

Thomas Jefferson Planning District Commission (PDC 10) Coordinated Human Service Mobility Plan

Counties: Albemarle, Fluvanna,
Greene, Louisa, and
Nelson

City: Charlottesville

June 2008

prepared for
Virginia Department of Rail and Public Transportation

prepared by
Cambridge Systematics, Inc.
and
KFH Group



**Thomas Jefferson Planning District Commission (PDC 10)
Coordinated Human Service Mobility Plan
June 2008**

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I. Executive Summary

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute, 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 Thomas Jefferson Planning District (PDC 10) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 10, and includes the following four required elements:

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

Information on available transportation services and resources in PDC 10 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 10, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.

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

The 13 strategies identified during the planning process 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 10 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 these goals, the planning process involved:

- Quantitative analyses to identify resources, needs, and potential partners;
- Qualitative activities including public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services, undertaken to provide initial informational 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 CHSM Plans for rural and small urban areas of the Commonwealth. While these plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans also take a broad view of the mobility issues faced daily by older adults, people with disabilities, and people with lower incomes in Virginia.

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.

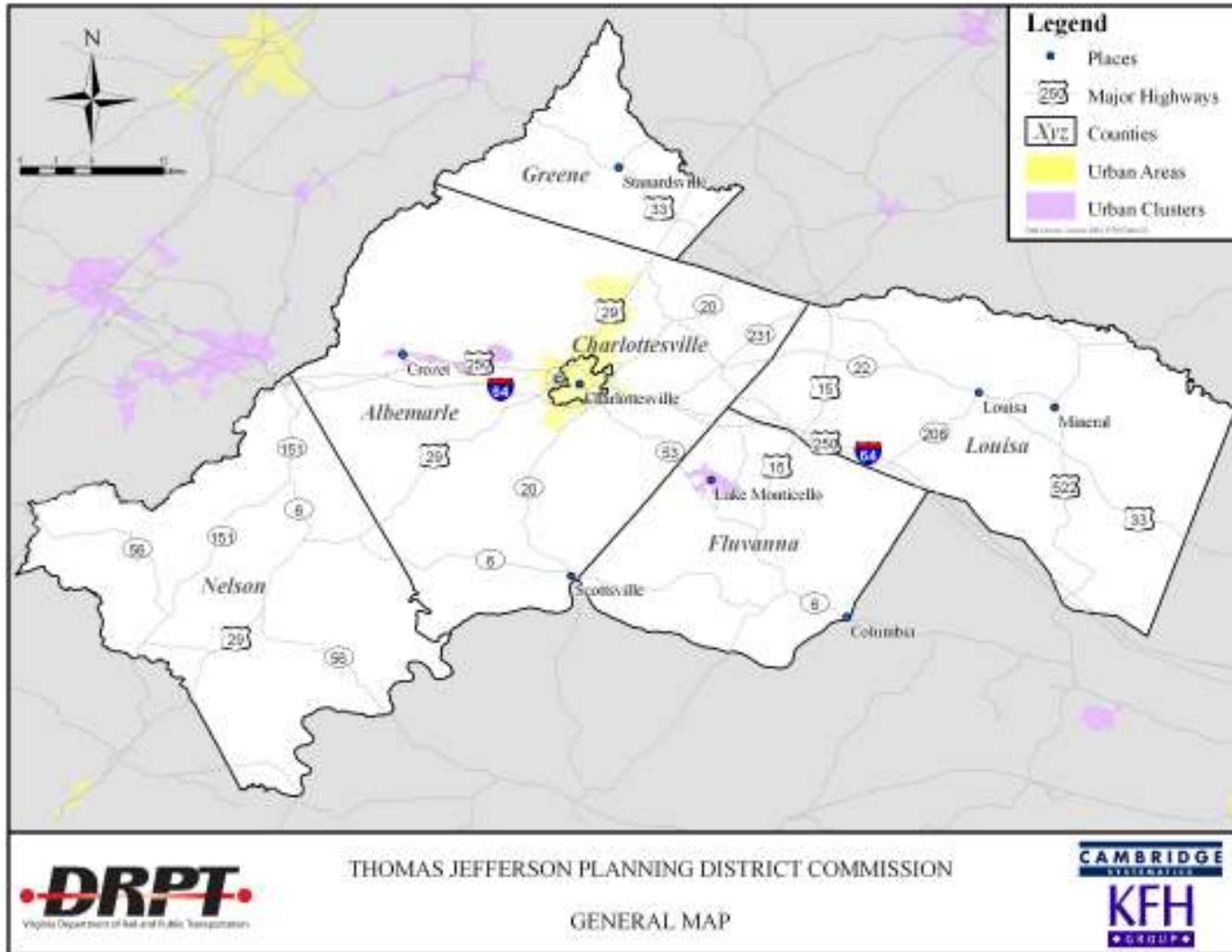
This CHSM Plan is for the Thomas Jefferson Planning District Commission (PDC 10). Shown in Figure 1, PDC 10 is located in the central region of the Commonwealth, and includes Albemarle, Fluvanna, Greene, Louisa, and Nelson Counties and the City of Charlottesville. Aside from Charlottesville, Crozet, and Lake Monticello, PDC 10 is largely rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

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

In addition, previous to the workshops a variety studies and plans were completed in portions of the region. These include:

- The Thomas Jefferson PDC produced a summary of transit-related plans and studies in the Charlottesville-Albemarle area. This summary can be found on their Web site at --
<http://www.tjpd.org/pdf/RTA/Vision%20Item%203.pdf>

Figure 1. Geography of Thomas Jefferson Planning District Commission (PDC 10)



- The Jefferson Area Disability Services Board (JADSB), staffed by the Thomas Jefferson PDC, completed a 2006 Needs Assessment that included transportation as one of the core areas. More information on this needs assessment is available on the PDC 10 Web site -- <http://www.tjpdc.org/housing/dsb/needsassess05.asp>.
- Work to develop a Regional Transit Authority (RTA) Plan for the Charlottesville-Albemarle Region began in May 2007. This RTA Study builds upon previous RTA efforts including development of the Regional Transit Vision and the November 2006 Regional Transit Work Session. The process is addressing three key components of regional transit: management and governance, service and operations, and cost estimation and funding. More information on the RTA Plan and outcomes to this point are also available on the PDC 10 Web site at -- <http://www.tjpdc.org/transportation/RTA.asp>

III. Background

In August 2005, the President signed into law SAFETEA-LU, legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the FTA's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (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);
- An 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;
- 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 (JARC)

The 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 to receive funding for both capital (80/20 match) and operating (50/50 match) costs.

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 possible 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 August 10, 2005, 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 to receive funding for both capital (80/20 match) and operating (50/50 match) costs. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for funding for both capital (80/20 match) and operating (50/50 match) costs. Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

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

Table 1. Program Information

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

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

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

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

3.3 Coordination of Public Transit and Human Service Transportation in PDC 10

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops. Details regarding outreach efforts in the Thomas Jefferson PDC 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

A more specific discussion that occurred at the local workshop identified JAUNT and Charlottesville Transit Service (CTS) as the key agencies for providing coordinated service in PDC 10. More information on JAUNT and CTS services is included in the “Table 3 Inventory of Available Services” in Section VI of this plan.

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

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; the Aging; the Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; as well as the 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 from PDC 10 participated in the Weyers Cave workshop on April 23, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach, information on

the Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

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

Participants from PDC 10 were invited to a subsequent workshop, held in Charlottesville on November 30, 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 full listing of workshop participants is included in Appendix D.

4.3 Opportunities to Comment on Plan

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

V. Demographics and Potential Destinations

To provide an informational framework for PDC 10's CHSM Plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and over), persons living below the poverty level, and 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, for the potentially transit dependent populations and autoless households are included in Appendix E. To fulfill the requirements for this plan, and to maintain consistency among CHSM Plans throughout the State, demographic data for PDC 10 was collected at the block group level. It is acknowledged that the geographic area of some block groups is large, and population numbers for a denser, urban area may misrepresent surrounding rural areas in the same block group. The maps in this CHSM Plan are meant to indicate general areas of need within the region, rather than pinpoint exact locales for such purposes as transit service planning. Future updates of this plan will provide opportunities to examine the demographic data more closely, at the census block level for example, as needed.

Mapping the geographic distribution of the population segments described above helped to visualize the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four population segments were then combined into aggregate measures of transportation need, and evaluated 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 compare the PDC's areas of high density with areas of high numbers of potentially transit dependent persons, portrayed in the maps for each population segment.

The results of the process are summarized in this section, and are intended to help identify major factors in the coordinated transportation planning process: 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. Fixed-route transit is typically more practical and successful in areas with 1,000-2,000 or more persons per square mile, while specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population of over 500 people per square mile.
- Charlottesville is the only city that has block groups with more than 2,000 persons per square mile.
- Charlottesville, Lake Monticello, and Crozet contain population densities in the medium and low ranges, between 500 and 2,000 persons per square mile.

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

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 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:

- Aside from a few small areas around Charlottesville, all of Thomas Jefferson's block groups have at least 100 older adults.
- The majorities of Nelson, Fluvanna, and Louisa Counties have more than 200 older adults per census block group, as do northern Albemarle and Greene Counties.
- Eastern Nelson and Greene Counties as well as sections of Albemarle and Louisa Counties are in the medium range, with 100-200 older adults per block group.

As shown in Figure 4:

- Clusters in southwestern Nelson County, northern Louisa County, and around Charlottesville are in the high range with more than 200 individuals with disabilities per block group.
- Areas with a medium number (100-200) of people with disabilities per block group are spread throughout the region, particularly in Nelson, Fluvanna, and Louisa Counties
- Significant portions of Albemarle, Fluvanna, and Greene Counties and Charlottesville have block groups in the low range with less than 100 people with disabilities.

As shown in Figure 5:

- Sections of Nelson, Louisa, and Albemarle Counties, southwestern Greene County, and Charlottesville have block groups with a high number of persons below poverty.
- Central Nelson County, eastern Greene County, portions of Louisa, Fluvanna, and Albemarle Counties, and Charlottesville all have block groups in the medium range.
- The majority of Albemarle County and clusters spread throughout the PDC have less than 100 persons below poverty per block group.

Autoless Households

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

As shown in Figure 6:

- Charlottesville and Louisa City are the only places that have block groups with more than 100 autoless households.
- The northern portion of Nelson and Louisa Counties, along with areas south of Crozet and east of Lake Monticello, has 50-100 autoless households per block group.
- The majorities of Greene, Albemarle, and Fluvanna Counties have less than 50 autoless households per block group, as do the southern ends of Nelson and Louisa Counties.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, and persons below poverty, and 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 could not 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 was ranked. Then all the rankings were summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentration of potentially transit dependent persons is in Charlottesville.
- The next highest ranking block groups are located around Charlottesville as well as Crozet, Stanardsville, Louisa city, Lake Monticello, and Scottsville.
- Outside these major towns, the areas are in the low range for relative transit need based on ranked density.

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

As shown in Figure 8:

- The results of this ranking show a greater distribution of block groups in the high range, especially in Nelson County, southern Albemarle and Fluvanna Counties, northern Louisa County, and western Greene County.
- Large portions of Fluvanna, Louisa, and Greene Counties have block groups with medium relative transit need based on ranked percentage, as does the eastern part of Albemarle County and Charlottesville.
- The central part of the PDC, especially outside Charlottesville, has relatively low proportions of transit dependent persons.

