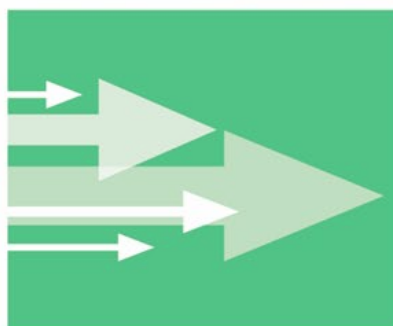




Statewide Coordinated Human Services Transportation Plan

Final

June 2026



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1 Introduction

Human services transportation is specifically designed to support older adults, people with disabilities, and low-income individuals. These transportation services are coordinated between transit agencies, human services agencies, community action agencies, nonprofits, and other local, state, and federal funding partners to connect these vulnerable populations with jobs, medical appointments, educational opportunities, and other life sustaining activities. Coordination is essential because it ensures that limited resources are used efficiently and that individuals with the greatest mobility needs can access reliable transportation options. It is important, especially in rural areas, for this network to operate efficiently while still addressing local needs. Achieving this depends on collaboration among a variety of stakeholders in human services transportation, including but not limited to state departments, public and private transportation providers, universities, local government, community action agencies, nonprofit centers, and faith-based organizations.

Human services transportation helps older adults, people with disabilities, and low-income individuals access essential health, education, employment, social, and supportive services.

1.1 PURPOSE

The Federal Transit Administration (FTA) Section 5310 program (Title 49 U.S.C. 5310 - Enhanced Mobility for Seniors and Individuals with Disabilities Program) provides federal formula funding to states for the purpose of assisting transportation providers in meeting the needs of older adults and people with disabilities. Initially established under the Moving Ahead for Progress in the 21st Century (MAP-21), it was carried forward through the Fixing America's Surface Transportation Act (FAST Act). The Infrastructure Investment and Jobs Act (IIJA) provided funding for federal fiscal years 2022-2026 for services provided under Section 5310. The Mississippi Department of Transportation (MDOT) administers the funds.

The Section 5310 Program requires state recipients of these funds to certify that:

- Projects selected for funding are included in a “locally developed coordinated public transit human services transportation plan.” These projects may be identified as strategies, activities, and/or specific projects addressing an identified service gap or transportation coordination objective within the plan.
- The coordinated plan is developed and approved through a process that includes participation by stakeholders, such as older adults, persons with disabilities, representatives of public, private, and nonprofit transportation providers, and other members of the public.
- Transportation services are coordinated, to the maximum extent feasible, with other transportation services supported by federal departments and agencies who are recipients of grants from the Department of Health and Human Services.

Recipients of FTA Section 5311 program (Formula Grants for Rural Areas Program) are also encouraged to include their 5311 projects in a locally developed, coordinated human services transportation plan. The Section 5311 program provides operations, capital, planning, and administration assistance to states to support public transportation services in rural areas with populations less than 50,000. Additionally, the FTA Section 5311(f) program provides funds to intercity bus service providers to assist them with providing transportation services that cross local service areas and jurisdictional boundaries. Additional information on intercity bus services in Mississippi can be found in the *Mississippi Department of Transportation Intercity Bus Study*, which accompanies this report.

As the designated recipient of Section 5311 and 5310 program funds, MDOT allocates these funds to public and private transportation providers through an annual application process that verifies the funds are being used for projects that are included in a locally developed coordinated human services transportation plan.

This document serves as Mississippi's Coordinated Human Services Transportation Plan (MCHSTP) and outlines the comprehensive assessment process used in the planning and delivery of human services transportation statewide. MCHSTP identifies the specific transportation needs of older adults, people with disabilities, and low-income individuals; identifies key stakeholder partnerships and collaboration; and prioritizes strategies related to improving these services for the targeted populations.

1.2 APPROACH

MCHSTP was developed concurrently with the *State Transit Plan and Intercity Bus Study* conducted in 2025-2026. The study assessed existing conditions of Mississippi's transportation network, analyzed gaps and challenges, and identified areas of opportunity and growth, provided funding strategies, and recommended implementation improvements. The study included engagement with key stakeholders, such as public and private transportation providers, regional mobility managers, MDOT staff, and members of the public.

1.2.1 PLAN ELEMENTS

MCHSTP is comprised of the following elements:

- **Baseline Conditions Assessment** - The baseline conditions assessment examines Mississippi's statewide physical and demographic characteristics that shape operating environments and user needs. The assessment provides an inventory of transportation services and providers available to support coordinated transportation services.
- **Barriers to Coordination** - The plan acknowledges the coordination challenges experienced by transportation providers, regional mobility managers, state and local government representatives, and private operators as they work to meet transportation service needs. These include gaps and unmet travel needs highlighted through comprehensive data analysis, as well as public and stakeholder outreach.

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- **Strategies for Improvement** - A variety of strategies are recommended to enhance the human services transportation services provided in Mississippi. These strategies range from policy framework initiatives to resource hubs and innovative partnerships.

1.2.2 PLANNING PROCESS

MCHSTP was developed using a comprehensive process that examined demographic data, existing transportation services, industry best practices for coordinated transit, and stakeholder and public input. This process was completed during the *State Transit and Intercity Bus Study*. The process included:

- **Data Analysis** - Data was collected and analyzed during the *State Transit Plan and Intercity Bus Study* that examined the current transportation operating environment around the state. Study elements included a current state assessment, gap analysis, and recommended strategies.
- **Public Outreach** - Public engagement workshops were held in multiple locations throughout the state to gather information and feedback from residents and users of public transportation. The public was provided with opportunities to participate in these workshops both virtually and/or in-person. Polling and surveys were initiated to gather feedback from users and non-users of public transit and human services transportation. **Table 1** lists all public engagement opportunities provided throughout the planning period for the MCHSTP.

Table 1. Public Engagement Opportunities

Public Engagement	Date	Opportunity Type
Statewide Transit Plan and Intercity Bus Study Community Survey	March 30 – May 16, 2025	Public survey
Union Station (Jackson)	April 1, 2025	Public engagement (booth)
Pascagoula Hospital	April 3, 2025	Public engagement (booth)
Mississippi Residents' Transportation Needs and Preferences Survey	August 11 – September 10, 2025	Public survey
L RTP Engagement	October 1, 2025 (Jackson) October 7, 2025 (Madison and Tupelo) October 8, 2025 (Clarksdale) October 9, 2025 (Hattiesburg) October 15, 2025 (Gulfport) October 21, 2025 (Pearl)	Public meeting (booth)
Statewide Transit Plan and Intercity Bus Study Public Meeting	March 26, 2026	Public meeting
Spring 2026 Survey	April 8 – April 17, 2026	Public survey & Virtual Meeting

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- Stakeholder Feedback** - Surveys were provided throughout the study and planning process to gather data and feedback from transportation providers and leadership at various stages of study. The surveys provided an opportunity for regional mobility managers, transportation providers, and other MDOT leaders to identify coordination challenges and prioritize strategic opportunities. Stakeholder engagement also included guidance from the Project Advisory Council (PAC) and presentations at the MDOT Annual Transportation Coordination Summit, the Mississippi Public Transportation Association (MPTA) Annual Conference, and the MPTA Annual Roadeo event. **Table 2** lists all stakeholder engagement opportunities provided throughout the planning period for the statewide CHSTP.

Table 2. Stakeholder Engagement Opportunities

Stakeholder Engagement	Date	Type
Greyhound/Flixbus (Jackson, MS)	April 1, 2025	Interview; facility tour
Hub City Transit (Hattiesburg)	April 1, 2025	Interview; facility tour; service area tour
JATRAM (Jackson)	April 2, 2025	Interview
Coast Transit Authority (Gulfport)	April 2, 2025	Interview; facility tour; service area tour
Oxford University Transit Management	April 2, 2025	Interview; facility tour
Tupelo Transit	April 2, 2025	Interview
Delta Area Rural Transit System (Clarksdale)	April 3, 2025	Interview; facility tour; service area tour
Destiny Rides (Olive Branch)	April 3, 2025	Interview
Memphis Area Transit Authority (Memphis, TN)	April 3, 2025	Interview; facility tour
JATRAM	April 24, 2025	Facility tour
Spring 2025 Survey	April 2025	Stakeholder survey
Mobility Managers Survey	May 5 - 12, 2025	Mobility manager survey
MPTA Conference	November 2025	Stakeholder engagement
Mississippi Roadeo	March 2026	Stakeholder engagement
Spring 2026 Survey	April 2026	Provider survey
Regional Mobility Managers Meeting	April 2026	Stakeholder engagement

- Regional Coordination** - Each of Mississippi's six regions have developed Regional Coordinated Human Services Plans (attached as appendices), where targeted public and stakeholder outreach was conducted. Stakeholders included:
 - Public and private transportation providers;
 - Human service agencies funding, operating, or providing access to transportation services that serve elderly, disabled, and low-income populations, including agencies that administer health, employment, or other support programs;
 - Existing and potential riders, including both general public and targeted populations;
 - Local governmental representatives, such as City and County Administrators;
 - Advocacy organizations working on behalf of targeted populations;

- Job training and placement agencies;
- Housing agencies;
- Health care facilities;
- Mental health agencies;
- Security and emergency management agencies;
- Tribal representatives;
- Economic development organizations;
- Faith-based organizations; and
- Representatives of the business community (employers and developers).

These combined efforts resulted in a comprehensive understanding of the gaps, challenges, and opportunities within the human services transportation network. This information informed the development of strategies aimed at strengthening collaboration among the organizations responsible for planning and delivering human services transportation in Mississippi.

1.2.3 CYCLE AND DURATION OF THE STATEWIDE PLAN

Since transit planning involves continual coordination among multiple agencies along with evolving inventories, strategies, and performance measures, this MCHSTP covers a five-year period of 2026-2031. Aligning the plan to this timeframe also supports coordination with other planning documents. *Mississippi's Unified Long-Range Transportation Infrastructure Plan (MULTIPLAN)* is a coordinated effort to develop MDOT's statewide long-range transportation plan alongside the LRTPs for the Central Mississippi Planning & Development District (CMPDD), Hattiesburg-Petal-Forrest-Lamar (HPFL), and Gulf Regional Planning Council (GRPC) MPOs. The MULTIPLAN is updated on a similar four- to five-year cycle. Additionally, several strategies in this plan will require a multi-year approach to fully implement. Providing a five-year range allows for some flexibility in implementing these strategies as local conditions evolve.



Mississippi Department of Transportation (Jackson, Mississippi)

2 Baseline Conditions Assessment

This section outlines the physical, economic, and demographic settings in which Mississippi's human services transportation programs are currently operating. These baseline conditions provide context for the subsequent development of goals and objectives, identification of transit needs, and strategy recommendations.

2.1 HUMAN SERVICES TRANSPORTATION ELIGIBILITY

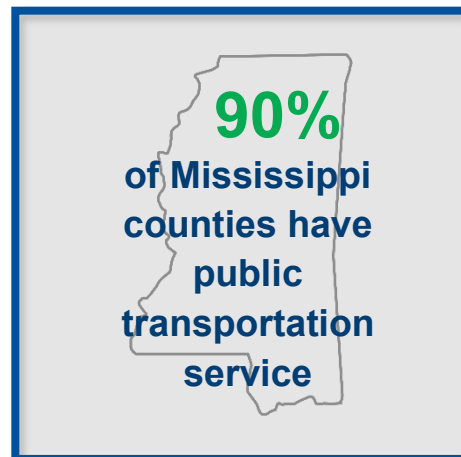
Human services transportation programs have eligibility requirements centered around a person's age, income, and disability status. Many of these services are supported by federal block grants that help these vulnerable populations access social services. The federal and state entities administering these block grant funds contract with public and private transportation providers to help their clients access these vital services. Transportation service availability is based on several factors, including provider staffing, program funding, and prioritization of services provided.

2.2 TYPES OF HUMAN SERVICES TRANSPORTATION SERVICES

There are a variety of transportation resources and services offered to Mississippi's elderly, disabled, and low-income residents. Public transportation services are operated in 74 of Mississippi's 82 counties. The state features a broad range of service availability, with some counties having no transportation services available, some having limited services available, and other counties having multiple providers operating within their boundaries.

In rural environments (where development patterns are dispersed and population densities are low), public transportation services can often be the most practical and cost-effective means of providing mobility. These services are **demand response**, reservation-based services that provide curb-to-curb or door-to-door trips. Public transportation services in rural areas are typically open to the general public and offered at a modest fare. These services are funded using Section 5311 program grant funds that are available for general public use.

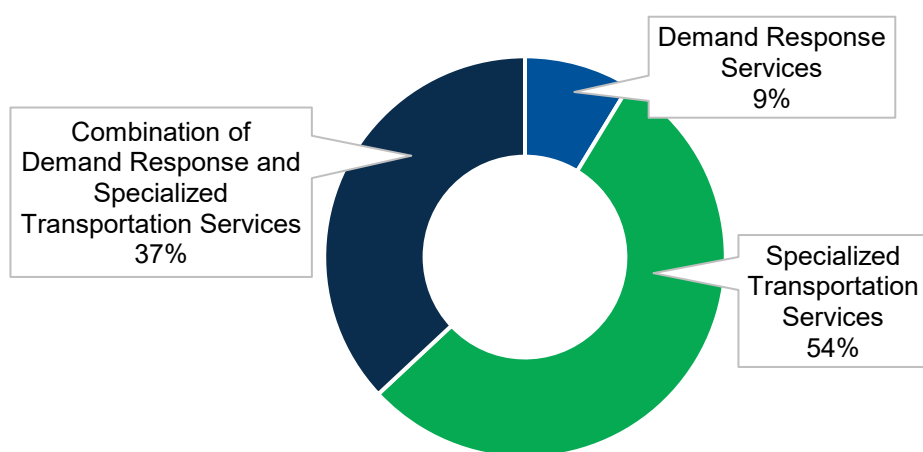
Specialized transportation services are targeted to specific populations, such as older adults, individuals with disabilities, low-income residents, and children. In many cases, these services are supported through social service or human services funding sources that are intended to meet the mobility needs of elderly, disabled, and/or low-income individuals within a community. These specialized transportation programs are typically trip-purpose focused and prioritize access to essential destinations, including medical appointments, employment opportunities, educational



programs, nutrition and meal services, and other critical, life-sustaining community-based activities. By addressing these fundamental mobility needs, specialized transit services play a vital role in supporting individual independence, health, and overall quality of life. These specialized transportation services are funded using Section 5310 program grant funds. In some cases, human services agencies receive these funds and contract with transportation providers to deliver the services.

Figure 1 shows the number of transportation providers classified by whether they provide demand response services for the general public, specialized transportation services, or a combination of both.

Figure 1. Mississippi Rural Transportation Providers



2.3 PROVIDERS

The transportation network consists of **54 providers** with three (3) operating fixed-route systems with complementary paratransit service, 47 operating only demand response service, and two (2) providers operating a combination of fixed-route and demand response services. Some of these providers offer connections between rural and urban areas. Three (2) intercity bus providers and one (1) intercity rail provider support these transit providers.

2.3.1 URBAN TRANSIT

Three urban transit providers feature fixed-route, complimentary paratransit, demand response, and vanpool. These providers primarily rely on FTA Section 5307 funding to provide these services in urban areas.

