

2026

Central Region



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2026 COORDINATED HUMAN SERVICES MOBILITY PLAN FOR THE COMMONWEALTH OF VIRGINIA

Prepared by the Virginia Department of Rail and Public Transportation (DRPT)

ABOUT DRPT

DRPT's mission is to connect and improve the quality of life for all Virginians with innovative transportation solutions. The agency works with rail and public transportation stakeholders to provide service to people throughout Virginia and promotes transportation options to the general public, businesses, and community decision makers. As an agency entrusted with public dollars, we seek the highest possible return on investment to maximize funding and strive to implement best practice management tools and techniques.

Primary Areas of Activity



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Public Transportation - DRPT administers public transportation funding and planning in Virginia. The transit systems include 40 bus providers as well as commuter rail, heavy rail, light rail, human services, and ferryboat.



Commuter Programs - DRPT manages investments in local and regional commuter assistance programs that mitigate congestion, manage transportation demand, and promote and encourage the use of transit, vanpools, and carpools.

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ACKNOWLEDGEMENTS

The Coordinated Human Services Mobility Plan would not be possible without the participation of the statewide human services and transportation communities, including leadership and staff from human service organizations; transit agencies; representatives from metropolitan planning organization and jurisdictions; multiple Virginia state agencies; and individual transit riders and members of the public. Over ten months, their contributions shed light on the unique challenges of transportation for older adults and people with disabilities and shaped the goals and actions that will guide decisions for the next four years. Collaboration and partnerships were critical in conducting the study and will be a recurring theme of its advancement and implementation.

EXECUTIVE SUMMARY

The Coordinated Human Services Mobility (CHSM) Plan provides a framework for human services transportation in the Commonwealth of Virginia. The plan assesses the transportation services and needs of older adults and people with disabilities, identifies strategies to address service gaps, and sets priorities for implementation. The goal of the CHSM Plan is to improve mobility for older adults and people with disabilities by identifying strategies to remove barriers to transportation and expand options in the Commonwealth.

FEDERAL REQUIREMENTS

The Federal Transit Administration's (FTA) Enhanced Mobility for Seniors and Individuals with Disabilities Program, also known as Section 5310, requires the development of a coordinated plan for human services transportation. The Virginia Department of Rail and Public Transportation (DRPT) administers Section 5310 for all areas of the Commonwealth outside of Washington D.C., Maryland, and the Northern Virginia Urbanized Area, which are managed by the Metropolitan Washington Council of Governments (MWCOG).

In accordance with federal guidance outlined in FTA Circular 9070.1H, this plan includes the following elements:

- An assessment of available services that identifies current transportation providers (public, private, and nonprofit)
- An assessment of transportation needs for individuals with disabilities, including those who use wheelchairs, and older adults
- Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery
- Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified
- Where less than 100 percent fleet accessibility for demand-response service is anticipated, a demonstration of how the requirement for equivalent service will be met

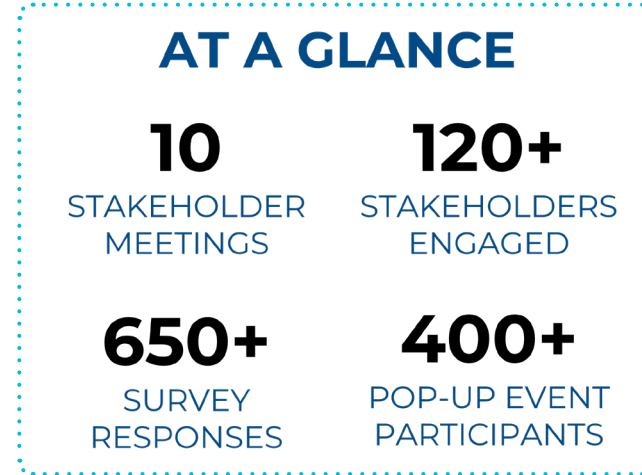
Federal guidance also requires participation from older adults, individuals with disabilities (including wheelchair users), representatives of public, private, and nonprofit transportation and human service providers, and other members of the public. DRPT engaged with each of these groups, in addition to fellow state agencies and metropolitan planning organizations, to inform each element of the plan.

PLAN DEVELOPMENT

The project team developed the CHSM Plan over approximately ten months, from February 2025 through December 2025, engaging in a detailed study and analysis of data sets, statewide public surveys, regional public engagement meetings, and focus groups. Once drafted, plan elements were presented to internal DRPT staff and an external Interagency Advisory Council for feedback.

NEXT STEPS

The CHSM Plan will be a living, adaptive guide for the next four years, with the next comprehensive update in 2029. DRPT will continue to partner with providers, as well as state and regional partners, to maintain momentum toward identified goals. DRPT will use the CHSM Plan as a guide to prioritize funding for human services transportation projects through the Section 5310 program, as well as to initiate programmatic changes and state-level projects that holistically support plan implementation.



ACRONYMS AND DEFINITIONS

| Acronym | Term | Definition |
|---------|--|---|
| AAA | Area Agency on Aging | Local organization designated under the federal Older Americans Act to plan, coordinate, and deliver essential services for older adults and their caregivers throughout the Commonwealth. Each AAA services as the aging services hub for their designated area and AAAs cover the entire state. |
| CCAM | Coordinating Council on Access and Mobility | Federal interagency council, based in the FTA, that works to coordinate funding and provide expertise on human services transportation. |
| CIL | Center for Independent Living | Community-based, consumer-controlled organization that provides a range of services to support people with disabilities. |
| CSB | Community Services Board | Local entity that provides essential mental health, developmental, and substance use disorder services. The Virginia Code requires that every city or county establish or, with other cities or counties, establish a CSB. |
| CTAV | Community Transportation Association of Virginia | Virginia chapter of the Community Transportation Association of America (CTAA), established to improve mobility for all through technical assistance and membership services. |
| FTA | Federal Transit Administration | Federal agency within the U.S. Department of Transportation that provides financial and technical assistance to enhance public transportation systems across the country. |
| IDD | Intellectual and Developmental Disabilities | Lifelong conditions that affect an individual's intellectual functioning and adaptive behavior, impacting their ability to learn, communicate, and manage daily life. |
| MCO | Managed Care Organization | Healthcare delivery system that coordinates and manages healthcare services for its members, aiming to control costs while improving the quality of care. |
| MPO | Metropolitan Planning Organization | Federally mandated regional planning agency responsible for planning and coordination of transportation. |
| NEMT | Non-Emergency Medical Transportation | Specialized service that transports patients to medical appointments when they do not require an ambulance or emergency response. Medicaid funds NEMT services through some healthcare plans. |
| PDC | Planning District Commission | Voluntary associations of local governments intended to foster intergovernmental cooperation. |
| TNC | Transportation Network Company | Business that provides on-demand transportation services through a digital platform, connecting passengers with drivers using their personal vehicles |

INTRODUCTION TO THE PLAN

A COORDINATED PLAN FOR HUMAN SERVICES TRANSPORTATION

The Coordinated Human Services Mobility Plan (CHSM) is a statewide plan that identifies transportation services for individuals with disabilities, seniors, veterans and people with low incomes. The plan provides a framework for public, private and human service agency transportation services, focused on improving mobility for older adults, individuals with disabilities, people with low incomes, and the general public. Plan goals center on coordination and provision of efficient and effective transportation, to build on the existing work while reducing and preventing duplication of services.

The Virginia Department of Rail and Public Transportation (DRPT) provides funding for coordinated transportation and mobility management resources through the Federal Transit Administration (FTA) Section 5310 Program, Enhanced Mobility for Seniors and Individuals with Disabilities. DRPT administers FTA Section 5310 program for Virginia's rural areas (less than 50,000 people), Small Urbanized Areas (at least 50,000 people but less than 200,000 people), and for the Large Urbanized Areas of Richmond, Roanoke, and Hampton Roads. The funding is administered as grants to organizations that serve older adults and people with disabilities.

DRPT also leads regional coordinated transportation efforts to improve mobility for these targeted population groups. The statewide Coordinated Human Services Mobility (CHSM) Plan is a planning requirement for continued Section 5310 program funding. It (a) identifies the transportation needs of individuals with disabilities, seniors, veterans, and people with low incomes, provide strategies for meeting those local needs, and (b) prioritizes transportation services and projects for funding and implementation.

PLAN UPDATE GOALS

This 2026 CHSM Plan meets the Section 5310 requirements and was developed in consultation with older adults, individuals with disabilities, representatives from public, private and nonprofit transportation providers, human service providers and their clients, and local and regional governments. This plan goes further than the requirements, including mobility management as a special focus. Mobility management programs not only help individuals understand and access transportation services in their area, but are also critical for creating and maintaining local partnerships for human service transportation coordination. These services may take the form of a one call or one click center, or may be one of several staff responsibilities at a service provider. Mobility management services are a critical element in helping people access transportation, and is a program type that could grow in Virginia.

The 2026 CHSM Plan update has five core goals:

- 1** Identify transportation needs of individuals with disabilities, seniors, veterans, and people with low incomes
- 2** Understand the gaps in access to transportation that limit mobility
- 3** Provide feasible, measurable, impactful strategies
- 4** Clarify funding sources to support implementation
- 5** Recommend opportunities to improve the 5310 Program administration*

*This goal is explored through a separate, but related report

PLANNING PROCESS

OVERVIEW

The CHSM planning process included consistent stakeholder engagement, an assessment of existing conditions, identification of barriers to and gaps in service, and finally a prioritized list of goals and strategies to address those gaps. Together these elements constitute the CHSM plan. This CHSM plan update builds upon the 2019 and 2022 CHSM updates while also reflecting the environment in which transportation and human services occur today and are likely to occur in the future.

OUTREACH AND ENGAGEMENT

A central component of the plan creation process was gathering input from stakeholders, ensuring the plan was created and approved in consultation with older adults, individuals with disabilities, and others. DRPT engaged riders, service providers, and regulatory partners, identifying individuals with disabilities, seniors, veterans, people with low incomes, and their service providers as key stakeholders. Outreach focused on reaching community members, mobility management professionals, private and volunteer transportation providers, community service boards, and public and human service transit agency management and staff.

Public participation goals included:

- **Partnering with stakeholders** to collect feedback to inform the plan update and identify service gaps and needs.
- **Making engagement accessible**, especially for older adults and people with disabilities by meeting people where they are or through their service providers.
- **Having conversations in real time**, fostering engaging dialogue with community members and stakeholders.
- **Offering various channels for information access and input** using in-person outreach and digital methods such as the project website, e-blasts, pop-up events, and surveys, for visibility and continued participation.

CHSM engagement was organized into two phases of public participation. The first phase focused on understanding existing human service transportation conditions and concerns in the Commonwealth. The second phase prioritized understanding needs and identifying gaps, then defining, prioritizing, and approving goals, strategies, and actions to address them. Elements of the two-phased engagement program are shown in the graphic below:

PHASE ONE: MARCH - MAY 2025

Existing Conditions

- Understand existing conditions
- Initial Statewide Survey (First Survey)
- First Interagency Advisory Group (IAG) meeting

PHASE TWO: JUNE - DECEMBER 2025

Gap Analysis and Implementation Priorities

- Understand gaps and needs, then develop goals and strategies
- Interagency Advisory Group (IAG) meetings
- Regional Mobility Focus Group meetings
- CTAV Conference - Providers Workshop
- Service provider Pop-up-in-a-box events
- Goals and Priorities Survey (Second Survey)

STAKEHOLDER AND PUBLIC ENGAGEMENT

Interagency Advisory Group

34
Members

4
Meetings

As part of the CHSM study, DRPT convened a group of regulatory and funding partners to help inform recommendations and implementation strategies, and assist with outreach to riders and service providers. The Interagency Advisory Group (IAG) members included public and human service transit agencies, state and regional entities, community and special interest groups, elected officials, business groups, social service groups, and transit organizations. The IAG was engaged throughout the study to preview research findings, shape recommendations, and explore solutions to regional and statewide coordination. Organizations that participated in the IAG meetings are listed below.

| Organization/Agency | CHSM Region(s) |
|--|----------------|
| 6 Wheels Consulting, LLC | Central / All |
| Central Shenandoah Planning District Commission (CSPDC) / BRITE Bus | Alleghany |
| Central Virginia Alliance for Community Living, Inc. (CVACL) | Western |
| Hampton Roads Transportation Planning Organization (HRTPO) | Tidewater |
| Hanover DASH / Hanover County Department of Community Resources | Central |
| Jaunt | Western |
| Joint Commission on Health Care | Statewide |
| Metropolitan Washington Council of Governments (MWCOG) / Transportation Planning Board (TPB) | Northern |
| Mount Rogers Community Service Board (CSB) | Southwest |
| Mountain Empire Older Citizens (MEOC) | Southwest |
| New River Valley Community Services Board (CSB) | Alleghany |

| Organization/Agency | CHSM Region(s) |
|---|----------------|
| Peninsula Agency on Aging (PAA) | Tidewater |
| PlanRVA/Richmond Regional Transportation Planning Organization (RRTPO) | Central |
| RADAR | Alleghany |
| Rappahannock Rapidan Planning District Commission (PDC) / RTC Mobility Center | Northern |
| Thomas Jefferson Planning District Commission (TJPDC) | Western |
| UZURV | Statewide |
| VCU Partnership for People with Disabilities | Central / All |
| Virginia Board for People with Disabilities | Statewide |
| Virginia Center on Aging and VCU Department of Gerontology | Central / All |
| Virginia Department for Aging and Rehabilitative Services (DARS), Division for Aging Services | Statewide |
| Virginia Department for the Deaf and Hard of Hearing (VHDHH) | Statewide |
| Virginia Department of Behavioral Health and Developmental Services (DBHDS) | Statewide |
| Virginia Department of Corrections | Statewide |
| Virginia Department of Medical Assistance Services (DMAS) | Statewide |
| Virginia Department of Veteran Services | Statewide |
| Virginia Department of Veterans Services, Joint Leadership Council | Statewide |
| Virginia Veteran and Family Support; Virginia Department of Veterans Services | Statewide |
| VirginiaNavigator | Statewide |

Regional Mobility Focus Groups

88

Members

Regional focus groups were convened to better understand organizations that rely on transportation but may not directly provide it, and to identify opportunities for coordination and collaboration. Participants included Mobility Managers who are members of VAMM (Virginia Association of Mobility Managers) or perform mobility management as their primary function, as well as case managers who perform mobility management functions as part of their course of work.

6

Meetings

Six regional focus group meetings were held to gather input, with a total of 88 participants representing a range of roles. Focus group meetings presented a regional overview, including population density, senior adults, individuals with disabilities, and work trip patterns. Meetings included interactive polling questions and invitations to participate in surveys and pop-up events. This stakeholder group's feedback was used to help inform the existing conditions report, identify gaps and needs, and formulate goals to alleviate service challenges.

Rider and Provider Surveys

2

Surveys

Two surveys were used to collect input from the public and stakeholders. The surveys were administered primarily online, and gathered input from 655 riders and service providers. Surveys were written clearly and used survey logic to ensure respondents were only required to answer questions related to their specific experiences.

655

Respondents

The first statewide survey was launched to gather information on access to services and transportation needs and enhancements. The survey was conducted among Virginia transportation providers and riders, receiving 577 responses, with 241 from riders and 332 from providers. Survey results were used as discussion points during stakeholder meetings and to help identify the seven transportation goals and corresponding strategies for implementation.

The second survey was launched later in the planning process with the intent of better understanding priority goals for improving mobility, and which strategies can best achieve those goals. The survey was also conducted among Virginia transportation providers and riders, receiving 78 responses, with 22 from riders and 56 from providers. These results and rankings were used to finalize strategies and inform IAG discussions.

Pop Up in a Box Events

10

Events

WSP and DRPT partnered with the IAG, transit providers, MPOs, and mobility managers to host pop-up events, informing riders of the Plan update and collecting feedback on service needs and improvements. Stakeholders hosted pop-ups to gather feedback on the CHSM Plan at the time and place of their choice. Hosts were provided with a pop-up engagement kit with "How to Host" instructions, background on the CHSM planning process, participant feedback forms, and a report template for event hosts.

400

Participants

Host agencies held 10 in-person events and gathered feedback from over 400 participants. Events were held for one or two days, generally lasting 2 - 2.5 hours. Results from these pop-up events were used as part of IAG meeting discussion points to further support the development of goals and definition of core strategies for transportation improvements.

Community Transportation Association of Virginia (CTAV) Workshop

1

Event

In August, the DRPT team attended the Community Transportation Association of Virginia (CTAV) Conference, hosting a workshop on the CHSM Plan and engagement efforts. The team provided an overview of DRPT's role, the CHSM Plan update purpose and goals, stakeholder and public engagement strategies used to help inform the plan, and feedback on the top barriers and provider challenges from recent surveys. Stakeholders provided feedback through active discussion and activities including a brainstorming session to solve transportation gaps and activities to provide feedback on transportation barriers and improvement strategies.

50

Stakeholders

HOW TO USE THIS PLAN

The CHSM Plan establishes goals and strategies for human service transportation services for a five-year horizon. It is intended to serve as a guide for providers, riders, and supporting organizations exploring new or evolving transportation services.

Background information and guidance in this Plan is organized into chapters, listed below. While each section can be used as a standalone reference, the project team recommends using the entirety of the plan to understand the connections among conditions, vision, and action.

| | | | |
|---------------------|--|--|--|
| INTRODUCTION | STATE PROFILE | REGIONAL PROFILES | GOALS & STRATEGIES |
| Sets the context. | Existing conditions, overview of services, needs, and gaps at a statewide level. | Existing conditions, services, needs, and gaps for each of the six CHSM regions. | CHSM goals, and strategies and actions for implementation. |

TRANSPORTATION SERVICE TYPES

Understanding what types of transportation are available relies on defining provider type, service type, and eligibility. Transportation service types can vary based on the provider, with some providers offering multiple service types.

In general, the **public and community transportation service types** in the Commonwealth are:



| | |
|------------------------------------|---|
| <p>RAIL</p> | <p>Rail is a high-capacity transit mode that serves urban areas. In Virginia, examples include Metrorail and Virginia Railway Express in Northern Virginia, and The Tide light rail in Norfolk.</p> |
| <p>FIXED-ROUTE</p> | <p>Fixed-route transit operates on a set schedule along a defined route. Fixed-route transit must be paired with ADA-compliant paratransit service offering equivalent transportation within ¾ mile of the route.</p> |
| <p>DEVIATED FIXED ROUTE</p> | <p>Deviated fixed-route service operates like traditional fixed-route transit but allows riders to request off-route deviations for convenient pick-up or drop-off locations.</p> |
| <p>DEMAND RESPONSE</p> | <p>Demand-response service operates like a reservation system. Riders typically schedule trips in advance—often with 24 hours’ notice—for transportation from a specific pick-up point to a specific destination.</p> |
| <p>ON-DEMAND OPTIONS</p> | <p>On-demand transportation provides a taxi-like service where riders can request trips without booking in advance. Passengers are picked up and dropped off at their desired locations, similar to traditional demand-response services.</p> |

TRANSPORTATION PROVIDER TYPES AND ELIGIBILITY

There are a wide variety of transportation services and providers available in the Commonwealth. Transportation providers include public, non-profit, and private providers such as taxis and rideshare companies. Some of these are open to the general public, while others require riders to meet specific eligibility requirements.

