COORDINATED HUMAN SERVICES MOBILITY PLAN 2022

DRPT

VIRGINIA DEPARTMENT OF RAIL
AND PUBLIC TRANSPORTATION

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2022 Coordinated Human Services Mobility Plan for the Commowealth

EXECUTIVE SUMMARY

The Virginia Department of Rail and Public Transportation (DRPT) prepared the Coordinated Human Services Mobility Plan (CHSM) in accordance with the guidance set forth by the Federal Transit Administration (FTA). This plan serves as an update to the 2019 CHSM plan, not a comprehensive review and reconstruction. As in the 2019 plan, the 2022 update research found that human service transportation could better serve several key population groups and several types of trips. Populations in need of better service include rural seniors, people with disabilities, people with chronic medical conditions, low-income residents, veterans and their families, and jobseekers. Types of trips that could be better served include recurring medical trips, essential non-medical trips, quality-of-life non-medical trips, location-specific medical trips, employment trips, after-hours evening trips, multi-stop trips, and long-distance trips.

INTRODUCTION

THE COORDINATED HUMAN SERVICE MOBILITY PLAN

The FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program requires that any activity funded under this program be supported by a coordinated transportation plan that assesses current services and transportation needs of seniors and people with disabilities, identifies strategies to address service gaps, and sets priorities for project implementation. The plan undergoes a comprehensive update every six years, and a data update every three years. The 2022 update is a data update that largely reinforces the findings from 2019, with additional information included from provider and rider surveys.

HUMAN SERVICE TRANSPORTATION AND THE 5310 PROGRAM

Human service transportation is a specific subset of public transportation that requires a different set of tools and solutions. Where public transportation is, by definition, open to the public, human service transportation is much narrower in scope. A rider must qualify to use a transportation service; in that sense, it is not truly open to the public. The two parameters that are specifically identified for Section 5310 funding by the FTA are senior status (age 65 or older) and disability status, but low-income individuals and veterans may also qualify with some programs if one of the other criteria is met. Fundamentally, the mission of human service transportation is to improve personal mobility for individuals not well served by traditional forms of transportation.

FUNDING AND MONITORING

The FTA Section 5310 grant program supports capital and operating expenses for transportation provided to seniors and individuals with disabilities. In Virginia, DRPT and the Metropolitan

Washington Council of Governments (MWCOG) receive and distribute 5310 funding. In accordance with the FTA guidance and by mutual agreement, DRPT serves as the designated recipient for the Richmond, Roanoke, and Virginia Beach Urbanized Areas. Funding through DRPT is awarded to subrecipients through an annual application process. DRPT is responsible for the competitive, discretionary award of funds under the Section 5310 program, and for certifying that all projects selected for funding are included in the CHSM plan.

MWCOG serves as the recipient of funding for the Washington D.C., Maryland and Northern Virginia Urbanized Area, and applicants serving this area apply for funding directly to MWCOG.

STATEWIDE PROFILE

Overview of Virginia

The Commonwealth of Virginia is geographically diverse across more than 42,000 square miles and is home to over 8.5 million demographically diverse residents. The Commonwealth includes dense urban areas, suburban communities, and sprawling rural communities. While populations in Virginia's rural communities are expected to continue shrinking, overall, the state's population has grown nearly seven percent since 2010, particularly in the larger urbanized areas and surrounding suburbs.

Virginia's geography includes mountain ranges, valleys, and flatlands, as well as several large rivers, peninsulas, and the Chesapeake Bay. Its diverse geography creates challenges in transportation planning that are unique to each region of the state. Rural communities in particular can be difficult for transportation providers to serve because they are low-density and many are situated in areas with roads that must go around geographic features, such as mountain ranges to the west or waterways to the east. As a result, transit vehicles must travel longer distances to reach passengers and destinations. Virginia's average rural population is older and more likely to be living with a disability than the rest of the state.

This plan addresses transportation challenges that consider geographic, demographic, and economic diversity, but primarily focuses on the populations eligible for human services transportation. The demographic information used in this plan was analyzed at the Census Tract level.

Senior Population

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

It is important to identify high concentrations of seniors because they are a significant user of human service transportation. As the baby boomer generation – defined as people born between 1946 and 1964 – ages, the need for human services transportation will continue to grow; baby boomers represent the second largest age group in the United States and by 2030, all will be age 65 or older (U.S. Census). Older veterans are another group that frequently uses human transportation services. The population of older veterans is also disproportionately likely to include individuals with disabilities.

Where are the Senior Populations?

In 2020, approximately 15 percent of the population in Virginia was over the age of 65. Areas with high concentrations of seniors are scattered throughout the state but are primarily outside urbanized areas, very rural areas, and small urbanized communities. The Southwest region has the highest percentage of older adults (22 percent), and the Northern region has the lowest percentage of older adults (14.8 percent), with only two Census Tracts where over 31 percent of the residents were over the age of 65.

In southwest Virginia, Bland and Grayson Counties have high concentrations of seniors. Bath, Halifax, and Highland counties – three extremely rural localities in the western portion of Virginia – also have high concentrations of seniors. On the eastern side of the Commonwealth, localities along the Rappahannock and Potomac Rivers (Lancaster, Northumberland, Richmond, and Westmoreland Counties) have a large senior population.
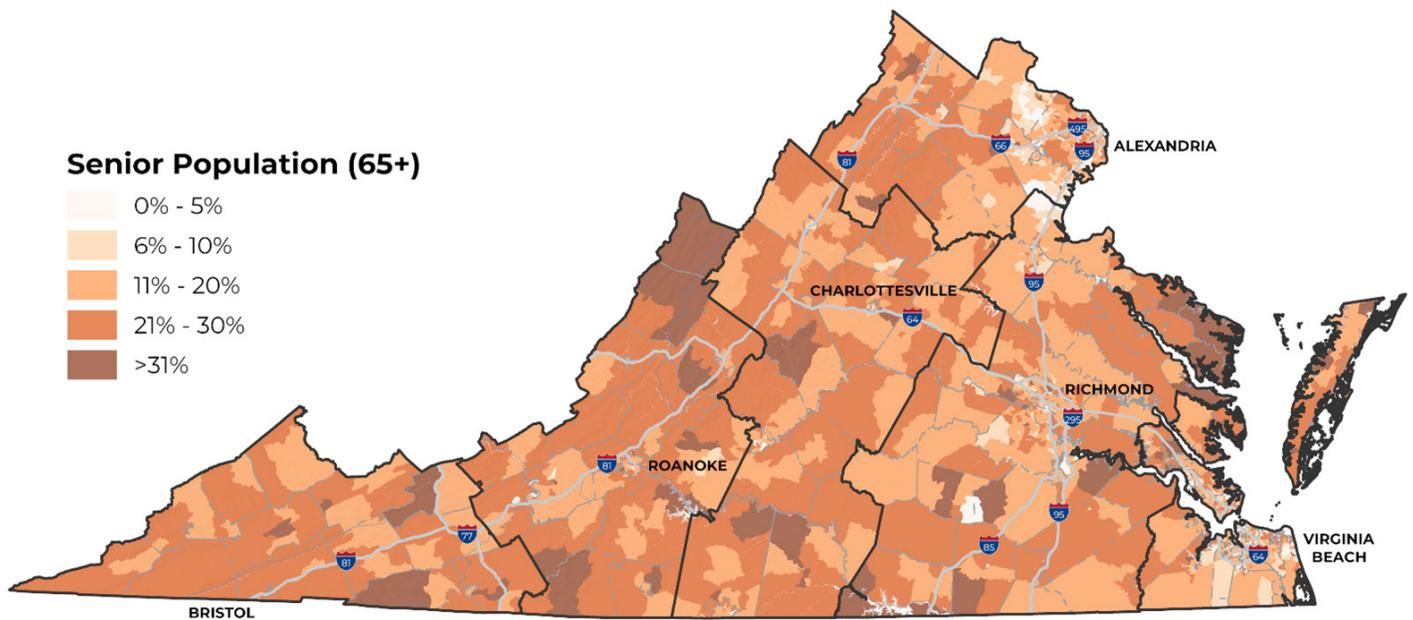
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1 All demographics data retrieved from the U.S. Census Bureau's American Community Survey 2016-2020, 5-year estimates.

Population with a Disability

The American Community Survey (ACS) asks about six disability types: hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty. Respondents who report any of these six difficulties are considered to have a disability. Identifying areas in Virginia with high concentrations of populations with a disability is important as they are a primary user of human service transportation. Transportation needs for this population can vary depending on the degree and severity of the disability. For some people with a disability, walking can be a challenge and thus limits the public transportation they can take (if a bus stop is far or does not have sidewalk access, for example). For others with a disability, they may need hands-on assistance to leave and enter their house and independent travel is not possible.

Where are the Populations with Disabilities?

In 2020, nearly 12 percent of the population in Virginia had a disability. The highest concentrations of residents with disabilities are in southwest Virginia in Lee, Wise, Scott, Russell, Dickenson, Buchanan, Tazewell, Smyth, and Craig Counties. There are also concentrations in Mecklenburg, Lunenburg, and Charlotte Counties in south-central Virginia.
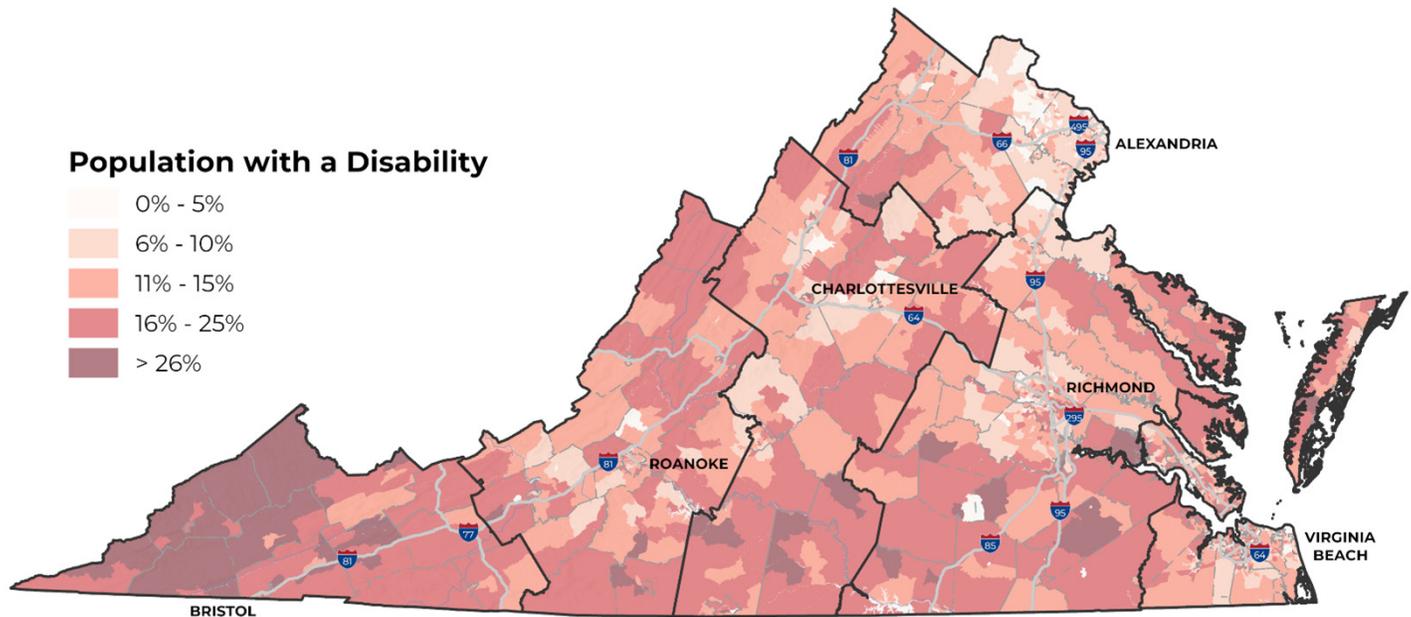
Other Characteristics that Impact Mobility

Population in Poverty

Individuals living in households in poverty may rely more significantly on human service transportation. The U.S. Census Bureau uses pre-tax income thresholds that vary by family size and composition, but not by geography, to define households in poverty. The federal poverty level in 2022 was $13,590 for individuals and $27,750 for a family of four. However, the cost of living varies

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Zero-Car Households

Households with zero-car ownership often overlap with households in poverty. Unlike many costs (such as housing), the cost of operating and maintaining a vehicle remains relatively fixed, regardless of location. This means that in parts of the state with lower average household incomes, many of which are rural and not served by public transit, owning and maintaining a vehicle is more of a financial burden.

In 2020, approximately 6 percent of households in Virginia did not have a vehicle available to them. The Southwest region had the highest percentage of households living without a vehicle (7 percent) but throughout rural Virginia, there are many areas where more than half of the households live without a car. The population of zero-car ownership households also includes a small subset who voluntarily live without a vehicle for a mix of financial and personal reasons. This is typically limited to urban areas that are well-served by transit and often experience significant congestion.

RIDERS AND PROVIDERS

Who Uses Human Service Transportation?

It is important to explore who uses human service transportation and understand which groups need or would benefit from services but who face barriers to use. This plan concentrates on seniors and people disabilities, but other affected populations are noted.

Senior Citizens

The Administration on Aging (AOA) provides demographic information on senior citizens. Senior citizens (aka, seniors, or older adults) can be defined as any person aged 65 and above residing in the United States (Profile of Older Americans [POA], 2020). The AOA estimates that 54.1 million Americans—16% of the current population, or one in seven Americans—in the U.S. population is defined as a senior citizen. In the last decade, the number of seniors has increased by 34%.

When considering seniors and their needs, it is important to note that baby boomers—persons born during a period after World War II – represent a population that will experience a remarkable increase (The United State Census Bureau, 2019). It is projected that by 2030 there will be 70 million baby boomers who will become of age 65 and therefore be considered a senior citizen. Life expectancy is also increasing in conjunction with an increase in senior citizens (POA 2020). As federal funding programs use demographic census data to apportion and allocate funding, states can expect that more funding will come available in the coming decade for services for older adults.

Individuals with Disabilities

The Center for Disease Control and Prevention (CDC) provides demographic data on individuals with disabilities. The CDC defines a disability as "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)" (CDC, 2020, para. 1). Approximately 61 million Americans—26% of the population, or one in four individuals—has some type of disability.

The CDC also collects data on types of disability. Immobility, or a disability where one has difficulty walking, accounts for 13% of the disability population. Cognitive disabilities—which include one's perception, ability to communicate, and understand information—encompass 11% of the disability populations. Other notable disabilities outlined by the CDC are disabilities that affect a person's inability to live independently, hearing, vision, and self-care (CDC, 2020).

Veterans

Many veterans, old and young, experience physical and mental disabilities because of injuries sustained during combat and may experience additional mental conditions such as Post Traumatic Stress Disorder (PTSD). In addition to these challenges, younger veterans are often reintegrating into civilian life, reconnecting with their families, looking for jobs, and continuing to recuperate, while older veterans are looking towards retirement and the aging process. Many veterans live in or are returning home to rural towns and smaller cities and may rely on transportation in their communities to reach everyday services, including local Veterans Affairs (VA) offices and hospitals. There is a concern that veterans' groups may have low coordination with the rest of the human service and mobility network and not take full advantage of existing resources.

Low-Income Communities

The FAST Act eliminated the requirement that coordinated plans include low-income individuals. However, low-income communities often face the double burden of poverty and health disparities, including physical and mental disabilities. While the 2022 update includes survey responses from low-income individuals, the results did not focus on issues specific to that population alone. It is a good practice to continue to include these individuals in outreach efforts, it is a population that often relies public transportation to meet basic needs and maintain quality of life.

What are the Existing Human Service Transportation Providers?

An inventory of all publicly available transportation services in the state is important to understand the current statewide transportation network, identify gaps in human service transportation, and craft recommendations to enhance or expand the availability of service. There are a variety of service types that contribute to the human service transportation spectrum in Virginia, based on their accessibility to seniors and people with disabilities.

Public Transportation Providers

Public transportation in Virginia is generally provided in four forms: rail, fixed route transit, deviated fixed route transit, and demand response.

- **Rail:** Virginia has four rail systems – Metrorail in Northern Virginia, operated by WMATA; Virginia Railway Express (VRE), a commuter service between Spotsylvania, Manassas, and Washington, D.C.; and the Tide light rail in Norfolk. Virginia also provides state sponsored Amtrak intercity passenger rail service connecting Norfolk, Newport News, Richmond, and Roanoke, as well as intermediate stops with Washington DC and the Northeast. Long distance Amtrak services traverse the Commonwealth and connect Virginia with states in the southeast and Midwest.

- **Fixed Route Transit:** Fixed route transit services, such as city buses, are public services that operate on set schedules along set routes. These services normally only stop at designated stops and/or stations. While all buses are required to be ADA accessible, the inflexible nature of the routes and schedules can make this a less accessible option for some populations. Fixed route transit systems often provide other types of transit (such as deviated fixed route and demand response), and all are required to also provide paratransit.

  Examples of fixed route operators in Virginia are:

  - Charlottesville Area Transit (CAT) in Charlottesville
  - Greater Richmond Transit Company (GRTC) in Richmond
  - Hampton Roads Transit (HRT) in Hampton Roads
  - Valley Metro in Roanoke

- **Deviated Fixed Route Transit:** Deviated fixed route service is similar to traditional fixed route service but will veer from the specified route if requested ahead of time. There is a distance limitation, usually three-quarters of a mile, which satisfies the Americans with Disabilities Act (ADA) for public transit accessibility. Providers may choose to service a larger buffer area if they wish. Generally, providers require a day's notice to be added to the deviation manifest.
- **Demand Response:** Demand response systems are those that do not have fixed routes or set schedules but provide service based on needs. Customers typically call 24 hours in advance, request a pick-up time and location, and a manifest is created by the agency for the next day's schedule. The service is generally curb-to-curb. Demand response also encompasses micro transit, which some providers in Virginia, such as HRT, are currently piloting.

Volunteer and Non-Profit Human Service Providers

Human Service Transportation Providers

There are a variety of human services agencies, some of which may provide transportation to augment their own services or to meet a public demand for transportation for specialized populations. DRPT provides Section 5310 funding to human service transportation providers that serve the eligible populations (older adults and people with disabilities), including the following agency types:

- **Area Agencies on Aging (AAAs)** - These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. AAAs are funded through the Virginia Department for Aging and Rehabilitative Services (DARS).
- **Brain Injury Programs** - These programs serve as clubhouses and day programs for people with brain injuries.
- **Centers for Independent Living (CIL)** - These organizations serve as educational/resource centers for people with disabilities.

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> Thanks to the Virginia Department of Rail & Public Transportation, Heart Havens received three 9-passenger vans equipped with wheelchair lifts. These vehicles enable us to take clients to medical appointments, participate in community events, and visit with friends. "
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> — HEART HAVENS, RICHMOND

Institutions and Non-profit Organizations

In addition to the seven agency types identified above, the following services also may provide supplemental transportation services to their visitors, residents, and patients:

- **Adult Daycare Services** - Virginia is home to dozens of Adult Daycare Centers that often provide transportation services for residents and visitors. This is an essential piece of the statewide transportation network. Those who interact with users daily – such as aides and drivers – provided valuable input into the identification of the gaps in the network.

- **Community Center On-Demand Programs** - Nonprofit community centers and volunteer-run faith-based organizations such as Shepherd's Center of Richmond, Mechanicsville Churches Emergency Functions, and Access Chesterfield that offer transportation services to seniors and those with physical and mental disabilities.
- **Hospitals and Health Clinics** - Hospitals, health clinics, and other healthcare providers sometimes provide transportation services to patients that require mobility assistance to and from appointments, and between inpatient and outpatient care. These providers can often face challenges such as high no-show rates, or patients waiting an extended amount of time after discharge to travel home.