JTRAN

JTRAN operates in the Jackson Urbanized Area, which has a population of 377,693¹, and spans Hinds, Madison, and Rankin counties. The JTRAN system operates fixed route and demand response services within Jackson's city boundaries. Demand response services for the remainder of Hinds county, Madison and Rankin counties, is administered by multiple transportation providers.

HUB CITY TRANSIT

Hub City Transit operates in the Hattiesburg Urbanized Area, which has a population of 82,730, and encompasses portions of Forrest and Lamar counties. Fixed-route services and complimentary paratransit services are provided within the Hattiesburg city limits, while demand response services are operated by additional providers. There is an interest in establishing a microtransit service to improve service coverage in lower-density areas, though advancing this will require additional interagency coordination, stakeholder engagement, and sustainable funding partnerships.

COAST TRANSIT AUTHORITY

Coast Transit Authority (CTA) operates in the Gulf Coast Urbanized Area, which has a population of 236,344 and includes Biloxi, Gulfport, Ocean Springs, Gautier, and Pascagoula. CTA's service area has a population of 124,940 and primarily focuses on Biloxi, Gulfport, and their surrounding communities. While CTA delivers fixed-route services and complimentary paratransit within its core service cities, regional connectivity is hindered by low-density corridors between population centers. Demand response services the remaining transit service area, and vanpool services are operated through partnerships with Enterprise. Incentive-based partnerships are being explored with hotels and casinos, as well as workforce development projects.

2.3.2 RURAL TRANSIT

Mississippi has 49 transportation providers that operate exclusively within rural service environments. Forty-seven of these providers deliver transportation through demand response services only, reflecting the dispersed land use patterns and specialized mobility needs common in rural areas. The remaining two rural transportation providers, Oxford University Transit and MSU Starkville, are affiliated with public universities and offer a more diverse mix of services. In addition to demand response transportation, these university-based systems operate fixed-route services and provide complementary paratransit, supporting both campus populations and the surrounding communities with a broader range of mobility options.

Rural transit is strongly influenced by geographic context, including low population density, dispersed populations, and long travel distances between destinations. Unlike urban environments where transit systems benefit from concentrated demand, rural regions often

¹ American Community Services 2023

consist of small towns, farmland, and natural landscapes spread over large areas, making transportation services less efficient and more costly to operate. As a result, transit options in these areas tend to be limited in frequency, coverage, and hours of operation, with many systems relying on flexible or demand response services. Rural residents often depend more heavily on private vehicles, while those without access to cars, including older adults, low-income individuals, and people with disabilities, may face significant mobility challenges and reduced access to employment, healthcare, and essential services.

2.3.3 RURAL TRANSIT PROVIDERS

Table 3 provides a complete list of rural transportation providers, the areas they serve, and the services provided.

Rural transportation providers are located throughout the state, with the highest concentration appearing around the Jackson metropolitan area. Additional clusters are visible along the Gulf Coast and in the northern part of the state around Tupelo, with additional providers located in regional hub cities, such as Hattiesburg, Meridian, Greenville, and Vicksburg. Transportation providers become sparser and more scattered in rural areas outside of these urban and regional centers. **Figure 2** shows the location of the rural transportation providers across the state.



Rural transit provider Aaron E. Henry Community Services administrative office (Coahoma County)

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Table 3. Inventory of Rural Transportation Providers

Agency	Region	Type of Organization	Service Area	Service Provision		Clients Served	
				Provides Direct Service	Contracts with Service Providers	General Public	Specialized
Bolivar County Council on Aging	Delta Rides	Public Non-profit	Bolivar + 9 counties	•		•	•
Central Mississippi, Inc.	Delta Rides	Private Non-profit	Montgomery + 6 counties	•		•	
City of Long Beach	Southern Connect	Governmental	City of Long Beach	•			•
City of Lucedale	Southern Connect	Governmental	City of Lucedale	•			•
City of Tunica – Tunica Recreation Commission	Delta Rides	Governmental	Tunica County	•			•
City of Wiggins	Southern Connect	Governmental	City of Wiggins	•			•
Claiborne County Human Resource Agency	SMART	Public Non-profit	Claiborne + 2 counties	•		•	•
Climb-Up, Inc.	NITA	Governmental Commission	Lee + 6 counties	•			•
Community Action of South Mississippi	Southern Connect	Public Non-profit	Jackson County	•			•
Community Council of Warren County	Trans-Con	Public Non-profit	Warren County	•			
Community Development Incorporated	Southern Connect	Private Non-profit	Perry + 13 counties	•			•

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Agency	Region	Type of Organization	Service Area	Service Provision		Clients Served	
				Provides Direct Service	Contracts with Service Providers	General Public	Specialized
Copiah County Human Resource Agency	Trans-Con	Public Non-profit	Copiah + 2 counties	•		•	•
DART	Delta Rides	Private Non-profit	Coahoma + 6 counties	•		•	•
DJ Transit, Inc.	Southern Connect	Private Non-profit	Jones + 4 counties	•		•	•
East Central Planning and Development District	EZTAG	Private Non-profit	Newton + 8 counties	•			•
Five County Child Development Program, Inc.	Southern Connect	Private Non-profit	Jefferson Davis + 5 counties	•		•	•
Four C's	Trans-Con	Private Non-profit	Hinds County	•			•
Harrison County Senior Resource Agency	Southern Connect	Public Non-profit	Harrison County	•			•
Hinds County Human Resource Agency	Trans-Con	Public Non-profit	Hinds County	•		•	•
Jackson Medical Mall Foundation	Trans-Con	Private Non-profit	Hinds + 2 counties		•		•
Lee County Multipurpose for the Elderly	NITA	Private Non-profit	Lee County	•			•
Lowndes County Council on Aging	NITA	Private Non-profit	Lowndes	•			•

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Agency	Region	Type of Organization	Service Area	Service Provision		Clients Served	
				Provides Direct Service	Contracts with Service Providers	General Public	Specialized
Madison County Citizen Service Agency	Trans-Con	Public Non-profit	Madison County	•		•	
Mississippi Band of Choctaw Indians	EZTAG	Tribal	City of Meridian + 5 counties	•		•	•
Mississippi Christian Family Services	Delta Rides	Private Non-profit	Sharkey County	•		•	•
Mississippi Valley State University Mass Transit	Delta Rides	Governmental	Leflore + 6 counties	•		•	•
Mount Zion Economic Community Center	SMART	Public Non-profit	Pike + 2 counties	•			•
N-Route	Trans-Con	Governmental	City of Vicksburg	•			•
Natchez Transit System	SMART	Private Non-profit	Adams + 6 counties	•		•	•
North Central Planning and Development District	Delta Rides	Private Non-profit	Montgomery + 6 counties	•			•
North Delta Planning and Development District	Delta Rides	Private Non-profit	Panola + 6 counties	•			•

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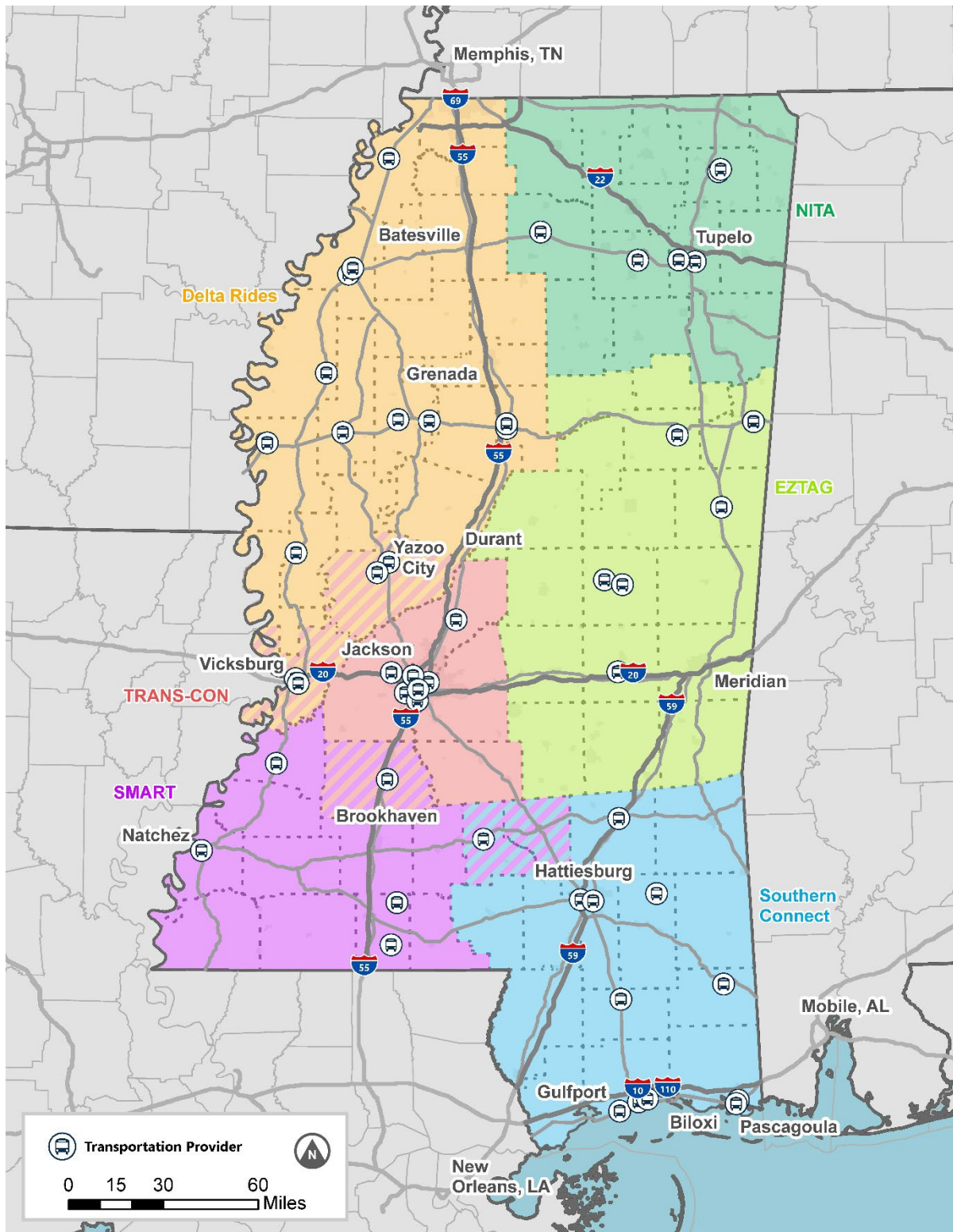
Agency	Region	Type of Organization	Service Area	Service Provision		Clients Served	
				Provides Direct Service	Contracts with Service Providers	General Public	Specialized
Northeast Mississippi Community Services, Inc	NITA	Private Non-profit	Prentiss + 7 counties + City of Tupelo	•		•	•
Noxubee County Human Resource Agency	EZTAG	Public Non-profit	Noxubee + 2 counties	•		•	•
Oxford University Transit	NITA	Governmental	City of Oxford	•		•	•
Philadelphia Transit	EZTAG	Private Non-profit	Neshoba + 7 counties	•		•	•
Pine Belt Mental Healthcare Resources	Southern Connect	Public Non-profit	Forrest County	•			•
Quality Mental Health	Delta Rides	Private Non-profit	Leflore + 6 counties	•			•
Region IV Timber Hills Mental Health Services	NITA	Private Non-profit	Prentiss + 4 counties	•			•
Rose Hill Transportation	SMART	Private Non-profit	Pike County	•		•	•
Singing River Health System	Southern Connect	Public Non-profit	Jackson County	•			•

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Agency	Region	Type of Organization	Service Area	Service Provision		Clients Served	
				Provides Direct Service	Contracts with Service Providers	General Public	Specialized
South Central Community Action Agency	Trans-Con	Public Non-Profit	Hinds + 6 counties	•		•	•
Starkville-MSU Area Rapid Transit	EZTAG	Governmental	MSU campus + City of Starkville	•		•	
Sunflower-Humphreys Counties Progress, Inc.	Delta Rides	Private Non-Profit	Sunflower + 4 counties	•		•	•
Three Rivers Planning and Development District	NITA	Private Non-Profit	Pontotoc + 7 counties	•			•
Warren County Community Services	Delta Rides	Public Non-Profit	Washington + 4 counties	•			•
Warren Yazoo Mental Health	Trans-Con	Private Non-profit	Hinds + 2 counties	•			•
Willowood Developmental Center	Trans-Con	Private Non-Profit	Hinds + 2 counties	•			•
Yazoo County Human Resource Agency	Delta Rides	Public Non-Profit	City of Yazoo	•			•
Yazoo County Human Services Department	Delta Rides	Public Non-profit	City of Yazoo	•			•

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Figure 2. Rural Transportation Provider Locations

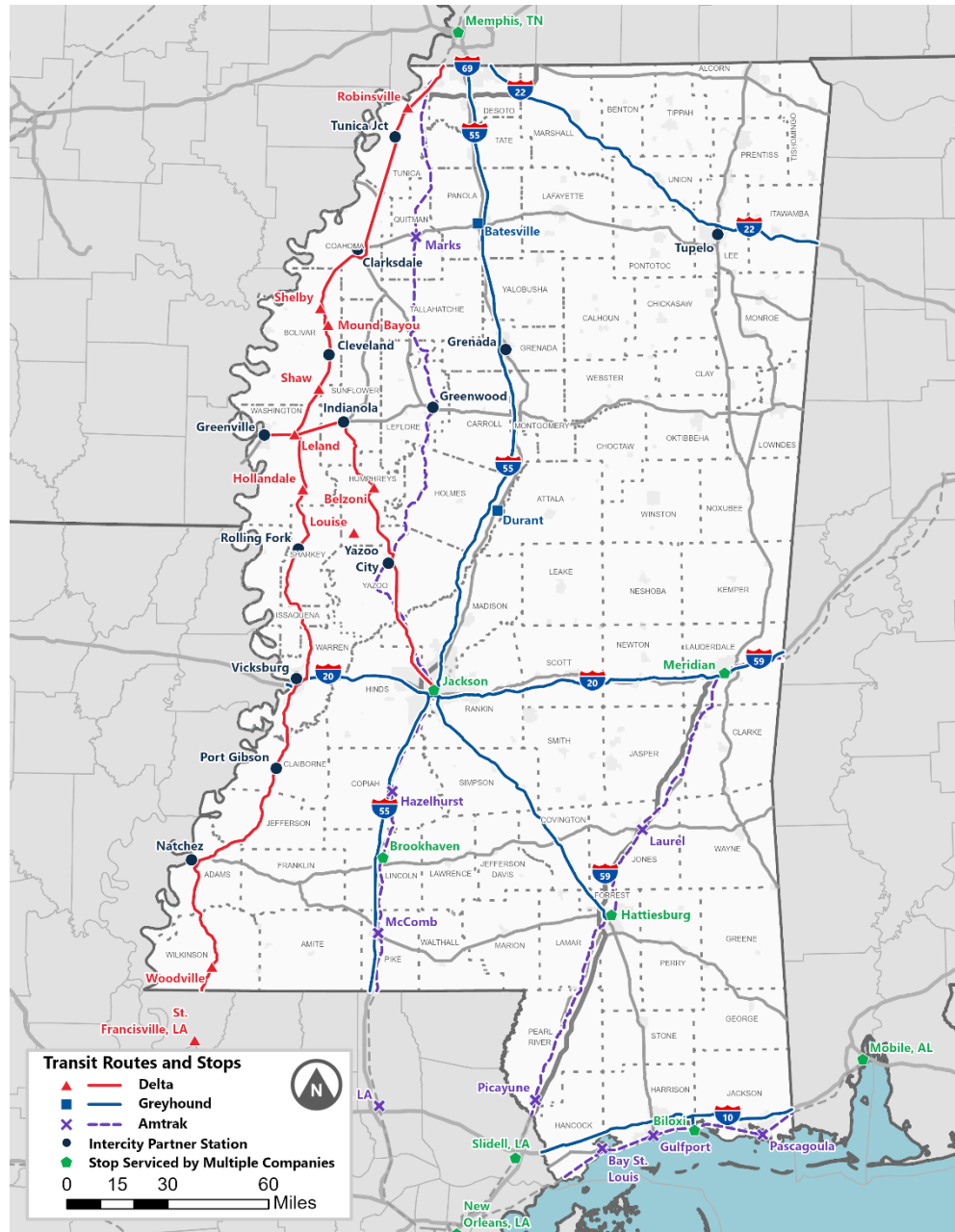


Statewide Coordinated Human Services Transportation Plan

2.3.4 INTERCITY TRAVEL

In addition to traditional transit options, Mississippi offers residents access to intercity bus services through Greyhound (owned by FlixBus) and Delta Bus Lines, and intercity rail services through Amtrak. Intercity travel is critical to helping residents access destinations outside of their transit system's jurisdictional boundaries when traditional transit systems cannot accommodate the travel needs. Mississippi's intercity map is shown in **Figure 3**.