Types of providers in the Commonwealth include:

PUBLIC TRANSPORTATION SYSTEMS

Governmental or quasi-governmental entities established to provide public transportation services and have a public service mission of providing accessible and efficient transit options. Transit systems may operate any or all service types.

There are currently 40 transit agencies that operate a variety of public transportation services throughout the Commonwealth. Transit systems in Virginia range in size from two-bus programs in small towns to larger regional systems like WMATA in Northern Virginia and HRT in Hampton Roads.

HUMAN SERVICES TRANSPORTATION

Offer a variety of transportation services throughout the Commonwealth. Some of these services are open to the general public, others to specific populations (e.g., older adults and individuals with disabilities), and some open only to clients of the agency that is providing the service. These transportation services can take many forms, but demand-response and on-demand services are most prevalent.

Many different types of human service providers offer transportation throughout the Commonwealth. Community Service Boards (CSBs) and Area Agencies on Aging (AAAs) offer a variety of services for older adults and people with disabilities and often provide transportation in the communities in which they serve, for example. Other human service transportation providers can be institutions or non-profits serving specific populations. Adult daycare services, youth and senior centers, and even healthcare systems can all operate transportation services.

PRIVATE PROVIDERS

Private taxi services and Transportation Network Companies (TNCs), such as Uber, Lyft, UZURV, and Via, can be available for individuals and organizations to purchase transportation from. Private services are more prevalent in urban areas; however, many public transit agencies have begun to contract with private providers for services in less densely populated areas.

VOLUNTEER DRIVER NETWORKS

can require membership to a particular organization or can be set up by existing transportation providers to complement their services. Drivers often use their own vehicles and are only reimbursed for the mileage of each trip.

STATEWIDE TRANSPORTATION

While most of the transportation options in Virginia are limited to specific cities, counties, or regions, the Commonwealth also has statewide transportation options for regional and long-distance travel. Amtrak operates many services throughout the state, allowing for intercity travel connections. The Virginia Breeze Intercity bus service also operates four lines in the state (with a fifth route starting service in 2026), giving travelers another option for intercity connections.

DEFINING ELIGIBILITY

PUBLIC

Open to any member of the public to use the service.

DEMOGRAPHIC ELIGIBILITY

Service is restricted by some demographic factor, such as age, disability status, and/or low-income status. The provider will require proof of the rider's eligibility. Otherwise, any member of the public that meets the eligibility requirement can use the service.

CLIENT-BASED ELIGIBILITY

Service that is typically restricted by a demographic factor, as well as restricted only to clients of the organization, i.e., those that have an ongoing, agreed-upon relationship with the organization. A typical example of client-based service is members of a group home managed by a Community Services Board who receive transportation to their programming.



Service Operating Days and Hours

While the majority of the Commonwealth has some sort of transportation operating in their community, the days and hours those services operate can vary. All provider respondents in the statewide survey reported providing service Monday-Friday. Far fewer reported providing service on the weekends, with only 48% reporting providing service on Saturdays and just 33% providing service on Sundays.

The hours of operation are also an important factor for access to human services, employment, or other quality-of-life destinations. The majority of transportation providers operate between 8:00 a.m. and 4:00 p.m. A much smaller percentage of the inventory, usually public transit agencies, provide early morning and late-night service. These services can be critical for access to distant medical appointments or employment.

Statewide Fleet Accessibility

Fleet accessibility and ready access to those vehicles is critical to providing human services transportation. While not every vehicle in a fleet needs to be accessible, it is important that these vehicles are available in every region of the Commonwealth to support access to transportation for riders who need a vehicle with a lift or ramp. The vehicle fleet information gathered from the online survey shows good coverage of accessible vehicles throughout the Commonwealth. The Western and Central Regions have the fewest reported accessible vehicles.

WHO USES HUMAN SERVICES TRANSPORTATION?

Coordinated Human Services Transportation plans must focus on older adults and individuals with disabilities, as required by the FTA. However, it is important to note that these populations are not the only users of human service transportation. While the focus of this plan is on transportation for older adults and individuals with disabilities, it will also consider the experiences of people with low incomes, veterans, and youth to better understand needs and the opportunities for improving the network of services through comprehensive transportation coordination.

- » **Older adults** are defined as any person over the age of 65. According to the US Administration on Aging's Profile of Older Americans, there were over 57.8 million Americans older than 65 in 2022. The percentage of older adults in the US is increasing, with the population expected to grow to 22% of the total by 2040. Older adults want to age in place and thus move less frequently than younger age groups, with 88% of older adults reporting wanting to stay living in their homes for as long as safely possible. Medical and other human service needs can make this a challenge.

In 2022, 33% of adults 65 and older reported having a disability, with 13% reporting difficulty doing errands and 21% reporting serious difficulty walking or climbing stairs. In 2022, 24% of those 65 and up assessed their health as fair or poor. With older adults wanting to age in their communities, it is critical to provide coordinated human services to assist them.

- » **A disability** is "any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them," as defined by the Centers for Disease Control and Prevention (CDC). According to the most recent CDC data, more than one in four adults in the United States have some sort of disability: 13.9% of US adults have some sort of cognitive disability, 12.2% have a mobility-related disability, and 7.7% have difficulty doing errands alone.

The CDC also reports that one in four adults with a disability does not have a regular healthcare provider and has had an unmet healthcare need because of cost in the last year. Additionally, one in six adults with a disability did not have a routine check-up in the past year. Ensuring human services are available and well-coordinated can help close these gaps.

REGIONAL PROFILES

The Statewide Coordinated Human Services and Mobility Plan (CHSM) organizes the state into six regions: Alleghany, Central, Northern, Southwest, Tidewater, and Western. These regions were adopted in 2019 to facilitate the shift from regionally created plans to a single statewide plan. These regions generally follow those used by Virginia's Medicare and Medicaid programs.

The CHSM regions present some challenges in providing detailed analysis and support for local coordination efforts. While the current regions are manageable for larger state-level analysis, they do not mimic regional travel patterns or other human service provider jurisdictions. Smaller and more numerous regions could better illustrate local needs and potential strategies for coordination and implementation of human service transportation strategies and goals. Regardless, the profiles are organized into several sections:

DEMOGRAPHICS

Overview of key demographic indicators including population density, older adults, adults with a disability, low-income households, zero-car households.

TRIP GENERATORS

Common destinations that serve essential needs in terms of health, food, education, as well as places of leisure like parks.

TRAVEL PATTERNS

Shows commute trips taken by individuals over 55. Flows were developed and mapped using a custom dataset from Replica's Weekly Mobility Model.

GAPS AND NEEDS

Regional gaps and needs as described through the course of stakeholder engagement.

TRANSIT PROPENSITY

A score created from the key demographic indicators (population density, older adults, individuals with disabilities, and zero-car households), suggesting likelihood of reliance on human services transportation.

TRANSPORTATION PROVIDERS

Provider inventory outlining provider type, service area, and eligibility requirements. This inventory is based on 2024 data and should be seen as a general outline of the services available in each region.

KEY TAKEAWAYS

Core high-level findings from existing conditions in each region that inform the gaps and needs, and later the goals and strategies outlined in the Plan.

CENTRAL REGION

| | |
|-----------------|--|
| 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 |

The Central Region is anchored by the state capital, Richmond, and other cities along I-95. [Population density](#) (p. 28) is concentrated in the Richmond, Tri-Cities, and Fredericksburg areas, with county seats in rural areas also having high density.

Urbanized areas also contain the largest populations of [older adults](#) (p. 29) and [adults with a disability](#) (p. 30), comprising 18% and 12% of the region's total population, respectively. Rural areas with high proportions of older adults and adults with a disability are generally well distributed across the region with no clear geographic trend.

[Low-income households](#) (p. 31) are most prevalent in the cities of Hopewell and Petersburg, as well as the Northern Neck (Westmoreland, Northumberland, Richmond, and Lancaster Counties) and Southside portions of the region.

[Households without a vehicle](#) (p. 32) are much less prevalent in the region but have similar distribution, specifically in Petersburg (17%) and portions of Lunenburg, Mecklenburg, and Nottoway Counties.

Considering these demographics combined, [transit propensity](#) (p. 33) is highest in urbanized areas and localities in Southside and the Northern Neck. Public transportation and paratransit are available within the urbanized areas of the region, the Blackstone area, and in the coastal localities served by Bay Transit. Aside from these, 45 private and human service [transportation providers](#) (p. 35) operate in the region, most with eligibility restrictions. While every locality has at least one human service transportation provider, the greatest number of providers is in the Richmond area.

DEMOGRAPHIC SUMMARY

| Total Population | Older Adults | Adults with a Disability | Total Households | Low-Income Households | Zero-Car Households |
|------------------|---------------|--------------------------|------------------|-----------------------|---------------------|
| 1,946,430 | 322,851 (17%) | 220,333 (11%) | 750,391 | 90,047 (11%) | 43,247 (6%) |
| Increase* | Increase* | Decrease* | Increase* | Increase* | Increase* |

*trend since 2022 CHSM Plan

CENTRAL REGION TAKEAWAYS

The following takeaways are based on demographic data, transportation patterns, and transportation providers (pp. 29-42)

1

Population in the Central Region is concentrated in Fredericksburg, Richmond and the Tri-Cities areas, with additional population centers in towns and cities.

2

Populations that may rely on human services transportation have concentrations in both rural and urban areas.

3

Older age are the most common features driving transit propensity, comprising 18% of the region's population. Disability, low-income, and car access are relatively less prevalent at 12%, 12%, and 6%, respectively.

4

Public transportation is available in the region's densest areas including the urbanized areas of Fredericksburg, Richmond, and Petersburg, as well as in select rural areas provided by operators like the Blackstone Area Bus System and Bay Transit.

5

Public transportation is not available in many rural areas, forcing reliance on private and human service transportation providers that may have eligibility restrictions. For example, Sussex and Surry counties share one human service provider between them, but have no services open to the public.

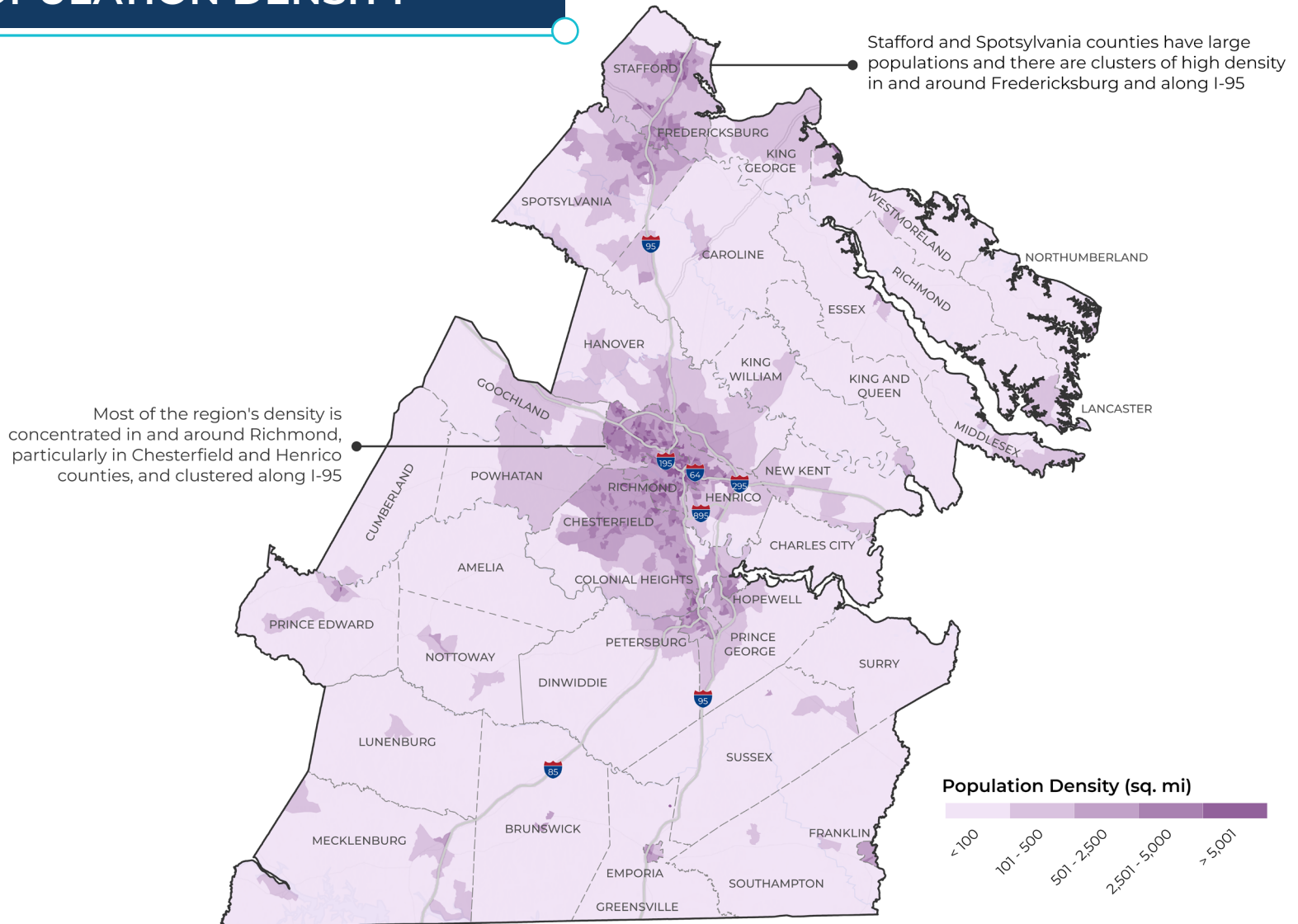
6

Transportation services have limitations that impact their utility. Several rural counties like Caroline County, have several providers that exclusively operate on weekdays.

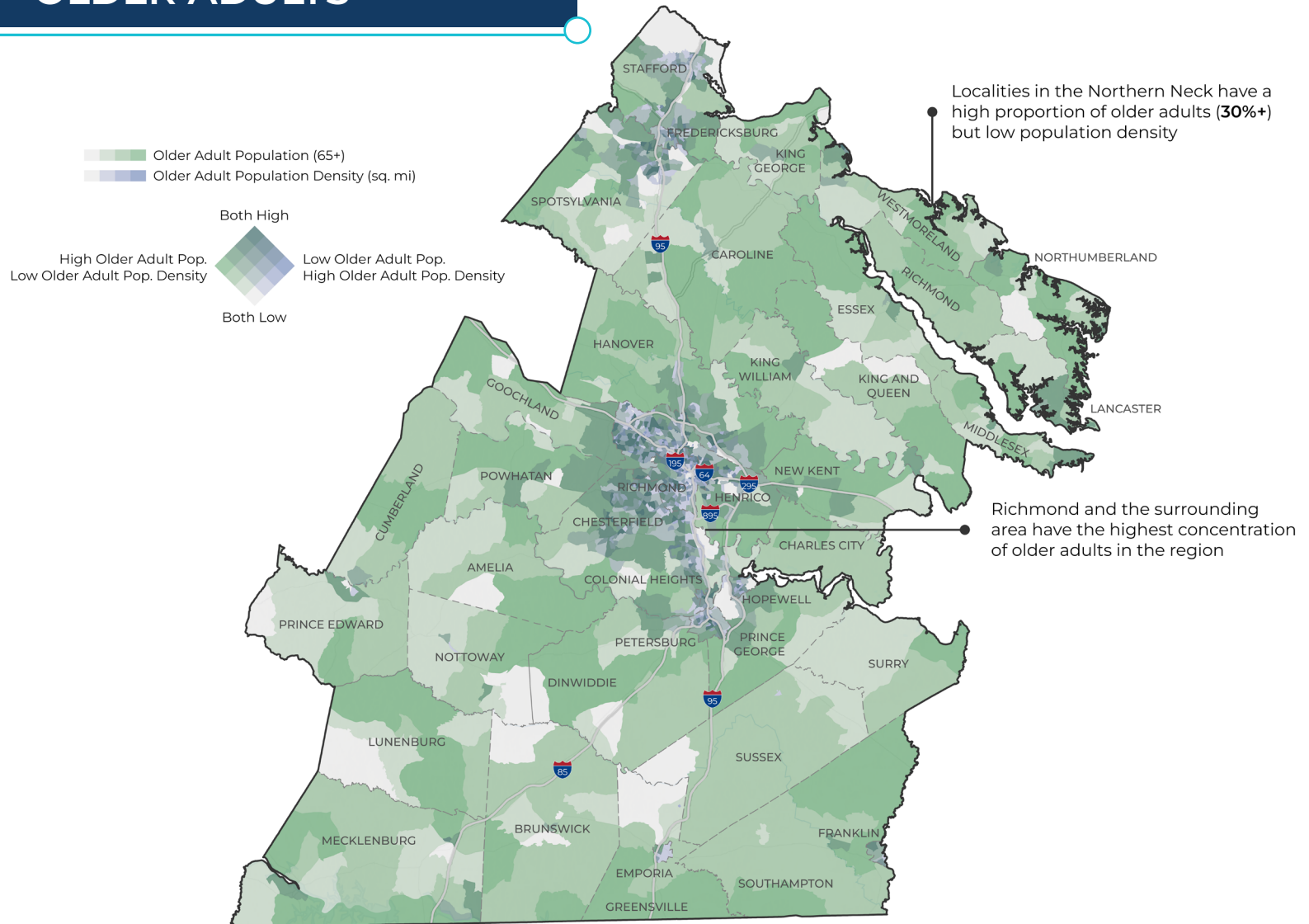
7

People living in rural areas with high transit propensity, like the outlying areas of Lunenburg, Mecklenburg, Nottoway, and Surry counties, likely have the greatest barriers to meeting their transportation needs as they do not have public transportation and are furthest from destinations.

