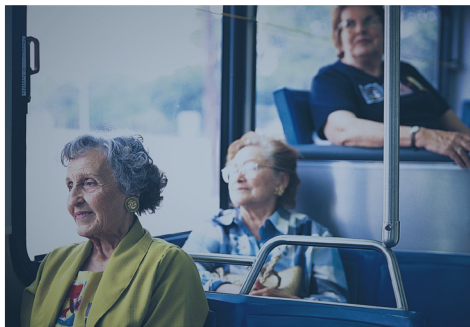
Outreach and Facilitation Methods

Who Uses Human Service Transportation?

Before detailing which groups participated and how they were engaged, it is important to first explore who uses human service transportation. It is also important to understand which groups need or would benefit from services but who are unable to use them.

Individuals with Disabilities

Disabilities are diverse and can range from obvious impairments to less-visible conditions, including:

- Developmental disabilities, including intellectual disabilities
- Physical disabilities
- Sensory disabilities
- Mental illness
- Neurological disorders
- Chronic illnesses
- Invisible or hidden disabilities

The outreach process focused on people with disabilities who rely on human service programs for everyday transportation and mobility assistance, particularly those with developmental disabilities, physical or sensory disabilities, and neurological impairments. However, all vulnerable populations were encouraged to participate in the planning process, especially people who can and would like to use traditional fixed route or paratransit services. A well-coordinated statewide mobility framework will be accessible and helpful to all Virginia residents who need mobility assistance.

Senior Citizens

Senior citizens are generally over the age of 65. Planning for reduced mobility and thinking about future living and transportation options is important for individuals of all ages. Senior citizens with reduced mobility may experience many of the symptoms of disability listed above, particularly physical and sensory impairments (such as hearing and visual deterioration), and neurological deterioration (including dementia and Alzheimer's).

Veterans

Veterans in the United States include senior citizens who served during past conflicts such as World War II and the Vietnam War, as well as younger service members returning home after serving in the Iraq War and the War in Afghanistan. Many veterans, old and young, experience physical and mental disabilities as a result of injuries sustained during combat and may experience additional mental conditions such as Post Traumatic Stress Disorder (PTSD). In addition to these challenges, younger veterans are trying to reintegrate into civilian life, reconnect with their families, look for jobs, and continue to recuperate, while older veterans are looking towards retirement and the aging process.

Many veterans live in or are returning home to rural towns and smaller cities and rely on transportation in their communities to reach everyday services including local Veterans Affairs (VA) offices and hospitals. Veterans of all ages were engaged in the CHSM planning process to evaluate how well human service transportation is meeting their specialized mobility needs. There is a concern that veterans groups may have low coordination with the rest of the human service and mobility network and not take full advantage of existing resources. Engaging veterans and veteran associations in the outreach process was intended to focus on better integrating their needs and services into the statewide coordinated framework.

Low Income Communities

The FAST Act eliminated the requirement that coordinated plans include low-income individuals. However, low-income communities often face the double burden of poverty and health disparities, including physical and mental disabilities. The engagement process ensured that all workshops, focus groups and surveys administered to people with disabilities, seniors, and veterans, included strong representation from low-income groups. It is a good practice to continue to include these individuals, as they represent vulnerable groups that need public transportation to meet basic needs and maintain quality of life.

Who Participated?

Statewide Steering Committee – A group of state agency representatives was established to ensure that community outreach was representative and accessible and that the strategies identified were appropriate and feasible. The Statewide Steering Committee met in person once during the public outreach process to review project process and provide input. The committee is envisioned

to continue meeting regularly following the completion of the plan to help CHSM recommendations advance toward implementation.

Transportation Service Users – The people who rely on transportation services for everyday mobility (including the elderly, people with disabilities, low-income residents, and veterans) shaped the overall direction of the plan by providing insight into key needs and gaps in existing service offerings and providing feedback on the current CHSM strategies and priority projects. Users participated in a series of 'community conversations' and on-board surveys.

Transportation Service Providers – Service providers, including human service providers, traditional fixed route and paratransit agencies, and private taxi or ride share companies, provided insight into ongoing challenges for providing transportation to vulnerable populations. They helped guide the outreach process by providing recommendations for stakeholder groups and appropriate, accessible engagement techniques.

Transportation Service Funders – Representatives from a wide variety of agencies and organizations that provide funding for human service mobility programs provided key insights into the opportunities for funding, the feasibility of strategies and projects, and timelines for implementation and grant applications. Funding partners include the FTA, federal and state health and human service agencies, Medicaid and Medicare programs, and

many state and federal programs that provide funding for targeted population groups or geographies (such as the elderly, youth, people with disabilities, low income families, veterans, and rural and urban areas). Funding partners were represented on the Statewide Steering Committee and participated in select workshops and interviews on special topics.

Virginia Mobility Managers – Mobility managers, including those that make up the Virginia Association of Mobility Managers (VAMM), manage and implement coordinated transportation services for veterans, low-income individuals, older adults, individuals with disabilities, and individuals with transportation needs. To launch the outreach efforts, mobility managers participated in phone interviews to provide information about challenges and opportunities in their region, and to provide guidance for context appropriate, and accessible, outreach strategies.

In addition to users, providers, and funders of human service transportation, there are planning and support organizations that support transportation and manage mobility at a systems level—to coordinate mobility programs and build relationships between various stakeholders. These include statewide organizations such as VAMM, and the Community Transportation Association of Virginia (CTAV), as well as regional agencies including the 19 planning district commissions (PDCs).

How Did They Participate?

Regionally, stakeholders worked with the study team in response to a variety of outreach strategies. Included in these strategies were a number of workshop exercises, community conversations, and ride-alongs.

- **Workshops** - Regional workshops brought together leadership- and staff-level representatives of regional human service providers and public transit agencies for focused conversations about coordinating transit services. By conducting these workshops at the regional level, participants were able to discuss key regional needs as well as regional success stories. Regional workshops included a series of structured exercises designed to extract key ideas and issues related to human service transportation. Exercises included:

  ◦ **Geographic Identification** – Each participant indicated where he or she was based, by placing a dot sticker on a statewide map. The resulting map shows the statewide geographic distribution of regional workshop participants.

  ◦ **Resource Brainstorming** – Participants were given the opportunity to identify key agencies, organizations, and individuals in the region who currently work in the human service mobility sector.

  ◦ **Visioning** – Participants expressed their vision for human service, mobility, and for the CHSM plan by completing the sentences, "Human
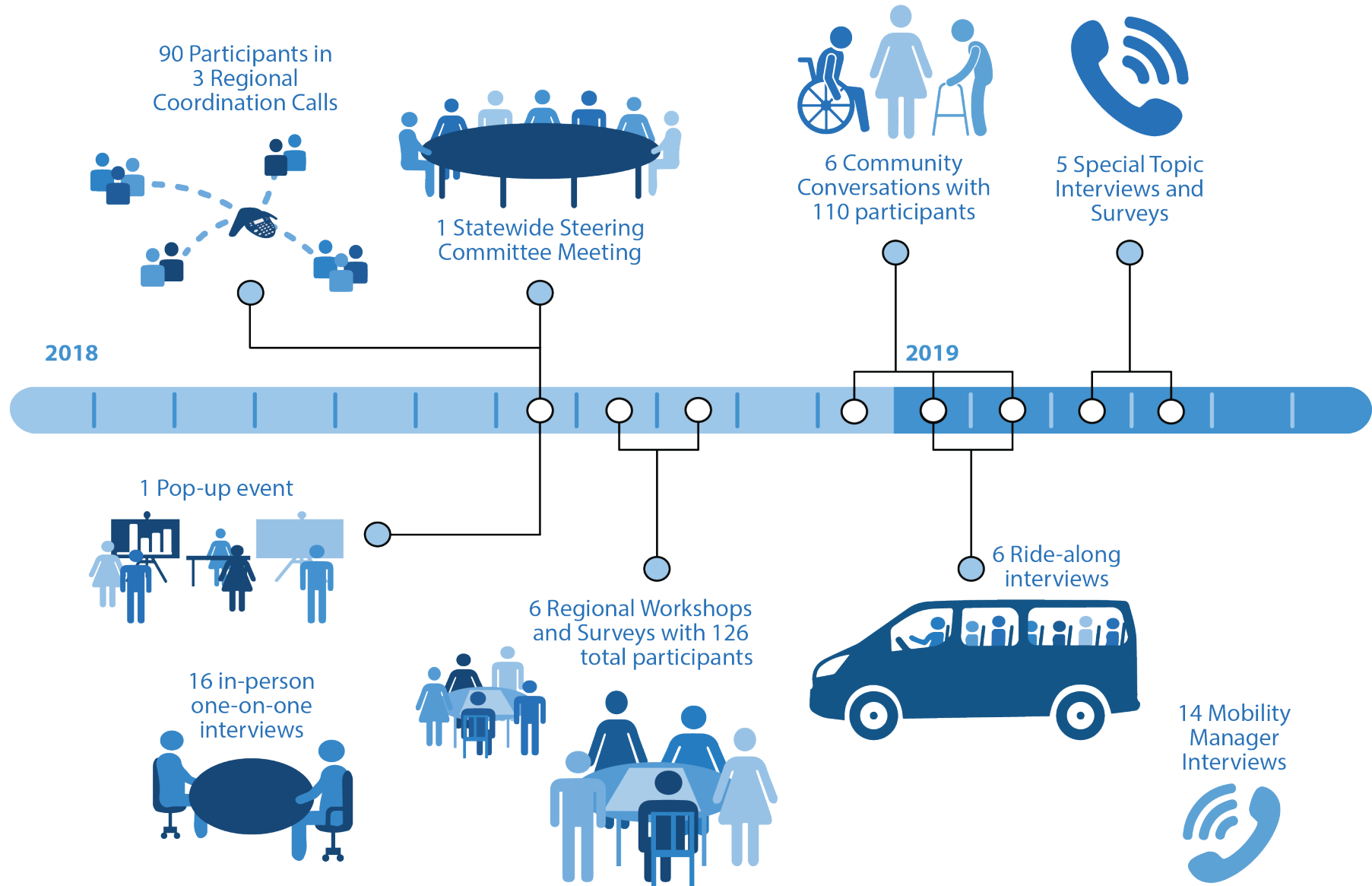
service mobility is important because…" and "At the end of the planning process I would like to see a plan that…" Participants shared their responses with the group.

  ◦ **WOSP Analysis (Who, What, Where > Obstacles > Strategies > Projects)** – This exercise was the main focus of each workshop. A WOSP analysis is a facilitation technique that helps workshop participants think through the links between needs, barriers to success, and strategies for overcoming barriers. Participants are tasked with identifying a need, identifying the obstacle preventing the need from being met, a strategy that could help overcome the obstacle, and a specific project than could help move the strategy forward.

- **Community Conversations** – The people who rely on transportation services for everyday mobility (including seniors, people with disabilities, low-income residents, and veterans) shaped the overall direction of the plan by providing insight into key needs and gaps in existing service and providing feedback on the current CHSM strategies and priority projects. Users participated in a series of community conversations designed to meet people where they receive services or socialize in the community. These smaller meetings took place in senior centers, adult daycares, and other similar locations to afford participants the opportunity to

provide input from an accessible, familiar location. Staff and aides helped to facilitate conversations that were context appropriate and suitable for participants with a variety of physical, sensory, and intellectual disabilities.

- **Ride Alongs** – The consulting team conducted a ride-along in each region, during which consultants rode a human service transit route and talked to riders about their experiences. Consultants asked questions about the routes people take, where they go, how long it takes, challenges they encounter, and improvements they would like to see.

OUTREACH TIMELINE OF PUBLIC INVOLVEMENT:

90 Participants in 3 Regional Coordination Calls

1 Statewide Steering Committee Meeting

6 Community Conversations with 110 participants

5 Special Topic Interviews and Surveys

2018

2019

1 Pop-up event

6 Regional Workshops and Surveys with 126 total participants

6 Ride-along interviews

16 in-person one-on-one interviews

14 Mobility Manager Interviews

Statewide Issues

Statewide gaps include both under-served populations and under-served trips. While some common themes can be identified statewide, the extent of these issues varies across regions.

Who is not being sufficiently served?

A critical part of this process was reaching out to groups who were not being adequately served by public transit to gain a clearer picture of existing gaps. The following populations are currently under-served by public transit and human service transportation:
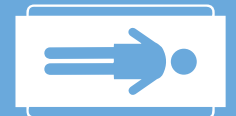
- **Rural seniors** often face multiple barriers to transportation, such as long travel distances to destinations, challenging terrain, limited internet connectivity, and physical limitations (including sensory impairments). They may have a limited local social network of friends and family to provide transportation assistance. Additionally, very rural areas with large senior populations often lack the transit resources to serve all their residents at a basic level.
- **People with chronic pain and/or medical conditions** that require recurring medical visits, including oncology, occupational and physical therapy, behavioral healthcare, dialysis, and rehabilitation or medication-assisted treatment clinics (e.g. methadone or suboxone clinics). Providers with limited operating or staff resources often cap services to a maximum number of weekly trips per person.
- **Non-ambulatory individuals** including individuals with paraplegia and quadriplegia who often rely on ambulance services for transportation needs. Transportation of these individuals requires stretcher-accessible vehicles.
- **Minority Populations** who are disproportionately affected by poverty and a lack of access to private transportation. These individuals may live

Low-income residents who are not seniors or living with a disability are often ineligible for services.

Groups Not Fully Served

Rural Seniors

Non-ambulatory individuals

People With Chronic Medical Conditions

Minority Populations

Groups Not Fully Served

Job-Seekers

The "Working Poor"

Veterans and Their Families

Low-Income Residents

The Unhoused or Housing Insecure

Non-Medicaid Recipients

Recent changes to veteran benefits have left some who were once eligible for subsidized medical trips unable to afford those trips.

in areas with fixed-route transit but are unable to reach work, education, healthcare or other community resources outside the transit service area. Additionally, they may struggle to access jobs that start or finish outside the hours of fixed-route transit operation.

- **Non-Medicaid recipients** who rely on human service transportation and may share transportation resources with individuals who receive Medicaid.
- **Veterans and their families** who may have recurring medical issues including chronic pain, drug or alcohol use, physical limitations, and post-traumatic stress and other health challenges. Recent changes to veteran transportation benefits have left some who were once eligible for subsidized medical trips unable to afford those trips. These individuals now rely on human service providers and volunteer programs.
- **The Working Poor** who earn too much to meet low-income requirements but too little to afford to buy and maintain a personal vehicle. These residents face challenges moving between multiple jobs, especially when work occurs outside the operating area or hours of fixed-route public transit.
- **Low-income residents** often fall outside eligibility criteria unless they are seniors, living with a disability or reside in jurisdictions that include low-income individuals and households in service eligibility. This group includes low-income youth and low-income families with children who may have difficulty accessing school, work, daycare, grocery stores, medical services, and other community resources.
- **Job-seekers** who live in jurisdictions with limited fixed route transit or where training/job-seeking trips are not covered. This includes seniors, veterans, low-income parents, and anyone else with a disability who cannot afford to or is unable to physically reach job interviews, education, or training.
- **The unhoused or housing-insecure** who may not be aware of existing

resources and services. Transience makes traditional educational outreach more challenging.

Some portion of people who are not currently served by human service transportation could utilize regular fixed-route public transit, where available. However, populations that do not qualify for human service transportation may have transportation needs beyond the geographic reach or hours of service of existing public transit. Increased awareness and education campaigns can help shift some trips to existing fixed route transit. Qualification-based programs also limit who can use human service transportation services, and those qualifications are typically restricted due to funding and other resources (driver availability and vehicles, for instance).

What types of trips are not being sufficiently provided?

Public outreach also highlighted the following types of trips as being under-served:

- **Recurring medical trips** including trips for patients with dialysis, addiction, mental health, and oncology needs. Providing this kind of regular, ongoing transportation for individuals is beyond the scope of most service providers' budgets. Many providers cap services to a maximum number of weekly trips per person.
- **Location-specific medical trips** such as to VA hospitals, large regional medical centers or specialized rehabilitation clinics are difficult to serve because passengers must travel long distances, sometimes across multiple jurisdictions or even state lines, to reach them. Serving these trips requires complex coordination and long trips for passengers.
- **Quality of life non-medical trips** (such as shopping, social visits, haircuts, religious services, etc.) are not served as often because providers struggle to serve medical trips and have limited, if any, remaining funding for non-medical trips.
- **Essential, non-medical trips** (such as to the bank, post office, lawyer,

People who don't qualify for human service transportation may have needs beyond the geographic reach or hours of service of existing public transit.

Types of Trips Not Fully Served:

Quality of Life Non-Medical Trips

Location-Specific Medical Trips

Recurring Medical Trips
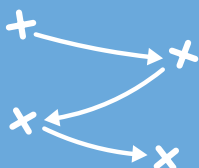
Types of Trips Not Fully Served:

Essential Non-Medical Trips

Employment Trips

After-Hours Trips

Multi-Stop Trips

Long Distance Trips

Long-distance users must rely on a complicated patchwork of different systems that aren't coordinated.

court, grocery store, education, etc.) are typically ineligible for subsidies that cover medical trips. Providers with limited resources that struggle to meet the demand for medical trips typically have limited, if any, remaining resources for non-medical trips, even when they are critical to residents. Trips to night classes are also difficult to serve because they often occur after typical hours of service.

- **Employment trips**, including to jobs, internships, and apprenticeships are under-served, especially if working hours fall outside of traditional service hours (such as nighttime or late-shift work).
- **After-hours trips** such as to overnight jobs or night school are difficult to serve because they occur outside typical hours of operation. There are also safety challenges with operating after dark in areas that may lack sidewalks or adequate pedestrian lighting.
- **Multi-stop trips** are difficult to serve because providers typically have limited resources and buses normally cannot stop and wait for passengers to finish errands. Due to the nature of human service transportation, it is difficult to schedule precise pick-ups. This means that a working parent may struggle to transport their children to daycare and make it to work on time.
- **Long-distance trips** not served by inter-city bus services are difficult to serve because human transportation providers typically cannot serve trips beyond their boundaries. This means that long-distance users must rely on a complicated patchwork of different, uncoordinated systems and may face long waits in unprotected conditions between adjoining services. Individuals with disabilities face even more challenges to coordinating long-distance trips.

Why do these gaps in service exist?

There are two primary reasons these gaps exist. First, transportation providers do not offer service to cover the trips; the hours, days, or service areas cannot accommodate the desired trips. Second, providers must make service decisions based on funding. Human service providers have more flexibility in regulating and qualifying riders than traditional public transit providers. A rider who does not qualify with a human service transportation provider is then limited to other sources of transportation.

Action Tracker

Gaps to Goals

For human service transportation – and public transit as a whole – to become more effective across the state and to bridge the gaps identified throughout this process, a plan of action must be developed. The specific gaps have been grouped into general categories and used to recommend action items – strategies for closing the gaps.

Gaps have been grouped and streamlined because many of these action items address multiple gaps. Looking at broader gaps affords the organizations and individuals implementing this plan the opportunity to see how single actions may have a ripple effect on other transportation issues in the state and possibly in other regions.

These topics also represent the goals. The action items that comprise the Action Tracker address one or more topics, directly speaking to a problem that was identified in the community through the extensive outreach process.

Education Opportunities

There are gaps in education for service providers, mobility managers, and

other individuals involved in the provision of human service transportation. While the Commonwealth of Virginia – through DRPT and other agencies – can provide some of this education, it is important that regional and statewide partnerships between transit providers and support organizations are leveraged through ongoing communication, shared learning opportunities, feedback loops, and shared best practices.

Trip Eligibility

There are groups of individuals who need services but either the individuals or the trips do not qualify for service. People may have physical access to the transportation service, and it may be their only transportation option, but a barrier exists. Alternately, customers may qualify for the service but the route does not take them where they want or need to go, such as to a grocery store, senior center, or educational facility.

Funding

All these services are possible in part because of funding from state and federal sources. Capital funding comes through the FTA 5310 program, which is matched by the Commonwealth through its State Paratransit Program Funds at 16 percent and by the locality at four percent. Operating funding follows a different formula. The federal government only provides half of the total budget while Virginia matches 40 percent and the local agencies match the final ten percent. The FTA Section 5310 program is restricted by available federal funding, which is apportioned throughout the state based on Census classification and population: 60 percent goes to large urbanized areas, 20 percent to small urbanized areas, and 20 percent to rural areas. As a result, there are significant funding gaps throughout the state, especially in rural and small urban areas that together share only two-thirds of what large urban areas receive. Potential funding opportunities include seeking out additional, alternative funding from federal, state, or local funders. Transit providers can

form partnerships to reduce duplicated costs, such as administrative overhead. DRPT can consider partnerships with other state agencies as some of the goals of human service transportation overlap with other agencies' non-transportation goals.

Service Alternatives

The outreach process highlighted the lack of service alternatives for individuals who rely on human service transportation. For many residents, especially in more rural areas, there is one option for human service transportation. If that service does not run when or where it's needed, or if the individuals are not eligible for the service, they may not have any other options. In larger areas, there are likely overlapping services, including human service transportation, local transit, and private providers. Partnerships and changes to services may be two options for bridging this critical gap.

Using the Action Tracker

The Action Tracker is an easy-to-read plan of action for DRPT and its partners to use when trying to bridge the identified gaps in service. Each action item corresponds with at least one of the identified gaps or goals. The Action Tracker is presented in lieu of a traditional Goals, Objectives, Strategies development to encourage more of the partners to get directly involved in the implementation of this plan.

The Action Tracker also includes a performance-tracking guide, which provides a means of measuring progress, and a time frame that can be used to direct the work. Finally, each action item is accompanied by recommended participants. This is not intended to be a comprehensive list; it is expected that the list of participants will change and/or grow as time moves on.

STATEWIDE ACTION TRACKER

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	Implementation Timeframe *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Education & Opportunities	VA-1.A	Maintain an active statewide steering committee to identify and address issues that impact the provision of transportation services to senior, disabled, low-income, and veteran residents	Biannual meetings of statewide representatives of regional advisory committee representatives	Short	DRPT Other state agencies
	VA-1.B	Develop regional advisory committees that report to statewide steering committee	Quarterly meetings of diverse group of human service transportation partners	Short	DRPT Service Providers
	VA-1.C	Continue communications with organizations that are involved with and support transportation in Virginia, including the Virginia Transit Association (VTA), Community Transportation Association of Virginia (CTAV), Area Agencies on Aging (AAA), the Virginia Association of Mobiltity Managers (VAMM) and others	Increased human service transportation provider membership with VTA	Medium	Statewide Steering Committee
	VA-1.D	Continue and expand funding and support for mobility management services in the Commonwealth	Continued or increased funding	Short	DRPT
	VA-1.E	Set standards for training for service providers and mobility managers that includes nationally-organized training courses (e.g., National Transit Institute) and state-developed courses	Two classes per year	Short	DRPT Statewide Steering Committee Service Providers
	VA-1.F	Continue development and maintenance of an online resource tool to facilitate trip planning and agency coordination	Annual updates	Medium	DRPT
	VA-1.G	Set up an official rotating system of presentations for service providers to share their service models with each other and discuss successes, past issues, and lessons learned; use steering and advisory committee meetings and other standing committees as platform for presenting results	Four annual presentations	Medium	DRPT Advisory Committee Service Providers
	VA-1.H	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Statewide Steering Committee Regional Advisory Committees
	VA-1.I	Create a unified message about the importance of human service transportation and use to educate localities and potential funding partners throughout the state; brand human service transportation as a necessary community "utility"	Platform and talking points for statewide use, updated annually	Medium	DRPT Statewide Steering Committee Regional Advisory Committees Service Providers
	VA-1.J	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners	24 meetings statewide with applicable facilities	Medium	Service Providers
	VA-1.K	Develop driver recruitment tools for agencies to use	Toolbox for agencies	Long	Regional Advisory Committees
	VA-1.L	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities	Training plans	Short	Service Providers
	VA-1.M	Set expectations for trip parameters for new riders; provide introductory travel training	Pilot programs for each service	Medium	Service Providers
Trip Eligibility	VA-2.A	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	VA-2.B	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs	Outreach plans	Long	Service Providers
	VA-2.C	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for disabled students with limited transportation options.	Pilot program	Long	DRPT Service Providers

			Performance Tracking		
Transportation Gap	Action No.	Action Item	Benchmark	Implementation Timeframe *Short: 1-2 years | Medium: 3-4 years* *Long: 4+ years*	Participants
Funding	VA-3.A	Explore options at the federal level for funding that helps trip coverage for veterans and work with statewide steering committee to review options	Identified funding sources	Medium	DRPT Statewide Steering Committee
	VA-3.B	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers
	VA-3.C	Consider using FTA Section 5304 funding to provide additional planning support for human service transportation providers in rural areas without the benefit of metropolitan planning organizations	New projects in FTA 5304 programming	Short	DRPT
	VA-3.D	Encourage service providers to apply for DRPT's technical assistance and demonstration project assistance grants for new projects that solve issues identified through this process	Two applications per year for each program	Medium	DRPT Service Providers
	VA-3.E	Develop a ridership database for human service transportation agencies to monitor the effectiveness of existing services and establish baselines for comparisons to expanded and new services	Database framework and update parameters	Long	DRPT Service Providers
	VA-3.F	Develop a statewide voucher program specifically aimed at current ineligible ridership groups (e.g. such as low-income families with children or the working poor), or currently ineligible trips (e.g., rides to daycare or school); work with other state agencies to expand funding opportunities	Pilot program	Long	DRPT Other state agencies
Service Alternatives	VA-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	VA-4.B	Study the spatial distribution of human service transportation providers and determine any opportunities for efficiencies with combined fleet management, dispatch operations, or maintenance	Final study	Long	DRPT Service Providers
	VA-4.C	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meeting scheduled with all public transit providers	Medium	Service Providers
	VA-4.D	Study the potential for and obstacles to expansion of door-to-door service	Plan proposal	Medium	DRPT
	VA-4.E	Continue discussions with transportation network companies to determine their role in human service transportation in Virginia; encourage coordination with the Statewide Steering Committee	Meeting scheduled between DRPT and TNCs and Statewide Steering Committee and TNCs	Short	DRPT Statewide Steering Committee
	VA-4.F	Study areas of the state where human service transportation is either not provided or critically underrepresented and determine how to fill these service gaps	Final study	Long	DRPT
	VA-4.G	Study service alternatives that group trip types or origination points to minimize the number of trips while maximizing ridership (see District Three's county-wide transit service for an example)	Final study	Long	DRPT Service Providers

STATEWIDE ACTION TRACKER

Interagency Coordination Framework

Background and Purpose

The Virginia Department of Rail and Public Transportation (DRPT) took steps to develop and monitor a system of coordinated human service transportation across the Commonwealth. Early coordination efforts included a 2005 inventory of existing partnerships in Virginia, and the development of 21 regional CHSM plans in 2008. On a daily basis, DRPT works closely with state, regional, and local organizations and agencies to provide efficient, affordable, and accessible transportation to seniors, veterans, and people with disabilities. The 2019 Statewide CHSM plan is the latest step towards integrating human service mobility initiatives across Virginia.

Opportunities for new or improved coordination were identified during a robust public outreach process with transportation users, providers, managers, and funders across Virginia. The following are potential coordination efforts that emerged during the outreach process.

7 Points for Improved Communication and Coordination

1 **Statewide Steering Committee**
Across the country, states are working to increase coordination in human service mobility. One popular strategy is the establishment of statewide coordinating councils, comprising government agencies and other stakeholders that "work together to make specialized transportation services more effective, efficient, and accessible to the people who need them." State-level coordinating councils are multi-disciplinary and establish ongoing partnerships that bridge the gap between federal initiatives and local service provision.

Interdisciplinary state agencies in Virginia currently collaborate to expand mobility options, and DRPT regularly works with a variety of state agencies. A statewide steering committee was established during the public outreach process for the 2019 CHSM Plan update to review and advise on the outreach process and plan development. One recommendation that emerged during outreach was to establish an ongoing, long-term steering committee, much like the Coordinating Councils found elsewhere in the country. A statewide steering committee would formalize the relationships between DRPT and other state agencies, provide accountability for plan implementation, and help foster inter-disciplinary collaboration in the fields of transportation, health, human service, social services, veterans' issues, and disability rights.

2 **Public Agencies, Rural Transit Providers, and Human Service Providers**
It is clear is that agencies across the state are working tirelessly to provide efficient, affordable, safe, and reliable transportation. Many of the most successful programs already rely on inter-agency collaboration to overcome fiscal, administrative, logistical, and jurisdictional barriers. In low-income, rural areas, there are interagency programs that provide heavily subsidized rides to essential services. Regional and public transit agencies like STAR Transit on the Eastern Shore are using state and federal funding, and partnerships with local day centers and clubhouses (No Limits Eastern Shore in Tasley) to make 50-cent and $1 rides available to program participants. This collaboration among DRPT, the local PDC, the rural transit provider, and the human service agency is a strong example of productive interagency coordination that can be replicated statewide.