Figure 3. Intercity Travel Route Map



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2.3.5 PRIVATE TRANSPORTATION PROVIDERS

In addition to public transportation providers, there are many private transportation providers operating in Mississippi who are not part of the coordinated human services transportation system. These providers do not receive federal or state funding for transportation services. A list of private transportation providers in Mississippi is included as Appendix A.

2.4 AVAILABILITY OF TRANSPORTATION SERVICES

Public transportation services are available at least five days per week, with some providers offering service during the evening and weekend. **Table 4** lists the transportation providers with expanded evening and weekend hours.

Table 4. Evening and Weekend Service Availability

Providers	Weekday Service	Evening Service	Weekend Service
Bolivar County Council on Aging	•	•	•
Central Mississippi, Inc.	•	•	•
City of Long Beach	•		
City of Lucedale	•		
City of Tunica – Tunica Recreation Commission	•		
City of Wiggins	•		
Claiborne County Human Resource Agency	•		•
Climb-Up, Inc.	•		
Community Action of South Mississippi	•		
Community Council of Warren County	•		
Community Development, Inc.	•	•	•
Copiah County Human Resource Agency	•		
DART	•	•	•
DJ Transit, Inc.	•		
East Central Planning and Development District	•		
Five County Child Development Program, Inc.	•		
Four C's	•		•
Harrison County Senior Resource Agency	•		
Hinds County Human Resource Agency	•		
Jackson Medical Mall Foundation	•		
Lee County Multipurpose for the Elderly	•		

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Providers	Weekday Service	Evening Service	Weekend Service
Lowndes County Council on Aging	•		
Madison County Citizen Service Agency	•		•
Mississippi Band of Choctaw Indians	•	•	•
Mississippi Christian Family Services	•		
Mississippi Valley State University Mass Transit	•		
Mount Zion Economic Community Center	•		
N-Route	•		
Natchez Transit System	•		•
North Central Planning and Development District	•		
North Delta Planning and Development District	•		
Northeast Mississippi Community Services, Inc.	•		•
Noxubee County Human Resource Agency	•		
Oxford University Transit	•	•	•
Philadelphia Transit	•		
Pine Belt Mental Healthcare Resources	•		
Quality Mental Health	•		
Region IV Timber Hills Mental Health Services	•		
Rose Hill Transportation	•		•
Singing River Health System	•		
South Central Community Action Agency	•	•	
Starkville-MSU Area Rapid Transit	•	•	•
Sunflower-Humphreys Counties Progress, Inc.	•		
Three Rivers Planning and Development District	•		
Warren County Community Services	•		
Warren Yazoo Mental Health	•		
Willowood Developmental Center	•		
Yazoo County Human Resource Agency	•		
Yazoo County Human Services Department	•		

2.5 DEMOGRAPHICS ANALYSIS

Mississippi is a moderately sized and increasingly diverse state, home to approximately 2.95 million residents in 2025.² Overall population growth has remained slow, with the state experiencing a net decline of about 0.2 percent since the 2020 Census. Despite this longer-term decrease, Mississippi saw a modest year-over-year population gain of 4,000 residents between 2024 and 2025. This recent uptick was driven primarily by international migration, which offset continued population losses from natural decrease and domestic migration out of the state.

Mississippi's population is gradually aging, with a median age of approximately 38 years, reflecting broader demographic trends toward slower growth and an increasing share of older residents. This shift will require a continued focus on human services to meet the evolving needs of the aging population. Mississippi also has a high rate of disability and low-income residents. In rural areas, these factors often intersect, as individuals with lower incomes tend to face limited access to healthcare and other essential resources.



Natchez Transit passengers (Picture courtesy of Natchez Democrat)

² American Community Survey, 2023

2.5.1 OLDER ADULT POPULATION

Mississippi's population is aging more rapidly than the nation as a whole, creating growing and complex transportation needs for older adults. Adults aged 65 and older now make up approximately 18% of the state's population, and this number continues to increase, particularly in rural counties where older adults often represent 20–25% of residents.³ As the state's median age rises and population growth remains slow, transportation access has become a critical factor in supporting independence, health, and quality of life for older Mississippians.

As health conditions change with age, many older adults reduce or discontinue driving due to concerns related to vision, physical ability, or overall safety. This transition can leave individuals vulnerable to social isolation and unmet daily needs. In rural areas, these challenges are compounded by the limited availability of fixed-route transit, sidewalks, and safe pedestrian infrastructure, which further restrict mobility options for aging residents. These challenges are exacerbated when transit systems have limited service areas or destination coverage, reducing residents' ability to reach healthcare, shopping, and community services.

Demand for these services is expected to grow as the older adult population increases, placing additional pressure on existing transportation networks that are already limited in funding and capacity. Meeting this demand will require sustained and enhanced investment in human services transportation, including expanded operating funds, vehicles that accommodate mobility devices, and technology that improve scheduling and coordination. In addition, stronger partnerships will be critical, particularly with organizations and programs that support seniors, such as healthcare providers, aging services agencies, community-based nonprofits, and caregiver support organizations, to better align transportation services with the locations, schedules, and needs of older adults.

Many older adults rely heavily on demand response services to access essential destinations and maintain their quality of life.

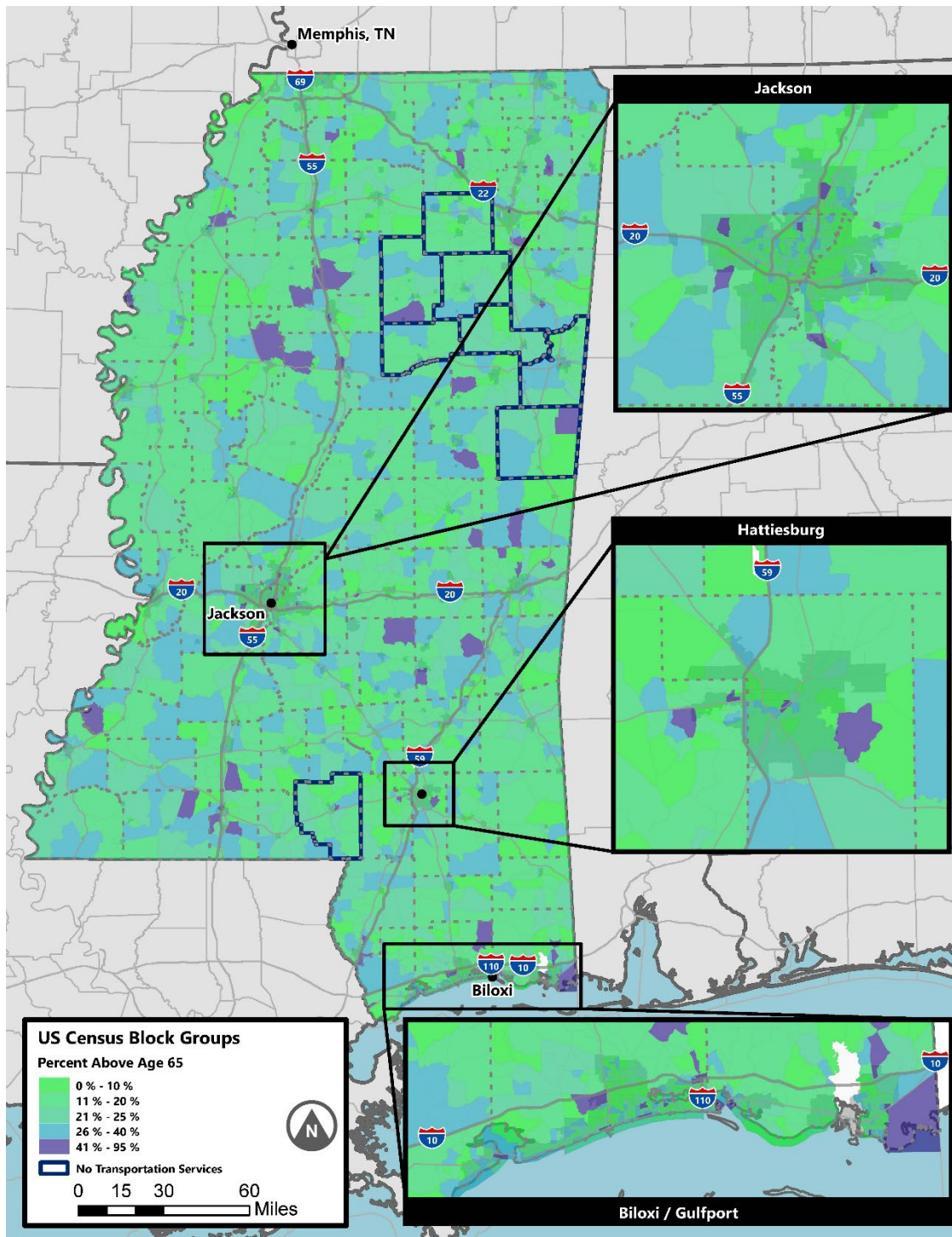
Collaborative efforts among public transit agencies, non-emergency medical transportation providers, and human services agencies will also be essential to maximize resources and reduce service gaps. Coordinated planning, shared funding strategies, and data-driven service design can improve efficiency while ensuring that transportation remains a reliable link to healthcare, nutrition, social activities, and supportive services. Collectively, these efforts help older adults remain safely and independently in their homes and communities while reducing isolation and improving overall well-being.

A map showing the concentration of older adults in Mississippi is shown in **Figure 4**.

³ American Community Survey, 2023

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Figure 4: Older Adult Populations in Mississippi



2.5.2 INDIVIDUALS WITH DISABILITIES POPULATION

Mississippi has one of the highest disability prevalence rates in the nation. An estimated 825,000 adults, representing more than one-third of the adult population, report having at least one disability such as physical, sensory, cognitive, or ambulatory limitations. Disability prevalence is particularly high in rural areas, among older adults, and among residents with lower incomes. These overlapping factors often compound transportation challenges and increase reliance on accessible, affordable, and dependable transportation options.

For individuals with disabilities, reliable transportation is a critical link to essential services and opportunities, including healthcare, employment, education, social services, and participation in community life. Many people with disabilities are unable to drive due to vision loss, mobility impairments, or medical conditions, while others may face financial barriers to vehicle ownership or the cost of maintaining a private vehicle. As a result, individuals with disabilities are more likely to depend on public transportation, demand-response services, non-emergency medical transportation, or human services transportation programs to meet their daily needs.

When adequate transportation options are unavailable or inconsistent, individuals with disabilities face significant negative outcomes. Missed or delayed medical appointments can lead to worsening health conditions and increased emergency care utilization. Limited transportation access can also restrict employment and education opportunities, contributing to higher rates of unemployment and poverty among people with disabilities. In addition, transportation barriers often increase social isolation, reducing opportunities for personal independence, civic engagement, and overall quality of life.

As Mississippi's population continues to age and disability prevalence remains high, demand for accessible transportation services is expected to grow. Addressing these needs will require sustained investment in accessible vehicles, ADA-compliant infrastructure, reliable scheduling and dispatch systems, and well-coordinated service delivery across transportation providers.

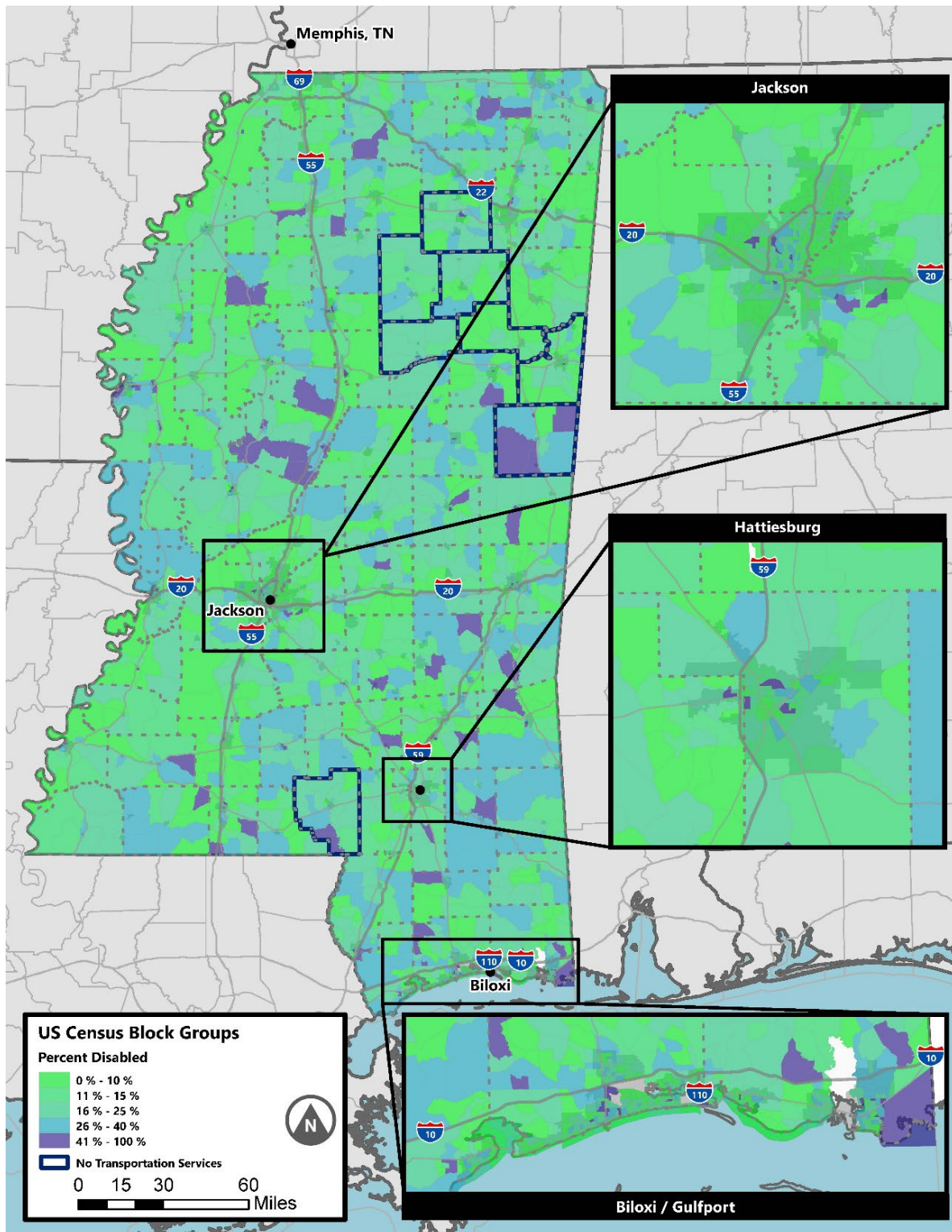
A map showing the population of individuals with disabilities is provided in **Figure 5**.