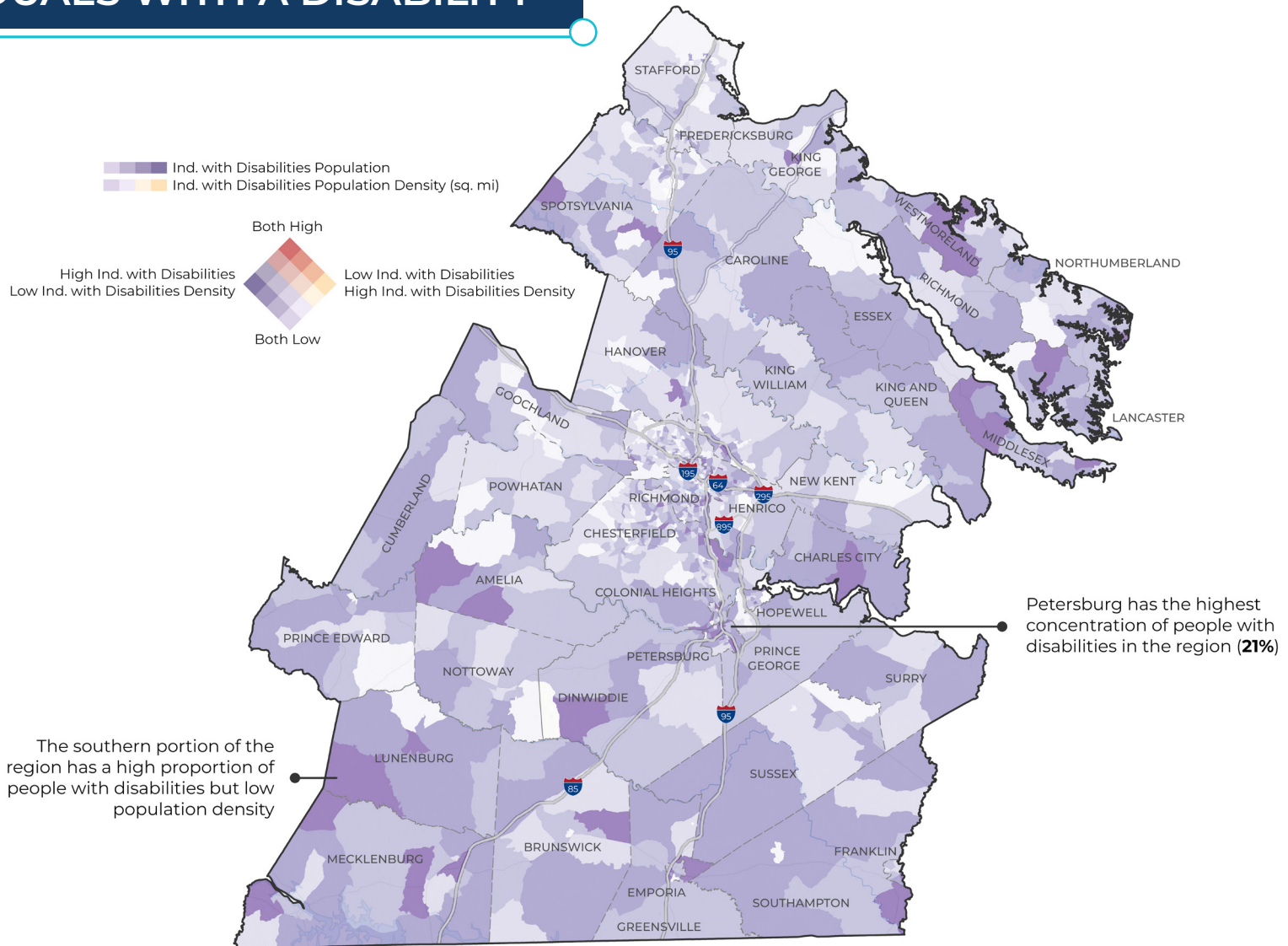
POPULATION DENSITY



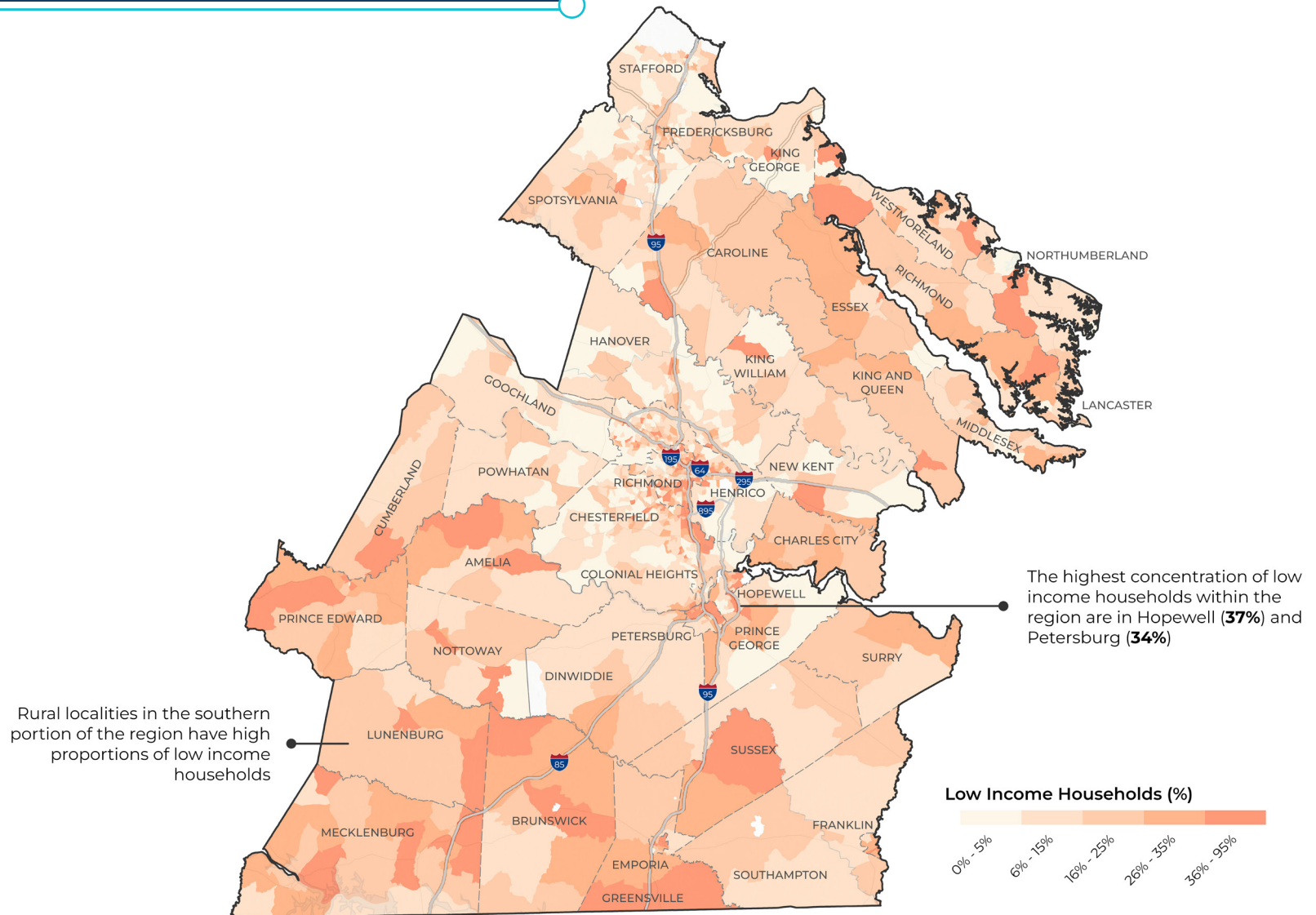
OLDER ADULTS



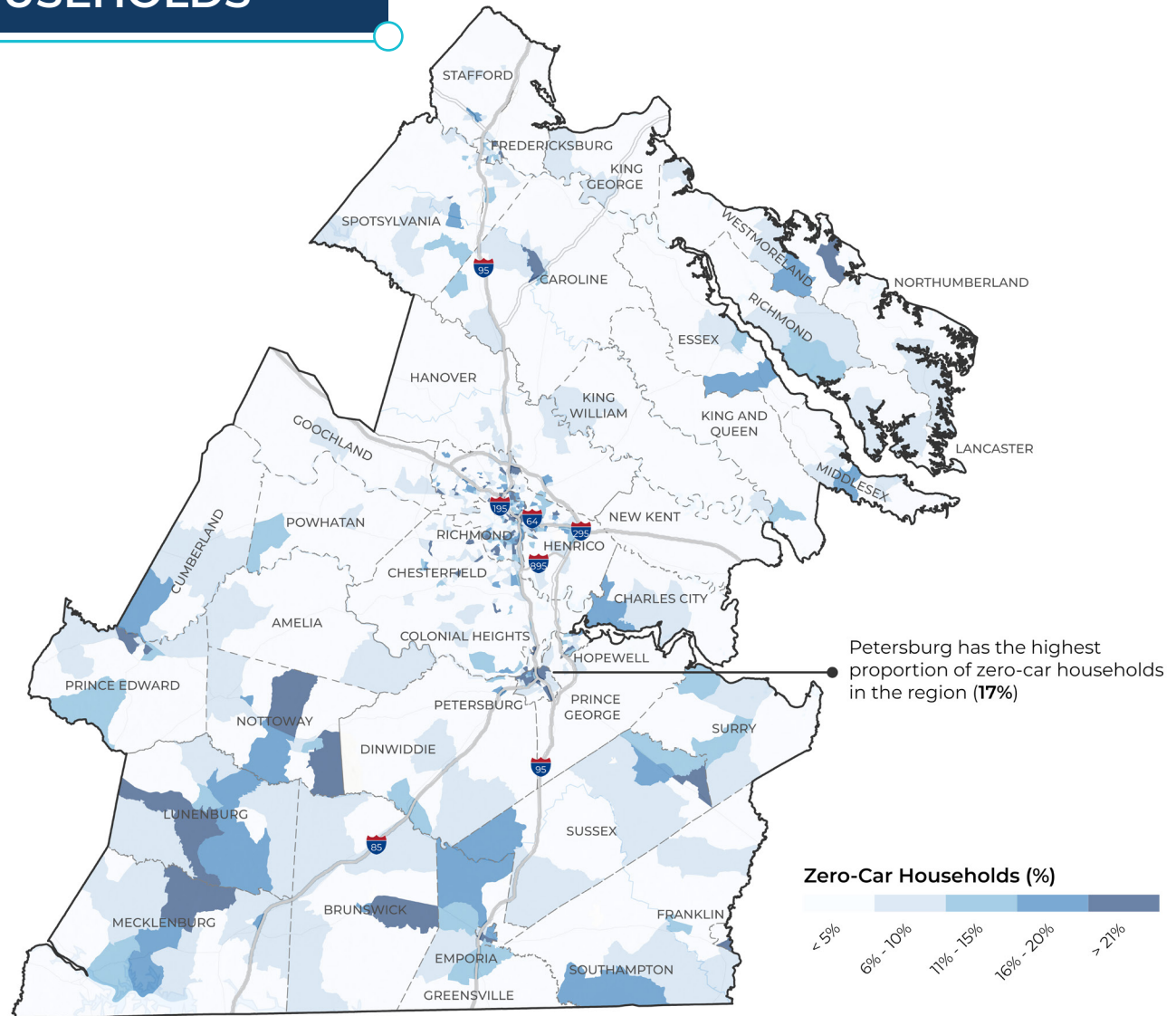
INDIVIDUALS WITH A DISABILITY



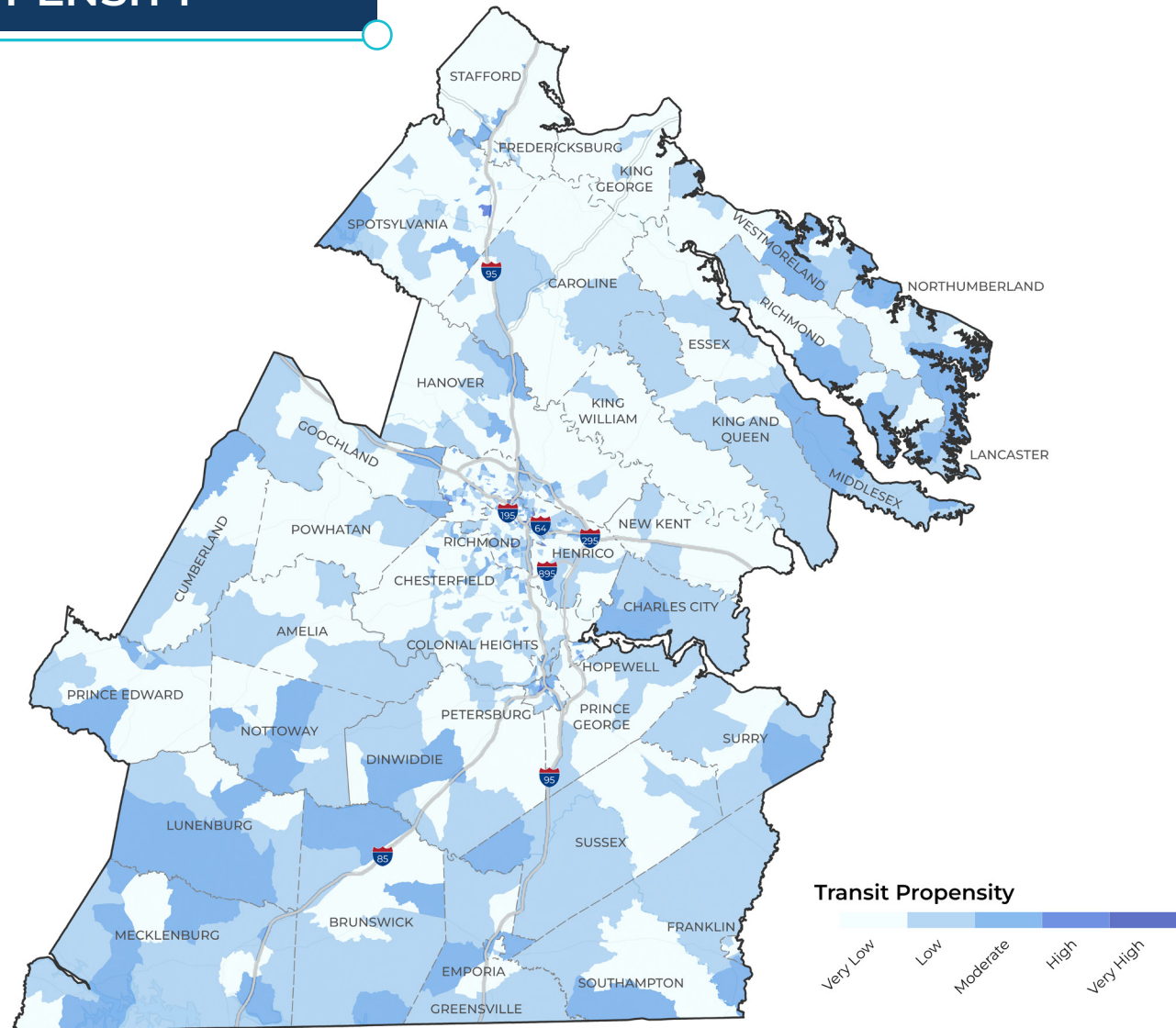
LOW-INCOME HOUSEHOLDS



ZERO-CAR HOUSEHOLDS



TRANSIT PROPENSITY

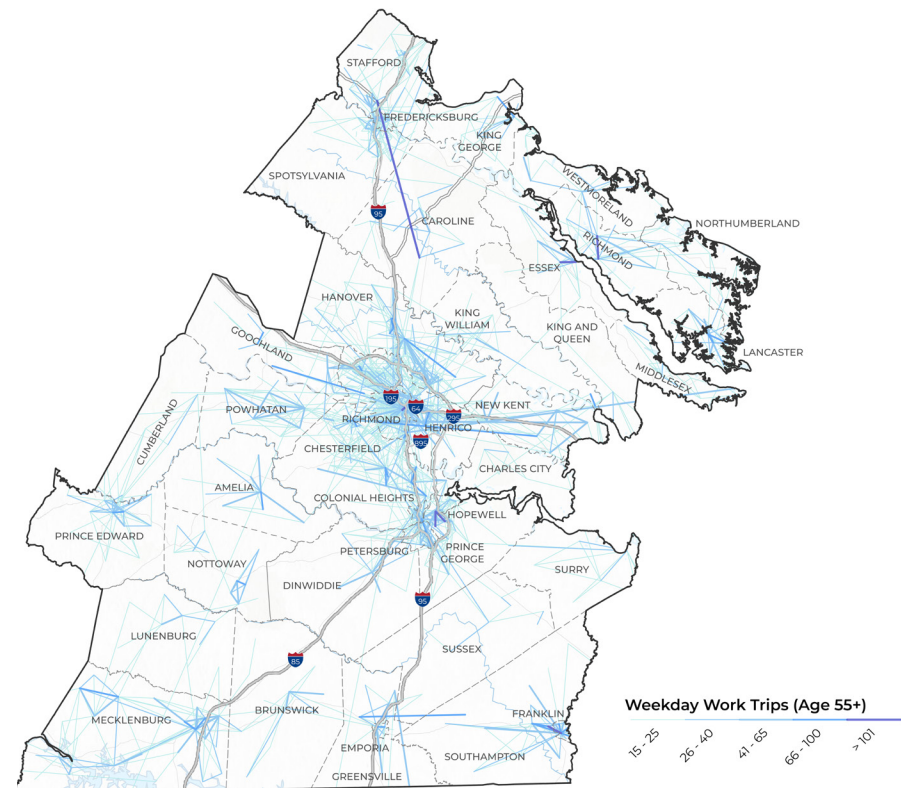
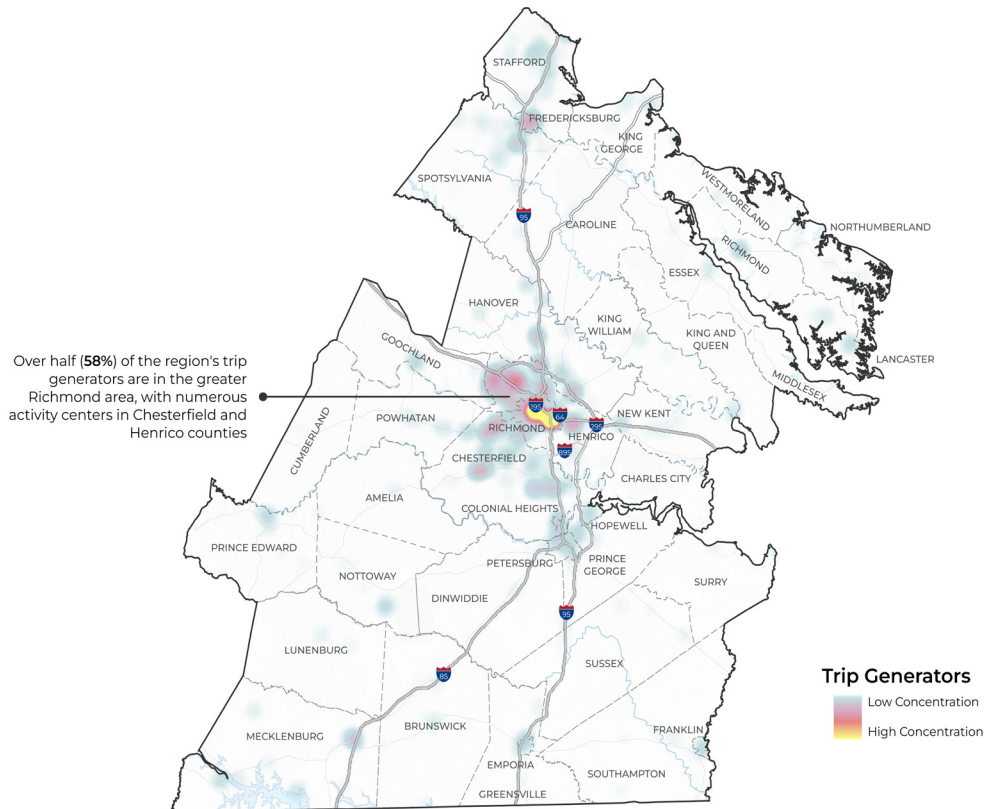


TRIP GENERATORS

Trip generators are concentrated in downtown Richmond and surrounding suburban localities, Fredericksburg, Petersburg, and county seats in rural areas. Food destinations are the most common trip generator (36%), followed by retail (35%) and government (8%) destinations.

