



Coordinated Human Services Transportation Plan

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Acronyms

§5310	Section 5310 Enhanced Mobility for Individuals and Individuals with Disabilities Program
§5311	Section 5311, the Rural Areas Formula Grant
§5339	Section 5339, Grants for Buses and Bus Facilities Formula
ACS	American Community Survey
ADA	Americans with Disabilities Act
BIL	Bipartisan Infrastructure Law
BT	Beneficiary Travel
CART	Churchill Area Regional Transportation
CCAM-TAC	Coordinating Council on Access and Mobility Technical Assistance Center
CHSTP	Coordinated Human Services Transit Plan
CMP	Community Mobility Project
DART	Douglas Area Rural Transit
DVX	Downtown and Veterans Medical Center Express
FDR	Flexible Demand-Response
FTA	Federal Transit Administration
GET	Greater Elko Transit
GMR	Gas Mileage Reimbursement
HRTG	Highly Rural Transportation Grants
IJA	Infrastructure Investment and Jobs Act
JAC	Jump Around Carson
MCOs	Managed Care Organizations
NDOT	Nevada Department of Transportation
NEMT	Non-Emergency Medical Transportation
OPM	Official Poverty Measure
PVPT	Pahrump Valley Public Transportation
RSVP	Nevada Rural Counties RSVP Program
RFP	Request for Proposals
ROUTES	Regional Opportunities to Use Transportation for Economic Success
RTC	Regional Transportation Commission
RTCSNV	Regional Transportation Commission of Southern Nevada
SOS	Senior Outreach Services
SNTC	Southern Nevada Transit Coalition
SPR	State Planning and Research
TART	Tahoe Area Regional Transit
TPI	Transit Propensity Index
US	United States
USDOT	United States Department of Transportation
VA	Veterans Affairs
VASNHS	Veterans Affairs Southern Nevada Healthcare System
VMTN	Veterans Medical Transportation Network
VRH	Vehicle Revenue Hours
VRM	Vehicle Revenue Miles
VTP	Veterans Transportation Program
VTS	Veterans Transportation Services
WSR	Washoe Senior Ride

Introduction

Nevada is the seventh largest state by total area in the United States (US). Nevada's geography is defined by long distances between communities and limited development outside the state's few major population centers. Many rural areas have few cities or towns and limited industry, commerce, or recreation. Residents often have limited access to services that fulfill basic human needs. These challenges occur not only along the US 95 corridor between Reno and Las Vegas, but throughout Nevada.

For rural populations, accessing these vital services is much more difficult for people who cannot transport themselves and must rely on a third-party for their mobility, commonly seniors and individuals with disabilities. Consistent access to transportation helps individuals remain independent, maintain employment, attend medical appointments, and participate in social and educational opportunities. In turn, primary caregivers experience reduced pressure to provide transportation and, as a result, miss work less frequently and maintain stable employment. Transit independence for seniors and individuals with disabilities not only supports families, but it also supports communities and economic vitality.

Purpose

The purpose of the Coordinated Human Services Transportation Plan is to identify limitations to access and mobility and prioritize projects that better serve seniors and individuals with disabilities in Nevada. According to Federal Transit Administration (FTA) Circular 9070.1G, "a locally developed, coordinated public transit human service transportation plan identifies the transportation needs of individuals with disabilities, seniors and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services and projects for funding and implementation." The Circular states that "as part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for approving and adopting the plan and this process must include participation by stakeholders identified in the law: seniors; individuals with disabilities; representatives of public, private and nonprofit transportation and human service providers; and other members of the public."

Funding sources available to meet these goals are scarce and transit agencies rely heavily on local government for matching funds. It is vital that operators and administrators continue to leverage funding from these public bodies, as available, but also look for additional stakeholders who benefit from a mobile population. Employers, medical offices, and retailers all benefit from a population's ability to work, shop, or access healthcare. Simply put, public transportation promotes a healthy economy and prevents lost time at work or missed medical appointments. Securing the match funds for the federal assistance provided by the Nevada Department of Transportation (NDOT) is vitally important to the health of the transit system. Equally important,

coordination and cooperation at the state and local levels can help use funds more effectively and reduce duplication of services.

Coordination and collaborative efforts between state and local governments, local and regional transit agencies, advocacy groups, and human service organizations support better planning, facilitate a more effective transit system, and reduce expenses for administering and operating these programs. This also reduces the strain on identifying alternative funding sources, which can detract from operational productivity.

This plan was developed through a public outreach process that included seniors; individuals with disabilities; representatives of public, private and nonprofit transportation, and human service providers; and other members of the public through surveys, and virtual meetings with providers and members of the community.

Executive Summary

Nevada has 16 counties and one consolidated municipality. Except for Carson City, every Nevada county is over 90 percent rural. Rural transportation challenges are different from those of urbanized areas because trips in rural areas are often longer and, because passengers often do not live near one another, linking shared rides is more challenging. Nevadans in some rural areas travel hundreds of miles one-way to medical appointments.

This plan incorporates several elements into shaping the broader objective of addressing the mobility issues faced by residents of rural Nevada. A demographic analysis was used to provide context and insight into the composition and characteristics of the state and its residents. Research and outreach were conducted to identify current resources and gaps in service. A breakdown by county is provided below. Public and stakeholder workshops reinforced this inventory and shortfall while also providing a list of goals and strategies (summarized below) to meet the identified service needs. The resulting prioritized list of projects will help guide NDOT's decision-making in awarding federal funding to projects proposed by operators of transportation and other agencies involved in the provision of transportation services.

Transportation is the connection between people and resources, but it is often a second thought in the planning process. Many times, rural residents, medical facilities, and employers find themselves in need of transportation services but are not aware of existing resources or there simply are no existing, affordable transportation options. Throughout the process, this plan has found that simply filling the spatial and temporal gaps in transportation services is not enough; just as important is the widespread communication of the available resources through the proper channels.

Unmet Needs or Gaps in Service

Nevada's existing transportation provider inventory includes over 60 local, regional, and statewide organizations that directly operate transportation services in rural Nevada. Nevada is home to a network of public, private, nonprofit, and volunteer transportation providers that are serving the rural areas of the state and connecting the rural population with resources in rural, as well as urban areas. While public transportation may not be available in every community, there are volunteer, senior center, or human service providers to fill most of the transportation gaps. Table 1 on the following page includes the identified unmet needs and gaps in service for Nevada, by county.

Table 1. Unmet Needs and Gaps in Service by County

Consolidated Municipality of Carson City	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Add weekend transportation options ▪ Add door-to-door service for people age 80+ ▪ Travel training and rider education ▪ Add more shelters to JAC bus stops ▪ Locate bus stops closer to employment/entertainment 	<ul style="list-style-type: none"> ▪ Some areas are not served by public transit ▪ Improved access into neighborhoods and plan transit into new housing developments ▪ Cross-county/city boundary access needs ▪ Improved access to Nevada Rural Housing Office ▪ Improved access to Reno
Churchill County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Add weekend transportation for all trip purposes ▪ Extended morning/evening hours ▪ More medical trip options for non-Medicaid riders ▪ Additional local match funding 	<ul style="list-style-type: none"> ▪ Cross-county/city trip needs ▪ Missing connections to Silver Springs, Dayton, Carson City, and the Tahoe-Reno Industrial Center
Clark County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Rapid bus service to employment centers ▪ Shuttle services to jobs, recreation, commercial, airports ▪ Funding for improved tourist transportation ▪ Options for aging adults unable to drive ▪ Provider coordination, universal fare structure ▪ Community outreach 	<ul style="list-style-type: none"> ▪ Better alignment of mass transit with medical needs ▪ Insufficient connectivity and safety ▪ Longer travel times/need for expedited options ▪ Environmental impacts from transit services ▪ Bicycle–motorized scooter crossing limitations
Douglas County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Public transportation in Yerington ▪ Demand-response service on Nevada side of Lake Tahoe ▪ Extended weekday service hours ▪ Add weekend service ▪ Affordable late-night/early-morning options ▪ Public education on transportation options 	<ul style="list-style-type: none"> ▪ Limited medical transportation options ▪ Limited access to dialysis providers and employers in Gardnerville/Lake Tahoe ▪ Gaps in access to family support services in Gardnerville ▪ Limited access to Johnson Lane, Stephanie Way, Airport Road employment ▪ Inefficient connections between Lake Tahoe and Carson City

Elko County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> Countywide transportation for all trip types Intercity service to replace lost Greyhound Volunteer recruitment More public transportation in Carlin, Wells, Jackpot, Lee, South Fork Reservation More affordable fares for out-of-town rides Additional Get My Ride capacity Weekend/evening work transportation Replacement vehicles 	<ul style="list-style-type: none"> Lack of long-distance medical transportation No on-call long-distance hospital discharge rides/lack of return-home transport after hospital discharge Limited daily medical/shopping transportation, heavily apparent in Wells/Owyhee Limited urgent/same-day service options Missing first/last-mile access to Get My Ride Poor stakeholder communication Lack of ride-share options for employment Limited transportation for people released from jail
Esmeralda County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> Public transportation for all trip purposes Improved community education Focus on economic development to grow local services 	<ul style="list-style-type: none"> Lack of long-distance medical transportation Lack of long-distance veterans' transportation and coordination issues with Veterans Hospital Isolation of residents unable to drive (Fish Lake Valley) Limited access to medical and shopping services
Eureka County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> More volunteer transportation 	<ul style="list-style-type: none"> Limited access to Ely for shopping and appointments Lack of hospital discharge transportation from Reno/Elko No intercity transport to Reno/Las Vegas Long-distance medical transportation for seniors Inability to meet urgent same-day trip needs
Humboldt County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> On-call alternatives to taxis Better stakeholder communication Infrastructure improvements in Winnemucca 	<ul style="list-style-type: none"> Limited medical transportation to Reno Limited access from outlying communities to Winnemucca Lack of early morning/evening transportation

Lander County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> More on-call transportation Additional staffing capacity More Medicaid Non-Emergency Medical Transportation (NEMT) providers 	<ul style="list-style-type: none"> Public transportation does not extend outside Battle Mountain Township Limited access to Reno, Elko, Salt Lake City for medical needs/intercity bus
Lincoln County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> Sustainable local transportation funding More vehicles with disability access 	<ul style="list-style-type: none"> Insufficient coordination across counties Insufficient qualified drivers Poor communication with Veterans Hospitals
Lyon County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> More operating funds (full-time driver) More non-Medicaid medical transport 	<ul style="list-style-type: none"> Limited intercity connections to Carson City/Reno No daily local service for all trip purposes
Mineral County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> Extended weekday early-morning/evening hours On-demand transportation countywide Local fleet funding More non-Medicaid medical transport 	<ul style="list-style-type: none"> No discharge transportation from local hospital Limited access to Fallon and Reno Lack of public transportation for all trip purposes
Nye County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> Transit driver education courses More local funding Transportation for after-school activities 	<ul style="list-style-type: none"> No regular Pahrump–Las Vegas service No transportation between Amargosa Valley and Pahrump No transportation in Beatty Lack of scheduled-route service Limited hours/days of service and capacity Insufficient options for non-eligible human service riders Need for bike/pedestrian and crosswalk safety
Pershing County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> Trips to job centers Recreational/senior trips 	<ul style="list-style-type: none"> Limited job-access transportation for youth in Lovelock Limited medical transportation to Carson City and Winnemucca

Storey County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Evening service for public, seniors, individuals with disabilities 	<ul style="list-style-type: none"> ▪ No transportation in Storey County River District ▪ No service in Lockwood area ▪ No public transportation in large unserved areas
Washoe County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Volunteer transportation 	<ul style="list-style-type: none"> ▪ Limited access to public transportation ▪ Limited access to shopping/groceries/pharmacies ▪ Limited non-Medicaid medical transportation
White Pine County	
Unmet Needs	Gaps in Service
<ul style="list-style-type: none"> ▪ Improved volunteer recruitment 	<ul style="list-style-type: none"> ▪ No countywide coverage ▪ Lack of long-distance medical transportation ▪ Limited hospital discharge transportation ▪ Lack of daily shopping/medical transportation ▪ Limited urgent same-day transportation

Infrastructure in many locations needs to be improved for the safety of those riding public transportation. It is difficult to find locations near public buildings (e.g., library, city hall, and county buildings) to deploy a wheelchair lift or ramp. Riders who use walkers have some difficulty with walking due to lack of curb cuts in some locations.

Many areas do not currently have the staffing capacity to perform transportation grant administration. This would be necessary for the appropriate agency to apply for federal funding to add service.

Goals and Strategies

In collaboration with agency partners and stakeholders, NDOT has developed five goals with three strategies each, displayed in Table 2 below, to address the identified needs and service gaps across the state. Implementation of these strategies will be a collaborative effort between NDOT and public and private partners. NDOT will provide leadership, support, and technical assistance, with local agencies retaining responsibility for service planning and operations.

Table 2. 2026 CHSTP Goals and Strategies

	<p>Guiding Principle #1: “Keep Rural Transit Services Strong and Reliable”</p>
<p>Goal # 1: Support and Sustain Rural Transportation Systems</p>	
<p>1.1 Sustain existing rural public transportation programs 1.2 Support coordination efforts among regional transit providers 1.3 Assist local agencies in pursuing grant funding through technical support</p>	
	<p>Guiding Principle #2: “Make it Easier to Reach Medical Appointments Through Local Coordination”</p>
<p>Goal # 2: Facilitate Medical Access through Local Coordination</p>	
<p>2.1 Encourage local collaboration between healthcare providers and transit agencies 2.2 Support initiatives that encourage mobile medical unit visits for communities lacking medical facilities or the establishment of telehealth facilities 2.3 Provide planning resources for non-emergency medical transportation access</p>	
	<p>Guiding Principle #3: “Try New, Flexible, and Sustainable Transportation Options”</p>
<p>Goal # 3: Promote Flexible and Sustainable Transportation Models</p>	
<p>3.1 Support the development of volunteer driver programs by local providers 3.2 Assist providers with pursuing insurance and training tools for volunteer programs 3.3 Encourage the purchase of service agreements where feasible</p>	
	<p>Guiding Principle #4: “Improve Access in Communities that Currently have Limited Service”</p>
<p>Goal # 4: Expand Access and Connectivity in Underserved Areas</p>	
<p>4.1 Support needs assessments for service gaps in rural and tribal communities 4.2 Assist in the development of regionally coordinated services 4.3 Encourage projects that enhance intercity and intra-county connectivity</p>	
	<p>Guiding Principle #5: “Share Clear Information and Provide Better Tools to Help People Find Rides”</p>
<p>Goal # 5: Enhance Public Information and Mobility Management</p>	
<p>5.1 Improve public access to transit information via Nevada 211 and other platforms 5.2 Develop a statewide rural travel training program and facilitator network 5.3 Support mobility management networks and data sharing between providers</p>	

Plan Development Methodology

This plan updates the NDOT 2018 Coordinated Human Services Transportation Plan (CHSTP) to comply with federal requirements under the Bipartisan Infrastructure Law (BIL), Title VI of the Civil Rights Act, and the Americans with Disabilities Act (ADA). Additionally, this plan update positions Nevada's transit and human-service organizations to pursue funding opportunities, particularly funding made available by the FTA Section 5310 Enhanced Mobility for Individuals and Individuals with Disabilities Program (§5310). For the purposes of this plan, NDOT focused primarily on the transportation needs in rural areas of the state.

The CHSTP is a planning document mandated by the federal government, designed to improve public transportation access and equity with an emphasis on vulnerable populations. FTA policies require coordination amongst agencies and organizations during plan development to meaningfully incorporate the transportation needs for aging populations, low-income populations, individuals with disabilities, as well as any other transit-dependent populations. Both NDOT and FTA also encourage active participation in the planning process from the public and representatives of public, private, and nonprofit organizations that provide, or support transportation services, and initiatives. The methodology used in this plan update included efforts to identify these stakeholders and facilitate their participation in the planning process through various means, including surveys and open house meetings.

The planning process identified and assessed existing transportation resources and unmet transportation needs or gaps in service. This was accomplished through input from stakeholders, virtual workshops open to the public, telephone calls to providers and mobility managers, email conversations, and a transit provider survey.

FTA provided funding to the NDOT Transit Office to update this CHSTP. The planning process involved active participation from local transportation providers and human service agencies, as well as members of the public, including seniors and individuals with disabilities.

§5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities

Documentation of participation in a CHSTP is one of the overarching eligibility requirements for receiving funding from the §5310 Program. In addition to eligibility requirements for the §5310 Program, this plan is a useful tool for identifying transportation resources and gaps in service, regardless of funding type. NDOT also administers other FTA funding types, including Section 5311, the Rural Areas Formula Grant (§5311) and Section 5339, Grants for Buses and Bus Facilities Formula (§5339) Programs.

The §5310 Program provides formula funding to states to assist public transportation providers and private nonprofit groups meet the transportation needs of seniors and individuals with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate in meeting those needs. For rural areas in Nevada, NDOT is the direct recipient of grant funding and solicits applications for §5310 program projects for funding through a competitive application process.

Eligible activities under the FTA Section 5310 Program include both capital and operating projects that improve mobility for seniors and individuals with disabilities such as the purchase of buses and vans; wheelchair lifts, ramps, and securement devices; transit-related information technology systems such as scheduling, dispatching, routing, and one-call/one-click systems; mobility management; non-emergency medical transportation; and the acquisition of transportation services through contracts, leases, or other formal arrangements. Section 5310 also supports eligible non-traditional projects that enhance access to transportation, including travel training; volunteer driver programs; construction of accessible pedestrian infrastructure such as curb ramps, sidewalks, and accessible pedestrian signals; improvements to signage and way-finding technology; the incremental cost of providing same-day or door-to-door service; and the purchase of vehicles for accessible taxi, ridesharing, and vanpool programs. These eligible activities allow local agencies to implement a range of strategies to address identified mobility needs.

The §5310 Program projects are eligible to receive up to 85 percent federal share funding if the required 15 percent local match is secured. Local match may be derived from any combination of non-United State Department of Transportation (USDOT) federal, state, or local resources.

Demographic Analysis

Certain demographic characteristics are strong indicators of demand for transportation services. For example, high population densities of seniors, individuals with disabilities, and zero vehicle households indicate the potential for a higher transportation service need and use. While this plan focuses on the rural counties of Nevada, it is done so with the understanding that some of the most common destinations are in urban areas, so general demographic statistics from the urban counties are also noted.

The data provided in this chapter were gathered from multiple sources, including the US Census Bureau's 2022 American Community Survey (ACS) Five-Year Data Estimates and the State of Nevada Demographer. These sources are used to provide that the most current and accurate information is presented. As a five-year estimate, ACS data does not represent a direct population count. Instead, ACS provides an estimated population based on supplemental samples collected after the decennial census. The demographic data presented in this section includes overviews of statewide population per county along with median age, density, and urban and rural populations. This section further analyzes and provides information on targeted demographic groups which align with the communities of practice identified by the Coordinating Council on Access and Mobility Technical Assistance Center (CCAM-TAC).¹ Demographic groups are identified in Table 3, including the potential mobility challenges they may face.