Figure 2. Population Density Per Census Block Group

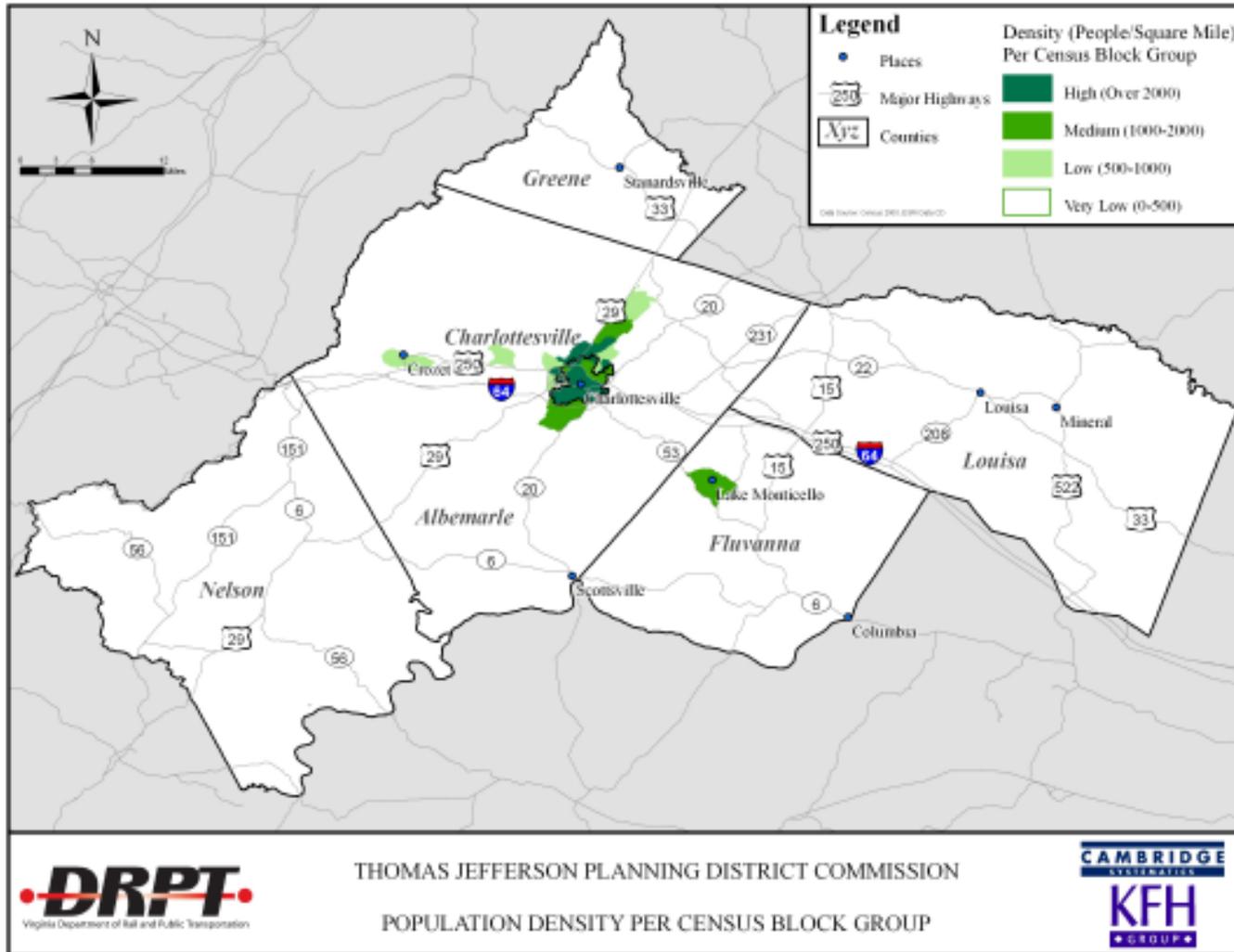


Figure 4. Persons With Disabilities Per Census Block Group

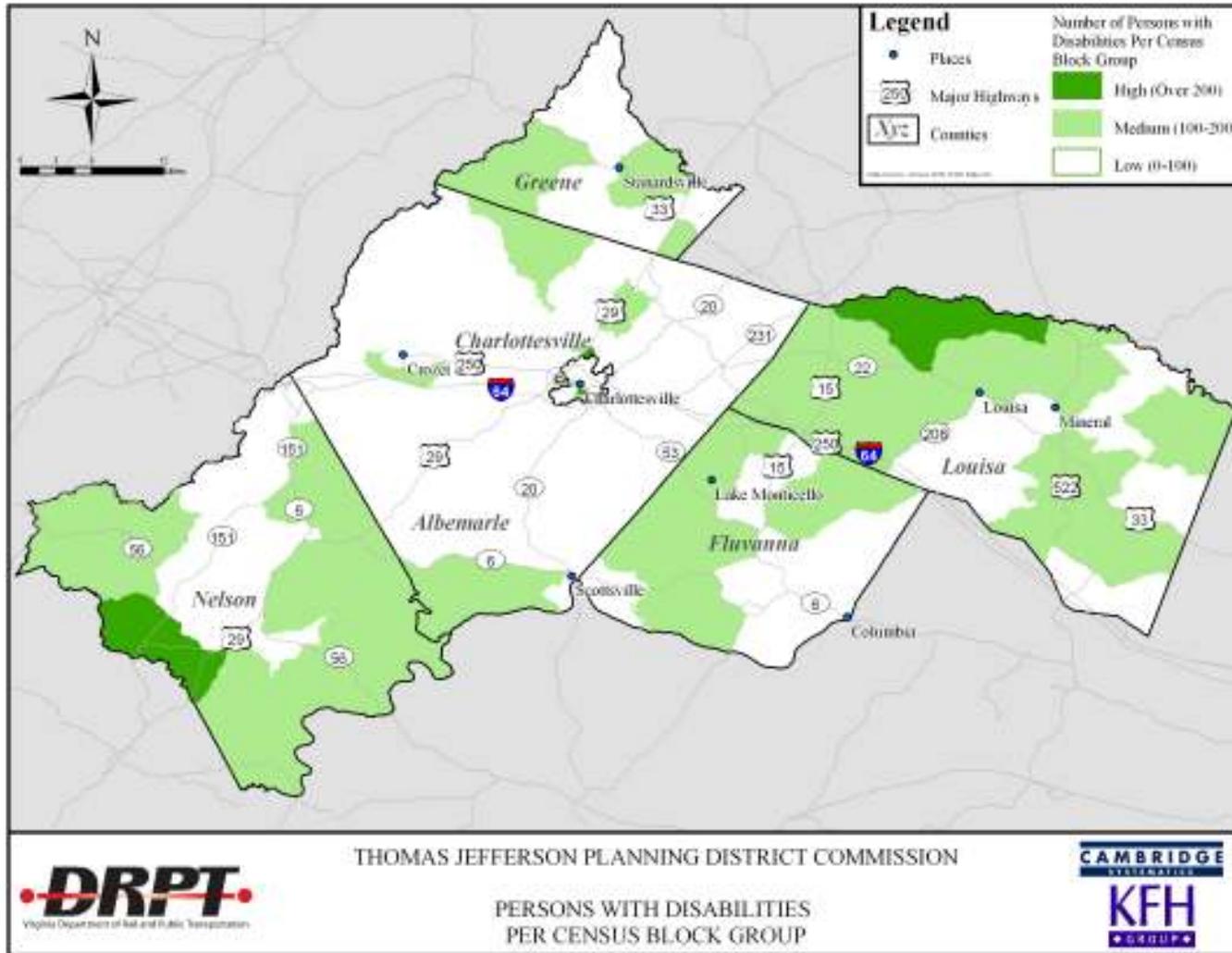


Figure 7. Transit Need by Ranked Density of Potentially Transit Dependent Persons

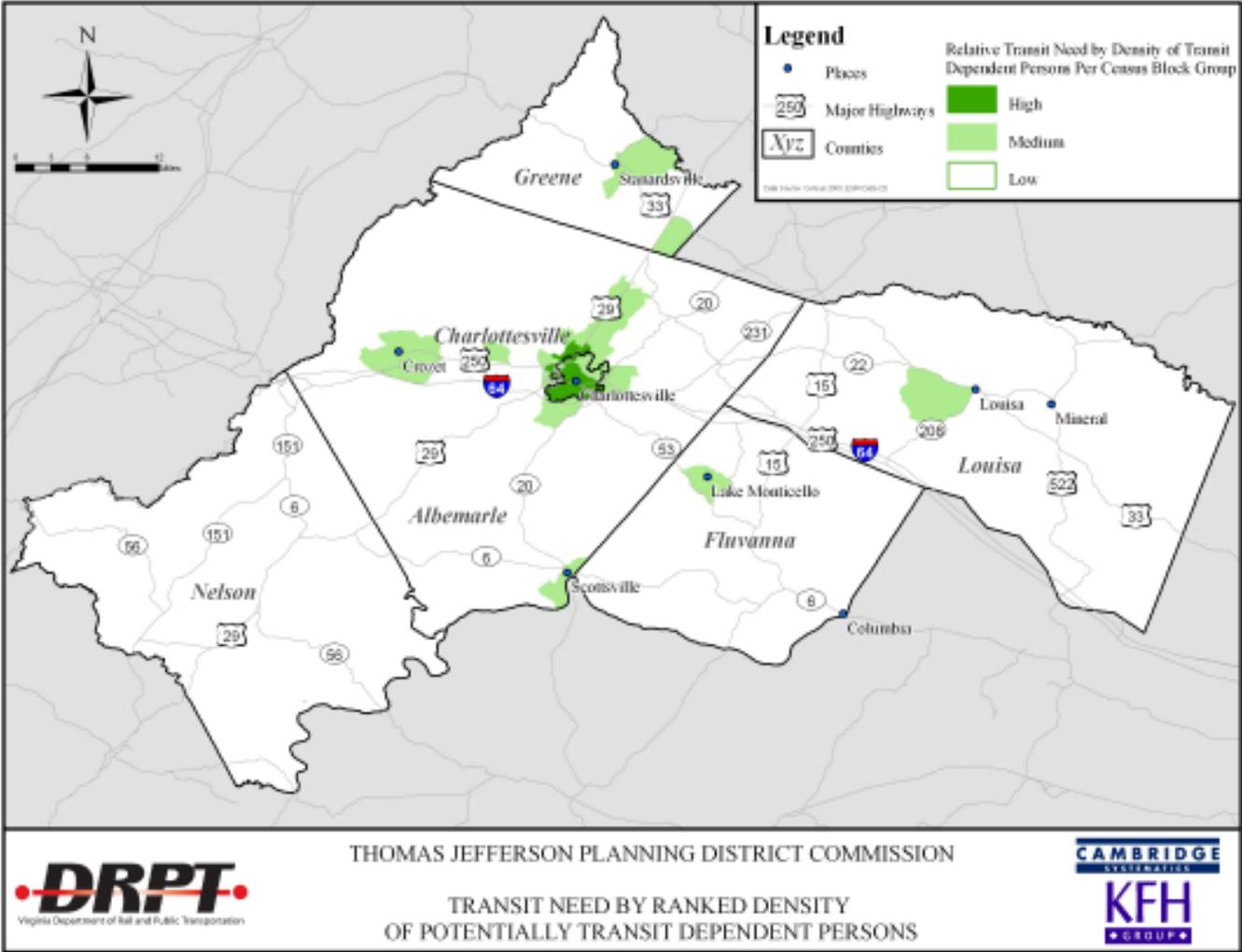
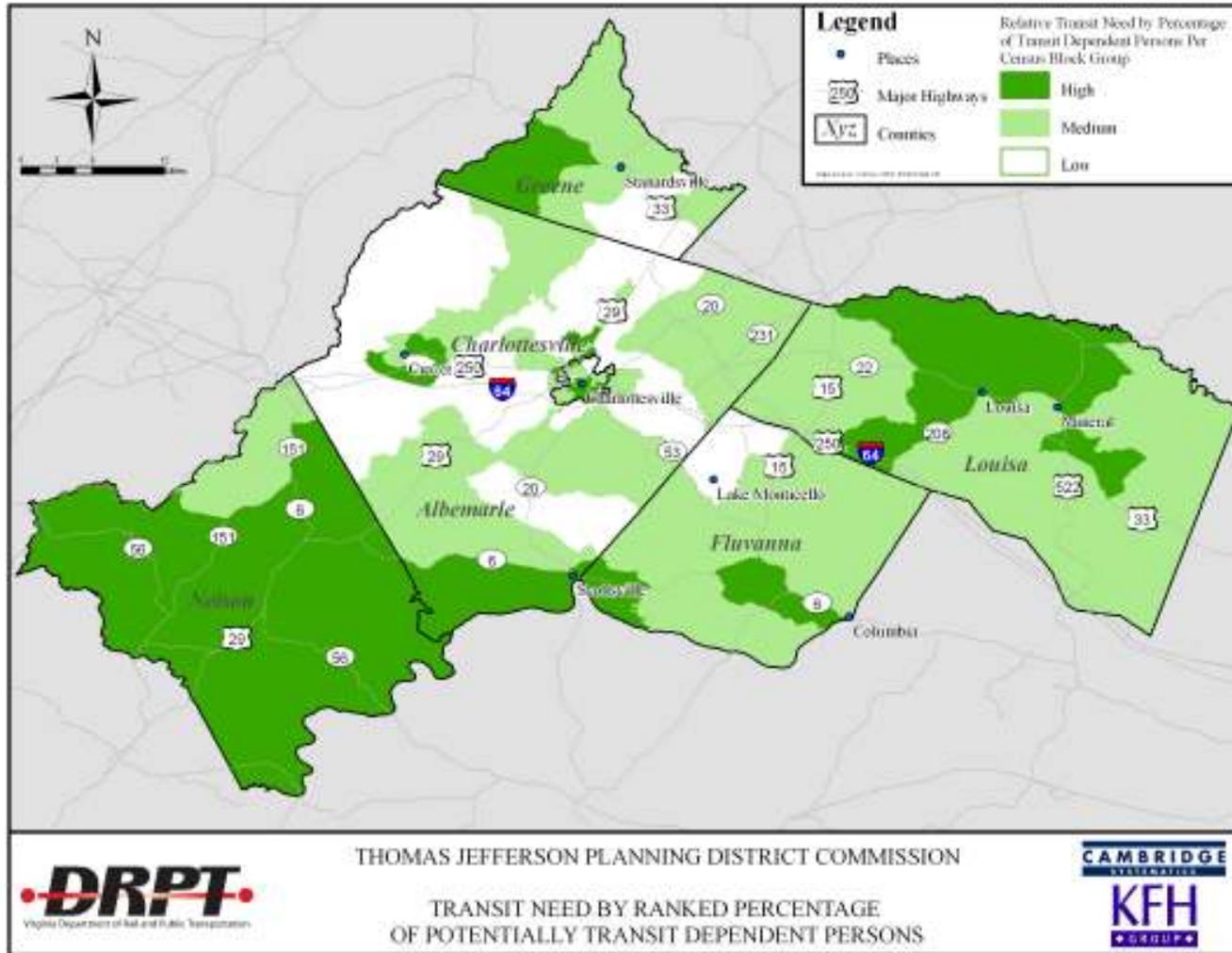