Medicaid and NEMT Service

Non-emergency medical transportation (NEMT) is the transportation of a Medicaid member to a non-emergency Medicaid covered service. NEMT is not transportation where emergency services are required. While several different types of providers listed above may offer NEMT services, Medicaid funded trips are not eligible for coverage through the 5310 program. However, providers that offer non-medical trips and medical trips that are not eligible for Medicaid coverage are providing essential services. By using 5310 funds to offset the cost of non-NEMT trips, human service providers make other essential trips affordable for seniors and people with disabilities.

Private Transportation Providers

There are a few types of private transportation providers within each region across the state that may provide accessible services:

- Private Human Services Providers - Private programs that provide door-to-door (or curb-to-curb) transportation for purposes of shopping, banking, social events, medical appointments, getting to and from work, and similar activities for people with disabilities and older adults who need accommodations and are unable to utilize other available means of transportation. Some but not all vehicles used for this purpose are equipped with wheelchair lifts.
- Private Taxi Services – Serve the public either via call-in reservations or roadside hailing.
- Transportation Network Companies (TNCs) - "Ride-sourcing" or TNC services use smartphone apps to bring passengers in contact with drivers who typically drive part-time and use their own vehicles. This includes companies such as Uber, Lyft, UZURV, and Via. Some TNCs, such as UZURV, are contracted by public transit agencies to provide paratransit services. For example, GRTC is using UZURV through a pilot program to fill certain rides.

PLAN DEVELOPMENT

Virginia DRPT's goal in developing CHSM Plan is to identify transportation gaps and provide recommendations to enhance access to and the efficiency of transportation for people with disabilities and older adults, as well as other underserved populations.

PLAN ELEMENTS

This document is designed to be a foundational plan for both DRPT and its transit partners. DRPT's goal is to provide a resource for organizations and agencies involved in human service transportation to achieve the best outcomes with the funding available. To do this, the CHSM Plan includes four key elements, as required by the FTA:

1. An assessment of available services that identifies current transportation providers (public, private, and nonprofit).

2. An assessment of transportation needs for individuals with disabilities and seniors; this assessment can be based on the experiences and perceptions of the planning partners or more sophisticated data collection efforts, and gaps in service.

3. 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.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

PLAN OUTREACH

In 2022, DRPT partnered with a group of Master of Public Administration (MPA) students at Virginia Commonwealth University (VCU) to assist with the 2022 CHSM Plan update. The project team developed and conducted surveys of human service providers and consumers to gain a better understanding of the current limitations of transportation, including service barriers, populations of interest, regional limitations, and medical capabilities. The surveys were designed to gather similar data sets as found in the 2019 CHSM plan to update transportation needs and gaps and describe any new findings.

The provider survey went live for three weeks in March 2022. The survey had a total of 55 respondents from 44 different agencies across the state. The largest reported service regions were Piedmont Region and the Central Region at 27% each, followed by the Western and Northern regions at 14% each. Of the remaining agencies who participated, the Eastern Region and Allegheny Region each represented 9% of participants. The VCU MPA group conducted an evaluation of the results, including examining differences between the 2019 and 2022 findings, as well as recommendations. Their evaluations are included as part of this plan.

In October 2022, DRPT released a user survey gathering feedback from older adults, people with disabilities, and individuals with low income who are eligible or currently use human service transportation. DRPT engaged its network of human service providers to promote participation in the survey. The survey had a total of 367 participants representing all six regions (Allegheny, Northern, Western, Central, Southwest, Tidewater). Respondents were grouped into regions by zip code; regions occasionally overlap zip codes, so response areas are approximate. In the survey analysis, any out-of-state participants were removed. DRPT closed the survey in January 2023.

The public input process was designed to collect information and develop a series of concrete deliverables that shape the CHSM Plan. Input collected from the provider survey and the rider survey heavily informed the plan and provided insight into the resources, needs, strategies, and priority projects from the 2019 plan that remain relevant, which need updates, and how updates can more effectively solve mobility challenges in Virginia. The 2022 statewide plan includes:

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

Who Participated?

The 2022 update primarily engaged transportation service users and providers through online surveys. However, other groups are noted here as participants in the 2019 plan, as the 2022 plan remains largely based on their contributions.

2019 Plan + 2022 Update

Transportation Service Users – The people who rely on transportation services for everyday mobility (including seniors, people with disabilities, low-income residents, and veterans) shaped the overall direction of the plan by providing insight into key needs and gaps in existing service offerings and providing feedback via surveys.

Transportation Service Providers – Service providers, including human service providers, traditional fixed route and paratransit agencies, and private taxi or ride share companies, provided insight into ongoing challenges for providing transportation to vulnerable populations.

Virginia Mobility Managers – Mobility managers, including those that make up the Virginia Association of Mobility Managers (VAMM), manage and implement coordinated transportation services for veterans, low-income individuals, older adults, individuals with disabilities, and individuals with transportation needs.

2019 Plan

Statewide Steering Committee – A group of state agency representatives was established to ensure that community outreach was representative and accessible and that the strategies identified were appropriate and feasible.

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

In addition to users, providers, and funders of human service transportation, a number of other planning and support organizations that engage in transportation planning and manage mobility at a systems level also lent expertise to the 2019 and 2022 CHSM plans. These include statewide organizations such as VAMM, the Community Transportation Association of Virginia (CTAV), and regional agencies including the 19 planning district commissions (PDCs).

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> Often, a public transportation option to my destination is available, but the travel time is absurdly long, or the options are not frequent enough to make it a reasonable option."
>
> — SURVEY RESPONSE

2022 UPDATE: RIDER AND PROVIDER FINDINGS STATEWIDE

This section compares the 2019 CHSM plan findings with findings from the 2022 rider and provider surveys. While many of the statewide needs and gaps have remained the same, the survey results provide direct insight into why some of these issues continue to occur.

PROVIDER SURVEY RESULTS

The provider survey went live for three weeks in March 2022. The survey had a total of 55 respondents from 44 different agencies across the state. Among the 55 organizations that responded, the majority were non-profit or local government. Nonprofits encompassed 40% of responses, and local government included 35% of respondents. Other types of organizations that also participated were public agencies, other organizations, and private organizations. The results include quantitative and qualitative feedback that is summarized here (not all questions and responses are included).

Times of Transportation

Literature suggests that time is a variable which can impact whether public transportation is accessible. The provider survey captured times which transportation was provided, summarized in Table 3.

Table 3 "During what times does your organization provide transportation?"

	Before 6 A.M.	6-8 A.M.	8 A.M.-5 P.M.	5-7 P.M.	7-11 P.M.	After 11 P.M.	Total Respondents
MONDAY	42.55% 20	68.09% 32	87.23% 41	57.45% 27	36.17% 17	21.28% 10	47
TUESDAY	42.55% 20	68.09% 32	87.23% 41	57.45% 27	36.17% 17	21.28% 10	47
WEDNES-DAY	43.48% 20	69.57% 32	86.96% 40	58.70% 27	36.96% 17	21.74% 10	46
THURSDAY	42.55% 20	68.09% 32	87.23% 41	57.45% 27	36.17% 17	21.28% 10	47
FRIDAY	42.55% 20	68.09% 32	87.23% 41	57.45% 27	36.17% 17	23.40% 11	47
SATURDAY	50.00% 12	75.00% 18	75.00% 18	83.33% 20	58.33% 14	45.83% 11	24
SUNDAY	35.71% 5	71.43% 10	71.43% 10	92.86% 13	64.29% 9	50.00% 7	14

Note: Transportation services are substantially limited at night and on the weekend.

Transportation services are most accessible during standard business hours, but more limited after 7 PM and beyond, and sparse on weekends, especially Sunday.

Noted in the 2019 CHSM plan, one trip type that is not being sufficiently provided is after hour trips. This impacts one's ability to find a non-traditional job that requires one to work after business hours (ex. Retail, restaurants, arts). Education is also noted in the 2019 CHSM plan; night classes are more complicated due to lack of transportation, and less visibility.

Long Distance After Hours

Long distance trips are still a major challenge for service providers, especially during after-hours. When respondents were asked which trip types that riders express the most need for, after-hours and long-distance trips had the highest percentage with 69% and 57% respectively. As noted in the 2019 CHSM plan, the Northern Region reported the need for evening weekend trips, and that information was reiterated in the evaluation in addition to the need for weekend expansion of service hours for essential trips and quality of life trips. Also holding true with the 2019 CHSM plan findings, rural areas are still in need of more long-distance trip options, as those locations require increased distance to access basic needs, sometimes up to 25 miles. Long-distance after-hours trips were evaluated as insufficiently provided.

Unserved Trip Types

From the survey, there are various trips that people request that are not presently offered by service providers. Of the 32 respondents who answered this question, 59% of respondents are unsure on when they can accommodate more trips, and 28% are not able to accommodate trips outside of the trips they currently offer. Notably, 12% of respondents intend to accommodate unserved trips within the next 6 months to 1 year. Many trip types are still insufficiently provided, and to best accommodate the population, agencies should plan to expand provision of services to include noted unserved trip types where possible.

In an open text box response related to unserved trip types, funding was noted as a concern. One respondent stated that they are currently working with a newly established local transportation coalition to expand funding and partnerships to expand trip types, including those requested by their clients and not currently provided. Another respondent mentioned that they would be able to expand trip types, thus reducing the number of unserved trips, if they were able to hire more drivers and expand routes. Respondents in the Alleghany region simply stated that if they had funding, they would be able to provide more trips. Funding remains a major issue contributing to gaps in service as it relates to unserved trips.

Scheduling

Assessing scheduling systems is key in understanding the scope of public transportation in Virginia. When asked what the primary mode of scheduling was for their agency, 90% of all respondents reported calling a member of the organization's staff (dispatch, scheduler, etc.). Being able to schedule rides in advance is a critical factor in providing public transportation services to seniors and individuals with disabilities. Scheduling a week or one day in advance were the most common options offered.

Additionally, some providers limit the number of trips a person may take. Around 10% of providers limit the number of trips one person may take, allowing between two and four trips per month per individual. These limitations are borne out of a lack of funding to provide unlimited rides. However, 90% of providers did not limit trips, perhaps due to more resources or smaller client pools.

When clients do not show for their scheduled trip, many providers charge them a cancellation or no-show fee. Sixty percent of providers charge a late fee; however, fees are generally very low. Providers who chose to elaborate on the survey question were certain that charges were minimal, though could not recall the exact fee. Most of the fees were relayed as percentages, typically ranging from between 1% to 20%, the latter of which was a rarity among the responses. Providers also described the methods used to prevent these no-shows, including weekly phone call reminders.

Service Area Characteristics

The 2019 CHSM Plan identified four common issues across regions in the state that hinder transportation services: Limited, poor, or unreliable cell phone service, limited, poor, or unreliable internet service, lack of transportation network company service (like Uber and Lyft), and lack of Uber and Lyft services using accessible vehicles. Table 4 details the percentage of providers that experience each issue.

Table 4 "Is any portion of your service area affected by any of the following?"

Service Area Disruptions

Category	Percentage
Accessible Vehicles	45%
Uber/Lyft	51%
Internet	51%
Cell	51%
None	30%

Note: Service area disruptions were common, especially in the west of the Commonwealth

Generalizing from this data, similar problems exist around the state, with over 50% of respondents describing all but lack of Uber and Lyft using accessible vehicles as an issue affecting the provider's service area. Thirty percent of respondents described having none of the above issues, a number that is increased by respondents in more urban, connected environments where cell service is not as much a concern. In analyzing the data, many respondents from the western parts of Virginia indicated most of these service disruptions were affecting them, which aligns with the previous CHSM plan's assessment of a lack of regional connectivity in that area of the state. In general, the providers in that area of the state were indicating at least two or more disruptions as issues, highlighting the compounding factor of these problems.

Medical Trips

Another important consideration for disability transportation services is whether riders can access important medical services in the provider's service area. The data indicate that 35% of providers have appropriate medical services within a service area, negating any need for riders to travel to seek out medical care. However, 65% of providers stated that riders did have to travel outside

of the service area for medical needs, with 40% of people "sometimes" needing to and 25% "regularly" needing to find alternative ways to get access to medical care. Most travel outside of the service area is for specialized medical care, such as a cardiologist or oncologist, or to visit a VA hospital for veterans. In some cases, however, a trip outside the service area was the only way to access a major medical center, such as the ones at University of Virginia (UVA) and VCU.

Rider Characteristics

According to the data, 75% or more of the respondents had transportation services designed to accommodate individuals with disabilities and seniors, with 50% or more including services targeted toward veterans, the public, and low-income individuals. Some providers describe services as open to everyone or another qualification to service. These results point to the focus on older and disabled people as the principal clientele, and some categories (such as veterans) may overlap with other categories, as was noted in the 2019 CHSM plan. Many low-income individuals also identify as having a disability or as a senior; ensuring these groups can use transportation services could also bring into focus an issue of transportation equity.

Employed Drivers

Most providers employ drivers as paid organizational staff. Seventy percent of respondents answered that their services are run by paid organizational staff, while volunteers and turnkey service followed significantly behind at 14%. Labor costs represent a sizable portion of operational costs and deserve attention when attempting to expand services. Respondents cited a lack of staff and drivers as an issue and their need for more funding to incentivize drivers. In the 2019 CHSM plan, the Allegany Region cited that finding drivers is difficult, as drivers are paid little and do not have benefits. Considering that 70% of respondents employ paid organizational drivers, agencies should continue to seek and diversify funding for labor to compete in the job market.

Recruiting and Training Drivers

Recruiting and training drivers are critical elements in providing efficient and safe transportation services in Virginia. When asked how they would categorize recruiting drivers/volunteers in their organization, 50% of all respondents viewed this as a major challenge. Of the 50% of respondents, most were from nonprofit organizations in rural areas that do not have Uber or Lyft. As noted in the 2019 CHSM plan, transportation network companies (TNCs) are not as common in rural areas. It is evident the recruitment of drivers/volunteers is a problem for many organizations in providing services. There are not enough drivers to expand routes/hours as mentioned in the survey. As

noted in the 2019 CHSM plan, recruitment and retainment of drivers/volunteers is difficult, especially in low-income areas.

A solution for some organizations could be to contract with a turnkey service, considering the high cost of labor and difficulty of recruiting drivers. However, for those organizations without access to TNCs in their area, they may need to consider different solutions, such as collaboration with other agencies in their area and volunteer driver services.

Organizational Funding

As reported in the 2019 CHSM plan, there are significant funding gaps throughout the state, especially in rural and small urban areas. Agencies in rural and small urban areas receive less 5310 funding than the large urban areas, as the funding is based on population. Thirty percent of all respondents report that funding to expand services (e.g., new routes, new services) is a major challenge, while 28% of respondents reports that funding to expand existing operations (e.g., days, hours, holiday) is a major challenge. A gap in service mentioned in the 2019 CHSM plan is that providers must base service decisions on funding. Hence, it is understandable that some respondents emphasized the importance of expanding funding partnerships to cover costs associated with unserved trip types. Additionally, respondents report how finding additional funding partners to support the need/demand for affordable services is a challenge.

The 2019 CHSM plan recommends that additional funding could be solicited from other federal, state, or local levels. Nonprofit organizations are likely eligible for a wide array of community grants when compared to local government agencies, but local governments may overlook the potential funding source. Providers could benefit from training on how to apply for community grants.

Charging Fees

Fifty-five percent of respondents charge a fare or flat rate, in-line with the previous observation that 52% receive funding from fees or fares. Forty percent of respondents charge no fare, and a few respondents noted that fares are currently free because of COVID-19. Nineteen percent charge by the mile and 8% charge by the hour. Some of the comment box responses note that they offer sliding scale based on income, while another notes that only dialysis has a flat rate. While the 2019 CHSM plan noted that a strength of several regions is ride affordability, providers must continue to balance affordability with funding their operations.

COVID – 19

Since publication of the 2019 CHSM Plan, the nation has been affected by the novel COVID-19 pandemic. Some of the most difficult effects on the transportation industry have been in staffing shortages and delays in vehicle manufacturing. Utilizing Likert responses, the provider survey found staffing drivers to be the biggest challenge amongst agencies coming out of the pandemic, followed by staffing administration required to carry out services. When considering fare changes related to COVID-19, 55% of providers plan to charge for services through flat fare,

while 40% plan to remain fare free as COVID subsides. As stated in the 2019 CHSM Plan, trips are still generally affordable for riders, even when a fare is charged (50 cents or $1 per trip).

Provider Survey Summary

The data showed that trips are being offered on weekends at a higher rate than documented in the 2019 CHSM plan, many service areas experience problems with scheduling rides, and many providers are not able to accommodate medical trips for all their riders. Additionally, most organizations employ drivers as paid staff, but funding to expand services, equipment, and operations has been a challenge for some providers. Staff shortages, including recruiting and retaining drivers, is an ongoing issue since the COVID-19 pandemic that has impacted service delivery.

RIDER SURVEY RESULTS

DRPT surveyed 362 public transportation and human service transportation riders between October 2022-January 2023. The results include quantitative and qualitative feedback that is summarized here (not all questions and responses are included). The questions are not specific to whether riders are using human service transportation, but rather all public transportation available to them. The survey results shared here focus on feedback from older adults and individuals with disabilities, as those are the populations eligible for services from 5310 funded providers, but respondents also represent low-income and veteran populations. While seniors and people with disabilities are separated to show the unique needs of each group, some respondents represent both groups.

Q: What trips would you like to take, but are not currently available to you through your transportation provider(s)? (multi-select)

Types of Trips	Percent of Seniors (n=76)	Percent of People with Disabilities (n=83)
Long distance	42%	43%
Multi-stop trips	19%	40%
After hours (after 6pm)	18%	43%
One-time medical	15%	20%
Reoccurring medical	19%	31%
Essential non-medical	15%	33%
Employment	2%	20%
Education or training	5%	13%
Volunteering	19%	30%
Obtain childcare	0%	4%
Quality of life	36%	54%
Social and other supports	15%	33%
Other	27%	15%

Other (open text field):

- Visiting family out of state
- Going to Richmond
- Entertainment venues such as fairs, concerts, baseball, movie theaters
- Church
- Going from Nelson County to Charlottesville for medical appointments
- Weekend transportation

Most respondents indicated that long distance trips and quality of life trips are not currently available to them through their transportation provider, even though they would like to be able to take those types of trips. Respondents with disabilities are particularly unable to access multi-stop trips and after-hours trips as well. There is at least some unmet demand for all types of trips, except for childcare for seniors, which is consistent with the 2019 CHSM findings.

Q: What transportation changes would better meet your needs? (multi-select)

Transportation Changes	Percent of Seniors (n=80)	Percent of People with Disabilities (n=87)
Expanded bus routes	43%	52%
Extended days/hours for transportation services	35%	44%
More free or low-cost options	28%	47%
Other	28%	31%

Q: How can transportation services better meet your needs? (open text field)

"I need affordable, reliable options for trips greater than five miles."

"Having more hours and stops in the afternoon, evenings, and weekends, or have other transportation services that are cheaper and more reliable."

"More reliable door-to-door service for my wife on her wheelchair so I do not have to take off work half the week for her appointments."

"By providing safer stop locations with shelter from elements and somewhere to sit while waiting! Older adults need that!"

"Making sure you have updated information to help those people with disability issues have complete access to transportation upon request and need."

53% of all respondents to this question indicated that the availability of services is a major concern. This aligns with responses to the question above, which indicates that expanded bus routes would better meet respondents' transportation needs. When discussing how availability of services might better meet their needs, respondents most often mentioned expanded hours (including weekends and holidays), expanded service area, frequency/more routes, long-distance trips, and connections to other transportation options, such as airports.

31% of all respondents indicated that accessibility of services is most important for meeting their needs. Those respondents mentioned topics such as lack of access to any public transportation in their area, cost, information and wayfinding, lack of wheelchair accessible transportation, and the need for door-to-door services.

