



Richmond/Petersburg Metropolitan Planning Areas Coordinated Human Service Mobility Plan

April 2008

prepared for
**GRTC Transit in conjunction with the
Virginia Department of Rail and Public Transportation**

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



Richmond/Petersburg
Metropolitan Planning Areas
Coordinated Human Service Mobility Plan
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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 Richmond/Petersburg Metropolitan Planning Areas that is focused on unmet transportation needs of seniors, persons with disabilities, and individuals of low income.

As required in the Federal implementing circulars, this plan contains the following four (4) required elements:

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

Information on available transportation services and resources in the Richmond/Petersburg area 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 the Richmond/Petersburg area, information on the demographics 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 eleven strategies identified during the planning process, along with potential projects, are located in Section VIII.

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

The prioritized strategies and projects for implementation 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 workshop with key stakeholders;
- Previous plans and studies.

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, GRTC Transit in conjunction with the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of this CHSM Plan for the Richmond/Petersburg Metropolitan Planning Areas. GRTC Transit is the designated recipient of JARC and New Freedom funds in the Richmond urbanized area, and DRPT is the designated recipient for Section 5310 funds for the Commonwealth of Virginia. Maps of the Richmond and Petersburg Metropolitan Areas are shown in Figures 1 and 2.

In addition, this CHSM Plan includes appropriate information from previous plans and reports in the region:

- The Richmond Area Metropolitan Planning Organization's *Public Transportation for the Elderly, Disabled, and Low-Income: Phase I – Needs Assessment Report*. This report is available at http://www.richmondregional.org/Publications/Reports%20and%20Documents/Eld_Disbld_Trans_Disadv_Report_FINAL_Feb_06.pdf
- The Tri-Cities Area Metropolitan Planning Organization's *Tri-Cities Area Year 2026 Transportation Plan*, available at http://www.craterpdc.state.va.us/MPO/mpo_docs/2026LRTP.pdf

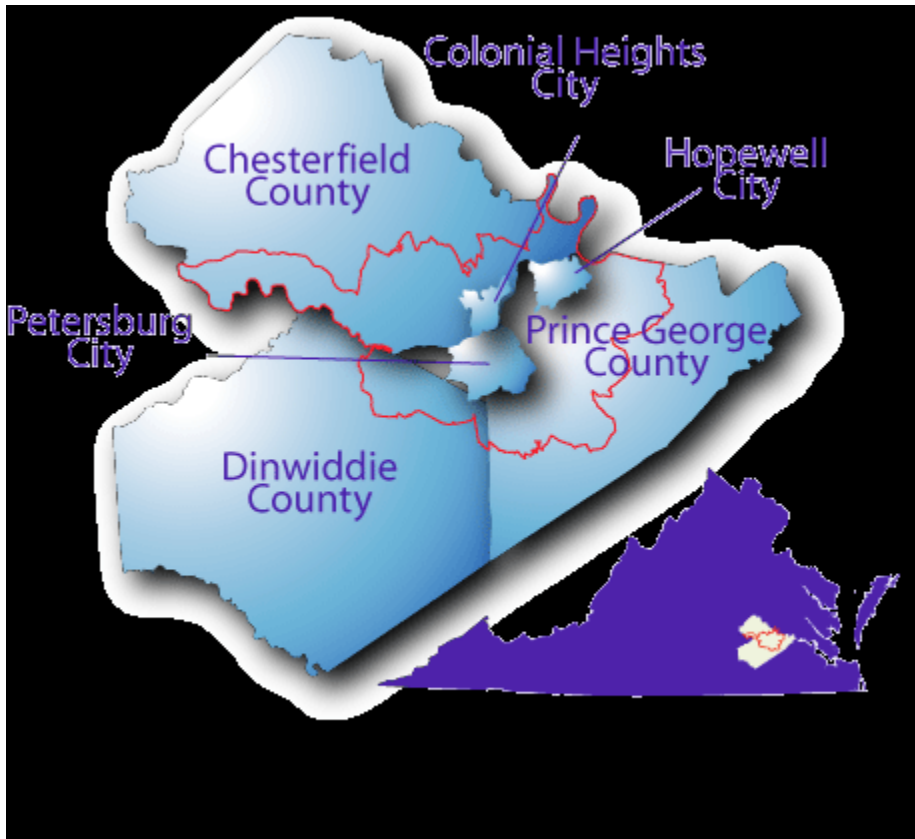
Figure 1. Richmond Area MPO Study Area Boundary

Source: Richmond Area Metropolitan Planning Organization Website



Figure 2. Tri-Cities Area Metropolitan Planning Organization

Source: Tri-Cities Metropolitan Planning Organization Website



III. Background

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

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement¹.

