

Southside (PDC 13) Coordinated Human Service Mobility Plan

Counties: Brunswick, Halifax,
and Mecklenburg

June 2008

prepared for
Virginia Department of Rail and Public Transportation

prepared by
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and
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**Southside (PDC 13)
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. 109-59), 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 Southside Planning District (PDC 13) 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 13, 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 13 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 13, 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 13 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

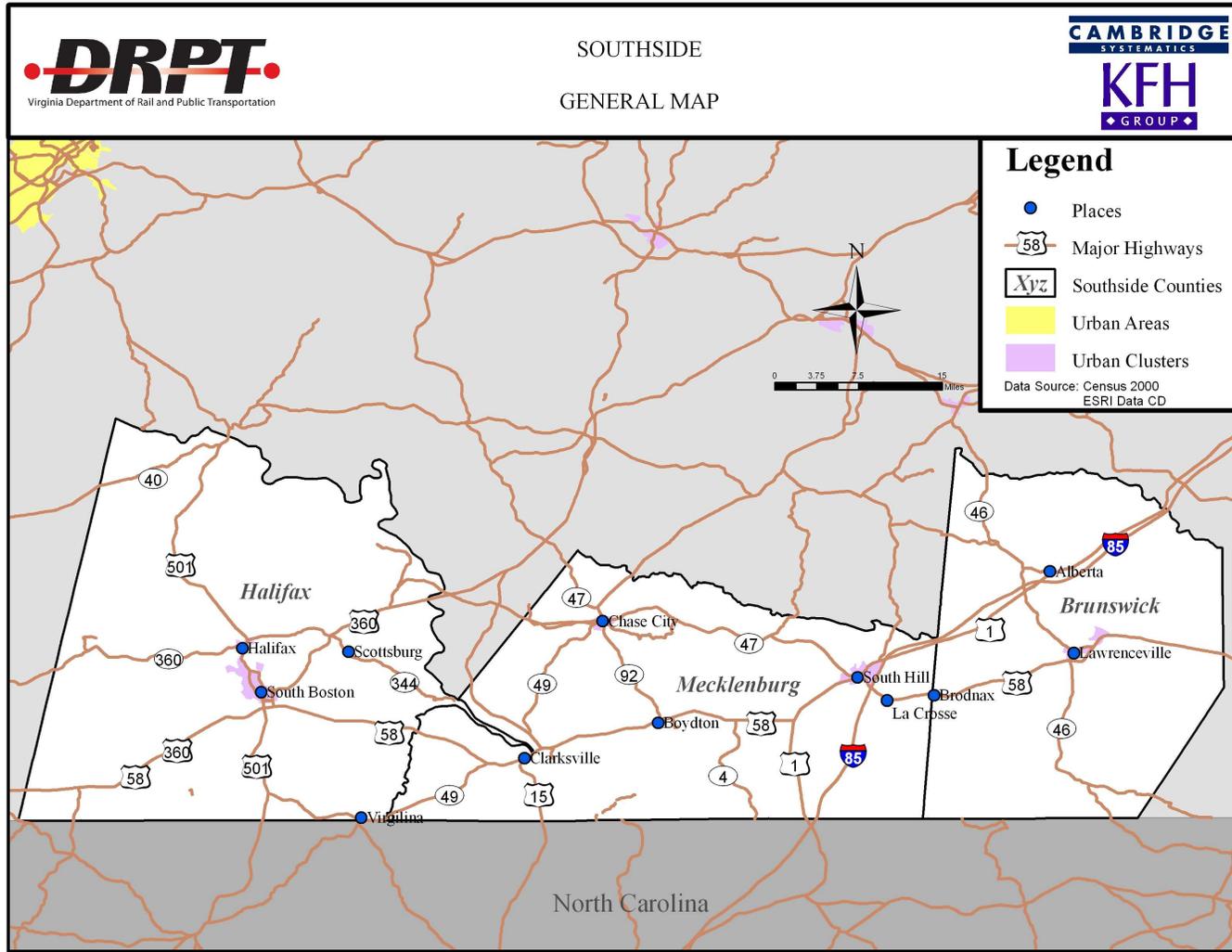
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 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.

The initial phase of the coordinated plan development was marked by a series of regional workshops held throughout Virginia in the Spring of 2007. Representatives of the Southside Planning District Commission (PDC 13) participated in the Alberta workshop held on April 4, 2007. As shown in Figure 1, PDC 13 is located along the southern border of the Commonwealth, and includes Brunswick, Halifax, and Mecklenburg counties. PDC 13 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.

This Plan details the workshop results for Southside Planning District. It provides additional background information on the Federal requirements and Virginia's approach; Census-based demographic data for PDC 13 presented at the workshop; information on available transportation services in the region obtained during and after the workshop; and unmet transportation needs identified by workshop participants. A future workshop will focus on potential strategies to meet the needs identified in this Plan, and the priorities for implementation.

Figure 1. Geography of Southside (PDC 13)



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 requirement¹. 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;

¹ 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 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 B, 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 13

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 13 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 the Southside Planning District Commission (PDC 13) participated in the Alberta workshop held on April 4, 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 13 were invited to a subsequent workshop, held in Farmville, VA on December 5, 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 13 was held in Farmville, VA on June 18, 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 the Southside Coordinated Human Service Mobility 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. Laying out 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. Figures for these four groups 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 majority of the population in the Southside region is spread out and not dense. However, there are several pockets of population density near South Boston, South Hill, and Lawrenceville.
- Although small, all three counties that comprise the Southside PDC have areas where the population per square mile is over 2,000.

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 3, 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:

- The majority of the Southside PDC population is older. Block groups with either high or medium levels of persons who are 60 years of age and older exist in all three counties.
- One, very small cluster of block groups containing less than 100 older persons in the PDC exists in Brunswick County, near Lawrenceville.

As shown in Figure 4:

- Persons with disabilities are spread throughout the PDC, with the largest concentration located in Halifax County. Block groups in Halifax County with over 200 persons with disabilities appear mainly

in the South Boston area as well as in the northwestern portion of the County.

- The majority of Brunswick County has a medium level of individuals with disabilities between 100-200 per block group.

As shown in Figure 5:

- Although persons living below poverty are spread throughout the PDC, block groups in Brunswick County have a large concentration of block groups that fall in the high and medium ranges.
- Both Halifax and Mecklenburg Counties have a mixture of block groups with high, medium, and low levels of people living below poverty.

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:

- Much of the Southside PDC has low levels of autoless households, with medium levels of autoless households spread throughout the PDC.
- Only three concentrations of block groups exist with a high range of autoless households. The first is located in South Boston, Halifax County and the other two are located in the surrounding areas of Lawrenceville, Brunswick 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:

- Much of the PDC has either a low or medium relative transit need based by ranked density.
- There are a few small pockets of concentrated block groups with a high potential of transit dependent persons, which are located in the areas near South Boston, Chase City, and South Hill.

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:

- For the Southside PDC, fewer block groups with low relative transit need are evident when evaluated by relative transit need based on ranked percentage.
- Much of Brunswick County has either a medium or high ranking for transit need, with the exception of only a small area with a low ranking in the central portion of this county.
- A large portion of northern Halifax County has a high ranking for transit need.

