

2026

Coordinated Human Service Mobility Plan

February 2026



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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)

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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

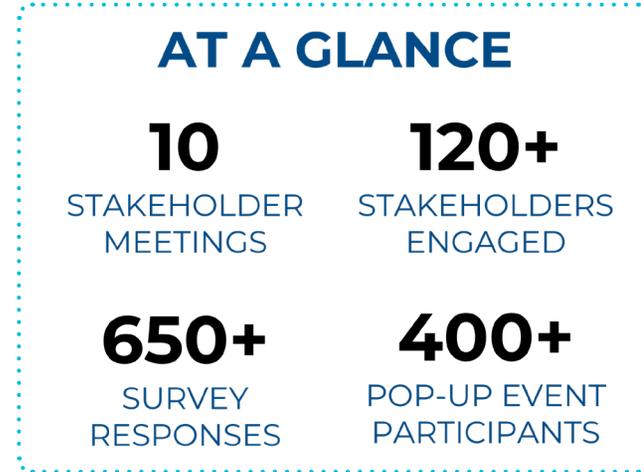
Federal guidance also requires participation from older adults, individuals with disabilities (including wheelchair users), representatives of public, private, and nonprofit transportation and human service providers, and other members of the public. DRPT engaged with each of these groups, in addition 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

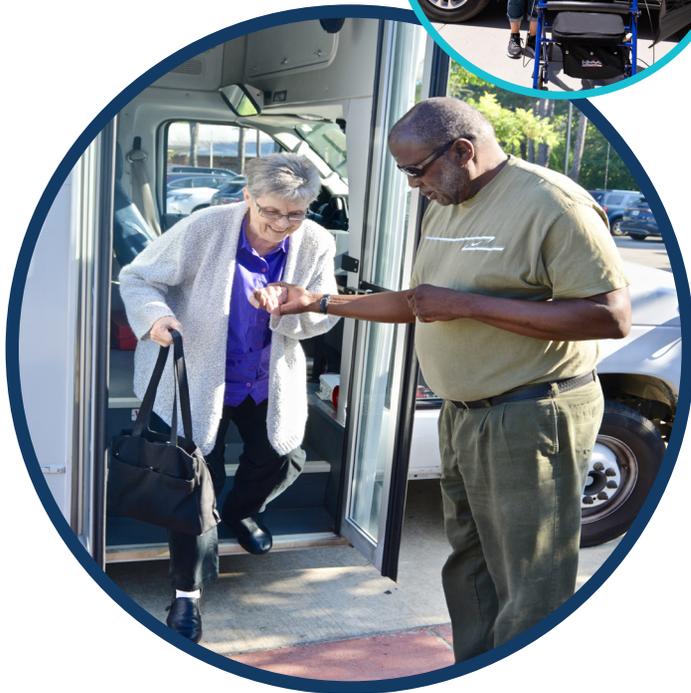
Open to any member of the public to use the service.

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.

STATEWIDE PROFILE

The CHSM Plan includes one statewide profile and six separate regional profiles.

Each section contains an overview of demographics, including the geography of older adults, people with a disability, and other demographic characteristics that may influence the need for human transportation services. Regional profiles also describes the current state of human services transportation and includes an inventory of transportation services for each region. A statewide provider inventory is available in Appendix E. The information presented in each profile was developed through an analysis of data sets from a variety of sources. See Appendix C (Data Sources) for a comprehensive listing.

The statewide profile contains the following sections:

DEMOGRAPHICS

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

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.



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.

GAPS AND NEEDS

Summarizes the transportation needs and services gaps of individuals with disabilities, older adults, and other populations, based on both rider and provider feedback.

OVERVIEW

Virginia's over 39,000 square miles is home to a diverse population of over 8.6 million people. From dense cities to small Appalachian towns, the Commonwealth features a broad range of communities experiencing different demographic changes. Since 2010, Virginia has grown in population over 7%, however this has mostly been driven by increases in urban and suburban areas. Rural areas have seen their populations continue to shrink during the same period, trend that is expected to continue.

The amount of people that may rely on human services transportation numbers in the low seven figures. 1.67 million Virginians are enrolled in Medicaid due to eligibility based on age or disability. 1.4 million residents are over the age of 65, a cohort projected to increase to 1.8 million by 2030. Almost a million adults have a disability that may impact their mobility, a population that is also expected to increase as the Commonwealth ages. Income and access to a vehicle also impact demand for human services transportation. Over 500,000 households are defined as low-income, with barriers to mobility from ability to pay. Almost 200,000 households live without access to a vehicle, creating barriers to care in places without public transportation or other mode options like sidewalks.

While home to fewer people, rural areas generally have higher proportions of those expected to rely on human services transportation. The geography of rural areas makes them inherently more difficult to service due to low population density and natural features that increase travel times. Regardless, need for ample human services transportation is present statewide in both rural and urban areas.

DEMOGRAPHIC SUMMARY

Region	Total Population	Older Adults	Adults with a Disability	Total Households	Low-Income Households	Zero-Car Households
Virginia	8,657,499	1,410,160 (16%)	938,241 (11%)	3,838,570	581,122 (15%)	199,593 (5%)
Alleghany	721,706	148,634 (21%)	95,750 (13%)	292,586	64,368 (23%)	17,555 (6%)
Central	1,946,430	322,851 (17%)	220,333 (11%)	750,391	90,047 (12%)	43,247 (6%)
Northern	2,927,887	392,093 (13%)	218,228 (7%)	1,070,994	117,809 (11%)	59,536 (6%)
Southwest	368,369	85,705 (23%)	80,937 (22%)	150,634	43,683 (29%)	10,626 (7%)
Tidewater	1,770,687	280,512 (16%)	205,154 (12%)	698,337	132,905 (19%)	46,241 (7%)
Western	922,420	180,365 (20%)	117,839 (13%)	875,628	196,614 (22%)	22,388 (7%)

STATEWIDE DEMOGRAPHIC TAKEAWAYS

The following takeaways are based on demographic data and transportation patterns (pp. 30-34)

1

The Northern and Central Regions have the largest populations overall as well as the greatest number of people eligible to use human services transportation.

2

The Southwestern, Western, and Alleghany Regions have the smallest populations overall, but the largest proportion of people eligible to use human services transportation.

3

The need for human services transportation is expected to rise, driven primarily by an aging population increasing the number of older adults.

4

Human service transportation meets vital needs in communities across the Commonwealth, from rural to urban and coastal to mountainous.

4

Almost 200,000 households across the Commonwealth do not have access to a vehicle and exist in communities both with and without public transportation, however limited.

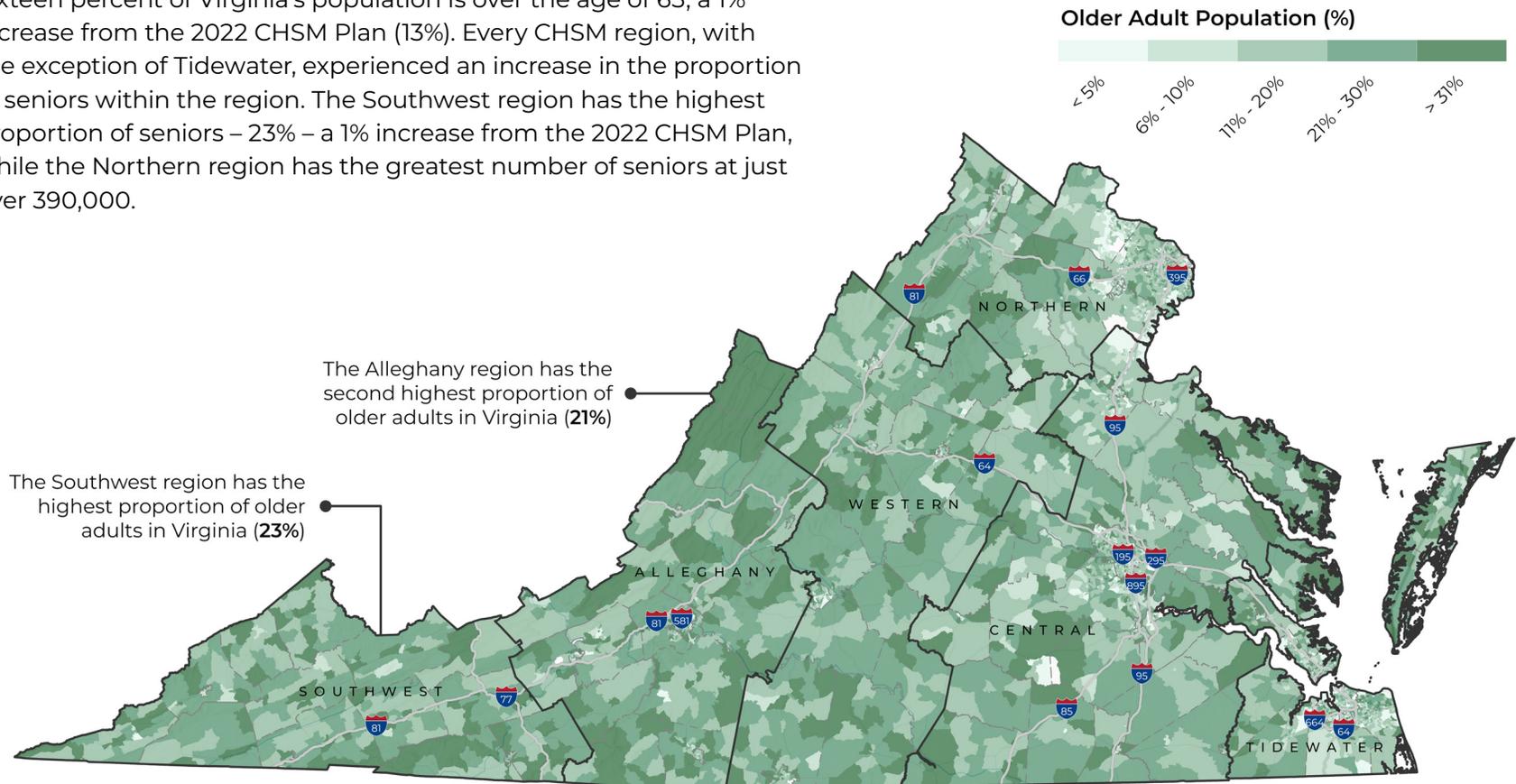
5

Places with demographics that indicate high propensity for transit are present in communities across the Commonwealth, however calculated propensity is generally higher outside of the urban crescent (DC, Richmond, Hampton Roads) and potentially attributed to the lesser weighting of population density.

OLDER ADULTS

The older adult population, defined as individuals aged 65 and older, is a key demographic for human service transportation in Virginia. Many older adults face physical, financial, and mobility challenges that reduce their ability to drive, while their need for medical and support services increases. With Medicare eligibility beginning at age 65 and the ageing of the baby boomer generation, demand for transportation services tailored to seniors is expected to rise significantly. Older veterans, who are more likely to have disabilities, also represent a critical user group for these services. Identifying areas with high concentrations of older adults is essential for effective transportation planning and resource allocation.

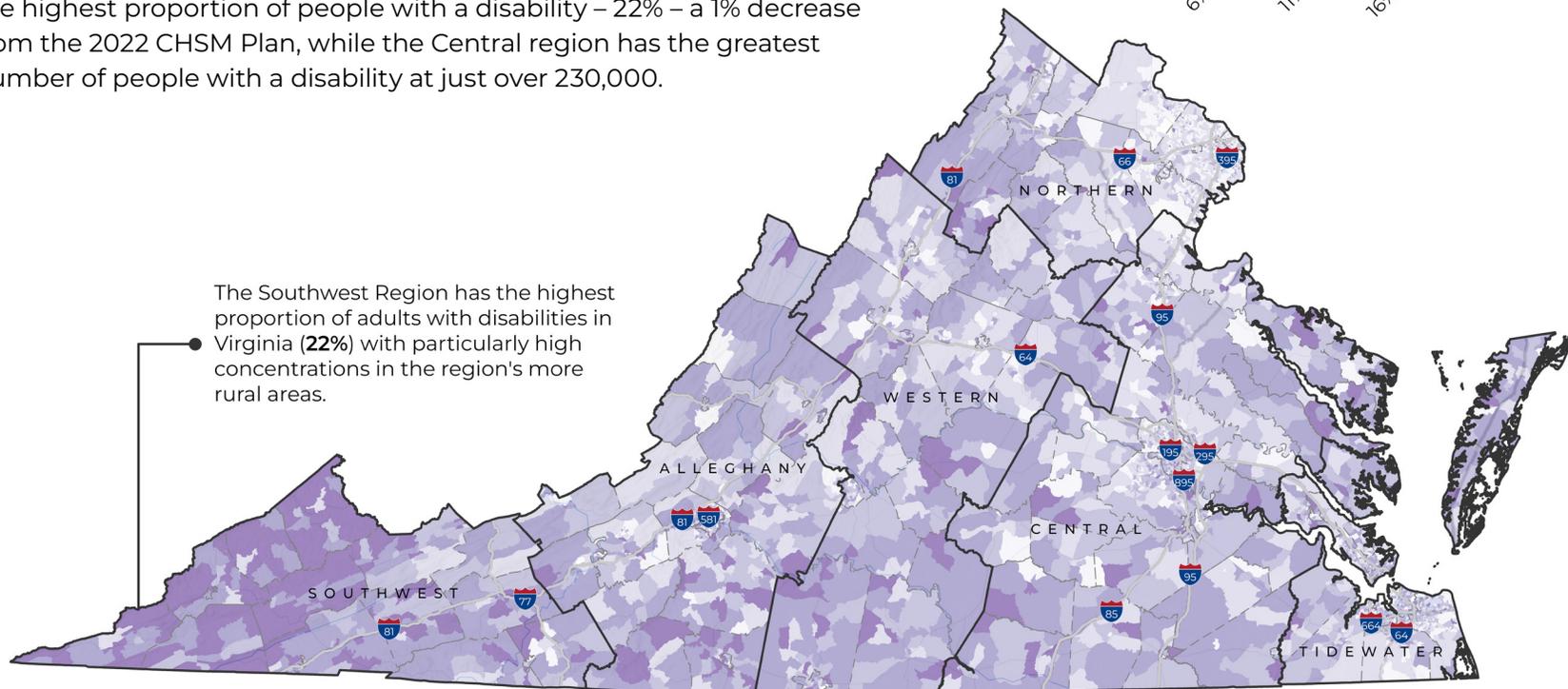
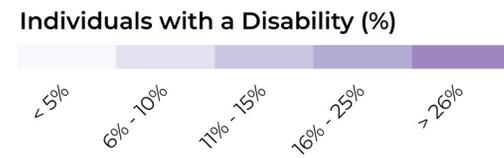
Sixteen percent of Virginia’s population is over the age of 65, a 1% increase from the 2022 CHSM Plan (13%). Every CHSM region, with the exception of Tidewater, experienced an increase in the proportion of seniors within the region. The Southwest region has the highest proportion of seniors – 23% – a 1% increase from the 2022 CHSM Plan, while the Northern region has the greatest number of seniors at just over 390,000.



INDIVIDUALS WITH A DISABILITY

The American Community Survey (ACS) identifies individuals with disabilities across six types: hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty. Respondents who report any of these six difficulties are considered to have a disability. In Virginia, areas with high concentrations of people with disabilities are key to planning human service transportation, as this population often relies heavily on such services. Their transportation needs vary widely—some may have limited mobility that restricts access to fixed-route transit, while others may require door-to-door assistance. Understanding these needs is essential for optimal service planning and ensuring accessible, equitable transportation options.

Eleven percent of Virginia’s population reports having a disability, a 1% decrease from the 2022 CHSM Plan (12%). Every CHSM region, with the exception of Tidewater, experienced a decrease in the proportion of people with a disability within the region. The Southwest region has the highest proportion of people with a disability – 22% – a 1% decrease from the 2022 CHSM Plan, while the Central region has the greatest number of people with a disability at just over 230,000.

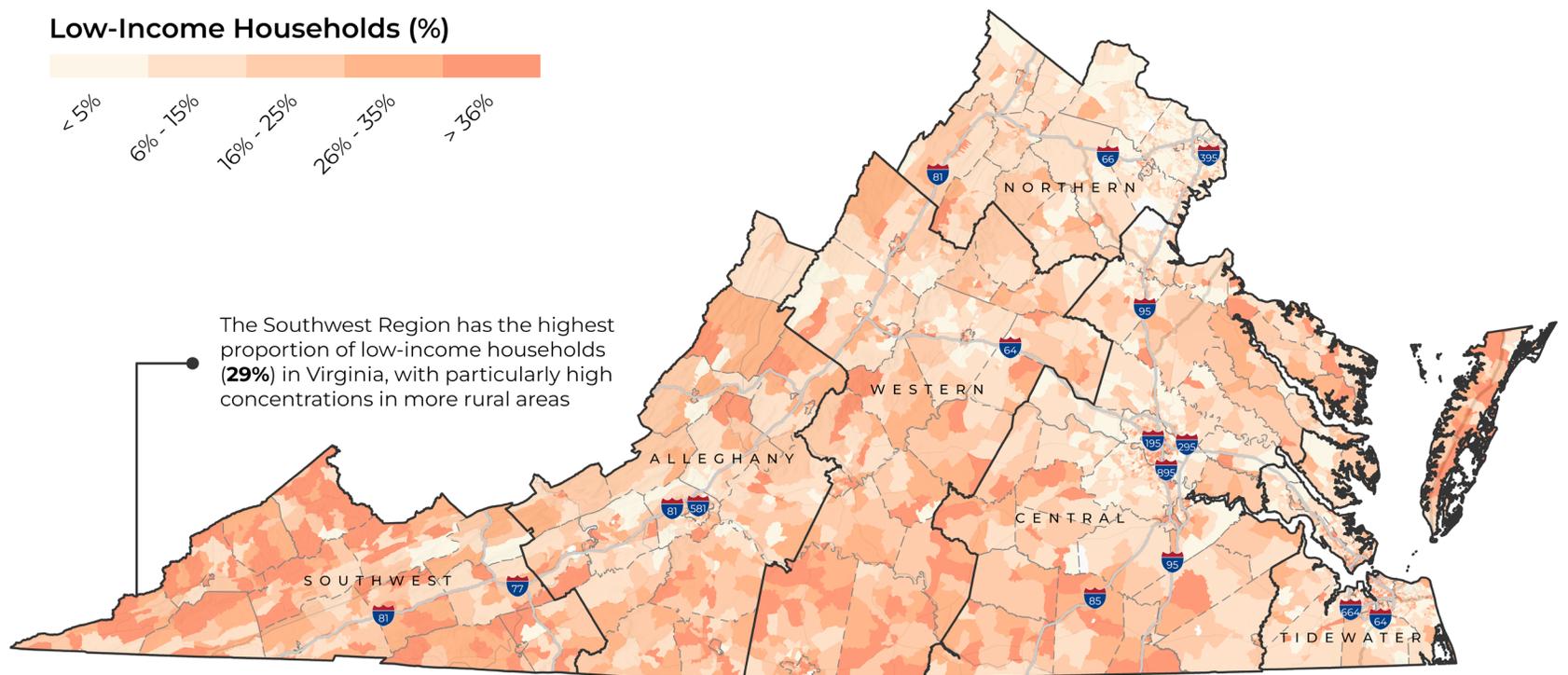


The Southwest Region has the highest proportion of adults with disabilities in Virginia (22%) with particularly high concentrations in the region's more rural areas.

LOW INCOME HOUSEHOLDS

Low-income populations are less likely to own or have reliable access to a personal vehicle and are disproportionately burdened by transportation costs, which consume a higher share of household income and can limit access to employment, healthcare, and essential services. Identifying areas with high proportions of low-income households helps transportation providers align services with demand and prioritize resources where needs are greatest. Ensuring adequate coverage in these regions supports equitable access and promotes independence for vulnerable residents.

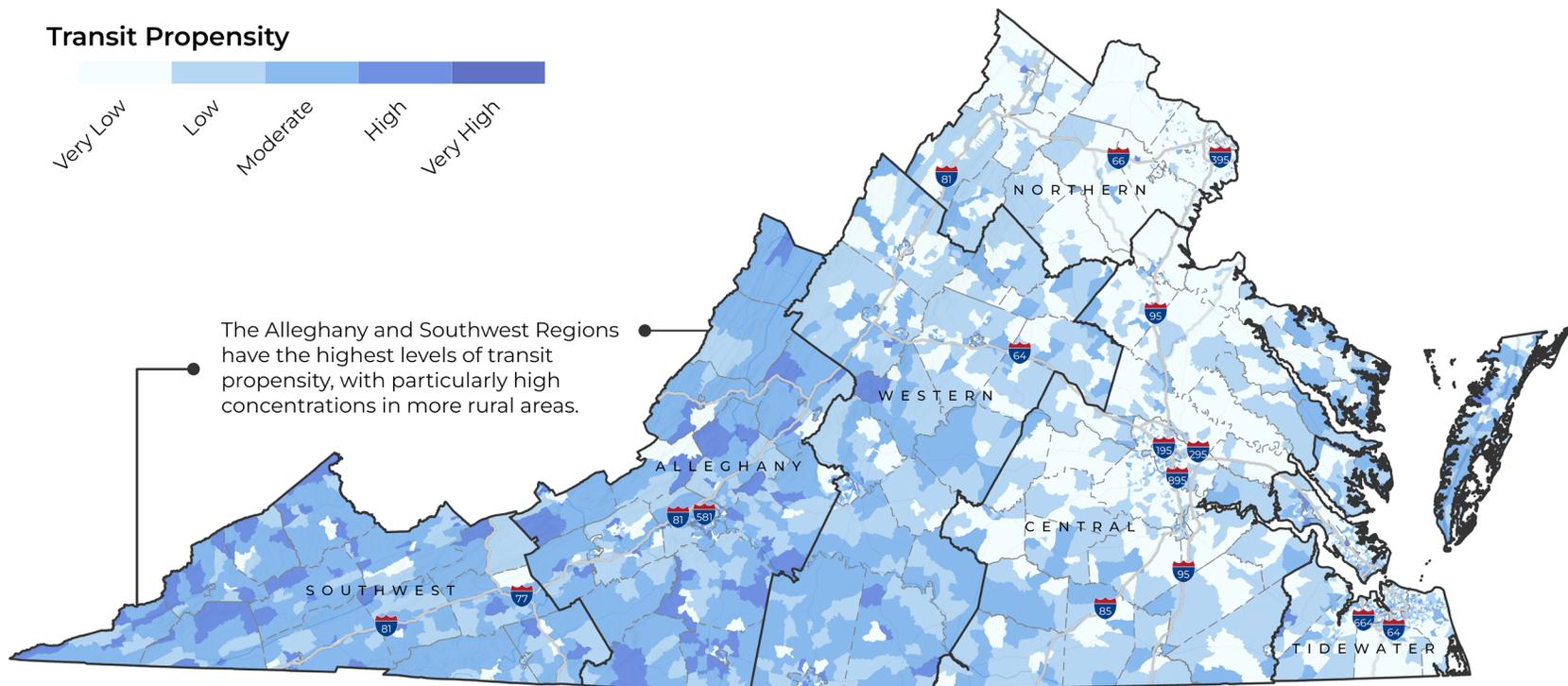
In Virginia, approximately 18% of households earn less than 150% of the Federal Poverty Line (FPL). The highest proportion of households in poverty are in the Southwest Region (29%), followed by the Alleghany Region (23%).



TRANSIT PROPENSITY

The propensity analysis combines the four key demographic indicators to assess the likelihood of people living in each Census Block Group to rely on transit. Transit propensity generally increases from East to West and North to South, with highest propensity overall in the Southwest and Allegheny regions. Pockets of very high propensity are present across the Commonwealth, in both urban and rural areas. Urbanized areas with high transit propensity are less visible in this map due to their smaller Block Group sizes and that population density is weighted less heavily in the propensity calculation.

The full methodology is detailed in Appendix A.



STATEWIDE ENGAGEMENT

Several engagement techniques were employed as part of the CHSM process. An online survey was conducted to understand how riders use available transportation services and the challenges that riders and operators face. The survey was open for five weeks in Spring 2025 and garnered 577 responses:

332

respondents identifying themselves as **providers** of human services transportation

241

respondents identifying themselves as **riders** of public or human services transportation programs

These responses have been used to create an inventory of existing services, identify gaps in transportation service availability or accessibility, and ultimately to inform the recommendations in the CHSM plan.

In addition to the survey, virtual focus groups were held for each of the six CHSM regions. These meetings informed participants about the goals of the plan update and gathered additional input. An in-person workshop was also conducted at the Community Transportation Association of Virginia's annual conference in August 2025 to further collaborate with transportation providers and planning agencies.

Finally, the Virginia Department of Rail and Public Transportation distributed a pop-up event toolkit to transportation providers as an opportunity to gather additional input from the public. Transportation providers have the option to conduct local pop-up events that give their riders and the general public an opportunity to participate in the needs assessment process



DRPT 5310 Program Manager Jess Maffey presenting at the 2025 Community Transportation Association of Virginia (CTAV) Meeting

RIDER CHARACTERISTICS - SURVEY #1

51% of survey respondents reported that **someone in their household has a disability that limits their mobility.**

49% of survey respondents were **age 65 or older.**



PROVIDER CHARACTERISTICS - SURVEY #1

30% Area Agency's on Aging or Community Services Boards

40% Other non-profit organizations that directly operate or contract to operate transportation services

10% Transit agencies

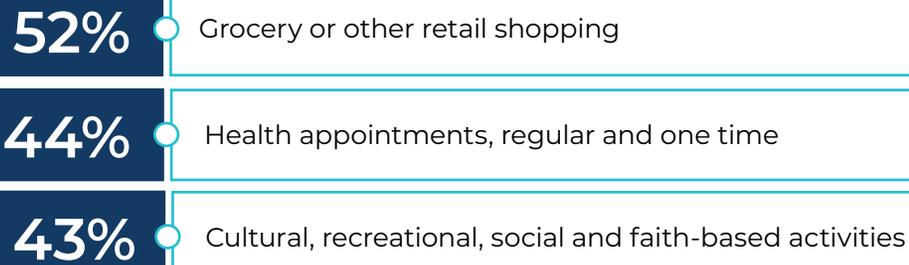


Other respondents perform travel planning, information, and referrals. These organizations are mainly serving people with disabilities and older adults, with 83% and 61% saying they primarily serve those respective populations.

HOW RIDERS USE TRANSPORTATION

The vast majority, over 67%, of respondents identifying as riders rely on rides from family, friends, or neighbors to get around. Public transit is the second most frequently used by respondents, with over 37% utilizing that mode. TNC's and private taxi companies also play a large role in the human services transportation system, with around 35% and 11% of respondents utilizing those services, respectively. Volunteer driver services are also filling an important role, with close to 15% of respondents utilizing those services.

Riders use these services to fulfill their everyday necessities:



Around 44% of respondents are using the transportation services to access medical appointments, both regular and one-time. Employment, nutrition and meal sites, and social services were also important destinations. Respondents specifically mentioned using these services to directly visit their families or connect with other regional and long-distance transportation services to make family visits. Other specific destinations included day support programs and other social outings.

The majority of the 241 rider respondents reported living in Northern Virginia, Fredericksburg, and the Richmond area. These results show that human services transportation is filling a large need for these riders.



SURVEY #1 THEMES

MOST NEEDED ENHANCEMENTS

SERVICE
ACCESSIBILITY
AND EXPANSION

SERVICE
FREQUENCY AND
RELIABILITY

AFFORDABILITY

STATEWIDE GAPS AND NEEDS

This section includes separate gaps and needs for transportation service users and providers. Providers were engaged in numerous ways to understand the needs of transportation providers and riders, and their comments were used to identify the following needs.

GAPS AND NEEDS FOR RIDERS

Understanding how riders use the current transportation network is only one piece of the puzzle. During engagement efforts, riders had the opportunity to speak on the current gaps and barriers they see in the transportation system, and how it could be improved. In the survey, riders were asked a free-response question on gaps and potential improvements to the services they used. This feedback was coupled with what was gathered by providers at pop-up engagement sessions across the Commonwealth. While comments covered many topics, much of rider feedback revolved around three themes: more frequent and reliable existing services, increased transportation options, and more information sharing and technology.



- | RIDER NEEDS | |
|-------------|---|
| ○ | Increase reliability and expand existing services |
| ○ | Create new services to meet changing needs |
| ○ | Create better technology to share information |
| ○ | Recognize unique aspects of human services transportation |

“ There aren’t many accessible options for a person who is unable to drive, but also low income and can’t afford to uber everywhere. I currently rely on my husband or friends to get where I need to go, and due to that I limit where I go to chemo appts (and other docs) and groceries, rarely any leisure places because it already costs to go do things, paying uber prices to get there is just too costly.

– Rider (Fredericksburg, VA)

”

“

**Identifying and growing local matching funds/
alternative funding sources.**

– Provider (Central Region)

”

GAPS AND NEEDS FOR PROVIDERS

Providers discussed several barriers to providing service in their communities and other issues that impact mobility of their riders. Providers across the Commonwealth shared common challenges, with rural providers also speaking extensively on the challenges of providing transportation over large distances and coordinating regional transportation. Rural providers noted that many of their services or service areas make it difficult to combining trips, leading to less overall transportation capacity. Urban and suburban providers spoke on issues coordinating for wrap-around services or additional support for riders. While both issues can cause capacity issues for human service transportation providers, it is important to note the difference in cause.

PROVIDER NEEDS

- Provide more transportation services
- Find additional sustainable funding sources
- Increase recruitment and retention of staff
- Delineate responsibility and focus on transportation



“

Our drivers are our direct support staff and program managers. We are limited by our number of staff and the level of care the individuals we support need.

– Provider (Western Region)

”

RIDER NEED 1: INCREASE RELIABILITY AND EXPAND CURRENT SERVICES

The vast majority of riders who gave feedback for this plan discussed the frequency, reliability, and coverage of the current transportation services as an issue for them.

- First and foremost, riders talked about the impacts of the limited existing transportation resources. They spoke about missing medical appointments due to late rides and the difficulties in finding regular transportation to recurring appointments. Riders frequently expressed a desire for additional bus service, additional on-demand services, and additional vehicles to increase service reliability.
- Riders shared that existing service hours, particularly a lack of late-night and weekend transportation, can be a barrier to accessing human services or other life needs. Limited service hours can restrict employment opportunities or medical appointment windows for those who are transit-dependent.
- Riders mentioned the difficulties imposed by service areas and jurisdictional boundaries. Some transportation services may not cover an entire community, leaving some destinations without transit service. Communities are also growing and changing, leaving new destinations outside of existing service areas. Other riders talked about the difficulty of crossing jurisdictional boundaries, such as county lines, when transit providers are mainly working within the county lines. This can leave individuals without access to needed services available in the region.

IDENTIFIED RIDER NEEDS

- Increase reliability and expand existing services
- Increased transit coverage of existing services
- Increased planning coordination between land-use and transit, particularly for eligibility-restricted services
- Increased service hours for transportation services, particularly on nights and weekends

RIDER NEED 2: CREATE NEW SERVICES TO MEET CHANGING NEEDS

Riders also noted transportation needs that are not being met by current services. Whether the comments stemmed from a complete lack of services in a community, specific trip types or destinations not being served, or a specific mode of transportation that was not available, riders showed the need for new services and new types of services to better meet their needs.

- Riders discussed the need for new services in their communities to meet the everyday quality-of-life needs of residents. Many riders mentioned transportation in their region only being available for medical trips, leaving riders with limited options for important quality-of-life trips such as grocery shopping or recreation. Riders discussed the impacts that reduced mobility in their community can have, such as social isolation and adverse health outcomes. Additional transportation options for quality-of-life trips, particularly to social determinants of health destinations within communities, were consistently mentioned as a need by riders.
- Riders talked about the importance of having a variety of transportation types within a community to best meet the needs of varying groups. Many discussed the specific needs of certain populations and the varying modes of transportation best suited for those needs. Other riders mentioned the importance of having a mix of transportation options, expressing a desire for additional regional passenger rail services and car-sharing options. These comments reflect the need for a variety of transportation options in a community, and flexibility for individuals to travel using the mode that best suits their needs.

- Riders mentioned the need for better first-and-last mile connections, or easier access to public transportation. Some mentioned the need for better sidewalk and micro-mobility infrastructure, while others focused on new services that connect to the existing transportation system. All comments highlighted a desire for new or better connections to transit services.

IDENTIFIED RIDER NEEDS

- Additional regular transportation services to social determinants of health destinations
- Increased variety of modes to best meet the needs of varying populations, particularly individuals with disabilities
- Additional first-and-last mile services and better connections to existing transit services

RIDER NEED 3: CREATE BETTER TECHNOLOGY TO SHARE INFORMATION MORE EASILY

Many riders, specifically in the Northern, Allegheny, and Central Regions, mentioned a lack of information and technology as a barrier. Many spoke about the difficulties of finding information about services or knowing what services are available to them. Others mentioned the need for additional technology, whether it be around information, scheduling and payment, or ride logistics.

- Many riders did not know about the transportation services in their area or did not have enough information about those services to use them effectively. Human service transportation providers across the state advertise their services in inconsistent ways, with program information also varying widely. Riders mentioned looking for information on transportation schedules as well as the eligibility for specific services. This also extends to regional transportation, with riders looking for more information on how to connect with transportation providers outside of their direct community.
- Riders mentioned not having access to technology to help them get information on available services or their trips. Some riders mentioned frustrations with inconsistencies in technology use across providers and regions, while others focused on the need for enhanced communication methods about trip specifics.

IDENTIFIED RIDER NEEDS

- Increased access to information on available transportation services and eligibility requirements
- Increased information on regional/statewide connections and regional/statewide transportation options
- Consistent information available across services

RIDER NEED 4: RECOGNIZE UNIQUE ASPECTS OF HUMAN SERVICE TRANSPORTATION

Riders discussed some specifics of human services transportation that are important to note.

- Riders mentioned the importance of driver training and other auxiliary services for people with additional needs on human service transportation. While providers of human service transportation, and particularly the drivers of the vehicles themselves, may be limited in the assistance they can provide to riders, it is important to note that some riders of human service transportation may need additional support, either while on the vehicle or at their destination. Riders can face challenges at their destination that leave them unable to receive the services they took the trip to get or may need additional help getting from the vehicle to the destination they are traveling to. Ensuring all individuals are equipped with the assistance they need is critical.
- Riders mentioned funding and eligibility requirements for programs as a hurdle. A comment from the Central Region stated the need for funding streams to help individuals pay for the fares of transportation services. Another comment from the Central Region asked for funding for volunteer driver programs, specifically. Lastly, a comment from the Northern Region highlighted how eligibility requirements for programs can create large challenges for families. The rider mentioned the limitations of services for those who do not meet the eligibility criteria for things like income and age, even if they are just over the threshold. This can lead to large costs for transportation that individuals are not able to pay.