Disabled passenger boarding wheelchair accessible van

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Figure 5. Individuals with Disabilities Populations in Mississippi



2.5.3 LOW INCOME POPULATION

In Mississippi, approximately 560,000 people, one in five residents, are living below the federal poverty level.⁴ For low-income households, transportation costs represent a substantial financial burden and often compete directly with essential expenses such as housing, food, utilities, and healthcare. In fact, the Bureau of Transportation Statistics suggests lower income households have a higher transportation cost burden than other households.⁵ This is especially true in Mississippi, who has the highest poverty rate in the nation.

Many individuals living below the federal poverty level typically lack access to a reliable personal vehicle or struggle to afford the ongoing costs associated with vehicle ownership, including fuel, insurance, maintenance, and repairs. As a result, low-income households are more likely to depend on public transportation, shared rides, or human services transportation programs to meet their daily mobility needs. Access to employment, education and training, healthcare services, childcare, and grocery stores may be significantly constrained, limiting economic mobility and reinforcing cycles of poverty. Even short disruptions in transportation, such as a missed ride, vehicle breakdown, or service gap, can have outsized consequences for low-income individuals and families who rely on these services to access jobs, school, and other necessities.

Mississippi's rural landscape further magnifies transportation challenges for low-income populations. Long distances between homes, job centers, medical facilities, and essential services are common, particularly in the Delta Rides region. Sparse development patterns and limited public transportation coverage make accessing opportunities especially difficult for residents without a personal vehicle. In many rural areas, fixed-route transit is not feasible, and demand-response or human services transportation options may be limited by funding, capacity, or eligibility requirements.

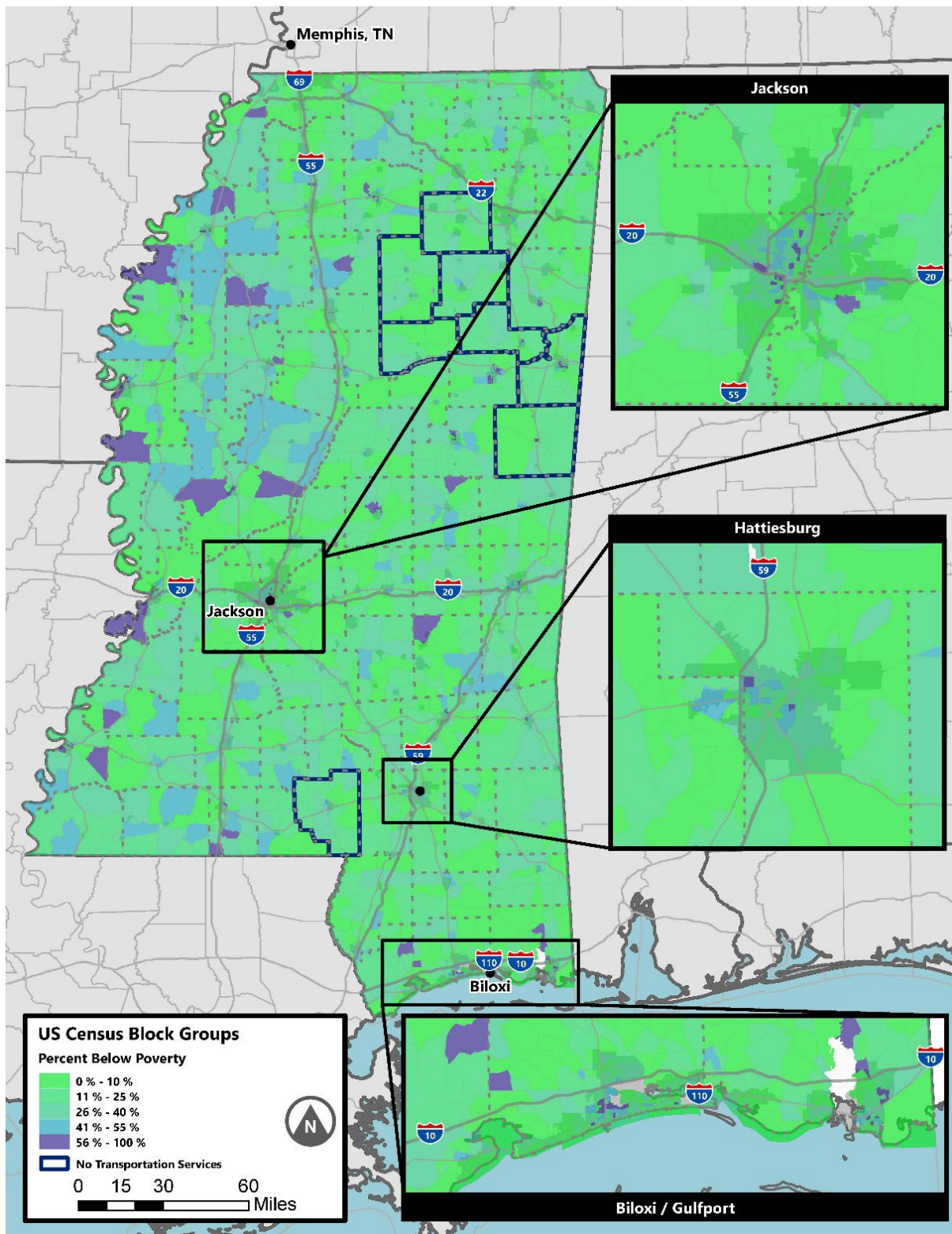
For low-income residents in Mississippi, transportation access is not merely a mobility issue: it is a critical determinant of economic stability, health outcomes, and overall opportunity. Reliable transportation is essential for accessing and retaining employment, particularly for jobs with nontraditional or variable work hours. Inadequate transportation options can result in missed work, reduced job options, or complete detachment from the labor force. This is especially true in rural communities, where employment centers are widely dispersed and alternative transportation options are scarce. Addressing transportation barriers for low-income Mississippians is therefore a key strategy for supporting workforce participation, reducing poverty, and improving long-term economic resilience across the state. **Figure 6** shows low-income populations in Mississippi.

⁴ American Community Survey, 2023

⁵ Bureau of Transportation Statistics, "Transportation Cost Burden Falls Significantly for Second-Lowest, but No Other, Income Group" (2024)

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Figure 6. Low Income Populations in Mississippi



2.5.4 LIMITED ENGLISH HOUSEHOLDS

Mississippi has a small but steadily growing population of residents with Limited English Proficiency (LEP), with concentrations occurring in specific geographic areas and demographic groups. LEP individuals are defined as persons age five and older who speak a language other than English at home and report speaking English less than “very well,” as defined by the American Community Survey. Although LEP households comprise a smaller share of Mississippi’s total population compared to national averages⁶, they experience disproportionate barriers to accessing transportation and other public services due to the state’s rural geography, limited availability of transit services, and the widespread reliance on English-only service delivery.

Language isolation increases vulnerability when interacting with transportation providers, healthcare systems, and human services agencies, particularly when information about eligibility, scheduling, or service availability is provided exclusively in English. In Mississippi, these challenges are intensified by limited transit coverage and the frequent reliance on phone-based or web-based trip reservation systems, which may not offer multilingual support.

LEP households are not evenly distributed across Mississippi. Higher concentrations are typically found in urban and suburban counties with employment opportunities in manufacturing, agriculture, healthcare, food processing, and service industries. **Figure 7** shows clusters of limited English proficiency populations are found in portions of the Gulf Coast, North Mississippi, and several counties within the Delta Rides region. In many rural communities, LEP populations may represent a small share of total residents but face acute access challenges due to the lack of bilingual staff and limited translated materials.

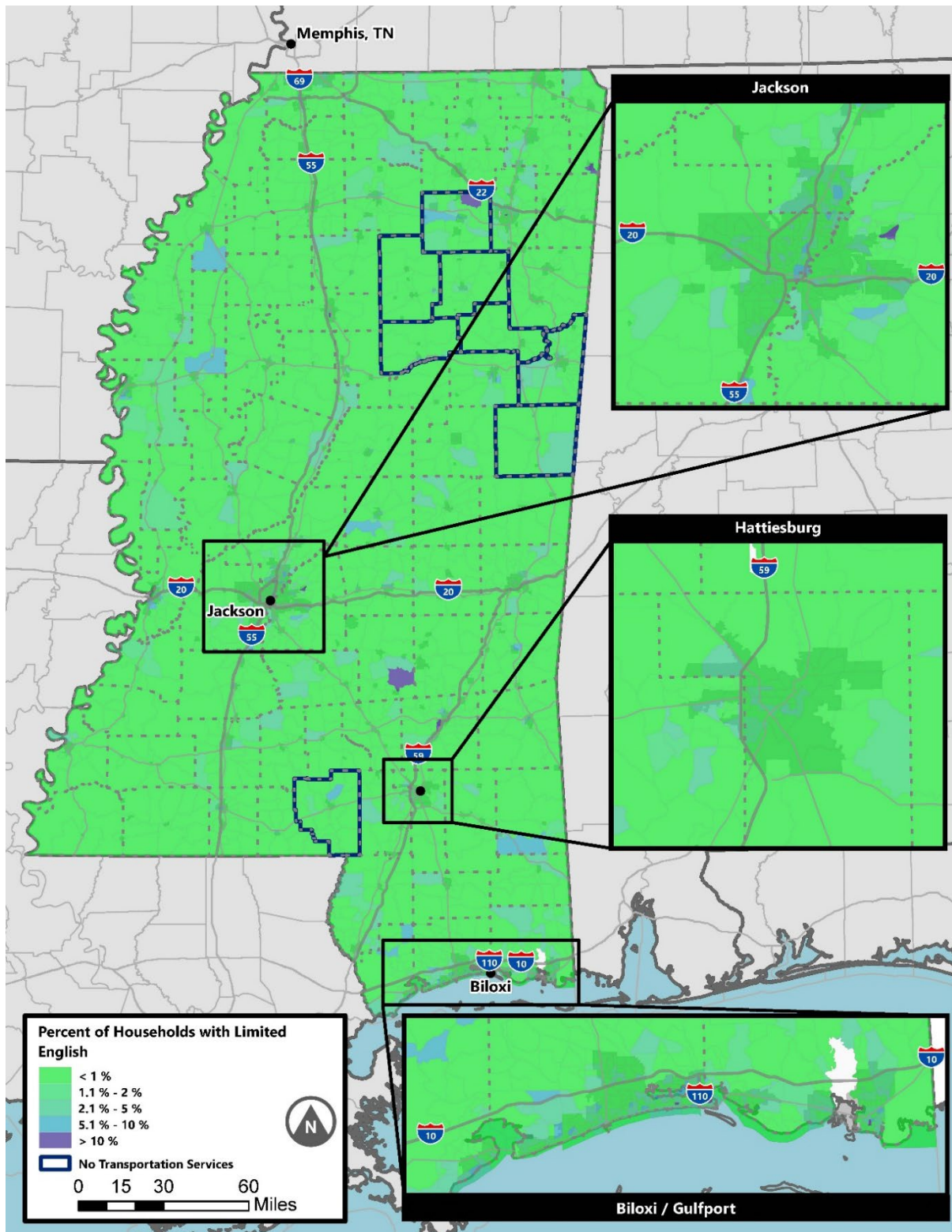
LEP individuals are more likely to rely on public transportation, shared rides, employer-provided transportation, or informal networks to meet their mobility needs. Language barriers can make it difficult to understand route maps, fare structures, eligibility requirements, and reservation procedures, increasing the likelihood of missed trips or service denials. Communication challenges may also result in missed medical appointments, lost employment opportunities, or reduced access to education and social services.

These barriers often intersect with other vulnerabilities, including low income, disability, no personal vehicle access, and rural isolation. Addressing the transportation needs of LEP populations in Mississippi will require targeted planning strategies, improved coordination with community-based and immigrant-serving organizations, and investment in language access tools. Incorporating LEP considerations into transportation planning and service delivery will help ensure regulatory compliance and more effective access to essential services for all Mississippians.

⁶ American Community Survey data from 2023 shows 5% of Mississippi’s population are LEP households, whereas 8% of United States population are LEP households.

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Figure 7. Limited English Proficiency Population in Mississippi



2.5.5 ZERO CAR HOUSEHOLDS

Mississippi is one of the most rural states in the country, and residents of rural areas face distinct and often significant transportation challenges. Long travel distances between homes, healthcare facilities, grocery stores, employment centers, and social services are common, increasing reliance on personal vehicles for all daily trips. In many rural communities, destinations that would be easily accessible in an urban setting may require travel of 20 to 40 miles or more, making transportation both time-consuming and costly. The absence of compact development and limited availability of nearby services further exacerbate these challenges for rural residents.

Mississippi's zero-vehicle household rate is approximately 7 percent, slightly below the national average of 8.4%.⁷ However, the consequences of not having access to a vehicle can be far more severe in Mississippi than in more urbanized states. In rural areas, fixed-route public transportation is limited or nonexistent, and demand-response or human services transportation may be constrained by funding, service hours, geographic coverage, or eligibility requirements. As a result, households without a vehicle often have few alternatives for meeting basic needs, including accessing employment, medical care, education, and essential goods.