Responses to this question and others included many mentions of service reliability, which was incorporated into the Action Tracker as a gap based on the survey results. See the Action Tracker section, starting on page 28, for further explanation of how reliability is defined.

Q: Is it ever difficult for you to find transportation outside of friends or family?

Difficult to Find Transportation	Percent of Seniors (n=106)	Percent of People with Disabilities (n=101)
Yes	37%	65%
No	61%	34%

Q: If it is ever difficult for you to find transportation, please explain. (open text field)

"Often, a public transportation option to my destination is available, but the travel time is absurdly long, or the options are not frequent enough to make it a reasonable option."

"A few months ago, my spouse had to have surgery and I was injured after a fall. I finally managed to get a church member to drive her to and from the hospital."

"Not enough wheelchair accessible vehicles."

Responses to this section highlight the difficulty of accessibility when finding transportation, especially for people with disabilities. 49% of respondents cited accessibility as the main reason why it is difficult to find a ride. Common themes were lack of public transportation in their area, lack of wheelchair accessible vehicles, and difficulty scheduling rides in advance. 22% of respondents cited lack of availability of services, including the need for expanded service area, long distance trips, weekend and after-hours trips, and frequency.

> "
>
> I have turned down a [medical] specialist appointment because it was too far to drive, and Medicaid transportation is not guaranteed "
>
> — SURVEY RESPONSE

While 8% noted quality as a factor of making it difficult to find a ride, for reasons such as reliability, safety concerns, and comfort, another theme emerged from this question. 19% of respondents specifically cited that they are either alone or must rely on family or friends for a ride. This question highlighted the fact that seniors and people with disabilities who are alone and have limited social connections struggle to find transportation. Many people mentioned that it is difficult to ask for help from others, even friends and family, and would rather have the option to independently find their transportation.

Q: Have you ever missed an appointment, work, or other obligation due to a lack of transportation?

Missed Obligations	Percent of Seniors (n=83)	Percent of People with Disabilities (n=87)
Yes	18%	52%
No	82%	48%

This question's results highlight the negative effect of lack of transportation on people with disabilities. While seniors may still have a partner or family to drive them, often people with disabilities may have more complex circumstances, such as a wheelchair, that make access that much more difficult.

Q: If you have ever missed an obligation due to lack of transportation, why did you miss it and what was the effect? (open text field)

"Didn't have the money to get to the bus to go to work. This was huge and I lost my job."

"I have medical appointments that I have missed or been late for. Sometimes the ride I get can take a long time if they have other people to drop off first. I don't know how long it will take before I get there; sometimes it is very early or sometimes it is late. I have had my ride cancelled without anyone telling me."

"Non-emergency medical transport failed to pick me up in time to make the scheduled doctor's appointment. This has happened three times and each time was on a weekday, typically between 8:00 am - 2:00 pm."

Many respondents cite missing important medical appointments, including appointments with specialists and appointments in urban areas that are far from their starting location. Several respondents also mention not being able to commit to a job, not being able to volunteer, or having to miss social support groups as a result of lack of transportation. This question reinforces the themes of accessibility, availability, and reliability of services as key to serving these populations effectively.

Q: If you do not have access to public transportation, how has not having transportation affected you? (open text field)

"I believe the ability to access public transportation could have saved me many sleepless nights and missed appointments, which is not beneficial to my overall health condition."

"My ability to drive has become unreliable, particularly to longer distance destinations not served by public transportation in my small rural community. I risk missing important appointments and meetings."

"No real quality of life. I am hampered in every aspect of my life--no public services access (voting, social services, attending public hearings, library, USPS, etc.) Independent living and travel is very difficult to achieve."

Respondents to this question have no access to public transportation and most are from rural communities. Themes that emerged from answers to this question revolved around the effects on people's lives. The most common themes were independence, health, basic needs, connection (social, entertainment), and employment. When coding the responses by those themes, the most common effect revolved around a perceived loss of independence (37%). While many people noted that they currently drive, they are aware that they are aging and may soon lose their ability to drive. Several commented that they will have to move once they lose their ability to drive, as they will not be able to access services or basic needs. Losing independence appears to be difficult for many people as they must rely on friends and family for rides and do not want to burden others or be beholden to others' schedules. Having access to public transportation is a way to maintain independence, even though they may not be able to drive themselves.

STATEWIDE NEEDS & GAPS

As identified in the 2019 CHSM plan, statewide gaps include both underserved populations and underserved trips.

Underserved populations include:

- Rural seniors
- People with chronic pain and/or medical conditions
- Non-ambulatory individuals
- Minority populations
- Non-Medicaid recipients
- Veterans and their families
- The working poor
- Low-income residents
- Jobseekers
- Unhoused or housing-insecure people

Types of trips that are not sufficiently provided include:

- Recurring medical trips (dialysis, addiction recovery, mental health, oncology)
- Location-specific medical trips
- Quality of life non-medical trips (shopping, religious, social)
- Essential, non-medical trips (grocery, bank, post office, lawyer)
- Employment trips
- After-hours trips
- Multi-stop trips
- Long-distance trips

Why are there gaps? Gaps in service exist because transportation providers do not offer service to cover the trips, i.e., the hours, days, frequency, or service area do not cover the desired trips. Increasingly, providers are faced with driver shortages which impact service delivery and contribute to service gaps. Providers must also make service decisions based on the funding available and what types of trips the funding covers. For human service organizations, riders often must qualify to be eligible for services. If a rider does not qualify with a human service provider, the rider is then limited to other sources of transportation, which may be limited in its accessibility or availability.

2022 EQUITY + MODERNIZATION STUDY

In August 2022, DRPT published the **Virginia Transit Equity and Modernization Study**, a needs assessment focusing on the equitable delivery of transportation services and modernization of transit in the Commonwealth. The two-year study looked at topics such as transit, accessibility, technology, electrification, safety, engagement, representation, and infrastructure. The study focused on engaging with underserved and underrepresented communities to inform its analyses.

Analyses of transit were conducted across six technical areas, addressing the needs and opportunities of transit equity and modernization across linked, but separate, topics. These technical areas are:

- **Transit Accessibility**: Assesses the linkage between transit supply and need, opportunities to provide transit to underserved populations, the reach of transit travel sheds, travel sheds to jobs and community resources, and trends in equitable service planning and zero-fare services.

- **Adequacy of Infrastructure**: Identifies gaps in critical transit infrastructure reporting, opportunities for improved passenger amenities and bus stop infrastructure, and conditions of fleet and facilities (in terms of State of Good Repair, as well as Americans with Disabilities Act [ADA] access).

- **Emerging Technologies**: Assesses the feasibility of implementing emerging technologies within the context of the Virginia fleet and the associated costs, benefits, and timeline for implementation.

- **Electrification**: Evaluates the current state of electric transit vehicles and fuel demands of Virginia's bus fleets and identifies opportunities and barriers to transitioning to zero-emissions buses.

- **Transit Safety**: Determines the perceptions of safety and security experienced by transit agencies, their employees, and passengers within the context of policy and regulation of safety and security and associated performance metrics to identify opportunities to improve training, oversight, guidance, and emergency preparation.

- **System Engagement and Governance**: Defines transit agency practices for engaging with communities, particularly transit-disadvantaged communities, and representing the public in transit governance; identifies areas where practices and guidance can be improved to meet state and federal requirements and lessons learned from peer agencies.

Several of the study's findings overlap and align with the gaps and needs discussed in the CHSM plan, as well as potential action items. Findings from the Equity and Modernization study that align with the CHSM plan include:

- Equity and accessibility must be more heavily considered in guidance, requirements, and funding programs for transit agencies.
- The availability of transit in Virginia is high, but gaps exist.
- There is increasing interest in piloting zero-fare service to overcome barriers to transit access.
- There are unique needs for and barriers to adopting new and emerging technology among Virginia's transit agencies.
- Transit is among the safest ways to travel, but there is room to improve both perceived and actual safety for transit riders, operators, and employees.
- Many bus stops are poorly placed and not well-connected to sidewalks.

As the Equity and Modernization Plan is implemented over the coming years, the CHSM plan can incorporate findings and results of the plan in action into the next update (2025).

GAPS TO GOALS: ACTION TRACKER

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

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

These topics represent both statewide and regional goals. The action items that comprise the Action Tracker address one or more topics, directly speaking to a problem that was identified in the community through the outreach and survey processes. The Action Tracker is not intended to be a comprehensive list; it is expected that the list of goals and actions will change and evolve as time moves on. The current gaps have been modified slightly since 2019 with the intent to further clarify gaps to goals in the Action Tracker. Some Action Items in the tracker overlap, but it is expected that some actions will affect multiple goals.

The implementation timeframes outlined in the Action Tracker are meant to guide and prioritize the recommended actions. Actions designated with a "Short" timeframe are "low hanging fruit," with the potential to be implemented within 1-2 years. "Medium" timeframe actions are expected to take planning and coordination with the goal to reach completion within 3-4 years. "Long" term actions require a more systematic, tactical approach that may require additional coordination and funding, and these actions are expected to take four years or more.

2019 + 2022 IDENTIFIED GAPS:

- Trip Availability
- Trip Accessibility
- Trip Reliability
- Service Alternatives
- Coordination
- Education and Training
- Funding

Trip Availability, Accessibility, and Reliability

The 2019 plan and 2022 survey results indicate that there are gaps when it comes to existing service availability, accessibility of services, and reliability of service. The 2022 rider survey results were analyzed by coding qualitative responses as an Availability issue, Accessibility issue, or Reliability issue. Reliability was not part of the original CHSM plan but   arose from the 2022 survey analysis as a theme.

Trip Availability was defined as existing services for which riders require expanded availability of hours (including after hours), routes/frequency, service area, long distance, and trip types (NEMT, quality of life, etc.) Trip Accessibility was defined as services for which riders require improved accessibility of transportation services, including issues such as cost, transportation for those who cannot use public transportation or for which it is not offered, physical accessibility of vehicles, scheduling technology, wayfaring, and expanded services, such as door-to-door or door-through-door.

> "
> I believe the ability to access public transportation could have saved me many sleepless nights and missed appointments, which is not beneficial to my overall health condition. "
>
> — SURVEY RESPONSE

While accessibility and availability were the primary codes used to categorize responses based on the 2019 plan, another characteristic arose out of the responses: reliability. 15% of respondents to the question "How can transportation services better meet your needs?" indicated that the quality and performance of services was of major concern when considering how transportation can better meet their needs. Respondents mentioned long wait times, lack of consistency in timing (too early, too late), cleanliness of vehicles, friendliness of drivers, and availability of bus shelters and seating. The most common phrasing to describe a rider's quality of experience with their transportation service was "reliability". The prevalence of mentions of "reliability" in this response and others led to the addition of Reliability as a transportation gap in the Action Tracker. The definition of reliability is something that is "consistently good in quality or performance; able to be trusted" (Oxford Languages). For the purposes of this CHSM update, reliability is meant to capture

any aspects of a trip that make it consistently good quality and trustworthy, such as arrival times, ride comfort, and customer service.

These three gaps taken together paint of a picture of the rider's experience of using public transportation from start to finish.

Service Alternatives

The outreach process highlighted the lack of service alternatives for individuals who rely on human service transportation. For many residents, especially in more rural areas, there is one option for human service transportation. If that service does not run when or where it's needed, or if the individuals are not eligible for the service, they may not have any other options.

In more urbanized areas, there are likely overlapping services, including human service transportation, local transit, and private providers, however, they aren't always accessible to people with mobility challenges. The Virginia Transit Equity and Modernization Study identified infrastructure improvements and prioritizing ADA compliant bus stops to increase accessibility to existing public transportation options.

Coordination

DRPT works closely with state, regional, and local organizations and agencies to provide efficient, affordable, and accessible transportation to seniors, veterans, and people with disabilities. Opportunities for new or improved coordination were identified during the 2019 public outreach process with transportation users, providers, managers, and funders across Virginia. Several potential coordination opportunities emerged and are described in more detail in the Interagency Coordination Framework section on page 66. Coordination was identified as a transportation gap and the Action Tracker includes specific action items to help increase statewide and regional coordination.

Education and Training

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

Prioritizing education and marketing efforts on residential rental offices, senior facilities, places of worship, community centers, and other public areas to educate public on service and eligibility is important in expanding the reach of human services transportation.

Funding

All these services are possible in part because of funding from state and federal sources. The FTA

5310 funding provides federal funds for capital purchases, such as accessible vehicles, as well as operating funding and mobility management programs. Capital funding for accessible vehicles is funded at 80% by the FTA and 20% by the local agency. Other capital programs, such as mobility management, is matched by the Commonwealth through its State Paratransit Program Funds at 16 percent and by the local agency at four percent. Operating funding follows a different formula. The federal government only provides half of the total budget while Virginia matches 40 percent, and the local agencies match the final ten percent. The FTA Section 5310 program is restricted by available federal funding, which is apportioned throughout the state based on Census classification and population: 60 percent goes to large urbanized areas, 20 percent to small urbanized areas, and 20 percent to rural areas. As a result, there are significant funding gaps throughout the state, especially in rural and small urban areas that together share only two-thirds of what large urban areas receive.

Potential funding opportunities for transit providers include seeking out additional, alternative funding from federal, state, or local funders. Transit providers can form partnerships to reduce duplicated costs, such as administrative overhead. DRPT can consider partnerships with other state agencies as some of the goals of human service transportation overlap with other agencies' non-transportation goals.

ACTION TRACKER

No.	Transportation Gap	Goal	Action Item	Action No.	Implementation Timeframe Short: 1-2 years; Medium: 3-4 years; Long: 4+ years
1	Trip Availability	Expand Service Availability	Expand "after hours" transportation service hours	VA-1A	Medium
			Increase the availability of long-distance trips	VA-1B	Medium
			Expand trip types to better meet rider needs	VA-1C	Long
2	Trip Accessibility	Improve Access to Human Service Transportation	Provide transportation to seniors and individuals with disabilities who cannot use public transportation or who live in an area where public transportation is not provided	VA-2A	Long
			Enhance scheduling	VA-2B	Short
			Explore the feasibility for expanded door-to-door service	VA-2C	Medium

3	**Trip Reliability**	Improve Service Quality and Performance	Implement standardized education and training opportunities for all operators to ensure they have proper training and resources to manage and provide aid to their passengers (client specific)	VA-3A	Medium
			Increase staffing so that operators can better meet passenger's scheduling needs	VA-3B	Medium
			Explore implementing improved public-facing technology, such as scheduling software or apps, that is made to be user friendly	VA-3C	Short
4	**Service Alternatives**	Expand Transportation Options	Partner with public transportation providers (FTA Section 5307 & 5311 recipients) to determine opportunities for efficiencies with route modification, deviated fixed route usage, or other service alterations	VA-4A	Medium
			Partner with hospitals, medical centers, and other health care facilities to determine how existing transportation services can assist	VA-4B	Long
			Partner with community colleges and other educational facilities to develop pilot programs for transportation and mobility programs for disabled students with limited transportation options	VA-4C	Long
			Continue discussions with TNCs to determine their role in human service transportation in Virginia	VA-4D	Short
5	**Coordination**	Increase Statewide and Regional Coordination	Work with local jurisdictions to include human services transportation into location transportation planning	VA-5A	Medium
			Develop and maintain statewide and regional advisory committees to focus on coordination of service providers	VA-5B	Medium
			Continue communications with organizations that are involved with and support transportation in Virginia (i.e., Community Transportation Association of Virginia (CTAV), etc.)	VA-5C	Short

|					
6	Education & Training	Increase Awareness of Available Service	Develop an ongoing outreach mechanism for service providers to consistently measure and track customer satisfaction and service performance	VA-6A	Medium
			Focus education and marketing efforts on residential rental offices, senior facilities, places of worship, community centers, and other public areas to educate public on service and eligibility	VA-6B	Short
			Develop educational and marketing materials for the general public to discover potential service options and eligibility	VA-6C	Short
		Provide Education & Training for Staff and Riders	Expand education and training opportunities for operators to ensure they have proper training and resources to manage and provide aid to their passengers (client specific)	VA-6D	Medium
			Set standards for training for service providers and mobility managers that includes nationally organized training courses (e.g., National Transit Institute) and state-developed courses	VA-6E	Short
			Provide introductory travel training for new riders	VA-6F	Medium
		Increase Safety and Preparedness	Establish a pandemic preparedness plan	VA-6G	Medium
7	Funding	Increase Sustainable Funding Streams	Increase funding for labor costs to recruit and retain operators and staff	VA-7A	Medium
			Explore and apply for alternative funding sources beyond FTA 5310 funding (DRPT Special grants, community grants, etc.)	VA-7B	Short
			Continue working with local and regional government officials to increase the available funds for capital purchases, and/or operating and maintenance costs	VA-7C	Long

REGIONAL PROFILES

Previous CHSM plans were developed regionally using the boundaries of the PDCs to define each region. For the 2019 update, the decision was made to define the regions at a macro level to group similar communities and align DRPT's work with that of other state agencies. The regions used for this plan are the same regions used by Department of Medical Assistance Services (DMAS), which is the state agency that coordinates with Medicaid's Fee-for-Service Emergency Ambulance, NEMT, and LogistiCare.

Grouping cities and counties into larger regions provided the opportunity to evaluate similarities among transit riders across county lines who might have similar travel patterns and barriers. The smaller PDC regions, sometimes only three to four counties in size, made it difficult to account for many of the cross-border trips and connections due to the number of documents and separation between each plan. However, synthesizing regional issues, especially in large regions with diverse geographies can be challenging. Issues can vary widely between urban, suburban, exurban, and rural areas and it is difficult to fully capture the breadth of the challenges providers and riders face in each individual area.

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

Figure 1: OVERVIEW OF VIRGINIA REGIONS

NORTHERN REGION
Population: 2,879,838
Senior Population (65+): 360,040 (12.5%)
Population with a Disability: 222,278 (7.7%)

WESTERN REGION
Population: 910,070
Senior Population (65+): 170,410 (18.7%)
Population with a Disability: 123,294 (13.5%)

ALLEGHANY REGION
Population: 720,102
Senior Population (65+): 143,556 (19.9%)
Population with a Disability: 98,008 (13.6%)

SOUTHWEST REGION
Population: 380,147
Senior Population (65+): 83,925 (22%)
Population with a Disability: 87,700 (23%)

TIDEWATER REGION
Population: 1,738,115
Senior Population (65+): 83,925 (22%)
Population with a Disability: 214,111 (12.3%)

CENTRAL REGION
Population: 1,881,086
Senior Population (65+): 299,014 (15.8%)
Population with a Disability: 233,754 (12.4%)

ALLEGHANY REGION

Regional Profile

The Alleghany region covers 7,125 square miles and presents many challenges to transportation services. Large portions of the region are rural, and the region is far less dense than the state average: Virginia averages 202 people per square mile while the Alleghany region averages 102 people per square mile. The region includes low-density Highland County (5 residents per square mile) and the more densely populated Roanoke (2,323 residents per square mile).

Currently, five public transportation agencies operate a combination of fixed route and paratransit service within the region: Blacksburg Transit, Greater Roanoke Transit Company, Pulaski Area Transit, Radford Transit, and RADAR. The intercity Virginia Breeze bus provides a north-south connection to northern Virginia and Washington, D.C.
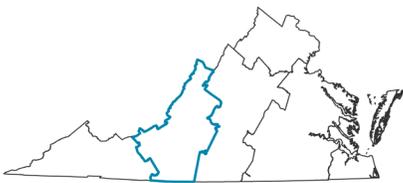
Many rural residents live long distances from employment, education, and health services. The region's mountainous topography and limited high-speed road network make transit operations in this region more challenging due to having to navigate winding roads and travel long distances to circumvent mountains. Cellular phone service is spotty or nonexistent in some parts of the region making it difficult to schedule trips for those without internet access.

