

# Rappahannock-Rapidan RC (PDC 9) Coordinated Human Service Mobility Plan

Counties: *Culpeper, Fauquier,  
Madison, Orange, and  
Rappahannock*

## June 2008

*prepared for*  
**Virginia Department of Rail and Public Transportation**

*prepared by*  
**Cambridge Systematics, Inc.**  
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**KFH Group**



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Coordinated Human Service Mobility Plan  
June 2008**

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## I. Executive Summary

This Coordinated Human Service Mobility Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act—A Legacy for users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317-New Freedom Program, and Section 5310-Elderly individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Rappahannock-Rapidan Regional Commission (PDC 9) that is focused on unmet transportation needs of seniors, people with disabilities, and people with low incomes.

This CHSM Plan details the coordinated transportation planning process for PDC 9, and includes the following four elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 9 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes— this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 9, an analysis of demographics and potential destinations is included in Section V, and an assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The strategies identified during the planning process, along with potential projects, are located in Section VIII.

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

The prioritized strategies and projects for implementation for PDC 9 are included in Section IX.

### **Approach to the CHSM Plan**

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve those goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities including public meetings with major agencies and organizations that fund human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services to provide initial information tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

## **II. Introduction**

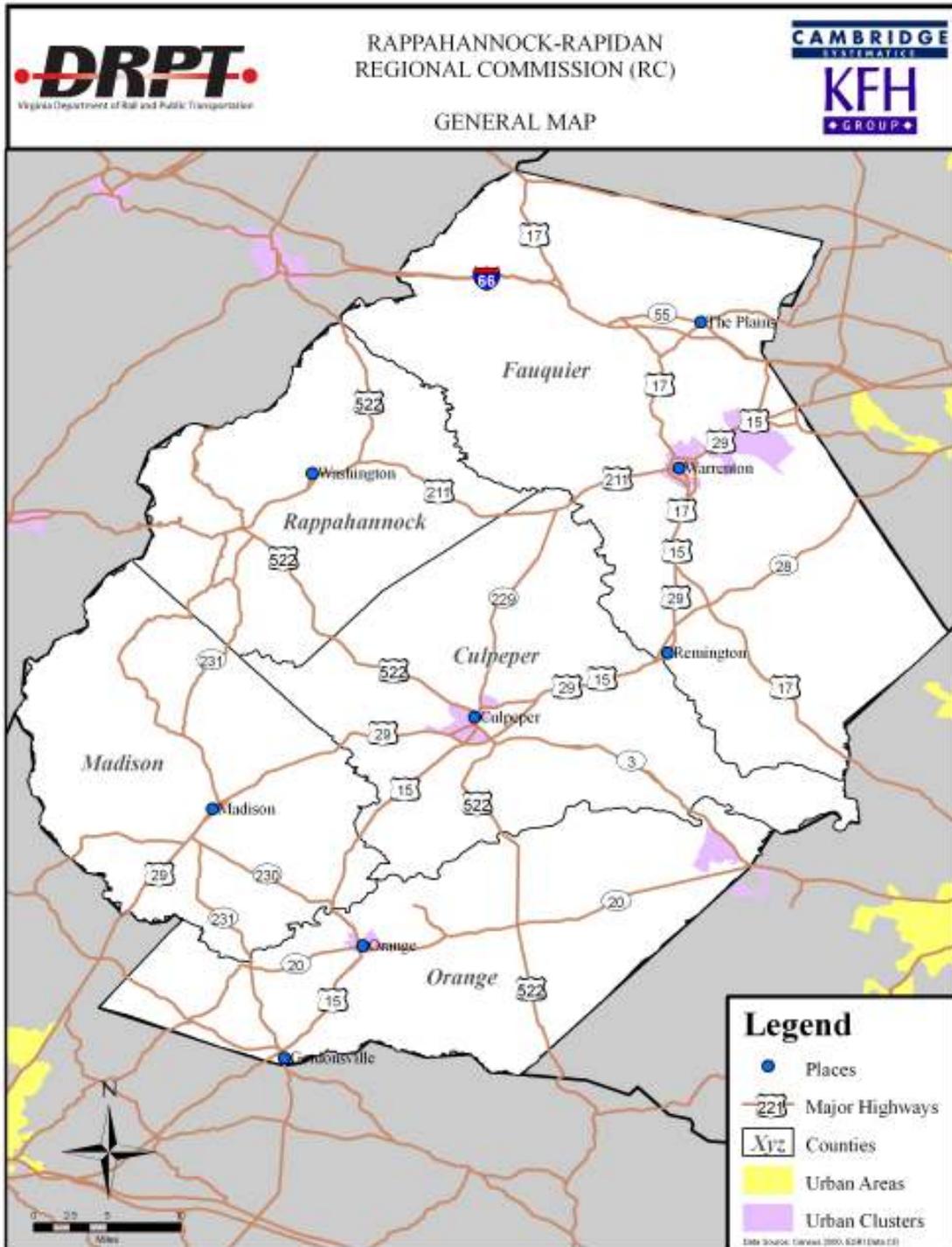
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas. As suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in the Commonwealth.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale. One important function of the PDCs is to conduct planning efforts on a regional scale.

This CHSM Plan is for the Rappahannock-Rapidan Regional Commission (Rappahannock-Rapidan RC, PDC 9). Shown in Figure 1, PDC 9 is located in the northern region of the Commonwealth, and includes Culpeper, Fauquier, Madison, Orange, and Rappahannock Counties. Aside from the Cities of Warrenton, Culpeper, and Orange, PDC 9 is rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

Figure 1. Geography of Rappahannock-Rapidan RC (PDC 9)



### III. Background

In August 2005, the President signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs “must be derived from a locally developed, coordinated public transit- human services transportation plan”.

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement<sup>1</sup>. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

#### 3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements.

- An assessment of available services that identifies current providers (public, private, and non-profit);
- As assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

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<sup>1</sup> The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix A.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

### 3.2 Funding Program Descriptions

#### Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

#### Section 5316 (Job Access and Reverse Commute—JARC)

The Job Access and Reverse Commute (JARC) Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible for both capital (80/20 match) and operating (50/50 match).

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the

Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix B.

#### Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of that date, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

**Table 1. Program Information**

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local  <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local  <u>Operating:</u> 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

### 3.3 Coordination of Public Transit and Human Service Transportation in PDC 9

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details outlining the outreach efforts in PDC 9 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
  - More cost-effective service delivery
  - Increased capacity to serve unmet needs
  - Improved quality of service
  - Services which are more easily understood and accessed by riders
  
- Benefits of Coordination:
  - Gain economies of scale
  - Reduce duplication and increase efficiency
  - Expand service hours and area
  - Improve the quality of service
  
- Key Factors for Successful Coordination:
  - Leadership – Advocacy and support; instituting mechanisms for coordination
  - Participation – Bringing the right State, regional, and local stakeholders to the table
  - Continuity – Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

## IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. DRPT's approach began with an initial round of regional workshops throughout Virginia. Each workshop featured discussion of the new Federal coordinated transportation planning requirements, Virginia's approach to meeting these requirements, and strategies for improving coordination of transportation services for people with limited mobility options. The majority of time dedicated to each workshop offered local stakeholders the opportunity to provide input on the local transportation needs of older adults, people with disabilities and people with lower incomes, and available transportation resources.

### 4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work with. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations:

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental

health, mental retardation and substance abuse services within each locality. (40 total)

- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- 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. (22 total)
- Public Transit providers. These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resources referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

## 4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 9 participated in the Weyers Cave workshop on April 23, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach; information on the Section 5310, JARC, and New Freedom Programs; and a presentation of the Census-based demographic data for the region. The workshop also included the opportunity to gain input from participants on unmet

transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 9 were invited to a subsequent workshop, held in the Town of Culpeper on October 10, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this Plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 9 was held in Culpeper, VA on June 12, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

#### 4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

## **V. Demographics and Potential Destinations**

To provide an informational framework for PDC 9's CHSM Plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

### **5.1 Methodology**

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and older), persons below the poverty level, as well as autoless households, were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data at the block group level is included in Appendix E. Mapping the geographic distribution of each group allowed a visual representation of the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four population segments were then combined into aggregate measures of transportation need, allowing evaluation of need by both density and percentage of potentially transit dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to give an idea of the PDC's density compared to the maps of the numbers of people in each key population segment.

The results of the process are summarized as follows and are intended to help identify: 1) those geographic areas of the PDC that have high relative transportation needs and whether these areas are served by existing transportation services, and 2) the potential destinations that older adults, people with disabilities, and people with lower incomes need transportation to access.

## 5.2 Demographics

### Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population of over 500 people per square mile.
- Warrenton and Culpeper are the only towns that have block groups with 1,000-2,000 persons per square mile.
- Eastern Warrenton also has a population density in the low range, between 500 and 1,000 persons per square mile.

### Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 1, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- All of Rappahannock-Rapidan's block groups are in the medium and high ranges with at least 100 older adults.
- The majority of the region has more than 200 older adults per census block group.

- A few sections of the Town of Culpeper, Orange County, Madison County and a small area east of Warrenton are in the medium range, with 100-200 older adults per block group.

As shown in Figure 4:

- The northern half of Madison County, southern Orange County, and areas in west Culpeper and south Fauquier County are in the high range with more than 200 persons with disabilities.
- Areas with a medium number (100-200) of individuals with disabilities per block group are spread throughout the region, including the Cities of Madison and Orange and the Town of Warrenton.
- Significant portions of Fauquier and Rappahannock Counties, and the Town of Culpeper have block groups in the low range with less than 100 persons with disabilities.

As shown in Figure 5:

- The majority of Madison County, western Orange and Fauquier Counties, eastern Rappahannock County, and central Culpeper are areas with a high number of persons below poverty, as are Warrenton and Remington.
- Eastern Madison, Orange, and Fauquier Counties and areas in the central part of the region have block groups in the medium range.
- Western Rappahannock County, the central areas of Fauquier County and the Town of Culpeper and the southwestern corner of the PDC have less than 100 persons below poverty per block group.

### Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Culpeper and Orange Cities are the only places that have block groups with more than 100 autoless households.
- A few clusters in Fauquier, Culpeper, and Orange Counties have 50-100 autoless households per block group.
- The majority of the PDC has less than 50 autoless households per block group, especially Rappahannock County.

### Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, and persons below poverty, along with the number of autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are in Warrenton and Culpeper.
- The next highest ranking block groups are located directly outside these towns, as well as in Remington, Madison, Orange City, and Gordonsville.
- Outside these major towns, the areas are in the low range for relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- The results of this ranking show a greater distribution of block groups in the high range, especially in Madison County and near Orange city, Gordonsville, Washington, and The Plains.
- Large portions of Fauquier, Rappahannock, and Orange Counties have block groups with medium relative transit need based on ranked percentage.
- The central part of the region north of Culpeper city has relatively low proportions of transit dependent persons.

**Figure 2. Population Density**

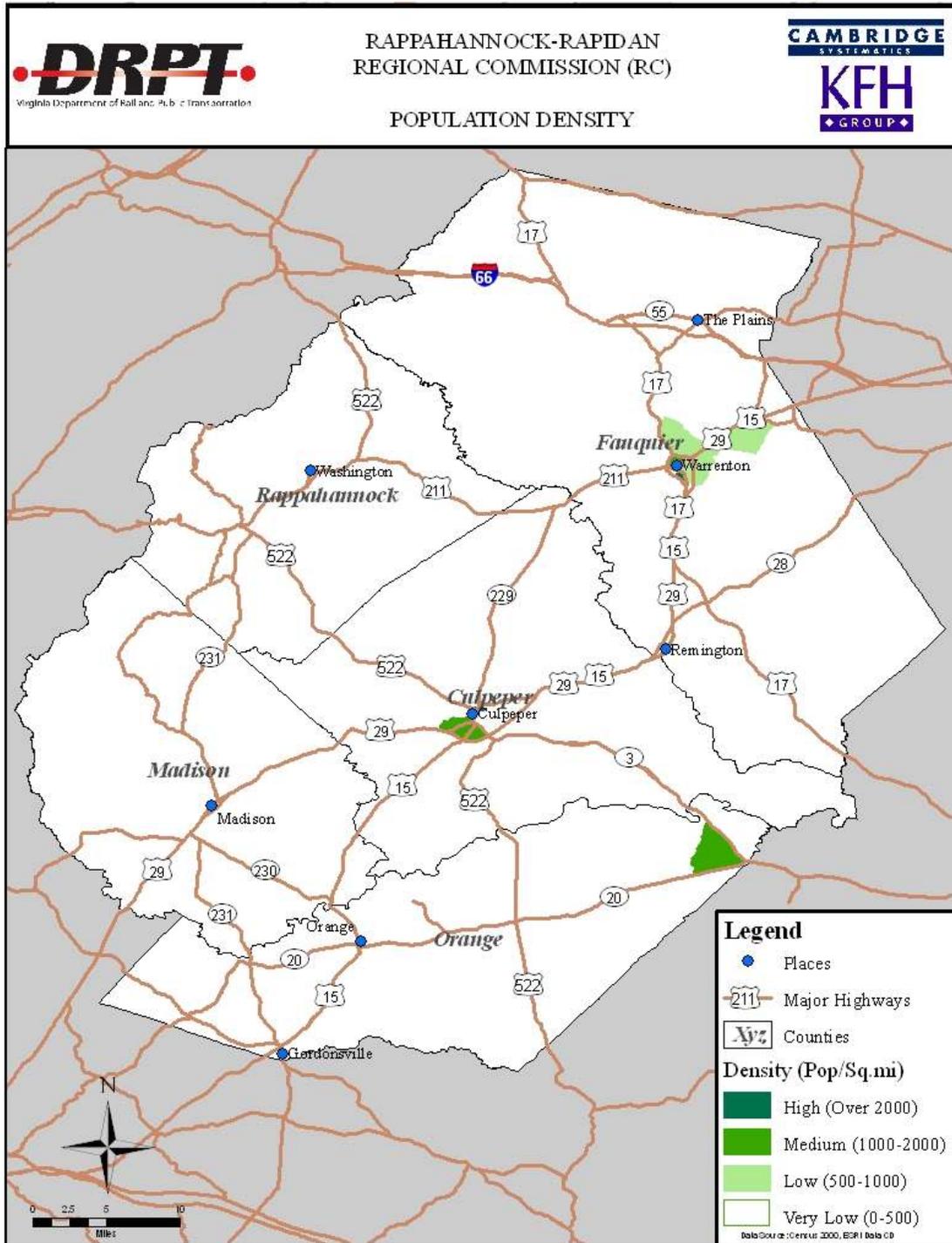


Figure 3. Persons Age 60 and Older Per Census Block Group

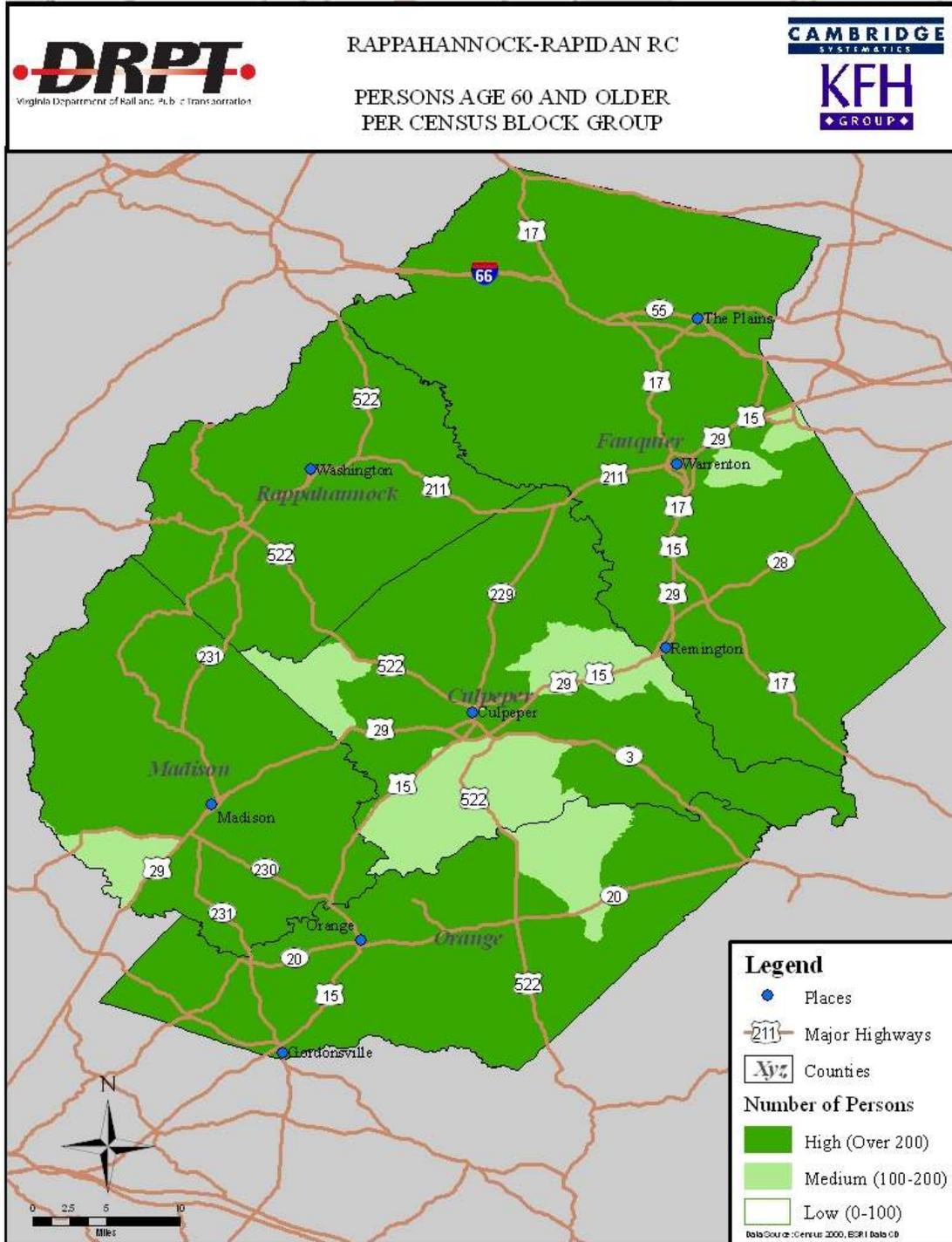


Figure 4. Persons With Disabilities Per Census Block Group

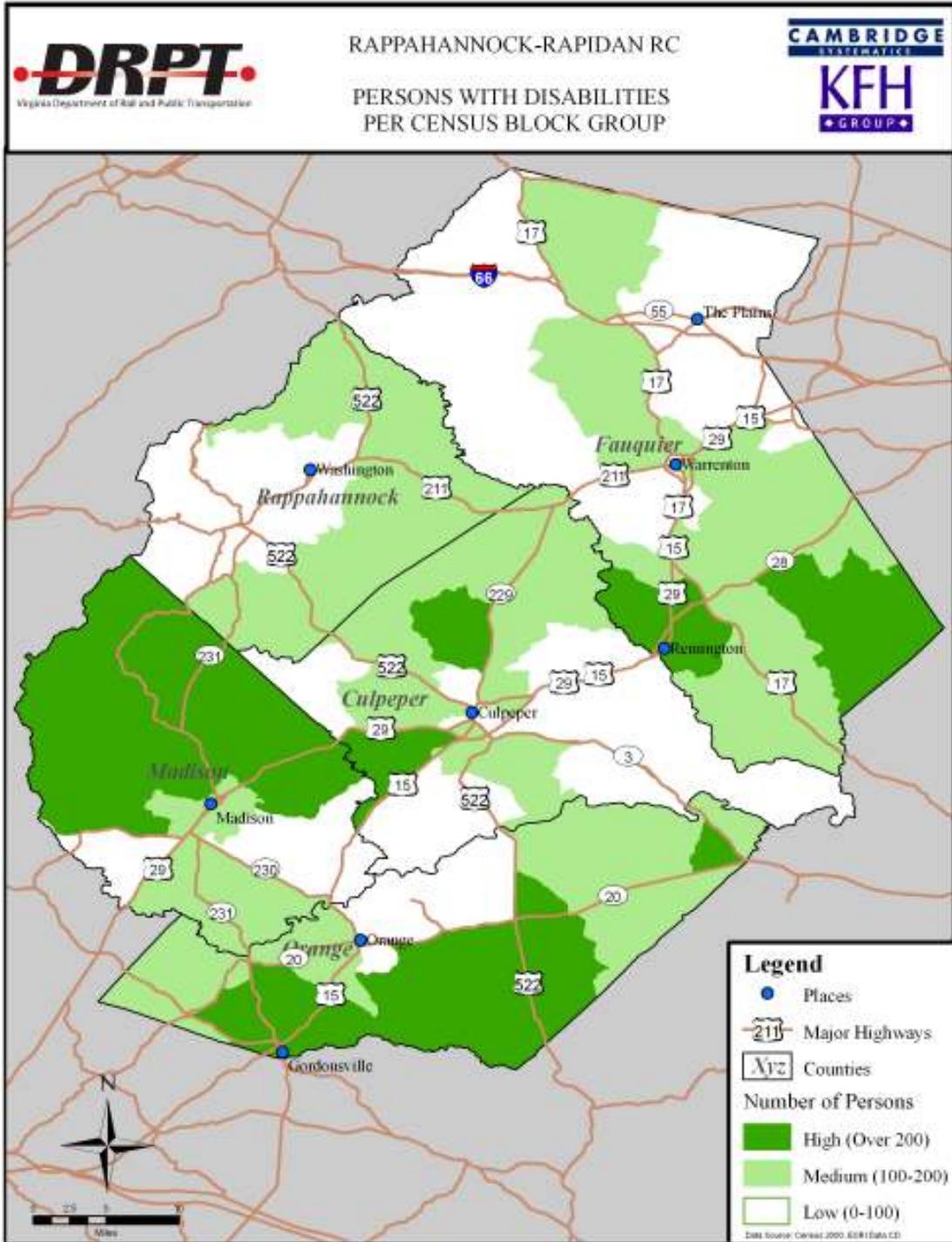


Figure 5. Persons Below Poverty Per Census Block Group

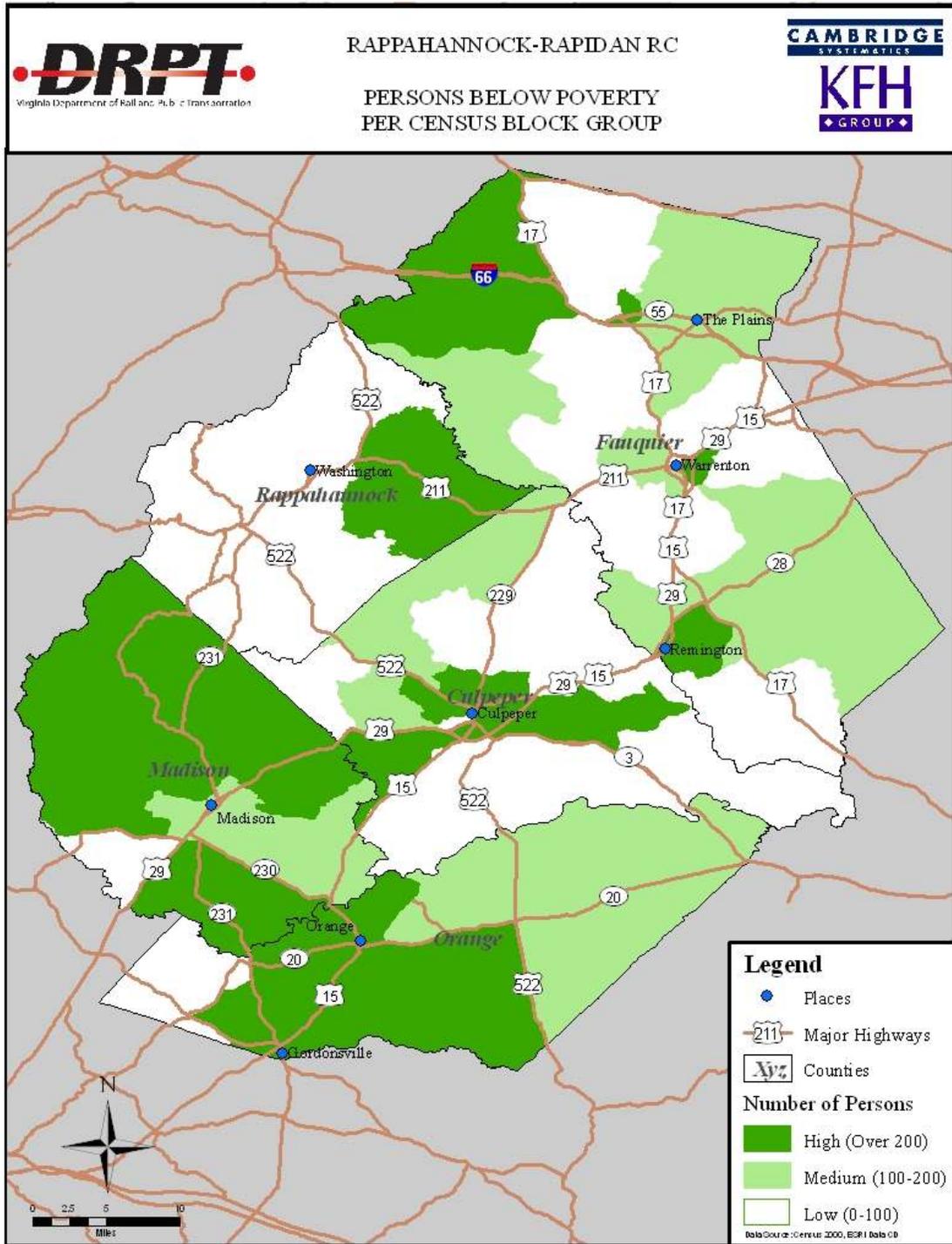
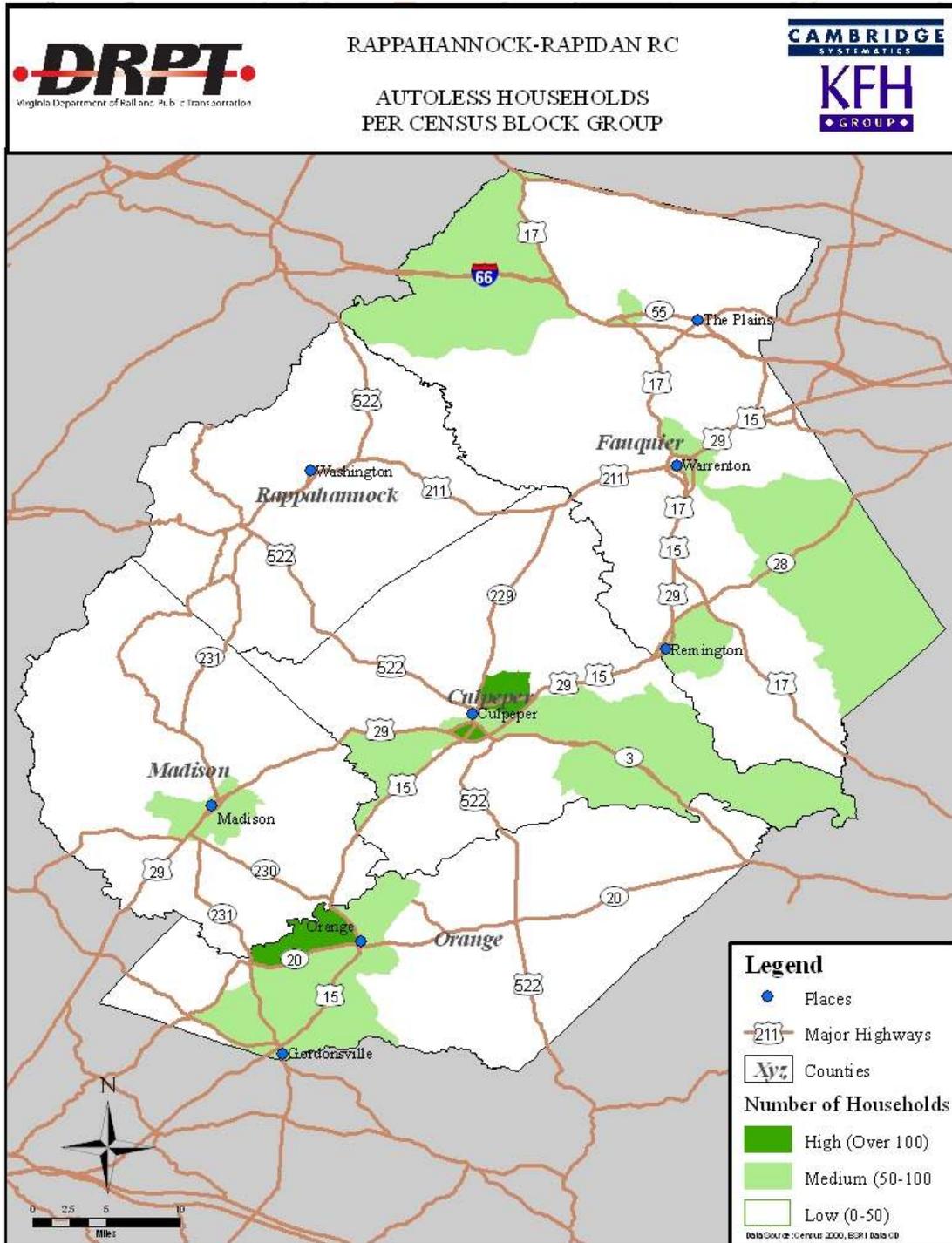
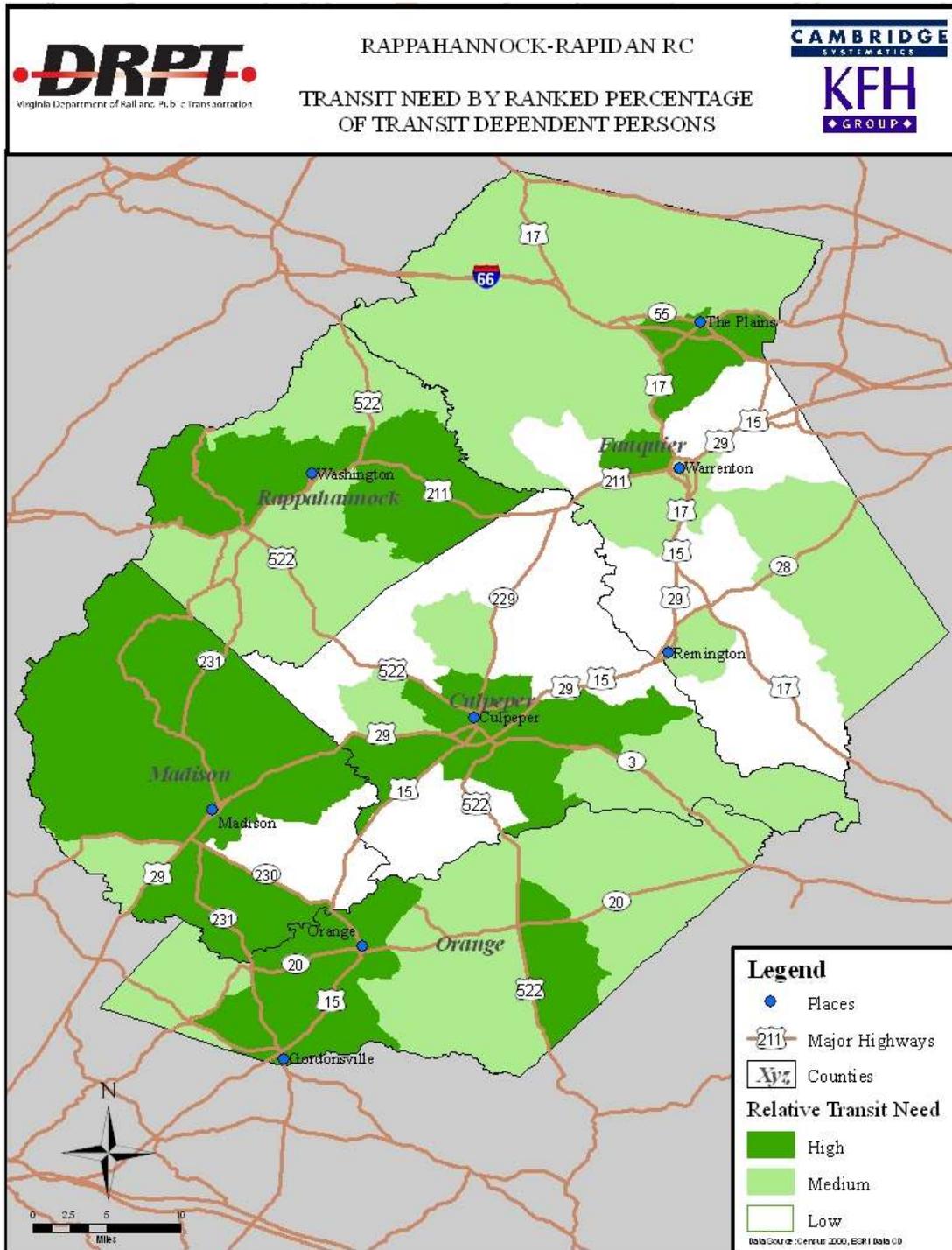