3 **Cross-Jurisdictional Transportation Providers**
There exists in Virginia a geographic mismatch between transportation needs and transportation service areas. Many riders have travel needs–particularly for work and medical appointments–that extend beyond the boundaries of local or regional transit. Employment opportunities and specialized medical care often require Virginians to travel across local, regional, or state lines. Long travel distances are especially common for veterans

accessing services at VA medical centers. Inter-jurisdictional trips can require riders to make multiple transfers across providers, with the risk of long wait times or missed connections, which can result in canceled appointments or job loss. Navigating the complexity of cross-jurisdictional trips can also be difficult and cause anxiety, especially for seniors and people with intellectual disabilities or behavioral disorders. Mobility managers, human service providers, and dispatchers work hard to streamline these trips and reduce the burden on riders, but cross-jurisdictional coordination could improve rider experiences substantially.

4 **Medical Providers, Human Service Agencies, Dispatchers, and Statewide Steering Committee**
One of the major challenges facing human service mobility in Virginia is the availability of regular, affordable, and accessible rides to recurring medical appointments. Many of the service providers that participated in the public outreach process discussed the financial and logistical barriers to providing trips at the regularity needed for those with chronic illnesses who need oncology treatment, dialysis, physical therapy, etc. With limited budgets, vehicles, and driver availability, providing weekly trips can be difficult, especially when patients need to access distant specialized care facilities.

Under the current model, private medical providers such as hospitals, clinics, and VA medical centers do not typically assist patients with transportation to and from appointments. Opportunities exist to better integrate these providers into the human service mobility network. Such integration will require creative problem solving and policy proposals to entice medical providers to participate in transportation. The first step in this process is to invite representatives from medical centers to the table to discuss opportunities for coordination. Promising strategies for collaboration include leveraging TNC dispatch platforms to get patients to and from appointments, advocating for expanded transportation benefits for veterans, setting up centralized call centers for ride booking and dispatching, and working with dispatchers and human service agencies to streamline appointment scheduling in line with available transportation. A steering committee or coordinating council made up of state agencies can offer the institutional weight required to bring medical providers into the conversation.

5 **Paratransit, Private Taxis, Private Vehicles, and Transportation Network Companies: Complementary not Competitive**
One barrier to statewide human service coordination is that many private service providers compete with one another, so collaboration is not in their financial interest. This challenge is most obvious in the tension between traditional taxi companies and emerging Transportation Network Companies (TNCs). There is also tension between programs that invest in transit and those that support vehicle ownership via loans, subsidies, or gas cards. In an effort to better integrate the system, it is important to

identify the ways in which different providers or programs complement, rather than compete with, one another. The first step in this process is identifying which programs and providers can best serve which population groups, trip types, and destinations.

For example, paratransit services (both public and private) and human service transportation, remain the best option for people with severe physical and intellectual disabilities, especially those that use fixed-frame mobility devices. Increasingly, TNCs are partnering with healthcare and transit providers to meet some of the needs of people with low and moderate disabilities, such as individuals with hearing or vision impairment or fold-up ambulatory devices. However, TNCs are not widespread in rural areas, so private taxi companies may be better able to serve the rural market. Beyond these options, some populations may be better served by programs that assist them in vehicle ownership. Understanding how different programs complement each other and best serve different populations is an important step towards a more integrated, efficient network of service provision.

6 **Virginia Association of Mobility Managers**
VAMM is a collective of approximately 15 mobility managers across the Commonwealth who collaborate to share best practices and resources related to human service mobility. DRPT supports mobility management programs with FTA Section 5310 funding. Over the last decade, the Virginia mobility managers

founded VAMM to coordinate their efforts and share ideas. VAMM meets quarterly and is increasingly involved in and supported by DRPT's CHSM efforts. Continued coordination between DRPT and the Commonwealth's mobility managers, through VAMM, will strengthen the statewide CHSM network and improve overall coordination between human service and mobility providers in Virginia.

7 **DRPT Coordinated Human Service Mobility Map**
The DRPT Coordinated Human Service Mobility Map affords an opportunity for improved service coordination across the state. The map provides key service information to mobility managers and transit operators in terms of coverage areas, route information, and contact information. Users will be able to select a city or county and view all public and private services operating in that jurisdiction. Contact information is provided for demand response (and other non-fixed route) services including provider name, website, and phone number. The system shows fixed-route services contact information, routes, route names, and stops, and allows users to select individual stops to see which routes they serve.

Virginia is served by a varied and expansive network of public transit, human service transportation, and private operators that each work under different geographic boundaries, user qualifications, and operating hours. The CHSM Map will assist transit professionals in understanding and navigating the complex transportation network and helping clients make the best decisions in trip planning.

Figure 1. Overview of Virginia Regions

ALLEGHANY REGION

Population: 544,292
65+ Population: 108,858 (20.0%)
Residents with Disability: 75,000 (14.0%)
Residents in Poverty: 75,000 (14.0%)
Regional Challenges: Safety of vulnerable populations, lack of quality-of-life trips
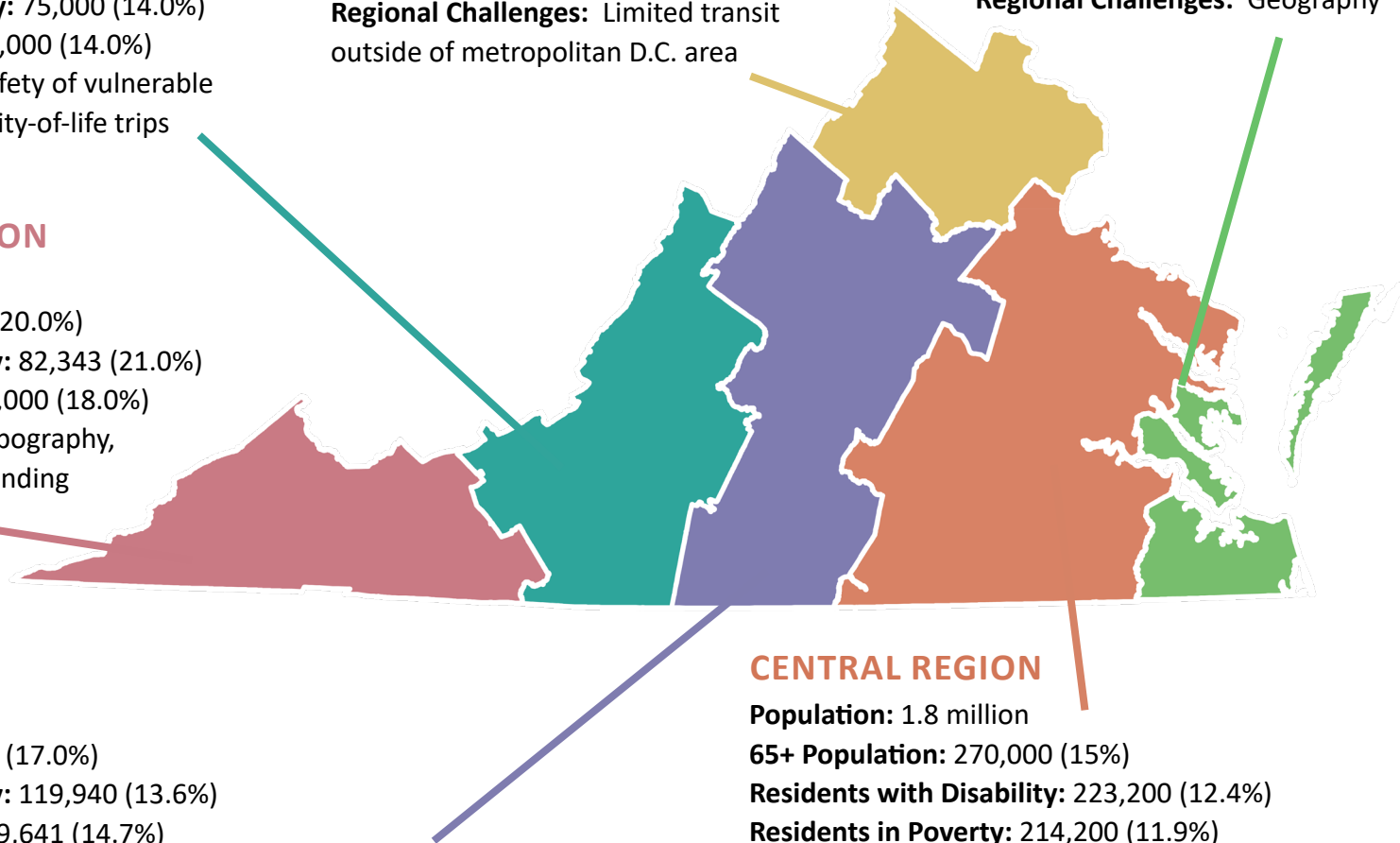
NORTHERN REGION

Population: 2.7 million
65+ Population: 302,400 (11.4%)
Residents with Disability: 199,800 (7.4%)
Residents in Poverty: 180,900 (6.7%)
Regional Challenges: Limited transit outside of metropolitan D.C. area

TIDEWATER REGION

Population: 1.7 million
65+ Population: 225,000 (13.0%)
Residents with Disability: 187,000 (11.0%)
Residents in Poverty: 210,000 (12.0%)
Regional Challenges: Geography

SOUTHWEST REGION

Population: 392,112
65+ Population: 78,422 (20.0%)
Residents with Disability: 82,343 (21.0%)
Residents in Poverty: 71,000 (18.0%)
Regional Challenges: Topography, interstate trips, lack of funding alternatives

WESTERN REGION

Population: 881,911
65+ Population: 149,925 (17.0%)
Residents with Disability: 119,940 (13.6%)
Residents in Poverty: 129,641 (14.7%)
Regional Challenges: Limited service, connectivity between urban areas

CENTRAL REGION

Population: 1.8 million
65+ Population: 270,000 (15%)
Residents with Disability: 223,200 (12.4%)
Residents in Poverty: 214,200 (11.9%)
Regional Challenges: Trips outside of agency service areas

The Regional Plans

Prior CHSM plans were developed regionally using the boundaries of the PDCs to define each region. For this update, the decision was made to define the regions at a macro level to group similar communities and align DRPT's work with that of other state agencies. The regions used for this plan are the same regions used by DMAS, which is the state agency that coordinates and works with Medicaid's Fee-for-Service Emergency Ambulance, NEMT, and LogistiCare.

These larger regions provided the opportunity to evaluate similarities among transit riders across county lines who might have similar travel patterns and barriers. The smaller PDC regions, sometimes only three to four counties in size, made it difficult to account for many of the cross-border trips and connections due to the number of documents and separation between each plan.

The CHSM plan now uses six regions, as shown in Figure 1, which vary in size from 16 jurisdictions in the Tidewater region to 40 in the Central region. The demographics, geography, and transportation options in each of the regions will be discussed in detail in the respective regional chapters.

VIRGINIA
Coordinated Human
Services Mobility

DRPT

2019

Alleghany
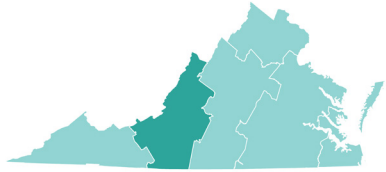# Region

Regional Profile

Overview

The Alleghany region covers 7,125 square miles and presents many challenges to transportation services. Large portions of the region are rural. The region is far less dense than the state average: Virginia averages 202 people per square mile while the Alleghany region averages 76 people per square mile. The least dense county in the region is Highland County (five residents per square mile) and the densest is Roanoke County (with 372 residents per square mile).

The region comprises the following counties and independent cities:

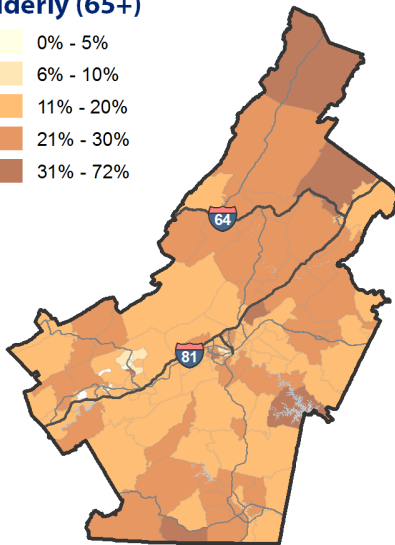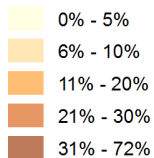|	
Counties:	Alleghany, Bath, Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Highland, Montgomery, Patrick, Pulaski, Roanoke, Rockbridge
Cities:	Buena Vista, Covington, Lexington, Martinsville, Radford, Roanoke, Salem
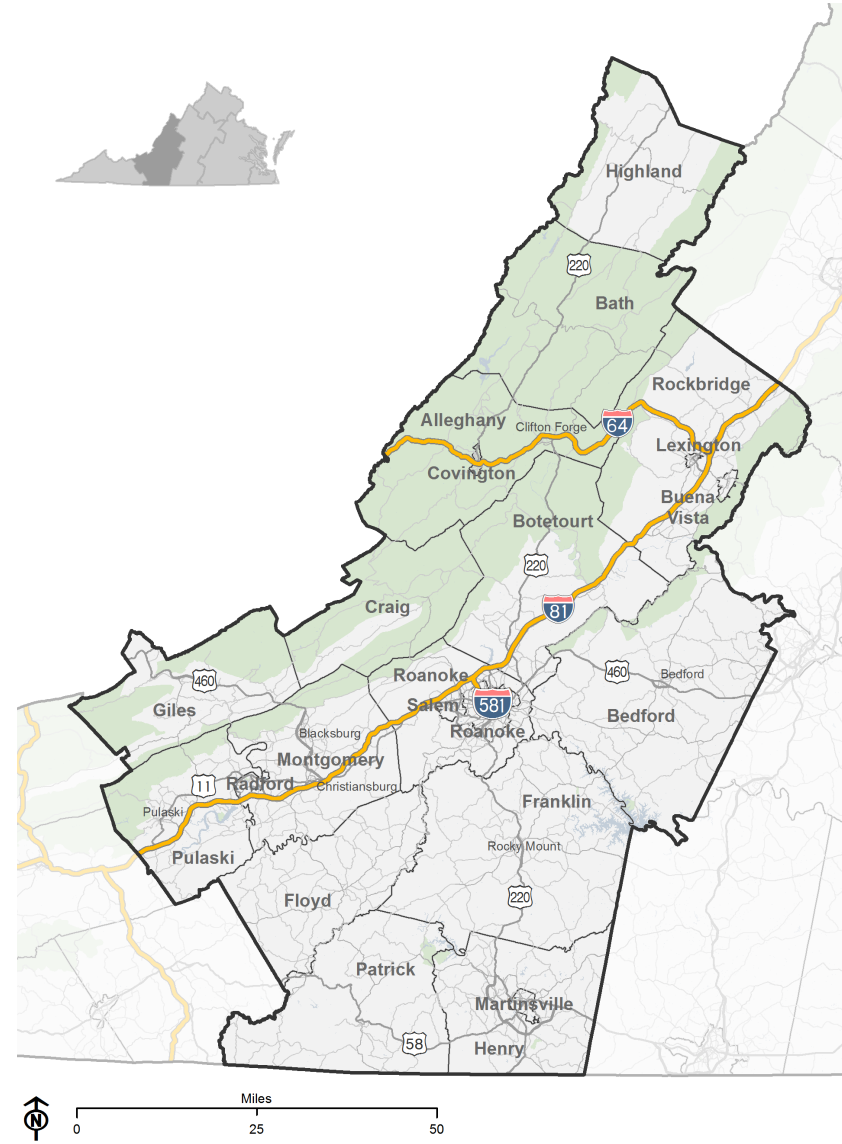
Demographics

The 2017 population for the region was 544,292[1], up just 2.5 percent from 2010, when it was 531,283. Most of the population growth occurred in Bedford, Montgomery, Roanoke, and Franklin counties. Highland, Bath, and Alleghany counties all experienced population decreases of more than five percent. Nearly 40,000 residents (9 percent of the population) in the Alleghany region claimed veteran status in 2017.

Population in Poverty

The Alleghany region contains four of the ten lowest-income counties in the state. There were nearly 75,000 people in the region (14 percent of the population) living in poverty. The highest percentages of households in poverty are in rural parts of western Patrick County, eastern Henry County, and the town of Blue Ridge in Botetourt County. These rural areas are not served by fixed route transit. There are also high concentrations of households in poverty in urban centers such as Rocky Mount, the city of Roanoke, and between the towns of Blacksburg and Merrimac.

Below Poverty

- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- > 50%

Elderly (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 72%
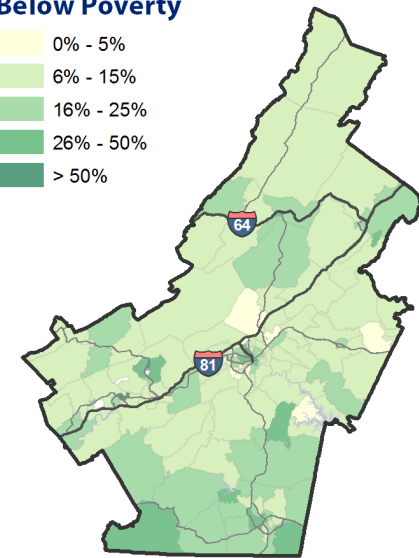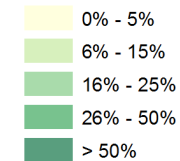
Elderly Population

Approximately 20 percent of residents across the region were 65 years or older, and eight percent were over 75 (compared to the state averages of 14 and six percent, respectively). The highest concentrations of elderly residents are in Highland and Rockbridge counties. More than a third of the residents in these two counties are 65 years of age or older. There are also very high concentrations of seniors in southern-central Patrick County and around Smith Mountain Lake in both Bedford and Franklin counties.

_____

1.   *All demographics data retrieved from U.S. Census - http://factfinder.census.gov*

Population with a Disability

In this region, 14 percent of residents were living with a disability. The area with the highest concentration of individuals with disabilities is north of the town of Bassett in southern-central Franklin County, where 26 to 39 percent of residents are living with a disability. However, in large swaths of this region including most of Giles, Craig, Botetourt, Rockbridge, Covington, Alleghany, Bath, Highland, and Franklin counties, at least 16 percent of residents are living with a disability.

Regional Transit Challenges

The region faces several main challenges to transit operation:

- The region's mountainous topography and limited high-speed road network make transit operations in this region more challenging. I-81 and I-64 both provide high-capacity highway travel in the region. US highways 11, 220, and 460 are additional options (two or four lanes).
- Many of the US and state routes in the northern portion of the region are narrow, winding, and remote.
- Cellular phone service is spotty or nonexistent in some parts of the region.
- Many rural residents live long distances from employment, education, and health services.

With a Disability
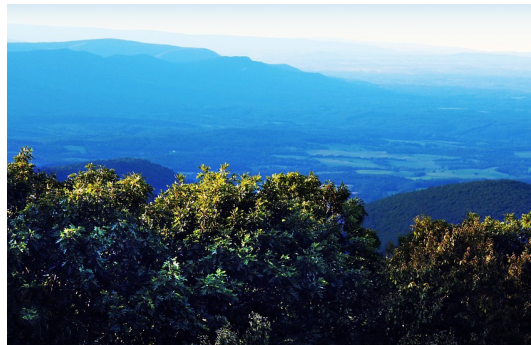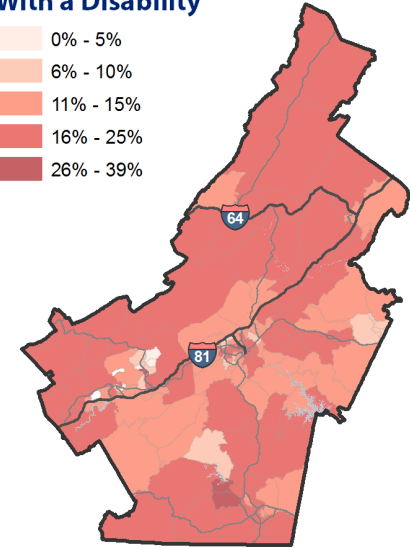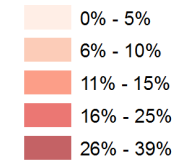
- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- 26% - 39%

Regional Public Process

Between August 2018 and February 2019, the CHSM Plan project team conducted multiple outreach events in the Roanoke region to understand the needs of transportation users, providers, dispatchers, managers, and drivers. Outreach events included a regional workshop and community conversation in Roanoke, and a ride-along with RADAR's STAR Paratransit. Additional outreach included online surveys and interviews with key stakeholders.

October 4, 2018: Regional Workshop at RADAR Headquarters, Roanoke, 19 participants

Key Quotes:
- **In my work, my goal for human service mobility is…**
  - "To provide high quality, professional transportation to our entire service area with focus on timely and efficient client care."
  - "[To] continue to improve livability through destinations density, improved pedestrian infrastructure and quality of transportation services."
- **At the end of the planning process, I would like to see a plan that…**
  - "Helps identify the resources available that are under-utilized, provide[s] solutions to assist communities that have limited or no options, give[s] options that help coordinate throughout regions and the Commonwealth."
  - "Is attainable, easy to understand and will be carried out by all interested parties."

January 30, 2019: Community Conversation at the Adult Day Care Center of Roanoke Valley, Roanoke

- At the Adult Day Care Center of Roanoke Valley, the consultant met with two participants who were senior citizens and veterans with disabilities (one of whom was on the ride along), and spoke with their transportation coordinator, administrator, receptionist, executive director, and director of finance (who purchases CORTRAN and RADAR tickets for program participants).
- Many of the program participants at the Adult Day Care Center have dementia and/or are non-verbal. The majority of the program participants at the Adult Day Care Center come from Roanoke County or the City of Roanoke, although the program does have participants from across the Greater Roanoke Valley region, including current participants from Rocky Mount and Botetourt County.
- There are typically around 80 participants enrolled in the Adult Day Care Center of Roanoke Valley, with 45 to 55 at the center each day.

Key Quote: Both participants from the Adult Day Care Center who provided input said that they exclusively use RADAR's service at least three or more times a week. Both spoke very highly of RADAR's service, saying that they enjoy the service and that it is very reliable. One of the participants said that RADAR's service is "perfect," while the other said that it is an "essential service" to his life.

January 30, 2019: Ride Along with STAR ParaTransit (RADAR), Roanoke

The ride along took place from RADAR's offices to pick up a passenger to the Adult Day Center of Roanoke Valley.

REGIONAL ISSUES

The following is a summary of gaps and challenges identified in the Roanoke-Alleghany region during the public outreach process.

- There is a desire for coordination between current public transportation providers that follow different service schedules during inclement weather. Making service changes clearer to riders is a recommended improvement.
- **Individuals with opioid use disorder are underserved**.
- Public transportation and paratransit services are not available across the entire region.
- **Services are unavailable on Sundays** in the Roanoke Valley.
- **Dialysis patients are underserved**.
- **Existing public transportation is difficult to navigate**.
- Volunteer transportation programs have had **challenges with funding and volunteer retention**.
- Transportation for veterans does not meet the current demand.
- Rural areas are geographically difficult to navigate and, as a result, many taxis and fixed route services will not serve these areas.
- **Transportation performance metrics have been difficult to track**.
- Finding long-term, reliable, and respectful drivers is difficult. **Paid drivers work hard for very little money and often no benefits.**

Despite regional challenges, RADAR and CORTRAN are highly regarded by users, centers, and community stakeholders that interact with them, and staff who operate the services.

PLAN OF ACTION

Gaps to Goals in the Alleghany Region

The Alleghany Region is one of two regions with difficult terrain that makes travel difficult in non-urban areas. The Roanoke metro area is the largest population center of the region, but there are a number of smaller cities and towns throughout. Connectivity, much like in the Western Region, is a concern, but there was more concern about the type of trips not being served. For example, recurring medical trips (e.g. dialysis trips) were considered difficult to come by, especially those originating in rural areas and ending in urban areas where the dialysis centers are located. Sunday service was also hard to come by, which impacts availability of quality of life and essential non-medical trips such as church and grocery store visits.

Action Tracker

The Alleghany Region's Action Tracker is similar to the Statewide Action Tracker but with specific, regionally significant action items and projects. There is some overlap between statewide actions and projects and regional actions and projects. This underscores not only the importance of a particular action for the state itself, but that the regional representatives who provided feedback believed it carried significant weight here. Additionally, some actions are listed only in the statewide tracker, but they do apply regionally; listing these actions on the statewide plan indicates that they would be more appropriately addressed at the state level. Like the Statewide Action Tracker, projects are grouped by their "gap to goal" category—Education and Opportunities, Trip Eligibility, Funding, and Service Alternatives.

As with the Statewide Action Tracker, it is an easy-to-read plan of action to give DRPT and its partners an idea of which statewide and regional gaps exist, and which action items would best bridge those gaps. Each action item is a strategy intended to address one or more of the identified gaps or goals. The Action Tracker is presented in lieu of a traditional Goals, Objectives, Strategies development to encourage more partners to get directly involved in the implementation of this plan. The Action Tracker also includes a performance-tracking guide, providing a means of measuring the progress of a specific action item against a benchmark and timeframe that can be used to determine the success of the action item. Finally, the anticipated participants in a specific action item are identified. This is not intended to be a comprehensive list; it is expected that the list of participants will change and grow as time moves on.

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years | Medium: 3-4 years Long: 4+ years*	

ALLEGHANY REGION ACTION TRACKER

Counties: Alleghany, Bath, Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Highland, Montgomery, Patrick, Pulaski, Roanoke, Rockbridge
Cities: Buena Vista, Covington, Lexington, Martinsville, Radford, Roanoke, Salem

Transportation Gap	Action No.	Action Item	Benchmark	Implementation Timeframe	Participants
Education & Opportunities	AL-1.A	Develop Alleghany Region advisory committee that reports to the statewide advisory committee; focus on coordination of service providers	Quarterly meetings of diverse group of human service transportation partners in Alleghany Region	Short	DRPT Service Providers
	AL-1.B	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Regional Advisory Committee
	AL-1.C	Develop a unified message for rural jurisdiction elected and administrative officials about the demographic realities of the future of rural counties and the ongoing public need for human services transportation	Platform and talking points for statewide use, updated annually	Medium	Regional Advisory Committee Service Providers
	AL-1.D	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities	Training plans	Medium	DRPT Statewide Steering Committee Service Providers
	AL-1.E	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners	4 meetings regionally with applicable facilities	Medium	Service Providers
	AL-1.F	Encourage localities to advocate for increased and/or improved ADA accessibility and safer pedestrian conditions for transit users	ADA and Complete Streets training	Medium	DRPT Regional Planning District Commissions
	AL-1.G	Set expectations for trip parameters for new riders; provide introductory travel training; especially for at-risk passengers	Pilot programs for each service	Medium	Service Providers
Trip Eligibility	AL-2.A	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	AL-2.B	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs	Outreach plans	Long	Service Providers
	AL-2.C	Work with organizations providing services for opioid use disorders to determine how their transportation needs can be met and what funding resources are available (*Area of focus*)	Meetings with organizations	Short	DRPT Regional Advisory Committee Service Providers
	AL-2.D	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for students with limited transportation options	Pilot program	Long	DRPT Service Providers
Funding	AL-3.A	Continue working with local and regional government officials to increase the available funds for capital purchases, operating, and maintenance	Ongoing discussions	Short	Service Providers
	AL-3.B	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers

		ALLEGHANY REGION ACTION TRACKER			
		Counties: Alleghany, Bath, Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Highland, Montgomery, Patrick, Pulaski, Roanoke, Rockbridge			
		Cities: Buena Vista, Covington, Lexington, Martinsville, Radford, Roanoke, Salem			
Service Alternatives	AL-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	AL-4.B	Thoroughly review the trip assignments of vulnerable passengers (non-verbal, individuals with severe behavioral or intellectual disabilities, etc.) to make sure that safety is a top priority	Final review / report	Short	Service Providers
	AL-4.C	Continue providing support for comprehensive transit and human service transportation service throughout the region (*Regional strength*)	Ongoing service	Short	Service Providers DRPT
	AL-4.D	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meetings with all Alleghany Region public transit providers	Medium	Service Providers
	AL-4.E	Develop a "one click/one call" approach for human service transportation in either the entire Alleghany region or small sub regions	Project development proposal	Medium	DRPT Regional Advisory Committee
	AL-4.F	Study service alternatives that group trip types or origination points to minimize the number of trips while maximizing ridership (see District Three's county-wide transit service for an example)	Final study	Long	Service Providers

VIRGINIA
Coordinated Human
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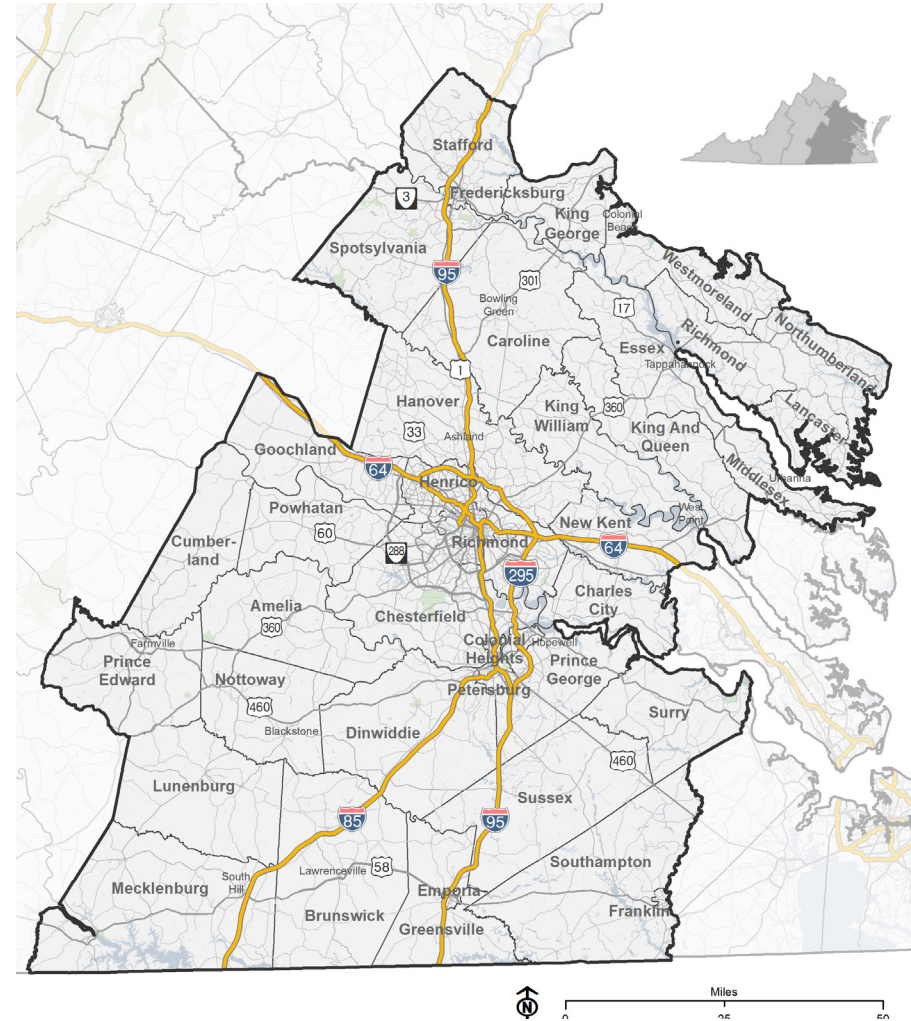
DRPT

2019

Central Region

Regional Profile

Overview

The Central region is primarily rural with several larger urban areas such as Richmond, Fredericksburg, and the Tri-Cities of Colonial Heights, Hopewell, and Petersburg. Population density in the region ranges from low-density Surry County (21.5 residents per square mile) to the city of Richmond (3,534 residents per square mile). The region is served by several interstates: I-64, I-95, I-85, and I-295. It is also served by US 1, US 17, US 33, US 58, US 60, US 301, US 360, and US 460.