Figure 2. Population Density

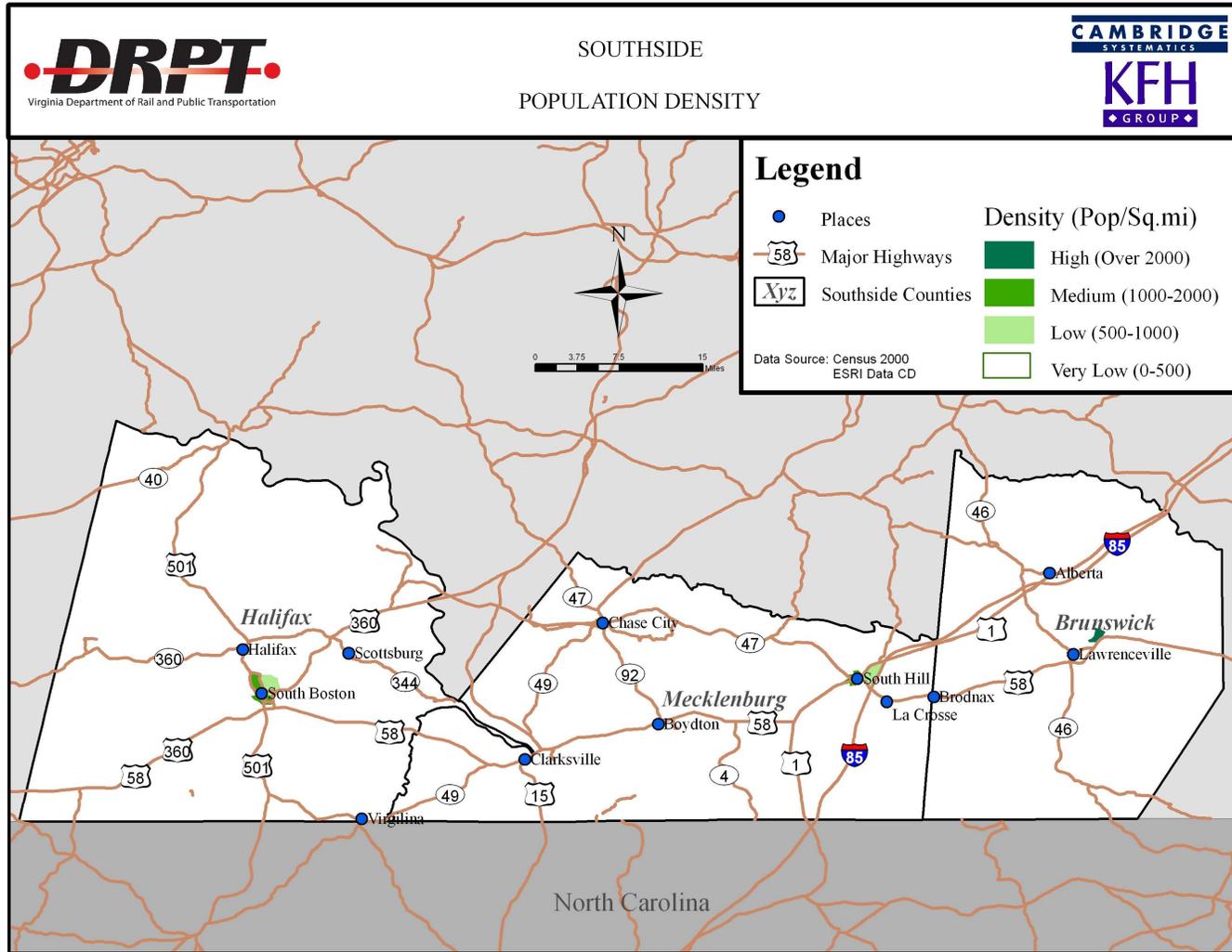


Figure 3. Persons Age 60 and Older Per Census Block Group

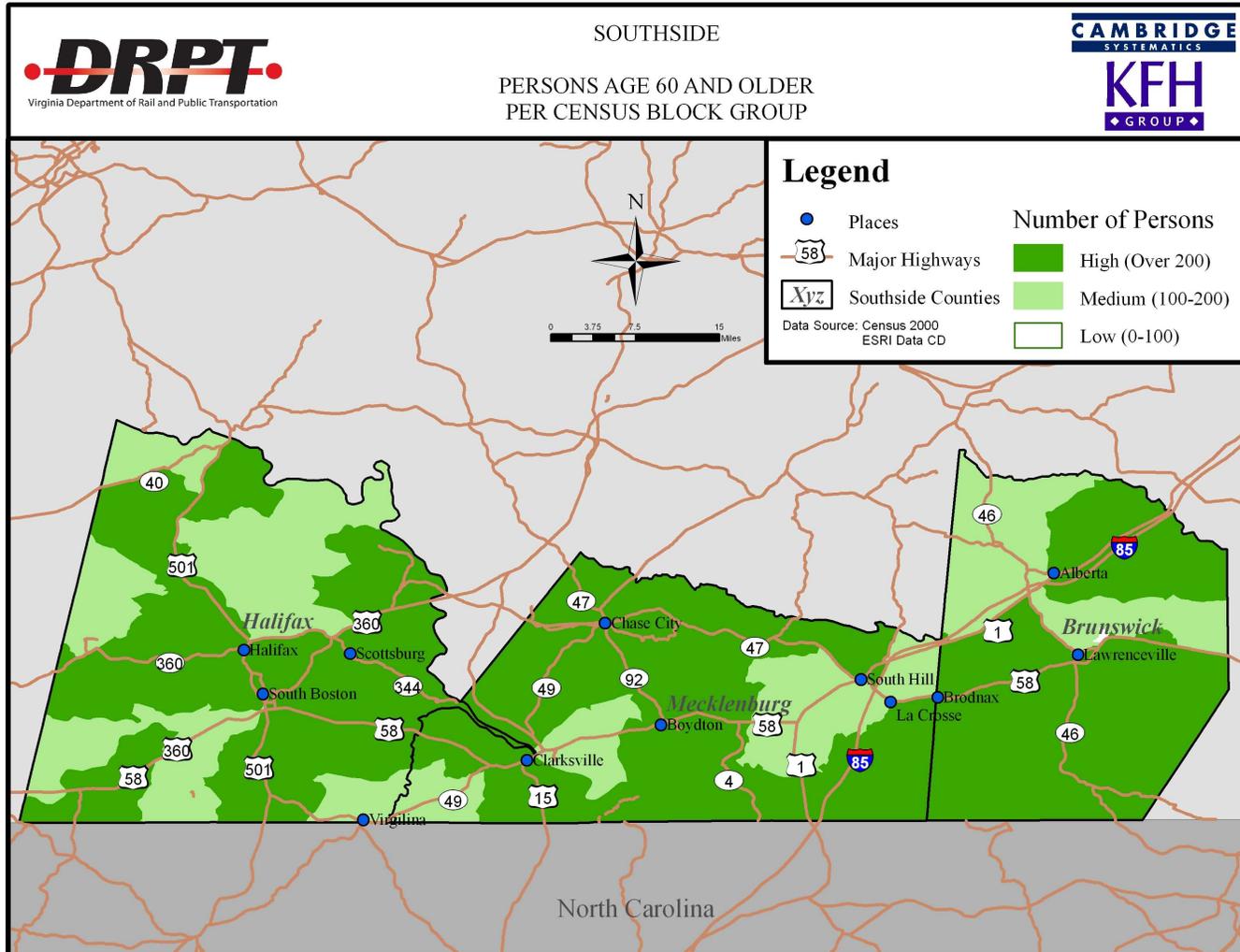


Figure 4. Persons With Disabilities Per Census Block Group

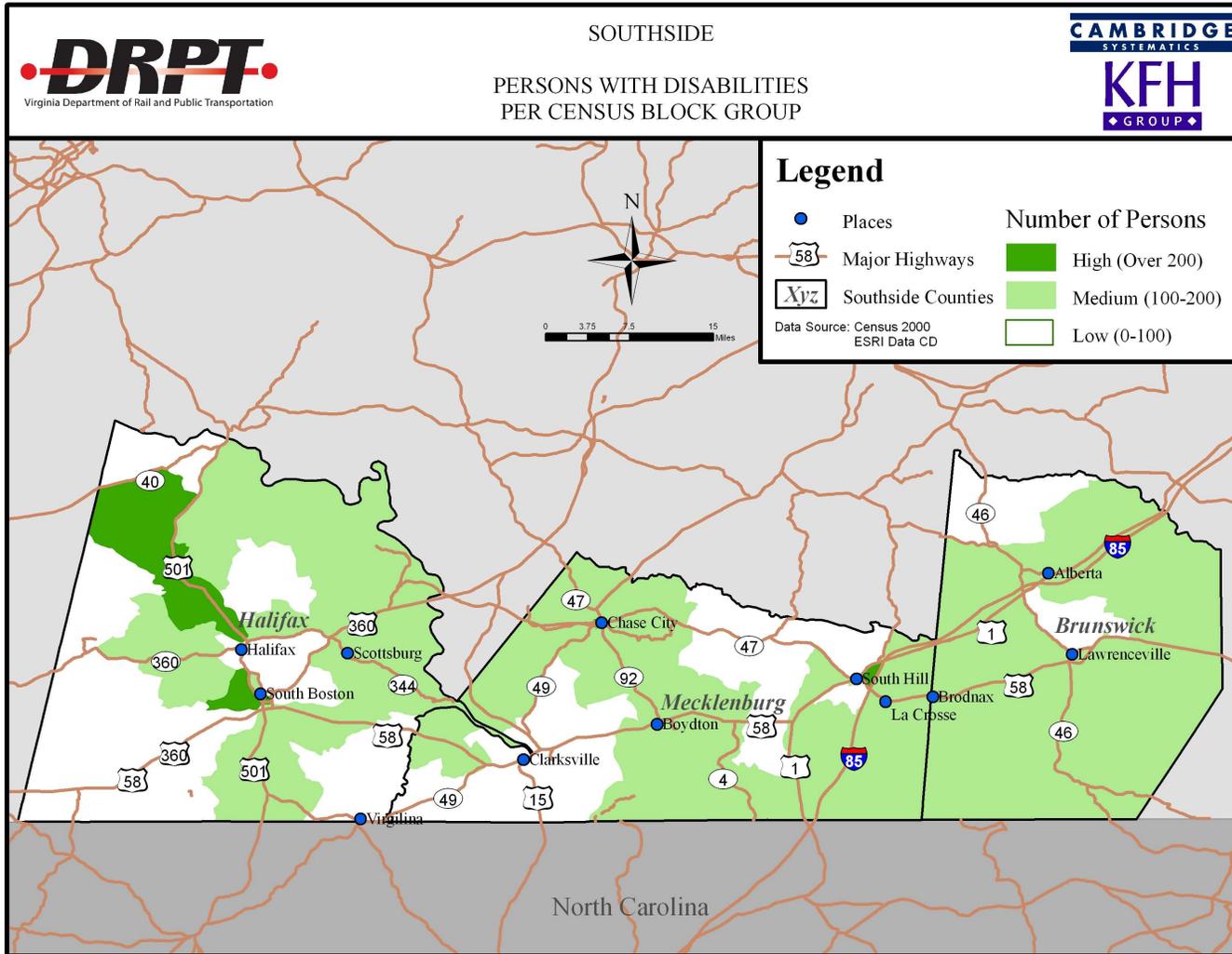


Figure 5. Persons Below Poverty Per Census Block Group

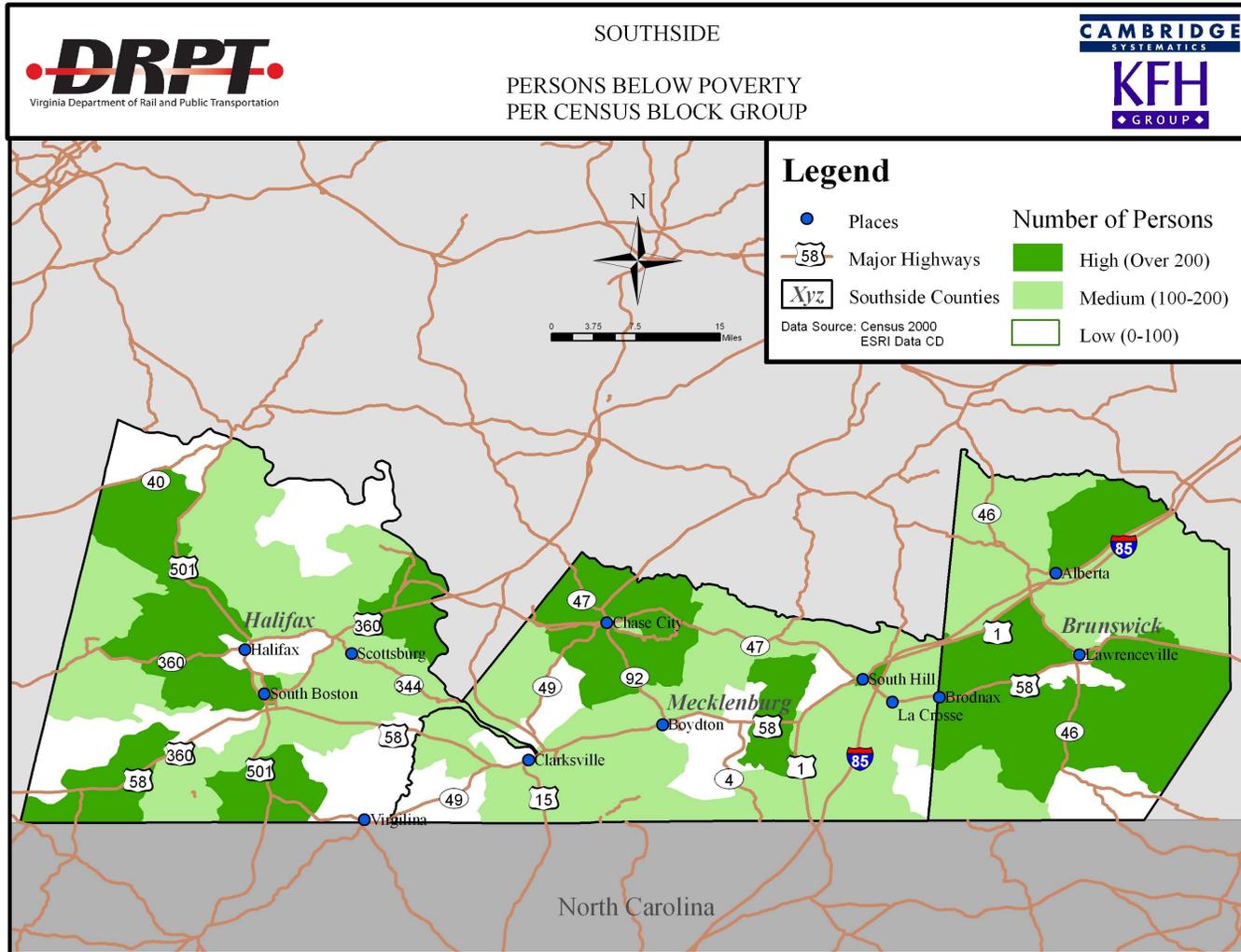


Figure 6. Autoless Households Per Census Block Group