Figure 6. Autoless Households Per Census Block Group





**Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons**



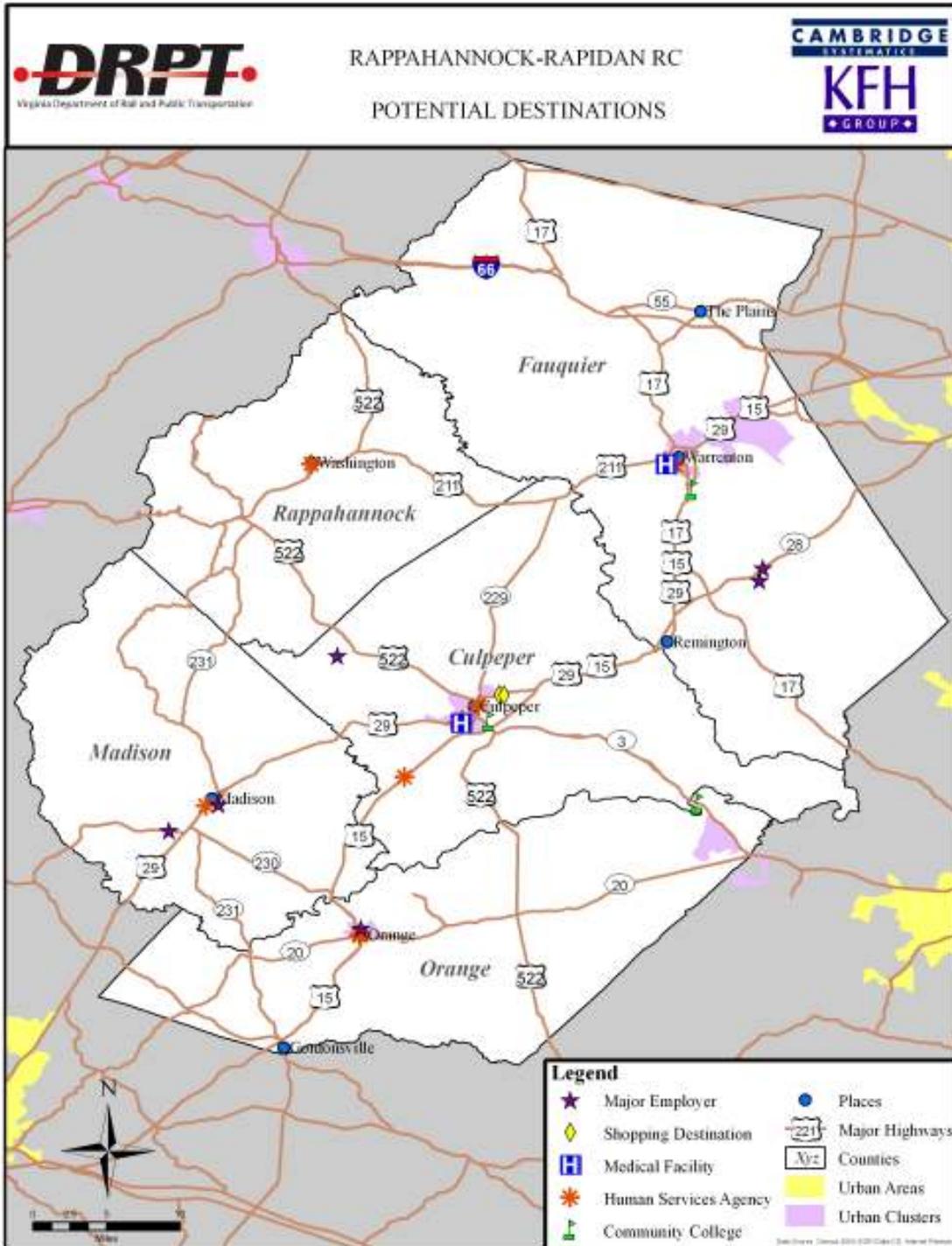
### 5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, and recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. The destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9; Table 2 lists the details of the potential destinations.

As shown in Figure 9:

- Potential destinations are concentrated mainly in Warrenton and Culpeper city with a small number in the Cities of Madison and Orange as well.

Figure 9. Potential Destinations



**Table 2. Potential Destinations**

**Rappahannock-Rapidan RC**

**Destinations**

Type	Name	Address	City	County
College/Voc School	Germanna Community College-Culpeper	18121 Technology Dr	Culpeper	Culpeper
College/Voc School	Germanna Community College-Locust Grove	2130 Germanna Hwy	Locust Grove	Orange
College/Voc School	Lord Fairfax Community College-Fauquier Campus	6480 College St	Warrenton	Fauquier
Human Services Agency	Rappahannock-Rapidan Community Services Board (AAA)	650 Laurel St	Culpeper	Culpeper
Human Services Agency	Culpeper County Human Services	219 E Davis St	Culpeper	Culpeper
Human Services Agency	Culpeper Career Center	219 E Davis St	Culpeper	Culpeper
Human Services Agency	G.W. Carver-Piedmont Technical Center	9432 James Madison Hwy	Culpeper	Culpeper
Human Services Agency	Culpeper VEC Field Office	529 Meadowbrook Shopping Ctr	Culpeper	Culpeper
Human Services Agency	Fauquier County Department of Social Services (DSS)	320 Hospital Dr	Warrenton	Fauquier
Human Services Agency	The Workplace	205 Keith St	Warrenton	Fauquier
Human Services Agency	Madison County Department of Social Services (DSS)	101 S Main St	Madison	Madison
Human Services Agency	Orange County Department of Social Services (DSS)	146 Madison Rd	Orange	Orange
Human Services Agency	Career Center of Orange	107 N Madison Rd	Orange	Orange
Human Services Agency	Rappahannock County Department of Social Services (DSS)	354 Gay St	Washington	Rappahannock
Human Services Agency	Rappahannock Career Resource Center	354 Gay St	Washington	Rappahannock
Major Employer	Ross Industries	5321 Midland Rd	Midland	Culpeper
Major Employer	Culpeper Memorial Hospital	501 Sunset Ln	Culpeper	Culpeper
Major Employer	SMITH-MIDLAND Corporation	5119 Catlett Rd	Midland	Fauquier
Major Employer	Fauquier Hospital	500 Hospital Dr	Warrenton	Fauquier
Major Employer	Madison Wood Preservers, Inc	216 Oak Park Rd	Madison	Madison
Major Employer	The Plow and Hearth, Inc.	7021 Wolftown Hood Rd	Madison	Madison
Major Employer	American Woodmark Corp	281 Kentucky Rd	Orange	Orange
Major Employer	Communications Corporation of America	13195 Freedom Way	Boston	Culpeper
Medical	Culpeper Regional Hospital	501 Sunset Lane	Culpeper	Culpeper
Medical	Fauquier Hospital	500 Hospital Dr	Warrenton	Fauquier
Medical	Fauquier Hospital	500 Hospital Dr	Warrenton	Fauquier
Shopping	Wal-Mart Supercenter Store	801 James Madison Hwy	Culpeper	Culpeper
Shopping	Target	15341 Montanus Dr	Culpeper	Culpeper

## VI. Assessment of Available Transportation Services and Resources

This section of the Plan provides an inventory and rudimentary description of transportation services available in PDC 9. In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of current services. The process included collection of basic descriptive and operational data for the various programs during the initial workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions.

