

## FINAL REPORT

Grantee: Rappahannock-Rapidan Regional Commission

Grant: Integration of the THA Toolkit into Coordinated Human Service Mobility Planning for Planning District Nine

Grant Period: November 23, 2007 – February 28, 2009

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## **PROJECT PURPOSE**

The THA Toolkit grant was used by the Rappahannock-Rapidan Regional Commission (RRRC) to enhance the Rappahannock-Rapidan Region's Coordinated Human Service Mobility (CHSM) planning initiative. This project, started in the fall of 2007, resulted in a plan for coordination and expansion of much-needed transportation resources for people with disabilities, seniors and low-income residents across the Rappahannock-Rapidan region. The CHSM planning process was facilitated by RRRC with technical assistance from Virginia's Department of Rail and Public Transportation (DRPT). Other members of the CHSM Steering Committee included Aging Together, the Rappahannock Rapidan Community Services Board and Area Agency on Aging (RRCSB/AAA), Virginia Regional Transit, the Virginia Employment Commission, and area Disability Services Boards.

The CHSM Plan serves as required documentation for Federal FTA funding, including Section 5310, JARC and New Freedom. It also is intended as an integral part of the RRRC Regional Long-Range Transportation Plan. Most importantly, it was developed as an essential first step in a serious effort to develop short-term and long-term solutions for a critical shortage of services for transit-dependent populations in the region.

Components of the THA Toolkit were applied to the planning process to provide a structured and effective method of data collection and public participation in the development of the CHSM plan, particularly on the part of intended beneficiaries of the project.

## **APPROACH AND APPLICATION OF THE TOOLKIT**

The CHSM Steering Committee, with leadership from RRRRC, oversaw design and implementation of the project. DRPT provided assistance with initial data collection through regional stakeholder workshops. Information was gathered to document existing transportation services and areas of unmet need. RRRRC mapped growth areas, public utilities, the location of the region's medical, assisted living and human service facilities, and the availability of subsidized and multifamily housing. Existing transit routes were also mapped.

The CHSM Steering Committee, together with local Disability Services Boards, sponsored public outreach workshops in Orange and Fauquier Counties, utilizing the maps and tips from the Facilitators' Toolbox, to gather further input relating to the region's transportation and housing needs. These workshops were advertised in local newspapers and through newsletters and other communications of Aging Together and the major human service providers in the region. In Fauquier County, sessions were held in the morning and evening and transportation was offered to any interested citizen.

Additional input sessions were held at Didlake, Inc, in Bealeton and Visions Clubhouse in Culpeper to invite input from consumers, including transportation needs for employment, and to inform them of the CHSM planning process.

The Regional and Study Area Checklists were completed for the Town of Culpeper, to create a baseline profile of community resources for persons with disabilities.

Based on an analysis of the data collected, the CHSM Steering Committee developed a list of priority transportation needs and strategies to achieve changes in services that will lead to improved transportation choices for people with disabilities, the elderly, and low-income residents. These recommendations were discussed and adopted by the CHSM Advisory Group, a larger stakeholder committee that includes representatives of local Departments of Social Services, Piedmont United Way, Germanna Community College and other human service and disability organizations. The draft CHSM plan was presented to over 400 senior citizens at Aging Together's 2008 Community Conversations on Aging, to a joint meeting of all three local Disability Services Boards, and to the Rural Transportation Technical Committee, which is responsible for development of the Regional Long-Range Transportation Plan.

The THA Toolkit Grant funded printing of the final CHSM Plan Executive Summary, which has been distributed to consumers, decision makers and other stakeholders throughout the region. A copy of the Executive Summary can be found at [www.rrregion.org/CHSM](http://www.rrregion.org/CHSM).

## **PROJECT OUTCOMES AND RECOMMENDATIONS**

### *CHSM PLAN RESULTS*

The result of the CHSM planning project is a completed Coordinated Human Services Mobility Plan that sets out goals and an action plan for improving transportation choices for residents of the Rappahannock-Rapidan Region, including people with disabilities and senior citizens. This plan will be incorporated in the Regional Long-range Transportation Plan for the Rappahannock-Rapidan Region.

The first priority defined in the CHSM plan is to establish a permanent entity with on-going responsibility to coordinate mobility services in the region and implement the CHSM Plan. This recommendation has been implemented with creation of the Foothills Area Mobility System (FAMS) and a successful application by RRRRC for a New Freedom grant to fund a new Mobility Management program and a one-call transportation center.