55+ TRAVEL PATTERNS

Richmond is a major destination for weekday work trips made by older adults aged 55+ across the Central Region. Commutes in the Northern Neck and Southside areas are predominately intra-county, illustrating the importance of travel between rural areas and county seats.



CENTRAL REGION PROVIDER INVENTORY

Transportation services are offered by a range of different provider types and eligibility restrictions which impact in customer choice.

Currently, ten public transportation agencies operate a combination of fixed route, paratransit, demand response, microtransit, and commuter rail service within the Central Region: Bay Transit, Blackstone Area Bus System, Farmville Area Bus, Fredericksburg Regional Transit (FXBGO!), Greater Richmond Transit Company, Greensville-Emporia Transit, Lake Country Area Agency on Aging, OmniRide, Petersburg Area Transit, and Virginia Railway Express.

In addition to the ten public transportation providers, there are approximately 34 human services providers and 11 known private transportation providers in the region.

The Virginia Breeze provides intercity service across two routes within the region (the Capital Connector and Piedmont Express) and provide a north-south connection between urbanized areas and Washington, D.C.

The following table provides an overview of the transportation providers in each city and county within the Central Region. Private providers are not included in the table.





























































DEFINING ELIGIBILITY

| | |
|---------------------------------|--|
| PUBLIC | Open to any member of the public to use the service. |
| DEMOGRAPHIC ELIGIBILITY | Service is restricted by some demographic factor, such as age, disability status, and/or low-income status. The provider will require proof of the rider's eligibility. Otherwise, any member of the public that meets the eligibility requirement can use the service. |
| CLIENT-BASED ELIGIBILITY | Service that is typically restricted by a demographic factor, as well as restricted only to clients of the organization, i.e., those that have an ongoing, agreed-upon relationship with the organization. A typical example of client-based service is members of a group home managed by a Community Services Board who receive transportation to their programming. |

TRANSPORTATION PROVIDER INVENTORY

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|----------------------------|---|---------------|------------------|--------------------------|---------------------------|
| Amelia County | Blackstone Area Bus System (BABS) | | | | |
| | Crossroads Community Services * | | | | |
| | Piedmont Senior Resources Area Agency on Aging * | | | | |
| Brunswick County | Blackstone Area Bus System (BABS) | | | | |
| | Southside Behavioral Health * | | | | |
| Buckingham County | Blackstone Area Bus System (BABS) | | | | |
| | Crossroads Community Services * | | | | |
| Caroline County | Healthy Generations Area Agency on Aging * | | | | |
| | Rappahannock Area Community Services Board (RACSB) * | | | | |
| | Senior Services of Southeastern VA, SSSEVA (I-Ride) * | | | | |
| | Shenandoah Area Agency on Aging – Well Tran * | | | | |
| Charles City County | Bay Transit | | | | |
| | The SPAN Center * | | | | |
| Chesterfield County | American Cancer Society (Road to Recovery) | | | | |
| | Chesterfield Community Services Board (CSB) * | | | | |
| | Chesterfield County Access * | | | | |
| | Grafton School * | | | | |
| | Greater Richmond Transit Company (GRTC) | | | | |
| | GRTC's CARE | | | | |
| | Human Kind/Ways to Work | | | | |
| | Shepherd's Center of Chesterfield | | | | |
| | SOAR 365 * | | | | |
| | The SPAN Center * | | | | |

- Public Transportation Provider
- Human Services Transportation Provider
- * Current Recipient of FTA 5310 Funding

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|------------------------------|---|---|---|---|---|
| Colonial Heights city | Chesterfield County Access * |  | |  | |
| | Crater District Area Agency on Aging * |  | |  | |
| | Petersburg Area Transit (PAT) |  |  | | |
| | Shepherd's Center of Chesterfield |  | |  | |
| Cumberland County | Blackstone Area Bus System (BABS) |  |  | | |
| | Crossroads Community Services * |  | |  |  |
| | Piedmont Senior Resources Area Agency on Aging * |  | |  | |
| | STEPS, Inc. * |  | |  |  |
| Dinwiddie County | Blackstone Area Bus System (BABS) |  |  | | |
| | Crater District Area Agency on Aging * |  | |  | |
| | Shepherd's Center of Chesterfield |  | |  | |
| Emporia city | Greensville-Emporia Transit |  |  | | |
| Essex County | Bay Transit |  |  | | |
| | Middle Peninsula / Northern Neck CSB |  | |  |  |
| | The Arc of the Virginia Peninsula |  | |  |  |
| | VersAbility Resources * |  | |  |  |
| Franklin city | Families of Autistic Children of Tidewater (FACT) * |  | |  |  |
| | Senior Services of Southeastern VA, SSSEVA (I-Ride) * |  | |  | |
| | Western Tidewater Community Services Board |  | |  |  |
| Fredericksburg city | Fredericksburg Regional Transit (FXBGO!) |  | |  | |
| | Healthy Generations Area Agency on Aging * |  | |  | |
| | Virginia Railway Express (VRE) |  | |  | |
| Goochland County | GoochlandCares * |  | |  | |
| | SOAR 365 * |  | |  |  |
| | The SPAN Center * |  | |  | |






















































 Public Transportation Provider

 Human Services Transportation Provider

* Current Recipient of FTA 5310 Funding

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|---------------------------|---|---------------|------------------|--------------------------|---------------------------|
| Greensville County | Crater District Area Agency on Aging * | | | | |
| | Greensville-Emporia Transit | | | | |
| Halifax County | Lake Country Area Agency on Aging | | | | |
| | Southside Behavioral Health * | | | | |
| Hanover County | Capital Area Partnership Uplifting People (CAP-UP) * | | | | |
| | Chesterfield County Access * | | | | |
| | Hanover DASH * | | | | |
| | Heart Havens * | | | | |
| | Lets Go Services * | | | | |
| | Mechanicsville Churches Emergency Function Senior Rides | | | | |
| | Senior Services of Southeastern VA, SSSEVA (I-Ride) * | | | | |
| | SOAR 365 * | | | | |
| | St. Joseph's Villa * | | | | |
| | Tendercare Transport | | | | |
| | The SPAN Center * | | | | |
| Henrico County | American Cancer Society (Road to Recovery) | | | | |
| | Chesterfield County Access * | | | | |
| | GoochlandCares * | | | | |
| | Greater Richmond Transit Company (GRTC) | | | | |
| | GRTC's CARE | | | | |
| | Heart Havens * | | | | |
| | Human Kind/Ways to Work | | | | |
| | Senior Services of Southeastern VA, SSSEVA (I-Ride) * | | | | |

- Public Transportation Provider
- Human Services Transportation Provider
- * Current Recipient of FTA 5310 Funding

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|------------------------------|--|---|---|---|---|
| Henrico County | SOAR 365 * |  | |  |  |
| | St. Joseph's Villa * |  | |  |  |
| | The SPAN Center * |  | |  | |
| Hopewell city | Chesterfield County Access * |  | |  | |
| | Crater District Area Agency on Aging * |  | |  | |
| | Petersburg Area Transit (PAT) |  |  | | |
| | Shepherd's Center of Chesterfield |  | |  | |
| King and Queen County | Bay Transit |  |  | | |
| | Middle Peninsula / Northern Neck CSB |  | |  |  |
| King George County | Healthy Generations Area Agency on Aging * |  | |  | |
| | Rappahannock Area Community Services Board (RACSB) * |  | |  |  |
| | Shenandoah Area Agency on Aging – Well Tran * |  | |  | |
| King William County | Bay Transit |  |  | | |
| | Middle Peninsula / Northern Neck CSB |  | |  |  |
| Lancaster County | Bay Transit |  |  | | |
| | Middle Peninsula / Northern Neck CSB |  | |  |  |
| Louisa County | St. Joseph's Villa * |  | |  |  |
| Lunenburg County | Blackstone Area Bus System (BABS) |  |  | | |
| | Crossroads Community Services * |  | |  |  |
| | Piedmont Senior Resources Area Agency on Aging * |  | |  | |
| Mecklenburg County | Lake Country Area Agency on Aging |  |  | | |
| | Southside Behavioral Health * |  | |  |  |


























































 Public Transportation Provider

 Human Services Transportation Provider

* Current Recipient of FTA 5310 Funding

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|------------------------------|--|---------------|------------------|--------------------------|---------------------------|
| Middlesex County | Bay Transit | | | | |
| | Middle Peninsula / Northern Neck CSB | | | | |
| | The Arc of Virginia Peninsula | | | | |
| | VersAbility Resources * | | | | |
| New Kent County | Bay Transit | | | | |
| | The SPAN Center * | | | | |
| Northumberland County | Bay Transit | | | | |
| | Middle Peninsula / Northern Neck CSB | | | | |
| Nottoway County | Blackstone Area Bus System (BABS) | | | | |
| | Crossroads Community Services * | | | | |
| | Piedmont Senior Resources Area Agency on Aging * | | | | |
| Petersburg city | Blackstone Area Bus System (BABS) | | | | |
| | Chesterfield County Access * | | | | |
| | Crater District Area Agency on Aging * | | | | |
| | Petersburg Area Transit (PAT) | | | | |
| | St. Joseph's Villa * | | | | |
| Powhatan County | Capital Area Partnership Uplifting People (CAP-UP) * | | | | |
| | Chesterfield County Access * | | | | |
| | Powhatan County DSS * | | | | |
| | SOAR 365 * | | | | |
| | St. Joseph's Villa * | | | | |
| | The SPAN Center * | | | | |
| Prince Edward County | Blackstone Area Bus System (BABS) | | | | |
| | Crossroads Community Services * | | | | |

- Public Transportation Provider
- Human Services Transportation Provider
- * Current Recipient of FTA 5310 Funding

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|-----------------------------|--|---|---|---|---|
| Prince Edward County | Farmville Area Bus (FAB) |  |  | | |
| | Piedmont Senior Resources Area Agency on Aging * |  | |  | |
| | Southside Training Employment & Placement Svcs (STEPS) |  | |  |  |
| | STEPS, Inc. * |  | |  |  |
| Prince George County | Chesterfield County Access * |  | |  | |
| | Crater District Area Agency on Aging * |  | |  | |
| | Petersburg Area Transit (PAT) |  |  | | |
| | Shepherd's Center of Chesterfield |  | |  | |
| Richmond city | American Cancer Society (Road to Recovery) |  | |  | |
| | Capital Area Health Network (CAHN) |  | |  |  |
| | Chesterfield County Access * |  | |  | |
| | GoochlandCares * |  | |  | |
| | Grafton School * |  | |  |  |
| | Greater Richmond Transit Company (GRTC) |  |  | | |
| | GRTC's CARE |  |  | | |
| | Heart Havens * |  | |  |  |
| | Human Kind/Ways to Work |  | |  |  |
| | Lets Go Services * |  | |  | |
| | project:HOMES * |  | |  |  |
| | Shepherd's Center of Chesterfield |  | |  | |
| | Shepherd's Center of Richmond |  | |  | |
| | SOAR 365 * |  | |  |  |
| | St. Joseph's Villa * |  | |  |  |
| | The SPAN Center * |  | | |  |

 Public Transportation Provider

 Human Services Transportation Provider

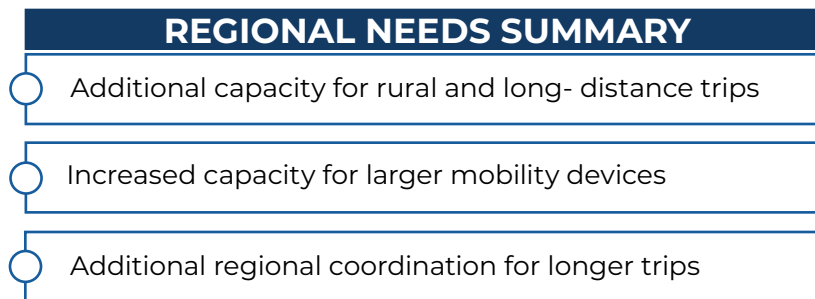
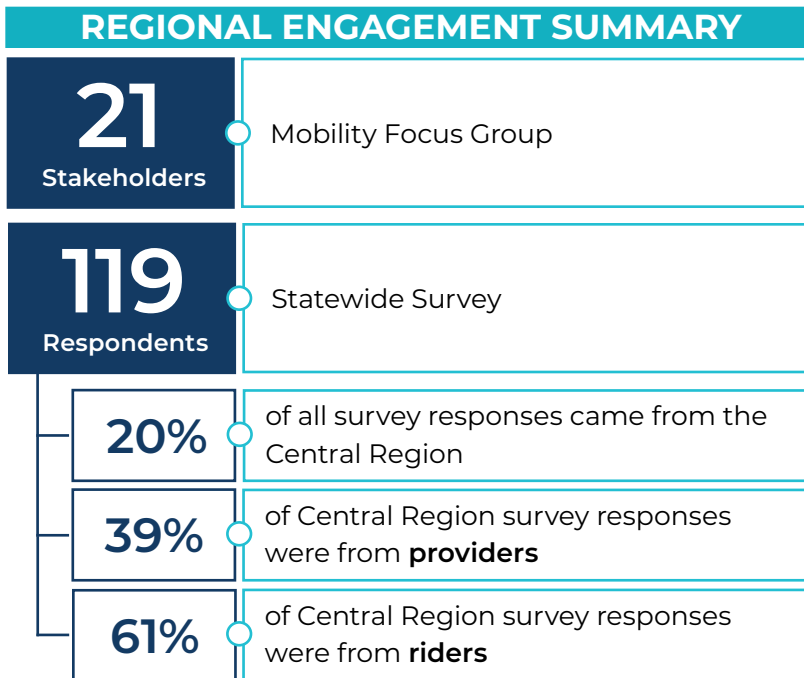
* Current Recipient of FTA 5310 Funding

| Service Area | Provider | Provider Type | Eligibility: All | Eligibility: Demographic | Eligibility: Client Based |
|----------------------------|---|---------------|------------------|--------------------------|---------------------------|
| Richmond County | Bay Transit | | | | |
| | Middle Peninsula / Northern Neck CSB | | | | |
| Southampton County | Senior Services of Southeastern VA, SSSEVA (I-Ride) * | | | | |
| | The STOP Organization | | | | |
| | Western Tidewater Community Services Board | | | | |
| Spotsylvania County | Fredericksburg Regional Transit (FXBGO!) | | | | |
| | Healthy Generations Area Agency on Aging * | | | | |
| | Rappahannock Area Community Services Board (RACSB) * | | | | |
| | Shenandoah Area Agency on Aging – Well Tran * | | | | |
| | Virginia Railway Express (VRE) | | | | |
| Stafford County | Fredericksburg Regional Transit (FXBGO!) | | | | |
| | Healthy Generations Area Agency on Aging * | | | | |
| | OmniRide | | | | |
| | Rappahannock Area Community Services Board (RACSB) * | | | | |
| | Shenandoah Area Agency on Aging – Well Tran * | | | | |
| | Virginia Railway Express (VRE) | | | | |
| Surry County | Crater District Area Agency on Aging * | | | | |
| Sussex County | Crater District Area Agency on Aging * | | | | |
| Westmoreland County | The Arc of Virginia Peninsula | | | | |
| | Bay Transit | | | | |
| | Middle Peninsula / Northern Neck CSB | | | | |
| | VersAbility Resources * | | | | |

- Public Transportation Provider
- Human Services Transportation Provider
- * Current Recipient of FTA 5310 Funding

CENTRAL REGION GAPS AND NEEDS

To understand human service transportation needs specific to the Central Region, a focus group convened on July 23, 2025. The Central Region was well represented by a diverse group of public and community transportation providers, human service transportation providers, human service providers, and other non-profit and government organizations. The themes distilled from that conversation were combined with regional responses from the initial statewide survey to materialize the following needs:



Similar to other regions in the Commonwealth, the participants from the region noted the difficulties in providing transportation services in rural areas. They also spoke of difficulties in connecting rural residents with services or activities in urban centers, mainly because of the distances required. Rural transportation providers are often running services with fewer vehicles that are traveling long distances, meaning services do not stretch as far as in more densely populated areas. Taking a vehicle from a rural part of the region to an urban center, while a necessary trip, can use a vehicle for an entire day, meaning fewer trips are available within the rural area.

Transportation providers in the Central Region also spoke to growing issues with accessibility, specifically for individuals with oversized mobility aids. Providers noted that they are noticing an increasing number of larger mobility scooters or other mobility aids that their vehicles may not be able to accommodate. While services may be able to accept wheelchairs or other mobility devices, many services are unable to accommodate the larger devices. Limited accommodation for larger/heavier devices due to the available lifts or vehicle sizes creates confusion for some community members and additional challenges for transportation providers.

Similar to the challenges of providing transportation services in rural areas, human service transportation providers noted the difficulties in providing regional transportation, particularly across jurisdictional boundaries. Many services are tied to funding mechanisms that may fund trips within a certain jurisdiction, while other funding sources may only pay for certain lengths of trips. This not only makes it more challenging to provide transportation services to an individual but also makes it difficult for an individual to know what services are available to them.

Participants in the focus group also pointed to expanded on-demand services in the region, and the mode's ability to cover more of the region. Expanding coverage has made it simpler to explain to residents what services are available to them and how to use them. Participants also pointed to having the needed vehicles on hand as a regional success, thanks to the Section 5310 Program funding that is available to move these new services forward. Having a mix of vehicle types has allowed providers to be more flexible in their service provision.



One big issue is the frequency of service.

– Rider (Fredericksburg, VA)

More access points for rail and bus transportation and more available pick-up times.

– Rider (Chesterfield, VA)

There is zero public transportation in my area. I generally have to get a ride somewhere and then arrange for public transportation.

– Rider (Mechanicsville, VA)

Consistent drivers that are better trained in working with people with IDD.

– Rider (Colonial Heights, VA)

Transportation service (such as buses) that travel outside of our service area ... is sorely needed. The number of aging citizens who are unable to drive long distances is growing.

– Provider

Identifying and growing local matching funds/ alternative funding sources.