Table 3 highlights the inventory of available services by provider as identified at the workshop. In some cases, an agency/provider was recognized as a transportation provider in the region but not in attendance. These providers are listed and their associated information is presented by using other sources, including website information and/or via phone interview.

**Table 3. Inventory of Available Services**

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Independence Empowerment Center	Disability – medical or self identification	0 (interested in contracting service – brokerage approach)	Whatever the consumer requests	
b) LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare		Reservations 24/7 by call center	60,000 trips per week Statewide
c) Rappahannock-Rapidan Community Services Board (RRCSB) and Area Agency on Aging (AAA)	Adults and children with MH/MR/SA disabilities, senior citizens	31 vehicles (11 accessible)	Monday – Friday, 8:00 AM – 5:00 PM, serves Culpeper, Fauquier, Rappahannock, Madison and Orange Counties, trips to dialysis, medical, employment, recreation and shopping	74,000 trips per year
d) Virginia Regional Transportation Association (VRTA)*	General public		Culpeper County: Culpeper County Express, Culpeper Connector; Fauquier County: Warrenton Public Transit Shuttle, demand response; Orange County: Town of Orange Transit (TOOT); ADA service	
e) Virginia Handi-Ride**	Individuals with disabilities		Serves Culpeper, medical transportation van	
f) Angel Wings**			Serves Fauquier County	

\* Not present at the workshop, information from Virginia Regional Transit Website

\*\* Not present at the workshop

Table 4 is a more detailed summary that contains the information collected from the two-page questionnaire. It provides a greater examination on the amount and type of service available within the region. The Rappahannock-Rapidan CSB and AAA transportation provider was the only one to return a completed survey.

Figure 10 portrays the service area of the public transit providers in PDC 9. Virginia Regional Transportation Association is the only provider that serves the general public. Within PDC 9, VRTA serves Culpeper, Fauquier, and Orange Counties. In Culpeper County, VRTA fixed-route service in the Town of Culpeper is known as the Culpeper Connector, and its county-wide demand response service is known as the Culpeper County Express. In Fauquier County, the Town of Warrenton's public transit shuttle is known as the Circuit Rider. In Orange County, VRTA fixed-route service is known as Town of Orange Transit (TOOT).

#### Private Transportation Providers

In addition, the following private transportation providers were identified:

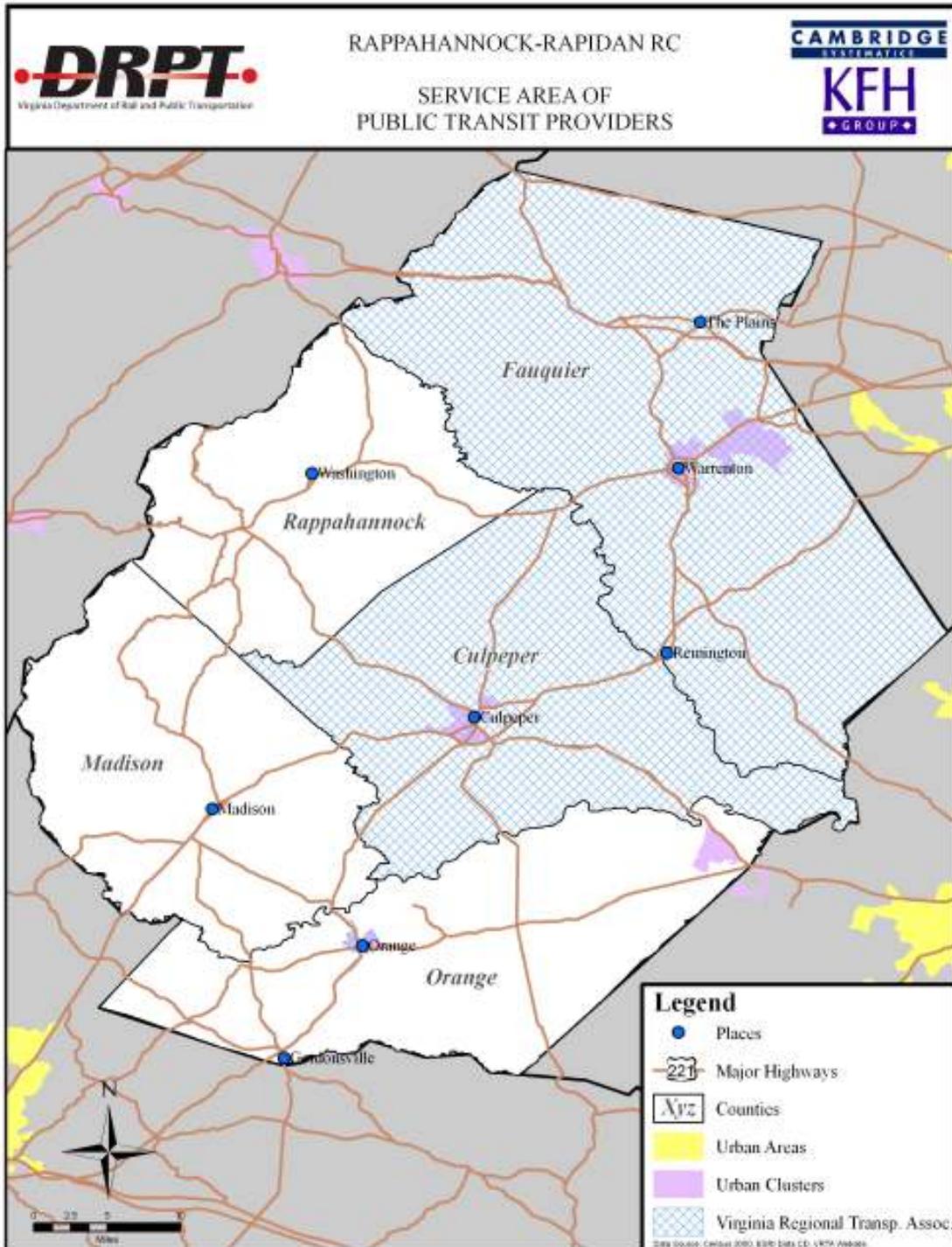
- AA Lightfoot Taxi & Limousine, Culpeper, VA
- Accent Cab, Brightwood, VA
- Bob's Taxi & Airport Express, Warrenton, VA
- Culpeper Taxi Service, Culpeper, VA
- Dulles City Cab & Sedan, Warrenton, VA
- Orange Taxi Services, Orange, VA

**Table 4. Transportation Providers Survey Data**

<b>Agency</b>	<b>(1) Type of Organization</b>	<b>(2) # of Individuals Organization Serves</b>	<b>(3) Eligibility Requirements</b>	<b>(4) Geographic Area Served by Program</b>	<b>(5) Geographic Coverage of Transportation</b>	<b>(6) Types of Transportation Services Provided</b>	<b>(7) When Transportation Service is Provided</b>	<b>(8) Type of Trips Provided</b>
a) Rappahannock- Rapidan CSB & AAA	Public	4,600	Adults and children with MH/MR/SA disabilities, senior citizens	Culpeper, Fauquier, Rappahannock, Madison and Orange Counties	Same	Demand- response, subscription, special services	Monday – Friday, 8:00 – 5:00 PM	Adult day care, medical, education/training, MR & MH rehabilitation support, senior centers

<b>Agency</b>	<b>(9) # of Passenger Trips Provided</b>	<b>(10) # of Vehicles</b>	<b>(11) Total Transportation Operating Costs</b>	<b>(12) Funding for Transportation</b>	<b>(13) Transport People from other Agencies?</b>	<b>(14) Purchase Transportation Services?</b>	<b>(15) Coordinate Transportation with other Agencies?</b>	<b>(16) Problems in Providing Transportation</b>
a) Rappahannock- Rapidan CSB & AAA	74,000 trips per year	31 (11 accessible)	\$902,086	\$471,000 Federal/State funds; \$431,086 Local/Private funds	Didlake, Inc.	No	Aging Together Partnership, Culpeper Public Transportation Advisory Council, PDC 9 Rural Transportation Technical Committee	Limited budget for increasing demand, budget of vehicle replacement, large rural service area, increasing senior citizen population

Figure 10. Service Area of Public Transit Providers



## **VII. Assessment of Unmet Transportation Needs and Gaps**

An important step in completing this Plan includes the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth assessment provides the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services is identified as a need.

At the Weyers Cave workshop, representatives from PDC 9 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, and people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

The vast majority of needs identified by workshop participants were described as "cross-cutting" – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

### Trip Purpose

- Expanded transportation options for non-Medicaid funded medical trips.
- Transportation to access job opportunities that require evening and weekend shifts.
- Greater transportation to major destinations in Culpeper and Warrenton.
- Expanded transportation options for people with disabilities for recreational trips.

### Time

- Weekend transportation service in rural areas of the region, especially for work-related trips.
- Transportation services that do not require advance notice and are available for spontaneous trips.

- Increased service to reduce customer ride time.

#### Place/Destination

- Expanded transportation services in rural areas, especially service to Culpeper, Orange, and Fauquier Counties.
- Expanded transportation services to medical facilities areas.

#### Information/Outreach

- Improved dissemination of information on available transportation services.
- Greater outreach regarding vanpooling opportunities.
- Increased outreach to human service providers on available transportation services.
- Improved branding of transportation services for getting information out to the public and to help clear up misperceptions regarding public transit.