The region is comprised of the following counties and independent cities:

Counties:	Amelia, Brunswick, Caroline, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Goochland, Greensville, Hanover, Henrico, King and Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Southampton, Spotsylvania, Stafford, Surry, Sussex, Westmoreland
Cities:	Colonial Heights, Emporia, Franklin, Fredericksburg, Hopewell, Petersburg, Richmond

Demographics

The 2017 population for the region was 1.8 million[1], up 6.5 percent from 2010. The fastest-going localities in the region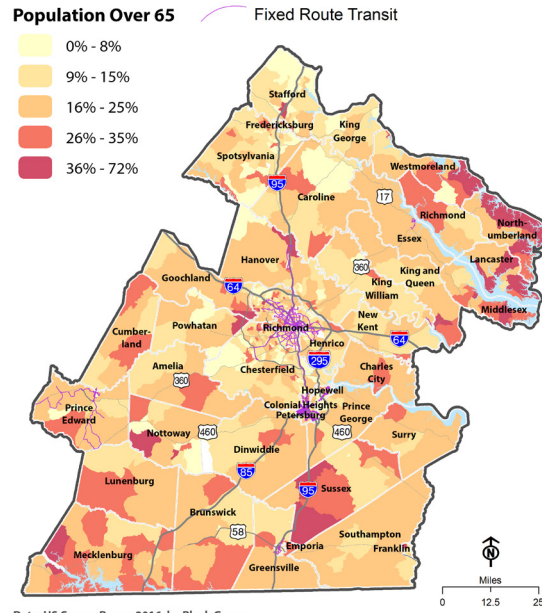 are those in the immediate Richmond area (Henrico County, Chesterfield County, and the city of Richmond), its exurbs (New Kent County grew over 16 percent), Fredericksburg (which grew over 20 percent), and rural areas between Richmond and Fredericksburg.

Population in Poverty

In this region, 11.9 percent of residents live in poverty, but poverty is concentrated in the region's urbanized areas (such as the city of Emporia, where over 30 percent of residents live in poverty) and the region's southern and western rural counties (such as Cumberland County, where nearly 22 percent of residents live in poverty). The Central Region contains three of the ten lowest-income counties in the state. All of the areas in the region with 30 percent or more households in poverty are located in rural areas. The highest of those concentrations of households in poverty are in northwestern Caroline County and northwestern Cumberland County.

Below Poverty

- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- > 50%

Population Over 65 / Fixed Route Transit

- 0% - 8%
- 9% - 15%
- 16% - 25%
- 26% - 35%
- 36% - 72%

Data: US Census Bureau, 2016, by Block Group

Miles
0   12.5   25
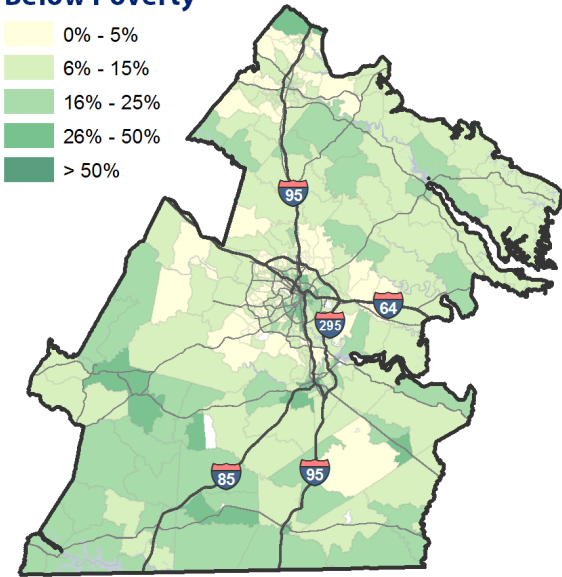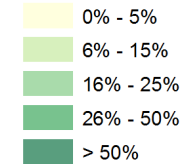
Elderly Population

Approximately 15 percent of residents across the region were 65 years or older, with higher percentages of older residents in rural parts of the region. Over a quarter of the residents in Middlesex, Lancaster and Northumberland

1.   All demographics data retrieved from U.S. Census - http://factfinder.census.gov

counties are 65 or older while seniors comprise less than ten percent of Stafford County. The highest concentration of elderly residents in the region are in rural areas: south-central Stafford County around Ramoth; Spotsylvania County southwest of I-95 and Route 3; Doswell in north-central Hanover County; eastern Powhatan and Goochland counties; the town of West Point in southern King William County; Saluda and Hartfield in southern Middlesex County; and large coastal and waterfront portions of Northumberland, Westmoreland, and Lancaster counties.

Population with a Disability

In this region, 12.4 percent of residents are living with a disability. Rural counties in the southern portion of the state and Petersburg have the highest concentrations of residents with disabilities. The counties with the highest concentrations of individuals with disabilities are in the southern and western portion of the region: Sussex, Greensville, Brunswick, Nottoway, Lunenburg, Mecklenburg, and Cumberland counties.

With a Disability

- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- 26% - 39%

Veterans

In this region, 148,326 residents (10.5 percent of the population) in the Central Region claimed veteran status in 2017. The largest concentrations of veterans are near Fredericksburg and in Stafford and King George counties.
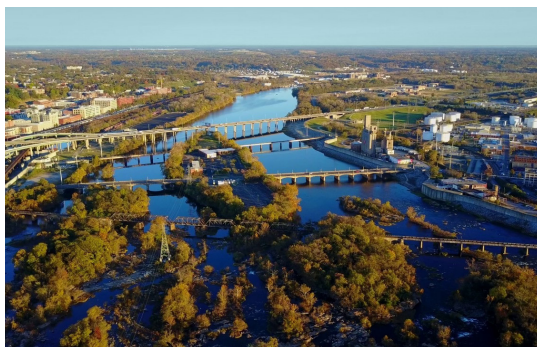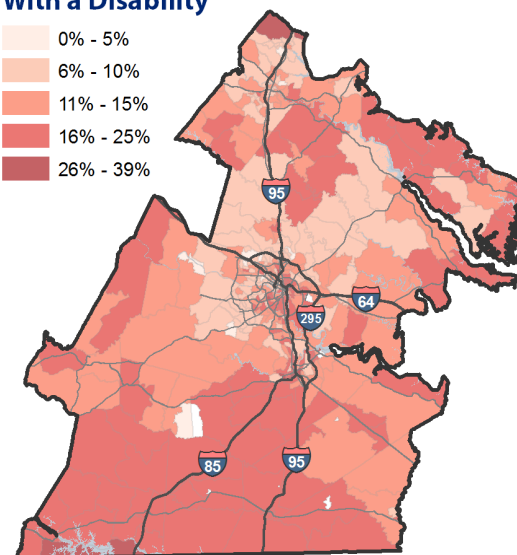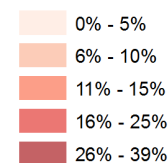
REGIONAL PUBLIC PROCESS

Public outreach events in the Central Region included a regional workshop in Richmond, a community conversation in King William, a ride-along with Bay Transit's Rivah Ride in Tappahannock, online surveys, and interviews with key stakeholders.

September 25, 2018: Regional Workshop at Richmond Regional Planning District Commission, Richmond, 40 participants

Key Quotes:

- **In my work, my goal for human service mobility is…**
  - "To create equitable mobility services that assist all people regardless of demographics, income, race, and location."
  - "To ensure that transportation funding policies facilitate maximum community integration for people with developmental and other disabilities."
  - "Affordable, reliable, and efficient use of vehicles to transport disabled group home residents in a rural area."
- **At the end of the planning process, I would like to see a plan that…**
  - "Maximizes effectiveness of current resources and generates ideas for new alternatives for transportation."
  - "Prioritizes and values transportation that supports full community integration for older adults and people with disabilities."

Photo: September 25, 2018: Regional Workshop at Richmond Regional Planning District Commission, Richmond, 40 participants

January 10, 2019: Community Conversation at the Upper King William Active Lifestyle Senior Center, King William

- Key Quotes:
    - "When you reach a certain age and you can't drive, you lose a sense of independence."
    - "My children take me 'most everywhere."

January 10, 2019: Ride Along with the Bay Transit Rivah Ride, Tappahannock

- The bus driver explained: "Some people express their needs or concerns about routes to me and to other drivers, but the information doesn't always get to the service provider. It would be useful to have a way for riders to communicate their needs directly to the service provider – maybe using a comment box on the bus or something similar."

Photo: Community Conversation at the Upper King William Active Lifestyle Senior Center, King William, January 10, 2019

Photo: Ride Along with the Bay Transit Rivah Ride, in Tappahannock, January 10, 2019

REGIONAL ISSUES

The Central Region is the largest region by geography and includes 33 counties. Richmond is the urban epicenter of the region and the state capital. Below is a summary of the Central Region transportation gaps and challenges collected during the public outreach process.

- In rural areas, many seniors rely on their **own vehicles** to get around but worry about aging out of driving and driving at night, and they often share the vehicle with extended family.
- Some **don't know about existing services** and end up staying home and becoming socially isolated.
- In rural areas, quality-of-life trips are at least five miles away, with essential medical services up to 25 miles away.
- **Recreational group trips** for senior centers and other facilities are difficult to arrange due to lack of available transportation, particularly small vans for non-medical use.
- A limited number of bus stops have **shelters**. In inclement weather, riders choose not to ride due to a lack of shelter.
- Most routes **do not allow enough time** at stops for wheelchair passengers to get on and off as it takes seven to 10 minutes for a wheelchair passenger to get on or off the vehicle. There is a dilemma between providing quick, efficient routing, and providing sufficient time for people with disabilities to board.
- Riders would like more transportation services to **begin earlier in the morning**, at 8 a.m. at least.
- **Locations of bus stops** can be problematic – often inaccessible from a building entrance or in the way of other traffic so drivers cannot stop for extended periods.
- Riders would like to see extended-length routes that allow for **regional and inter-county travel**.
- To ensure bus service is sufficiently frequent and efficient, drivers **do not take many personal breaks**. When they do disembark for a personal break, such as a restroom stop, all passengers have to disembark for liability reasons.

In addition, regional strengths include:

- Many bus stops are **designed to accommodate wheelchairs**.
- Riders believe that Bay Transit provides very **affordable service** (50 cents per trip), and **friendly, compassionate drivers** who know and help the riders.
- Many riders **like and use** the deviated fixed route service options.

PLAN OF ACTION

Gaps to Goals in the Central Region

The Central Region's size makes it difficult to find many commonalities. The region stretches from the Potomac River in the Northern Neck to the North Carolina border. However, it is a primarily rural region with one large urban area in the middle. Richmond and its surrounding suburban counties are well covered with human service transportation and some of the rural areas have good demand-response public transportation. What was apparent during the outreach phase of the planning process is that other rural areas did not have similar services. Rural trips and rural residents were repeatedly referenced when discussing insufficient service; many individuals in rural areas felt that they were not provided the transportation opportunities they needed. All types of trips were affected, including quality-of-life trips (church, recreation), essential non-medical trips (grocery store, bank), and recurring medical trips. One of the unique issues that came up in this region is that some of the trips needed were outside of the transportation service areas and could not be completed. This occurs most frequently along the border of North Carolina.

Some of the projects discussed during the WOSP (Who, What, Where > Obstacles > Strategies > Projects) analysis conducted at the Regional Workshop were pragmatic solutions to the rural service gaps. Service providers and service users emphasized the need for regional communication, advocacy, public education, and inclusion of human service transportation planning at the local level. While DRPT and the Statewide Steering Committee could help facilitate some of this, these actions are mainly the charge of the regional and local organizations.

Action Tracker

The Central Region's Action Tracker is similar to the Statewide Action Tracker but with specific, regionally significant action items and projects. There is some overlap between statewide actions and projects and regional actions and projects. This underscores not only the importance of a particular action for the state itself, but that the regional representatives who provided feedback believed it carried significant weight here. Additionally, some actions are listed only in the statewide tracker, but they do apply regionally; listing these actions on the statewide plan indicates that they would be more appropriately addressed at the state level. Like the Statewide Action Tracker, projects are grouped by their "gap to goal" category—Education and Opportunities, Trip Eligibility, Funding, and Service Alternatives.

As with the Statewide Action Tracker, it is an easy-to-read plan of action to give DRPT and its partners an idea of which statewide and regional gaps exist, and which action items would best bridge those gaps. Each action item is a strategy intended to address one or more of the identified gaps or goals. The Action Tracker is presented in lieu of traditional Goals, Objectives, and Strategies to encourage more partners to get directly involved in the implementation of this plan. The Action Tracker also includes a performance-tracking guide, providing a means of measuring the progress of a specific action item against a benchmark and timeframe that can be used to determine the success of the action item. Finally, the anticipated participants in a specific action item are identified. This is not intended to be a comprehensive list; it is expected that the list of participants will change and grow as time moves on.

CENTRAL REGION ACTION TRACKER

Counties: Amelia, Brunswick, Caroline, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Goochland, Greensville, Hanover, Henrico, King and Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Southampton, Spotsylvania, Stafford, Surry, Sussex, Westmoreland
Cities: Colonial Heights, Emporia, Franklin, Fredericksburg, Hopewell, Petersburg, Richmond

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Education & Opportunities	CN-1.A	Develop Central Region advisory committee that reports to the statewide advisory committee; focus on coordination of service providers	Quarterly meetings of diverse group of human service transportation partners in Central Region	Short	DRPT Service Providers
	CN-1.B	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Regional Advisory Committee
	CN-1.C	Develop a unified message for rural jurisdiction elected and administrative officials about the demographic realities of the future of rural counties and the ongoing public need for human services transportation	Platform and talking points for statewide use, updated annually	Medium	Regional Advisory Committee Service Providers
	CN-1.D	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities	Training plans	Medium	DRPT Statewide Steering Committee Service Providers
	CN-1.E	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners (*Area of focus*)	4 meetings regionally with applicable facilities	Medium	Service Providers
	CN-1.F	Focus education and publicity efforts on residential rental offices, community centers, and other public areas	Outreach materials and plan of action	Short	Regional Advisory Committee Service Providers
	CN-1.G	Set expectations for trip parameters for new riders; provide introductory "travel training"	Pilot programs for each service	Medium	Service Providers
	CN-1.H	Work with local jurisdictions to include human services transportation into local transportation planning (*Regional strength*)	Meeting with local jurisdiction administrative officials	Medium	Regional Advisory Committee Service Providers
Trip Eligibility	CN-2.A	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	CN-2.B	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs	Outreach plans	Long	Service Providers
	CN-2.C	Study out-of-service-area trip needs to determine if exemptions for certain locations are feasible based on forecasted ridership	Final study	Medium	Service Providers
	CN-2.D	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for students with limited transportation options	Pilot program	Long	DRPT Service Providers

CENTRAL REGION ACTION TRACKER

Counties: Amelia, Brunswick, Caroline, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Goochland, Greensville, Hanover, Henrico, King and Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Southampton, Spotsylvania, Stafford, Surry, Sussex, Westmoreland
Cities: Colonial Heights, Emporia, Franklin, Fredericksburg, Hopewell, Petersburg, Richmond

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Funding	CN-3.A	Continue working with local and regional government officials to increase the available funds for capital purchases, operating, and maintenance	Ongoing discussions	Short	Service Providers
	CN-3.B	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers
Service Alternatives	CN-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	CN-4.B	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meetings with all Central Region public transit providers	Medium	Service Providers
	CN-4.C	Develop a "one click/one call" approach for human service transportation in either the entire Central region or smaller sub regions	Project development proposal	Medium	DRPT Regional Advisory Committee
	CN-4.D	Study service alternatives that group trip types or origination points to minimize the number of trips while maximizing ridership (see District Three's county-wide transit service for an example)	Final study	Long	DRPT Service Providers
	CN-4.E	Study feasibility of partnerships with car share and bike share programs for filling certain service gaps in urban and suburban areas	Final study	Medium	DRPT Service Providers

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2019

Northern Region

Regional Profile

Overview

The Northern region includes the northern Shenandoah region and parts of the Washington, D.C. metropolitan area that are not part of this plan but is included in the Metropolitan Washington Council of Government's (MWCOG) plan, and the northern Shenandoah region. It includes dense cities and towns in the north and east and transitions to rural farmland in the south and west. The region includes low-density Rappahannock County (28 residents per square mile) and the dense city of Alexandria (9,994 residents per square mile). The region is served by four interstates: I-66, I-81, I-95, and I-495. It is also served by US 1, US 15, US 17, US 50, and US 211. I-66 is a tolled facility within the beltway and both I-95 and I-495 offer express lanes.

The region is comprised of the following counties and independent cities:

Counties:	Arlington*, Clarke, Culpeper, Fairfax*, Fauquier*, Frederick, Loudoun*, Page, Prince William*, Rappahannock, Shenandoah, Warren
Cities:	Alexandria*, Fairfax*, Falls Church*, Manassas*, Manassas Park*, Winchester

* See page 64
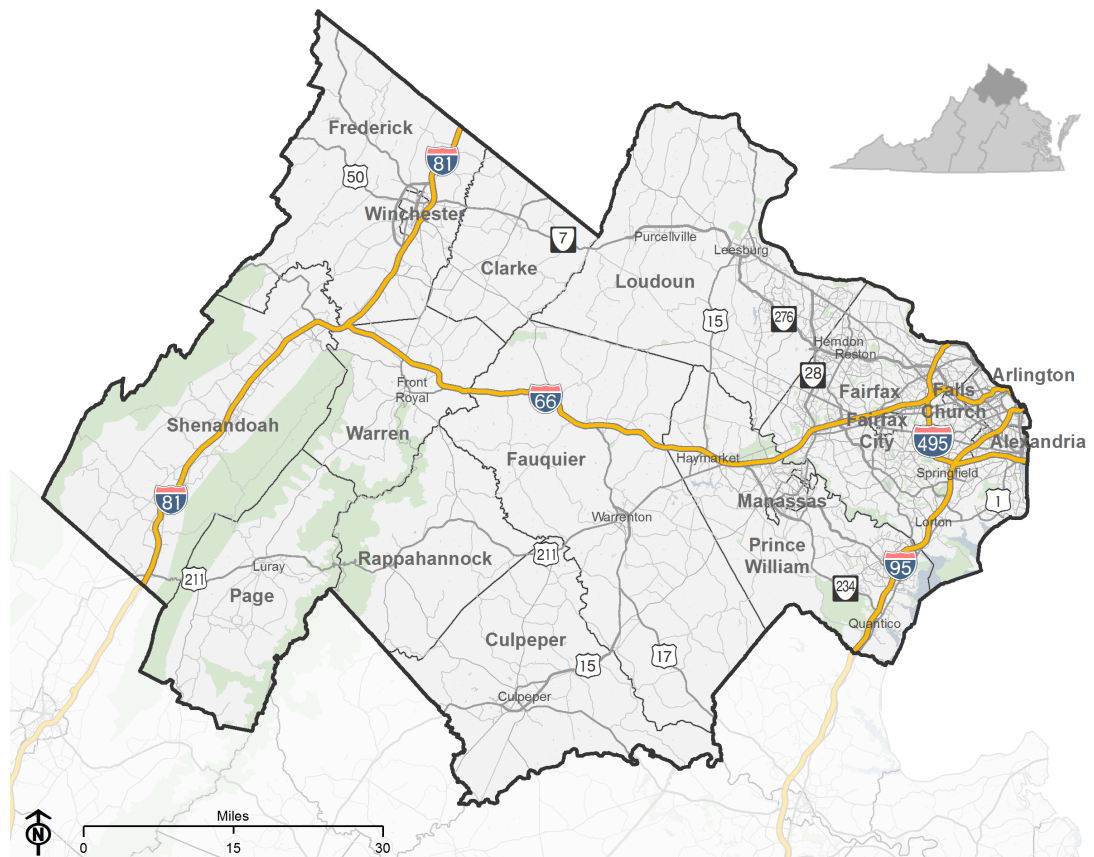
Urbanized Area of Northern Virginia
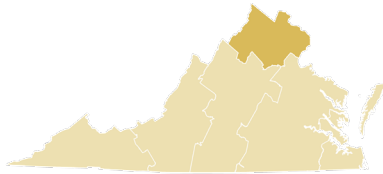
The urbanized area of Northern Virginia is included Washington, D.C. - Maryland - Virginia (DC-MD-VA) metropolitan area. As the designated recipient of FTA 5310 funding for the DC-MD-VA region, the Metropolitan Washington Council of Governments (MWCOG) develops and manages the Coordinated Human Service Mobility Plan for the DC-MD-VA area, which includes portions of Northern Virginia. As such, these localities are not included in this plan. Refer to MWCOG's plan online: https://www.mwcog.org/coordinated-human-service-transportation-plan/

The urbanized area of Northern Virginia includes:

Counties:	Arlington, Fairfax, a portion of Fauquier, Loudoun, Prince William, a portion of Stafford (included in Virginia's Central region)
Cities:	Alexandria, Fairfax, Falls Church, Manassas, Manassas Park
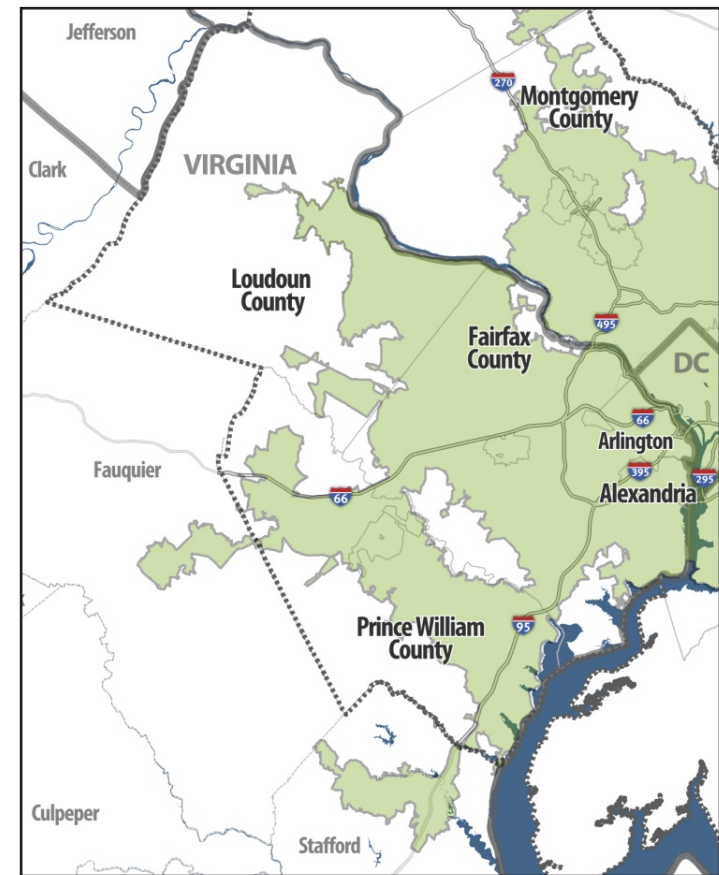
DC - VA - MD Urbanized Area (2010 Census)

Demographics

The 2017 population for the region was 2.7 million[1], up 13.7 percent from 2010. Nearly half the region's population (41 percent) lives in Fairfax County, which is included in MWCOG's plan. The fastest growing counties are in the urbanized Northern Virginia area. Page and Rappahannock counties, in the rural western portion of the region, have observed population decreases since 2010.

Below Poverty

- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- > 50%

Population in Poverty

Poverty in the region is relatively low, with 6.7 percent of residents living in poverty, but is more concentrated in the western rural portion of the region. More than 10 percent of residents in the City of Winchester, and the counties of Clarke, Page, and Shenandoah are in poverty. This region has a high cost of living and contains eight of the 10 highest-income counties in the state. The highest percentages of households in poverty are in western Page County and southern Culpeper County.

Elderly (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 72%
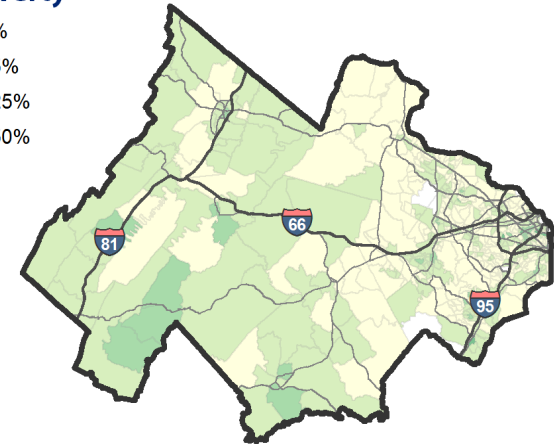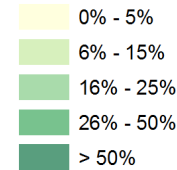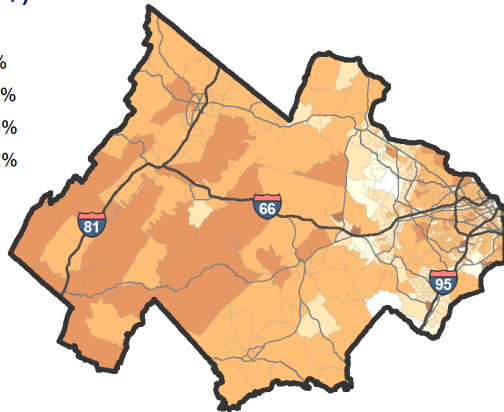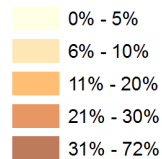
Elderly Population

Approximately 11.2 percent of residents across the region were 65 years or older in 2017, with higher percentages of older residents in more rural parts of the region. More than 20 percent of residents in Page, Shenandoah, and Rappahannock counties are 65 or older. The highest concentration of elderly residents is in the western half of the region. This includes large swaths of Shenandoah, Page, Rappahannock, and Clarke counties.

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1. *All demographics data retrieved from U.S. Census - http://factfinder. census.gov*

Population with a Disability

About 7.4 percent of residents in the region have a disability. The highest percentages of individuals with disabilities are in southern Page County, Shenandoah County, and western Fauquier County.

Veterans

In this region, 191,332 residents (9.3 percent of the population) claimed veteran status in 2017.