– Provider



GOALS AND STRATEGIES

No single solution alone will be able to solve every transportation issue detailed in this plan. Closing gaps in the human service transportation system will take a coordinated effort between human service providers, transportation providers, local and regional entities, and state agencies. The following goals have been derived directly from the needs expressed by providers, riders of public transit and human service transportation, and users of human services that may face transportation barriers and further refined after a second statewide survey that gathered input to prioritize and refine the draft goals.

Strategies to achieve those goals have been developed using ideas from local conversations and national best practices. While there are many ways to achieve these goals, strategies that have already shown promise in Virginia and those prioritized by stakeholders have been deemed core strategies. Additional strategies developed out of conversations with stakeholders or from national best practices have been listed as well, as they may be useful for various local applications.



TOP RANKED GOALS AND RELATED STRATEGIES

CREATE ADDITIONAL CAPACITY AND EXPAND EXISTING SERVICES

- Coordinate locally to free up human service transportation capacity for recurring trips.
- Increase incidental use of transit vehicles.

EXPAND BEYOND EXISTING SERVICES

- Provide a variety of modes to meet the needs of every individual.
- Encourage the creation of more community transportation options, focused on community circulation and recurring trips.

| | |
|---------------|---|
| GOAL 1 | ○ Diversifying Funding Sources for Human Service Transportation |
| GOAL 2 | ○ Create Additional Capacity for and Expand Existing Services |
| GOAL 3 | ○ Expand Beyond Existing Services |
| GOAL 4 | ○ Increased Support for Riders Over the Complete Trip |
| GOAL 5 | ○ Consistent Information and Streamlined Distribution |
| GOAL 6 | ○ Bring Human Service Transportation into the Broader Planning Conversation |
| GOAL 7 | ○ Structured and Consistent Technical Support |

IMPLEMENTATION

Closing the mobility gaps identified in Virginia requires a multipronged approach, with partners at all levels working on various strategies together. A successful foundation of unique local partnerships is key to advancing many of the strategies identified in the plan. Likewise, promoting coordination at the state and regional levels through consistent engagement and communication is equally critical to implementing the strategies.

Each goal is supported by a dedicated implementation guide that outlines the specific actions required to advance the identified goals and strategies. These guides provide detailed steps for implementation, assign timelines, define desired outcomes, and identify the appropriate level of government or agency responsible for carrying out each action.

| | |
|----------------------------|--|
| TIMING | Timing has been organized into short (1-2 years), medium (3-4 years), and long (5+ years) time frames aligning with previous CHSM plans. These timelines align with previous CHSM plans to maintain continuity of previous efforts, while laying out how this plan's goals and strategies should be enacted over time. |
| OUTCOMES | Outcomes may be individual performance measures, if applicable, while others may illustrate qualitative community outcomes. Performance measures should be tracked over time to show success of the various efforts, and the qualitative stories of the impact of these services should also be kept. |
| UNIT OF GOVERNMENT | Each strategy will need to be enacted at different levels of government, with various local, regional, and/or state agencies taking responsibility for implementation. The levels of government have been divided into local, regional, and statewide for ease of comparison in the table. Local refers to actions taken at the county, city, or even neighborhood level. Regional refers to larger groupings of governments or organizations, such as pairings or groups of counties and planning districts. Lastly, State refers to any actions taken on a state-wide level, or by the state government. |
| REGIONAL PRIORITIES | while all of the strategies in the plan are applicable across the Commonwealth, certain strategies were born from specific needs heard in particular regions. These have been listed as regional priorities for those regions, while strategies developed from conversations across the state have been listed as statewide priorities. |

BUILDING A FOUNDATION FOR SUCCESS

Meaningful coordination for human service transportation requires strong partnerships built from common purpose and sustained over time. Successful partnerships are built on foundations of regular communication, shared goals, and clear delineation of roles and responsibilities. Creating and maintaining these partnerships requires sustained effort locally and regionally, and strong support from the State and national technical assistance centers.

To achieve the goals outlined in this plan, the state will need to maintain and expand its role in providing technical assistance and guidance. As in previous CHSM plans, working groups should be established at the state and regional levels to make progress on the action items enclosed within this plan. The Interagency Advisory Group (IAG) utilized for the creation of this plan serves as a guide for the statewide coordination meetings. These meetings should be held several times per year, to ensure regular communication and follow-through on action items. This group also serves as an example and guide for regional and local coordination, helping disseminate information statewide and showing what is possible when human service transportation is coordinated in a community.

Regional and local coordination are equally vital, as smaller groups focused on specific geographies and service providers can craft solutions tailored to their communities. No human service transportation solution can be implemented uniformly across the state. Regional transportation coordination brings local knowledge to the table that is critical to understanding local issues and ensuring success. There are many existing regional transportation advisory groups in the state that are actively working to coordinate human service transportation, which should continue to be supported as part of this process. All levels of government have a role in identifying gaps, creating projects, and implementing the actions highlighted below.

The two foundation strategies below will help build the capacity needed to implement all other strategies in this plan.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|-------------------------|-------------|--|--------|-----------------------------|--------------------|-------------------|
| Building the Foundation | 0.a | Retain IAG structure and establish a regular meeting schedule and goals. | Short | Quarterly IAG Meetings | State | Statewide |
| | 0.b | Establish Regional Coordinating Committees in each CHSM region. | Short | Quarterly regional Meetings | State and Regional | |

GOAL 1: DIVERSIFY FUNDING SOURCES FOR HUMAN SERVICE TRANSPORTATION

Funding availability and the strings attached to that money are a constant struggle for many human service transportation providers across the state. Limited funding affects agencies' ability to provide enough service to meet the needs of their communities. Shifting funding amounts and short-term funding arrangements affect agencies' ability to meaningfully plan for the future. Funding source eligibility requirements and Federal reporting requirements can create unmanageable bureaucracy for some providers, making new sources of funding out of reach.

Human service transportation providers need access to additional, diverse, and stable sources of funding to meet current needs and effectively plan for the changing needs of their communities. With Federal funding for transportation likely to stay at similar levels for the duration of this plan, strategies focused on funding are centered around diversifying income streams for individual services, programs, and systems, building capacity for grant management, and leveraging local partnerships and knowledge.

WHY IT MATTERS:

With limited funding, transit providers must restrict their service hours and area. Providers regularly field trip requests that fall outside of their service abilities and may not be able to be offered by another provider. While providers may want to expand services to meet their community's needs, additional funding or services may trigger additional reporting requirements that add additional administrative burden. A lack of funding and capacity is holding providers back from fully serving the human service transportation needs in their communities.

NEEDS ADDRESSED

- Additional funding opportunities for non-traditional transportation solutions
- Smaller providers can struggle to meet reporting requirements and other funding requirements.
- With limited funding, expansion to meet growing needs is not possible
- Local match can be difficult for local governments to afford, potentially leaving grant money on the table.
- Transportation funding structures at the local level can limit regional options.
- Single-year and competitive funding sources can make it difficult to maintain reliable transportation and human service programs over time.

GOAL 1: CORE STRATEGIES

1.1 - Increase fund braiding to diversify funding sources for transportation programs.

Fund braiding refers to the use of multiple grants or funding sources to fund a project, service, or program. This often refers to the use of multiple Federal grants, specifically the use of Federal grant funding to meet local match requirements for another Federal grant program. Given the multi-disciplinary nature of human service transportation, there are numerous opportunities for fund braiding in the field. Fund braiding does increase the complexity of managing a program or service. Federal funding priorities can change drastically after elections or statutory updates, and it is often up to state agencies to decide if the programs they administer can fund public transportation. The Federal Transit Administration (FTA), however, generally accepts that Federal funding from agencies other than the Department of Transportation can be used as local match.

1.2 - Increase local knowledge and capacity for grant applications and fund management.

Providing help to understand application requirements, program eligibility, and reporting procedures can give local systems the support and confidence they need to pursue additional funding. Capacity building can be a regional or state-wide effort but requires experienced personnel with up-to-date knowledge of grant procedures, or reliance on national technical assistance opportunities.

1.3 - Identify regional entities with capacity and ability to accept funding and provide or contract for transportation services across jurisdictional boundaries.

Current funding structures can limit transportation providers' service areas, and in turn, where Virginians are able to go. Ensuring that there are providers or organizations willing to be fiscal agents for regional services provides a champion for these services moving forward.

GOAL 1: ADDITIONAL AND FUNDING STRATEGIES

ADDITIONAL STRATEGIES

- 1.4 - Regular technical assistance focused on funding reporting requirements.
- 1.5 - Create a catalog of non-transportation funding sources and their eligibility available to providers in the state.
- 1.6 - Promote existing resources, such as 211, VA Navigator, and No Wrong Door, to find non-transportation partners in local communities.
- 1.7 - Engage national technical assistance providers, such as CCAM-TAC, to assist local and regional providers in identifying long-term funding opportunities.
- 1.8 - Establish and consistently report outcome metrics for human service transportation services to show their value to partners.

FUNDING STRATEGIES

- Utilize [CCAM Program Inventory](#) to find other Federal programs that can be braided to pay for transportation locally. The CCAM Program Inventory is a list of over 130 Federal programs that may be able to pay for transportation services if it aligns with the overall goal of the program. In some cases, these programs can be used to meet match requirements for transportation services. This list of programs was last updated in May 2025.
- Utilize the [CCAM Federal Fund Braiding Guide](#) to better understand fund braiding and when it can be used. The guide details the differences between incoming and outgoing braiding, how to use funds for match, and contains helpful information on each program in the inventory. The [CCAM Technical Assistance Center \(CCAM-TAC\)](#) provides direct assistance to communities to solve persistent mobility issues, including funding streams. Technical assistance is available to help communities understand funding options and opportunities for partnerships to braid Federal funds.
- Maximize the amount of funding coming from other Federal programs. Creating transportation services that can benefit multiple programs, such as Medicaid Waiver programs, can help stretch local dollars further and provide additional services.

NATIONAL CASE STUDY: METROMOVE – MINNEAPOLIS REGION, MN

The Metropolitan Council, responsible for policy-making, planning, and many essential services in the Twin Cities Metropolitan Area, launched MetroMove to create a new transportation option for individuals with disabilities while creating a sustainable funding structure using Medicaid Waiver programs. Medicaid Waiver programs allow states to provide Medicaid services to individuals who may not meet standard eligibility requirements and receive outpatient care in facilities such as day centers or nursing homes. Waiver programs are allowed to fund transportation to and from their services if an individual does not have access, similar to other Medicaid funded transportation.

Understanding the need for additional transportation options for individuals with disabilities and the opportunity to help fund these services through Medicaid Waiver programs, the Metropolitan Council began working with the disability community to design the service. MetroMove is an additional service on top of existing on-demand and paratransit services that is open for individuals with a Brain Injury (BI), Developmental Disability (DD), or Community Access for Disability Inclusion (CADI) Waiver. Partnering with the lead agencies in the state and region that are responsible for managing the waiver opened the door to the service’s funding. These partnerships allowed funding to flow from human services programs, at both the state and Federal levels, which in turn allows for the continued growth of the program.

MetroMove provides fare-free boarding throughout a large service area in the Twin Cities region, as trips are funded through the waiver. The program operates every day of the week from 6:00am to 10:00pm on weekdays and 8:00am to 10:00pm on weekends, giving riders the freedom to get around when they need to. Lastly, the service is able to offer first-door through first-door escort services to assist riders at their origins and destinations. This allows drivers to ensure riders get to their destinations, helping get through the front door and in-contact with a service provider.

This highly tailored program would not be able to exist and thrive without the diverse funding streams that were created through partnerships in the region.

Learn more about [MetroMove](#).



GOAL 1: IMPLEMENTATION GUIDE

Diversifying funding sources for human service transportation will require establishing partnerships at the local and regional level. This implies monitoring local funding sources and opportunities for coordination, providing technical assistance from state and national organizations, and creating structures to continue this work over time.

Strategy 1.1: Increase fund braiding to diversify funding sources for transportation programs.

- a. Create a local inventory of how each transportation and human service program in the community is funded to highlight opportunities for braiding funds. Each funding source will have different requirements for what types of organizations can apply and how the funding can be used. It is critical to understand how each funding source fits into the larger funding puzzle for a given transportation service, as some sources may only be able to pay for certain rides, passengers, or destinations. Understanding where funding in your community comes from, particularly for human service programs, can help identify opportunities for funding coordination.
- b. Identify non-transportation funding sources that are applicable to programs or providers in your area using the Coordinating Council on Access and Mobility (CCAM) Program Inventory. The inventory tracks Federal programs that can fund human service transportation and how it can be used. Knowing what additional Federal programs are available for human service providers can advance partnerships in achieving their goals.
- c. Identify local non-transportation partners that have access to additional funding streams. Human service organizations have access to grant programs that transportation providers may not be able to apply for alone.

Strategy 1.2: Increase local knowledge and capacity for grant applications and fund management.

- a. Identify the local and regional organizations applying for grants in your area. Understanding current strengths and weaknesses for grant application and management is critical to developing regional capacity. Identify regional leaders who have experience and institutional knowledge in grant management. Leaning on others in the community who may have grant writing or management skills, regardless of their industry, is key to ensuring the entire community is uplifted by that knowledge.
- b. Create local or regional committees to discuss potential grant opportunities, review applications, and assist with grant management questions. Identifying the knowledge in your community is only worthwhile if that knowledge is put into action. Including grant applications in wider transportation and human service planning allows for resource and knowledge sharing that one organization cannot access alone. Grant applications are often stronger with multi-disciplinary coalitions joining forces to maximize the funding. These partnerships are also stronger in creating applications, as knowledge on application writing and management is often spread across organizations.
- c. Hold regular information sessions at the state and regional level to discuss opportunities outside of the FTA 5310 program. Many transportation providers do not have the capacity to search for grants outside of the transportation industry, let alone manage their administration. Organizations with larger geographic reach, as well as the state government, can assist smaller organizations by staying up to date on funding opportunities and national best practices.
- d. Engage National Technical Assistance (TA) Centers to work at a regional level to build capacity for grant administration. The Federal Transit Administration offers online and in-person training on grant management and funding strategies through their TA centers. The assistance offered is often tailored to specific issues a community or transportation provider is facing. These engagements are also an opportunity to bring a mix of human service partners to the table.

Strategy 1.3: Identify regional entities with capacity and ability to accept funding and provide or contract for transportation services.

- a. Identify regional entities that can accept funding and can either directly run, or contract for transportation services that cross county lines. Transportation needs do not always follow the funding boundaries imposed on service providers, and knowing who in your community is willing to take responsibility for cross-boundary service is critical for connecting funding to service.
- b. Develop regional plans for human service transportation to identify service expansions or new services that cross jurisdictional boundaries. Developing consistent regional plans creates opportunity for continued conversations over services, responsibility, and funding.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|--|-------------|--|--------|---|--------------------|-------------------|
| 1.1 - Increase fund braiding to diversify funding sources for transportation programs. | 1.1a | Create an inventory of existing local/regional funding sources and what they are used for. | Short | Local inventory of human service programs and their funding structures. | Regional and Local | Statewide |
| | 1.1b | Identify non-transportation funding sources using the CCAM Program Inventory that are being used in the region. | Short | Local partnerships between human service and transportation organizations. | Regional and Local | |
| | 1.1c | Identify non-transportation partners with access to new funding streams that can pay for transportation to their services. | Medium | New partnerships to provide transportation for specific human service programs. | Local | |
| 1.2 - Increase local knowledge and capacity for grant applications and fund management | 1.2a | Identify the local and regional organizations applying for grants in your area. | Short | Local inventory of human service programs and their funding structures. | Regional and Local | Southwest |
| | 1.2b | Create local or regional committees to discuss potential grant opportunities, review applications, and assist with grant management questions. | Short | Local grant review committees in each region. | Regional | |
| | 1.2c | Hold regular information sessions at the state and regional level to discuss opportunities outside of the FTA 5310 program. | Medium | Bi-annual webinars on Human Service transportation funding structures. | State | |
| | 1.2d | Engage National Technical Assistance (TA) Centers to work at a regional level to build capacity for grant administration. | Medium | CCAM-TAC roundtables in regions across the state. | State and Local | |

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|---|-------------|--|---------------|---|--------------------|-------------------|
| 1.3 - Identify regional entities with capacity and ability to accept funding and provide or contract for transportation services. | 1.3a | Identify regional entities that can accept funding and either directly run or contract for transportation services that cross county lines. | Short | Local understanding of what organization is champion for regional services. | Regional and Local | Southwest |
| | 1.3b | Develop regional plans for Human Service Transportation to identify service expansions or new services that cross jurisdictional boundaries. | Medium | Regional plans with regional project inventories. | Regional | |
| Additional Strategies | 1.4 | Regular technical assistance focused on funding reporting requirements. | Short | Annual webinar on grant reporting, with dedicated section on braiding. | State | Southwest |
| | 1.5 | Create a catalog of non-transportation funding sources and their eligibility available to providers in the state. | Short | Webinar and technical assistance on how to use CCAM Program Inventory. | State | Statewide |
| | 1.6 | Promote existing resources, such as 211, VA Navigator, and No Wrong Door, to find non-transportation partners in local communities. | Short | Webinar and technical assistance on how to use state-created program inventories. | State | Statewide |
| | 1.7 | Engage national technical assistance providers, such as CCAM-TAC, to assist local and regional providers in identifying long-term funding opportunities. | Medium | Regional and local roundtables on partnership and funding for services. | Regional and Local | Southwest |
| | 1.8 | Establish and consistently report outcome metrics for human service transportation services to show their value to partners. | Medium - Long | Outcome focused metrics from human services and other partners that show the value of transportation. | Regional and Local | Statewide |

GOAL 2: CREATE ADDITIONAL CAPACITY FOR AND EXPAND EXISTING SERVICES

Many human service transportation providers are at capacity, struggling to meet the increasing need for their services. Growing demand for all trip types has resulted in providers prioritizing medical trips, leaving individuals without daily transportation options necessary for living a healthy and independent life.

Human service transportation providers serve millions of trips each year and have a desire to assist more individuals in getting where they need to go. Expanding existing services that are working well can create new opportunities for people with limited mobility options.

WHY IT MATTERS:

As Virginia's population ages, service providers are struggle meet even current demand. Medical trips are prioritized, decreasing capacity for everyday quality of life trips. While medical trips are critical, accessing grocery stores, pharmacies, and employment are also necessary components of a heathy lifestyle. For example, limited capacity can result in situations where individuals are taken to the doctor, but cannot be brought to the pharmacy to pickup their prescription afterward, creating barriers to care.

NEEDS ADDRESSED

- Current service levels cannot meet the transportation needs of residents.
- Providers are struggling to recruit and retain drivers, operations, and administrative staff.
- Long-distance trips reduce the capacity of human service transportation providers.
- Rural areas have less transit coverage and frequency, with some areas not having any providers.
- Volunteer driver programs do not have enough volunteers to meet demand.
- Limited capacity for repeat trips makes employment nearly impossible for transit dependent populations.
- Capacity restraints limit recurring trips, limiting transit dependent residents' ability to live independently in their community.
- Demand for medical trips has increased as coordination and trust in Medicaid transportation providers has diminished.