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



5.3 Potential Destinations

Destinations are places that residents are attracted to for business, education, medical services, community services, and recreation. They include major employers, medical facilities, educational facilities, human services agencies, shopping destinations, churches, and parks and recreation facilities. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. The PDC also provided input on additional key destinations, which were incorporated into the analysis.

Major employers were identified through the Virginia Employment Commission (VEC) ES-202 Report, which identifies the 50 largest employers in the PDC. The most recent data represented the major employers during the second quarter (April through June) of 2007. All of the major employers identified employed at least 100 people. Educational facilities consisted of colleges, universities, workforce development centers, and employment services organizations. Medical facilities included hospitals, rehabilitation centers, and pharmacies. Human services agencies included food banks, shelters, and other organizations that provide services for older adults, people with disabilities, and people with low incomes. Shopping destinations included retail chain stores, shopping centers, malls, and other shopping areas such as downtowns. Churches were identified through community websites and listings from the Google search engine. Parks and recreation facilities were largely identified through county parks and recreation websites; they include natural preserves, urban parks, state parks, boating facilities, and sports facilities.

Please note that the list of potential destinations identified in this process, shown in Table 2, is not a complete listing. The main goal was to identify potential areas within the PDC that may need new or expanded transportation services due to a large number or high concentration of potential destinations located there. 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. This map is shown in Figure 9. Major employers that are physically located outside of PDC 10 were not included in this map.

As shown in Figure 9:

- Potential destinations are concentrated mainly in Charlottesville, Louisa, and Stanardsville.

- Several potential destinations, particularly parks and recreation, are also spread throughout the PDC.
- The cluster of potential destinations in Nelson County is in Lovingston; small clusters also exist in Crozet and Scottsville in Albemarle County.

Table 2. Potential Destinations

Thomas Jefferson Planning District Commission

Destinations

Type	Name	Address	City	County
Churches				
Church	Berean Baptist Church	1284 Sunset Ave Ext	Charlottesville	Charlottesville city
Church	Charlottesville Church	1225 Rio Rd E	Charlottesville	Charlottesville city
Church	Charlottesville Mennonite Church	701 Monticello Ave	Charlottesville	Charlottesville city
Church	Christ Episcopal Church	120 W High St	Charlottesville	Charlottesville city
Church	Church of Our Savior	1165 Rio Rd E	Charlottesville	Charlottesville city
Church	Church of the Incarnation	1465 Incarnation Dr	Charlottesville	Charlottesville city
Church	First Baptist Church	735 Park St	Charlottesville	Charlottesville city
Church	First Presbyterian Church	500 Park St	Charlottesville	Charlottesville city
Church	First United Methodist Church	101 E Jefferson St	Charlottesville	Charlottesville city
Church	Grace Covenant Church	609 E Market St	Charlottesville	Charlottesville city
Church	Hinton Avenue United Methodist	750 Hinton Ave	Charlottesville	Charlottesville city
Church	Holy Comforter Catholic Church	208 E Jefferson St	Charlottesville	Charlottesville city
Church	Jefferson Park Baptist Church	2505 Jefferson Park Ave	Charlottesville	Charlottesville city
Church	Korean Charlottesville Community Presbyterian Church	3045 Ivy Rd	Charlottesville	Charlottesville city
Church	Northside Baptist Church	1325 Rio Rd E	Charlottesville	Charlottesville city
Church	Thomas Jefferson Memorial Church	717 Rugby Rd	Charlottesville	Charlottesville city
Church	Trinity Presbyterian Church	3101 Fontaine Ave Ext	Charlottesville	Charlottesville city
Church	University Baptist Church	1223 W Main St	Charlottesville	Charlottesville city
Church	Westminster Presbyterian Church	190 Rugby Rd	Charlottesville	Charlottesville city
Educational Facilities				
College/Voc School	Piedmont Virginia Community College	501 College Dr	Charlottesville	Charlottesville city
College/Voc School	Averett University	1424 Greenbrier Place	Charlottesville	Charlottesville city
College/Voc School	Institute of Textile Technology	2555 Ivy Rd	Charlottesville	Charlottesville city
College/Voc School	National College of Business & Technology	1819 Emmet St N	Charlottesville	Charlottesville city
College/Voc School	Old Dominion University	501 College Dr	Charlottesville	Charlottesville city
College/Voc School	Piedmont Virginia Community College	501 College Dr	Charlottesville	Charlottesville city
College/Voc School	University of Northern Virginia	696 Berkmar Circle	Charlottesville	Charlottesville city
College/Voc School	University of Virginia	Alderman Rd	Charlottesville	Charlottesville city
Employment Services	Piedmont Works	400 Preston Ave	Charlottesville	Charlottesville city
Employment Services	WorkSource Enterprises	1311 Carlton Ave	Charlottesville	Charlottesville city
Workforce Dev.	Albemarle County Office Building	1600 5th St	Charlottesville	Charlottesville city
Workforce Dev.	Greene County Job Spot	10009 Spotswood Trail	Stanardsville	Greene
Workforce Dev.	Nelson Career Resource Center	8445 Thomas Nelson Hwy	Lovingston	Nelson
Workforce Dev.	Virginia Workforce Center-Charlottesville	2211 Hydraulic Rd	Charlottesville	Charlottesville city

Thomas Jefferson Planning District Commission

Destinations

Type	Name	Address	City	County
Human Services Agencies				
Human Services Ag.	AARP Charlottesville-Albemarle Chapter	260 Pantops Ctr	Charlottesville	Charlottesville city
Human Services Ag.	AARP Louisa Chapter	1 Woolfolk Ave	Louisa	Louisa
Human Services Ag.	Albemarle County Department of Social Services (DSS)	1600 Fifth St	Charlottesville	Charlottesville city
Human Services Ag.	American Red Cross--Central VA Chapter	1105 Rose Hill Dr	Charlottesville	Charlottesville city
Human Services Ag.	Blue Ridge Area Foodbank Network-Thomas Jefferson Area Branch	1207 Harris St	Charlottesville	Charlottesville city
Human Services Ag.	Central VA Community Health Center**	25892 N James Madison Hwy	New Canton	Buckingham
Human Services Ag.	Charlottesville Department of Social Services (DSS)	120 7th St NE	Charlottesville	Charlottesville city
Human Services Ag.	Charlottesville Soup Kitchens	806 E High St	Charlottesville	Charlottesville city
Human Services Ag.	Charlottesville VEC Field Office	400 Preston Ave	Charlottesville	Charlottesville city
Human Services Ag.	Charlottesville/Albemarle Health Dept.	1138 Rose Hill Dr	Charlottesville	Charlottesville city
Human Services Ag.	Community Meals-On-Wheels	2270 Ivy Rd	Charlottesville	Charlottesville city
Human Services Ag.	Corner Meal Plan	1325 W Main St	Charlottesville	Charlottesville city
Human Services Ag.	Dept. of Rehabilitation Services-PDC 10	600 E Water St	Charlottesville	Charlottesville city
Human Services Ag.	Emergency Food Bank	103 W Jefferson St	Charlottesville	Charlottesville city
Human Services Ag.	Fluvanna Christian Service Society	P.O. Box 411	Palmyra	Fluvanna
Human Services Ag.	Fluvanna County Department of Social Services (DSS)	8880 James Madison Hwy	Fork Union	Fluvanna
Human Services Ag.	Fluvanna County Health Department	1001 Main St	Palmyra	Fluvanna
Human Services Ag.	Golden Rule Health Broker	2564 Ivy Rd	Charlottesville	Charlottesville city
Human Services Ag.	Greene County Department of Social Services (DSS)	10009 Spotswood Trl	Stanardsville	Greene
Human Services Ag.	Greene County Health Department	50 Stanard Street	Stanardsville	Greene
Human Services Ag.	Hospice of the Piedmont	2200 Old Ivy Rd	Charlottesville	Charlottesville city
Human Services Ag.	JABA ADHC-Greene County	222 Main St	Stanardsville	Greene
Human Services Ag.	JABA ADHC-Louisa County	522 Industrial Dr	Louisa	Louisa
Human Services Ag.	JABA Adult Day Health Care-Charlottesville	674 Hillsdale Rd	Charlottesville	Charlottesville city
Human Services Ag.	James River Mediation Associates	1711 Meadowbrook Heights Rd	Charlottesville	Charlottesville city
Human Services Ag.	Jefferson Area Board for Aging (AAA)	674 Hillsdale Dr	Charlottesville	Charlottesville city
Human Services Ag.	Louisa County Department of Social Services (DSS)	103 McDonald St	Louisa	Louisa
Human Services Ag.	Louisa County Health Department	101 Ashley Street	Louisa	Louisa
Human Services Ag.	Louisa's Community Cupboard	115 Jefferson Hwy	Louisa	Louisa

Thomas Jefferson Planning District Commission

Destinations

Type	Name	Address	City	County
Human Services Agencies (continued)				
Human Services Ag.	Monticello Area Community Action Agency (MACAA)	1025 Park St	Charlottesville	Charlottesville city
Human Services Ag.	Nelson County Department of Social Services (DSS)	203 Front St	Lovingston	Nelson
Human Services Ag.	Nelson County Health Department	63 Courthouse Square	Lovingston	Nelson
Human Services Ag.	On Our Own	123 4th St NW	Charlottesville	Charlottesville city
Human Services Ag.	People and Congregations Engaged in Ministry (PACEM) Shelter	Altavista Ave	Charlottesville	Charlottesville city
Human Services Ag.	Piedmont House	1800 Monticello Ave	Charlottesville	Charlottesville city
Human Services Ag.	Region Ten Community Services	800 Preston Ave	Charlottesville	Charlottesville city
Human Services Ag.	Runaway Emergency Shelter	116 W Jefferson St	Charlottesville	Charlottesville city
Human Services Ag.	Salvation Army (and Shelter)	207 Ridge St	Charlottesville	Charlottesville city
Human Services Ag.	Senior Center	1180 Pepsi Place	Charlottesville	Charlottesville city
Human Services Ag.	Shelter for Help in Emergency	PO Box 3013	Charlottesville	Charlottesville city
Human Services Ag.	Social Security Office	1470 Pantops Mountain Place	Charlottesville	Charlottesville city
Human Services Ag.	United Way-Thomas Jefferson Area	806 E High St	Charlottesville	Charlottesville city
Major Employers				
Major Employer	Adams & Garth Staffing	2119 Berkmar Dr	Charlottesville	Charlottesville city
Major Employer	Americare Plus**	311 Madison Rd	Orange	Orange
Major Employer	Aramark Campus	Observatory Hill	Charlottesville	Charlottesville city
Major Employer	Association for Investment Management	560 Ray C. Hunt Dr	Charlottesville	Charlottesville city
Major Employer	Atlantic Coast Athletic Club*	500 Albemarle Square	Charlottesville	Charlottesville city
Major Employer	Boar's Head Inn	200 Ednam Dr	Charlottesville	Charlottesville city
Major Employer	C W Hurt Contractors Inc	195 Riverbend Dr	Charlottesville	Charlottesville city
Major Employer	Charlottesville City School Board	1562 Dairy Rd	Charlottesville	Charlottesville city
Major Employer	City of Charlottesville	605 E Main St	Charlottesville	Charlottesville city
Major Employer	County of Albemarle	401 McIntire Rd	Charlottesville	Charlottesville city
Major Employer	County of Louisa	1 Woolfolk Ave	Louisa	Louisa
Major Employer	Farmington Country Club	1625 Country Club Circle	Charlottesville	Charlottesville city
Major Employer	FIC Staff Services	P.O. Box 727	Keswick	Albemarle
Major Employer	FIC Systems	P.O. Box 727	Keswick	Albemarle
Major Employer	Fluor Daniel Services Corporation**	1101 Wilson Blvd	Arlington	Arlington
Major Employer	Fluvanna Correctional Center	Prison Ln	Troy	Fluvanna
Major Employer	Fluvanna County Public School Board	14455 James Madison Hwy	Palmyra	Fluvanna
Major Employer	Food Lion*	US Hwy 33 and State Hwy 22	Louisa	Louisa
Major Employer	Greene County School Board	40 Celt Rd	Stanardsville	Greene
Major Employer	Harris Teeter Supermarket*	975 Emmet St N	Charlottesville	Charlottesville city
Major Employer	Klockner Pentaplast America	3585 Klockner Rd	Gordonsville	Louisa
Major Employer	Kroger*	1904 Emmet St N	Charlottesville	Charlottesville city
Major Employer	Lakeland Tours	590 Peter Jefferson Pkwy	Charlottesville	Charlottesville city

