COORDINATED PUBLIC TRANSPORTATION-

HUMAN SERVICES TRANSPORTATION PLAN FOR THE PENINSULA REGION

2026 UPDATE

Peninsula Regional Transportation Planning Organization for the Clallam-Jefferson-Kitsap-Mason County Peninsula Region

October 16, 2026

This Coordinated Public Transportation-Human Services Transportation Plan is the companion report for the Human Services Transportation Plan Online at https://prtpo.org/2026-hstp

Peninsula Regional Transportation Planning Organization

Serving the Communities of the Clallam-Jefferson-Kitsap-Mason County Region

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INTRODUCTION

Introduction

Personal mobility and access. They go together. Personal mobility is how we take care of our day-to-day needs – work, shopping, school, health care, services, recreation, worship, and more. Broadband connectivity makes it easier to do a lot of things without having to go anywhere, but not everything can be done online.

Most of us still need to get from Point A to Point B to take care of things and get back. This is a highly rural region; Points A and B are often very far apart. That's why, for most of us, most of the time, driving is how we get around. We travel longer distances and we have fewer alternatives to driving than people do in urban regions. That comes with the rural lifestyle, and we build it into our plans.

But what about those of us who don't drive? It can happen to any of us, for any number of reasons. We all need access to essential services, even if we don't drive or can't afford the costs of owning and operating a vehicle.

Our human services transportation partners transport thousands of people across our region every day. They see first-hand where disconnects, gaps in service, and even policies make it hard for people to get where they need to be. In response they're innovating, growing new partnerships and increasing coordination across sectors to overcome many of the mobility barriers people face. But there is always more that can be done.

Periodic updates of the Human Service Transportation Plan (HSTP) give us an opportunity to check in with service providers to refresh our regional understanding about rural mobility. Their experience and insights over the four years since our last HSTP update informs our shared understanding of the challenges those who don't drive face when trying to access the essentials of daily life. They help us understand the concerns of a wide cross-section of people who need assistance with rural mobility so we can frame issues in ways that translate to actionable strategies. Their insights are invaluable in assessing potential strategies as we work to shed light on practical measures that can make a difference in this region and lay the groundwork for future funding opportunities and partnerships.

The HSTP is closely associated with the Consolidated Grant program, one of the primary sources of funding for rural transit and special needs transportation services in Washington State. Administered by the Washington State Department of Transportation (WSDOT), Consolidated Grant awards must support projects that advance one or more strategies from a regionally adopted HSTP. The parameters of that grant program inform PRTPO's approach to the HSTP and the contents of this report.

This 2026 HSTP report is a companion to the PRTPO Online Human Services Transportation Plan. It includes information from the website and additional content for WSDOT.

What's In This Report

Chapter 1 offers an overview of human services transportation in the context of this highly rural region. It includes information on the target populations this HSTP is concerned with and the nature of issues they face.

Chapter 2 summarizes the sources of input that informed this 2026 update and our understanding of issues and regional strategies.

Chapter 3 recaps the various transportation services that are available across the region from public, tribal, non-profit, state, and private carriers.

Chapter 4 offers a summary of unmet needs and barriers associated with rural mobility, from the perspective of the individual, the human services provider, and the transportation provider.

Chapter 5 identifies strategies that will sustain mobility services that people rely on today and, with adequate resources, improve those services to address more needs. These are the strategies that Consolidated Grant awards must advance. There are also a small number of additional initiatives to support rural mobility and improve access to reliable transportation options.

The **Appendix** includes a variety of additional materials that support compliance with WSDOT guidelines for the 2026 HSTP update cycle. This is where the list of Consolidated Grant projects will be found after PRTPO concludes its review and ranking process for WSDOT. The first list of projects will be amended into Appendix F in December 2026. The second list will be amended into the appendix in December 2028.

CHAPTER 1
HUMAN SERVICES TRANSPORTATION

Chapter 1: Human Services Transportation

The Human Services Transportation Plan, or HSTP for short, is concerned with rural mobility, with a focus on the ability of those who don't drive - whether due to age, income, or disability - to access the health and human services available to them. It is concerned with safe and reliable travel choices that get people where they need to be, even if they don't drive.

A network of transportation partners across the Peninsula region provide a range of services that are vital to rural mobility. Chapter 3 summarizes the work of more than two dozen public transit agencies, tribes, health clinics, non-profit and community groups, and private carriers who are connecting residents with services on a daily basis.

- Scheduled fixed-route service and deviated fixed-route service is concentrated on major corridors connecting our cities and our ferry terminals, and in town, where it provides essential access and circulation. This kind of service works best when it's connecting population centers with jobs, commerce, and services, and for very long-distance intercity trips.
- On-demand or demand-response service is better at rural "collect and connect" access than is fixed-route service and is better suited for the door-to-door transport that many in outlying areas require. Emerging technologies are revolutionizing dispatching and opening doors to new ways of structuring this kind of service.
- Complementary on-demand paratransit services for qualified people who can't use public transportation are typically available within ¾ of a mile of fixed-route transit service. Mason Transit removed eligibility qualifications and distance barriers for its on-demand paratransit service and now offers it countywide.
- Tribal transit fixed-route services, health center shuttle services, and elder transport programs operate transportation services tailored to the unique needs of each community. In many cases, services are available for non-tribal members as well.
- Non-profit or community-based mobility programs include volunteer driver programs, education and outreach programs, senior center shuttles, and more. They strengthen rural mobility with a network of services designed for specific travel needs, many of which are integrated into the broader fabric of health and human services.
- Non-emergency medical transportation (NEMT), sometimes described as "Medicaid transportation," is primarily a state-brokered service that provides reservation-based transportation to and from medical appointments for Medicaid clients of any age or anyone covered under Washington's Apple Health program. It also provides transportation assistance in the form of bus passes and fuel vouchers for qualified residents. The term does not need to apply only to Medicaid-supported travel, though. Some of the specialized

transportation required for behavioral health purposes or medically assisted therapy should also be considered NEMT but without the income restrictions.

This is not just a transportation plan, though. It is concerned with access to health and human services, especially for those who don't drive.

Right Care, Right Time, Right Place

The HSTP is where broad personal and community health outcomes intersect with transportation or more accurately, with personal mobility. Our HSTP recognizes the role that personal mobility plays in the health outcomes and wellbeing of those in our communities, regardless of whether they drive. This is consistent with the thinking of health and human services providers we're engaging.

This is a broad sector. Community-based workers are engaged in the full range of health care services, from routine primary care and family practices to specialized services like behavioral health, geriatric and pediatric care, oncology, and mental health services. They provide social services, food banks and nutrition programs, veterans programs, community action programs, at-risk youth programs, job training programs, recovery navigator programs, government services, and more. Providers are non-profit, for-profit, tribal, community-based, and local and state government institutions and organizations.

Reliable transportation and the access it enables is integral to the health and human services they provide and the health outcomes of the people they serve.

Lack of reliable transportation is identified in local health improvement plans and Community Health Needs Assessments (CHNA) throughout the region as a barrier to health outcomes and patient access to care. Health and human services providers recognize reliable transportation as a social determinant of health that affects whether people can actually benefit from the health care system and the services available to them.

There are cascading effects of unreliable transportation for rural community systems that are already under strain. Without reliable transportation:

- primary care is difficult to reach
- behavioral health appointments are missed
- specialty care is postponed
- emergency services are over-used
- hospital discharges are difficult
- food and nutrition programs aren't accessible to everyone who is hungry
- housing options are reduced
- social service referrals are hard to keep

In a region with a chronic shortage of health care providers and excessive wait times for medical and behavioral health appointments, lack of reliable transportation results in delayed care, missed appointments, and inefficient use of scarce health care resources.

Reliable transportation doesn't just support health care; reliable transportation makes it possible.

Reliable Transportation

Reliable transportation means different things to different people, so it's good to clarify how we use it in this HSTP. Reliable transportation means people have the ability to get where they need to go safely, reliably, and affordably. Reliable transportation underpins personal mobility, and personal mobility enables access.

Most of us provide our own reliable transportation, driving our own personal vehicles where and when we choose. We drive as long as we physically can or as long as we can afford to. At some point most of us need help with transportation, though.

For those of us who don't drive (and for many of us who do), reliable transportation is a bus that is convenient to get to, is going where we're going, and operates on a schedule that fits our needs.

For others reliable transportation means a door-to-door paratransit van that shows up at the scheduled window of time to pick them up and take them where they need to go, possibly in a wheelchair or other mobility device.

Others rely on volunteer-driver programs to get them to and from their dialysis appointments in Seattle, or on shuttles operated by senior centers that pick passengers up for meal programs or shopping, or specialized services offered by Recovery Navigator Programs to help people keep critical appointments for their behavioral health or road to recovery care.

These are just a few examples of what "reliable transportation" looks like in a highly rural region. Rural mobility depends on a coordinated package of reliable transportation measures operated by a range of service providers working together to ensure people have access to the essential services and opportunities available to them.

It takes coordination, collaboration, and partnerships across sectors to meet mobility needs of the most vulnerable in the region and overcome difficult barriers to rural access. This HSTP aims to support them in their work.

Regional Context

The challenges we wrestle with in this HSTP have a lot to do with the geography and rural character that makes the Peninsula Region so very special.

In transportation terms, the Peninsula Region encompasses four counties on the Olympic and Kitsap Peninsulas: Clallam, Jefferson, Kitsap, and Mason Counties. It's a highly rural region, with vast national parks and forests, military lands and wildlife preserves, resource lands, and abundant recreational opportunities. Ten tribes have called this region home for a very long time.

This place is beautiful, rugged, and remote. Our mobility depends on a sparse network of state highways, state and local ferries, and rural roads that connect far-flung rural homes and hamlets to services and economic opportunities. We enjoy a remarkable regional transit system that our four transit agencies have forged between them and which allows convenient and affordable travel within and between cities across the region and beyond.

While this HSTP is focused on transportation and rural mobility, rural mobility issues and opportunities are shaped by where people live. Getting around without a car has its challenges no matter where a person lives. Distances are far. Densities are low. Destinations are scattered. What's practical in town is different than in the outlying areas, though. This is important when considering the nature of barriers and gaps and the effectiveness of potential strategies.

In Town or Out of Town

Those who live in town have more options than those who don't. They live close to convenient transit backed up by an array of non-profit service providers and paratransit. People can take advantage of the coordinated regional transit system that Clallam Transit, Jefferson Transit, Kitsap Transit, and Mason Transit have knit together between them for affordable travel around the region and to make ferry connections for travel to and from Seattle, Edmonds, Whidbey Island, and British Columbia. Distances in town can be close enough to walk or ride a bike if there is infrastructure to do that safely. And many of the essential destinations people need to access regularly for services and day-to-day needs are in town.

Still, those who live in town and don't drive have to put more thought into how they will get around than those who do drive. They organize their trips around bus schedules and the days and hours of operation. They have to plan ahead to reserve a pick-up or book a ride. This usually entails a "window of time" to be ready for the pick-up. Running a quick errand requires coordination. Odds are good they've had to ask family or friends for a ride at some point.

It's a somewhat different transportation story for those who don't live in town. And that's most of us.

Fully 2/3 of people in this four-county region live outside any incorporated place, with only 33 percent of us living in town. In the three most rural counties – Clallam, Jefferson, and Mason – only

30 percent of the population lives in a city while everyone else lives scattered throughout the vast unincorporated areas and remote places that make this region special.

Rural Realities Make Tough Issues Tougher

The reality is that for many or even most of us living on the Olympic Peninsula or in outlying areas of the Kitsap Peninsula, driving is the only practical option. It comes with our rural lifestyles and makes them possible. And it works well, until it doesn't.

- People who've lived all their lives on homesteads and are aging in place, or spent decades living on backcountry roads face difficult choices as eyesight diminishes and driving gets harder. They may live far outside the complementary paratransit service boundaries that transit agencies provide. Or they may live on unimproved roads or have overgrown driveways that are impassable for paratransit or mobile health vehicles. Too often people continue to drive long after it is safe, presenting a risk to themselves and others on the road as their need to access services grows.
- Working people who can't afford housing in town move further out in search of lower rent or a property they can afford to buy. Driving is the second highest expense after housing for most households, though. Increased costs of gas and vehicle wear and tear erode savings on housing costs and creates vulnerabilities. Skyrocketing fuel costs can leave a family with painful budget decisions, but without gas there's no job, no paycheck, and a bad situation can suddenly get much worse.
- People receiving care for behavioral health issues, cognitive disorders, or substance use disorder must attend appointments for regular treatments, but many are unable to drive or to use public transit without risking harm to themselves or others. Or they are easily confused or overwhelmed by the complexity of making travel decisions. Across the region communities are trying to turn the tide of chronic mental health issues with an array of programs, but getting to those programs can be nearly impossible for the people who need them most.
- With the exception of some of our unincorporated hamlets and crossroads - places like Quilcene, Blyn, Clallam Bay, Belfair, and Chimacum - walking and biking are impractical alternatives to driving in outlying areas. And unless people live in those crossroad communities or close to a highway corridor, where the backbone of our transit system operates, the nearest bus route may be many miles away. Unfortunately, many of the services they need are also many miles away.

It takes a variety of services to meet our rural mobility needs. Fewer transportation services are practical in outlying areas than in town and none are as convenient as driving. What does work in outlying areas is nimble, responsive, and targeted at specific mobility needs. It's complementary to other services operating closer in town and can offer valuable "collect and connect" opportunities for some people. Non-profits play an important role in delivering these services

alongside their transit partners. New app-based tools are creating opportunities for innovative service delivery approaches, too.

Our partners are doing a lot. More needs to be done. The HSTP opens doors to grants that can help us get more done.

Target Populations

Most people in the Peninsula Region drive for most or all of their daily travel needs. But not everyone can drive or can afford to drive. For those who don't drive, reliable transportation can be hard to come by. That's why the HSTP is focused on certain population characteristics.

A small number of population characteristics are reliable indicators that someone may not have reliable transportation and may need assistance with travel. For HSTP purposes, three characteristics are associated with an increased risk of being mobility challenged: seniors, low income, and disability.

Population 65 and Older

Our climate, the scenic beauty, the allure of rural lifestyles and the ability to relocate remains a siren for retirees.

Large numbers of retirees have been moving to the north Olympic Peninsula, in the rain shadow of the Olympics, for decades. No one in Washington comes close to Jefferson County's share of population that is 65 or older. The Office of Financial Management estimates 42.3 percent of Jefferson County's population is 65 or older. According to Census data, it is among the top five "oldest counties" in the whole country!

As the table to the right demonstrates, though, our whole region is "older" than the state average. Kitsap and Mason Counties are a good bit "younger" than Clallam and Jefferson Counties, but they're still older than the state average. While 18.4 percent of Washington's population is 65 or older, 26.2 percent of the Peninsula Region's population is in that age bracket. If things go as projected, that should peak in 2035 at just shy of 29 percent of the population before it begins gradually receding and the region grows younger.

Age is a common indicator of a declining ability to drive. While many people continue to drive well into their later years, 65 is the average age at which reflexes start to slow, eyesight diminishes, and eventually, driving becomes more difficult or impossible. At the same time, people 65 and older tend to have more medical care needs and rely more on human services than the public at large. Senior centers, senior lunch programs, and senior wellness programs are available throughout the region, but people have to be able to get there and back to take advantage of them. That's particularly challenging in a rural region where people often live far outside of town. Older adults face increased risk of social isolation when driving is no longer practical. Or they continue to drive long after it is safe to do so, creating a risk for themselves and others on the road.

People with Disabilities

People who've lived independent, self-reliant rural lifestyles can find themselves with a disability that upends that independence. People with one or more physical, sensory, cognitive, or developmental disabilities may be unable to drive and so are reliant on transportation services to meet some or all of their mobility needs. This may require wheelchair accessible vehicles for transport. Other disabilities entail consideration of behavioral factors to ensure safe transport for the passenger, others in the vehicle, and the driver. For some, there may be vision impairments or critical thinking issues. Disability is a broad, inclusive term with many dimensions when it comes to mobility. All of those dimensions are even more complicated in a highly rural region.

Regardless of the condition, it's important that people with disabilities have reliable access to work, on-going care, and the needs of daily life. This is critically important to managing their disabilities, engaging in everyday activities, and living a fulfilling life. This applies to temporary disabilities, too, such as when a person breaks a leg or is confined to a mobility device for post-surgery recuperation. Even the most self-sufficient among us can be incapacitated by an accident or illness, requiring support to meet mobility needs.

Low-Income Households

The cost of owning and operating a personal vehicle is widely recognized to be the second highest household expense after housing for most households. Anecdotally we hear of people who have cars but they can't afford to keep them fueled up and running or insured. Help with gas money accounted for about 25 percent of the transportation assistance calls WA 211 received from this region over the past year. Everything from going to work, routine child care and school drop-offs, to medical appointments, basic shopping and services, and recreation are much harder for low-income households because of the cost of travel. Low income households rely on transportation from friends and family as well as transit and community-based programs, or they fall between the cracks.

Additional Considerations

These three broad indicators - age 65+, disability, and poverty - account for most of the factors that indicate some support with reliable transportation may be needed to meet their day-to-day needs. But we want to pay attention to a few other segments of our community.

Tribes

The Peninsula Region encompasses the lands to which ten tribal nations belong. Five of those nations are members of PRTPO. No RTPO in the state comes close to the tribal representation on PRTPO. This increases our awareness of the wide range of human services and health care offered by the tribes as well as the transit and tribal transportation services they provide. There is close coordination between tribes in the region and the non-tribal transit, county, city, and state stakeholders on these and other matters. We're also aware of some of the deep cultural connections that exist between tribal nations. Travel between tribal nations occurs regularly for

reasons ranging from elder programs and familial celebrations to specialized health services, canoe journeys, potlatches, councils, and more. The need for long-distance travel between reservations often occurs outside of scheduled transit and intercity bus service.

Veterans

Almost 14 percent of the region's population age 18 years or older have served in the military. Over 62 percent of vets live in Kitsap County, which is also where the largest share of vets under the age of 65 live (72 percent). The North Olympic Peninsula accounts for another 22 percent of the region's veterans and 15 percent live in Mason County. Unfortunately, veterans facilities are concentrated at American Lake and JBLM in Pierce County and in Seattle. While those locations can be accessed via transit and other services, these can be complicated trips to navigate under the best of circumstances, which doesn't apply to everyone.

CHAPTER 2
ENGAGEMENT & COORDINATION

Engagement and Coordination

In the 2022 HSTP update, we gained community insights into unmet mobility needs and barriers primarily from our transportation partners and the individuals they serve. We were particularly effective in hearing from seniors, some of whom were also low income and/or disabled.

In 2024 we became aware of Accountable Communities of Health (ACH) and their related Community Care Hubs, regional associations of health and human service providers who work with the most vulnerable members of our community, including target HSTP populations. Washington is organized into nine ACHs. These regional entities are somewhat like RTPOs except their members include the vast array of providers delivering health and basic needs programs to our communities – hospitals and clinics, senior services, nutrition programs and food pantries, housing agencies, public health programs, community-based social services, programs for families and youth, and other essential services and care that support daily life. Many if not most of the destinations people with mobility challenges are trying to reach are the local organizations that belong to these ACHs.

We determined to use this 2026 update to expand on the insights gained in 2022 and develop a more complete understanding of regional mobility barriers and their impacts on community well-being. We also hoped to identify untapped opportunities for future coordination between this human services sector and the transportation sector. We wanted real-world insights derived from the experience of community-based care workers striving every day to connect mobility challenged individuals with resources and services available to them. The ACH framework proved immensely helpful in this effort and opened doors we had not been aware of.

The four counties of the Peninsula RTPO are associated with two different ACHs. Clallam, Jefferson, and Kitsap County make up the Olympic Community of Health ACH. Mason County is part of the larger seven-county CHOICE ACH that covers central southwest Washington. Engaging with these regional organizations was the central pillar of the 2026 engagement strategy.

Human Services Centered Insights into Mobility Issues of Vulnerable Residents

For the 2026 update, we investigated resources compiled under rigorous standards by health and human services providers. These served as primary inputs to increase our baseline understanding, at a regional level, of the mobility barriers and gaps that prevent people from accessing the care and basic needs these organizations provide and the resulting consequences for individuals, families, and communities.

Care workers in these organizations support thousands of people across the region every day, from every walk of life, helping them make use of the resources and services available to them. Non-profit, governmental, tribal, faith-based, and for-profit, they work closely with the most vulnerable in our community, helping to keep them fed and housed and healthy. This includes seniors, people with disabilities, and those living with low or no income.

We anticipated fresh insights to enhance our understanding of issues related to rural mobility. We found that, and more.

Community Health Needs Assessment (CHNA) is a requirement of the Affordable Care Act for tax exempt hospital organizations to retain their tax status. Most rural health care facilities in the region are non-profit. Updated every three years, it considers the barriers people face in trying to obtain care. IRS regulations identify "transportation difficulties" as an example of why medically underserved populations may not be receiving adequate care.

Community Health Assessments (CHA) are developed by county public health departments or public-health partnerships and are required as a condition of maintaining accreditation through the Public Health Accreditation Board. These entail comprehensive data collection and analysis to evaluate social determinants of health and assess community health needs. Transportation is a widely recognized social determinant of health (SDOH).

CHNAs are updated every three years. CHAs are updated every five years.

Locally developed resources offer a comprehensive view of the impacts on health outcomes, food and housing security, educational and economic opportunity, and a range of other outcomes when people lack reliable transportation. The combination of Community Health Needs Assessments (CHNA), with their perspective on each facility's service area populations, and Community Health Assessments (CHA) looking at the overall health of the broader county or public health district service area put mobility into meaningful context. They make clear the vulnerabilities within local populations and the ways in which lack of reliable travel affects individuals, families, and communities.

This human services-centered investigation enabled a more nuanced understanding of the complexities people who don't drive face when trying to navigate travel options for their different needs, and the corresponding challenges providers face when trying to meet those needs. It underscored the need for a variety of non-traditional transportation providers to meet such diverse and critical mobility needs as well as innovative approaches to service delivery by our more traditional transportation partners.

- People who struggle to find suitable travel options to obtain medically assisted treatment for substance use disorders are likely to have a hard time accessing other basic services they need for themselves or their families.
- People who indicate in these community surveys and interviews that they experience food insecurity because they can't get to the food pantries or senior lunches offered to them are likely to also miss medical appointments because they didn't have a way to get there.
- Low-income single mothers who miss pediatric appointments because they can't get there are likely some of the same mothers who can't get their young children to Early Head Start programs that offer early learning programs and two nutritious meals a day.
- Long wait times for appointments along with a shortage of specialists across much of the region means that many people need to travel long distances, often outside the region, to obtain care. For those who don't drive, it can make care unattainable; long-distance travel by bus for dialysis or chemo simply isn't practical. Medical conditions worsen and mobility issues mount.

- People who can't secure transportation for routine preventive care often end up requiring emergency room services and more intensive treatment, straining already limited services.
- People who have lived in highly rural areas for years discuss how a job loss, illness, or life event like divorce or death upended their financial security and personal mobility. They've never needed help with transportation before and suddenly now they do. They know "the bus" doesn't serve where they live but they don't know of any other options. Some mentioned wanting to move into town but can't find a place they can afford.
- Focus group participants explain they don't qualify for Medicaid and so are not entitled to its minimal travel assistance for non-emergency medical trips and yet they don't make enough to afford to drive. In discussing this with some residents who do qualify for Medicaid, we heard that NEMT transport is a mixed blessing for those who do qualify in that it only provides travel to the nearest care provider, not the patient's care provider.

The effects of financial insecurity come into sharp relief when reviewing these community profiles. Age and disability are undisputable indicators of transportation vulnerability. But in terms of unmet needs, financial insecurity is ***the*** common denominator across demographics of age, disability, race, ethnicity, veteran status, or household composition.

Additional Research

In addition to the CHNAs and CHAs listed at the end of this chapter, and resources and insights from the ACHs themselves and their attendant community care hubs, we engaged with staff from a variety of agencies and organizations. This included the Department of Health office on Aging and Adult Services and the office on Rural Health Programs and Services, the WA Health Care Authority office for the Rural Health Transformation Program as well as the Recovery Navigator Program within the Behavioral Health and Recovery office, and the Association of County Human Services. We wanted to know if these are one-off issues unique to this region or maybe to a particular rural service area. They are not. Transportation, or the lack thereof, is an issue that organizations such as these are grappling with all across the state. This suggests opportunities for new collaborations.