IDENTIFIED RIDER NEEDS

Transportation services tailored to the needs of specific populations

Additional funding opportunities for non-traditional transportation solutions

PROVIDER NEED 1: PROVIDE MORE TRANSPORTATION SERVICES

Providers responding to the survey most often indicated that a lack of public transportation was the largest barrier to mobility in their community. Providers also recognized that the hours and days of service, as well as lengthy paths of travel, were large barriers to mobility in their service areas. Providers also provided many comments expressing the need to support existing transportation services and provide for expansion.

- Many providers spoke about operating at maximum capacity to meet demands and even having to prioritize trips. Many providers cannot keep up with the current demand for their services and many recognize a demand for additional services or coverage.
- Providers talked about the desire to expand their services to cover larger areas of their communities or connect with other providers in their region. Some providers spoke of having to turn down rides that are outside of their service area, while others spoke of the difficulties in arranging regional travel.
- Providers also mentioned the need for additional types of transportation services, and the importance of having a mix of vehicle types within their fleet to better serve their areas.

IDENTIFIED PROVIDER NEEDS

- Increased frequency and reliability for existing services
- Increased transit coverage of existing services
- Additional first-and-last mile services and better connections to existing transit services
- Increased variety of modes to best meet the needs of varying populations, particularly individuals with disabilities

PROVIDER NEED 2: FIND ADDITIONAL SUSTAINABLE FUNDING SOURCES

In every engagement with human services transportation providers, funding was mentioned as a large, if not the largest, issue for meeting the needs of their communities. Providers talked extensively about issues with funding to maintain current services, finding funding for new services, and funding eligibility requirements. This is further evidenced by the survey results, with funding topics making up three out of the top five agency-focused challenges providers are facing.

- Many providers mentioned they are struggling to find funding to maintain their current services. Costs have risen exponentially in recent years, making it difficult for providers to maintain service levels. Short-term funding mechanisms set up during the Covid-19 pandemic and related economic slowdown have also ended, leaving transportation providers with large roles to fill and smaller amounts of funding to do so. Respondents were succinct with this barrier, with many responding that there simply is not enough funding to do the job.
- Providers also talked about the difficulties in expanding or creating new services without additional funding. Many providers would like to expand or improve their services, however, are unable to do so with their existing funding levels. Providers mentioned that even if there are federal funds available, it can often be difficult to find a local match, making it impossible to apply for additional funding as well.
- Providers mentioned the difficulty in working with their communities to get funding. Providers brought up difficulties in talking to local officials about the costs of services and the amounts of funding needed. Others talked about both the difficulties of growing funding for successful services to meet demand and talking with officials about why that funding is needed.
- Lastly, providers talked about difficulties in meeting funding eligibility requirements or grant application deadlines. Many providers do not have the capacity to manage multiple grants with different rules regarding what is reimbursed. Providers remarked on the availability of grants for capital purchases, but little for operations. Additionally, many providers talked about tight grant application timelines or complex applications, leading to them not applying.

IDENTIFIED PROVIDER NEEDS

Additional, reliable sources of funding to maintain current human service and public transportation services

Assistance in identifying additional sources of local match for grant funding

Assistance in communicating the costs and needs of transportation services to non-transportation professionals

Assistance to increase local/regional grant application and management capacity

PROVIDER NEED 3: INCREASE RECRUITMENT & RETENTION OF TRANSPORTATION STAFF

Providers talked extensively about staffing challenges and the impacts reduced staffing can have on their services. Providers talked about issues recruiting and retaining drivers, operations, and administrative staff alike.

- Providers talked extensively about the troubles of recruiting and retaining drivers for their services. These comments were consistent across the state and across modes of service. A lack of drivers can mean longer waiting times for riders, or even the inability for some providers to run all the services they would like.
- Providers also spoke about difficulties in recruiting and retaining administrative staff. A lack of administrative staff can lead to cascading effects for the entire organization. Providers mentioned not having the time to apply for grants or better coordinate their services because they are short staffed and only able to do the bare necessities.
- Providers mentioned the institutional knowledge lost in staff turnover and the difficulties imposed by constantly training new staff. Knowledge is lost when staff leave an organization, making it harder to meet current demands. Constantly training new staff takes away organizational capacity for other administrative tasks as well.
- Providers also mentioned the lack of capacity that smaller organizations have by nature. Many providers spoke of having a small administrative staff that often do more than one job. With a small administrative staff busy with regular functions, here is little room for additional coordination activities.

IDENTIFIED PROVIDER NEEDS

- Assistance in recruiting and retaining drivers
- Help in maintaining institutional knowledge at a local level
- Assistance to increase local coordination/ administration capacity for small providers
- Assistance to increase local/regional grant application and management capacity

PROVIDER NEED 4: DELINEATE RESPONSIBILITY AND FOCUS ON TRANSPORTATION

Many providers from across Virginia agreed that the services they provide have either extended past their core mission or they are taking on additional responsibilities to assist their riders. While taking the time to assist individuals with their needs is necessary, it can also take resources away from providing transportation services.

- Many transportation providers talked about the roles they play in their communities. These roles extend well beyond providing transportation services and can sometimes cross into case management for individuals.
- Many providers spoke about the challenges of working with individuals who do not or are unable to express their needs. Providers have taken proactive measures, such as confirming doctors' appointments for their riders, to ensure the trip will be successful.
- Human service providers are also allocating resources to transportation, often using their direct support staff as drivers. Many human service providers have noted that their staff have personally assisted clients with transportation when needed.

IDENTIFIED PROVIDER NEEDS

Increased coordination between human services transportation providers and case managers

Better delegation of responsibilities for transportation providers and human service providers

Additional assistance in tracking rider needs for transportation and human service needs

Assistance in working with human service providers, particularly in the health care industry, to better understand the needs and limits of transportation providers

NEEDS MATRIX

Need	Rider Identified	Provider Identified
Increased frequency and reliability for existing services	✓	
Increased transit coverage of existing services		✓
Increased planning coordination between land-use and transit operations, particularly for services impacting target populations		✓
Increased service hours for transportation services, particularly on nights and weekends	✓	
Additional, regular transportation services to social determinants of health destinations	✓	
Increased variety of modes to best meet the needs of varying populations, particularly individuals with disabilities	✓	
Additional first and last mile services and better connections to existing transit services	✓	
Increased access to information on available transportation services and eligibility requirements	✓	
Increased information on regional/statewide connections and regional/statewide transportation options	✓	
Consistent information available across services	✓	
Transportation services tailored to the needs of specific populations	✓	
Additional funding opportunities for non-traditional transportation solutions		✓
Increased variety of modes to best meet the needs of varying populations, particularly individuals with disabilities	✓	
Additional first and last mile services and better connections to existing transit services		✓
Additional, reliable sources of funding to maintain current human service and public transportation services		✓

Need	Rider Identified	Provider Identified
Additional, reliable sources of funding to expand human service and public transportation services		✓
Assistance in identifying additional sources of local match for grant funding		✓
Assistance in communicating the costs and needs of transportation services to non-transportation professionals		✓
Assistance to increase local/regional grant application and management capacity		✓
Assistance in recruiting and retaining drivers		✓
Assistance in recruiting and retaining administrative staff		✓
Help in maintaining institutional knowledge at a local level		✓
Assistance to increase local coordination and administration capacity for small providers		✓
Assistance to increase local/regional grant application and management capacity		✓
Increased Coordination with Human Services and Case Managers		✓
Better delegation of responsibilities for transportation providers and human service providers		✓
Additional assistance in tracking rider needs for transportation and human service needs		✓
Assistance in working with human service providers, particularly in the health care industry, to better understand the needs and limits of transportation providers		✓

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:

<p>DEMOGRAPHICS</p> <p>Overview of key demographic indicators including population density, older adults, adults with a disability, low-income households, zero-car households.</p>
<p>TRIP GENERATORS</p> <p>Common destinations that serve essential needs in terms of health, food, education, as well as places of leisure like parks.</p>
<p>TRAVEL PATTERNS</p> <p>Shows commute trips taken by individuals over 55. Flows were developed and mapped using a custom dataset from Replica's Weekly Mobility Model.</p>
<p>GAPS AND NEEDS</p> <p>Regional gaps and needs as described through the course of stakeholder engagement.</p>

<p>TRANSIT PROPENSITY</p> <p>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.</p>
<p>TRANSPORTATION PROVIDERS</p> <p>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.</p>
<p>KEY TAKEAWAYS</p> <p>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.</p>

WESTERN REGION

Population: 922,420
Senior Population (65+): 180,365 (20%)
Population with a Disability: 117,839 (13%)
Households below the Poverty Line: 22%

ALLEGHANY REGION

Population: 721,706
Senior Population (65+): 148,634 (21%)
Population with a Disability: 95,750 (13%)
Households below the Poverty Line: 23%

SOUTHWEST REGION

Population: 368,369
Senior Population (65+): 85,705 (23%)
Population with a Disability: 80,937 (22%)
Households below the Poverty Line: 29%

CENTRAL REGION

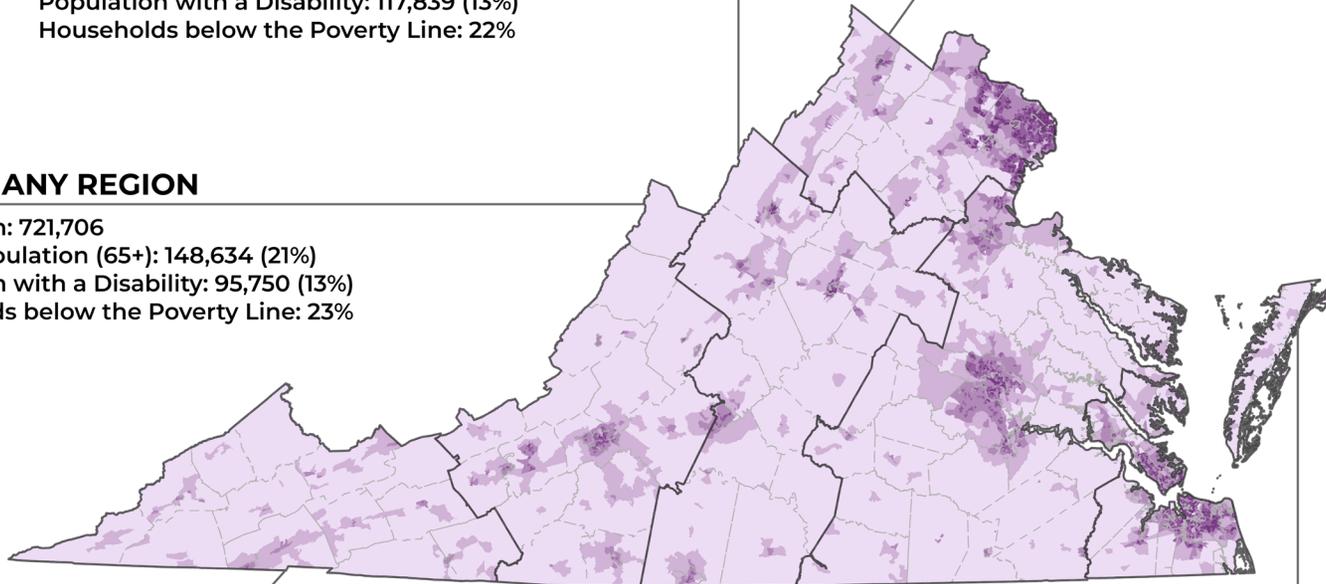
Population: 1,946,430
Senior Population (65+): 322,851 (17%)
Population with a Disability: 220,333 (11%)
Households below the Poverty Line: 12%

NORTHERN REGION

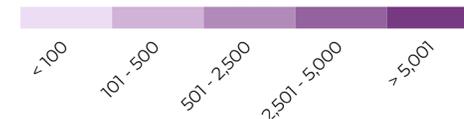
Population: 2,927,887
Senior Population (65+): 392,093 (13%)
Population with a Disability: 218,228 (7%)
Households Below the Poverty Line: 11%

TIDEWATER REGION

Population: 1,770,687
Senior Population (65+): 280,512 (16%)
Population with a Disability: 205,154 (12%)
Households below the Poverty Line: 19%



Population Density (people per sq mi.)



ALLEGHANY REGION

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

The Alleghany Region is anchored by the City of Roanoke and the I-81 corridor. It is home to Virginia’s least populous county, Highland, to its north, with a belt of higher [population density](#) (p. 54) spanning from Pulaski to the suburbs of Lynchburg. Independent cities outside this urbanized belt have similar densities but are surrounded by low-density rural areas.

Urbanized areas also contain the largest populations of [older adults](#) (p. 55) and [adults with a disability](#) (p. 56), comprising 22% and 14% of the region's total population, respectively. Rural areas with high proportions of older adults and adults with a disability are well distributed across the region but are generally further from Roanoke, such as in Bath County to the north and Patrick County to the south.

The map of [low-income households](#) (p. 57) illustrates the concentration of poverty within and across localities, with most counties having at least one Block Group with an elevated

poverty rate. [Households without a vehicle](#) (p. 58) are much less prevalent in the region but are similarly distributed across urban and rural areas, often aligning with areas with higher poverty rates. Car-free households are most prevalent in urban areas, with the City of Lexington having the highest proportion at 12%.

Considering these demographics combined, [transit propensity](#) (p. 59) is highest in smaller urbanized areas, the periphery of larger urban areas, and in rural areas of Franklin, Bath, and Highland Counties. Public transportation and paratransit are available within the urbanized areas of the region and between Pulaski and Roanoke. Aside from this, 27 private and human service [transportation providers](#) (p. 61) 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 Roanoke and New River Valley areas.

○ DEMOGRAPHIC SUMMARY ○

Total Population	Older Adults	Adults with a Disability	Total Households	Low-Income Households	Zero-Car Households
721,706	148,634 (21%)	95,750 (13%)	292,586	64,368 (23%)	17,555 (6%)
Increase*	Increase*	Decrease*	Increase*	Increase*	Decrease*

*trend since 2022 CHSM Plan

ALLEGHANY REGION TAKEAWAYS

The following takeaways are based on demographic data, transportation patterns, and transportation providers (pp. 54-65)

1

Population in the Alleghany Region is concentrated in the Roanoke and New River Valley areas, with additional centers in towns and cities.

2

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

3

Low-income and older age are the most common features driving transit propensity, both comprising 22% of the region's population. Disability and car access are relatively less prevalent at 13% and 6%, respectively.

4

Public transportation is available in the region's densest areas including the urbanized portions of Roanoke and the New River Valley, and smaller cities like Covington, Lexington, Buena Vista, and Martinsville.

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, Bath and Highland counties have three human services providers between them, but no services open to the public.

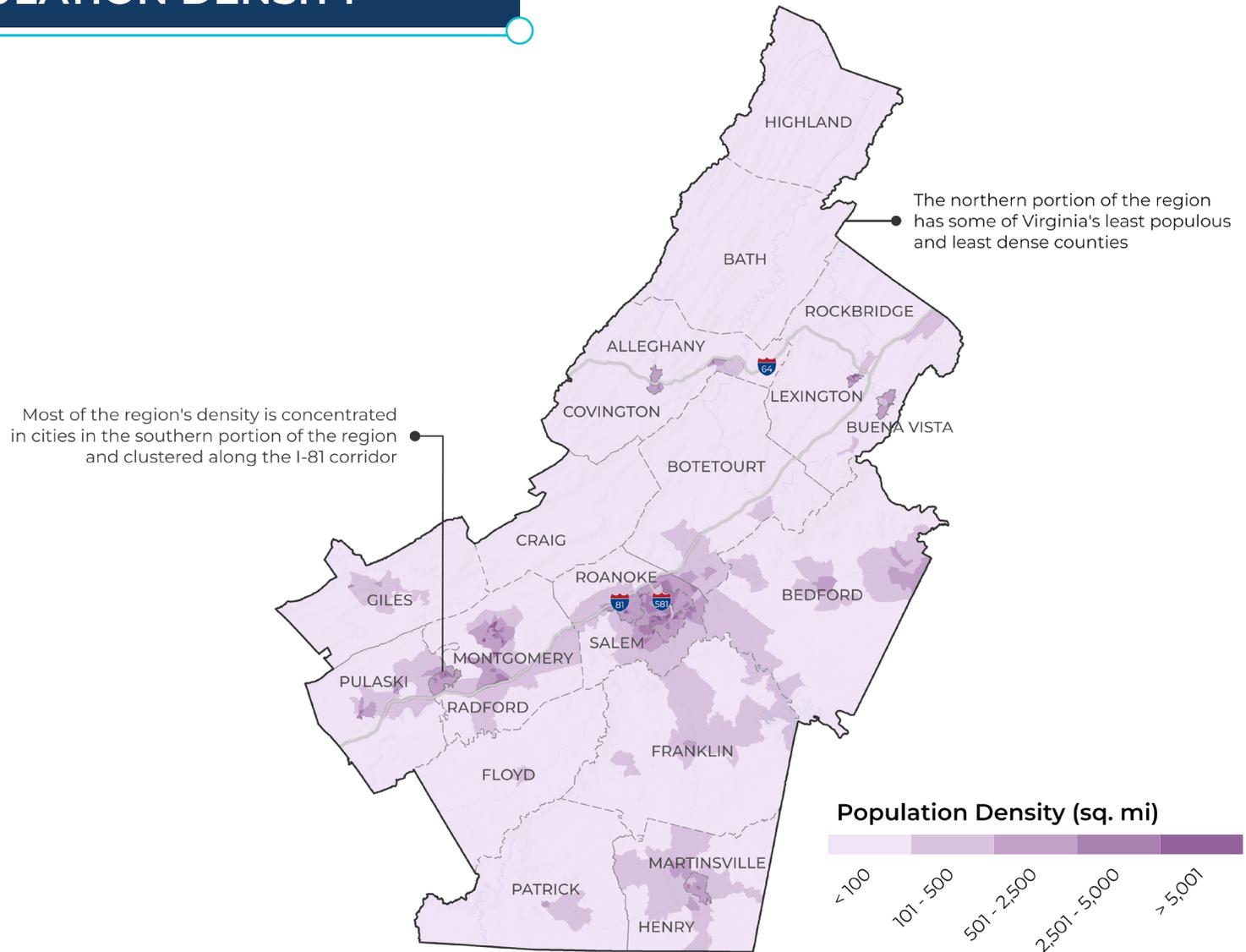
6

Areas that appear to have ample transportation services may have limitations. Franklin County has one public provider and six human service providers, but appears to lack weekend or non-emergency medical service.

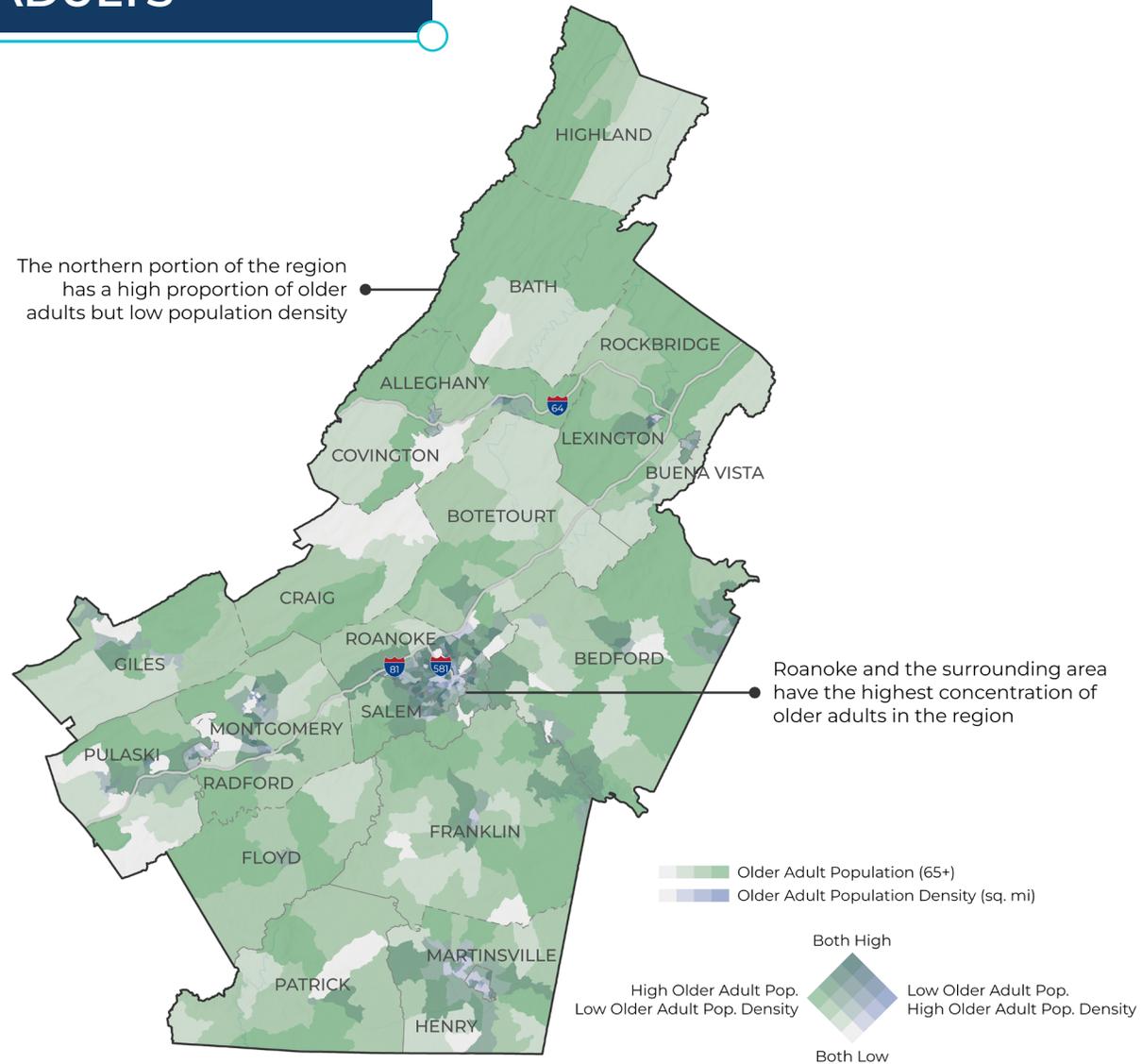
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People living in rural areas with high transit propensity, like the outlying areas of Giles, Botetourt, Patrick, and Franklin counties, likely have the greatest barriers to meeting their transportation needs as they do not have public transportation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