With a Disability
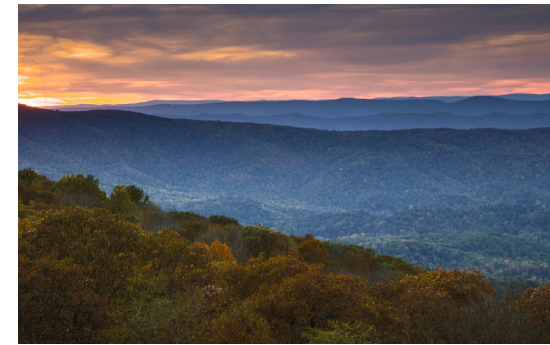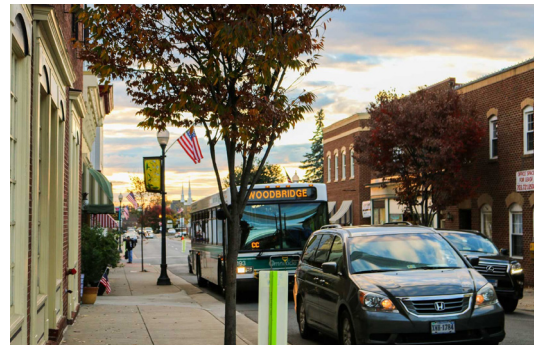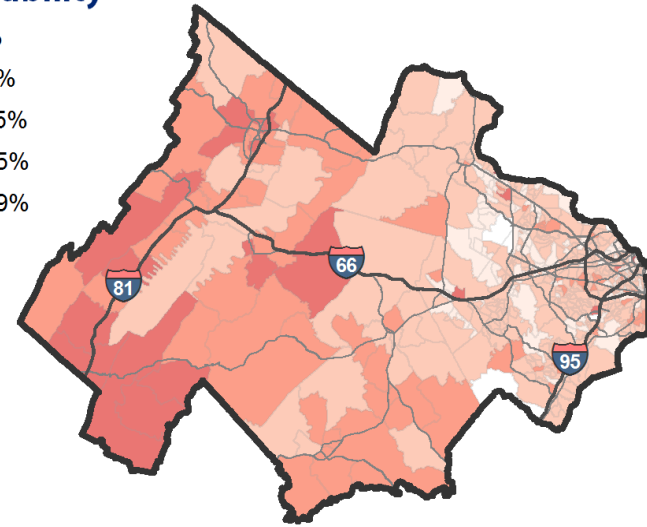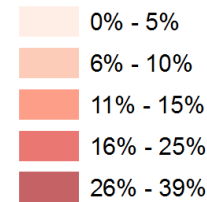
- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- 26% - 39%

REGIONAL PUBLIC PROCESS

Between August 2018 and February 2019, the CHSM Plan project team conducted multiple outreach events in the Northern Region to understand the needs of transportation users, providers, dispatchers, managers, and drivers. Outreach events included a regional workshop in Front Royal, a community conversation in Culpeper, and a ride-along with Virginia Regional Transit's Foothills Express. Additional outreach included online surveys and interviews with key stakeholders.

October 1, 2018: Regional Workshop at Northern Shenandoah Valley Regional Commission / Winchester-Frederick County Metropolitan Planning Organization, Front Royal, 14 participants

Key Quotes:
- **In my work, my goal for human service mobility is…**
  - "To assist employees with disabilities to obtain transportation not only to the center but also to community jobs."
  - "To make sure people feel they have freedom, independence, and quality of life."
- **At the end of the planning process, I would like to see a plan that…**
  - "Encourages funding entities to decrease bureaucracy, and encourage agencies to decrease duplication."

January 8, 2019: Community Conversation with Rappahannock-Rapidan Community Services (RRCS) Senior Center; Visions Clubhouse (RRCS); Foothills Area Mobility System (FAMS) Call Center (RRCS) and Ride-Along with Virginia Regional Transit's (VRT) Foothills Express from Culpeper to Madison to Charlottesville

Key Quotes:
- A few participants expressed that they felt "stuck" – not able to get where they need to go on a day-to-day basis.
- FAMS dispatchers said, "Some people are uncomfortable taking public transit which is a hurdle to outreach – some of it is to do with the uncertainty of the schedule or unfamiliarity of drivers and other riders."
- The Visions Clubhouse director stated: "People can't be independent without options. ... There is fine balance between independence and support."

REGIONAL ISSUES

Below is a summary of the Northern Region's transportation gaps and challenges collected during the public outreach process.

- Seniors feel **'stuck'** and too reliant on other people and systems out of their control.
- It is **difficult to coordinate medical appointments** at times when transportation is available. If transportation is late or not provided, appointments need to be canceled.
- Users need **evening and weekend service** for quality-of-life trips such as visiting family or going to the hairdresser.
- There are **limited volunteer drivers** and it is difficult to recruit and retain volunteer drivers in low-income areas.
- Walmart is meets many individual needs, but is **not accessible by public transportation**.
- There is a **lack of knowledge** about existing services.
- Residents in Culpeper want to have **better access to Warrenton.**
- It is difficult to provide transportation for people with **serious mental illnesses** and those who use behavioral health services.
- Riders who are eligible for transportation through their insurance provider do not use it.
- There is a discrepancy between the number of riders a van can accommodate and how many individuals the driver is able to pick up while remaining on time.
- Fixed route services **can't travel beyond their service boundaries**.
- **Transportation Network Companies (e.g. Uber and Lyft) are not as common** in rural areas.
- Alternate service providers can provide more types of trips but drivers may have **limited training**.
- There are **age restrictions** on local fixed route transit, so minors must be accompanied to ride.

Strengths in the region include:

- **Drivers know their riders** – there is a strong sense of community and drivers go above and beyond to help riders to their doors or with their bags.
- Call centers and dispatchers can help **connect people** to resources.
- **Affordable** (50-cent) rides are immensely helpful to people.
- **Courtesy rides and tokens** are available for those in need.

PLAN OF ACTION

Gaps to Goals in the Northern Region

The Northern Region is the most populous of the six regions in Virginia, adjacent to Washington, DC and comprised of some of the state's densest cities and counties. However, this region also includes rural counties south and west of Loudoun that have limited transit service and require longer distances for medical and quality of life trips.

The rural half of the Northern Region was the focus of the outreach. The Metropolitan Washington COG finalized a Coordinated Human service Transportation Plan for the parts of Virginia in its boundaries in late 2018. This includes Loudoun County, Fairfax County, Prince William County, and Arlington County, and the cities of Fairfax, Manassas, Manassas Park, Falls Church, and Alexandria. It also includes all of Washington, DC and four Maryland counties that border Virginia. COG's plan has a number of strategies and priority projects that were also identified throughout this planning process. This part of the region was specifically de-emphasized during the statewide CHSM update because they were covered extensively in COG's plan.

In the western part of the region, the primary concerns were trip availability for medical reasons, whether they were recurring appointments or not, and availability for trips for low-income passengers. There is relatively little transit in this part of the state, so connectivity is a concern as well. Winchester has a fixed route system and there are a few regional fixed route lines, but many of the counties have no transit service at all.

Action Tracker

The Northern Region's Action Tracker is similar to the Statewide Action Tracker but with specific, regionally significant action items and projects. There is some overlap between statewide actions and projects and regional actions and projects. This underscores not only the importance of a particular action for the state itself, but that the regional representatives who provided feedback believed it carried significant weight here. Additionally, some actions are listed only in the statewide tracker, but they do apply regionally; listing these actions on the statewide plan indicates that they would be more appropriately addressed at the state level. Like the Statewide Action Tracker, projects are grouped by their "gap to goal" category—Education and Opportunities, Trip Eligibility, Funding, and Service Alternatives.

As with the Statewide Action Tracker, it is an easy-to-read plan of action to give DRPT and its partners an idea of which statewide and regional gaps exist, and which action items would best bridge those gaps. Each action item is a strategy intended to address one or more of the identified gaps or goals. The Action Tracker is presented in lieu of traditional Goals, Objectives, and Strategies to encourage more partners to get directly involved in the implementation of this plan. The Action Tracker also includes a performance-tracking guide, providing a means of measuring the progress of a specific action item against a benchmark and timeframe that can be used to determine the success of the action item. Finally, the anticipated participants in a specific action item are identified. This is not intended to be a comprehensive list; it is expected that the list of participants will change and grow as time moves on.

NORTHERN REGION ACTION TRACKER

Counties: Clarke, Culpeper, Fauquier, Frederick, Page, Rappahannock, Shenandoah, Warren

Cities: Winchester

Localities that apply to MWCOG: Counties of Arlington, Fairfax, Loudoun, Prince William, and Cities of Alexandria, Fairfax, Falls Church, Manassas, Manassas Park

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Education & Opportunities	NO-1.A	Develop Northern Region advisory committee that reports to the statewide advisory committee; focus on coordination of service providers	Quarterly meetings of diverse group of human service transportation partners in Northern Region	Short	DRPT Service Providers
	NO-1.B	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Regional Advisory Committee
	NO-1.C	Develop a unified message for rural jurisdiction elected and administrative officials about the demographic realities of the future of rural counties and the ongoing public need for human services transportation	Platform and talking points for statewide use, updated annually	Medium	Regional Advisory Committee Service Providers
	NO-1.D	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities	Training plans	Medium	DRPT Statewide Steering Committee Service Providers
	NO-1.E	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners	4 meetings regionally with applicable facilities	Medium	Service Providers
	NO-1.F	Educate public on what services are available and who is eligible to use those services	Marketing materials, plan	Short	Regional Advisory Committee Service Providers Planning District Commissions
	NO-1.G	Set expectations for trip parameters for new riders; provide introductory "travel training"	Pilot programs for each service	Medium	Service Providers
	NO-1.H	For the urban areas of the Northern Virginia, consult the *Coordinated Human Service Transportation Plan for the National Capital Region* (*Regional strength*)	Implementation of plan	Ongoing	*https://www.mwcog.org/coordinated-human-service-transportation-plan/*
Trip Eligibility	NO-2.A	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	NO-2.B	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs	Outreach plans	Long	Service Providers
	NO-2.C	Study out-of-service-area trip needs to determine if exemptions for certain locations are feasible based on forecasted ridership	Final study	Medium	Service Providers
	NO-2.D	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for students with limited transportation options	Pilot program	Long	DRPT Service Providers

NORTHERN REGION ACTION TRACKER

Counties: Clarke, Culpeper, Fauquier, Frederick, Page, Rappahannock, Shenandoah, Warren
Cities: Winchester
Localities that apply to MWCOG: Counties of Arlington, Fairfax, Loudoun, Prince William, and Cities of Alexandria, Fairfax, Falls Church, Manassas, Manassas Park

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Funding	NO-3.A	Continue working with local and regional government officials to increase the available funds for capital purchases, operating, and maintenance	Ongoing discussions	Short	Service Providers
	NO-3.B	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers
Service Alternatives	NO-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	NO-4.B	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meetings with all Northern Region public transit providers	Medium	Service Providers
	NO-4.C	Develop a "one click/one call" approach for human service transportation in either the entire Northern region or smaller sub regions (*Area of focus*)	Project development proposal	Medium	DRPT Regional Advisory Committee

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Southwest
Region

Regional Profile

Overview

The southwestern region is mostly rural. Only a few towns qualify as urban clusters (i.e., having a population between 2,500 and 50,000) and only the city of Bristol and a small portion of Scott County around Gate City are considered urbanized and are included in metropolitan planning organization (MPO) areas. The region's MPOs (Bristol and Kingsport) are located nearer to the Tennessee side of the state border. The region's average population density is 65 residents per square mile (compared to 202 residents per square mile at the state level). The region includes extremely rural Bland County (18 residents per square mile) and the denser city of Bristol (1,311 residents per square mile). The region is served by interstates I-81 and I-77. It is also served by US 19, US 23, US 58, and US 460.

The region is comprised of the following counties and independent cities:

Counties:	Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe
Cities:	Bristol, Galax, Norton
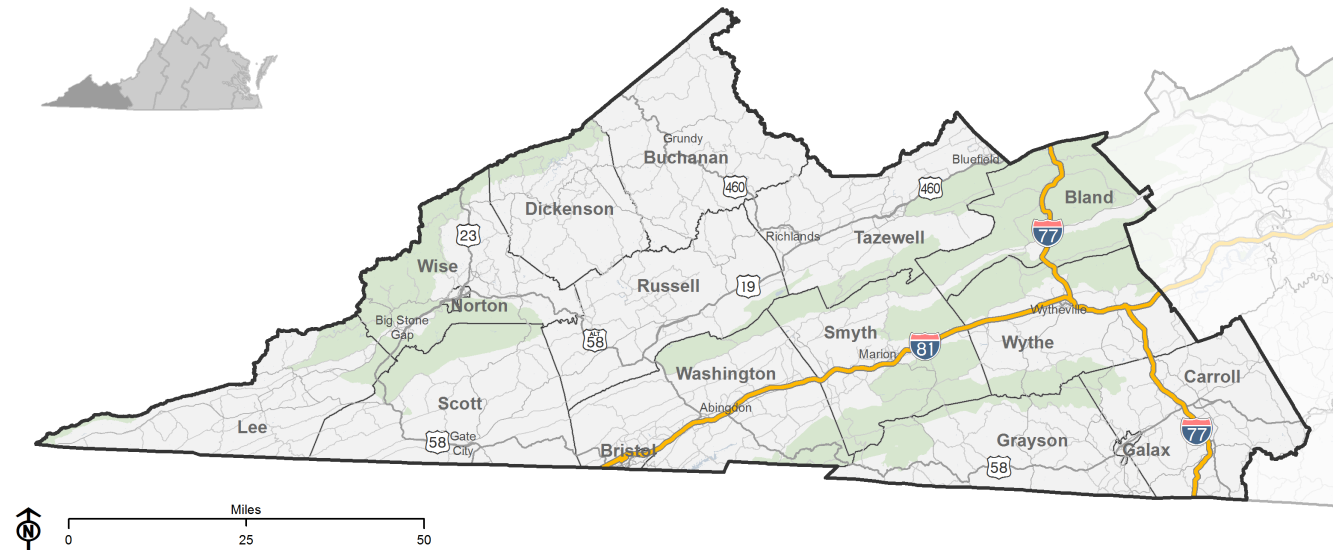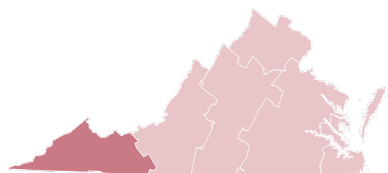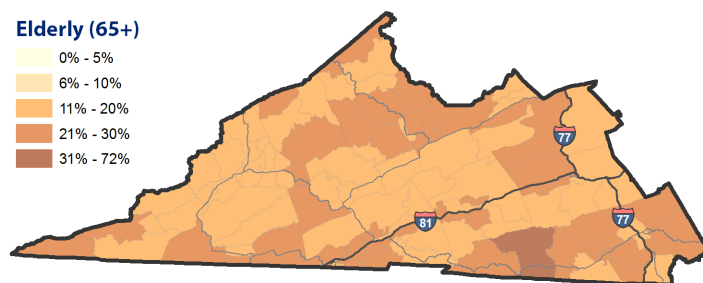
Demographics

The 2016 population for the region was 392,112[1], showing minimal change since 2010, when it was just over 394,000. Approximately 20 percent of residents across the region were 65 years or older and 21 percent had some sort of disability. There were nearly 71,000 people (18 percent of population) living in poverty and over 30,000 households (19 percent of all households) below the poverty level.

Below Poverty
- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- > 50%

Elderly (65+)
- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 72%
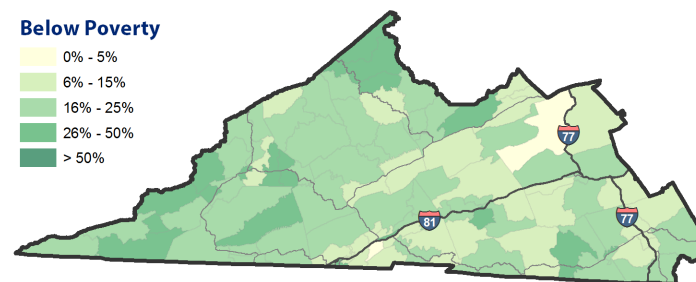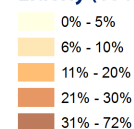
Population in Poverty

The highest percentages of households in poverty are in eastern and northern Lee County, western Wise County, central Scott County, northern Buchanan County, eastern Grayson County (between Independence and Baywood), and north central Tazewell County.

Elderly Population

The highest concentration of elderly residents is west of Route 21 in Grayson County, where more than 31 percent of residents are 65 or older. Areas with moderate concentrations of seniors include Carroll County, Galax County, Grayson County, northwestern Wythe County, western Bland County, northern Tazewell County, northeastern and southern Buchanan County, southern Scott County, western Lee County, eastern Wise County, and southern Dickenson County.

Population with a Disability

In most of the region, at least 16 percent of residents live with a disability. At least 26 percent of residents live with a disability in western Wise County, western Scott County, northern Lee County, northern Dickenson County, northern

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1. *All demographics data retrieved from U.S. Census - http://factfinder.census.gov*

Russell County, northern Buchanan County, northern Tazewell County, northeastern Wythe County, and the town of Marion in Smyth County.

With a Disability
- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- 26% - 39%

Veterans

Just under 25,000 residents (6.4 percent of the population) in the Southwest region claimed veteran status in 2016.
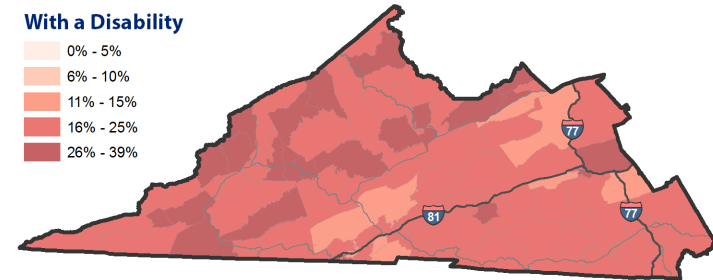
Regional Transit Challenges

The Southwest region is one of the most challenging areas of Virginia in which to provide transportation services. The region faces several challenges to transit operation:

- The region's mountainous topography and limited high-speed road network make transit operations in this region more challenging. Interstates I-81 and I-77 provide high-capacity highway travel in the region. US highways 11, 19, 58, 119, and 460 are additional options (two or four lanes).
- Many of the US and state routes in the extreme southwest corner of the state can be narrow, winding, and remote.
- Cellular phone service is spotty or nonexistent in some parts of the region.
- The cities and towns are widely dispersed in this region, which means there are long distances to employment, education, shopping, and health services.

REGIONAL PUBLIC PROCESS

Between August 2018 and February 2019, the CHSM Plan project team conducted multiple outreach events in the Southwest region to understand the needs of transportation users, providers, dispatchers, managers, and drivers. Outreach events included a regional workshop in Marion, a community conversation in Galax, and a ride-along with District Three's Mountain Lynx Transit. Additional outreach included online surveys and interviews with key stakeholders.

October 16, 2018: Regional Workshop at District Three Governmental Cooperative, Marion, 12 participants

Key Quotes:
- **In my work, my goal for human service mobility is…**
  - "Seamless, coordinated transportation within our PDC and neighboring PDCs."
  - "For people with disabilities to truly have the freedom to live independently and participate in their communities in ways they need and desire."
- **At the end of the planning process, I would like to see a plan that…**
  - "Addresses the gaps in service between different rural and urban areas."

January 16, 2019: Community Conversation at the Appalachian Independence Center's Disability & Advocacy Group Meeting and Ride Along with Mountain Lynx Transit in Galax

Key Quotes:
- "To me, independence means…
  - …doing what I want, when I want, where I want."
  - …having transportation."
  - …depending on yourself, and helping others."
- "Certain service providers have a bag limit on board which makes it difficult to use the route for grocery shopping"
- "In winter, people with disabilities tend to stay home - the roads are icy and slippery."

REGIONAL ISSUES

Below is a summary of the Southwest Region's transportation gaps and challenges collected during the public outreach process:

- **Inter-jurisdictional** and **inter-state trips** are often required due to the region's geography but are difficult to provide.
- **Changes in the medical landscape** – including changes to which providers participate with which insurance agencies, the decentralization and consolidation of other services, and Medicaid expansion – can make it difficult for users to keep track of available services.
- **Cross-purpose trips** are difficult to provide because of eligibility criteria.
- It is **difficult to find local funding** for transportation, including to provide the required match funds for state and federal grants.
- Certain service providers have a **bag limit** on board which makes it difficult to use the route for grocery shopping.
- Bus route schedules **don't allow enough time** at each stop for people in wheelchairs to embark and disembark.
- Certain **key services are left out** of Mountain Lynx Transit routes (the DMV and the Food Bank).
- Dispatcher numbers are **often busy or phone systems are down**.
- Infrastructure for people with disabilities **doesn't always match their needs**.
- Routes stop by 4 or 5 p.m., and **expanding service to 6 or 7 p.m.** would give people more time for errands after work.
- In general, riders feel they can get almost everywhere within the town of Galax, but **getting to neighboring towns is almost impossible**. People in Galax would like to travel to Wytheville and Mount Airy and Winston-Salem in North Carolina.
- For some riders, **local taxis are not a viable transportation option** due to cost or personal needs.

Strengths in the Southwest region include:
- Drivers **know riders personally** and help them where they can.
- There are many regular riders who know one another. This creates a **strong sense of community**.
- **Affordable trips** are available to riders in the region.

PLAN OF ACTION

Gaps to Goals in the Southwest Region

Funding was a common issue brought up during the outreach events. Service providers and partners at the regional and local levels can continue to advocate and vie for more local support.

Action Tracker

The Southwest Region's Action Tracker is similar to the Statewide Action Tracker but with specific, regionally significant action items and projects. There is some overlap between statewide actions and projects and regional actions and projects. This underscores not only the importance of a particular action for the state itself, but that the regional representatives who provided feedback believed it carried significant weight here. Additionally, some actions are listed only in the statewide tracker, but they do apply regionally; listing these actions on the statewide plan indicates that they would be more appropriately addressed at the state level. Like the Statewide Action Tracker, projects are grouped by their "gap to goal" category—Education and Opportunities, Trip Eligibility, Funding, and Service Alternatives.

As with the Statewide Action Tracker, it is an easy-to-read plan of action to give DRPT and its partners an idea of which statewide and regional gaps exist, and which action items would best bridge those gaps. Each action item is a strategy intended to address one or more of the identified gaps or goals. The Action Tracker is presented in lieu of traditional Goals, Objectives, and Strategies to encourage more partners to get directly involved in the implementation of this plan. The Action Tracker also includes a performance-tracking guide, providing a means of measuring the progress of a specific action item against a benchmark and timeframe that can be used to determine the success of the action item. Finally, the anticipated participants in a specific action item are identified. This is not intended to be a comprehensive list; it is expected that the list of participants will change and grow as time moves on.

Transportation Gap	Action No.	Action Item	Benchmark	Implementation Timeframe Short: 1-2 years | Medium: 3-4 years Long: 4+ years	Participants

SOUTHWEST REGION ACTION TRACKER

Counties: Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe
Cities: Bristol, Galax, Norton

Transportation Gap	Action No.	Action Item	Benchmark	Implementation Timeframe	Participants
Education & Opportunities	SW-1.A	Develop Southwest Region advisory committee that reports to the statewide advisory committee	Quarterly meetings of diverse group of human service transportation partners in Southwest Region	Short	DRPT Service Providers
	SW-1.B	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Regional Advisory Committee
	SW-1.C	Develop a unified message for rural jurisdiction elected and administrative officials about the demographic realities of the future of rural counties and the ongoing public need for human services transportation	Platform and talking points for statewide use, updated annually	Medium	Regional Advisory Committee Service Providers
	SW-1.D	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities	Training plans	Medium	DRPT Statewide Steering Committee Service Providers
	SW-1.E	Educate public on what services are available and who is eligible to use those services	Marketing materials, plan	Short	Regional Advisory Committee Service Providers Planning District Commissions
	SW-1.F	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners	4 meetings regionally with applicable facilities	Medium	Service Providers
	SW-1.G	Set expectations for trip parameters for new riders; provide introductory "travel training"	Pilot programs for each service	Medium	Service Providers
Trip Eligibility	SW-2.A	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	SW-2.B	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs (*Area of focus*)	Outreach plans	Long	Service Providers
	SW-2.C	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for students with limited transportation options	Pilot program	Long	DRPT Service Providers
	SW-2.D	Open up communications with community centers and at-risk youth organizations about what role transportation choice can play in improving the lives of at-risk youth; study potential opportunities for funding and providing transportations services for these individuals	Meetings and plan proposal	Medium	DRPT Regional Advisory Committee Service Providers
	SW-2.E	Begin working with homeless shelters and other homeless service agencies to provide targeted outreach for availability of human service transportation	Outreach plan	Medium	DRPT Regional Advisory Committee Service Providers

SOUTHWEST REGION ACTION TRACKER

Counties: Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe
Cities: Bristol, Galax, Norton

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years | Medium: 3-4 years Long: 4+ years*	
Funding	SW-3.A	Continue working with local and regional government officials to increase the available funds for capital purchases, operating, and maintenance	Ongoing discussions	Short	Service Providers
	SW-3.B	Look at potential for longer term grants for rural Southwest Region providers to allow providers to maintain long-term stability, flexibility, and affordability (*Regional strength*)	Ongoing discussions	Medium	DRPT Service Providers
	SW-3.C	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers
Service Alternatives	SW-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	SW-4.B	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meetings with all Southwest region public transit providers	Medium	Service Providers
	SW-4.C	Develop a "one click/one call" approach for human service transportation in either the entire Southwest region or smaller sub regions	Project development proposal	Medium	DRPT Regional Advisory Committee
	SW-4.D	Open up communications with human service transportation agencies in bordering Tennessee cities and counties to discuss potential for cross-border service from Virginia to destinations across border in Tennessee	Meetings and proposal	Medium	DRPT Regional Advisory Committee Service Providers (Virginia, Tennessee)
	SW-4.E	Look at potential for ridesharing programs in areas where employment trips are not being met or for people who are not eligible	Study proposal	Medium	DRPT Regional Advisory Committee Planning District Commission
	SW-4.E	Study service alternatives that group trip types or origination points to minimize the number of trips while maximizing ridership (see District Three's county-wide transit service for an example)	Final study	Long	DRPT Service Providers

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2019

Tidewater Region

Regional Profile

Overview

The Tidewater region is made up of 16 jurisdictions loosely comprising the Hampton Roads and Eastern Shore regions of Virginia. The region's water and infrastructure present a significant challenge to providing efficient transportation to all areas. Travel between the Middle Peninsula, the Virginia Peninsula, and South Hampton Roads relies on a combination of bridges and tunnel that are prone to congestion and long delays. Additionally, six of the top ten most populated Virginia cities are in the Tidewater region and the three largest by population—Virginia Beach, Norfolk, and Chesapeake—are on the Southside of Hampton Roads.

The Tidewater region is comprised of the following counties and independent cities:

Counties:	Accomack, Gloucester, Isle of Wight, James City, Mathews, Northampton, York
Cities:	Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg
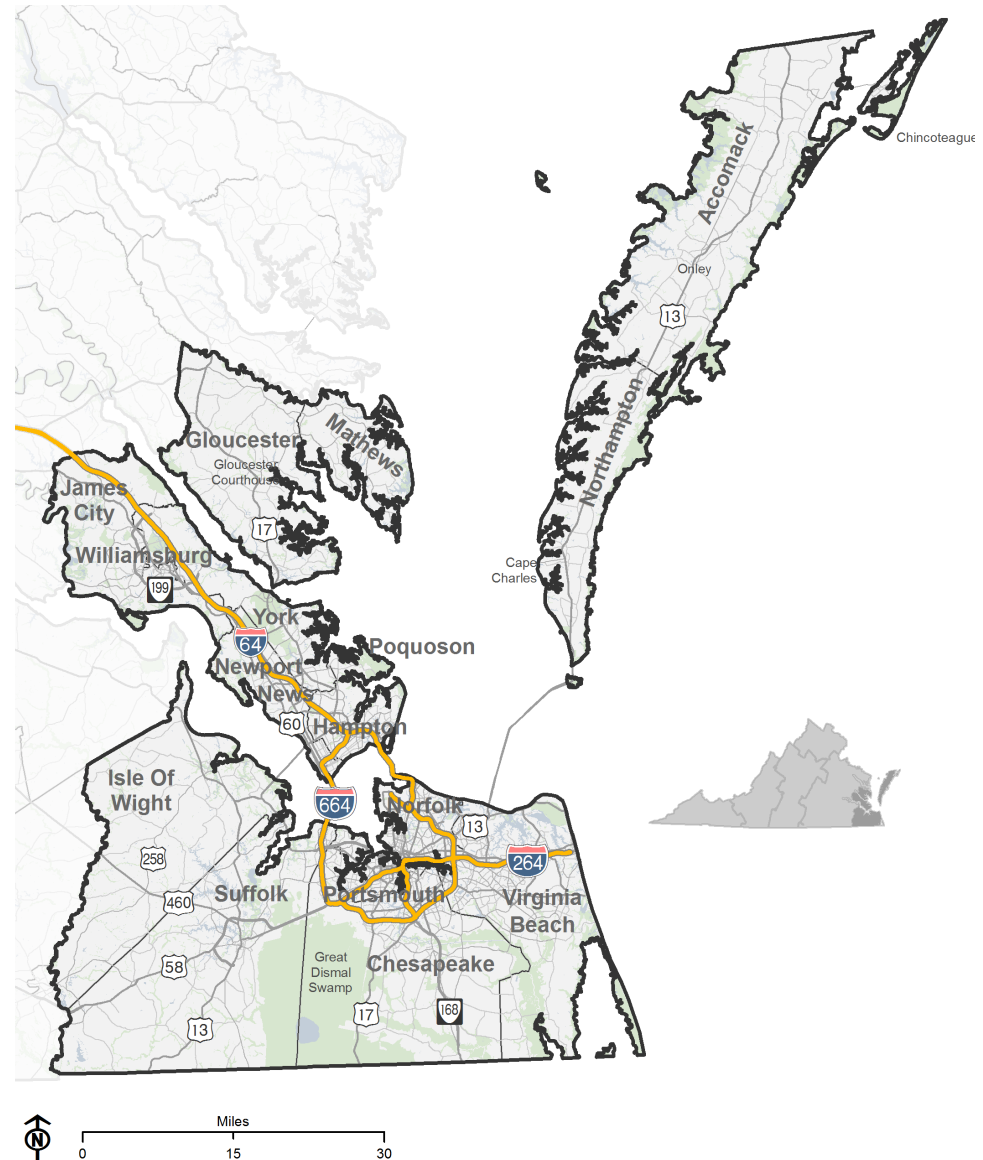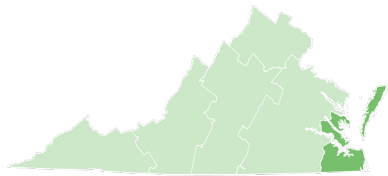
Demographics

The region can be split into three distinct areas due to the boundaries created by the area's rivers and the Chesapeake Bay: the Eastern Shore, South Hampton Roads (Southside), and the Virginia and Middle Peninsulas (the Peninsula). The total 2017 population of the region was 1.7 million[1]. An overwhelming 75 percent of the region's residents (1.3 million residents) live in South Hampton Roads. Nearly 30 percent of the entire region's residents lived in Virginia Beach alone. The Middle and Virginia Peninsulas had 23 percent of the region's population (393,708 residents). Only 3 percent of the region's population (44,838 residents) lived on the Eastern Shore.