¹ [About CCAM Communities of Practice - CCAM-TAC](#)

Table 3. Demographic Group Descriptions

Demographic Groups Analyzed and Potential Transportation Challenges	
	Older Adults (Population 65 and Older) may reduce their driving due to health changes, mobility limitations, or decreased confidence on the road. When this occurs, some individuals become more dependent on alternative transportation options such as public transit, paratransit, ride services, or support from volunteers, family, and/or caregivers.
	Individuals with a Disability may face barriers to driving that vary based on the nature of their disability. When driving is not feasible, some rely on accessible transportation options such as paratransit, fix-route transit, ride services, or support from volunteers, family, and/or caregivers. However, access and usability differ significantly across disability types, making transportation needs for individuals with a disability diverse and not easily generalized.
	Individuals Living in Poverty often face financial and structural barriers that affect their ability to travel. Limited income can restrict access to reliable personal vehicles, while transit availability, service hours, and affordability vary widely by location. As a result, some low-income individuals may rely more on public transit and ridesharing while others may experience reduced overall mobility due to cost or inadequate service. This population’s transportation needs are highly diverse and shaped by both economic and geographic factors.
	Households with Limited or No Vehicle Access are constrained on when and how they travel. Without a reliable personal vehicle, residents may depend on a combination of public transit or ridesharing. The degree of reliance on each mode varies by income, geography, household size, and service availability. Some households adapt by increasing transit use, while others experience reduced mobility overall due to limited transportation options.
	Minority Populations often experience transportation barriers linked to historic inequities, neighborhoods disinvestment, and limited access to reliable vehicles. As a result, some individuals rely more on public transit. However, travel behavior varies across racial and ethnic groups. These populations may also face disproportionate exposure to unsafe walking environments and long travel times, making their transportation needs diverse and context dependent.
	Veteran Populations have transportation needs that vary based on age, disability status, income, and proximity to VA services. Some veterans face challenges related to mobility limitations, medical appointments, or mental health conditions that affect their ability to drive or use fixed-route transit. When driving is not feasible, veterans may use paratransit, specialized medical transportation, volunteer driver programs, or public transit.

Population/Median Age

Table 4 includes the 2022 Governor certified populations for each county as reported by the Nevada State Demographer and is organized in descending order of counties with the largest population to the counties with the smallest population.

The two counties with the largest populations, Clark and Washoe, also have the two largest urban areas in Las Vegas and Reno, respectively. Clark County has the largest population with 74.16 percent of the total population with Washoe County following behind with 15.93 percent of the total population.

The population percentages for Clark and Washoe counties compared to all other counties in Nevada are displayed in Figure 1. The Consolidated Municipality of Carson City, not included in Figure 1, is home to Nevada's only other census-defined urban area, which is third with 1.91 percent of the total population.

Table 4. Statewide Population/Median Age by County

County	Population*	Median Age ⁺
Clark County	2,361,285	37.8
Washoe County	508,759	38.6
Carson City	58,923	43.2
Lyon County	63,179	42.9
Elko County	57,538	42.1
Douglas County	54,343	34.9
Nye County	52,478	53.5
Churchill County	26,940	39.7
Humboldt County	17,696	37.0
White Pine County	10,005	41.4
Pershing County	7,464	40.4
Lander County	6,121	40.0
Mineral County	4,842	40.6
Lincoln County	4,808	39.8
Storey County	4,454	55.7
Eureka County	1,776	48.4
Esmeralda County	1,067	55
Statewide	3,241,678	40.6

*Population total from the Nevada State Demographer 2022 Population of Nevada's Counties and Incorporated Cities – Governor's Certified Series
⁺Median age from the 2022 American Community Survey (ACS) 5-Year Estimates

POPULATION PERCENTAGES FOR THE MOST POPULATED COUNTIES

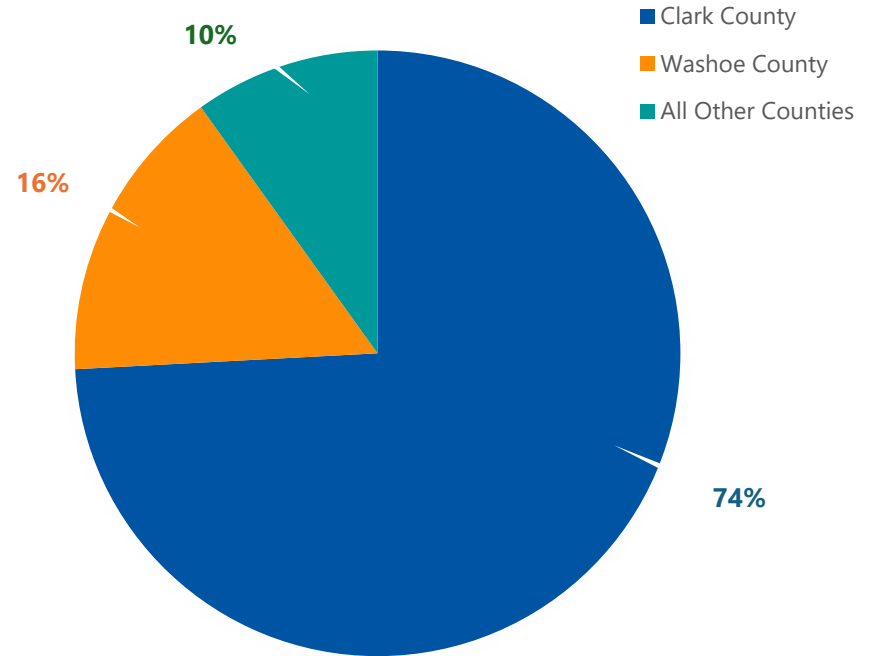


Figure 1. Statewide Population Percentages

Population Density

Table 5 includes the population density for each county and is organized in descending order of counties with the largest population per square mile to the counties with the smallest population per square mile. Population density is an indicator of the demand and effectiveness of public transportation.

Data presented in Table 5 are derived from the 2022 Governor certified population series in relation to the area/square mileage of each county. Counties in Table 5 that have a population density greater than five people per square mile are highlighted in gray and correspond to the counties included in Figure 2.

Table 5. Statewide Population Density by County

County	Population	Square Miles	Population Per Square Mile
Carson City	58,923	144.7	407.1
Clark County	2,361,285	7,891.4	299.2
Washoe County	508,759	6,302.4	80.7
Douglas County	54,343	709.7	76.6
Lyon County	63,179	2,001.2	31.6
Storey County	4,454	262.9	16.9
Churchill County	26,940	4,930.5	5.5
Elko County	57,538	17,169.8	3.4
Nye County	52,478	18,181.9	2.9
Humboldt County	17,696	9,640.8	1.8
Mineral County	4,842	3,752.8	1.3
Lander County	6,121	5,490.1	1.1
Pershing County	7,464	6,036.6	1.2
White Pine County	10,005	8,875.7	1.1
Lincoln County	4,808	10,633.2	0.5
Eureka County	1,776	4,175.7	0.4
Esmeralda County	1,067	3,581.9	0.3
Statewide	3,241,678	109,781	29.5

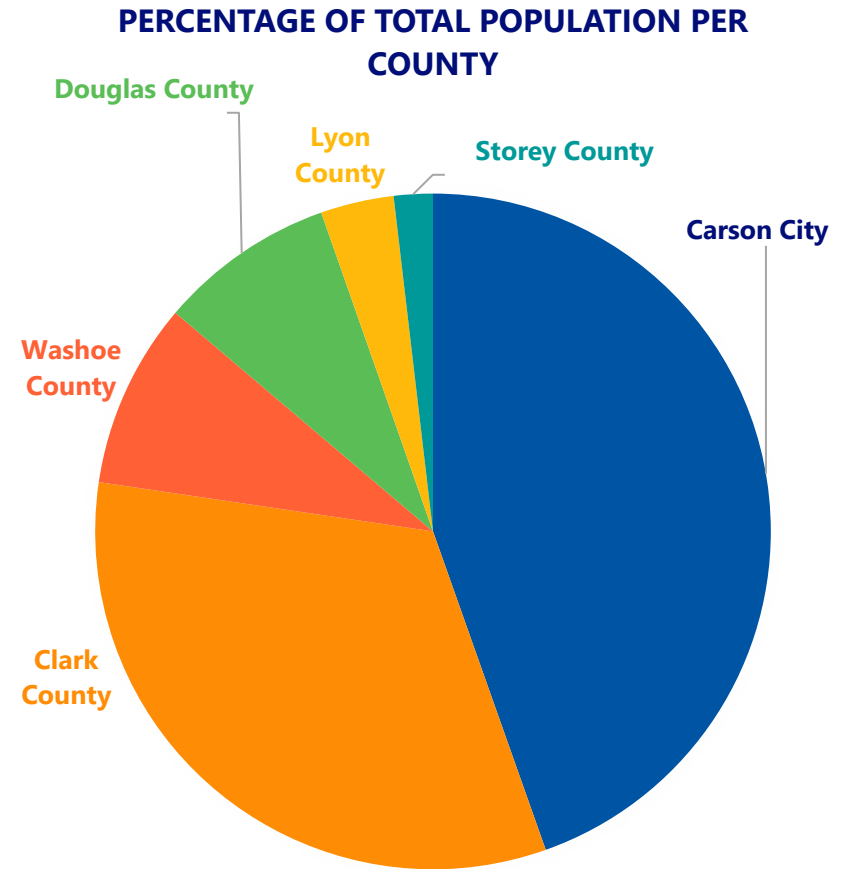


Figure 2. Statewide Area with a Population Density Greater than Five People per Square Mile

Rural Vs. Urban Population Distribution

The CHSTP focuses on areas considered “rural”. Table 6 includes the identification of rural area and population versus the urban area and population for each county in Nevada. Table 6 is organized in descending order from the counties with the most rural square miles to the counties with the least rural square miles.

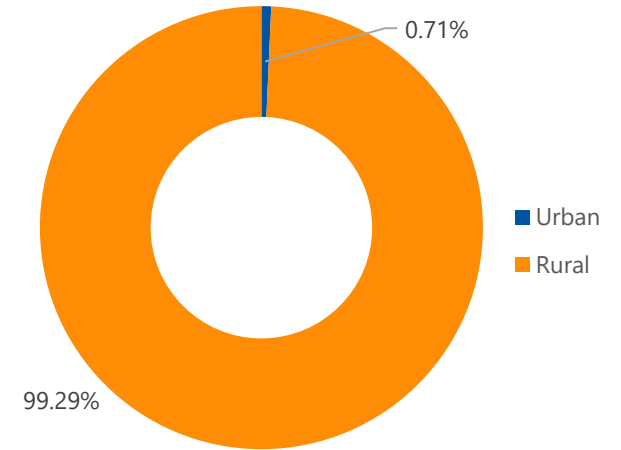
The data in Table 6 inform Figure 3, which provides a visual comparison of the total percentage of areas in Nevada considered rural versus urban as well as the total percentage of population residing in rural versus urban areas.

The table and figure identify the urban transit and rural populations and areas of each county, along with the associated percentages between urban and rural. This data is helpful in determining what percentages of the population are in the rural transit service areas and what percentages of the population are served by the urban transit programs. The data shown in Table 6 and Figure 3 indicate that 99.29 percent of Nevada’s total land area is considered rural, but this area is home to only approximately 11.11 percent of the total population. In comparison, 88.89 percent of Nevada’s total population live in 0.71 percent of Nevada’s total land area. This data assists in determining what percentages of the populations are in rural transit service areas versus those which are served by urban transit programs.

Table 6. Rural and Urban Area and Population by County

County	Square Miles Urban	Percent		Square Miles Rural	Percent	
		Urban Area	Urban Population		Rural Area	Rural Population
Nye County	0	0	0	18,181.9	100	100
Elko County	0	0	0	17,169.8	100	100
Lincoln County	0	0	0	10,633.2	100	100
Humboldt County	0	0	0	9,640.8	100	100
White Pine County	0	0	0	8,875.7	100	100
Pershing County	0	0	0	6,036.6	100	100
Lander County	0	0	0	5,490.1	100	100
Churchill County	0	0	0	4,930.5	100	100
Eureka County	0	0	0	4,175.7	100	100
Mineral County	0	0	0	3,752.8	100	100
Esmeralda County	0	0	0	3,581.9	100	100
Lyon County	0	0	0	2,001.2	100	100
Storey County	0	0	0	262.9	100	100
Washoe County	175.3	2.78	95.73	6,127	97.22	4.27
Douglas County	20.3	2.86	11.13	689.4	97.14	88.87
Clark County	439.4	5.57	98.69	7,452.0	94.43	1.31
Carson City	144.7	100	100	0	0	0

Area



Population

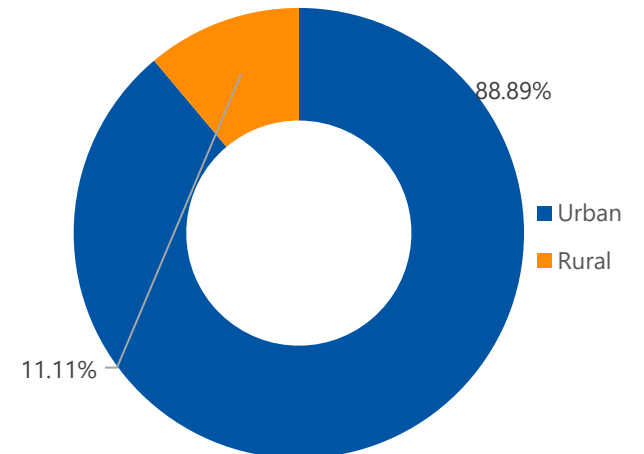


Figure 3. Rural and Urban Area and Population

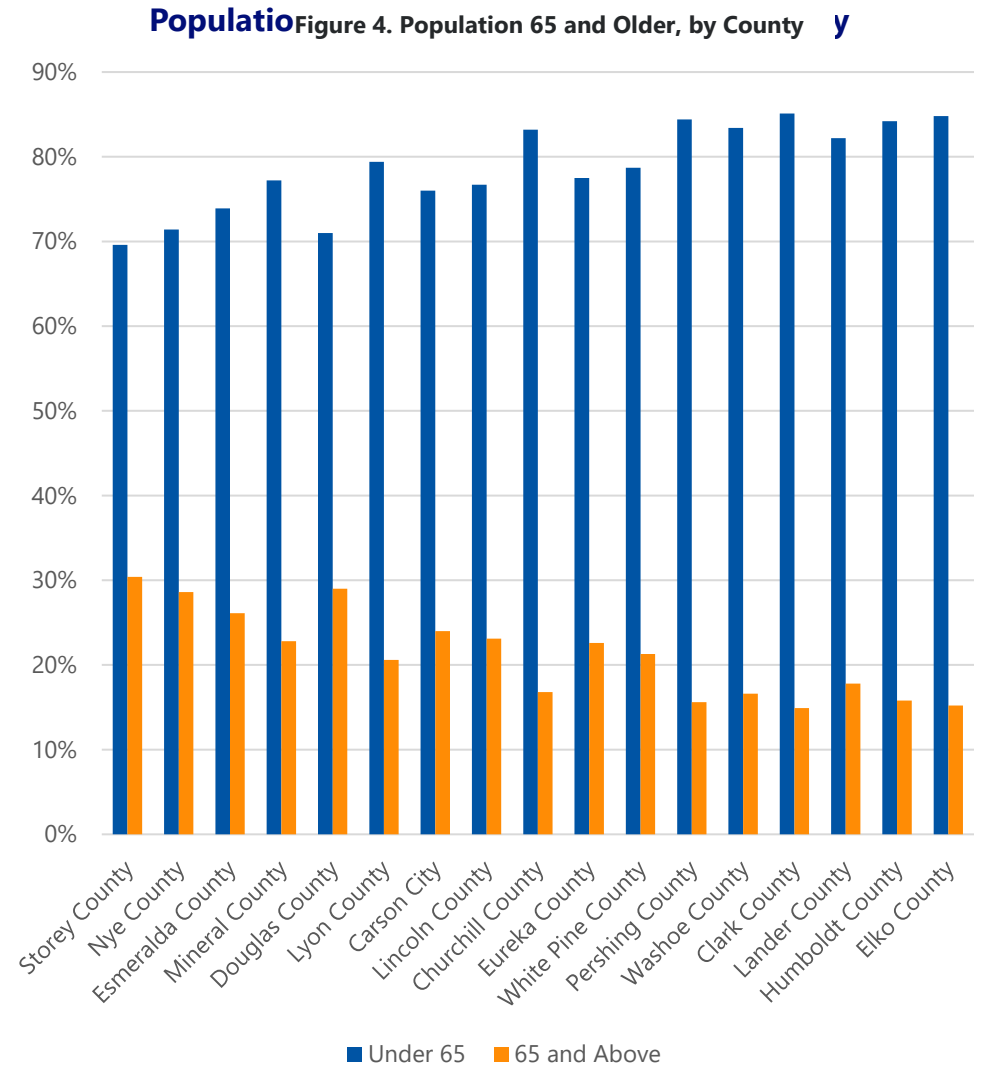
Population Over 65

Table 7 includes the percentage of population under the age of 65 as well as the percentage of population over the age of 65 per county as well as statewide. Table 7 is organized in descending order from the counties with the highest percentage of individuals over age 65 to the counties with the lowest percentage of individuals over age 65.

These data are also displayed visually in Figure 4. The percentage of the population over the age of 65 is helpful in determining the demand for transit as older adults are more likely to use services when they are unable to drive or choose not to drive.

Table 7. Population 65 and Older by County

County	Percent	
	Under 65	65 and Over
Storey County	69.6	30.4
Douglas County	71.0	29.0
Nye County	71.4	28.6
Esmeralda County	73.9	26.1
Carson City	76.0	24.0
Lincoln County	76.7	23.1
Mineral County	77.2	22.8
Eureka County	77.5	22.6
White Pine County	78.7	21.3
Lyon County	79.4	20.6
Lander County	82.2	17.8
Churchill County	83.2	16.8
Washoe County	83.4	16.6
Humboldt County	84.2	15.8
Pershing County	84.4	15.6
Elko County	84.8	15.2
Clark County	85.1	14.9
Statewide	84.0	16.0



Population with a Disability

Table 8 presents the percentage of the population living with a disability by county and statewide. Table 8 is organized descending order from counties with the highest percentage of population with a disability to counties with the lowest percentage of population with a disability. These data are also displayed in Figure 5. 49 CFR Part 37.3 defines disability in the ADA implementing regulations as:

"... with respect to an individual, a physical or mental impairment that substantially limits one or more the major life activities of such individual; a record of such an impairment or being regarded as having such an impairment"

This definition, when applied to transportation service applications, is designed to permit a functional approach to disability determination, rather than a strict categorical definition. The US Census offers no method of identifying individuals as having a transportation-related disability. The best available data for Nevada is available through the 2022 ACS Five-Year Estimates of disability for the non-institutionalized population.