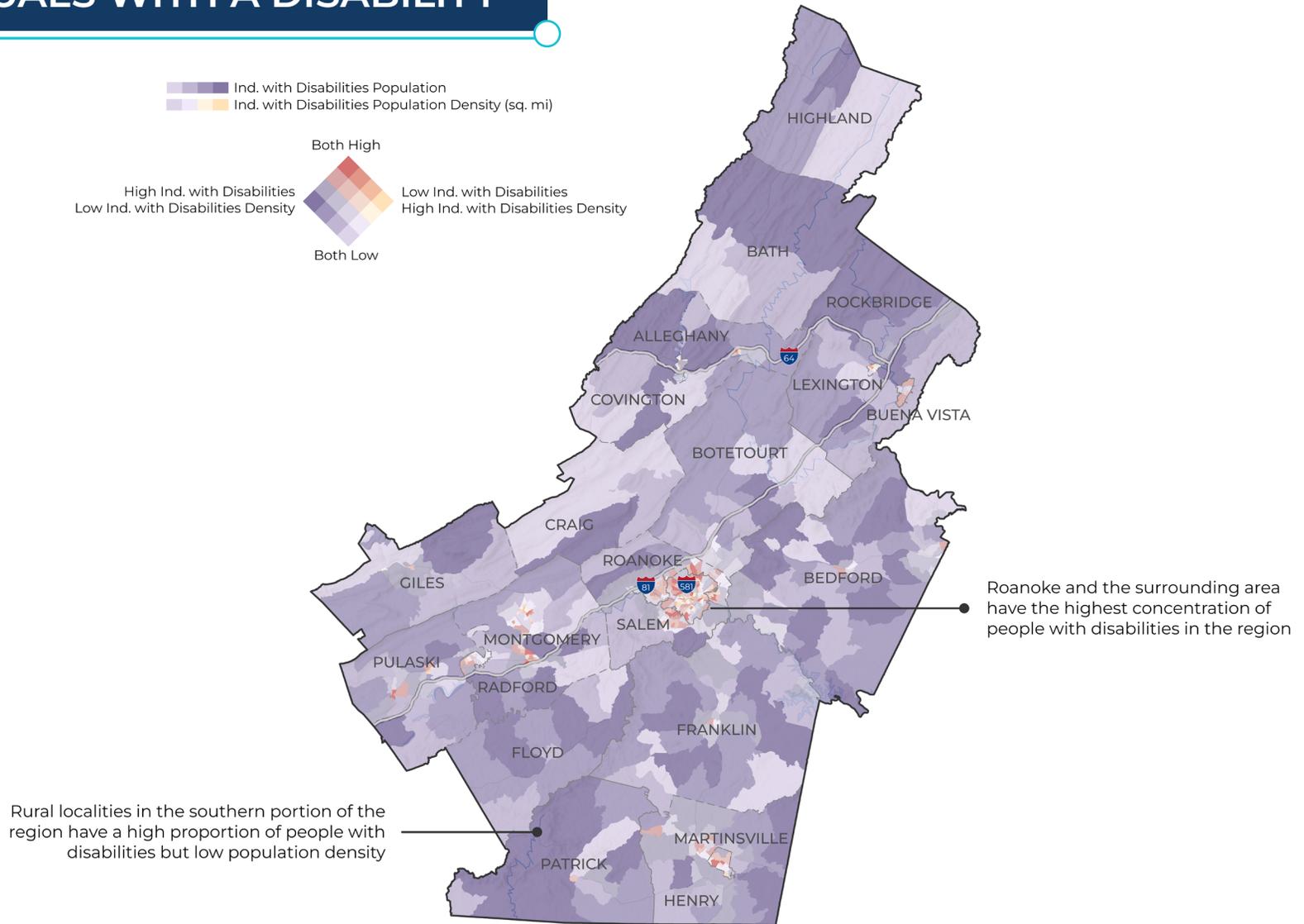
POPULATION DENSITY



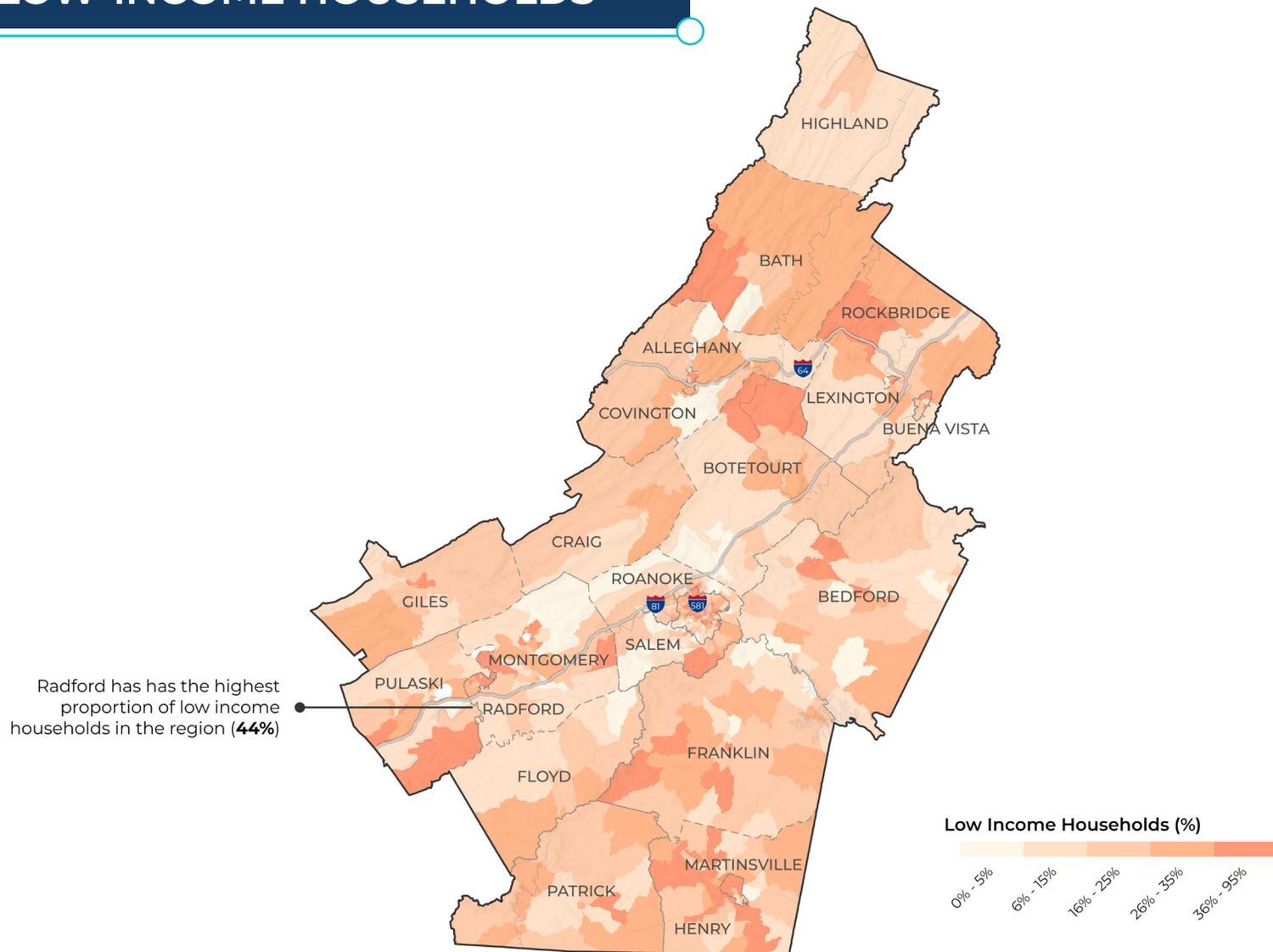
OLDER ADULTS



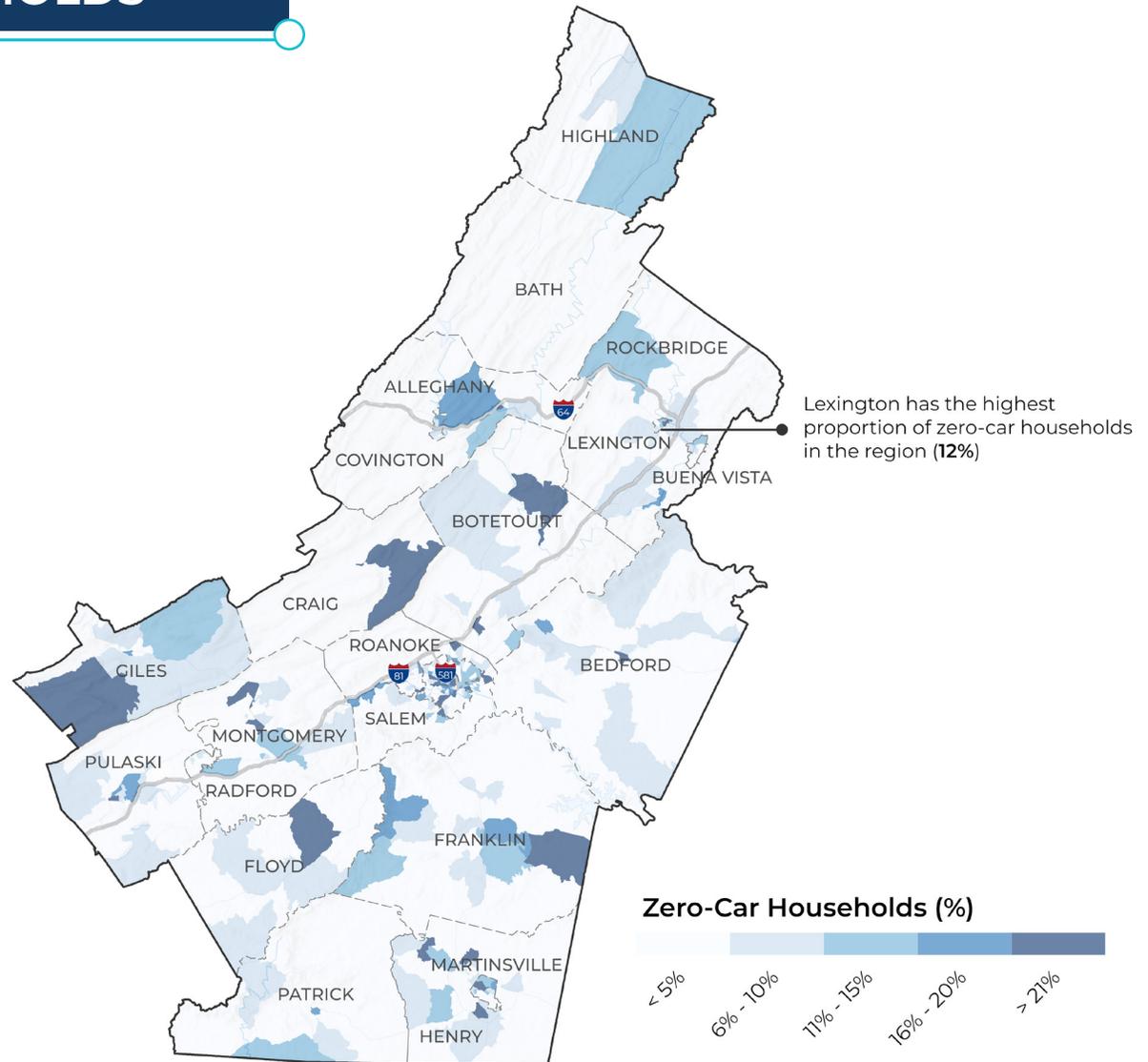
INDIVIDUALS WITH A DISABILITY



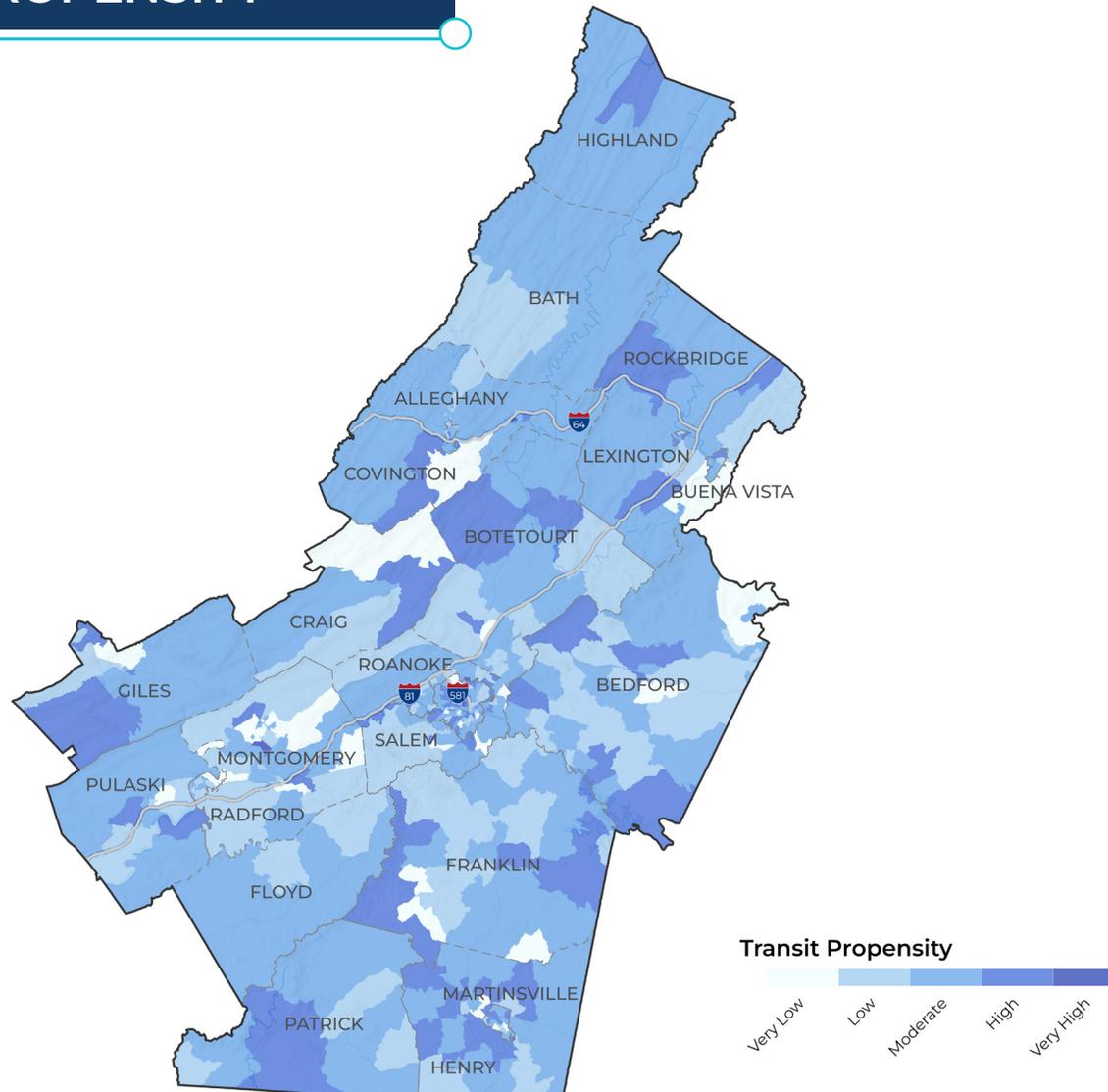
LOW-INCOME HOUSEHOLDS



ZERO-CAR HOUSEHOLDS

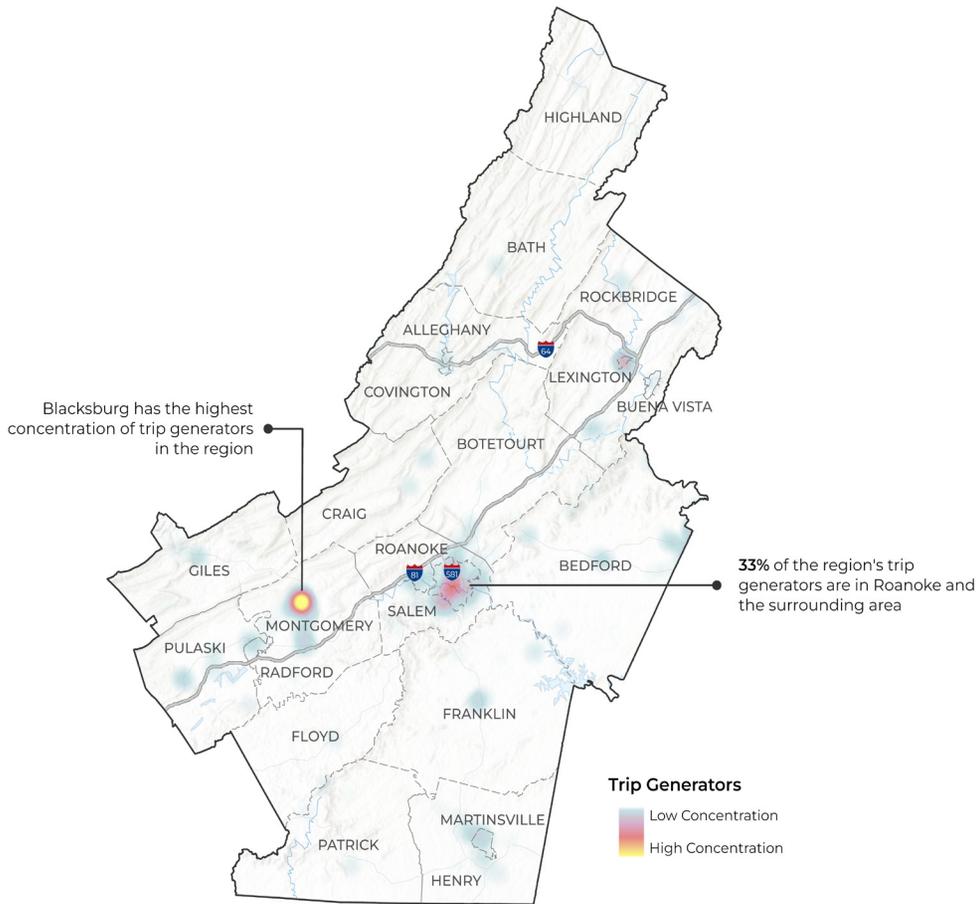


TRANSIT PROPENSITY



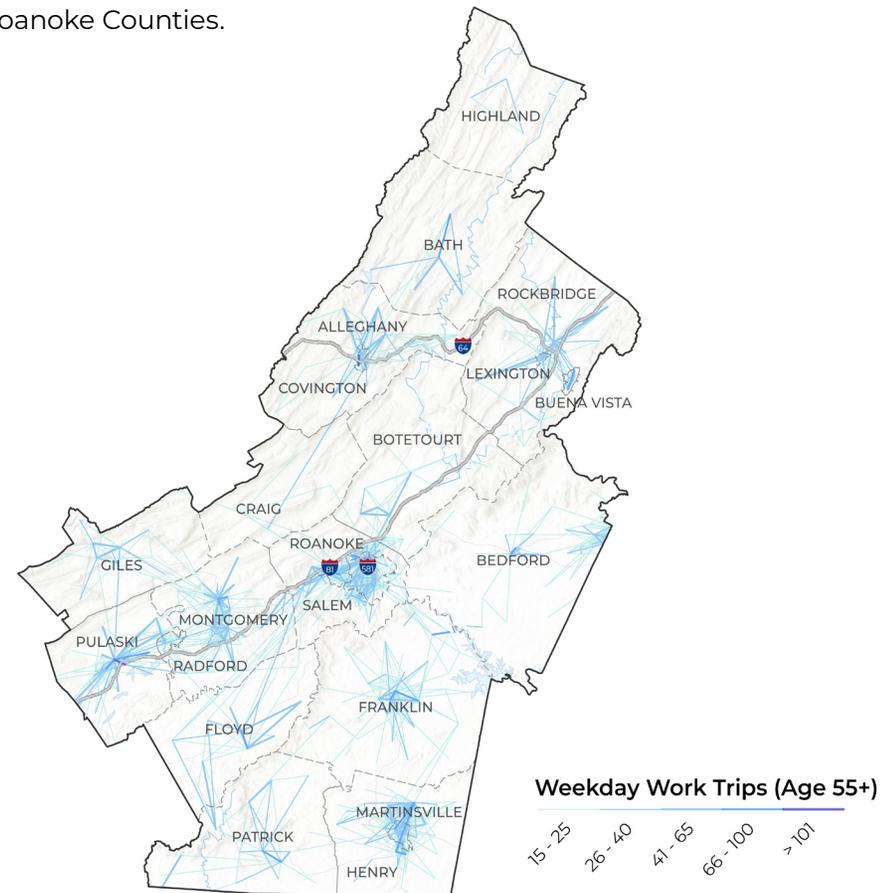
TRIP GENERATORS

Trip generators are largely concentrated in the town of Blacksburg and City of Roanoke but are also present in smaller urbanized areas like Lexington. Food destinations are the most common trip generator (34%), followed by retail (26%) and government (12%) destinations.



55+ TRAVEL PATTERNS

Most weekday work trips made by older adults aged 55+ are along the Radford-Blacksburg-Roanoke portion of I-81 or internally within their home county, as illustrated by the flows into the county seat of Rocky Mount in Franklin County. The longest commute distances are from or between rural areas, notably between Craig and Alleghany Counties and Floyd and Roanoke Counties.



ALLEGHANY REGION PROVIDER INVENTORY

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

Currently, six public transportation agencies operate fixed route and paratransit service within the Alleghany Region: Blacksburg Transit, Pulaski Area Transit, Radford Transit, RADAR, Valley Metro, and the Bedford Otterbus.

In addition to the six public transportation providers, there are approximately 26 human services providers and one known private transportation provider in the region.

The Virginia Breeze provides intercity service across three routes within the region (the Valley Flyer, Highlands Rhythm, 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 Alleghany 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
Alleghany County	RADAR				
	Rockbridge Area Transportation System (RATS)*				
Bath County	Rockbridge Area Transportation System (RATS)*				
	Valley Program for Aging Services (VPAS)*				
Bedford County	Bedford Ride (administered by CVAAA)				
	Central Virginia Alliance for Community Living (CVACL)*				
	enCircle*				
	The Arc of Central Virginia				
Botetourt County	Blue Ridge Behavioral Healthcare				
	Botetourt County Senior Citizens				
	Local Office on Aging – Roanoke Valley				
Buena Vista city	RADAR				
	Valley Program for Aging Services (VPAS)*				
Covington city	RADAR				
Craig County	Blue Ridge Behavioral Healthcare				
	Giles Health and Family Center*				
	Local Office on Aging – Roanoke Valley				
Floyd County	Helping Hands Transit				
	New River Valley Agency on Aging MedRide*				
	New River Valley Agency on Aging Senior Services Inc.*				
	New River Valley 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
Franklin County	Edwards Adult Day Center*				
	Franklin County Department of Aging Services*				
	RADAR				
	Southern Area Agency on Aging (SAAA)*				
Giles County	Giles Health and Family Center*				
	New River Valley Agency on Aging MedRide*				
	New River Valley Agency on Aging Senior Services Inc.*				
	New River Valley Community Services*				
Henry County	Edwards Adult Day Center*				
	Henry County Parks and Recreation*				
	Independent Living Services for the Piedmont Area				
	RADAR				
	Southern Area Agency on Aging (SAAA)*				
Lexington city	RADAR				
Martinsville city	City of Martinsville Senior Center*				
	Edwards Adult Day Center*				
	Franklin County Department of Aging Services*				
	Independent Living Services for the Piedmont Area				
	Piedmont Community Services (CSB)				
	RADAR				
	Southern Area Agency on Aging (SAAA)*				
Montgomery County	Blacksburg Transit				
	Giles Health and Family 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
Montgomery County	New River Valley Agency on Aging— MedRide *				
	New River Valley Agency on Aging— Senior Services Inc.*				
	New River Valley Community Services*				
	Radford Transit				
	Valley Metro				
Patrick County	Edwards Adult Day Center*				
	Independent Living Services for the Piedmont Area				
	PARC Workshop, Inc.				
	Southern Area Agency on Aging (SAAA)*				
	Support to Eliminate Poverty (STEP)				
Pulaski County	Giles Health and Family Center*				
	New River Valley Agency on Aging— MedRide*				
	New River Valley Agency on Aging— Senior Services Inc.*				
	New River Valley Community Services*				
	Pulaski Area Transit				
	Radford Transit				
Radford city	Giles Health and Family Center*				
	New River Valley Agency on Aging— MedRide*				
	New River Valley Agency on Aging— Senior Services Inc.*				
	New River Valley Community Services*				
	Radford Transit				
Roanoke city	Blue Ridge Behavioral Healthcare				
	Botetourt County Senior Citizens				

- 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
Roanoke city	County of Roanoke (CORTRAN)*				
	Franklin County Department of Aging Services*				
	Local Office on Aging – Roanoke Valley				
	Valley Metro				
Roanoke County	Blue Ridge Behavioral Healthcare				
	Botetourt County Senior Citizens				
	County of Roanoke (CORTRAN)*				
	Local Office on Aging – Roanoke Valley				
	Valley Metro				
Rockbridge County	RADAR				
	Rockbridge Area Community Services Board (RACS)				
	Rockbridge Area Occupational Center, Inc.				
Salem city	Blue Ridge Behavioral Healthcare				
	Botetourt County Senior Citizens				
	County of Roanoke (CORTRAN)*				
	Franklin County Department of Aging Services*				
	Local Office on Aging – Roanoke Valley				
	Valley Metro				

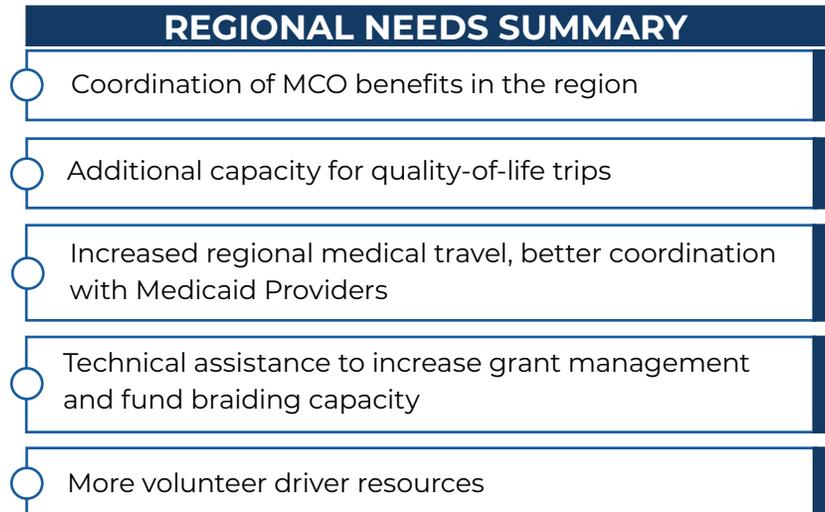
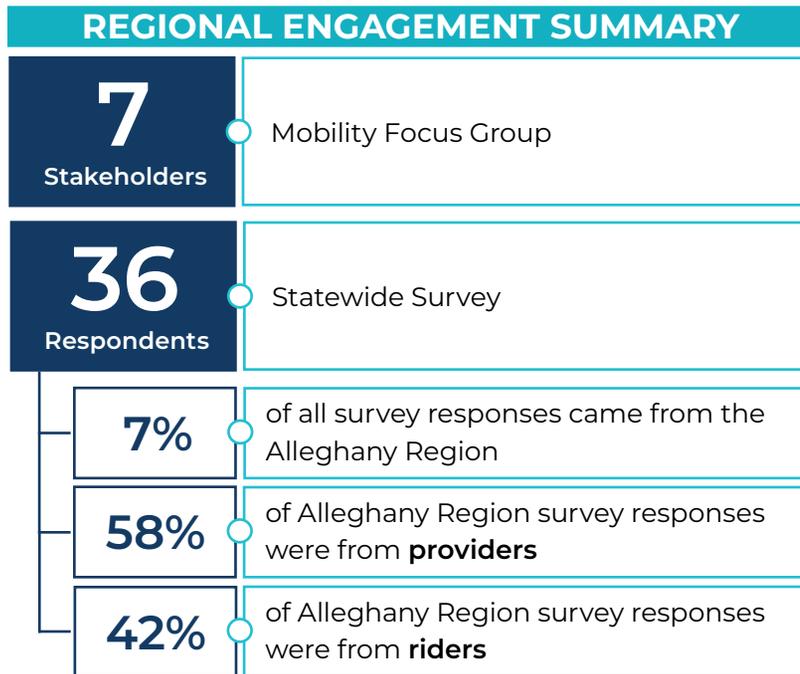
 Public Transportation Provider

 Human Services Transportation Provider

* Current Recipient of FTA 5310 Funding

ALLEGHANY REGION GAPS AND NEEDS

To better understand the regional transportation landscape, stakeholders from the Alleghany Region convened on July 24, 2025, for a focus group conversation. The region was represented by human service agencies, including transportation providers, and those who use transportation or make referrals for clients. The insights gathered from this discussion were combined with regional comments received from the initial statewide survey to yield the following regional needs:



Providers talked extensively about the challenges posed by the rural nature of the region and long distances for trips. This has cascading consequences across the transportation and human service network. Many residents of the region need to travel long distances to receive both one-time specialty and regular medical care, with many healthcare transportation benefits not covering the full distance. The long, non-revenue distances required for pick-up also leave few to no private transportation providers willing to take these trips. Local human service transportation providers have filled the gaps, but that has then led to decreased capacity for quality-of-life trips and other transportation needs.

Providers in the region also mentioned that intimidating or complicated reporting requirements and other bureaucratic needs are limiting coordination and innovation. Providers noted that even when funding is available, that does not mean organizations in the region have the capacity to carry out the needed oversight for transportation programs. Providers pointed to challenges with delineating responsibility, understanding reporting requirements, and other challenges with program administration when assessing whether grants were feasible opportunities.

Many human service transportation providers noted difficulties in recruiting drivers, particularly for volunteer driver programs. Providers noted the difficulty in advertising the existence of the volunteer programs to older adults or people with disabilities, and that they rely heavily on word of mouth to attract new volunteers. Providers also talked about challenges of maintaining a reliable volunteer base, with the count of volunteer drivers varying widely in parts of the region from month to month.

While providers talked about the challenges of running volunteer driver programs, they also spoke of their successes in the region. Providers highlighted the cost-effective nature of volunteer transportation, particularly for some of the routine long-distance travel that is a challenge for some public and human service transportation providers. Providers also noted that these programs are often ways for clients of human services to give back or make a small amount of income directly.



Extending transportation throughout the town.

– Rider (Roanoke, VA)

Having accessible transportation when needed, especially on Sundays and throughout the week.

– Rider (Lynchburg, VA)

Transportation providers are having to screen trip destinations to ensure riders will actually be able to get care when they get there.

– CTAV Workshop Participant

If a public transit provider can't take the trip, folks are often told to call 911 for medical transportation, costing EMT resources.

– CTAV Workshop Participant

Tight deadlines and the level of effort to apply and administer grants makes finding extra funding not worth it.

– CTAV Workshop Participant



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. 70) 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. 71) and [adults with a disability](#) (p. 72), 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. 73) 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. 74) 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. 75) 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. 77) 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. 70-84)

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.

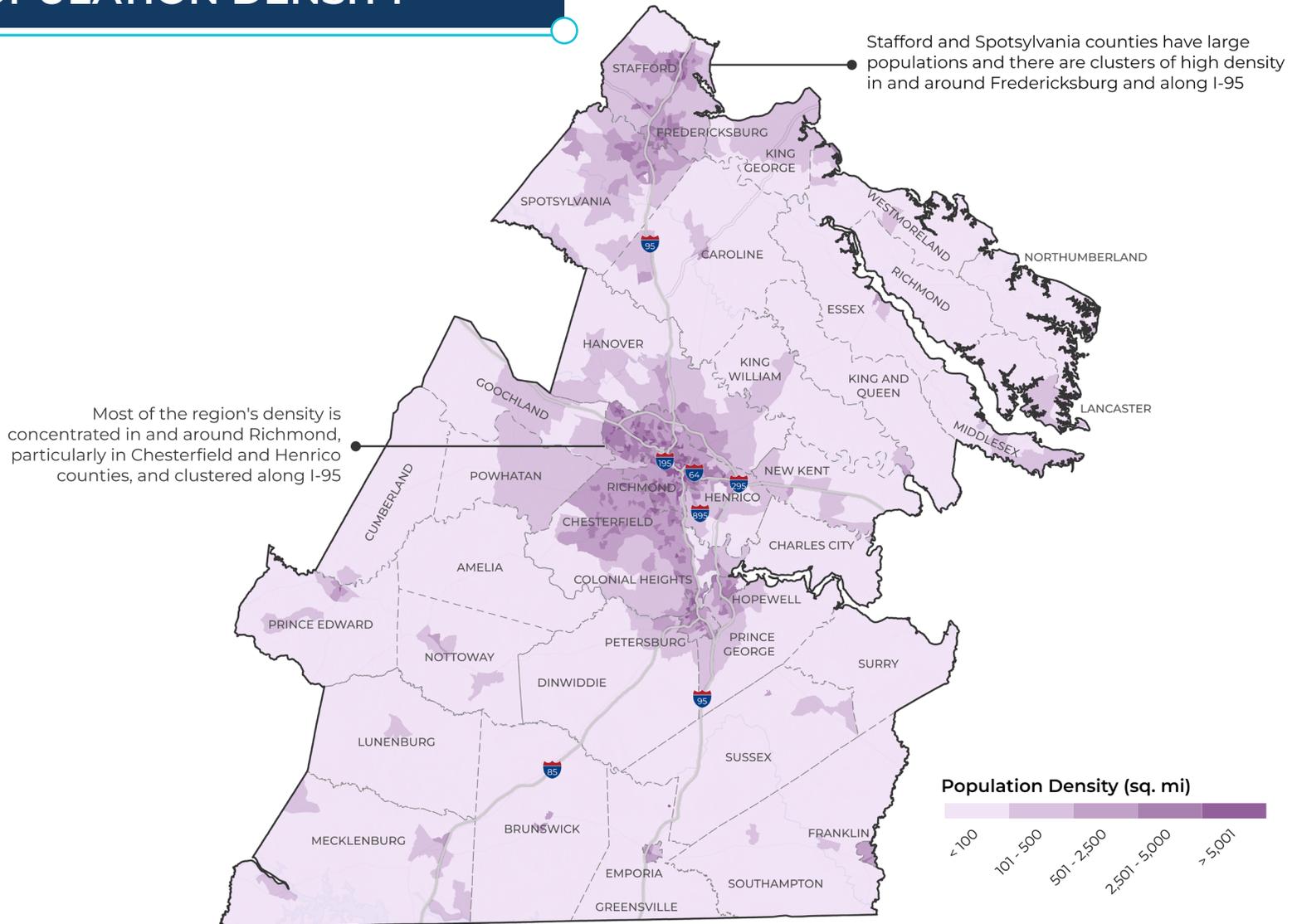
6

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

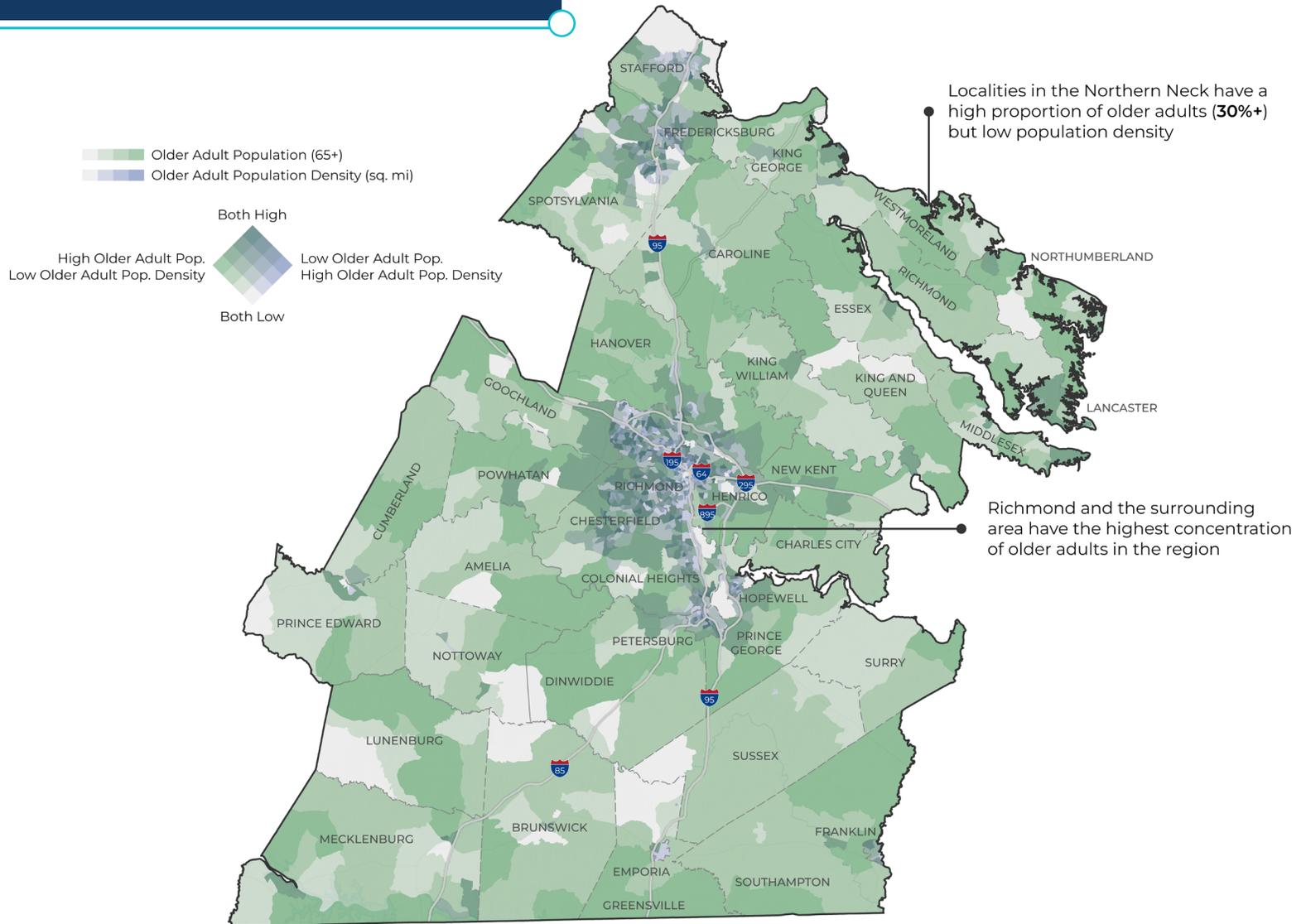
7

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.