Below Poverty

- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- > 50%

Elderly (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 72%
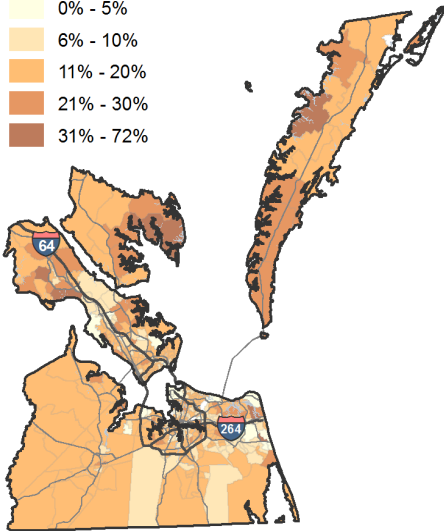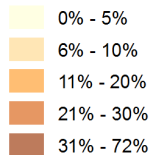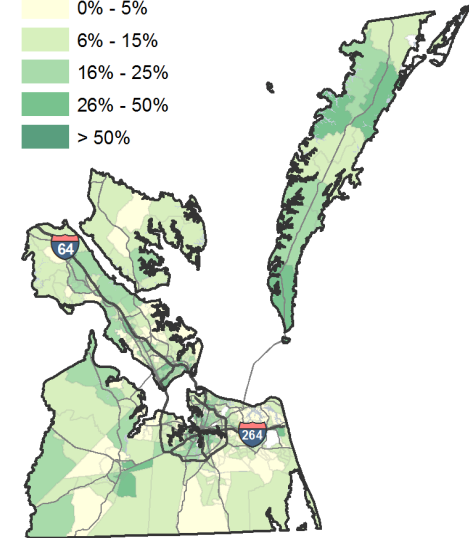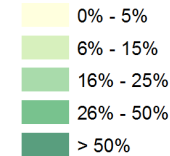
Population in Poverty

Of nearly 650,000 households in the region, 75,000 were below the Federal poverty level while almost 210,000 residents lived in poverty (12 percent). The highest percentages of households in poverty in this region are in central and northern Accomack County, southern Northampton County and near Suffolk. Accomack and Northampton are largely rural and not served by fixed route transit, but Suffolk is served by fixed route transit.

Elderly Population

Over 225,000 people in the Tidewater region were 65 or older as of 2016, which is just 13 percent of the total population. The highest concentrations of elderly residents in the region are in western central Accomack County, the rural area around Williamsburg, Seaford, and Matthews and eastern Gloucester Counties

1. All demographics data retrieved from U.S. Census - http://factfinder.census.gov

surrounding Mobjack Bay. In these areas, at least 31 percent of residents are 65 or older. These are rural areas not served by fixed route transit.

Population with a Disability

Over 11 percent of the population had some type of disability. The largest concentrations of residents living with a disability are in northern Accomack County, northern Northampton County, Suffolk County, eastern Gloucester County, southern Matthews County, the area south of Smithfield in Isle of Wight County, and around the Virginia Beach Naval Air Station. Suffolk and Virginia Beach are served by fixed route transit but the remaining rural areas are not.

Veterans

Almost 209,000 residents (12 percent of the population) claimed veteran status as of 2016. This is by far the highest percentage of veterans in any region, which could be attributed to the large, long-established military presence throughout the region.

With a Disability
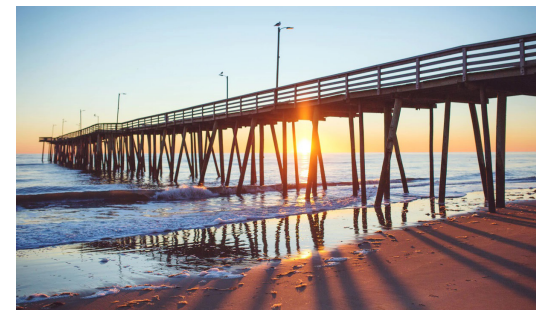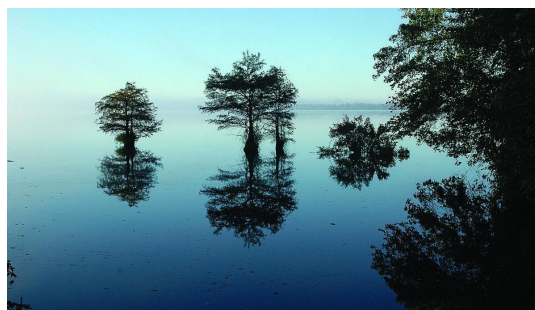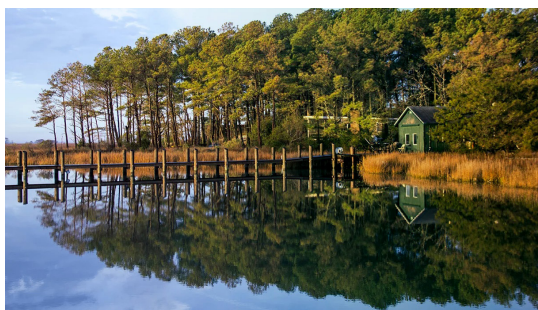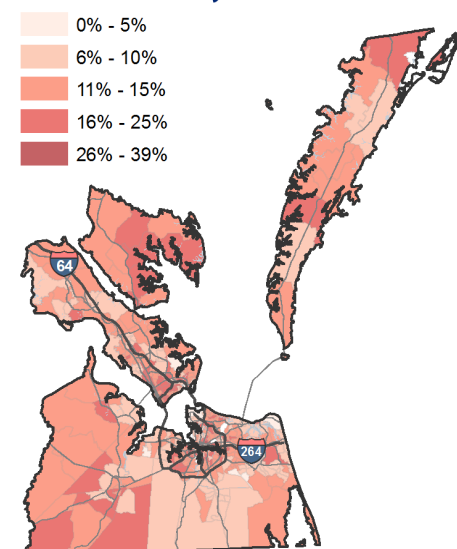
- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- 26% - 39%

REGIONAL PUBLIC PROCESS

Between August 2018 and February 2019, the CHSM Plan project team conducted multiple outreach events in the Tidewater region to understand the needs of transportation users, providers, dispatchers, managers, and drivers. Outreach events included a Regional Workshop in Norfolk, a Community Conversation in Tasley (on the Eastern Shore), and a Ride-Along with Star Transit. Additional outreach included online surveys and interviews with key stakeholders.

September 20, 2018: Regional Workshop at Hampton Roads Transit Center, 21 participants

Key Quotes:
- **In my work, my goal for human service mobility is…**
    - "To reduce social isolation and ensure persons of all abilities have the opportunity to access transportation to meet their medical and social needs."
    - "To have a dependable, less complicated, efficient transportation system so that seniors can get to their essential appointments."
    - "Make sure people with developmental and physical disabilities can access the community as they choose and need. This includes that they have the opportunity to volunteer, work, and do fun things as well as what they need to do for medical, mental, and psychological well-being."

Photo: September 20, 2018: Regional Workshop at Hampton Roads Transit Center, 21 participants

- **At the end of the planning process, I would like to see a plan that...**
  - "Takes into consideration the transit needs of diverse populations."
  - "Eliminates the transportation barriers and links individuals to needed services and places to improve social indicators in the region."

December 4, 2018: Community Conversation at No Limits Eastern Shore (NLES)
- Staff at NLES said all the shopping on the Eastern Shore is north of the Maryland line and that "money that goes off the shore stays off the shore."
- Participants at NLES said that they rely on Star Transit to get to the day center. When rides are not available, such as during inclement weather, their peers stay home and are isolated.

December 4, 2018: Ride Along with Star Transit, in Tasley
- The driver explained that for his on-demand route, "no two days are ever the same," although he knows his regular riders well and goes above and beyond to help them when he can.
- Riders were very happy with Star Transit service and described the system as "a blessing."

Photos 1-2: Community Conversation at No Limits Eastern Shore

Photo: Ride Along with Star Transit in Tasley

Regional Issues

The Tidewater Region is largely coastal and faces significant geographical challenges because multiple large bodies of water – including the York River, the James River, the Elizabeth River, the Nansemond River, and the Chesapeake Bay – divide the region. There are limited water crossings, which creates challenges for transit operators.

The Tidewater Region has three contrasting sub-regions within its boundaries:

- **Hampton Roads – the Peninsula and Southside –** is the second largest metropolitan area in Virginia and made up of densely populated cities and growing suburban communities.

- **The Middle Peninsula** is rural and, while separated by water spanned by a toll bridge from more urban areas, is within a short drive of the cities of Williamsburg and Newport News.

- **The Eastern Shore** is distantly removed from the rest of the state and accessible to the rest of the region only by the Chesapeake Bay Bridge Tunnel. It is sparsely populated, extremely rural, and lacking convenient access to many of the services found in the rest of the region

Many of the region's transportation challenges exist in the rural areas, where low ridership and long distances make service provision costly. As a result, the seniors, people with disabilities, and veterans who live in rural communities – many of whom are low-income – struggle to access affordable, accessible transportation. Below is a summary of the Tidewater Region's transportation gaps and challenges collected during the public outreach process:

- It is difficult to sustain routes when **feasibility** is determined by ridership — some routes have been discontinued due to **low ridership** but riders relied on the service to survive.
- In many rural areas, **walkability is limited** due to distance and a lack of safe pedestrian infrastructure, such as sidewalks and crosswalks.
- It is difficult to provide **door-to-door service** because many service providers require property owner permission to enter privately-owned driveways.
- Vans are generally not allowed to back up due to safety, which often **prevents door-to-door service** for people with disabilities.

- Rural **road and driveway conditions** can prevent buses from reaching people, especially during inclement weather.
- Many drivers are **not trained** to communicate with people with severe mental illness or brain injury.
- Not all buses and vans can accommodate wheelchairs.
- **Taxis are too expensive** for riders in rural areas because of the distances.
- Service providers see higher ridership at the start of the month, when people have more money on hand. Later in the month, **ridership declines**.
- **Age requirements** – some services require an adult to accompany children, so children have limited transportation options.
- For on-demand routes, drivers are under pressure to arrive on time at all stops, particularly because seniors and people with disabilities **cannot wait by themselves or outside** for long periods of time.
- Some service providers **do not run on major holidays**.
- For on demand service, there can be **scheduling** issues when two or more riders request rides at the same time but are located far away from one another.
- **Geographic limitations** – On the Eastern Shore, all major retail is located north of the Maryland state line where transit is not provided. The geography makes public transit difficult to provide.
- Many Eastern shore residents are **low income** – 20 percent of residents in Accomack and Northampton live below the poverty line.

Despite these challenges, the outreach team also received positive feedback about existing service in the region. These regional strengths are summarized below:

- Riders and participants feel the existing service is **"a blessing."**
- Trips are generally **affordable** (50 cents or $1 per trip).
- There is **collaboration** between human service providers and transportation providers to provide free or subsidized trips for seniors, people with disabilities, etc.
- People can use existing service to get to **major employers** (e.g. Purdue on the Eastern Shore).

PLAN OF ACTION

Gaps to Goals in the Tidewater Region

Some of the frequent issues raised for this region were affected by the geography. The rural and low-income areas were not being properly served, which was a common theme for rural areas throughout Virginia. The demand for quality of life and essential non-medical trips has not been met to residents' satisfaction, which is common for geographically isolated areas such as the Eastern Shore. Finally, it emphasized that the "working poor" and low-income seniors were inadequately served and that access to transportation services is needed for the homeless and at-risk youths. The latter two groups were unique to the Tidewater region. As a result, new service is a significant recommendation for this region and should be more than an expansion of existing services.

Action Tracker

The Tidewater Region's Action Tracker is similar to the Statewide Action Tracker but with specific, regionally significant action items and projects. There is some overlap between statewide actions and projects and regional actions and projects. This underscores not only the importance of a particular action for the state itself, but that the regional representatives who provided feedback believed it carried significant weight here. Additionally, some actions are listed only in the statewide tracker, but they do apply regionally; listing these actions on the statewide plan indicates that they would be more appropriately addressed at the state level. Like the Statewide Action Tracker, projects are grouped by their "gap to goal" category—Education and Opportunities, Trip Eligibility, Funding, and Service Alternatives.

As with the Statewide Action Tracker, it is an easy-to-read plan of action to give DRPT and its partners an idea of which statewide and regional gaps exist, and which action items would best bridge those gaps. Each action item is a strategy intended to address one or more of the identified gaps or goals. The Action Tracker is presented in lieu of traditional Goals, Objectives, and Strategies to encourage more partners to get directly involved in the implementation of this plan. The Action Tracker also includes a performance-tracking guide, providing a means of measuring the progress of a specific action item against a benchmark and timeframe that can be used to determine the success of the action item. Finally, the anticipated participants in a specific action item are identified. This is not intended to be a comprehensive list; it is expected that the list of participants will change and grow as time moves on.

TIDEWATER REGION ACTION TRACKER

Counties: Accomack, Gloucester, Isle of Wight, James City, Mathews, Northampton, York
Cities: Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years | Medium: 3-4 years* *Long: 4+ years*	
Education & Opportunities	TW-1.A	Develop Tidewater Region advisory committee that reports to the statewide advisory committee	Quarterly meetings of diverse group of human service transportation partners in Tidewater Region	Short	DRPT Service Providers
	TW-1.B	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Regional Advisory Committee
	TW-1.C	Develop a unified message for rural jurisdiction elected and administrative officials about the demographic realities of the future of rural counties and the ongoing public need for human services transportation	Platform and talking points for statewide use, updated annually	Medium	Regional Advisory Committee Service Providers
	TW-1.D	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities	Training plans	Medium	DRPT Statewide Steering Committee Service Providers
	TW-1.E	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners	4 meetings regionally with applicable facilities	Medium	Service Providers
	TW-1.F	Set expectations for trip parameters for new riders; provide introductory "travel training"	Pilot programs for each service	Medium	Service Providers
Trip Eligibility	TW-2.A	Continue serving major employers in rural areas and maintain affordable fares across the region (*Regional strength*)	Ongoing service	Short	Service Providers
	TW-2.B	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	TW-2.C	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs	Outreach plans	Long	Service Providers
	TW-2.D	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for students with limited transportation options	Pilot program	Long	DRPT Service Providers
	TW-2.E	Open up communications with community centers and at-risk youth organizations about what role transportation choice can play in improving the lives of at-risk youth; study potential opportunities for funding and providing transportations services for these individuals	Meetings and plan proposal	Medium	DRPT Regional Advisory Committee Service Providers
	TW-2.F	Continue serving major employers in rural areas and maintain affordable fares across the region.	Ongoing service	Short	Service Providers
	TW-2.G	Begin working with homeless shelters and other homeless service agencies to provide targeted outreach for availability of human service transportation	Outreach plan	Medium	DRPT Regional Advisory Committee Service Providers

TIDEWATER REGION ACTION TRACKER

Counties: Accomack, Gloucester, Isle of Wight, James City, Mathews, Northampton, York
Cities: Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Funding	TW-3.A	Continue working with local and regional government officials to increase the available funds for capital purchases, operating, and maintenance	Ongoing discussions	Short	Service Providers
	TW-3.B	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers
Service Alternatives	TW-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	TW-4.B	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meetings with all Tidewater region public transit providers	Medium	Service Providers
	TW-4.C	Continue exploring options for provision of transportation for veterans in Tidewater region and search for potential funding sources (*Area of focus*)	Service options memorandum	Medium	DRPT Service Providers
	TW-4.D	Open up communications with human service transportation agencies in Worcester and Somerset counties of Maryland to discussion potential for cross-border service from Virginia to destinations across border in Maryland	Meetings and proposal	Medium	DRPT Regional Advisory Committee Service Providers (Virginia, Maryland)
	TW-4.E	Study service alternatives that group trip types or origination points to minimize the number of trips while maximizing ridership (see District Three's county-wide transit service for an example)	Final study	Long	DRPT Service Providers

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Western Region
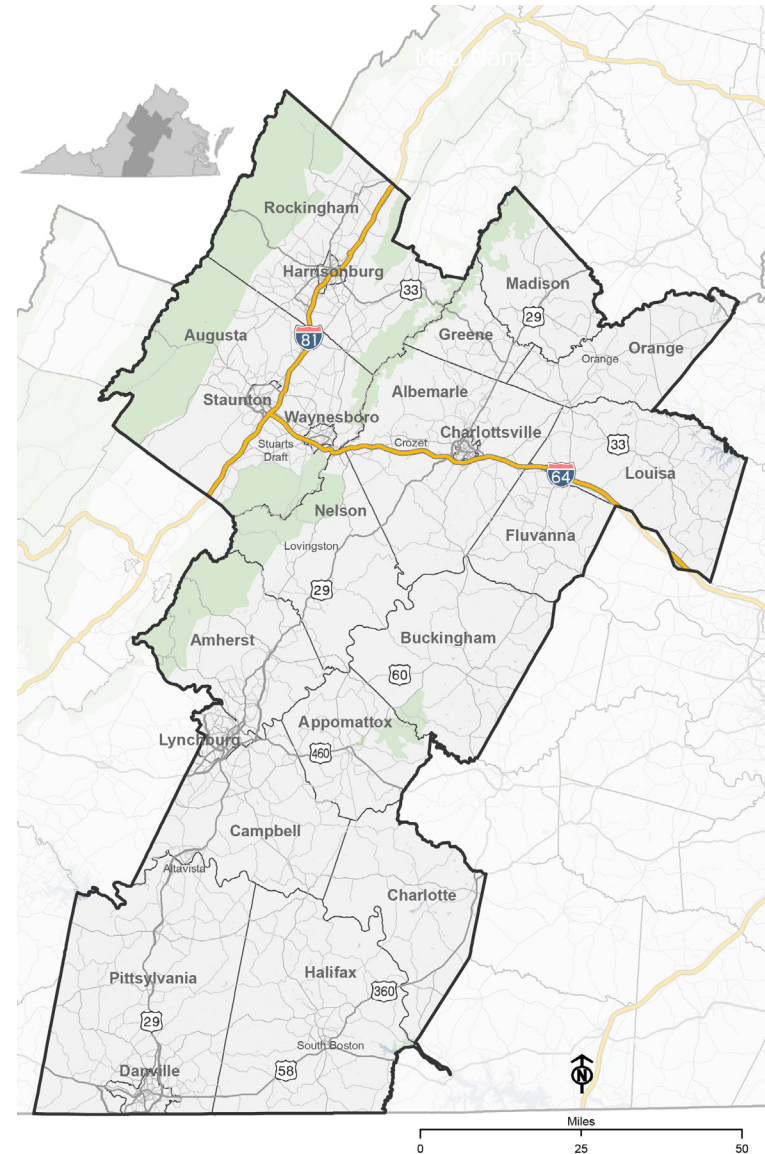
Regional Profile

Overview

The Western region is largely rural with a few cities and small urbanized areas. Population density in the region is fairly low at 104 residents per square mile, and ranges from low-density Charlotte County (at just 25 residents per square mile) to the dense city of Charlottesville (with 4,526 residents per square mile). The cities of Harrisonburg and Charlottesville are the fastest-growing jurisdictions in the region, and their surrounding counties of Albemarle, Louisa, and Orange are also seeing growth. Halifax and Charlotte counties and the city of Danville have lost more than three percent of their populations since 2010. The region is served by interstates I-81 and I-64 as well as US 29, US 33, US 58, US 60 and US 460.

The region is comprised of the following counties and independent cities:

Counties:	Albemarle, Amherst, Appomattox, Augusta, Buckingham, Campbell, Charlotte, Fluvanna, Greene, Halifax, Louisa, Madison, Orange, Pittsylvania, Rockingham
Cities:	Charlottesville, Danville, Harrisonburg, Lynchburg, Staunton, Waynesboro
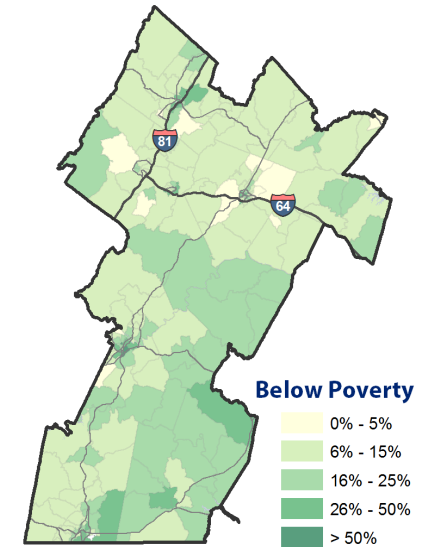
Demographics

The 2017 population for the region was 881,911, up just 3.9 percent from 2010. Charlottesville and Harrisonburg cities were the fastest growing during this time while the most rural counties and Danville lost population.

Population in Poverty

In this region, 14.7 percent of residents were living in poverty as of 2017. Poverty is most concentrated in Charlotte County and in the region's urbanized areas, including Harrisonburg, Charlottesville, Lynchburg, Waynesboro, and Danville. In the Western region, 14.7 percent of the population (123,356 residents) lives in poverty. The highest percentages of households in poverty are in very rural areas like Charlotte County and in urban areas like Harrisonburg, Charlottesville, Lynchburg, and Danville. These urban areas are served by varying levels of fixed route transit.

Below Poverty
- 0% - 5%
- 6% - 15%
- 16% - 25%
- 26% - 50%
- > 50%
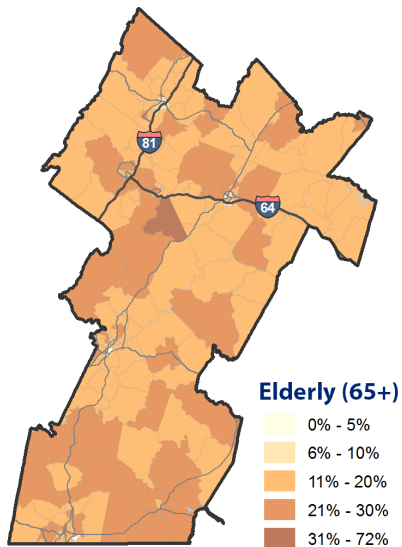
Elderly Population

Approximately 17 percent of residents across the region were 65 years or older. The highest concentration of elderly residents is in eastern Nelson County, where more than 31 percent of residents are 65 or older. There are also high concentrations of seniors in the counties of Halifax, Pittsylvania, Charlotte, and Amherst counties. Northern parts of Albemarle County outside Charlottesville and Rockingham County north of Harrisonburg also have high percentages of seniors.

Elderly (65+)
- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 72%

Population with a Disability

In the Western Region, about 14 percent of residents live with a disability. The highest concentrations of individuals with disabilities are in Charlotte County and the city of Danville, where roughly 20 percent of residents live with a disability. However, in large swaths of this region including most of Charlotte, Pittsylvania, Halifax, Campbell, Appomattox, western Amherst, Buckingham, western Augusta, eastern Fluvanna, and northern Rockingham counties, at least 16 percent of residents are living with a disability.

Veterans

In this region, 60,040 residents (8.5 percent of the population) in the Western Region claimed veteran status in 2017. More veterans live in the region's rural counties than its more urbanized counties.
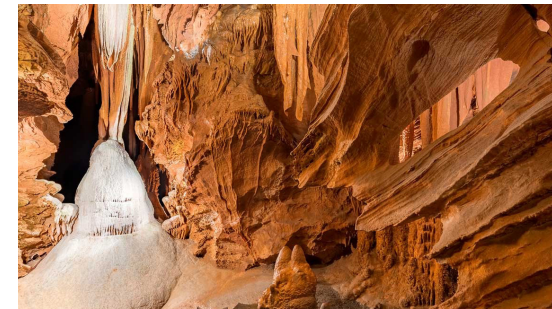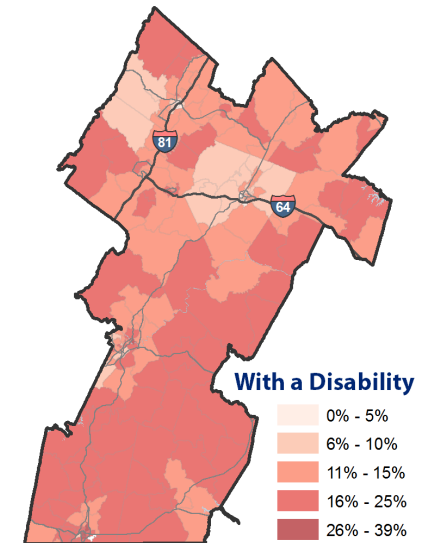
With a Disability

- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- 26% - 39%

REGIONAL PUBLIC PROCESS

Between August 2018 and February 2019, the CHSM Plan project team conducted multiple outreach events in the Western region to understand the needs of transportation users, providers, dispatchers, managers, and drivers. Western Region outreach included time spent at The Arc of Harrisonburg and Rockingham (The Arc), a ride-along with a SpARC Community Engagement group, and follow-up conversations with the executive director, transportation director, and other program participants.

The Arc is an organization that serves individuals with intellectual and developmental disabilities. SpARC community engagement is a program run by The Arc that provides community engagement opportunities for the individuals they serve. One community engagement group was present for the ride-along from the Arc of Harrisonburg to a local restaurant for lunch. This group included one staff member and three participants. A second community engagement group consisting of two staff members and three participants joined at the restaurant for lunch.

October 3, 2018: Regional Workshop at GLTC Operations and Maintenance Facility Lynchburg, 20 participants

Key Quotes:

- **In my work, my goal for human service mobility is…**
    - "To improve transportation access for all individuals and reduce barriers to seniors and people with disabilities."
    - "To provide accurate and useful information to those in need of services."
- **At the end of the planning process, I would like to see a plan that…**
    - "Outlines meaningful connection between agencies to remove barriers for persons traveling across different modes."

February 5-6, 2019: Ride Along with SpARC Community Engagement and Community Conversation at The Arc of Harrisonburg and Rockingham in Harrisonburg

Key Quotes:

- Staff said: "Without the services the Arc provides, people with disabilities would have an even more difficult time getting where they need to go."
- One participant explained: "My family used to take me places but now that I live in a group home, I rely on the Arc and SpARC for getting out into the community."
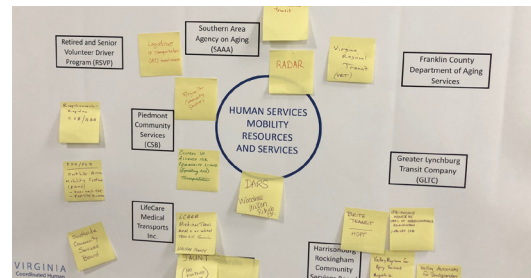
Photo: October 3, 2018: Regional Workshop at GLTC Operations and Maintenance Facility Lynchburg, 20 participants

REGIONAL ISSUES

Many of the issues in the Western Region are related to its mountainous landscape and sparse population density tot he north and south. Many of the transportation services are anchored to population centers such as Charlottesville, Harrisonburg, Staunton, and Danville, yet there are few options between these cities. As a result, there are coverage and reliability concerns from customers and operational and logistical concerns among the service providers.