Other priorities in the CHSM Plan also are being realized. Aging Together received grants from the Virginia Department for the Aging and DRPT to establish a Senior Volunteer Transportation Network. In addition, RRRRC has applied for a second New Freedom grant to establish a pilot transit route between Culpeper and Charlottesville.

### *POLICY RECOMMENDATIONS*

Beyond the CHSM Plan, the THA Toolkit Grant has led to a greater level of participation by people with disabilities in the transportation planning process and has generated greater discussion about the needs for housing and transportation locally and regionally. The CHSM Steering Committee developed the following recommendations and conclusions:

1. This region is lacking a lead organization whose role is to advocate for persons with disabilities during local and regional planning activities. Loss of funding for DSBs is a step backward. The Independence Empowerment Center serves Fauquier County, but the

other counties in PD 9 are not covered by a Center for Independent Living (CIL). RRCSB/AAA has been designated an Aging and Disability Resource Center but will require a new source of funding if it is to provide staff to take on this planning and advocacy role.

2. Many of the needs of people with disabilities and the aging are similar and there will be a better chance of accomplishing the goals of improved housing and transportation if the efforts of these two populations are combined.
3. When addressing the needs of persons with disabilities it is important to consider housing and transportation together. Human services planning often does not make this connection.
4. Towns that have fixed-route public transit would benefit from assessment of stops in terms of accessibility and suitability for persons with various types of disabilities; i.e., signage, shelter, benches, and approach. There are sources of funding for some of these, but local government and businesses will need to assist in the effort. Local governments should be encouraged to incorporate participation of people with disabilities in their transit oversight efforts. Orange and Fauquier Counties would benefit from a transit advisory committee.
5. Individuals and organizations that are involved in employment services have unique insight into the transportation needs of persons with disabilities. Success of CHSM planning depends on the participation of program managers and counselors and it is important that the organizations that operate these programs allow them to participate in these local and regional efforts.
6. The CHSM Plan identifies need in general terms, but quantifying need and progress, which are necessary in order to pursue funding and fine tune solutions, will require additional work. In turn, this level of metric development will require its own source of funding.

## THA TOOLKIT RECOMMENDATIONS

During the CHSM Planning project, we used THA Toolkit maps, the checklists and tips from the Facilitators' Toolbox. Other information from *Meeting the Needs* section has been helpful and will continue to be used. Based on our experience, we offer the following observations:

1. RRRRC has an experienced GIS planner who produced the maps for this project. He felt that the instructions for mapping are good, but we are uncertain about how easy this would be for someone who does not have GIS experience.
2. The Rappahannock-Rapidan Region is primarily rural, with no city in the region. Some of the tools seem better suited to more urban locals. With the checklists, for example, the distinction between the Regional and Study Area Checklists seems less clear. Even though our study is 'regional', the Regional Checklist will be useful only if applied to a single local governmental unit. Most of the questions are most meaningful for incorporated towns, while a few of the questions – in both the Regional and Study Area Checklists – are important in assessing rural counties.
3. We spent considerable time planning public participation events targeting persons with disabilities. Even though we offered morning and evening sessions in an accessible location and offered transportation, we had limited turn out. Again, this may be different in more urban areas, since travel distances are often greater in the rural area. We discovered that we can reach more consumers and stakeholders if we plan events at their place of employment or services; in other words, going to them, instead of expecting them to come to us. We hope to be able to try different approaches in the future. Also, in working with some of the persons with physical disabilities, we saw people who were uncomfortable reading the maps. Informal discussion seemed to generate more input.

## **FUTURE DATA COLLECTION**

As mentioned earlier, one of the priority recommendations of the CHSM Plan is to establish a permanent organization that will be responsible for future coordination of mobility services in the region. Through the Foothills Area Mobility System (FAMS) and the Mobility Management program funded by the New Freedom grant – both of which resulted from CHSM planning – we are developing a mechanism for collecting region-wide data on transportation usage and unmet need. RRRC will be the central repository for this information.

Most of the members of the FAMS Steering Committee and Advisory Group are stakeholders in other disability-related issues. Efforts are underway to strengthen the functionality of the Aging and Disability Resource Center and expand CIL coverage in the area. While we have strong regional partnerships, we believe that centralized data collection will require designating this responsibility to a lead agency that has a central role of advocacy for persons with disabilities. Developing this organizational infrastructure is a key need in this region.