The Alleghany region comprises the following counties and independent cities:

Counties: Alleghany, Bath, Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Highland, Montgomery, Patrick, Pulaski, Roanoke, Rockbridge

**Cities:** Buena Vista, Covington, Lexington, Martinsville, Radford, Roanoke, Salem
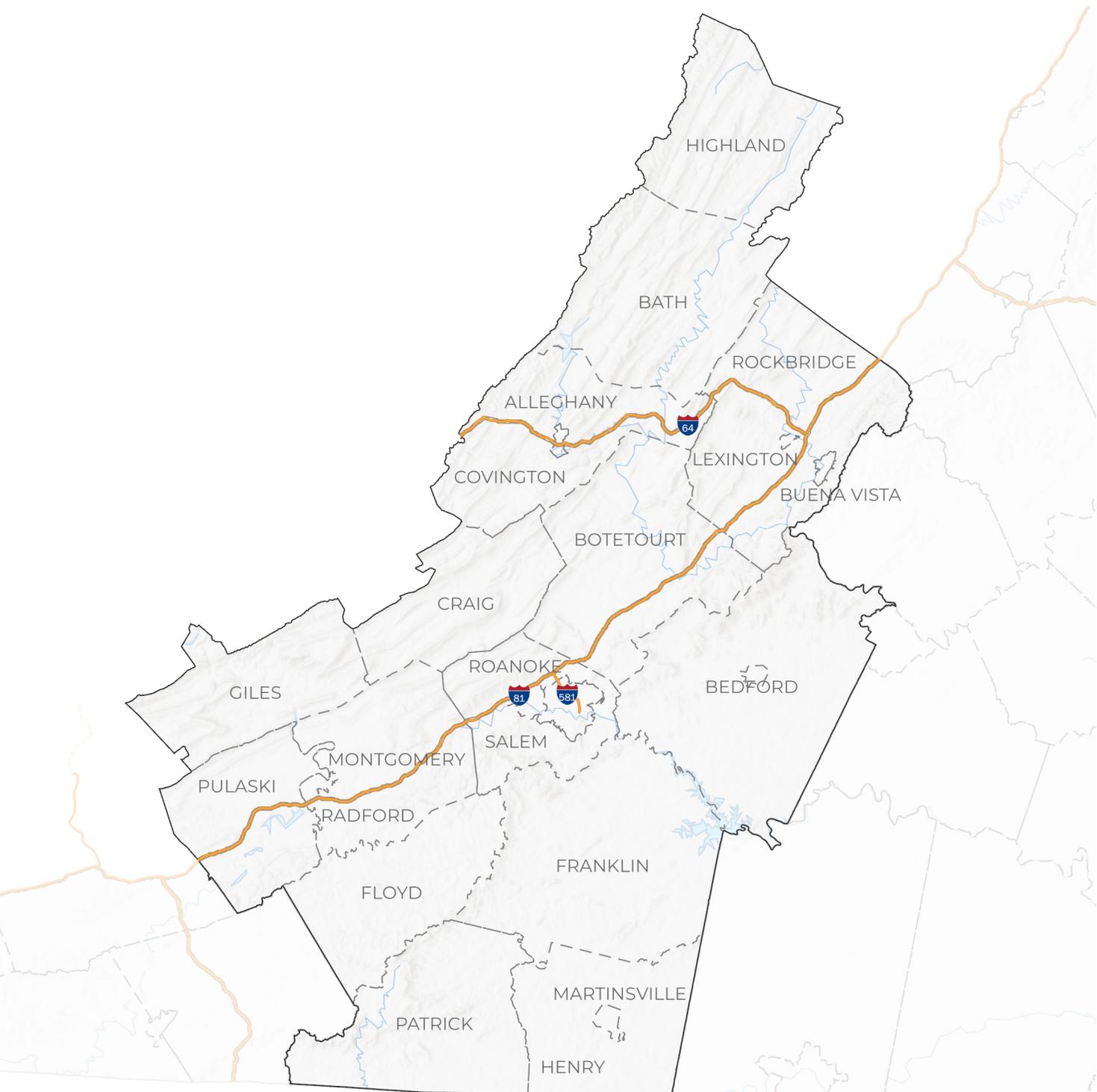
Regional Demographics

The 2020 population for the region was 720,102. Bedford, Montgomery, Roanoke, and Franklin counties have all experienced population increases since 2010. Highland, Bath, and Alleghany counties all experienced population decreases of more than 5%. In 2020, nearly 14% of the region's population was living below the federal poverty level and nearly 18% of the region's households did not have internet access where they live.

Senior Population

Approximately 20% of residents across the Alleghany region are 65 years or older. The highest concentrations of senior populations are in Highland and Rockbridge counties. More than a third of the residents in these two counties are 65 years of age or older. There are also very high concentrations of seniors in southern-central Patrick County and around Smith Mountain Lake in both Bedford and Franklin counties.

Senior Population (65+)
- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- > 31%

Population with a Disability
- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- > 26%
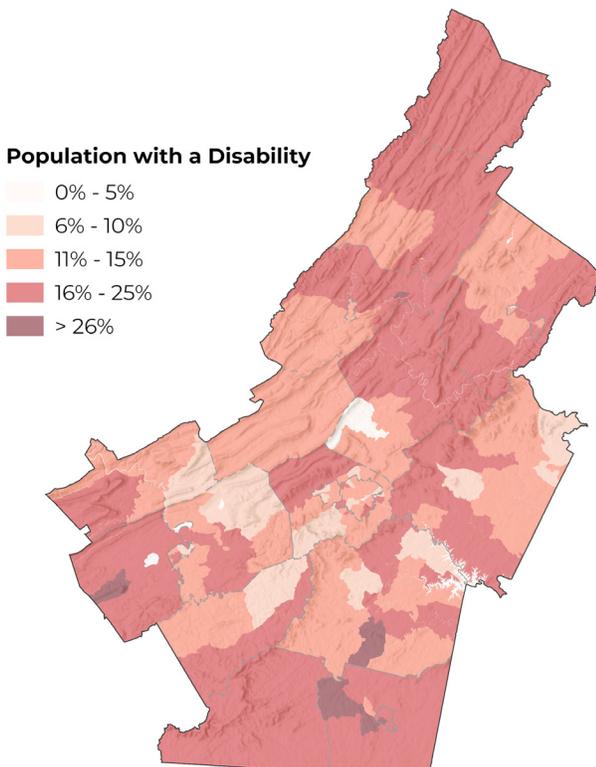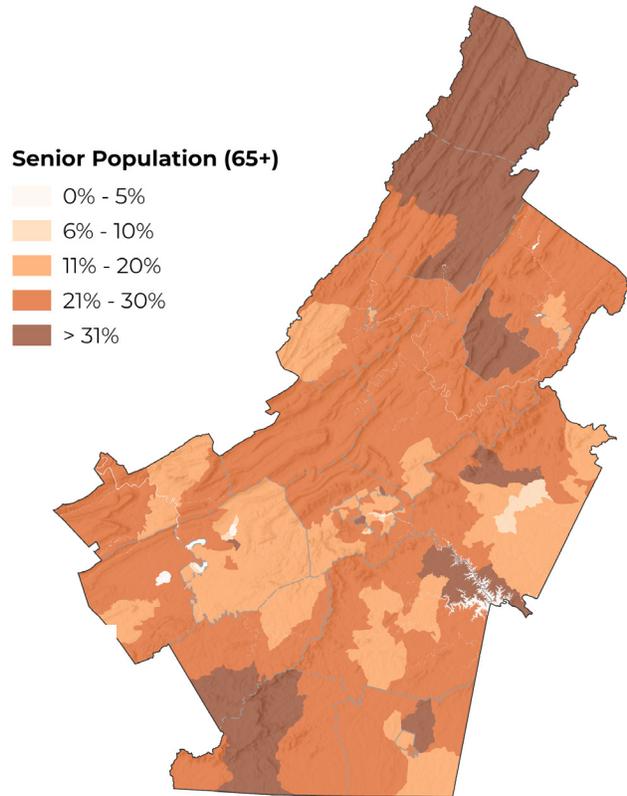
Population with a Disability

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

Regional Issues

The following is a summary of gaps and challenges identified in the Roanoke-Alleghany region during the 2019 public outreach process, and 2022 survey responses from riders in the region.

2019 Gaps	2022 Gaps	Related Gap(s) from Action Tracker
There is a desire for coordination between current public transportation providers that follow different service schedules during inclement weather. Making service changes clearer to riders is a recommended improvement.		Coordination
Individuals with opioid use disorder and in need of dialysis are underserved.	Services to the airport, medical facilities, and shopping to allow older adults to remain where they live. Availability of evening and weekend service. Greater frequency in fixed route service areas. Expanded routes, consistency, and trip options, including long-distance.	Trip Availability; Service Alternatives
Public transportation and paratransit services are not available across the entire region. Existing public transportation is difficult to navigate.	More public transportation or on-demand in the counties, including volunteer transportation. Need for wheelchair accessible NEMT service. Easier access to free or discounted services for people with disabilities.	Trip Accessibility

|		
Volunteer transportation programs have had challenges with funding and volunteer retention. Finding long-term, reliable, and respectful drivers is difficult. Paid drivers work hard for very little money and often no benefits.		Funding

Regional strengths include:

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

Statewide Action Tracker: High Priority Action Items

VA-1A, B, C

VA 2A, B
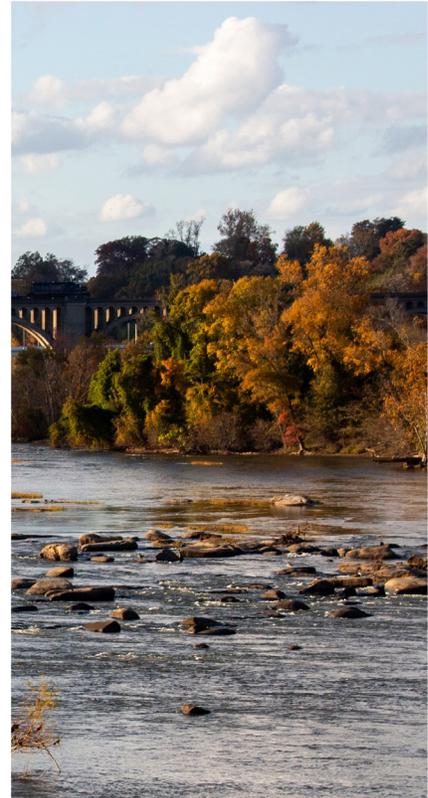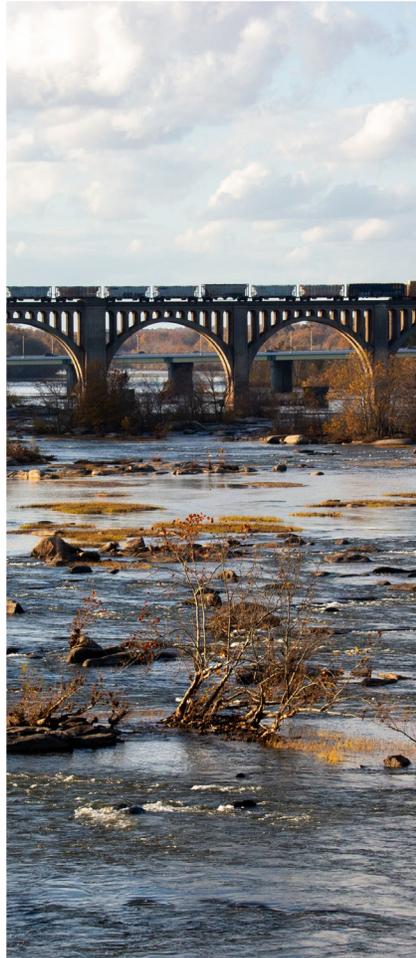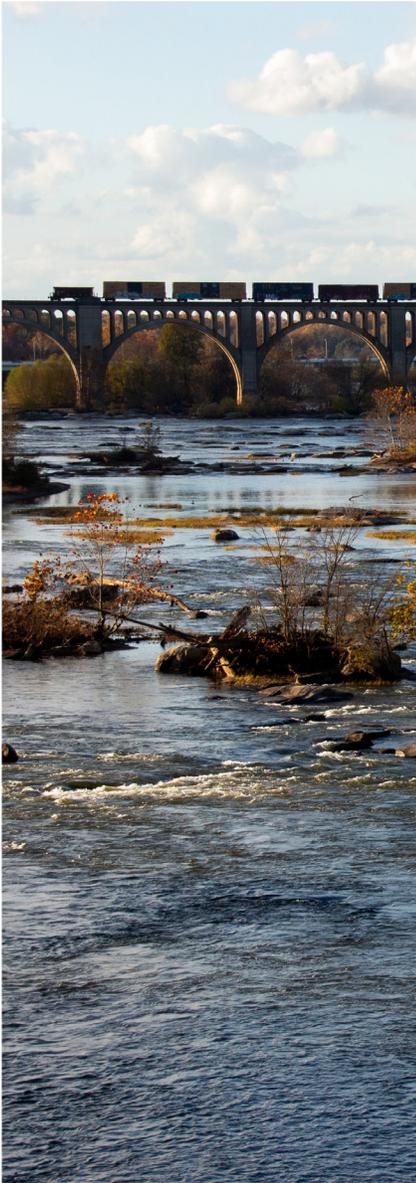
CENTRAL REGION
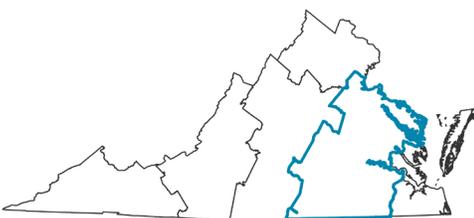
Regional Profile

The Central region comprises 39 localities across nearly 11,000 square miles and is the largest region by land area, stretching from the Potomac River in the Northern Neck to the North Carolina border in the south. The region is a primarily rural with several larger urban areas such as Richmond, Fredericksburg, and the Tri-Cities of Colonial Heights, Hopewell, and Petersburg. Population density in the region ranges from low-density Surry County (21 residents per square mile) to Richmond city (3,664 residents per square mile).

Currently, ten public transportation agencies operate a combination of fixed route, paratransit,

demand response, and commuter rail service within the region: Bay Transit, Blackstone Area Bus System, Farmville Transit, Fredericksburg Regional Transit, Greater Richmond Transit Company, Greensville-Emporia Transit, Lake Country Area Agency on Aging, OmniRide, Petersburg Area Transit, and Virginia Railway Express. The intercity Virginia Breeze bus provides a north-south connection to northern Virginia and Washington, D.C.

Despite a relatively high provision of transit service, the region's predominately rural geography makes full coverage service difficult. Limitations on transit providers' service areas in this region affect all types of trips, including quality-of-life trips (church, recreation), essential non-medical trips (grocery store, bank), and recurring medical trips.

The Central region comprises the following counties and independent cities:

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

Cities: Colonial Heights, Emporia, Franklin, Fredericksburg, Hopewell, Petersburg, Richmond
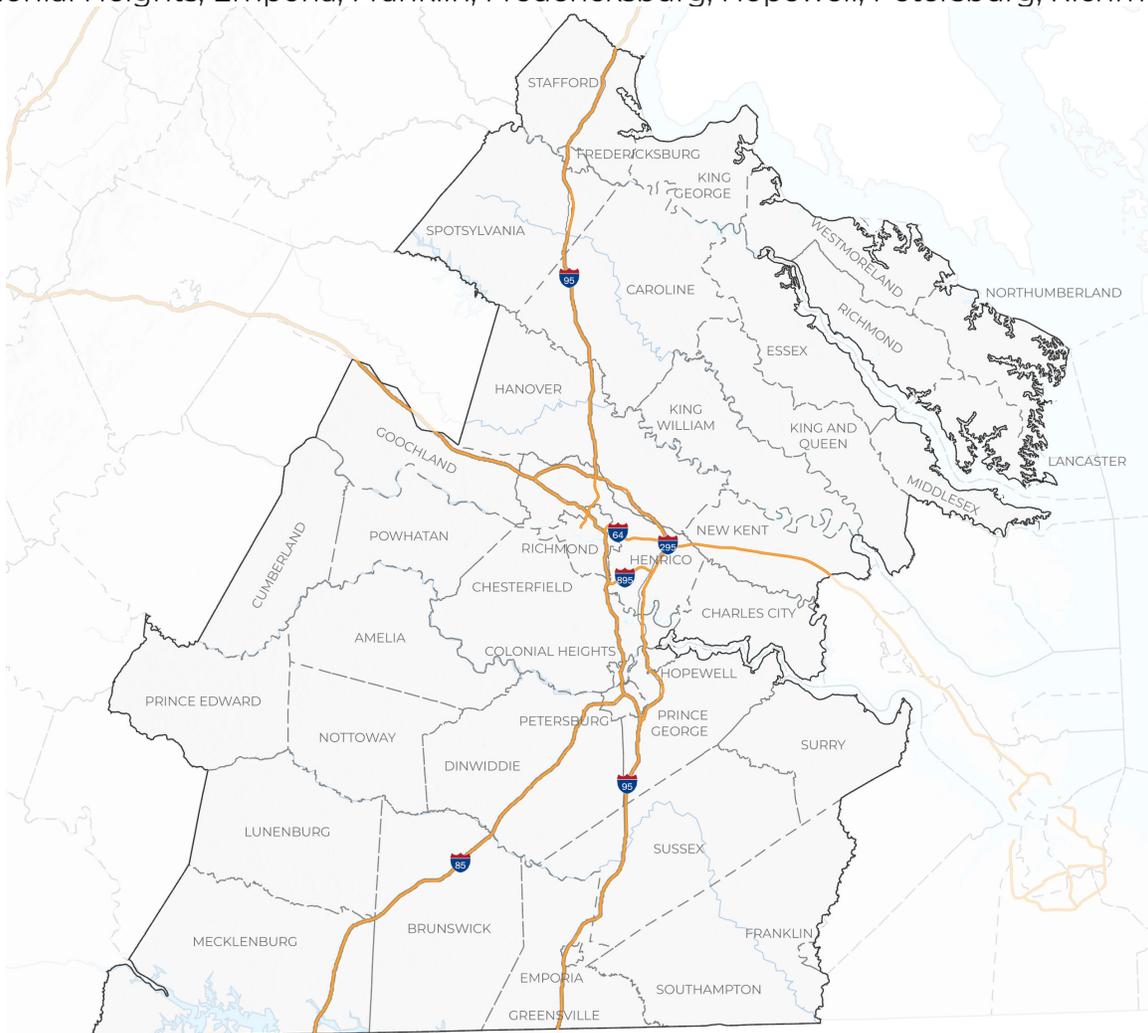
Regional Demographics

The 2020 population for the Central region was 1.88 million, up 11% from 2010. The fastest growing localities in the region are those in the immediate Richmond area (Henrico County, Chesterfield County, and Richmond city) and its exurbs (New Kent County and the rural areas between Richmond and Fredericksburg). In 2020, approximately 10% of the population in the Central region were below the federal poverty level and nearly 13% of households did not have internet access.

Senior Population

Nearly 16% of residents across the region are 65 years or older, with higher percentages of older residents in rural parts of the region. Over a third (33.6%) of the residents in Middlesex, Lancaster and Northumberland counties are 65 or older while seniors comprise approximately 10% of Stafford County. The highest concentration of senior residents in the region are primarily in rural areas. Northumberland, Westmoreland, and Lancaster counties in the Northern Neck, southern Middlesex County on the Middle Peninsula, western Dinwiddie County, and southwest Mecklenberg County all have high concentrations of seniors.