Table 8. Percent of the Population with a Disability by County

County	Percent of Population with a Disability
Nye County	23.9
Esmeralda County	23.1
Storey County	22.9
Lincoln County	21.3
Churchill County	19.8
Eureka County	18.9
Pershing County	17.6
Lyon County	16.6
Douglas County	16.2
Mineral County	15.7
Carson City	15.3
Humboldt County	14.6
White Pine County	14.3
Clark County	13.9
Washoe County	13.1
Elko County	12.7
Lander County	4.2
Statewide	17.1

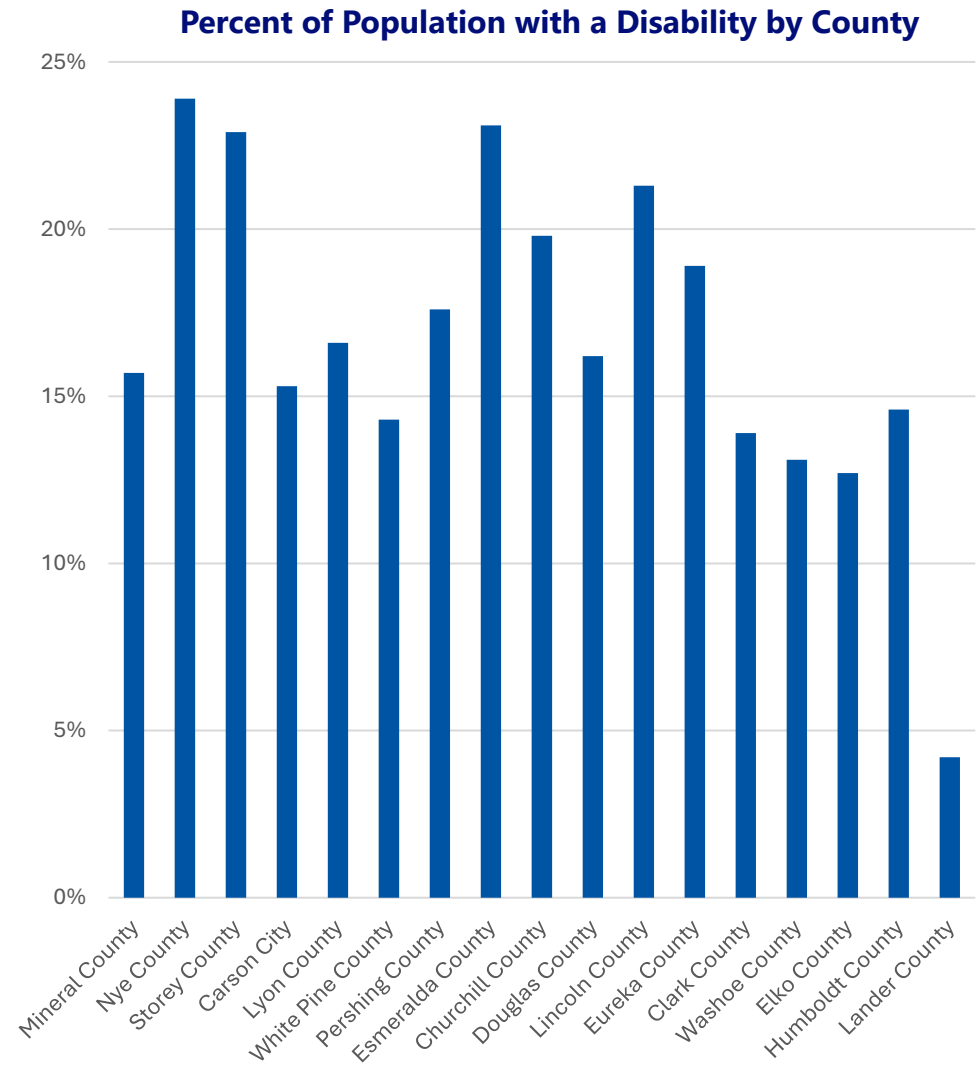


Figure 5. Population with a Disability, by County

Income and Poverty

The following figures and tables include data pertaining to household income and poverty status at the statewide and county level. Table 9 includes the income percentile in which county households reside and is organized alphabetically.

There is an estimated total of 1,194,930 households in Nevada. Esmeralda County has the highest percentage of households making below \$35,000 (43.3%), while Elko County has the lowest percentage of households making below \$35,000 (17.4%). These data are presented visually in Figure 6.

Table 10 and Figure 7 include median household income by county and is organized alphabetically. The values in the table and figure show that Esmeralda, Mineral, and Nye counties have the lowest median household income while Washoe, Douglas, Storey, Elko, and Lander counties have the highest median household income.

Table 11 shows the percentage of the population per county living below the Official Poverty Measure (OPM). This table is organized in descending order from counties with the highest percentage of population living below the OPM to the counties with the lowest percentage of population living below the OPM. Based on 2022 ACS 5-year data estimate the OPM (Table S1701) at 18.5 percent, Mineral County has the highest percentage of population living below the OPM while Storey Country has the lowest percentage at 7.2 percent.

Table 9. Household Income Percentages by County (in 2022 Inflation-Adjusted Dollars)

Geography	Total Households	Percent Making Less than \$10,000	Percent Making \$10,000 to \$14,999	Percent Making \$15,000 to \$24,999	Percent Making \$25,000 to \$34,999	Percent Making \$35,000 to \$49,999	Percent Making \$50,000 to \$74,999	Percent Making \$75,000 to \$99,999	Percent Making \$100,000 to \$149,999	Percent Making \$150,000 to \$199,999	Percent Making \$200,000 or more
Carson City	23,355	3.9	3.9	8.2	7.3	11.3	21.0	14.0	17.1	5.6	7.7
Churchill County	9,595	3.3	2.6	9.1	10.2	9.8	17.3	15.1	19.1	6.8	6.8
Clark County	857,362	6.0	3.1	6.5	7.9	11.6	17.9	13.6	17.2	7.7	8.6
Douglas County	21,001	3.3	2.7	5.7	7.2	9.7	16.0	15.3	19.0	9.2	12.0
Elko County	19,032	3.8	3.5	4.9	6.9	9.8	12.4	15.9	23.4	11.6	7.8
Esmeralda County	485	0.8	26.2	10.5	5.8	10.7	15.1	6.0	20.4	3.3	1.2
Eureka County	570	1.9	0.2	7.2	11.9	9.6	21.8	10.2	24.0	5.4	7.7
Humboldt County	6,986	5.1	4.8	5.8	9.7	10.8	13.6	15.1	18.9	10.0	6.2
Lander County	2,256	4.8	2.1	7.8	8.3	9.9	5.2	13.7	33.0	5.5	9.8
Lincoln County	1,645	4.4	0.5	8.1	4.4	16.2	22.9	15.1	17.1	4.7	6.5
Lyon County	23,290	5.5	3.3	5.2	7.7	12.0	19.0	14.4	20.7	7.2	5.0
Mineral County	1,881	6.3	8.4	11.4	13.0	14.2	17.3	10.9	13.8	1.0	3.7
Nye County	21,847	6.6	4.1	10.3	10.3	16.0	17.5	11.5	13.7	6.1	3.8
Pershing County	1,886	6.9	8.4	11.4	13.0	14.2	17.3	10.9	13.8	1.0	3.7
Storey County	1,692	3.0	4.3	5.3	9.7	10.9	12.3	10.2	25.5	10.6	8.2
Washoe County	198,684	4.7	2.5	6.3	6.0	10.9	16.3	14.0	19.8	8.2	11.4
White Pine County	3,363	4.6	4.1	7.9	5.7	9.8	20.3	14.4	25.2	4.8	3.1
Total	1,194,930	4.4	4.6	7.5	8.4	11.5	16.5	13.2	20.5	6.8	6.6

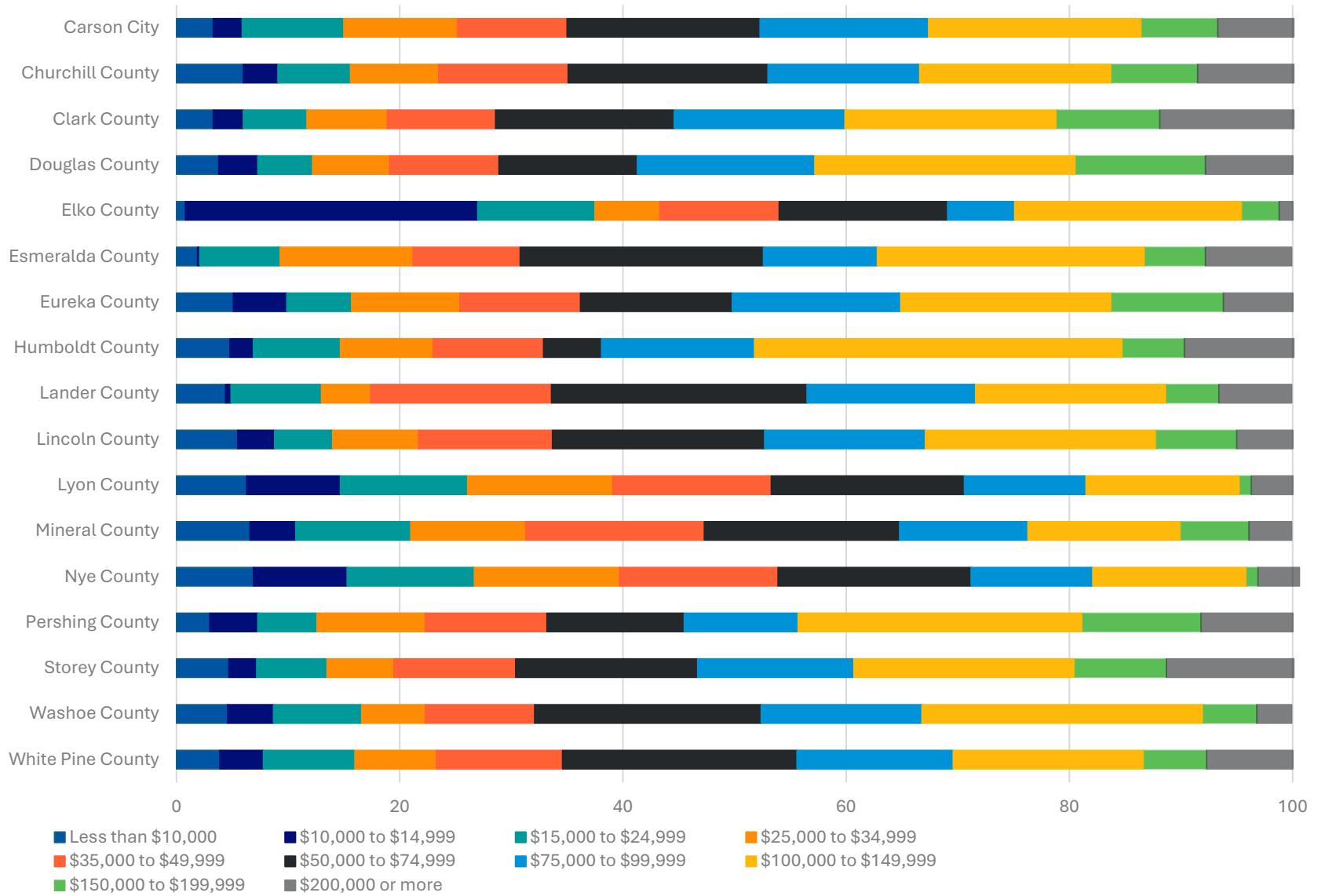


Figure 6. Household Income by County

Table 10. Median Household Income by County

County	Median Household Income in Dollars (\$)
Carson City	67,465
Churchill County	69,922
Clark County	70,797
Douglas County	84,262
Elko County	87,755
Esmeralda County	40,694
Eureka County	73,929
Humboldt County	75,574
Lander County	92,388
Lincoln County	67,412
Lyon County	70,026
Mineral County	46,625
Nye County	53,602
Pershing County	66,304
Storey County	86,932
Washoe County	80,125
White Pine County	71,297

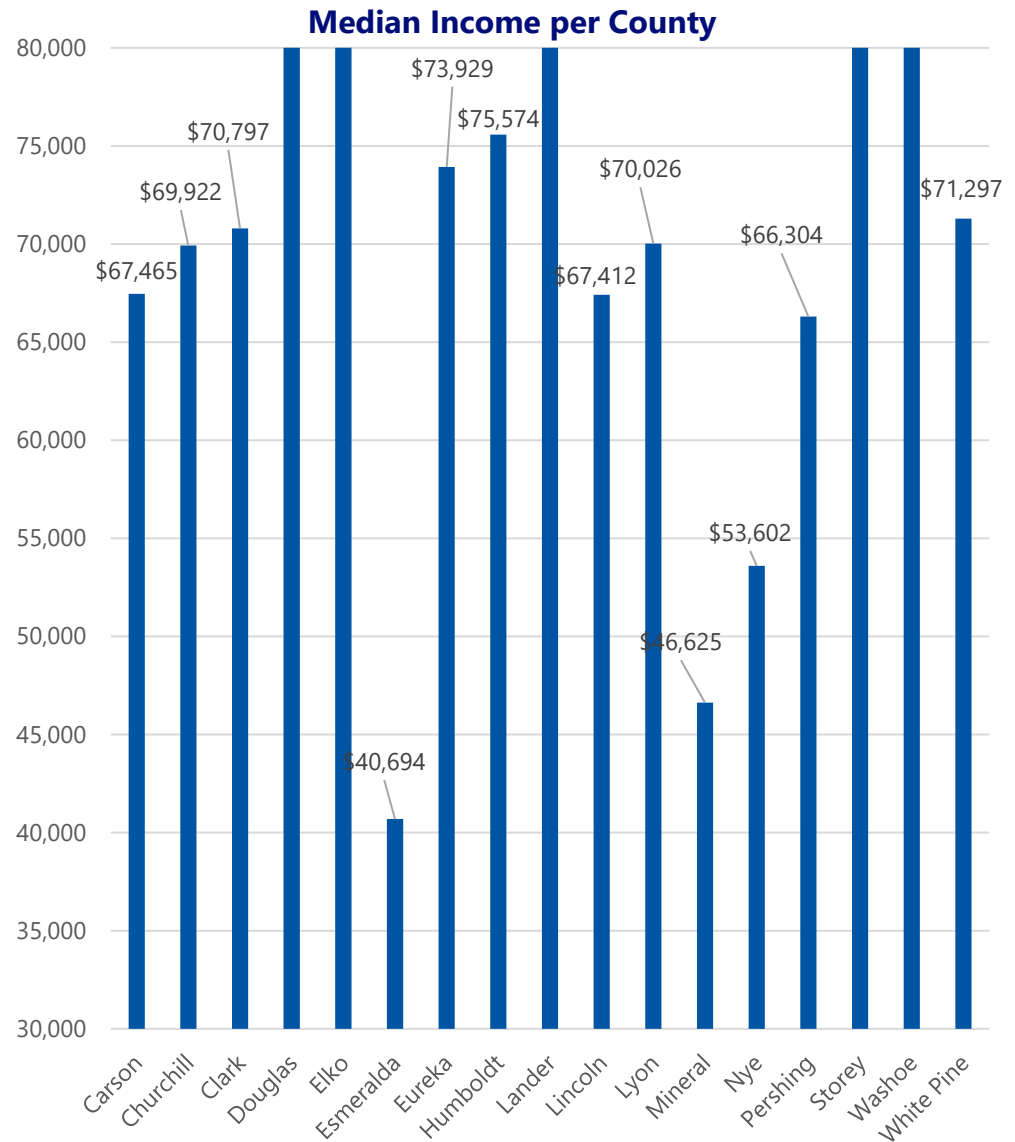


Figure 7. Median Household Income by

Table 11. Poverty Status by County

County	Percent Below Official Poverty Measure
Mineral County	18.5
Eureka County	17.6
Esmeralda County	16.1
Nye County	15.3
Humboldt County	14.3
Clark County	13.1
Carson City	11.2
Lander County	10.8
Elko County	10.4
Lyon County	10.4
Washoe County	10.2
Pershing County	9.8
Churchill County	9.9
White Pine County	9.2
Storey County	9.1
Douglas County	7.5
Lincoln County	7.2
Total	11.8

Percent of Population Below Poverty Line per County

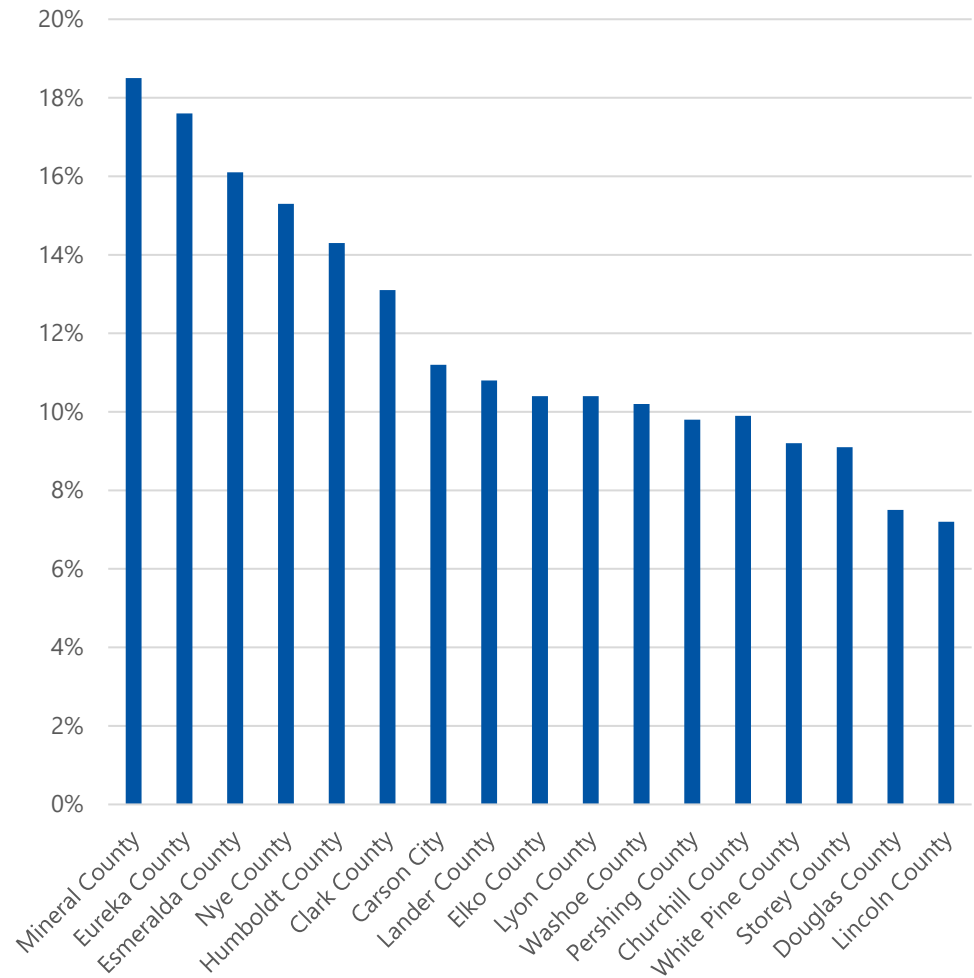


Figure 8. Poverty Status by County

Vehicle Ownership

Table 12 identifies the percentage of households with zero vehicles as well as the percentage of households with one vehicle by county. Table 12 is organized in descending order based on the percentage of zero vehicle households.

The number of vehicles available to a housing unit is also used as an indicator of transit service demand. If a household has no available vehicles, it is more likely to depend on transportation services, family members, or friends. Likewise, a household with only one available vehicle could also be limited if there is more than one adult in the household. According to 2022 ACS five-year data estimates an estimated 7.9 percent of all households in Nevada do not have an available vehicle. The percentage of single vehicle households per county is higher than zero vehicle households. Approximately 34.3 percent of households in Nevada have only one vehicle available.