Thomas Jefferson Planning District Commission

Destinations

Type	Name	Address	City	County
Major Employers (continued)				
Major Employer	Louisa County Public School Board	953 Davis Hwy	Mineral	Louisa
Major Employer	Lowes' Home Centers, Inc.	400 Woodbrook Dr	Charlottesville	Charlottesville city
Major Employer	Martha Jefferson Hospital	459 Locust Ave	Charlottesville	Charlottesville city
Major Employer	Matthew Bender & Company-Lexis Nexis	701 E Water St	Charlottesville	Charlottesville city
Major Employer	McDonald's	1294 Stoney Point Rd	Charlottesville	Charlottesville city
Major Employer	Nelson County School Board	84 Courthouse Square	Lovingston	Nelson
Major Employer	Northrop Grumman Sperry Marine plant	1070 Seminole Trl	Charlottesville	Charlottesville city
Major Employer	Pharmaceutical Research Associates Inc.	4105 Lewis and Clark Dr	Charlottesville	Charlottesville city
Major Employer	Piedmont Virginia Community College	501 College Dr	Charlottesville	Charlottesville city
Major Employer	Postal Service*	1210 Crozet Ave	Crozet	Albemarle
Major Employer	Region Ten Community Services	800 Preston Ave	Charlottesville	Charlottesville city
Major Employer	SNL Security LP	1 SNL Plaza	Charlottesville	Charlottesville city
Major Employer	State Farm Fire and Casualty Insurance	1500 State Farm Blvd	Charlottesville	Charlottesville city
Major Employer	State Farm Mutual Automobile Insurance	1500 State Farm Blvd	Charlottesville	Charlottesville city
Major Employer	The Atlantic Group Inc.**	10197 Maple Leaf Court	Ashland	Hanover
Major Employer	Thomas Jefferson Memorial	600 College Dr	Charlottesville	Charlottesville city
Major Employer	U.S. Department of Defense**	1400 Defense Pentagon	Washington	DC
Major Employer	University of Virginia Medical Center	545 Ray C Hunt Dr	Charlottesville	Charlottesville city
Major Employer	UVA Health Services Foundation	500 Ray C. Hunt Drive	Charlottesville	Charlottesville city
Major Employer	VDOT	701 VDOT Way	Charlottesville	Charlottesville city
Major Employer	Virginia Electric & Power Company Inc.**	120 Tredegar St	Richmond	Richmond city
Major Employer	Wal-Mart	970 Hilton Heights Rd	Charlottesville	Charlottesville city
Major Employer	Westminster Canterbury of the Blue Ridge	250 Pantops Mountain Rd	Charlottesville	Charlottesville city
Major Employer	Wintergreen Partners	Route 664	Wintergreen	Nelson
Major Employer	Crutchfield Corporation	1 Crutchfield Park	Charlottesville	Charlottesville city
Major Employer	GE Fanuc Automation Inc	2500 Austin Dr	Charlottesville	Albemarle
Major Employer	Lexis Nexis	701 E Water St	Charlottesville	Albemarle
Major Employer	Michelin Tire Corp.	800 Bird St	Scottsville	Albemarle
Major Employer	Sperry Marine	1070 Seminole Trl	Charlottesville	Albemarle
Major Employer	Tri-Dim Filter Corp.	93 Industrial Drive	Louisa	Albemarle
Major Employer	University of Virginia	Alderman Rd	Charlottesville	Charlottesville city
Major Employer	Univ. of Virginia Health Sciences Center	545 Ray C Hunt Dr	Charlottesville	Charlottesville city

Thomas Jefferson Planning District Commission

Destinations

Type	Name	Address	City	County
Medical Facilities				
Medical	Charter Behavioral Health System of Charlottesville	2101 Arlington Blvd	Charlottesville	Charlottesville city
Medical	CVS Pharmacy	1137 Emmet St N	Charlottesville	Charlottesville city
Medical	CVS Pharmacy	1341 Long St	Charlottesville	Charlottesville city
Medical	CVS Pharmacy	208 E Main St	Charlottesville	Charlottesville city
Medical	CVS Pharmacy	1133 5th St SW	Charlottesville	Charlottesville city
Medical	CVS Pharmacy	503 Main St	Louisa	Louisa
Medical	CVS Pharmacy	3420 Seminole Trail	Charlottesville	Charlottesville city
Medical	Kluge Children's Rehabilitation Center and Research Institute	2270 Ivy Road	Charlottesville	Charlottesville city
Medical	Martha Jefferson Hospital	459 Locust Ave	Charlottesville	Charlottesville city
Medical	Meadowbrook Pharmacy	2037 Barracks Rd	Charlottesville	Charlottesville city
Medical	Phar-Mor Discounts	1940 Rio Hill Center	Charlottesville	Charlottesville city
Medical	University of Virginia Medical Center	1215 Lee St	Charlottesville	Charlottesville city
Medical	UVA-Health South Rehabilitation Hospital	515 Ray C. Hunt Dr	Charlottesville	Charlottesville city
Medical	Westover Memorial Hospital	555 Old Garth Rd	Charlottesville	Charlottesville city
Parks and Recreation Facilities				
Parks and Rec.	Beaver Creek Lake	Browns Gap Turnpike	Crozet	Albemarle
Parks and Rec.	Bowlers Mill Lake	1480 Bowlers Mill Rd	Gordonsville	Louisa
Parks and Rec.	Bremo Bluff Park	Route 656	Bremo Bluff	Fluvanna
Parks and Rec.	Buckner-Bumpass Park	300 Bumpass Rd	Bumpass	Louisa
Parks and Rec.	Carysbrook Recreation Center	8788 James Madison Hwy	Fork Union	Fluvanna
Parks and Rec.	Charlotte Yancey Humphris Park	Whitewood Rd and Hydraulic Rd	Charlottesville	Charlottesville city
Parks and Rec.	Chris Greene Lake	4450 Chris Greene Lake Rd	Charlottesville	Charlottesville city
Parks and Rec.	Community Center at Fork Union	Route 15 S	Fork Union	Fluvanna
Parks and Rec.	Crozet Park	Park Rd and Claudis Crozet Park	Crozet	Albemarle
Parks and Rec.	Darden Towe Memorial Park	1415 Darden Towe Park	Charlottesville	Charlottesville city
Parks and Rec.	Dorrier Park	250 Page St	Scottsville	Albemarle
Parks and Rec.	Fortune's Cove Preserve	Mountain Cove Rd and Fortune's Cove Ln	Lovingston	Nelson
Parks and Rec.	Greene County Parks and Recreation	40 Celt Rd	Stanardsville	Greene
Parks and Rec.	Ivy Creek Natural Area	2007 Earlysville Rd	Earlysville	Albemarle
Parks and Rec.	James River State Park	US Route 60 and VA 605	Gladstone	Nelson
Parks and Rec.	Louisa Town Park	Meadow Ave	Louisa	Louisa
Parks and Rec.	Mint Springs Valley Park	6660 Mint Springs Park	Crozet	Albemarle
Parks and Rec.	Northeast Creek Reservoir	3380 Jefferson Hwy	Louisa	Louisa
Parks and Rec.	Pleasant Grove Recreation Area	Route 53	Palmyra	Fluvanna
Parks and Rec.	Ragged Mountain Natural Area	1730 Reservoir Rd	Charlottesville	Albemarle
Parks and Rec.	Simpson Park	Simpson Park Dr	Esmont	Albemarle
Parks and Rec.	Totier Creek Park	9130 Totier Creek Rd	Scottsville	Albemarle
Parks and Rec.	Walnut Creek Park	4023 Walnut Creek Park	North Garden	Albemarle

Thomas Jefferson Planning District Commission

Destinations

Type	Name	Address	City	County
Shopping Destinations				
Shopping	Albemarle Square Shopping Center	1653 Seminole Trail	Charlottesville	Charlottesville city
Shopping	Annie Land Plaza Shopping Center	77 Callohill Dr	Lovingston	Nelson
Shopping	Barracks Road Shopping Center	1117 Emmet St N	Charlottesville	Charlottesville city
Shopping	Charlottesville Fashion Square	1600 Rio Rd E	Charlottesville	Charlottesville city
Shopping	Charlottesville Historic Downtown Mall	McIntire Rd and W Main St	Charlottesville	Charlottesville city
Shopping	Clover Lawn Shoppes	Route 250 W & Clover Lawn Ln	Crozet	Albemarle
Shopping	Glenn Marye Shopping Center	310 E Main St	Louisa	Louisa
Shopping	Hollymead Town Center	183 Community St	Charlottesville	Charlottesville city
Shopping	Jefferson Centre Shopping Center	265 Turkey Sag Trail	Lake Monticello	Fluvanna
Shopping	Kroger Shopping Center	1902 Emmet St	Charlottesville	Charlottesville city
Shopping	Louisa Marketplace Shopping Center	505 E Main St	Louisa	Louisa
Shopping	Main Street	203 W Main St	Louisa	Louisa
Shopping	Pantops Shopping Center	304 Pantops Center	Charlottesville	Charlottesville city
Shopping	Scottville's Main St	300 Main St	Scottsville	Albemarle
Shopping	Seminole Square Shopping Center	2619 Hydraulic Rd	Charlottesville	Charlottesville city
Shopping	Seven Day Shopping Center	2121 Ivy Rd	Charlottesville	Charlottesville city
Shopping	Target	312 Connor Dr	Charlottesville	Charlottesville city
Shopping	The Corner-UVA Corner	1501 University Ave	Charlottesville	Charlottesville city
Shopping	The North Stafford Shopping Shops**	955 Garrisonville Rd	Stafford	Stafford
Shopping	The Square	5773 The Square	Crozet	Albemarle
Shopping	Townside Shopping Center	2214 Ivy Rd	Charlottesville	Charlottesville city
Shopping	Triangle Plaza Shopping Center	Route 22 and Route 33	Louisa	Louisa
Shopping	Village Square Shopping Center	120 Scottsville Shopping Center	Scottsville	Albemarle
Shopping	Wal-Mart	975 Hilton Heights Rd	Charlottesville	Charlottesville city
Shopping	York Place	112 W Main St	Charlottesville	Charlottesville city

*Address listed is just one branch of several located within PDC.

**Destination outside of PDC, not shown in map.

VI. Assessment of Available Transportation Services and Resources

A variety of transportation services are available in the Thomas Jefferson PDC. In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of these services. The process included identifying the public transit, human service transportation, and private transportation services in PDC 10.

The process to identify the region's various transportation resources was based on different sources:

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

To gain a complete picture as to the breadth of transportation services available within PDC 10, an inventory of providers (both traditional and non-traditional) was undertaken during the initial workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions.