Senior Population (65+)
- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- > 31%
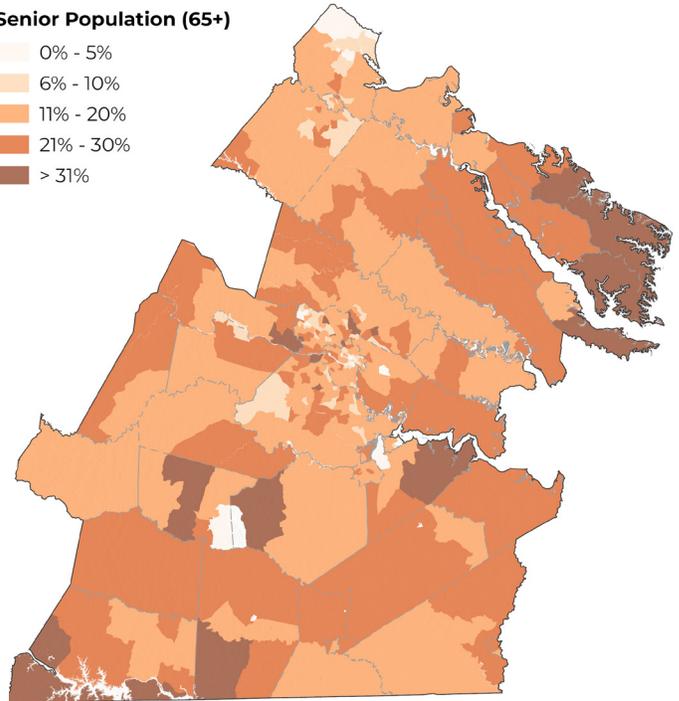
Population with a Disability
- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- > 26%
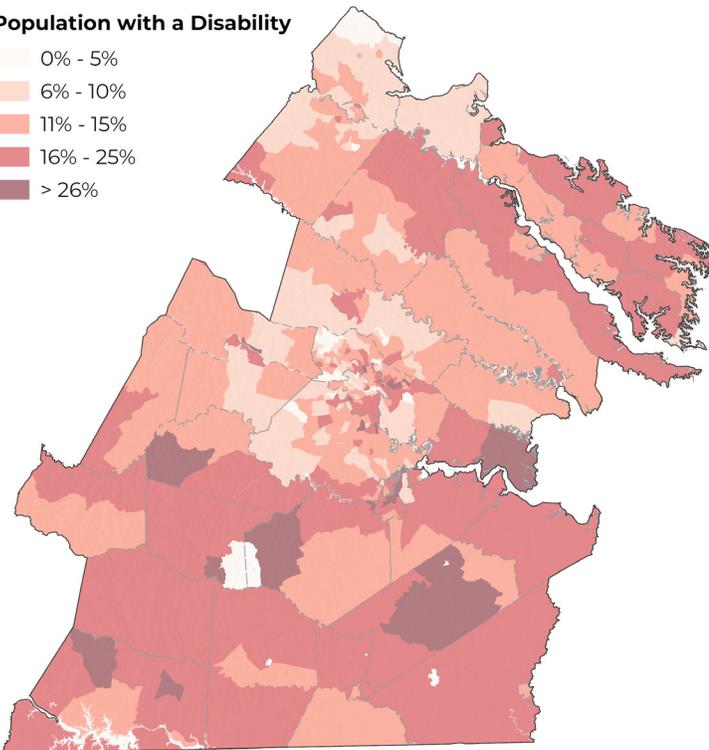
Population with a Disability

In this region, approximately 12% of residents are living with a disability. Rural counties in the southern portion of the state and Petersburg have the highest concentrations of residents with disabilities. The counties with the highest concentrations of individuals with disabilities are in the southern and western portion of the region: Sussex, Greensville, Brunswick, Nottoway, Lunenburg, Mecklenburg, and Cumberland counties.

Regional Issues

The Central Region is the largest region by geography and includes 33 counties. Richmond is the urban epicenter of the region and the state capital. Below is a summary of the Central Region transportation gaps and challenges collected during the 2019 public outreach process, and 2022 survey responses from riders in the region. 2022 data reflect the most common themes in responses.

2019 Gaps	2022 Gaps	Related Gap(s) from Action Tracker
Riders would like more transportation services to begin earlier in the morning, at 8 a.m. at least. Riders would like to see extended-length routes that allow for regional and inter-county travel.	Expand service area; increase frequency, after-hours and weekend service, and routes.	Trip Availability
Some don't know about existing services and end up staying home and becoming socially isolated.	Need for better communication about the availability of services, as well as customer service for scheduling trips.	Education and Training
In rural areas, quality-of-life trips are at least five miles away, with essential medical services up to 25 miles away. Recreational group trips for senior centers and other facilities are difficult to arrange due to lack of available transportation, particularly small vans for non-medical use.		Trip Availability; Service Alternatives

A limited number of bus stops have shelters. In inclement weather, riders choose not to ride due to a lack of shelter. Most routes do not allow enough time at stops for wheelchair passengers to get on and off as it takes seven to 10 minutes for a wheelchair passenger to get on or off the vehicle. There is a dilemma between providing quick, efficient routing, and providing sufficient time for people with disabilities to board. Locations of bus stops can be problematic – often inaccessible from a building entrance or in the way of other traffic so drivers cannot stop for extended periods. To ensure bus service is sufficiently frequent and efficient, drivers do not take many personal breaks. When they do disembark for a personal break, such as a restroom stop, all passengers must disembark for liability reasons.	Better reliability of services. Need for better infrastructure at bus stops, including shelters, benches, and trash cans, as well as better access through sidewalks. Low or no cost options; better affordability.	Trip Reliability; Trip Accessibility; Coordination

Regional strengths include:

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

Statewide Action Tracker: High Priority Action Items

VA-3A-C, VA-5A

NORTHERN REGION

Regional Profile

The Northern region is the most populous of the six CHSM regions and comprises of some of the state's densest cities and counties, including the Washington, D.C. metropolitan area. The localities within the metropolitan area are not part of this plan but are included in the Metropolitan Washington Council of Government's (MWCOG) CHSM plan. The region includes dense cities and towns in the northern Shenandoah region and to the east, transitioning to rural farmland in the south and west. The region includes low-density Rappahannock County (27 residents per square mile) and the dense city of Alexandria (10,043 residents per square mile).

Twelve public transportation agencies currently operate a combination of fixed route, paratransit, demand response, Metrorail, and commuter rail service within the region: Arlington Transit, Alexandria DASH, Fairfax Connector, Fairfax CUE, Loudoun County Transit, OmniRide, Virginia Railway Express, Virginia Regional Transit, Washington Metropolitan Area Transit Authority, and Winchester Transit. The intercity Virginia Breeze bus provides a north-south connection to northern Virginia and Washington, D.C.

Most of the transit service available in the Northern Region is concentrated in the Washington, D.C. metropolitan area. Demand response service is provided in Clarke, Loudoun, Fauquier, and Culpeper Counties, however, the rural geography in the south and western part of the region makes transit coverage and interconnectivity challenging. These rural southwestern localities have limited transit service and require longer distances for medical and quality of life trips.

Urbanized Area of Northern Virginia

The urbanized area of Northern Virginia is included in the Washington, D.C. - Maryland - Virginia (DC-MD-VA) metropolitan area. As the designated recipient of FTA 5310 funding for the DC-MD-VA region, the Metropolitan Washington Council of Governments (MWCOG) develops and manages
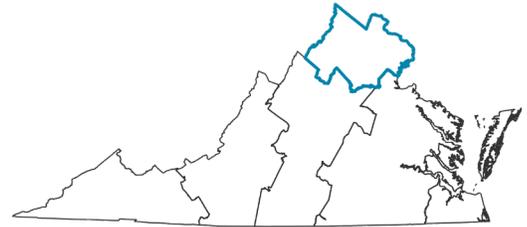
the Coordinated Human Service Mobility Plan for the DC-MD-VA area, which includes portions of Northern Virginia. As such, these localities* are not included in this plan. Refer to MWCOG's plan

online: **https://www.mwcog.org/transportation/planning-areas/fairness-and-accessibility/ human-service-transportation-coordination/.**

The Northern region comprises the following counties and independent cities:

Counties: Arlington*, Clarke, Culpeper, Fairfax*, Fauquier*, Frederick, Loudoun*, Page, Prince William*, Rappahannock, Shenandoah, Warren

Cities: Alexandria*, Fairfax*, Falls Church*, Manassas*, Manassas Park*, Winchester

*Denotes localities in the Washington, D.C. - Maryland - Virginia (DC-MD-VA) metropolitan area that are included in MWCOG's plan (dark gray in the map below).
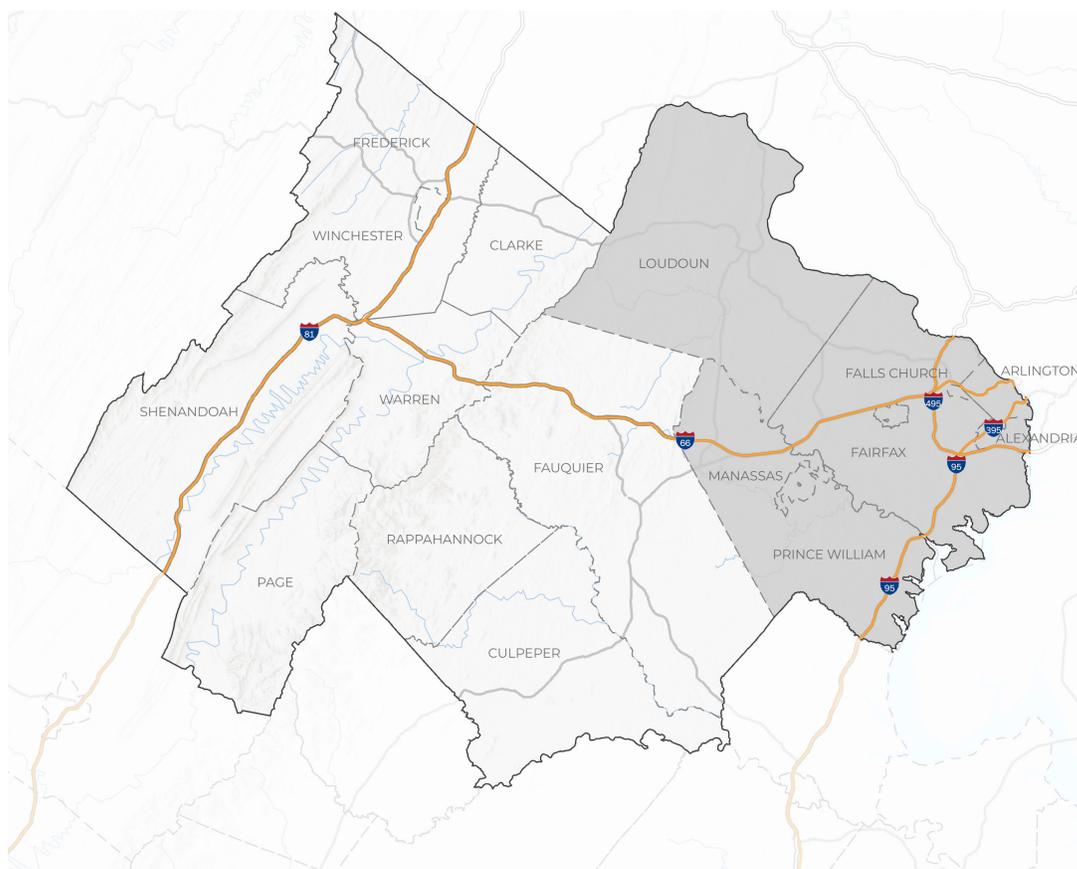
Regional Demographics

The 2020 population for the region was 2.88 million. Over a third the region's population (39%) lives in Fairfax County, which is included in MWCOG's plan. The fastest growing counties are in the urbanized Northern Virginia area. Page and Rappahannock counties, in the rural western portion of the region, have experienced population decreases since 2010. In 2020, approximately 6% of the population was below the federal poverty level and 5% of households did not have internet access.

Senior Population

Approximately 12.5% of residents across the region were 65 years or older in 2020, with higher percentages of older residents in more rural parts of the region. The highest concentration of senior residents is in the western half of the region. This includes large swaths of Shenandoah, Page, Rappahannock, and Clarke counties. More than 20% of residents in Page, Shenandoah, and Rappahannock counties are 65 or older.

Senior Population (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- > 31%

Population with a Disability

- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- > 26%
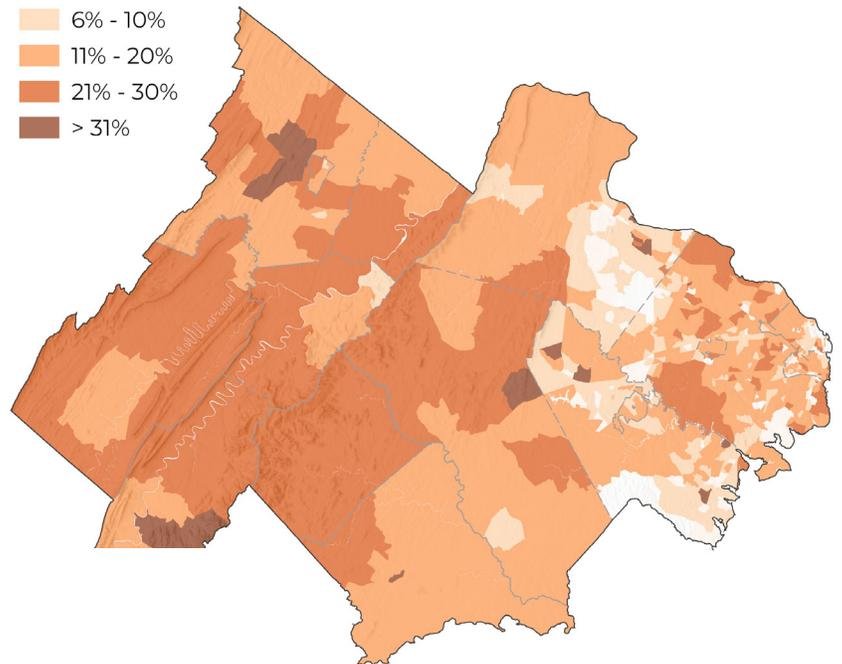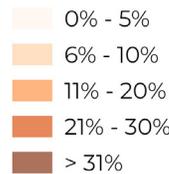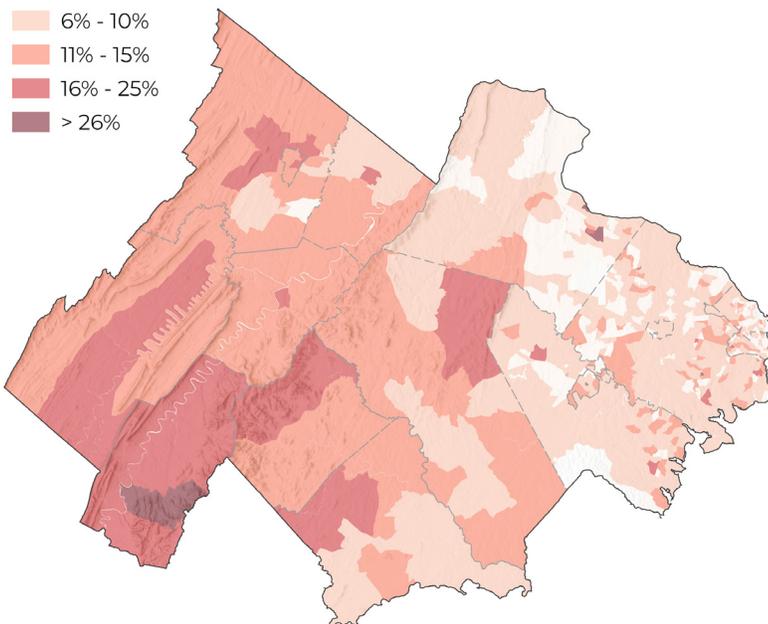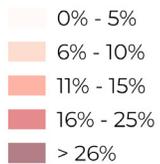
Population with a Disability

In 2020, 7.7% of residents in the region had a disability. The highest percentages of individuals with disabilities are in southern Page County, Shenandoah County, and western Fauquier County.

Regional Issues

Below is a summary of the Northern Region's transportation gaps and challenges collected during the 2019 public outreach process, and 2022 survey responses from riders in the region. 2022 data reflect the most common themes in responses.

2019 Gaps	2022 Gaps	Related Gap(s) from Action Tracker
It is difficult to coordinate medical appointments at times when transportation is available. If transportation is late or not provided, appointments need to be canceled. Users need evening and weekend service for quality-of-life trips such as visiting family or going to the hairdresser. Fixed route services can't travel beyond their service boundaries.	More frequency of bus trips, especially into urban areas and on weekends and holidays. Expand hours of public transportation. Greater connectivity to other transit systems, such as rail and airport.	Trip Availability
There are limited volunteer drivers, and it is difficult to recruit and retain volunteer drivers in low-income areas. There is a lack of knowledge about existing services.		Education and Training
It is difficult to provide transportation for people with serious mental illnesses and those who use behavioral health services.	Reliability of services for people with disabilities is lacking; population needs assistance with scheduling. Transportation for people with disabilities should be more affordable. More availability of wheelchair accessible transportation. Low-cost options for long-distance medical trips.	Trip Accessibility

There is a discrepancy between the number of riders a van can accommodate and how many individuals the driver can pick up while remaining on time.	Greater reliability of services.	Trip Reliability
Transportation Network Companies (e.g., Uber and Lyft) are not as common in rural areas. Alternate service providers can provide more types of trips, but drivers may have limited training.		Service Alternatives

Regional strengths include:

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

Statewide Action Tracker: High Priority Action Items

VA-1A-C

VA-2A-C
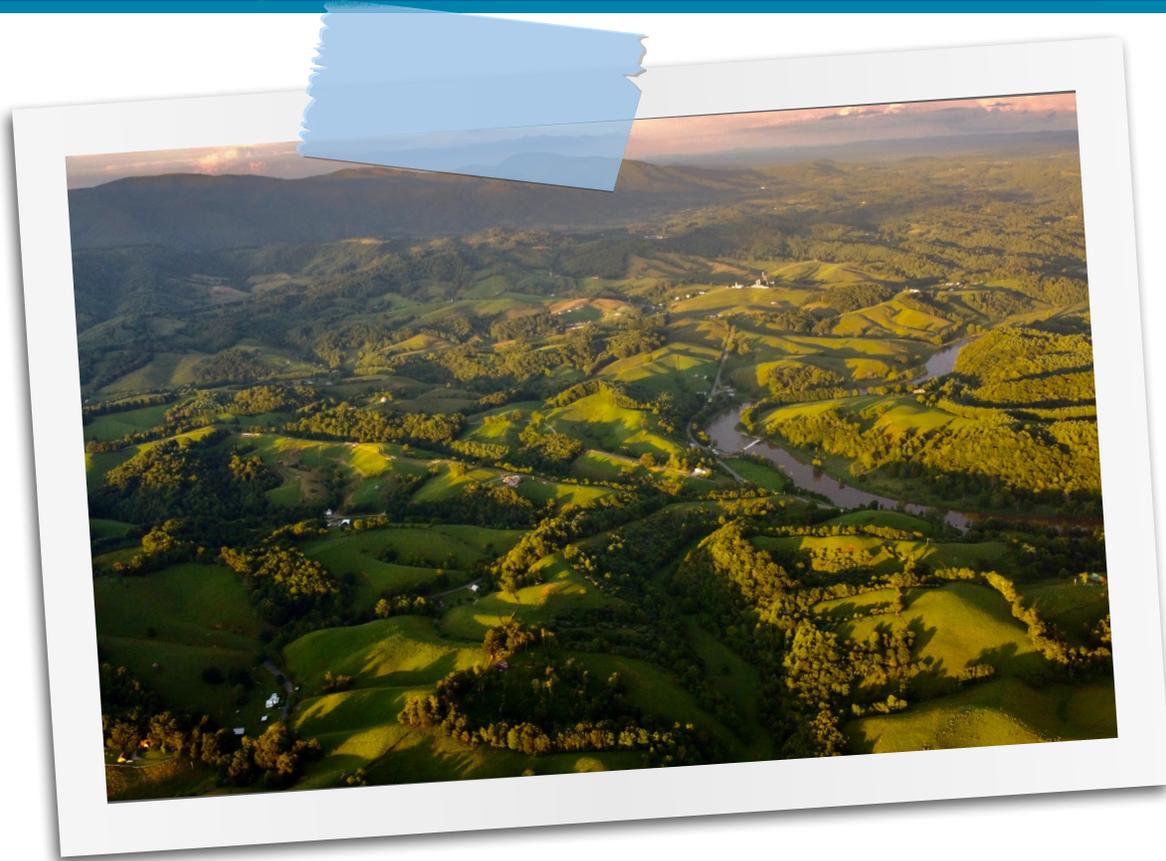
SOUTHWEST REGION

Regional Profile
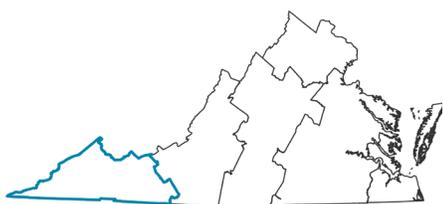
The Southwestern region is mostly rural and mountainous. There are a few towns that are considered urban clusters (having a population between 2,500 and 50,000) and only the city of Bristol and a small portion of Scott County are considered urbanized. The region's average population density is 63 residents per square mile, compared to 202 residents per square mile at the state level. The region includes extremely rural Bland County (17 residents per square mile) and the denser city of Bristol (1,287 residents per square mile).