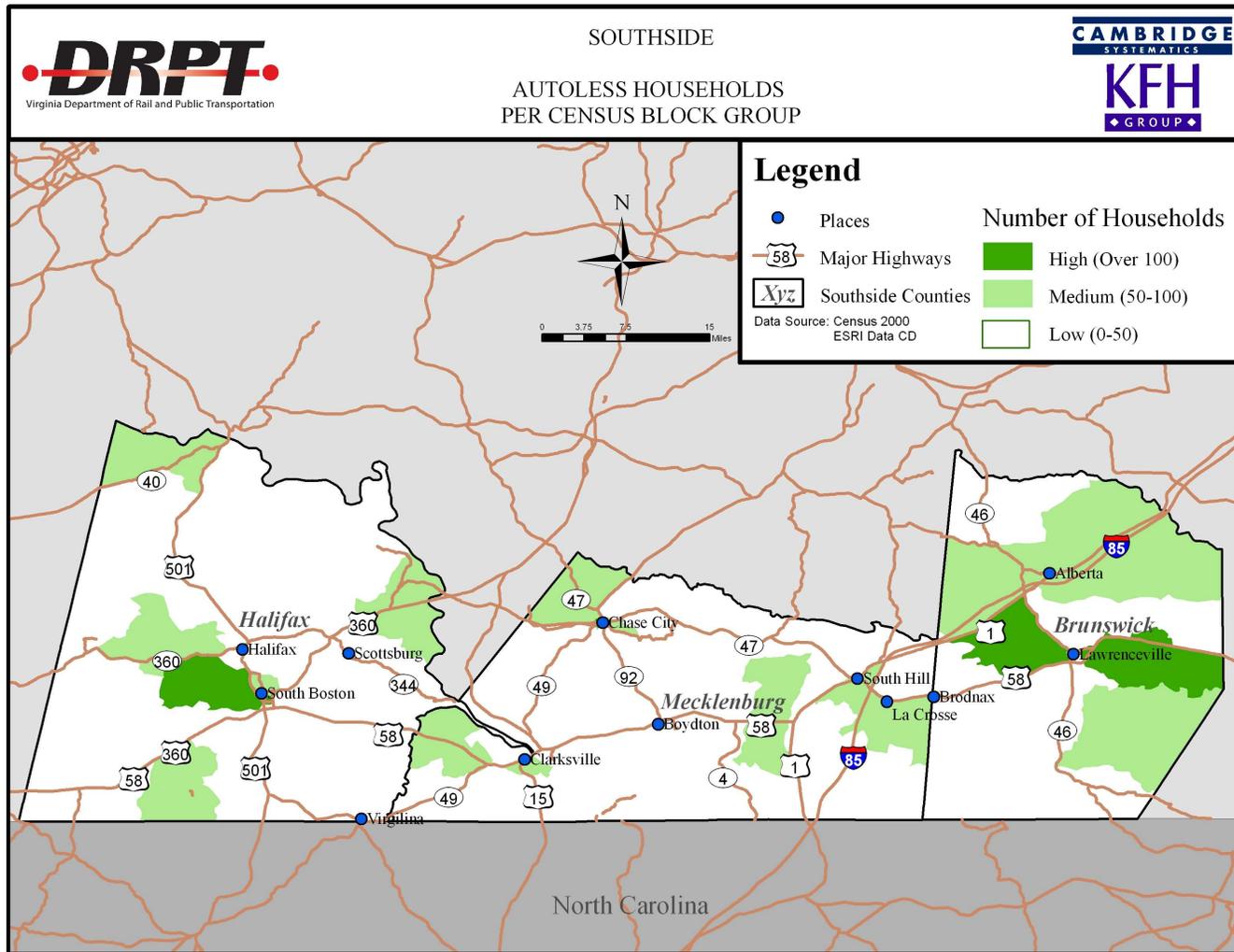


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

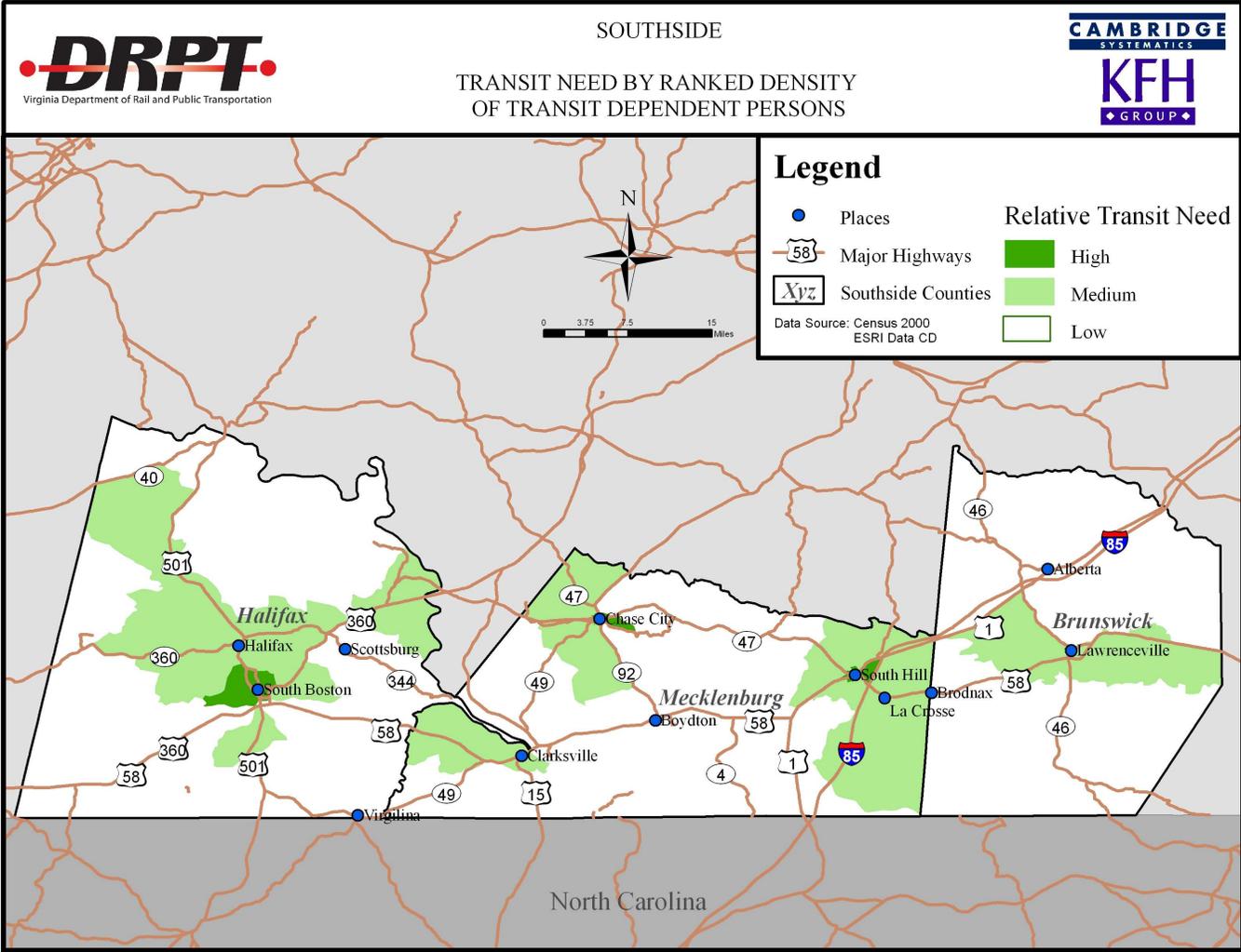
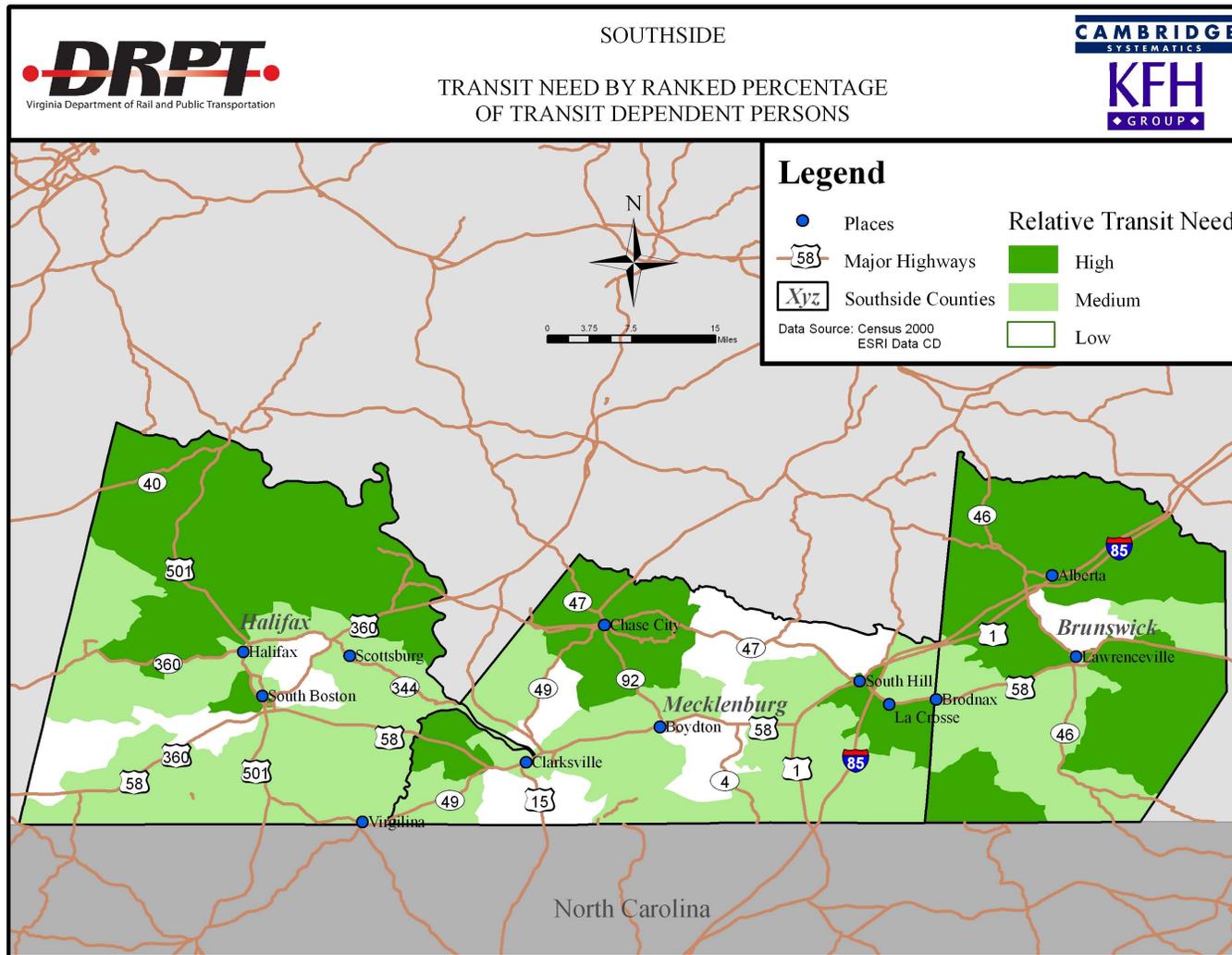


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



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 potential 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, and are listed by type and location in Table 2.

As shown in Figure 9:

- A small urban cluster, where higher concentrations of potential destinations are likely located, exists in each of the PDC's three counties, specifically in the areas of South Boston, South Hill, and Lawrenceville.
- Most of the potential destinations found in the Southside PDC are clustered around the areas of South Boston, South Hill, and Lawrenceville.