Table 12. Zero and One Vehicle Households by County

County	Percent of Households with Zero Vehicles	Percent of Households with One Vehicle
Mineral County	3.5	26.0
Lander County	7.7	36.5
Storey County	6.5	30.3
Eureka County	6.3	31.2
Pershing County	6.0	11.2
Humboldt County	5.9	26.9
Washoe County	5.7	26.1
Douglas County	5.4	29.4
Nye County	4.5	29.8
Churchill County	4.0	27.2
Elko County	2.7	23.3
Clark County	2.5	23.0
Lyon County	2.4	16.7
Carson City	2.2	16.3
Lincoln County	2.1	35.8
Esmeralda County	1.9	26.0
White Pine County	1.4	40.9
Total	7.1	34.3

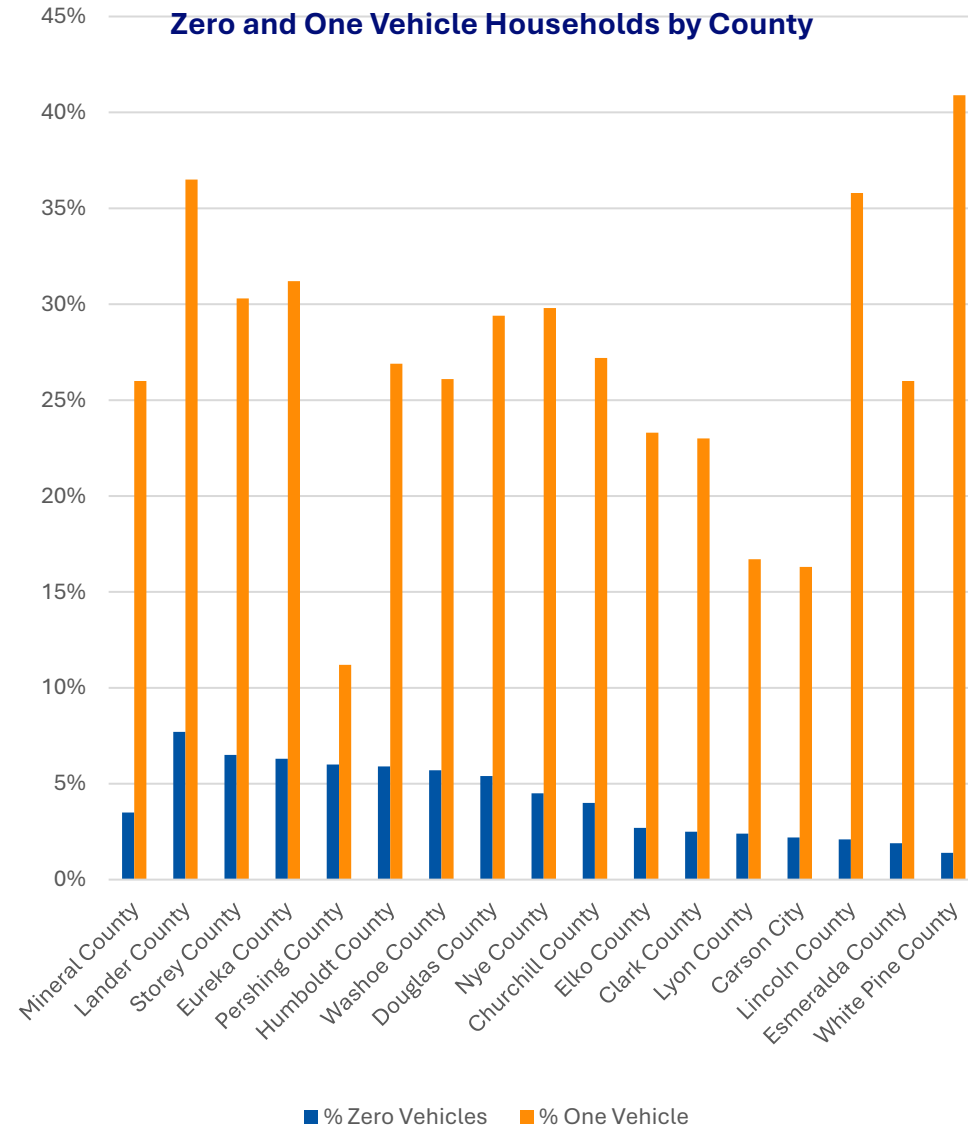


Figure 9. Zero and One Vehicle Households by County

Minority Populations

Table 13 includes the percentage of population per county that identifies as a minority.² Table 13 is organized in descending order based on the percentage of minority populations per county.

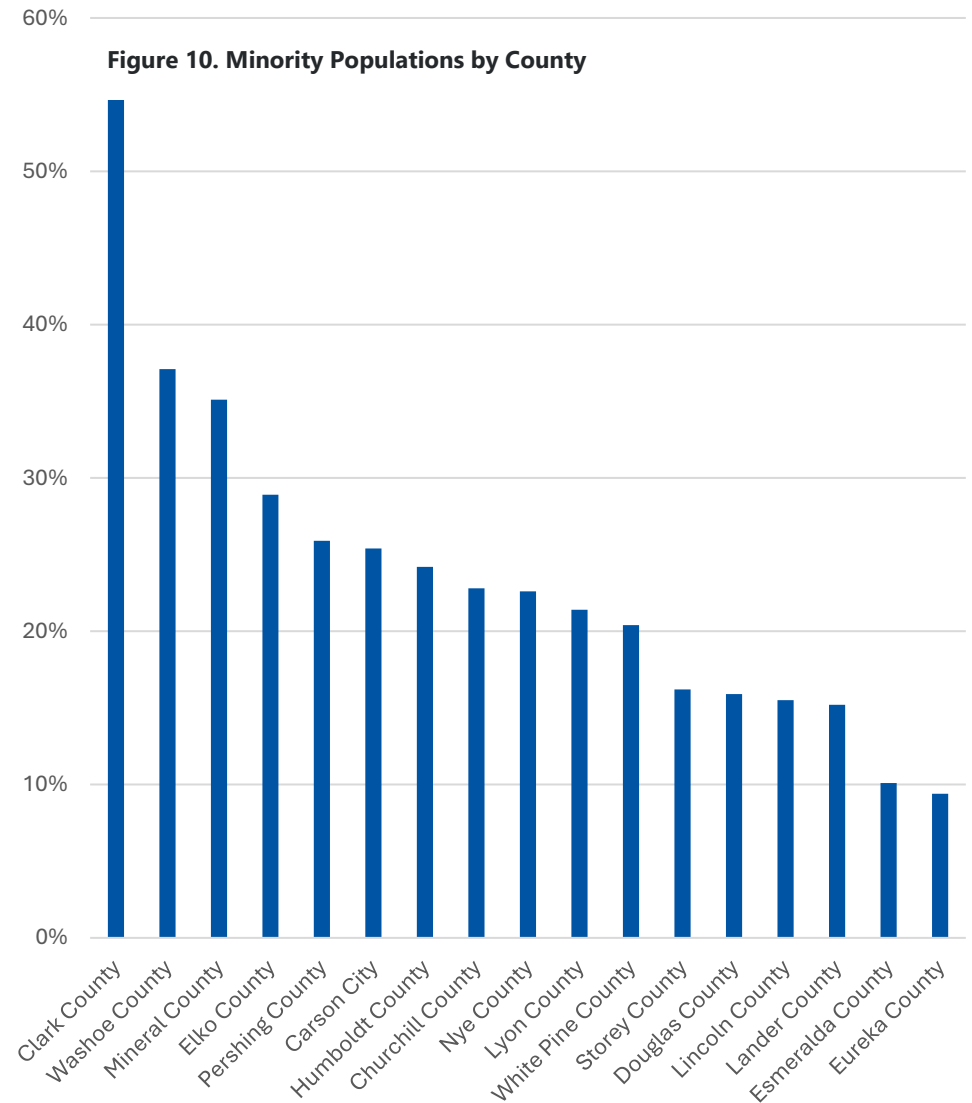
These data are also presented in Figure 10. According to 2022 ACS 5-year data estimates, minority population percentages in Nevada counties range from 9.4 percent in Eureka County to 57.4 percent in Clark County. Approximately 50.4 percent of Nevada's total population self identifies as a minority, which is about ten percent higher than the national percentage (38 percent).

² Per the US Census, minority is defined as any group that is not identified as non-Hispanic white

Table 13. Minority Population by County

County	Percent Minority
Clark County	57.4
Washoe County	37.1
Mineral County	35.1
Elko County	28.9
Pershing County	25.9
Carson City	25.4
Humboldt County	24.2
Churchill County	22.8
Nye County	22.6
Lyon County	21.4
White Pine County	20.4
Storey County	16.2
Douglas County	15.9
Lincoln County	15.5
Lander County	15.2
Esmeralda County	10.1
Eureka County	9.4
Total	50.4

Minority Population by County



Veteran Population

Table 14 includes the percentage of population per county that are veterans, this table is organized in descending order.

These figures are also presented in Figure 11. Veterans make up approximately 10 percent of Nevada's population. Nevada's veteran population is slightly higher than the US average (eight percent).

Table 14. Veteran Population by County

County	Percent Veterans
Churchill County	16.5
Nye County	16.4
Storey County	14.4
Mineral County	14.3
Lyon County	12.9
Lincoln County	12.0
Douglas County	11.6
Esmeralda County	9.3
Carson City	9.2
White Pine County	9.1
Lander County	8.6
Humboldt County	8.4
Clark County	8.2
Elko County	7.3
Eureka County	7.3
Washoe County	7.0
Pershing County	6.8
Total	10.6

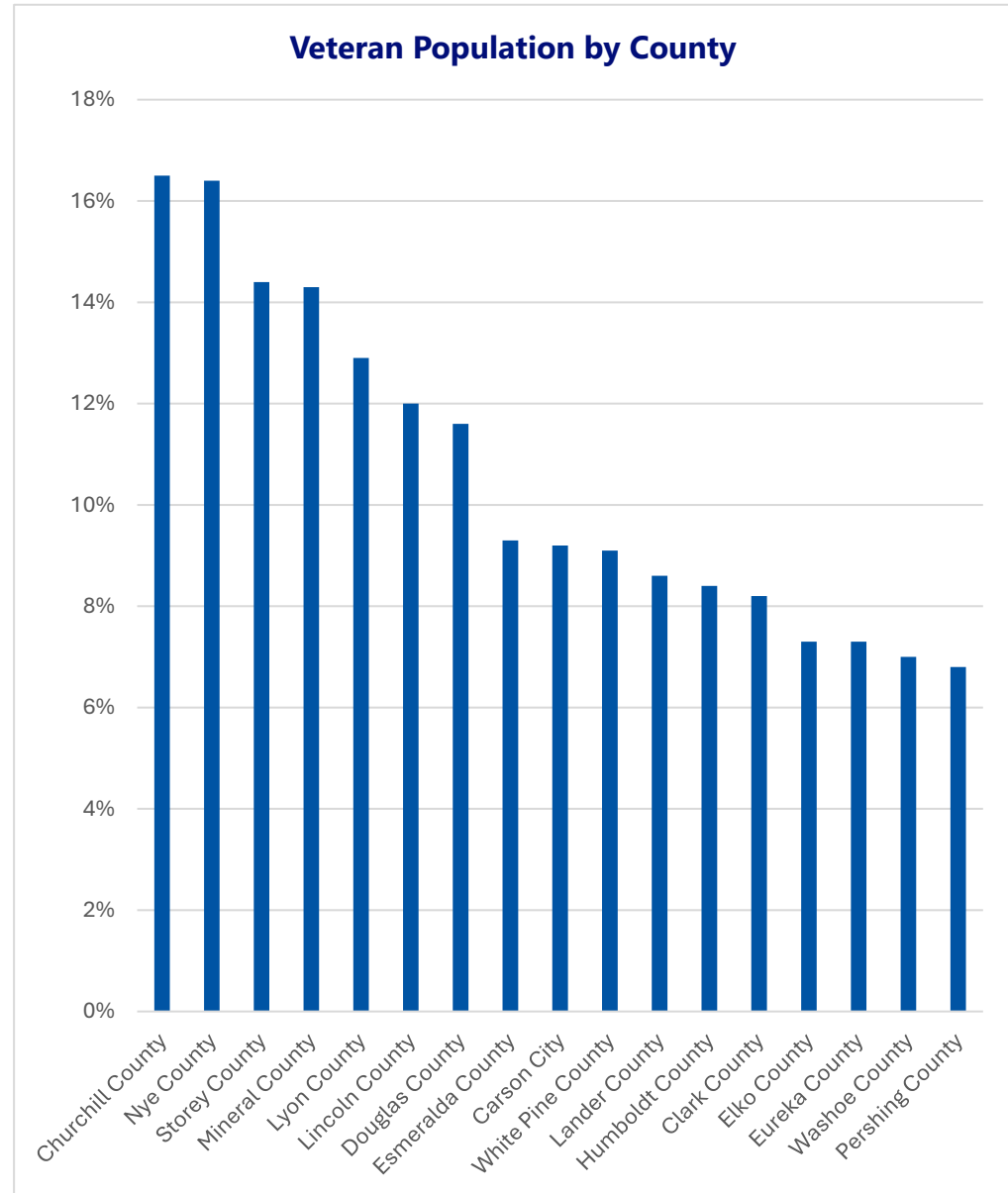


Figure 11. Veteran Population, by County

Transit Propensity Index

A transit propensity index (TPI) is a metric that estimates how likely people in each area are to use public transportation. A TPI combines several factors to assess transit demand and usage potential. The factors considered when determining TPI are included in Table 15, including a description of each factor and how it influences TPI.

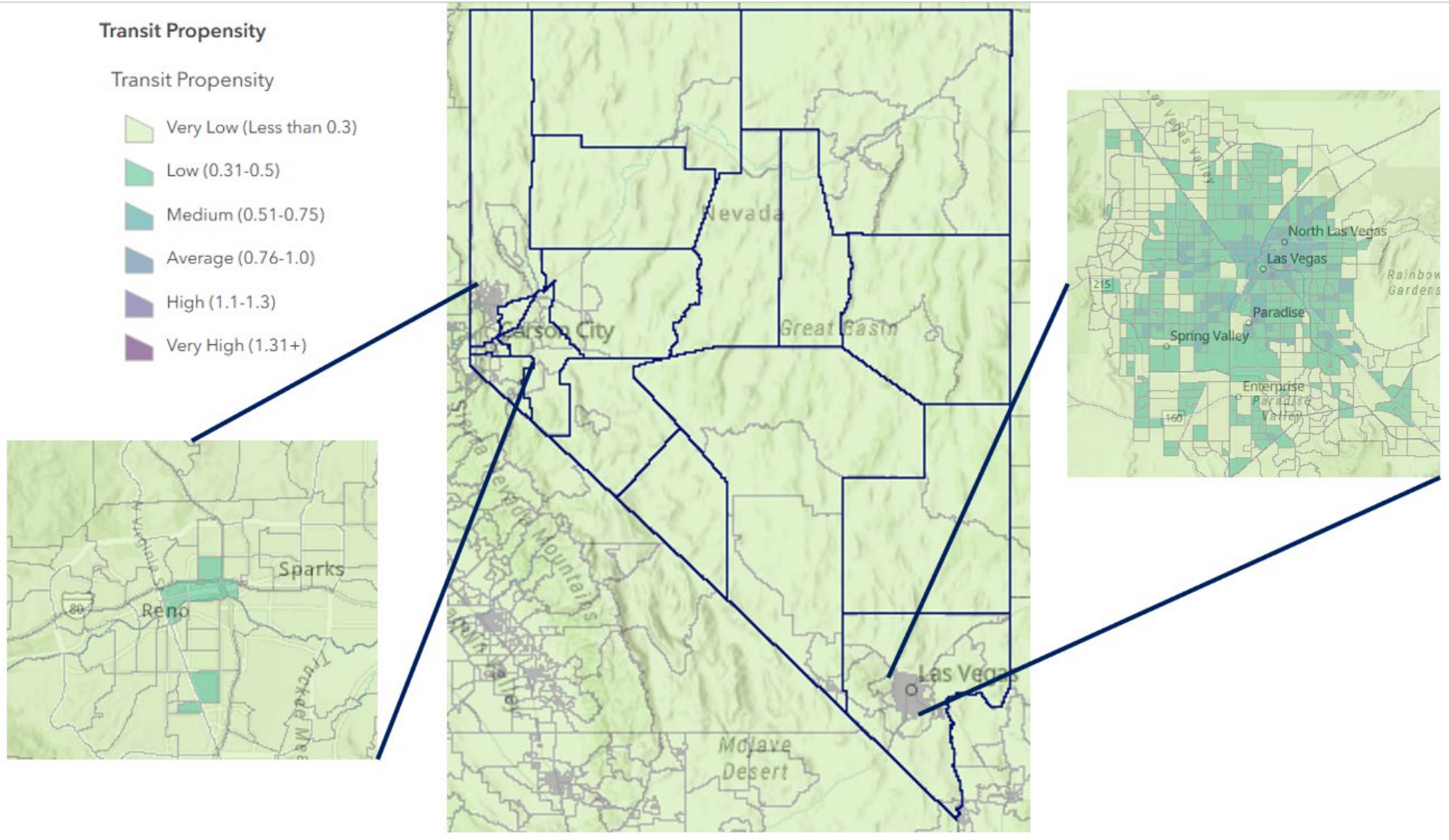
Table 15. Transit Propensity Index Factors

TPI Factor	Description
Transit Ridership	Identifies the number of people who use public transit. This provides insight into current usage and serves as a guide for determining potential future usage
Commuting Mode Share	Identifies the percentage of commuting individuals who use transit versus other modes such as driving, biking, or walking
Population Density	Identifies the population density (number of people per square mile) of areas which assist in identifying areas that may be more able to support more efficient transit systems
Income Levels	Identifies the income levels of areas which provides an insight into households that may be more likely to use transit systems
Vehicle Ownership	Identifies the number of households that own vehicles, vehicle ownership may provide insight into households more likely to use transit systems, i.e., households with fewer vehicles tend to rely more on transit systems
Transit Access Points	Identifies the availability and proximity of transit stops and service routes.

TPI is expressed as a ratio where a value of 1.0 indicates that individuals in that area make as many public transit trips per person as the national average. Higher than 1.0 indicates that individuals in that area make more public transit trips than the national average while lower than 1.0 indicates that individuals in that area make less public transit trips than the national average.³

Nevada’s TPI, informed by ACS data, is displayed in Figure 12. The green areas on the map indicate lower TPIs while the blue areas indicate higher TPIs. The rural nature of Nevada and low population densities generate mostly low TPIs. The nature of transit demand in rural areas indicates that smaller transit vehicles and demand-response modes of service are appropriate to meet rural needs. Conversely, higher demand in the more densely populated areas indicates better suitability for larger transit vehicles and scheduled, fixed route services.

³ [Polzin, Steven E. et al. \(1998\). Public Transit in America: Findings from the 1995 Nationwide Personal Transportation Survey.](#) See Appendix C: Propensity for Transit Use.



County Transportation Resources

The assessment of existing transit services and coordination included creating an inventory of transportation services operated by public agencies, private nonprofit organizations, and governmental agencies in Nevada that operate services for seniors, individuals with disabilities, people with low incomes and/or the public. Providers were identified early in the planning process, during public input workshops, and stakeholder discussions and were updated as part of the 2024 plan update process. Each organization or agency identified that provides public or sponsored transportation was invited to provide a profile of its services and complete a virtual survey. The planning team made every effort to encourage all providers, including private transportation providers, to participate in the planning process. The inventory and outreach efforts provided the foundation for the next steps in the planning process.

This chapter is organized by county and provides individual transportation descriptions. Additional regional resources are presented, arranged by mobility management, non-emergency medical transportation, transit coalitions, transportation commissions, and programs.

The inventories presented in this section are followed by a cumulative list that identifies unmet needs or gaps in service. These unmet needs or gaps in service were collected from interviews with members of the public and transportation stakeholders.

Mobility Management

Mobility management is a customer-centered approach to coordinating transportation services that focuses on helping individuals understand and access the most appropriate transportation options for their specific needs. Mobility management does not involve operating vehicles or providing direct transportation services. Instead, mobility managers serve as information, referral, and coordination resources that help people navigate available transportation programs and services. This role is especially important for seniors, individuals with disabilities, people with low incomes, veterans, and others who may face complex transportation barriers. Table 16 includes the mobility management resources identified in Nevada, all of which are funded in part through NDOT.