GOAL 2: CORE STRATEGIES

2.1 - Coordinate locally to free up human service transportation capacity for recurring trips.

Depending on the needs of the rider, human service transportation may not always be the most efficient mode for each trip. Coordinating to put each trip on the most efficient mode can ensure the entire transportation system is operating at maximum capacity. Bringing other transportation providers, even volunteer networks, into the human service transportation eco-system takes time, but can be worth the effort if there are a number of transportation providers in the region. Shared scheduling technology, or other solutions that enable coordinated service provision, can make this daily coordination less of a burden.

2.2 - Focus volunteer driver networks on the needs of daily life.

Volunteer networks, such as Village Neighbors groups, can be refocused to center on the needs of daily life, such as shopping, errands, or non-medical services, increasing capacity for recurring trips. Reframing volunteer driving as errand sharing and focusing on helping those in your community could create new opportunities for additional volunteers.

2.3 - Increase incidental use of transit vehicles

Transit vehicles are allowed to be used for purposes other than transit provision, so long as that use does not affect the service levels of the transit service that vehicle was procured for. Incidental use is a novel way for human service providers to gain access to vehicles to transport their clients or provide services in the community when other transportation options are not available. The FTA points to food delivery services, such as meals on wheels programs, as an example of incidental use, but there can be many uses for vehicles with the right partnerships. Any incidental use of transit vehicles must be approved by the granting agency, either DRPT or FTA, and their use must be properly reported, following guidelines established by the National Transit Database (NTD).

GOAL 2: ADDITIONAL AND FUNDING STRATEGIES

ADDITIONAL STRATEGIES

- 2.4 - Technical assistance for recruiting and retaining transportation staff.
- 2.5 - Regional or Statewide marketing campaign to increase driver pool for transit and volunteer services.
- 2.6 - Shared or otherwise integrated software that allows for shared trips between providers.
- 2.7 - Formalize volunteer networks with regional or state support for common items, such as insurance or software.
- 2.8 - Create regional or statewide timebanks to incentivize volunteers to contribute their time and labor.
- 2.9 - Market volunteer opportunities at local non-profit and volunteer organizations, such as Lions Club or Rotary International.
- 2.10 - Hold regular meetings with regional employers, focusing on job placement and commuting options for older adults and individuals with disabilities.
- 2.11 - Serve varying communities on different days of the week to provide additional services over a large geography.

FUNDING STRATEGIES

- Human service partnerships can open the door to additional resources and capacity in the transportation network. Through working with partners to understand how specific transportation services can be utilized and funded, resources can be more effectively distributed to increase capacity. Partnerships for funding can create additional reporting or administrative hurdles, but can be a way to create long-term sustainable funding sources that increase the total capacity of the system.
- Know the fully allocated cost to provide service. Knowing how much it costs to provide service is critical for contracting with local organizations and maximizing the amount of service provided. Underpricing trips can lead to losses for the provider, and less capacity overall as funding does not stretch as far as it could.

LOCAL SUCCESS: NV RIDES - FAIRFAX, VA

Volunteer driver programs are often small, operated by local non-profits, faith-based organizations, or other community groups. These programs provide critical rides helping older adults and others who need transportation to medical appointments, social and religious gatherings, and the needs of daily life. Coordinating many volunteer programs in a county or region can be difficult, but combining forces can amplify the efforts of the individual programs. In 2014, the Pozez Jewish Community Center (JCC) of Northern Virginia set out to create a network of volunteer driving programs to coordinate trips and better serve those in the community.

NV Rides is a volunteer driver network that operates in four counties in Northern Virginia. Since its start in 2014, nearly 600 volunteer drivers have driven over 275,000 miles, helping community members get to the services and errands they need. NV Rides works through a consortium of local partners that all recruit volunteers for the program. The network of volunteer programs is what has enabled the program’s continued growth and success. NV Rides is made up of not only the J Rides program Pozez JCC of Northern Virginia, but also 14 other volunteer driver programs throughout Northern Virginia. NV Rides provides a common scheduling software that connects riders and drivers, making regional coordination much simpler for the end users. Pooling volunteer drivers and assisting with common resources has created additional capacity to match with riders.



Source: NV Rides

GOAL 2: IMPLEMENTATION GUIDE

With many public and human service transportation providers operating at capacity, additional local and regional coordination can help unlock any available capacity that may exist in the system. Ensuring all providers are coordinating resource intensive services, maximizing volunteer opportunities, and using public transit vehicles in novel ways can expand services to meet individuals' needs.

Strategy 2.1: Coordinate locally to free up human service transportation capacity for recurring trips.

- a. Utilize the regional meetings to discuss capacity issues, potential ways to combine trips, and organizations that can champion coordination, particularly for long-distance journeys. Coordinating existing resources, even situationally, can increase the capacity of the overall system and even lead to new partnerships.
- b. Identify potential shared destinations in the region, such as employment opportunities, congregate meal sites, and services for older adults. Shared destinations or services can be a catalyst for additional coordinated trips and services. This provides an opportunity to receive feedback from riders and the populations each service serves, ensuring to include riders' desires in shared trip coordination.
- c. Identify potential shared scheduling software that eases trip coordination. Many of the existing technology platforms have shared scheduling modules for additional fees. There are also open-source platforms available for communities to use at no or low costs.
- d. Start small, working with a few partners at first to pilot trip coordination and resolve issues. Creating a nucleus for programs and proving their potential can increase support in the long run.

Strategy 2.2: Focus volunteer driver networks on the needs of daily life.

- a. Identify community organizations that are currently hosting, or could potentially host, volunteer driver organizations and the necessary infrastructure. Focusing efforts on community-minded organizations can lead to higher engagement.
- b. When transportation capacity allows, focus volunteer driver networks on the needs of daily life through advertising or trip eligibility requirements. Building a portion of volunteer driving programs around running errands can introduce shorter trips for volunteers and needed capacity for quality-of-life trips.
- c. Provide incentives for volunteer driving, such as state supplemental insurance, timebanks, community service hours, student loan forgiveness, and/or mileage reimbursements. Providing structured incentives can increase engagement and retention of volunteer driver networks.
- d. Create a shared pool of accessible vehicles to support volunteer driving efforts. Volunteer driving programs should be accessible to all. Maintaining a small fleet of wheelchair accessible vehicles that volunteers can use when needed ensures equal access to these programs.

Strategy 2.3: Increase incidental use of transit vehicles.

- a. Identify if local transit providers may have vehicles that can be used outside of regular service hours. Using vehicles when transit service is not scheduled to run at all is one of the easiest ways to ensure incidental use does not impede regular transit operations.
- b. Ensure any transit operators that are willing to allow incidental use of their vehicles understand the relevant Federal reporting requirements. Developing a memorandum of understanding (MOU) between all parties involved is a critical first step before any vehicle can be used. The MOU should establish uses for the vehicles, fully allocated costs for services, and how usage will be reported. Any incidental use requires approval from the granting agency that procured the vehicles, as well as reporting requirements set out in the National Transit Database.
- c. Identify local partners that can fund their own transportation services if they have access to vehicles. The CCAM Program Inventory can help highlight which local programs may be receiving Federal funding that can fund transportation.
- d. Pilot incidental use programs with a local human service partner who needs vehicles. Piloting a service with one partner allows for incremental changes to be made when lessons arise from its operation.
- e. Expand incidental use programs to fill gaps in human service transportation outside of hours serviced by public or community transit providers. Human service providers could potentially fill gaps in service for their clients on weekends or other times of high need. Strategy 2.2: Focus volunteer driver networks on the needs of daily life.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|--|-------------|--|--------|--|----------------------------|--|
| 2.1 - Coordinate locally to free up human service transportation capacity for recurring trips. | 2.1a | Utilize the regional meetings to discuss capacity issues and potential ways to combine trips. | Short | Continuing regional meetings. | Regional | Statewide |
| | 2.1b | Identify potential shared destinations in the region, such as employment opportunities, congregate meal sites, and services for older adults. | Short | A regional list of popular destinations where trips could be coordinated. | Regional and Local | |
| | 2.1c | Identify potential shared scheduling software that eases trip coordination. | Medium | Increased coordination for trip scheduling. | Regional and Local | |
| | 2.1d | Pilot trip coordination with a few partners at first and resolve issues. | Long | Pilot projects for trip coordination in CHSM regions across the state. | Regional and Local | |
| 2.2 - Focus volunteer driver networks on the needs of daily life. | 2.2a | Identify community organizations that are currently hosting, or could potentially host, volunteer driver organizations and the necessary infrastructure. | Short | Regional champions for volunteer driving programs identified in each region. | State and Regional | Alleghany, Southwest, Tidewater, Western |
| | 2.2b | Focus volunteer driver networks on the needs of daily life through advertising and trip eligibility. | Medium | Program marketing and incentives focused on errand running. | Regional and Local | |
| | 2.2c | Provide incentives for volunteer driving. | Medium | Additional incentive programs for volunteer driving programs. | State, Regional, and Local | |
| | 2.2d | Create a shared pool of accessible vehicles to support volunteer driving efforts. | Long | Number of accessible vehicles available to volunteer driver programs. | State and Regional | |

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|--|-------------|---|--------|--|--------------------|----------------------|
| 2.3 - Increase incidental use of transit vehicles. | 2.3a | Identify if local transit providers have vehicles that can be used outside of service hours. | Short | Local inventory of available vehicles in the community. | Regional and Local | Alleghany, Western |
| | 2.3b | Ensure transit operators that are willing to allow incidental use of their vehicles understand Federal reporting requirements. | Short | Memoranda of Understanding with granting agencies. | State and Local | |
| | 2.3c | Identify local partners that can fund their own transportation services if they have access to vehicles. | Short | Partnerships with local human service agencies to use vehicles. | Local | |
| | 2.3d | Pilot incidental use programs with a local partner who needs vehicles. | Medium | Pilot programs with incidental use of transit vehicles. | Local | |
| | 2.3e | Expand incidental use programs to fill gaps in human service transportation outside of hours serviced by public or community transit providers. | Long | Established incidental uses of transit programs throughout the state. | Regional and Local | |
| Additional Strategies | 2.4 | Technical assistance for recruiting and retaining transportation staff. | Short | Annual webinar on best practices for driver recruitment and retention. | State | Statewide |
| | 2.5 | Regional or Statewide marketing campaign to increase driver pool for transit and volunteer services. | Medium | Statewide campaign. | State | |
| | 2.6 | Shared or otherwise integrated software that allows for shared trips between providers. | Medium | Coordinated software procurements | Regional and Local | Central, Southwest |
| | 2.7 | Formalize volunteer networks with regional or state support for common items, such as insurance or software. | Medium | Regional or statewide volunteer driving incentives | State and Regional | Alleghany, Southwest |

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|-----------------------|-------------|--|--------|--|--------------------|--------------------|
| Additional Strategies | 2.8 | Create regional or statewide timebanks to incentivize volunteers to contribute their time and labor. | Medium | Regional or statewide volunteer driving incentives. | State and Regional | |
| | 2.9 | Market volunteer opportunities at local non-profit and volunteer organizations, such as Lions Club or Rotary International. | Short | Annual presentation for local volunteer organizations. | Local and Regional | Statewide |
| | 2.10 | Hold regular meetings with regional employers, focusing on job placement and commuting options for older adults and individuals with disabilities. | Short | Annual presentation for local chambers of commerce. | Local and Regional | |
| | 2.11 | Serve varying communities on different days of the week to provide additional services over a large geography. | Medium | Expanded rural coverage for services. | Local and Regional | Alleghany, Central |

GOAL 3: EXPAND BEYOND EXISTING SERVICES

Fixed route and other existing transit services can be difficult to alter or expand once they are in operation. Human service transportation providers and their riders also have needs that may not be met by current services, or the type of transit being provided. This can lead to the appearance of options for individuals, while they may really not have a way to get around.

Creating additional services and providing new types of human service transportation will increase access to critical services and destinations and allow all Virginians to live an independent life. Ensuring a variety of modes and support levels are available for individuals with differing needs allows everyone to access the destinations they need to, with the level of support they need for their journey.

WHY IT MATTERS:

Many providers and riders expressed the need for expanded offerings in terms of both service hours and types of service. One provider noted that they are only comfortable letting their clients use on-demand services because they provide door-to-door transportation. While curb-to-curb services were previously available, this change expanded access and unlocked increased opportunities for their clients.

NEEDS ADDRESSED

- Not every mode of transit is appropriate for every individual, with some riders feeling more comfortable on certain services.
- Many areas do not have transportation services on nights or weekends, limiting independence for transit dependent individuals.
- Riders face challenges in reaching existing public transportation services.

GOAL 3: CORE STRATEGIES

3.1 - Encourage the creation of additional community transportation options, particularly focused on community circulation and recurring trips.

Encourage the creation of additional community transportation options, particularly focused on community circulation and recurring trips. Additional providers, focused on specific communities, can add critical capacity for recurring medical trips and trips to other quality of life destinations. Services tailored to running errands or other needs of daily life increase the ability for individuals to live independently.

3.2 - Increase utilization of contracted services.

Contracting for services, particularly on-demand services, can add service capacity to a region while shifting many of the operating and reporting burdens to a third party. Many contracted services are also able to provide varying trip eligibility features and invoicing options, making connecting rides with individual human service programs easier.

3.3 - Provide a variety of modes to meet the needs of every individual.

Individuals with varying levels of support need different modes of transportation, requiring a mix of vehicles and services in each community for all individuals to be able to live fulfilling lives. On-demand transportation provides value outside of the trip itself, for example, allowing those who are unable to or uncomfortable with fixed route transportation access to opportunities they may not have otherwise.

GOAL 3: ADDITIONAL AND FUNDING STRATEGIES

ADDITIONAL STRATEGIES

- 3.4** - Provide services with greater geographical coverage, providing service to entire counties to ensure individuals can get to the destinations they need to access.
- 3.5** - Hold regional meetings with volunteer organizations and human service organizations to proactively communicate needs, allay concerns, and tie volunteerism with human services that need support.
- 3.6** - Tap into faith-based communities for additional volunteer driving opportunities, particularly on nights and weekends.
- 3.7** - Create additional first and last mile connection services to assist individuals in accessing existing transit services.

FUNDING STRATEGIES

- Potential state and local funding sources for transit. State sources, such as the Transportation Alternatives Program, can fund transit operations and capital purchases that either start new services or support existing ones. These funding sources can change over time, and it is important to know what is available.
- FTA discretionary grants are another way to kick-off new services in a region and demonstrate their promise. Discretionary grant programs can be harder to plan around, but can offer multi-year funding sources to get a transportation idea off the ground.
- Create services for specific populations using funding for those populations. FTA recipients are able to provide exclusive service to clients Qualified Human Service Organizations (QHSOs) without violating the charter rule. QHSOs either need to be registered on the FTA Charter website or receive funding from one of the programs in the CCAM program inventory to be eligible.

LOCAL SUCCESS: CHESTERFIELD CO. ACCESS ON DEMAND - CHESTERFIELD COUNTY, VA

Chesterfield County has seen great success in their Access on Demand program, originally launched in 2019. This innovative door-to-door program uses multiple transportation providers to offer accessible door-to-door transportation service throughout the county. The service only requires reservations to be made two hours in advance of the trip, and is open to Chesterfield County residents that are 60 years old or older, have a disability, or live in a low-income household traveling anywhere in the county, and even outside of the county for certain trips.

Human service providers have noted the change from requiring 24 hours of advance notice for rides to same-day availability has been revolutionary in the way people get around Chesterfield County. Many noted the same-day service has solved challenges for reoccurring trips and for non-emergency medical trips. Using multiple providers allows for low wait times for riders and ensures vehicles with lifts or other accessibility features are being used for the trips where they are needed most.

Access on Demand has been recognized nationally for the program's success, and is critical to ensuring that all Chesterfield County residents are able to live independent and fulfilling lives.

NATIONAL CASE STUDY: KING COUNTY METRO & HOPELINK COMMUNITY VANS – KING COUNTY, WA

Beginning in 2019, King County Metro has been offering a new, community focused mobility option to fill transportation gaps. Community Vans are a ridesharing option open to anyone in the service area, offering transportation to popular destinations throughout many communities in King County.

Rides are scheduled with a local Community Transportation Coordinator, either at Hopelink or another partner agency, and must be scheduled two days in advance to ensure availability due to a unique aspect of the program. Community Vans are driven by volunteers, helping create additional capacity in the community. To help incentivize volunteers, they can use the service themselves for free, and use vehicles and insurance provided by King County Metro.

The program has been a great success and is further expanding to other parts of the county helping create additional capacity for everyday trips in the community.

Learn more about Community Vans [here](#) and [here](#).



GOAL 3: IMPLEMENTATION GUIDE

Creating new services will provide new opportunities for individuals to interact with the transportation system. Focusing resources on the recurring needs of daily life, utilizing contracted services, and ensuring a mix of modes are present allow each individual to access the services they need.

Strategy 3.1: Encourage the creation of additional community transportation options, particularly focused on community circulation and recurring trips.

- a. Identify organizations active in the community that could take on the responsibility of operating or contracting for additional transportation services. Local operators may not have capacity to run additional services even if they are currently operating transportation services in the region.
- b. Identify funding sources, either from transportation related sources, or from local partnerships to fund a pilot of the new services. Discretionary grants can also be a good source of funding to start new services. Pilots should aim to run for at least a year, ideally longer, to get a good understanding of how the service operates in the community.
- c. Iterate from lessons learned in the pilot and expand the services. Service designs should incorporate lessons learned from pilots or other programs in the state as they grow.

Strategy 3.2: Increase utilization of contracted services.

- a. Understand the capacity limitations of existing providers in the region and their goals for growth. Existing providers can often be the best partner for services if they have the capacity.
- b. Create a template RFP for contracted services. This will assist providers with reduced administrative capacity in understanding what options exist and how to utilize them.
- c. Utilize contracted services for gaps that existing providers cannot fill. Contracted services can be great supplements to existing services to fill gaps or expand coverage.
- d. Publish a request for proposals for contracted services, utilizing technical assistance from the state and national technical assistance centers. Getting assistance structuring RFPs early on can help make the entire procurement process run more smoothly.

Strategy 3.3: Provide a variety of modes to meet the needs of every individual.