- The region's **aging population** will increase the burden on existing transportation.
- Potential transportation users **are not aware of what is available** in their region. For example, many people are not informed about the ride-matching program.
- **Finding and retaining volunteer drivers** is challenging.
- **Transportation coverage in rural areas is lacking,** so it is challenging to transport these residents to medical appointments.
- There are **discrepancies between the services** that individuals with developmental disabilities need and what they receive, including transportation to employment and access to services. Awareness of available services is also an issue.
- Inability to drive or lack of access to a personal vehicle are **barriers to employment**. Individuals unable to access public transportation or transit services have found it difficult to gain or sustain employment.
- **Transit and paratransit coverage is limited**, only serving the city and the hospital in both Charlottesville and Harrisonburg.
- Transportation of oversized chair patients is difficult with existing vehicles.
- **There is a lack of regional public transit connectivity overall.**

Regional strengths include:

- The Central Shenandoah Planning District Commission (CSPDC) is developing a **comprehensive list** of existing resources and services.
- Many of the transit agencies in the Western Region have been **working to expand service** to connect with employment centers beyond their current service area.
- CSPDC has been **using the SMART SCALE funding process to improve pedestrian access** and safety at select bus stops.

PLAN OF ACTION

Gaps to Goals in the Western Region

The Western Region is mostly rural with several smaller cities rather than one large urban center. Many of these smaller cities have urban fixed route transit systems that provide good service within city limits but do not provide connections to locations beyond. This creates a high demand for human service transportation and on-demand transportation from JAUNT.

Public outreach identified a lack of awareness of existing service among many segments of the population. Much of the feedback from the region came from those involved with services for people with developmental disabilities, who face major transportation challenges. Residents with limited English proficiency also faced significant transportation barriers that are difficult to overcome.

The solutions identified during the outreach sessions focused on raising awareness and a grassroots approach to bridging some of the gaps. The work of a regional steering committee in the Western Region would be well received by transportation providers and riders and could serve as a model for other regions.

Action Tracker

The Western Region's Action Tracker is similar to the Statewide Action Tracker but with specific, regionally significant action items and projects. There is some overlap between statewide actions and projects and regional actions and projects. This underscores not only the importance of a particular action for the state itself, but that the regional representatives who provided feedback believed it carried significant weight here. Additionally, some actions are listed only in the statewide tracker, but they do apply regionally; listing these actions on the statewide plan indicates that they would be more appropriately addressed at the state level. Like the Statewide Action Tracker, projects are grouped by their "gap to goal" category—Education and Opportunities, Trip Eligibility, Funding, and Service Alternatives.

As with the Statewide Action Tracker, it is an easy-to-read plan of action to give DRPT and its partners an idea of which statewide and regional gaps exist, and which action items would best bridge those gaps. Each action item is a strategy

intended to address one or more of the identified gaps or goals. The Action Tracker is presented in lieu of traditional Goals, Objectives, and Strategies to encourage more partners to get directly involved in the implementation of this plan. The Action Tracker also includes a performance-tracking guide, providing a means of measuring the progress of a specific action item against a benchmark and timeframe that can be used to determine the success of the action item. Finally, the anticipated participants in a specific action item are identified. This is not intended to be a comprehensive list; it is expected that the list of participants will change and grow as time moves on.

WESTERN REGION ACTION TRACKER

Counties: Albemarle, Amherst, Appomattox, Augusta, Buckingham, Campbell, Charlotte, Fluvanna, Greene, Halifax, Louisa, Madison, Orange, Pittsylvania, Rockingham

Cities: Charlottesville, Danville, Harrisonburg, Lynchburg, Staunton, Waynesboro

Transportation Gap	Action No.	Action Item	Performance Tracking		Participants
			Benchmark	**Implementation Timeframe** *Short: 1-2 years	Medium: 3-4 years Long: 4+ years*	
Education & Opportunities	WS-1.A	Develop Western Region advisory committee that reports to the statewide advisory committee; focus on coordination of service providers	Quarterly meetings of diverse group of human service transportation partners in Western Region	Short	DRPT Service Providers
	WS-1.B	Develop an ongoing outreach mechanism for service providers to employ as a means of consistently measuring customer satisfaction and service performance; develop plan to track changes annually	Outreach plan and mechanism	Medium	DRPT Regional Advisory Committee
	WS-1.C	Develop a unified message for rural jurisdiction elected and administrative officials about the demographic realities of the future of rural counties and the ongoing public need for human services transportation (*Regional strength*)	Platform and talking points for statewide use, updated annually	Medium	Regional Advisory Committee Service Providers
	WS-1.D	Ensure drivers are equipped with the proper training and resources to manage and provide aid to their potential passengers and those passengers' health issues and disabilities (*Area of focus*)	Training plans	Medium	DRPT Statewide Steering Committee Service Providers
	WS-1.E	Ramp up grassroots work with senior centers, doctor's offices, living facilities, and other relevant partners or potential partners	4 meetings regionally with applicable facilities	Medium	Service Providers
	WS-1.F	Set expectations for trip parameters for new riders; provide introductory "travel training"	Pilot programs for each service	Medium	Service Providers
	WS-1.G	Focus outreach on people with DD and DD agencies to gauge specific transportation issues--lack of eligibility after high school, language barriers, etc.--and work with DRPT and DBHDS to address them	Community and agency outreach	Short	Service Providers DRPT
Trip Eligibility	WS-2.A	Educate "ineligible" riders such as low-income youths, job seekers, students, and other similar trip-takers where public transit does exist to use public transit services	Outreach plans	Medium	Service Providers
	WS-2.B	Work with hospitals, medical centers, and other health care facilities to catalog existing transportation programs for recurring medical trips; see how trips serving these facilities, if possible, can be shifted to other programs	Outreach plans	Long	Service Providers
	WS-2.C	Look at feasibility of service providers supplying travel aides for riders who need additional support	Final study	Medium	DRPT Service Providers
	WS-2.D	Work with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for students with limited transportation options	Pilot program	Long	DRPT Service Providers

			Performance Tracking		
WESTERN REGION ACTION TRACKER					
Counties: Albemarle, Amherst, Appomattox, Augusta, Buckingham, Campbell, Charlotte, Fluvanna, Greene, Halifax, Louisa, Madison, Orange, Pittsylvania, Rockingham **Cities:** Charlottesville, Danville, Harrisonburg, Lynchburg, Staunton, Waynesboro					

Transportation Gap	Action No.	Action Item	Benchmark	Implementation Timeframe *Short: 1-2 years | Medium: 3-4 years* *Long: 4+ years*	Participants
Funding	WS-3.A	Continue working with local and regional government officials to increase the available funds for capital purchases, operating, and maintenance	Ongoing discussions	Short	Service Providers
	WS-3.B	Explore local funding to support trips for seniors, individuals with disabilities, and other vulnerable or special populations	Identified funding sources	Short	Service Providers
Service Alternatives	WS-4.A	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	Trips provided	Short	DRPT Service Providers
	WS-4.B	Where possible, partner with public transportation providers (FTA Section 5307 and 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	Meetings with all Western Region public transit providers	Medium	Service Providers
	WS-4.C	Develop a "one click/one call" approach for human service transportation in either the entire Western region or small sub regions	Project development proposal	Medium	DRPT Regional Advisory Committee
	WS-4.D	Study feasibility of partnering with ridesharing agencies to determine if there opportunities for sharing resources	Study proposal	Medium	Regional Advisory Committee Service Providers
	WS-4.E	Explore options and obstacles to potential DD-related programs and agency coordination with local public transportation service providers to address some of the age-related eligibility issues	Study proposal	Medium	DRPT Regional Advisory Committee Service Providers
	WS-4.F	Study service alternatives that group trip types or origination points to minimize the number of trips while maximizing ridership (see District Three's county-wide transit service for an example)	Final study	Long	DRPT Service Providers

APPENDICES

APPENDIX A: DETAILED PUBLIC OUTREACH CALENDAR

August 2018
- **August 17:** Pop-up outreach event at CTAV conference (Fredericksburg)
- **August 20:** Steering Committee Meeting

September 2018
- **September 20:** Tidewater Region Workshop at Hampton Roads Transit Center (Norfolk)
- **September 25:** Central Region Workshop at Richmond Regional Planning District Commission (Richmond)

October 2018
- **October 1:** Northern Region Workshop at Northern Shenandoah Valley Regional Commission (Front Royal)
- **October 3:** Western Region Workshop at GLTC Operations and Maintenance Facility (Lynchburg)
- **October 4:** Alleghany Region Workshop at RADAR Headquarters (Roanoke)
- **October 16:** Southwest Region Workshop at District Three Governmental Cooperative Headquarters (Marion)

December 2018
- **December 4:** Tidewater Community Conversation at No Limits Eastern Shore (Tasley) and Tidewater Ride-along with STAR Transit (Tasley)

January 2019
- **January 8:** Northern Region Community Conversation at Rappahannock Rapidan Community Services Board Senior Center, Visions Clubhouse, and FAMS Call Center (Culpeper) and Northern Ride-along with Virginia Regional Transit Foothills Express (Culpeper, Madison, and Charlottesville)
- **January 10:** Central Region Community Conversation at Upper King William Active Lifestyle (King William County) and Central Ride-along with Bay Transit Rivah Ride (Tappahannock)

- **January 16:** Southwest Region Community Conversation at Appalachian Independence Center (Galax) and Southwest Ride-along with Mountain Lynx Transit (Galax)
- **January 30:** Alleghany Region Community Conversation at Adult Day Care Center of Roanoke Valley (Roanoke) and Alleghany Ride-along with RADAR STAR Paratransit (Roanoke)

February 2019
- **February 5:** Western Ride-along with SpARC Community Engagement (Harrisonburg)
- **February 6:** Western Region Community Conversation at The Arc of Harrisonburg and Rockingham (Harrisonburg)

March 2019
- **March 7:** Special Topic Interview: Mobility and Transportation Network Companies – Lyft
- **March 8:** Special Topic Interview: Mobility and Transportation Network Companies – Uber

April 2019
- **April 4:** Special Topic Interview: Mobility and Veterans – Virginia Department of Veterans Services
- **April 11:** Special Topic Interview: Mobility and Employment – Ways to Work
- **April 19:** Special Topic Interview: Mobility and Healthcare – Virginia Department of Medical Assistance Services

APPENDIX B: SPECIAL TOPIC AREAS

Four special topics emerged as pressing issues for human service mobility statewide. For each special topic, an interview was conducted with an industry expert to gain a depth of understanding of the issues and opportunities related to the topic area. The team also distributed surveys for each topic area to specific stakeholders.

Special Topic Area 1: Mobility and Healthcare

Medical trips make up most of all trips in the human service network in Virginia. Every day, hundreds of residents across the state need assistance getting to and from appointments at hospitals, health centers, and clinics. Many residents suffer from chronic illnesses that require ongoing, recurring trips. This is particularly true for those requiring mental health care, dialysis, and oncology services. Providers in the state are struggling to provide service at the levels required to ensure Virginia's most vulnerable community members can access the healthcare they need. During February and March 2019, the project team distributed online surveys to key healthcare mobility stakeholders and interviewed staff at the Virginia Department of Medical Assistance Services (DMAS). Surveys and interviews explored the barriers that prevent widespread, regular trip provision for patients with chronic illnesses. We asked what role healthcare providers currently play in the human service network, and how they can be better integrated into the statewide system.

Medicaid Expansion

Virginia is one of 26 states and the District of Columbia that expanded Medicaid under the Affordable Care Act. Under the expansion, an estimated 400,000 additional low-income adults are eligible for health coverage. Newly eligible adults include those aged 19-64 without children, earning up to 138% of the federal poverty limit[1] (making at or below $16,754 annually), and families making at or below $28,667[2] annually. Between January 1 and May 1, 2019, roughly 266,000 adults had been newly enrolled

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1. *The federal poverty limit is $12,140 annually. 138% of the limit is $16,754.*
2. *The federal poverty limit for a family of three is $20,780. 138% of the limit is $28,667.*

in Medicaid in Virginia as part of the Medicaid Expansion.[3]

Under Medicaid expansion, all enrollees are eligible for transportation benefits. The addition of over 250,000 people to the Medicaid transportation system has not been without challenges. All agencies in the human service network—state agencies, public and private transit providers, mobility managers, and human service facilities—are working to integrate the new enrollees and expand capacity. Meeting this increased demand will be one of the major challenges for coordinated human service mobility over the next decade. DMAS has already increased investment in gas reimbursement, mass transit, and volunteer driver programs.

Non-Medical Trips

Legally, Medicaid benefits only include health coverage and transportation to medical appointments. However, to incentivize enrollment, some Managed Care Organizations (MCO) offer limited provisions for essential, non-medical trips, such as to the grocery store, pharmacy, hairdresser, or church. Under the current Medicaid model, transportation to work is not covered. Virginia is one of six states that have a 1115 work requirement waiver request pending with the Centers for Medicare and Medicaid Services (CMS). The waiver would make certain eligibility contingent on employment. However, Virginia, along with a few other states, is currently blocked by the federal courts from implementing the waiver. If the waiver should pass, as it has done in nine other states, transportation to work may be considered as a benefit, although there is no guarantee or precedent that this is the case. Even if work trips were offered under Medicaid benefits, there are a large number of logistical and administrative challenges to overcome, such as the types of jobs that would be eligible, and associated trip needs such as dropping children off at daycare or school.

3.   *The Tidewater (1) and Central (2) regions have the largest enrollment figures with 62,000 people (24% of the population), and 67,000 people (25%) enrolled respectively. In contrast, only 8% of the Southwest region's population are enrolled (21,000 people), and 11% of the Roanoke/Alleghany region (28,000 people). The majority of enrollees (45%) are between the ages of 19 and 34 years, with only 16% over the age of 55. Most enrollees (61%) are women*

Centralized One-Call Center

One suggestion from the public outreach efforts was to establish a centralized call center or command center that people can call to make transportation arrangements. The command center could have an integrated software system with a comprehensive list of transportation services in the state—including mass transit, paratransit, private, for profit, and non-profit providers. Based on an individual's level of coverage, the command center could connect them to services for which they are eligible and use the software to schedule a trip. The command center would pay the provider appropriately out of the funding stream for which the rider qualifies. This would create a coordinated system that is efficient and cost effective. All funding streams would pay their part based on utilization or the proportion of members eligible for their service.

The DMAS Human Service Network

As the state agency that manages Medicaid, DMAS has a network of over 700 human service transportation providers, including private-for-profit and non-profit organizations, community services boards, group homes, nursing homes, mass transit, dialysis centers, day centers, private taxis, over 250 volunteer drivers, and anyone else who transports Medicaid recipients. While brokerages consider their participant lists proprietary, there are opportunities for DRPT to connect further with the DMAS network. One mechanism for improved communication and collaboration is the quarterly Advisory Board meetings, which could be an opportunity for DRPT to connect with Medicaid mobility providers and allow them to sign up to become involved in DRPT initiatives. In the long term, this would help establish a statewide system in which DRPT, DMAS, MCOs, hospitals, public transit, individuals with chronic illness, area agencies on aging (AAA), centers for independent living (CIL), community services boards (CSB), social workers, and private transportation providers all work as one coordinated network.

Outreach and Informational Campaigns

Despite the availability of program information online and at care facilities, some human service populations are still unsure about their eligibility for transportation benefits or how to enroll in and make use of them. Awareness campaigns across the state could improve knowledge about available services and resources.

Special Topic Area 2: Mobility and TNCs

The emergence of Transportation Network Companies (TNCs) has changed the global mobility landscape. There is a precedent across the country for the integration of TNCs into wider transportation networks—filling gaps in service (for example first mile/ last mile). Some human service providers in Virginia are already working with TNCs to help get residents to and from their daily services. In February and March 2019, the project team interviewed representatives from Uber and Lyft, and surveyed key stakeholders online. The interviews and surveys explored the role of TNCs in Virginia's human service mobility network, and how they can be integrated into the system more effectively. Through the interviews and surveys, we asked what kinds of trips are best served by TNCs and which require traditional bus, van, or taxi assistance. We explored the opportunities for, and limitations of, TNC service provision in rural areas. The result was the identification of strategies for integration that complement the existing network and services, to improve service for all vulnerable residents.

Key Findings

TNCs are most suitable for:

- Rides for people with some level of physical disability or sensory impairment, such as people who use fold-up wheelchairs or service animals.
- Drivers in rural areas who have flexible schedules and are able to respond to ride requests as needed throughout the day.

TNCs are least suitable for:

- Rides for people who use fixed-frame or motorized wheelchairs
- Rides for people with severe intellectual disabilities or behavioral disorders that require specialized expertise and care

- Door to door service
- Drivers in rural areas looking to make their primary or substantial income by providing multiple, consecutive trips.

Opportunities for Partnership and Innovation

Both Uber and Lyft have in-house departments that focus on public-private transportation partnerships. The Lyft Policy Partnerships department works with policymakers to overcome the transportation barriers that prevent people from reaching social and economic opportunities. Lyft works primarily with organizations and agencies who have existing transportation budgets, or who have the capacity to acquire funding for transportation interventions via grants, municipal budgets, etc. Uber's Transit Team contracts with government entities to provide transportation as part of the local public transit system.

Non-Emergency Medical Transportation (NEMT)

The most robust, existing TNC programs within the human service transportation network are platforms that allow organizations or agencies to schedule rides on behalf of other people. These programs – known as Concierge at Lyft and Uber Health at Uber – are seeing wide popularity among human service providers such as hospitals, health clinics, and senior centers, including the American Cancer Society. The web-based dashboards allow service providers to deploy TNC rides for their patients, customers, and users who may not have smart phones or may not be comfortable using the application. At Lyft, the Lyft Business department within the non-profit Social Enterprise department manages the concierge tool and provides training to participating organizations and agencies.

Transportation for People with Disabilities
Challenges
- **Vehicles:** One limitation of TNCs is that drivers use their own vehicles, which means that very few vehicles are accessible for fixed-frame and motorized wheelchairs, although other ambulatory devices such as fold-up wheelchairs

can be accommodated where possible. Often, regular riders who use fold-up wheelchairs will use the SUV option in the Lyft app, to ensure their wheelchair will fit. As of yet, no function exists for users to specifically request an accessible or wheelchair friendly vehicle. This may be an area for potential development.

- **Driver Training:** The TNC business model cannot require drivers to undergo formal training, but to the extent that they can, TNCs provide driver education and training materials and encourage drivers to review the materials. Driver education materials include videos about disability and accessibility. Lyft partnered with the National Federation for the Blind to develop a series of videos on visual impairment. Corporate policies at Lyft and Uber also require that drivers accommodate all service animals in compliance with the Americans with Disabilities Act.

Opportunities

While there are some limitations to the extent that TNCs can provide transportation to people with disabilities, both Lyft and Uber are working to accommodate those with disabilities or sensory impairments. Drivers can usually accommodate most ambulatory devices, such as fold-up wheelchairs and canes, and corporate policy at both companies requires that drivers accommodate all service animals in compliance with the Americans with Disabilities Act. At the time of plan development, Lyft was piloting an Access Mode button in select markets, which redirects riders to service providers who can accommodate larger ambulatory devices. Uber works to make their platform accessible to people with vision impairment and uses third party representatives to test app accessibility. In addition, Uber's "trusted contacts" feature automatically shares ride information with predetermined contacts, which can provide piece of mind to caregivers and aids.

Paratransit: Lyft and Uber are involved in a number of early partnerships with public transportation providers as one piece of their paratransit model. For example, the Massachusetts Bay Transportation Authority in Boston operates a traditional

paratransit service, supplemented with Lyft Concierge and Uber Transit. Dispatchers and staff can assess whether an individual is ambulatory or can otherwise make use of a standard vehicle, and if so, they can dispatch a TNC ride rather than a full-service accessible vehicle. According to Uber staff, 80 percent of paratransit riders can make use of regular vehicles. Paratransit riders pay the $2 flat fee, and the city subsidizes the rest of the ride up to $40. This saves the agency money and keeps the accessible vehicles available for those people who need them most. At the time of plan development, the Washington Metropolitan Area Transit Authority (WMATA) had released a request for proposal for partners on a similar model.

Uber is piloting a program for wheelchair accessible vehicles (WAV). In partnership with MV Transportation – the largest private contract provider of paratransit service in the county – Uber procures vehicles and equips them with accessible features. Uber then recruits drivers who drive for the WAV program in set shifts. The pilot is currently available in eight cities including Washington, D.C. Uber staff explained that while the service costs the rider the same as an UberX, modifying the vehicles and running the program is prohibitively expensive. The company is now looking for ways to make the program financially sustainable.

On-Demand, Door-to-Door Service: In general, TNCs provide curb-to-curb service, but there is precedent for programs that can allow for door-to-door service. Lyft has previously partnered with an on-demand caregiver network to provide on-demand, door-to-door service.

Rural Service Provision
Challenges
TNCs rely on the scale, density, and population of urban centers to provide frequent and reliable service. While Lyft is technically available to 95 percent of the US population (measured by the existence of a driver in the area), rural areas still have very few drivers. Users in rural areas can wait for a Lyft driver for 15 minutes or more,

which Lyft staff considers a "terrible user experience." TNCs are also hesitant to enter into formal partnerships with local agencies or institutions, or advertise their services in an area, if they cannot be confident that there are enough drivers to follow through on service provision. From the user perspective, the wait time is less of an issue than the limited availability overall, and the high costs of traveling long distances. The cost issue in rural areas applies to both TNCs and private taxi services.

Opportunities

Despite challenges, TNCs are working to develop service provisions in "early stage" rural markets. Because transportation provision in rural areas remains a major challenge, there may be opportunities for TNCs to fill some of the gaps in service. However, this will require a shift in expectations—from both the users and providers. Wait times will certainly be longer in rural areas, but this may be acceptable if reliable and affordable service is ultimately provided. In addition, drivers are less likely to provide consecutive trips for multiple riders, and more likely to respond to requests as needed throughout the day. Driving for Uber or Lyft may not be a viable source of primary income for people in rural areas but could be suitable for people with flexible work schedules, home-based businesses, retirees, or caretakers who are interested in securing a little extra income while providing a much-needed service in their community.

Other Human Service Populations: Seniors, and Low-Income Groups

Lyft's Social Enterprise department runs a number of initiatives related to human service populations. In Detroit, the Economic Development Corporation uses Temporary Assistance for Needy Families (TANF) funds to subsidize Lyft rides to job interviews and employment. In Austin, Lyft partners with Caritas of Austin – an advocacy group for homeless populations – to provide "free rides to help clients attend classes, medical appointments, and other imperative transportation needs." Lyft has also partnered with Martha's Table and the D.C. Food Access Consortium in Washington, D.C. to subsidize rides to grocery stores for low-income residents in

Wards 7 and 8, in which 80 percent of people live in areas classified as food deserts. In 2017, Brookdale Senior Living – one of the largest senior living providers in the country – launched a pilot with Lyft to provide on-demand rides to residents using Lyft's Concierge platform.

Other Challenges
Regulatory requirements for funding distribution
One barrier to formally integrating TNCs into the human service mobility network is that often funding may be attached to stipulations that are not met by TNCs, or TNCs are not considered eligible providers for NEMT grants. For example, funding may require a certain level of training for drivers that is outside of the business model for TNCs, for whom all drivers are independent contractors. Another challenge is that funding agencies or distributors may require particular kinds of background checks for drivers – including fingerprinting and drug tests – which fall outside of the TNC background check model. In addition, funding may require specialized program reporting that is not currently built into the TNC business practice. Many public agencies and organizations are not comfortable partnering with TNCs given these potential regulatory and fiscal barriers.

Background Checks and Safety Concerns
Critics of TNCs argue that they do not conduct sufficient background or safety checks on drivers (such as fingerprinting or drug tests). TNC staff explained during interviews that their safety model is one of "ongoing, real time safety." They argue that their system of reviews and ratings allows for up-to-date safety and quality control both for drivers and riders. Studies such as the Maryland Public Utilities Plan and the California Public Utilities Plan support this perspective.

Long Term Costs, Reliability, and Control
As cities across North America explore partnerships with TNCs, public officials are learning valuable lessons about the associated risks. One issue is that cities have

found themselves with limited programmatic control, unable to adjust, as "ride hailing companies are famously guarded about sharing trip data".[4] Some municipalities that subsidize Uber rides, such as Pinellas County, Florida, find that fares are rising while subsidies remain static. Experts suspect that this trend will become more frequent as Uber and Lyft move forward as publicly traded companies. They argue, "Costs of these services – which have been heavily subsidized by their billions in venture capital backing – will creep steadily upwards as public investors expect returns. And city governments and commuters who come to rely on ride-hailing as a social service won't have much control."[5]

Other Opportunities
Pilot Projects
Testing out innovative mobility solutions via pilot programs is a popular choice prior to broader, longer-term program roll-out. Cities across North America have learned valuable lessons by piloting TNC partnerships over the past five years.

Improved Monitoring
One of the major advantages of collaborating with TNCs is that rides provided through TNCs, including distances and fairs, could be tracked. This can help cut down on fraud and waste in service provision. To make use of this valuable data, public agencies will need to negotiate terms for data sharing with TNCs, who can be hesitant to share trip data.

First Mile/ Last Mile
Many cities are working with TNCs to supplement existing service and subsidizing first and last mile trips with Uber or Lyft.

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4.   "When a Town Takes Uber Instead of Public Transit", City Lab https://www.citylab.com/transportation/2019/04/innisfil-transit-ride-hailing-bus-public-transportation-uber/588154/
5.   Ibid.

Micro-Mobility

Uber is investing heavily in micro-mobility options such as "Jump" bicycles, which are pedal assisted electric bicycles. In urban areas, able-bodied users are replacing their Uber commuting trips with Jump rides. Uber's "Boost Plan" allows a Jump rider to purchase monthly rides in bulk. While many seniors and people with disabilities, especially those in rural areas, may not ideal candidates for micro-mobility platforms, these modes can help fill some commuting and first-last-mile needs for able-bodied people living in denser urban areas.

Special Topic Area 3: Mobility and Veterans

Veterans make up a core component of the populations served by the human service mobility network in Virginia. Many veterans in the state experience multiple burdens, including health disparities, disabilities, poverty, isolation, and unemployment. There are also many programs, funding opportunities, and services that directly target veterans' needs. In February and March 2019, the project team interviewed staff at the Virginia Department of Veterans Services (DVS) and distributed an online survey to key stakeholders. This interview and survey explored which mobility services are most relevant to veterans and identified gaps in service. We asked how the needs of veterans differ from the community at large, and how interventions should be appropriately tailored. We focused on specific programs and funding mechanisms to understand their benefits and limitations for veteran mobility.

Mobility Needs and Options

When surveyed, key stakeholders indicated that the types of trips most needed by veterans are trips to medical appointments and work. Veterans with certain physical and behavioral health issues cannot always use public transit and instead rely on paratransit service and Disabled American Veterans' (DAV) volunteer drivers. However, some of these same veterans live outside of the paratransit service areas. In these cases, they rely on support from churches, United Ways, or family and friends. The United States Department of Veterans Affairs (VA) provides some limited

transportation reimbursements, but transportation is generally low on the federal agenda. Transportation options for veterans are particularly limited in rural areas such as in Southwest Virginia. In addition to service availability, it is important to have quality services that meet the specific needs of veterans, such as drivers trained to understand behavioral health issues, post-traumatic stress disorder, and military culture.

Travel to VA Medical Centers

In addition to the mobility challenges faced by the general population, veterans face a number of challenges related to their service. Often, veterans have extensive medical and behavioral needs requiring travel to specific VA facilities. There are only three VA medical centers in Virginia – in Salem, Richmond, and Hampton. These facilities are not accessed easily by public transit and for many veterans, especially those in rural areas, require three to five hours of travel each way. For some veterans, the closest VA hospital is out of state in Maryland, West Virginia, or Tennessee. Inter-state travel is particularly difficult because it requires crossing multiple service area boundaries, with multiple transfers between systems. The VA medical centers provide transportation between centers, but not outside of the system or to or from appointments. These challenges mean that getting to medical appointments on time, or at all, can be extremely difficult and stressful for veterans. In some cases, in order to make early morning appointments, veterans may travel to a VA medical center the night before and sleep outside until the center opens in the morning.

Travel to Work

Organizations that provide transportation to veterans prioritize medical trips. However, there is some limited support for employment transportation. DVS sometimes collaborates with community organizations to subsidize rides to and from job interviews. Once veterans have secured employment, it is usually up to the individual to secure long-term transportation to and from work. Many veterans find that they cannot afford the ongoing daily transportation cost.

Disabled American Veterans (DAV)

DAV is a nationwide nonprofit charity that supports veterans by connecting them with transportation and employment opportunities. Each year, DAV provides "more than 600,000 rides to veterans attending medical appointments and assists veterans with well over 200,000 benefit claims."[6] In Virginia, 36 DAV chapters provide transportation to veterans within their vicinity. DAV is an essential service for veterans in the Commonwealth, but it does not cover all their ridership needs. The extent of DAV in any given area depends on the size, capacity, and demographics of the local chapter. Particularly in rural areas, DAV chapters may have a limited supply of volunteer drivers. In some areas, volunteer drivers themselves are elderly and cannot drive for long shifts or at night. Generally, DAV service stops running at 3 p.m. Veterans may be able to get a DAV ride to an appointment but require a family or friend to collect them if their appointment ends after 3 p.m. Low-capacity chapters may require veterans to have a service-connected disability to qualify for rides.