Table 16. Mobility Manager Programs in Nevada

Program/Agency	Counties Served	
Access to Healthcare	<ul style="list-style-type: none"> ▪ Carson City ▪ Churchill ▪ Douglas ▪ Humboldt* ▪ Lander 	<ul style="list-style-type: none"> ▪ Lyon ▪ Mineral ▪ Pershing ▪ Storey ▪ Washoe
Nye Communities Coalition	<ul style="list-style-type: none"> ▪ Clark (rural) ▪ Esmeralda 	<ul style="list-style-type: none"> ▪ Lincoln ▪ Nye
PACE Coalition	<ul style="list-style-type: none"> ▪ Elko ▪ Eureka ▪ Humboldt* 	<ul style="list-style-type: none"> ▪ Lander* ▪ White Pine
<p><i>*Denotes counties served by multiple mobility manager programs</i></p>		

Mobility management agencies and mobility managers play a vital role in connecting transportation users with applicable transportation services and facilitating transportation for those in need. They assist the public in identifying appropriate transportation-related programs based on trip purpose, eligibility, cost, accessibility needs, and geographic location. In addition to providing information and referrals, mobility managers help coordinate trips and services among human service agencies, transit operators, healthcare providers, workforce programs, and other community organizations to improve efficiency and reduce duplication of effort.

Non-Emergency Medical Transportation

Non-emergency medical transportation (NEMT) is a Medicaid benefit overseen by the Nevada Health Authority provides eligible members access to medical services when they do not have other reliable transportation. NEMT provides transportation for routine, non-emergency trips to and from covered medical appointments such as doctor visits, dialysis, behavioral health services, and other medical care.

In Nevada, NEMT services are administered through a statewide brokerage model, in which the State contracts with a single provider to manage and coordinate trip requests, provider networks, scheduling, and reimbursements. In rural counties, Nevada has expanded managed care through Managed Care Organizations (MCOs), which are responsible for both healthcare coordination and NEMT services for enrolled Medicaid members. The MCOs in rural Nevada include SilverSummit, Healthplan, and CareSource. Through this brokerage model, Nevada centralizes the administration of NEMT while relying on a diverse mix of local transportation resources to meet medical transportation needs across the state's varied geographic settings.

Services offered through the NEMT brokerage typically include both direct transportation services and a Gas Mileage Reimbursement (GMR) program. Direct services are typically scheduled at least three business days in advance of a scheduled appointment unless the trip is urgent or the member was recently discharged from a hospital. Routine direct-service trips are scheduled Monday through Saturday between 7:00 a.m. and 6:00 p.m., based on medical appointment times and provider availability. Transportation may include wheelchair-accessible vehicles, ambulatory vehicles, or other appropriate modes depending on a member's needs.

The GMR program allows eligible Medicaid members, family members, or other approved drivers to receive reimbursement for mileage when they provide transportation to medical appointments using a personal vehicle.

Transit Coalitions, Transportation Commissions, and Programs

The Southern Nevada Transit Coalition (SNTC)

The Southern Nevada Transit Coalition (SNTC) is a private nonprofit organization that provides general and client-only transportation services on fixed/flexible/deviated bus routes, including paratransit. The mission statement for SNTC is as follows:

“...to enhance the quality of life for residents in Clark County’s rural communities by providing safe, reliable, affordable, and accessible transportation services and developing dynamic partnerships with other community-serving organizations.”

SNTC operates the Silver Rider Transit System which provides services in Boulder City, Laughlin, and Mesquite. The Silver Rider Transit System currently operates eight transport schedules servicing more than 100,000 riders in addition to demand-response service.

Regional Transportation Commission of Southern Nevada (RTC)

The Regional Transportation Commission of Southern Nevada (RTC) is the regional public transportation operator in the urbanized area of Southern Nevada. RTC operates various fixed routes throughout the area as well as senior, flexible demand-response, veteran, and paratransit services.

SILVER STAR

Silver STAR is RTC’s senior transit service that works with valley seniors to identify neighborhood routes to help meet their mobility needs. The Silver STAR service has stops at senior living communities and various shopping areas. This service is open to the entire community but was planned and designed with the senior population in mind. Silver STAR currently has 13 routes serviced by vehicles able to accommodate up to two wheelchairs at a time.

FLEXIBLE DEMAND-RESPONSE (FDR)

Flexible Demand-Response (FDR) is a door-to-door transit service that allows residents to call and schedule rides on public transit that would otherwise not be available in their area. This service intersects the established fixed-route service lines allowing users access to use the established routes in conjunction with FDR service to meet their transportation needs. The

current communities served by FDR include Sun City Summerlin (Tuesday and Thursday 10 am – 3pm), Sun City Summerlin (Friday 10 am – 6 pm), Anthem (Tuesday, Wednesday, and Thursday 8 am – 4 pm), and Centennial (Monday and Wednesday 9 am – 4 pm). This service is offered at \$0.50 per boarding.

VETERANS MEDICAL TRANSPORTATION NETWORK FOR SENIOR AND DISABLED VETERANS

The Veterans Medical Transportation Network for Senior and Disabled Veterans (VMTN) provides transportation for veterans from their homes to their VA approved medical appointments within the RTC service area. Medical facilities in the service area include the VA Southern Nevada Healthcare System (6900 N. Pecos Road), Mike O’Callaghan Federal Hospital (4700 N. Las Vegas Boulevard), and Nellis Air Force Base (designated drop-off and pick-up areas only).

DOWNTOWN AND VETERANS MEDICAL CENTER EXPRESS (DVX)

The Downtown and Veterans Medical Center Express (DVX) is a fixed route alternative for traveling to the Veterans Medical Center. Service on DVX is subject to fixed route fares.

COMMUNITY MOBILITY PROJECT

RTCNV’s Community Mobility Project (CMP) is a reimbursement program that matches eligible transportation expenses for nonprofit organizations. The following programs are currently partnered with RTCSN to participate in the CMP:

- **Helping Hands of Vegas Valley:** Provides transportation to grocery stores, doctor’s offices, pharmacies, social service agencies, and social events through a team of volunteers operating their own vehicles
- **Jewish Family Service Agency:** Provides transportation for vulnerable, low-income seniors for medical, social service, and nutrition purposes
- **Dignity Health, St. Rose Dominican:** Provides transportation to Henderson residents over the age of 60 with priority given to those who are low-income, frail, or living with a disability
- **Capability Health and Human Services:** Provides job access reverse commute
- **Nevada HAND:** Provides transportation for low-income seniors and families living in affordable housing (NV HAND Properties)
- **Opportunity Village:** Provides community outing and a work readiness program

PARATRANSIT

RTC’s paratransit service is a door-to-door service for eligible customers. This service operates 24 hours a day, 365 days a year, within the urbanized area of Clark County.

Regional Transportation Commission of Washoe County, Nevada

The Regional Transportation Commission of Washoe County (RTC Washoe) provides transportation services for the citizens of Reno and Sparks as well as those in unincorporated areas of Washoe County. RTC Washoe was formed in 1979 through the State Legislation consolidating the Regional Street and Highway Commission, the Regional Transit Commission, and the Washoe County Area Transportation Study Policy Committee. RTC Washoe's mission is to build a better community through quality transportation.

RTC Washoe offers a fixed route service between Reno and Carson City as well as other fixed route services through partnering agencies that receive partial funding through RTC Washoe including, Tahoe Area Regional Transit (TART) operated by Placer County, Jump Around Carson (JAC), and the Tahoe Transportation District.

In addition to fixed route service, RTC Washoe offers paratransit and accessibility services through RTC Access, Washoe Senior Ride, and RTC Washoe Lyft/Uber Rides Voucher Program.

RTC (WASHOE) ACCESS

RTC (Washoe) Access is RTC's paratransit service that provides prescheduled door-to-door transportation for individuals who meet the eligibility criteria of the ADA. Individuals seeking to use RTC Access' services must complete an online application and go through an eligibility process.

WASHOE SENIOR RIDE (WSR) TAXI BUCKS PROGRAM

The Washoe Senior Ride (WSR) Taxi Bucks Program is a subsidized taxi program of RTC and is funded through the quarter percent Washoe County sales tax allocated for public transportation. WSR provides a \$60 taxi fare subsidy for transportation to Reno or Sparks for Nevada residents 60 years or older, RTC Access Clients of any age, and local veterans of any age. Registered participants receive a monthly \$60 taxi fare subsidy through a re-loadable card that can be used to pay any part of a taxi fare.

RTC WASHOE LYFT/UBER RIDES VOUCHER PROGRAM

The RTC Washoe Lyft/Uber Rides Voucher Program is a subsidized voucher program funded through the quarter percent Washoe County sales tax allocated for public transportation. However, this program is subject to available funding and may be changed or terminated by RTC at any time. This program provides a \$60 subsidy for transportation for Nevada residents 60 years or older, RTC Access Clients of any age, and local veterans of any age. Registered participants receive a monthly \$60 account credit to either Uber or Lyft that can be used to pay their fare. Trips using this service must start and end in the Reno-Sparks area.

GRANT FUNDING

RTC funds projects through their Senior/Disabled Transportation Grant Fund Program. This program uses local sales tax to fund grants to provide transportation for seniors and people with disabilities, as predicated by the FTA's Section 5310 Program. The availability of this funding came as a response to the commonly expressed desire from the community for additional funding flexibility and availability. The goal of this funding is to alleviate the more restrictive barriers required by federal funding regulations and provided localized investments.

Between October 2023 and September 2024, projects which were awarded this grant funding provided approximately 21,595 trips, serving over 5,790 seniors/disabled individuals.

Nevada Rural Counties RSVP Program, Inc. (RSVP)

Nevada RSVP, Inc is a private nonprofit organization that offers services to help seniors age in place by remaining in their own homes for as long as possible, while also helping individuals and families avoid expensive long-term institutional care. Many programs are offered through RSVP including a door-to-door, on-demand transportation service. A full summary of services, programs, and operations are included in Appendix 1.

A core component of RSVP's services is its escorted, door-to-door, on-demand transportation program. Door-to-Door transportation services are provided by volunteer drivers using their own vehicles who receive reimbursement at a rate of \$0.60 per mile. Transportation services are offered for frail, homebound, and low-income seniors (60 and older, individuals living with a disability (aged 18-59) and veterans who are no longer able to drive themselves. Drivers assist passengers in and out of vehicles, to the entrance of their origin and/or destination, and in and out of buildings. Passengers are permitted to travel with their own personal care attendant or escort, if a passenger requires a personal care attendant or escort, the agency will provide one. In 2023, RSVP indicated they had 276 active volunteers who provided 47,269 hours of volunteer services and drove a total of 338,613 miles.

Transportation services include free critical care trips to medical, dental, and vision appointments; essential shopping; socialization opportunities; and other necessary trips within and, in some cases, outside a client's county of residence. Advance notice is required for ride coordination and scheduling is completed by calling (775) 687-4680, ext. 0. RSVP operates primarily as a demand-response service rather than a fixed-route or traditional paratransit system, with staff coordinating trip assignments based on volunteer and vehicle availability. Services operate Monday through Friday during structured daytime service hours. Due to the rural nature of much of Nevada and the multi-county service area, trip distances and destinations can vary widely, including limited cross-state travel into Utah when necessary for medical care.

RSVP operates in 15 of Nevada's 17 counties, including Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, and

White Pine; however, transportation services are not currently provided in Washoe or Clark counties. RSVP’s transportation program and related mobility services are funded through a combination of sources, including NDOT FTA Section 5310 and Section 5311 funds, the Nevada Aging and Disability Services Division, the Department of Human Services’ Funds for a Healthy Nevada, and private grants and donations.

Tahoe Transportation District

The Tahoe Transportation District is a congressionally created bi-state special district agency that provides local government and public transportation services. Transportation services are provided on a fixed route as well as additional origin to destination paratransit services for individuals with disabilities. For paratransit services, drivers will assist passengers in and out of vehicles and to the entrance of their origin and/or destination. Paratransit service is offered within a mile of fixed routes as well as to Kingsbury Grade, within the Baseline Service Area. Passengers are permitted to travel with their own personal care attendant or escort. Transportation service is provided in both Nevada and California to Douglas County, Carson City, Washoe County, and El Dorado County (California) running Monday through Sunday 6:00 AM to 9:30 PM. Eligibility requirements only apply to paratransit services, users must apply for service and are asked to reserve their spot the day before by phone with the reservationist, however, same day appointments will be considered based on availability.

well as additional origin to destination paratransit services for individuals with disabilities. For paratransit services, drivers will assist passengers in and out of vehicles and to the entrance of their origin and/or destination. Paratransit service is offered within a mile of fixed routes as well as to Kingsbury Grade, within the Baseline Service Area. Passengers are permitted to travel with their own personal care attendant or escort. Transportation service is provided in both Nevada and California to Douglas County,

Features	Baseline Service	Extended Service
Private Transportation	No	No
Shared Ride Public Transportation	Yes	Yes
Eligibility Requirement	Yes	Yes
Required by Law (Title 49 CFR 37.131)	Yes	No
Presumptive Eligibility	Yes	Yes
Service Hours Mirror Fixed Route	Yes	Yes
Reservations Required	Yes	Yes
Cancellations Required	Yes	Yes
Consequences for No-Shows and Misconduct	Yes	Yes
Service Animals	Yes	Yes
Pets, including comfort/support animals	No	No
Trip Purpose Restrictions	No	Yes
Excessive Trip Length Monitoring	Yes	No
Negotiated Trip Times	Yes	Yes
Subscription Service	Yes	No
Trip Denials	No	Discouraged

Carson City, Washoe County, and El Dorado County (California) running Monday through Sunday 6:00 AM to 9:30 PM. Eligibility requirements only apply to paratransit services, users must apply for service and are asked to reserve their spot the day before by phone with the reservationist, however, same day appointments will be considered based on availability.

Trip priority is based on the following:

- **First:** Baseline Paratransit Service trips
- **Second:** Medical or employment trips that enter, exit, or travel within the extended area
- **Third:** Non-medical or non-employment trips that bridge the baseline and the extended areas
- **Fourth:** Non-medical or non-employment trips within the extended area

Paratransit services are estimated to be busiest between 9:00 AM - 10:00 AM and 3:00 PM – 4:00 PM Monday through Friday, users are advised to anticipate more passengers and stops during those times.

Veterans Transportation Program (VTP)

The Veterans Affairs' (VA) Veterans Transportation Program (VTP) offers veterans in Nevada with various travel opportunities to and from VA health care facilities. Services are offered at little or no cost to eligible veterans through Beneficiary Travel (BT), Veterans Transportation Service (VTS), and Highly Rural Transportation Grants (HRTG). Currently none of the identified VTPs receive funding through §5310 or §5311.

BENEFICIARY TRAVEL

The Beneficiary Travel (BT) program is a reimbursement-based program to assist in covering costs incurred while traveling to and from VA health care facilities for eligible veterans. The BT program provides eligible veterans with pre-approved transportation opportunities and arranges special mode transportation at the request of the VA.

VETERANS TRANSPORTATION SERVICE

The Veterans Transportation Service (VTS) provides safe and reliable transportation to veterans who need travel assistance to and from VA health care facilities as well as authorized non-VA health care appointments. VTS also partners with local service providers to help support veterans' transportation needs including Veteran Service Organizations, local and national nonprofit groups, and federal, state, and local transportation services.

VTS is offered for the VA Southern Nevada Healthcare System (VASNHS) and VA Sierra Nevada Healthcare System, ride for both locations can be scheduled at www.vetride.va.gov.

HIGHLY RURAL TRANSPORTATION GRANTS

Highly Rural Transportation Grants (HRTG) are funding provided to Veteran Service Organizations and State Veteran Service Agencies. The recipients of these grants provide transportation services to veterans seeking VA and non-VA approved care in highly rural areas (defined as counties that have fewer than seven people per square mile). Both Elko and Nye counties are eligible for HRTG, services for residents in Elko County may call 775.777.1428 for services and residents of Nye County may call 775.572.VETS (8387) for services.

Inventory of Transit Services by County

This section provides an inventory of Coordinated Human Services available within Nevada based on county/service area. A more detailed inventory of these services is available in Appendix 1 as well as documented online at Nevada311.

Carson City

Program	Jump Around Carson (JAC)
Agency	Jump Around Carson
Description	The primary public transportation service in Carson City and is governed by the Carson City Regional Transportation Commission. The system operates four fixed routes, as well as JAC Assist; a curb-to-curb complementary paratransit service for eligible individuals with disabilities. Information about JAC services is available at www.rideJAC.com .

Churchill County

Program	Churchill Area Regional Transportation (CART)
Agency	Churchill Area Regional Transportation
Description	CART is a private nonprofit that directly operates demand-response transportation services to residents that are located on county-maintained roads, most users are within a 15-mile radius of downtown Fallon.

Clark County

Program	Community Mobility Project (CMP)
Agency	Regional Transportation Commission of Southern Nevada (RTC)
Description	<p>RTC’s CMP is a reimbursement program that matches eligible transportation expenses for nonprofit organizations. The following programs are currently partnered with RTC to participate in the CMP:</p> <ul style="list-style-type: none"> ○ Helping Hands of Vegas Valley – Provides transportation to grocery stores, doctor’s offices, pharmacies, social service agencies, and social events through a team of volunteers operating their own vehicles ○ Jewish Family Service Agency – Provides transportation for vulnerable, low-income seniors for medical, social service, and nutrition purposes ○ Dignity Health, St. Rose Dominican – Provides transportation to Henderson residents over the age of 60 with priority given to those who are low-income, frail, or living with a disability ○ Capability Health and Human Services – Provides job access reverse commute ○ Nevada HAND – Provides transportation for low-income seniors and families living in affordable housing (NV HAND Properties) ○ Opportunity Village – Provides community outing and a work readiness program

Program	Silver STAR
Agency	Regional Transportation Commission of Southern Nevada (RTC)
Description	Silver STAR is RTC’s senior transit service that works with valley seniors to identify neighborhood routes to help meet their mobility needs.

Program	FDR
Agency	Regional Transportation Commission of Southern Nevada (RTCSNV)
Description	FDR is a door-to-door transit service that allows residents to call and schedule rides on public transit that would otherwise not be available in their area.

Program	Transportation Services
Agency	Lend a Hand of Boulder City
Description	Pre-scheduled transportation for seniors and individuals with disabilities of any age for medical appointments in Boulder City, Henderson, or Las Vegas.

Program	Silver Rider Transit System/Silver STAR
Agency	Southern Nevada Transit Coalition (SNTC)
Description	Silver STAR is RTC’s senior transit service that works with valley seniors to identify neighborhood routes to help meet their mobility needs.

Douglas County

Program	Douglas Area Rural Transit (DART)
Agency	Douglas County Community and Senior Center
Description	A shared ride service for riders seeking curb to curb service. Users may schedule rides with as much advanced notice as possible by calling (775)-783-6456. Seniors and riders with disabilities are required to request eligibility using an application that is found in the DART Senior and ADA Rider Handbook on page 22.

Elko County

Program	GET My Ride
Agency	County of Elko, Greater Elko Transit (GET)
Description	Elko County’s public transit system, Get My Ride, is a public agency that provides local government services and demand-response (dial-a-ride) public transportation. Drivers assist passengers in and out of the vehicles and to the entrance of their origin and/or destination. Passengers are permitted to travel with their own personal care attendant or escort. Passengers may schedule rides with dispatch by calling, texting, or emailing.

Program	Carlin Open Door Senior Citizens Center
Agency	City of Carlin
Description	Provides daily meals, transportation, and social activities for seniors.

Program	Silver Sage Senior Center
Agency	Silver Sage Senior Center
Description	The Silver Sage Senior Center provides demand-response transportation service to seniors residing in the town of Wells. Rides are provided on weekdays to the senior center for lunch and to local businesses for errands. Additionally, the Silver Sage Senior Center provides daily meals and social activities for seniors.