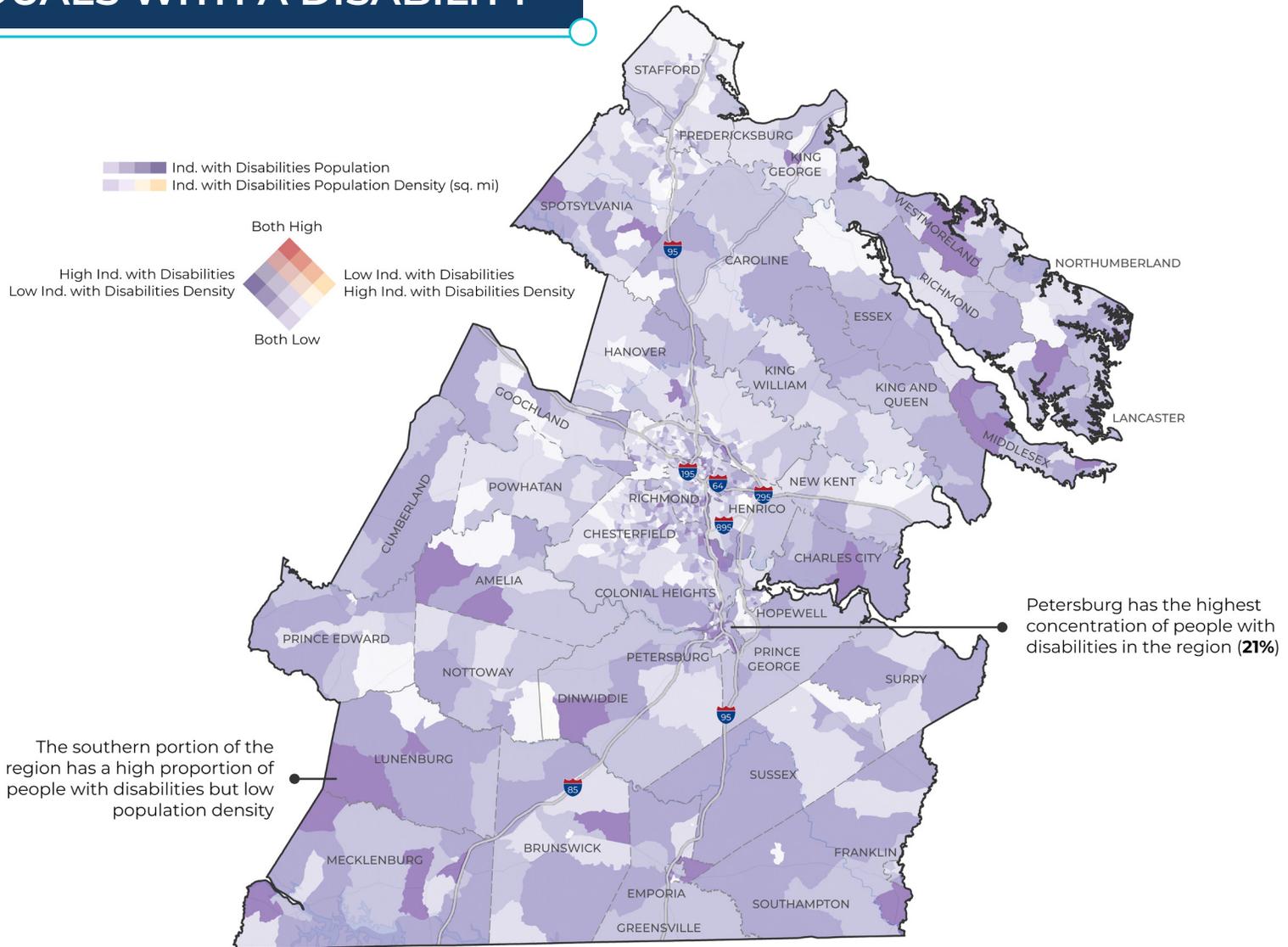
POPULATION DENSITY



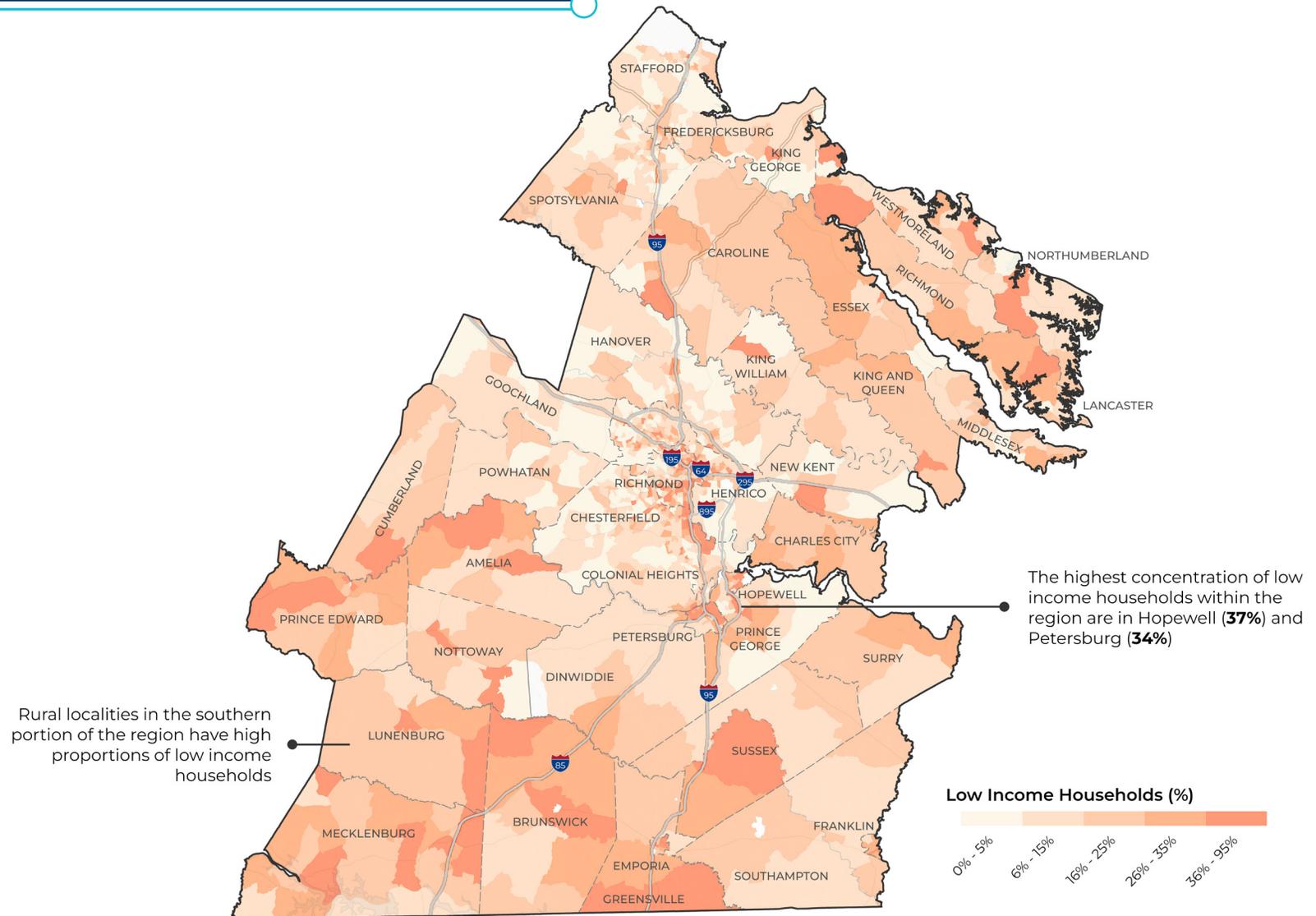
OLDER ADULTS



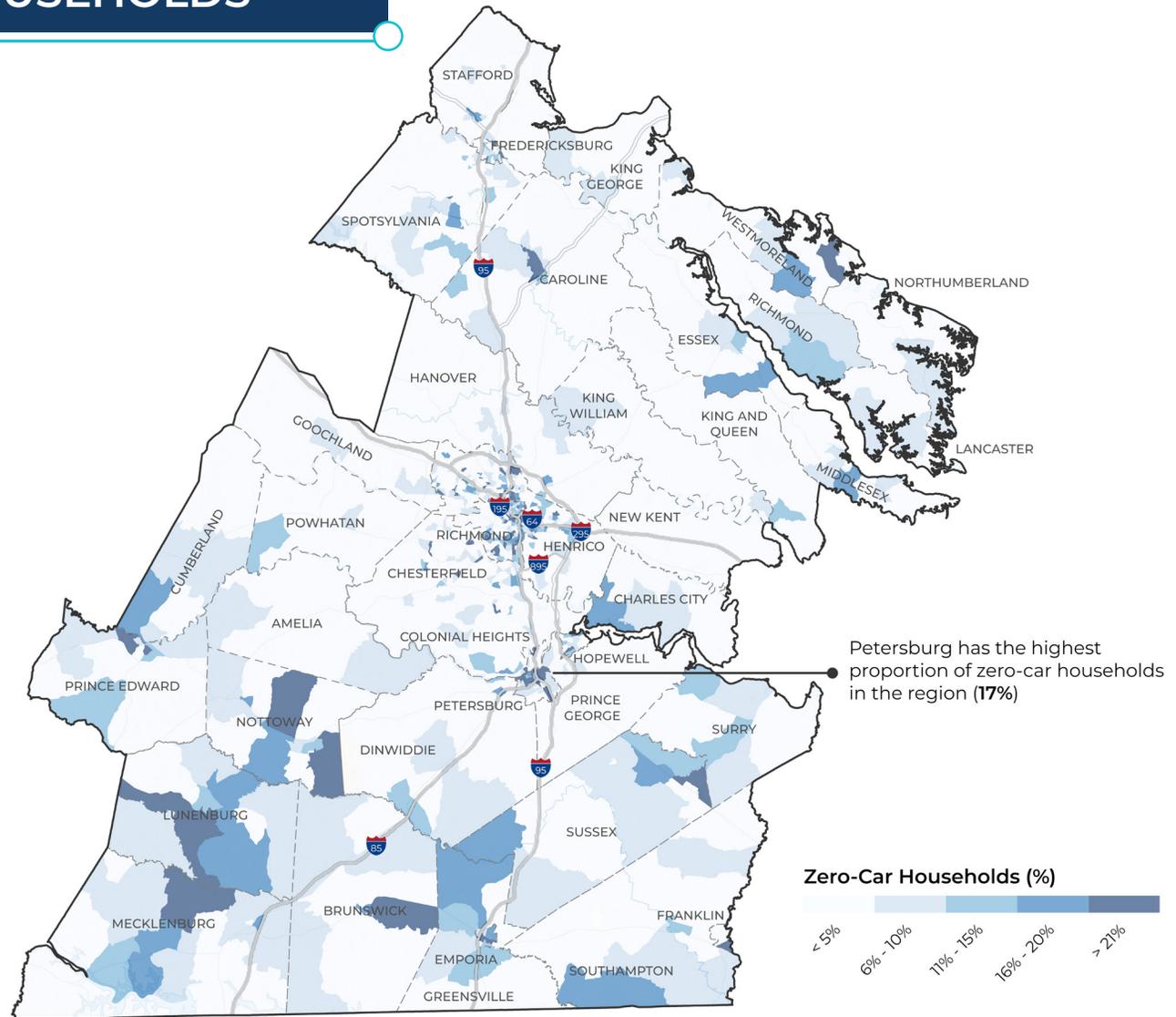
INDIVIDUALS WITH A DISABILITY



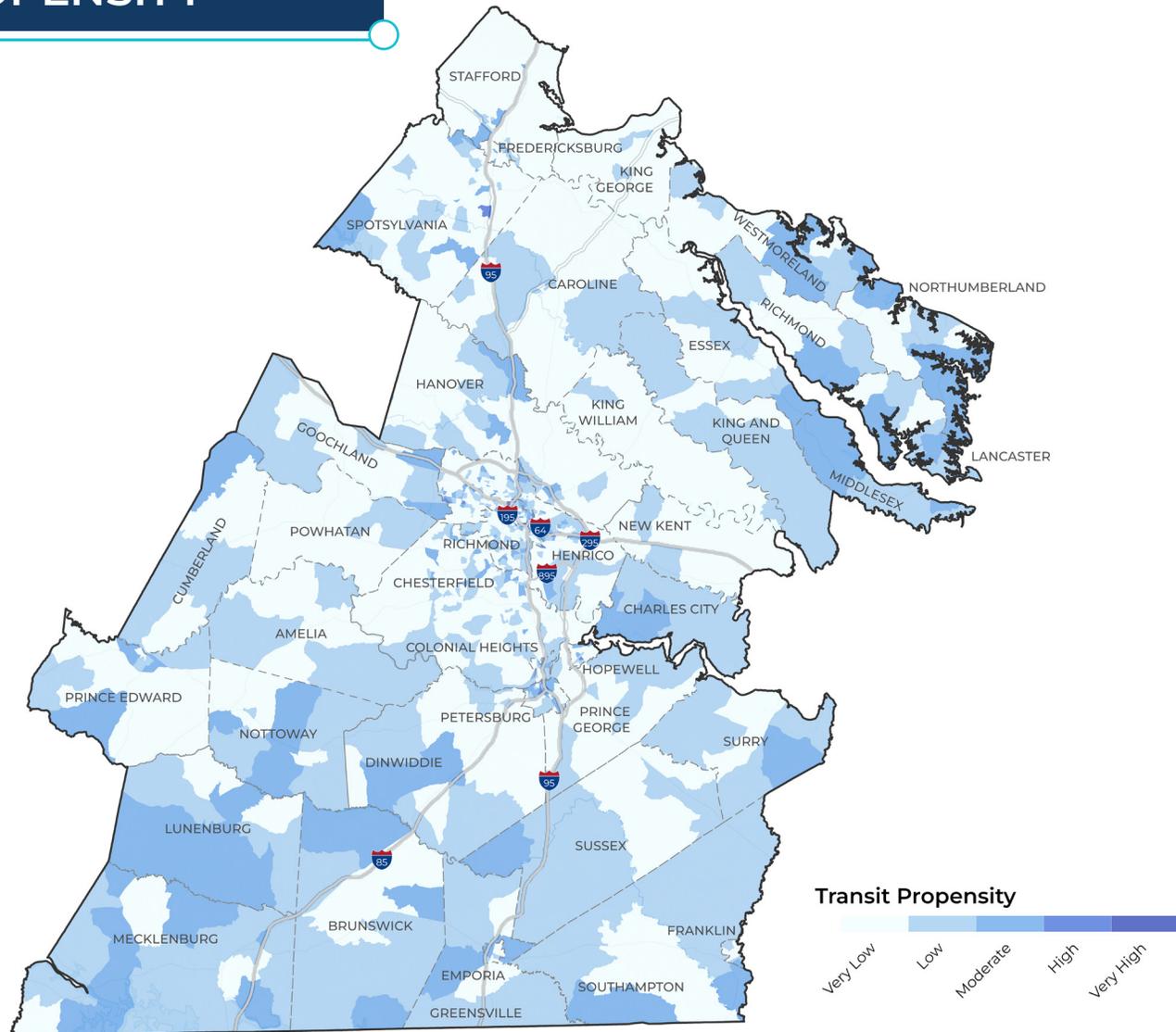
LOW-INCOME HOUSEHOLDS



ZERO-CAR HOUSEHOLDS



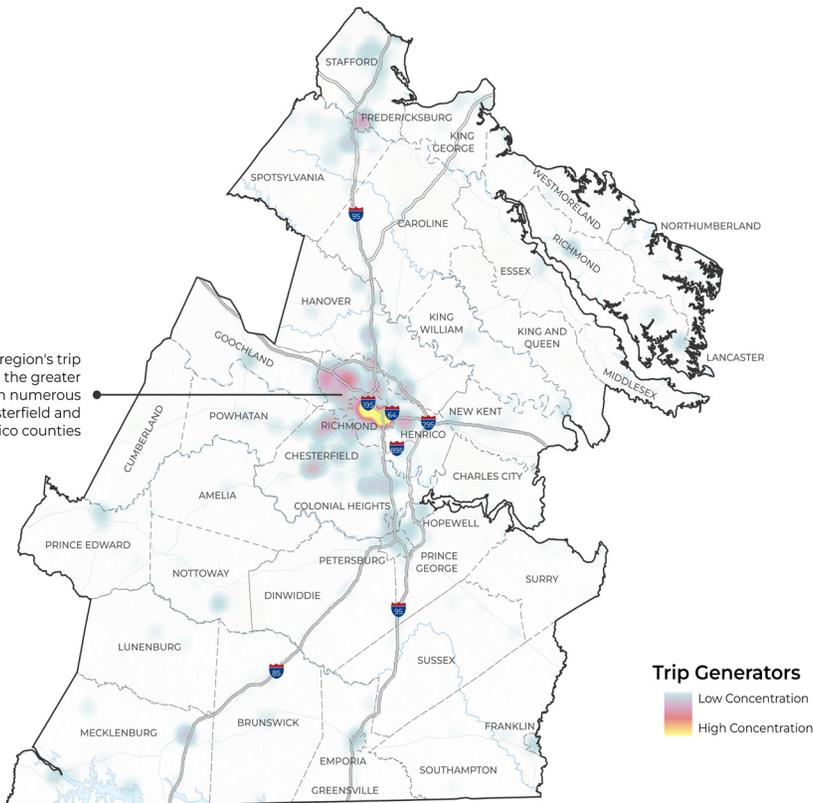
TRANSIT PROPENSITY



TRIP GENERATORS

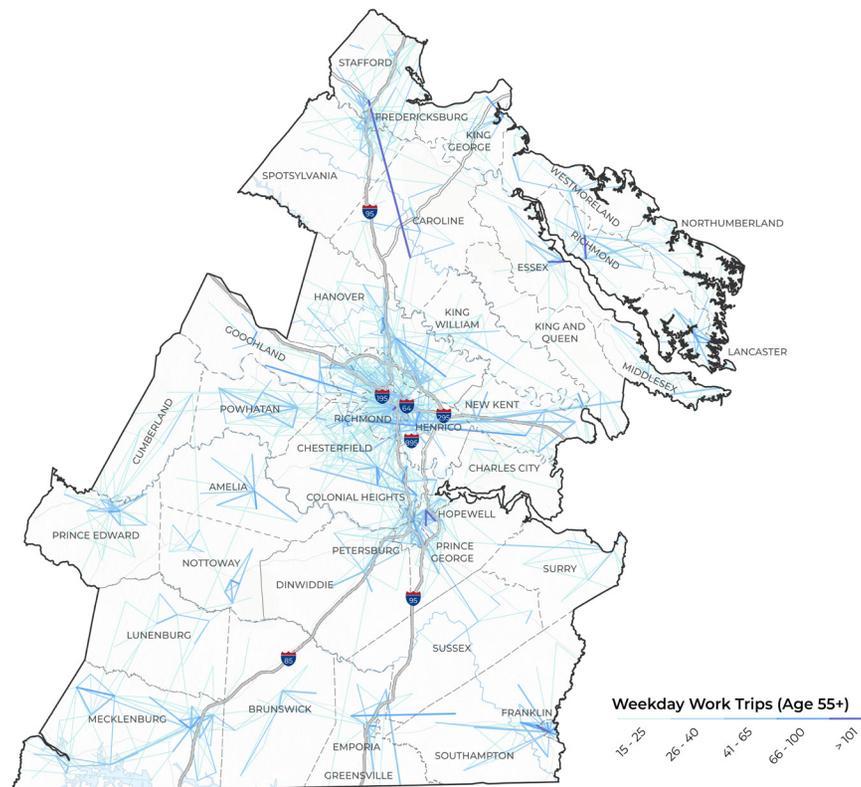
Trip generators are concentrated in downtown Richmond and surrounding suburban localities, Fredericksburg, Petersburg, and county seats in rural areas. Food destinations are the most common trip generator (36%), followed by retail (35%) and government (8%) destinations.

Over half (58%) of the region's trip generators are in the greater Richmond area, with numerous activity centers in Chesterfield and Henrico counties



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 *				
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)				

 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	
Goochland County	GoochlandCares *					
	SOAR 365 *					
	The SPAN Center *					
Greenville County	Crater District Area Agency on Aging *					
	Greenville-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 *						

- 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	Human Kind/Ways to Work				
	Lets Go Services *				
	Senior Services of Southeastern VA, SSSEVA (I-Ride) *				
	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 *				

 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
Mecklenburg County	Lake Country Area Agency on Aging				
	Southside Behavioral Health *				
Middlesex County	Bay Transit				
	Middle Peninsula / Northern Neck CSB				
	The Arc of the 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 *				

- 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	Blackstone Area Bus System (BABS)				
	Crossroads Community Services *				
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				

 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 city	SOAR 365 *				
	St. Joseph's Villa *				
	The SPAN Center *				
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

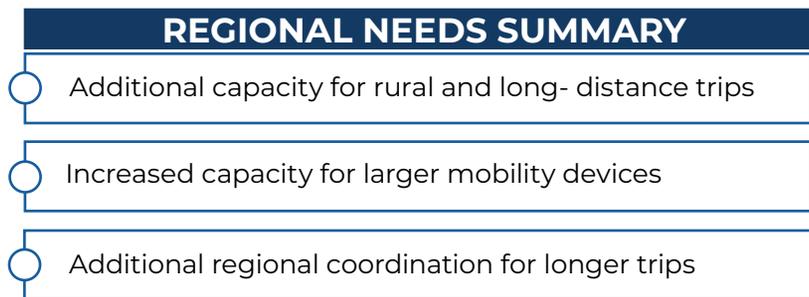
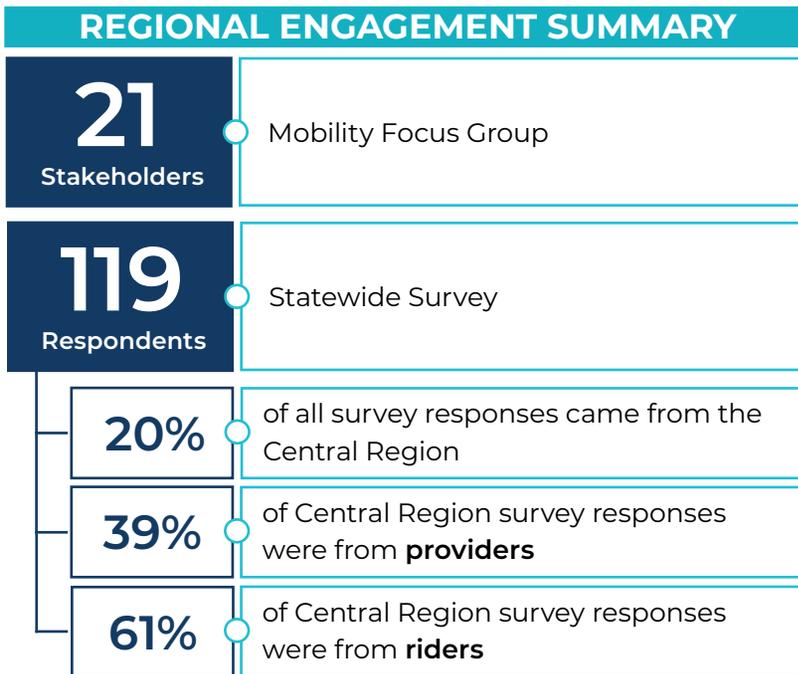


Human Services Transportation Provider

* 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



NORTHERN REGION

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

*Denotes localities in the Washington, D.C. - Maryland - Virginia (DC-MD-VA) metropolitan area that are included in [MWCOG's plan](#).

The Northern Region can be split into the rural western half anchored by Winchester and the suburban communities near the nation's capital, Washington, DC, which are also covered under the Metropolitan-Washington Council of Government's CHSM plan. Outside of this, [population density](#) (p. 89) is concentrated in Winchester, Culpeper, Front Royal, and several other small towns.

The MWCOG area and the towns outside of it contain the largest populations of [older adults](#) (p. 90) and [adults with a disability](#) (p. 91), comprising 14% and 7% of the region's total population, respectively. Rural areas with high numbers of older adults and adults with a disability are generally furthest from the population centers within each county.

[Low-income households](#) (p. 92) are most prevalent along transportation corridors in the Washington suburbs and in several rural areas in the western portion of the region.

[Households without a vehicle](#) (p. 93) are much less prevalent in the region but have similar distribution, specifically along Metro corridors in suburban Washington and outlying areas of Winchester, Front Royal, and Luray.

Considering these demographics combined, [transit propensity](#) (p. 94) is highest in the inner-ring suburbs of Arlington and Alexandria, outside of Winchester, and rural portions of Shenandoah, Page, Warren, Rappahannock, and Fauquier counties. Public transportation and paratransit are available in the urbanized portions of the region, supplemented by rural services provided by Virginia Regional Transit. Aside from these, 32 human service [transportation providers](#) (p. 96) 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 suburban Washington.

DEMOGRAPHIC SUMMARY

Total Population	Older Adults	Adults with a Disability	Total Households	Low-Income Households	Zero-Car Households
2,927,887	392,093 (13%)	218,228 (7%)	1,070,994	117,809 (11%)	59,536 (6%)
Increase*	Increase*	Decrease*	Increase*	Increase*	Increase*

*trend since 2022 CHSM Plan

NORTHERN REGION TAKEAWAYS

The following takeaways are based on demographic data, transportation patterns, and transportation providers (pp. 89-100)

- 1

Population in the Northern Region is concentrated in the Washington suburbs to the east, with additional population centers in towns and cities of the western portion.
- 2

Populations that may rely on human services transportation have concentrations in both rural and urban areas.
- 3

Older age is the most common feature driving transit propensity, comprising 14% of the region’s population. Low-income, disability, and car access are relatively less prevalent at 11%, 7% and 6%, respectively.
- 4

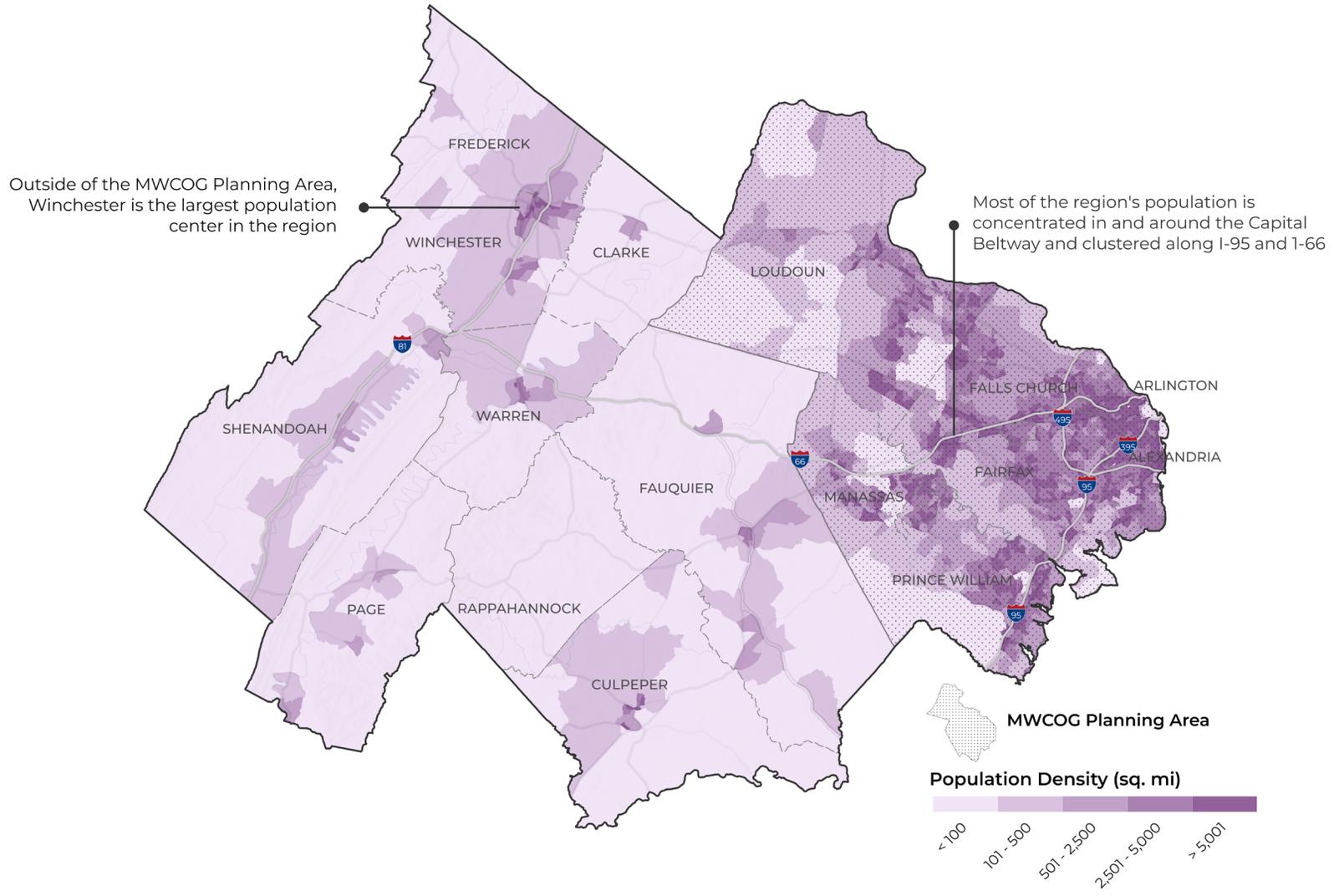
Public transportation is available in the region’s densest areas including Fairfax, Arlington, Alexandria, and Loudoun as well as in select rural areas provided by operators like Winchester Transit and Virginia Regional Transit.
- 5

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, Madison County has one human services provider, but no services open to the public.
- 6

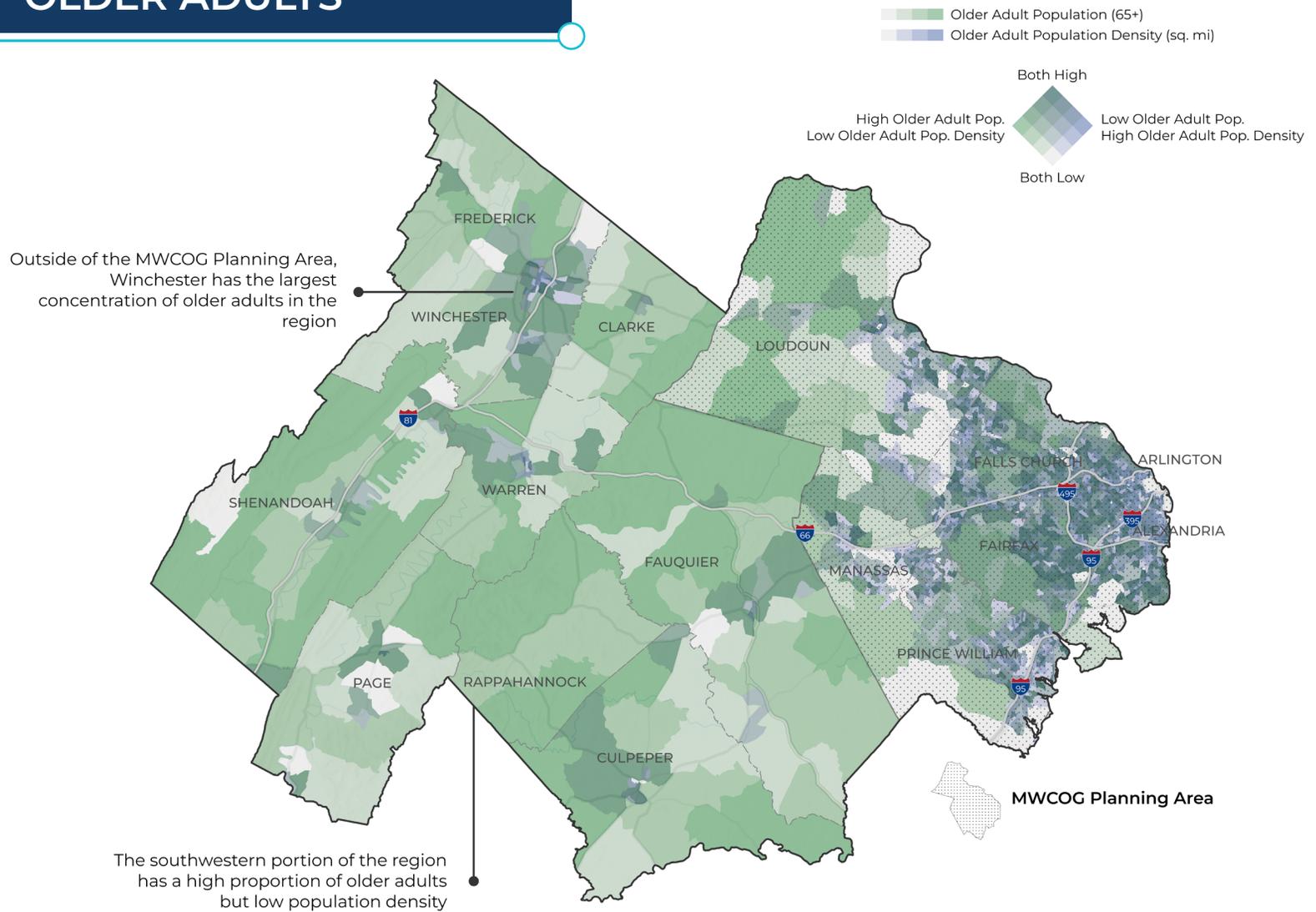
Transportation services have limitations that limit their utility. Several rural counties like Shenandoah have several transportation providers that exclusively operate on weekdays.
- 7