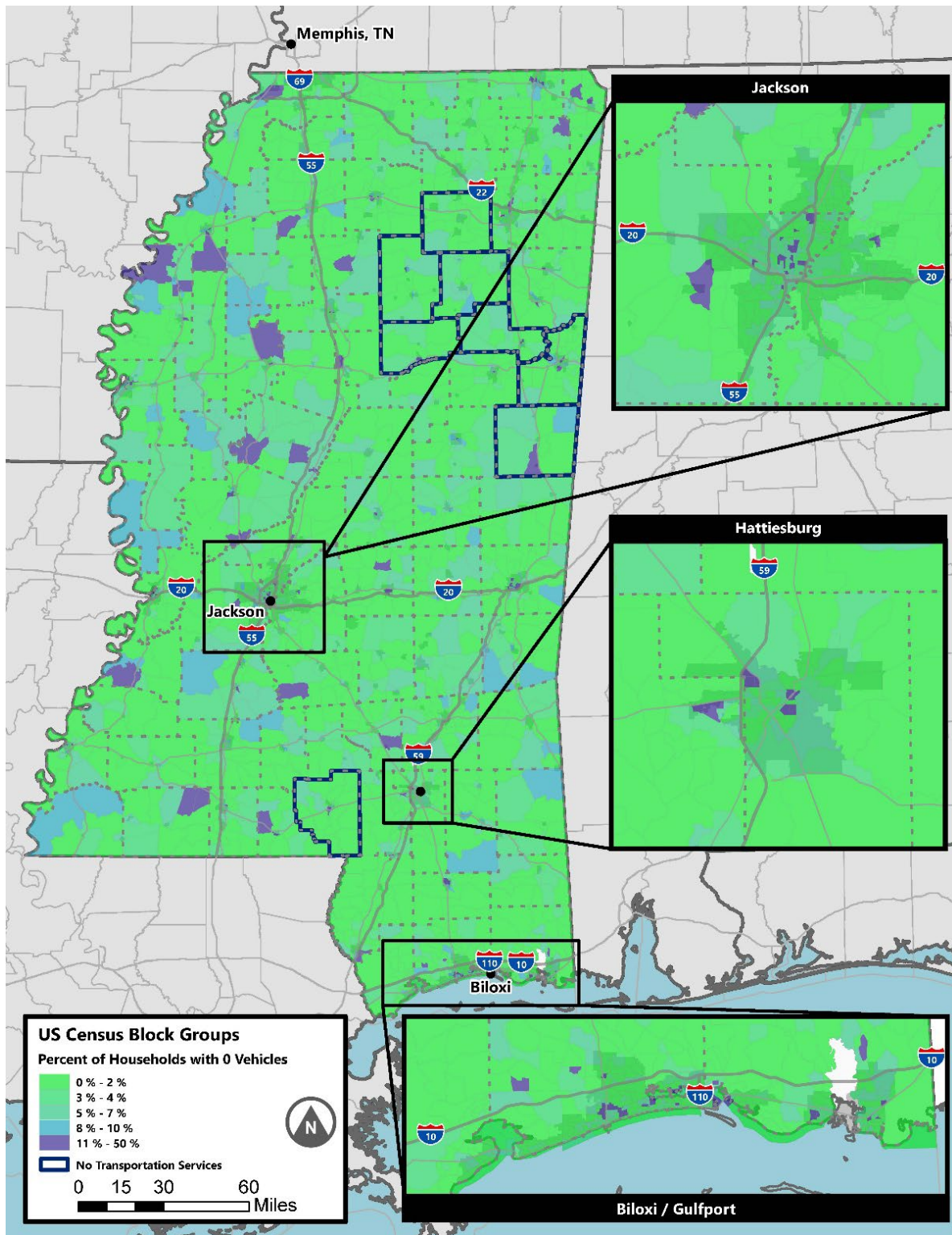
Even for rural households that do own a vehicle, transportation challenges persist. Older vehicles, which are more common among low-income residents, are more likely to experience breakdowns, and the financial burden of repairs can result in temporary or long-term loss of mobility. Rising fuel costs further strain household budgets, particularly for residents who must travel long distances for work or medical appointments. These factors increase vulnerability to transportation disruptions and limit economic and social participation.

The impacts of rural transportation barriers are especially acute for seniors, individuals with disabilities, and low-income residents, who may be unable to drive or afford consistent vehicle access. For these populations, limited transportation options can lead to missed healthcare appointments, reduced employment opportunities, food insecurity, and increased social isolation. Addressing transportation needs in Mississippi will therefore require targeted strategies that expand flexible, affordable, and coordinated transportation options capable of serving dispersed populations across large geographic areas. **Figure 8** shows a map of zero car households in Mississippi.

⁷ American Community Survey, 2023

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Figure 8. Zero Car Households in Mississippi



2.6 POINTS OF INTEREST

Key destinations for human services transportation are spread widely across the state, increasing both the cost and inefficiency of travel between them. This dispersion makes coordination essential to ensure residents can reach the services they need. When certain destinations are not accessible, it creates barriers that discourage or prevent many individuals from using rural transit options.

2.6.1 KEY MEDICAL DESTINATIONS

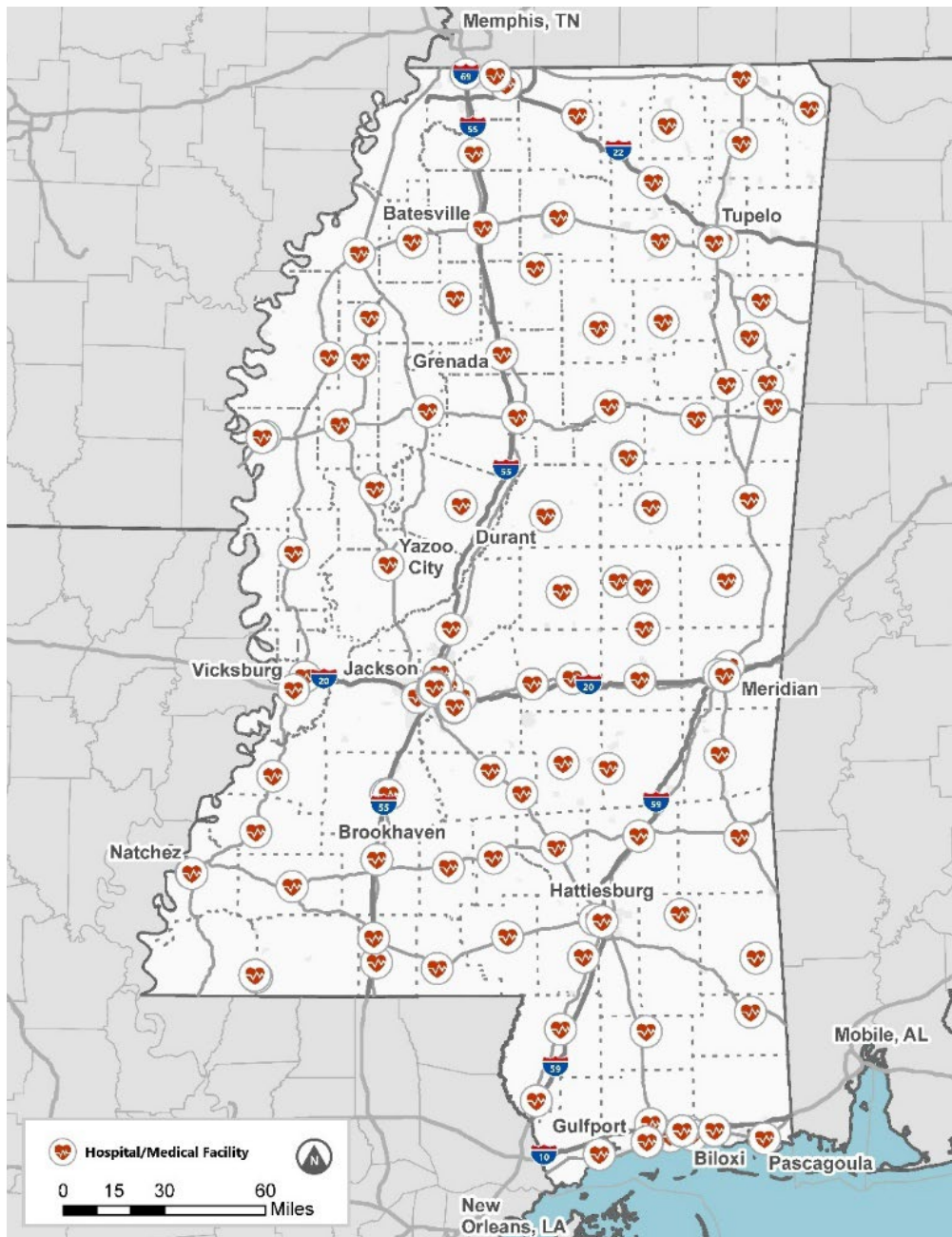
Medical facilities are mostly concentrated along major transportation corridors and around larger population centers. Notable clusters appear near Jackson in the central part of the state, as well as along the Gulf Coast near Gulfport, Biloxi, and Pascagoula. Additional concentrations can be seen in regional hubs such as Tupelo in the northeast, Hattiesburg in the south-central region, and the Vicksburg–Natchez corridor in the west. In contrast, more rural and sparsely populated areas show a wider spacing between facilities, particularly in the Delta region and parts of central and southeastern Mississippi. While hospitals are present throughout the state, the lower density in these areas suggests longer travel distances for residents seeking care. **Figure 9** shows the distribution of hospital and medical facilities across Mississippi.



Jackson Medical Mall Foundation *Picture courtesy of Clarion Ledger

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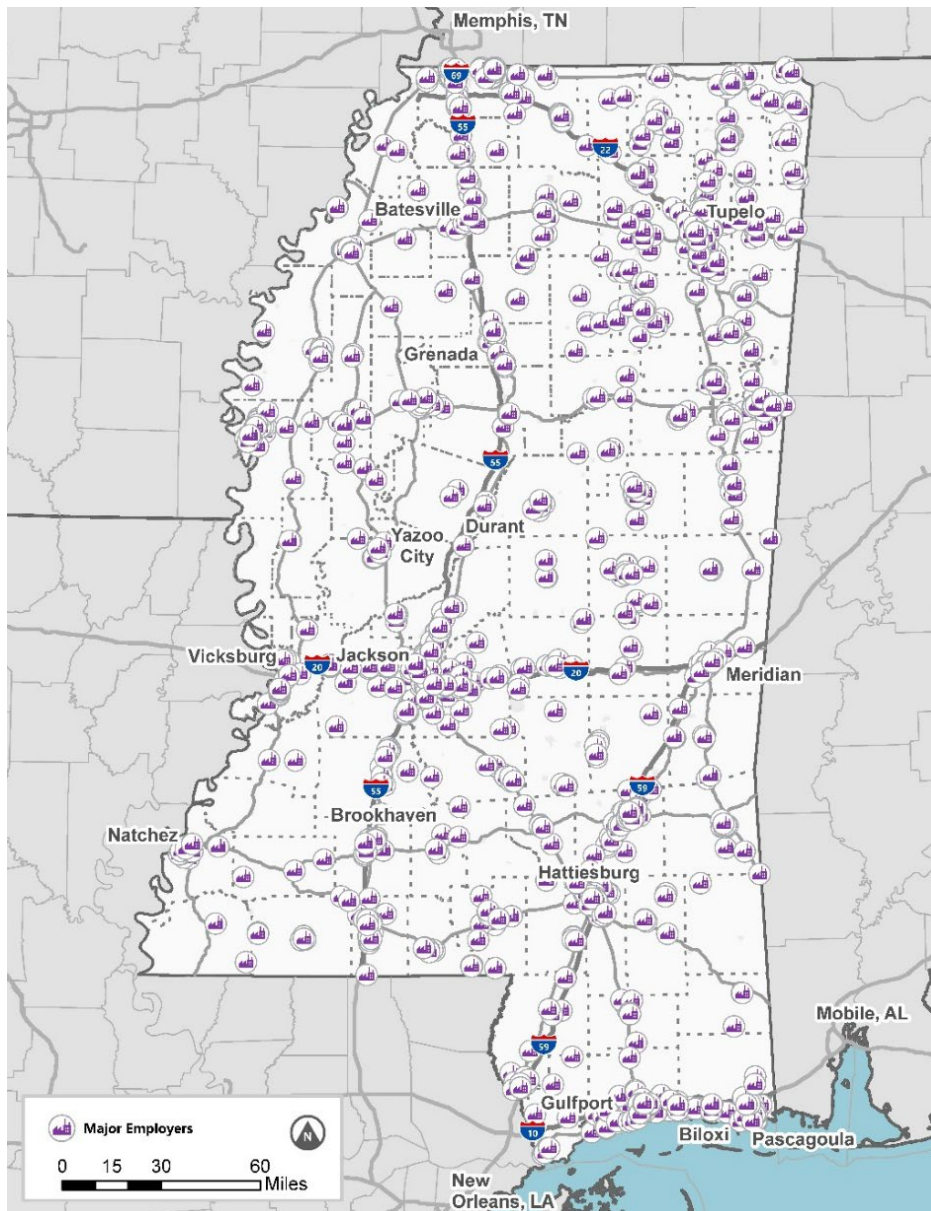
Figure 9. Key Medical Destinations



2.6.2 MAJOR EMPLOYER DESTINATIONS

Figure 10 shows major employment destinations are widely dispersed across Mississippi, with notable clustering in and around the state's larger urban areas and along key transportation corridors. The highest concentrations of major employers appear in the Jackson metropolitan area, forming the state's primary employment hub, as well as along the Gulf Coast in cities such as Gulfport, Biloxi, and Pascagoula. Additional concentrations occur in Tupelo, Hattiesburg, and Meridian. In rural areas, major employers are more dispersed, with smaller pockets scattered throughout. This pattern indicates that while jobs are present statewide, they are less concentrated and often separated by significant distances in rural areas.

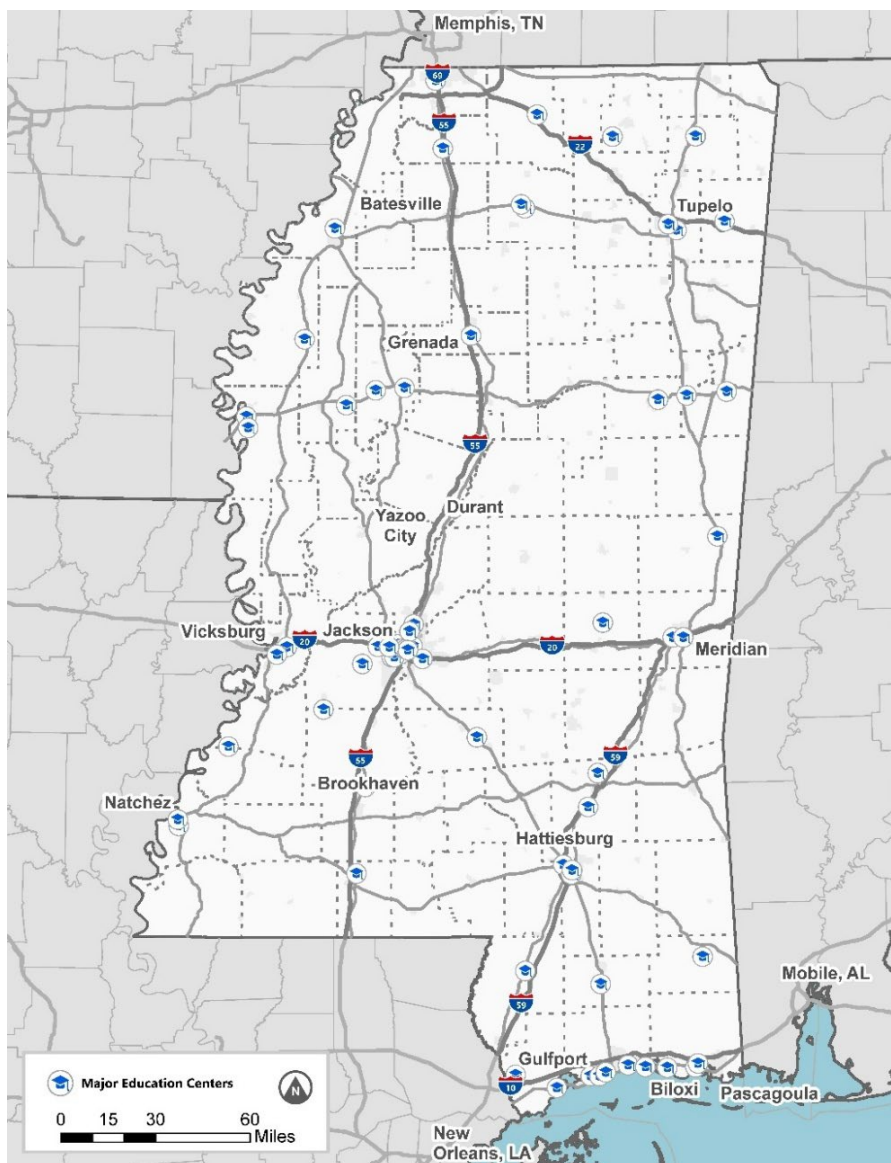
Figure 10. Major Employer Destinations



2.6.3 MAJOR EDUCATION CENTERS

Figure 11 shows major education center destinations across Mississippi. These clusters represent major universities, community colleges, and technical training centers that serve as regional anchors for education and workforce development. Educational facilities are located in both urban and rural areas, though higher concentrations are visible near key population centers such as Jackson, the Gulf Coast (Gulfport, Biloxi, and Pascagoula), Hattiesburg, Tupelo, and Meridian. Beyond the primary clusters, education centers are dispersed throughout smaller towns and rural communities, providing broader geographic coverage across the state. However, the spacing between facilities becomes more pronounced in rural areas such as the Delta region and parts of central Mississippi.