Esmeralda County

Program	Esmeralda County Transportation
Agency	Esmeralda County Transportation
Description	Provides transportation for seniors, those with disabilities and non-seniors with no transportation to medical appointments, senior nutrition centers, and shopping.

Eureka County

Program	Transportation – Crescent Valley
Agency	Eureka County Senior Centers/Fannie Komp Senior Center
Description	Provides transportation to and from meal sites, mail, clinics, and local store.

Program	Transportation – Eureka
Agency	Eureka County Senior Centers
Description	Provides local transportation to and for the center, shopping, banking, and rides to the clinic on weekdays. Offers wheelchair accessible van for those in need. Travels to Elko once a month.

Humboldt County

Program	Transportation Services
Agency	Senior Citizens of Humboldt County/Pleasant Senior Center
Description	The Senior Citizens of Humboldt County, Inc is a public agency that provides health care, information and referrals, nutrition, public transportation, recreational/social opportunities, senior citizen programs and services, and social services.

Lander County

Program	Transportation Program
Agency	Battle Mountain Senior Center
Description	Provides service for seniors in Battle Mountain.

Lincoln County

Program	Lincoln County Transportation
Agency	Lincoln County
Description	A local government organization providing transportation. Additional services include income assistance, nutrition, and senior citizen programs and services. Transit services operate by demand-response with advance reservation as well as with fixed routes or flexible/deviated bus routes. Drivers assist passengers in and out of vehicles, to the entrance of their origin and/or destination, and in and out of buildings. Passengers are permitted to travel with their own personal care attendants or escorts and for individuals who require such services, a personal care attendant or escort will be provided.

Lyon County

Program	Senior Transportation Services
Agency	Lyon County Human Services
Description	Provides transportation for socialization and nutrition for Lyon County seniors. Serves Dayton, Fernley, Silver Springs, and Yerington.

Mineral County

Program	Mina Senior Center
Agency	Mineral County Senior Services Program
Description	Offers senior services which include congregate and home delivered meals, transportation, senior advocacy, case management, and referrals to other agencies.

Program	Hawthorne Senior Center
Agency	Mineral County Senior Services Program
Description	Offers senior services which include congregate and home delivered meals, transportation, senior advocacy, case management, and referrals to other agencies.

Nye County

Program	Nye County Senior Transportation
Agency	Nye County Senior Transportation
Description	Provides long distance medical transportation to out of town medical appointments.

Program	Tonopah Senior Center
Agency	Nye County Senior Transportation
Description	Provides congregate and homebound meals. Bus provides transportation locally; contact the Senior Center directly for transportation hours and route.

Program	Pahrump Valley Public Transportation (PVPT)
Agency	Pahrump Valley Public Transportation
Description	A private nonprofit organization (501(c)(3)) that provides client-only transportation in addition to employment, recreational/social opportunities, rehabilitation services, and social services. Transportation services provided are demand-response and require advance registration, drivers will assist passengers in and out of vehicles and passengers are permitted to travel with their own personal care attendant or escort.

Pershing County

Program	Senior Center
Agency	Pershing County Senior Center
Description	Provides meals and transportation for seniors in Pershing County. Transportation offered locally as well as to Fallon and Reno.
Service Areas/Schedule	Fallon trips are on the second Wednesday of the month. Reno trips are scheduled for the fourth Tuesday of the month. These are the only dates the van will be available for trips.

Storey County

Program	Virginia City Senior Center
Agency	Storey County Senior Services
Description	Provides transportation, cleaning, case management, and nutritional services. Transportation services provided by reservation for doctor's appointments, prescription pick-up, grocery shopping, and social activities.

Washoe County

Program	Elder Transportation Program
Agency	Sanford Center for Aging
Description	Volunteers provide rides with door-through-door services for qualified elders to/from medical appointments and other Sanford programs (health/wellness programs and social activities).

Program	Senior Ambassador Program
Agency	Access to Healthcare Network
Description	No cost rides to medical related appointments and grocery shopping for senior citizens with Medicare.

Program	Senior Outreach Services (SOS)
Agency	Sanford Center for Aging
Description	Offers socialization and friendly visits to qualified individuals 60 and older in the Reno/Sparks. Volunteers offer companionship and support for independent living through in-home visits, emotional support, transportation, assistance with essential errands and needs, taking the participant on social outings, and acting as an advocate.

Program	Senior Programs
Agency	Incline Village Parks and Recreation
Description	The Senior Transportation Program is a collaborative effort executed by Incline Village General Improvement District Senior Programs, Washoe County, NDOT, and RTC. Services include fixed route transportation opportunities for shopping, errands, outings, and medical or personal appointments as well as on-demand services.

Program	RTC Access
Agency	RTC
Description	RTC Access is RTC’s paratransit service that provides prescheduled door-to-door transportation.

Program	Washoe Senior Ride (WSR) Taxi Bucks Program
Agency	RTC
Description	WSR Taxi Bucks Program is a subsidized taxi program of RTC and is funded through the quarter percent Washoe County sales tax allocated for public transportation. WSR provides a \$60 taxi fare subsidy for transportation to Reno or Sparks for registered participants providing a monthly \$60 taxi fare subsidy through a re-loadable card that can be used to pay any part of a taxi fare.

Program	RTC Washoe Lyft/Uber Rides Voucher Program
Agency	RTC
Description	The RTC Washoe Lyft/Uber Rides Voucher Program is a subsidized voucher program funded through the quarter percent Washoe County sales tax allocated for public transportation. However, this program is subject to available funding and may be changed or terminated by RTC at any time. Program provides a \$60 subsidy for transportation via either Uber or Lyft credit.

White Pine County

Program	White Pine Senior Center
Agency	White Pine County
Description	Public agency that provides public transportation services on a demand-response basis. Drivers assist passengers to the entrance of their origin and/or destination.

Program	Ely Bus Dial-a-Ride
Agency	White Pine County Social Services
Description	Provides on-demand ride services for Ely Residents.

Identified Needs or Gaps in Service

Needs and gaps in service for human services transportation were identified in Nevada, including issues in availability and accessibility, eligibility, operations, coordination and education, and funding.

Availability and Accessibility

Transportation availability across Nevada varies and many rural counties lack any countywide service, leaving residents with few reliable options for essential travel. Service boundaries that end at county lines create barriers for people who need to reach destinations beyond their immediate area. Weekend service and extended hours are rarely available, even though residents regularly need transportation for evening or early-morning employment shifts, social outings, shopping, and medical care. There are no low-cost options for workers who must travel late-night or early-morning jobs, and a typical RTC trip to the airport can take three hours.



Residents need more robust and frequent transit connections to key medical hubs such as Carson City, the Lake Tahoe Basin, Reno, and Gardnerville. Long-distance medical transportation is especially difficult for rural seniors, who often must reach hospitals in Reno, Las Vegas, or Salt Lake City. Services such as RSVP and the VA/DAV vans provide limited long-distance medical trips but operate only on certain days and depend heavily on volunteer drivers, creating inconsistent availability. Recreational and social opportunities outside county lines are also limited; occasional cross-county trips would allow transit-dependent residents to participate more fully in community life.

Some destinations remain completely inaccessible by public transit. The Nevada Rural Housing Office, which is an important destination for low-income individuals, cannot be reached by transit. Residents also expressed a desire for bus stops near casinos, which are major employment and entertainment centers. Other gaps include the lack of a shuttle between Las Vegas and Ely, insufficient routes connecting Henderson and Las Vegas, and a need for service between Boulder City Municipal Airport and the Boulder City commercial area, with continuation back toward Las Vegas.

In rural areas like Battle Mountain, transportation is unavailable outside the township, leaving residents with no alternative transportation and no way to reach medical appointments, shopping, or services in town. Austin residents have no transportation service at all.

On-call options are also limited, forcing individuals discharged from hospitals in cities like Reno, Las Vegas, and Salt Lake City to rely on expensive taxis if they do not have family support. Because most providers require reservations and cannot accommodate same-day requests, residents struggle to meet urgent needs.

For individuals who rely on senior centers or other small providers, service is often available only one or two days per week, making it difficult to meet daily medical or shopping needs. Residents of rural Washoe County also have very few options for trip purposes outside Medicaid-eligible travel.

Eligibility

Eligibility rules for different transportation programs can be confusing, and many riders do not understand which services they qualify for. Individuals who do not meet “senior” or other human services eligibility criteria often have no transportation options at all.



Elko residents without Medicaid have no affordable way to reach medical care in Reno, Twin Falls, or Salt Lake City. People on Medicare but not Medicaid face similar limitations.

More NEMT providers are needed in counties like Lander, and additional options are needed for dialysis patients, including services that align reliably with treatment schedules. Overall, there is a significant gap for individuals who fall outside strict program eligibility requirements and cannot afford private transportation.

Operations

Operational barriers significantly affect the quality and reliability of transportation. A unified, centralized dispatch system would improve coordination among providers and reduce inefficiencies in trip scheduling. Riders would also benefit from a universal fare structure across human-service and public transportation programs, simplifying payments and transfers. Providers that rely on volunteer drivers—such as RSVP and DAV/VA—face severe recruitment challenges, resulting in declined trip requests and unused vehicles due to staff shortages.



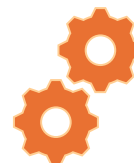
Many bus stops lack shelters, leaving passengers exposed to harsh weather conditions. Many neighborhoods lack sidewalks, curb cuts, or safe pedestrian routes, and crosswalk improvements are especially needed around low-income housing. Such infrastructure problems complicate travel for riders with mobility devices. In some parts of Winnemucca, it is difficult to find appropriate locations to deploy wheelchair lifts near key public buildings like the library, city hall, and county offices.

Providers also struggle with insufficient vehicles, particularly accessible non-CDL vehicles that could meet rising demand. Vehicle repairs strain budgets, and many fleets need to be updated. Driver recruitment is an additional challenge, with many agencies relying on administrative staff to fill in as drivers, which disrupts normal operations.

Evening and late-night transportation would help residents access programs such as the Family Support Center’s services for working parents and provide reliable connections to the Winnemucca Amtrak station at the times trains arrive and depart.

Coordination and Education

Coordination among agencies remains inconsistent, and passengers often find route maps confusing or difficult to use. Although information about public transportation exists, many residents, especially those in rural areas, are unaware of available services. Providers continue to struggle with determining which outreach and marketing methods work best in sparsely populated communities.



Transit services for seniors and people with medical needs are not well aligned, creating scheduling conflicts that limit access to care. Specifically, coordination with the Veterans Hospital is particularly challenging. Trip scheduling and payment communication processes regularly fail, creating barriers for veterans who need consistent access to care.

Many new residents move to rural Nevada without understanding the distance to medical and retail services, illustrating a need for broader community education about available transportation and local geography. Communication between transportation stakeholders—such as the Pleasant Senior Center, tribal governments, private providers, and human service agencies—needs to improve so each organization can better understand service gaps, capacity limits, and changing community needs.

Funding

Securing adequate funding remains a major obstacle for transportation providers across the state. Many agencies struggle to obtain the required local match for vehicle purchases and operating grants, preventing them from expanding or sustaining service. Additional funding is needed to extend service hours, add more service options, and support public transportation in counties such as Mineral.



Some counties, including Lander, lack staff capacity to administer transportation grants, making it impossible for them to apply for federal funding. Providers also need operating funds to hire full-time drivers, support long-distance trips, and maintain aging vehicles. Programs like the SPT Senior Center rely on high-mileage vehicles that are costly to maintain, further straining their resources. Sustainable funding structures would help ensure that transit services can continue meeting both local and regional needs.

Goals and Strategies

This chapter outlines a set of goals and strategies designed to address the unmet needs and service gaps identified throughout this plan. These goals and strategies are grounded in the analyses presented in earlier chapters, including evaluations of existing services and demographic characteristics as well as public input and stakeholder feedback. Table 17 displays the goals and strategies identified by NDOT, breaking them down by guiding principle, goal, and strategies.

Table 17. 2026 CHSTP Goals and Strategies

	Guiding Principle #1: “Keep Rural Transit Services Strong and Reliable”
Goal # 1: Support and Sustain Rural Transportation Systems	
1.1 Sustain existing rural public transportation programs 1.2 Support coordination efforts among regional transit providers 1.3 Assist local agencies in pursuing grant funding through technical support	
	Guiding Principle #2: “Make it Easier to Reach Medical Appointments Through Local Coordination”
Goal # 2: Facilitate Medical Access through Local Coordination	
2.1 Encourage local collaboration between healthcare providers and transit agencies 2.2 Support initiatives that encourage mobile medical unit visits for communities lacking medical facilities or the establishment of telehealth facilities 2.3 Provide planning resources for non-emergency medical transportation access	
	Guiding Principle #3: “Try New, Flexible, and Sustainable Transportation Options”
Goal # 3: Promote Flexible and Sustainable Transportation Models	
3.1 Support the development of volunteer driver programs by local providers 3.2 Assist providers with pursuing insurance and training tools for volunteer programs 3.3 Encourage the purchase of service agreements where feasible	
	Guiding Principle #4: “Improve Access in Communities that Currently have Limited Service”
Goal # 4: Expand Access and Connectivity in Underserved Areas	
4.1 Support needs assessments for service gaps in rural and tribal communities 4.2 Assist in the development of regionally coordinated services 4.3 Encourage projects that enhance intercity and intra-county connectivity	
	Guiding Principle #5: “Share Clear Information and Provide Better Tools to Help People Find Rides”
Goal # 5: Enhance Public Information and Mobility Management	
5.1 Improve public access to transit information via Nevada 211 and other platforms 5.2 Develop a statewide rural travel training program and facilitator network 5.3 Support mobility management networks and data sharing between providers	

Developing the goals and strategies was a collaborative effort among NDOT, grant recipients, mobility managers, and other key stakeholders. Since the needs and conditions vary across Nevada, the goals and strategies included here are written to be applicable statewide and adaptable to local and regional contexts.

The statewide strategies identified are most likely to be funded through NDOT with FTA §5310 funds while more locally focused strategies may be better suited to other grant opportunities. Additional funding may be necessary to support service enhancements implementation. In other cases, unmet needs can be addressed with little or no additional funding through activities such as coordinated multi-county transfer points and trip sharing. Active participation from public and nonprofit transportation providers and, in many cases, identification of additional funding for transportation would be required.

Each goal and its corresponding strategies identify the role of NDOT and partner agencies for implementation, the expected outcomes and performance measures of each strategy, the anticipated implementation timeline and budget, and potential funding sources for service providers to pursue. Table 18 below defines these elements for guidance when reviewing the goals and strategies.

Table 18. Elements Presented for Strategies

Element	Description
Responsible Parties	Identifies the agencies, organizations, or partners best suited for implementing each strategy.
Outcomes	Describes the direct products, action items, or deliverables of each strategy.
Performance Measures	Outlines quantifiable indicators to assess the efficacy of each strategy.
NDOT Implementation Guidance	Provides recommendations to assist NDOT in establishing and implementing the identified strategies.
Implementation Timeline	Outlines the expected timeframe for carrying out the strategy.
Implementation Budget	Estimates the financial resources required by NDOT to implement or sustain the strategy.
Potential Funding Sources	Lists programs, grants, or revenue streams that could support implementation.

Goal #1: Support and Sustain Rural Transportation Systems

“Keep Rural Transit Services Strong and Reliable”

NDOT provides grant funding and oversight for rural public transportation and FTA §5310 Programs. The needs identified through this plan demonstrate that the existing transportation services funded by NDOT as well as services that are funded by other state and federal grant programs are vital to the communities and people they serve.

Rural transportation providers deliver essential mobility services across Nevada’s large geographic areas and small population centers. Sustaining these services requires consistent funding, coordination, and efficient use of limited resources. These resources would not operate as efficiently or retain their value as a top priority for funding without the coordination and support provided. Increasing coordination would allow for additional enhancements to be made to the transportation framework through efficient use of the limited available resources.

This goal emphasizes the importance of financial stability, compliance, asset health, and coordinated support so that existing transportation services address transportation needs throughout the rural areas of the State. NDOT’s role is to provide leadership, funding oversight, technical assistance, and coordination. Local agencies retain responsibility for service planning and operations.

STRATEGY 1.1: SUSTAIN EXISTING RURAL PUBLIC TRANSPORTATION PROGRAMS

NDOT will support and provide technical assistance for the continued operation and improvement of rural public transportation services funded through the Rural Public Transit Program (§5311) and Enhanced Mobility for Seniors and Individuals with Disabilities Program (§5310). Consistent with CHSTP priorities and federal program requirements, NDOT will prioritize activities that maintain financial stability, ensure grant compliance, and preserve the long-term health of rural transit assets.

NDOT’s role includes administering annual grant cycles, offering technical assistance to help applicants prepare compliant and competitive applications, monitoring grantee performance, and supporting local agencies in making cost-effective service and asset decisions. Local providers retain responsibility for service planning, operations, and deployment of resources.

Responsible Parties: NDOT; §5311 award recipients; §5310 award recipients; mobility managers

Outcomes:

- Number of §5311 and §5310 grants administered annually aligning with coordinated transportation goals, unmet needs, or service gaps
- Technical assistance and guidance provided to applicants and subrecipients

Performance Measures:

- Increase in the total number of Unlinked Passenger Trips (UPT) reported by rural transit agencies compared to the previous year
- Increase in the total number of Vehicle Revenue Miles (VRM) reported by rural transit agencies compared to the previous year
- Increase in the total number of Vehicle Revenue Hours (VRH) reported by rural transit agencies compared to the previous year
- Increase in the number of subrecipient agencies receiving NDOT rural transit funding compared to the previous application year
- Increase in the number of communities served by NDOT subrecipients compared to the previous year
- Decrease in the average preventative maintenance cost per transit vehicle reported by rural transit agencies compared to the previous year

Implementation Timeframe: Immediate (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Moderate.** NDOT's costs are tied to program administration and oversight and are expected to remain within existing funding structures.

Potential Funding Sources: FTA §5311 and §5310 program allocations; state funding allocated through NDOT program administration; local match provided by participating agencies.

STRATEGY 1.2: SUPPORT COORDINATION EFFORTS AMONG REGIONAL TRANSIT PROVIDERS

NDOT supports, encourages, and facilitates coordination among rural transit providers, state agencies, and human service organizations to strengthen the statewide mobility network. Coordination activities may include convening partners, sharing best practices, collaboration on efforts to implement the goals and strategies identified in the CHSTP, identifying opportunities to streamline services, and supporting collaboration to improve trip efficiency and resource use. NDOT could also consider leveraging the coordination group to help coordinate data collection by responsible parties to measure the impact of the implemented goals and strategies. Local providers and partner agencies retain full authority over their operations, policies, and service decisions.

Under this strategy, NDOT would assist mobility managers in developing a Statewide Mobility Coordination Network that connects rural transit providers, human service agencies, and other transportation partners to support information sharing and coordination across regions. NDOT's role would focus on providing technical assistance, facilitating communication among regions, and supporting mobility managers in identifying coordination opportunities that improve transportation access and efficiency. Participation in the network would be voluntary and based on local capacity and interest.

Potential partners participating in the Statewide Mobility Coordination Network may include

- NDOT, Transit Office
- The Department of Human Services (including Nevada Medicaid)
- Aging and Disability Services Division
- Nevada Governor’s Council on Developmental Disabilities
- Department of Veterans Services
- Governor’s Office
- Regional Transportation Councils
- Tribal Health Programs liaisons
- Rural Transit Providers
- Department of Education
- Members of the Public

Examples of interagency coordination efforts exist throughout Nevada and nationally. State agencies and community partners often collaborate through working groups, advisory forums, and mobility management initiatives to address transportation barriers and improve access to services. NDOT may draw from existing coordination models and best practices when supporting the development of the Statewide Mobility Coordination Network and related collaboration efforts.