#### Travel Training/Orientation

- Attendants or escorts to provide assistance as needed.

#### Other

- Limited local funding for providing service in outlying service areas of the region.
- Overall shortage of providers, both private and public. No private taxi service available in certain rural areas of PDC region. Programs needed that help potential providers with information on how to start up private transportation ventures.
- Cost for providing some trips in rural areas is very high, and therefore fares for customers may be cost prohibitive.
- Re-examine MR waiver unit billing -- specifically JAUNT (Charlottesville).

- Federal charter regulations potentially a huge stumbling block.
- Medicaid reimbursement rate (not enough for smaller transit providers).
- Greater safety training and oversight, including improved training of drivers in wheelchair assistance techniques.
- Improved waiting areas for bus stops, including shelters, lighting, trash cans, and amenities.

## **VIII. Identified Goals and Strategies**

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from public participation events and key local stakeholders in the region, a preliminary list of five goals and related strategies was generated by the CHSM Steering Committee. These goals and strategies have been presented at a CHSM Advisory Committee meeting, a joint meeting of local Disability Services Boards, and a series of Community Conversations on Aging. Rosters of the members in the CHSM Steering and Advisory Committees are included in Appendix F.

The goals and strategies that were developed and endorsed by the stakeholder groups are presented on the following pages.

**GOAL 1 - Support existing transit and human service transportation providers in their efforts to continue and improve their services.**

STRATEGIES

- A. Support capital and operational funding requests of human service and public transportation providers that are needed to maintain quality service and expand capacity. This includes vehicles and technology for dispatch and communication, as well as operating expenses.
  - Maintain information about unmet need and keep CHSM Plan up to date with regional priorities.
  - Give other partner agencies the opportunity to offer support for funding requests.
- B. Explore potential cooperative efforts that will improve the efficiency and expand the capacity of individual providers. This includes sharing data, vehicles, facilities, training, etc.
  - Conduct regular meetings of providers for the purpose of networking and discussing mutual needs. Meetings may include speakers and educational opportunities.
- C. Explore the use of technology, such as GIS and GPS, to support dispatching and scheduling.

**Unmet Needs/Issues Addressed by Goal 1 Strategies:**

- Maintain existing transportation services and available mobility options for older adults, people with disabilities, and people with lower incomes.
- Expanded transportation options for non-Medicaid funded medical trips.
- Greater transportation to major destinations in Culpeper and Warrenton.
- Expanded transportation options for people with disabilities for recreational trips.
- Weekend transportation service in rural areas of the region, especially for work-related trips.
- Expanded transportation services in rural areas, especially service to Culpeper, Fauquier, and Orange Counties.
- Expanded transportation services to medical facilities areas.
- Overall shortage of providers, both private and public.

**GOAL 2 – Provide flexible quality transportation options and more specialized one-to-one services through expanded use of volunteers.**

STRATEGIES

- A. Promote development of new volunteer programs in each county for the purpose of providing flexible transportation options and specialized services.
  - Aging Together and its County Teams will have the lead role.
  - Coordinate with RSVP Program and Piedmont Volunteer Center.
  
- B. Develop Volunteer Transportation Network (or Partnership) to ensure coordination of efforts, and support efficiency and quality of individual member programs.
  - The Network's central office may provide templates, training, seed money, liability insurance opportunities, background checks of volunteers, outreach and advertising help, and networking groups for administrators. Sponsoring partners will provide office space, phone, computer, and act as fiscal agent. The Volunteer program will share ridership and 'turn down' data with the Network.
  - Invite existing volunteer programs to join the network.

**Unmet Needs/Issues Addressed by Goal 2 Strategies:**

- Expanded transportation options for non-Medicaid funded medical trips.
- Greater transportation to major destinations in Culpeper and Warrenton.
- Expanded transportation options for people with disabilities for recreational trips.
- Expanded transportation services in rural areas, especially service to Culpeper, Fauquier, and Orange Counties.
- Expanded transportation services to medical facilities areas.
- Attendants or escorts to provide assistance as needed.
- Overall shortage of providers, both private and public.

**GOAL 3 - Identify and support implementation of new and expanded transportation services, other than volunteer programs, to meet identified needs.**

STRATEGIES

- A. Develop opportunities for private transportation providers to enter the market. This may include taxi, van, or car service. May include companion services.
  - Invite interested transportation providers or aspiring entrepreneurs to workshops and meetings.
  - Share needs data with potential providers.
- B. Support initiation of new VRT routes, or expansion of current routes. This includes inter-county and inter-regional connections.
  - Share ridership and requested ride data provided by Volunteer Network and Commuter Services.
  - Support, where appropriate, proposals to local governments.
- C. Work with area employers to identify transportation solutions for their workforce.
  - Identify ridesharing opportunities through Commuter Services.
  - Explore shuttle service between Culpeper/Orange and larger employers, both inside and outside PDC 9.
- D. Establish new support programs - such as ride banking, senior transition from driving, voucher programs, driver training – that will improve transportation services' quality and access.
- E. Support the development of demand-response medical transportation providers under contract with LogistiCare and/or other brokers.
  - Identify additional providers.
  - Develop a regional provider network to monitor trends, solve problems, clarify procedures, and enhance services for consumers of LogistiCare non-emergency medical transportation.

### **Unmet Needs/Issues Addressed by Goal 3 Strategies:**

- Expanded transportation options for non-Medicaid funded medical trips.
- Expanded transportation services to medical facilities areas.
- Transportation to access job opportunities that require evening and weekend shifts.
- Greater transportation to major destinations in Culpeper and Warrenton.
- Expanded transportation options for people with disabilities for recreational trips.
- Weekend transportation service in rural areas of the region, especially for work-related trips.
- Transportation services that do not require advance notice.
- Expanded transportation services in rural areas, especially service to Culpeper, Fauquier, and Orange Counties.
- Overall shortage of providers, both private and public.
- Expanded transportation services to medical facilities areas.

**GOAL 4 - Provide effective information and referral (I&R) and outreach to ensure that target populations can and will access transportation services.**

STRATEGIES

- A. Develop communication plan(s) to reach older adults, disabled, and low-income populations.
  - Objectives of increasing ridership and collecting data on need.
- B. Staff one or more I&R point, which will be advertised to the public as providing assistance with transportation. Ultimate goal: one point of contact; 24/7 service.
  - Short-term – establish single local contact number.
- C. Establish regional Mobility Service, to work directly with targeted consumers to arrange trips and conduct travel training.
- D. Provide training and networking opportunities for human services providers' case managers and social workers to ensure they are versed in all local transportation options for their clients.
- E. Use technology to reach public, including website and email contact; customer on-line ride request; telephone networking, invisible to consumer.

**Unmet Needs/Issues Addressed by Goal 4 Strategies:**

- Improved dissemination of information on available transportation services.
- Greater outreach regarding vanpooling opportunities.
- Improved branding of transportation services for getting information out to the public and to help clear up misperceptions regarding public transit.
- Increased outreach to human service providers on available transportation services.
- Cost for providing some trips in rural areas is very high, and therefore fares for customers may be cost prohibitive.

**GOAL 5 - Establish a formal regional partnership and programs to promote collaboration and effectiveness and efficiency of human services mobility.**

STRATEGIES

- A. Establish new structure, *Foothills Area Mobility System (FAMS)*, to formalize and systematize the regional CHSM collaboration.
- B. Create Mobility Manager Position to oversee current and future human service transportation planning and coordination, and development of FAMS.
- C. Bring new funding partners to public transit/ human service transportation. Includes partnerships with schools, employers, and retailers.
- D. Explore potential for creating regional transportation entity.
- E. Develop on-going data collection mechanism to track CHSM effectiveness and need.

**Unmet Needs/Issues Addressed by Goal 5 Strategies:**

- Options for people with disabilities for recreational trips.
- Weekend transportation service in rural areas of the region, especially for work-related trips.
- Expanded transportation services in rural areas, especially service to Culpeper, Fauquier, and Orange Counties.
- Expanded transportation services to medical facilities areas.
- Increased outreach to human service providers on available transportation services.
- Overall shortage of providers, both private and public.
- Greater safety training and oversight, including improved training of drivers in wheelchair assistance techniques.

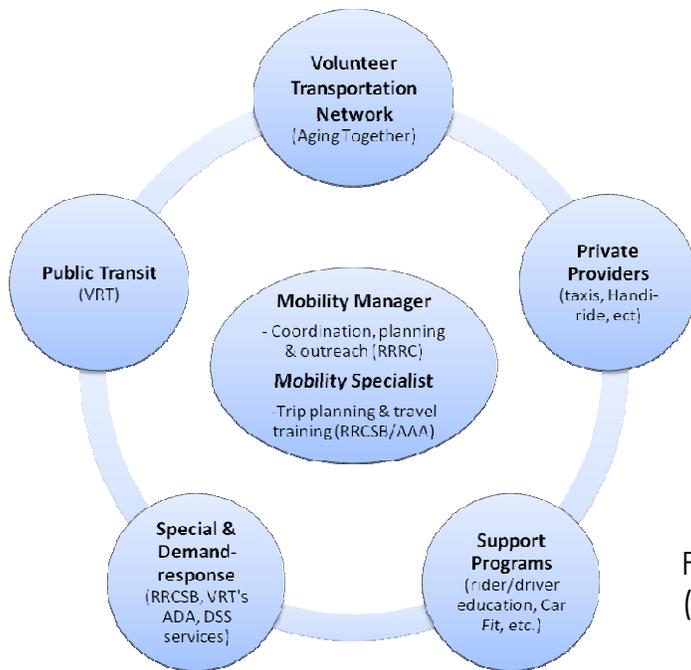
## **IX. Priorities for Implementation and Initial Projects**

Priorities for implementation are based on the need to establish an infrastructure for further action and to ensure sustainability of regional human services mobility action. In addition, priorities identification took into account the feasibility for implementing the specific strategies. Strategies that are eligible for funding from Section 5310, 5316, or 5317 programs and other identified funding sources are considered priorities. The following projects have been identified as priorities and included in the CHSM Plan for PDC 9.

Please note that this list is not comprehensive and other projects that meet the priority strategies and goals would also be considered.