Figure 9. Potential Destinations

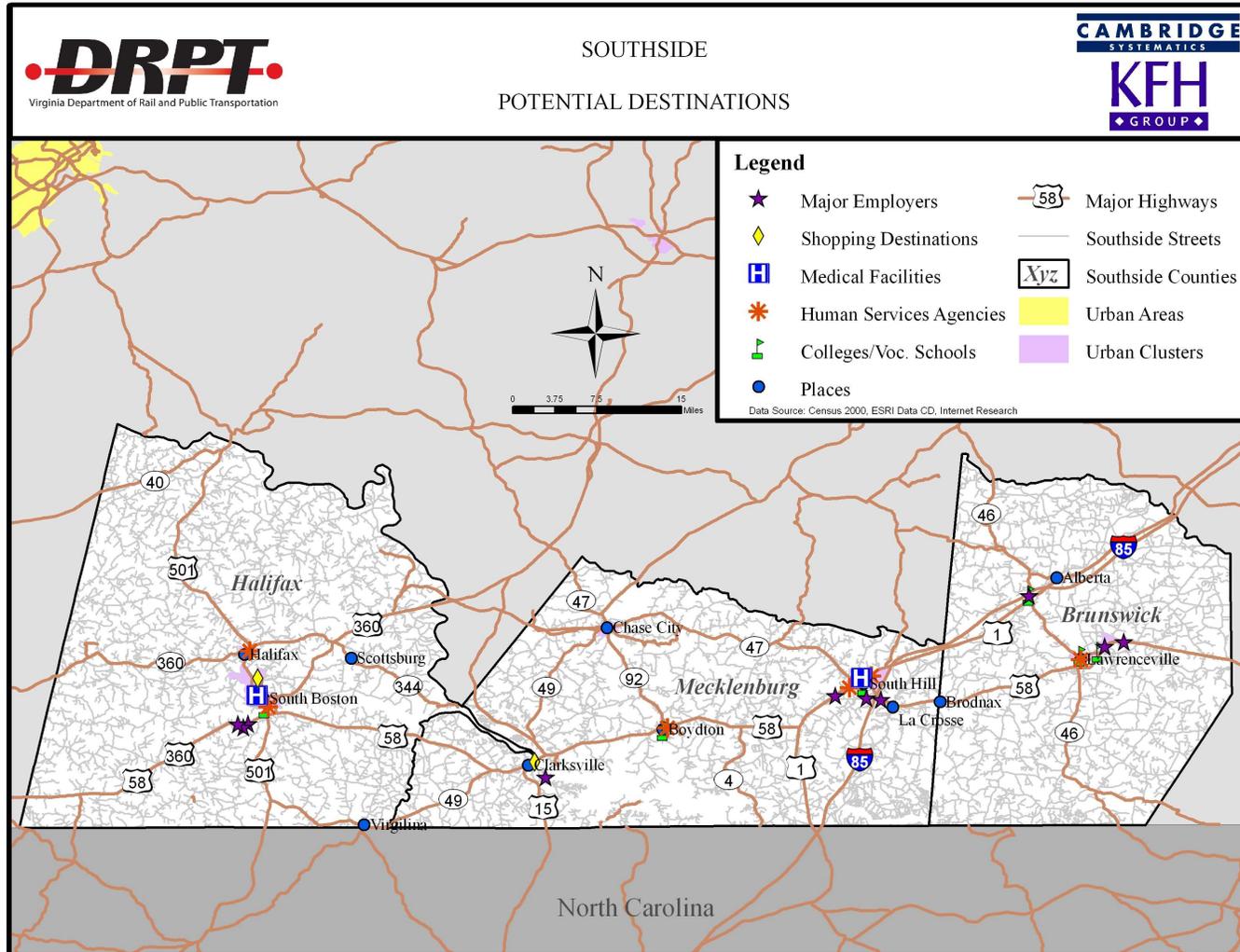


Table 2. Potential Destinations

Southside

Destinations					
Type	Name	Address	City	County	
College/Voc School	St Paul's College	115 College Dr	Lawrenceville	Brunswick	
College/Voc School	Brunswick County Tech Center	92 School Days Dr	Lawrenceville	Brunswick	
College/Voc School	Old Dominion University	109 Campus Dr	Alberta	Brunswick	
College/Voc School	Southside VA Community College	109 Campus Dr	Alberta	Brunswick	
College/Voc School	Longwood Small Business Development Center	820 Bruce St	South Boston	Halifax	
College/Voc School	Southside VA Community College	820 Bruce St	South Boston	Halifax	
College/Voc School	Mary Baldwin College	820 Bruce St	South Boston	Halifax	
College/Voc School	Southside Practical-Nursing	2204 Wilborn Ave	South Boston	Halifax	
College/Voc School	Virginia State University: Mecklenburg County Office	350 Washington St	Boydton	Mecklenburg	
College/Voc School	Lake County Advanced Knowledge	118 E Danville St	South Hill	Mecklenburg	
Human Services Agency	Brunswick County Department of Social Services (DSS)	201 Sharp St	Lawrenceville	Brunswick	
Human Services Agency	Halifax County Department of Social Services (DSS)	1030 Cowford Rd	Halifax	Halifax	
Human Services Agency	South Boston VEC Field Office	1438 Seymour Dr	South Boston	Halifax	
Human Services Agency	Lake Country Area Agency on Aging (AAA)	1105 West Danville St	South Hill	Mecklenburg	
Human Services Agency	Mecklenburg County Department of Social Services (DSS)	911 Madison St	Boydton	Mecklenburg	
Human Services Agency	South Hill VEC Field Office	910 N Mecklenburg Ave	South Hill	Mecklenburg	
Major Employer	Southside Virginia Community College	109 Campus Dr	Alberta	Brunswick	
Major Employer	Burlington Industries, Inc.	899 Burlington Dr	Clarksville	Mecklenburg	
Major Employer	Brick & Tile Corp of Lawrenceville, Inc	16144 Hwy 58	Lawrenceville	Brunswick	
Major Employer	Brunswick Correctional Center	1147 Planters Rd	Lawrenceville	Brunswick	
Major Employer	ABB Power T & D Company	2135 Philpott Rd	South Boston	Halifax	
Major Employer	Lasco Bathware Inc	931 VA State Hwy	South Boston	Halifax	
		Halifax Industrial Park			

Southside

Destinations (continued)

Type	Name	Address	City	County
Major Employer	Halifax Regional Hospital	2204 Wilborn Ave	South Boston	Halifax
Major Employer	Carlisle Motion Control	1000 Cycle Ln	South Hill	Mecklenburg
Major Employer	International Veneer Co, Inc	1551 Montgomery St	South Hill	Mecklenburg
Major Employer	Community Memorial Health Center	125 Buena Vista Circle	South Hill	Mecklenburg
Major Employer	Dollar General Distribution Center	3207 Philpott Rd	South Hill	Mecklenburg
Major Employer	Jones Apparel Group Distribution Center	170 Butts St	South Hill	Mecklenburg
Medical	Halifax Regional Hospital	2204 Wilborn Avenue	South Boston	Halifax
Medical	Community Memorial Health Center	125 Buena Vista Circle	South Hill	Mecklenburg
Shopping	Wal-Mart Supercenter Store	3471 Old Halifax Rd	South Boston	Halifax
Shopping	Virginia Avenue Mall	105 Second St	Clarksville	Mecklenburg

VI. Assessment of Available Transportation Services and Resources

This section of the Plan provides an inventory and rudimentary description of transportation services available in the Southside Planning District Commission (PDC 13) region. 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 identifying all of the public transit, human service transportation, and private transportation services in PDC 13.

The process to identify the various transportation resources available in the region was based on:

- Prior knowledge of transportation services in the region; and
- Collection of basic descriptive and operational data for the various programs.

In the collection of this information, various issues and constraints were evident:

- Fixed routes (where available) cover areas with higher populations densities and major trip destinations, but many people who are transit dependent live in lower density areas with no general public service for these pockets of transit-dependent populations.
- Services generally are available weekdays.
- Demand-responsive service is generally available weekdays only – constrained by capacity and funding.
- Funds for out-of-region travel is confined to Medicaid-eligible customers and for long distance medical trips.
- Agency services are typically available only for agency clients for specific agency-related trips.

To gain a complete picture as to the breadth of transportation services available within PDC 13, an inventory of providers (both traditional and non-traditional) was undertaken during the workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions. Also, a brief, two-page questionnaire was used to assist in the data collection effort, and was distributed at regional workshops. Participants who provide transportation service were

requested to complete the survey and send them back for additional documentation.

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) Lake Country Area on Aging (AAA)	General public, elderly, disabled, Medicaid, etc	1 primary vehicle per system; possibly add 1 fixed route to each system	Demand response; M-F 8:15am-4:30pm	2 systems: South Hill (hub) 9,000-9,500 passengers per year; Halifax (HART) 5,000-5,500 passenger trips per year
b) Southside Community Services Board (CSB)	(\$ 5310) 3 residents; shared with day program	15 passenger vans	8:30am-5:00pm	
c) Southside Training Employment and Placement Services (STEPS)	Work-related trips; purchase tokens for clients for use on BABs and Crossroads Community Services	5 (4 vehicles with wheel chair access)	Deviated fixed-route; 5:00am – 9:00am, 2:00pm – 5:00pm M-F	1,500 per month
d) LogistiCare (serves all of VA)*	Broker for non-emergency transportation for Medicaid; only transports eligible for Medicaid recipients and some Medicare; Medicaid benefits (dialysis, mental health); fee for service (conventional Medicaid Program)		24/7 service; try to schedule appointments between 10:00am-2:00pm; contract with providers (multi-load, stretcher, volunteer drivers, ambulatory, public transit accessible, gas reimbursement); service 600 facilities in VA; transport to pharmacies, discharge from hospitals	

*Not present at workshop.