As the designated recipient of JARC and New Freedom funds in the Richmond area, GRTC Transit worked with DRPT, the designated recipient of Virginia Section 5310 funds, to develop this plan that meets the new Federal requirements. Future projects funded through the JARC and New Freedom Programs will need to respond to one or more of the strategies identified in this plan and serve the Richmond urbanized area.

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:

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.

- 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;
- 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 Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

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

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

Section 5316 (Job Access and Reverse Commute—JARC)

The Job Access and Reverse Commute (JARC) Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. GRTC Transit the designated recipient for JARC funds in the Richmond urbanized area. Projects through the JARC Program are eligible for both capital (80/20 match) and operating (50/50 match).

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, GRTC is the designated recipient for New Freedom funds in the Richmond urbanized area. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

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

Table 1. Program Information

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

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

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

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

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. For the Richmond/Petersburg area, GRTC Transit and DRPT facilitated three workshops with key stakeholders to discuss unmet transportation needs and potential strategies and projects to improve mobility in the region. These workshops were conducted in unison with regional DRPT workshops in the rural and small urban areas of Virginia.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional coordinated 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 workshops. A presentation was also made during a conference of PDC staff to obtain input on the 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 (total number of agencies per category in the Commonwealth included in parentheses):

- 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 Workshops

An initial workshop was conducted in Richmond on May 2, 2007. This workshop included an overview of the new Federal requirements and the approach in the Richmond/Petersburg areas, information on the Section 5310, JARC, and New Freedom Programs, and a presentation on demographics by the Richmond MPO. Much of the workshop was

focused on gaining input from participants on unmet transportation needs and gaps in the Richmond/Petersburg areas.

Subsequently, on November 19, 2007, a workshop was held in Petersburg to discuss issues and unmet transportation needs specific to that area. A third workshop was held in Richmond on December 5, 2007. At this meeting, participants from Richmond, Petersburg, and the surrounding area discussed proposed strategies, and approved the ones reviewed in Sections VIII and IX.

V. Demographics and Potential Destinations

The Richmond Area MPO Needs Assessment Report noted in the Introduction included identification of transportation disadvantaged groups in the Richmond region by location and quantity in terms of specialized transportation services. While details are available in the report, some highlights include:

- About 10.5% of the Richmond region's was 65 years of age or older according to the 2000 Census.
- Approximately 17.6% of the population (above age five) in the Richmond region reported they have a disability in the 2000 Census.
- Almost 9% of the Richmond region's population is living below the poverty line.

The Richmond Area MPO report also included major trip generators and attractors in the Richmond area. These included employment sites, medical facilities, shopping locations, government service facilities, and recreation sites. As noted in the report, these key destinations are scattered throughout the entire region.

The Tri-Cities Area Metropolitan Planning Organization's *Tri-Cities Area Year 2026 Transportation Plan* noted in the Introduction section includes population and demographic data for that area. While details are available in the plan, some highlights include:

- Projected growth in the Tri-Cities Area's population is expected to occur more within the counties than the cities – creating both distinct transportation needs for older adults, people with disabilities, and people with lower incomes, and significant challenges for transportation planners and providers in the area.
- The elderly population in the area continues to increase, with the most significant percentage increases of people over 65 in Hopewell and Colonial Heights. According to the 2000 Census, 18.6% of the Colonial Heights' population, 15.6% of the Petersburg, and 14.6% of the Hopewell population was 65 years of age or older.
- The 2000 Census indicated that there are over 8,000 auto-less households in the Tri-Cities Area.

VI. Assessment of Available Transportation Services and Resources

The Richmond Area MPO report identified public transit, human service transportation, and Medicaid transportation providers in the region. A synopsis of each, along with a summary of transportation services for older adults, people with disabilities, and people with lower incomes in the Richmond area, is included in the report.

The Tri-Cities Area MPO transportation plan includes information on the public transit services provided by Petersburg Area Transit (PAT), and an assessment of transit services in regard to transit-dependent populations. In addition, the Tri-Cities Area MPO plan includes information on intercity bus and taxi services in the area.