### **Project 1: ESTABLISH FOOTHILLS AREA MOBILITY SYSTEM (FAMS)**

The CHSM planning process concluded that solving the human services transportation needs in the Rappahannock-Rapidan region is a long-term proposition that requires collaboration with local governments, transit and human services providers, consumers, and advocates for all of the demographic groups that rely on special transportation. The ultimate solution is envisioned as a family of programs and services that provides for the transportation needs of all of these populations, while presenting itself as a unified service with easy access. The first priority of the CHSM Plan is to consolidate the efforts of many partners and stakeholders, and establish the infrastructure needed for a sustainable system that can make this vision become reality. This proposed system, designated the Foothills Area Mobility System (FAMS), is illustrated below.



FOOTHILLS AREA MOBILITY SYSTEM (FAMS)

Project 1 incorporates the following Strategies under Goal 5:

- A. Establish new structure, *Foothills Area Mobility System (FAMS)*, to formalize and systematize the regional CHSM collaboration.
- C. Bring new funding partners to public transit/ human service transportation. Includes partnerships with schools, employers and retailers.
- D. Explore potential for creating regional transportation entity.
- E. Develop on-going data collection mechanism to track CHSM effectiveness and need.

Project 1 potential funding sources: New Freedom, member in-kind contributions.

## **Project 2: IMPLEMENT MOBILITY MANAGEMENT PROGRAM**

The centerpiece of FAMS is a dual Mobility Management program that will combine the experience and strengths of two key CHSM Plan steering committee members - Rappahannock-Rapidan Regional Commission (RRRC) and Rappahannock Rapidan Community Services Board and Area Agency on Aging (RRCSB/AAA) - in order to maximize the reach and impact of the services that will be provided.

RRRC was created and is charged under Virginia law to provide technical services and programming to local governments in the Rappahannock-Rapidan Region to facilitate regional cooperation and action on issues with regional significance. RRRC is responsible for regional transportation planning and has operated the RRRC Commuter Services program for the past 25 years. RRRC will be responsible for coordination and planning to keep stakeholders engaged and committed to the implementation of the CHSM Plan, and to bring in new partners and resources for the Mobility Partnership. It will also take the lead role in designing and implementing a one-call travel center, building on 25 years of experience in operating its Commuter Services Program. RRRC will be responsible for project management and for sustainability planning. A new part-time Mobility Manager, will have the lead role in this effort.

RRCSB/AAA has provided transportation to people with disabilities for the past 32 years. It is the primary provider of mental health, mental retardation, and substance abuse services in the five-county region. It is unique in that it is also the region's Area Agency on Aging. Aging Services include transportation, case management, congregate meal sites, home delivered meals, and adult daycare. The AAA also operates a Retired Senior Volunteer program (RSVP), which includes a strong volunteer transportation component. In addition, RRCSB/AAA has been designated as an Aging and Disability Resource Center through Virginia's No Wrong Door initiative, presenting opportunities for additional linkages between RRCSB/AAA and the one-stop call center.

RRCSB/AAA, through a new position of Mobility Specialist, will work directly with persons with disabilities, not limited to RRCSB/AAA consumers, who need assistance in arranging appropriate transportation. The Mobility Specialist will be well-versed in the services that are available and their eligibility requirements, as well as the needs of persons with various types of disabilities. The Mobility Specialist will also provide travel training for small groups of targeted consumers.

The roles of the Mobility Manager and the Mobility Specialist will be developed into a unified program that will operate a one-stop center that can provide information on all travel modes, and directly assist the targeted population with travel arrangements and training. An early task under this effort is to evaluate technologies to make the sharing of information and responsibilities more efficient and seamless for members of the public.

Project 2 incorporates the following strategies under Goal 4:

- A. Develop communication plan(s) to reach older adults, disabled, and low-income populations.
- B. Staff one or more I&R point, which will be advertised to the public as providing assistance with transportation. Ultimate goal: one point of contact; 24/7 service.
- C. Establish regional Mobility Service, to work directly with targeted consumers to arrange trips and conduct travel training.
- E. Use technology to reach public, including website and email contact; customer on-line ride request; telephone networking, invisible to consumer.

Project 2 also incorporates Strategy B under Goal 5:

Create Mobility Manager Position to oversee current and future human service transportation planning and coordination, and development of FAMS.

Project 2 potential funding sources: New Freedom.

### **Project 3: ESTABLISH VOLUNTEER TRANSPORTATION NETWORK**

Volunteer programs are another key component of the proposed Mobility System. They provide the best opportunity for short-term solutions for the transportation needs of older adults, and will continue to provide flexible on-demand service in the long-term. Aging Together, in partnership with RRCSB/AAA, will assume the lead role in developing the Volunteer Network.

RRCSB/AAA operates the Retired Senior Volunteer Program (RSVP), which incorporates the largest volunteer transportation program in the region. This program provides more than 900 trips annually. Aging Together, through its vast partnership and its structure of County Teams, is working in each of the five counties to identify and support smaller volunteer programs and promote development of new transportation partnerships. The FAMS Volunteer Network project will systematize an existing collaboration that involves Aging Together, RRCSB/AAA's RSVP manager, and the Piedmont Volunteer Center (PVC), a program of Piedmont United Way. This collaborative project is already creating incentives for smaller volunteer transportation programs to join Aging Together in the Volunteer Transportation Network, and is providing centralized supports that will improve program quality and transportation access.

A volunteer transportation program in Fauquier County, VolTran, has evolved as a result of the Aging Together County Team involvement. This program will be further developed as a replicable model of a Volunteer Transportation Network member. Aging Together, serving as the central office for the Volunteer Network, will coordinate roles of RRCSB/AAA to provide driver training, and PVC to provide volunteer management training for the volunteer program. PVC, under this plan, will develop a training and volunteer management manual, specifically tailored for volunteer transportation programs operating under the VolTran model. This manual will be used to train subsequent Volunteer Transportation Network members.

Also under this plan, RRCSB/AAA will train staff members to become certified volunteer driver instructors, under PASS or another recognized certification program. RRCSB/AAA will then provide a schedule of training for volunteer drivers, offering discounted prices for Volunteer Transportation Network members. This training will also be offered to other organizations, including Virginia Regional Transit.

FAMS partners will explore other ways to support these volunteer programs, including conducting background checks, offering a source of

affordable insurance coverage, and identifying technology solutions to assist with dispatching and data collection. Program and volunteer coordinators will be offered networking opportunities. In return, members will be requested to provide certain information to Aging Together, including numbers of volunteers, riders, rides and requests that could not be met. This information will be used to measure progress of FAMS and the Volunteer Transportation Network in meeting goals, identify unmet transportation needs of older adults, and support new funding applications.

Project 3 incorporates strategies under Goal 2:

- A. Promote development of new volunteer programs in each county for the purpose of providing flexible transportation options and specialized services.
- B. Develop Volunteer Transportation Network (or Partnership) to ensure coordination of efforts, and support efficiency and quality of individual member programs.

Project 3 potential funding sources: New Freedom.

#### **Project 4: SUPPORT EXISTING TRANSPORTATION PROVIDERS**

Our largest regional transit operators – Virginia Regional Transit and the Rappahannock Rapidan Community Services Board and Area Agency on Aging – are actively collaborating with one another and with other area stakeholders to improve the reach and efficiency of their programs. FAMS offers forums for this type of exchange and support.

Project 4 incorporates the strategies under Goal 1:

- A. Support capital and operational funding requests of human service and public transportation providers that are needed to maintain quality service and expand capacity. This includes vehicles and technology for dispatch and communication, as well as operating expenses.
- B. Explore potential cooperative efforts that will improve the efficiency and expand the capacity of individual providers. This includes sharing data, vehicles, facilities, training, etc.
- C. Explore the use of technology, such as GIS and GPS, to support dispatching and scheduling.

Project 4 potential funding sources: Section 5310, New Freedom, JARC, and Local Government.

## **X. Plan Adoption Process**

As noted earlier, a wide variety of stakeholders participated throughout the planning process through Community Conversations on Aging, the regional workshops, and the CHSM Advisory Committee. Through these events, they have revised and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, the CHSM workshop participants, Advisory Committee, and Steering Committee formally discussed and agreed upon the identified strategies in this plan.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the State. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

## **XI. Ongoing and Future Arrangements for Plan Updates**

Future coordinated public transit-human services transportation efforts will be led by the Mobility Manager through the structure of the Foothills Area Mobility System. Mobility planning in PDC 9 is expected to be an on-going process that will include the following components:

- Present the initial CHSM plan to stakeholder groups and local governing bodies in each county and document feedback.
- Develop a centralized mechanism for collection of data on regional services and unmet needs.
- Hold regular, possibly quarterly, meeting of the FAMS Steering Committee to evaluate CHSM progress, discuss new opportunities and obstacles, and share information. The Steering Committee will provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.
- Review the CHSM Plan annually, based on identified needs, plan progress, and stakeholder input. Review and discuss coordination strategies in the region and identify recommendations for potential improvements to help expand mobility options in the region.
  - The Steering Committee and Mobility Manager will propose updates to goals and strategies, as needed.
  - Plan progress and proposed updates will be presented to the Advisory Committee at an annual regional meeting, and revised as needed based on input received.
- FAMS updates will be given annually at Aging Together's Community Conversations on Aging and to the identified review groups, which include:
  - Rural Technical Committee
  - R-R Regional Commission
  - RRCSB Board
  - VRT Board or Management
  - Aging Together Core Leadership
  - Workforce Investment Board representatives
  - Aging Advisory Committee
  - Local Chambers of Commerce
  - Local Governing Bodies

## Appendix A – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: [http://www.fta.dot.gov/laws/leg\\_reg\\_circulars\\_guidance.html](http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html)

Final Register Notices: [http://www.fta.dot.gov/laws/leg\\_reg\\_federal\\_register.html](http://www.fta.dot.gov/laws/leg_reg_federal_register.html)