Aging Veterans

The veteran population includes senior citizen veterans and younger veterans who served in more recent conflicts. While veterans of all ages may struggle with similar injuries, post-traumatic stress disorder, and trauma, these challenges are exacerbated with age. Age-related medical issues such as cancer, diabetes, Parkinson's disease, and dementia compound preexisting service-connected disabilities. In addition, policy and programs for veteran transportation need to consider the age and ability of veteran caregivers. For older veterans, their caregivers are also often seniors who have their own mobility and health challenges.

Special Topic Area 4: Mobility and Employment

For many vulnerable populations in Virginia, finding a job is only part of the battle in becoming employed. For many people, especially those in rural areas, finding reliable, regular, and affordable transportation to and from employment opportunities can be

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6. DAV Website https://www.dav.org/learn-more/about-dav/

a major barrier to success. In February and March 2019, the project team distributed an online survey to key stakeholders on the topic of transportation to employment and interviewed staff at Ways to Work. The survey and interview explored barriers to providing transportation to employment opportunities, both in rural areas as well as across jurisdictional boundaries. The subject of employment transportation also emerged during workshops, interviews, and surveys on other topics (healthcare or veterans). As a result, some of the information in this section is also covered in other sections of the plan.

Survey Responses

Survey respondents indicated that the primary challenges to getting to work are long distances not met by the limited service areas or hours of existing transit. Healthcare, retail, hospitality, and certain manufacturing jobs tend to be the most difficult for finding rides due to weekend and evening shifts. Responses also indicate that the populations that struggle most to get to work are people with disabilities, low-income groups, parents, and young professionals. Transportation challenges for employees are most severe in rural areas where limited service exists.

Complementary, Not Competitive, Services

To provide reliable, affordable transportation to work for human service populations, it is important to identify the ways in which different providers or programs complement, rather than compete with, one another, and which programs and providers can best serve people trying to get to work or job interviews. For example, paratransit services remain the best option for people with severe physical and intellectual disabilities, especially those that use fixed-frame wheelchairs. Increasingly, TNCs are partnering with transit providers to meet some of the needs of people with low and moderate disabilities. In urbanized areas, TNC carpool services and micro-mobility options may be a good commuter option of able-bodied commuters.

TNCs still struggle to provide reliable service in rural areas, and private taxi companies

may be better suited to serve the rural job market. Beyond these options, some populations are best served by programs that assist them in vehicle ownership or subsidized gas or mileage. For example, vehicle ownership could be beneficial to single mothers and caregivers who make chain trips to multiple destinations (i.e. from home to daycare to work, then back to daycare, to the grocery store, and home again). Understanding how different programs complement each other and best serve different populations is an important step toward a more integrated, efficient network of service provision for employment opportunities.

Ways to Work

Ways to Work is a program of the national, non-profit human service organization, HumanKind. HumanKind has served human service populations in a variety of ways since 1903. Ways to Work is a transportation assistance program that offers fair-interest vehicle loans for individuals with poor or no credit. The program is designed to help individuals move toward greater financial stability and advance career opportunities. In addition to loan assistance, program participants receive additional supportive services including financial literacy, credit, and life skills training. Ways to Work staff have seen participants use the vehicles purchased to secure and retain employment and have observed upward mobility and promotions among participants.

Medicaid Work Requirements

Under the current Medicaid model, transportation to work is not covered. Virginia is one of six states that have a 1115 work requirement waiver request pending with CMS. The waiver would make certain eligibility contingent on employment. However, Virginia and several other states are currently blocked by federal courts from implementing the waiver. If the waiver passes, as it has in nine other states, transportation to work may be considered as a benefit, although this is not guaranteed. Even if work trips were offered as a Medicaid benefit, there are many logistical and administrative challenges to overcome, such as the types of jobs that would be eligible, and associated trip needs such as dropping off children at daycare.

APPENDIX C: LIST OF HUMAN SERVICE PROVIDERS IN VIRGINIA

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Access Chesterfield	Human Service	Available to people with disabilities, people age 60+, or households living at 200% of federal poverty level. Must be a resident of Chesterfield and registered for the service.	Monday – Friday 5:30 a.m. to 7:30 p.m. and Saturday 5:30 a.m. to 5:30 p.m. $30 for five vouchers; voucher good for one way trip.	Chesterfield County. Trips outside the county will be available for medical purposes only; with one exception for passengers living in Southeastern Chesterfield County where limited transportation is available along a designated route in Colonial Heights.
Access Independence	Human Service	Adults and children with disabilities	Provides independent living skills training and referrals for clients. Conducts travel training for clients who can use Well Tran or Winchester Transit. Works with AAA and Logisticare to provide transportation for clients.	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester
Acti-Kare in Home Care	Private		Monday – Sunday 6 a.m. to 9 p.m. $16 to $18 per hour.	Chesterfield, Goochland, Hanover, Henrico, Richmond, Petersburg area
Adult Activity Services	Human Service	Clients with developmental disabilities and physical handicaps; Medicaid reimbursement trips through Logisticare	Monday – Friday 7 a.m. to 5 p.m., fixed route.	Greensville, Sussex, Surry and the City of Emporia
All Seasons Travel Inc.	Private	General Public	Travel Agency - Cruises	Kilmarnock
Alliance Specialty Transport	Human Service		Transportation provided 24/7. Office hours are Monday – Friday 9 a.m. to 5 p.m.	Richmond, Chesterfield, Henrico; additional fees apply in Powhatan, Goochland and Hanover
Altavista Community Transit System (ACTS)	Private	General Public	Monday – Friday 8 a.m. to 6 p.m. and Saturday 9 a.m. to 2 p.m. Deviated Fixed Route Service includes the town of Alta Vista and offers a 3/4-mile deviation. 50-cent fare per trip	Town of Altavista
American Cancer Society	Human Service	Individuals needing transportation to healthcare or cancer related appointments	Monday – Friday, volunteer based. Must schedule ride at least 48 business hours before appointment. Fare free, donations accepted	Statewide
American Cancer Society (Road to Recovery)	Human Service	Transportation to and from cancer treatment for those without rides.	Monday – Friday 8 a.m. to 5 p.m. Rides are free.	Chesterfield, Henrico and Richmond
Angels for Hire/Angel Ride	Human Service		Monday – Friday 8:30 a.m. to 6 p.m..	Western Richmond, western Henrico, northern Chesterfield; additional fee for pickup in other areas.

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Arc of Central Virginia	Human Service	Individuals with intellectual and developmental disabilities	Community Inclusion and integration for individuals attending day support program. Monday – Friday, 9 a.m. to 3 p.m.	Counties of Amherst, Appomattox, Bedford, Campbell; City of Lynchburg; and Towns of Altavista, Amherst, Appomattox, Bedford and Brookneal.
Bay Transit	Public Transit	"PDC 15: General public PDC 17-18: General public, elderly, persons with disabilities, and low income"	"PDC 15: Call Monday – Friday 6 a.m. to 6 p.m. to schedule a ride. $2 per trip; $12 for booklet of 10 trips. PDC 17-18: Demand response service. 24-hour advanced notice requested. $8 for a booklet of 10 tickets."	"PDC 15: New Kent and Charles City Counties to Richmond PDC 17-18: Middle Peninsula, Northern Neck, New Kent, Charles City Counties; Richmond, Newport News, Norfolk, Hampton, Fredericksburg"
Bayview Citizens for Social Justice	Human Service	Seniors, low-income individuals, and youth	Meal programs and youth activities; no regular schedule.	Northampton County
Bedford Ride (administered by CVAAA with volunteer support)	Human Service	Disabled, elderly, or low-income	Volunteer (drivers and dispatchers) program, 160 volunteers drive agency and personal vehicles; demand response, non-emergency medical trips; reservations 2 days in advance for appointments between 8:30 a.m. and 3 p.m.	Bedford County
Black and White Cabs	Private	General public	Taxi service	Norfolk, throughout Hampton Roads
Blacksburg Transit (BT)	Public Transit	General public, students (contracts with Virginia Tech and Town of Christiansburg)	Thirteen fixed routes plus a retirement community-hospital service for Tuesday and Wednesday. Two Town Trolley connecting Blacksburg and Christiansburg. Three services in Christiansburg (BT Commuter, the Explorer, and demand response Go Anywhere!). BT Access ADA paratransit service. Monday – Sunday, 7 a.m. to 10 p.m. (up to 2:45 a.m.). 50-cent fare or VT ID (prepaid).	Blacksburg and Christiansburg
Blackstone Area Bus System (BABS)	Public Transit	General Public	Deviated fixed route service. 50-cent one-way fare. Lines include the Crewe-Burkeville Express (Monday, Tuesday, and Thursday), the BABS Line (town of Blackstone, Monday – Saturday), the Dinwiddie Express (Blackstone to Petersburg, Monday – Friday), Brunswick Express (Blackstone to Lawrenceville and Alberta, Monday – Thursday), Town & County Transit (daily in Lunenburg, Kenbridge and Victoria), and the PAT Amelia-Prince Edward line (Monday - Thursday)	Nottoway, Dinwiddie, Brunswick, Blackstone, Alberta, Lawrenceville, Amelia, Prince Edward, Lunenburg, Kenbridge, and Victoria

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Blue Ridge Behavioral Healthcare	Human Service	Pre-qualified individuals with developmental disabilities	Case managers determine transportation needs and set up appropriate transportation resources.	Botetourt, Craig, and Roanoke Counties; Roanoke city and Salem city.
Blue Ridge Opportunities	Human Service	Adults with disabilities	Transportation for day support/employment programs.	Warren County
Botetourt County Senior Citizens	Human Service	Botetourt County residents 55+ or any age with a disability	Monday – Friday, 8 a.m. to 5 p.m.	Botetourt and Roanoke Counties, Cities of Roanoke and Salem, and the Town of Vinton
Bristol City Transit	Public Transit	General public	Monday – Friday 6:15 a.m. to 6 p.m. Fare is 60 cents for adults and 30 cents for seniors and disabled; children under six ride free. Split system, 3 routes in Virginia and 3 routes in Tennessee, all meet at downtown transfer center	City of Bristol
Capital Area Health Network (CAHN)	Human Service	Members of the CAHN	Transportation services are associated with CAHN medical services.	Richmond
Capital Area Partnership Uplifting People (CAP-UP)	Human Service	Intended for Seniors		Goochland, Hanover and Powhatan
Central Virginia Area Agency on Aging (CVAAA)	Human Service	60+, some disabled	Demand-response, Monday – Friday, 8 a.m. – 4:30 p.m., medical, groceries and take seniors to nutrition center trips	Amherst, Appomattox, Bedford, and Campbell Counties
Charlottesville Area Transit (CAT)	Public Transit	General public	Fixed-route and paratransit services; contract out for some demand service; Monday – Saturday, 6 a.m. to midnight, some Sunday services; 75-cent one-way fare, reduced fare (35 cents) for seniors and persons with disabilities	City of Charlottesville and Albemarle County
Chesterfield Community Services Board (CSB)	Human Service	Members of CSB programs	Service is associated with CSB services. Transportation includes trips for employment, day services, mental health services and substance abuse programs.	Chesterfield County
Colonial Behavioral Health	Human Service	Individuals with behavioral health or substance use disorders, and/or developmental disabilities	Transportation for clients.	James City County, City of Poquoson, City of Williamsburg, and York County
Colonial Transit	Private	General public and Medicaid recipients	Non-emergency medical transportation and personal transportation services. Flat rates within Williamsburg and James City County, other trips based on mileage.	Primary service area is Williamsburg and James City County
Comfort Keepers	Human Service	Disabled adults, seniors aging in place and persons recovering from surgery.	Provides transportation incidental to other care services.	Greater Richmond area

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Crater District Area Agency on Aging (CDAAA)	Public Transit	General public, elderly, individuals with disabilities, Medicaid recipients, etc.	Demand response, volunteer-based transportation to medical appointments, nutrition sites, and recreational activities. Monday-Friday, 8 a.m. to 4:30 p.m. Must schedule rides 48 hours in advance.	Petersburg, Colonial Heights, Dinwiddie, Greensville, Hopewell, Prince George, Surry, Sussex
Crockett Carriers	Private	General Public	All Ambulatory	Middle Peninsula, Northern Neck
Crossroads Community Services	Human Service	Individuals with disabilities; work-related trips Coordinates with Southside Training, Employment, and Placement Services (STEPS) in PDC13	Monday – Friday 5 a.m. to 9 a.m. and 2 p.m. to 5 p.m. Deviated fixed routes; some evening routes	Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Counties
Danville Parks & Recreation - Ballou Recreation Center	Human Service	Seniors, through 2 year experimental merger with Danville Transit, to use OAA funds to purchase rides for seniors, and (if successful in seeking additional funds/ funding sources) under age 60 dialysis patients	Essential trips for 60+ city residents. Must schedule rides at least two weeks in advance.	City of Danville
Danville Parks & Recreation - Stonewall Therapeutic Recreation Center	Human Service	Individuals 5 years and older with intellectual, physical, and behavioral impairments or high functioning autism	Trips to programs at the Center. Also community outings and periodic special activities. Approx. 9 a.m. to 4 p.m., Monday - Friday, two Saturdays per month, 9 a.m. to 3 p.m. Three different summer camps (approx. 9 a.m. to 2:30 p.m.).	City of Danville
Danville Transit	Public Transit	General public	Bus service on 11 fixed routes. Operates Monday - Saturday, 6 a.m. to 6 p.m.. One-way trip $1; discounted fare 50 cents. Handivan demand response service for passengers unable to use fixed routes. One-way fare $2. Reserve A Ride service for the general public within Danville city limits and the Cane Creek Centre Industrial Park. One-way fare $4. Reservations by 11 a.m. the previous day. Monday -Friday: 4 a.m. to 12:30 a.m.; Sat: 4 a.m. to 6 a.m. and 5 p.m. to 12:30 a.m.	City of Danville
Danville-Pittsylvania Community Services	Human Service	Serves youth and adults; outpatient, residential, and day support; behavioral health, intellectual disability, and prevention services	Trips to day support services, medical appointments, other human services agencies, jobs, churches, grocery stores, and community integration activities	City of Danville and Pittsylvania County
DART Transportation	Public Transit	General Public	Ambulatory	Northern Neck, Richmond
Dependacare Transportation	Public Transit	General public	Provide pre-scheduled and same day appointments for door-to-door, curb-to- curb, or door-through-door service.	Richmond and surrounding areas

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
District Three Governmental Cooperative	Public Transit	General public and human service clients	Multi-jurisdictional hubs/dispatch offices in towns, demand-response and fixed route in towns; flexible fixed routes in counties, 70 routes total; generally 8:00 a.m. to 5:00 p.m., varies by jurisdiction; service by demand; multiple vehicles for fixed route (2 in each town); fare 50 cents for fixed and demand- response; Galax and Marion Saturdays 9 a.m. to 4 p.m.	Bland, Carroll, Grayson, Smyth, Washington, and Wythe Counties and the Cities of Bristol and Galax
Dixon Limo Service	Private	General Public	Weddings, proms, and special occasions	Northern Neck
Doggett Transport Service	Private	General Public	Non-Emergency	Middle Peninsula, Northern Neck
E&J Tours	Private	General Public	Demand Response and Charter Groups	Middle Peninsula, Northern Neck
Eastern Shore Area Agency on Aging (AAA)	Human Service	Seniors (60+), individuals with disabilities, and low- income individuals	Door-to-door transportation for meals at three senior center sites, as well as some shopping trips (about 310 seniors). Transportation for Head Start program (about 265 children).	Accomack and Northampton Counties
Eastern Shore Center for Independent Living	Human Service	Individuals with disabilities	Does not provide transportation directly; assists clients through STAR and AAA.	Located in Exmore, serves all of PDC
Eastern Shore Community Services Board	Human Service	Individuals with developmental disabilities, mental illness, and substance abuse issues	Provides door-to door transportation for clients to/from the facilities.	Accomack and Northampton Counties
Edwards Adult Day Center	Human Service	Adults with disabilities. Focus on Alzheimer's and dementia	Van trips from 7 a.m. to 11 a.m.; 2 p.m. to 6 p.m.. Reimbursed by Medicaid, Veterans Administration, private pay and some long term care insurance.	City of Martinsville, parts of Henry County
Eggleston Services	Human Service	Individuals with disabilities	Transportation for clients.	Norfolk
Faith in Action (Valley Health Link)	Human Service	Ambulatory adults who are Medicaid ineligible but lack other transportation	Volunteer drivers for medical appointments only. Monday – Friday, 2 weeks advanced notice requested. Van service to UVA in Charlottesville once per month.	Clarke, Frederick, and Shenandoah Counties; parts of Warren County; City of Winchester
Farmville Area Bus (FAB)	Public Transit	General public and university students	Fixed route service (Blue Line, Express Line, and Lancer Express) and ADA paratransit. 25-cent fixed route fare; children under six, seniors (60+), and Longwood University students ride free. The Blue Line operates Mon – Fri, 7 a.m. to 6:15 p.m., and Sat 8 a.m. to 6:15 p.m. The Express Line runs Sun- Thurs noon to 8 p.m., Fri and Sat noon to 11 p.m. The Lancer Express operates Monday – Friday mornings when Longwood University is in session.	The town of Farmville and Longwood University
First Choice Transport, Inc.	Human Service	Ambulatory, wheelchair and non-emergency stretcher patients	Trips available upon request and through Logisticare	Rockingham County and the City of Harrisonburg

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
FISH, Inc.	Human Service	Individuals younger than 55 (55+ served by RIDES) lacking transportation for medical trips	Volunteer drivers provide transportation to scheduled medical appointments. Requests must be made at least 2 days in advance.	Williamsburg, James City County, and upper York County
Four County Transit	Public Transit	General public, disabled, seniors, college transportation service, and nutrition clients	Deviated fixed-route service runs Monday – Friday 5:30 a.m. to 6 p.m. Fare is 25 cents per trip. Connects to District Three Public Transit's New Freedom Service in Abingdon.	Buchanan, Dickenson, Russell and Tazewell Counties
Franklin County Department of Aging Services	Human Service	Franklin County seniors (60+) under contract with SAAA, individuals with disabilities, and Medicaid recipients who receive NEMT through Logisticare	Essential trips to nutrition sites, medical appointments, shopping, etc. for seniors under SAAA contract. Transportation to medical appointments for individuals with disabilities of any age through additional funding and Medicaid (individuals referred by Logisticare)	Franklin County, with some trips to facilities outside the County
Frazier Transportation	Private	General Public	Taxi Service	Gloucester/King William
Fredericksburg Regional Transit (FRED)	Public Transit	General public	Deviated fixed routes. Monday – Friday 7:30 a.m. to 8:30 p.m.; weekend service and late night Thursday/ Friday service during school semesters. $1 regular fare. $1.50 VRE Feeder fare. Free with MediCorp Health System, University of Mary Washington, Free Lance- Star, Star Radio Group, or Germanna Community College ID (prepaid).	The City of Fredericksburg and the Counties of Caroline, Spotsylvania, and Stafford
Friendship Industries	Human Service	Persons with disabilities that are enrolled in the Friendship Industries Program	Monday – Friday 6-8 a.m. 3- 5 p.m.; nominal fee, deducted from their paycheck	Rockingham County and the City of Harrisonburg
Giles Health and Family Center	Human Service	Seniors, individuals with disabilities, low- income persons, and those with no access to transportation	Transportation to and from the Center and to medical appointments. 6 a.m. to 9 p.m., Monday - Friday. Other times as scheduled. Rates based on mileage.	Giles County
Goochland Free Clinic and Family Services	Human Service	Must be at or below the 200% of the federal poverty level; eligibility screening required	Monday noon to 3 p.m. in Richmond; Tuesday – Thursday 9 a.m. to 3 p.m. in Goochland; and Friday 9 a.m. to noon in Richmond. Fare free if eligible.	Goochland
Grafton Integrated Health Network	Human Service	Adults and children with disabilities/ emotional and behavioral challenges	Transportation for clients within the facility campus to medical appointments, community outings, etc.	Multiple locations, including the City of Winchester
Graham Transit	Public Transit	General public	Deviated fixed-route service runs Monday – Friday 7 a.m. to 6 p.m. Fare is 25 cents per trip.	The Towns of Bluefield and Pocahontas
Greater Lynchburg Transit Company (GLTC)	Public Transit	General Public and Liberty University students	Fixed routes and ADA paratransit from 6 a.m. to 9:30 p.m., Monday - Saturday; $2 regular fare and $1 reduced fare for fixed routes, $4 for paratransit.	Lynchburg and portions of Madison Heights
Greater Richmond Transit Company (GRTC)	Public Transit	General public	Fixed route service available daily from 5 a.m. to 1 a.m.. Fare is $1.50, 75-cent reduced fare is available for those aged 65+, certain disabilities and CARE customers.	Richmond, Chesterfield, Hanover, Henrico

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Greene County Transit	Public Transit	General public	Demand-response; in- county $2.50 per stop, scheduled service to Charlottesville, $3 per stop; Monday – Friday 7 a.m. to 10 p.m. and Saturday 9 a.m. to 4 p.m.	Greene County and the City of Charlottesville
GRTC's CARE	Human Service	Complementary ADA service. ADA paratransit eligibility process is required.	Richmond: 4:30 a.m. to 12:30 a.m. and Henrico: 6 a.m. to 11 p.m.. Specialized transportation fare is $3.	Richmond, Henrico and portions of Chesterfield
GW Ride Connect	Public Transit	Commuters	Assists commuters by providing information on ridesharing, transit options, and a guaranteed ride home program. Helps with the formation of carpools and vanpools. Provides a vanpool start up subsidy and manages ADVANTAGE, a self-insurance liability protection pool for all vanpools in VA.	Caroline, Fredericksburg, King George, Spotsylvania, Stafford
Hampton Newport News Community Services Board (HNNCSB)	Human Service	Individuals with mental health or substance abuse issues, and/or intellectual disabilities	Transportation for all HNNCSB services.	Hampton and Newport News
Hampton Roads Transit – HRT (Transportation District Commission of Hampton Roads)	Public Transit	General public	Fixed route bus service, passenger ferry service, Handi-Ride ADA paratransit, Metro Area Express commuter service, VB Wave shuttle service (Virginia Beach), and The Tide light rail (Norfolk). $1.50 standard one way fare on bus and light rail, 75-cent discounted fare. Mon/Thurs/Fri. 5 a.m. – 9 p.m., Tues/Wed 5 a.m. – 7 p.m., Sat 7 a.m.– 7 p.m., Sun 9 a.m. – 5 p.m.	Chesapeake, Hampton, Norfolk, Newport News, Portsmouth, and Virginia Beach
Harrisonburg Rockingham Community Services Board (HRCSB)	Human Service	Persons with mental health, intellectual disability and substance abuse services	Monday – Friday 8 a.m. to 5 p.m.. Fees are based on a formula which takes into account income and family size. Transportation by case managers in their own vehicles	Rockingham County and the City of Harrisonburg
Harrisonburg Transit	Public Transit	General public, fixed- route, ADA complementary paratransit, and university campus service	Monday – Thursday and Sunday 6:30 a.m. to 12 a.m.; Friday – Saturday until 2:15 a.m.. Fare - $1, 50 cents for seniors, JMU and city students ride free, $2 a trip for paratransit service, Medicaid discount fares.	City of Harrisonburg

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Heart Havens, Inc.	Human Service	"PDC 6 and 15: Persons with intellectual disabilities that are enrolled in the program PDC 7: Adults with disabilities PDC 23: Individuals with intellectual and/or developmental disabilities"	"PDC 6 and 15: Trips are available by appointment for community outings, medical appointments and shopping. PDC 7: Trips for program participants (medical appointments, outings, shopping, etc). PDC 23: Transportation for Heart Havens residents only"	"PDC 6: Augusta County and the Cities of Staunton and Waynesboro. Additional trips offered by request out of the area (e.g. Charlottesville, Richmond, etc.). PDC 15: Greater Richmond PDC 7: Operates 12 homes in Virginia (based in Richmond), including one in the City of Winchester PDC 23: Newport News, Norfolk, and Virginia Beach"
Henry County Parks and Recreation	Human Service	Henry County residents who are 60+, live in remote/ rural areas, frail, or in the greatest economic and social need. Also disabled individuals	Essential trips to nutrition sites, medical appointments, and grocery shopping. Other trips provided as scheduling allows. Reservations required at least two business days in advance. Approx. 8 a.m. to 5 p.m.	Henry County
Home Helpers	Human Service	General public; intended for seniors and lower income persons	Provide trips for grocery shopping, prescription pick-up, errand services and doctor visits.	Chesterfield, Glen Allen, Hanover, Henrico, Mechanicsville, Midlothian, Richmond
Home Instead Senior Care	Human Service	Home Instead provides transportation incidental to their companionship services	As scheduled; there is a three hour minimum per visit and we prefer at least a 24-hour notice. Provide service for a single event or regular schedule seven days a week.	Richmond area
Independent Living Services for the Piedmont Area (ILSPA)	Human Service	Individuals with disabilities	Provides referrals/information, does not directly provide transportation.	Cities of Danville and Martinsville; Pittsylvania, Henry, Patrick and Franklin Counties
Insight Enterprises, Inc. Peninsula Center for Independent Living (IEPCIL)	Human Service	Individuals with disabilities	Part of the Peninsula Transportation Coalition, providing transportation for those who are ineligible for HRT or WATA.	Hampton, Newport News, York County

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
JAUNT, Inc.	Public Transit	"PDC 10: General public, human service agency clients, people with disabilities, Medicaid trips, provides complimentary ADA service PDC 14: General public, human service agency clients, individuals with disabilities"	"PDC 10: Demand-response (varies by county); serves PDC 10; services range from Monday – Friday to 7 days a week; fare is $1 - $12 (depending upon locations and disability status) PDC 14: Demand response and fixed route services (varies by county); services range from Mon – Fri to 7 days a week; fare is $1 - $12 (depending on location/ disability status). Buckingham County service includes two commuter routes to Charlottesville. $3.50 fare."	"PDC 10: Albemarle, Buckingham, Fluvanna, Louisa, Nelson Counties and the City of Charlottesville PDC 14: City of Charlottesville; Albemarle, Fluvanna, Louisa, Nelson, Buckingham, and Amherst Counties"
Jefferson Area Board of Aging (JABA)	Human Service	Senior adults	Demand-response service for medical appointments, basic errands or agency programs. Utilize JAUNT services for all member transportation	PDC 10
Lake Country Area Agency on Aging	Public Transit	General public, seniors (60+), individuals with disabilities, and Medicaid recipients	Demand response service within the town limits of South Hill, La Crosse, and Brodnax (Lake Area Bus) and with the town limits of South Boston and Halifax (Halifax Area Rural Transit). Monday – Friday, 8:00AM to 4:30PM. Senior transportation to medical appointments, nutrition sites, human service agencies, and recreational activities. Adult day care transportation in Brunswick and Mecklenburg Counties.	PDC 13
LifeCare Medical Transports, Inc.	Human Service	Individuals with disabilities	Full spectrum of medical transportation: ambulance to wheel chair van service. Reservations 24/7 by call center.	Statewide
Local Office on Aging – Roanoke Valley	Human Service	Seniors (60+)	Taxicab vouchers provided for transportation. Trips must be pre-arranged through Office on Aging. Taxicab services offered 24/7.	Botetourt, Craig, and Roanoke Counties; and Roanoke city and Salem city.
LogistiCare	Private	Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare	Reservations 24/7 by call center; some volunteer based transportation.	Statewide
Mancon	Human Service	Ambulatory	Elderly, Disabled	Middlesex County
Martinsville Senior Center	Human Service	Serves seniors (60+), adults with disabilities	Transportation by appointment to meal site at the Center, to grocery stores, recreational trips/shopping, to medical appointments including kidney dialysis, physical therapy and oncology treatments for cancer. Monday - Friday, 8:30 a.m. to 3:30 p.m..	City of Martinsville
Mechanicsville Churches Emergency Function Senior Rides	Human Service	Seniors	Rides arranged on a per case basis; contracts with transit agencies and taxicab companies. Contact provider for more information.	South-central Hanover County (zip codes: 23111, 23116 and a portion of 23059
Metrotec Taxi	Private	General Public	Taxi Service	Statewide