Table 3 highlights the identified public transit, human services, and Medicaid transportation providers in the region. 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 websites and/or phone interviews.

Table 3. Inventory of Available Services

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Charlottesville Transit Service (CTS)	General public	33 buses (30 accessible)	Fixed-route and paratransit services; contract out for some demand-service; M-Sat. 6:00 am to midnight, some Sunday bus service; one-way fare \$0.75, reduced fare (\$0.35) for seniors and persons with disabilities	1.45 million per year
b) JAUNT, Inc.	General public, human service agency clients, people with disabilities, Medicaid trips, provides complimentary ADA service	69 (62 accessible)	Demand-response (varies by county); serves PDC 10; services range from M-F to 7 days a week; fare is \$1.00 - \$12.00 (depending upon location and disability status)	269,687 per year

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
c) LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center	60,000 trips per week Statewide
d) University Transit Service (UTS)*	General public, University of Virginia students and employees	30	Free bus service in and around the University of Virginia; Fixed-routes and Demand and Respond Transportation Service (DART) available; operates throughout calendar year with focus on academic year; riders with UVA ID ride CTS free	2,900,000 per year
e) Greene County Transit*	General public	14 (5 accessible)	Demand-response; County of Greene and Charlottesville; in-county \$2.50 per stop, scheduled service to Charlottesville, \$3.00 per stop; M-F 7:00 am-4:30pm and Sat 9:00 am-4:00 pm	40,846 per year
f) Pine Grove Adult Home*	Only transports eligible Medicaid recipients and some Medicare		Contracts with LogistiCare; provides service in Charlottesville and Gordonsville cities, and Louisa, Nelson, and Orange Counties	
g) Region 10 Community Services Board (CSB)*	People using CSB services		Serves PDC 10	

*Not present at the workshop.

More detailed information regarding these providers can be found at their websites, where available:

CTS: <http://www.charlottesville.org/transit/>

Greene County Transit: <http://www.gcva.us/dpts/trns/default.htm>

JAUNT: <http://www.ridejaunt.org/>

LogistiCare: <http://www.logisticare.com/>

Pine Grove Adult Home: <http://pinegroveadulthome.com/>

Region 10 CSB: <http://www.regionten.org/>

UTS: <http://www.virginia.edu/parking/bus/bus.html>

Another part of the data collection effort was a brief, two-page questionnaire that was distributed at the regional workshops. Participants who provide transportation service were requested to complete the survey and send them back for additional documentation. Table 4 is a detailed summary of the information collected from the questionnaires. It provides a greater examination on the amount and type of service

available within the region. CTS and JAUNT were the only providers to return completed questionnaires.

Figure 10 portrays the service areas of the public transit providers in the Thomas Jefferson PDC. CTS, Greene County Transit, JAUNT, and UTS are the public transit providers in the PDC. Route maps, where available, for the public transit providers are included in Figure 11; System Maps for CTS and UTS were readily available at their websites.

Private Transportation Providers

In addition, several private transportation providers in the region were identified via internet research using Switchboard.com, Google, and provider websites:

- A & J Taxicab Services, Charlottesville, VA
- A to Z Taxi Service, Charlottesville, VA
- AAA Cab Co., Charlottesville, VA
- ABA Cab Taxi Services, Ruckersville, VA (Greene County)
- AC Airport Cab Inc., Ruckersville, VA
- Access Taxi, Charlottesville, VA
- Bee Line Transportation Inc., Charlottesville and Stanardsville, VA
- Blue Top Cab, Charlottesville, VA
- Camryn Executive Transportation and Limousine, Ruckersville, VA
- Carter's Taxi, Charlottesville, VA
- Cavalier Taxi, Charlottesville, VA
- City Cab & Courier, Charlottesville and Stanardsville, VA
- Discount Taxi, Louisa, VA
- Farmer's Taxi Services, Charlottesville, VA
- Greyhound Lines, Inc. provides intercity bus service with a stop in Charlottesville, VA
- Harley's Driving Services, Louisa, VA
- Home Ride of VA, Inc., Charlottesville (UVA) to Northern Virginia, Richmond, and Hampton, VA
- MZM Taxi, Charlottesville, VA
- New York City Taxi Cab, Charlottesville, VA
- Pace's Taxi, Charlottesville, VA
- Quicksilver Taxi, Charlottesville, VA
- Skyline Taxi, Charlottesville, VA
- Taxi 13, Charlottesville, VA
- Unyke Taxi, Charlottesville, VA
- Van On the Go, Charlottesville, VA
- Wahooptie Taxi Co., Charlottesville, VA
- Yellow Cab Co., Charlottesville and Stanardsville, VA

Table 4. Transportation Providers Survey Data

Agency	(1) Type of Organization	(2) # of Individuals Organization Serves	(3) Eligibility Requirements	(4) Geographic Area Served by Program	(5) Geographic Coverage of Transportation	(6) Types of Transportation Services Provided	(7) When Transportation Service is Provided	(8) Type of Trips Provided
a) JAUNT, Inc.	Public	4,000	General public	City of Charlottesville and Albemarle, Fluvanna, Louisa, Nelson, Buckingham Counties and in some parts of Amherst County	Same	Demand-response, subscription, deviated fixed-route	Varies by county – range from 7 days a week to Monday – Friday	Adult day care, child day care, medical, education/training, employment, recreation, shopping, Head Start, and social services
b) Charlottesville Transit Service	Public		General public	City of Charlottesville and urbanized Albemarle County	Not all of the urbanized area of the County is served	Fixed-route, contract out demand-response and subscription	Monday – Saturday, 6:00 – 12:00 AM	All types served by the routes

Agency	(9) # of Passenger Trips Provided	(10) # of Vehicles	(11) Total Transportation Operating Costs	(12) Funding for Transportation	(13) Transport People from other Agencies?	(14) Purchase Transportation Services?	(15) Coordinate Transportation with other Agencies?	(16) Problems in Providing Transportation
a) JAUNT, Inc.	269,687	69 (62 accessible)	\$3,790,611	\$1,595,482 Federal/State funds; \$2,204,146 Local/Private funds	LogistiCare, Jefferson Area Board for the Aging, MACAA Head Start, MACAA Project Discovery, Dept. of Rehabilitation, City of Charlottesville, Independence Resource Center	No	Free transfers to fixed-route systems (CTS & UTS) for commuter routes	Funding, more personalized services, finding and keeping good drivers
b) Charlottesville Transit Service	1.45 million (FY06)	33 (30 accessible)	\$4,148,260	\$1,898,323 Federal/State funds; \$2,249,937 Local/Private funds	As general public riders, not as contracted riders	JAUNT	Transportation Boards, MPO participation, rideshare	Small urban FTA issues, formula programs not fully funded

Figure 10. Service Areas of Public Transit Providers

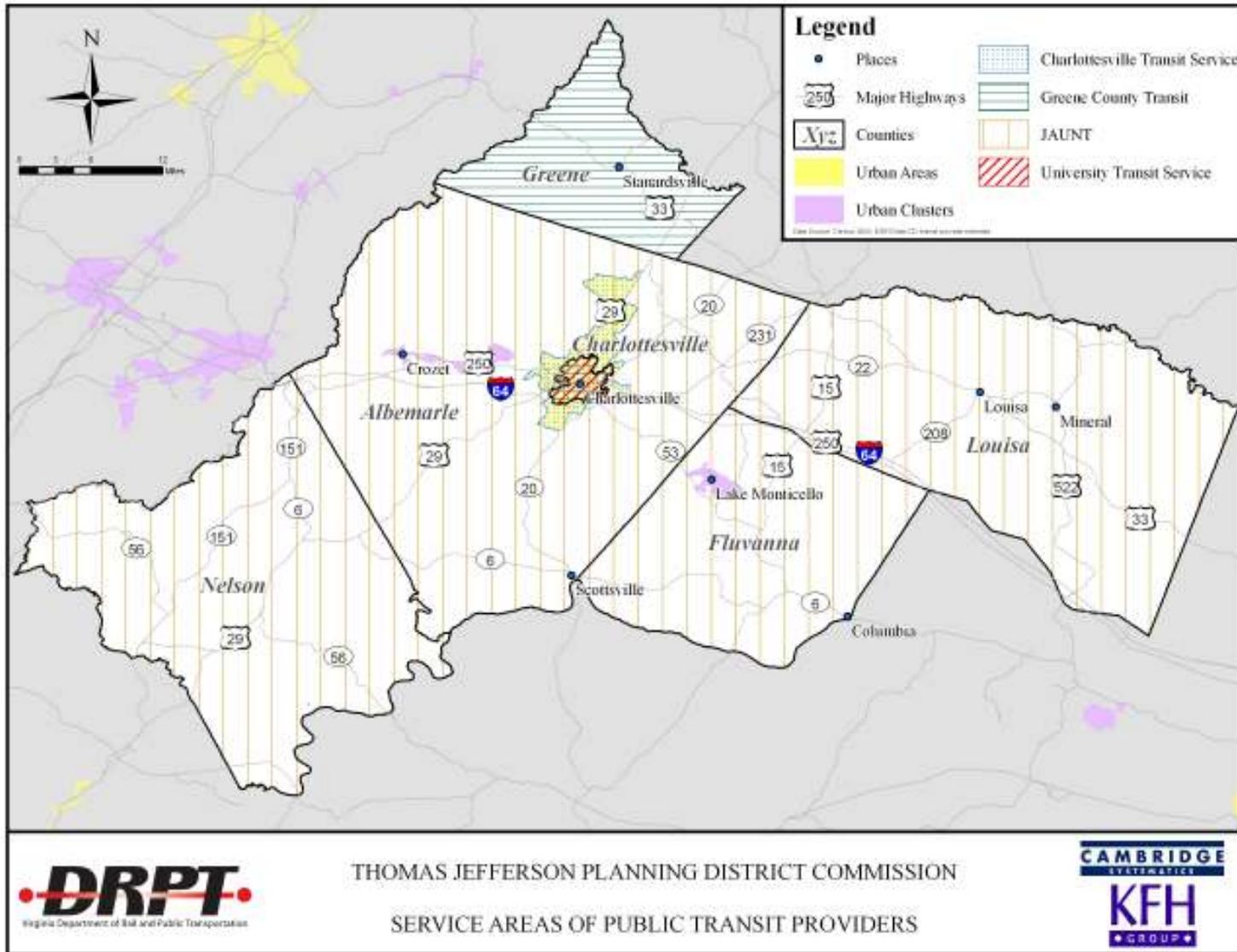
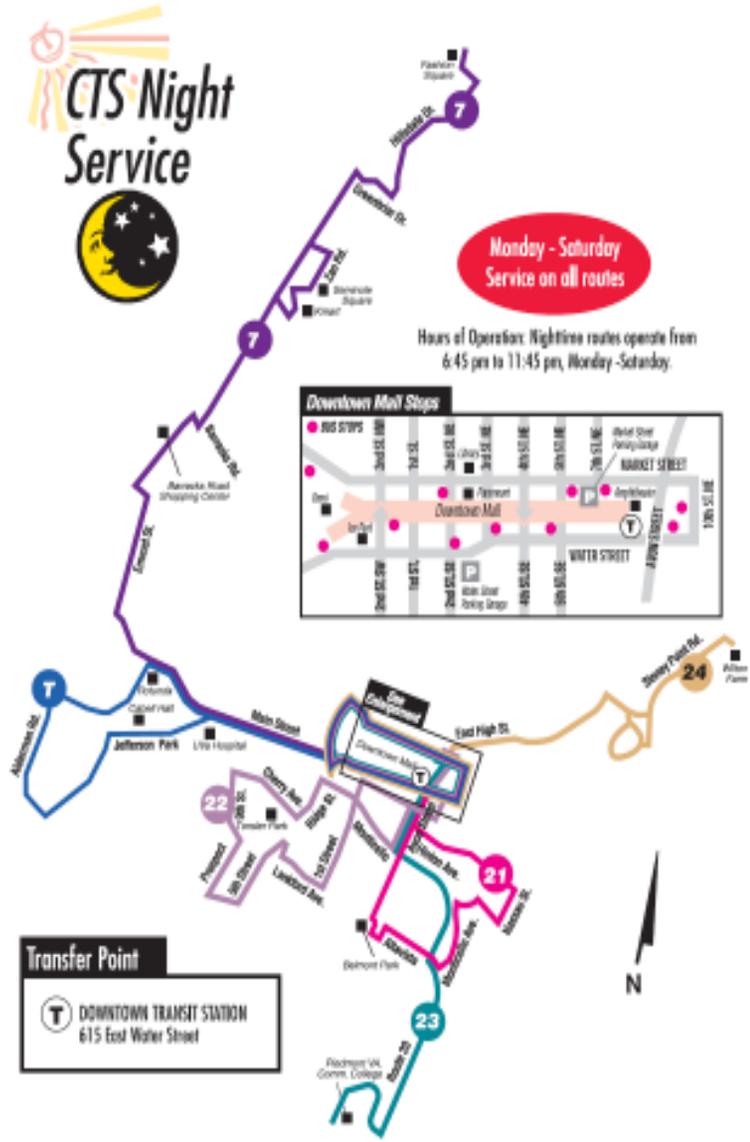


Figure 11a. Charlottesville Transit Service System Maps



Source: CTS Website, <http://www.charlottesville.org/Index.aspx?page=662>
Thomas Jefferson (PDC 10) Coordinated Human Service Mobility Plan

Figure 11b. University Transit Service System Map

University Transit Service Routes

Use this map to find bus routes that service destinations on and around Grounds. University students, faculty and staff may ride for free on both University Transit Service (UTS) and Charlottesville Transit Service (CTS) routes simply by showing a valid University ID when boarding.