We also wanted to build on our understanding of the emergency response and evacuation concerns of those who don't drive. As a part of the Regional Transportation Plan update completed in 2025, we evaluated the transportation annexes and strategies in each of the four Countywide Emergency Management Plans. Each detailed annex speaks to challenges that evacuations of vulnerable populations entail and identifies key transportation partners for various kinds of emergencies.

A discussion with the Chief of East Jefferson County Fire District #1 revealed an innovative measure employed in California with potential value for our region. We want to follow up with a broader group of first responders and emergency management directors about this and any other measures the HSTP can support to advance work in this area. A discussion with the WSDOT Olympic Region Joint Operations Group occurred in mid-September for this purpose.

We engaged directly with our tribal partners as a part of this effort, working to understand and characterize relevant issues and opportunities that may be unique to Native American communities. PRTPO has long appreciated the role of long-distance travel, often by bus, in maintaining deep cultural and familial connections between our tribal communities. This update has given us a chance to expand our awareness to include the important roles that Tribes and their tribal health clinics and wellness centers play in coordinated ACH efforts and within their community care hubs. Meetings and discussions with tribal partners as well as resources from their own plans and analyses have shaped content of this draft.

Finally, we relied on service plans and long-range system plans developed by our four transit agencies. Transit agencies are highly attuned to the needs of their customer bases and communities and engage them regularly in meaningful ways. They see where disconnects and gaps in service make travel harder than it should be for those with the fewest options. Transits hear directly from the people who use their systems as well as from those who don't.

That regular and on-going engagement generates regular and on-going public comment. We browsed social media feeds, local media, and public comments generated through their recent planning processes to see the kinds of requests that come up over time and things people value. It offered useful context as we tried to convey in a few short statements such wide-ranging concerns and strategies.

A list of relevant resources that informed this update is available in the Appendix B of this report.

Effects of Financial Insecurity on Rural Mobility

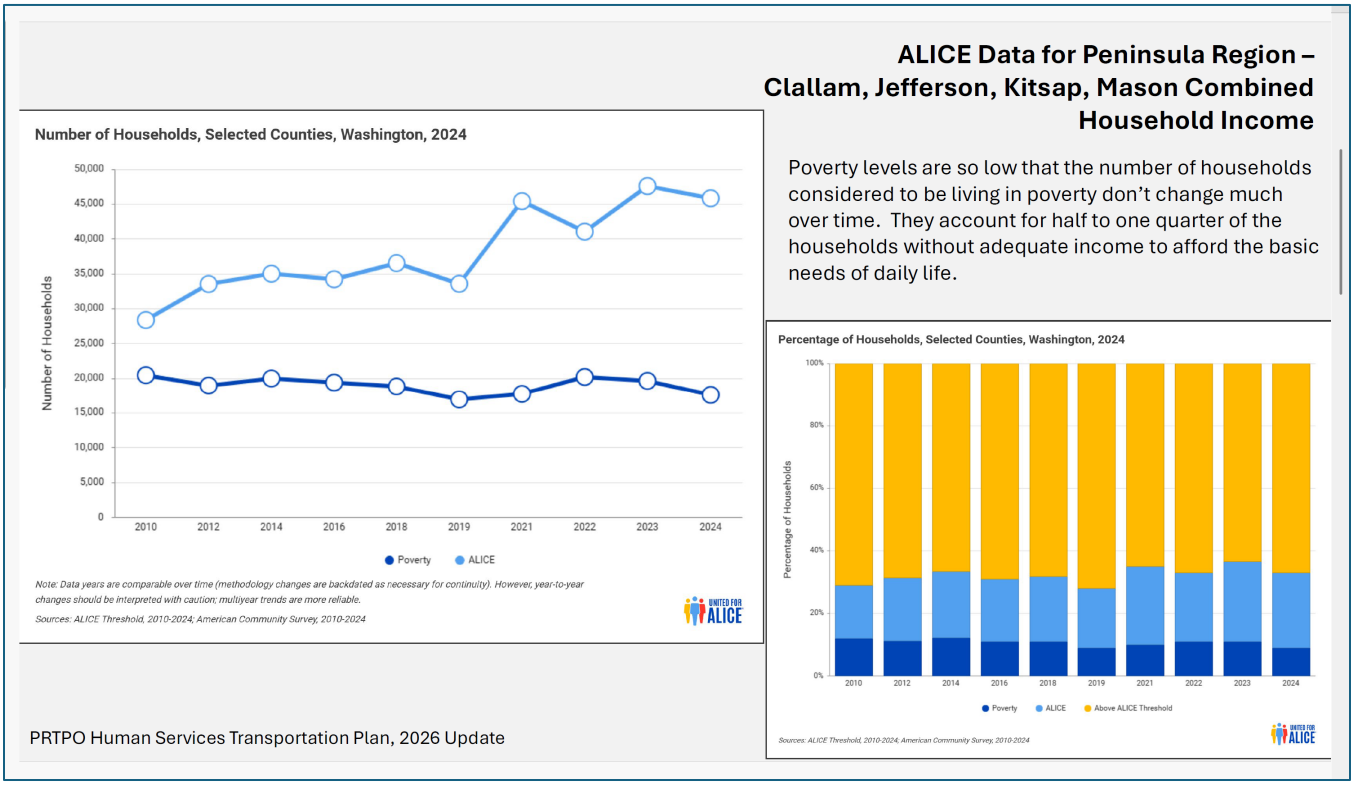
This investigation took us far deeper than traditional Census and *Information by Location* equity data resources we typically rely on for these updates and helped to shine a light on aggregate cross-cutting issues.

We are particularly struck by the large segments of our communities who are not considered to be in poverty and yet are unable to afford the most basic needs of daily life, including transportation. It points to significant vulnerabilities on the immediate horizon as economic turmoil works its way through the system.

Wages in our region haven't kept up with costs, as United Way's ALICE analyses makes clear. ALICE - Asset Limited, Income Constrained, Employed – datasets for counties and other subareas illustrate how easily households can go from being transportation independent to mobility challenged, almost overnight. Soaring fuel prices are forcing hard choices between filling up the car so people can get to work or buying food for the family or keeping lights on or paying for insurance.

The ALICE chart on the next page provides a financial security snapshot of the four-county region that puts this into stark perspective. The population living below the federal poverty line accounts for only one-quarter to one-half of the households unable to make ends meet over the last decade. Those ALICE households have accounted for roughly 35 percent of the entire region in that time.

The Resources tab of the HSTP Online includes additional regional ALICE snapshots and an ALICE profile for all four counties, highlighting the magnitude of financial insecurity across the region.



Transportation is a big expense in the household budgets of all rural residents. It comes with the rural lifestyle. "Locally available" basic needs and services may be 40-80 miles away in a highly rural region such as this, not including ferry crossings. When services and care people need are not available locally, they must travel much longer distances to get their needs met. In a rural area that can be quite a bit longer distances to meet essential needs. This exacerbates the impacts of travel costs on households with few options. A bad situation gets worse quickly, sometimes with cascading effects.

The sheer number of residents in this region who are financially insecure means soaring gas and diesel prices will likely destabilize already fragile financial situations as the cost of personal travel consumes ever bigger parts of strained household budgets. Economic disruptions at national and global levels will play out over the next several years in rural communities that are already strapped, with associated ripple effects across the whole range of human needs and demographics.

The number of people needing help with travel may increase dramatically before this plan is updated again in 2030. Given what we know about land use patterns – 2/3 of the region's residents live outside of cities and towns, many of them far outside – and the difficulty in meeting today's demand for help with rural mobility, existing transportation services will be hard pressed to meet growing demand for travel from outlying service areas.

HSTP-Related Takeaways from Human Services Transportation Inputs

From our review of the CHNAs and CHAs, other ACH resources, public comments and stakeholder feedback, social media posts, and discussions with human services providers, transits, and tribal partners, and affiliated state agency staff, a few observations emerge.

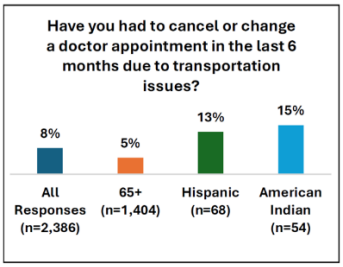
- There are more transportation resources available than most people realize. We found this to be true for the general public as well as for human services providers helping their clients figure out how to access basic needs and services. People are not familiar with the full complement of travel options available in the region. 2-1-1 is not a resource people think of when they or someone they know needs help with travel information or financial assistance.
- Community-based workers are largely untapped resources for helping people with mobility needs to navigate the options available to them. They are on the ground, at the destination or origin end of many trips. They regularly deal with clients who need help getting to or from their services. One worker described herself as a "travel coach" for the clients her practice serves. These front-line workers are not transportation planners, though. Resources such as those developed by Lewis-Mason-Thurston Area Agency on Aging and Olympic Connect support them in that work, and informed our choice of resources to feature in the HSTP Online. This is an area ripe for future collaboration.
- The addition of a small number of standardized questions to the public surveys conducted for each CHNA and CHA would yield highly useful information for transportation providers and planners and possibly serve to mitigate some existing barriers.

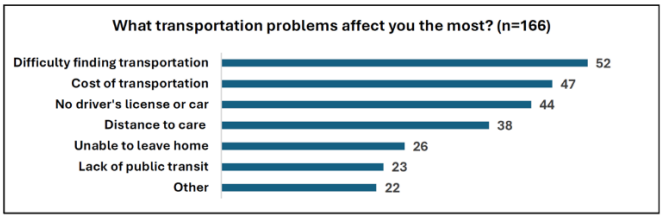
  For example, the inclusion of two questions that ask if a) the respondent knows where to find information about transportation options that are available; and b) would the respondent like someone to reach out to them with information about transportation options and support in learning how to use them would enable transits or other transportation providers to offer targeted outreach, potentially reducing or eliminating barriers for some people.

  Because these surveys regularly reach thousands of people across the region, it would greatly expand opportunities to connect people who need mobility support with the resources they need to meet more of their travel needs. As this chart from the 2025 Mason County Community Health Needs Assessment illustrates, just a bit more information could generate follow-up opportunities that address some of these issues and in the process likely improve mobility for other destinations as well as more people learn how to use the travel options that are available to them.

While 8% of aggregate respondents indicated they had to cancel or change an appointment in the last six months due to transportation problems, that number rose to 13% for Hispanic respondents and 15% for American Indian respondents. It was slightly lower for those 65+ (5%).

Of those respondents for whom transportation impacted access to care, the top problems were difficulty finding transportation, the cost of transportation, or no driver's license.





- The more complete picture of human services mobility that emerged from this review is one of diverse and challenging mobility needs. It underscores the critical need for additional non-profit or clinic-based transportation services that are responsive to the needs of a highly dispersed service area population, one experiencing significant financial insecurity. To that end we have tried to make the HSTP relevant to organizations pursuing implementation funding from sources other than the Consolidated Grant program, including funding through health programs.

  Non-traditional avenues, such as advances in the area of mobile integrated health programs that take care to where people are, offer hope for some of the most challenging needs including Recovery Navigator Programs, behavioral health care, and even pediatric care. Mobile food pantries funded through the Olympic Community of Health are another innovative strategy for getting basic needs to people without the means to travel to store-front locations.

  An issue that will come up for some of these non-profit care providers as they expand to include mobile services is vehicle maintenance. State of Good Repair and asset management are at the forefront of thinking for transits; some non-profits will learn their importance in due course. Not all have the facilities needed to maintain vehicles to ensure service reliability and local shops may not have experience with wheelchair lift-equipped vehicles or small transit vehicles. There may be opportunities for "vehicle maintenance as a service" partnerships, either with transits or other service contractors to support the asset management needs of these small providers.

- It is vital that this region retain the level of health services currently available and increase them wherever possible. This includes expanding locally available specialty care, like obstetrics, dialysis, oncology, and other services that people must travel to Seattle for. The Rural Health Transformation Program is a new initiative to shore up rural and tribal health services across Washington State with systemic changes that make local health services more sustainable and support work-force development. Washington is in line to receive just shy of one billion dollars over the next five years for this effort; it would be beneficial for transportation if a big chunk of that supports this region's rural health system. The stark relationship between transportation access and health outcomes makes rural health improvements a regional and statewide transportation priority that merits support by all transportation partners.

- Transportation is a recurring priority issue identified in all of the community-based assessments we reviewed. Yet it seems that health and human services providers operate in their own realm and transportation providers operate in theirs. As we learned, that is not unique to this region. Greater involvement by transits and other rural transportation providers in the activities of the community care hubs and ACHs could open doors to stronger cross-sector relationships and opportunities for coordination. Their people are our people. There may also be great value in developing some mobility management / transportation coordination capacity within these community care hubs that is especially attuned to considerations related to human services.

Validating Through Outreach

How effectively did we understand and synthesize the information we reviewed from these community sources? Did we overlook any significant unmet needs? Do the strategies as presented reflect pragmatic measures that are suitable for this region and the challenges we face?

To vet and validate the unmet needs and mobility strategies we turned back to the human services providers who serve the region's residents, as well as those residents themselves, for review of the draft needs presented in Chapter 4 and mobility strategies presented in Chapter 5. Outreach included simple online polls, one for community care workers and one for the general public. For both, the intent was to get feedback on unmet needs and strategies this update is putting forth, but also to educate and open doors for support and in some cases, closer collaboration.

Polls opened August 24th and closed September 11th. Both were noticed on PRTPO's website. A QR code for the provider poll was distributed by Olympic Connect. A QR code for the public poll was distributed through the social media accounts of the region's transit agencies. Both polls included links to the draft HSTP with an invitation to comment, though familiarity with the plan was not needed to participate in either poll.

Appendix C summarizes results of the two polls. Deep insights from providers validated our baseline understanding and also point to possible areas for future exploration. We were able to connect one provider, the Sequim Food Bank, with Clallam Transit connections for additional information and support. Public poll sentiments reiterated many of the concerns identified in the HSTP as well as support for and familiarity with the array of services that are available.

In addition to feedback from service providers and the public, we continued to engage in direct communication with our transportation partners and relied on their input to help us refine the Mobility Strategies as needed to be effective for this purpose. Their insights and experience were invaluable in making this a useful product with value beyond the Consolidated Grant program.

Additional Opportunity for Collaboration

Harnessing these fresh insights, PRTPO and partners are engaging in a few additional activities with the potential to spur follow-on efforts outside of the standard Consolidated Grant process.

- **Transit 101 for Olympic Connect Service Providers** seeks to increase knowledge among human services providers of the array of transit services and training that are available to connect residents with the care and basic services they need. This recorded "partner presentation" will be part of the Olympic Connect resource library that provides ongoing support to the dozens of community-based care workers across Clallam, Jefferson, and Kitsap counties helping people without reliable transportation to access essential services. These will also be linked from the HSTP Online Resources page.
- **Tribal Health Services and Reliable Travel** follows up on these human services-centered insights with a discussion among staff from tribal wellness and healing centers along with

their tribal transit and transportation planning colleagues. Operating as they do within the framework of Indian Health Services, their experience can expand our overall understanding of the mobility barriers that keep people from accessing the services available to them and sharpen our focus on those that are unique to our tribal communities. We will listen for overlapping concerns that have surfaced previously regarding travel between tribal reservations. Results may point to specific measures for inclusion in the RTP or next HSTP or other plans.

- **2026 Update Takeaways for Transit** will engage the four public transit agencies and tribal transit partners in reviewing some of the findings that emerged from the human services-centered engagement efforts this cycle in case. There may be some low-hanging opportunities to expand coordination and collaboration with the two community care hubs within current programs. They will also consider feedback from the WSDOT Bridge Office about possible measures to improve transit travel time reliability over the Hood Canal Bridge and discuss the general interest in pursuing a planning study focused on establishing a locally operated "OlyPen route" with scheduled connections around the Olympic Peninsula.

Any of these follow-on meetings may point to small next steps that PRTPO or some other entity can pursue between now and the next four-year update cycle, as resources allow.

Selection of Resources Documenting Transportation Barriers Impacting Access to Services
Community Health Needs Assessment - Olympic Medical Center (2025)
Kitsap County Community Health Assessment - Kitsap Public Health District (2023)
Mason County Community Health Needs Assessment - Mason County Public Health & Human Services with Mason Health (2025)
Community Health Needs Assessment - Forks Community Hospital (2023)
Regional Community Health Assessment, Washington State Olympic Region: Clallam, Jefferson, and Kitsap Counties - Olympic Community of Health (2025)
Community Health Needs Assessment - St. Michael Medical Center, Virginia Mason Franciscan Health (2023)
Kitsap Community Needs Assessment - Kitsap Public Health District w/Kitsap Community Resources (2023)
Kitsap Community Health Assessment: Healthcare Access - Kitsap Public Health District (2023)
Peninsula Behavioral Health Community Needs Assessment - Peninsula Behavioral Health (2025)
See the Appendix B for more complete list of resources as well as the HSTP Online Resources tab.

CHAPTER 3
INVENTORY OF SERVICES

Chapter 3: Inventory of Services

Human services transportation entails a network of services provided by public transportation agencies, tribes, non-profit organizations, non-emergency medical transportation providers, and private carriers. No one entity can meet the range of rural mobility needs in this region. It takes multiple partners providing complementary and coordinated services to break down the barriers that prevent people from getting where they need to be, when they need to be there.

Following are the providers that help to meet mobility needs of people across the region. Each includes a summary description of services and a link to each site for current details. Those interested in details regarding specific routes, stops, ferry terminals and routes, park and ride locations, and other operational information available in an interactive GIS tool are encouraged to explore the Ferries and Public Transportation app on PRTPO's online data portal.

GENERAL TRANSPORTATION SERVICES

Providers below include public transit agencies with their full complement of services as well as tribal, public, and private providers who serve the public.

CLALLAM TRANSIT is the public transportation agency serving Clallam County. It operates fixed-route and complementary ADA demand-response services as well as on-demand services in outlying areas. Most routes operate Monday-Saturday. Clallam Transit partners with the Lower Elwha Klallam Tribe and the Jamestown S'Klallam Tribe for services tailored to tribal mobility needs.

- **13 fixed routes** provide service throughout Clallam County. This includes Route 50 Jamestown, which is contracted by the Jamestown S'Klallam Tribe and operates between Sequim and the Jamestown Campus in Blyn. All Clallam Transit fixed-route buses are ADA-accessible for mobility devices.
- **Interlink** is an on-demand microtransit service in Forks and Sequim that provides shared-ride services. Interlink provides point-to-point and timed connections with transit centers, and also can operate with predetermined pickup locations throughout the Forks or Sequim service area. It operates six days a week in both communities. In Sequim service runs from 8:30 - 4:40. In Forks, it operates Mon-Fri from 5:30 am - 5:15 pm, and on Saturday from 7:45 am - 4:45 pm. Reservations can be made and vehicle arrival tracked using the Ride Pingo app and can be made on-demand or up to two hours in advance. On-demand rides can take up to 20 minutes for pickup. Reservations can also be made by calling Clallam Transit. Vehicles are wheelchair accessible.
- The **Strait Shot** offers three daily roundtrips between Port Angeles and the Bainbridge Island Ferry Terminal Mon-Sat, and two roundtrips on Sundays and holidays.

- **Clallam Connect** is a complementary paratransit service providing door-to-door service for those who cannot ride the bus. The reservation-based service is available within 3/4 mile of all fixed-route service during regular hours of operation.
- **Dial A Ride** is a reservation-based, demand response service offered to anyone in rural areas north of Sequim, Mon-Sat. Reservations must be made at least one day in advance. Scheduled service may connect passengers with fixed-route service to reach destinations in the Sequim area.

An **interactive route map** and **online trip planner** support convenient and efficient route planning. The interactive route map also provides core demographic stats for each route. Passengers can use **Locate My Bus**, an online tool for real-time tracking of vehicles. Clallam Transit provides timed service connections with Jefferson Transit, Makah Transit, and the Dungeness Line for seamless transfers between systems.

Clallam Transit maintains over 60 bus shelters, five park-and-ride lots, and three transfer centers.

Fares: Clallam Transit service is fare-free for all passengers except for the Strait Shot, the Hurricane Ridge Shuttle, and Clallam Connect service outside of regular service areas. On those routes, **reduced or free fares** are available for seniors, people with disabilities, youth, veterans, and Peninsula College students. Mobile ticketing is available through **Token Ticketing**, a phone-based app that enables cashless fare payment.

JEFFERSON TRANSIT is the public transportation agency serving Jefferson County with fixed-route and complementary ADA demand-response services. Starting in 2026, most service is available seven days a week.

- Eight **local transit fixed-routes** serve east Jefferson County and provide service connections from outlying areas into Port Townsend. All Jefferson Transit fixed-route buses are ADA-accessible for mobility devices.
- The Port Townsend **shuttle** provides regularly scheduled circulator access throughout the city. The corridor connecting uptown and downtown enjoys 20-minute service frequency.
- **Kingston Express** offers three roundtrips daily between the Haines Place park-and-ride and the Kingston Ferry Terminal on Bainbridge Island, where connections can be made to Edmonds via State ferries or to Seattle via State ferries or Kitsap Transit's Fast Ferry service.
- **Olympic Connection** provides service between Forks and Amanda Park on the west end, with four roundtrips daily, Mon-Fri, and two on Saturdays. Flag stop service is available in addition to scheduled stops, and some route deviation is also available. It offers connections with Grays Harbor Transit in Amanda Park and Clallam Transit in Forks.
- **Dial-a-Ride** is complementary paratransit service providing door-to-door service for those who cannot ride the bus. The reservation-based service is available within 3/4 mile of all

fixed-route service during regular hours of operation. Dial-a-Ride operates as a shared origin-to-destination ride service.

- Jefferson Transit owns and operates two **park-and-ride facilities** with a total of 425 free parking spaces between them.
- **SeaTac Airport** is accessible via Jefferson Transit service connections with other public transportation providers.

An **online trip planner** supports convenient and efficient route planning. Jefferson Transit **service connections** allow passengers to conveniently extend travel via other transit agencies, including Clallam Transit, Grays Harbor Transit, Island Transit, Kitsap Transit, Mason Transit, and Washington State Ferries.

Fares: Jefferson Transit service is fare-free for all passengers.

KITSAP TRANSIT is the public transportation agency serving Kitsap County with fixed-route transit, passenger-only ferries, shared-ride ADA-compliant paratransit service, on-demand service, mobility programs for people with special needs, and commuter programs..

- 45 scheduled **fixed routes** serve Kitsap County. They are organized around North Kitsap, including Bainbridge Island, Central Kitsap, and South Kitsap service areas. Routed buses connect with other services including Kitsap Transit Local Foot Ferries, Kitsap Fast Ferries, and Washington State Ferries, enabling passengers to move easily from one community to another.
- Kitsap Transit operates a fleet of **passenger-only ferries**. Foot ferries provide local access between Annapolis and Bremerton (Monday-Friday) and Port Orchard and Bremerton (Monday-Sunday). High-speed fast ferries provide walk-on service between Bremerton and Seattle, Kingston and Seattle, and Southworth and Seattle. All Fast Ferry routes operate Monday-Saturday and terminate in Seattle at Pier 50, where connections can be made to King County Metro, Sound Transit, and Link Light Rail.
- ***ACCESS* buses** serve seniors and people with disabilities who are unable to use Kitsap Transit regular routed buses some or all of the time. It is available within a 3/4 mile boundary around each fixed bus route. This shared-ride paratransit service is open to qualified riders and eligible visitors.
- **On-Demand Deviated Fixed-Route/Dial-a-Ride** services connect residents in outlying areas of Kitsap County to ferry terminals, fixed-route services, and other important destinations. These on-demand shared-ride services are tailored to the access needs of different part of the county, including Bainbridge Island, Kingston, South Kitsap, Southworth, Nollwood, and Purdy. Days and service hours vary by the area served.

- **Vanlink** is a program Kitsap Transit offers to social service providers to help them enhance mobility for their clients. It is designed to enhance mobility for people who qualify as low-income, disabled, veterans or seniors.
- The agency serves and operates a network of **commuter park and ride facilities** throughout Kitsap County, with connections to the four Washington State Ferry terminals, Kitsap Transit Foot Ferry, PSNS, Bangor, Keyport and other employment sites.

An **interactive system map** enables people to plan their trips, including connections between different modes of travel. Kitsap Transit's **Ride Pingo** app makes it easy for people to book rides on any of the on-demand services. The **Kitsap Transit Tracker** allows people to plan a trip, track their bus, and travel more confidently. Kitsap Transit is part of the central Puget Sound consortium of transit agencies that use the **ORCA card** for electronic fare payments. A free **Travel Training Program** provides one-on-one training tailored to the needs of individual travelers so they can learn how Kitsap Transit's system works and be able to plan their trips and travel with confidence.