- a. Gain a regional understanding of the limitations of specific populations to better understand what mix of modes best serves the community. Designing a transportation solution with enough support for all individuals built in requires understanding the needs of all populations.
- b. Design services that meet the needs of multiple populations, while offering individualized support and billing. Differing human service providers may need to utilize transportation programs in varying ways, requiring new programs to be flexible with eligibility and billing.
- c. Build partnerships with human service organizations to maximize ridership and funding availability. New, flexible programs can create new opportunities for partnerships with human service organizations that require tailored services.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|---|-------------|--|--------|---|--------------------|-------------------|
| 3.1 - Encourage the creation of additional community transportation options, particularly focused on community circulation and recurring trips. | 3.1a | Identify organizations active in the community that could take on the responsibility of operating or contracting for additional transportation services. | Short | An inventory of potential service providers. | Regional and Local | Statewide |
| | 2.1b | Identify funding sources, either from transportation related sources, or from local partnerships to fund a pilot of the services. | Medium | An inventory of potential funding sources for new partnerships. | Regional and Local | |
| | 3.1c | Iterate from lessons learned in the pilot and expand the services. | Long | Best practices to be shared with other providers in the state. | Regional and Local | |
| 3.2 - Increase utilization of contracted services. | 3.2a | Understand the capacity limitations of existing providers in the region and their goals for growth. | Short | Local roundtables with transportation providers on capacity. | Local | Statewide |
| | 3.2b | Create a template RFP for contracted services. | Short | Template for providers. | State | |
| | 3.2c | Utilize contracted services for gaps that existing provider cannot fill. | Short | Number of contracted services. | Local | |
| | 3.2d | Publish RFP for needed services to understand what is available from private vendors. | Medium | Number of contracted services. | Regional and Local | |

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|---|-------------|---|--------|---|--------------------|----------------------|
| 3.3 - Provide a variety of modes to meet the needs of every individual. | 3.3a | Gain a regional understanding of the limitations of specific populations to better understand what mix of modes best serves the community. | Short | Continued regional meetings to discuss specific mixes of modes. | Regional and Local | |
| | 3.3b | Design services that meet the needs of multiple populations, while offering individualized support and billing. | Medium | Number of individualized programs utilizing public transit services. | Regional and Local | Allegheny, Tidewater |
| | 3.3c | Build partnerships with human service organizations to maximize ridership and funding availability. | Long | Number of programs utilizing braided funding. | Regional and Local | |
| Additional Strategies | 3.4 | Provide services with greater geographical coverage, providing service to entire counties to ensure individuals can get to the destinations they need to access. | Long | Number of counties with full transit coverage. | Regional and Local | |
| | 3.5 | Hold regional meetings with volunteer organizations and human service organizations to proactively communicate needs, allay concerns, and tie volunteerism with human services that need support. | Short | Annual meetings focused on volunteer organizations in each CHSM region. | Regional | Statewide |
| | 3.6 | Tap into faith-based communities for additional volunteer driving opportunities, particularly on nights and weekends. | Short | Annual meetings with faith-based leaders focused on transportation needs. | Local | |
| | 3.7 | Create additional first and last mile connection services to assist individuals in accessing existing transit services. | Long | Number of additional first-and-last mile services. | Regional and Local | Western |
| | | | | | | |

GOAL 4: INCREASED SUPPORT FOR RIDERS OVER THE COMPLETE TRIP

Human service transportation providers support their riders to the best of their abilities, but still have limits, particularly once a rider is off the vehicle. Riders of human service transportation can need additional support in order to successfully complete the reason for their trip. This may mean needing assistance getting to the door, or more intensive support requiring coordination with human service providers at the destination. A lack of support over the complete trip can lead to individuals not receiving the services they need and can create additional trips for transportation providers.

Providing increased support for riders over their complete trip may mean increasing touch points between riders, case managers, and transportation providers. Regular meetings for coordination could help create additional resources for those who need support outside of transit vehicles while at their destinations. Increased communication between human service providers and transportation providers also allows for clearer delineation of responsibility and additional coordination to provide services where needed.

WHY IT MATTERS:

Many providers take on additional case management responsibility for their riders out of a desire to ensure their services are being put to the best use. One provider's schedulers proactively call doctors' offices for their riders to confirm appointment details for one of their clients with dementia, who otherwise makes repeat requests for appointments that did not exist. After a few times taking the individual to the doctor for no appointment, they began confirming with the doctor beforehand to make sure the ride was actually needed. These types of stories were heard throughout the state, with providers taking on additional responsibilities to assist their riders and ensure they are providing the best service they can.

NEEDS ADDRESSED

- Individuals with limited independence are not able to navigate the public transit system on their own.
- Riders lack support when arriving at their destination, and can face challenges in accessing services once off the vehicle.
- Some riders' mobility aides are larger or heavier than can be supported, even when services are meeting the requirements for accessibility.
- Transportation providers are stepping into case management for their riders, assisting with confirming medical appointments and other human services, reducing capacity for other administrative tasks.

GOAL 4: CORE STRATEGIES

4.1 - Hold regular local and/or regional meetings between human service providers and transportation providers to discuss needs and further ways to coordinate.

Simply coming together to discuss solutions to common problems is a key way to ensure local coordination ideas turn into local coordinated services. Regular conversations between stakeholders not only create a dedicated space for coordination and idea generation, but also allow for institutional knowledge to be shared amongst a group rather than held in one

4.2 - Additional support services from curbside-to-door.

Providing transportation services with additional assistance built in, or coordinating with human service providers to help when individuals arrive at their services, can ensure that individuals are receiving the services they need, and trips are fulfilling their intended purpose.

4.3 - Support existing local mobility managers, and encourage coverage across the state.

Local mobility managers, housed in regional organizations, local or county governments, or other human service providers, are critical to connecting human service providers and their clients to available transportation options. Supporting existing mobility managers, and ensuring all communities in the Commonwealth have access to a mobility manager, builds a foundation of everyday coordination between human service providers, transportation providers, and government.

GOAL 4: ADDITIONAL AND FUNDING STRATEGIES

ADDITIONAL STRATEGIES

- 4.4 - Utilize shared scheduling software with human service providers which allows them to directly schedule rides on behalf of their clients.
- 4.5 - Utilize software allowing family members or care takers to schedule rides.
- 4.6 - Integrate transportation need screening and options into human service provision.
- 4.7 - Partner with local healthcare providers to increase wrap-around services for riders at their locations.
- 4.8 - Increased case management and travel training for adults with limited independence. Standardized communications language for transportation providers on vehicle lift limits and options for those with oversized mobility devices.
- 4.9 - Coordinate Managed Care Organization (MCO) benefits in a given region to better support community transit and wrap-around services.

FUNDING STRATEGIES

- 5310 funding can support mobility managers and can be funded with 80% Federal share. Mobility managers are considered a capital expense under the program, meaning the Federal government will fund 80% of their cost if selected for 5310 funding. The other 20% of local match can be funded locally, or braided from another Federal program.
- Discretionary grants from Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers. These programs have been established to provide funding for supportive services for older adults, including transportation services.
- Partnerships with medical organizations providing care in the region to see what service can be coordinated at their locations. Medical systems have incentives to limit no-shows and other transportation related patient outcomes, and may have funding available to help achieve their goals.

NATIONAL CASE STUDY: RIDES TO RECOVERY – CUMBERLAND COUNTY, TN

Waiting for a trip, or even sitting in a vehicle for a long trip, can be a deterrent for those seeking treatment for active addiction. The Upper Cumberland Human Resource Agency (UCHRA) set out to create a transportation program to help individuals in early recovery gain and maintain access to the recovery services they need.

Eligible individuals are referred from a variety of local programs and receive 90 days of transportation services coordinated by a mobility manager at UCHRA. The program utilizes mobility managers who are Certified Peer Recovery Specialists (CPRS) to assess the specific transportation needs of an individual in relation to the recovery services and other life needs they have. Mobility managers are able to assess each individual's situation and find the best transportation mode that provides the correct level of support through the creation of an Individual Transportation Plan.

Having CPRSs embedded within the program provides a level of support for individuals during every step of journey that was not possible before. Individuals are supported through each step by someone who has been in their shoes, not just providing transportation assistance, but also guidance and empathy.

Learn more about [Rides to Recovery](#).



GOAL 4: IMPLEMENTATION GUIDE

Riders need additional support during the trip and at their destinations. Partnering with local human service providers to support their clients, providing services with additional support, and connecting individuals with services with the correct level of support, can all help provide a transportation system that works for everyone.

Strategy 4.1: Hold regular local or regional meetings between human service providers and transportation providers to discuss needs and further ways to coordinate.

- a. Maintain and expand regional mobility meetings, for example using the Mobility Manager focus group structure utilized in this plan. There may be meetings currently happening where this conversation can fit in well with existing stakeholder groups. Every CHSM region should maintain a regional mobility committee that meets regularly to discuss barriers, including providing wrap-around services to support riders over the complete trip.
- b. Invite local departments of health and human services, healthcare providers, and other human service providers to meetings to discuss transportation barriers and how their organizations may be able to assist. There may be opportunities to partner directly with case managers to provide additional support to riders. Conversely, holding pop-up events or tabling at community events held by other organizations can also spread information on available support to both riders and human service providers.
- c. To drill into specific issues, apply for assistance from national technical assistance centers, such as CCAM-TAC, to hold focused workshops with regional partners.

Strategy 4.2: Provide additional support services from curb-to-door.

- a. Provide information to current and prospective riders on the amount of assistance each service allows, with examples of what it looks like in real life for each transportation service. Providing a complete picture of the available services within the area allows individuals to independently utilize the services that best fit their needs.
- b. Partner with local human service providers, particularly medical providers, to assist their clients at their locations. Depending on the providers' ability, they may be able to assist individuals into the building and to their appointment.
- c. Expand coverage of transportation services that provide extra assistance to individuals to ensure everyone has access to the services they need.

Strategy 4.3: Support existing local mobility managers and encourage coverage across the state.

- a. Support local mobility managers that connect and support individuals with transportation services and other needs.
- b. Ensure all localities in the state have access to a mobility manager focused on assisting individuals, local human service providers, and transportation providers.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|---|-------------|---|--------|--|----------------------------|-------------------|
| 4.1 - Hold regular local or regional meetings between human service providers and transportation providers to discuss needs and further ways to coordinate. | 4.1a | Maintain and expand regional mobility meetings using Mobility Manager focus group structure. | Short | Quarterly regional meetings. | Regional | Statewide |
| | 4.1b | Invite local healthcare providers and other human service providers to meetings to discuss transportation barriers and how their organizations may be able to assist. | Short | Regional roundtables with local healthcare providers. | Local | |
| | 4.1c | Apply for assistance from national technical assistance centers to hold focused workshops with regional partners. | Medium | Number of TA engagements. | Regional | |
| 4.2 - Additional support services from curbside-to-door. | 4.2a | Provide information to current and prospective riders on the amount of assistance each service allows | Short | Local guides and regional inventory of services with support. | Regional and Local | Statewide |
| | 4.2b | Partner with local human service providers to assist their clients at their locations. | Medium | Number of services with local providers embedded. | Local | |
| | 4.2c | Expand coverage of transportation services providing extra assistance to individuals. | Long | Number of services providing first-door through first-door services. | Regional and Local | |
| 4.3 - Support existing local mobility managers and encourage coverage across the state. | 4.3a | Support local mobility managers that connect and support individuals with transportation services and other needs. | Medium | Coverage of local mobility managers across the state. | State, Regional, and Local | Statewide |
| | 4.3b | Ensure all localities in the state have access to a mobility manager focused on assisting individuals, local human service providers, and transportation providers. | Long | Coverage of local mobility managers across the state. | State, Regional, and Local | |

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|-----------------------|-------------|---|--------|--|--------------------|-------------------|
| Additional Strategies | 4.5 | Utilize shared scheduling software with human service providers which allows them to directly schedule rides on behalf of their clients. | Long | Number of providers with shared or coordinated software. | Regional and Local | Statewide |
| | 4.6 | Utilize software allowing family members or care takers to schedule rides. | Medium | Number of providers with online booking software. | Regional and Local | |
| | 4.7 | Integrate transportation needs screening and options into human service provision. | Short | Partnerships with local medical providers. | Local | |
| | 4.8 | Partner with local healthcare providers to increase wrap-around services for riders at their locations. | Medium | Number of local transportation and healthcare provider partnerships. | Local | Western |
| | 4.9 | Increased case management and travel training for adults with limited independence. | Medium | Number of case managers. | Local | Northern |
| | 4.10 | Standardized communications language for transportation providers on vehicle lift limits and options for those with oversized mobility devices. | Short | Standard materials for oversized mobility devices. | State | Statewide |
| | 4.11 | Coordinate Managed Care Organization (MCO) benefits in a given region to better support community transit and wrap-around services. | Long | Number of partnerships with MCOs. | Regional and Local | Western |

GOAL 5: CONSISTENT INFORMATION AND STREAMLINED DISTRIBUTION

A lack of information on available services was cited as a barrier not only for those seeking to use human service transportation, but also those looking to provide and coordinate those services. Some riders struggle to find information helping them understand the services available to them, leading them to use more expensive private options or not take the trip at all. Human service providers also noted struggling to maintain knowledge, saying their staff also suffer from high turnover and institutional knowledge loss, making it difficult to ensure everyone has the same degree of knowledge on available services.

Ensuring critical information on available transportation services is disseminated in consistent ways across the Commonwealth will benefit both riders and providers alike. Common information such as eligibility requirements, operating times, and service areas can be standardized to make it easier to understand. Sharing service information at regular regional coordination meetings is another way to keep everyone up to date on available services and opportunities for coordination.

WHY IT MATTERS:

Riders across the state spoke about the difficulty in understanding and navigating transportation services available to them. One rider mentioned a lack of consistent information across the state for human service transportation. When they travel to different portions of the state, they feel limited not knowing what options they have to get around compared to at home. Innovative solutions like mobility as a service applications can assist riders in knowing what options are available, particularly when they are new to an area.

NEEDS ADDRESSED

Many riders or caregivers do not know the transportation options available to them, particularly for human service transportation services.

Riders are unsure of how to make regional connections or trips across the state.

Riders and organizations struggle to find consistent information across transportation providers.

GOAL 5: CORE STRATEGIES

5.1 - Introduce human service transportation to other local conversations.

Existing meetings of local human service providers should be leveraged to discuss existing transportation services and community needs. Including transportation in as many conversations on human service delivery as possible keeps the issue at the forefront, even when an individual in a given role changes.

5.2 - Establish travel training programs to help community members understand their options.

Travel training is helpful for riders and human service providers alike, allowing them to fully understand the transportation options available, and how to be comfortable using them. Travel training can open doors for individuals by giving them the confidence to use transportation options they may not have tried alone.

5.3 - Create single sources of regional human service transportation information.

Systems such as One-Call/One-Click centers or regional resource navigators can aggregate many sources of information to help riders understand all the options in front of them. Call centers or online booking platforms can take things a step further, allowing individuals to see all of their options and book their ride in the same platform.

GOAL 5: ADDITIONAL AND FUNDING STRATEGIES

ADDITIONAL STRATEGIES

- 5.4 - Establish regional or statewide standards for human service transportation information.
- 5.5 - Create templates for systems to use for websites or other marketing materials to encourage the sharing of information.
- 5.6 - Local points of contact for human service and transportation questions.
- 5.7 - Build on existing resources, such as VA Navigator, to build online sources of transportation information.
- 5.8 - Single source of information and booking for transit providers across the state, such as a Mobility-as-a-Service (MaaS) app.

FUNDING STRATEGIES

- State takedown from 5310 program, focusing a program on information collection and dispersal across the state. Funds can be used for statewide projects that advance access to existing public and community transit services.
- Partnerships and grants from private and non-profit organizations. While partnerships with foundations, medical providers, and non-profits are often enacted at the local level, they can help fund specific projects related to information distribution.

NATIONAL CASE STUDY: PROJECT MILES – FORT COLLINS, CO

In 2017, the North Front Range Metropolitan Planning Organization in Fort Collins, CO set out to better coordinate transportation options in their region. They knew that the onus had been placed on riders to find a transportation solution that fit their needs, leaving many not knowing what options and price levels were available to them.

A One-Call/One-Click center was devised to show riders all of the transportation options they had, and importantly, their price. This feat of coordination required collaboration between a number of private vendors, local human service providers, and local governments, and a deep understanding of the available technology on the market, and how it can be used to further coordinate transportation services. The effort has led to an increase in trips provided across a variety of private and volunteer providers, and a successful expansion to a neighboring county.

Learn more about [Project MILES and the Larimer County One Call/One Click Center](#).



GOAL 5: IMPLEMENTATION GUIDE

Both riders and providers rely on accurate information to plan their trips. Ensuring human service transportation is included in local human service conversations, walking community members through the transportation options available to them, and providing consistent information can make trip planning and understanding options easier.

Strategy 5.1: Introduce human service transportation to other local conversations.

- a. Identify local and regional interest groups focused on human service provision and invite them to existing transportation planning meetings. Human service providers need regular updates on what transportation services are available.
- b. Develop and deliver presentations on transportation services and common barriers. Regular communication can prompt new partnerships.

Strategy 5.2: Establish travel training programs to help community members understand their options.

- a. Understand the populations the travel training programs will be designed for, partnering with local human service providers to create a curriculum and resources. Partnerships can help create tailored trainings for specific populations or human service providers.
- b. Create trainings for classroom settings and for real-world applications. Travel training should incorporate both classroom or presentation trainings, as well as opportunities for training on services individuals will take.
- c. Develop different training courses for different audiences and formats, defining clear learning objectives for each training. Various audiences or delivery formats require travel training programs to have a menu of training options available.
- d. Provide “train-the-trainer” opportunities to local human service providers to ensure all providers in the community are up to date on what transportation services are available.

Strategy 5.3: Create single sources of regional human service transportation information.