### **COORDINATED PLANNING**

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
  - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and

private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
  - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
  - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at [www.unitedweride.gov](http://www.unitedweride.gov), helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities

assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be “derived from a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
  - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
  - (b) Protection and advocacy organizations;
  - (c) Representatives from independent living centers; and
  - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
  - (b) Non-profit human service provider organizations that serve the targeted populations;
  - (c) Job training and placement agencies;
  - (d) Housing agencies;
  - (e) Health care facilities; and
  - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
  - (b) Tribes and tribal representatives;
  - (c) Economic development organizations;
  - (d) Faith-based and community-based organizations;
  - (e) Representatives of the business community (e.g., employers);
  - (f) Appropriate local or State officials and elected officials;

(g) School districts; and

(h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

#### 4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
  
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

## **Appendix B – Mobility Management – Eligible Activities and Potential Projects**

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
  - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
  - (b) Support for short term management activities to plan and implement coordinated services;
  - (c) The support of State and local coordination policy bodies and councils;
  - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

## **Appendix C – Potential Non-DOT Federal Program Guide**

Source – United We Ride Website  
[www.unitedweride.gov/1\\_691\\_ENG\\_HTML.htm](http://www.unitedweride.gov/1_691_ENG_HTML.htm)

### **U.S. Department of Agriculture**

- [Food and Nutrition Service](#)

### **U.S. Department of Education**

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

### **U.S. Department of the Interior**

- [Bureau of Indian Affairs](#)

### **U.S. Department of Health and Human Services**

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

### **U.S. Department of Housing and Urban Development**

### **U.S. Department of Labor**

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

### **U.S. Department of Veterans Affairs**

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

## Appendix D – Workshop Attendees

### 1<sup>st</sup> Workshop – PDCs 6, 7, 9, and 10

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### 2nd Workshop – PDC 9

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### 3rd Workshop – PDC 9

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**‘Type’ Key:**

CD = County Department  
 CSB = Community Service Board  
 HS = Human Services  
 JT = Job Training Center  
 MTP = Medicare Transportation Provider

PDC = PDC Planning Office  
 PT = Public Transit  
 SD = Statewide Department

## Appendix E – Demographics of Potentially Transit Dependent Persons

### Rappahannock-Rapidan RC

#### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510479901001	Culpeper	32.7	1,456	4,070	124.3	562	127	152	31
510479901002	Culpeper	18.1	691	1,933	106.5	270	313	48	44
510479901003	Culpeper	5.1	619	1,506	296.1	290	89	251	34
510479901004	Culpeper	41.1	886	2,440	59.3	337	155	50	45
510479902001	Culpeper	22.9	774	2,071	90.3	306	102	110	9
510479902002	Culpeper	20.8	426	1,070	51.5	140	52	47	0
510479902003	Culpeper	15.0	765	1,967	131.1	354	109	170	24
510479902004	Culpeper	5.7	579	1,416	247.6	248	171	230	26
510479902005	Culpeper	1.2	514	1,253	1,071.9	470	76	82	62
510479903001	Culpeper	6.9	1,256	3,225	466.0	444	182	632	150
510479903002	Culpeper	0.2	471	1,058	6,109.3	111	55	216	50
510479904001	Culpeper	65.5	598	1,623	24.8	260	57	61	59
510479904002	Culpeper	31.1	381	964	31.0	141	47	79	5
510479904003	Culpeper	27.8	558	1,301	46.8	213	88	219	54
510479905001	Culpeper	18.0	1,054	2,755	152.7	486	270	272	57
510479905002	Culpeper	40.5	313	2,110	52.1	150	85	27	7
510479905003	Culpeper	26.5	353	873	33.0	189	107	44	16
510479905004	Culpeper	1.7	1,177	2,627	1,504.1	479	192	293	105
510619904011	Fauquier	5.7	422	1,157	203.4	138	67	20	0
510619904012	Fauquier	7.5	660	1,843	246.2	286	119	39	9
510619904021	Fauquier	5.2	1,174	3,464	666.3	424	112	97	17
510619904022	Fauquier	7.6	444	1,372	179.4	142	152	24	10
510619904031	Fauquier	43.1	995	2,656	61.6	476	194	170	66
510619904032	Fauquier	3.4	825	2,066	615.5	270	101	202	91
510619907011	Fauquier	56.9	852	2,349	41.3	314	206	138	54
510619907012	Fauquier	50.4	1,222	3,455	68.6	387	134	87	32
510619907021	Fauquier	13.9	1,608	4,530	326.2	308	353	390	71
510619907022	Fauquier	28.4	861	2,286	80.4	297	119	114	16
510619907023	Fauquier	18.2	747	2,206	121.2	242	210	145	0
510619901001	Fauquier	51.6	785	1,548	30.0	308	71	172	17
510619901002	Fauquier	49.1	877	1,838	37.4	346	118	67	32
510619901003	Fauquier	30.4	494	1,118	36.8	219	75	120	23
510619902011	Fauquier	42.0	876	2,207	52.5	338	123	47	49
510619902012	Fauquier	87.1	1,168	2,738	31.4	468	64	266	58
510619902013	Fauquier	46.9	659	1,559	33.2	283	80	142	12
510619902021	Fauquier	18.2	460	1,130	62.2	203	21	13	10
510619902022	Fauquier	23.8	575	1,445	60.8	253	61	67	39
510619902023	Fauquier	22.3	893	2,606	116.6	318	151	20	17
510619903011	Fauquier	20.5	1,047	2,991	146.0	416	86	29	0
510619903012	Fauquier	4.0	1,120	3,134	781.2	497	106	29	77

## Rappahannock-Rapidan RC

### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510619903021	Fauquier	3.9	453	1,253	322.4	332	26	148	8
510619903022	Fauquier	8.5	724	1,708	200.3	370	179	182	25
510619903023	Fauquier	0.7	502	1,124	1,643.9	202	31	96	39
510619903024	Fauquier	0.3	603	1,356	4,589.7	257	60	140	27
511139901001	Madison	39.8	1,004	2,521	63.3	502	261	261	29
511139901002	Madison	40.0	878	2,340	58.5	424	71	148	15
511139901003	Madison	44.0	776	2,003	45.5	386	163	245	23
511139902001	Madison	163.9	1,407	2,928	17.9	589	331	330	28
511139902002	Madison	15.9	886	2,100	132.4	474	186	165	92
511139902003	Madison	17.8	288	628	35.3	136	29	30	32
511379901011	Orange	58.2	1,011	2,570	44.2	371	192	196	36
511379901012	Orange	4.9	2,684	5,180	1,049.3	1,922	260	124	23
511379901021	Orange	33.1	451	1,056	31.9	221	87	108	0
511379901022	Orange	32.9	491	1,262	38.3	168	109	112	7
511379901023	Orange	33.1	679	1,642	49.6	291	230	118	40
511379901024	Orange	66.3	1,284	3,056	46.1	605	361	204	18
511379902001	Orange	15.8	891	1,978	125.2	519	73	296	76
511379902002	Orange	11.8	1,095	2,495	211.1	660	151	482	142
511379903001	Orange	11.6	535	1,557	134.0	242	128	344	85
511379903002	Orange	39.5	1,374	3,081	78.0	613	246	255	88
511379903003	Orange	34.4	859	2,004	58.3	338	146	88	33
511579901001	Rappahannock	46.7	611	1,332	28.5	253	118	59	27
511579901002	Rappahannock	56.1	613	1,199	21.4	270	100	76	37
511579902001	Rappahannock	59.9	927	2,160	36.1	407	167	242	40
511579902002	Rappahannock	45.0	491	1,026	22.8	217	46	76	27
511579902003	Rappahannock	58.9	661	1,266	21.5	246	104	77	14
		1,960.4	53,813	134,785	23,702.0	23,398	8,855	9,983	2,489

## Appendix F – CHSM Steering Committee and Advisory Committee Rosters

### CHSM Steering Committee Members:

<b>NAME</b>	<b>REPRESENTING</b>	<b>EMAIL</b>
Chris Miller	Aging Together and Madison County DSB	cmiller@agingtogether.org
Greg McGowan	Virginia Regional Transit	greg@vatransit.org
Jeffrey Walker	R-R Regional Commission	jpwalker@rrregion.org
Peter Mocarski	Virginia Employment Commission	Peter.Mocarski@vec.virginia.gov
Patrick Mauney	R-R Regional Commission, Culpeper DSB and Rappahannock-Rapidan DSB	plmauney@rrregion.org
Ray Parks	RR CSB/AAA	rparks@rrcsb.org
Sallie Morgan	RRCBS/AAA	SMorgan@rrcsb.org
Cathy Zielinski	R-R Regional Commission	cmziel@rrregion.org

Key:

DSB – Disability Services Board

DSS – Department of Social Services

DHS – Department of Human Services

RRCBS/AAA – Rappahannock Rapidan Community Services Board and Area Agency on Aging

R-R – Rappahannock-Rapidan

**CHSM Advisory Committee Members:**

<b>NAME</b>	<b>REPRESENTING</b>	<b>EMAIL</b>
Bev Dunford	Rappahannock County DSS	bdb157@northern.dss.state.va.us
Bob Lingo	Orange County DSS	rdl137@northern.dss.state.va.us
Caroline Graham	Culpeper DSB	cfgraham@starband.net
Cynthia Hair	Fauquier County DSB	cynthia.hair@fauquiercounty.gov
Harriet Parcels	R-R Regional Commission	heparcells@rrregion.org
Jack Garber	Piedmont United Way	jackgarber@piedmontunitedway.org
Jane Burnette	Independence Empowerment Center CIL	jburnette@ieccil.org
Judy Seale	RRC SB/AAA	jseale@rrcsb.org
Linda Gigel	Madison County DSS	lwg113@northern.dss.state.va.us
Lisa Houck	Culpeper County DHS/Career Resource Center	lph047@northern.dss.state.va.us
Lisa Peacock	Culpeper County DHS	lap047@northern.dss.state.va.us
Lola Walker	RRC SB/AAA	lwalker@rrcsb.org
Lynda McPherson	Didlake, Inc.	lynda.mcpherson@didlake.com
Nan Coppedge	Madison County DSS	nbc113@northern.dss.state.va.us
Russel James	Germanna Community College	rjames@gcc.vccs.edu