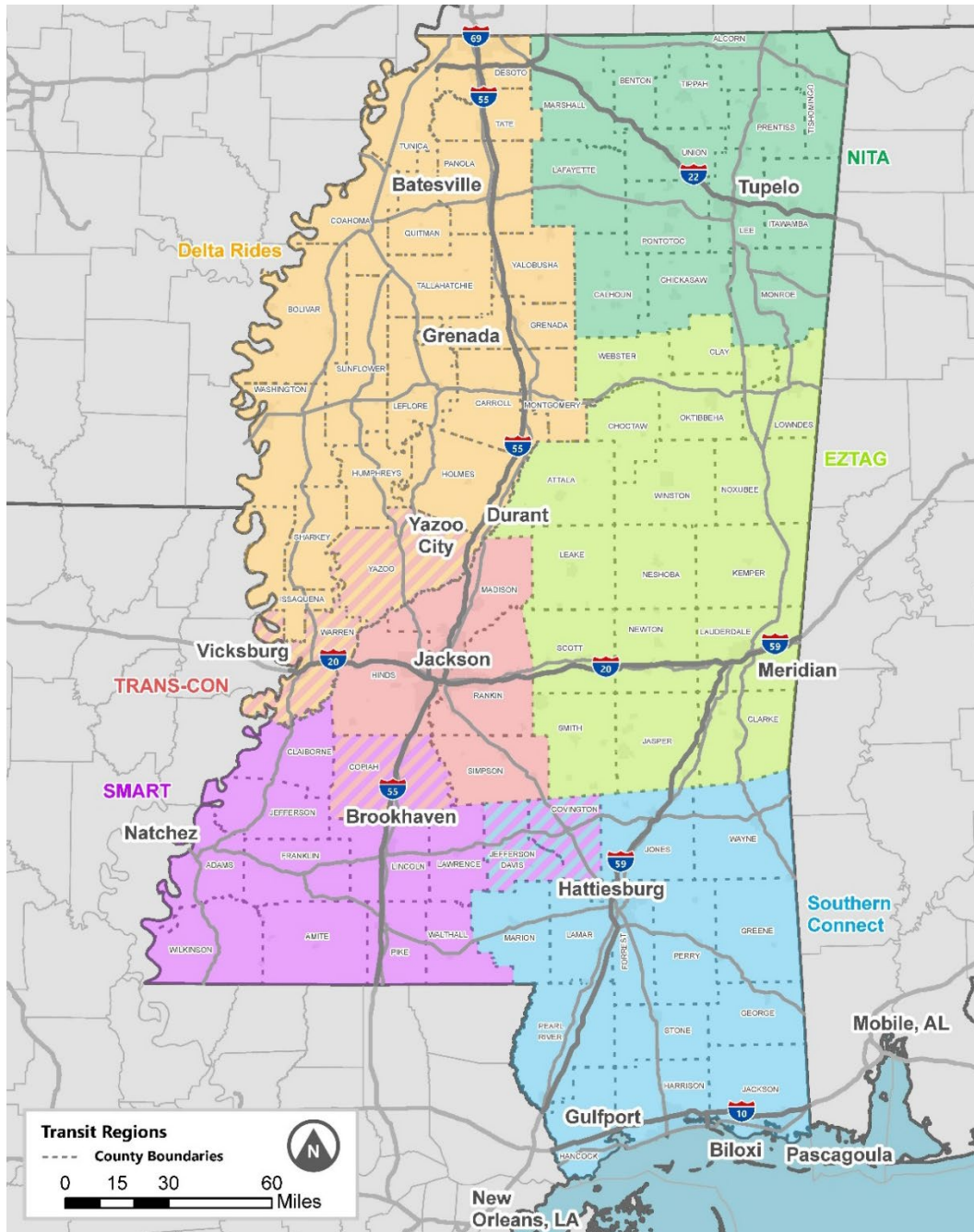
Figure 11. Major Education Centers



3 Regional Mobility Management

Mississippi is organized into six coordination regions – Delta Rides, Trans-Con, SMART, NITA, EZTAG, and Southern Connect (**Figure 12**).

Figure 12. Mississippi Mobility Management Regions



3.1 HISTORICAL BOUNDARIES

Initially, Mississippi's ten Planning and Development Districts (PDDs) were used to establish regional mobility management jurisdictions. Planning and Development Districts are independent organizations governed by boards of directors appointed by local government officials. Each county within a district is represented by four board members: an elected county official, a business or industrial leader, a minority community representative, and a mayor or other local elected official.

The PDDs employ multidisciplinary staff with expertise in areas such as planning, economic and community development, workforce training, social services, transportation, data processing, and gerontology. As key regional partners, PDDs play a significant role in funding and program coordination by serving as a conduit for federal and state grant funds. Through this role, they distribute resources to transportation providers that deliver essential human and social services.

Over time, the original ten mobility management regions were consolidated into six. This reduction was based on several considerations, including the varying levels of engagement among the Planning and Development Districts, the time and resource capacity of regional work groups, existing coordination and collaboration efforts among transportation providers, and observed customer travel patterns.

3.2 REGIONAL MOBILITY MANAGEMENT ACTIVITIES

Within each region, a lead agency designated by MDOT oversees coordination efforts and employs a Mobility Manager responsible for facilitating and managing the region's portfolio of transportation services. The Mobility Manager's responsibilities include community engagement, identifying funding/grant opportunities, and improving coordination among the transportation providers throughout the region. Mississippi's regional mobility management teams foster collaboration among state agencies, local transportation providers, and funding partners involved in the delivery of transportation services for older adults, individuals with disabilities, and low-income families.

Each region establishes goals and objectives that reflect the unique needs, available resources, and operational capacities in their service area. This framework enables transportation providers, partner organizations, and other stakeholders to address specific mobility needs collaboratively and proactively in the region. MDOT hosts a statewide mobility management website, *Connect MS*, featuring information about regional groups, eligibility requirements for passengers, statewide maps and a portal for transportation providers that offers policy information, training, workshops, and grant applications. MDOT also has a statewide Mobility Management page on social media platform (Facebook) for public engagement. The page features information about events and meetings in each of the six mobility management regions. Mobility management activities occurring in each Mississippi region is shown in **Table 5**.

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Table 5. Mobility Management Coordination Activities by Region

Region	Mobility Management Lead Agency	Coordination Activities										
		Client Screening	Trip Scheduling	Marketing	Creating New Services	Coordinating Trips Between Agencies	Coordinating Interregional Trips	Coordinates Human Services Funding	Facilitates Joint Procurement	Asset Sharing	Access to Shared Trip Management Software	Manages Subcontract
Delta Rides	DART		•	•			•		•	•		
NITA	Oxford University Transit System	•	•	•	•	•	•					
Trans-Con	N-Route	•	•	•	•	•	•		•			
EZTAG	SMART (Starkville)	•	•	•	•	•	•		•		•	•
SMART	Natchez Transit System	•	•	•	•	•		•		•	•	
Southern Connect	DJ Transit			•	•	•	•	•		•	•	

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Regional Mobility Managers convene on a quarterly basis to collaborate, exchange best practices, and share expertise related to mobility management activities. While coordination occurs at the regional level, each region retains flexibility to identify, prioritize, and implement mobility management strategies best suited to local needs, conditions, and opportunities. Mobility management activities are tracked by MDOT through routine progress reports submitted by managers. The progress reports capture performance indicators, such as partnership and outreach activities, as well as training needs and information about past and upcoming regional meetings. **Table 6** provides Regional Mobility Management contact information.

Table 6. Regional Mobility Management Contacts

Region	Contact Name	Contact Email
Delta Rides	Doris Green	Deltarides_2003@hotmail.com
Trans-Con	Atesa McKinney	Amckinney@jacksonmedicalmall.org
SMART	Konchetta Barnes	Konchettabarnes@fivecountyhs.org
NITA	Donna Zampella	Dzampella@outransit.com
EZTAG	Jeremiah Dumas	Jdumas@parkingtransit.msstate.edu
Southern Connect	Donna Bailey	D.bailey@djtransitinc.com



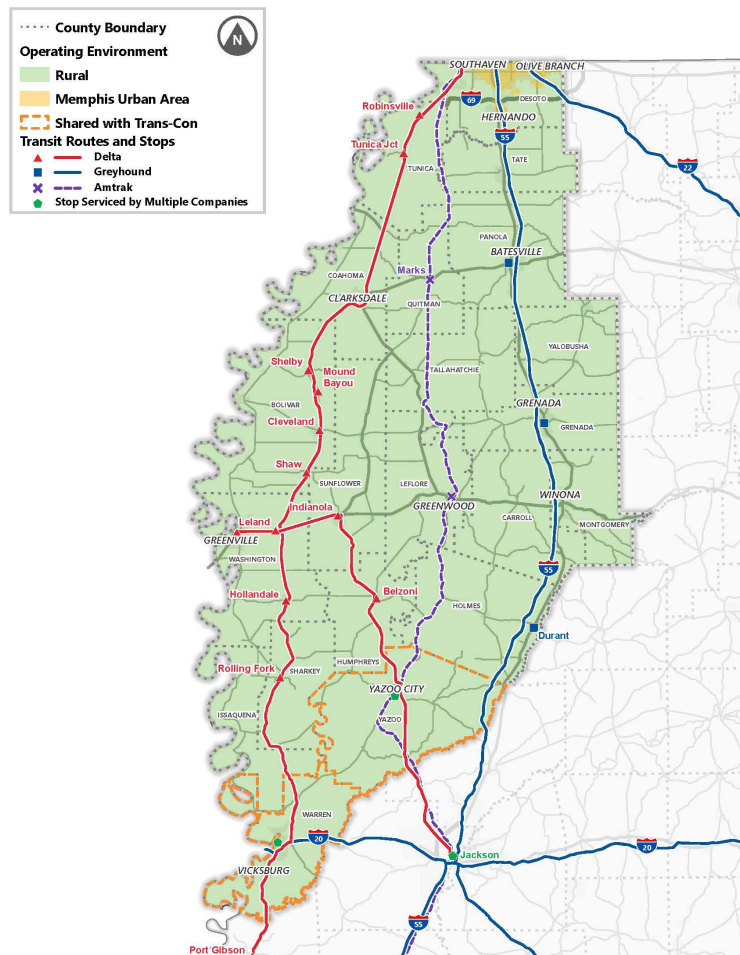
Regional Mobility Management Meeting, 2026

3.3 DELTA RIDES REGION

The Delta Rides region consists of 21 counties located in northwestern Mississippi. Its northern boundary overlaps with the Memphis Urbanized Area, while the Mississippi River forms the region's entire western border. Mobility management activities throughout the region are coordinated by Delta Area Rural Transit (DART) based in Coahoma County.

Delta Rides is a predominantly rural region and several of its counties have the highest concentration of low-income and zero car households in Mississippi. As a result, many residents in the region are highly dependent on public transportation to reach essential destinations and services. There is a significant elderly population throughout the Delta Rides region, particularly on the western side of the region along the Mississippi River. Due to the limited number of hospitals, major employment centers, and nutrition options within the region, human services and public transportation providers must make cross-county and inter-regional trips over longer distances to help residents access hospitals and other critical care services. Despite these challenges, there are transportation services available in all of the counties in the Delta Rides region with additional opportunities for intercity travel.

Delta Rides residents have access to Delta Bus Lines, an intercity bus provider headquartered in Coahoma County, which operates north-south routes along the western portion of the region. Tickets can be accessed directly through Delta Bus Lines or purchased through Bolivar County COA. FlixBus/Greyhound serves the eastern side of the region, providing connections through Jackson that extend to destinations throughout the state.



3.3.1 DEMOGRAPHICS

The Delta Rides region serves a population with high concentrations of elderly, disabled, and low-income residents.

OLDER ADULT POPULATION

There is a significant population of older adults in the Delta Rides region. Approximately 16% of the region's population is age 65 or older, reflecting a significant and growing need for transportation services that support aging in place. Older adult populations rely on demand response services to access healthcare, nutrition, shopping, and social services. The counties with the highest rate of older adults in the Delta Rides region are Carroll, Issaquena, and Montgomery counties.

Table 7 shows the rate of older adults in each county in the region.

Figure 13 shows the population density of older adults in each county of the Delta Rides region. This map shows high-density populations of older adults living in Leflore, Carroll, Yalobusha, Tallahatchie, Coahoma, and Tate counties.