Fares: Fares are $2 or less for all services except for westbound trips on the Fast Ferry from Seattle. Those fares are $13 per trip. Discounts are available for Medicare card holders and qualified seniors, disabled and low-income riders paying with a Regional Reduced Fare Permit/ORCA card. Children 18 and younger ride free with an ORCA Youth Transit Pass or student ID.

MASON TRANSIT is the public transportation agency serving Mason County. It operates deviated fixed-route and on-demand Dial-a-Ride service throughout Mason County with connections in neighboring counties.

- Thirteen **fixed routes** operate Monday-Friday and seven operate on Saturday. There is no Sunday service. These are deviated fixed-routes and may go up to ¾ of a mile off route for a pick-up or drop-off. Routes serve Shelton, Squaxin Reservation at the Kamilche Transit Center, Union, Skokomish Reservation, Hoodsport, Lilliwaup, Grapeview, Allyn, and Belfair. Timed connections between routes enable transfers for longer trips. All Mason Transit buses are **ADA-accessible**, with ramps and lifts to accommodate wheelchairs, walkers, and other mobility devices.
- The **McCleary Pilot Route** began operating in February 2025, offering service between the Transit-Community Center in downtown Shelton and the McCleary Transit Center. Two roundtrips, Monday-Friday, provide deviated fixed-route service connections with Grays Harbor Transit.
- The **Zipper Route** operates 13 roundtrips Monday-Friday, providing quick and frequent service between the Transit-Community Center in downtown Shelton and the businesses at Wallace Kneeland/Kneeland Plaza on the north side of the city.
- **Dial-a-Ride** offers reservation-based shared-ride service to outlying parts of Mason County that are not served by fixed-route service. Anyone can use Dial-a-Ride. Service is Monday-

Saturday, 8:00-5:00. Reservation requests can be made a minimum of two hours in advance and a maximum of two weeks in advance. A minimum 48-hour notice is recommended as reservations are first-come/first-served on a space-available basis. All service begins and ends in Mason County.

- **Regional fixed-route connections** at the Kamilche Transit Center, Olympia Transit Center, McCleary Transit Center, Triton Cove State Park in Brinnon, and the Bremerton Ferry Terminal enable people to connect with Squaxin Island Transit, Intercity Transit, Grays Harbor Transit, Jefferson Transit, Kitsap Transit, Washington State Ferries, Sound Transit, Greyhound, Amtrak, and SeaTac Airport.
- Mason Transit operates five **park-and-ride** facilities throughout the county.

An **online trip planner** helps people to plan their trips and any connections needed for convenient and efficient travel. Passengers can use the **"Where's My Bus"** tracker to see where their buses are in real time. A free **Travel Training Program** is available to help individuals or groups learn how to use Mason Transit services, plan trips, and travel with confidence.

Fares: Mason Transit service is fare-free for all passengers.

ELWHA TRANSIT, operated by the Lower Elwha Klallam Tribe, connects the tribal center, government services, food bank, housing districts, health center, and Laird's Corner with a circulator service three times a day, Monday-Friday. Service is fare-free and is coordinated with fixed-route service provided by Clallam Transit. Elwha Transit's Ford Transit van has no ramps, hydraulic "kneeling," or areas for mobility device securement. Tribal members requiring wheelchair accessible, origin-to-destination paratransit service rely on Clallam Transit's paratransit services.

MAKAH TRANSIT, operated by the Makah Tribe, serves the general public between 7:00 am and 7:45 pm, Monday-Friday. Transit service operates on a deviated fixed-route year-round except for weekends and holidays. Timed connections with Clallam Transit four times a day enables travel between Neah Bay and Port Angeles and Forks, as well as service to the West End via Jefferson Transit. There is also a block of time starting at 10:00 every morning for Special Pickups. This enables curb-to-curb pickups for seniors 62 and over as well as people with disabilities. All transit services are fare-free for all passengers.

SQUAXIN TRANSIT, operated by the Squaxin Island Tribe, offers fixed and deviated fixed route service Monday through Friday, 6:30 a.m. to 4:00 p.m., with timed connections with Mason Transit at the Kamilche Transit Center near the US 101/SR 108 interchange. Dedicated grocery shopping routes operate on Tuesday and Thursday mornings. Squaxin Transit provides Dial-A-Ride services within 100 miles of its operating area in Mason, Thurston, and Grays Harbor Counties. Squaxin Transit also serves the Steamboat Island area in Thurston County with demand-response service

for tribal members and offers limited service between Steamboat Island in Thurston County and McCleary and Elma in Grays Harbor County, where passengers can connect with Grays Harbor Transit. Squaxin Transit serves youth to elders regardless of race, disability, or income. All services are fare-free.

Travel Washington DUNGENESS LINE offers long-distance intercity bus service between Port Angeles and SeaTac Airport via the Kingston ferry, Seattle medical centers and the VA hospital, and the Amtrak station. The Dungeness Line operates three roundtrips daily, including a midday express route between Port Angeles and SeaTac Airport that takes just three hours. The Dungeness Line is part of WSDOT's Travel Washington long-distance intercity bus program connecting rural communities to major metropolitan areas and multimodal transportation hubs. It is operated by MTR Western. Fares are based on pick-up and drop-off points. One way fare between Port Angeles and SeaTac Airport varies from $49 to $54, with the higher rate for the midday express route.

WASHINGTON STATE FERRIES (WSF) provide vital connections between Port Townsend and Coupeville on Whidbey Island, between Kingston and Edmonds, between Bainbridge Island and downtown Seattle, between Bremerton and downtown Seattle, and between Southworth, Fauntleroy and Vashon Island. Over half of all WA state ferry trips begin or end in the Peninsula Region. Ferries operate from early in the morning until late at night. transit agencies and other transportation service providers work to coordinate their schedules around ferry schedules to facilitate service connections between systems but it is not always possible to accommodate delays in ferry arrivals without disrupting the rest of transit system operations throughout the system.

THE COHO FERRY, operated by the Black Ball Ferry Line, has provided international ferry service between Port Angeles and Victoria, British Columbia since 1959. It provides the only daily, year-round vehicle and passenger ferry service between Victoria, B.C. and Washington State, and serves as a vital tourism and transportation link between Vancouver Island and the United States. Since commencing operation in 1959, the M.V. Coho has transported more than 26 million passengers and over 7 million commercial and passenger vehicles between the two countries.

ADDITIONAL TRANSPORTATION PROVIDERS

The providers below offer critical transportation services for targeted populations or trip purposes.

Medical Transport

PARATRANSIT SERVICES is one of six state-designated service brokers for Medicaid-reimbursed Non-Emergency Medical Transportation (NEMT) in Washington State and serves a nine-county

region that includes Clallam, Jefferson, Kitsap, and Mason Counties. Paratransit Services arranges transportation to and from Medicaid-covered appointments for Medicaid and Apple Health clients, and is responsible for ensuring that program eligibility qualification rules are being followed. It also provides transportation assistance for qualified recipients in the form of bus passes and fuel vouchers. Their call center is open Monday-Friday, from 8:00 - 5:00.

THE PATTY WAGON is a Non-Emergency Medical Transportation (NEMT) provider that is ***not*** restricted to Medicaid clients. The Patty Wagon offers wheelchair accessible taxi travel to the general public primarily in Mason County, with out-of-county trips for medical and other appointments as necessary. Arrangements can also be made for shopping, airport, and social events. Service is available from 5:00 am - 5:00 pm, Monday through Saturday. Private rides are $5.00 for the first mile and $3.50 for every additional mile. Wheelchair users have a different rate schedule. The Patty Wagon is also a contractor for Medicaid-qualified NEMT services brokered through Paratransit Services.

Health Center Transport

The Hoh Tribe's **CHIEF KLIA WELLNESS CENTER** provides a variety of health and community services for the wellbeing of the Hoh community. This includes Indian Child Welfare, Community Health Resources, Substance Abuse, Social Services, Youth Programs, and Guardian Ad Litem services handled by the Health Clinic. The Tribe offers limited transportation support for enrolled Hoh Tribe members who have no other means of travel to access medical, vision, dental, mental health care, or eligible social service programs at the Wellness Center and within the local area. Reservations must be made one week in advance and are subject to staff availability.

The Jamestown S'Klallam Tribe's **JAMESTOWN HEALING CLINIC (JHC)** is a tribal integrated care clinic providing comprehensive patient care. It includes an opioid treatment program, primary care, dental, substance abuse disorder counseling, and behavioral health. Services are available for any tribal citizens as well as any non-native individuals who live in Clallam or Jefferson County. JHC will transport patients residing in Jefferson or Clallam Counties who have no other transportation options to and from the clinic through a reservation-based program.

The Lower Elwha Klallam Tribe's **LOWER ELWHA HEALTH DEPARTMENT** offers financial assistance to enrolled members to help offset costs associated with long-distance travel for healthcare services outside of Clallam County. It is managed through the Lower Elwha Health Department. Eligible expenses include gas, ferry or transit fares, per diem food expenses, and may include overnight lodging if necessary to attend early morning appointments. This is a reimbursement program. Tribal members requesting financial assistance for medical travel must

submit their requests with confirmation of the health appointment at least ten days prior to travel and submit receipts upon trip completion.

The Quinault Indian Nation's **QUINAULT WELLNESS CENTER** provides comprehensive care for members of the Quinault Indian Nation including behavioral health services, primary care and other medical services, dental health services, and support with an array of health access needs. Scheduled transportation services for tribal members between home and the Wellness Center are available. Patients must register for this service and book trips 24 hours in advance. Transportation is provided between the Wellness Center and Aberdeen/Hoquiam/Cosi, Montesano/Brady/Elma, Taholah, Ocean Shores, and Raymond/South Bend, Monday-Friday, with limited service on Saturday to accommodate dosing regimens.

The Makah Tribe's **SOPHIE TRETTEVICK INDIAN HEALTH CENTER** is a tribal medical service provider. The Center offers on-demand transportation for medical appointments that are off-reservation as well as transportation home from emergency room visits and for hospital discharges. Additionally, shuttle service is available for members who don't have other transportation to the Health Center or Wellness Clinic. Transportation services are fare-free. Services complement Makah Transit services. Financial assistance is available to help defray the costs of fuel and overnight lodging for out-of-area medical trips for income-qualified members with their own transportation.

The Skokomish Tribe's **WELLNESS CENTER** is a tribal health clinic offering a wide array of health services for the Tribe. Community Health Representatives offer limited transportation services to and from health care appointments for members that have no other means of travel, with priority for elders. Reservations are typically required 48 hours in advance, though exceptions may be made for emergencies. There is no charge for the service, though the Tribe will bill Medicaid for eligible patients.

PENINSULA COMMUNITY HEALTH SERVICES is a federally qualified health center (FQHC) providing primary medical, dental, behavioral health, substance use treatment, pharmacy services, and health education at more than two dozen sites in Kitsap County and in Belfair (Mason County). PCHS also partners with Olympic Connect providers in Clallam and Jefferson County. Services are provided regardless of a patient's ability to pay. PCHS works to eliminate transportation as a barrier to accessing their services. Through its Support Services it coordinates or provides essential mobility support to ensure patients can get to and from their appointments.

Elder and Senior Travel

The Skokomish Tribe's **TUWADUQ FAMILY SERVICES** program offers an array of services, including an Elder Luncheon Program that offers healthy meals three days a week for tribal elders. The program provides local door-to-door transportation service to tribal elders who don't have other travel options to access the luncheon program.

The Suquamish Tribe's **ELDERS PROGRAM** provides transportation assistance for Tribal elders to various individual activities and community events, for home visits, to exercise at the Tribal fitness center, to pick up medications, and attend foot care, medical, dental and vision appointments. The Elder's program also works with health care providers at the Suquamish Tribe's Health Clinic to coordinate transportation of elderly people to necessary appointments.

BAINBRIDGE ISLAND SENIOR COMMUNITY CENTER is a non-profit supporting seniors and the broader community on Bainbridge Island with a wide variety of programs and activities intended to forge strong community and healthy individuals. The BISCC provides limited transportation to seniors for weekly shopping trips as well as travel to doctors appointments and services at the center. The BISCC owns an electric passenger van which is operated by vetted and trained volunteer drivers.

The **Ecumenical Christian Helping Hands Organization (ECCHO)** is a private, non-profit organization providing transportation services and durable medical equipment to people 60 and over and those with disabilities in East Jefferson County. Volunteer drivers provide door-to-door travel between home and healthcare facilities in Jefferson, Clallam, Kitsap, Pierce, and King counties. Drivers use their personal vehicles, which are not wheelchair lift-equipped. No fees are charged though passengers are expected to pay their own ferry fares and parking costs. Two business days' notice is typically required for local trips while out-of-county trips require a longer lead time.

Community Based and Non-Profit Service Providers

CATHOLIC COMMUNITY SERVICES (CCS) is a private, non-profit service provider operating a variety of programs across the state. Programs and services vary by county. In the Peninsula region, CCS provides a number of programs for seniors and people with disabilities. This can include limited transportation services by volunteer drivers through its Home Care and Community Supports program. When available, volunteer drivers provide rides using their own personal vehicles. There is no charge to the passenger.

COASTAL COMMUNITY ACTION PROGRAM (COASTAL CAP) is a regional non-profit working with low-income individuals and families in SW Washington to remove barriers that prevent them from achieving economic stability. Its programs are primarily located in Grays Harbor and Pacific Counties. Its *Driven to Opportunity* program includes two vehicles operating in Thurston and Mason Counties. *Driven to Opportunity* serves residents with low-income or disabilities in Thurston County and Mason County, connecting them with jobs and services in Thurston County. Employment-related travel can include job sites, childcare, job training, and/or job interviews.

ISLAND VOLUNTEER CAREGIVERS (IVC) offers a variety of programs to Bainbridge Island residents to support independent living and community wellbeing by connecting volunteers with neighbors who are aging, living with disabilities, or facing challenges. This includes transportation for errands and shopping around Kitsap County as well as transportation to Seattle for health care appointments. Transportation services are provided by volunteers using either a personal vehicle or an IVC van. Services are provided free of charge.

LEWIS-MASON-THURSTON AREA AGENCY ON AGING (LMTAAA) offers an array of mobility management resources to help connect seniors and people with disabilities to transportation options that meet their needs. LMTAAA maintains a robust database of public, tribal, private, and non-profit and volunteer transportation services available in the Lewis-Mason-Thurston County area and surrounding environs. It offers resource materials to support “transportation for myself,” “transportation for my patient,” and “transportation for someone else",” and can connect people up with free travel training and trip planning services.

MOBILITY FOR ALL (M4A) is a non-profit working to expand access to clean, convenient transportation in Bremerton, through its SemBrem program and on Bainbridge Island through its Main Square program. Both programs include an affordable EV carsharing program for short-term rentals and a community shuttle. The Bainbridge Island shuttle is an electric van and is operated in coordination with the Bainbridge Island Senior Community Center.

Charter service

ROCKET TRANSPORTATION is a private shuttle company operating out of Sequim. Rocket Transportation provides door-to-door transport between the north Olympic Peninsula-north Kitsap Peninsula and Seattle with either shared-vehicle service or private service. Online booking is required at least 24 hours ahead of time though for the greatest schedule flexibility, reserving at least two weeks in advance is recommended. Fares depend on distance and type of service chartered. One-way fares for shared-ride service from the vicinity of Port Angeles to SeaTac airport are over $100 per person.

CHAPTER 4
UNMET NEEDS AND BARRIERS

Chapter 4: Unmet Needs and Barriers

Everyone needs reliable transportation, whatever form it may take. There'll never be as many viable alternatives to driving in rural Washington as there are in urban places, so it's important we make the most of the ones that can work in our highly rural region.

This plan is focused on rural mobility but especially as it concerns those who don't drive. Two-thirds of our residents live outside of any incorporated place; many of them live far outside of town. It takes a network of service providers to meet these rural mobility needs.

This chapter summarizes an array of issues that make it hard for people to get where they need to be when they need to be there, conveniently and affordably. These are the challenges that make travel harder than it seems like it should be or more expensive, or consequential when it doesn't work out right.

Issues are assembled from a variety of public sources: public comments and surveys associated with various planning processes including this update; provider polls; provider discussions and meetings; Community Health Needs Assessments and Community Health Assessments; transit and service provider plans and reports; statewide plans and data; social media feeds; and other local, regional, and statewide sources. They are organized by issues that individuals face trying to get where they are going, issues that human services providers confront when helping their clients overcome mobility barriers to access services, and issues that transportation providers navigate in delivering reliable rural mobility options that are convenient and affordable.

Issues that Individuals Face

The vast majority of people who live in the Peninsula Region drive for most or all of their travel needs. Those who don't drive in this highly rural region, and even many who do, face a variety of challenges. Some are associated with rural lifestyles. Distances are far, so travel can be expensive and take a long time. Not surprisingly, available services are rarely as convenient or as fast as driving.

There are lots of travel options, more than many people realize. There are over two dozen service providers supporting some facet of essential rural mobility that connects people with the health and human services available to them. That comes with its own challenges, though.

Every provider has its own service area boundaries, ADA accommodations, eligibility requirements and intake processes, fare structures, reservation scheduling requirements, and more. It's hard to know what services are available for what kind of trip purpose or eligibility criterion unless you're a transportation planner.

We've grouped these roughly by type of issue though they regularly overlap; several are likely to be true at one time.

At Some Point, People Living an Independent Rural Lifestyle Lose the Ability to Drive

- After a lifetime of driving, advanced age makes driving unsafe for some or all trip purposes. That loss of independence is not an easy transition anywhere, but for rural residents who live in outlying areas it is particularly challenging because there are few alternatives to driving.
- People who've always lived an independent rural lifestyle sustain an injury or disease, or eyesight fails or slight dementia or other chronic conditions develop that eliminates their ability to drive safely, leaving them isolated unless there is travel assistance from some source.
- Working households cannot keep up with inflation. Wages don't cover basic living expenses. Owning and operating a vehicle is already expensive in rural areas, but soaring gas prices make driving so expensive that people simply can't afford to drive anywhere but they don't have other options.

Available Transportation Services and Facilities Don't Meet Everyone's Needs

- Buses and shuttle services don't run early enough in the morning to get people to their destinations on time, or they don't run late enough at night to get them home, or they don't run frequently enough for trip convenience.
- Some services don't operate on Sunday, and people need to travel on Sunday.
- People often don't live close enough to any bus service to be able to get to it without a lift.
- Some people may live close enough to get to bus service and they would take it, but there aren't safe ways to walk there, or they have to cross US 101 or another busy roadway either going or returning, and there isn't a safe way to do that.
- Sometimes there aren't safe places to wait for the bus once people get to the stop and the weather can be too awful to wait for the bus if there's no shelter.
- People who live too far from fixed-route public transit don't have access to complementary ADA-compliant paratransit services, which they didn't need before but now they do.
- Volunteer driver programs help many who live in outlying areas to access services, but most rely on personal vehicles that do not accommodate wheelchairs or mobility devices other than walkers.
- Travel patterns within and between tribal communities don't always line up with the hours and routes of available transportation services.
- People have to be able to plan their travel needs in advance to use most on-demand or non-emergency medical transport services ("Medicaid travel"), with reservations typically required at least one day and up to two weeks in advance. This is not always possible.
- Logistically, it's hard to shop or run a variety of errands in one trip without a personal vehicle.

Long-Distance Travel can be Hard

- Many residents need to travel 50 miles or more one way to access locally available health care, human services, and government programs. This can be cost-prohibitive with gas costs as high as they are, but many people don't know any other way of making the trip.
- The scarcity of rural health care services and long appointment wait times means a lot of people must travel out of county or even out of region for care. This can require system transfers that may be confusing for people who don't do it on a regular basis. Or people can navigate the regional transit network on the Olympic and Kitsap Peninsulas, but once they arrive in Seattle or Olympia, they don't understand how those transit system works, or they don't have experience with ride-hailing services like Uber or Lyft that can provide an efficient "last mile" service connection in those places.
- Coordinated transfers between transit systems does not always work well for paratransit services.
- The Dungeness Line will get people directly to medical facilities in Seattle, but people can't afford the fare, or some who can afford the fare can't get to a Dungeness Line pick-up point on the Olympic or Kitsap Peninsula.
- Many veterans' services are in Seattle, Tacoma, or American Lake, and while it's possible to get there by transit, it's a long and complicated trip without assistance for those seeking care.

Uncertainty and Lack of Information Makes Travel Even Harder

- People don't know how to ride the bus or read a bus schedule or use a flagstop, and they don't know where to find the information that helps them learn how, or they don't know that such information and resources even exist.
- People don't know who to call for what service or how to plan a trip that relies on two or more transit systems.
- People often don't know what common terms regarding types of transit service mean.
- People aren't sure how to get picked up in outlying areas and connect with fixed-route services and then get back home afterwards.
- People are unaware of the various non-profit transportation services that are available, or how to get information about services, or qualify, or book a ride.
- Different types of transportation services have different eligibility requirements that are confusing to keep track of. Many people are surprised to find they do not qualify for income-based services. Or they did not know they needed to qualify before being able to use the service.

Transportation Barriers Can Have Bad Consequences

- People may have a vehicle, but they can't afford to do necessary repairs or pay for gas without skipping other important household expenditures. However, without a car they can't work so they put off other expenses.
- Some people who don't drive rely on friends or family to take them places but that is not always convenient, or they don't want to be a burden and so they don't ask for a ride, and can grow increasingly isolated.
- Many people who don't drive don't know how they will evacuate if there is a fire or other natural disaster.
- People without reliable travel options may miss important scheduled appointments, like court appointments or Medically Assisted Treatment sessions, which will have cascading consequences for them and possibly others.
- Some people can no longer drive safely, but they've never ridden the bus and just can't imagine that it's right for them or they're ashamed to ask for help, so they continue driving.

Issues that Human Services Providers Confront

Health and human services providers are too familiar with issues their customers and clients face in trying to access the services available to them. In every triennial Community Health Needs Assessment conducted by Federally Qualified Health Centers (FQHC) across the region and Community Health Assessments conducted by each county, lack of reliable transportation surfaces again and again as an issue thwarting the delivery of health and human services. This makes it harder to achieve the health outcomes and community wellbeing that rural organizations are working so hard to provide and puts undue strain on an already over-burdened system. This HSTP highlights some of the issues they encounter in providing services to those in need.

Lack of Reliable Transportation Negatively Impacts Health Outcomes

- Lack of reliable transportation is a primary cause of missed or cancelled appointments. Missed appointments set back patient recovery and often necessitate another long wait for a future appointment, possibly with a deterioration in conditions. At the same time, these last-minute cancellations preclude the opportunity for providers to have seen someone else instead. This creates inefficiencies in service delivery that further strain rural health resources.
- Patients will decline health care services or forego accessing social services because they don't have a way to get there. This is particularly true for specialty care that requires long-distance travel. Such appointments may even entail an overnight stay because of the travel distance, which may create impossible financial hurdles, too.
- Women without reliable transportation will skip routine prenatal care, and families with young children will pass up routine exams, because of challenges in getting to and from appointments.

- Because it is too hard for them to get to preventive care, people will put off seeking medical attention until conditions result in emergency conditions, resulting in more expensive treatment options with possibly poorer health outcomes or other corresponding issues.

The Road to Recovery Care Requires Reliable Transportation

- People receiving behavioral health treatment or therapy for cognitive or mental health conditions often do not drive and need help with transportation to and from appointments and yet may have conditions that make travel by bus or in a shared vehicle unsafe for others.
- Coordinated efforts to divert people away from the criminal justice system and into mental health and substance use disorder treatment are often stymied by the inability of people who really want treatment to get to health appointments reliably on an ongoing basis because there are no transportation services available to them or suitable for their travel needs.
- Patients being discharged from hospitals may not have a way to get home and unless they are on Medicaid, there are few or no non-emergency medical transportation options available to them. Liability and insurance restrictions typically prohibit transport by staff who want to help..

Clients Don't Take Advantage of Programs because They Can't Reach Them

- Children who would benefit from early childhood learning programs don't attend because it is impractical or even impossible for parents to get them there or back without a car.
- Many patients make too much to qualify for Medicaid or Apple Health – and the free medical transportation that comes with those programs – and yet their wages don't cover basic living expenses and they cannot afford to drive to obtain services. Federal poverty levels are artificially low and do not account for the majority of low-income people.
- Health and human services providers often function as "travel coaches," helping their clients plan for how they will get to or from recommended services. This reduced the time available to provide care services, in a region that is already recognized for limited services and long waits for care.