Recent Section 5310 recipients in the region that provide transportation services for older adults and people with disabilities include:

- American Red Cross
- Chesterfield Community Services Board
- Crater District Area Agency On Aging
- Daily Planet Health Care for the Homeless Clinic
- Richmond Area ARC
- St. Joseph's Villa

VII. Assessment of Unmet Transportation Needs and Gaps

The Richmond Area MPO report included a summary of mobility needs, identified through two Transportation Disadvantaged Forums hosted by the Richmond Regional Planning District Commission in partnership with the United Way, Senior Connections, and the Capital Area Agency on Aging in May 2005. The key issues identified in these forums served as the foundation for discussion at the May 2, 2007 workshop. Additional input from local stakeholders was obtained at the subsequent Petersburg and Richmond workshops, resulting in this overall list of unmet transportation needs and issues:

Communication

- Increased marketing of existing transportation options and how to use them
- Improved communication between providers and customers
- Greater awareness by providers, decision makers and others to mobility issues
- Market environmental benefits of transit as incentives for choice riders
- Ensure that traffic signals have accessibility devices

Coordination

- Improved coordination between transportation providers
- Customers have to rely on different providers for different types of trips
- Limited number of volunteer drivers
- Need to coordinate to expand access to accessible vehicles
- Coordinate a one-stop location for riders to get information on available services and to request services
- More regional approach in marketing and coordination of services
- Bring non-profits and churches with available vans into coordination efforts

Cost

- Additional funding to provide specialized transportation services, especially during start-up phase
- Diminishing affordability for customers
- Transportation for non-Medicaid funded trips
- Assistance while waiting to qualify for services

- Additional funding for public transportation besides the local government; explore the Chamber of Commerce, business associations, hospitals, and other sources to contribute funds
- Increase cost efficiency by transitioning more expensive paratransit services to fixed-route services as possible
- Engage road engineers to include more disability and senior-friendly facilities in initial development proposals (especially since it is significantly more expensive to make such changes after development has been completed.)

Service

- Fixed route service to employment areas, especially growing suburban locations
- Weekend service throughout region
- Access to evening and night jobs
- Greater midday service
- Door-to-door services, door-through-door services, and other assistance to enable mobility
- Shorter and more frequent trips
- Serve non-profit organizations that provide public services that are not along current routes

Policy/Guidelines

- Eligibility, scheduling and other policies vary between providers
- Greater flexibility to allow for additional family members
- Greater flexibility for people who are borderline eligible for services
- Need to establish quality standards for transit providers, including guidelines for equipment, drug testing requirements for drivers, and defensive driving classes
- Allow more movement for transportation provision between localities

Built Environment

- Greater access to stops; need sidewalks to increase access to public transportation
- Additional bus shelters
- Some apartment complexes and retirement communities do not accommodate buses

- Landscaping along sidewalks needs to be more sensitive to disabled persons and seniors, i.e. low-hanging branches and tree roots breaking the sidewalk pose inconveniences and dangers
- Curb cuts need to be available on both sides of the street
- Increase accessibility at major destinations including hospitals and shopping centers, i.e. buses cannot go through the roundabout at Henrico Hospital, and the clearance is too low for accessible vehicles; fixed-route buses also stop at the parking lot at Stony Point Mall instead of driving to a major entrance
- Make new developments more accessible

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 December 5, 2007 workshop for input, revision, and ownership. Ultimately, the 11 strategies listed below were endorsed by the workshop participants.

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

- Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.
 - Bring new funding partners to public transit/human service transportation.
 - Improve built environment to enable access to available transportation options.
-

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 Richmond workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, eleven specific strategies to meet these needs in the area were identified (as noted in Section VIII) as the priorities and included in this plan.

These strategies are detailed in this section to include possible projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

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

Strategy: Continue to support and maintain capital needs of existing 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.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Possible Projects:

- Capital expenses to support the provision of coordinated transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- Capital expenses to replace accessible vehicles.

Strategy: Expand availability and inclusiveness 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 serving larger geographic areas.

Potential Funding Sources:

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

Possible Projects:

- Coordinating vehicles between agencies that currently only serve specific populations.
- Implement same-day transportation services.
- Expand current demand-response services to serve greater rural areas.
- Expand hours and days of current demand response system to meet additional service needs.

Possible Projects (continued):

- Expand door-to-door and door-through-door services for customers who may need additional assistance to travel.
- Implement demand-response van service.
- Provide more flexible services to meet needs of customers traveling to dialysis treatments.