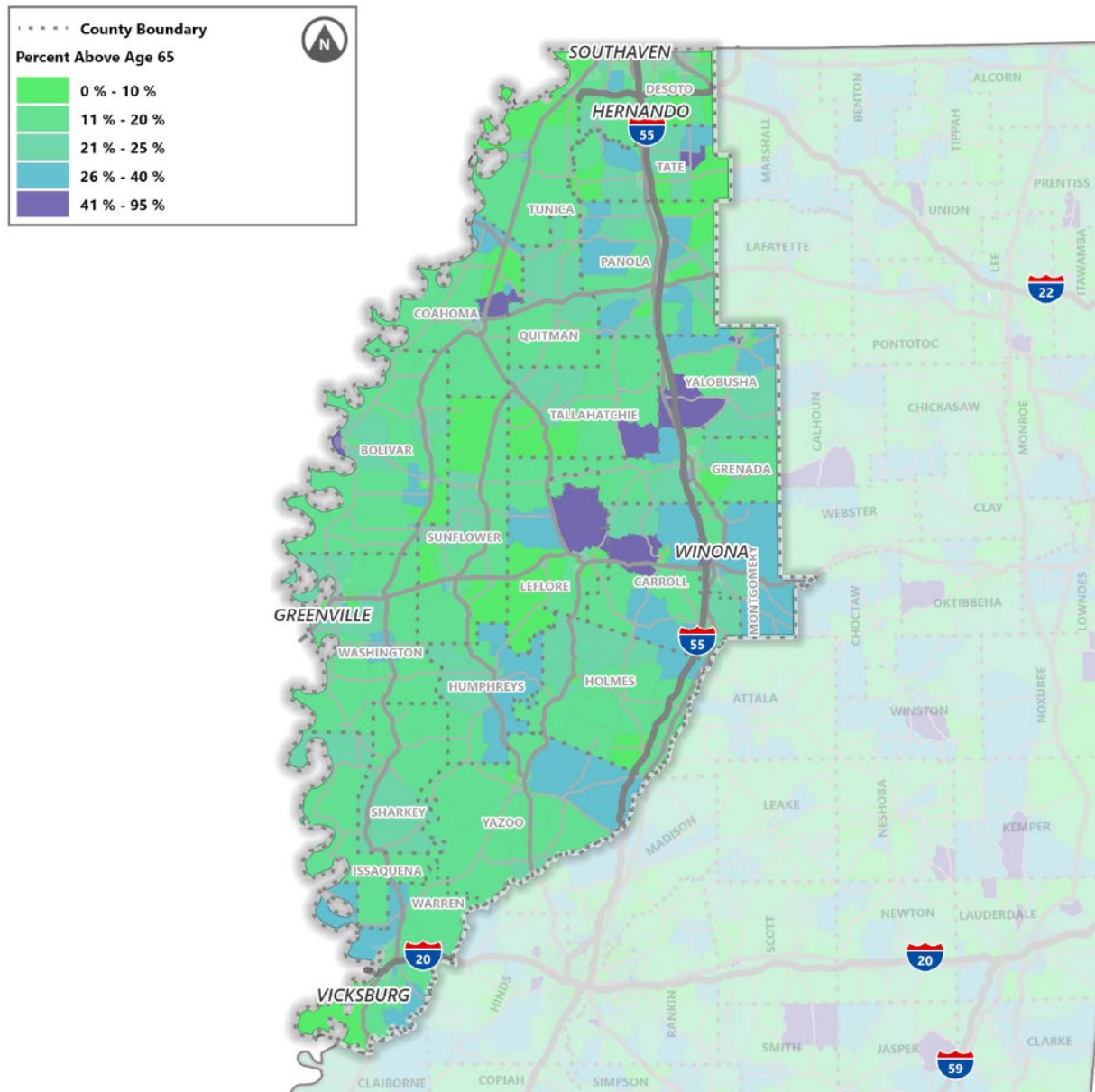
Table 7. Rate of Older Adult Populations in Delta Rides Region

County	% Older Adult Population
Carroll	24%
Issaquena	23%
Montgomery	22%
Yalobusha	21%
Sharkey	19%
Grenada	18%
Humphreys	18%
Quitman	18%
Washington	18%
Panola	17%
Tallahatchie	17%

County	% Older Adult Population
Warren	18%
Bolivar	17%
Coahoma	16%
Holmes	16%
Tate	16%
Leflore	15%
Sunflower	15%
Tunica	14%
Yazoo	14%
Desoto	13%

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Figure 13. Population Density of Older Adults in Delta Rides Region



INDIVIDUALS WITH DISABILITIES POPULATION

Approximately 55% of the region's population reports a disability, a rate that is above state averages for rural Mississippi. In fact, DeSoto and Tallahatchie counties have the highest disability rates in the state. **Table 8** provides disability rates for each county in the Delta Rides region.

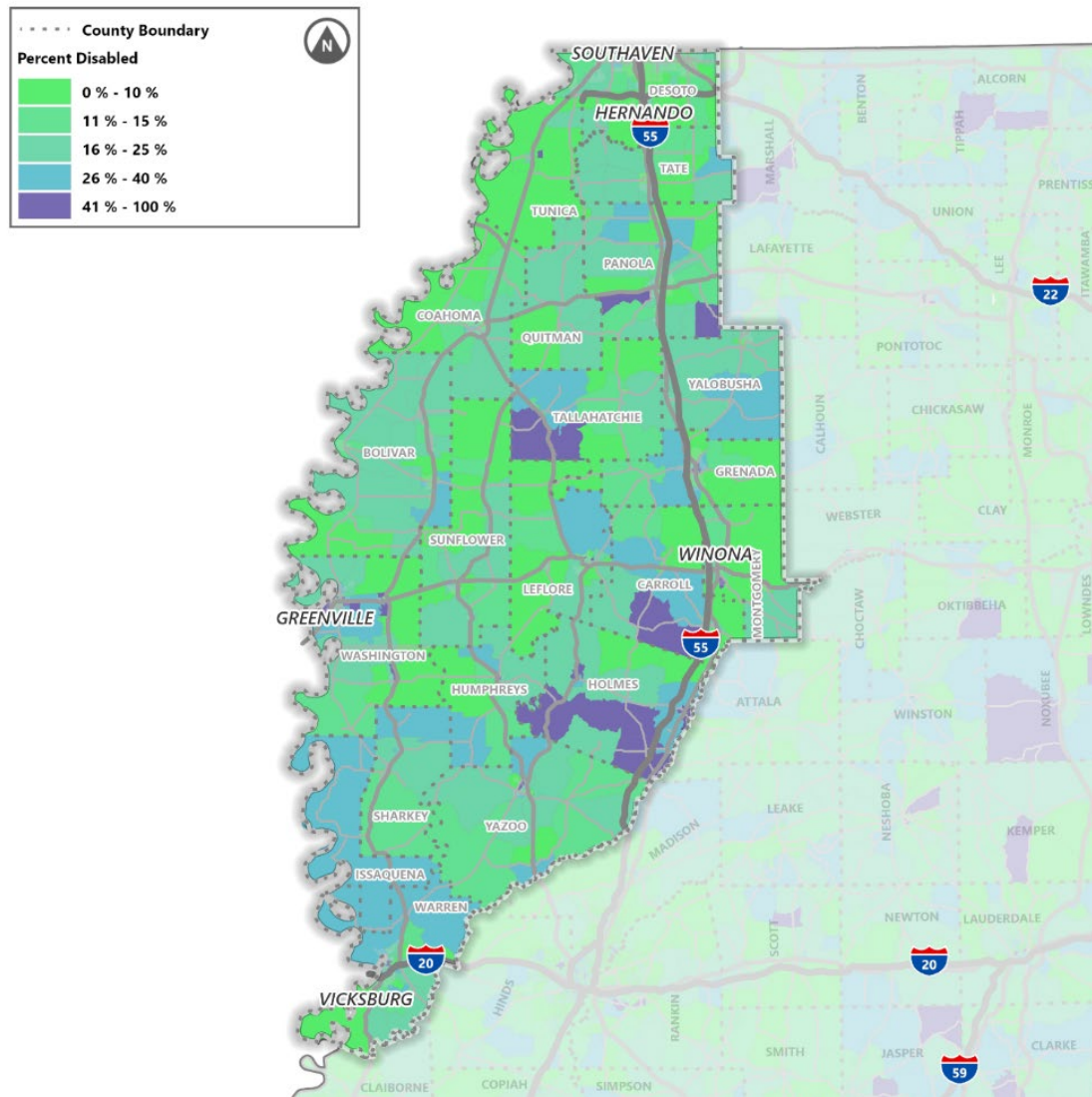
Table 8. Rate of Individuals with Disabilities Population in Delta Rides Region

County	% Individuals with Disabilities Population	County	% Individuals with Disabilities Population
Desoto	59%	Leflore	53%
Tallahatchie	57%	Sharkey	53%
Grenada	56%	Tate	53%
Quitman	56%	Washington	53%
Panola	55%	Carroll	52%
Warren	55%	Humphrey	52%
Tunica	54%	Issaquena	50%
Yalobusha	54%	Montgomery	50%
Bolivar	53%	Sunflower	49%
Coahoma	53%	Yazoo	45%
Holmes	53%		

Figure 14 shows the population density of individuals with disabilities in the Delta Rides region. The map shows high densities of disabled residents in Holmes, Humphrey, Carroll, Tallahatchie, and Panola counties.

Statewide Coordinated Human Services Transportation Plan

Figure 14. Individuals with Disabilities Population in Delta Rides Region



LOW INCOME POPULATION

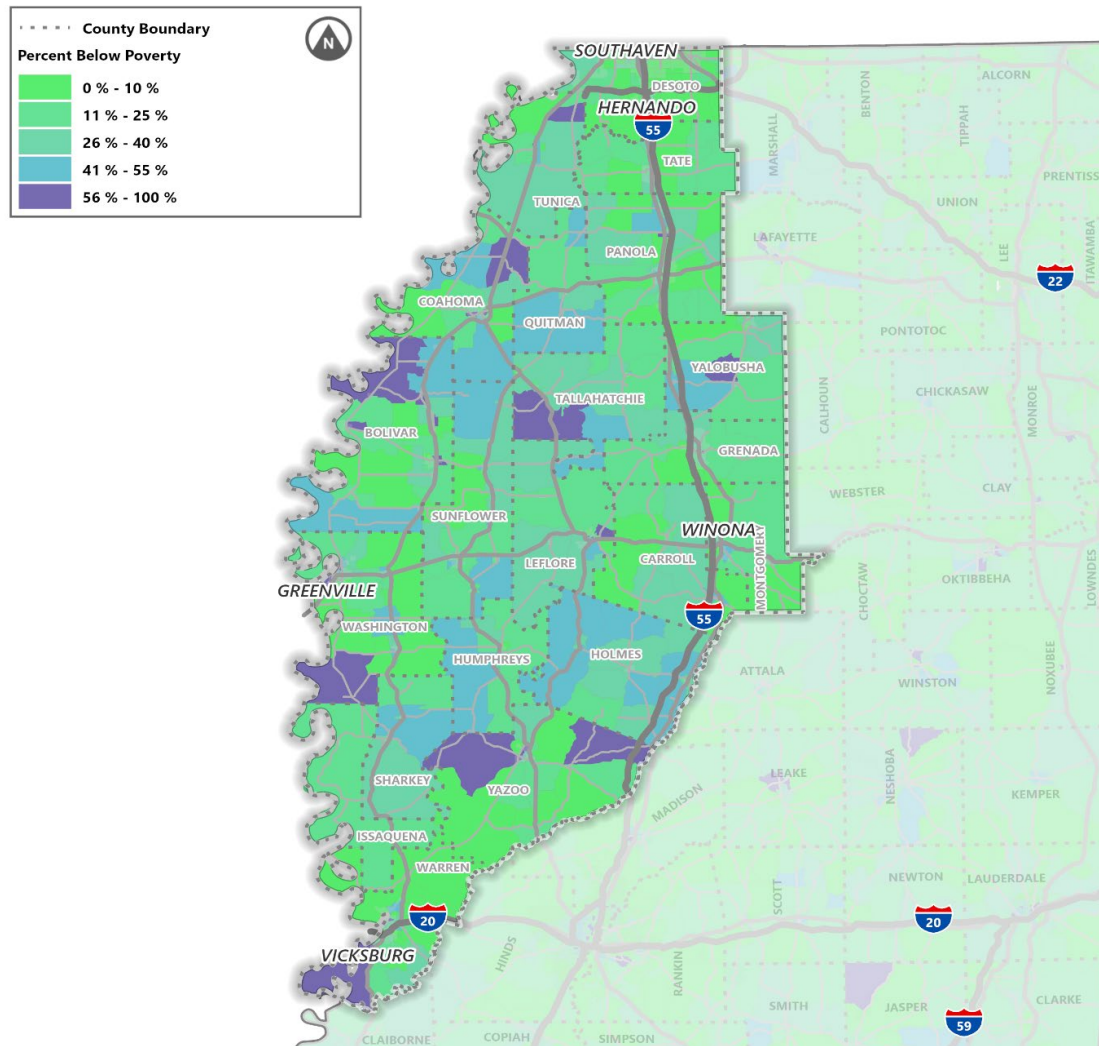
Low-income populations further intensify transportation need across the Delta Rides region. Approximately 21% of the region's population, as a whole, is living below the federal poverty level. More than 60% of the region's counties have a higher share of low-income residents compared to the rest of the state, reflecting the severity of poverty across much of the region. **Table 9** shows the rate of low-income individuals residing in the Delta Rides region.

Table 9. Rate of Low-Income Population in Delta Rides Region

County	% Low-Income Population	County	% Low-Income Population
Holmes	36%	Yazoo	26%
Coahoma	35%	Montgomery	25%
Tunica	33%	Panola	24%
Quitman	32%	Grenada	22%
Bolivar	31%	Yalobusha	22%
Sharkey	31%	Carroll	21%
Leflore	30%	Warren	20%
Washington	28%	Tate	16%
Humphrey	26%	Desoto	10%
Sunflower	26%	Issaquena	7%
Tallahatchie	26%		

Figure 15 shows the population density of low-income populations in the Delta Rides region. There are numerous clusters of these populations located in Bolivar, Coahoma, Tunica, Tallahatchie, Holmes, Yazoo, Washington, and Warren counties.

Figure 15. Population Density of Low-Income Individuals in Delta Rides Region



3.3.2 SERVICE LEVELS

The Delta Rides region is served by 12 transportation providers who provide demand response service in the region. **Table 10** shows the level of service provided in the region.

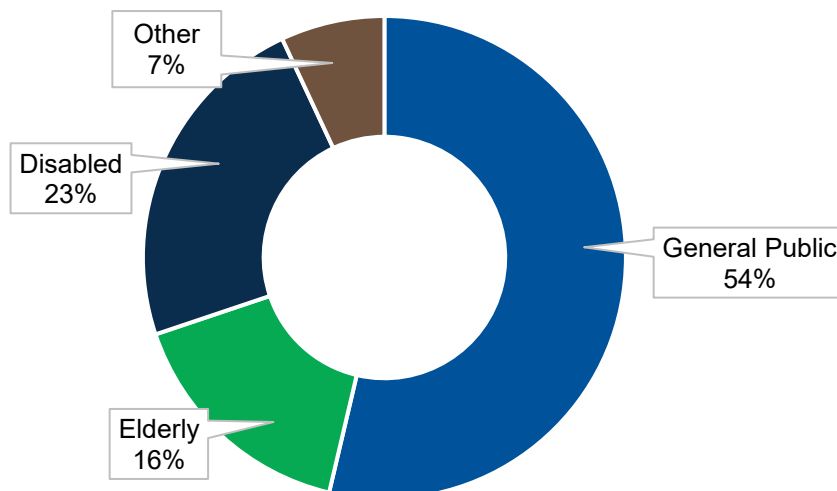
Table 10. Levels of Service in Delta Rides Region

Agency	Trips Provided (2025)
Aaron E Henry Community Services Center	43,611
Bolivar County Council on Aging	80,439
Central Mississippi	5,550
City of Tunica Recreation Commission	7,593

Agency	Trips Provided (2025)
Mississippi Christian Family Services	8,210
Mississippi Valley State University	18,154
North Delta Planning Development District	3,012
Quality Mental Health	32,084
Sunflower-Humphreys Counties Progress	22,107
Yazoo County Human Resource Agency	9,554
Total Trips	230,314

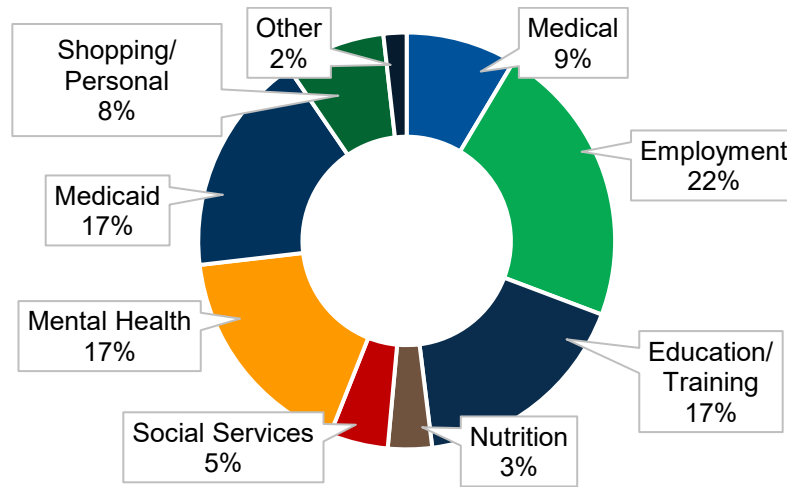
More than half of all trips provided in the Delta Rides region are for the general public, followed by disabled passengers, and older adults. **Figure 16** provides a breakout of rider demographics in the Delta Rides region.