- All Hours and Night Only Bus Stops
- Single Direction Bus Route
- University Grounds
- Road

Charlottesville Transit Service Routes

The CTS routes shown here generally run between 6:15 am and 6:45 pm Monday through Saturday. Route 7 also runs at night; the last 7 bus departs Fashion Square Mall for Downtown at 11:15 pm. Please consult the CTS Rider's Guide, www.charlottesville.org/transit or call (434) 296-7433 for more CTS route and schedule information. In fall 2007, CTS will add Sunday service on Route 7 and the FREE Trolley.

CTS Daytime Routes

CTS Route Number

CTS FREE Trolley

The FREE Trolley operates Monday through Saturday from 6:40 am to midnight. The last trolley departs the Chapel for Downtown at 11:40 pm.

University Transit Service Routes

Blue Route

Orange Route

When classes are in session, the Orange and Blue Routes run from 7:00 am to 12:20 am on weekdays and noon to 12:20 am on weekends. Late night service runs till 3 am on Friday and Saturday nights. On holidays and over the summer, these routes operate weekdays from 7:30 am to 6:30 pm.

Green Route

The Green Route operates weekdays year-round from 6 am to 6:30 pm.

Grounds Loop

The Grounds Loop operates when classes are in session from 8:45 am to 6 pm Monday through Friday.

Central Grounds Shuttle

The Central Grounds Shuttle operates year-round during the weekday morning and evening commutes. The service operates in the counter-clockwise direction mornings from 6 am to 9 am and in the clockwise direction during the afternoon from 3 pm to 6:30 pm.

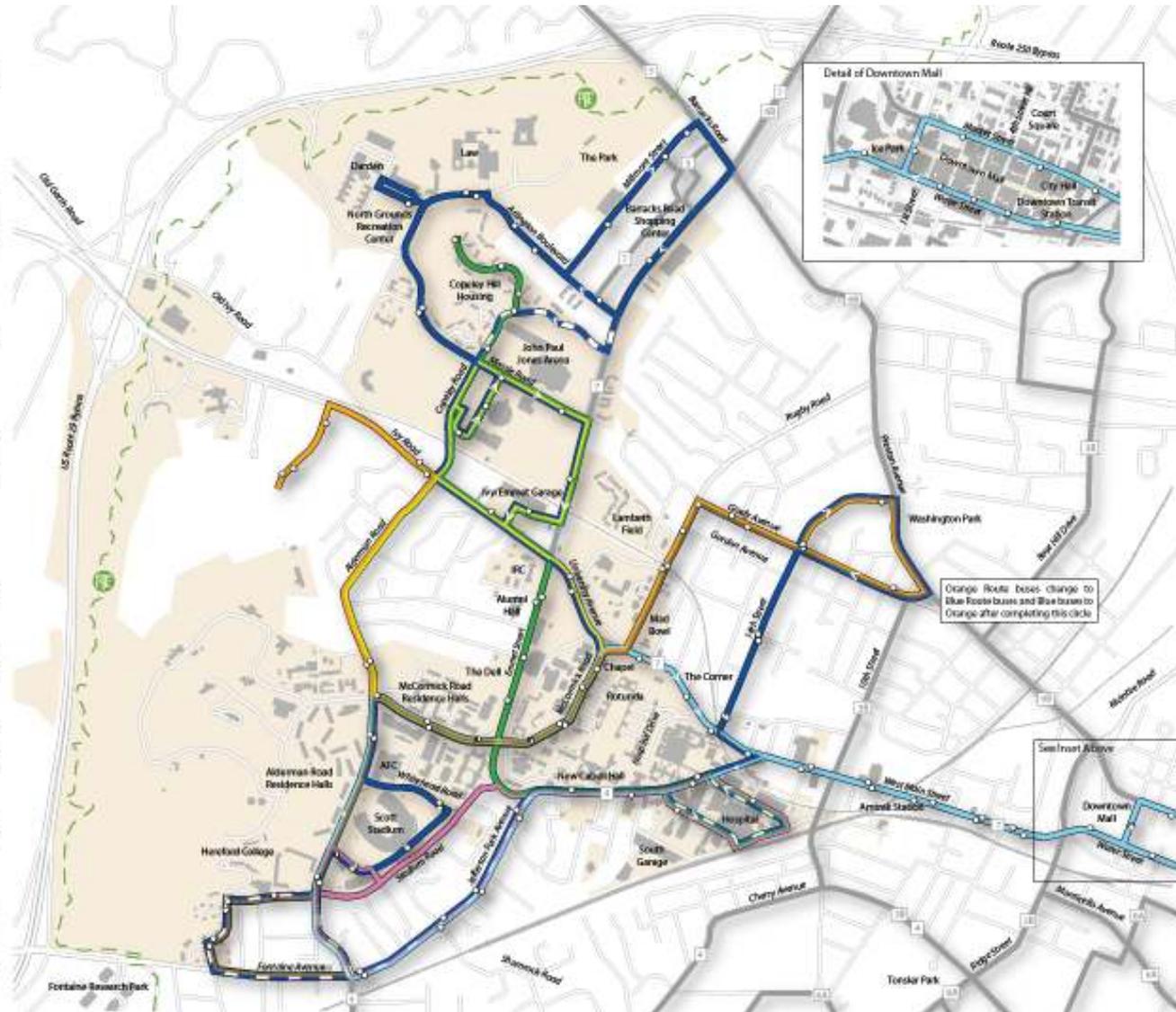
Stadium / Hospital Shuttle

The Stadium / Hospital Shuttle operates year-round during the weekday morning and evening commutes. The route serves as a direct shuttle for commuters who park at Scott Stadium and must travel to the UNR Hospital. Morning service runs from 6 am to 9 am and evening service operates from 2:30 pm to 7:30 pm.

To learn more about UTS and the commuter alternatives programs offered by the University, visit the Parking and Transportation website at <http://www.virginia.edu/parking/>, email transportation@virginia.edu or call (434) 924-7711. For recorded route status info, call (434) 982-2830.

Tips For UTS Passengers

- Please do not board the bus through the back door.
- For your safety, use handrails while boarding the bus.
- When requesting a stop, please yell the stop request loudly enough that the driver does not have to stop abruptly.
- When crossing the street near a bus, cross behind rather than in front. Buses have large blind spots.
- If you have any questions about routes or schedules, ask your driver. They'll be happy to help!



Source: UTS Website, http://www.virginia.edu/parking/images/Bus_Map_Web.pdf

VII. Assessment of Unmet Transportation Needs and Gaps

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

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

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

Trip Purpose

- Expanded transportation options for non-Medicaid funded medical.
- Transportation to access job opportunities that require evening and weekends shifts.
- Expanded transportation options for people with disabilities for recreational trips.

Time

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

- Increased service to reduce customer ride time.

Place/Destination

- Expanded transportation services in rural areas.
- Expanded transportation services to medical facilities areas.
- Additional services that cross jurisdiction lines.
- Expanded access to after school programs.

Information/Outreach

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

Travel Training/Orientation

- Attendants or escorts to provide assistance as needed.

Other

- Limited local funding for providing service in outlying service areas of the region.
- Medicaid-funded transportation not coordinated with other transportation services.
- Overall shortage of providers, both private and public. No private taxi service available in certain rural areas of PDC region. Programs needed that help potential providers with information on how to start up private transportation ventures.

- Cost for providing some trips in rural areas is very high, and therefore fares for customers may be cost prohibitive.
- Re-examine MR waiver unit billing—specifically JAUNT (Charlottesville).
- Federal charter regulations potentially a huge stumbling block.
- Medicaid reimbursement rate (not enough for smaller transit providers).
- Greater safety training and oversight, including improved training of drivers in wheelchair assistance techniques.
- Improved waiting areas for bus stops, including shelters, lighting, trash cans, and amenities.

VIII. Identified 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 determined that all of the proposed strategies were important to the region, and added two additional strategies. Ultimately, the 13 strategies listed below were endorsed by the workshop participants.

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1. Continue to support capital needs of coordinated human service/public transportation providers.
 2. Expand availability of demand-response service and specialized transportation services for people who need mobility options.
 3. Implement new public transportation services or operate existing public transit services on a more frequent basis.
 4. Build coordination among existing public transportation and human service transportation providers.
 5. Provide targeted shuttle services to access employment opportunities.
 6. Expand access to taxi and other private transportation operators.
 7. Establish a ride-sharing program for long-distance medical transportation.
 8. Expand outreach and information on available transportation options and coordination opportunities.
 9. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.

10. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
 11. Bring new funding partners to public transit/human service transportation.
 12. Work with appropriate policy makers to reduce barriers to providing transportation services.
 13. Improve accessibility and customer amenities to encourage use of available public transportation options.
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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, 13 specific strategies to meet these needs in PDC 10 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 each addresses, potential projects that correspond to each strategy, and potential funding sources through the three programs that require this 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 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. Appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles will help ensure the region can maintain and build upon its current public transit and human service transportation. Emphasis should be on supporting transportation providers that are coordinating services to the maximum extent possible to ensure the most efficient use of resources in the region.

Unmet Need/Issue Strategy Will Address:

- Transportation options for non-Medicaid funded medical trips.
- Expanded transportation services to medical facilities.
- Transportation service in rural areas of the region.
- Transportation options for people with disabilities for recreational trips.
- Overall shortage of transportation providers, both private and public.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- 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 service and specialized transportation services for people who need mobility options.

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 and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or for serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options for non-Medicaid funded medical trips.
- Weekend transportation service in rural areas of the region, especially for work-related trips.
- Transportation to access job opportunities that require evening and weekends shifts.
- Expanded transportation options for people with disabilities for recreational trips.
- Expanded transportation services to medical facilities.
- Expanded same-day transportation services.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Potential Projects:

- Expand current demand-response system to serve additional trips.
- Expand hours and days of current demand response system to meet additional service needs.

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

Public transit services in the PDC are noted in Section VI. Existing public transportation services cover the areas of the region that have higher population densities and serve potential trip destinations. While four providers already serve the general public in the region, transportation needs still exist especially in the PDC's rural areas. Expanded service frequency, hours of service, and area coverage can be considered to expand mobility options in the region.

Unmet Needs/Issues Strategy Will Address:

- Transportation to access job opportunities that require evening and weekends shifts.
- Transportation services that do not require advance notice and are available for spontaneous trips.
- Increased service to reduce customer ride time.
- Additional services that cross jurisdiction lines.

Potential Funding Sources:

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311 / Section 5311(f)

Potential Projects:

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

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

While services in the region are well coordinated through JAUNT and CTS, there are opportunities to build upon these successful efforts and improve connections between providers, and expand transportation 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:

- Expanded transportation options for non-Medicaid funded medical trips.
- Expanded transportation services to medical facilities.
- Expanded transportation options for people with disabilities for recreational trips.
- Expanded transportation services in rural areas.
- Expanded access to after school programs.
- Increased outreach to human service providers on available transportation services.
- Overall shortage of providers, both private and public.
- Greater safety training and oversight, including improved training of drivers in wheelchair assistance techniques.
- Medicaid-funded transportation not coordinated with other transportation services.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Potential Projects:

- Implement mobility management program -- to facilitate cooperation between transportation providers, arrange trips for customers as needed, conduct marketing efforts, exploring technologies that simplify access to information on services, etc.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

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. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. 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 access job opportunities that require evening and weekends shifts.
- Weekend transportation service in rural areas of the region, especially for work-related trips.