Currently, six public transportation agencies operate a combination of fixed route, paratransit, demand response, and microtransit service within the region: Bluefield-Graham Transit, Bristol Transit, Four County Transit, Mountain Empire Older Citizens, and District Three Governmental Cooperative (Mountain Lynx). The intercity Virginia Breeze bus provides a north-south connection to northern Virginia and Washington, D.C.

Many residents in this region live long distances from employment, education, and health services and the region's mountainous topography and a limited high-speed road network make

transit operations in this region challenging. Cellular phone service is spotty or nonexistent in some parts of the region, making it difficult to schedule trips for those without internet access.
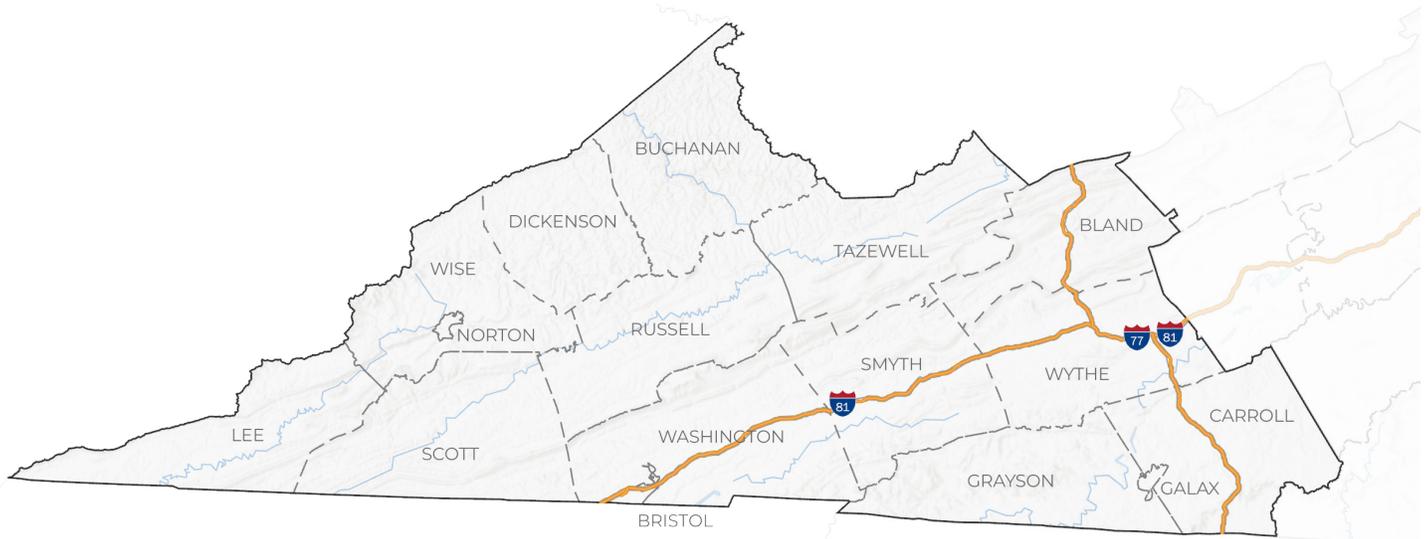
The Southwest region comprises the following counties and independent cities:

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

Cities: Bristol, Galax, Norton

Regional Demographics

In 2020, the population in the southwest region was 380,147, showing a decline in population since 2010, when it was just over 394,000. The southwest region has the highest percentage of people living below the poverty line and households without internet access in the state. In 2020, nearly 18% of the population was under the federal poverty level and 24% of households did not have internet access. In this region, over 7% of households do not have access to a vehicle.

Senior Population

In 2020, approximately 23% of the region were seniors aged 65 or older. The highest concentration of senior residents is west of Route 21 in Grayson County, where more than 31% of residents are 65 or older. Areas with moderate concentrations of seniors include Carroll County, Galax County, Grayson County, northwestern Wythe County, western Bland County, northern Tazewell County, northeastern and southern Buchanan County, southern Scott

Senior Population (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- > 31%
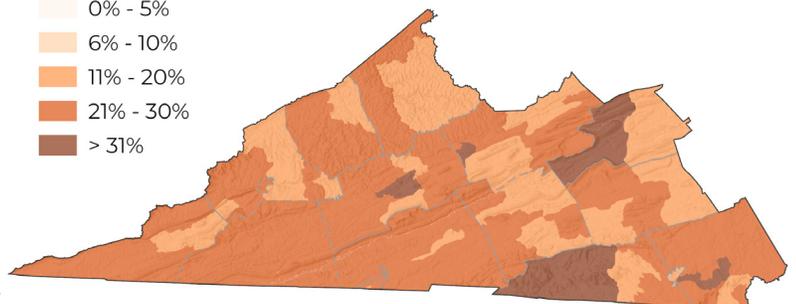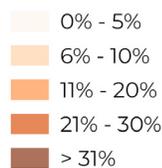
County, western Lee County, eastern Wise County, and southern Dickenson County

Population with a Disability

Population with a Disability

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

In most of the region, at least 16% of residents live with a disability. At least 26% of residents live with a disability in western Wise County, western Scott County, northern Lee County, northern Dickenson County, northern Russell County, northern Buchanan County, northern Tazewell County, northeastern Wythe County, and the town of Marion in Smyth Count
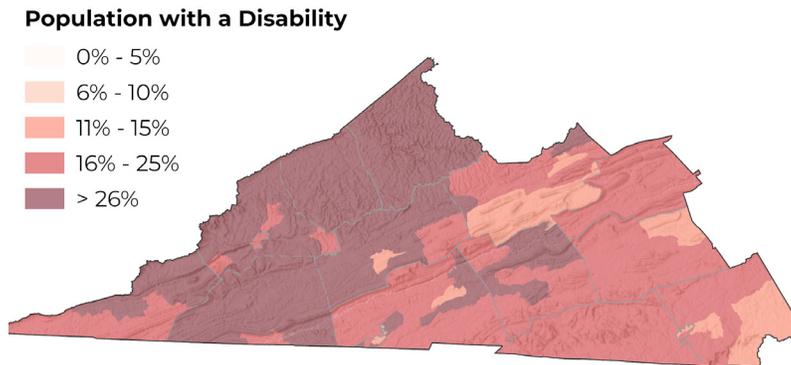
Regional Issues

Below is a summary of the Southwest Region's transportation gaps and challenges collected during the 2019 public outreach process, and 2022 survey responses from riders in the region. There were very few respondents (<10) from the Southwest region in the 2022 survey, and respondents did not fill out open-ended questions, so the results are drawn from multiple choice questions asking about what trips respondents would like to take using public transportation.

2019 Gaps	2022 Gaps	Related Gap(s) from Action Tracker
Inter-jurisdictional and inter-state trips are often required due to the region's geography but are difficult to provide. Certain key services are left out of Mountain Lynx Transit routes (the DMV and the Food Bank). Routes stop by 4 or 5 p.m. and expanding service to 6 or 7 p.m. would give people more time for errands after work. In general, riders feel they can get almost everywhere within the town of Galax, but getting to neighboring towns is almost impossible. People in Galax would like to travel to Wytheville and Mount Airy and Winston-Salem in North Carolina.	Indicated need/desire for long-distance trips, one-time medical trips, ongoing medical trips, and after-hours trips.	Trip Availability

Changes in the medical landscape – including changes to which providers participate with which insurance agencies, the decentralization and consolidation of other services, and Medicaid expansion – can make it difficult for users to keep track of available services.		Education and Training
It is difficult to find local funding for transportation, including to provide the required match funds for state and federal grants.		Funding
Certain service providers have a bag limit on board which makes it difficult to use the route for grocery shopping. Bus route schedules don't allow enough time at each stop for people in wheelchairs to embark and disembark. Dispatcher numbers are often busy, or phone systems are down.		Trip Reliability; Accessibility
Infrastructure for people with disabilities doesn't always match their needs. For some riders, local taxis are not a viable transportation option due to cost or personal needs.	Lack of any public transportation overall and/or experience using public transportation.	Trip Accessibility

Strengths in the Southwest region include:

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

Statewide Action Tracker: High Priority Action Items

VA-1A-C

VA-2A

TIDEWATER REGION

Regional Profile

The Tidewater region is made up of 16 jurisdictions loosely comprising the Hampton Roads and Eastern Shore regions of Virginia. The region can be split into three distinct areas due to the boundaries created by the area's rivers and the Chesapeake Bay: the Eastern Shore, South Hampton Roads (Southside), and the Virginia and Middle Peninsulas (the Peninsula). Additionally, six of the top ten most populated Virginia cities are in the Tidewater region and the three largest by population— Virginia Beach, Norfolk, and Chesapeake—are on the Southside of Hampton Roads. The region includes extremely rural Northampton County (15 residents per square mile) and the dense city of Norfolk (2,437 residents per square mile).

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.

The region's water crossings present significant challenges to providing efficient transportation to all areas. Connectivity among the region's three main areas remains a challenge; travel between the Middle Peninsula, the Virginia Peninsula, and South Hampton Roads relies on a combination of bridges and tunnels that are prone to congestion and long delays. The region's urban areas are served by fixed route service and paratransit, but the rural areas in South Hampton Roads have limited transportation options.

The Tidewater region comprises the following counties and independent cities:

Counties: Accomack, Gloucester, Isle of Wight, James City, Mathews, Northampton, York

Cities: Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg

Regional Demographics

In 2020, the population of the region was 1.74 million. Over two thirds of the region's residents (1.2 million) live in South Hampton Roads. Over 25% of the entire region's residents live in Virginia Beach alone. The Middle and Virginia Peninsulas had nearly 30% of the region's population (544,000 residents) and only 3% of the region's population (45,614 residents) lived on the Eastern Shore. Approximately 10% of the region's population was below the federal poverty level and nearly 10% of the region's households did not have internet access.
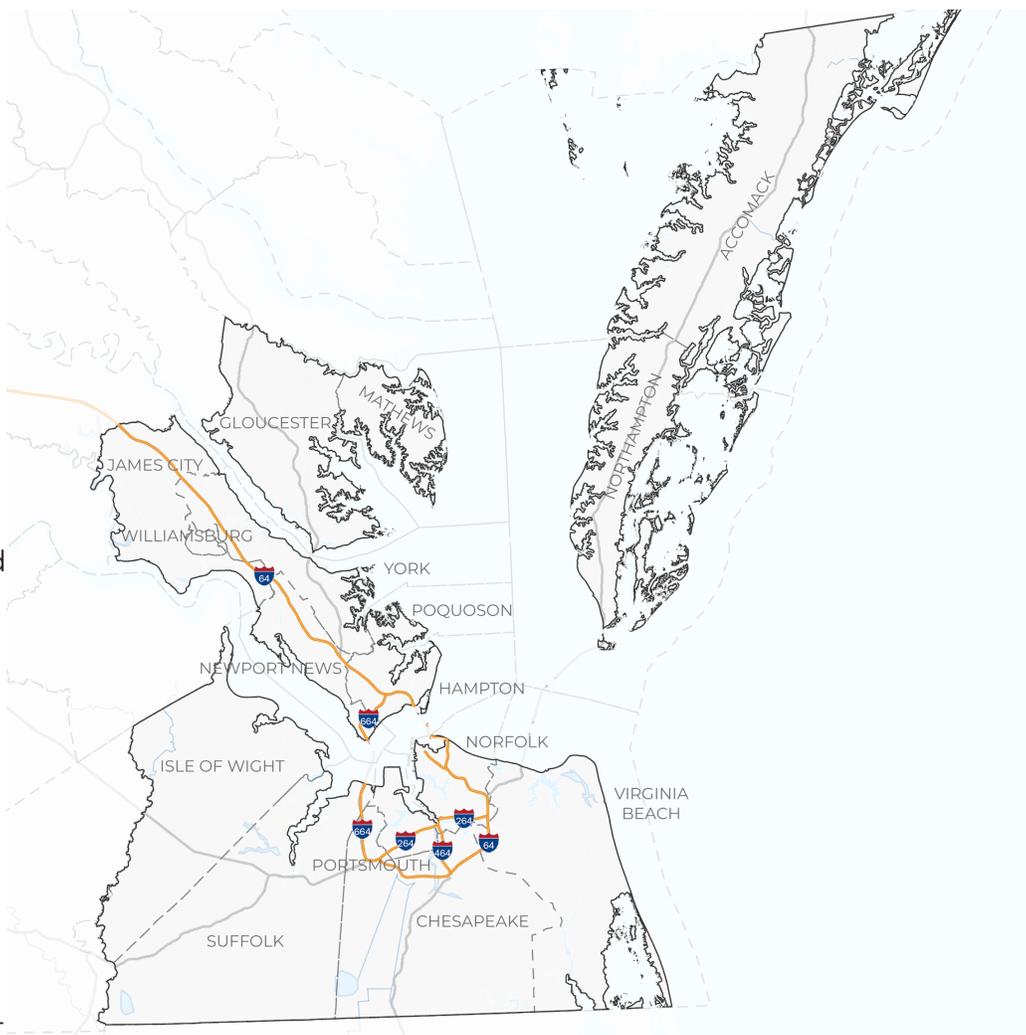
Senior Population

Over 257,000 people in the Tidewater region were 65 or older as of 2020, which is nearly 15% of the total population. The highest concentrations of senior residents in the region are in western central Accomack County, the rural area around Williamsburg, Seaford, and Mathews and eastern Gloucester Counties surrounding Mobjack Bay. In these areas, at least 31% of residents are 65 or older.

Senior Population (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- > 31%
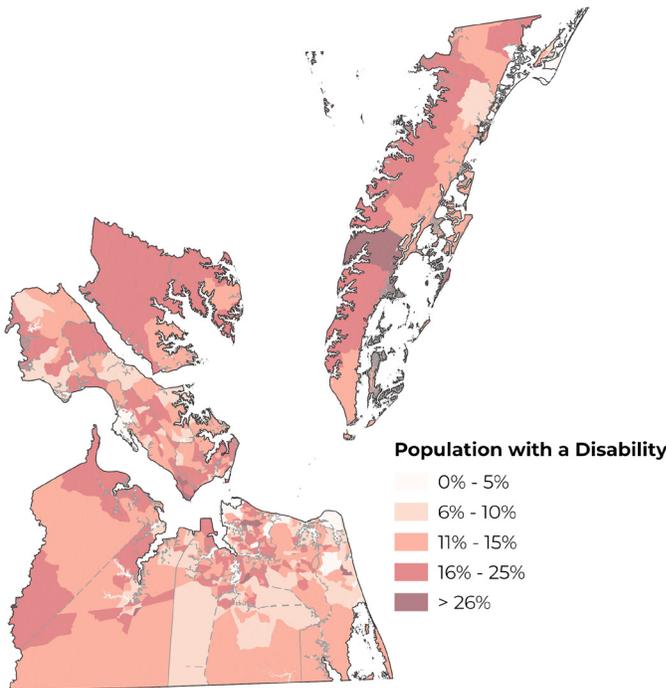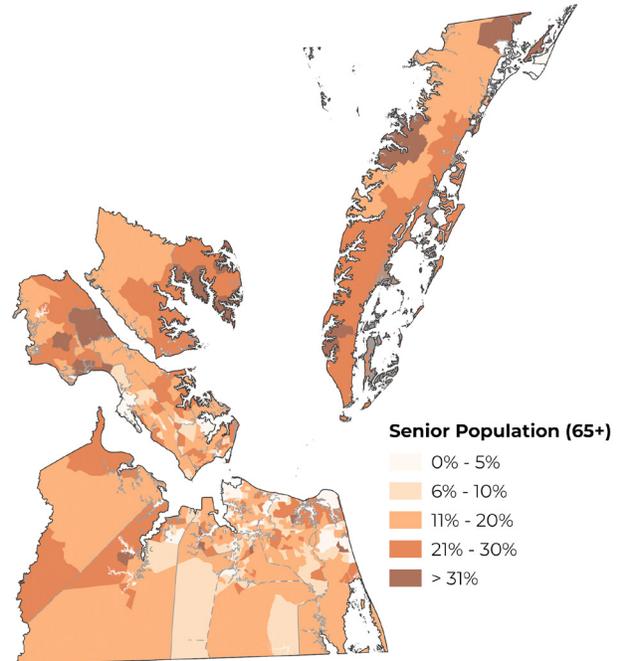
Population with a Disability

In 2020, over 12% of the population reported having a disability. The largest concentrations of residents living with a disability are in northern Accomack County, northern Northampton County, Suffolk County, eastern Gloucester County, southern Mathews County, and the area south of Smithfield in Isle of Wight County.

Population with a Disability

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

Regional Issues

On the next two pages is a summary of the Tidewater Region's transportation gaps and challenges collected during the 2019 public outreach process, and 2022 survey responses from riders in the region. 2022 data reflect the most common themes in responses.

2019 Gaps	2022 Gaps	Related Gap(s) from Action Tracker
It is difficult to sustain routes when feasibility is determined by ridership — some routes have been discontinued due to low ridership, but riders relied on the service to survive. For on demand service, there can be scheduling issues when two or more riders request rides at the same time but are located far away from one another. Service providers see higher ridership at the start of the month when people have more money on hand. Later in the month, ridership declines.		Coordination; Funding
It is difficult to provide door-to-door service because many service providers require property owner permission to enter privately-owned driveways. Vans are generally not allowed to back up due to safety, which often prevents door-to-door service for people with disabilities. Not all buses and vans can accommodate wheelchairs. Many drivers are not trained to communicate with people with severe mental illness or	Updated information to help those people with disability issues have complete access to transportation upon request and need. Provide on-demand services to transport seniors with disabilities/bedbound/non-ambulatory to medical appointments, even if a small fee is required. More medical equipped vehicles for elderly and mobility limited people, especially in rural areas. Allow same day scheduling and rides.	Trip Accessibility; Education and Training

For on-demand routes, drivers are under pressure to arrive on time at all stops, particularly because seniors and people with disabilities cannot wait by themselves or outside for long periods of time.	Better reliability	Trip Reliability; Accessibility
Some service providers do not run on major holidays.	Better frequency and route expansion	Trip Availability

Regional strengths include:

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

Statewide Action Tracker: High Priority Action Items

VA-2C

VA-5A-C

VA-6C-D

WESTERN REGION

Regional Profile
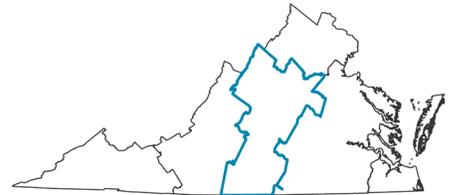
The Western region is largely rural and mountainous with a few cities and small urbanized areas. The cities of Harrisonburg and Charlottesville are the fastest-growing jurisdictions in the region, and their surrounding counties of Albemarle, Louisa, and Orange are also seeing population growth. Halifax and Charlotte counties and the city of Danville have lost more than 3% of their populations since 2010. Population density in the region is low at 101 residents per square mile, and ranges from low-density Charlotte County (at just 26 residents per square mile) to the dense city of Charlottesville (with 4,537 residents per square mile).