Responsible Parties: NDOT (facilitation and technical support); mobility managers; transportation providers; human service agencies; tribal governments/tribal health program liaisons; Aging and Disability Services Division; ADRCs.

Outcomes:

- Establishment of a Statewide Mobility Coordination Network
- Mobility managers participating in coordination activities and information sharing
- Partner agencies represented in statewide and regional coordination efforts
- Coordination meetings or information exchanges held annually
- Opportunities for shared resources or coordinated services identified through the network

Performance Measures:

- Increase in the number of coordination meetings or information-sharing events
- Increase in the number of transportation providers and partner agencies participating

Implementation Timeframe: 1 to 2 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** Costs are expected to remain within existing mobility management and program administration activities; partners may contribute in-kind support for participation.

Potential Funding Sources: FTA \$5310 (Mobility Management eligible); state program administration funding; in-kind match contributions by partner agencies; other federal or state planning programs as available.

STRATEGY 1.3: ASSIST LOCAL AGENCIES IN PURSUING GRANT FUNDING THROUGH TECHNICAL SUPPORT

NDOT seeks to strengthen local capacity to pursue federal and state transportation funding, reduce the number of ineligible or incomplete applications, and expand opportunities for multi-agency and multi-county coordination. By providing technical support to local agencies pursuing grant funding, accessibility to federal funds would increase and the number of ineligible applications would reduce. NDOT’s role focuses on guidance, capacity-building, and facilitation, while local providers remain fully responsible for developing and submitting grant applications.

NDOT and mobility managers may provide activities such as clarifying program requirements, reviewing draft materials for consistency with CHSTP priorities, hosting workshops, connecting agencies with peers pursuing similar projects, and facilitating conversations between partners interested in developing collaborative applications. However, mobility managers and NDOT staff do not prepare grant applications on behalf of agencies.

This strategy encourages voluntary collaboration among providers and supports efforts where multiple agencies jointly pursue funding or shared project concepts to maximize regional efficiency and improve access in rural communities. Collaboration would help bring in more funding for the program as a whole and enable the funding to be allocated to top priorities, as appropriate.

Responsible Parties: NDOT; mobility managers; local transportation providers; human service agencies.

Outcomes:

- Guidance, training, and capacity-building sessions delivered to local agencies
- Proportion of technical assistance participants submitting grant applications
- Reduction in incomplete or ineligible applications

Performance Measures:

- Increase in the number of eligible grant applications submitted to NDOT compared to the previous application cycle
- Decrease in the number of incomplete or ineligible grant applications submitted to NDOT compared to the previous application cycle
- Increase in the number of agencies applying for NDOT rural transit funding compared to the previous application cycle

Implementation Timeframe: Immediate (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** Additional funding to implement the strategy can be limited to the resource hours of staff providing technical assistance within their current roles as well as any resources required to conduct periodic, multi-partner training sessions virtually or in person. The strategy is likely to result in additional grant funding for the transportation programs and more effective use of funding.

Potential Funding Sources: Mobility Manager program (\$5310 eligible activity); FTA \$5311 and \$5310 program administration funds; other state and federal planning programs as available.

Goal #2: Facilitate Medical Access Through Local Coordination

“Make it Easier to Reach Medical Appointments Through Local Coordination”

Many of Nevada’s rural counties lack local medical services and must travel long distances to access care. Additionally, many communities lack the funding and staffing needed to sustain local medical facilities. The strategies under this goal focus on strengthening coordination between healthcare providers, transportation agencies, and mobility managers to improve access to care through both transportation services and complementary approaches such as telehealth and mobile medical units.

NDOT’s role is to facilitate coordination, provide technical assistance, and support local partners in planning and implementing solutions that connect residents to medical services. Local healthcare providers and transportation agencies retain responsibility for clinical operations and service delivery.

STRATEGY 2.1: ENCOURAGE LOCAL COLLABORATION BETWEEN HEALTHCARE PROVIDERS AND TRANSIT AGENCIES

Healthcare providers play a key role in coordinating long-distance transportation to and from their facilities. NDOT and mobility managers can support providers and transportation agencies in aligning appointment scheduling and trip planning so that trips can be grouped efficiently and riders experience more reliable access to care. Mobility managers, with support from transportation providers, would lead to the development of new channels for cooperation between health care facilities and transportation providers.

Coordination efforts will respect patient privacy and adhere to applicable data privacy and the Health Insurance Portability and Accountability Act (HIPAA) requirements when discussing patient information or appointment data.

Responsible Parties: Mobility managers; transportation providers; healthcare facilities; NDOT (technical assistance and coordination support)

Outcomes:

- Mobility managers conduct pre- and post-implementation surveys of participating healthcare providers regarding their understanding of patient transportation options
- Coordination meetings held annually between healthcare providers and transportation agencies in each region to discuss opportunities to improve access to healthcare

Performance Measures:

- Increase in the number of NDOT subrecipients coordinating transportation services with healthcare providers or medical facilities compared to the previous reporting period
- Increase in the number of passenger trips to medical destinations providers by subrecipients compared to the previous reporting period
- Increase in the number of healthcare facilities served by NDOT subrecipients compared to the previous reporting period

Implementation Timeframe: 1 year (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** No additional NDOT funding is anticipated, as this work can be incorporated into existing mobility manager duties. Additional costs may arise if local providers expand service hours or capacity based on identified needs.

Potential Funding Sources: If additional service needs are identified, potential funding may include a combination of FTA §5310, §5311, and/or §5307; Department of Human Services; Aging and Disability Services; Veterans Services; and participating medical facilities, depending on the type and scope of services implemented.

STRATEGY 2.2: SUPPORT INITIATIVES THAT ENCOURAGE MOBILE MEDICAL UNIT VISITS FOR COMMUNITIES LACKING MEDICAL FACILITIES OR THE ESTABLISHMENT OF TELEHEALTH FACILITIES

Many rural Nevada counties have limited transportation services and must travel long distances to access specialized medical care. For example, Esmeralda County has transportation available to seniors and individuals with disabilities. Lincoln County has rural public transportation available; however, service is limited due to fleet, staff, and budget constraints. Access to medical service often requires traveling hundreds of miles.

Mobile medical units and community-based telehealth infrastructure can complement, but not replace, transportation services by bringing certain types of medical care closer to where people live. Expanding telehealth access can help preserve transportation capacity for individuals who require in-person, life-sustaining, or specialty services while reducing unnecessary travel burden in rural communities.

Rural counties could establish a telehealth program modeled after Renown Health's Tele-Health program in the town of Tonopah. The Renown Health's telehealth centers offer connections to medical services, such as primary care and specialty consults, within the community through live video consultations, eliminating some need for long-distance travel. They collaborate with local providers to evaluate and treat patients. Additionally, they offer community health education and support events to educate community members and reduce barriers to healthcare access.

NDOT can support local partners by sharing information on best practices, connecting interested agencies with potential healthcare partners, and helping communities understand

how mobile medical units and telehealth hubs can be integrated with existing transportation services and mobility management programs. NDOT can also encourage and support local initiatives that work to strengthen rural telehealth infrastructure to minimize travel burden in rural communities.

Responsible Parties: Transit agencies; mobility managers; major medical centers; private practice medical offices; local public health and human service agencies; NDOT (technical assistance and coordination support).

Outcomes:

- Proportion of communities that complete feasibility assessments for mobile medical units or telehealth hubs
- Number of mobile medical unit visit schedules coordinated with mobility managers
- Number of telehealth sites established or upgraded in rural counties
- Proportion of partner healthcare providers participating in mobile medical unit or telehealth initiatives

Performance Measures:

- Increase in the number of mobile medical units or telehealth service locations available in communities served by NDOT subrecipients compared to the previous reporting period
- Increase in the number of communities served by NDOT subrecipients that have access to mobile medical unit visits or telehealth service locations compared to the previous reporting period

Implementation Timeframe: 2 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** Capital and operating costs for mobile medical units and telehealth hubs will vary based on scope (equipment, staffing, facility, and technology needs) and are primarily the responsibility of healthcare partners. NDOT support is expected to focus on planning and coordination assistance, which can be integrated into existing program administration and mobility management activities and requires few additional resources or funding.

Potential Funding Sources: Potential funding sources may include medical foundation grants, United Way of Southern Nevada, in-kind contributions of services (such as staff time or donated space), Community Development Block Grants (CDBG), and other health or human services funding streams, as determined by local partners.

STRATEGY 2.3: PROVIDE PLANNING RESOURCES FOR NON-EMERGENCY MEDICAL TRANSPORTATION ACCESS

Access to NEMT is a critical component of equitable healthcare access, particularly for seniors, individuals with disabilities, and low-income populations in rural communities. This strategy supports efforts to improve awareness of available transportation options and enhance coordination between healthcare providers, transit agencies, and human service organizations that assist individuals in accessing medical care.

NDOT may support mobility managers in identifying opportunities to improve local NEMT coordination and planning resources. Mobility managers may work with local partners to share information about available transportation services, connect healthcare providers with transportation options, and encourage practices that help patients understand and access transportation for medical appointments.

Potential activities may include supporting the development of local or regional transportation resource guides, encouraging healthcare providers to include transportation information when scheduling or discharging patients, and facilitating conversations between transportation providers and healthcare organizations to improve awareness of available services. Any information-sharing activities will respect applicable privacy and HIPAA requirements.

Responsible Parties: NEMT agencies (Nevada Health Authority); transit agencies; mobility managers; major medical centers; private practice medical offices; State or County Health and Human Services agencies; NDOT (technical assistance and coordination support).

Outcomes:

- Development or update of regional transportation resource materials that include NEMT information
- Outreach or coordination activities conducted between transportation providers and healthcare partners
- Facilitation of community discussions by mobility managers regarding NEMT access and transportation planning

Performance Measures:

- Increase in the number of communities where mobility managers conduct outreach or coordination activities related to NEMT access compared to the previous reporting period
- Increase in the number of healthcare providers or human service organizations engaged by mobility managers to discuss transportation access for medical services compared to the previous reporting period

Implementation Timeframe: 2 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: Low to Moderate. Costs will vary depending on the development of local transportation resource materials, outreach activities, and coordination efforts led by mobility managers. NDOT support is expected to focus on planning, facilitation, and technical assistance activities that can be integrated into existing mobility management and program administration efforts.

Potential Funding Sources: Potential funding sources may include medical foundation grants, United Way of Southern Nevada, in-kind contributions of staff time or technology, Community Development Block Grants (CDBG), and other health or human services funding streams identified by local and regional partners.

Goal #3: Promote Flexible and Sustainable Transportation Models

“Try New, Flexible, and Sustainable Transportation Options”

Rural Nevada faces unique transportation barriers: vast distances, limited transit infrastructure, and low population density. These challenges disproportionately affect older adults and individuals with disabilities, who often rely on others for mobility. Traditional fixed-route transit systems are often impractical in these regions, difficult to operate efficiently, and can contribute to workforce strain, high operating costs, and inconsistent access to essential services. This goal focuses on advancing transportation models that are flexible, financially and environmentally sustainable, and supportive of a stable, well-trained workforce.

NDOT’s role is to provide planning leadership, technical assistance, and guidance on best practices so that local providers can design and operate services that fit their communities. Local and regional agencies retain responsibility for service planning, operations, and decisions about which flexible models to implement.

STRATEGY 3.1: SUPPORT THE DEVELOPMENT OF VOLUNTEER DRIVER PROGRAMS BY LOCAL PROVIDERS

Volunteer driver programs and demand-responsive services can provide flexible, cost-effective mobility in rural areas where fixed-route transit is not feasible. Under this strategy, NDOT will support local providers and partners in exploring, developing, and sustaining volunteer driver programs that comply with applicable insurance, liability, and safety requirements. NDOT’s role will focus on sharing best practices, offering technical assistance, and connecting agencies to peer examples and training resources; local agencies are responsible for program design, operations, and decisions about whether and how to implement volunteer programs.

Responsible Parties: Public transportation agencies; mobility managers; Aging and Disability Services; Veterans Administration; school districts; NDOT (technical assistance and best-practice guidance).

Outcomes:

- Number of volunteer driver programs established and operating
- Number of passenger trips provided by volunteer drivers, by county and program
- Proportion of counties with at least one volunteer driver program in place or actively under development

Performance Measures:

- Increase in the number of volunteer drivers recruited and retained by local providers compared to the previous reporting period
- Increase in the number of passenger trips provided through volunteer driver programs by county compared to the previous reporting period
- Increase in the number of local providers operating volunteer driver programs compared to the previous reporting period

Implementation Timeframe: 1 year (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: Moderate. NDOT's costs are expected to be limited to staff time and technical assistance that can be integrated into existing program administration and mobility management activities. Local providers are responsible for costs associated with program development, insurance, and operations.

Potential Funding Sources: Potential funding sources may include FTA \$5310 and \$5311 (where eligible), state and local funds, in-kind contributions, and other health or human services funding streams identified by local partners.

STRATEGY 3.2: ASSIST PROVIDERS WITH PURSUING INSURANCE AND TRAINING TOOLS FOR VOLUNTEER PROGRAMS

In many rural communities, older adults and individuals with disabilities rely on volunteer drivers for access to healthcare, groceries, employment, and social activities. However, providers often face barriers such as unclear liability coverage, limited affordable insurance options, and inconsistent access to standardized training. These challenges can discourage agencies from starting or expanding volunteer driver programs and can contribute to staff and volunteer turnover.

Under this strategy, NDOT and mobility managers will provide technical assistance in navigating, understanding, and obtaining appropriate liability and vehicle insurance for volunteer drivers. NDOT's role may include facilitating peer-to-peer learning among providers, curating resources and sample materials, and connecting agencies to potential insurance and training partners. NDOT and mobility managers will not serve as insurance brokers or negotiate coverage on behalf of agencies.

Training resource development would include collaborating with mobility managers to leverage existing training opportunities to refine and distribute materials to local agencies.

Responsible Parties: NDOT; mobility managers; public and private transportation agencies; human service agencies; volunteer driver program administrators.

Outcomes:

- Number of agencies participating in peer learning or resource-sharing networks related to volunteer driver insurance and training
- Number of insured and trained volunteer drivers by region
- Number of eligible volunteer driver programs in operation
- Number of agencies reporting improved understanding of insurance requirements (via surveys)

Performance Measures:

- Increase in the number of agencies receiving technical assistance related to volunteer driver insurance or training compared to the previous reporting period
- Increase in the number of participants completing volunteer driver program training compared to the previous reporting period
- Increase in the number of agencies operating volunteer driver programs compared to the previous reporting period

Implementation Timeframe: 2-3 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: Moderate to High. NDOT's primary costs are expected to involve staff time for coordination, resource development, and outreach, which can be incorporated into existing program administration and mobility management-eligible activities. Additional costs for training delivery or legal/insurance consultation will depend on the scope of assistance pursued and the level of participation by local partners.

Potential Funding Sources: Potential funding sources may include FTA §5311 planning funds, mobility management-eligible activities under §5310, and in-kind contributions from organizations with purchase-of-service or other service agreements.

STRATEGY 3.3: ENCOURAGE THE PURCHASE OF SERVICE AGREEMENTS WHERE FEASIBLE

There is potential to purchase additional service agreements with other organizations to expand services. A service agreement is a contractual arrangement in which one organization (such as a school district, healthcare provider, or human service agency) purchases trips or service hours from a public or nonprofit transportation provider. These agreements can increase the number of trips available to riders, improve efficiency by consolidating demand, and generate local match revenue that supports expanded service.

Under this strategy, NDOT and mobility managers will encourage and facilitate discussions between transportation providers and potential purchasing partners, such as schools, health and human service agencies, and other organizations, to explore purchasing additional service agreement opportunities. NDOT and mobility managers are not parties to purchase of service

contracts; instead, they will provide technical assistance, share best practices, and help identify potential partners and funding opportunities.

Responsible Parties: Public transportation agencies; mobility managers; Aging and Disability Services; Veterans Administration; school districts; human service agencies; NDOT (technical assistance and facilitation of partnerships).

Outcomes:

- Number of purchase-of-service agreements in place by county and provider
- Amount of local match revenue generated through purchase-of-service agreements
- Number of Unlinked Passenger Trips (UPT) provided through purchase-of-service arrangements
- Vehicle Revenue Miles (VRM) and Vehicle Revenue Hours (VRH) associated with purchase-of-service trips by subrecipient agencies

Performance Measures:

- Increase in the number of active purchase-of-service agreements between NDOT subrecipients and partner organizations (such as school districts, healthcare providers, and human service agencies) compared to the previous reporting period
- Increase in total local match revenue generated through purchase-of-service agreements by NDOT subrecipients compared to the previous reporting period
- Increase the total number of Unlinked Passenger Trips (UPT) provided through purchase-of-service agreements by NDOT subrecipients compared to the previous reporting period

Implementation Timeframe: 2 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** NDOT and mobility managers are expected to implement this strategy primarily through existing positions and responsibilities (facilitation, outreach, and technical assistance). Additional costs may be limited to meeting logistics and outreach materials. Contract implementation costs are borne by the participating providers and purchasing agencies.

Potential Funding Sources: Revenue from purchased service agreements can be used as local match for federal grants (such as §5310 and §5311) where eligible. Additional potential funding sources include participating agencies’ operating budgets and other local or philanthropic funds that support coordinated transportation.

Goal #4: Expand Access and Connectivity in Underserved Areas

“Improve Access in Communities that Currently Have Limited Service”

This goal supports the provision of equitable, efficient, and inclusive transportation access across Nevada, especially in communities with limited or no existing transit service. Rural and tribal communities across Nevada face significant transportation gaps due to long distances, limited service availability, and scarcity of local trip generators.

This goal focuses on identifying these gaps systematically, strengthening regional coordination, and supporting projects that improve intercity and intra-county connectivity. Needs assessments, regional collaboration, and flexible planning approaches can help providers tailor solutions to local contexts. NDOT’s role is to provide technical assistance, data, and partnership support; local agencies retain responsibility for service design and implementation.

STRATEGY 4.1: SUPPORT NEEDS ASSESSMENTS FOR SERVICE GAPS IN RURAL AND TRIBAL COMMUNITIES

Needs assessments are decision-support tools that help local and regional agencies identify current service gaps, unmet needs, and opportunities for targeted improvements in rural and tribal communities. NDOT can support agencies by providing data, technical assistance, and guidance on assessment methodologies, while local and regional transportation providers, tribal governments, and human service partners determine the scope, lead the development of assessments, and manage implementation. As the responsible parties’ element below suggests, local and regional transportation agencies should be the primary leads for developing needs assessments with mobility managers providing local support and NDOT staff providing technical assistance as appropriate.

Coordination with tribes will follow established Tribal consultation processes and recognize tribal sovereignty, including engagement with the Tribal Consultation Council and Indian Health Services where appropriate.

Responsible Parties: Local and regional transportation agencies (assessment leads); Tribal governments; NDOT (technical assistance, data support); mobility managers (local facilitation).

Outcomes:

- Development of regional and local needs assessments
- Number of needs assessments completed or updated
- Proportion of tribal partners participating in assessment processes

Performance Measures:

- Increase in the number of regional or local transportation needs assessments completed or updated by NDOT subrecipients or tribal partners compared to the previous reporting period
- Increase in the number of NDOT subrecipients or tribal partners participating in transportation needs assessment activities compared to the previous reporting period
- Increase in the number of NDOT grant applications that reference or incorporate findings from a transportation needs assessment compared to the previous application period

Implementation Timeframe: Immediate (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Moderate.** Costs vary based on scope and data needs. NDOT support is expected primarily through technical assistance and planning guidance. Local agencies may seek planning funds such as FTA planning funds or SPR grant programs to complete full assessments.