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.
- Partnership arrangements with employers.

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

Several taxi services and private transportation providers in the region were identified in Section VI. While such services may be more costly to use, they may be the best options for area residents particularly to access transportation in the evenings and weekends and for same-day transportation needs. 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:

- Overall shortage of providers, both private and public. No private taxi service available in certain rural areas of PDC region. Programs needed that help potential providers with information on how to start up private transportation ventures.
- Transportation to access job opportunities that require evening and weekends shifts.
- Expanded transportation options for people with disabilities for recreational trips.
- Expanded transportation services in rural areas.
- Expanded same-day transportation services.
- Transportation services that do not require advance notice and are available for spontaneous trips.
- Expanded transportation services to medical facilities.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Purchase vehicles to support new accessible taxi, ride sharing, and/or vanpooling programs.

Strategy: Establish a ride-sharing program for long-distance medical transportation.

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept with a central “mobility manager,” who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options for non-Medicaid funded medical.
- Expanded transportation services to medical facilities.

Potential Funding Sources:

- New Freedom
- Section 5311 / Section 5311(f)

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.
- Funding of new inter-regional routes or connecting services to link with the national network of intercity bus services.

Strategy: Expand outreach and information on available transportation options and coordination opportunities.

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. Possibilities include a more formal organizational structure for coordination, such as a mobility manager whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

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

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 training and assistance in use of current transportation services.

Strategy: Provide flexible transportation options and more specialized transportation services or 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:

- Expanded transportation options for non-Medicaid funded medical trips.
- Expanded transportation services to medical facilities.
- Expanded transportation options for people with disabilities for recreational trips.
- Expanded transportation services in rural areas.
- Attendants or escorts to provide assistance as needed.
- Overall shortage of providers, both private and public.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or timeframe needs.

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 people helping 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:

- Expanded transportation options for people with disabilities for recreational trips.
- Improved dissemination of information on available transportation services.
- Increased outreach to human service providers on available transportation services.

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

The demand for public transit-human service transportation is growing daily. 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 those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Transportation to access job opportunities that require evening and weekends shifts.
- Weekend transportation service in rural areas of the region, especially for work-related trips.
- Limited local funding for providing service in outlying service areas of the region.
- Overall shortage of providers, both private and public. No private taxi service available in certain rural areas of PDC region. Programs needed that help potential providers with information on how to start up private transportation ventures.

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.
- Partnerships with private providers of transportation, i.e. intercity bus operators and taxi operators.

Strategy: Work with appropriate policy makers to reduce barriers to providing transportation services.

Often, efforts to coordinate human services transportation are hindered by real or perceived barriers. In addition, funding sources may be specific to a jurisdiction and therefore limit the connectivity or regional services many residents may need to travel from their home to key destinations and services. Therefore, working with appropriate policy makers and others to unravel the various regulations and funding sources for a broader vision of improving mobility options in the region is needed. Like others, this strategy is conducive for a mobility management approach that allows the resources necessary to analyze the variety of funding programs and their requirements, as well as local issues that may impede improved coordination and a regional view on community transportation services.

Unmet Needs/Issues Strategy Will Address:

- Re-examine MR waiver unit billing.
- Medicaid reimbursement rate (not enough for smaller transit providers).
- Review appropriate Federal regulations to ensure compliance while providing maximum mobility options.
- Inter-jurisdictional barriers exist for providing transportation, i.e. regional transportation services needed but funding for transportation specific to city/county.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement mobility management program to arrange meetings with appropriate decision makers, examine barriers, discuss solutions, identify regional transportation solutions and arrangements, etc.

Strategy: Improve accessibility and customer amenities to encourage use of available public transportation services.

For some people in the region in need of greater mobility options, public transit services may be available – but unable to be accessed due to an inaccessible path to the bus stop. Also, transfer points between different routes or providers may be difficult to navigate. In addition, the lack of amenities, such as a bus shelter, may prevent some customers from using available transit services. Considerations to improve accessibility and customer amenities include installing curbcuts where needed, adding accessible pedestrian signals, installing shelters at appropriate bus stops, and improving signage or wayfinding technology.

Unmet Needs/Issues Strategy Will Address:

- Improve pedestrian access to public transit stops.
- Improve inter-modal connections.
- Improved waiting areas for bus stops, including shelters, lighting, trash cans and amenities.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new accessibility enhancements that remove barriers to individuals with disabilities so they may access greater portions of public transportation systems, i.e. build an accessible path to a bus stop that is currently inaccessible (curbcuts, sidewalks, accessible pedestrian signals or other accessible features).

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed 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.

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

XI. On-going 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 on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts. This structure will be discussed and developed at a third regional workshop to be held in July 2008, and will be included in future iterations of this plan.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service and other appropriate organizations in the region, including participants from the first two workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated this structure will:

- Lead updates of the *Coordinated Human Service Mobility Plan* for PDC 10 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 possible 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.
 - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (g) School districts; and
- (h) Policy analysts or experts.

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

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

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

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

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

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

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

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

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

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

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

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

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

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

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.

- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

Appendix B – Mobility Management – Eligible Activities and Potential Projects

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

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

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

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

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

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

Appendix C – Potential Non-DOT Federal Program Guide

Source – United We Ride Website

http://www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

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

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

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

U.S. Department of Housing and Urban Development

U.S. Department of Labor

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

U.S. Department of Veterans Affairs

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

Note: The individual links above may be accessed at the United We Ride Website:
www.unitedweride.gov/1_691_ENG_HTML.htm

Appendix D – Workshop Attendees

1st Workshop – PDCs 6, 7, 9, and 10

	Name	Organization	Type	County/PDC	Phone	E-mail
1	Helen Cockrell	Shenandoah AAA	AAA	Front Royal	540-635-7141	helen.cockrell@shenandoahaaa.com
2	Cindy Palmer	Shenandoah AAA	AAA	Front Royal	540-635-7141	Cindy.Palmer@shenandoahaaa.com
3	Fred Helskey	Shenandoah AAA	AAA	Front Royal	540-631-7903	
4	Charles Petty	City of Charlottesville	CD	Charlottesville	434-970-3844	Petty@charlottesville.org
5	Bob Grimm	Valley CSB	CSB	Augusta	540-480-0103	
6	Dave Toth	Northwestern CSB	CSB	PDC 7	540-636-4250	dtoth@nwcsb.com
7	Cheryl Talley	H/R CSB	CSB	Harrisonburg	540-434-1941	ctalle@hrscsb.org
8	Barbie Kibler	Northwestern CSB	CSB	Warren/Fred/ Shen/Page	540-636-4250	bkibler@mwcsb.com
9	Carolyn Dull	Valley CSB/Staunton	CSB	Augusta/ Highland	540-213-7301	cdull@vcsb.org
10	Nikki White	High Street Clubhouse	HS/JT	Charlottesville	434-220-4596	NikkiWhite59@yahoo.com
11	Yvonne Mussington	Fairfield Transport System and Housing	HS	Buena Vista	540-261-2131	
12	Donald Schneider	Fairfield Transport System and Housing	HS	Waynesboro	540-946-1230	fairfieldtransport@netscape.com
13	Bobby Cash	Fairfield Transport System and Housing	HS	Rockbridge	540-348-5116	fairfieldtransport@netscape.com
14	Mickie Duncan	Shen-Paco Industries, Inc	JT/HS	Shenandoah/ Page Counties	540-477-2049	mduncan@shentel.net
15	Chris Miller	AGM Together	HS	PDC 9	540-829-6405	cmiller@agmtogether.org
16	Ginger Quilley	Vector Industries	JT/HS	PDC 6	540-943-8449	gingee@cspdc.org
17	Andrew Coffron	Independence Empowerment Center	HS	Prince William/ Fauquier Co., Manassas/ Manassas Park	703-251-5400	acoffron@ieccil.org
18	Cathie Galvin	Valley Program for Aging Services (VPAS)	HS	Harrisonburg	540-568-5687	Cathie@vpas.info
19	Tina Martina	ARC of Augusta	HS	Augusta	540-943-1618	Arc102@atelos.net
20	Jeri Schaff	VPAS	HS	Rockbridge	540-261-7474	jeri@vpas.info
21	Jenn Chestnut	VPAS	HS	Augusta	540-949-7141	Jenn@vpas.info
22	Gayl Brunk	Valley Associates for Independent Living, Inc. (VAIL)	HS/JT	PDC 6	540-433-6513	gayl@govail.org
23	Kate Wake	VPAS	HS	Highland/Bath	540-468-2178	Kate@VPAS.info
24	Missy Stover	Friendship Industries	JT/HS	Rockingham	540-434-9586	MissyStover@friendship- industries.com
25	Tim Stowe	Win Fred MPO CAC	MPO	Frederick	540-336-0656	timstowe@stowecompanies.com
26	John Bishop	Frederick Co., Winfred MPO	MPO	Frederick	540-665-5651	jbishop@cofrederick.va.us
27	Mike Harrison	LogistiCare	MTP	State	434-973-3310	michaelhar@logisticare.com
28	Jeffrey Walker	Rappahannock-Rapidan RC	PDC	PDC 9	540-829-7450	jpwalker@rrregion.org
29	Patrick Mauney	Rappahannock-Rapidan RC	PDC	PDC 9	540-829-7450	plmauney@rrregion.org

	Name	Organization	Type	County/PDC	Phone	E-mail
30	Kellem Emanuele	TJPDC/Charlottesville MPO	PDC	PDC 10	434-979-7310	kemanuele@tjpsc.org
31	Cathy Zielinski	Rappahannock-Rapidan RC	PDC	Culpeper	540-829-7450	cmzielinski@rrregion.org
32	Kendel St. John	Rockingham Public Schools	PS	Rockingham	540-564-1983	kstjohn@rockingham.k12.va.us
33	Cheryl Spain	Harrisonburg Transit	PT	Harrisonburg City	540-432-0492	cheryls@hdpt.com
34	Reggie Smith	Harrisonburg Transit	PT	Harrisonburg City	540-432-0492	reggies@hdpt.com
35	Donna Shaunosey	JAUNT	PT	PDC 10	434-296-3184	donnas@ridejaunt.org
36	Jason Marker	Rockbridge Area Transportation System	PT	Rockbridge		
37	Susan LaRue	RATS	PT	Rockbridge	540-463-2620	laruel@rockbridge.net
38	Tim Root	RATS	PT	Rockbridge	540-463-3346	rats@rockbridge.net
39	Jim Gaines	RATS	PT	Rockbridge	540-463-2472	jegaines@rockbridge.net
40	Tom Christoffer	NSVRC	PT/Ride share	PDC 7	540-636-8800	tchrist@shentel.net
41	John Giometti	VDOT	SD	Culpeper	540-829-7546	John.Giometti@VDOT.virginia.gov
42	Bob Ball	VDOT	SD	Staunton	540-332-9067	Bob.Bll@vdot.virginia.gov

2nd Workshop – PDC 10

	Name	Organization	Type	County/PDC	Phone	E-mail
1	Joseph Oliver, PhD	Region Ten CSB [Rural Services]	CSB	Albemarle	434-823-9823	joliver@regionten.org
2	Florence White	Virginia NeuroCare, Inc. (Unit Coordinator)	HS	Albemarle	434-220-4596	nwhite@vanc.org
3	Billie Campbell	TJPDC	PDC	TJPDC	434-979-7310	bcampbell@tjpsc.org
4	Wendy Emanuele	Louisa Social Services	HS	Louisa	540-967-1320	Wael09@northern.dss.state.va.us
5	Kelly Forloines	Greene County Transit, Inc.	PT	Greene	434-985-5205	gingergct@emborqmail.com
6	Beth Golden	Literacy Volunteers	HS	Albemarle/Charlottesville	434-977-3838	bgolden@ntelos.net
7	Donna Shaunese	JAUNT	PT	PDC 10 and Buckingham	296-3184	donnas@ridejaunt.org
8	Rochelle Garwood	TJPDC/ JADSB	PDC	TJPDC	979-7310 ext 320	rgarwood@tjpsc.org
9	Audrey Dannenberg	Dept for Blind and Vision Impaired	SD	State	540-332-7788	Audrey.dannenberg@dbvi.virginia.gov
10	Rudy Beverly	Monticello Area Community Action Agency	HS	PDC	434-295-3171	rbeverly@macaa.org
11	Pat Cummins	VA Dept. for the Aging	SD	State	804-662-7250	Pat.cummins@vda.virginia.gov
12	Bill Waterson	Charlottesville Transit Service	PT	City		
13	Neil Sherman	DRPT	SD	State	804-786-1154	Neil.sherman@drpt.virginia.gov