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

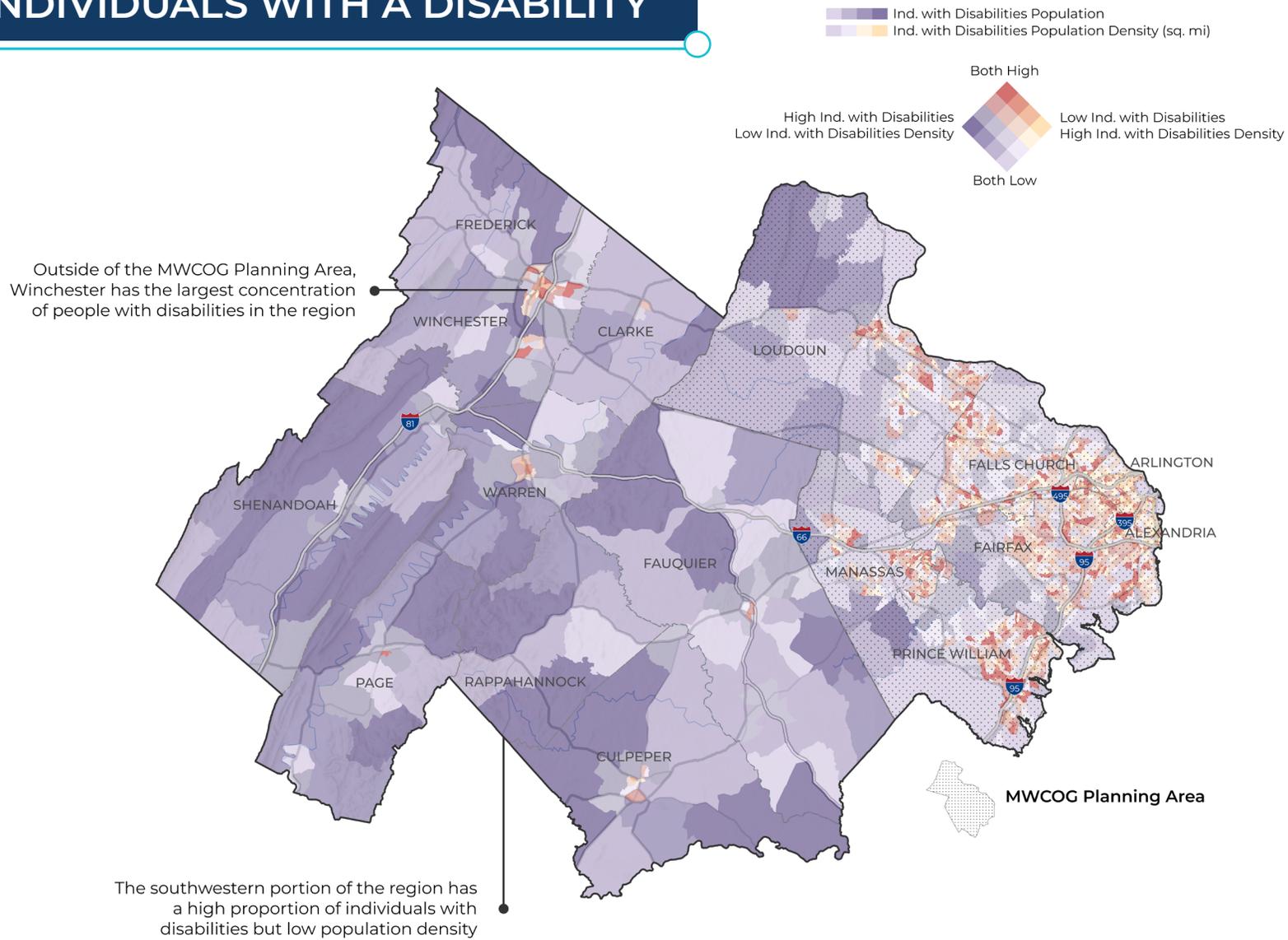
POPULATION DENSITY



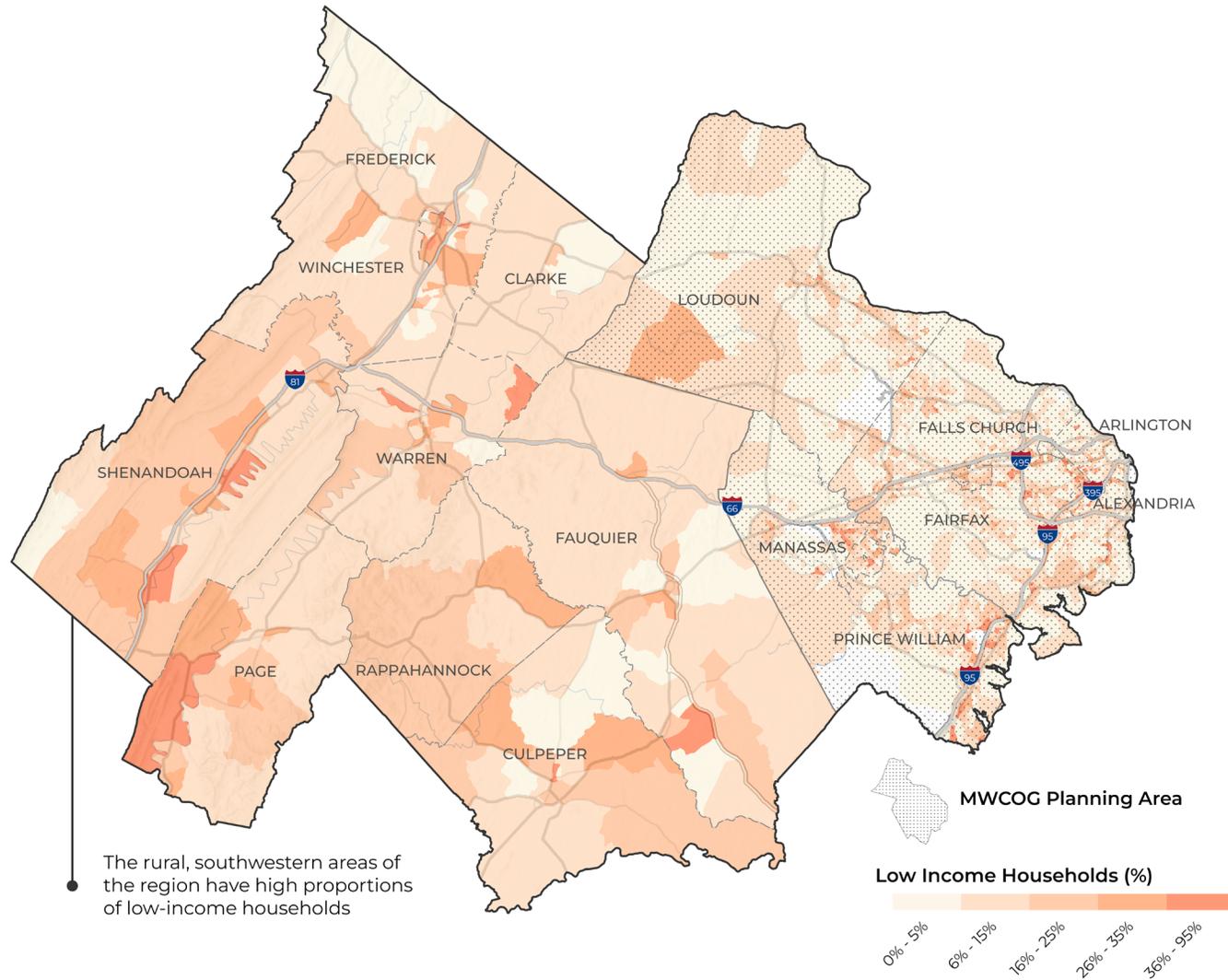
OLDER ADULTS



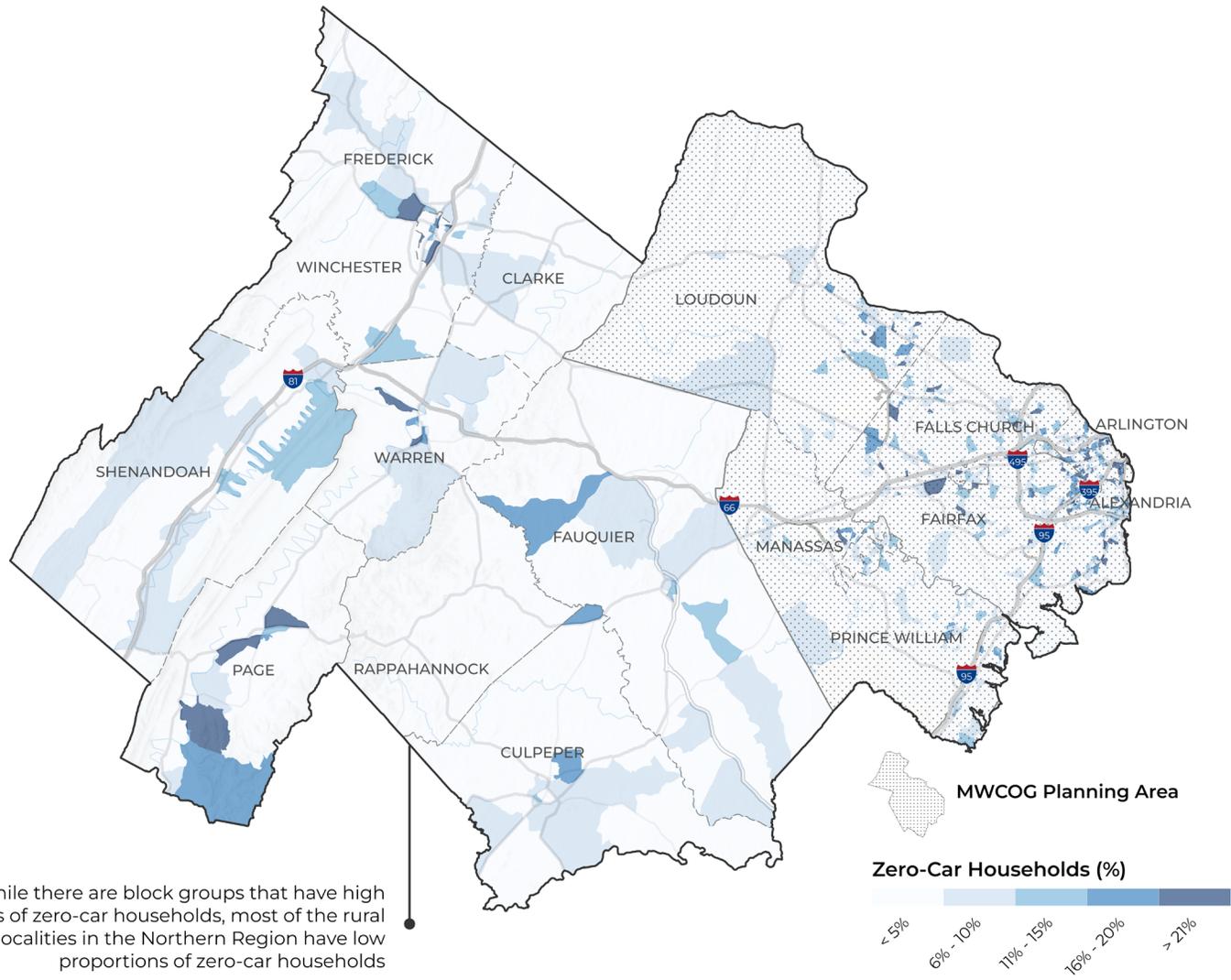
INDIVIDUALS WITH A DISABILITY



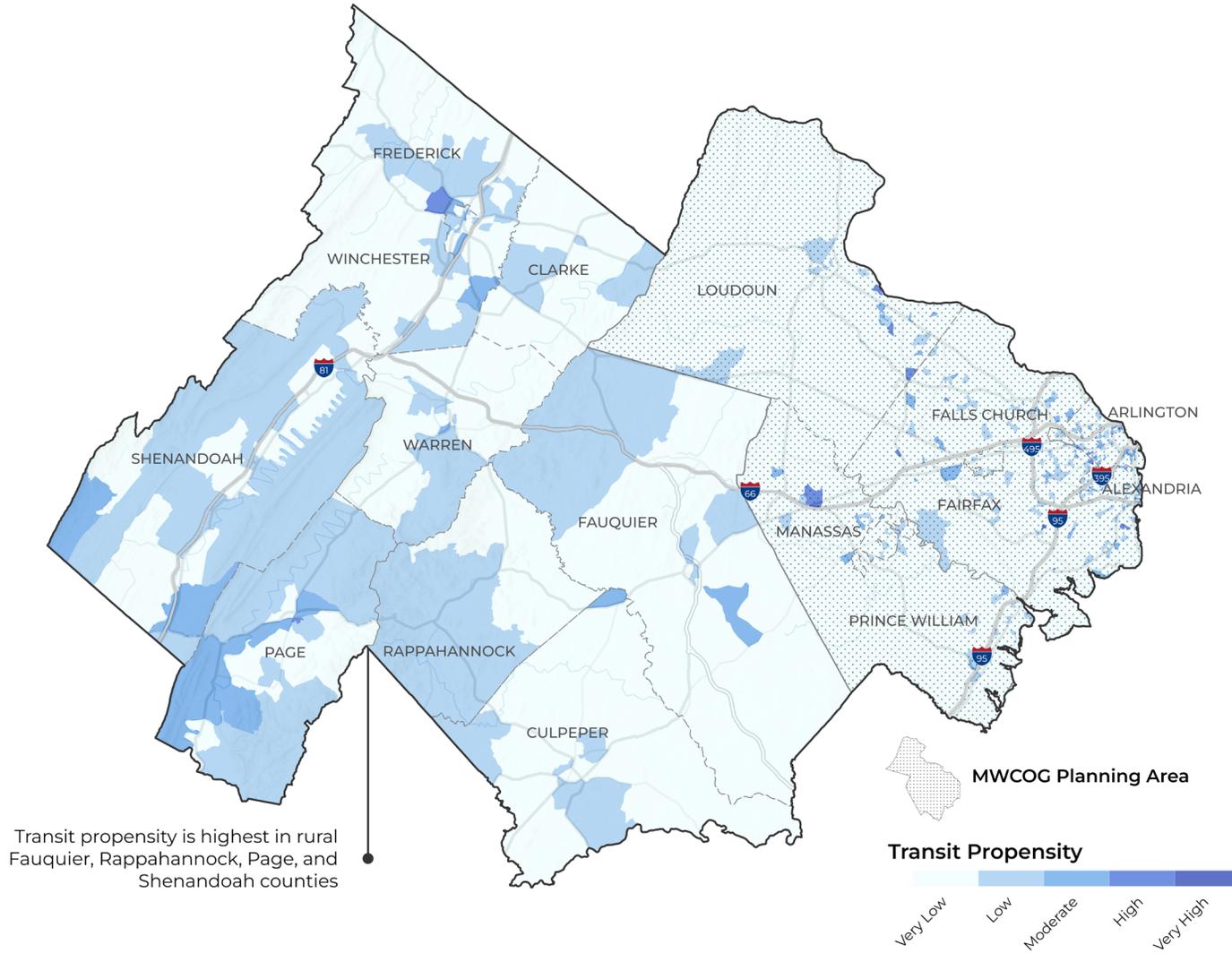
LOW-INCOME HOUSEHOLDS



ZERO-CAR HOUSEHOLDS



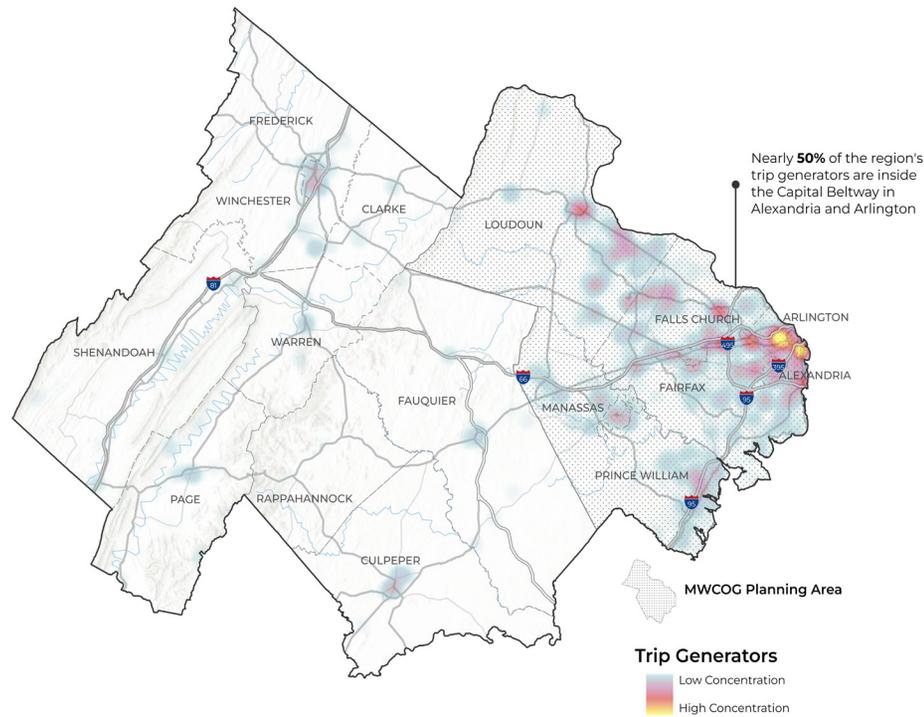
TRANSIT PROPENSITY



TRIP GENERATORS

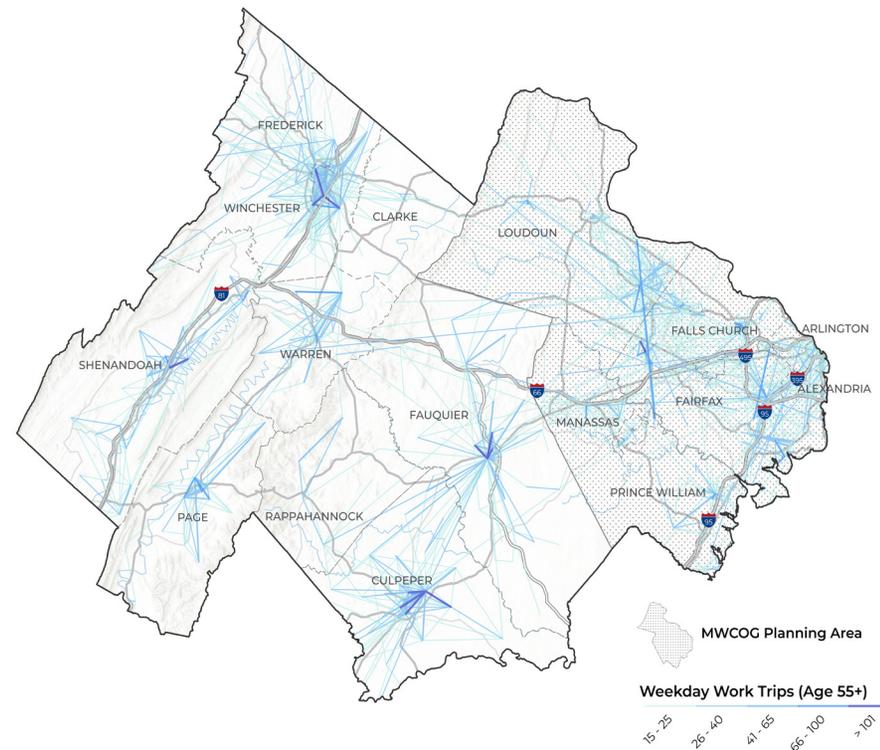
The Northern Region has a high volume of diverse trip generators that are concentrated around Washington D.C., including cities such as Arlington, Falls Church, and Alexandria. Other parts of the region with concentrated trip generators include the areas around Culpeper and Winchester Cities.

Food destinations are the largest trip generators (41% of all types), followed by retail (31%) and health destinations (8.5%).



55+ TRAVEL PATTERNS

Outside of the MWCOG planning area, commutes in the Northern Region are mostly intra-county into county seats like Woodstock, Winchester, and Culpeper. Frederick County has a number of workers that commute outside Virginia, and most counties in this region have at least some commuters into Washington, DC.



NORTHERN REGION PROVIDER INVENTORY

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

Currently, twelve public transportation agencies operate a combination of fixed route, paratransit, demand response, Metrorail, and commuter rail service within the Northern Region: Arlington Transit, Alexandria DASH, Fairfax Connector, Fairfax CUE, Loudoun County Transit, OmniRide, ShenGo, Virginia Railway Express, Virginia Regional Transit, Washington Metropolitan Area Transit Authority, and Winchester Transit.

In addition to the twelve public transportation providers, there are approximately 32 human service providers in the region (outside of the MWCOG region).

The Virginia Breeze provides intercity service across four routes within the region (the Capital Connector, Highlands Rhythm, Piedmont Express, and Valley Flyer) 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 Northern Region. Private providers are not included in the table. Note: this inventory does not include all human service providers within the MWCOG region.



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
Alexandria city	Alexandria Transit Company (DASH)				
	Fairfax Connector				
	Virginia Railway Express (VRE)				
	Washington Metropolitan Area Transit Authority (WMATA)				
Arlington County	Arlington County Transit (ART)				
	Fairfax Connector				
	OmniRide				
	Virginia Railway Express (VRE)				
	Washington Metropolitan Area Transit Authority (WMATA)				
Clarke County	Grafton School*				
	Northwestern Community Services (CSB)*				
	Shenandoah Agency on Aging – Senior Center Transportation*				
Fairfax city	City of Fairfax (CUE)				
	Fastran				
	Washington Metropolitan Area Transit Authority (WMATA)				
Fairfax County	Fairfax Connector				
	Fairfax County TOPS (Transportation Subsidy)				
	Fastran				
	Loudoun County (LC Transit)				
	OmniRide				
	Virginia Railway Express (VRE)				
	Washington Metropolitan Area Transit Authority (WMATA)				

 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
Falls Church city	Fairfax Connector		✓		
	Fastran			✓	
	Washington Metropolitan Area Transit Authority (WMATA)		✓		
Fauquier County	Encompass Community Supports*			✓	✓
	RappRides			✓	
	VOLTRAN of Fauquier County			✓	
	Northwestern Community Services (CSB)*			✓	✓
	Shenandoah Agency on Aging – Senior Center Transportation*				✓
	Virginia Regional Transit (VRT)		✓		
	Winchester Transit (WinTran)		✓		
Frederick County	Grafton School*			✓	✓
Loudoun County	Every Citizen Has an Opportunity (ECHO)			✓	✓
	Fairfax Connector		✓		
	Loudoun County (LC Transit)		✓		
	Loudoun County Area Agency on Aging			✓	
	Loudoun County Department of Family Services			✓	
	Loudoun Volunteer Caregivers			✓	
	Virginia Regional Transit (VRT)		✓		
	Washington Metropolitan Area Transit Authority (WMATA)		✓		
Manassas city	OmniRide		✓		
	Prince William Area Agency on Aging			✓	
	The Arc of Greater Prince William/ INSIGHT, Inc,			✓	✓
	Virginia Railway Express (VRE)		✓		

- 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
Manassas Park city	OmniRide				
	Prince William Area Agency on Aging				
	The Arc of Greater Prince William/ INSIGHT, Inc,				
	Virginia Railway Express (VRE)				
Page County	Northwestern Community Services (CSB)*				
	RappRides				
	Shenandoah Agency on Aging – Senior Center Transportation*				
	Shen-Paco Industries*				
	The Arc of Harrisonburg and Rockingham*				
Prince William County	OmniRide				
	Prince William Area Agency on Aging				
	The Arc of Greater Prince William/ INSIGHT, Inc,				
	Virginia Railway Express (VRE)				
	Wheels-to-Wellness (PRTC and the Potomac Health Foundation)				
Rappahannock County	Encompass Community Supports*				
Shenandoah County	Northwestern Community Services (CSB)*				
	Shenandoah Agency on Aging – Senior Center Transportation*				
	Shen-Paco Industries*				
	Virginia Regional Transit (VRT)				
Warren County	Blue Ridge Opportunities				
	Northwestern Community Services (CSB)*				

 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
Warren County	RappRides				
	Shenandoah Agency on Aging – Senior Center Transportation*				
	Virginia Regional Transit (VRT)				
Winchester city	Grafton School*				
	Northwestern Community Services (CSB)*				
	NW Works				
	Shenandoah Agency on Aging – Senior Center Transportation*				
	Winchester Transit (WinTran)				



Public Transportation Provider

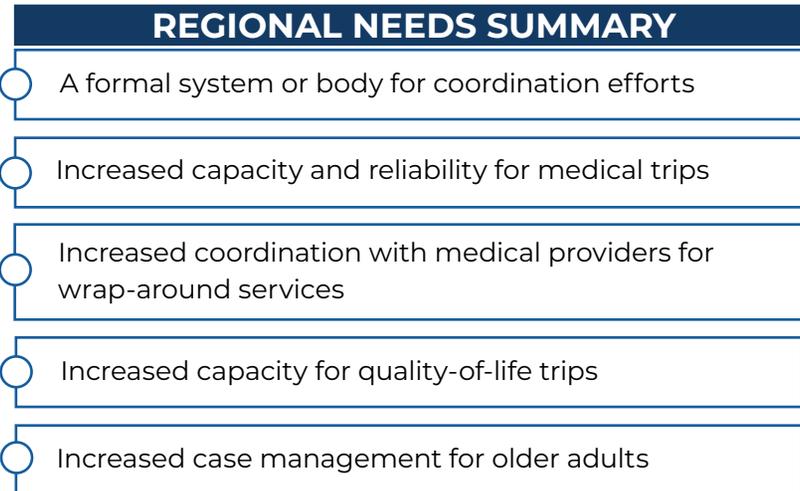
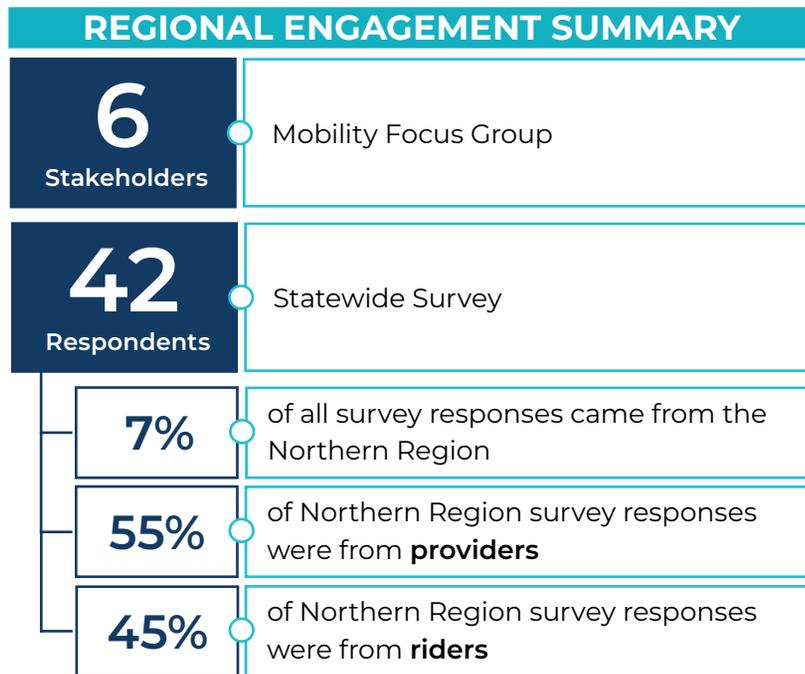


Human Services Transportation Provider

* Current Recipient of FTA 5310 Funding

NORTHERN REGION GAPS AND NEEDS

To better understand the mobility needs of the Northern Region, a focus group with attendance from human service transportation providers, human service providers, and mobility managers convened on August 8, 2025. The themes from that conversation were combined with regional responses from the initial statewide survey to produce the following needs:



Providers in the region noted several instances where a lack of wrap-around services, or services outside of transportation provision that assist an individual, has been a barrier to individuals receiving medical care or other human services. Public transportation services are limited in the assistance they can provide to individuals, and even human service transportation providers are not always able to be with an individual once they arrive at their destination. Individuals may need additional support once they arrive at their destination or may need additional support from a transportation provider on a return trip. Coordinating to provide wrap-around services ensures that individuals are able to get the services they need and that transportation resources are being utilized most effectively.

Similar to other regions in the Commonwealth, providers in the Northern Region described a lack of capacity for quality-of-life trips. Providers in the Northern Region noted that this was particularly true for older adults and individuals with disabilities. These populations may need door-to-door transportation support, a service many public transportation providers are not able to offer. Human service transportation providers are at capacity with medical trips and are not able to provide additional quality-of-life trips to individuals.

Providers in the Northern Region also talked extensively about the challenges a rapidly aging population presents. Providers spoke of the additional services and case management needed to provide transportation and human services to those who are losing their independence. Existing public transit and, in some cases, even human service transportation in the region has not been set up to handle the increasing number of older adults and the needs of a larger aging population.

Providers in the region also noted successes in sharing vehicles to maximize the utility of available assets. A program with Section 5310 vehicles allows other human service programs in the area to use the vehicles when they are not in service. The provider noted this has allowed seven other human service programs to provide accessible transportation to their clients. This type of coordinated use of Section 5310-funded vehicles is allowed under FTA's Incidental Use Policy and is a great way to increase transportation capacity in a given area.

“

Better connection between counties.

– Rider (Loudoun, VA)

Special needs transportation or funding for taxis and Uber.

– Rider (Shenandoah County, VA)

Funding to provide trained medical transport personnel.

– Provider

Funding, operator resources.

– Provider

Our biggest need is the need of more drivers.

– Provider

”

SOUTHWEST REGION

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

The least dense CHSM region, the Southwest Region is largely rural with vast mountainous terrain and urban clusters along the I-81 and I-77 corridors. [Population density](#) (p. 105) is concentrated along these corridors, with additional density in and around county seats.

Urbanized areas also contain the largest populations of [older adults](#) (p. 106) and [adults with a disability](#) (p. 107), comprising 24% and 23% of the region's total population, respectively. While the highest number of older adults and adults with a disability are present along the I-81 corridor, high numbers of these populations are also present in the towns and cities of the westernmost portion of the region.

The Southwest Region has the highest percentage of [low-income households](#) (p. 108) at 30%. Galax City has the highest proportion of households in poverty (40%), followed by Norton City (39%) and Lee County (38%). [Households without a vehicle](#)

(p. 109) are similarly distributed across urban and rural areas and often overlap with areas with higher poverty rates. Bristol and Norton share the highest proportion of residents without access to a vehicle (12%).

Considering these demographics combined, [transit propensity](#) (p. 110) is moderate across the region, with concentrations of high transit propensity in the western rural portions of the region, including Buchanan, Dickenson, Scott, and Wise counties. Unlike other regions, public transportation is available in every locality, with six local operators. Aside from these, 2 human service [transportation providers](#) (p. 112) with eligibility restrictions operate in the region.

DEMOGRAPHIC SUMMARY

Total Population	Older Adults	Adults with a Disability	Total Households	Low-Income Households	Zero-Car Households
368,369	85,705 (23%)	80,937 (22%)	150,634	43,683 (29%)	10,626 (7%)
Decrease*	Increase*	Increase*	Decrease*	Decrease*	Decrease*

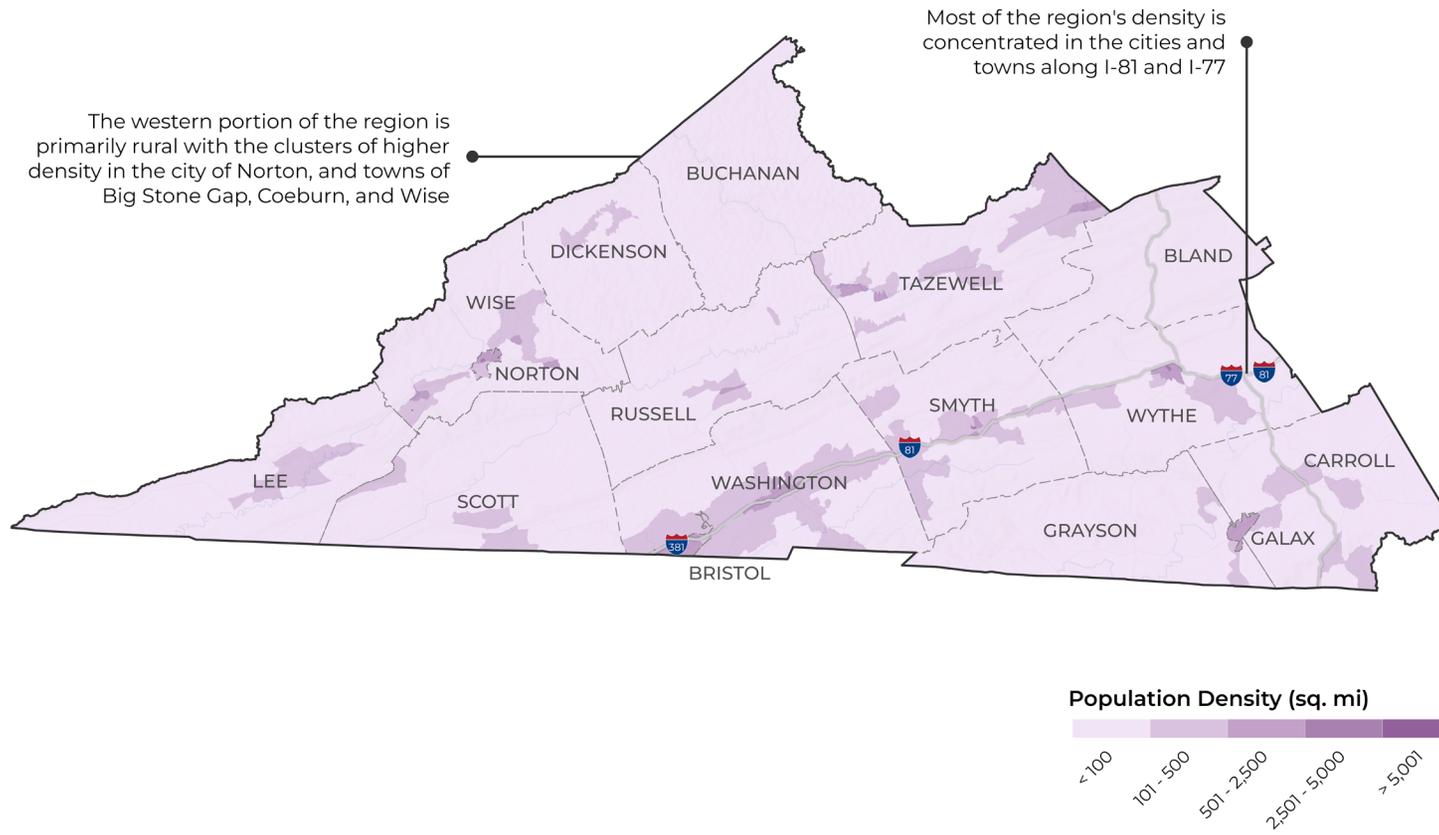
*trend since 2022 CHSM Plan

SOUTHWEST REGION TAKEAWAYS

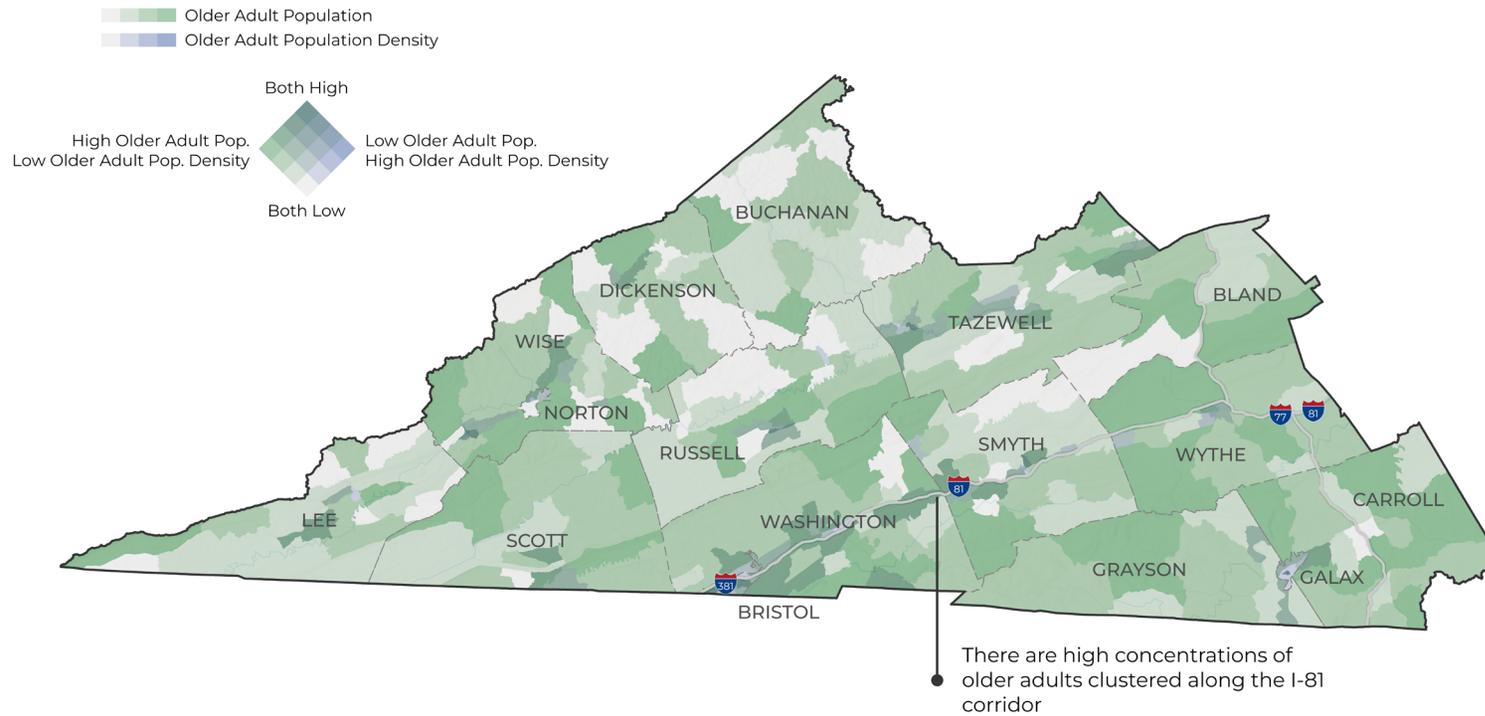
The following takeaways are based on demographic data, transportation patterns, and transportation providers (pp. 105-114)

- 1** Population in the Southwest Region is concentrated along I-81, and in Galax, Wise, and Norton. Populations that may rely on human services transportation have concentrations in both rural and urban areas.
- 2** The Southwest Region has the highest proportion of older adults, adults with a disability, and low-income households out of all CHSM regions.
- 3** Low income is the most common factor driving transit propensity, comprising almost a third of the region’s households. This is followed by older age and disability at 23% and 22% respectively, and car access at 6%.
- 4** Public transportation is available across the region through either fixed-route or demand-response services, with select localities hosting both.
- 5** Transportation services have time and eligibility restrictions. Most public transportation does not operate on weekends. When public transportation is not available, human services transportation is only available to eligible users.
- 6** Only two human service transportation providers exist in the region to serve all eligible users.
- 7** People living in the furthest areas from I-81 likely have the greatest barriers to meeting their transportation needs, are furthest from destinations and have limited options, even when available.