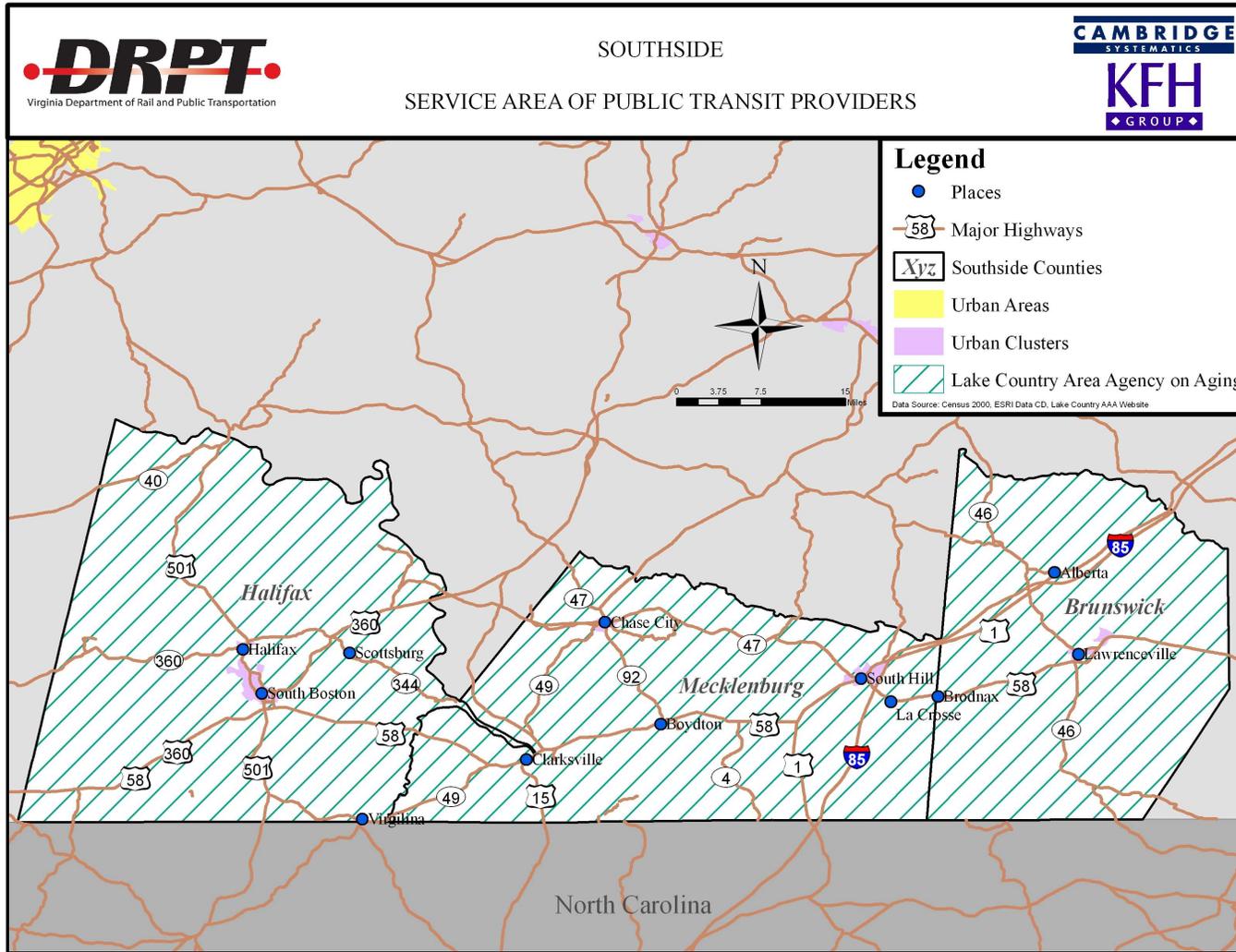
Figure 10 portrays the service area of the public transit providers in PDC 13. Lake Country AAA is the only provider that serves the general public. Also known as Lake Area Bus, Lake Country AAA is based in South Hill and serves the entire PDC. The service is know as Halifax Rural Transportation (HART) in the Halifax area.

Private Transportation Providers

In addition, the following private transportation providers were identified:

- Bower Cab Co., South Hill, VA
- Greyhound Lines, an intercity bus service that stops in South Boston and South Hill, VA
- Jackie's Cab Co., South Boston, VA
- Jeff's Cab Co., Baskerville, VA
- Mack's Cab, South Hill, VA
- Nick Walker's Taxicab, South Hill, VA
- Robert Layton Cab Services, Lawrenceville, VA
- South Boston Cab Co., South Boston, VA

Figure 10. Service Area of Public Transit Providers



VII. Assessment of Unmet Transportation Needs and Gaps

Participants from the Alberta workshop that included the Commonwealth Regional Council (PDC 14), along with representatives from the Southside (PDC 13) and Crater (PDC 19) Planning Districts, jointly provided input on specific unmet transportation needs in the region. This information was gained by focusing on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/outreach, travel training/orientation, or others).

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

- For older adults, need for transportation to medical appointments, shopping, church, synagogue, and social events
- Additionally, there is a growing need for transportation to dialysis clinics (especially non-Medicaid customers)
- Transport on weekends for caregivers to get to residences
- For persons with lower incomes and people with disabilities, the primary need is work-related transportation

Time

- Elderly patients going to dialysis cannot sit for long periods; timing issues
- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts)

Place/Destination

- For older adults, trips to various shopping destinations
- Also, trips to dialysis centers (there is only 1 hospital in PDC of 7 counties)
- For people with lower incomes, there is a need to get into town for work; many people live outside the town/transit service area
- Need to get to Industrial Parks (Farmville, South Hill, Clarkesville, Charlotte County) also for work opportunities
- For persons with disabilities, transport to work, especially for those who live outside the $\frac{3}{4}$ mile fixed route

Information/Outreach

- Client needs to let provider/ Logisticare know that they need door-through-door service
- Case workers should let customers know that hand-to-hand service is available
- Need for greater marketing of existing services
- Educating decision-makers at the local and State levels regarding funding issues
- Need for a Mobility Manager; system should be user-friendly; one phone number to call about transportation options
- One-stop shopping for transportation information in an accessible format (e.g. Aging/Disability Resource Centers)

Travel Training/Orientation

- Train groups to ride public transportation to expand people riding public transportation

Other

- Need affordable door-through-door service (limited accessible vehicles)
- Need funding a variety of vehicles- 5310 (accessible sedans, vehicles, vans)
- Expand service for those people who live outside the ¼ mile of fixed-route
- For rural counties, it is difficult to obtain a local match; address the funding formula using a sliding scale
- Need connectivity between transit systems (Blackstone Area Bus, Farmville Area Bus, etc.) and an expanded regional service
- Need weekend, evening service (e.g., night shifts); more drivers on Sundays
- Need volunteer driver programs (some faith-based ones exist)
- Need to fill gaps where customers don't qualify for programs
- Need to fill gaps for customers who live outside the ¼ mile transit service area

VIII. Identified 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 key local stakeholders in the region, a preliminary list of strategies was generated. These “strategies” differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants endorsed the following strategies, as listed below:

-
1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
 2. Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
 3. Build coordination among existing public transportation and human service transportation providers.
 4. Provide targeted shuttle services to access employment opportunities.
 5. Expand outreach and information on available transportation options in the region, including the establishment of a centralized point of access.
 6. Implement new public transportation services or operate existing public transit services on more frequent basis.
 7. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
 8. Provide flexible transportation options and more specialized one-to-one services through expanded use of volunteers.
 9. Expand access to taxi services and other private transportation operators.

10. Bring new funding partners to public transit/human service transportation.

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, ten specific strategies to meet these needs in PDC 13 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues that each address, potential projects that correspond to each strategy, and potential funding sources through the three programs that require the coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to support and maintain capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

Unmet Needs/Issues Strategy Will Address:

- Transportation to medical appointments, shopping, church, synagogue, and social events.
- Growing need for transportation to dialysis clinics, especially non-Medicaid customers.
- Work-related trips for persons with lower incomes and people with disabilities.
- Funding for a variety of vehicles, especially accessible vehicles.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of coordinated transportation services for older adults, people with disabilities and people with lower incomes, including ensuring appropriate back-up vehicles and operational wheelchair lift equipment.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs, as listed below. The primary expense for vehicle expansion would be operating costs—including driver salaries, fuel, and vehicle maintenance. Additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Expanded service for people who live outside the ¼ mile of fixed route or public transit service area.
- Transportation to medical appointments, shopping, church, synagogue, and social events.
- Transportation services on weekends.
- Transportation to accommodate various work shifts.
- Need to fill transportation gaps where customers do not qualify for programs.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Expand current demand-response systems to serve trips outside ADA service area.
- Expand current demand-response systems to serve work locations, medical facilities, shopping centers, and other community locations.
- Expand hours and days of current demand response systems to meet additional service needs.