- a. Develop and distribute guidelines for advertising common service information, such as service times, areas, and eligibilities. Consistent information on service times, areas, and eligibility helps riders understand their options and how to use them.
- b. Utilize local and regional mobility managers as sources of truth for service information in their respective territories. Mobility managers focused on assisting individuals are critical for closing gaps in information sharing.
- c. Develop a transportation focused resource with more detailed information, building off existing human service aggregators.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|--|-------------|---|--------|--|--------------------|-------------------|
| 5.1 - Introduce human service transportation to other local conversations. | 5.1a | Identify local and regional interest groups focused on human service provision and invite them to existing transportation planning meetings. | Short | Inventory of local interest groups. | Regional and Local | Statewide |
| | 5.1b | Develop and deliver presentations on transportation services and common barriers. | Short | Number of local presentations. | Local | |
| 5.2 - Establish travel training programs to help community members understand their options. | 5.2a | Understand the populations the travel training programs will be designed for, partnering with local human service providers to create a curriculum and resources. | Short | Learning objectives for regional travel trainings. | Regional | Tidewater |
| | 5.2b | Create trainings for classroom settings and for real-world applications. | Medium | Number of available travel trainings in the state. | Regional and Local | |
| | 5.2c | Develop different training courses for different audiences and formats, defining clear learning objectives for each training. | Medium | Number of available travel trainings in the state. | Regional and Local | |
| | 5.2d | Provide “train-the-trainer” opportunities to local human service providers to ensure all providers in the community are up to date on what transportation services are available. | Medium | Number of available partner trainings. | Regional and Local | |

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|---|-------------|--|--------|--|--------------------|-------------------|
| 5.3 - Create single sources of regional human service transportation information. | 5.3a | Develop and distribute guidelines for advertising common service information, such as service times, areas, and eligibilities. | Short | Template for common service information. | State | Statewide |
| | 5.3b | Utilize local and regional mobility managers as sources of truth for service information in their respective territories. | Medium | Number of local mobility managers. | Regional and Local | |
| | 5.3c | Develop a transportation focused resource with more detailed information. | Long | Transportation specific resource aggregator. | State | |
| Additional Strategies | 5.4 | Establish regional or statewide standards for human service transportation information. | Medium | Regional standards for service information. | | Statewide |
| | 5.5 | Create templates for systems to use for websites or other marketing materials to encourage the sharing of information. | Short | Template for system information. | | |
| | 5.6 | Local points of contact for human service and transportation questions. | Medium | Expanded coverage of local mobility managers. | | |
| | 5.7 | Build on existing resources, such as VA Navigator, to build online sources of transportation information. | Short | Number of local human service providers referencing existing transportation service aggregators. | | |
| | 5.8 | Single source of information and booking for transit providers across the state, such as a Mobility-as-a-Service (MaaS) app. | Long | Number of services bookable through shared apps. | | |

GOAL 6: BRING HUMAN SERVICE TRANSPORTATION INTO THE BROADER PLANNING CONVERSATION

Many human service and community transportation providers feel as if they are operating in a silo, separate from other services, particularly when it comes to planning conversations. This leads to unknown expectations for human service transportation providers and human service providers left out of many transportation planning conversations. Not only is this a lost opportunity to create a unified vision for the full transportation network, but it can have real life consequences, such as senior living facilities being built outside of existing transit service areas.

Bringing human service transportation into the larger planning conversation can help build a long-term pipeline of projects that benefit the community and make the most of available funding. Regular coordination also creates opportunities for human service providers and transportation providers to come together to increase their understanding of each other's services and their limitations.

WHY IT MATTERS:

Some transportation providers, particularly in urban and fast-growing parts of the state, felt left out of certain planning conversations that impact the services they provide. One provider noted specific difficulty in trying to provide transit service to a new healthcare center built on the outskirts of their town. There was an expectation that they could just extend service to meet the need, when the funding and capacity was not there to do so. Transportation providers across the state mentioned feeling like there is an expectation that they can just send vehicles to wherever the community needs, while they are struggling to meet current demand with existing resources. This lack of coordination leads to inaccessible locations and frustrated riders and providers.

NEEDS ADDRESSED

There is a lack of understanding between human service providers and transportation providers on responsibilities at differing times of providing services.

New developments are outside of existing transportation service areas, leaving fewer options for transit dependent individuals.

GOAL 6: CORE STRATEGIES

6.1 - Create regional human service transportation plans to create regional project pipelines.

Existing meetings of local human service providers should be leveraged to discuss existing transportation services and community needs. Including transportation in as many conversations on human service delivery as possible keeps the issue at the forefront, even when an individual in a given role changes.

6.2 - Bring community transportation into local land use planning conversations, particularly for developments affecting older adults and individuals with disabilities.

Ensuring that new developments are within existing service areas, or that there is a plan for reasonably extending service, is critical to keeping communities accessible as they grow and change.

GOAL 6: ADDITIONAL AND FUNDING STRATEGIES

ADDITIONAL STRATEGIES

- 6.3** - Hold regular local meetings to bridge gaps between transportation providers, local government, and human services.
- 6.4** - Regional mobility managers to help bridge gaps in regional connections, ensuring resources and knowledge are not siloed within a single organization.
- 6.5** - Audit physical infrastructure around existing transit services and at human service destinations, ensuring sidewalks and other infrastructure is accessible.
- 6.6** - Create micromobility options, such as bike sharing programs with adaptive bikes, for those who would like to take advantage of other modes of transportation.

FUNDING STRATEGIES

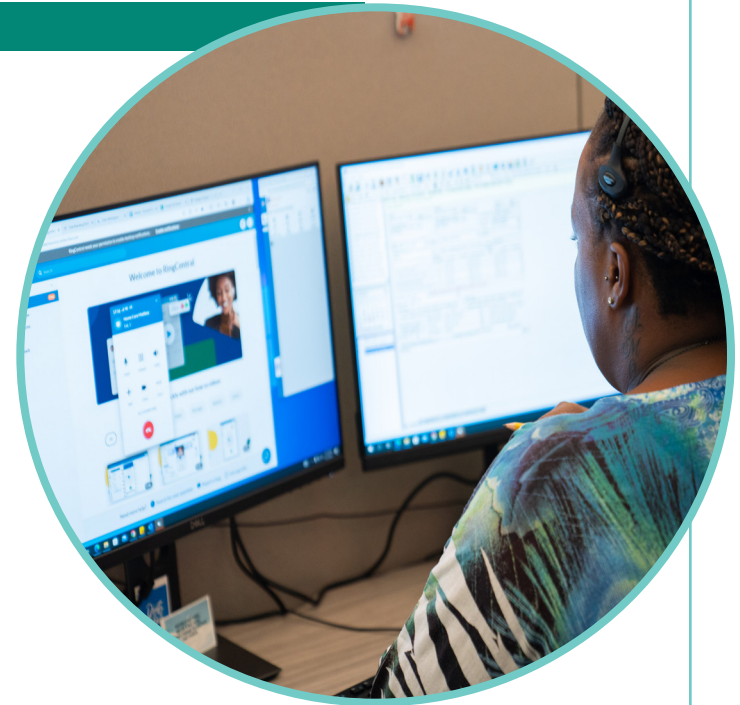
- National TA Center workshops for meetings. Many of the Technical Assistance centers funded through the Federal Transit Administration can host meetings with local or regional stakeholders. These meetings can be helpful in bringing everyone to the table with a neutral facilitator.
- Use Community Health Needs Assessments to understand local needs. Local non-profit hospital systems are required to complete a community health needs assessment every three years to maintain non-profit status. These needs assessments are wide reaching and often include transportation to both medical facilities and social determinants of health.

LOCAL CASE STUDY: FXMAP – FAIRFAX COUNTY, VA

The Fairfax Mobility Access Project (FXMAP) was initiated by Fairfax County's Department of Neighborhood and Community Services in 2021 using a grant from the Metropolitan Washington Council of Governments. FXMAP is a customer-centered initiative designed to broaden the community's understanding of transportation operations and streamline transportation choices for older adults, individuals with disabilities, low-income adults, and other populations facing mobility barriers.

FXMAP is focused on three goals: increase awareness of the available transportation options and coordinate those services, enhance awareness of transportation programs and develop training programs, and to develop and implement additional transportation options. Not only has FXMAP been held up as a great example of mobility management and information sharing in Virginia, but the program is also working with partners to use their knowledge to launch new programs, such as the Taxi Pilot Program that offers transportation to medical appointments for older adults and individuals with disabilities.

Learn more about [FXMAP](#).



GOAL 6: IMPLEMENTATION GUIDE

Maintaining continued conversations on plans for human service transportation services and projects helps build needed consensus on what actions are a priority for communities. It is also a way to ensure the needs of individuals who use human service transportation are taken into account during other planning decisions.

Strategy 6.1: Create regional human service transportation plans to create regional project pipelines.

- a. Maintain regular regional meetings focused on human service transportation provision and common issues. Regular meetings serve as a structured gathering place to discuss projects with partners and common issues the group may be able to solve.
- b. Create regional project pipelines to create local and regional consensus on funding priorities. Regional project pipelines allow communities to decide together on which projects are a priority, instead of each organization fighting for funding.

Strategy 6.2: Bring community transportation into local land use planning conversations, particularly for developments affecting older adults and individuals with disabilities.

- a. Identify local land use planning bodies both locally and regionally. Building relationships with these groups can help identify projects that may impact human service clients faster.
- b. Attend planning meetings to ensure human service transportation perspectives are included in decision making.
- c. Build long-term partnerships to ensure providers have input on the planning of projects with implications for human service transportation.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|--|-------------|---|--------|---|--------------------|-------------------|
| 6.1 - Create regional human service transportation plans to create regional project pipelines. | 6.1a | Maintain regular regional meetings focused on human service transportation provision and common issues. | Short | Continue quarterly regional meetings. | Regional | Statewide |
| | 6.1b | Create regional project pipelines to build local and regional consensus on funding priorities. | Medium | Regional project pipelines for each region. | Regional | |
| 6.2 - Bring community transportation into local land use planning conversations, particularly for developments affecting older adults and individuals with disabilities. | 6.2a | Identify local land use planning bodies both locally and regionally. | Short | Number of planning bodies identified. | Regional and Local | Statewide |
| | 6.2b | Attend planning meetings to ensure human service transportation perspectives are included in decision making. | Short | Number of planning meetings attended. | Regional and Local | |
| | 6.2c | Build long term partnerships to ensure providers have input on the planning of projects with implications for human service transportation. | Long | Number of new partnerships in the state. | Regional and Local | |
| Additional Strategies | 6.3 | Hold regular local meetings to bridge gaps between transportation providers, local government, and human services. | Short | Continued quarterly meetings. | Regional and Local | Statewide |
| | 6.4 | Regional mobility managers to help bridge gaps in regional connections, ensuring resources and knowledge are not siloed within a single organization. | Long | Number of regional mobility managers in the state. | State | |
| | 6.5 | Audit physical infrastructure around existing transit services and at human service destinations, ensuring sidewalks and other infrastructure is accessible. | Short | Audits that show the number of accessible stops and services. | Regional and Local | |
| | 6.6 | Create micromobility options, such as bike sharing programs with adaptive bikes, for those who would like to take advantage of other modes of transportation. | Medium | Pilot micromobility program somewhere in the state. | Local | |

GOAL 7: STRUCTURED AND CONSISTENT TECHNICAL ASSISTANCE

While opportunities for technical assistance have been included as strategies throughout the other goals, it is important to mention the need for a coordinated approach to technical assistance across the Commonwealth. Human service transportation providers across the state noted the need for help with capacity building on a number of fronts.

Housing regional mobility managers gives the state a consistent voice in local and regional coordination and provides an extra dedicated touch-point for providers seeking assistance. Providing statewide technical assistance on common issues, such as driver recruitment and retention, and grant writing and management, could help many providers in advancing their goals while creating a central store of knowledge, not dependent on individual staff at providers. Increasing the use of national technical assistance centers, and coordinating efforts to maximize benefits across the state, could also help providers gain access to information or opportunities they may not otherwise have.

WHY IT MATTERS:

Many providers across the state simply do not have the time or resources to dedicate to anything other than directly providing transportation services. Administrative staff can be pulled away to assist with program operations, making grant and reporting deadlines difficult to manage. With little time for existing administrative tasks, expansion and coordination feel out of reach.

NEEDS ADDRESSED

Smaller transportation providers do not have the staff availability for additional coordination meetings and activities.

Staff turnover is leading to institutional knowledge loss, further reducing capacity.

GOAL 7: CORE STRATEGIES

7.1 - Create regional mobility managers.

Regional mobility managers could coordinate larger regional funding and program questions, leaving local mobility managers to focus on the daily needs of their communities. Regional mobility managers would stay up to date on funding opportunities and be able to provide technical assistance on grant applications and reporting to build capacity. individual or organization.

7.2 - Increase regular touchpoints with 5310 grantees and other human service providers throughout the year.

Holding regular meetings or workshops with human service transportation providers outside of the grant application cycle allows providers to gain a better understanding of the program and how it can meet their needs. Building partnerships required for coordinated funding takes time, often longer than the application window for a discretionary grant. Having regular conversations with providers promotes partnership building and is a chance for state and regional organizations to better understand what technical assistance may be needed.

7.3 - Utilize services from national technical assistance centers.

National technical assistance centers, such as the CCAM-TAC, NCATT, and RTAP, provide various forms of technical assistance ranging from funding options to technology adoption. They are available to assist localities, regions, and states on human service transportation issues, often with grants to assist with the costs.

FUNDING STRATEGIES

- 5310 takedown for administration. Direct recipients of 5310 funding can be used to fund technical assistance and coordination administration across the state.

NATIONAL CASE STUDY: FUND BRAIDING FOR MOBILITY MANAGEMENT - NEW HAMPSHIRE

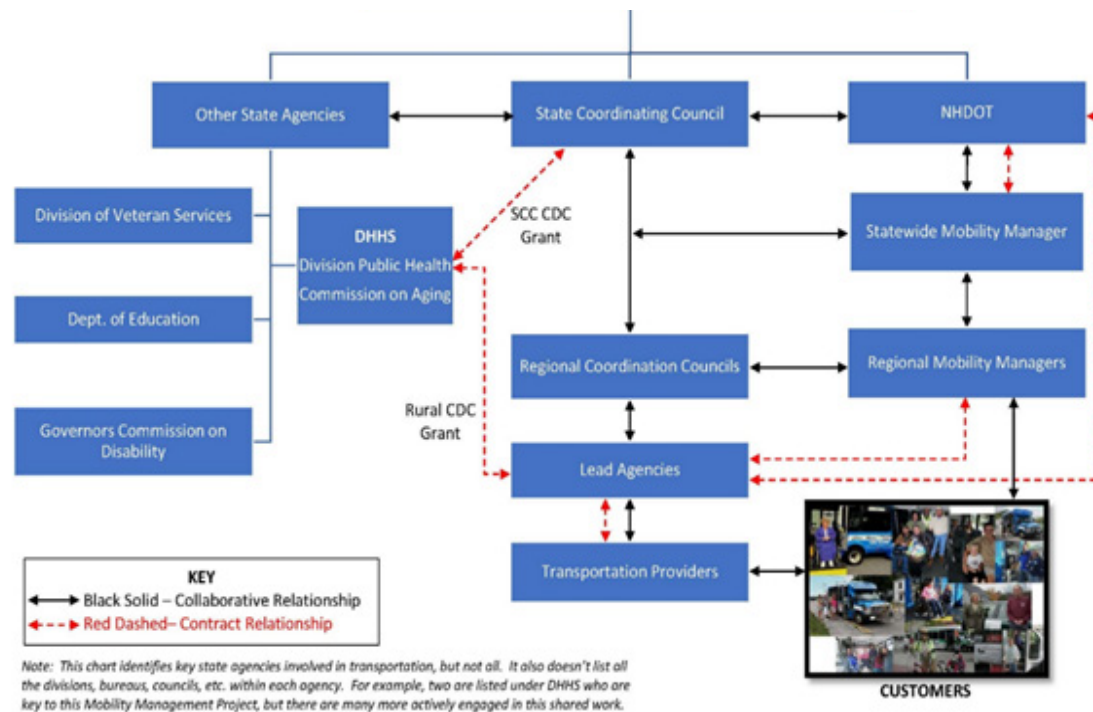
In 2022, New Hampshire set out to improve community transportation services across the state by creating a statewide network of mobility managers. The program created a statewide mobility manager as well as regional mobility managers focused on the state's ten Regional Coordinating Councils.

The mobility manager positions are funded through a mix of funding sources, including FTA 5310 funding, multiple CDC grants, and NHDOT funds, maximizing each grant's use to get the most out of the total funding. While the CDC grants are able to be used for certain local match requirements, they also have a focus on rural communities, meaning the funding could not be used to support statewide or urban mobility managers. To effectively run the program, this meant New Hampshire needed to braid multiple sources of funding together, each with its own set of eligibility and program requirements, to create the total funding package for the program. Enduring through this complexity has paid off, with this program credited with numerous new or improved community transportation options throughout the state.

Learn more about the New Hampshire

Mobility Manager Network:

- [Funding and Program Focus](#)
- [Program Successes](#)



GOAL 7: IMPLEMENTATION GUIDE

Transportation and human service providers will need assistance putting all these actions into motion. Dedicated staff to help service providers, increased touchpoints throughout the year, and bringing in help from national technical assistance centers will help achieve this goal.

Strategy 7.1: Create regional mobility managers.

- a. Determine ideal organizational housing for the regional mobility manager role. Some regions may have large organizations that are ready to accept responsibility, while other regions may need more assistance from the state.
- b. Develop partnerships with other state agencies to maximize the connectivity of a mobility manager role to other human services provided throughout the state. Mobility management cannot happen in a vacuum, making partnerships, particularly at the state level, critical to success.
- c. Develop funding strategies for the role in each region, utilizing the partnerships created for the role.
- d. Create roles for regional mobility managers focused on connecting programs and transportation services for older adults and individuals with disabilities.

Strategy 7.2: Increase regular touchpoints with 5310 grantees and other human service providers throughout the year.

- a. Develop calendar for 5310 program engagement, increasing the amount of non-application related engagement. Regular communications in the form of emails and webinars were highlighted by providers as good ways to keep them engaged.
- b. Invite national leaders from the human service transportation industry to speak to providers in the state at virtual engagements.

Strategy 7.3: Utilize services from national technical assistance centers.

- a. Develop a technical assistance strategy to prioritize statewide and local assistance from national technical assistance centers for transportation providers. A pipeline of upcoming engagements helps ensure that assistance is spread across the state. There are additional technical assistance opportunities available from healthcare and other human service providers that may be beneficial in creating lasting partnerships.
- b. Apply for technical assistance opportunities that assist local providers build capacity for partnership creation and grant administration.

| Strategy | Action Item | Action | Timing | Outcome | Unit of Government | Regional Priority |
|--|-------------|---|--------------|--|----------------------------|----------------------|
| 7.1 - Create regional mobility managers. | 7.1a | Determine ideal organizational housing for the regional mobility manager role. | Medium | Housing for regional mobility managers in all CHSM regions. | State | Statewide |
| | 7.1b | Develop partnerships with other state agencies to maximize the connectivity of a mobility manager role to other human services provided throughout the state. | Short | Shared understanding of what a regional mobility manager can do. | State | |
| | 7.1c | Develop funding strategies for the role in each region, utilizing the partnerships created for the role. | Medium | Regional funding menus. | State and Regional | |
| | 7.1d | Create roles for regional mobility managers focused on connecting programs and transportation services for older adults and individuals with disabilities. | Long | Regional mobility managers hired in each region. | State and Regional | |
| 7.2 - Increase regular touchpoints with 5310 grantees and other human service providers. | 7.2a | Develop calendar for 5310 program engagement, increasing the amount of non-application related engagement. | Short | Multiple 5310 engagements throughout the year. | State | Alleghany, Southwest |
| | 7.2b | Invite national leaders from the human service transportation industry to speak to providers in the state at virtual engagements. | Short-Medium | Number of technical assistance engagements hosted in the state. | State, Regional, and Local | |
| 7.3 - Utilize services from national technical assistance centers. | 7.3a | Develop a technical assistance strategy to prioritize statewide and local assistance from national technical assistance centers. | Short | Bi-annual technical assistance plan. | State | Statewide |
| | 7.3b | Apply for technical assistance opportunities that assist local providers build capacity for partnership creation and grant administration. | Medium | Number of technical assistance engagements hosted in the state. | State and Regional | |