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. The intercity Virginia Breeze bus provides a north-south connection to northern Virginia and Washington, D.C.
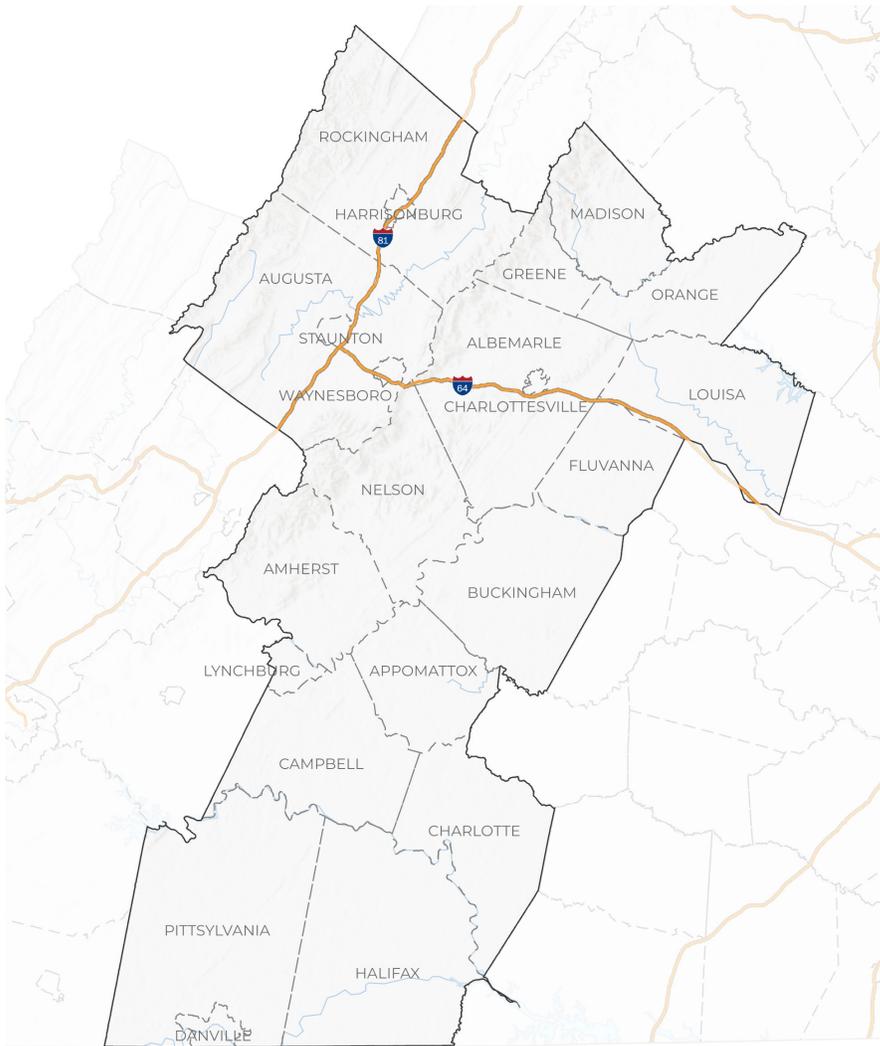
Many of the transportation services are anchored to population centers such as Charlottesville, Danville, Harrisonburg, and Staunton yet there are few options between these cities and the regions rural and mountainous terrain makes transit coverage and intercity connectivity a challenge.

The Western region comprises the following counties and independent cities:

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

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

Regional Demographics

The 2020 population for the region was 910,070, up 6.4% from 2010. Charlottesville and Harrisonburg cities experienced the largest population increases in the region while the most rural counties and Danville lost population. Approximately 17% of households in the Western region do not have internet access, which is 6% higher than the statewide average (11.2%). Populations living in poverty is also higher in the Western region, with over 12% of residents living below the federal poverty level, compared with 9.7% throughout Virginia.

Senior Population

Approximately 19% of residents across the region were 65 years or older in 2020. High concentrations of seniors are scattered throughout the region. The highest concentrations of seniors were in rural Nelson, Pittsylvania, and Halifax Counties, where over 31% of the population were older adults.

Senior Population (65+)

- 0% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- > 31%

Population with a Disability

- 0% - 5%
- 6% - 10%
- 11% - 15%
- 16% - 25%
- > 26%
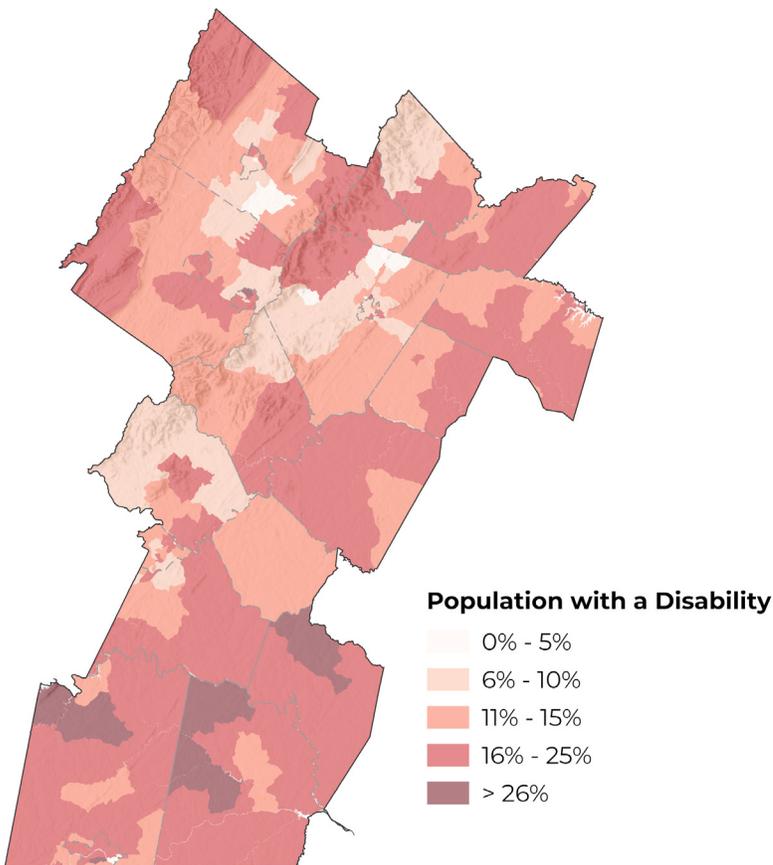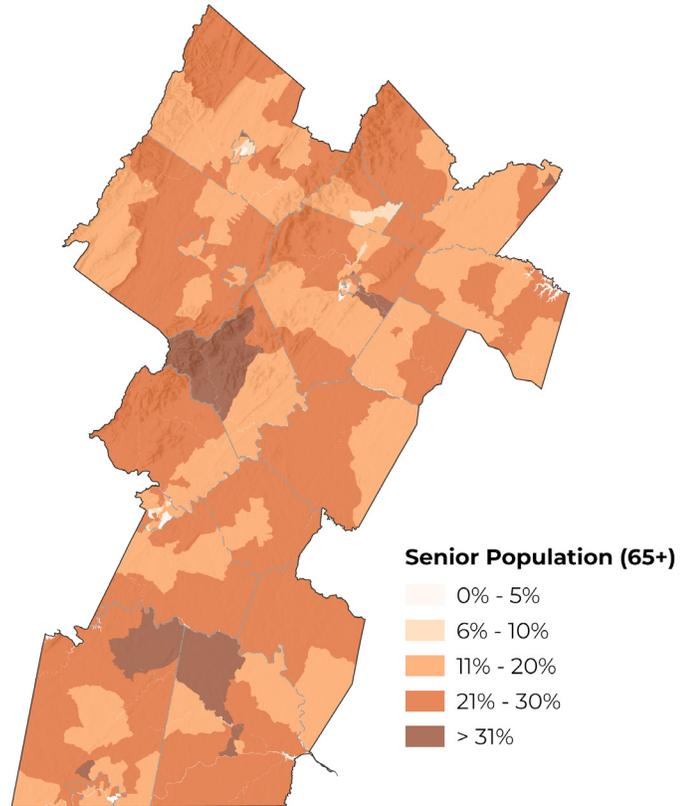
Population with a Disability

In 2020, about 14% of residents had a disability in the region. In Charlotte, Halifax, and Pittsylvania counties, there are areas where over 26% of residents live with a disability. Large swaths of this region including most of Charlotte, Pittsylvania, Halifax, Campbell, Appomattox, western Amherst, Buckingham, western Augusta, and eastern Fluvanna counties, where at least 16% of residents are living with a disability.

Regional Issues

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

Below is a summary of the Western Region's transportation gaps and challenges collected during the 2019 public outreach process, and 2022 survey responses from riders in the region. 2022 data reflect the most common themes in responses.

2019 Gaps	2022 Gaps	Related Gap(s) from Action Tracker
The region's aging population will increase the burden on existing transportation. There is a lack of regional public transit connectivity overall.		Coordination; Funding
Potential transportation users are not aware of what is available in their region. For example, many people are not informed about the ride-matching program. Finding and retaining volunteer drivers is challenging		Education and Training
Transportation coverage in rural areas is lacking, so it is challenging to transport these residents to medical appointments. Transit and paratransit coverage is limited, only serving the city and the hospital in both Charlottesville and Harrisonburg.	Greater frequency of buses and more routes available from the counties into urban areas	Trip Availability

There are discrepancies between the services that individuals with developmental disabilities need and what they receive, including transportation to employment and access to services. Awareness of available services is also an issue. Inability to drive or lack of access to a personal vehicle are barriers to employment. Individuals unable to access public transportation or transit services have found it difficult to gain or sustain employment. Transportation of oversized chair patients is difficult with existing vehicles.	Demand for expanded door-to-door services and better wayfinding through signage for existing services. Demand for on-demand and micro transit routes. Improve bus stops.	Trip Accessibility

Regional strengths include:

•	The Central Shenandoah Planning District Commission (CSPDC) is developing a comprehensive list of existing resources and services.

•	Many of the transit agencies in the Western Region have been working to expand service to connect with employment centers beyond their current service area.

•	CSPDC has been using the SMART SCALE funding process to improve pedestrian access and safety at select bus stops.

Statewide Action Tracker: High Priority Action Items

VA-2A-C

VA-7A-C

INTERAGENCY COORDINATION FRAMEWORK

Background and Purpose

The Virginia Department of Rail and Public Transportation (DRPT) took steps to develop and monitor a system of coordinated human service transportation across the Commonwealth. Early coordination efforts included a 2005 inventory of existing partnerships in Virginia, and the development of 21 regional CHSM plans in 2008. DRPT works closely with state, regional, and local organizations and agencies to provide efficient, affordable, and accessible transportation to seniors, veterans, and people with disabilities. The 2022 Statewide CHSM plan is the latest step towards integrating human service mobility initiatives across Virginia.

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

7 Strategies for Improved Communication and Coordination

1. Statewide Steering Committee

Interdisciplinary state agencies in Virginia currently collaborate to expand mobility options, and DRPT regularly works with a variety of state agencies. A statewide steering committee was established during the public outreach process for the 2019 CHSM Plan update to review and advise on the outreach process and plan development. One recommendation that emerged during outreach was to establish an ongoing, long-term steering committee. A statewide steering committee would formalize the relationships between DRPT and other state agencies, provide accountability for plan implementation, and help foster inter-disciplinary collaboration in the fields of transportation, health, human service, social services, veterans' issues, and disability rights. Members of the Statewide Steering Committee contributed to the 2022 CHSM plan update, but COVID-19 and staffing changes in the years since 2019 requires a reassessment of committee membership prior to the 2025 CHSM iteration.

2. Public Agencies, Rural Transit Providers, and Human Service Providers

Many of the most successful transit programs already rely on inter-agency collaboration to overcome fiscal, administrative, logistical, and jurisdictional barriers. In low-income, rural areas, there are interagency programs that provide heavily subsidized rides to essential services. Regional and public transit agencies like STAR Transit on the Eastern Shore are using state and federal funding, and partnerships with local day centers and clubhouses to make 50-cent and $1 rides available to program participants. This collaboration among DRPT, the local PDC, the rural transit provider, and the human service agency is a strong example of productive interagency coordination that can be replicated statewide.

3. Cross-Jurisdictional Transportation Providers

Throughout Virginia, there's often a geographic mismatch between transportation needs and transportation service areas. Often, riders have travel needs–particularly for work and medical appointments–that extend beyond the boundaries of local or regional transit. Employment opportunities and specialized medical care often require people to travel across local, regional, or state lines. Inter-jurisdictional trips can require riders to make multiple transfers across providers, with the risk of long wait times or missed connections, which can result in canceled appointments or job loss. Navigating the complexity of cross-jurisdictional trips can also be difficult and cause anxiety and increased cross-jurisdictional coordination could improve rider experiences substantially.

4. Medical Providers, Human Service Agencies, Dispatchers, and Statewide Steering Committee

One of the major challenges facing human service mobility in Virginia is the availability of regular, affordable, and accessible rides to recurring medical appointments. Many human service providers face financial and logistical barriers to provide trips at the regularity needed for those with chronic illnesses who need oncology treatment, dialysis, physical therapy, etc. With limited budgets, vehicles, and driver availability, providing weekly trips can be difficult, especially when patients need to access distant specialized care facilities.

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

5. Paratransit, Private Taxis, Private Vehicles, and Transportation Network Companies: Complementary not Competitive

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

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

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

6. Virginia Association of Mobility Managers (VAMM)

VAMM is a collective of approximately 15 mobility managers across the Commonwealth who collaborate to share best practices and resources related to human service mobility. DRPT supports mobility management programs with FTA Section 5310 funding. Over the last decade, the Virginia mobility managers founded VAMM to coordinate their efforts and share ideas. Continued coordination between DRPT and the Commonwealth's mobility managers, through VAMM, will strengthen the statewide CHSM network and improve overall coordination between human service and mobility providers in Virginia.

7. Virginia Transportation Finder

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

The Virginia Transportation Finder tool affords an opportunity for improved service coordination across the state. The tool provides key service information to mobility managers and transit operators in terms of coverage areas, route information, and contact information. Users will be able to select a city or county and view all public and private services operating in that jurisdiction. Contact information is provided for demand response (and other non-fixed route) services including provider name, website, and phone number.

For a comprehensive list of human service transportation providers, access the Virginia Transportation Finder on VirginiaNavigator: https://virginianavigator.org/

APPENDIX A

List of Acronyms and Abbreviations

AAA	Area Agency on Aging
AARP	Organization supporting retirees
ACS	American Community Survey
BHA	Behavioral Health Authority
CCAM	Coordinating Council on Access and Mobility
CHSM	Coordinated Human Service and Mobility
COG	Washington Metropolitan Council of Governments
CSB	Community Services Board
CTAV	Community Transportation Association of Virginia
DARS	Virginia Department for Aging and Rehabilitative Services
DBHDS	Virginia Department of Behavioral Health & Developmental Services
DBVI	Virginia Department for the Blind and Vision Impaired
DMAS	Department of Medical Assistance Services
DRPT	Virginia Department of Rail and Public Transportation
DSS	Virginia Department of Social Services
ESO	Employment Support Organization
FTA	Federal Transit Administration
HHS	Department of Health and Human service
ICF	Interagency Coordination Framework
DD	Developmental Disability, including intellectual
MCO	Managed Care Organization
MPO	Metropolitan Planning Organization
NEMT	Non-Emergency Medical Transportation
PDC	Planning District Commission

PTSD	Post-Traumatic Stress Disorder
TNC	Transportation Network Company
TPO	Transportation Planning Organization
VA	Veterans Affairs
VACSB	Virginia Association of Community Service Boards
VAMM	Virginia Association of Mobility Managers
VAPDC	Virginia Association of Planning District Commissions
VDOT	Virginia Department of Transportation
VBPD	Virginia Board for People with Disabilities

APPENDIX B

Provider Survey

Provider Survey: Input for an Update to Virginia's Coordinated Human Services Mobility Plan (2022)

The Virginia Department of Rail and Public Transportation (DRPT) is requesting your input to develop an update to its Coordinated Human Services Mobility (CHSM) Plan. Please complete this survey to give an overview of your general transportation services, your riders' needs, and any resource needs that would facilitate improved transportation service at your organization or in your area. While the COVID-19 pandemic has affected transportation, this survey is intended to gather general information about your regular transportation operations.

We ask that you complete the survey by Friday, March 25.

This survey is intended to gather feedback from organizations that directly provide or contract for/purchase transportation services. Please feel free to forward this survey to any transportation providers with whom you work.

If you do not directly provide or contract for transportation, please contact Brittany Voll at Brittany.Voll@DRPT.Virginia.gov to be informed of future opportunities to provide feedback for the CHSM Plan update.

1. Please enter your provider information

- Organization
- Localities Served
- Organization website

2. What of the following best describes your organizational structure?

- Non-profit organization
- Private
- Public Agency
- Local government
- Other, describe

3. What types of transportation are provided within your service area (may be provided by your organization or others in the area)?

- Vanpool/sponsored carpool
- Tribal transit
- Rail
- Volunteer driver program
- Dial-a-ride/demand response public transit
- Fixed-route public transit and complementary paratransit
- Private intercity bus (Greyhound, etc.)
- Public intercity bus (Virginia Breeze)
- Senior Center/Area Agency on Aging transportation
- Center for Independent Living client transportation
- Community Services Board transportation
- Non-Emergency Medical Transportation (Medicaid)
- Congregate living/nursing home resident transportation
- Transportation network companies (Uber, Lyft, etc.)
- Taxi
- Other human services transportation (nonprofit, etc.)
- Other (please describe)

4. Does your organization provide or contract for transportation?

- Yes
- No

5. Is providing transportation the primary mission of your organization?

- Yes
- No

6. On what days of the week do you provide transportation service? (Before 6am; 6am-8am; 8am-5pm; 5-7pm; 7-11pm; After 11pm)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

7. What type of transportation service(s) do you provide? Check all that apply:

- Fixed-route public transit
- Deviated-fixed route public transit
- Demand-response/dial-a-ride public transit
- Complementary paratransit (to ¾ of a mile)
- Expanded complementary paratransit (beyond ¾ of a mile)
- Human services transportation (includes NEMT, but not paid for by Medicaid)
- Non-emergency medical transportation (Medicaid transportation)

8. To what extent are transportation services coordinated across transportation providers in your service area?

- Very coordinated
- Somewhat coordinated
- Not at all coordinated
- Not sure

9. What method(s) can riders use to schedule a ride or route deviation, if applicable? Check all that apply:

- Online scheduling through a computer or other internet-connected device
- Mobile app
- Calling a member of your organization's staff (dispatch, scheduler, etc.)
- Calling a third-party call center
- Calling an automated service
- Other (please specify)

10. How far in advance must riders schedule a ride or route deviation?
- On-demand or same-day; no advance scheduling required
- 1 business day in advance
- 2 business days in advance
- 3 business days in advance
- Other (please specify)

11. Does your organization limit the number of trips an individual may take in a given timeframe? If yes, please explain (How many trips during what time period? Which trip types are limited?).
- Yes (please specify)
- No

12. What is your transportation no-show or late cancelation rate?
- Open-ended

13. Is any portion of your service area affected by any of the following?
- Limited, poor, or unreliable cell phone service
- Limited, poor, or unreliable internet service
- Lack of transportation network company service (Uber, Lyft, etc.)
- Lack of transportation network company service utilizing accessible vehicles (Uber, Lyft, etc.)
- None of the above

14. Do riders have to travel outside of your service area to access medical services? If so, please describe the services that are not available within your service area.
- No
- Sometimes (please describe)
- Yes, regularly (please describe)
  - If you answered "sometimes" or "yes, regularly," please describe (open eneded)

15. What populations are eligible for transportation provided by your organization? Check all that apply:
- General public
- Individuals with disabilities
- Senior citizens ages 60-64
- Senior citizens ages 65 and above
- Minors (ages 17 and below)
- Veterans
- Low-income individuals
- Other (please specify)

16. Does your transportation service regularly provide any of the following accommodations, modifications, or assistance to riders who...