'Type' Key:

AAA = Area Agency on Aging

CD = County Department

CSB = Community Service Board
CV = College/Vocational School
HS = Human Services
JT = Job Training Center
MPO = Metropolitan Planning Organization
MTP = Medicare Transportation Provider
PDC = PDC Planning Office
PT = Public Transit
PS = Public Schools
SD = Statewide Department

Appendix E – Demographics of Potentially Transit Dependent Persons

Thomas Jefferson PDC

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510030101001	Albemarle	29.0	691	1,757	60.7	300	127	269	6
510030101002	Albemarle	88.1	501	1,312	14.9	212	65	100	0
510030101003	Albemarle	23.5	634	1,518	64.5	270	51	82	25
510030102001	Albemarle	15.3	942	2,431	158.6	256	45	43	8
510030102002	Albemarle	11.9	606	1,651	139.3	234	21	47	0
510030102003	Albemarle	11.4	687	1,787	156.3	328	86	22	19
510030102004	Albemarle	11.1	561	1,357	122.7	281	37	7	0
510030103001	Albemarle	3.8	1,111	2,998	781.8	369	141	65	39
510030103002	Albemarle	2.5	1,083	2,941	1,169.9	273	126	87	30
510030103003	Albemarle	2.9	286	650	220.6	115	154	51	0
510030104001	Albemarle	38.7	633	1,656	42.8	255	72	103	24
510030104002	Albemarle	30.0	496	1,049	34.9	238	63	50	0
510030104003	Albemarle	14.8	352	766	51.6	162	37	9	16
510030104004	Albemarle	17.3	895	2,130	122.8	463	42	69	17
510030104005	Albemarle	10.4	336	803	76.9	140	49	13	0
510030105001	Albemarle	4.8	397	1,027	212.4	215	43	0	0
510030105002	Albemarle	5.0	551	1,587	316.5	434	28	216	8
510030106001	Albemarle	0.9	340	975	1,114.6	223	24	13	0
510030106002	Albemarle	1.1	904	2,427	2,239.3	350	79	127	50
510030106003	Albemarle	0.5	926	1,531	2,869.3	579	242	92	178
510030106004	Albemarle	1.7	638	1,463	840.2	191	35	138	30
510030106005	Albemarle	0.5	577	1,083	2,397.2	178	23	98	0
510030107001	Albemarle	0.4	415	1,078	2,957.3	299	65	34	0
510030107002	Albemarle	0.4	1,138	2,379	5,414.0	211	192	184	43
510030107003	Albemarle	0.4	1,202	2,278	5,555.8	376	90	283	161
510030108001	Albemarle	2.0	227	538	268.6	42	29	198	47
510030108002	Albemarle	0.1	661	1,155	11,209.8	96	36	113	26
510030108003	Albemarle	0.2	637	1,295	6,454.1	206	74	29	16
510030108004	Albemarle	0.2	507	1,004	5,880.1	158	37	108	29
510030108005	Albemarle	1.3	447	790	602.8	430	50	0	42
510030108006	Albemarle	1.5	248	588	386.4	133	35	0	0
510030109011	Albemarle	0.4	786	1,123	2,823.0	298	82	250	88
510030109012	Albemarle	0.2	261	755	4,198.1	7	21	71	8
510030109021	Albemarle	0.8	480	738	894.5	18	14	237	44
510030109031	Albemarle	0.1	0	0	0.0	0	0	0	0
510030109032	Albemarle	0.2	91	101	602.6	2	0	62	15
510030109033	Albemarle	0.1	22	34	505.8	1	0	29	0
510030110001	Albemarle	7.0	392	945	135.3	229	12	50	20
510030110002	Albemarle	3.1	464	966	309.3	382	32	8	0
510030110003	Albemarle	10.6	557	1,472	139.5	183	43	24	16
510030110004	Albemarle	6.4	574	1,504	234.9	223	26	44	0
510030110005	Albemarle	2.3	454	1,371	590.9	173	26	86	0
510030111001	Albemarle	4.1	429	991	239.9	168	100	88	21
510030111002	Albemarle	2.1	491	1,258	598.9	168	63	59	15
510030111003	Albemarle	6.6	321	693	105.6	191	105	85	72
510030111004	Albemarle	1.7	300	951	552.7	217	75	14	0
510030111005	Albemarle	1.8	267	649	357.7	136	28	27	8
510030112001	Albemarle	21.4	564	1,397	65.3	212	41	63	33
510030112002	Albemarle	33.9	530	1,283	37.8	234	57	59	22
510030112003	Albemarle	27.7	428	1,034	37.4	135	45	65	15
510030112004	Albemarle	18.4	513	1,194	65.0	193	60	52	8
510030112005	Albemarle	21.8	456	1,087	49.8	170	82	29	5
510030113001	Albemarle	0.5	361	715	1,373.9	41	35	25	26
510030113002	Albemarle	1.1	529	1,395	1,274.5	208	77	286	27
510030113003	Albemarle	3.5	1,447	3,632	1,023.6	255	91	141	10

Thomas Jefferson PDC

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510030113004	Albemarle	29.5	522	1,204	40.8	194	69	77	14
510030113005	Albemarle	31.3	691	1,789	57.1	219	72	223	38
510030113006	Albemarle	38.6	431	1,077	27.9	143	53	38	0
510030114001	Albemarle	28.0	450	1,027	36.6	189	34	104	14
510030114002	Albemarle	4.6	337	679	146.1	125	73	83	35
510030114003	Albemarle	44.6	488	1,108	24.9	214	106	52	33
510030114004	Albemarle	38.1	455	1,060	27.8	184	43	151	15
510650201001	Fluvanna	22.6	1,004	3,349	148.3	360	139	137	23
510650201002	Fluvanna	24.5	725	1,770	72.3	249	78	199	56
510650201003	Fluvanna	5.2	2,550	5,827	1,119.7	1,589	151	68	24
510650202001	Fluvanna	40.4	709	1,794	44.4	283	133	102	42
510650202002	Fluvanna	52.5	527	1,202	22.9	269	78	99	12
510650202003	Fluvanna	22.6	453	1,094	48.5	227	74	179	26
510650202004	Fluvanna	17.8	287	717	40.2	206	25	58	4
510650203001	Fluvanna	42.6	692	1,660	39.0	251	131	88	14
510650203002	Fluvanna	44.8	675	1,761	39.3	203	125	117	26
510650203003	Fluvanna	14.4	396	873	60.6	175	91	74	23
510790301001	Greene	42.2	706	1,279	30.3	245	74	33	41
510790301002	Greene	12.4	772	1,991	160.6	427	125	140	37
510790301003	Greene	9.0	751	2,087	232.8	258	162	93	11
510790301004	Greene	18.5	510	1,278	69.2	192	76	91	19
510790301005	Greene	40.3	566	1,382	34.3	189	144	206	46
510790302001	Greene	5.3	873	2,342	442.6	192	128	154	22
510790302002	Greene	16.4	1,313	3,614	220.9	386	98	127	7
510790302003	Greene	12.6	495	1,271	101.1	197	49	143	21
511099501001	Louisa	31.0	915	1,551	50.1	302	175	87	12
511099501002	Louisa	28.3	880	1,306	46.2	316	72	54	21
511099501003	Louisa	16.1	392	974	60.4	166	113	154	29
511099501004	Louisa	40.0	610	1,504	37.6	268	134	86	20
511099502001	Louisa	36.8	1,117	2,003	54.5	437	187	170	63
511099502002	Louisa	28.5	643	1,444	50.7	319	141	196	55
511099502003	Louisa	15.2	638	1,365	89.5	286	154	305	103
511099502004	Louisa	14.3	500	1,229	86.2	241	54	179	29
511099502005	Louisa	14.4	379	893	61.9	162	72	40	25
511099503001	Louisa	42.0	1,120	1,991	47.4	397	244	236	56
511099503002	Louisa	54.9	1,017	2,371	43.2	413	137	286	68
511259501001	Nelson	75.9	667	1,466	19.3	288	170	364	17
511259501002	Nelson	43.9	628	1,421	32.4	363	141	65	30
511259501003	Nelson	12.1	361	874	72.3	212	54	102	13
511259501004	Nelson	64.0	725	1,575	24.6	343	181	140	39
511259502001	Nelson	15.5	600	1,287	82.8	248	38	75	38
511259502002	Nelson	40.8	682	1,560	38.2	249	107	179	86
511259502003	Nelson	34.0	2,690	1,814	53.4	548	79	107	55
511259503001	Nelson	37.1	502	1,033	27.9	241	39	193	53
511259503002	Nelson	37.7	502	1,055	28.0	233	79	172	29
511259503003	Nelson	75.9	504	834	11.0	165	112	90	51
511259503004	Nelson	35.4	693	1,526	43.0	356	205	256	60
515400001001	Charlottesville city	0.3	459	688	2,510.4	219	76	102	84
515400002011	Charlottesville city	0.2	313	722	3,418.8	101	46	83	28
515400002012	Charlottesville city	0.2	447	945	5,385.5	128	48	333	130
515400002013	Charlottesville city	0.1	450	1,160	13,485.0	46	6	603	11
515400002021	Charlottesville city	0.2	480	1,357	7,854.8	333	137	314	233

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DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
515400002022	Charlottesville city	0.2	1,041	3,140	16,505.2	132	101	1,870	116
515400003011	Charlottesville city	0.2	426	803	3,970.7	162	20	64	33
515400003012	Charlottesville city	0.4	528	949	2,684.7	220	42	83	50
515400003021	Charlottesville city	0.2	327	684	4,386.4	129	68	75	20
515400003022	Charlottesville city	0.2	292	515	2,520.9	95	24	50	75
515400003023	Charlottesville city	0.4	450	1,036	2,523.1	126	50	145	27
515400004011	Charlottesville city	0.3	703	1,565	5,733.7	212	207	641	307
515400004012	Charlottesville city	0.4	587	1,524	3,965.9	226	176	445	123
515400004021	Charlottesville city	0.1	301	612	5,357.5	94	60	95	96
515400004022	Charlottesville city	0.2	614	1,174	6,048.6	226	43	114	72
515400004023	Charlottesville city	0.3	479	950	3,625.1	158	47	159	87
515400004024	Charlottesville city	0.2	413	823	4,084.3	175	79	119	38
515400005011	Charlottesville city	0.2	504	1,234	7,006.1	133	80	336	106
515400005012	Charlottesville city	0.2	323	670	3,892.0	83	50	171	57
515400005013	Charlottesville city	0.1	421	1,095	9,071.5	89	79	117	56
515400005021	Charlottesville city	0.3	417	1,030	3,289.7	157	76	132	27
515400005022	Charlottesville city	0.2	541	1,137	5,535.3	133	21	168	36
515400005023	Charlottesville city	0.3	361	763	2,869.9	94	15	89	24
515400005024	Charlottesville city	0.1	288	594	4,526.6	107	40	75	5
515400005025	Charlottesville city	0.3	333	801	2,918.8	151	16	34	49
515400006001	Charlottesville city	0.2	1,070	2,747	14,113.9	49	10	1,399	153
515400006002	Charlottesville city	0.2	626	1,482	8,553.3	47	12	780	38
515400007001	Charlottesville city	0.4	519	1,099	2,917.1	175	54	67	14
515400007002	Charlottesville city	0.5	709	1,652	3,027.1	276	27	453	36
515400007003	Charlottesville city	0.3	201	363	1,193.0	8	7	119	47
515400007004	Charlottesville city	0.3	405	6,033	23,836.8	110	37	201	10
515400008001	Charlottesville city	0.3	353	839	2,802.2	243	41	0	5
515400008002	Charlottesville city	0.5	342	792	1,597.7	257	38	3	5
515400008003	Charlottesville city	0.3	229	495	1,800.1	166	12	3	0

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DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
515400008004	Charlottesville city	0.6	633	1,466	2,660.4	258	71	364	145
515400009001	Charlottesville city	0.8	633	1,270	1,502.2	256	68	109	36
515400009002	Charlottesville city	0.4	373	840	1,983.0	184	34	35	12
		1,970.7	82,080	190,652	271,658.8	31,338	10,350	20,826	5,213