Strategy: Build coordination among existing public transportation and human service transportation providers.

Once the services that are available are quantified, there may be opportunities to improve connections between providers and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Funding for a variety of vehicles, especially accessible vehicles.
- Limited number and availability of accessible vehicles.
- Need connectivity between transit systems (Blackstone Area Bus, Farmville Area Bus, etc.) and an expanded regional transportation services.
- Difficulty in obtaining local match.
- Need for a mobility manager, with a user friendly system with one phone number to call about transportation options.
- One-stop shopping for transportation information in an accessible format (e.g. Aaina/Disability Resource Centers).

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers and address barriers that hinder coordination efforts, including:
 - Helping establish inter-agency agreements for connecting services or sharing rides.
 - Exploring opportunities for combining various federal funding sources or for access new funding sources.
 - Exploring technologies that simplify access to information on services.
 - Coordinate driver training.

Strategy: Provide targeted shuttle services to access employment opportunities.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Transportation to accommodate various work shifts.
- Need for people with lower incomes to have access to jobs in towns.
- Need for transportation to access industrial parks and job opportunities in Farmville, South Hill, Clarkesville, Charlotte County, Charlottesville, Petersburg, and other work locations.

Potential Funding Sources:

- JARC

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.

Strategy: Expand outreach and information on available transportation options in the region, including the establishment of a centralized point of access.

A greater emphasis can be placed not only on the coordination of actual services, but also on outreach and information sharing to ensure that people with limited mobility are aware of the transportation services available to them. This strategy presents an opportunity for a mobility manager project whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Need for caseworkers to help educate and inform customers regarding the transportation services available to them.
- Need for greater marketing of existing services.
- Need for a mobility manager, with a user friendly system with one phone number to call about transportation options.
- One-stop shopping for transportation information in an accessible format (e.g. Aging/Disability Resource Centers).

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearing- house on available public transit and human services transportation in region.
- Implement new or expand outreach programs that provide customers and human service agency staff with information on available transportation services.
- Procure technology to establish an information clearinghouse.

Strategy: Implement new public transportation services or operate existing public transit services on more frequent basis.

The service hours for public transit in PDC 13 are limited. New or expanded services in the evenings and on weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

Unmet Needs/Issues Strategy Will Address:

- Need transportation services in evenings and on weekends.
- Transportation to accommodate various work shifts.
- Need to fill transportation gaps where customers do not qualify for programs.

Potential Funding Sources:

- JARC

Potential Projects:

- Expand public transit services to unserved or underserved areas.
- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed route services as possible.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure that those who assist others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Train groups to ride public transportation to expand the number of people using public transit.
- Need for caseworkers to help educate and inform customers regarding the transportation services available to them.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Provide flexible transportation options and more specialized one-to-one services through expanded use of volunteers.

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Need for affordable door-through-door services.
- Need volunteer driver programs (some faith-based ones exist).

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or timeframe needs.
- Implement escort/aide program for customers who may need additional assistance to travel.

Strategy: Expand access to taxi services and other private transportation operators.

While taxi service and private transportation providers in the region are either non-existent or extremely limited, these services may be the best options for area residents for evenings and for same-day transportation needs; albeit they are much more costly. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- Accommodate variable transportation needs.
- Work-related trips for persons with lower incomes and people with disabilities.
- Transportation to medical appointments, shopping, church, synagogue, and social events.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Purchase accessible vehicles for use in taxi services.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is constantly growing, and one of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting these riders to their sites.

Unmet Needs/Issues Strategy Will Address:

- Educating decision makers at the local and State levels regarding funding issues.
- For rural counties, it is difficult to obtain local match.
- Work-related trips for persons with lower incomes and people with disabilities.

Potential Funding Sources:

- JARC

Potential Projects:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and 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, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan.

At the third workshop, a more formal endorsement process was discussed with workshop participants. Ultimately, 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

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region to develop an ongoing structure to serve as the foundation for future coordinated transportation planning efforts

While formal responsibilities and organizational roles will be determined locally in the future, it is anticipated that this ongoing structure will:

- Lead updates for the *Coordinated Human Service Mobility Plan* for PDC 13 based on local needs (but at the minimum FTA required cycle);
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

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

Final Register Notices: 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.

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.

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:

An assessment of available services that identifies current transportation providers (public, private, and non-profit);

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);

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

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.

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.

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.

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.

Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at 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.

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.

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.

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:

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.

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:

Transportation partners:

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;

Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);

Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;

Non-profit transportation providers;

Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and

Human service agencies funding, operating, and/or providing access to transportation services.

Passengers and advocates:

Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);

Protection and advocacy organizations;

Representatives from independent living centers; and

Advocacy organizations working on behalf of targeted populations.

Human service partners:

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;

Non-profit human service provider organizations that serve the targeted populations;

Job training and placement agencies;

Housing agencies;

Health care facilities; and

Mental health agencies.

Other:

Security and emergency management agencies;

Tribes and tribal representatives;

Economic development organizations;

Faith-based and community-based organizations;

Representatives of the business community (e.g., employers);

Appropriate local or State officials and elected officials;

School districts; and

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).

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.

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 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.

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.

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.

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.

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

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

1st Workshop – PDCs 13, 14, 19

Name	Organization	Type	County	Phone	E-mail
Ed Taylor	Lake Country AAA	Mecklenburg	AAA	434-447-7661	lakecaaa@lcaaa.org
Johnny Cleaton	Lake Country AAA	Mecklenburg	AAA	434-447-7661	lakecaaa@lcaaa.org
Ellie Jacobs	Southside Community Service Board	Halifax, Brunswick, Mecklenburg	CSB	434-572-6916	ejacobs@sscsb.org
Debra Smith	Crossroads CSB	Region IV	CSB	434-983-9634	dsmith@crossroadscsb.org
Ron Lucas	Hanover County CSB	Hanover	CSB	804-365-4216	rglucas@co.hanover.va.us
Jessie R. Evans, JR.	Disability Service Board	Henrico	DSS	804-755-6751	jevans@jecarrass.net
Shel Douglas	Dinwiddie Social Services	Dinwiddie	DSS	804-469-4524	sbd053@central.dss.state.va.us
James P. Scott III	Adult Activity Services, Inc.	Greensville	HS	434-634-2124	sgeaas@verizon.net, sgeaas@3rddoor.com
Ryan Follett	STEPS	Southside area	HS	434-696-1117	rfollett@steps-inc.org
Kim Marshall	STEPS	Southside area	HS	434-696-1117	kmarshall@steps-inc.org
Judy Jarratt	Logisticare	Statewide	MTP	804-263-1570	judyj@logisticare.com
Melody Foster	Commonwealth Regional Council	CRC	PDC	434-392-6104	mfostercrc@ntelos.net
Julie Adams	Farmville Area Bus	Prince Edward	PT	434-392-RIDE	fab@moonstar.com
Beverly Dunnivant	DRS - Farmville	Prince Edward	SD	434-342-8189	beverly.dunnivant@drs.virginia.gov
Angela Edmonds	Dept. of Rehab Services - Farmville	Prince Edward	SD	434-392-8189	angela.edmonds@drs.virginia.gov
Kathy Miller	Va Dept. for the Aging		SD	804-662-9341	kathy.miller@vda.virginia.gov
Pam Smith	CARE	Prince Edward		434-392-8618	
Jennifer Beck	Town of Blackstone	Nottoway		434-292-3550	jhouseman@hovac.com

'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

2nd Workshop – PDCs 13, 14, 19

Name	Organization	County	Phone	E-mail
Ellie Jacobs	Southside Community Services Board	Halifax	434-572-6916	ejacobs@sscsb.org
Jim Scott	Sussex-Greenville-Emporia Adult Activity Services, inc.	Dist 19	434-634-2124	sgeaas@verizon.net
Johnny Cleaton	Lake Country Area Agency on Aging (AAA)	Meck/13	434-447-7661	transportation@lcaaa.org
Julie Adams	Farmville Area Bus	Prince Edward	434-392-7433	fab@moonstar.com
Joe Hubbard	District 19 SCB	Dist 19	804-862-8054	Jhubbard@d19csb.com
Deb Smith	Crossroads CSB	PDC 14	434-392-5920	dsmith@crossroadscsb.org
Ben Dunnavant	Dept. of Rehabilitative Services	PDC 14	434-392-8189	BeverlyDunnav@drs.va.gov
Melody Foster	Commonwealth Regional Council	PDC 14	434-392-6104	mfostercrc@ntelos.net
Judith C. Johnson	Brain Injury Association of VA	City of Lynchburg	540-525-4515	judith@biav.net
Donna Shaunessey	JAUNT, Inc.	Buckingham	434-296-3184	donnas@ridejaunt.org
Andy Sorrel	Cumberland County	Commonwealth	804-492-3520	asorrell@cumberlandcounty.virginia.gov
Kimberly Marshall	STEPS, Inc.	Southside	434-696-1117	kmarshall@STEPS-Inc.org
Will Rogers	Crossroads Community Services	Commonwealth	434-382-7049	wrogers@crossroadscsb.org
Neil Sherman	DRPT		804-786-1154	Neil.sherman@drpt.virginia.gov