Issues that Transportation Providers Navigate

Transportation providers must navigate their own universe of challenges and constraints that inform the kinds of services each provider offers, where and when they operate and who they serve. Many of these issues have to do with money - how much money they need and how much they can get, what it can be used for, who can be served, how hard the money is to get and to administer. These factors are hard-wired into their thinking and planning and implementation, always with the aim of meeting the most need they can with the resources available in a safe, sustainable manner. This can be helpful context for understanding the nature of barriers and the unmet needs identified above and identifying pragmatic strategies that can actually work to address them.

The Color of Money Determines the Services They Can Provide

- State and federal grants make up the lion's share of revenues that transit agencies and other transportation service providers rely on. State and federal grants are vitally important. They enable us to have services and facilities we wouldn't otherwise be able to afford. They can also be very frustrating. Grants are costly to apply for and costly to administer. Every grant has its own restrictions about how it can be spent, what is required for project tracking and reporting, time frames for expenditure, and more. Big projects or ongoing services often entail multiple grants, combining two or more different sources of funding on a single project and increasing the complexity of project administration. It takes resources to manage grants, resources that may be scarce for some of our partners.
- Public transit agencies in Washington rely on retail sales tax revenue for stable, predictable local funding. Voter-approved sales tax revenue is the only truly reliable, discretionary revenue transit agencies receive, with the rest of their funding coming from competitive state and federal grants that are unpredictable and fluctuate over time. But the tax base in the three most rural counties is much smaller than that in large urban counties; it doesn't generate as much here as it does elsewhere. What it does generate provides essential local match these agencies need for those state and federal grants, in addition to supporting ongoing day-to-day operations. There isn't a lot of discretionary revenue available to rural transits.

Asset Management Is a Priority

- Rural travel is hard on vehicles and mileage accumulates fast. It is important to replace vehicles in accordance with asset management plans before they get unreliable or overly expensive to maintain. But funding is not always available for vehicle replacements on a timely basis. This can cause maintenance costs to increase to keep vehicles in safe and reliable operating order. This can be particularly impactful for non-profits that rely on light duty vehicles since these are not always up to the sustained rigors of rural service.
- Non-profits and small transportation organizations may not have the staff capability or facilities to maintain their own vehicles. Instead, they rely on service through private shops that may not be able to meet the quick turnaround needs of providers, leaving vehicles out of service and disrupting travel. This is compounded by those with wheelchair lift-equipped vehicles that require more specialized maintenance services.

Making Long Distance Travel Easy is Hard

- Out-of-county service connections with ferries in Bremerton, Winslow, and Kingston are unreliable due to unpredictable closures of the Hood Canal Bridge to allow passage of large recreational sailboats. These random closures can stop SR 104 traffic for an hour and unravel scheduled travel plans for service connections and appointments.
- A number of essential health services are not available locally, increasing demand for long-distance trips that are difficult and/or expensive to provide, especially if they entail specialized

vehicles or personnel. Assisted travel for dialysis, for example, is a very long day of service that can require travel to Seattle since there are no clinics on the north Olympic Peninsula.

Operating Costs Can be an Unsustainable Budget Wild Card

- As fuel costs go up, operating expenses for transit agencies and other travel providers go up too. Fuel cost impacts service providers as it does individuals and can constrain transportation service availability when it is needed most. Providers relying on multi-year operating grants likely didn't budget for the recent surge in fuel costs associated with Middle East conflicts.
- Complicated reimbursement rates for certain grants mean that some non-profit providers are reimbursed only for the part of a demand-response trip when the passenger is physically in the vehicle. They are not reimbursed for agency expenses incurred while picking up the passenger, waiting for them to complete their treatment, or returning to base after dropping the passenger back home. In a region where people routinely travel over 50 miles one-way for health services, these ineligible expenses can render such service unaffordable for the provider and thus make it unavailable to those who need it most.

Some Places Are Simply More Accessible Than Others

- Sometimes agencies receive requests for on-demand door-to-door service or ADA-accessible paratransit service that can't be accommodated because people live on narrow, unimproved or primitive roads that a wheelchair-lift equipped vehicle can't navigate or which has no place for a vehicle to turn around. People often overestimate the accessibility of their rural property. By the time they need mobility support, they may not have the capacity to address the issues.
- How our communities are built – how they develop and where - directly impacts the mobility choices individuals have and the ability of transportation providers to offer convenient, reliable services when and where it's needed. This will **always** be true. Land may be cheaper on the outskirts but if senior housing, social services, and health care facilities are located there or in outlying areas, it is much harder to help people get where they need to be when they need support than it is when they are living closer in town.
- It is vitally important that we not lose the health and human services we have locally and wherever possible, that our communities can grow those services over time. We are already challenged to provide all of the out-of-county and long-distance travel assistance people need today to access necessary health services. Any further erosion of local services will only exacerbate that condition, making it harder for more people to access the care they need. In this regard, the availability of local health care resources is a regional transportation concern.

CHAPTER 5
MOBILITY STRATEGIES

Chapter 5: Mobility Strategies

This section spells out five rural mobility objectives and supporting implementation strategies for each. Strategies work to make special needs transportation more efficient, more accessible, and more available to those who need it while improving overall rural mobility for all. The overarching aim is to preserve and enhance the network of coordinated services people rely on today and make it better with innovative approaches tailored to specific needs and opportunities in this region.

We also present a small number of strategic regional measures that can improve the ability of transportation and human services providers to deliver their respective services.

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1. Operate services that provide access and mobility for residents

These strategies help sustain existing services and where possible, expand those services or establish new kinds of service that meet unmet needs.

Strategies:

a. Sustain operations of existing transportation services in the Peninsula region, including public, tribal, non-profit, and private carrier services

b. Increase service by extending duration, frequency, or coverage of current service, or by creating new service that will operate in underserved areas

c. Expand opportunities for efficient cross-county or long-distance travel, particularly for people who don't drive

d. Introduce innovative "first-miles/last-miles", "collect and connect", or other services that get people living in outlying areas to and from established fixed-route services efficiently

e. Improve suitable travel options for access to behavioral health clinics and substance use disorder treatment centers

f. Improve access to transportation services for patients being discharged from hospitals or other care facilities, regardless of whether they are Medicaid patients

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2. Manage mobility to make travel easier and more efficient for all.

These strategies make it easier for people to get the information they need to plan their trips and to travel.

Strategies:

a. Increase awareness and visibility of available transportation services, with information specifically aimed at seniors, people with disabilities, and those with low income, and including engagement of human services providers and community care hubs.

b. Develop and deploy travel training programs to help people learn how to use the available services confidently and make connections with other systems, with some training targeted directly at the needs of seniors and people with disabilities.

c. Develop and promote coordinated online and print resources to inform and educate about all mobility resources available within the region and connecting services, possibly including a "one-click / one-call" resource for all the region's transportation services.

d. Improve the ability of people to access transit information and make trip reservations for paratransit and door-to-door services.

e. Improve coordination of paratransit service transfers between systems for cross-county trips.

f. Ensure WA 211 service provider information for all four counties in the Peninsula region is current and complete.

g. Increase engagement between transportation providers and the regional Accountable Communities of Health and their community care hubs to strengthen cross-sector relationships and coordination between transportation and health and human services providers, and foster new partnerships and innovative approaches tailored to the unique needs of the Peninsula region .

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3. Manage assets and keep them in a State of Good Repair.

These strategies support essential asset management and entail purchase of vehicles, equipment, and technology assets.

Strategies:

a. Maintain and replace vehicles to ensure State of Good Repair and transit asset management standards in accordance with Useful Life Benchmarks by vehicle type.

b. Expand the size of a fleet or introduce new vehicles as necessary to grow existing service or introduce new service.

c. Incorporate onboard vehicle technologies that enhance safety, system performance, and fleet management including CAD/AVL systems, Automatic Passenger Counters, microtransit scheduling software, radio systems, and other tools and devices.

d. Update communications equipment as needed, including the capacity to communicate with other entities to enhance coordination, operational efficiency, and emergency response.

e. Integrate advanced technologies and app-based tools where they can improve dispatching, routing, or coordination of services.

f. Deploy zero-emissions mobility options that address underserved needs of seniors, people with disabilities, people with low incomes, or tribal communities and which are suitable for the rigors of rural service.

g. Install onboard wi-fi on vehicles as appropriate to improve passenger connectivity and convenience while traveling long distances.

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4. Make travel more accessible.

These strategies entail small construction and infrastructure projects that make it easier for more people to access available services.

Strategies:

a. Install curbside traveler amenities that make waiting for transit or share-ride service more comfortable and secure, including shelters, benches, lighting, receptacles, signage, and restrooms.

b. Improve sidewalk and crosswalk access to and from transit stops to meet ADA standards.

c. Establish park-and-ride facilities or new regional transit hubs and supporting amenities where they can support connectivity and improve access.

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5. Plan how to improve service and address unmet needs.

These strategies involve planning and coordination that promotes strong relationships and which may lead to future measures that help to overcome obstacles to rural mobility.

Strategies:

a. Develop a mobility assisted evacuation plan and conduct emergency management planning and evacuation coordination preparedness training with a focus on the needs of people who don’t drive or have access to a vehicle.

b. Explore innovative rural service measures for their value in increasing access to existing services, such as on-demand micro-transit "collect and connect" service with timed connections to fixed-route service, or other measures tailored to meet specific rural mobility needs in the Peninsula region.

c. Explore the potential for vehicle sharing and vehicle-maintenance-as-a-service agreements, with a particular focus on the vehicle maintenance needs of tribal, non-profit, non-traditional, or community-based transportation service providers without in-house maintenance resources.

d. Evaluate the feasibility of coordinating some or all scheduling, reservations, and dispatch services for multiple providers.

e. Explore opportunities for partnerships between transit agencies and school districts to develop age appropriate training strategies and materials aimed at school age students to help them learn how to use transit as a safe and reliable means of travel.

f. Explore strategies to advance inter-tribal connectivity with coordinated mobility services tailored to the health and cultural needs of tribal communities across the Peninsula Region and develop implementation plan(s) for promising services through tribally directed processes and accounting for service area boundaries, mobility needs, and service models determined by the region's Tribes.

Other Strategic Mobility Measures

The strategies above identify measures that transportation providers can take to support rural mobility, provided there is adequate funding and other resources to deliver those programs.

There are additional measures that would improve regional access and rural mobility, but they are beyond the control of transportation providers to carry out. These measures would enhance the ability of transportation providers to deliver existing and future mobility programs and improve overall reliability and quality of service for all residents, especially those who rely on support.

a. **Improve Hood Canal Bridge Transit Reliability** - Develop protocols with the Coast Guard and WSDOT regarding Hood Canal Bridge lift operations to reduce delays for transit providers due to bridge closures for the passage of large recreational sailboats unable to fit under the fixed-span on the east end. This can be accomplished through a variety of mechanisms, such as establishing set times when the bridge will open for sailboats, if hailed; or through a radio-ahead notification or AVL signal from vehicle to bridge operators that a transit vehicle is within 30 minutes of crossing, precluding any closures for sailboats until the vehicle has passed; or a policy to not close the bridge for yacht passage within 30 minutes of a scheduled transit crossing; or other such agreed upon measures that reduce the impact of large recreational sailboats and other pleasure craft on transit travel time reliability at the Hood Canal Bridge. This does not pertain to Navy or commercial vessel requests.

b. **Support Rural Health Services -** Support efforts of Olympic Community of Health and CHOICE, the two Accountable Communities of Health regions serving the Peninsula transportation region, to sustain the advanced care resources and basic health services currently available in the four counties and wherever possible, expand those services. The Health Care Authority's Rural Health Transformation Program will create new opportunities before this HSTP is updated again in 2030 to increase the resilience and capacity of rural health systems across the state. A stronger, more resilient rural health system is a regional transportation priority in the Peninsula Region. Already people must travel out of county or to Seattle for essential health care services; there is already unmet demand for long-distance travel for health care. Any erosion of existing services will mean more people are required to travel longer distances for health services which will only exacerbate existing transportation and access issues while undermining health outcomes and community wellbeing across the region.

d. **Build Accessible Communities -** Promote location-efficiency and accessibility when siting new facilities that serve seniors, veterans, people with disabilities, and those with low income, favoring facilities that are close in town or on primary transit corridors, not in outlying areas

e. **Align Operating Grants with ACH Boundaries -** Where possible, align boundaries for operating grants with the service area boundaries of the underlying Accountable Communities of Health (ACH) boundaries to minimize issues with transporting clients to health services within a coordinated care network or service area that likely spans more than one county.

e. **Strengthen WSDOT-DOH Coordination -** Promote closer coordination between WSDOT Public Transportation Division and the Health Care Authority on efforts pertaining to access to rural health and human services and the role of reliable transportation in health care outcomes. There is a remarkable overlap of interests between the ACHs and the HSTP that is not evident in either program. Community Care Hubs of each ACH and Recovery Navigator Programs are concerned with the same populations as the HSTP. Our people are their people. Coordination at the local level can be helped by coordination at the state level. Rollout of new programs associated with the Rural Health Transformation Program may open the door to innovative opportunities – especially among non-profit services providers – that can improve overall community outcomes and reduce the prevalence of transportation as an issue highlighted in Community Health Needs Assessments.

f. **Increase Access to High-Speed Internet -** Reduce the need to travel by increasing affordable broadband access for more rural households, enabling telehealth, remote work, and distance-based learning opportunities from home.

APPENDIX

A. Population Characteristics

B. Primary Resources

C. Engagement

D. Evidence of Strategy Success

E. Additional WSDOT Information

F. Consolidated Grant Projects

APPENDIX A
POPULATION CHARACTERISTICS

Additional data and formats are available online at https://prtpo.org/hstp-resources

POVERTY CHARACTERISTICS IN THE PENINSULA REGION

2024 ACS 5-YEAR DATA, TABLE B17017, US Census Bureau
2024 ACS 5-YEAR DATA, TABLE C17002, US Census Bureau

	Peninsula Region	Clallam County	Jefferson County	Kitsap County	Mason County
Total Households, 2024 Estimate	**185,952**	**35,046**	**16,340**	**108,537**	**26,029**
Households with income in the past 12 months below poverty level:	17,923	3,896	1,949	8,955	3,123
% of total households below poverty	*9.6%*	*11.1%*	*11.9%*	*8.3%*	*12.0%*
Family households in poverty	7,283	1,310	608	4,034	1,331
Nonfamily households in poverty	10,640	2,586	1,341	4,921	1,792
Population for Whom Poverty Status is Determined , 2024 Estimate	**446,142**	**76,500**	**33,076**	**270,470**	**66,096**
People living below poverty	**42,021**	8,093	3,669	22,155	8,104
% of population	***9.4%***	*10.6%*	*11.1%*	*8.2%*	*12.3%*
People living at 100% - 149% of poverty	**24,894**	5,719	1,703	13,909	3,563
% of population	***5.6%***	*7.5%*	*5.1%*	*5.1%*	*5.4%*
People living at 150% - 200% of poverty	**29,813**	6,882	3,729	14,144	5,058
% of population	***6.7%***	*9.0%*	*11.3%*	*5.2%*	*7.7%*
People living above 200% of poverty	**349,414**	55,806	23,975	220,262	49,371
% of population	***78.3%***	*72.9%*	*72.5%*	*81.4%*	*74.7%*

What is the official poverty level? The federal definition of poverty is very low, as evidenced by the poverty thresholds below. For example, a single person 65 or older getting by on $16,500 a year is not considered to be living below povert under the federal definition. Even 200% of the poverty level reflects a household with very limited means.

Poverty Thresholds for 2024 by Size of Family and Number of Related Children Under 18 Years
(In dollars)

Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):	15,940									
Under 65 years	16,320	16,320								
65 years and over	15,050	15,045								
Two people:	20,220									
Householder under 65 years	21,100	21,006	21,621							
Householder 65 years and over	18,980	18,961	21,540							
Three people	24,950	24,537	25,249	25,273						
Four people	32,130	32,355	32,884	31,812	31,922					
Five people	38,110	39,019	39,586	38,374	37,436	36,863				
Six people	43,130	44,879	45,057	44,128	43,238	41,915	41,131			
Seven people	48,970	51,638	51,961	50,849	50,075	48,631	46,948	45,100		
Eight people	54,740	57,753	58,263	57,215	56,296	54,992	53,337	51,614	51,177	
Nine people or more	64,900	69,473	69,810	68,882	68,102	66,822	65,062	63,469	63,075	60,645

Source: U.S. Census Bureau, 2025.
Note: The source of the weighted average thresholds is the 2025 Current Population Survey Annual Social and Economic Supplement (CPS ASEC).

Notes Regarding Census Terminology:

Family - Two or more people in a household who are related by marriage, blood, or adoption
Nonfamily - Single person households, and two or more people in a household who are not related

Peninsula Region Population and Projections - 2020 - 2050

Total Population and Population Age 65+, by County and Region Totals

	OFM Adj. Census	OFM PROJECTIONS					
	2020	2025	2030	2035	2040	2045	2050
Clallam - Total	**77,155**	**79,459**	**81,791**	**83,755**	**85,374**	**86,700**	**87,800**
Clallam - 65+	*25,061*	*26,603*	*28,026*	*28,270*	*27,663*	*27,684*	*28,499*
% age 65+	*32.5%*	*33.5%*	*34.3%*	*33.8%*	*32.4%*	*31.9%*	*32.5%*
Jefferson - Total	**32,977**	**34,586**	**36,226**	**37,750**	**39,170**	**40,486**	**41,719**
Jefferson - 65+	*12,632*	*14,618*	*15,687*	*15,930*	*15,589*	*15,289*	*15,613*
% age 65+	*38.3%*	*42.3%*	*43.3%*	*42.2%*	*39.8%*	*37.8%*	*37.4%*
Kitsap Total	**275,611**	**286,241**	**297,608**	**308,048**	**317,694**	**326,724**	**335,268**
Kitsap - 65+	*53,071*	*63,464*	*73,587*	*78,935*	*80,853*	*82,038*	*85,027*
% age 65+	*19.3%*	*22.2%*	*24.7%*	*25.6%*	*25.4%*	*25.1%*	*25.4%*
Mason - Total	**65,726**	**69,262**	**72,981**	**76,485**	**79,792**	**82,932**	**85,947**
Mason - 65+	*15,927*	*18,471*	*20,628*	*21,639*	*21,959*	*22,144*	*22,874*
% age 65+	*24.2%*	*26.7%*	*28.3%*	*28.3%*	*27.5%*	*26.7%*	*26.6%*
Peninsula Region - Total	**451,469**	**469,548**	**488,606**	**506,038**	**522,030**	**536,842**	**550,734**
Peninsula Region - 65+	*106,691*	*123,156*	*137,928*	*144,774*	*146,064*	*147,155*	*152,013*
% age 65+	23.6%	26.2%	28.2%	28.6%	28.0%	27.4%	27.6%
WA State - % Age 65+	*16.3%*	*18.4%*	*20.4%*	*21.3%*	*21.8%*	*22.2%*	*23.1%*

Source:

OFM - Forecasting & Research | December 2022 | GMA Projections, Middle Series. Formatted for HSTP.

SELECT CHARACTERISTICS OF POPULATION AGE 65 AND ABOVE (2024)

Clallam, Jefferson, Kitsap, and Mason Counties

POPULATION CHARACTERISTIC	Clallam County		Jefferson County		Kitsap County		Mason County	
	Total	Age 65+	Total	Age 65+	Total	Age 65+	Total	Age 65+
Total population	77,813	25,067	33,577	13,673	277,881	54,611	67,982	16,468
Median age (years)	52.1	73.2	59.8	73.3	40.2	72.8	44.7	72.6
Race, Hispanic or Latino Origin								
One race	90.20%	95.10%	90.70%	95.10%	87.00%	95.00%	88.80%	95.40%
White	*81.9%*	*91.6%*	*85.6%*	*90.2%*	*75.0%*	*86.2%*	*77.0%*	*90.2%*
Black or African American	*0.8%*	*0.1%*	*0.4%*	*0.1%*	*2.3%*	*1.3%*	*1.0%*	*0.2%*
American Indian/Alaska Native	*3.5%*	*1.6%*	*1.1%*	*0.6%*	*1.0%*	*0.9%*	*2.3%*	*1.7%*
Asian	*1.8%*	*1.1%*	*1.3%*	*2.0%*	*4.9%*	*4.9%*	*1.0%*	*0.6%*
Islander	*0.0%*	*0.0%*	*0.1%*	*0.0%*	*1.0%*	*0.6%*	*0.2%*	*0.1%*
Some other race	*2.2%*	*0.6%*	*2.3%*	*2.2%*	*2.8%*	*1.1%*	*7.3%*	*2.6%*
Two or more races	9.8%	4.9%	9.3%	4.9%	13.0%	5.0%	11.2%	4.6%
Hispanic or Latino origin (any race)	6.8%	2.0%	4.4%	1.3%	9.4%	2.8%	12.8%	2.8%
White alone, not Hispanic or Latino	80.2%	91.4%	84.6%	89.9%	72.6%	85.7%	74.9%	89.6%
Veteran Status								
Civilian population 18 years and over	64,954	25,067	29,712	13,673	210,292	54,611	54,610	16,468
Civilian veteran	11.6%	19.4%	11.7%	16.8%	14.6%	22.2%	13.7%	24.9%
Disability Status								
With any disability	20.7%	32.9%	20.2%	29.5%	14.8%	31.8%	19.4%	37.3%
No disability	79.3%	67.1%	79.8%	70.5%	85.2%	68.2%	80.6%	62.7%
Ability to Speak English								
Population 5 years and over	74,865	25,067	32,769	13,673	263,413	54,611	64,482	16,468
English only	93.9%	96.0%	93.8%	94.5%	90.6%	91.5%	89.5%	96.8%
Language other than English	6.1%	4.0%	6.2%	5.5%	9.4%	8.5%	10.5%	3.2%
Speak English less than "very well"	*1.6%*	*1.1%*	*1.3%*	*1.4%*	*2.9%*	*2.8%*	*4.7%*	*0.8%*
Poverty Status in Last 12 Months								
Below 100% of the poverty level	*10.6%*	*6.7%*	*11.1%*	*8.1%*	*8.2%*	*6.1%*	*12.3%*	*9.2%*
100% - 149% of the poverty level	*7.5%*	*7.0%*	*5.1%*	*6.2%*	*5.1%*	*4.8%*	*5.4%*	*6.0%*
At or above 150% of the poverty level	81.9%	86.4%	83.8%	85.8%	86.7%	89.1%	82.3%	84.8%

Source:U.S. Census Bureau. "Population 65 Years and Over in the United States" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0103, 2024, https://data.census.gov/table/ACSST5Y2024.S0103?q=S0103: Accessed on March 24, 2026.

DISABILITY STATUS BY AGE GROUP (2024)

Clallam, Jefferson, Kitsap, and Mason Counties

	Civilian Non-institutionalized Population							Population
	Total	Under 5 Years	5-17 Years	18-34 Years	35-64 Years	65-74 Years	75 Years +	65+
Clallam County								
Civilian non-institutionalized population	76,445	2,948	9,577	11,810	27,422	14,737	9,951	24,688
With a disability	15,859	15	702	1,758	5,264	3,439	4,681	8,120
% with a disability	*20.7%*	*0.5%*	*7.3%*	*14.9%*	*19.2%*	*23.3%*	*47.0%*	*32.9%*
Jefferson County								
Civilian non-institutionalized population	33,036	808	2,929	3,680	12,046	8,183	5,390	13,573
With a disability	6,669	0	336	391	1,934	1,885	2,123	4,008
% with a disability	*20.2%*	*0.0%*	*11.5%*	*10.6%*	*16.1%*	*23.0%*	*39.4%*	*29.5%*
Kitsap County								
Civilian non-institutionalized population	263,432	14,468	40,217	54,178	100,999	32,812	20,758	53,570
With a disability	39,092	82	2,449	5,767	13,766	7,435	9,593	17,028
% with a disability	*14.8%*	*0.6%*	*6.1%*	*10.6%*	*13.6%*	*22.7%*	*46.2%*	*31.8%*
Mason County								
Civilian non-institutionalized population	66,394	3,500	9,770	12,096	24,800	10,247	5,981	16,228
With a disability	12,879	0	703	1,353	4,762	2,939	3,122	6,061
% with a disability	*19.4%*	*0.0%*	*7.2%*	*11.2%*	*19.2%*	*28.7%*	*52.2%*	*37.3%*

Source: U.S. Census Bureau. "Disability Characteristics" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2024, https://data.census.gov/table/ACSST5Y2024.S1810?q=S1810: Accessed on March 23, 2026. Formatted for HSTP.