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Middle Peninsula / Northern Neck CSB	Human Service	Individuals with mental health/ developmental or substance abuse issues; youth programs	Transportation for CSB program participants & others; New Freedom rides provided in cooperation with Bay Transit	10 counties of the Middle Peninsula & Northern Neck
Middle Peninsula Rideshare	Public Transit	Commuters from the Middle Peninsula region	Carpool and vanpool matching, Guaranteed Ride Home program, regional transportation information clearing house, free transportation for special events in collaboration with Bay Transit	Commutes to Northern Virginia, Washington D.C., Newport News, Norfolk, Hampton, Fredericksburg, City of Richmond
Mobility Transportation, LLC	Human Service	General public	Monday – Friday 6 a.m. to 6 p.m. and Saturday 6 a.m. to 1 p.m.	Chesterfield, Henrico, Richmond
Mount Rogers CSB – IDC Division (Employment Services)	Human Service	Adults with disabilities	Fixed routes in mornings 6 a.m. to 8 a.m. and afternoons 4 p.m. to 6 p.m.; special services to events, appointments, employment, and community integration	Bland, Carroll, Grayson, Smyth, and Wythe Counties and the City of Galax
Mountain Empire Older Citizens, Inc.	Private	General Public, Adult Day Care, Congregate Meals/Home Delivered Meals, CSB, Medicaid, PACE, Senior Transportation, Volunteer Driver, Saturday Service, Farmer's Market, and Virginia Premier	Monday – Saturday, 7 a.m. to 5 p.m.. Fare is based on age: Under 18 is 75 cents; 18 to 59 is $1.50; over 60 is 75 cents.	Lee, Scott, and Wise Counties and the City of Norton
National Multiple Sclerosis Society, National Chapter	Human Service	Individuals with MS that need assistance to reach medical care	Monday – Friday. Must register as an MS Member and call ahead for reservations.	Fauquier County
NeckRide.org	Public Transit	Commuters from the Northern Neck region	Carpool and vanpool matching, Guaranteed Ride Home program, regional transportation information clearing house, free transportation for special events in collaboration with Bay Transit	Commutes to NoVa, DC, Newport News, Norfolk, Hampton, Fredericksburg, City of Richmond
New Freedom Transportation, LLC	Human Service	General Public, Medicaid	Rides arranged on a per case basis; contact provider for more information.	Richmond area
New River Valley Agency on Aging—MedRide	Human Service	Un/under-insured individuals with no other means of transportation	Utilizes volunteers to transport individuals to medical appointments. Sliding scale fees based on income. Monday – Friday, 8 a.m. to 4 p.m.	Pulaski, Giles, Floyd, and Montgomery Counties and the City of Radford
New River Valley Agency on Aging—Senior Services Inc.	Human Service	Seniors (60+), low income individuals, and persons with disabilities	Provides medical transportation (Medicaid- covered and otherwise). Monday – Friday, 8 a.m. to 4:30 p.m. Sliding scale fees based on income. Operates Senior Shuttle for shopping trips, $1.50 per ride. Operates MedRide (below). Mobility Manager conducts outreach and referral services.	Pulaski, Giles, Floyd, and Montgomery Counties and the City of Radford
New River Valley Community Services – Community Transit	Human Service	Individuals with disabilities, individuals needing transportation assistance	Medicaid/specialized transportation. Monday - Friday, limited services on Saturdays.	Pulaski, Giles, Floyd, and Montgomery Counties and the City of Radford

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
New River Valley Community Services – Radford Transit	Public Transit	General public , Radford University students (since August 2011)	Six fixed routes: 5 serving Radford/RU and 1 to Christiansburg/ Blacksburg. Monday – Thursday, 7 a.m. to 10 p.m.; Friday/Saturday 7 a.m. to 2:30 a.m.; Sunday 6 p.m. to 12 a.m. (varies with RU calendar). $1 fare, free for RU students.	City of Radford; connection to Christiansburg/ Blacksburg
No Limits Eastern Shore	Human Service	Adults with brain injuries	Does not provide transportation directly; assists clients through STAR. Program hours Tuesday - Friday, 9 a.m. to 3:30 p.m.	Located in Tasley; serves Accomack and Northampton Counties
Norfolk Community Services Board	Human Service	Individuals with mental health or substance abuse issues, and/or intellectual disabilities	Transportation for CSB clients only.	Norfolk
Northern Shenandoah Valley Regional Commission	Public Transit	Commuters	Oversees RideSmart commuter assistance/ride matching program for commuters to the greater DC- Northern Virginia metropolitan area.	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester
Northwestern Community Services (CSB)	Human Service	Children and adults affected by emotional/behavioral disorders, mental illness, substance use, and developmental disabilities	Provides rehabilitation/ support services (including transportation) for clients.	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester
NW Works	Human Service	Adults with disabilities	Transportation for clients from NW Works to job sites.	City of Winchester
PARC Workshop, Inc.	Human Service	Adults with cognitive or physical disabilities	Fixed route transportation for workshop/day support clients. Some trips in coordination with the Patrick County Developmental Center.	Patrick County
Peninsula Agency on Aging (PAA)	Human Service	Seniors and individuals with disabilities	Transportation to adult daycare, medical facilities, and to other PAA sponsored activities. 60+. No fee, contributions requested. PAA's Medtran Program utilizes volunteer drivers to transport non-Medicaid seniors 60+ to non- emergency medical appointments. Weekdays 8 a.m. to 5 p.m. PAA also operates the RIDES program: non- emergency medical transportation for seniors in Greater Williamsburg. 60+ and individuals with disabilities of any age. $4 one way fare.	Cities of Hampton, Newport News, Williamsburg, and Poquoson along with York County and James City County.
Petersburg Area Transit (PAT)	Public Transit	General public	Monday – Thursday 5:45 a.m. to 7 p.m., Friday 5:45 a.m. to 8 p.m. and Saturday 6:45 a.m. to 8 p.m. fixed route and demand response service.	City of Petersburg, Colonial Heights, Hopewell
Piedmont Area Transit (operated by BABS)	Public Transit	General Public	Deviated fixed route service Monday – Friday 6 a.m. to 5 p.m. 50-cent fare.	Amelia, Buckingham, Cumberland, and Prince Edward Counties

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Piedmont Community Services (CSB)	Human Service	Provides behavioral health services for approximately 5,000 clients annually (group home and day support)		City of Martinsville; Henry, Franklin, and Patrick Counties.
Pine Grove Adult Home	Human Service	Only transports eligible Medicaid recipients and some Medicare	Contracts with LogistiCare	The City of Charlottesville; and Louisa, Nelson, and Orange Counties
Pink Transportation	Private		Service provided 24 hours a day, 7 days a week.	Petersburg, Colonial Heights, Hopewell; service in other areas may be provided upon request
Pittsylvania County Community Action, Inc.	Human Service	Qualifying seniors (60+)	Senior Services program provides fixed route transportation 1 day per week (about 60 people per day). Trips to congregate meal sites, limited trips to dialysis.	Pittsylvania County, primarily the Chatham area
Pleasant View	Human Service	Persons with intellectual disabilities; mostly for program services	Trips provided 7 days a week	Rockbridge County and the City of Lexington
Pony Express (Town of Chincoteague)	Public Transit	General public	Fixed route seasonal trolley system with ADA deviations. 25-cent fare. 5 p.m. to 10:30 p.m. Monday – Friday, mid-June until Labor Day; Saturdays only until November.	Town of Chincoteague
PORTCO, Inc.	Human Service	Individuals with disabilities	Supported employment for clients includes transportation.	Locations in Virginia Beach, Norfolk, and Portsmouth
Presbyterian Homes & Family Services and the Family Alliance	Human Service	Low income individuals; adults and children with intellectual disabilities	Client transportation to daycare, employment, medical, and shopping; also runs loan program for car purchase or repair	Based in Lynchburg, services throughout Virginia
Presbyterian Homes and Family Services and the Family Alliance/ Ways to Work	Human Service	This program is geared towards families in helping them retain employment	The Ways to Work Program has approved 103 families with small-interest loans to meet their transportation needs. Contact provider for more information.	Richmond, Chesterfield and Henrico
Prince Edward Rural Transit (PERT) (operated by FAB)	Public Transit	General public	Meherrin/Green Bay (Orange Line) operates Tues, Wed, Fri 8:20 a.m. to 4:38 p.m. Prospect/Pamplin (Green Line) operates Mon/Thurs 8:25 a.m. to 4:30 p.m. $1 fare.	Meherrin/Green Bay and Prospect/Pamplin areas
Pulaski Area Transit (PAT)	Public Transit	General public, students	Deviated fixed route service. $1 fare for New River Community College students, $2 for general public. Monday – Friday, 8 a.m. to 5 p.m.; Saturday 9 a.m. to 3 p.m.	Town of Pulaski, parts of Dublin, Fairlawn, and Radford
Healthy Generations d/b/a Rappahannock Area Agency on Aging	Private	Seniors (60 yrs +), individuals with disabilities, and others who are transportation disadvantaged	Door to door subscription service to meal centers ("senior cafes"), grocery shopping, and medical appointments ($2.00 round trip). The RAAA Mobility Options program also provides travel training for FRED and coordinates volunteer drivers.	PDC 16

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Rappahannock Area Agency on Aging (RAAA) Mobility Options Program	Human Service	Seniors, individuals with cognitive or physical disabilities, individuals coping with substance abuse	Accessible vehicles available one day a month to people with disabilities for medical appointments from Fredericksburg to Charlottesville. Trip request must be made at least 7 days in advance	Fredericksburg to Charlottesville
Rappahannock Community Services Board (RACSB)	Human Service	Individuals with developmental disabilities and those coping with mental health or substance abuse issues	Ten subscription service routes to RACSB day support programs. Demand response service for individuals in residential programs.	PDC 16
Rappahannock Rapidan Community Services	Human Service	Clients of RRCS and Medicaid	Provides door-to-door transportation for RRCS programs and Didlake, Inc. Also a provider for Logisticare, Inc. for demand response non-emergency medical transportation.	Culpeper, Fauquier, Madison, Orange, and Rappahannock Counties
Rappahannock Rapidan Community Services Board (RRCSB) (Care-A-Van)	Human Service	Senior citizens, age 60 and over and persons with disabilities	Monday – Friday. Transportation depends on availability of volunteers. Must give 48 business hours notice. Fare free, donations accepted.	Culpeper, Fauquier, Madison, Orange and Rappahannock Counties
RappRides	Human Service	Individuals 60 or older	Transportation depends on availability of volunteers. Must provide notice eight days before trip. Fare free, donations accepted.	Warrenton, Culpeper, Luray, and Front Royal
Region 10 Community Services Board (CSB)	Human Service	Individuals enrolled in CSB services	Provides service within PDC 10 for CSB members	PDC 10
Retired and Senior Volunteer Driver Program (RSVP)	Human Service	Senior citizens, age 60 and over or clients of Rappahannock- Rapidan Community Services that need transportation to healthcare or legal related appointments.	Monday – Friday. Transportation depends on availability of volunteers. Fare free, donations accepted.	Culpeper, Fauquier, Madison, Orange and Rappahannock Counties
Ride Rite	Human Service	Airport service and non- emergency medical transportation to the general public	Self-pay or Medicaid transportation through Logisticare	Statewide
RADAR	Public Transit	Varies by service	Rural general public transit services and specialized transit. Contracts with 25 human service agencies and12 different municipalities. Service hours/days/fares vary by contract (see below).	Lower Roanoke Valley, Alleghany and Franklin Counties, Town of Clifton Forge, and regional colleges
RADAR - CORTRAN (County of Roanoke Transportation)	Public Transit	Pre-qualified individuals	Demand response service, Monday – Friday, 7 a.m. to 6 p.m. $4 per trip. Reservations at least one day in advance.	County of Roanoke
RADAR - Mountain Express	Public Transit	General public	Deviated fixed route from Iron Gate to Covington. Monday – Friday, 8 a.m. to 5 p.m. 1.5-hour headways. 50 cents per trip.	Iron Gate, Clifton Forge, and Covington

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
RADAR - PART (Piedmont Area Regional Transit)	Public Transit	General public	Two deviated fixed routes. 7:30 a.m. to 5:30 p.m. Monday - Friday. One hour headways. 50-cent fare.	City of Martinsville and Henry County
RADAR - Valley Metro STAR (Specialized Transit Arranged Rides)	Human Service	ADA paratransit – eligible individuals	ADA paratransit service for Valley Metro. Monday – Saturday, 5:45 a.m. to 8:45 p.m. Reservations at least one day in advance. $3 per trip.	Cities of Roanoke and Salem, town of Vinton, plus 3/4 of a mile from Valley Metro fixed routes.
RADAR (Maury Express)	Public Transit	General public, ADA paratransit	Monday – Friday 8 a.m. to 6 p.m. and Saturday from 10 a.m. to 4 p.m.. Fare is 50 cents.	Cities of Buena Vista and Lexington and parts of Rockbridge County
Rockbridge Area Community Services Board (RACS)	Human Service	Clients with behavioral/healthcare issues	Trips to day programs, medical/dental/psychiatric appointments, community integrated outings	Rockbridge County
Rockbridge Area Occupational Center, Inc.	Human Service	Persons with intellectual and physical disabilities	Monday – Friday 8-9 a.m. and 1-2 p.m.. Trips provided from residence to work program approximately 200 days a year.	Rockbridge County
Rockbridge Area Transportation System (RATS)	Public Transit	Medicaid, public/community members with need (non-emergency medical, non-medical, etc.)	"PDC 6: Monday – Friday 8 a.m. to 5 p.m.. Sliding scale fare based on miles traveled (e.g. $4 ride within 5 miles; $6 ride between 5-10 miles, etc.). Wheelchair accessible trips are subject to a separate sliding scale fare structure (e.g. $5 ride within 5 miles; $8 ride between 5-10 miles, etc.). Door-to-door service

PDC 10: Provides trips from Rockbridge County to Charlottesville, all demand- response; Monday – Friday, generally 8 a.m. – 5 p.m.; door-to-door" | "PDC 6: Rockbridge County and the Cities of Buena Vista and Lexington. Trips are offered to regional medical centers in Charlottesville and Roanoke.

PDC 10: The City of Charlottesville and Rockbridge County" |
Rockingham County Transportation (Department of Social Services)	Human Service	Individuals who are low- income, elderly, disabled	Essential life trips (non-Medicaid medical trips, some supportive employment, banking, shopping), Monday – Friday 8 a.m. – 5 p.m., provide earlier as needed; per trip each way: less than 10 miles $4, more than 10 miles $8, up to 75 mi $12; repeat customer (especially dialysis), take no more than 5% of individual's income (sliding fee or co-pay)	Rockingham County
Save Our Seniors	Human Service		Rides arranged on a per case basis; contact provider for more information.	Richmond area
Senior Connections	Human Service	General public, elderly and disabled	Contact provider for more information.	Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan and Richmond

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Senior Express Enterprise	Human Service		Monday – Friday 7 a.m. to 6 p.m.	Greater Richmond and Petersburg areas
Senior Services of Southeastern VA, SSSEVA (I-Ride)	Human Service	Seniors, individuals with disabilities, and the general public	Medical rides for seniors 60+ and individuals with disabilities, $4 suggested contribution. Semi-fixed general public routes in Smithfield, Franklin, and Norfolk. $1 fare. Demand response general public transportation to the Franklin Walmart. $1 fare. Schedule at least 24 hrs ahead. Demand response to the Western Tidewater Free Clinic from Franklin Mon/Tues/Thurs; to the Ivor Medical Center from Smithfield Thurs. Demand response to wellness centers for seniors 60+. $1 suggested contribution.	Hampton Roads and Western Tidewater
Seniors Helping Seniors	Human Service		Rides arranged on a per case basis; contact provider for more information.	Richmond, eastern Henrico
Seniors on the Go Taxi Subsidy	Human Service	Seniors (65+) with incomes of $40K -50K or less	Same-day, on demand taxi trips. Coupon books for purchase with $33 worth of taxi rides for $20, to use with any of three taxicab companies.	Fairfax County
Shenandoah Area Agency on Aging – Senior Center Transportation	Human Service	Seniors	Transportation to and from 7 Active Living Centers in the PDC. Flexible routes based on attendance. Pick-ups begin at 8:30 a.m.; drop-offs in the afternoon.	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester
Shenandoah Area Agency on Aging – Well Tran	Human Service	Adults with disabilities	Demand response non- emergency medical trips (primarily chemotherapy and dialysis) for individuals ineligible for Medicaid. Some exceptions for grocery trips. Three day advance notice required. Monday – Friday, 8 a.m. to 5 p.m. Also transportation for students to Lord Fairfax Community College three times per week.	75 mile radius (all of PDC, plus Harrisonburg, if needed)
Shen-Paco Industries	Human Service	Adults with disabilities	Provides vocational, developmental, educational, and rehabilitative services (including transportation) for clients. Transportation provided is for people going to their workplace exclusively.	Shenandoah and Page Counties
Shepherd's Center of Chesterfield	Human Service	Must be over 50 years of age without serious cognitive impairment	Office hours are Monday – Friday 9 a.m. to 1 p.m. Fare free, donations accepted.	Chester, Chesterfield, Colonial Heights, Dinwiddie, Hopewell, Midlothian, Prince George, South Richmond
Shepherd's Center of Richmond	Human Service	Must be over 60 years of age without serious cognitive impairment	Transportation is provided for medical appointments and grocery shopping. Office hours are Monday – Friday 8:30 a.m. to 4:30 p.m. Fare free.	Zip codes: 23059, 23060, 23113, 23114, 23219, 23220, 23221, 23222, 23224, 23225, 23226, 23227, 23228, 23229, 23230, 23233, 23235, 23236, 23238, 23294

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
SOAR365	Human Service	People with developmental disabilities and their families	Provides transportation for its programs and services. Contact provider for more information.	Greater Richmond area
Southern Area Agency on Aging (SAAA)	Human Service	Seniors (60+), transports individuals under 60 when possible	Six SAAA subcontractors provide transportation: Ballou Recreation Center, Franklin County Dept. of Aging Services, Henry County Parks & Rec, Martinsville Senior Center, Pittsylvania County Community Action Agency, and STEP, Inc. Congregate nutrition, medical, grocery shopping, and other essential trips.	Franklin, Henry, Patrick and Pittsylvania Counties, and the Cities of Danville and Martinsville
Southside Community Services Board (CSB)	Human Service	Clients enrolled in day programs	Monday – Friday, 8:30 a.m. to 5 p.m.	PDC 13
Southside Training Employment and Placement Services (STEPS)	Private	Work-related trips; purchase tokens for clients for use on BABs	Monday – Friday, 5 a.m. to 9 a.m. and 2 p.m. to 5 p.m., Deviated Fixed Route	Farmville Area
St. Joseph's Villa	Human Service	Children and families with special needs	Transportation is provided as needed to participants in St. Joseph's programs. Contact the provider for more information.	The greater Richmond and Petersburg areas including Hanover, Williamsburg, Louisa and Powhatan
STAR Transit	Public Transit	General public	Three deviated fixed routes (Red/Purple, Blue/Gold, Orange/Silver) and one demand-response route. Monday – Friday, approx. 6 a.m. to 6 p.m. 50-cent fares.	Accomack and Northampton Counties
Stepping Stones	Private	Private non-profit, day support program for adults with disabilities	Transportation to and from Stepping Stones for program participants. Monday - Friday.	City of Martinsville
Suffolk Transit	Public Transit	General public	Four fixed bus routes in the city of Suffolk. Monday – Friday, 6:30 a.m. to 6:30 p.m. One way fare $1.50. Provided by VRT. ADA paratransit provided by SSSEVA.	Suffolk
Sunrise Transportation	Private		Monday – Friday 7 a.m. to 7 p.m.	Richmond, Hanover and Henrico
Support to Eliminate Poverty (STEP), Inc., Patrick County office	Human Service	Patrick County 60+ residents under contract with SAAA senior services	Essential trips to nutrition sites, medical appointments, etc. as contracted with SAAA. 8 a.m. to 5 p.m., reservations 2 days in advance.	Patrick County, with some out-of-county trips if scheduling allows
Tendercare Transport	Human Service		Monday – Friday 8 a.m. to 5 p.m..	Louisa, Goochland, Hanover, Henrico and Richmond
The Arc of Augusta	Human Service	Persons with intellectual and/ or developmental disabilities that participate in the Arc's programs	Monday, Tuesday and Thursday 8-10 a.m., 3-5 p.m.; one Saturday a month for social/recreational programs. $2 voluntary fee. Door-to-door and curb-to-curb	Augusta County and the Cities of Staunton and Waynesboro
The Arc of Harrisonburg and Rockingham	Human Service	Persons with intellectual and other developmental disabilities	Trips to/from program activities	Rockingham County and the City of Harrisonburg

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
The STOP Organization	Human Service	Households at or below 125% of the poverty level	Demand response transportation through the Chesapeake Dept. of Social Services VA Initiative for Employment not Welfare.	Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, Virginia Beach, Isle of Wight County, Southampton County
Town of Orange Transit (TOOT)	Public Transit	General Public	Monday – Friday 7:30 a.m. to 4:30 p.m. service is provided around the Town of Orange and to the Town of Gordonsville. Saturday 8:30 a.m. to 3:30 p.m. service is provided around the Town of Orange only. Fare is 50 cents.	Towns of Orange and Gordonsville
Transitions Family Violence Services	Human Service	Domestic violence victims and their families	Transportation of victims of domestic violence.	Hampton, Newport News, Poquoson, and York County
University of Virginia DART	University/ College	Students, staff and faculty of the University of Virginia who have a temporary or permanent disability	Service is available 24/7, riders must apply for service through UVA. Provide at least a 30-minute notice	University of Virginia Campus
University of Virginia SafeRide	Special	University of Virginia Students	Sunday – Wednesday 12 a.m. to 7 a.m. and Thursday – Saturday 2:30 a.m. to 7 a.m. Must possess a valid UVA Student ID	University of Virginia Campus and surrounding neighborhoods
University Transit Service (UTS)	University/ College	General public, University of Virginia students and employees	Free bus service in and around UVA; Fixed-routes and Demand and Response Transportation Service (DART) available; operates throughout the calendar year with focus on academic year; riders with UVA ID ride CATS free	The City of Charlottesville
VA Dept. of Aging and Rehabilitative Services	Human Service	Persons with disabilities who want to work	Demand response, employment-related transportation	Middle Peninsula & Northern Neck
Valley Community Services Board (VCSB)	Human Service	Clients with mental health, intellectual disability and substance abuse issues	Monday – Friday 7:30 a.m. to 4 p.m. trips to UVA. Door-to- door service	Augusta and Highland County and the Cities of Staunton and Waynesboro
Valley Metro (Greater Roanoke Transit Company)	Public Transit	General public	Fixed route service. $1.50 fare (75-cent reduced). Monday - Saturday, approximately 5:45 a.m. to 8:45 p.m. Additional demand response, trolley, and commuter bus services (see below).	Cities of Roanoke and Salem, Town of Vinton and Roanoke County

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Valley Metro (The Smart Way)	Public Transit	General public, commuters	"Commuter service operating between Roanoke and the New River Valley; stops in Blacksburg and Christiansburg. $4 one way fare. Half price fare for eligible disabled persons and seniors. Monthly passes available. Monday – Saturday, 5:15 a.m. to 9:40 p.m. Amtrak connector service from Roanoke to the Lynchburg Amtrak station via Bedford. Monday – Sunday, trips coinciding with Amtrak Northeast Regional arrivals and departures."	Roanoke County, City of Roanoke, City of Salem, City of Lynchburg, Blacksburg and Christiansburg
Valley Metro Star Line Trolley	Public Transit	General public	Trolley service on Jefferson St. between downtown Roanoke and Carilion Roanoke Memorial Hospital. Approximately 1.5-mile route with 10-minute headways. Free. 7 a.m. to 7 p.m., Monday - Friday.	City of Roanoke
Valley Program for Aging Services (VPAS)	Human Service	Persons with disabilities, medial and non- medical transportation for the elderly and disabled and senior center (age 60+) transportation	Senior Center: Door-to-door, PDC 6, 7:30 a.m. to 4:30 p.m., varies between seven senior centers, modified fixed route; voluntary contributions. Elderly and disabled; door-to- door. Volunteer Program TED provides $1/roundtrip suggested donation; MedTed $2/roundtrip suggested donation and up to $3 suggested donation for longer distance trips; demand-response	PDC 6
Van Go	Human Service		Monday – Friday 5:30 a.m. to 8:30 p.m.; service available 24 hours a day with advance notice.	Powhatan, Colonial Heights, Hopewell, Petersburg, Chesterfield, Hanover, Henrico, Richmond and Goochland
Vector Industries	Human Service	Employees that are physically or mentally challenged, learning and/or sensory disabilities	Monday – Friday 6:30-8 a.m., 4:30-6 p.m.; Saturday program Community Connections. Sliding fee out of pay check, donations are accepted. Door-to-door and curb-to-curb	Waynesboro, Staunton and Augusta
Versability Resources	Human Service	Individuals with developmental and other disabilities	Transportation for clients. Sheltered workshops, supportive employment, mobile crews.	Hampton, Newport News, Poquoson, York County, Middle Peninsula, Northern Neck
Veterans Administration Disabled American Veterans (DAV)	Human Service	Open to veterans who can enter the van unassisted	Monday – Friday 5 a.m. to 4 p.m.; leaves at 7 a.m. for Richmond; leaves Richmond at 1 p.m. for Shadwell. Free for veterans.	Shadwell, Pantops Outpatient Clinic, Zion Crossroads, Gum Springs
Veterans Transportation Service (US Dept. of Veterans Affairs)	Human Service	Veterans	Volunteer driver vans to the Martinsburg VA Medical Center in West Virginia. Reservations and scheduled appointment required. Serves Woodstock M/W/F. Primarily focuses on providing transportation for veterans in the I-81 corridor.	Multiple origin points, including Woodstock

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Village Med-Tran, Inc.	Human Service	General Public	Ambulatory	Middle Peninsula
VIP & Associates	Human Service		Monday – Friday 8 a.m. to 4 p.m.	Powhatan, Colonial Heights, Hopewell, Petersburg, Chesterfield, Hanover, Henrico, Richmond, Goochland, Charles City and New Kent
Virginia Department of Aging and Rehabilitative Services	Human Service	Disabled persons, eligible to receive free or low-cost transportation to and from work, medical appointments and other places	Coordinates with local area agencies on aging as well as various public and private organizations to help find rides	Statewide
Virginia Handi-Ride	Human Service	Individuals with disabilities	Monday – Friday. 48-hour notice for reservations.	Culpeper County
Virginia Regional Transit (VRT) PDC 7	Public Transit	General public	Demand response service for Clarke County. Monday - Friday, 9 a.m. to 1 p.m.. Service to the Winchester Walmart once per week. Royal Trolley (formerly FRAT) fixed route service. Monday – Thursday, 8:30 a.m. to 5 p.m. Friday 8:30 a.m. to 8 p.m.; Saturday/Sunday 1 p.m. to 6 p.m. 50-cent fare. Friday evening and weekend service funded by Randolph Macon Academy.	Clarke County and Town of Front Royal (limited service to Target/Walmart in Warren County)
Virginia Regional Transit (VRT) PDC 9	Public Transit	General public	Fixed Routes: Circuit Rider, 126,191 trips Culpeper Connector, TOOT, in FY 2010 TOOT II, Tri-County Connector, and the VRT- JAUNT Connector. All routes operate have varying service days and hours; Saturday service is provided on the Circuit Rider, Culpeper Connector, and TOOT. Fares vary from 25 cents to $1 per trip, children under 10 ride free. On Demand ADA Van: Monday – Friday 8 a.m. to 4 p.m., only travels within Culpeper County. Must schedule 24 hours before trip, must be ADA certified. Demand Response: Monday – Friday 7 a.m. to 6 p.m. Fare is 5 cents per trip. Only travels within Culpeper County.	Culpeper and Fauquier Counties and the Towns of Culpeper and Orange
Virginia Regional Transit (VRT-CATS)	Public Transit	General public, fixed- route, ADA complimentary demand response paratransit, and college campus service	Monday – Friday 7 a.m. to 10 p.m. fixed route services, dependent on route; Saturday 12:30 p.m. to 7:30 p.m. service on the 250 Connector. Monday – Friday 7 a.m. to 7 p.m. Demand response service	Augusta and Rockingham Counties and the Cities of Harrisonburg, Staunton and Waynesboro
VOLTRAN of Fauquier County	Human Service	Must be legally blind, wheelchair bound, undergoing cancer treatment, or over the age of 60	Monday – Friday. Must give two business days notice or five business days for wheelchair transportation. Transportation depends on availability of volunteers. Fare free, donations accepted.	Fauquier County
Western Tidewater Community Services Board	Human Service	Those with mental health, intellectual disabilities, and substance abuse issues	Transportation for CSB clients.	Franklin, Suffolk, Isle of Wight County, and Southampton County

Agency Provider	Provider Type	Client Type	Trip Characteristics	Service Area
Williamsburg Area Faith in Action	Human Service	Seniors and individuals with disabilities	Volunteers provide transportation for medical appointments, shopping, and other trip purposes.	Williamsburg, James City County, Bruton District of York County
Williamsburg Area Transit Authority (WATA)	Public Transit	General public	Fixed and deviated routes and ADA Paratransit service Monday to Saturday, 6 a.m. – 11 p.m. (off peak) and 6 a.m. – 12 p.m. (summer); Sunday 8 a.m. – 6 p.m. One way fare $1.50 (75-cent reduced fare); 25-cent transfers. $3 all-day pass. College of William and Mary students ride free with ID. WJCC/York students 75 cents with ID. Children 38 inches and under accompanied by an adult are free. Paratransit scheduled one day in advance; one way fare $3.	James City County, City of Williamsburg, Bruton District-York County, the College of William and Mary, and a Newport News connector
Winchester Transit	Public Transit	General public	Six fixed routes with ADA paratransit, plus a trolley route. Monday – Friday, 6 a.m. to 8 p.m.; Saturday 9 a.m. to 5 p.m. Trolley service M/W/F, 8 a.m. to 6 p.m.; Saturday 10 a.m. to 4 p.m.. $1 fare for all services (50-cent reduced fare).	City of Winchester
Yellow Cab of Newport News	Private	General Public	Taxi service within Newport News (rate set by city) and outside Hampton Roads (flat rate).	Newport News and all of Hampton Roads

APPENDIX D: PLAN CREDITS

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