3rd Workshop – PDCs 13, 14, 19

Name	Organization	County/PDC	Phone	E-mail
Joe Vinsh	Crater Planning District	PDC 19	804-861-1666	jvinsh@cad.state.va.us
Johnny Cleaton	Lake Country Area Agency on Aging (AAA)	Meck/13	434-447-7661	transportation@lcaaa.org
Julie Adams	Farmville Area Bus	Prince Edward	434-392-7433	fab@moonstar.com
Joe Hubbard	District 19 SCB	PDC 19	804-862-8054	Jhubbard@d19csb.com
Debbie Taylor	JAUNT, Inc.	Buckingham	343-296-6174	debbiet@ridejaunt.org
Jim Scott	Adult Activity Services		434-634-2124	sgeqas@verizon.net
Shel Douglas	Dinwiddie Social Services	Dinwiddie	804-469-4524	Sbd053@central.dss.state.va.us
Melody Foster	Commonwealth Regional Council	PDC 14	434-392-6104	mfostercrc@ntelos.net
Jack Smith	VA Department of Rehabilitative Services	PDC 14	434-315-5905	jacksmith@drs.virginia.gov
Kimberly Marshall	STEPS, Inc.	Southside	434-315-5905 434-696-1117	kmarshall@STEPS-Inc.org
Debra A Smith	Crossroads CSB	Commonwealth	434-392-5920	dsmith@crossroadscsb.org

Appendix E – Demographics of Potentially Transit Dependent Persons

Southside

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Sq Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Auto-less Households
510259901001	Brunswick	65.2	551	1140	17.5	272	138	125	55
510259901002	Brunswick	48.9	303	645	13.2	142	89	149	31
510259901003	Brunswick	47.1	430	848	18.0	198	123	101	52
510259901004	Brunswick	41.7	532	1125	27.0	244	136	219	64
510259902001	Brunswick	27.8	400	858	30.8	176	138	108	18
510259902002	Brunswick	22.9	423	1267	55.2	175	82	111	18
510259902003	Brunswick	0.8	4	2410	2,916.8	25	0	0	0
510259902004	Brunswick	0.4	292	615	1,526.1	116	64	86	16
510259902005	Brunswick	39.6	783	1997	50.4	424	152	476	141
510259902006	Brunswick	10.9	373	809	74.0	213	118	52	25
510259902007	Brunswick	31.9	537	1054	33.1	277	178	228	116
510259903001	Brunswick	66.1	480	993	15.0	219	122	250	67
510259903002	Brunswick	51.2	516	1180	23.0	245	144	203	29
510259903003	Brunswick	35.9	564	926	25.8	243	115	157	25
510259903004	Brunswick	30.4	677	993	32.6	308	152	33	26
510259903005	Brunswick	45.2	676	1559	34.5	283	185	261	47
510839901001	Halifax	35.1	564	1267	36.1	283	136	256	69
510839901002	Halifax	33.9	548	1139	33.6	257	146	184	33
510839901003	Halifax	50.7	407	818	16.1	197	134	94	30
510839902001	Halifax	30.2	440	1010	33.4	244	120	132	49
510839902002	Halifax	31.6	412	886	28.1	198	99	91	55
510839902003	Halifax	33.9	668	1488	43.9	328	205	225	45
510839902004	Halifax	41.6	421	897	21.6	176	75	156	32
510839902005	Halifax	30.8	648	1517	49.2	326	182	255	73
510839902006	Halifax	37.2	557	1234	33.1	236	262	313	46
510839902007	Halifax	24.8	380	834	33.6	185	143	107	45
510839903001	Halifax	13.9	580	1279	91.9	308	171	143	18
510839903002	Halifax	42.1	468	1054	25.1	224	65	123	30
510839903003	Halifax	31.3	424	989	31.6	198	77	192	54
510839903004	Halifax	40.3	591	1377	34.1	254	155	301	38
510839903005	Halifax	46.1	445	978	21.2	219	67	252	22
510839903006	Halifax	40.7	328	692	17.0	159	28	42	31

Southside

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

Block Group Number	County	Land Area (Sq Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Auto-less Households
510839903007	Halifax	14.2	356	758	53.4	173	43	34	20
510839904001	Halifax	44.6	472	1037	23.2	237	108	132	13
510839904002	Halifax	26.5	625	1408	53.0	308	124	106	24
510839904003	Halifax	29.8	379	765	25.7	217	77	78	8
510839904004	Halifax	24.2	353	695	28.7	157	59	95	20
510839905001	Halifax	32.4	362	747	23.1	167	94	137	24
510839905002	Halifax	16.9	411	981	58.2	182	102	107	49
510839905003	Halifax	11.5	471	1074	93.1	207	51	79	10
510839905004	Halifax	12.9	646	1443	111.9	272	53	193	47
510839906001	Halifax	5.7	466	1017	177.5	206	82	88	21
510839906002	Halifax	4.0	487	1277	315.7	284	84	78	40
510839906003	Halifax	20.5	865	1932	94.2	273	174	501	164
510839906004	Halifax	7.4	932	2186	295.2	735	225	587	173
510839908001	Halifax	2.0	553	1209	594.6	285	73	242	79
510839908002	Halifax	1.5	793	1689	1,122.3	485	193	104	76
510839908003	Halifax	0.9	901	1678	1,945.8	416	210	304	104
511179901001	Mecklenburg	21.5	506	1198	55.6	197	126	133	39
511179901002	Mecklenburg	5.6	424	883	158.4	171	112	170	51
511179901003	Mecklenburg	20.0	416	900	45.1	214	159	131	52
511179901004	Mecklenburg	11.5	646	964	83.8	278	106	77	25
511179901005	Mecklenburg	27.1	1916	1402	51.7	467	186	153	36
511179902001	Mecklenburg	2.0	511	1118	572.5	240	217	213	58
511179902002	Mecklenburg	0.5	370	883	1,842.4	373	70	113	32
511179902003	Mecklenburg	5.9	345	742	125.5	152	71	189	69
511179902004	Mecklenburg	0.6	374	809	1,400.2	131	165	277	66
511179902005	Mecklenburg	9.8	357	818	83.3	175	106	76	10
511179902006	Mecklenburg	16.2	681	1526	94.1	353	99	120	18
511179903001	Mecklenburg	52.5	465	1443	27.5	238	81	175	26
511179903002	Mecklenburg	35.6	439	933	26.2	181	68	232	67
511179903003	Mecklenburg	19.1	394	908	47.5	189	126	144	7
511179904001	Mecklenburg	48.3	561	1225	25.4	277	110	334	47
511179904002	Mecklenburg	28.4	553	1165	41.0	310	192	247	29
511179904003	Mecklenburg	26.5	687	1427	53.9	285	177	310	73
511179904004	Mecklenburg	2.1	432	821	390.6	240	157	142	64
511179904005	Mecklenburg	0.6	568	1179	1,991.0	286	322	306	102
511179905001	Mecklenburg	35.4	778	1219	34.4	263	133	111	34
511179905002	Mecklenburg	18.6	464	797	42.8	202	43	68	19

Southside

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

Block Group Number	County	Land Area (Sq Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Auto-less Households
511179906001	Mecklenburg	38.2	590	1251	32.7	278	133	108	45
511179906002	Mecklenburg	37.1	578	1675	45.1	252	123	82	34
511179906003	Mecklenburg	29.3	365	678	23.2	182	29	164	31
511179907001	Mecklenburg	28.5	776	1353	47.5	305	75	104	16
511179907002	Mecklenburg	43.1	1102	1194	27.7	341	134	170	37
511179908001	Mecklenburg	26.6	359	745	28.0	162	74	91	13
511179908002	Mecklenburg	23.5	668	1254	53.2	296	101	193	76
511179908003	Mecklenburg	6.6	514	943	143.8	284	97	47	15
511179908004	Mecklenburg	3.3	564	927	285.1	303	41	105	61
		2,009.4	41,897	88,154	18,337.6	19,581	9,386	13,075	3,524