LIMITED ENGLISH PROFICIENCY

Households that Speak English Less than "Very Well" in the Peninsula Region

2024 ACS 5-YEAR DATA, TABLE C16002, US Census Bureau

	Peninsula Region	Clallam County	Jefferson County	Kitsap County	Mason County
Total Households	**185,952**	**35,046**	**16,340**	**108,537**	**26,029**
English Speaking Households	165,232	32,159	15,044	94,733	23,296
% of households that are English speaking	*88.9%*	*91.8%*	*92.1%*	*87.3%*	*89.5%*
Spanish-speaking households, total	8,768	1,223	541	5,267	1,737
Spanish-speaking households with LEP	1,027	101	27	641	258
% of households with LEP	*0.6%*	*0.3%*	*0.2%*	*0.6%*	*1.0%*
Asian and Pacific Island speaking households, total	7,048	496	257	5,874	421
Asian and Pacific Island speaking households with LEP	710	90	21	584	15
% of households with LEP	*0.4%*	*0.3%*	*0.1%*	*0.5%*	*0.1%*
Other language-speaking households, total	1,062	218	63	593	188
Other language-speaking households with LEP	242	48	3	114	77
% of households with LEP	*0.1%*	*0.1%*	*0.0%*	*0.1%*	*0.3%*

APPENDIX B

PRIMARY RESOURCES

PRIMARY RESOURCES FOR 2026 HUMAN SERVICES TRANSPORTATION PLAN UPDATE, PRTPO

The following resources provided the primary inputs for the foundational understanding of issues in this 2026 update.

DATA and INFORMATION RESOURCES (w/links)

WA 211 Counts

United for ALICE-Washington

Non-Drivers: Population, Demographics, and Analysis (WA State Legislature, Joint Transportation Committee, 2023)

Dept. of Veterans Affairs - Table 9L: Veterans Population by State, County, Age Group, Sex 2023 - 2053

Washington Tracking Network - Dept of Health

U.S. Census Bureau and American Community Survey (various)

Office of Financial Management - Population and Demographics (various)

Olympic Connect (Dashboard Reporting and Resource Directory)

North Olympic Healthcare Network - Community Resource Navigators

Copies of the following resources are available on request:

Community Health Needs Assessment - Olympic Medical Center (2025)

Community Health Needs Assessment - Forks Community Hospital (2023)

Kitsap County Community Health Assessment - Kitsap Public Health District (2023)

Mason County Community Health Needs Assessment - Mason County Public Health & Human Services w/Mason Health (2025)

Mason County Community Health Assessment - Mason County Public Health & Human Services (2023)

Regional Community Health Assessment, Washington State Olympic Region: Clallam, Jefferson, and Kitsap Counties - Olympic Community of Health (2025)

Community Health Needs Assessment - St. Michael Medical Center, Virginia Mason Franciscan Health (2023)

Kitsap Community Needs Assessment - Kitsap Public Health District with Kitsap Community Resources (2023)

Kitsap Community Health Assessment - Healthcare Access - Kitsap Public Health District (2023)

Peninsula Behavioral Health Community Needs Assessment - Peninsula Behavioral Health (2025)

Transit Development Plan 2026-2031 - Jefferson Transit

Transit Development Plan 2026-2031 - Mason Transit

Transit Development Plan 2026-2031 Draft - Clallam Transit

Transit Development Plan 2026-2031 - Kitsap Transit

Jefferson Transit Authority Long Range Plan (2022)

INQUIRIES AND QUALITATIVE INFORMATION

WA 211

WA Association of County Human Services

WA Health Care Authority - Behavioral Health and Recovery: Recovery Navigator Program

OTHER REFERENCES

Evacuating Populations with Special Needs (FHWA) - Routes to Effective Evacuation Planning Primer Series

Travel Washington Intercity Bus Program (WSDOT, 2024 Update)

Coordinating Council on Access and Mobility

PRIMARY RESOURCES FOR 2026 HUMAN SERVICES TRANSPORTATION PLAN UPDATE, PRTPO

The following resources provided the primary inputs for the foundational understanding of issues in this 2026 update.

RTAP - Coordination and Mobility Management Toolkit

Rural Health Transformation Program - Resources

WA Statewide Human Services Transportation Plan (WSDOT, 2022)

TCRP Report 223 - Guidebook to Help Communities Improve Transportation to Health Care Services (2021)

Public Transportation Unmet Needs Study (WSDOT, 2023)

National Aging and Disability Transportation Resource Center - Transportation Options for Community Service Providers

DSHS Behavioral Health Services - Tribal Resources and Services

WA Dept. of Health - Rural Health Programs and Services

Impact of Mobile Integrated Health Programs in the Olympic Region (Olympic Community of Health)

Community Health Assessments and Improvement Plans - Center for Disease Control

Current as of 24 August 2026

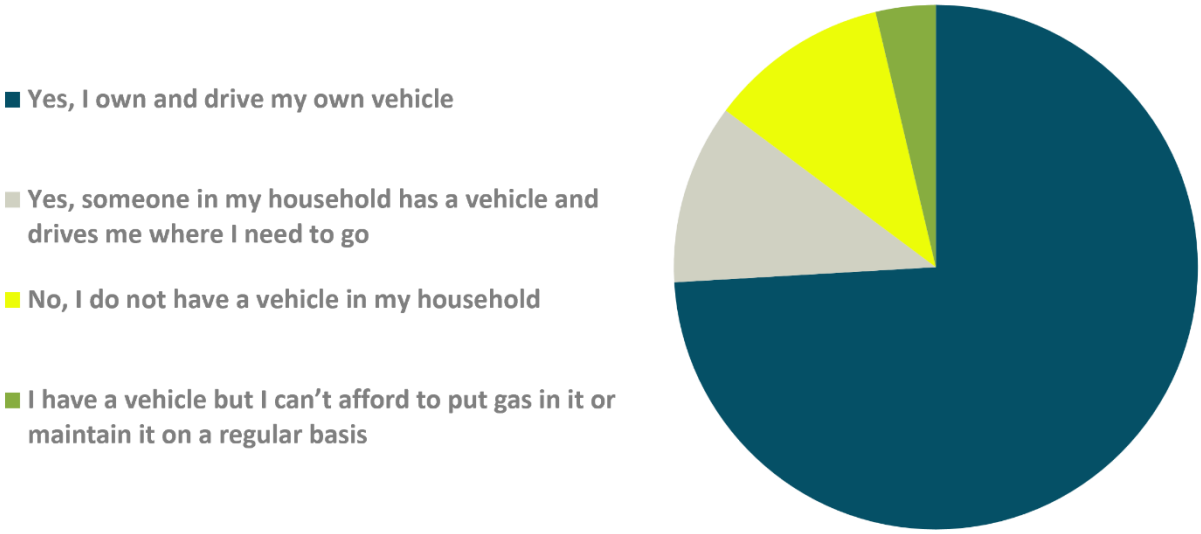
APPENDIX C
ENGAGEMENT

RESPONSES
Public Poll on Transportation Concerns

August 24 – September 11

27 responses received

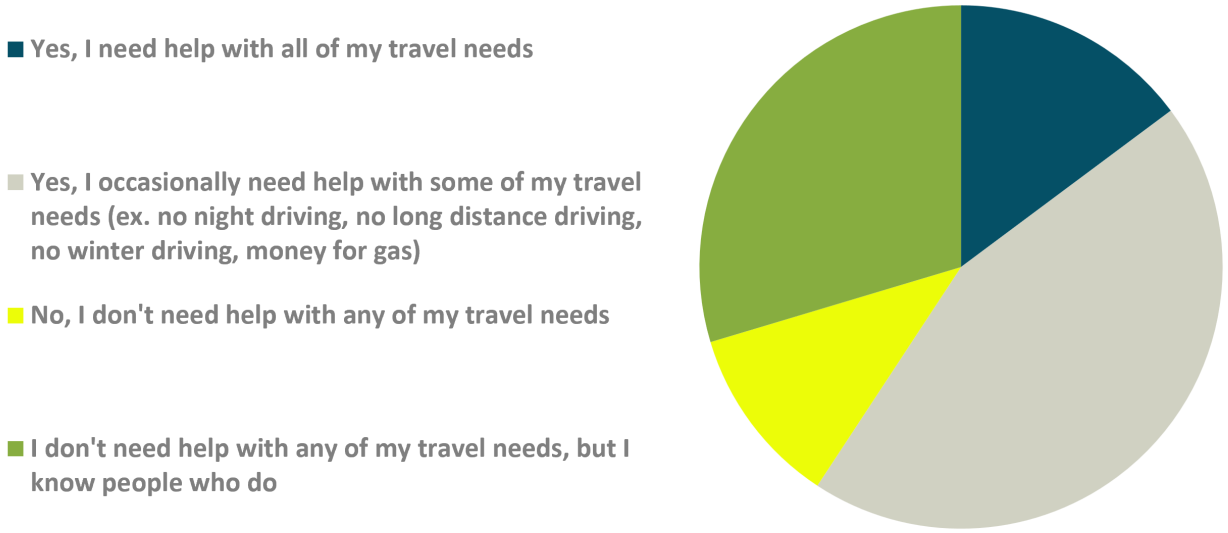
Do you travel by personal vehicle (car/truck/motorcycle)?



Comments

- I would rather take the bus more often, it it had expanded hours and service areas
- Have Alzheimers and will soon not be able to drive
- My sister owns a car but rarely give me rides so I rely on the bus
- Disable, in wheelchair
- I don't drive
- I try to use public transit when ever possible
- I have a car but am blind and cannot drive now. Why does this survey not allow me to use "other" as an option?
- My only vehicle is an RV and I would like options closer to the RV where I do not have to walk across a busy Hwy
- I am often unable to drive when I need to

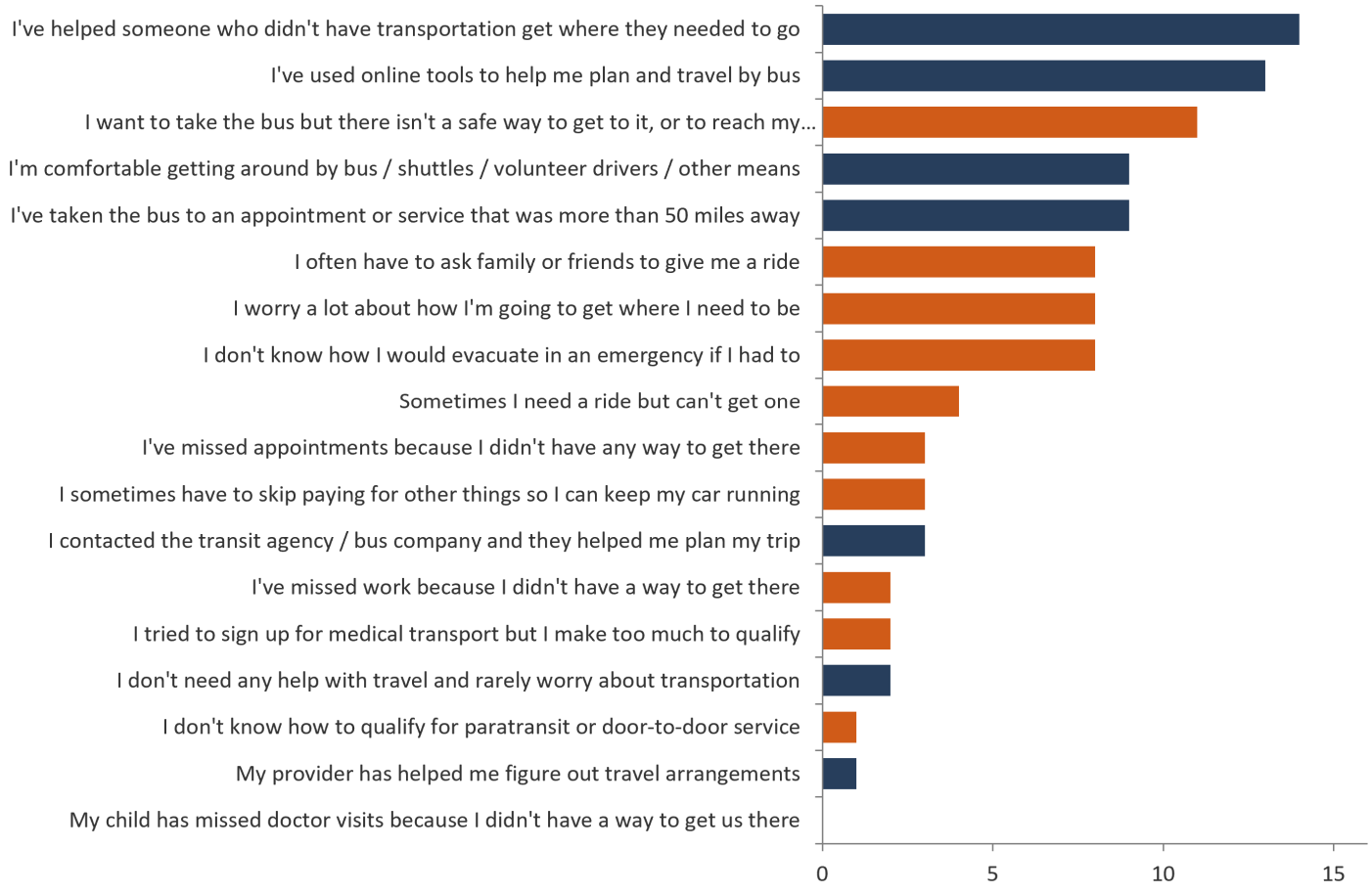
Do you need help with some or all of your travel needs?



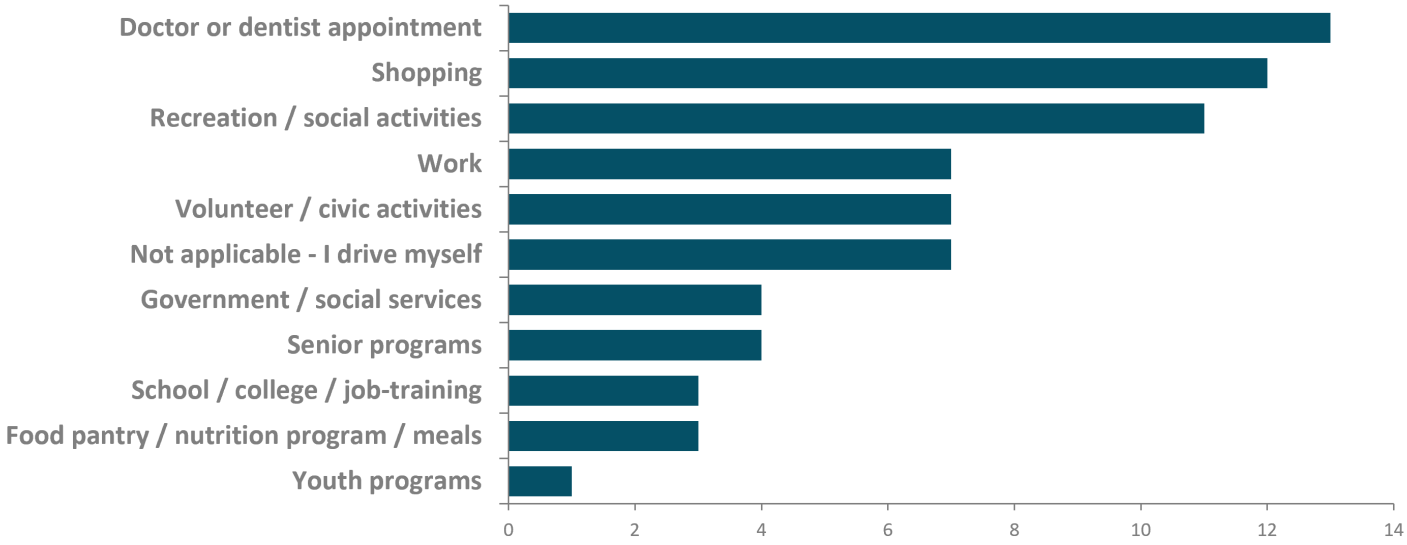
Comments

- But I do take transit
- Night driving. Long distance – Seattle medical
- More of getting to the airport, train station, Cruise Lines
- I haven't been able to drive since my stroke four years ago. My poor wife is now my chauffeur.

Have you ever experienced any of these situations?



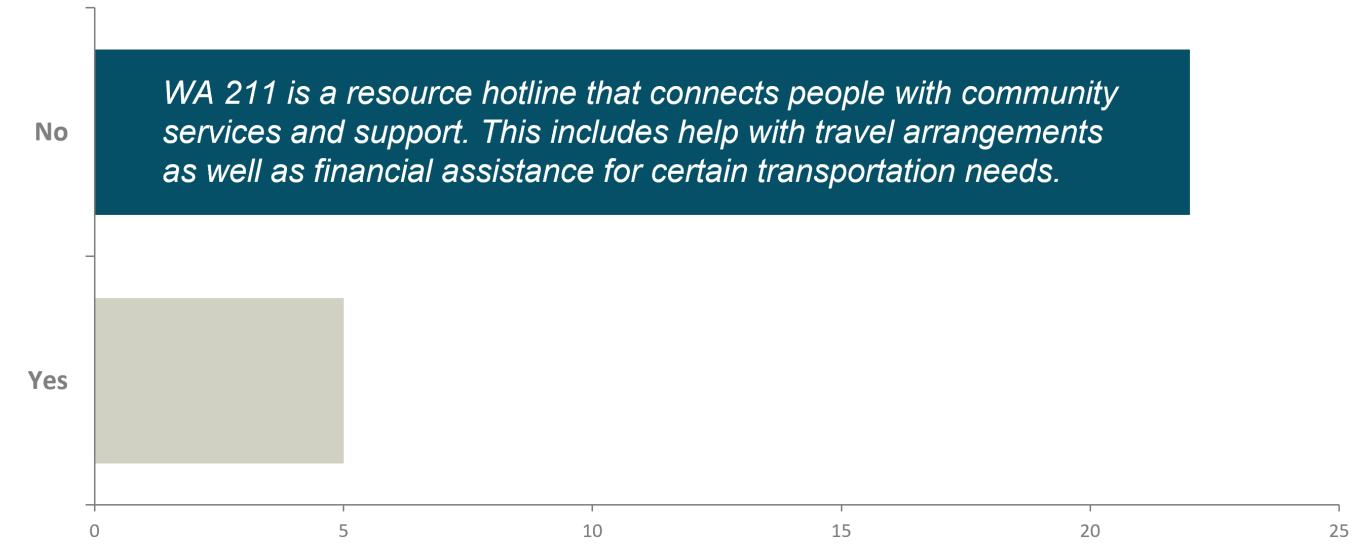
What kinds of places do you need a ride to?



Other Places You Need a Ride To:

- Downtown bus stop or old JC Penney's bus stop in Sequim
- Due to our elderly population, night drivers are very hard to find and long dark winters make getting to events difficult or impossible
- I can drive but would like to use public transportation especially when parking my RV is difficult in town. Some events are in the evening.
- To/from auto repair shop when I need to leave my truck.
- Sequim and back on the bus for shopping leaves me on the Sequim end with no transportation. My grandkids come to PT from PA o the buses to visit but the schedule doesn't work well for weekends and school.

Did you know you can call 2-1-1 for travel information and other transportation support?

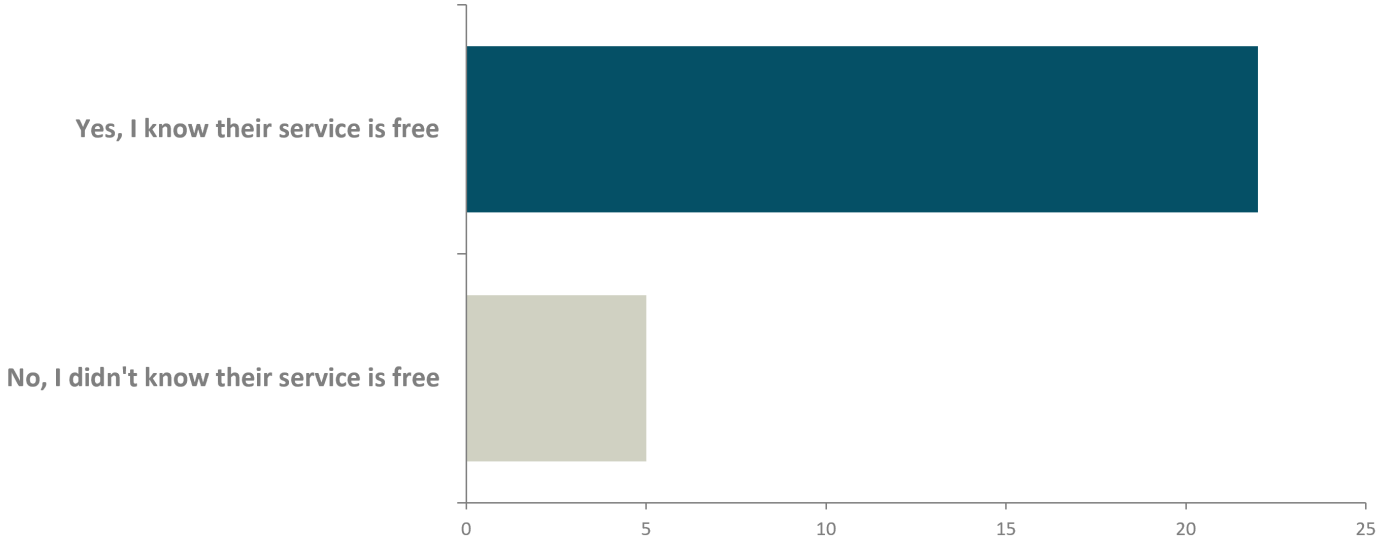


WA 211 is a resource hotline that connects people with community services and support. This includes help with travel arrangements as well as financial assistance for certain transportation needs.

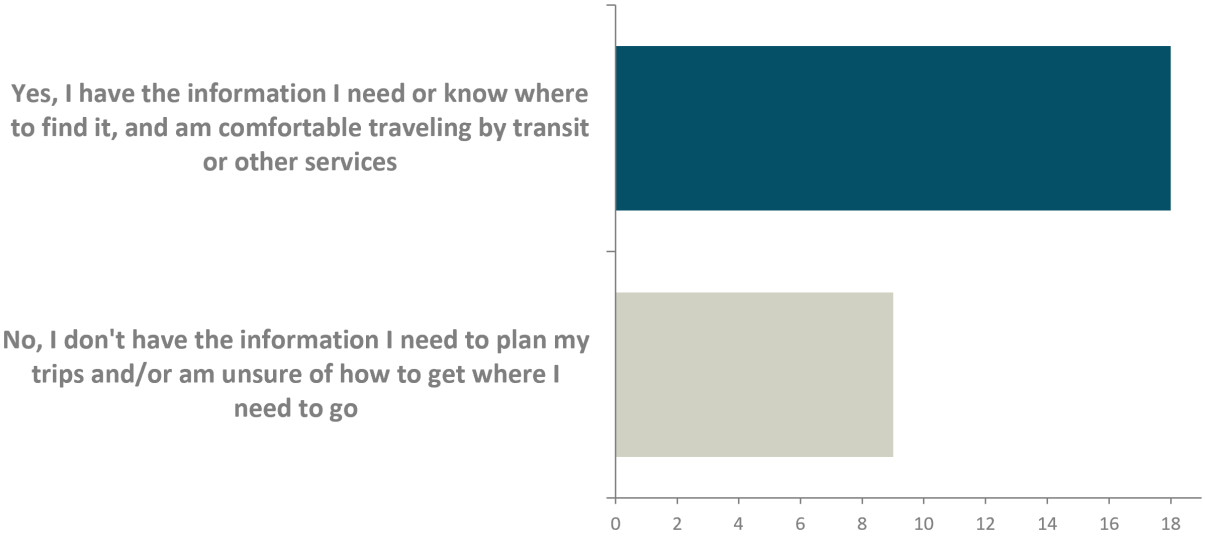
Comments

- **I don't know what 211 is.**

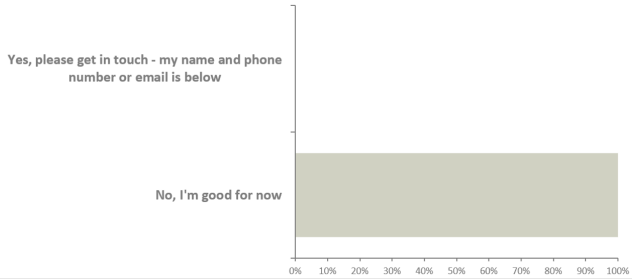
Did you know that riding with Clallam Transit, Jefferson Transit, Mason Transit, Makah Transit, and Squaxin Transit is free? *[Except the Strait Shot & Hurricane Ridge shuttle]*



Do you have information you need to make travel plans and know how to get where you need to go?