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

Expanding public transit services is also a logical option for improving mobility in the area and access to key destinations. Based on the unmet transportation needs identified during the coordinated planning process, particular focus should be on expanding service hours and days, and expanding reverse commute services that enable access to suburban job opportunities.

Potential Funding Sources:

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

Possible Projects:

- Expand early morning and evening services.
- Expand weekend services, especially from Henrico to airport area and in Chesterfield area.
- Expand reverse commute services.

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

A greater emphasis can be placed not only on expanding services, but also on outreach and information sharing to ensure people with limited mobility are aware of their transportation options. This could include a more formal structure, such as a mobility manager whose functions involve promoting available transportation services and serving as an information clearinghouse. Technology improvements that allow greater access to information on available transportation services can also be considered.

Potential Funding Sources:

- New Freedom
- JARC

Possible Projects:

- Establish mobility manager to facilitate access to transportation services and serve as information clearinghouse on available public transit and human services transportation in region.
- Implement technology improvements to improve access to information on available transportation options, i.e. centralized Website.
- Implement marketing campaign to educate decision makers about importance of mobility and need for greater transportation options, change image of public transportation, and/or highlight impacts of land use on providing effective and efficient transportation.

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 services and the region and increasing outreach, 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 acutely 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.

Potential Funding Sources:

- New Freedom
- JARC

Possible 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.
- Establish education campaign with customers and medical office staff regarding scheduling appointments while taking available transportation options into consideration.

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

Improved coordination of transportation providers was identified by workshop participants as a high priority. 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.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310

Possible Projects:

- Implement mobility management program. Possible functions:
 - Facilitate coordination efforts between transportation providers, decision makers, agency directors, business community, workforce networks, etc.
 - Explore joint purchasing arrangements.
 - Coordinate training, marketing, and/or pooling of insurance.
 - Facilitate establishment of consistent policies between different providers and single point of access for eligibility applications.
 - Arrange trips for customers as needed.
 - Exploring technologies that simplify access to information on services.
 - Coordinate use of available accessible vehicles.
 - Coordinate emergency preparedness of transportation services for people with disabilities and older adults.
- Acquire technology to improve coordination of various transportation providers.
- Centralize maintenance in one facility, encouraging providers to coordinate services in exchange for vehicle maintenance.

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.

Potential Funding Sources:

- JARC

Possible Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers (including medical facilities, retail businesses, and social service agencies).

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

For evening, weekend, and same-day transportation needs, taxi services and private transportation providers may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to these transportation services. In addition, the acquisition of accessible taxis would provide people with disabilities with more flexible transportation services.

Potential Funding Sources:

- New Freedom

Possible Projects:

- Implement or expand 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: Provide flexible transportation options and more specialized 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, or some trips may not be 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 at their residence or destination.

Potential Funding Sources:

- New Freedom

Possible Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or timeframe needs.
- Expand or establish volunteer aide program to provide door-to-door and other assistance as needed.

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.

Potential Funding Sources:

- JARC

Possible Projects:

- Implement employer and business community (i.e. Chamber of Commerce, Retail Merchants Association) funding support programs, either directly for services and/or for local share.
- Implement employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Pursue partnerships with private industry, i.e. retailers and medical centers.

Strategy: Improve built environment to enable access to available transportation options.

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. 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. In addition, accessibility issues may be due in part to a lack of awareness by people outside of the disability and transportation communities to the critical importance of the built environment.

Unmet Needs/Issues Strategy Will Address:

- 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 (textured curbcuts, sidewalks, audible pedestrian signals or other accessible features).
- Establish appropriate programs to provide planning and zoning staff, developers, and others with education and training to help ensure they are sensitive to mobility needs of people with disabilities and to promote accessible environments.
- Promote awareness that the built environment needs to be accessible.
- Law enforcement of safety issues.

X. Plan Adoption Process

As noted in Section IV, participants from the three coordinated planning workshops provided input on unmet transportation needs, potential strategies, and possible projects for the region. Ultimately, they agreed upon the identified strategies and priorities detailed in this plan.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, GRTC Transit and 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 regional workshop to be held in the Spring/Summer of 2008, and will be included in future iterations of this plan.

Similar to the process for development of this 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. A logical starting point for these discussions includes participants from the three workshops, and the Richmond Area MPO's Elderly and Disabled Advisory Committee.

While formal responsibilities and organizational roles will be determined locally, it is anticipated this structure will:

- Lead updates of the Richmond/Petersburg Metropolitan Planning Areas *Coordinated Human Service Mobility Plan* 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 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:

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