Potential Funding Sources: Planning programs such as State Planning and Research (SPR) or FTA planning funds; local or regional contributions; mobility management-eligible activities where appropriate.

STRATEGY 4.2: ASSIST IN THE DEVELOPMENT OF REGIONALLY COORDINATED SERVICES

Mobility managers play a key role in identifying opportunities to improve coordination among transportation providers and partner organizations within their regions. Through collaboration with local transportation providers, human service agencies, tribal governments, and other community partners, mobility managers can help identify opportunities to coordinate services, share resources, and improve connections between communities.

Under this strategy, NDOT will encourage and assist mobility managers in supporting locally led coordination efforts that improve transportation access and efficiency. These efforts may include facilitating discussions among providers, identifying opportunities for coordinated service delivery, and supporting partnerships that connect riders to available transportation services. Participation in coordinated service development is voluntary and should reflect local readiness, partnerships, and available resources.

NDOT's role will focus on providing technical assistance, sharing best practices, and supporting communication among regions. Mobility managers and local partners will determine the scope of coordination activities and whether to pursue service coordination initiatives, partnership agreements, or other collaborative approaches to improving transportation access.

Responsible Parties: Mobility managers (local coordination lead); transportation providers; tribal governments; human service agencies; Aging and Disability Resource Centers; NDOT (technical assistance and facilitation).

Outcomes:

- Mobility managers facilitating coordination discussion among transportation providers and partner agencies
- Opportunities for coordinated services or partnerships identified within mobility management regions
- Partner organizations participating in regional coordination efforts
- Coordination meetings or information exchanges held within regions
- Reports or summaries of coordination activities led by mobility managers

Performance Measures:

- Increase in the number of regional coordination meetings or information-sharing events facilitated
- Increase in the number of transportation providers and partner organizations participating

Implementation Timeframe: 2 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** Activities are expected to occur primarily through existing mobility management and NDOT program administration functions. Additional costs may include meeting facilitation, outreach, or coordination activities supported by regional partners.

Potential Funding Sources: FTA \$5310 (Mobility Management eligible); state program administration funding; in-kind contributions from participating agencies; other federal or state planning programs as available.

STRATEGY 4.3: ENCOURAGE PROJECTS THAT ENHANCE INTERCITY AND INTRA-COUNTY CONNECTIVITY

Nevada counties have identified a need for expanded evening, weekend, and out-of-county service to support medical access, employment, education, and other essential trips. Under this strategy, NDOT would provide technical assistance, data, and planning support to help agencies evaluate and pursue connectivity projects that align with local needs, capacity, and available resources. Implementation will vary across counties due to staffing levels, equipment availability, policies, and the unique service patterns of each provider.

Responsible Parties: Public transportation agencies; mobility managers; county governments; NDOT (technical assistance and planning support).

Outcomes:

- Hours of service or service days offered
- Number of intercity and intra-county trips operated per week
- Proportion of corridors or hubs evaluated for improved connectivity

Performance Measures:

- Increase in the total number of Unlinked Passenger Trips (UPT) provided on intercity and intra-county services by NDOT rural transit subrecipients annually
- Increase in the number of direct routes connecting communities to key destinations compared to the previous year
- Increase in the number of service hours offered for intercity or inter-county routes compared to the previous year

Implementation Timeframe: 2 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** NDOT assistance is expected to rely on existing planning and program administration activities; project implementation costs are dependent on local provider capacity and the scale of service enhancements pursued.

Potential Funding Sources: FTA §5311 planning funds; revenue from purchased service agreements; local or regional funding partners; human service agencies participating in coordinated services.

Goal #5: Enhance Public Information and Mobility Management

“Share Clear Information and Provide Better Tools to Help People Find Rides”

Accessing transportation in rural and frontier communities often requires navigating multiple providers, eligibility rules, schedules, and service areas. Limited awareness of available services can lead to missed medical appointments, inefficient trip planning, and reduced mobility for vulnerable populations. This goal emphasizes the importance of accessible information, strengthened mobility management networks, and targeted rider support tools that help people understand and use available transportation options, especially for Nevada’s rural communities. NDOT’s role is to facilitate coordination, provide technical assistance, and support information-sharing systems; local providers retain responsibility for maintaining their own service information and operations.

STRATEGY 5.1: IMPROVE PUBLIC ACCESS TO TRANSIT INFORMATION VIA NEVADA 211 AND OTHER PLATFORMS

Nevada 211 serves as a centralized platform for accessing information about community resources, including transportation services. In recent years, the information about transportation services available in the Nevada 211 directory has improved overtime but is still low.

Under this strategy, NDOT and mobility managers would support transportation providers in developing and maintaining a standardized service inventory for inclusion in Nevada 211 and supplementary regional or county-level resource directories. Mobility managers would periodically check with transportation providers about updates and submit updates to Nevada 211, but transportation providers must also take initiative to keep mobility managers updates when changes to service occur. Participation is voluntary, and any information-sharing must respect privacy and organizational policies.

Information available through Nevada 211 should include, at minimum:

- Name of the Organization/Service Provider
- Service Area
- Hours of Operation
- Eligibility criteria
- Pricing Information/Fare Schedule
- Access to an Application for service
- Phone Number to contact the Transportation Provider and schedule a trip
- Web address for the Transportation Provider, with information about the services offered
- Vehicle Accessibility Information

Additional information beyond the scope of the Nevada 211 program could be included in a supplemental resource directory for people looking for transportation services. If a stand-alone resource is available online, it can be created and maintained by the mobility managers and hosted by service providers, RTC, and agency or government websites.

Responsible Parties: Public and human service transportation providers; private and public transportation providers (including agencies that purchase tickets or rides on behalf of eligible clients); senior centers; adult daycares; nonprofit organizations; mobility managers; advocacy groups; NDOT (technical assistance and facilitation).

Outcomes:

- Standardized service inventory form created and distributed to providers
- Updated and maintained Nevada 211 directory information
- Creation of supplemental directory
- Increase in transportation resource visibility across state agency and local government platforms
- Proportion of partner organizations updating 211 listings or sharing transportation updates on their websites or social media
- Proportion of counties included in supplemental transportation directory within 1 year of implementation

Performance Measures:

- Increase in the number of NDOT subrecipients listed in the Nevada 211 directory annually
- Increase in the number of Nevada counties represented by NDOT subrecipients listed in the Nevada 211 directory each year
- Increase in the number of service types offered by NDOT subrecipients that are listed in the Nevada 211 directory each year

Implementation Timeframe: 1 year (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** Minimal costs expected, consisting of staff time for coordination and updates.

Potential Funding Sources: Nevada 211 (funded by the United Way); FTA \$5310 mobility management activities; local or regional resources for supplemental directory development.

STRATEGY 5.2: DEVELOP A STATEWIDE RURAL TRAVEL TRAINING PROGRAM AND FACILITATOR NETWORK

Travel training programs help riders understand how to navigate available transportation options, complete eligibility applications, schedule trips, and ride safely and confidently in their community. Program components range from instruction for completing applications and scheduling trips with volunteer driver programs to training on how to ride fixed routes, private taxis, or public demand-response services. Many rural providers lack the resources to offer these programs independently. Under this strategy, NDOT would support the development of a statewide rural travel training network by coordinating with mobility managers and leveraging existing training programs where feasible. Travel training would be provided by the mobility manager or a qualified representative who has been trained by the mobility manager and all participating transportation providers.

NDOT may explore opportunities to scale or replicate successful models, such as existing rural travel training programs administered by local partners, based on local readiness and capacity.

Responsible Parties: NDOT (facilitation and technical support); mobility managers; local transportation providers; human service agencies.

Outcomes:

- Establishment of travel training program and material
- Proportion of counties have a designated travel trainer or facilitator within one year of implementation
- Number of group and one-on-one training courses conducted annually
- Proportion of training opportunities delivered to priority populations

Performance Measures:

- Increase in the number of counties with NDOT subrecipients participating in the statewide rural travel training program annually
- Increase in the number of travel training sessions conducted for NDOT subrecipients annually
- Increase in the number of Unlinked Passenger Trips (UPT) reported by NDOT subrecipients participating in travel training programs annually

Implementation Timeframe: 2-3 years (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Moderate.** Establishing a new program or expanding an existing one and adding trainers takes additional resources and funding at the outset and to grow followed by continued operation. Budget varies depending on scope and training delivery methods. NDOT's contributions are expected to focus on training coordination, resource development, and integration into existing mobility management activities. Providers may contribute to training materials or contract support as needed.

Potential Grant Funding Sources: FTA §5311 funding provides up to 95 percent of the cost for a mobility manager program to provide travel training. The remaining five percent matching funds can be derived from a combination of non-FTA federal dollars (e.g., Department of Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

STRATEGY 5.3: SUPPORT MOBILITY MANAGEMENT NETWORKS AND DATA SHARING BETWEEN PROVIDERS

Strong mobility management networks help identify unmet needs, coordinate trips across providers, and improve system efficiency. Under this strategy, NDOT supports mobility managers in convening providers, sharing best practices, identifying data-sharing opportunities, and facilitating referrals between agencies. All data-sharing activities must be voluntary, privacy-respecting, and compliant with HIPAA and other applicable regulations, especially when supporting vulnerable populations. By supporting and encouraging discussions and data sharing, transparency will increase on the observed needs, leading to the organic development of solutions.

“Trip Sheets” or similar tools may be used to support communication and voluntary data exchange among providers, local agencies, senior centers, adult daycares, libraries, housing agencies, temporary employment agencies, and other partners.

Responsible Parties: NDOT; mobility managers; transit operators; senior centers; adult daycares; nonprofit and human service agencies; other community partners.

Outcomes:

- Number of Trip Sheets or equivalent tools completed or submitted each quarter
- Proportion of identified organizations participating in mobility management network meetings
- Proportion of identified agencies providing data or service updates to mobility managers

Performance Measures:

- Increase in the number of organizations participating in mobility management network meetings or coordination activities compared to the previous year
- Increase in the number of agencies sharing service information with mobility managers compared to the previous year

Implementation Timeframe: 1 year (subject to staffing capacity, funding availability, and local readiness).

Implementation Budget: **Low.** Minimal incremental cost beyond existing mobility management program activities; budgeting primarily includes facilitation, communications, and meeting support.

Potential Funding Sources: FTA §5310 mobility management funds.

2026 CHSTP Strategies Alignment with the §5310 Grant Application Scoring Matrix

Table 19 below includes the categories and the associate points available when evaluating grant applications for the §5310 program, the table also identifies which of the strategies defined in this Plan are associated with each category and what NDOT is evaluating. It is important to note that this table only includes the CHSTP strategies that are most aligned with the §5310 grant application

Table 19: CHSTP Strategies Linked to §5310 Application Scoring
















Scoring Category	Points	CHSTP Strategy Link	What NDOT is Evaluating
Coordination with Human Service Agencies	20	1.2, 4.2, 5.3	Partnerships with aging services, disability agencies, healthcare providers, tribal governments, etc.
Improved Access to Medical Services	15	2.1, 2.3	Transportation access to healthcare providers, hospitals, dialysis, behavioral health, etc.
Support for Volunteer Driver Programs	10	3.1, 3.2	Recruitment, retention, training, and insurance support for volunteer drivers
Purchase-of-Service Partnerships	10	3.3	Agreements with senior centers, healthcare providers, schools, or human service agencies
Mobility Management or Coordination Activities	15	1.2, 4.2, 5.3	Mobility managers, coordination networks, regional coordination
Travel Training or Rider Assistance	10	5.2	Programs that teach seniors or individuals with disabilities how to use transportation services
Addressing Identified Community Needs	10	4.1	Project addresses needs identified in the CHSTP or local needs assessment
Service to Seniors and Individuals with Disabilities	5	Core §5310 purpose	Target populations and demonstrated need
Project Readiness and Feasibility	5	Administrative	Local match secured, implementation plan, partnerships in place

Strategy Prioritization Matrix

The strategies presented in this section have been evaluated based on their implementation timeframe and budget and plotted on a decision matrix (Table 20). This decision matrix uses an X- and Y- axis approach, with the X-axis (vertical) representing the timeframe and the Y-axis (horizontal) representing the budget. The strategies located closer to the bottom left of the matrix can be thought of as quick wins, these strategies have a shorter implementation time and lower budget requirements making them easier pursuits. As strategies are plotted further to the right and higher on the matrix, the effort and budget required for their implementation become greater.

This matrix serves as a reference for understanding how each strategy compares in terms of when they can be carried out and the level of resources required to implement.

Table 20. Decision Matrix

Budget	Prioritizing Strategies Based on Implementation Timeframe and Budget		
High			
Moderate	  	 	
Low	    	  	
Timeframe	Immediate/1 Year	2 Years	3 Years+



Financial Data

The goals and strategies in this plan are identified to be funded by a combination of federally allocated transit dollars and grant opportunities as they become available. The Infrastructure Investment and Jobs Act (IIJA), the current federal transportation funding authorization, ends with the close of federal fiscal year 2026. It is not clear what authorization will replace IIJA or how that authorization may influence available funding programs and allocations. This plan therefore assumes current allocation programs for implementation as well as current competitive grant programs outlined below.

Although NDOT is not a transit service provider, the agency plays a key role in funding and organizing transit services throughout the state. NDOT administers FTA programs for rural public transit funding assistance in Nevada. These include:

- 5304: State Planning and Research Program
- 5310: Enhanced Mobility of Seniors and Individuals with Disabilities Program
- 5311: Rural Area Program
- 5339: Bus and Bus Facilities Program

Table 21 below shows the various funding sources available to NDOT for the federal fiscal year 2025 (the most recent year of complete apportionment data).

Table 21. FY 2025 Federal Transit Funding Allocations, Nevada

5304	5310	5311	5339
\$2,295,230 ⁴	\$431,350 ⁵	\$9,145,750 ⁶	\$4,000,000 ⁷

Competitive grant programs for plan implementation are available through FTA’s Grant Programs clearinghouse as well as through the Rural Opportunities to Use Transportation for Economic Success (ROUTES) initiative. ROUTES provides a grant dashboard for all federal infrastructure funding sources available to rural communities that is updated regularly with the current programs, award cycles, and authorization.

NDOT provides detailed guidance on its transit funding programs on the Transit Plans and Resources website. For the most current information on NDOT-administered funding programs, grant cycles, application documents, and frequently asked questions, visit the NDOT Transit Plans and Resources website regularly.

⁴ [FY 2025 Section 5303 and 5304 Statewide and Metropolitan Planning Apportionments \(Full Year\)](#)

⁵ [FY 2025 Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities \(Full Year\)](#)

⁶ [FY 2025 Section 5311 and Section 5340 Rural Area Formula Apportionments and RTAP \(Full Year\)](#)

⁷ [FY 2025 Section 5339 Buses and Bus Facilities Apportionments \(Full Year\)](#)

Next Steps

Implementation of the 2026 CHSTP will require consistent data collection, structured coordination, and clearly defined responsibilities for NDOT, mobility managers, subrecipients, and partner agencies. The following next steps provide a detailed, action focused approach to initiate near-term implementation and position NDOT for the next CHSTP update.

Establish Baseline Values for All Performance Measures

A foundational requirement for evaluating the progress of the CHSTP is to define current conditions for every performance measure included in the goals and strategies.

ACTIONS

- Compile all performance measures listed in the goals and strategies section into a single internal NDOT master list, this action has been initiated as is included as Appendix 2.
- Distribute a one-time “Baseline Data Request” to all §5310 and §5311 subrecipients and mobility managers.
- Using the one-time “Baseline Data Request”:
 - Identify which agencies currently collect which data, how frequently, and using what methods.
 - Develop interim baseline methods for counties with missing, inconsistent, or limited data collection capacity.
 - Conduct one-on-one technical-assistance sessions with providers unable to generate required baseline metrics.

Develop Standardized Data-Collection Tools and Reporting Templates

Providing ways for subrecipients and mobility managers to consistently document data provides for data that is comparable and easy to reference.

ACTIONS

- Create standardized reporting templates for each performance measure category:
 - Unlinked Passenger Trips (UPT)
 - Vehicle Revenue Miles (VRM)
 - Vehicle Revenue Hours (VRH)

- Preventative maintenance costs
- Medical trip outcomes (completed, unserved, no-show reasons)
- Volunteer driver metrics
- Intercity and intra-county connectivity indicators
- Establish a quarterly reporting schedule aligned with existing FTA reporting cycles.
- Set up a centralized statewide data submission portal or shared system (SharePoint, Smartsheet, or NDOT form system).
- Provide recurring office hour sessions to provide opportunities for subrecipients to ask questions on data collection, reporting, and compliance.

Formalize Coordination Structures to Support Statewide and Regional Implementation

Since this plan depends heavily on collaboration, NDOT must establish consistent coordination mechanisms.

ACTIONS

- Convene mobility managers to define expectations for regional coordination groups (membership, roles, meeting cadence).
- Facilitate the first round of regional coordination meetings.
- Evaluate whether to establish a Statewide Coordinating Council for Rural Transportation, including:
 - potential membership
 - scope (advisory vs. decision-making)
 - relationship to mobility manager regions

These actions will provide the foundation for developing coordinating councils and supporting coordination with mobility managers.

Strengthen Subrecipient and Mobility Manger Support During Strategy Implementation

Many of the needs and gaps in service are surrounded by the need for effective communication, coordination, and support.

ACTIONS

- Develop a regular schedule for meeting with and conducting check-ins with mobility managers
- Establish NDOT “open office hours” during grant cycles to support applicants pursuing §5310, §5311, and coordinated projects.
- Identify agencies that need capacity-building to meet compliance or reporting expectations

Implement a Monitoring Framework for Strategy Progress

Tracking performance measure progress is a key task in demonstrating plan impact.

ACTIONS

- Create a CHSTP implementation dashboard summarizing progress toward each strategy
- Develop an annual CHSTP implementation report template for internal NDOT leadership
- Establish internal review meetings to analyze data, identify gaps, and adjust technical assistance as needed

Prepare Early for the Next CHSTP Update

Preparation for the next update must run parallel to implementation. FTA asks that CHSTPs be updated at least every five years to maintain funding eligibility. Following the adoption of the 2026 CHSTP, NDOT should anticipate the next CHSTP update to be adopted by 2031. Table 22 includes a potential CHSTP update schedule followed by actions identified to assist NDOT in continuously documenting changing data, performance measure alignment, and tactics in preparation for the 2031 CHSTP update.

Table 22. Anticipated Schedule for the 2031 CHSTP Update

Task	Anticipated Timeframe	Potential Impacts on the Timeline
Scoping and Pre-Procurement*	Now – End of 2027	Funding uncertainties, staff turnover or diminished staff capacity to undertake the effort
Procurement*	2027 – Mid 2028	Lack of interest in the request for proposals (RFP), bid protest, contracting delays
Plan Development	Mid 2028 – Late 2030	Delays in content delivery, staff turnover
Final Draft and Review	Late 2030 – Early 2031	Remediation of public, stakeholder, or department comments taking additional effort, greater level of public interest than anticipated
Adoption	Late Spring/Early Summer 2031	Changes in State administrative priorities; lack of support from stakeholders and the public
<i>*Subject to pursuit of consultant/contractor services for the CHSTP update</i>		

ACTIONS

- Track emerging demographic changes, new providers, and evolving unmet needs
- Maintain a running log of:
 - Successful programs
 - Strategies that may require modification
 - Operational challenges
 - Data limitations
- Request communication from Nevada 211 periodic updates or updates when a new transportation provider is added to the public database
- Identify required improvements to public outreach methods for the next planning cycle