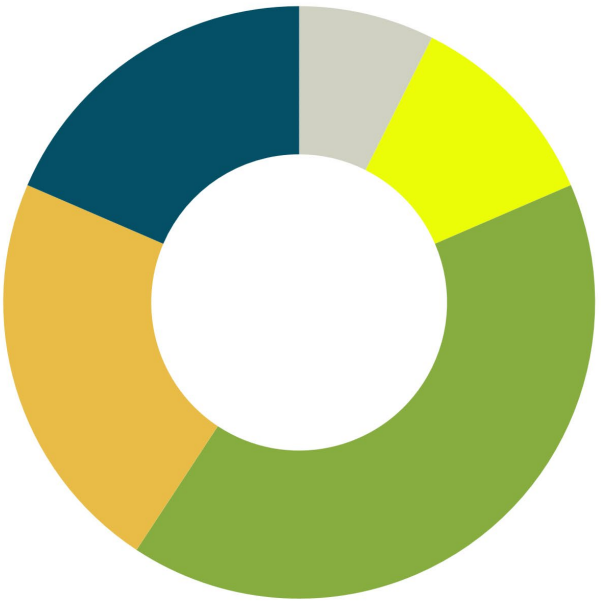
Would you like someone to follow-up with information for you about transportation services?



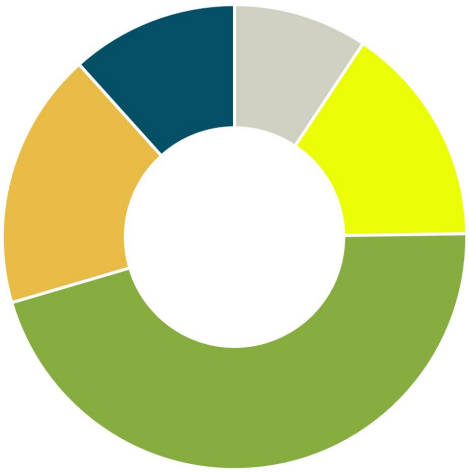
Comments

- I am anticipating needing this service within the next year

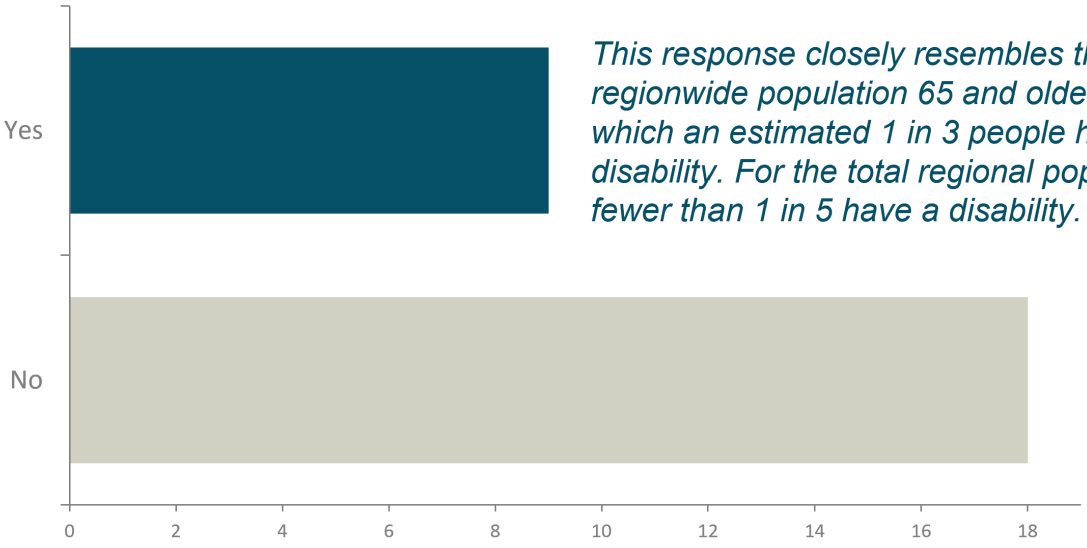
What is your age?



Regional Age Distribution



Do you have a disability that makes driving hard or impossible?

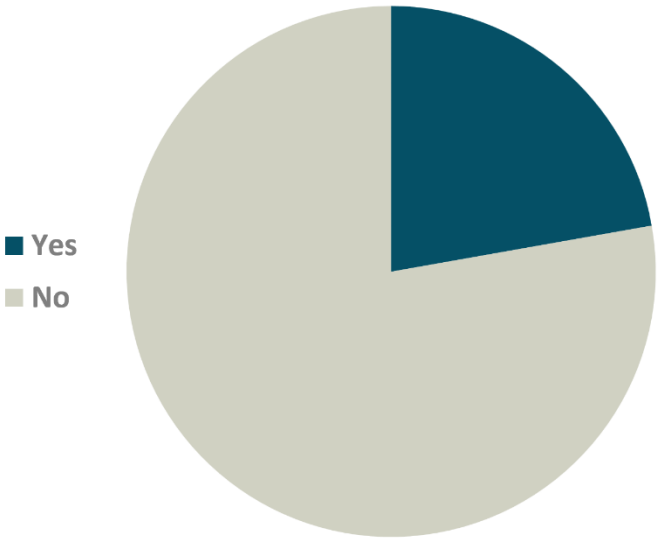


This response closely resembles that of the regionwide population 65 and older, of which an estimated 1 in 3 people have a disability. For the total regional population, fewer than 1 in 5 have a disability.

Comments

- Anxiety disorder
- Hard to drive at night.

Do you qualify for either Medicaid or Washington's Apple Health coverage?



Income eligibility for Apple Health is about 138% of the federal poverty level. About 15 percent of the total population regionwide is living at or below 150 percent of the federal poverty level. This compares to about 22 percent of respondents based on Medicaid and/or Apple Health coverage eligibility.

Please share any other experience or insights about getting around that can help us understand the challenges you face.

Comments

- Many folks I know want/need Sunday bus service in Clallam County.
- I live off 14th and N and y'all took that bus stop away, there now no where to get on and off of N street besides wayyy down on the corner of 10th. For someone like me I can't walk that 0.8 miles which makes the fixed routes inaccessible. As much as I appreciate para transit aka clallam connect, sometimes I don't know by 4pm the following day if I need to go somewhere and just wish I was still able to take the fixed routes if need be in a pinch. There's a lot of complaints I hear of stops just like mine that y'all eliminated back in March. It's unfortunate.
- To get to my bus stop, I Have to cross HWY 101 which is hard and is very DANGEROUS. Ihave to ensure there’s no traffic, usually driving 50-70 mph, which never happens going bothways. Can’t ride the bus because.
- Taking the bus to early morning appts at the hospital is impossible—the bus doesn't stop there until hours later. It is frustrating to need to transfer all the way downtown; bus routes should intersect in other ways so that transferring could be more efficient for travellers. Anywhere I want to go, the trip planner routes me through the transfer station which is often not even in the direction I want to go.
- Transportation for rural residents is difficult. I'm comfortable with the bus and capable of planning my route, but the nearest stop is about 2 miles away.
- Getting older and this will just become a bigger problem.
- We’ve used Mason Transit a few times. I’m glad to know it’s there. At some point we’ll need it.

Peninsula Regional Transportation Planning Organization

Serving the Communities of the Clallam-Jefferson-Kitsap-Mason County Region

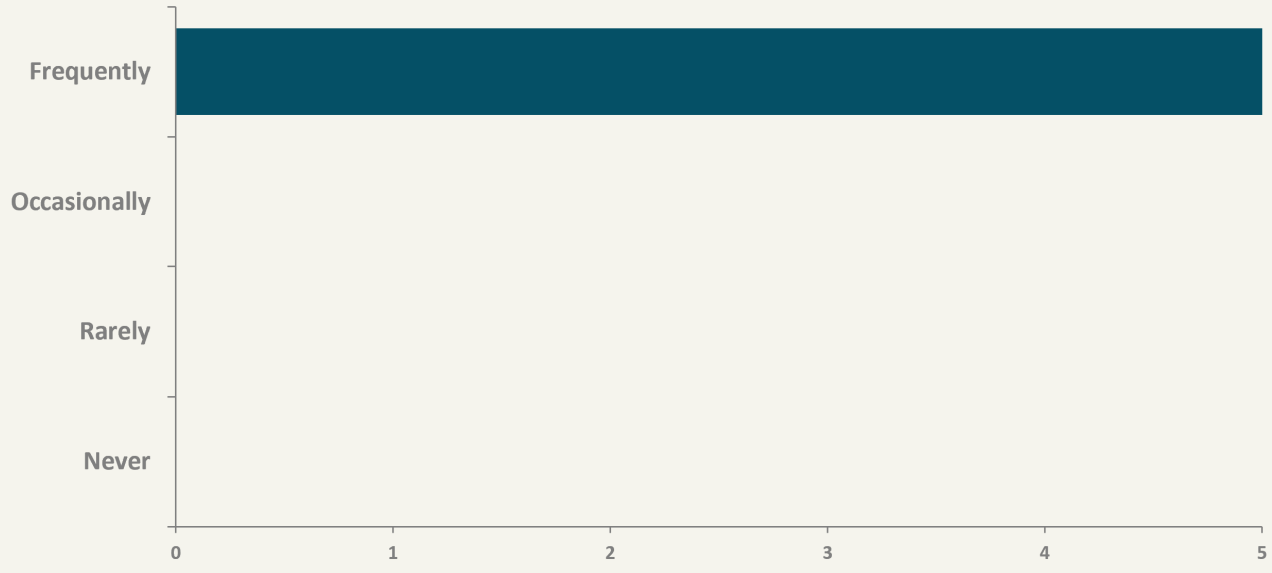
RESPONSES

Provider Poll on Rural Mobility and Access to Health and Human Services

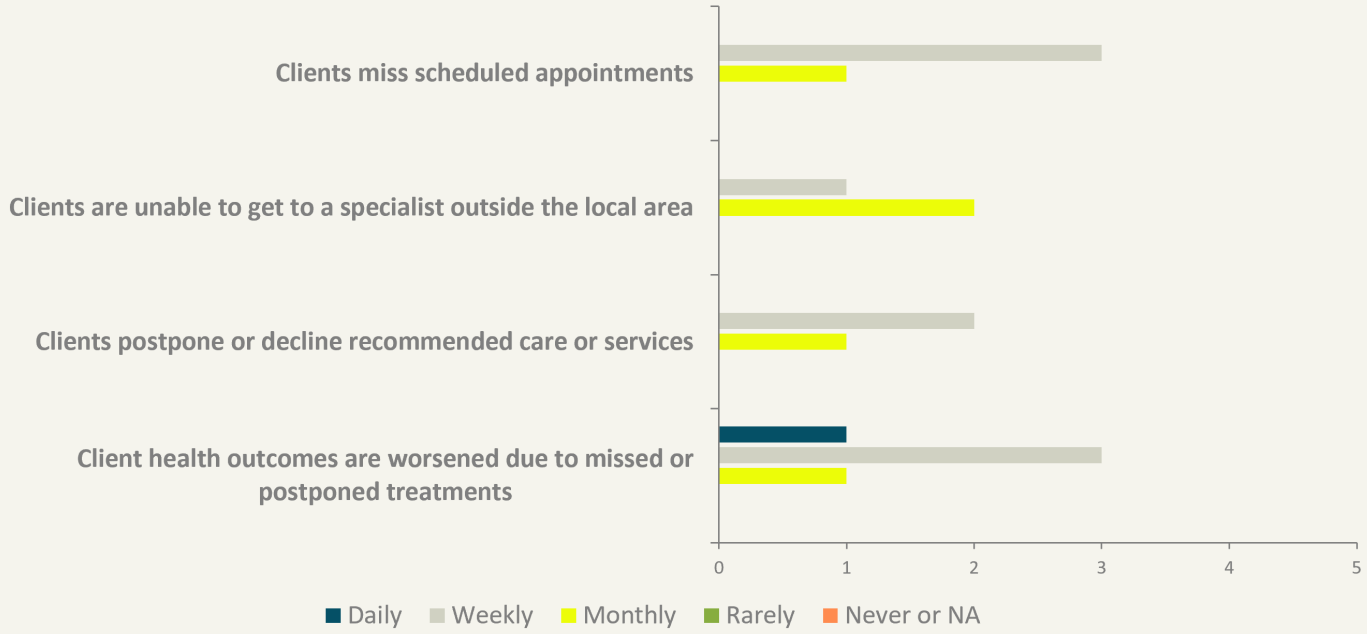
August 24 – September 11

5 responses received

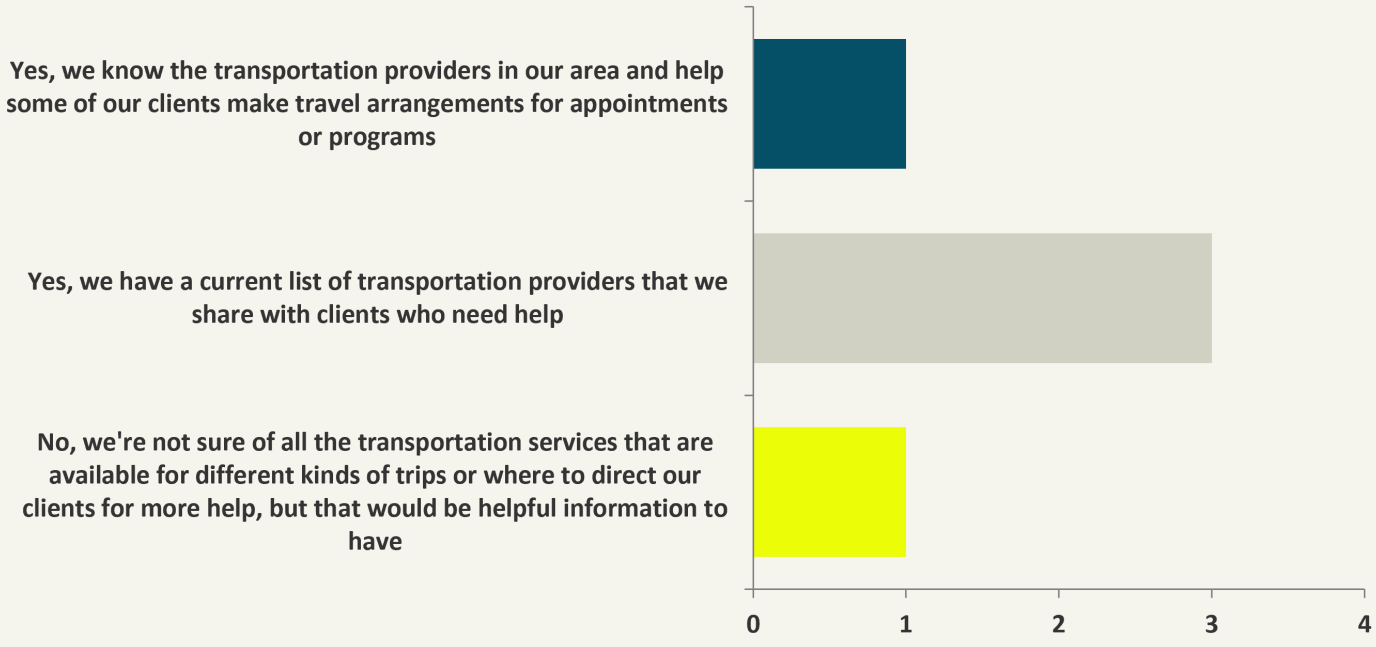
How often do your clients indicate they can't access care or utilize your services because they don't have a way to get there?



How frequently do you encounter these kinds of issues due to lack of reliable travel options?



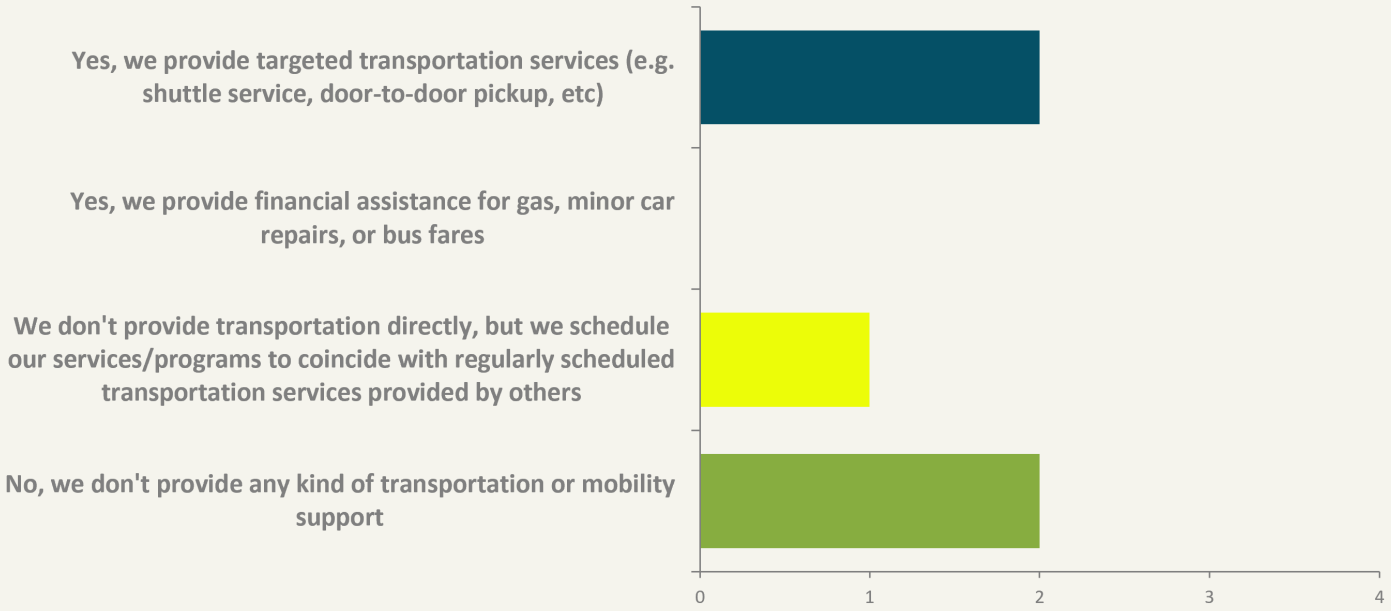
Does someone on staff know where to direct people who need help making travel arrangements?



"Case managers in my program are often scrambling to support clients in need of help with transportation, from bus tokens to gas vouchers to paratransit, in order to consistently access behavioral health services specifically and healthcare services in general."

"We would appreciate having a current list of transportation providers and available services in our area. We are aware of some options, but we are not confident that we know about all of the resources available for different transportation needs."

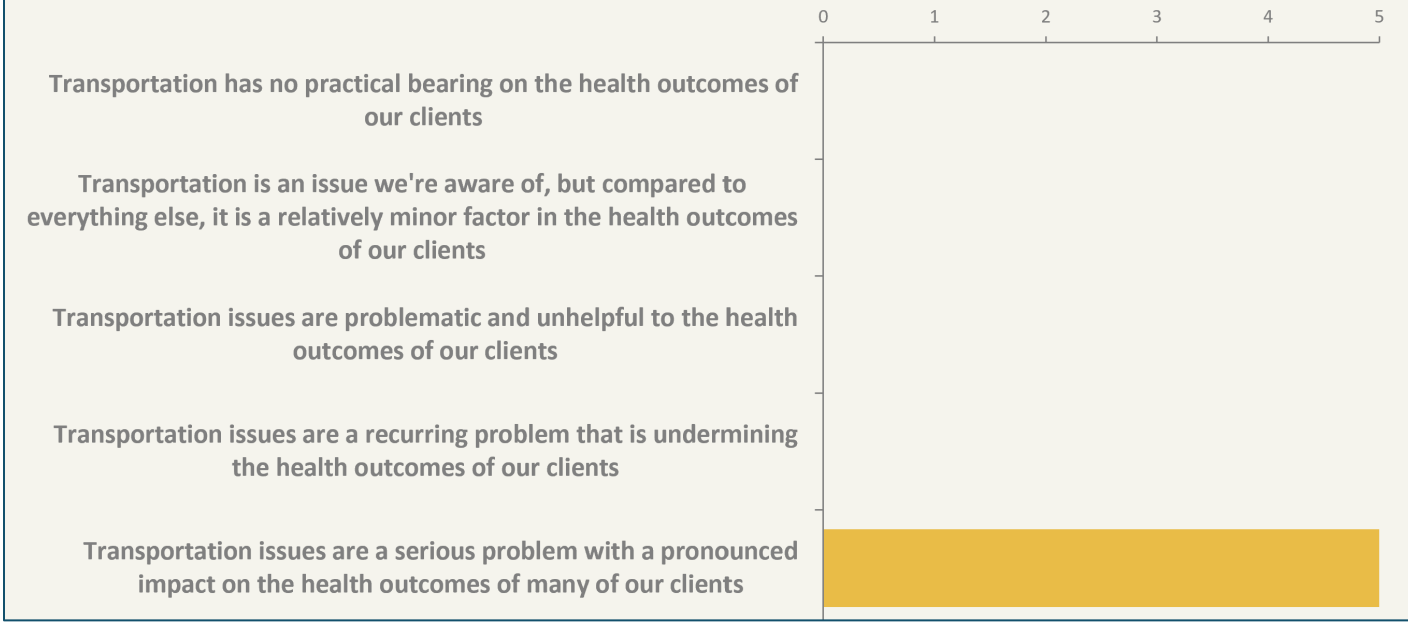
Does your organization provide transportation services or mobility support for your clients?



"We're a food bank, and often have visitors expressing a need for transportation outside of Clallam Co, or from rural areas to Downtown Sequim"

"PCAP case managers are able to transport clients for*important appointments. We meet with clients 2x/month and are able to transport the mother and child(ren) but not extended family members due to insurance constraints. The agency provides fleet vehicles for the purpose of home visiting and supporting client access to services pursuant to their goals--from drug and alcohol assessments to visits with their child at DCYF to well child checkups and to Kitsap Community Resources. We are not able to provide frequent, routine transports (like work or treatment)."

Which of the following statements comes closest to your own observations?



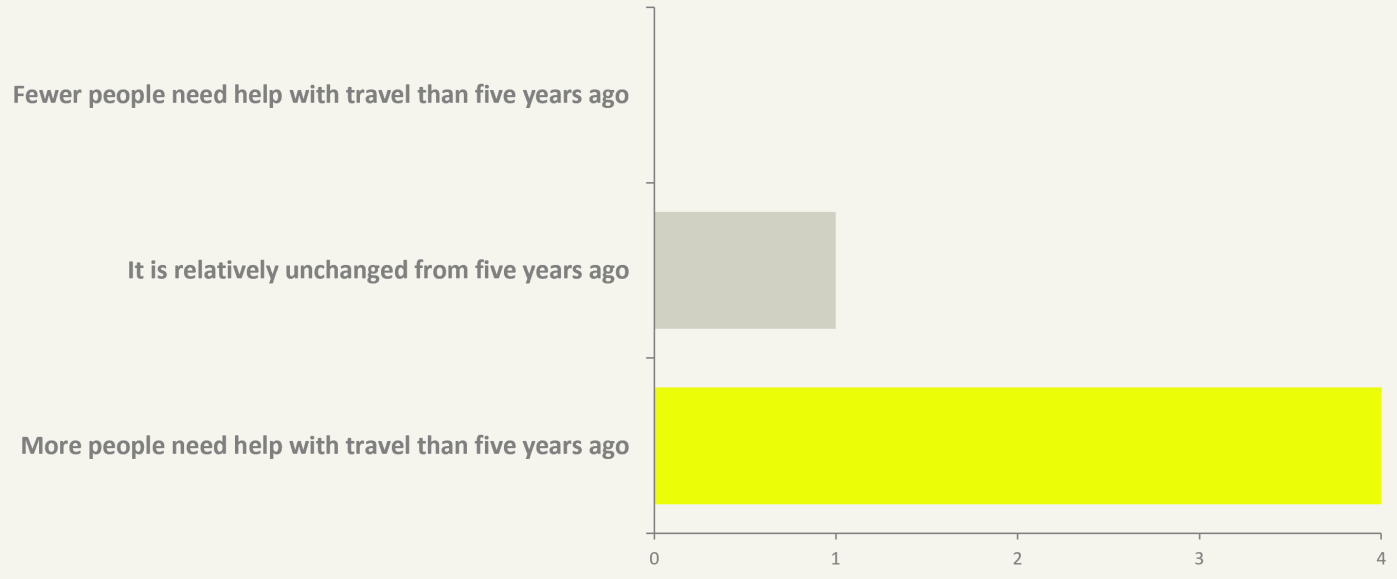
Please share any thoughts about the role of reliable transportation in the health outcomes of your clients and community wellbeing.