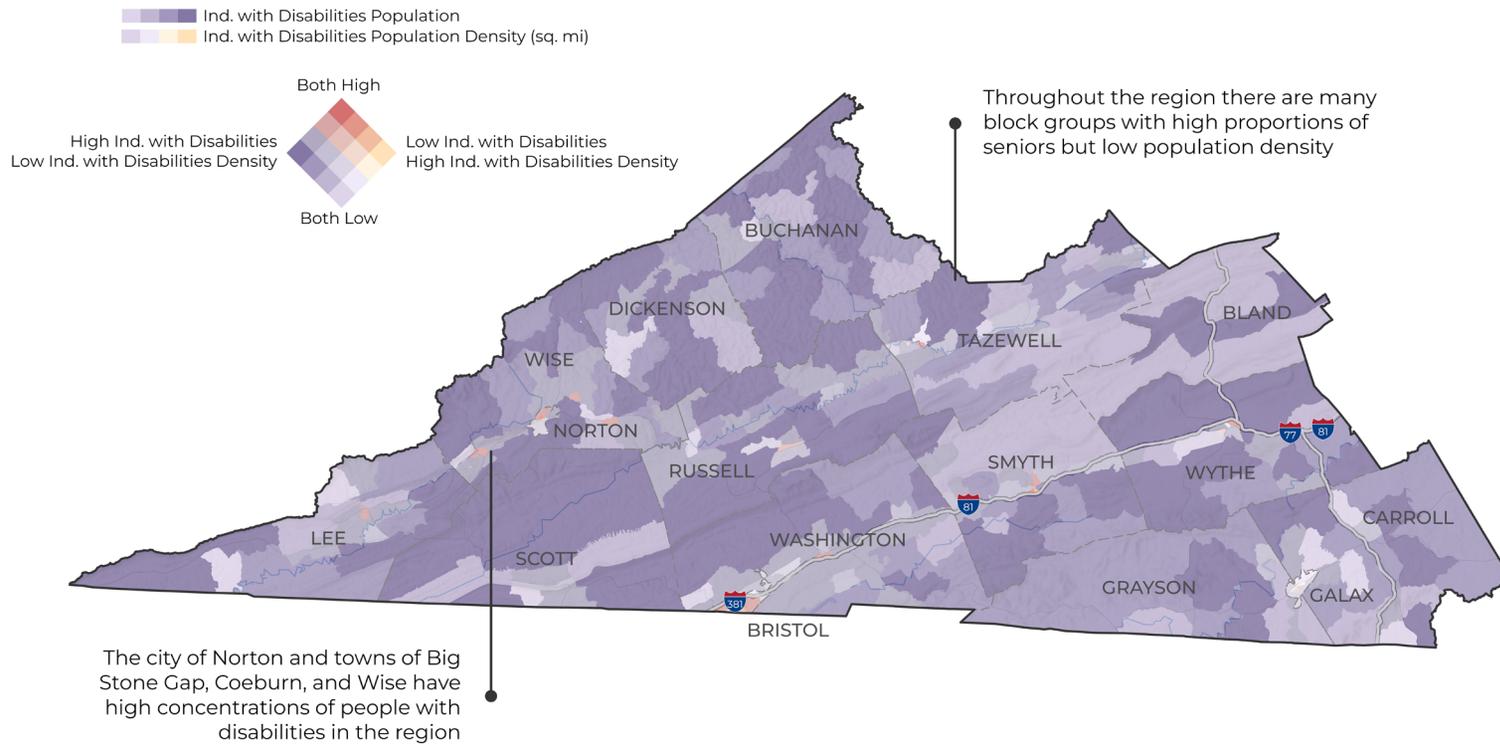
POPULATION DENSITY



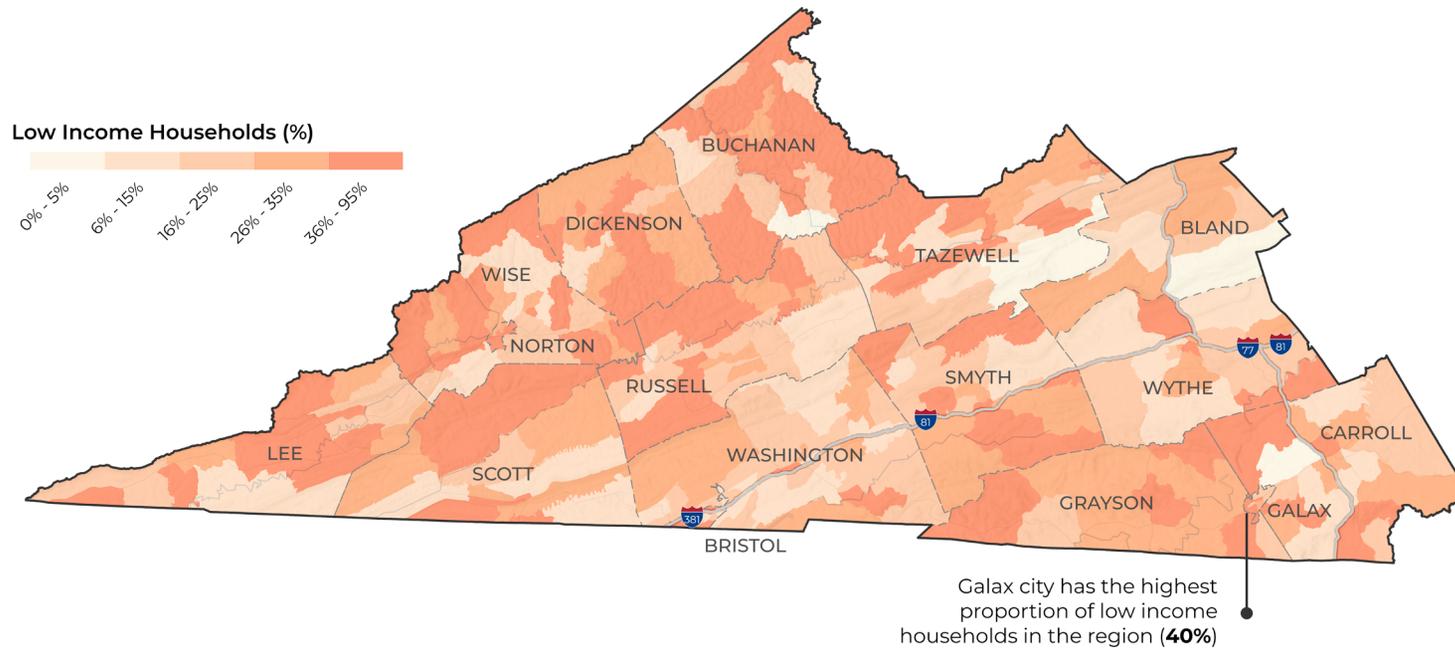
OLDER ADULTS



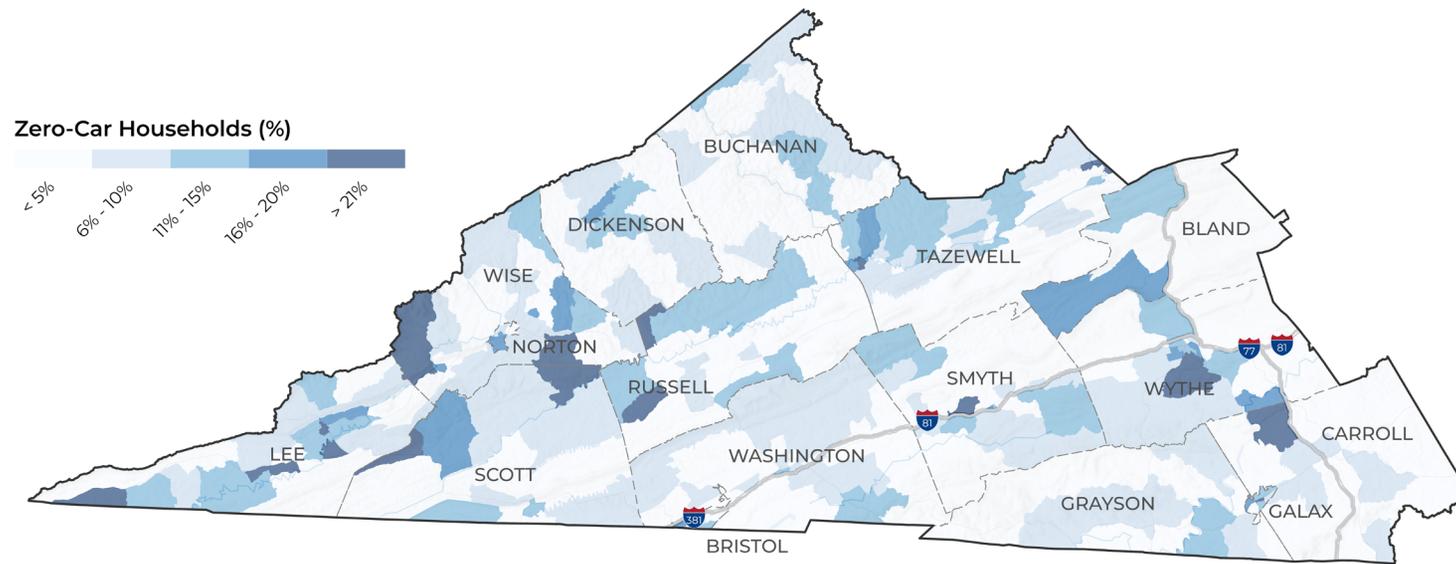
INDIVIDUALS WITH A DISABILITY



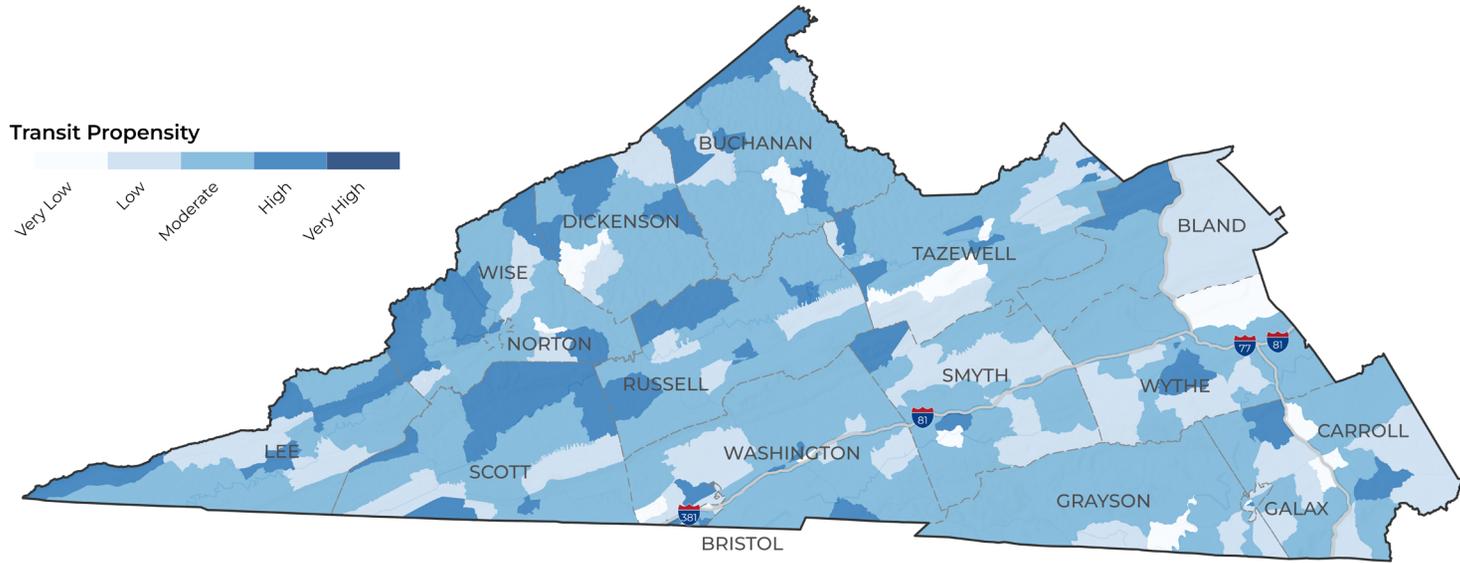
LOW-INCOME HOUSEHOLDS



ZERO-CAR HOUSEHOLDS

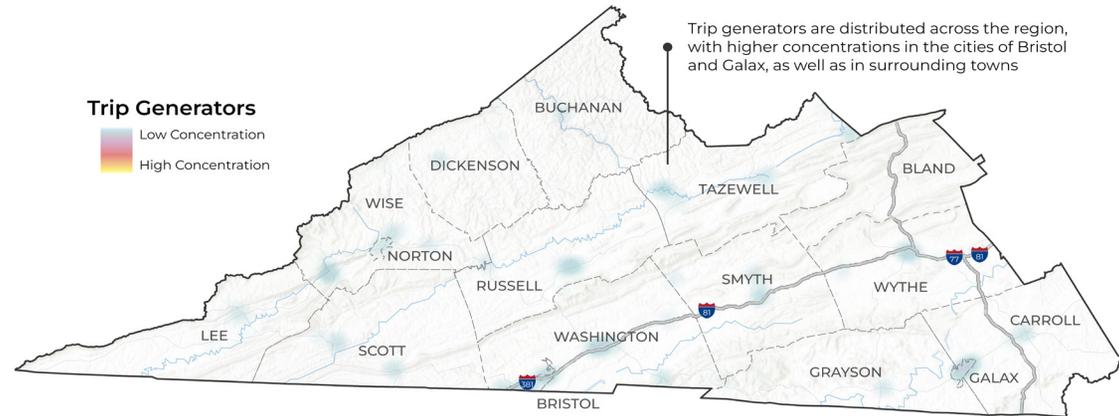


TRANSIT PROPENSITY



TRIP GENERATORS

The Southwest Region has a mix of points of interest that are likely to generate trips; however, due to the lack of major urban centers, trip generators are fairly distributed across the region, with higher concentration in Bristol and Galax cities. Food destinations and retail are the most common trip generators (29%), followed by government (15%) destinations. The region has a relatively low percentage of community, health, and services destinations.



55+ TRAVEL PATTERNS

Travel in the Southwest Region is mostly within counties from outlying areas to a county seat or other activity center. Grayson and Carroll counties south of I-81 are exceptions to this rule, with the independent city of Galax drawing more commuters. Significant commutes are also present along I-81 between Bristol and Wytheville. Trips crossing state lines are evident around Bristol and Bluefield.



SOUTHWEST REGION PROVIDER INVENTORY

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

Currently, six public transportation agencies operate a combination of fixed route, paratransit, demand response, and microtransit service within the Southwest Region: Bluefield-Graham Transit, Bristol Transit, Four County Transit, Mountain Empire Older Citizens, and District Three Governmental Cooperative (Mountain Lynx).

In addition to the six public transportation providers, there are approximately two human service providers in the region.

The Virginia Breeze provides intercity service across one route within the region (Highlands Rhythm) 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 Southwest 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
Bland County	Mount Rogers Community Services Board *				
	Mountain Lynx				
Bristol city	Bristol Virginia Transit				
Buchanan County	Four County Transit				
Carroll County	Mount Rogers Community Services Board *				
	Mountain Lynx				
Dickenson County	Four County Transit				
Galax city	Mount Rogers Community Services Board *				
	Mountain Lynx				
Grayson County	Mount Rogers Community Services Board *				
	Mountain Lynx				
Lee County	Mountain Empire Older Citizens (MEOC)				
Norton city	Mountain Empire Older Citizens (MEOC)				
Russell County	Four County Transit				
Scott County	Mountain Empire Older Citizens (MEOC)				
Smyth County	Mount Rogers Community Services Board *				
	Mountain Lynx				
Tazewell County	Four County Transit				
	Graham Transit				
Washington County	Mountain Lynx				

 Public Transportation Provider

 Human Services Transportation Provider

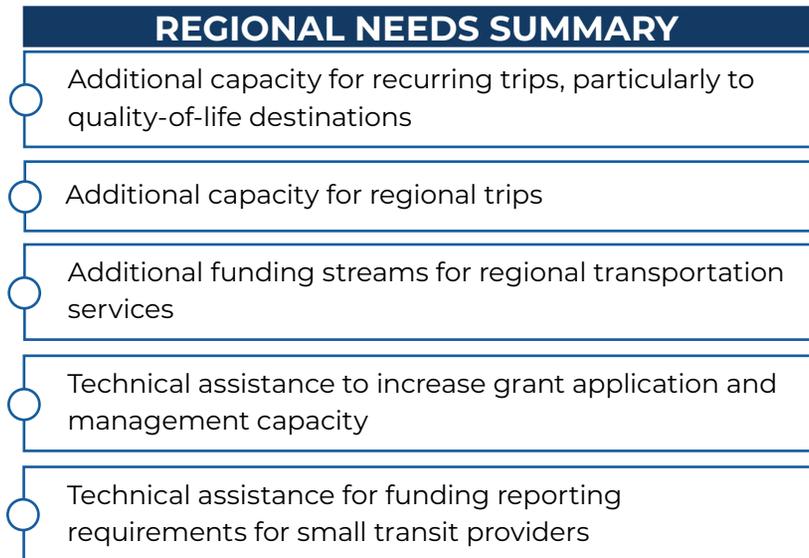
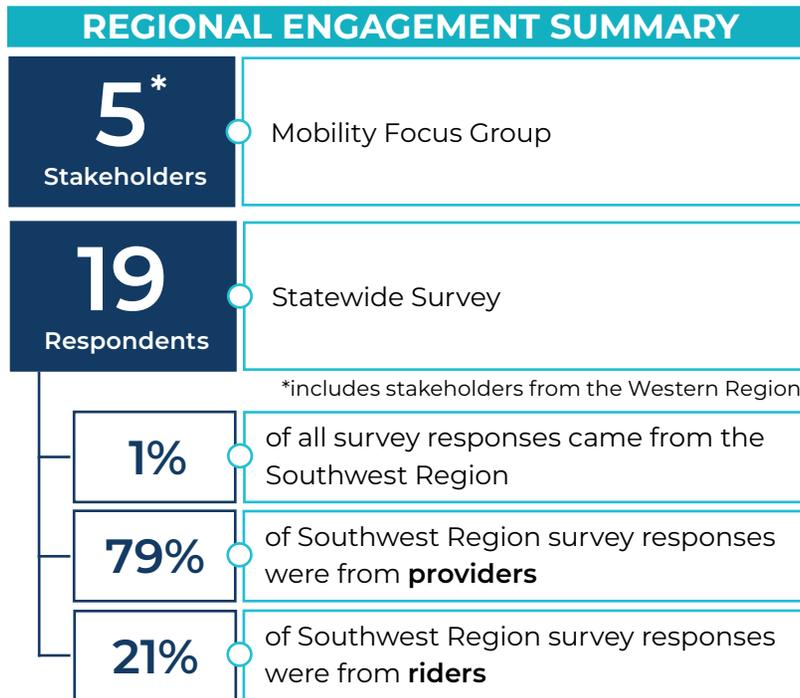
* Current Recipient of FTA 5310 Funding

Service Area	Provider	Provider Type	Eligibility: All	Eligibility: Demographic	Eligibility: Client Based
Wise County	Mountain Empire Older Citizens (MEOC)				
Wythe County	Giles Health and Family Center *				
	Mount Rogers Community Services Board *				
	Mountain Lynx				

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

SOUTHWEST REGION GAPS AND NEEDS

Stakeholders from both the Western and Southwest Regions convened on August 4, 2025, to discuss human services transportation in their region. The Southwest Region was represented by a local public transportation provider and a local Area Agency on Aging (AAA). The following regional needs were surfaced in the discussion, as well as from comments in the initial statewide survey:



Participants spoke about challenges in meeting the needs of individuals with the current transportation capacity in the region. Transportation providers are operating at maximum capacity and, due to the rural nature of the region, service hours and coverage are limited. Both human service and transportation providers spoke about the need for additional routine transportation, particularly for medical trips and employment opportunities. Some transportation options in rural areas can be limited to operating rural routes one day a week, making routine trips to a job or dialysis impossible.

Regional feedback highlighted difficulties in providing regional transportation, particularly trips crossing jurisdictional boundaries such as county/state lines or between cities. Funding and eligibility issues were mentioned as barriers to providing these transportation options, as well as the logistics of providing long trips when operators are already at capacity and vehicles are needed for services elsewhere.

Transportation providers in the region, both at the focus group and in survey comments, mentioned difficulties in navigating the rules and regulations attached to federal funding mechanisms. Not only was this mentioned as a barrier to providing current services, but also for expanding services to meet growing demands. Rural providers, in particular, noted the difficulties of meeting vastly expanded program reporting requirements if service levels meet a certain threshold, something providers are not equipped to handle.

Participants in the focus group also discussed successful coordination happening in their region. The local AAA and transit provider holds quarterly transportation advisory committee meetings to talk about transportation needs and resources in the region. The committee is comprised of planners from local jurisdictions, transportation providers, human service providers, and more to create a local brain trust for transportation needs. Participants from the region noted that these regular conversations have been helpful in coordinating services and funding strategies at the local and regional level.



Lack of capacity leads to quality-of-life issues for residents who can't get where they need to go.

– CTAV Workshop Participant

A shortage of drivers and the long distances of trips limits capacity.

– CTAV Workshop Participant

Human resources limitations -- it is not easy to recruit new drivers and it requires a lot of time and resources to train them.

– Provider

The growth of same day micro-transit and funding to increase hours of operation.

– Provider

Financial limitations are the primary barriers to expanding services.

– Provider



TIDEWATER REGION

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

The coastal Tidewater Region can be split into three distinct and unique geographies: the Eastern Shore, Hampton Roads, and the Middle Peninsula. The Hampton Roads portion of the region includes the cities around the Hampton Roads Beltway: Newport News, Norfolk, Portsmouth, and Virginia Beach. [Population density](#) (p. 119) is highest these areas. The Eastern Shore and Middle Peninsula are primarily rural, with Accomack and Northampton counties having an average population density of 161 people per square mile.

[Older adults](#) (p. 120) and [adults with a disability](#) (p. 121) account for 17% and 12% of the population, respectively. The Eastern Shore and Middle Peninsula have high proportions of older adults but low population density. Older adults are primarily concentrated in James City County and Williamsburg, with some pockets of high concentrations along I-64. Density of individuals with disabilities mirrors the older adult population and is concentrated in more urbanized areas of the region including Hampton, Newport News, Norfolk, Portsmouth, Virginia Beach, and areas along I-64.

Approximately 19% of [households are low-income](#) (p. 122), with the highest concentrations in Portsmouth (27%) and Norfolk (26%), and Accomack (27%) and Northampton (25%) counties on the Eastern Shore. [Households without a vehicle](#) (p. 123) are similarly distributed across urban and rural areas and often overlap with areas with higher poverty rates throughout the region. Norfolk and Portsmouth cities have the highest proportion of residents without access to a vehicle (12%).

Considering these demographics combined, [transit propensity](#) (p. 124) is highest in the central cities and most rural areas. Public transportation is available throughout much of the region, with more frequent and convenient services available in urban areas. Aside from these, there are 22 private and human service [transportation providers](#) (p. 126) in the region. All localities in the region have at least one provider.

DEMOGRAPHIC SUMMARY

Total Population	Older Adults	Adults with a Disability	Total Households	Low-Income Households	Households without a Car
1,770,687	280,512 (16%)	204,929 (12%)	698,337	132,905 (19%)	46,241 (7%)
Increase*	Increase*	Increase*	Increase*	Increase*	Increase*

*trend since 2022 CHSM Plan

TIDEWATER REGION TAKEAWAYS

The following takeaways are based on demographic data, transportation patterns, and transportation providers (pp. 119-131)

1

The Tidewater Region is the second densest CHSM region, with population concentrated in the Hampton Roads area. Populations that may rely on human services transportation are present in both rural and urban areas.

2

Low income and older age are the most common features driving transit propensity, comprising 18% of the region's households and 16% of the region's residents, respectively. This is followed by disability and vehicle access at 18% and 7% respectively.

3

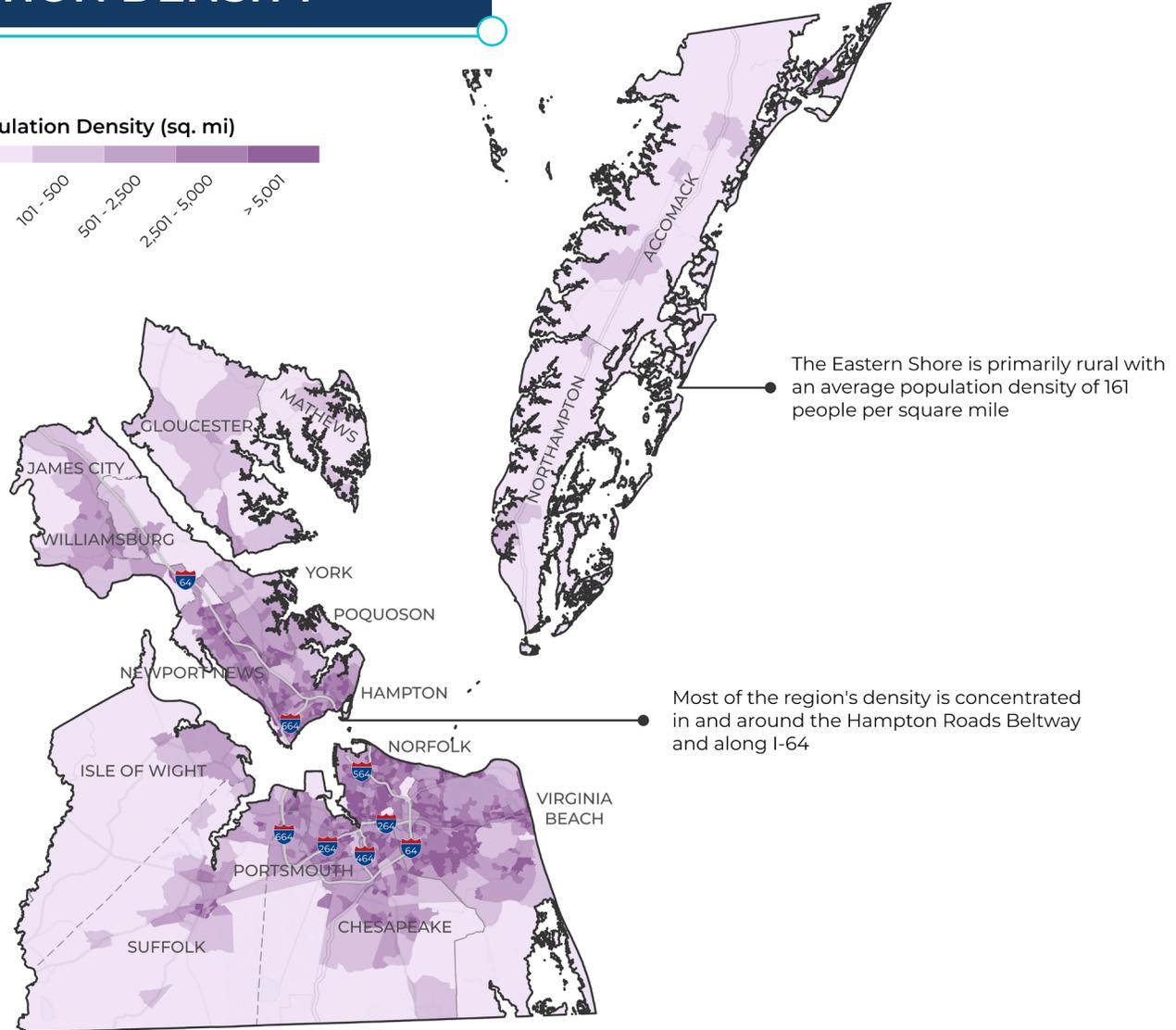
Transportation service providers are concentrated in the Hampton Roads area.

4

Those living in rural areas might have challenges accessing adequate services when needed. For example, providers serving Accomack and Northampton Counties do not have a provider with weekend or service for medical trips.

POPULATION DENSITY

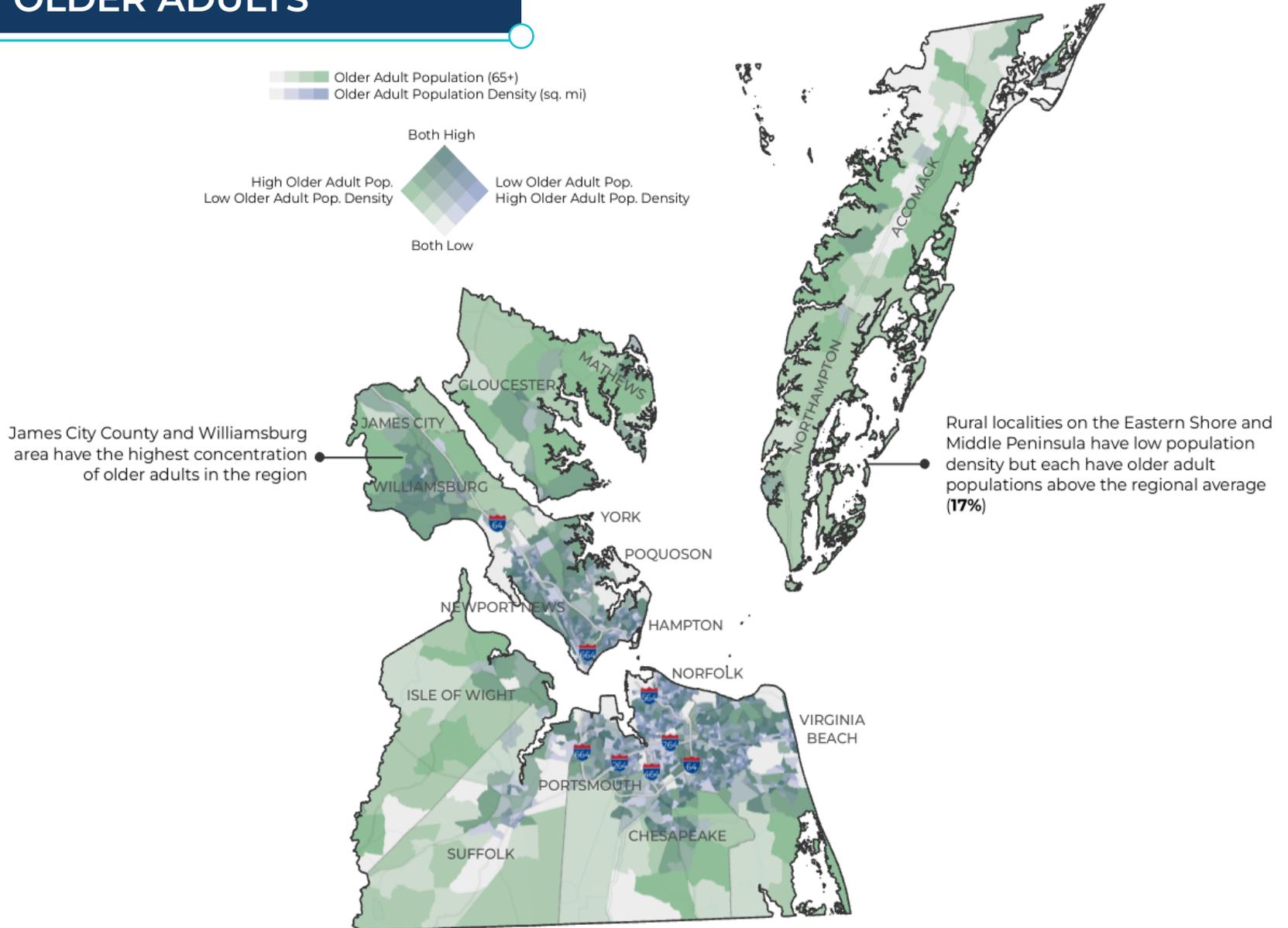
Population Density (sq. mi)



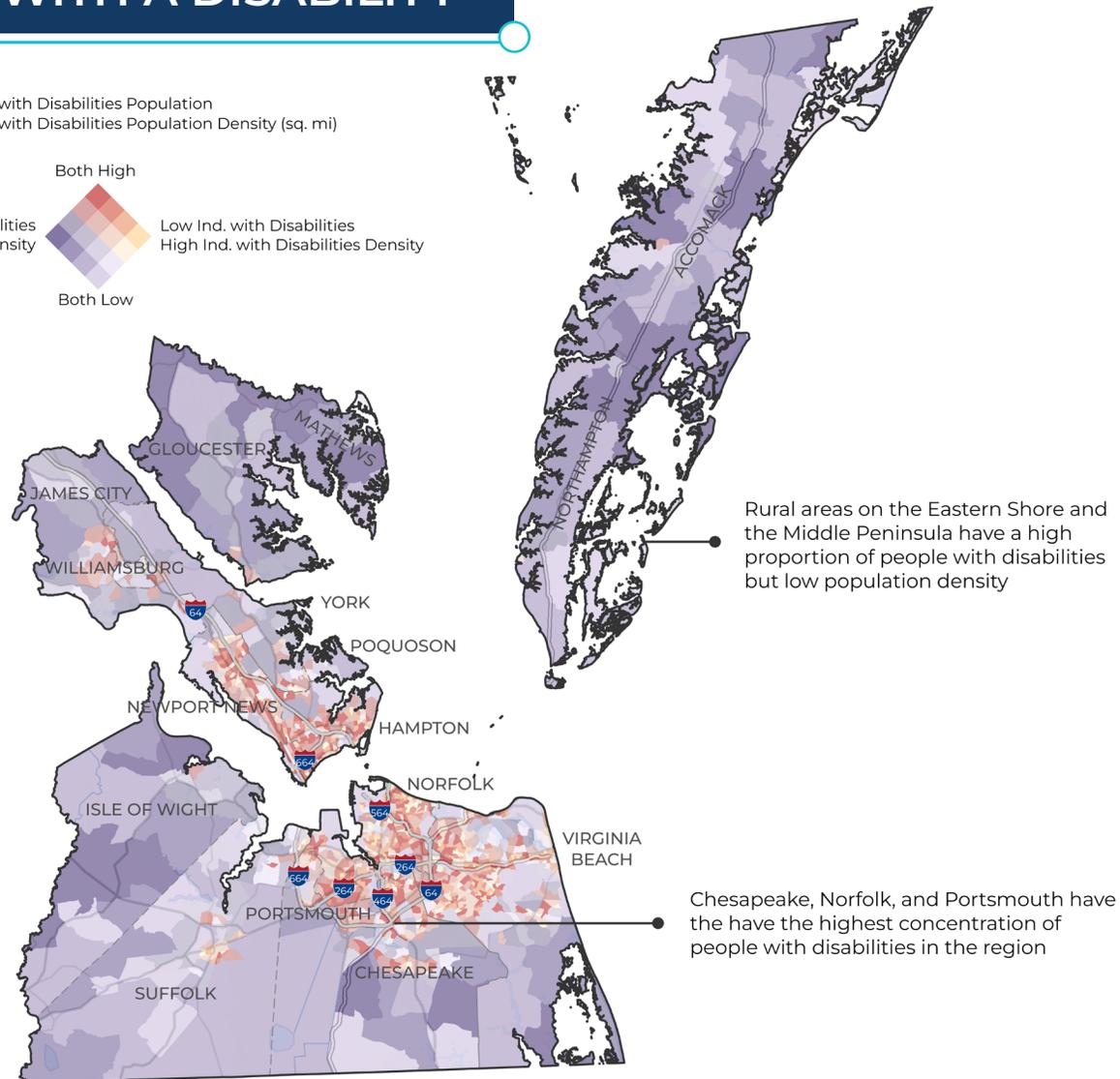
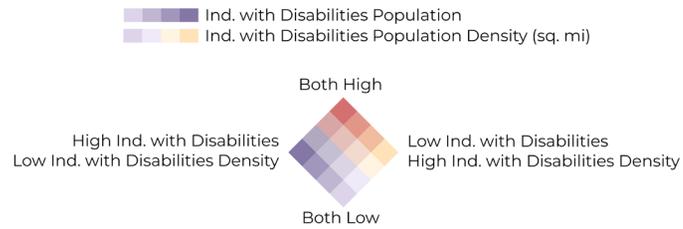
The Eastern Shore is primarily rural with an average population density of 161 people per square mile

Most of the region's density is concentrated in and around the Hampton Roads Beltway and along I-64

OLDER ADULTS

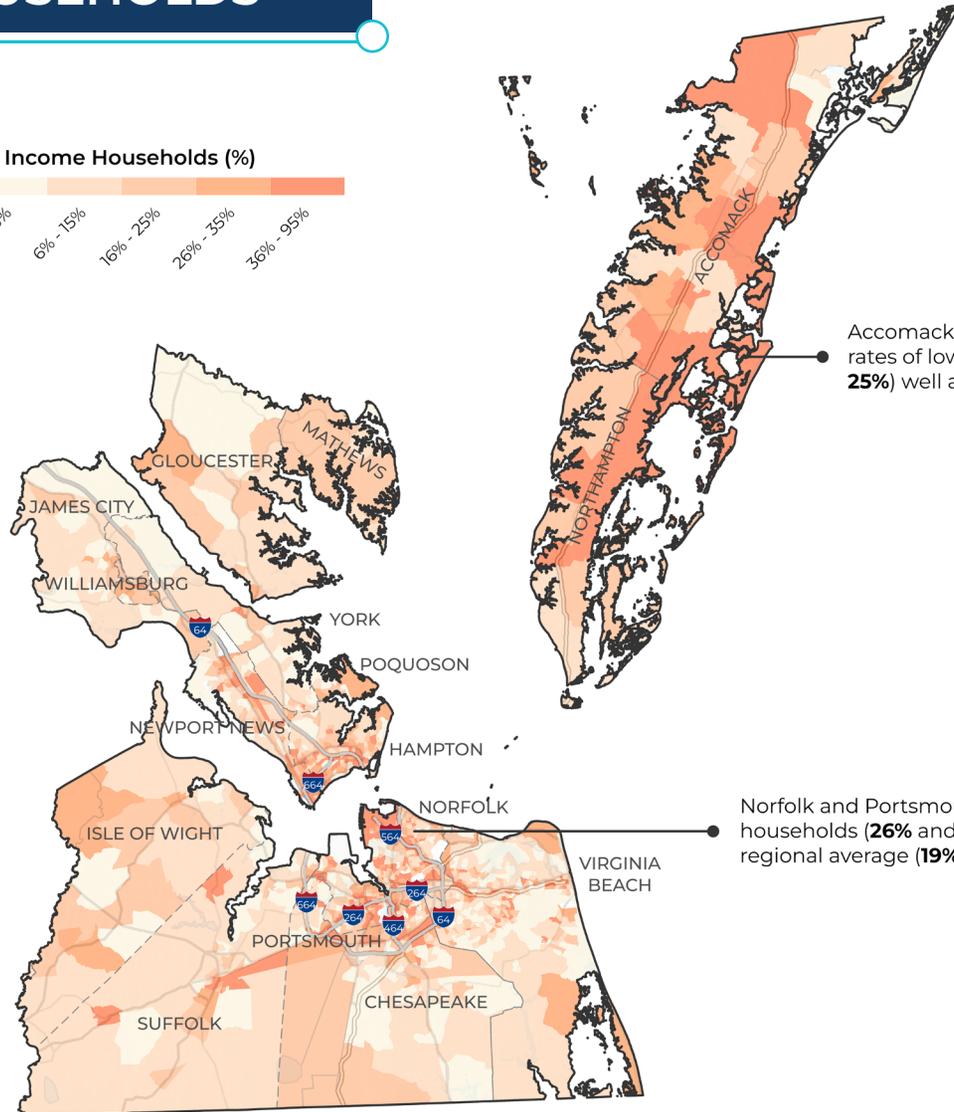


INDIVIDUALS WITH A DISABILITY



LOW-INCOME HOUSEHOLDS

Low Income Households (%)