- Are blind or vision-impaired
- Are deaf or hearing-impaired
- Are deaf-blind
- Use a service animal
- Use a mobility device
  - Use a wheelchair
  - Use a powerchair
  - Use another type of mobility device
- Have dementia
- Need assistance boarding/alighting
- Need assistance with securing a mobility device
- Require door-through-door service
- Require door-to-door service
- Travel with a companion/escort with no additional fee/fare
- Travel with a companion/escort for an additional fee/fare
- Other (please specify)

17. How do you generate awareness of your organization? Check all that apply:

- Print marketing materials (brochures, fliers, etc.)
- E-newsletters
- Newspaper articles
- Speaking engagements/presentations
- Participating in community events
- Advisory group/planning meetings
- Public forums
- Mobility manager
- Social media (Facebook, Instagram, TikTok, etc.)
- Video advertisements
- Word-of-mouth
- Website
- 211
- Virginia Transportation Navigator
- Local or regional one-call/one-click resource center
- Sharing information with partner organizations
- Other (please specify)

18. How do you collect rider feedback?

- Rider surveys
- Community surveys
- Advisory groups
- Public forums
- Open house
- Focus groups
- Mobility manager
- Speaking engagements/community events
- Website
- Other (please specify)
- None of the above

19. If applicable, which populations do you target when promoting or advertising transportation services? What populations are eligible for transportation provided by your organization? Check all that apply:

- General public
- Low-income individuals
- Individuals with disabilities
- Senior citizens ages 60-64
- Senior citizens ages 65 and above
- Minors (ages 17 and below)
- Veterans
- Other (please specify)

20. How do you employ drivers for your organization?

- Paid organization staff
- Paid contract staff
- Volunteers
- Turnkey service (my organization does not directly employ drivers)
- Other (please describe)

21. How do you train your drivers?

- Formal PASS training program
- Other formal training program (not PASS)
- Informal training program (learn-as-you-go, etc.)
- Not applicable, my organization does not employ drivers
- Other (please describe)

22. How does your organization fund the transportation services it provides? Check all that apply:

- Federal transportation funding (Section 5307, 5310, 5311, etc.)
- Non-transportation federal funding
- State transportation funding
- Non-transportation state funding
- Local government funding
- Fees or fares
- Community grants (non-governmental)
- Donations
- Other (please specify, branch question)

23. How do you currently charge fees for your transportation services?

- Fare/flat rate
- Per-mile
- Per-hour
- Fare-free/no charge
- Other (please describe)

24. Once concerns related to the COVID-19 pandemic subside, do you plan to charge for transportation services through any of the following means?

- Fare/flat rate
- Per-mile
- Per-hour
- Fare-free/no charge
- Other (please describe)

25. (Depending on how 23 is answered – add N/A if skip logic can't be used.) If you charge a fee for service, are discounts or reduced fees offered based on any of the following?

- Age
- Disability
- Income
- Other
- None of the above

26.   What types of trips do people make using your transportation services?

- One-time/annual medical, dental, and other health services
- Dialysis
- Oncology
- Other recurring medical trips
- Grocery shopping
- Pharmacy
- Social services
- Nutrition, restaurants, meal sites
- Cultural, recreational, and social
- Physical fitness
- Human services, counseling, or substance use services
- Retail
- Banking, postal services, or legal services
- Barber/hairdresser
- Work or employment (job seekers and employees)
- Education or training (higher education or vocational/trade school, etc.)
- Faith-based or religious services or activities
- Volunteer service work
- Childcare
- Other (please specify)

27. What types of trips do people request that are not currently provided by your organization?

- One-time/annual medical, dental, and other health services
- Dialysis
- Oncology
- Other recurring medical trips
- Grocery shopping
- Pharmacy
- Social services
- Nutrition, restaurants, meal sites
- Cultural, recreational, and social
- Physical fitness
- Human services, counseling, or substance use services
- Retail
- Banking, postal services, or legal services
- Barber/hairdresser
- Work or employment (job seekers and employees)
- Education or training (higher education or vocational/trade school, etc.)
- Faith-based or religious services or activities
- Volunteer service work
- Childcare
- Other (please specify)
- Not applicable, we provide all of these trip types

28. If you have any unserved trip types, do you have plans to accommodate any of the unserved trip types within the next:

- 6-months
- 1 year
- 2-3 years
- 5 years
- We are not able to accommodate these trip types
- Not sure

29. Do riders express a need for the following trip types?

- Long-distance
- Multi-stop trips without having to schedule multiple trips (for example, dropping a dependent off for care prior to continuing on to work)
- After-hours
- Other (please specify)

30. How would you categorize the following factors for your organization? (Likert)

Major challenge, minor challenge, N/A, minor success, major success

Agency-focused:

Recruiting drivers/volunteers

Retaining drivers/volunteers

Meeting drug testing requirements

Training drivers/volunteers

Political support

Funding to continue current services and purchase rolling stock

Funding to expand operations (days/hours/holidays)

Funding to expand services (new routes/new service)

Dispatching and scheduling

Attracting new riders/publicizing the service

Increased demand

Keeping up with federal/state record-keeping and paperwork requirements

Lack of funding to meet local match requirements

Technology (trip-focused, such as scheduling software)

Rider-focused:

Meeting passenger demand (time/day)

Meeting passenger demand (trip type)

Accommodating mobility devices

Meeting transportation needs throughout the service area

Supporting the needs of individuals with disabilities

Ability to get riders to their exact destination or within reasonable (1/4 mile) walking distance

Trip affordability

Lack of coordination among transportation providers

31. What are the biggest challenges associated with providing transportation in your service area?

32. What resources or support do you need to address these challenges?

33. What is your organization's biggest opportunity in terms of transportation over the next 12-15 months?

34. Is there anything else you would like to share with DRPT?

35. What challenges has your organization faced due to the COVID-19 pandemic? (Likert scale – Major challenge; minor challenge; not a challenge)

Staffing (drivers)

Staffing (administrative)

Sanitizing surfaces

Masking (staff)

Masking (riders)

Funding (local match)

Funding (state/federal transportation funds)

Funding (state/federal non-transportation funds)

APPENDIX C

Consumer Survey

Consumer Survey: Input for an Update to Virginia's Coordinated Human Services Mobility Plan (2022)

The Virginia Department of Rail and Public Transportation (DRPT) is requesting your input to develop an update to its Coordinated Human Services Mobility (CHSM) Plan. Please complete this survey to give an overview of your transportation behaviors, needs and preferences in order to update the CHSM Plan and inform transportation policies and practices. While the COVID-19 pandemic has affected transportation, this survey is intended to gather general information about your regular transportation experiences.

The Coordinated Human Services Mobility (CHSM) Plan identifies transportation gaps and challenges for seniors, individuals with disabilities, low-income individuals, and veterans. The plan identifies statewide and regional gaps as well as recommendations for improving human services transportation in Virginia. The plan will be developed with extensive public feedback gathered through this survey.

This survey is intended to gather feedback and improve the transportation experiences and perceptions of diverse older adults, individuals with disabilities or senior citizens in accessing and

using public and private transportation services in your communities.

This survey is intended for individuals utilizing public transportation services. If you are an aid, assistant, caretaker or counselor assisting an individual with disability or senior citizen, please complete this survey with them in mind. This survey is not intended to collect feedback from aids, assistants, caretakers or counselors.

General information

1. Please provide your residential zip code:

2. Are you taking this survey on behalf of an individual with a disability or a senior (65 and older)?

    a. Yes

    b. No

3. How old are you?

    a. 17 and under

    b. 18-26

    c. 27-35

    d. 36-45

    e. 46-55

    f. 56-64

    g. 65 and older

4. What is your race/ethnicity? Check all that apply

    a. White

    b. Black or African American

    c. American Indian or Alaska Native

    d. Asian

    e. Native Hawaiian and Pacific Islander

    f. Biracial

    g. Latino/Hispanic

    h. Non-Latino/Hispanic

    i. Prefer not to answer

    j. Other race (open text box)

5. Are you a veteran?

    a. Yes

    b. No

6. Do you consider yourself to have a disability? A disabled person is someone who has a physical or mental impairment which has a substantial or long-term adverse effect on their ability to carry out day to day activities.

    a. Yes

    b. No

7. If you have a disability, what type of disability do you have?

    a. I do not have a disability

    b. Hearing disability

    c. Vision disability

    d. Cognitive disability (certain limitations in mental functioning and skills)

    e. Ambulatory disability (impairment that prevents or impedes walking)

    f. Self-care disability

    g. Independent living difficulty

    h. Head injury (traumatic brain injury)

    i. Psychological

    j. Physical disability

    k. Invisible disability

    l. Other

8. How many individuals live in your household? (open text)

9. What is your total annual household income range?

    a. Under $15,000

    b. From $15,000 to less than $30,000

    c. From $30,000 to less than $50,000

    d. From $50,000 to less than $75,000

    e. From $75,000 to less than $100,000

    f. From $100,000 to less than $125,000

    g. $125,000 or more

10. How would you consider your housing status?

    a. Secure

    b. Insecure

11. Do you own a personal vehicle?

    a. Yes

    b. No

12. Which best describes your banking characteristics?

    a. I do not use traditional financial services such as bank accounts or credit cards

    b. I use traditional financial services such as bank accounts or credit cards

13. In a typical month, about how often do you use the following types of transportation: (table with frequency)

    a. Drive myself in a vehicle I own

    b. Driven in a personal vehicle by a friend or family member

    c. Driven by a volunteer driver

    d. Take a taxi

    e. Ride Share (Uber/Lyft)

    f. Public Transportation

    g. Walk

    h. Bicycle

    i. Other

14. What is your experience with public transportation?

    a. I use public transportation

    b. I have used public transportation but don't anymore

    c. I have never used public transportation

15. Has anyone ever shown you how to ride public transportation?

    a. Schools

    b. Senior center

    c. Local transit company

    d. Family member/ friend

    e. Other (text box)

    f. None

16. Do you have a personal computer or smartphone?

    a. Yes

    b. No

Transportation needs

17. When using public transportation, do you need any of the following:

    a.___Specialized equipment (such as oxygen tank, etc.) (open text)

    b.___Wheelchair

    c.___Scooter (manual or power)

    d.___Cane, crutches, walker

    e.___Interpreter

    f.___Aid

    g.___Door-to-Door services

    h.___Paratransit

    i.___Animal

    j.___Other (open text)

    k.___None

18. How much do you spend on public transportation per month? Text box

19. What types of trips do you take? Check all that apply

    a.___Long distance (more than 50 miles)

    b.___Multi-stop trips (multiple places within the same day)

    c.___After hours (after 6PM)

    d.___Medical/health care

    e.___Reoccurring medical trips (dialysis, mental health, oncology)

    f.___Essential non-medical (banks, lawyers, post office)

    g.___Employment or Job Seeking

    h.___Education or training

    i.___Volunteer activities

    j.___Childcare

    k.___Quality of life (shopping, recreational activities, religious services)

    l.___Social services

    m.___Other (please specify, branch question)

20. What type of trips would you like to take, but are not provided by your transportation provider? Check all that apply

    a.___Long distance (more than 50 miles)

    b.___Multi-stop trips (multiple places within the same day)

    c.___After hours (after 6PM)

    d.___Medical/health care

    e.___Reoccurring medical trips (dialysis, mental health, oncology)

    f.___Essential non-medical (banks, lawyers, post office)

    g.___Employment or Job Seeking

    h.___Education or training

    i.___Volunteer activities

    j.___Childcare

    k.___Quality of life (shopping, recreational activities, religious services)

    l.___Social services

    m.___Other (please specify, branch question)

21. How many miles does it take to reach each of the following from your home address? Table, ranged miles (0-5, 6-10, 11-15, 16-20, more than 20)

    a.___Food

    b.___Work

    c.___Healthcare

    d.___Education

    e.___Other (please specify)

22. Is it ever difficult for you to find transportation outside of friends or family?

    a. Yes

    b. No

      1) If you answered yes, please explain why you have trouble finding transportation.

Transportation Services

23. How did you discover the service provider(s) that you use?

    a. Brochures

    b. Newsletters

    c. Website

    d. Searching with Google

    e. Participating in community events

    f. Service Agency (DARS/ DBVI)

    g. Social Media – Facebook, Instagram, TikTok, etc.

    h. Mobility manager

    i. Public forum

    j. Radio

    k. Word of mouth

    l. Video Advertisement

    m. 211

    n. Virginia Transportation Navigator

    o. Local or regional one-call/one-click resource center

    p. Other (please specify)

24. How do you prefer to get your information about transportation services and programs?

    a. Place of residence

    b. Friends or family

    c. Printed materials

    d. Telephone

    e. Other

    f. Place where I work or volunteer

    g. Electronic

    h. In person assistance

    i. Church / community center resource

25. How do you schedule your rides?

    a. Online scheduling

    b. I call a number

    c. I use a cell phone

26. How far in advance do you schedule your rides?

    a. Same-day service

    b. 1 business day in advance

    c. 2 business days in advance

    d. 3 business days in advance

    e. Greater than 3 business days in advance

    f. Other (please specify, branch question)

    g. N/A

Barriers to Transportation

27. What days of the week and time do you need a ride and not have one? (week and time table)

28. Have you ever missed an appointment or obligation because of lack of transportation? (Ex. Medical appointments)

29. Is assistance or training for learning how to ride public transportation available to you?

    a.___Yes

    b.___No

    c.___I Don't know

30. Did you receive training for learning to ride public transportation?

    a.___Yes

    b.___No

31. Likert - How much of a problem is each of the following when using public transportation? Not a problem - major problem

    a. Paying fare

    b. Exiting at the wrong stop

    c. Difficulty hearing or seeing operator or announcements

    d. Accessible equipment

    e. Quality of equipment (if applicable)

    f. Adequate wheelchair space

    g. Service animals permitted

    h. Personal attendant not allowed

    i. Personal attendant is required to pay fare

    j. Bus driver not aware of my needs

k. Inconsiderate or unaware riders

l. Rushed to get on bus and/or find a seat

m. Disability seats are occupied by non-disabled riders

n. Not wanting to be disturbed by others

o. Not wanting to disturb or hinder others

p. Crowding

q. Equipment to assist with boarding the bus

r. Getting to pick up location

s. Wait time for bus arrival

t. Weather

u. Accessibility (Ex. Ramps at bus stations, cleared sidewalks, etc.)

v. Smart device for apps, directions, and communication while traveling

w. Reliable cell phone service (no Wi-Fi)

x. Lack of transportation limits your ability to complete chores or do things you want to do

y. Your residence is not easily accessible by public transportation or on demand providers (Rural areas?)

32. If you do not have access to public transportation, how has not having transportation affected you?

33. How may transportation services be improved to meet your needs?

a. Expanded bus routes

b. Extended days/hours for transportation services

c. More free or low-cost transportation options

d. Other (please specify)

Optional

Feelings about public transportation

1. What is your level of confidence in the transportation services you use to get you to your desired destination?

2. Likert level of satisfaction: Very dissatisfied –? Very satisfied

a. Serves your needs

b. Number of trips offered

c. Weekend hours

d. Holiday hours

e. Service area

f. Scheduling procedure

g. Ride reservation time

h. Waiting time

i. Travel time

j. Affordability

k. Reliability

l. Comfort

m. Safe from accidents

n. Safe from crime

o. Drivers

p. Access to info

q. Door to door service availability

r. Knowledge on how to utilize public transportation (etiquette, what to do in case of emergency?)

3. How can transportation organizations better serve your needs?

4. Do you have trust in your transportation services? Why or why not

5. Is there anything else you would like to share with us?

6. How were you affected by the COVID-19 Pandemic? (Check All)

a. Not comfortable riding public transportation due to virus transmission

b. Public transportation shut down/ Lack of services

c. Financial insecurity

d. Non-sanitization of public use services

e. Lack of mask enforcement on transportation

f. Unemployed or Laid Off

g. Other (open text)

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

About DRPT

DRPT's mission is to facilitate and improve the mobility of people in Virginia and to promote the efficient movement of goods and people in a safe, reliable, and cost-effective manner. 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

Rail - DRPT oversees programs and initiatives that support freight investments and delivers data-driven planning recommendations and policies for both passenger and freight rail.

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.

Credits

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Title VI Nondiscrimination Policy

DRPT gives public notice of its policy to assure full compliance with Title VI of the Civil Rights Act of 1964 and all related statutes. Title VI requires that no person in the United States of America shall, on the grounds of race, color, or national origin, be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which DRPT receives federal financial assistance.

Any person who believes that he or she has, individually, or as a member of any specific class of persons, been excluded from the participation in, been denied the benefits of, or been otherwise subjected to discrimination under any program or activity for which DRPT provides assistance, and believes the discrimination is based upon race, color, or national origin has the right to file a

formal complaint.

If a complaint addresses a particular service provider, the complaint should be lodged with that provider.   A complaint must be submitted within 180 days of the alleged discriminatory act. Complaints may also be filed with the US Federal Transit Administration. If a complaint addresses DRPT, you may file the complaint through email via the link below, by phone or in writing.

For complainants who may be unable to file a written complaint, verbal information will be accepted by the Virginia Department of Rail and Public Transportation at 804-786-4440 as well as by the individual service providers.

To submit a formal complaint or to request additional information on Title VI obligations for both DRPT and local Transit Providers contact DRPT as noted below.

Public Information Office

DRPT

600 East Main Street

Suite 2102

Richmond, VA 23219

804-786-4440

No discriminación

DRPT notifica públicamente su política para asegurar el pleno cumplimiento del Título VI de la Ley de Derechos Civiles de 1964 y todos los estatutos relacionados. El Título VI requiere que ninguna persona en los Estados Unidos de América, por motivos de raza, color u origen nacional, sea excluida de la participación, se le nieguen los beneficios o sea objeto de discriminación en virtud de cualquier programa o actividad. para los cuales DRPT recibe asistencia financiera federal.

Cualquier persona que crea que, individualmente o como miembro de una clase específica de personas, ha sido excluida de la participación, se le han negado los beneficios o ha sido objeto de discriminación en virtud de cualquier programa o actividad para la cual DRPT proporciona asistencia y cree que la discriminación se basa en la raza, el color, el origen nacional, el género, la edad, la situación económica o el dominio limitado del inglés tiene derecho a presentar una queja formal.

Si una queja se dirige a un proveedor de servicios en particular, la queja debe presentarse a ese proveedor. Se debe presentar una queja dentro de los 180 días posteriores al presunto acto discriminatorio. Las quejas también se pueden presentar ante la Administración Federal de Tránsito de EE. UU. Si una queja se dirige a DRPT, puede presentar la queja por correo electrónico a través del enlace a continuación, por teléfono o por escrito.

Para los demandantes que no puedan presentar una queja por escrito, el Departamento de Transporte Ferroviario y Público de Virginia aceptará información verbal al 804-786-4440, así como también los proveedores de servicios individuales.

Para presentar una queja formal o solicitar información adicional sobre las obligaciones del Título VI tanto para el DRPT como para los proveedores de transporte locales, comuníquese con el DRPT como se indica a continuación.

Oficina de información pública

DRPT

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