"It is very difficult to get Medicaid or Medicare participants a ride outside of Clallam Co for their medical appointments. Transportation providers often make community members jump through too many hoops that they often give up finding a ride, and do not go to their appointment. There is no public transportation that is free to Poulsbo or Silverdale, without it being a very long bus ride. Many seniors do not feel comfortable taking public transportation, let alone ride with someone in a vehicle. Many people live outside of the transit service, with no way to leave their house. The Clallam Connect bus is great, we just need more of them and they need to be able to be used by more people, not just people that have an official disability. We have many vulnerable people without a disability technically, that cannot get a ride with Clallam Connect because they live too far south or north of Highway 101 in Sequim." *[Maci M.]*

"Reliable transportation is the foundation of healthcare access; without it, even the most effective medical treatments are out of reach. In my caseload of 19 clients, 100% face transportation barriers that directly threaten their family's health and stability. When clients utilize MOUD, transportation is a daily medical necessity. Lacking gas money or relying on 1.5-hour bus rides makes it nearly impossible to maintain compliance with daily clinic visits and short-notice, random UA hotlines. This creates a dangerous ripple effect: a single transit failure or empty gas tank directly triggers legal and DCYF non-compliance, jeopardizing family preservation and recovery outcomes. Broader community well-being is heavily impacted by the shrinking availability of local services. For example, the closure of the pediatric rehabilitation unit at St. Michael Medical Center forces families to travel to Seattle or Tacoma for specialized care. Forcing rural and semi-rural families to take on unmanageable travel costs to access basic specialized care highlights a critical gap in our regional healthcare infrastructure. Future opportunities might include expanding localized mobile health services, expanding flexible gas voucher and transit pass programs, and designing compliance systems that account for the reality of transit instability." *[Alexa H.]*

"Reliable transportation has a direct impact on a person's ability to access food, healthcare, prescriptions, and other essential services. In our rural community, distance and limited transportation options can create significant barriers, particularly for seniors, people with disabilities, homebound individuals, and households with limited incomes. At the Sequim Food Bank, we see these barriers firsthand. Our Mobile Food Pantry and home delivery programs help bring food closer to people who may otherwise have difficulty reaching us, but transportation needs extend well beyond food access. A service can be available in the community, but if someone does not have a reliable way to get there, it is not truly accessible to them. Continued investment in transportation and mobility services would help people remain connected to healthcare, nutritious food, and other resources that support their health, independence, and overall wellbeing." *[Virginia R.]*

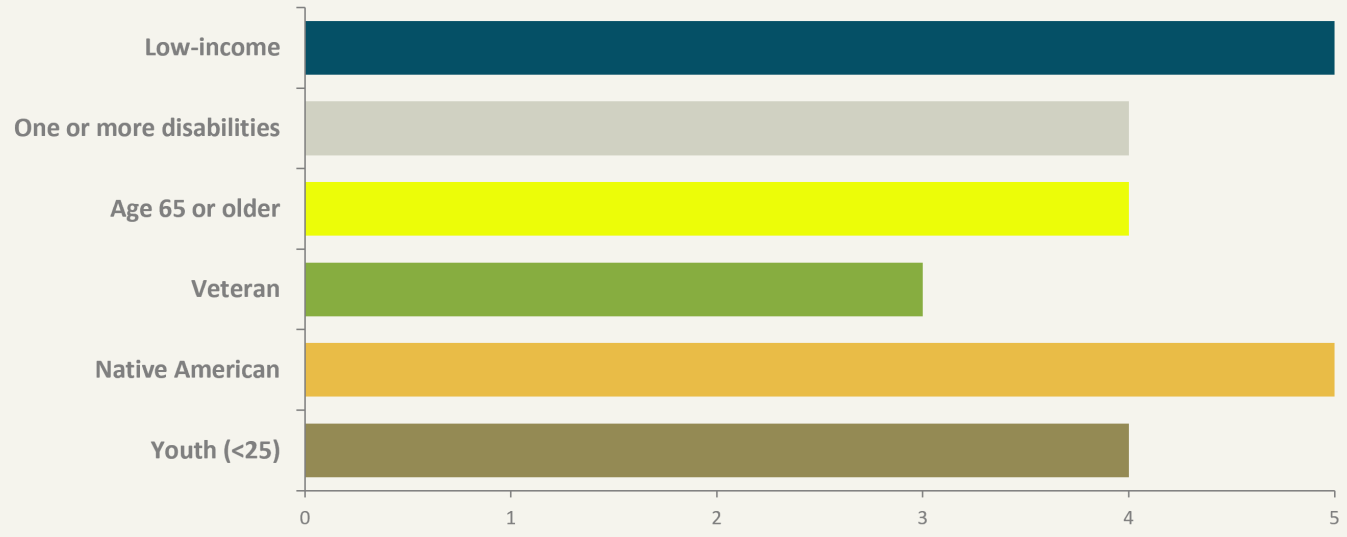
In your opinion, how has the need for travel assistance changed among your clients over the last five years?



"Barriers to accessing vital medical services have significantly increased over the last five years. Within my current caseload of 19 clients, 100% experience transportation barriers that directly impact their ability to meet their family's health needs. Roughly half of these clients are non-drivers due to licensing restrictions or never learning to drive. The rest are licensed drivers but struggle to maintain compliance with court and DCYF requirements. For our clients, these mandates often focus on regular attendance at substance use treatment programs. For clients utilizing MOUD, this means daily trips to a clinic, which is unsustainable without regular gas vouchers and tricky with bus tokens. Compliance also requires responding to random UA hotlines; when called, clients must report to a facility within a few hours. Meeting this urgent requirement is nearly impossible for non-drivers facing 1.5-hour bus rides, or drivers operating unreliable vehicles on empty tanks. On top of this, the recent closure of the pediatric rehabilitation unit at St. Michael Medical Center forces my clients to travel as far as Seattle or Tacoma for necessary specialized pediatric care, creating an accumulation of transportation costs that is absolutely unmanageable." *[Alexa H.]*

"We are seeing more people who need help with transportation, especially as the cost of living has increased and more households are trying to manage with limited resources. For some, transportation costs or lack of a reliable vehicle can make it difficult to access food, medical care, and other services. We also serve a growing number of seniors and homebound individuals who may have fewer transportation options available to them." *[Virginia R.]*

Our clientele includes residents with the following characteristics (check all that apply)



"The Parent-Child Assistance Program (PCAP) is an evidence-based, 3-year home visitation case management program. We provide intensive advocacy, dual-generation support, and service coordination for pregnant and parenting mothers with substance use disorders. Our case managers conduct home visits to help families achieve recovery, ensure child safety, and navigate complex legal, medical, and housing systems. My office primarily serves Kitsap County. However, we frequently assist clients in accessing services across adjoining county lines, including Mason, Pierce and Jefferson. Our clients are enrolled during pregnancy or up to 24 months postpartum and face significant barriers to connecting with community services. Our clients almost always rely on Medicaid, and our clients have experienced disproportionately high rates of personal and intergenerational trauma. Additionally, roughly half of the individuals on our caseload have not yet completed high school or obtained a GED."

"Sequim Food Bank provides food and assistance to residents throughout Sequim and Eastern Clallam County. Services include regular food distributions at our main location, a Mobile Food Pantry at locations throughout the community, home delivery for those who are homebound or unable to access food in person, and additional programs that address specific community needs. We also offer Welcome Home Food, which provides short-term food delivery following discharge from a hospital or medical facility. Our goal is to make nutritious food accessible to people throughout our service area and reduce barriers that may prevent them from receiving assistance."

Do you have any other thoughts to share about the intersection of transportation and health outcomes for our region, or opportunities to improve coordination?

Subsidized On-Demand Partnerships: Kitsap County already contracts with organizations like G2G2 for emergency shelter transit, proving that flexible, on-demand local systems are possible. However, the current cab-style cost structure is far too expensive for low-income clients. A major opportunity exists to create a subsidized, flat-rate version of this model specifically for urgent medical and court-mandated compliance.

Expanding Kitsap Transit's VanLink Program: Instead of trying to run expensive empty buses into zero-transit rural zones, the county could expand support for the existing VanLink program. This program allows local social service agencies and nonprofits to lease vans to provide flexible, shared-cost transportation directly tailored to their clients' specific geographic pockets.

Cross-County Medical Transit Corridors: Because regional healthcare closures are forcing rural clients across county lines to Pierce or Jefferson counties, local transit authorities (Kitsap, Mason, and Pierce Transit) need a coordinated medical corridor voucher or shuttle system. This would bridge the physical gaps between rural homes and distant specialty clinics without draining a family's entire income. *[Alexa H.]*

One opportunity would be stronger coordination and communication among organizations about the transportation resources that are currently available. Having an up-to-date, easy-to-use list of transportation providers, the areas they serve, eligibility requirements, and the types of trips they can assist with would help organizations like ours better connect people with the right resources. In a rural region, improving those connections can make a meaningful difference in whether someone is able to access food, healthcare, and other essential services. *[Virginia R.]*

APPENDIX D

EVIDENCE OF STRATEGY SUCCESS

Appendix D: Evidence of Strategy Success

As requested, this appendix indicates whether each individual strategy identified in Chapter 5 has been successful in the past. Note that the HSTP is not a financially constrained plan and thus, includes some measures that have not been employed in this region previously. All strategies are consistent with and supportive of PRTPO's Regional Transportation Plan.

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1. Operate services that provide access and mobility for residents

These strategies help sustain existing services and where possible, expand those services or establish new kinds of service that meet unmet needs.

Strategies:

a. Sustain operations of existing transportation services in the Peninsula region, including public, tribal, non-profit, and private carrier services

> ***Has this been successful in the past?*** *Yes, sustaining the operations of existing services offered by public transit, tribal transit, non-profit, and private carrier has ensured the predictable availability of services that provide essential mobility.*

b. Increase service by extending duration, frequency, or coverage of current service, or by creating new service that will operate in underserved areas

> ***Has this been successful in the past?*** *Yes, agencies have been able to meet additional mobility needs or serve new areas when they have had adequate funding to increase service.*

c. Expand opportunities for efficient cross-county or long-distance travel, particularly for people who don't drive

> ***Has this been successful in the past?*** *Yes, prior funding that expanded intercity private carrier intercity bus service or long-distance cross-county service like the Kingston Express or Strait Shot helped to address some long-distance travel needs. It also supports a featured objective in PRTPO's adopted Regional Transportation Plan as well as the Travel Washington Intercity Bus Program.*

d. Introduce innovative "first-miles/last-miles", "collect and connect", or other services that get people living in outlying areas to and from established fixed-route services efficiently

> ***Has this been successful in the past?*** *Yes, innovative microtransit services and routing strategies employed by Clallam Transit and Kitsap Transit have been responsive to travel demand in outlying areas.*

e. Improve suitable travel options for access to behavioral health clinics and substance use disorder treatment centers

> ***Has this been successful in the past?*** *Yes, based on the experience of Peninsula Community Health Services, Jamestown Healing Clinic, and various recovery navigator programs, ensuring reliable travel options where needed improves access and thus, health outcomes.*

f. Improve access to transportation services for patients being discharged from hospitals or other care facilities, regardless of whether they are Medicaid patients

Has this been successful in the past? *Yes, as demonstrated by the Sophie Trettevick Indian Health Center, providing transportation for people being discharged from hospitals can successfully support this mobility need.*

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2. Manage mobility to make travel easier and more efficient for all.

These strategies make it easier for people to get the information they need to plan their trips and to travel.

Strategies:

a. Increase awareness and visibility of available transportation services, with information specifically aimed at seniors, people with disabilities, and those with low income, and including engagement of human services providers and community care hubs

Has this been successful in the past? *Yes, all transportation partners provide information about the services they offer in a variety of formats and distribute that information through a wide range of venues. Cross-sector networks such as found in regional community care hubs greatly expand the opportunities for increased awareness and coordination.*

b. Develop and deploy travel training programs to help people learn how to use the available services confidently and make connections with other systems, with some training targeted directly at the needs of seniors and people with disabilities

Has this been successful in the past? *Yes, all four public transits support travel training for their services because these programs are effective.*

c. Develop and promote coordinated online and print resources to inform and educate about all mobility resources available within the region and connecting services, possibly including a "one-click / one-call" resource for all the region's transportation services

Has this been successful in the past? *Other than what is provided through WA 211, this region has not received funding for a coordinated, region-wide resource that is inclusive of all mobility services. Where it has been employed, such as the program developed by the Cowlitz-Wahkiakum Council of Governments, it has been successful.*

d. Improve the ability of people to access transit information and make trip reservations for paratransit and door-to-door services

Has this been successful in the past? *Yes, as technology has changed the way information is communicated and organized over the years, agencies have responded with new ways of sharing information and recently, have incorporated app-based tools that enhance access to information and service requests.*

e. Improve coordination of paratransit service transfers between systems for cross-county trips

Has this been successful in the past? *Yes, where practicable, but technology limitations combined with service constraints make this a challenging endeavor. Improving coordinated transfers is a recognized need.*

f. Ensure WA 211 service provider information for all four counties in the Peninsula region is current and complete

Has this been successful in the past? *Yes, to the extent organizations participate. According to WA-211, the ability of that program to connect people with needed transportation services depends on the completeness and currency of the information they are provided with.*

g. Increase engagement between transportation providers and the regional Accountable Communities of Health and their community care hubs to strengthen cross-sector relationships and coordination between transportation, health, and human services providers, and foster new partnerships and innovative approaches tailored to the unique needs of the Peninsula region

Has this been successful in the past? *Though this would be a new endeavor in the Peninsula region and Washington State in general, according to the Guidebook and Research Plan to Help Communities Improve Transportation to Health Care Services (TCRP Report 223, 2021), a cost-effective measure to improve access to health services is to improve communications and coordination between the transportation and human services sectors; engaging with the regional human services entities established by the Washington legislature would be an efficient means of doing that.*

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3. Manage assets and keep them in a State of Good Repair.

These strategies support essential asset management and entail purchase of vehicles, equipment, and technology assets.

Strategies:

a. Maintain and replace vehicles to ensure State of Good Repair and transit asset management standards in accordance with Useful Life Benchmarks by vehicle type

Has this been successful in the past? *Yes, and it is compliant with FTA requirements and is a priority objective in the Regional Transportation Plan.*

b. Expand the size of a fleet or introduce new vehicles as necessary to grow existing service or to introduce new service.

Has this been successful in the past? *Yes, from increases in the size of transit agency vehicle fleets to the introduction of new service from non-profit providers, adding additional vehicles has been successful in supporting new and growing service.*

c. Incorporate onboard vehicle technologies that enhance safety, system performance, and fleet management including CAD/AVL systems, Automatic Passenger Counters, microtransit scheduling software, radio systems, and other tools and devices

Has this been successful in the past? *Yes, onboard technology is deployed, maintained, updated, and replaced by transit agencies and other transportation providers because of its usefulness.*

d. Update communications equipment as needed, including the capacity to communicate with other entities to enhance coordination, operational efficiency, and emergency response

Has this been successful in the past? *Yes, communications equipment is deployment, maintained, updated, and replaced by transportation providers because of its usefulness.*

e. Integrate advanced technologies and app-based tools where they can improve dispatching, routing, or coordination of services

Has this been successful in the past? *Yes, transportation providers have been adopting new app-based tools and other advanced technologies because of their effectiveness, such as the Ride Pingo tools being used for microtransit services operated by Clallam Transit and Kitsap Transit.*

f. Deploy zero-emissions mobility options that address underserved needs of seniors, people with disabilities, people with low incomes, or tribal communities and which are suitable for the rigors of rural service

Has this been successful in the past? *Yes, agencies are using zero-emissions vehicles in their fleets, ranging from electric shuttles such as for the Suquamish Tribe's Elder Services program to full-size battery electric buses serving the Kingston Express, nearly every transportation provider is incorporating suitable zero emission vehicles into their fleets where they can meet the rigors of service reliability in this rural region. This is a priority objective in the Regional Transportation Plan.*

g. Install onboard wi-fi on vehicles as appropriate to improve passenger connectivity and convenience while traveling long distances

Has this been successful in the past? *Yes, wifi is a popular onboard amenity that makes long-distance travel by transit more attractive to many people and is available on the Dungeness Line.*

---

4. Make travel more accessible.

These strategies entail small construction and infrastructure projects that make it easier for more people to access available services.

Strategies:

a. Install curbside traveler amenities that make waiting for transit or share-ride service more comfortable and secure, including shelters, benches, lighting, receptacles, signage, and restrooms

Has this been successful in the past? *Yes, curbside amenities have been constructed and are widely recognized as key to making transit a more viable and attractive mode of travel for more people. It is a feature of every transit system plan.*

b. Improve sidewalk and crosswalk access to and from transit stops to meet ADA standards

Has this been successful in the past? *Yes, ensuring people can get to and from a transit stop has been shown to be effective in helping people to access the bus, and also complies with federal law.*

c. Establish park-and-ride facilities or new regional transit hubs and supporting amenities where they can support connectivity and improve access

Has this been successful in the past? *Yes, the installation of park and rides in the region have been shown to be effective in supporting travel by transit and carpools, and are an integral part of every transit system plan.*

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5. Plan how to improve service and address unmet needs.

These strategies involve planning and coordination that promotes strong relationships and which may lead to future measures that help to overcome obstacles to rural mobility.

Strategies:

a. Develop a mobility assisted evacuation plan and conduct emergency management planning and evacuation coordination preparedness training with a focus on the needs of people who don't drive or have access to a vehicle.

> ***Has this been successful in the past?*** *Though we are unaware of any such emergency management planning in the state, this planning strategy is informed by the FHWA Office of Operations report Routes to Effective Evacuation Planning Primer Series: Evacuating Populations with Special Needs. It recognizes the vital role transit will play and the need for cross-sector planning and coordination to successfully evacuate the vulnerable subset of residents who are unable to transport themselves in the event of a disaster, such as escaping a wildfire or flooding.*

b. Explore innovative rural service measures for their value in increasing access to existing services, such as on-demand micro-transit "collect and connect" service with timed connections to fixed-route service, or other measures tailored to meet specific rural mobility needs in the Peninsula region.

> ***Has this been successful in the past?*** *Yes, examples of innovative service measures such as Clallam Transit's Interlink service in Forks and Sequim demonstrate the value of new service models in addressing specific needs. Service planning and analysis provides the requisite background to ensure successful design and deployment.*

c. Explore the potential for vehicle sharing and vehicle-maintenance-as-a-service agreements, with a particular focus on the vehicle maintenance needs of tribal, non-profit, non-traditional, or community-based transportation service providers without in-house maintenance resources.

> ***Has this been successful in the past?*** *Experience across the region is limited, but fleet management partnerships in other sectors offer insights as to the potential value of coordinated service agreements for small operators providing human services transportation. The concept was identified in Washington's Rural Health Transformation Program proposal as a means of supporting the vehicle maintenance needs of lift-equipped vehicles serving target populations, potentially through maintenance agreements with transit agencies. Any such strategy would require robust planning to assess the feasibility of any arrangement and the suitability of terms before proceeding.*

d. Evaluate the feasibility of coordinating some or all scheduling, reservations, and dispatch services for multiple providers.

> ***Has this been successful in the past?*** *We are not aware of any entity in this region that has obtained a planning grant to evaluate this but the nature of network scheduling within the various health service areas along with insights from the TCRP Report 223 referenced earlier suggest efficiencies could be achieved with a more coordinated, consolidated approach. The first step to determining what a more efficient model might entail is a comprehensive planning and engagement process and pilot effort within a community care hub. This would document the effects of addressing transportation as a Social Determinant of Health more directly and weigh the cost of such an on-going position against benefits that can be achieved through more reliable travel, increased efficiency of service delivery, and associated results in health outcomes and community wellness.*

e. Explore opportunities for partnerships between transit agencies and school districts to develop age-appropriate training strategies and materials aimed at school age students to help them learn how to use transit as a safe and reliable means of travel.

> ***Has this been successful in the past?*** *While we are not familiar with this specific example, the planning concept arose from the experience of Mason Transit and others in accommodating a growing number of students who use public transit to get to and from school as transportation funding in school districts tightens. Cooperative planning and coordination would be the foundation of any such education and training programs, which can have far-reaching benefits.*

f. Explore strategies to advance inter-tribal connectivity with coordinated mobility services tailored to the health and cultural needs of tribal communities across the Peninsula Region and develop implementation plan(s) for promising services through tribally directed processes and accounting for service area boundaries, mobility needs, and service models determined by the region's Tribes.

> ***Has this been successful in the past?*** *We are not aware of this planning effort being proposed before now since it arose during this HSTP update cycle, but we do know the value of coordinated, tribally directed planning efforts in supporting successful projects and programs around the region. As sovereign nations, this region's Tribes are best positioned to understand issues and harness opportunities that are unique to their communities.*

Other Strategic Mobility Measures

The following measures were not intended as candidates for Consolidated Grant funding. Rather, their inclusion is a means of leveraging this update of the HSTP to advance relevant regional priority concerns in this coordinated plan and demonstrate regional support for other initiatives that enable the improved health and human services outcomes the HSTP is meant to achieve. PRTPO may include one or more of these measures in its Unified Planning Work Program and pursue policy maker priorities as resources allow, though any entity may initiate these efforts.

a. **Improve Hood Canal Bridge Transit Reliability** - Develop protocols with the Coast Guard and WSDOT regarding Hood Canal Bridge lift operations to reduce delays for transit providers due to bridge closures for the passage of large recreational sailboats unable to fit under the fixed-span on the east end. This can be accomplished through a variety of mechanisms, such as establishing set times when the bridge will open for sailboats, if hailed; or through a radio-ahead notification or AVL signal from vehicle to bridge operators that a transit vehicle is within 30 minutes of crossing, precluding any closures for sailboats until the vehicle has passed; or a policy to not close the bridge for yacht passage within 30 minutes of a scheduled transit crossing; or other such agreed upon measures that reduce the impact of large recreational sailboats and other pleasure craft on transit travel time reliability at the Hood Canal Bridge. This does not pertain to Navy or commercial vessel requests.

> ***Has this been successful in the past?*** *While PRTPO does not have experience yet with this specific strategy, it was successful in obtaining from the Coast Guard and WSDOT a deviation in bridge lift operating policy for the Hood Canal Bridge during the World Cup in 2026 to enable reliable transit travel during that event. This strategy advances a feature objective in PRTPO's adopted Regional Transportation Plan.*

b. **Support Rural Health Services -** Support efforts of Olympic Community of Health and CHOICE, the two Accountable Communities of Health regions serving the Peninsula transportation region, to sustain the advanced care resources and basic health services currently available in the four counties and wherever possible, expand those services. The Health Care Authority's Rural Health Transformation Program will create new opportunities before this HSTP is updated again in 2030 to increase the resilience and capacity of rural health systems across the state. A stronger, more resilient rural health system is a regional transportation priority in the Peninsula Region. Already people must travel out of county or to Seattle for essential health care services; there is already unmet demand for long-distance travel for health care. Any erosion of existing services will mean more people are required to travel longer distances for health services which will only exacerbate existing transportation and access issues while undermining health outcomes and community wellbeing across the region.

> ***Has this been successful in the past?*** *This is a new Department of Health endeavor. Its intent aligns with the HSTP and merits attention. In a competitive funding environment, it can be helpful to local providers and the ACHs to be able to demonstrate support from outside entities like PRTPO and its members when they are competing for statewide funding. Retaining existing health and human services and wherever possible, increasing their availability locally or within the region benefits transportation by reducing the demand for long-distance travel.*

c. **Build Accessible Communities -** Promote location-efficiency and accessibility when siting new facilities that serve seniors, veterans, people with disabilities, and those with low income, favoring facilities that are close in town or on primary transit corridors, not in outlying areas.

> ***Has this been successful in the past?*** *Yes. Alternatives to driving are more plentiful, convenient, and efficient in urban areas than in outlying rural areas. This is consistent with GMA.*

d. **Align Operating Grants with ACH Boundaries -** Where possible, align boundaries for operating grants with the service area boundaries of the underlying Accountable Communities of Health (ACH) boundaries to minimize issues with transporting clients to health services within a coordinated care network or service area that likely spans more than one county.