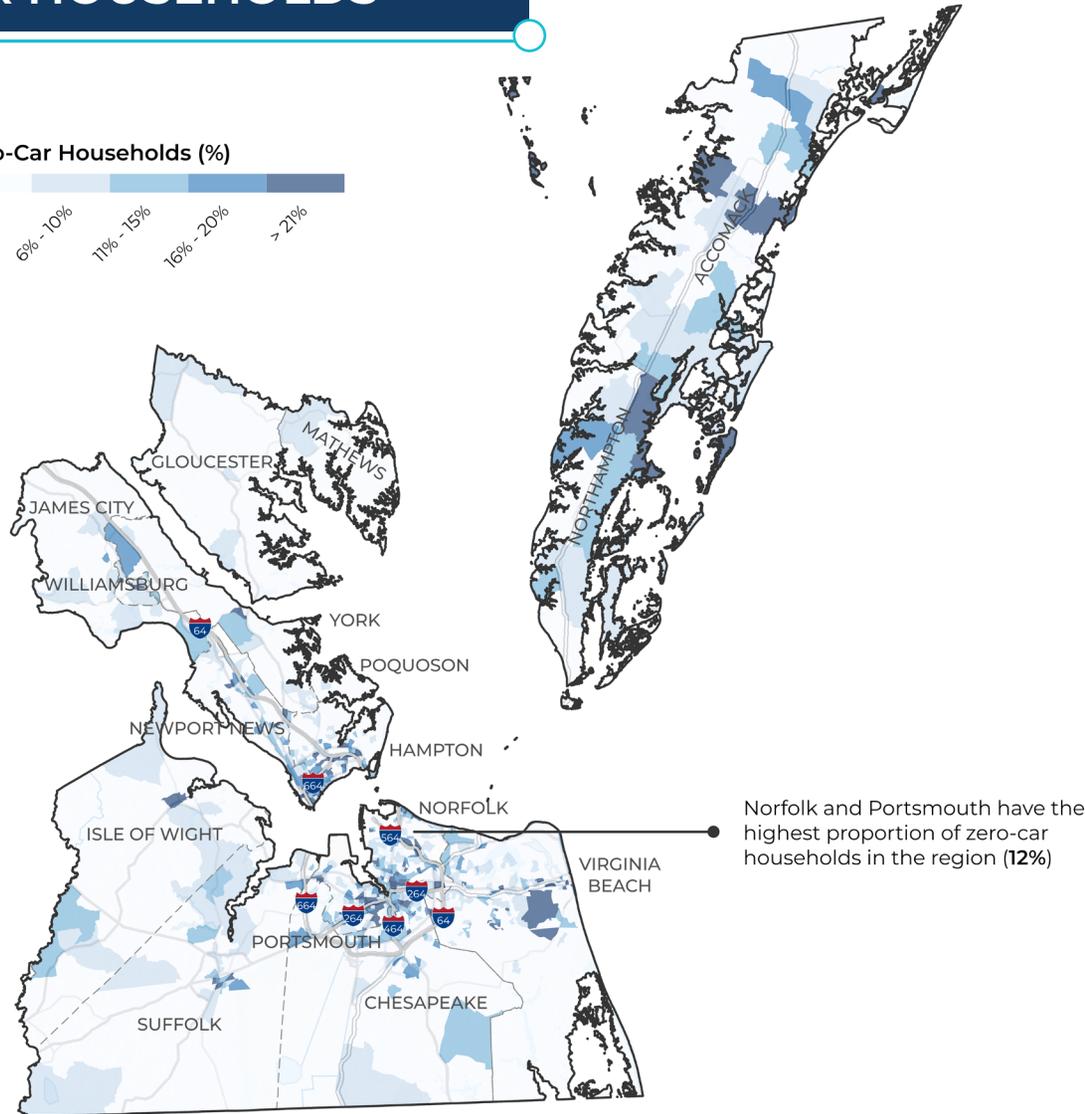
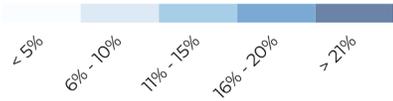


Accomack and Northampton have high rates of low income households (**27%** and **25%**) well above the Tidewater Region's

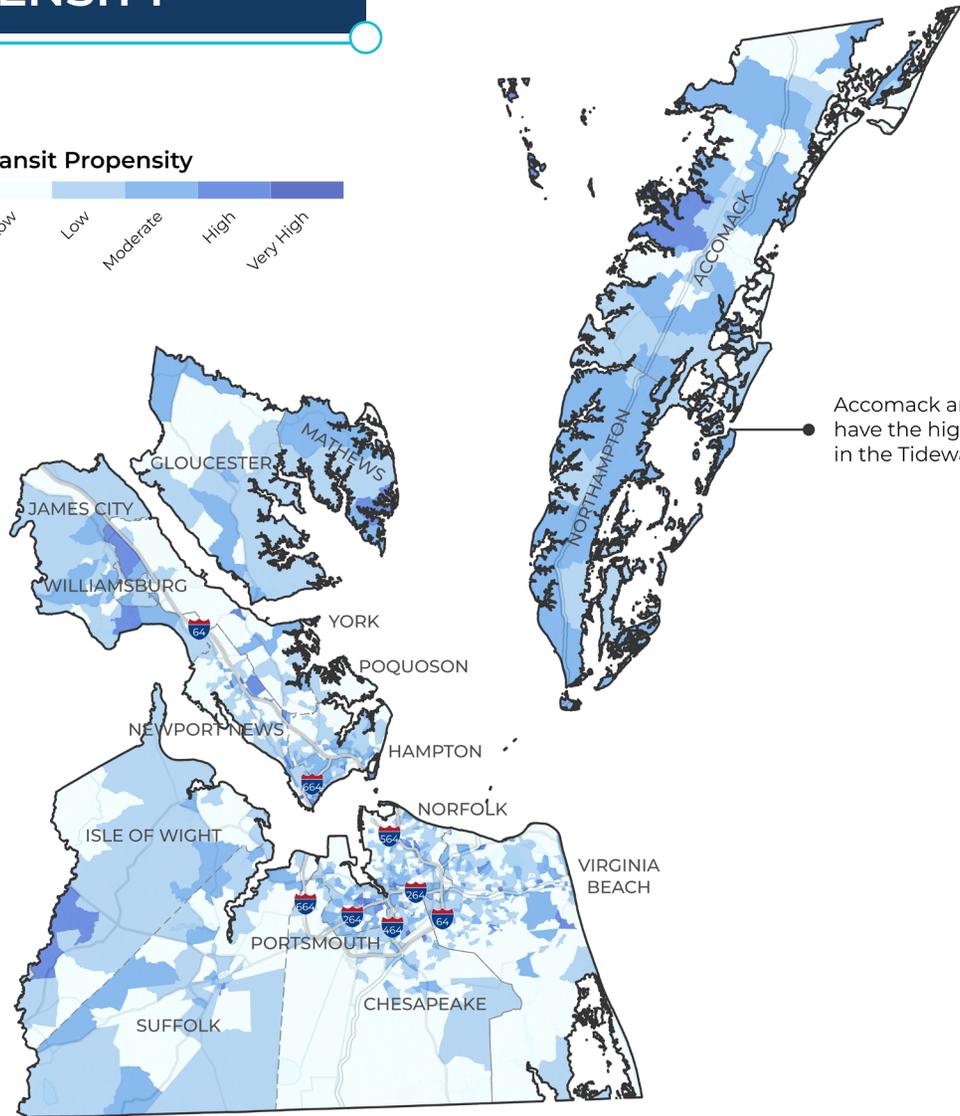
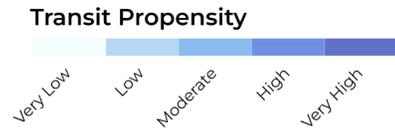
Norfolk and Portsmouth rates of low income households (**26%** and **27%**) well above the regional average (**19%**)

ZERO-CAR HOUSEHOLDS

Zero-Car Households (%)



TRANSIT PROPENSITY

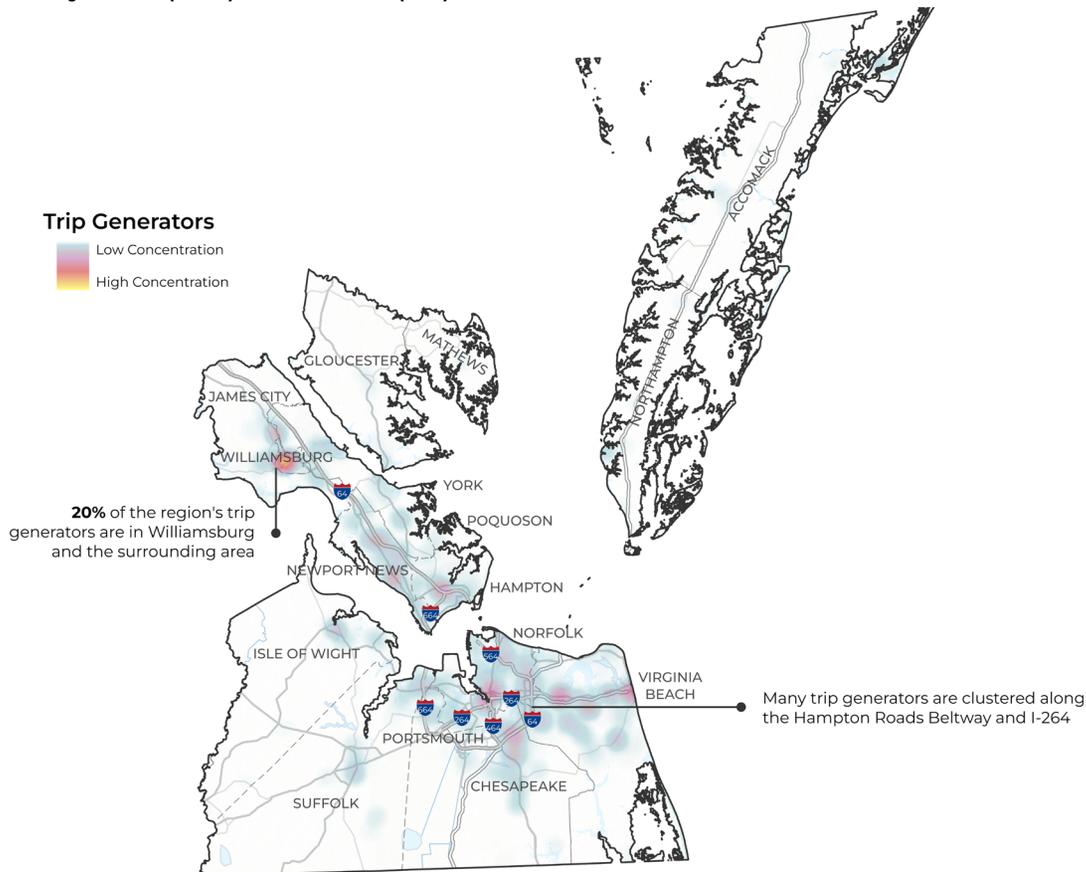


Accomack and Northampton counties have the highest rates of transit propensity in the Tidewater Region

TRIP GENERATORS

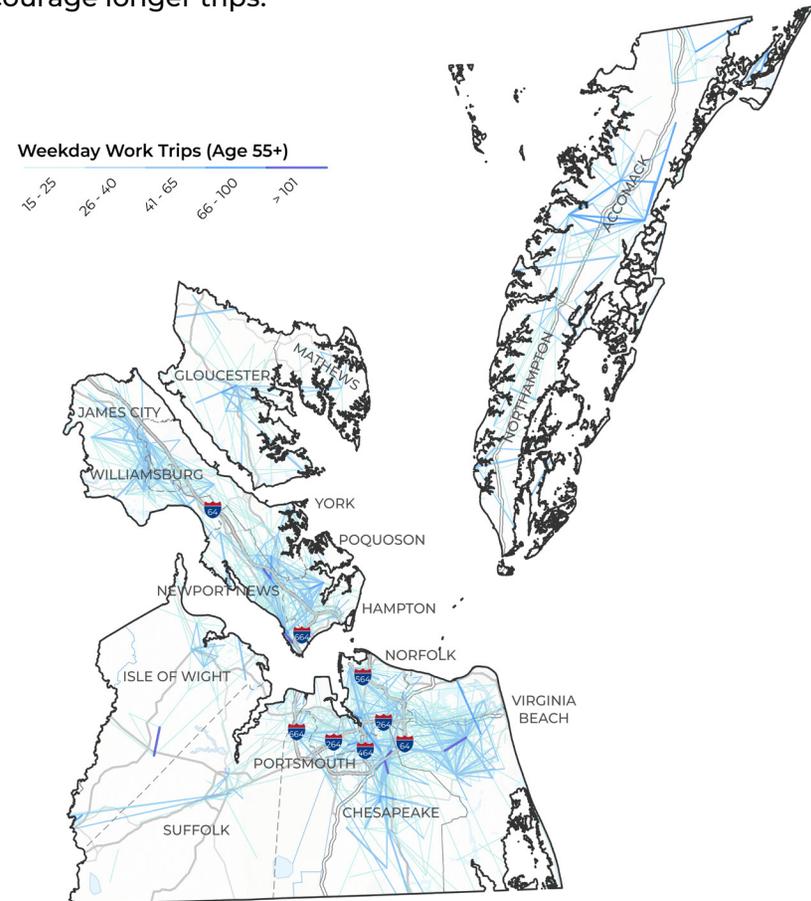
The Tidewater Region has a relatively high and diverse volume of trip generators that are more concentrated in cities such as Norfolk, Williamsburg, Newport News, Chesapeake, and Virginia Beach. Trip generators are more dispersed along Virginia's eastern shore.

Food destinations are the largest trip generators (43%), followed by retail (35%) and health (6%).



55+ TRAVEL PATTERNS

Commute patterns by older adults illustrates the distributed activity centers of the Hampton Roads region. Unlike other regions, a significant number of commutes cross jurisdictional boundaries, save for the more isolated communities on the Middle Peninsula and Eastern Shore. The urbanized portion of the region has a complex network of highways that encourage longer trips.



TIDEWATER REGION PROVIDER INVENTORY

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

Currently, six public transportation agencies operate a combination of fixed route, paratransit, demand response, and microtransit service within the region: Bay Transit, Hampton Roads Transit, the Pony Express, STAR Transit, Suffolk Transit, and Williamsburg Area Transit Authority.

In addition to the six public transportation providers, there are approximately 20 human service providers in the region and one known private provider.

The following table provides an overview of the transportation providers in each city and county within the Tidewater 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
Accomack County	Chincoteague Pony Express				
	Eastern Shore Area Agency on Aging (AAA)*				
	Eastern Shore Center for Independent Living				
	Eastern Shore Community Services Board				
	STAR Transit				
Chesapeake city	Families of Autistic Children of Tidewater (FACT)*				
	Hampton Roads Transit (HRT)				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	Suffolk Transit				
	The STOP Organization				
Gloucester County	Bay Transit				
	Capital Area Partnership Uplifting People (CAP-UP)*				
	Middle Peninsula / Northern Neck CSB				
	The Arc of the Virginia Peninsula				
	VersAbility Resources*				
Hampton city	Hampton Newport News Community Services Board*				
	Hampton Roads Transit (HRT)				
	Insight Enterprises, Inc. Peninsula Ctr. for Indep. Living				
	Peninsula Agency on Aging (PAA)*				
	The Arc of the Virginia Peninsula				
	VersAbility Resources*				

 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
Isle of Wight County	Hampton Roads Transit (HRT)				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	The STOP Organization				
	Western Tidewater Community Services Board				
James City County	Colonial Behavioral Health*				
	Peninsula Agency on Aging (PAA)*				
	Williamsburg Area Transit (WATA)				
	Williamsburg Faith in Action				
King and Queen County	The Arc of the Virginia Peninsula				
	VersAbility Resources*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
King William County	The Arc of the Virginia Peninsula				
	VersAbility Resources*				
Mathews County	Bay Transit				
	Middle Peninsula / Northern Neck CSB				
	The Arc of the Virginia Peninsula				
	VersAbility Resources*				
Newport News city	Families of Autistic Children of Tidewater (FACT)*				
	Hampton Newport News Community Services Board (HNNCSB)*				
	Hampton Roads Transit (HRT)				
	Insight Enterprises, Inc. Peninsula Ctr. for Indep. Living (IEPCIL)				

- 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
Newport News city	Peninsula Agency on Aging (PAA)*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	The Arc of the Virginia Peninsula				
	VersAbility Resources*				
Norfolk city	Eggleston Services*				
	Families of Autistic Children of Tidewater (FACT)*				
	Hampton Roads Transit (HRT)				
	Norfolk Community Services Board				
	PORTCO, Inc.*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
Northampton County	The STOP Organization				
	Eastern Shore Area Agency on Aging (AAA)*				
	Eastern Shore Center for Independent Living				
	Eastern Shore Community Services Board				
Northumberland County	STAR Transit				
	The Arc of the Virginia Peninsula				
Poquoson city	VersAbility Resources*				
	Colonial Behavioral Health*				
Poquoson city	Peninsula Agency on Aging (PAA)*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	The Arc of the Virginia Peninsula				
	VersAbility Resources*				

 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
Portsmouth city	Families of Autistic Children of Tidewater (FACT)*				
	Hampton Roads Transit (HRT)				
	PORTCO, Inc.*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	The STOP Organization				
Suffolk city	Families of Autistic Children of Tidewater (FACT)*				
	Hampton Roads Transit (HRT)				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	Suffolk Transit				
	The STOP Organization				
	Western Tidewater Community Services Board				
Virginia Beach city	Families of Autistic Children of Tidewater (FACT)*				
	Hampton Roads Transit (HRT)				
	Heart Havens*				
	PORTCO, Inc.*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	The STOP Organization				
Williamsburg city	Colonial Behavioral Health*				
	Families of Autistic Children of Tidewater (FACT)*				
	Peninsula Agency on Aging (PAA)*				
	St. Joseph's Villa				
	The Arc of Greater Williamsburg				
	Williamsburg Area Transit (WATA)				
	Williamsburg Faith in Action				

- 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
York County	Colonial Behavioral Health*				
	Insight Enterprises, Inc. Peninsula Ctr. for Indep. Living				
	Peninsula Agency on Aging (PAA)*				
	Senior Services of Southeastern VA, SSSEVA (I-Ride)*				
	The Arc of the Virginia Peninsula				
	VersAbility Resources*				
	Williamsburg Area Transit (WATA)				
	Williamsburg Faith in Action				

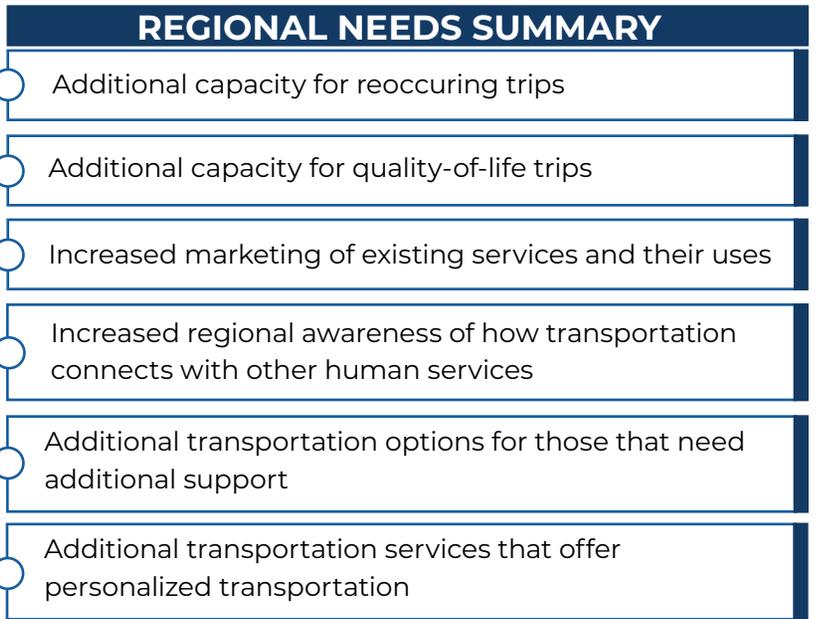
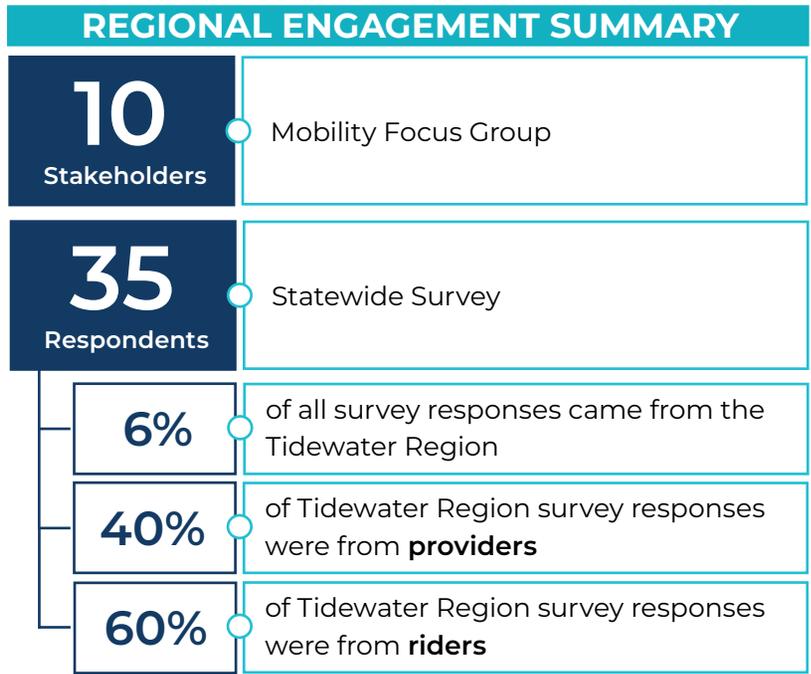
 Public Transportation Provider

 Human Services Transportation Provider

* Current Recipient of FTA 5310 Funding

TIDEWATER REGION GAPS AND NEEDS

To understand mobility issues in the Tidewater Region, a focus group convened on August 11, 2025. The region was represented by public transit providers, human service transportation providers, human service providers, and other stakeholders. The following regional needs were expressed:



Providers spoke to the need for additional transportation capacity in the region and for additional funding of services. Providers mentioned not being able to complete quality-of-life trips and other reoccurring trip needs.

Providers also spoke to the difficulty of marketing specific services individuals may need. While residents in the Tidewater Region may have knowledge of the public transit services provided, it can be a challenge to market wrap-around services or other forms of human service transportation. For example, one participant mentioned informing numerous clients of the options for stretcher transportation, a service their clients were previously unaware of.

Transportation providers also spoke of the increase in support some of their riders need, and issues that can arise when those supports are not present. Many providers spoke of clients with reduced independence and relying on transportation services with fewer riders and additional support. Family members and caregivers are more confident in on-demand and other human service transportation and less comfortable with public transportation options due to the lack of individualized support.

Many providers in the region spoke to the strong coordination happening already between existing services and organizations. Providers talked about the importance of involving other community organizations into regular transportation conversations. Regional conversations with groups such as the Chamber of Commerce have been helpful in coordinating resources and services in the Tidewater Region.

“

Limited staff are meeting the bare necessities, meaning other important tasks like regional coordination or community outreach fall to the wayside.

– CTAV Workshop Participant

Medical facilities are not proactive in coordinating with transportation providers for riders that need additional assistance.

– CTAV Workshop Participant

Transportation providers are becoming case managers, calling family members or other caretakers to arrange more than just transportation.

– CTAV Workshop Participant

Funding, funding eligibility resources.

– Provider

”

WESTERN REGION

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

Located between the Alleghany and Central regions, the Western region can be split into four sections: the I-81 corridor including Harrisonburg and Staunton, I-64 including Charlottesville, the Lynchburg area, and the Danville area. This region is the second smallest in terms of population, with [population density](#) (p. 136), concentrated within independent cities and towns. Charlotte, Nelson, and Madison counties have the lowest population densities.

The Western region has the smallest population of [older adults](#) compared to other regions (p. 137) in absolute and percentage terms, with high concentrations in both urban and rural areas. Cities along I-81 and I-64 have the greatest number of [adults with a disability](#) (p. 138), with several rural areas also having high concentrations.

[Low-income households](#) (p. 139) are more present in the southern half of the region, as illustrated by Danville having the highest rate of 37% and Appomattox, Charlotte, Halifax, and

Pittsylvania counties all having rates that exceed the region's average of 22%. The Western region has the highest rates of private [vehicle access](#) (p. 140), with less than 3% of households without access to a vehicle. The location of households without a car generally correlates with low-income households, as illustrated by Danville having the highest rate of car-free households at 14%.

Considering these demographics combined, [transit propensity](#) (p. 141) is highest in Charlottesville, Staunton, and Waynesboro at the intersection of I-81 and I-64 as well as in the southern portion of the region. Isolated areas of high transit propensity are also present in rural areas of Nelson and Halifax counties. Public transportation and paratransit is available in all independent cities, between Staunton and Harrisonburg, and between several outlying counties and Charlottesville. Aside from these, there are 23 private and human service [transportation providers](#) (p. 143) in the region.

DEMOGRAPHIC SUMMARY

Total Population	Older Adults	Adults with a Disability	Total Households	Low-Income Households	Zero-Car Households
922,420	180,365 (20%)	117,839 (13%)	875,628	196,614 (22%)	22,388 (7%)
Increase*	Increase*	Increase*	Increase*	Decrease*	Decrease*

*trend since 2022 CHSM Plan

WESTERN REGION TAKEAWAYS

The following takeaways are based on demographic data, transportation patterns, and transportation providers (pp. 136-147)

1

Population in the Western Region is concentrated in cities and towns, notably Harrisonburg, Staunton, Charlottesville, Lynchburg, and Danville. People that may rely on human services transportation are present in both rural and urban areas.

2

Low income is the most common feature driving transit propensity, comprising almost a fifth of the region's households. This is followed by disability and older age at 13% and 9% respectively.

3

Public transportation is available across the region through either fixed-route or demand-response services, with select localities hosting both.

4

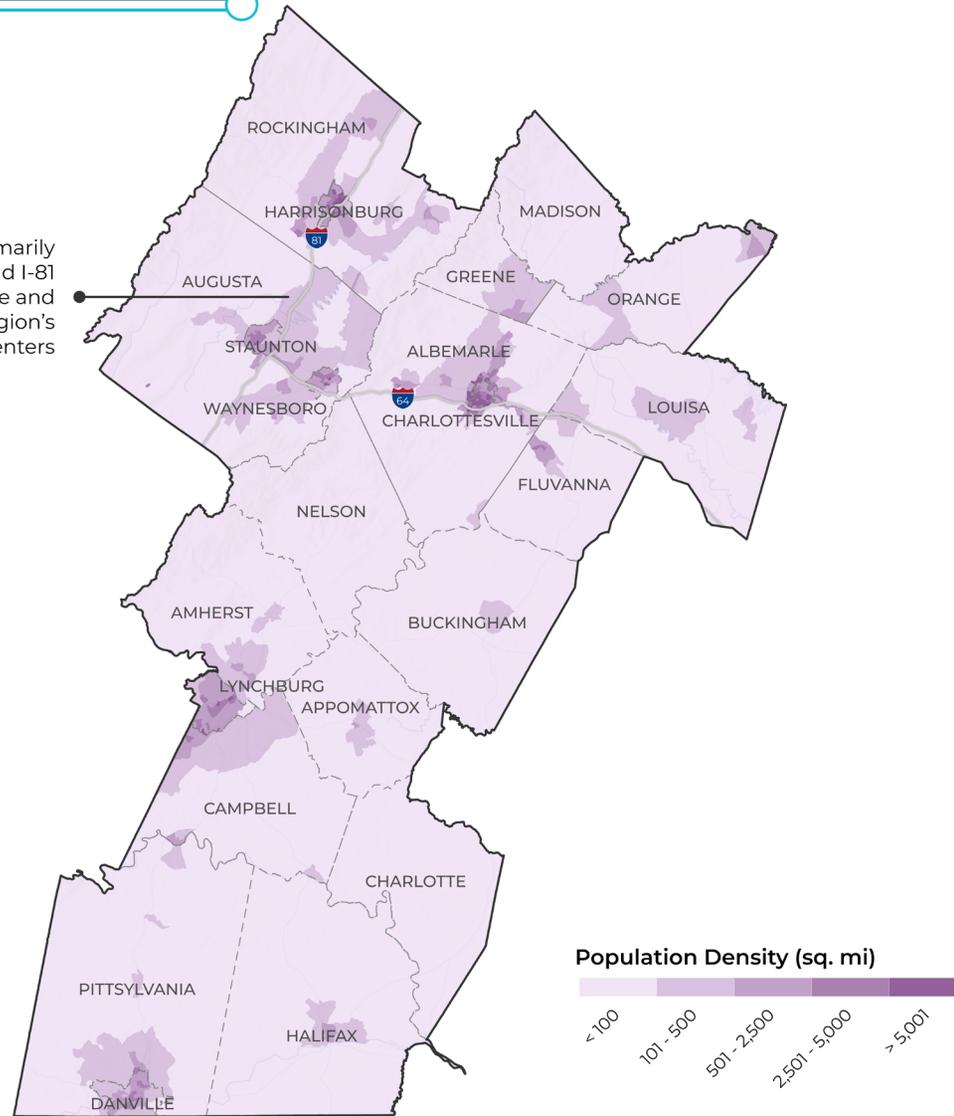
Transportation services have time and eligibility restrictions. Some public transportation services do not operate on weekends. If human services transportation is available, it may only be for eligible users.

5

People living in Appomattox, Amherst, Charlotte, and Halifax counties likely have the greatest barriers to meeting their transportation needs, as they do not have public transportation and are furthest from destinations.