> ***Has this been successful in the past?*** *We are unaware of any effort to better align operating grants received by human services partners with the service area of the ACH / community care hubs they serve. Addressing this would alleviate some barriers that make it harder to travel than needs to be.*

e. **Strengthen WSDOT-DOH Coordination –** Promote closer coordination between WSDOT Public Transportation Division and the Health Care Authority / Department of Health on efforts pertaining to access to rural health and human services and the role of reliable transportation in health care outcomes. There is a remarkable overlap of interests between the ACHs and the HSTP that is not evident in either program. Community Care Hubs of each ACH and Recovery Navigator Programs are concerned with the same populations as the HSTP. Our people are their people. Coordination at the local level can be helped by coordination at the state level. Rollout of new programs associated with the Rural Health Transformation Program may open the door to innovative opportunities – especially among non-profit services providers – that can improve overall community outcomes and reduce the prevalence of transportation as an issue highlighted in Community Health Needs Assessments.

> ***Has this been successful in the past?*** *We are unaware of any coordination efforts between WSDOT and the Department of Health and/or Health Care Authority as it pertains to these regional organizations of health and human services providers. Given the emphasis from FTA and WSDOT on*

the value of coordination across sectors, though, it's possible there may be some advantages to this at the state level, not just at the local and regional levels.

f. **Increase Access to High-Speed Internet -** Reduce the need to travel by increasing affordable broadband access for more rural households, enabling telehealth, remote work, and distance-based learning opportunities from home.

Has this been successful in the past? *Yes, significant investments in rural broadband over the last five years have helped to lessen the digital divide that makes it hard, if not impossible, for some rural residents to take advantage of telehealth services, distance-based learning, e-commerce, digital library resources, remote work, and more. This long-standing regional concern is a priority objective in the Regional Transportation Plan.*

APPENDIX E
ADDITIONAL WSDOT INFORMATION

Additional information supporting WSDOT's HSTP Deliverables Checklist

This appendix includes responses to WSDOT Public Transportation Division comments from its review of the draft document dated August 24, 2026.

Title VI policy statement and complaint procedures

WSDOT comment - Include Title VI complaint procedures. The requirements are for the person to contact, the Title VI statement and complaint procedures to be included.

> *PRTPO's Title VI Statement inside the report cover includes the contact information for Title VI complaints and information, but not the complaint procedure itself. A four-page excerpt from the PRTPO Title VI plan detailing the complaint process is included at the end of this appendix. The Title VI Plan and downloadable complaint form in multiple languages are accessible from PRTPO's website at www.PRTPO.org/About*

Number of people in each population engaged

WSDOT comment – There was description provided on the type of engagement and research, but I did not see a list of engagement events with dates and attendees, whether virtual or in person. Please include.

> *The public engagement process launched with release of the August 24th draft plan, reviewed and approved for release by the PRTPO Executive Board on August 21st. Results of the general public engagement and provider engagement polls that concluded on September 11th are included in Appendix C – Engagement.*

Description of instances when your organization used interpretation, translation services, or forms of reasonable accommodations for engagement purposes with LEP populations and/or people with disabilities.

WSDOT comment – I did not see this in the plan. Please include.

> *PRTPO received no requests for translation services or other forms of reasonable accommodation.*

Description of good faith efforts to engage populations that were underrepresented, unresponsive, or unwilling to participate in the planning process

WSDOT comment – Did not see this in the plan. Please include.

> *The impetus to focus research and engagement efforts on human services providers with this 2026 update cycle instead of farmers markets and senior centers was the desire to more effectively understand the gaps and barriers that impact people in these target population groups – all of them, not just those with the means to participate in a compressed regional planning process. This includes those who have been underrepresented, unresponsive, or unwilling to participate in previous planning processes.*
>
> *Health and human services providers work to deliver services for seniors, people with disabilities, and people with low income. Every day they work directly with hundreds if not thousands of people across the four-county region who are over 65 and/or living with disabilities and/or are poor. This includes people of all races and backgrounds. Every day providers spend time helping their clients figure out how to access the services available to them because they lack reliable transportation of their own. Every day human services providers see the plethora of travel hurdles their clients navigate, and deal with the consequences when mobility options are unreliable.*
>
> *This HSTP update cycle is the first opportunity PRTPO has had to engage with the human services sector in this way, representing as they do many of the destinations and services that specifically serve people 65 and older, people with disabilities, and/or people with low income. The insights this service provider experience and data convey reflect a more complete range of target population needs across the region than traditional outreach efforts can accomplish. We look forward to the opportunity for further engagement in future updates.*

List of outreach events conducted for planning process

WSDOT comment – Did not see this in the plan. Please include.

In terms of general outreach, public engagement launched at the time WSDOT received the draft plan to review. Results are included in Appendix C – Engagement.

- *Outreach to the general public solicited input regarding transportation challenges and experience through an online poll available from August 24 – September 11. The notice was posted on PRTPO's website and pushed out through the social media accounts of PRTPO's transit partners. Input received was used to vet issues and strategies being proposed to be sure relevant concerns were not overlooked.*
- *Input regarding experience with client transportation issues was solicited from health and human services providers from August 24 – September 4th, then extended to September 11th to align with the public poll window. Notice of the online poll was sent to known service providers, posted on the PRTPO website, and pushed out to providers in Clallam, Jefferson, and Kitsap counties by Olympic Connect. Input received was used to vet issues and strategies being proposed and validate our understanding of key concerns of human services providers and practical implications when people do not have reliable transport to needed services and care.*

General review and comments on the draft HSTP were solicited from PRTPO members, WSDOT, and the general public. The draft document was available for review and comment from August 24 – September 25. Input received was used to update Unmet Needs and the Mobility Strategies, correct spelling and grammar errors, and satisfy compliance requirements. Changes were incorporated into the final draft for review and approval by PRTPO in October 2026 and posted as appropriate online.

Follow-up meetings with the region's transit agencies and its tribal partners are scheduled for October 2026. These meetings will expand on key insights from this initial experience of engaging human services providers on their terms and through their regional organizational structures. Where practical, these meetings will lay the groundwork for supportive regional initiatives PRTPO can advance through its work program before the next update in 2030, as funding allows.

One such effort being scoped as of this final draft is a recorded presentation for Olympic Connect by representatives from Clallam, Jefferson, and Kitsap Transit. It will be added to their Partner Video library series and serve as a resource for community-based workers who are helping clients figure out their transportation options to better understand the range of resources available and who to contact for support.

Additionally, the PRTPO Executive Board and the Technical Advisory Committee received updates at their regularly scheduled meetings from April through October 2026. These were public meetings and were noticed as such.

Describe planning organization

WSDOT comment – Dis not see this in the plan. Please include.

A short blurb explaining that PRTPO is an RTPO was added to the inside cover page with the list of members.

Description of where the following groups begin and end public transportation trips in planning area:

a. **People with disabilities**
b. **Seniors**
c. **People with low incomes**
d. **Other people with special transportation needs**

WSDOT comment – Did not see this in the plan. Some of this was provided in the discussion under Target Populations but didn't get a sense for where some of these targeted populations live in density and where they travel to and from. Please include.

A copy of the density map packet from the HSTP Online Resources page has been added to Appendix A – Population Characteristics in this report. We have also highlighted the link to PRTPO's online data portal where readers can zero in on a particular geography or target population of interest.

Target populations in these four counties who need help with mobility – seniors, people with disabilities, people with low incomes, and others with special needs – require access to the same essential needs of daily life as those who drive: food, work, health care and counseling support, social services, school and training programs, senior programs, housing assistance, civic and volunteer engagement, recreational opportunities, worship, and more. Trips to health and support services for target populations may be higher as a share of total travel needs than of the general public as a whole, but with few exceptions such as those receiving care for substance use disorder or complying with legal or probationary requirements, the trip-making needs of people requiring help with mobility are not that different from everyone else.

Just like everyone else, they need to get from home to any number of destinations and back again – reliably, affordably, and to the extent possible, conveniently. For simplicity in looking at regional origins and destinations like this, we assume the destination at one end of these trips is always "home" and at the other end are the many essential destinations listed above. Each home generates trips to many different places. Where people live matters.

So where do people in these target populations live?

As described in Chapter 1, this is a highly rural region that includes two frontier counties. Fully 2/3 of the people in this region live outside of any incorporated place; in the three most rural counties, that share of outlying residents increases to 70 percent. This is evident in the density maps in Appendix A. Readers familiar with urban development patterns should not mistake all the unhighlighted areas of these maps as uninhabited. Except for the national park and state and national forests and military bases, people live throughout rural areas, typically at very low densities.

Where are people needing mobility support going? As explained above, they're going to lots of places, just like everyone else. And most of those places are not in outlying unincorporated highly rural areas, but in town.

For practical reasons and consistent with Washington's Growth Management Act, the majority of essential services that people of any age, ability, or income level rely on are typically found in municipalities and their surrounding urban growth areas, not in highly rural areas. This includes grocery stores and food pantries, hospitals and health care facilities, most employment sites, government offices, housing agencies, senior centers, libraries and post-offices, community-based support services, retail and commercial businesses, and more.

That means seniors, people with disabilities, and those with low income are traveling between their homes, many of which are well outside of town, and destinations that tend to be concentrated in municipalities and close-in suburban UGAs, consistent with state law. For the relatively small share of people in the Peninsula region who live in town, these trips are more convenient to make because there are more feasible travel options available than for those who live in outlying rural areas. This is a basic transportation-land use reality that underscores the need for more housing to be built in close-in areas ith a range of viable travel choices for those who cannot drive.

But not all services that people need are available locally. Many are not even available regionally. As the HSTP attempts to make clear, some essential medical and support services require travel to and from Seattle, Tacoma, or Olympia because they're not available in the region or the wait list is so long people must seek services elsewhere. These are long trips for any resident to make, but they are especially challenging for those who rely on others for transport support.

In short, the regional pattern of origins and destinations is heavy on travel between rural residences and destinations in or around the region's nine cities, with trips that are significantly longer in distance and travel time than in urban settings. This is true for all residents, not just those who need help with travel. And there is demand for travel to medical and other services that are only available in metropolitan areas outside the four-county region.

Description of past success for each strategy and activity [included in Chapter 5 – Mobility Strategies]
WSDOT comment – Did not see this included. Please include.

A new Appendix D – Evidence of Strategy Success has been added.

Description of the prioritization process for projects in the plan.
WSDOT comment – Did not see this in the plan. Please include

An overview of the process PRTPO uses has been added to Appendix F – Consolidated Grant Projects.

Description of organizations included in prioritization process.
WSDOT comment – Did not see this in the plan. Please include.

PRTPO's Consolidated Grant process involves representatives from all four transit agencies, the five member tribes, the four counties, nine cities, and four ports that make up the membership. PRTPO also invites the participation of all Consolidated Grant applicants. Depending on the funding cycle, this will include representatives from other tribes in the region, non-profit service providers supporting seniors or people with disabilities or those with low income, healing or wellness centers, tribal transit programs, and organizations like the Area Agency on Aging or other state-agency affiliates.

Additionally, PRTPO invites public comments on the preliminary ranking that results from that process prior to review and approval by the Executive Board in December. This enables outside interests such as other transportation or human services providers to offer input before the Executive Board finalizes its recommendation to WSDOT on funding priorities. Public notification makes clear that this action includes amending these projects into the current HSTP as funding priorities for implementation in the upcoming funding cycle.

Identification of whether the prioritization process involved ensuring coordinated transportation.
WSDOT comment – Did not see this in the plan. Please include.

PRTPO invites the participation of seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public to engage in periodic updates of the Human Services Transportation Plan and to comment on its review and ranking of Consolidated Grant projects for funding by WSDOT every two years.

Description of how the organization will continue to coordinate planning efforts after the plan is complete.
WSDOT comment – Not clear if this was included. I could have missed it.

PRTPO is not funded to provide ongoing coordinated planning efforts. That said, the regional forum it offers as a part of its regular RTPO responsibilities serves as a valuable venue for coordination and communication.

This HSTP does lay out a few small measures in Chapter 5 that PRTPO or another entity could pursue over the next four years, if adequate resources are available, to advance policy or other initiatives that would benefit the efficient and coordinated delivery of transportation services.

Description of how the organization's continued coordination efforts will leverage community resources.
WSDOT comment – Not clear if this was included. I could have missed it.

PRTPO is not resourced to provide continued coordination due to its very small work program. However, the format and content of PRTPO's HSTP Online strives to support the information needs of community care workers well after the Consolidated Grant process is over. These are the ones who are helping the most vulnerable people in the region to understand and make use of the range of travel resources that are available to them. In this way we hope the 2026 HSTP update provides value beyond the programming of Consolidated Grant projects.

Description of how the organization will update the plan if significant changes to human services transportation needs and corresponding strategies occur prior to the 2029-2031 biennium WSDOT Consolidated Grant program cycle.
WSDOT comment – Not clear if this was included. I could have missed it.

This HSTP has tried to anticipate some relevant potential ramifications of Washington's successful bid for funding from the federal Rural Health Transformation Program over the next five years alongside the state's own focus on improving access to health services. Every effort has been made to "prop open the door" to new collaborations and opportunities that may emerge in response to the deployment of nearly $1 billion in federal funding in Washington to shore up delivery of rural health programs and address systemic barriers that undermine health outcomes, barriers such as unreliable transportation.

In the unlikely event that any of those activities necessitate significant changes, the PRTPO Executive Board has the authority to amend this HSTP at any time prior to the next four-year update cycle if circumstances warrant.

Excerpt re: Complaint Procedures

TITLE VI TRAINING

PRTPO Coordinators maintain program administration documentation and data necessary for preparation of annual Title VI reports. In keeping with PRTPO's policy of nondiscrimination, PRTPO Coordinators participate in applicable educational and training opportunities as needed.

PRTPO has no other staff or any subrecipients to offer additional Title VI training. If that changes then WSDOT's Office of Equal Opportunity may be asked to provide applicable training.

TITLE VI COMPLAINT PROCEDURES

Federal law prohibits discrimination on the basis of race, color, or national origin in any PRTPO program, service, or activity. This prohibition applies to all work of PRTPO, its contractors, consultants, and anyone else who acts on behalf of PRTPO.

PRTPO posts its Title VI Assurance and complaint information on the **About Us** page of the organization's website. It is provided in both English and Spanish. It includes a link to the Title VI plan as well as to the PRTPO Title VI Coordinator for questions or to register a complaint.

PRTPO Title VI Assurance

Title VI Plan

It is the responsibility of PRTPO to assure that no person shall, on the grounds of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or otherwise be discriminated against under any of its federally funded programs and activities. Any person who believes his or her Title VI protection has been violated may file a complaint with PRTPO. For Title VI complaints and additional information, please call (360)-824-4919 or email Edward Coviello at edwardc@kitsaptransit.com.

EnEspan~ol: Es responsablementede PRTPO, segúnlo dispuestoenel TítuloVI de la Ley de Derechos Civilesde 1964, asegurarque ningunapersona, por motivosde raza, color o nacionalidadde origen, sea excluidade la participaciónen, se le nieguenlos beneficiosde, o de otramanerasea discriminadaenvirtudde cualquierade sus programasy actividadesfinanciadospor el gobiernofederal. Cualquierpersona que creaque suproteccióonde TítuloVI ha sidoviolada, puedepresentaruna quejaante el PRTPO. Para quejassobreel TítuloVI e informaciónadicional, llameal (360) 824-4919 o correoelectrónicoEdward Coviello enedwardc@kitsaptransit.com.

PRTPO's complaint procedure is outlined below. The procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complaint.

RIGHT TO FILE A COMPLAINT

Anyone who believes they have been excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any PRTPO program, service, or activity because of their race, color, or national origin may file a complaint with PRTPO. A complaint must be filed no later than 180 days after the date of the alleged discrimination.

COMPLAINT SUBMITTAL

A copy of PRTPO's complaint form is in Appendix B. Complaints should be in writing, signed, and submitted by mail, in person, or via e-mail. Complaints must meet the following requirements:

a. Complaint shall be in writing and signed by the complainant(s).

b. Complaint shall include the date of the alleged act of discrimination or the date on which the conduct was discontinued or the latest instance of the conduct.

c. Complaint shall present a detailed description of the issues, including names of those individuals perceived as parties in the alleged violation.

Allegations received by email will be acknowledged and processed once the identity of the complainant and the intent to proceed with the complaint have been established. For this, the complainant is required to mail or deliver a signed, original copy of the email transmittal for PRTPO to be able to process it. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing.

Complaints should be submitted to:

PRTPO Title VI Coordinator

c/o Kitsap Transit

60 Washington Avenue, Ste 200

Bremerton, WA 98337

Via email: EdwardC@kitsaptransit.com

Reasonable efforts will be made to assist persons with disabilities, non-English speakers, and others unable to file a written complaint. For assistance with submitting a claim, please call 360.824.4919 and ask for the PRTPO Title VI Coordinator.

COMPLAINT TRACKING

Once a complaint is received, it will be reviewed to determine jurisdiction, acceptability, need for additional information, and the investigative merit of the complaint. All complaints are assigned a tracking number and tracked via a Complaint Log. The Complaint log contains the following information for each complaint filed:

- The name and address of the person filing the complaint.
- The date of the complaint.
- The basis of the complaint.
- The disposition of the complaint.
- The status of the complaint.

If a complaint is forwarded to another agency, complainants will be provided the name and contact information of the employee handling the complaint.

The Complaint Log and documentation are destroyed four years after the end of the fiscal year in which the case is closed.

COMPLAINT INVESTIGATION

The investigation will include as appropriate, a review of the pertinent practices and policies of PRTPO, the circumstances under which the possible noncompliance occurred, and other factors relevant to a determination as to whether PRTPO has failed to comply with Title VI.

PRTPO will not investigate a complaint against itself but will request the WSDOT Office of Equal Opportunity to conduct investigations. WSDOT will follow adopted procedures for investigating discrimination complaints according to the current State Title VI Plan. PRTPO will take prompt action whenever a compliance review, report, complaint, or any other information indicates a failure on PRTPO's part to comply with Title VI.

LETTERS OF FINDING AND RESOLUTION

Within sixty (60) days of receipt of the complaint, PRTPO's Title VI Coordinator or WSDOT investigator(s) will make a recommendation to the Executive Board regarding the merit of the complaint and whether remedial actions are needed to provide redress. The PRTPO Chair will transmit to the complainant one of the following two letters based on its findings:

a. A letter of finding indicating that a violation of federal Title VI regulations was not found. This letter will include any explanation of why a violation was not found and provide notice of the complainant's appeal rights. If applicable, the letter can include a list of procedural violations or concerns that certain practices are questionable and that without corrective steps, a future violation finding may be possible.

b. A letter of finding indicating that a violation of federal Title VI regulations was found. This letter will include a summary of the allegations and interviews of each violation referenced, a brief description of proposed remedies (including any disciplinary action, additional staff training, or other remedy/action), a notice of an anticipated completion date for the proposed remedies and notification of the complainant's appeal rights.

PRTPO will submit a copy of the complaint, resulting investigative report, letter of finding, and if appropriate any remedial actions to WSDOT's External Civil Rights Branch or other appropriate oversight agency within sixty (60) days of the Executive Board receiving the investigator's report.

APPEALS PROCESS

The letters of finding and resolution will offer the complainant a chance to provide additional information that would lead PRTPO or WSDOT investigators to reconsider the conclusions. Parties in the complaint should provide this additional information in writing to the PRTPO Executive Board within 60 days of the letter of finding being submitted. The request for reconsideration should be sufficiently detailed to contain any items the complainant feels were not fully understood or reviewed during the investigation. After reviewing this information with WSDOT investigators, PRTPO will respond either by issuing a revised letter of resolution or finding to the appealing party, or by informing the appealing party that the original letter of resolution or finding remains in force.

Complainants have the right to file a complaint directly with FHWA:

Federal Highway Administration
U.S. Department of Transportation Office of Civil Rights
1200 New Jersey Avenue, SE
8th Floor E81-105
Washington, DC 20590

CivilRights.FHWA@dot.gov

There is no prohibition against a complainant filing a Title VI complaint simultaneously with PRTPO, WSDOT, and FHWA.

PRTPO reserves the right to assign any Title VI complaint to Kitsap County's legal counsel for dissolution of any or all parts of this process. If so, Kitsap County's legal counsel will contact the complainant.

PUBLIC PARTICIPATION

PRTPO adopted Public Participation Protocols in June 2021 that describe public engagement procedures for each element of PRTPO's on-going work program and activities. This includes how PRTPO makes the month-to-month activities of the organization, such as Executive Board meetings and decision-making processes as well as more general information about the region's transportation system, open and accessible to the public. It is a guide to help people understand how they can participate in the on-going regional planning process.

Those adopted Protocols specify that when PRTPO engages in more direct community planning activities, engagement is tailored to that specific planning process and where appropriate, targeted communities of interest are identified. The two core community planning processes that PRTPO undertakes every few years are periodic major updates to the long-range Regional Transportation Plan (RTP) and the shorter-term Human Services Transportation Plan.

Process-specific public participation plans strive to provide affected communities with information that is readily understood and with convenient, accessible opportunities for engagement. Timing is important to ensure that public input can shape decisions and outcomes.

What that participation strategy looks like will differ depending on the specific planning process and its significance for affected communities, but in general when conducting community planning processes PRTPO will rely on these key techniques for ensuring representative participation.

- Use Census data to identify key stakeholder constituencies that may be under-represented in traditional planning outreach processes. This is also a useful indicator later in the process to understand how representative of the regional community or target interests is the input received and any likely consequences or follow-up strategies that may be warranted.

- Tap into the appropriate network of familiar and trusted providers and leaders that work with under-represented groups targeted for more focused engagement to identify the best ways of engaging with these communities. These are also critical allies to better understand how regional transportation policies or strategies in question might impact or benefit these communities or their mobility, often providing insights that individuals within a particular community would not have.

- Develop processes and materials appropriate for the targeted group(s) with opportunities for meaningful participation that minimize barriers associated with time or distance. In addition to considering geographic and transit access, this may mean scheduling meetings at non-traditional times to accommodate alternate work schedules, providing childcare at public meetings, or deploying effective surveys, polls, or online engagement activities that alleviate the need to travel.

- Encourage local leaders or service providers familiar to these population groups to be community liaisons for PRTPO, relying where possible on established information channels, networks, and groups to disseminate information and encourage participation. Where possible, try to establish and maintain long-term relationships with community leaders working with vulnerable populations with few transportation options.

APPENDIX F
2026 CONSOLIDATED GRANT PROJECTS (Dec 2026)

Overview of PRTPO Ranking Process for Consolidated Grant Proposals

The PRTPO Coordinator facilitates the Consolidated Grant ranking process, engaging project applicants and PRTPO's Technical Advisory Committee and Executive Board and administering the public review. The process occurs in November and December of even-numbered years. PRTPO must take action in December in order to comply with WSDOT's deadline of late January.

Consistency Review and Preliminary Ranking (November)

The Technical Advisory Committee (TAC), with input from grant applicants, conducts its detailed project review and preliminary ranking in November. The multi-stage process entails individual and group reviews and discussion with applicants. Verbatim excerpts of relevant fields from the statewide application serve as the primary application review materials, with the full WSDOT applications available for further reference if needed. All materials are publicly available on PRTPO's website.

The TAC review ensures proposals are consistent with the most current HSTP, advancing one or more strategies that help address unmet needs and barriers. Applicants answer any outstanding questions raised by the reviewers to better understand the context or issues being addressed and the nature of benefits to be achieved. With this baseline understanding, TAC members undertake the prioritization process constrained by the ranking guidelines provided by WSDOT for that funding cycle. All applicants are invited to attend and listen in on these deliberations.

The TAC process culminates in a preliminary recommendation to the Executive Board regarding project ranking as well as any factors they may want the Board to consider further.

Public Review and Comment on Preliminary Ranking (Nov-Dec)

Upon conclusion of the TAC review and ranking process, the PRTPO Coordinator opens a public review and comment period inviting input on the projects in general but particularly on the preliminary ranking to be presented to the Executive Board. This includes notice that the projects will be amended into the HSTP as a part of the Board's action.

Executive Board Recommendation and HSTP Amendment (December)

The Executive Board receives the preliminary ranking and report from the TAC along with any comments received ahead of its meeting in December. At that meeting the Board members will discuss the projects and any outstanding questions they have in light of the TAC's work and make any adjustments to the ranking they feel are appropriate before taking action on a priority array of projects to recommend to WSDOT for Consolidated Grant funding. They will also take action to amend that priority array into the current HSTP as a standalone appendix.

PRTPO invites the participation of seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public to engage in its review and ranking of Consolidated Grant projects for funding by WSDOT. It uses the HSTP update cycle every four years to inform non-traditional transportation and human services providers and other non-profit organizations about WSDOT's Consolidated Grant program.

PRTPO maintains a live record of its Consolidated Grant process for each funding cycle on the **Documents page** of its website for readers interested in specifics of the process as it progresses.