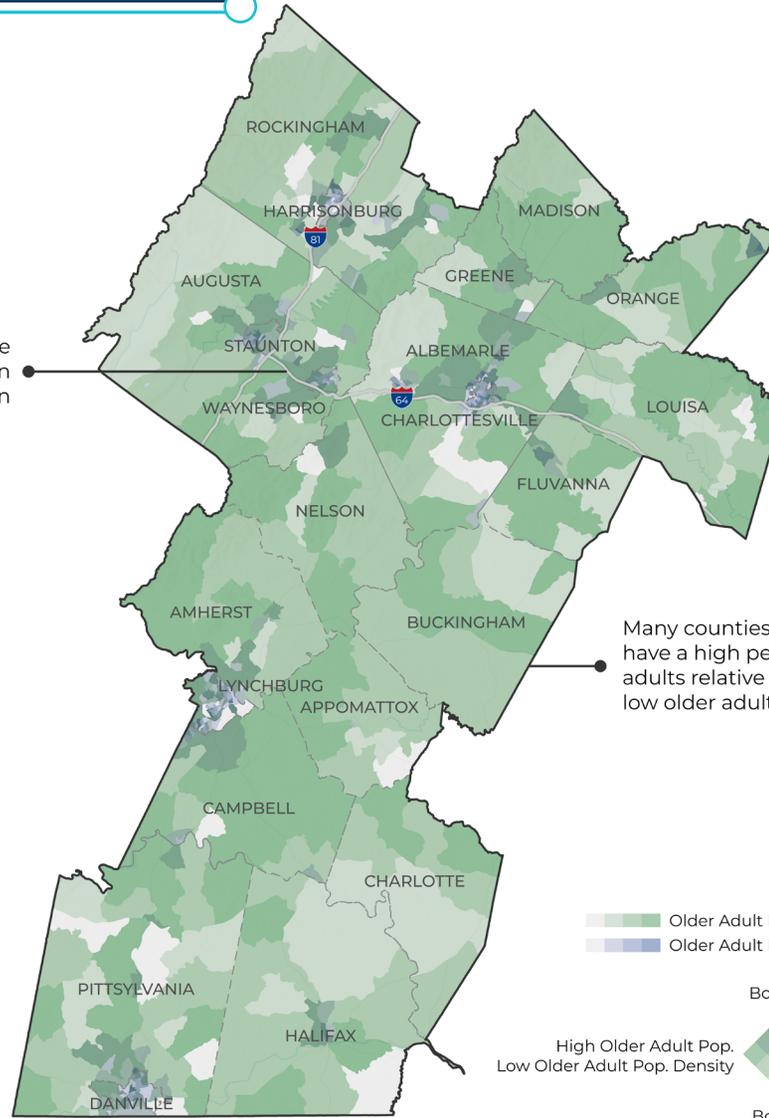
POPULATION DENSITY

Population density is primarily concentrated along the I-64 and I-81 corridors, with Charlottesville and Harrisonburg representing the region's highest-density urban centers

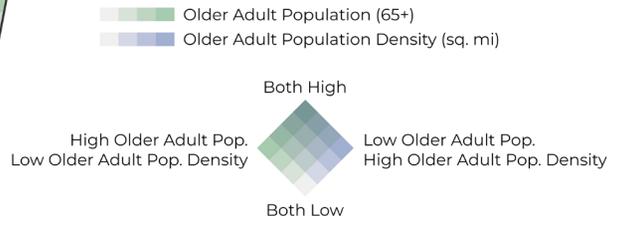


OLDER ADULTS

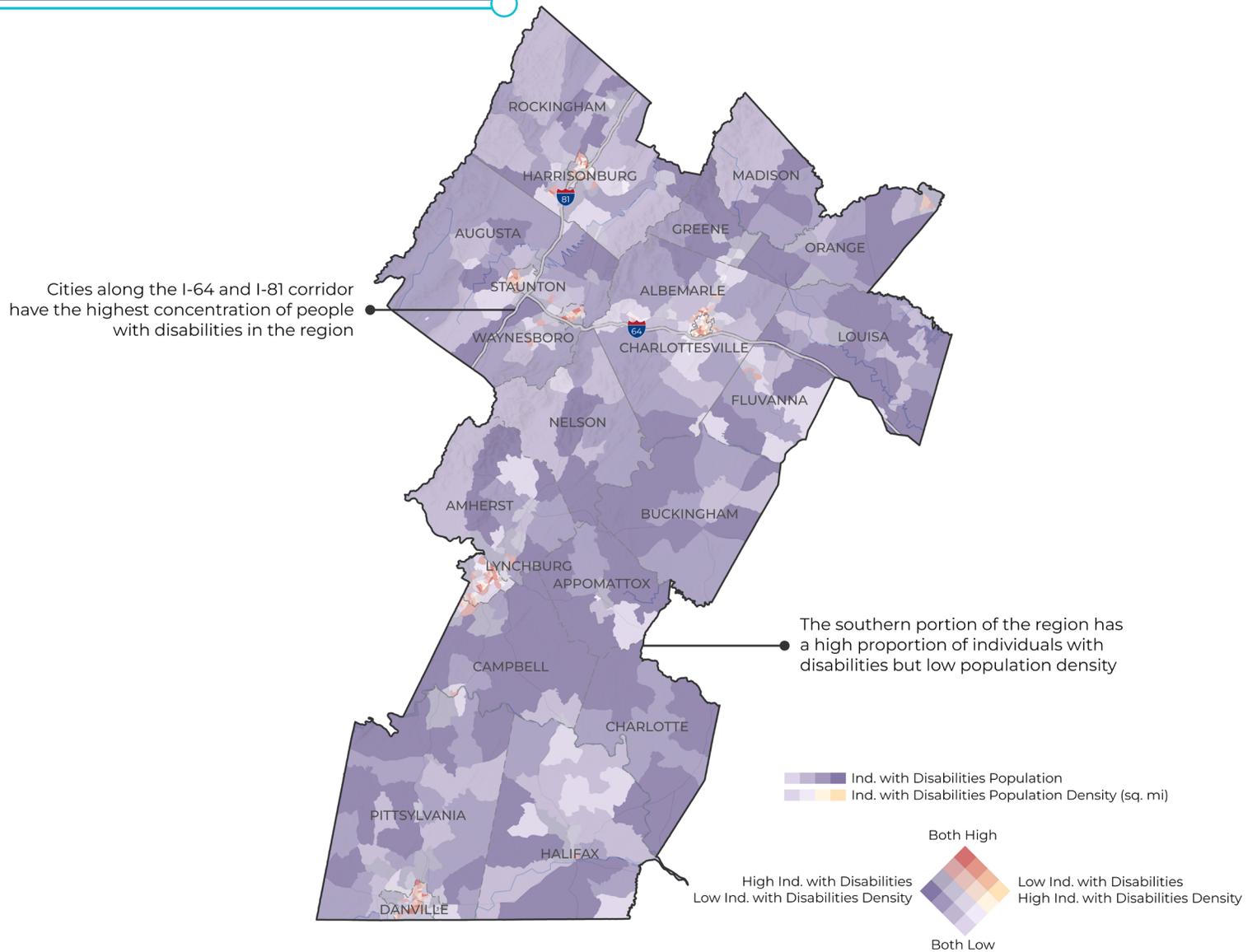
Charlottesville and Staunton have the highest older adult population density in the region



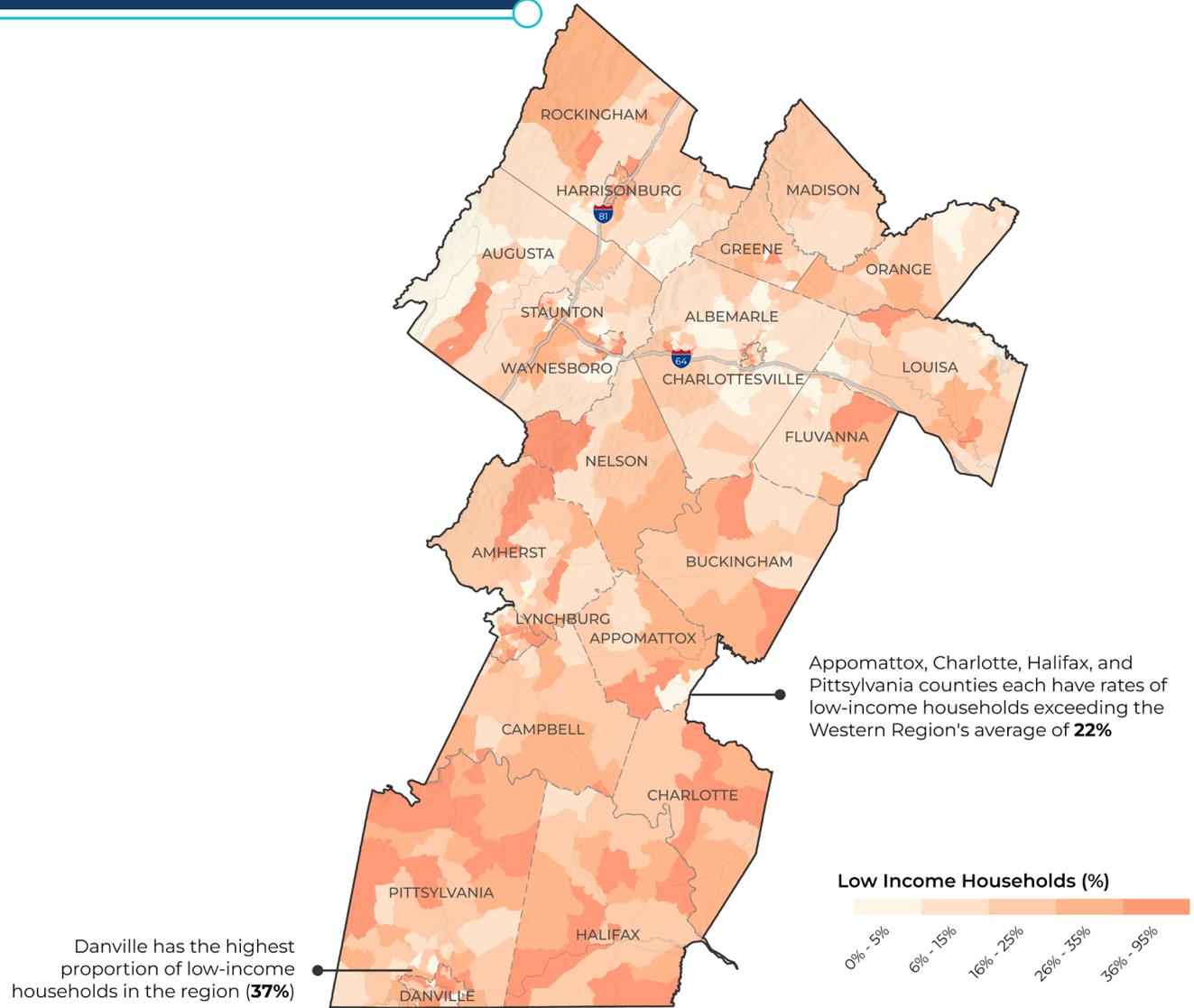
Many counties in the Western region have a high percentage of older adults relative to total population, but low older adult population density



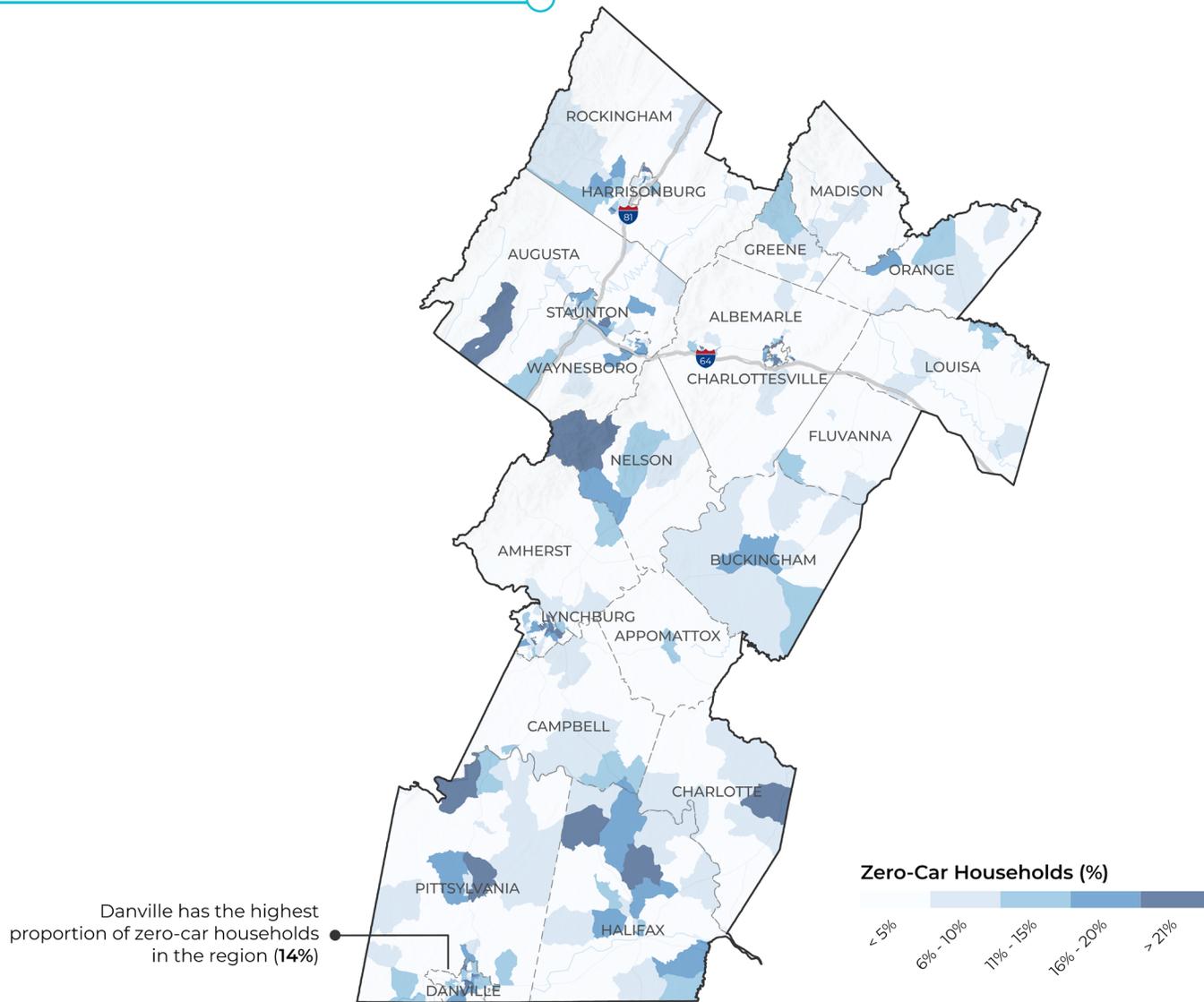
INDIVIDUALS WITH A DISABILITY



LOW-INCOME HOUSEHOLDS

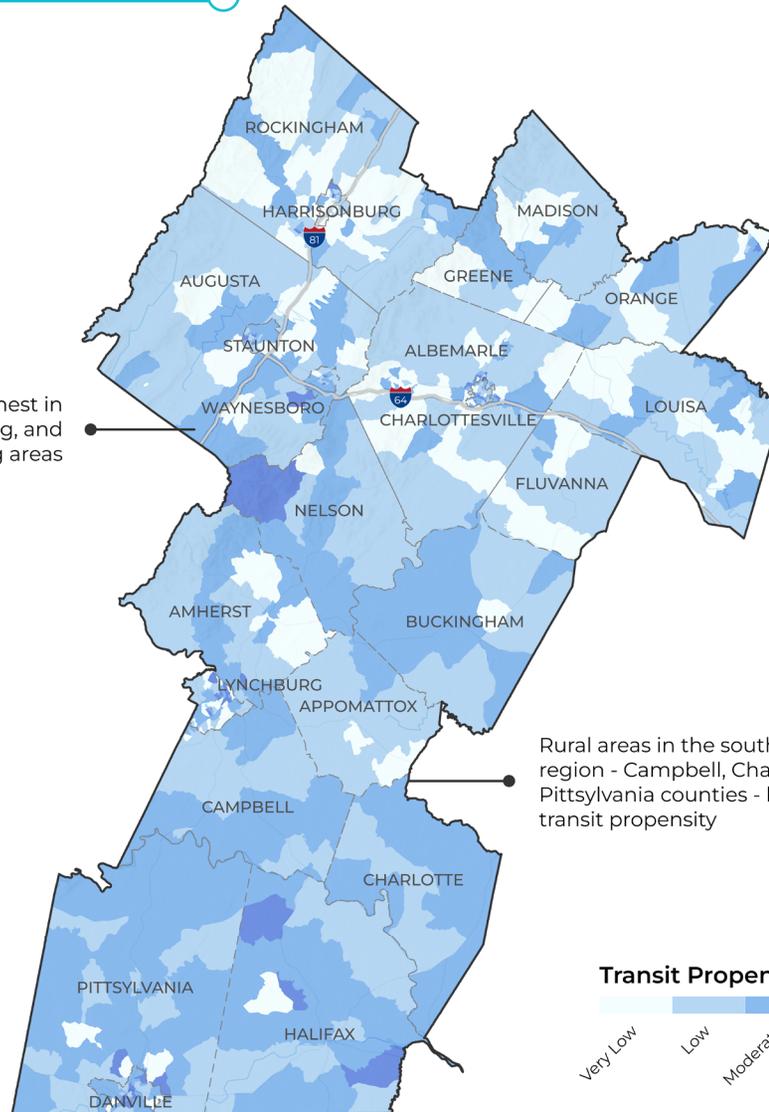


ZERO-CAR HOUSEHOLDS

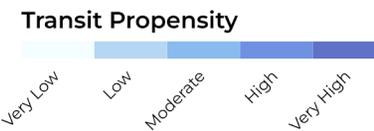


TRANSIT PROPENSITY

Transit propensity is highest in Charlottesville, Harrisonburg, and Staunton and the surrounding areas



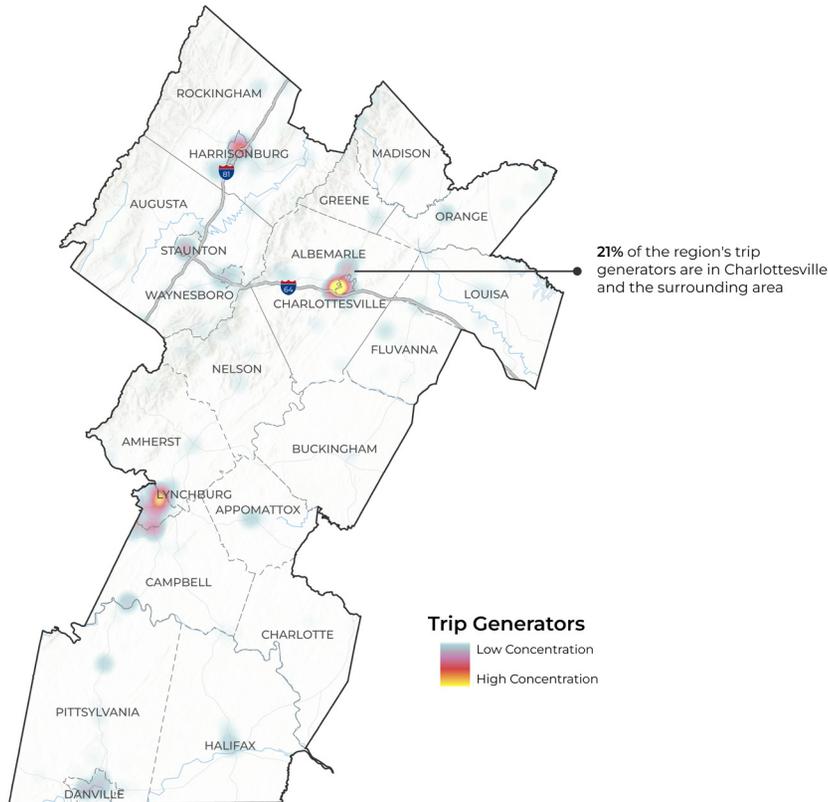
Rural areas in the southern portion of the region - Campbell, Charlotte, Halifax, and Pittsylvania counties - have high levels of transit propensity



TRIP GENERATORS

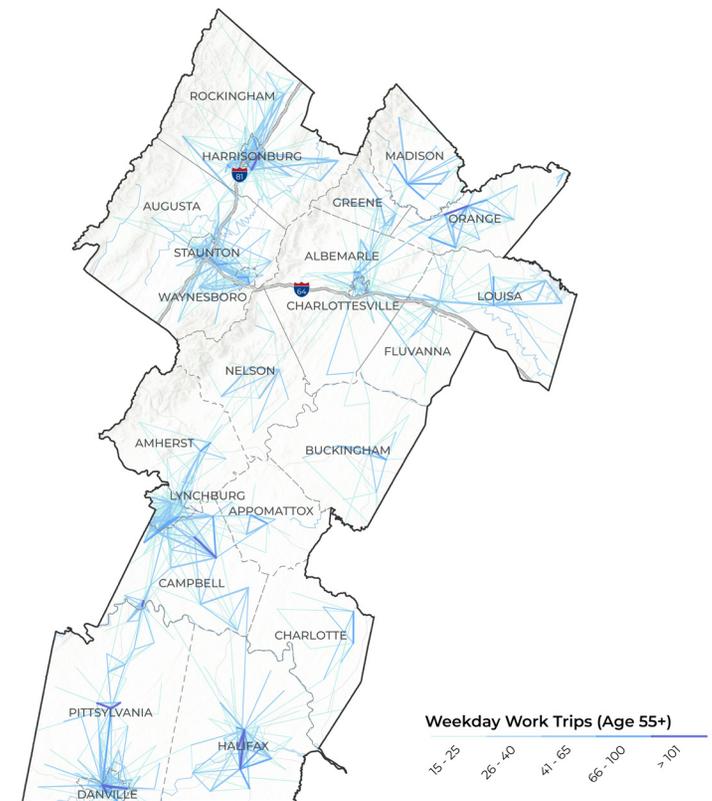
The Western Region has a mix of trip generators dispersed across several urban areas. These trip generators are most concentrated along I-64 between Charlottesville and Staunton and Waynesboro, as well as near Harrisonburg, Lynchburg, and Danville.

Food destinations are the largest trip generators, accounting for about 38% of trip generator types, followed by retail (31%) and government destinations (9%).



55+ TRAVEL PATTERNS

In the Western Region, the most frequent daily commute links Campbell County to downtown Lynchburg, and ties Timberlake, Thomas Terrace and Three Forks on one side to Rustburg (and its eastern neighborhoods) on the other. The next frequent pattern connects the town of Halifax and South Boston with other strong links between the two areas that continue south to Cluster Springs.



WESTERN REGION PROVIDER INVENTORY

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

Currently, nine public transportation agencies operate a combination of fixed route, paratransit, and demand response service within the region: Altavista Transit, Blackstone Area Bus, BRITE, Charlottesville Area Transit, Danville Transit, Greater Lynchburg Transit Company, Harrisonburg Department of Public Transportation, JAUNT, and Virginia Regional Transit.

In addition to the nine public transportation providers, there are approximately 22 human service providers and one known private provider in the region.

The Virginia Breeze provides intercity service across two routes within the region (Highlands Rhythm and Valley Flyer) 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 Western 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
Albemarle County	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Charlottesville Area Transit (CAT)				
	JAUNT				
	Jefferson Area Board of Aging (JABA)				
	Region 10 Community Services Board (CSB)				
Amherst County	Central Virginia Alliance for Community Living (CVACL)*				
	enCircle*				
	Greater Lynchburg Transit Company (GLTC)				
	The Arc of Central Virginia				
Appomattox County	Central Virginia Alliance for Community Living (CVACL)*				
	The Arc of Central Virginia				
Augusta County	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Heart Havens*				
	The Arc of Augusta				
	The Arc of Harrisonburg and Rockingham*				
	Valley Program for Aging Services (VPAS)*				
Buckingham County	Blackstone Area Bus System (BABS)				
	Crossroads Community Services *				
	JAUNT				
	Jefferson Area Board of Aging (JABA)				
	Piedmont Senior Resources Area Agency on Aging*				
Campbell County	Altavista Community Transit System (ACTS)				



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
	Central Virginia Alliance for Community Living (CVACL)*				
	enCircle*				
Campbell County	Greater Lynchburg Transit Company (GLTC)				
	The Arc of Central Virginia				
Charlotte County	Crossroads Community Services*				
	Piedmont Senior Resources Area Agency on Aging*				
Charlottesville city	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Charlottesville Area Transit (CAT)				
	JAUNT				
	Jefferson Area Board of Aging (JABA)				
	Shenandoah Area Agency on Aging - Well Tran*				
	Virginia Regional Transit (VRT)				
Culpeper County	Virginia Regional Transit (VRT)				
Danville city	Danville Parks & Rec. - Ballou Recreation Center*				
	Danville Parks & Rec. - Stonewall Therapeutic Recreation Center*				
	Danville Transit				
	Danville-Pittsylvania Community Services*				
	Independent Living Services for the Piedmont Area (ILSPA)				
Fluvanna County	Autism Sanctuary*				
	JAUNT				
	Jefferson Area Board of Aging (JABA)				
	Region 10 Community Services Board (CSB)				
Greene County	Autism Sanctuary*				
	Region 10 Community Services Board (CSB)				

 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
Harrisonburg city	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Harrisonburg Department of Public Transportation (HDPT)				
	Harrisonburg Rockingham Community Services Board (HRCSB)				
	Pleasant View*				
	Shenandoah Area Agency on Aging – Well Tran*				
	The Arc of Harrisonburg and Rockingham*				
	Valley Program for Aging Services (VPAS)*				
Highland County	Valley Program for Aging Services (VPAS)*				
Lexington city	Valley Program for Aging Services (VPAS)*				
Louisa County	JAUNT				
	Jefferson Area Board of Aging (JABA)				
	Region 10 Community Services Board (CSB)				
Lynchburg city	Central Virginia Alliance for Community Living (CVACL)*				
	enCircle*				
	Greater Lynchburg Transit Company (GLTC)				
	Heart Havens*				
	Human Kind				
	The Arc of Central Virginia				
Madison County	Encompass Community Supports*				
Nelson County	Autism Sanctuary*				
	JAUNT				
	Jefferson Area Board of Aging (JABA)				
	Region 10 Community Services Board (CSB)				
Orange County	Encompass Community Supports*				
	Virginia Regional Transit (VRT)				

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
Rockbridge County	Rockbridge Area Transportation System (RATS)*				
	Valley Program for Aging Services (VPAS)*				
Rockingham County	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Harrisonburg Department of Public Transportation (HDPT)				
	Harrisonburg Rockingham Community Services Board (HRCSB)				
	Pleasant View*				
	Rockingham County Transportation (Dept. of Social Services)				
	The Arc of Harrisonburg and Rockingham*				
	Valley Program for Aging Services (VPAS)*				
Pittsylvania County	Danville Transit				
	Danville-Pittsylvania Community Services*				
	Edwards Adult Day Center*				
	Independent Living Services for the Piedmont Area				
	Pittsylvania County Community Action*				
	Southern Area Agency on Aging*				
					
Staunton city	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Heart Havens*				
	The Arc of Augusta				
	Valley Program for Aging Services (VPAS)*				
Waynesboro city	Autism Sanctuary*				
	Central Shenandoah Planning District Commission (BRITE)				
	Heart Havens*				
	The Arc of Augusta				
	Valley Program for Aging Services (VPAS)*				

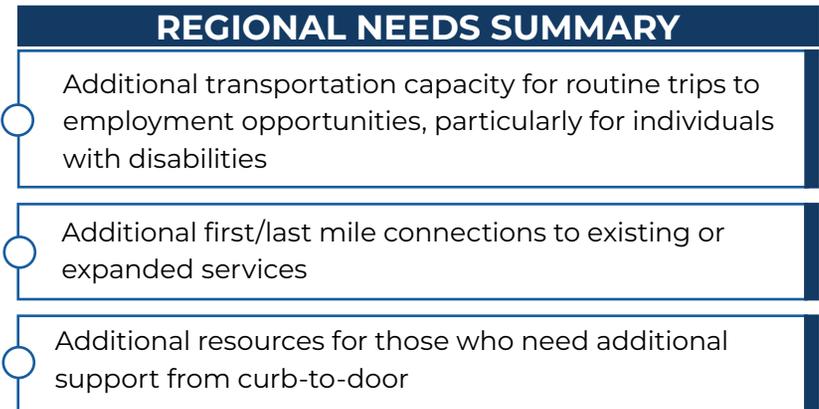
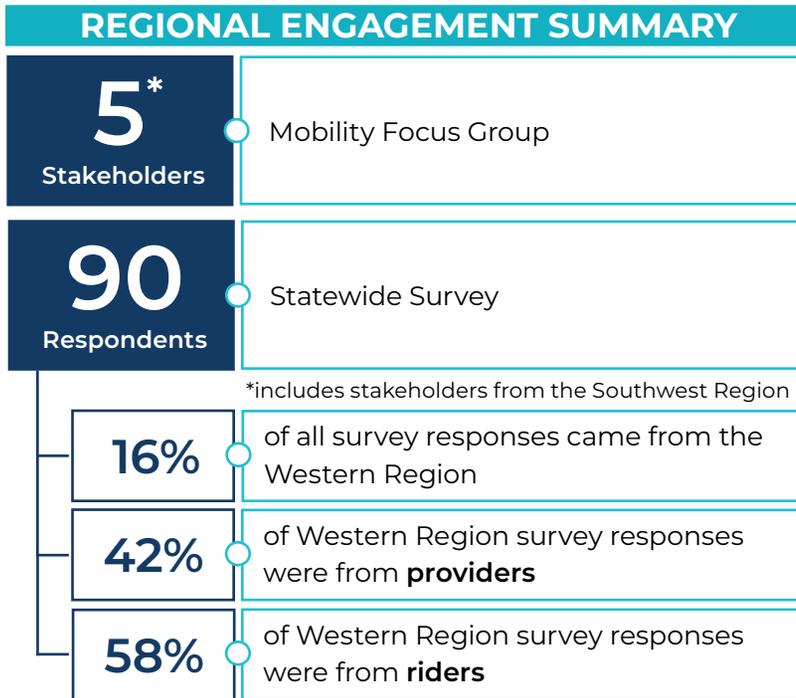
 Public Transportation Provider

 Human Services Transportation Provider

* Current Recipient of FTA 5310 Funding

WESTERN REGION GAPS AND NEEDS

Stakeholders from both the Western and Southwest Regions convened on August 4, 2025, to discuss human services transportation in their region. The Western Region was represented by a public transportation provider and human service providers, some of which provide transportation directly and others that assist their clients in arranging transportation. The following regional needs surfaced in the discussion and from comments in the survey:



Stakeholders from both the Western and Southwest Regions convened on August 4, 2025, to discuss human services transportation in their region. The Western Region was represented by a public transportation provider and human service providers, some of which provide transportation directly and others that assist their clients in arranging transportation. The following regional needs surfaced in the discussion and from comments in the survey:

Multiple participants discussed challenges with transportation to and from employment. The routine nature of employment transportation can impose challenges for human service transportation providers already struggling with capacity. Shift times and employment locations can also vary widely, making it difficult to coordinate trips. Human service providers noted that it can be difficult for their clients to maintain full-time employment without reliable transportation, and that they have had clients recently who have turned down jobs due to a lack of transportation. This can limit employment opportunities, particularly for individuals with disabilities.

Participants also discussed concerns surrounding first and last mile connections to transportation services. While some communities in the region may be looking to expand transit services, participants noted that older adults and individuals with disabilities may require additional services.

One participant noted the difficulty in assisting clients who need additional support from the curb to the door. In this instance, case managers are called to be involved and transportation can become more difficult.

Participants from the Western Region also noted that volunteer programs in their region have been helpful not only in meeting the needs of residents, but also in relieving some of the loads on human service transportation providers. Both human service and transportation providers noted that volunteer providers are helpful in providing routine transportation to medical appointments and that volunteers can be helpful in providing extra assistance to older adults or people with disabilities, a need that has been identified both in the region and across the state.

“

More available on-call transportation services.

– Rider (Locust Grove, VA)

Point-to-point transportation for individuals with IDD.

– Rider (Bridgewater, VA)

Services have to follow the eligibility of funding sources, like grants or county taxes, and can't just take people anywhere.

– CTAV Workshop Participant

Our drivers are our direct support staff and program managers. We are limited by our number of staff and the level of care the individuals we support need.

– Provider

Seek funding for ride support beyond traditional funding avenues to expand use options.

– Provider

”

REGIONAL THEMES AND GAPS

Many regions are facing similar issues. Geography and population density correlate with described gaps.

Urban areas are generally facing:

- Increasing rider needs, particularly for medical assistance during or after the trip
- Public may not be aware of the full range of services available in their area.
- Larger regional coordination issues where human service transportation is left out of short and long-term regional transportation planning.

Rural areas are generally facing:

- Administrative capacity issues for applying to grants, reporting requirements, etc.
- Challenges taking riders across jurisdictional boundaries.
- Length and distance of trips, and limited service hours and vehicles.

Identified Gap	ALLEGHANY	CENTRAL	NORTHERN	SOUTHWEST	TIDEWATER	WESTERN
Limited Service	✓					✓
Vehicle Availability, types	✓	✓			✓	
Medicaid Reimbursement	✓					
Rural to Urban Travel		✓				✓
Non-Medical Rides		✓	✓	✓		
Medical Service Rides			✓			
Public Knowledge			✓		✓	
Jurisdictional Boundaries				✓	✓	
Technology				✓		✓

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.

<p>TIMING</p>	<p>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.</p>
<p>OUTCOMES</p>	<p>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.</p>
<p>UNIT OF GOVERNMENT</p>	<p>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.</p>
<p>REGIONAL PRIORITIES</p>	<p>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.</p>

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 healthy 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 curb-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

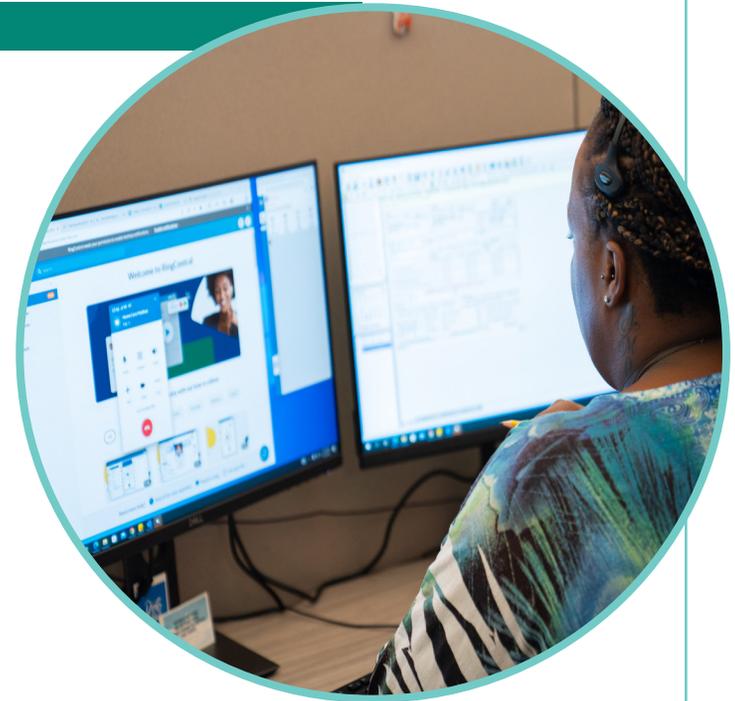
- National TA Center workshops for meetings. Many of the Technical Assistance centers funded through the Federal Transit Administration can host meetings with local or regional stakeholders. These meetings can be helpful in bringing everyone to the table with a neutral facilitator.
- Use Community Health 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

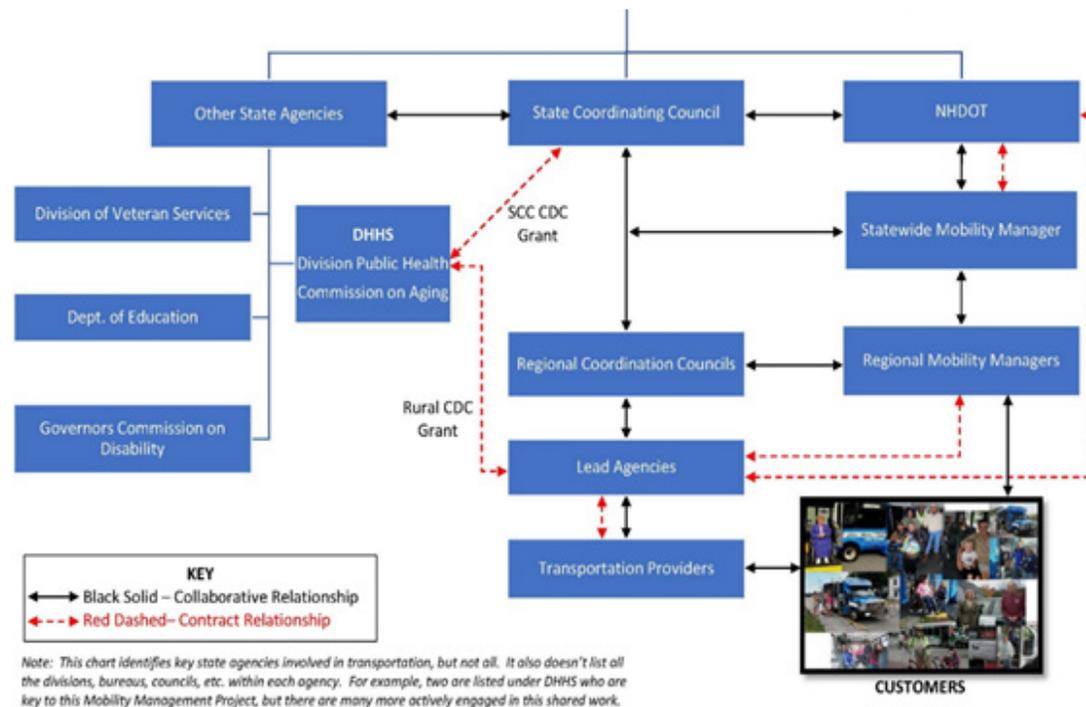
In 2022, New Hampshire set out to improve community transportation services across the state by creating a statewide network of mobility managers. The program created a statewide mobility manager as well as regional mobility managers focused on the state's ten Regional Coordinating Councils.

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	