Figure 16. Rider Demographics in Delta Rides Region



Most passengers rely on transportation services primarily to access employment, followed closely by trips to education centers, mental health services, and Medicaid-related destinations. This travel pattern reflects a clear regional emphasis on workforce development and education, with transportation serving as a key link in connecting individuals to job opportunities, training, and supportive resources. **Figure 17** shows all trip purposes provided in the region.

Figure 17. Trip Purposes in Delta Rides Region



3.3.3 MAJOR DESTINATIONS

Table 11 shows examples of major destinations for human services transportation in the Delta Rides region.

Table 11. Major Destinations in Delta Rides Region

Destination	County	Purpose
University of Mississippi Medical Center	Hinds	Medical
Jackson Medical Mall	Hinds	Medical
Fresenius Kidney Care	Winston	Medical
Jackson Hinds Comprehensive Health	Hinds	Medical
Walmart	Yazoo, Hinds, Madison, Rankin	Nutrition/ Shopping
Kroger	DeSoto, Bolivar, Warren	Nutrition/ Shopping
Therapy Centers	Various	Medical
Senior Community Centers	Various	Training/ Other (Recreation)
Baptist Hospital	Union	Medical
St. Dominic Hospital	Hinds	Medical
Jackson Heart Study	Hinds	Medical
Methodist Rehabilitation Center	Madison, Rankin	Medical
Mental Health Services	Various	Medical

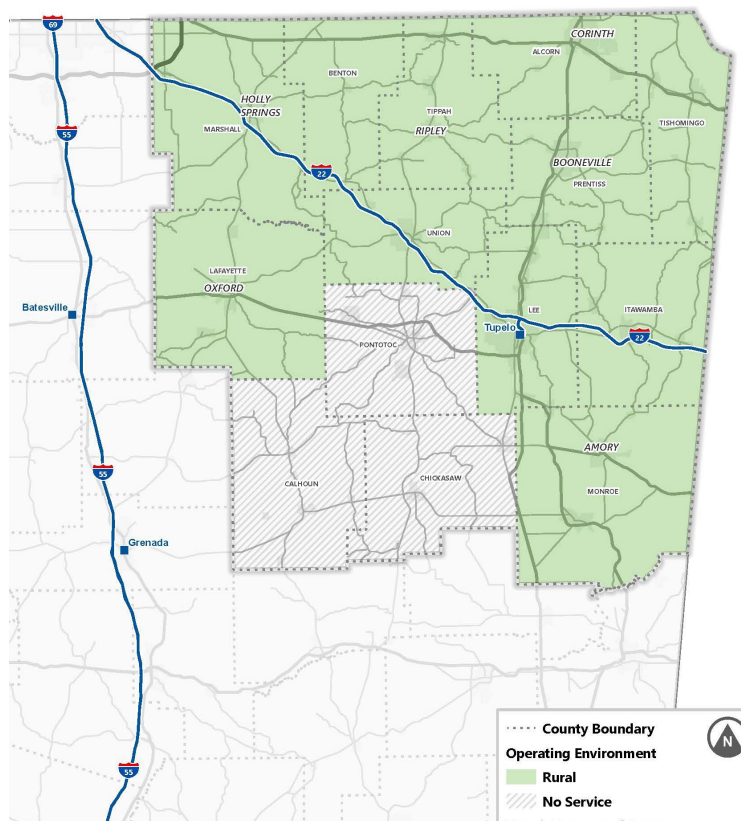
For more information about regional coordination efforts in the Delta Rides region, see their Regionally Coordinated Human Services Transportation Plan in Appendix B.

3.4 NITA REGION

The NITA Region consists of 14 counties located in northeastern Mississippi. Its northern boundary borders the state of Tennessee, while the region's western boundary borders the state of Alabama, the southern boundary borders the EZTAG region, and the eastern boundary borders the Delta Rides region. Mobility management activities are coordinated by City of Oxford/ Oxford University Transit Management, which is based in Lafayette County.

Tupelo in Lee County serves as the region's primary urban center, while the remainder of the region is mostly rural with low density development and long distances between communities. The NITA region is also home to the University of Mississippi (Ole Miss) in Oxford, where there is a large student population. Human services transportation in the City of Oxford includes both fixed-route and demand response services, while the remainder of the region features demand response services only. There are three counties located in the southern portion of the region that do not have any service coverage – Calhoun, Chickasaw, and Pontotoc counties.

The region's population is dispersed, with moderate concentrations of older adults, people with disabilities, and low-income individuals. Much like other regions, the NITA region is characterized by an aging population and elevated levels of economic and health-related need. This results in a high level of zero-car households and a reliance on public transit and human services transportation for mobility needs. Intercity connections are limited, with only a single FlixBus/Greyhound route that traverses the region, providing connections from Memphis to Birmingham and extending to Atlanta.



3.4.1 DEMOGRAPHICS

The NITA region serves a population with moderate concentrations of elderly, disabled, and low-income residents.

OLDER ADULT POPULATION

Approximately 17% of the region's population is age 65 or older, with many counties in the NITA region exceeding this average. The range of rates for older adult populations in the NITA region is similar to that of neighboring EZTAG region. In both regions, university areas show the least amount of older adult residents. In the NITA region, there is a high rate of older adult populations in the region's northern and southern boundaries. The rate of older adult populations residing in each county of the NITA region is shown in **Table 12**.

A map further showing the population density of older adults in each county of the NITA region is shown in **Figure 18**. This map shows small pockets of high-density populations of older adults living in Prentiss and Lee counties.

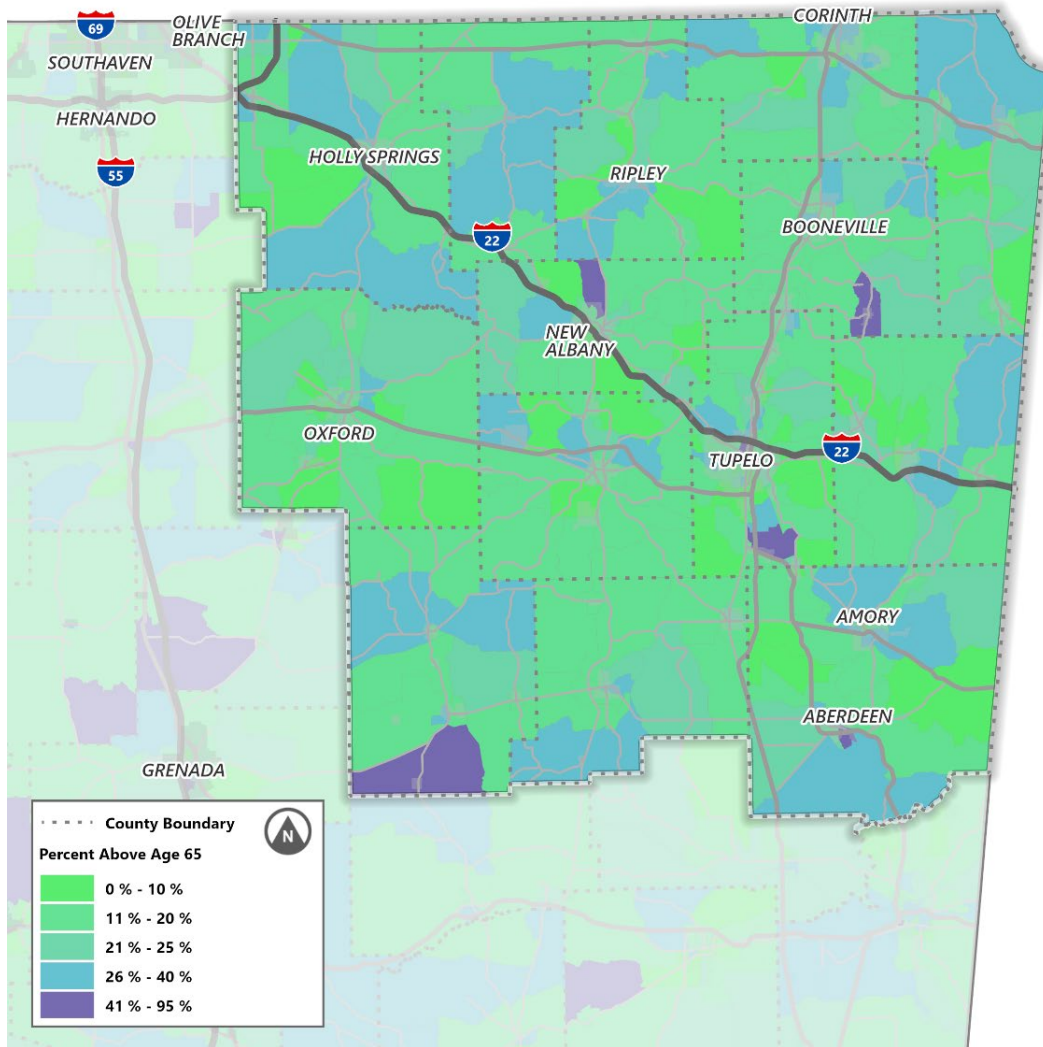


Table 12. Rate of Older Adult Population in NITA Region

County	% Older Adult Population
Benton	21%
Tishomingo	21%
Calhoun	20%
Monroe	20%
Alcorn	19%
Marshall	19%
Chickasaw	18%

County	% Older Adult Population
Itawamba	18%
Prentiss	17%
Tippah	17%
Union	16%
Lee	15%
Pontotoc	15%
Lafayette	13%

Figure 18. Older Adult Population Density in NITA Region



INDIVIDUALS WITH DISABILITIES POPULATION

Approximately 56% of the region's population reports a disability, a rate that increases along with resident age. The highest disability concentrations occur in Lee, Lafayette, and Pontotoc counties, all of which are among the most urbanized areas of the region. The rate of disabled residents living in each county in the NITA region is shown in Table 13.

Table 13. Rate of Individuals with Disabilities Population in NITA Region

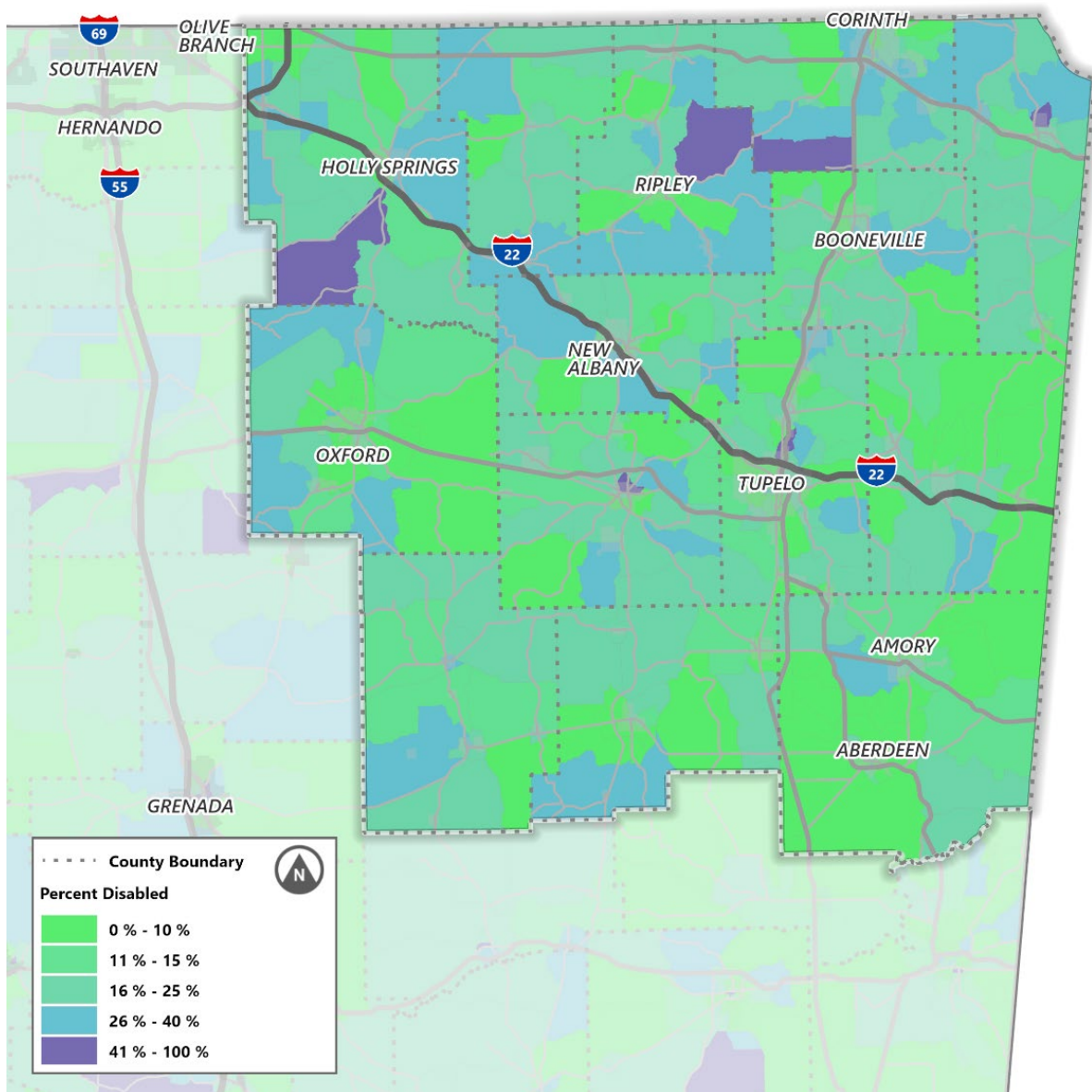
County	% Individual with Disabilities Population	County	% Individual with Disabilities Population
Lee	57%	Itawamba	55%
Lafayette	56%	Monroe	55%
Pontotoc	56%	Prentiss	55%
Tishomingo	56%	Tippah	55%
Union	56%	Calhoun	54%
Alcorn	55%	Marshall	54%
Benton	55%	Chickasaw	53%



Oxford University Transit (Lafayette County)

Disability rates are mostly consistent throughout the region. A map showing the population density of individuals with disabilities populations in each county is shown in **Figure 19**. This map indicates high densities of disabled residents in Marshall, Alcorn, and Tippah counties.

Figure 19. Individuals with Disabilities Population Density in NITA Region



LOW INCOME POPULATION

Low-income populations are moderately low in the NITA region, with only 16% of the population living below the federal poverty level. The rate of low-income populations residing in each county of the NITA region is shown in **Table 14**.

Table 14. Rate of Low-Income Population in NITA Region

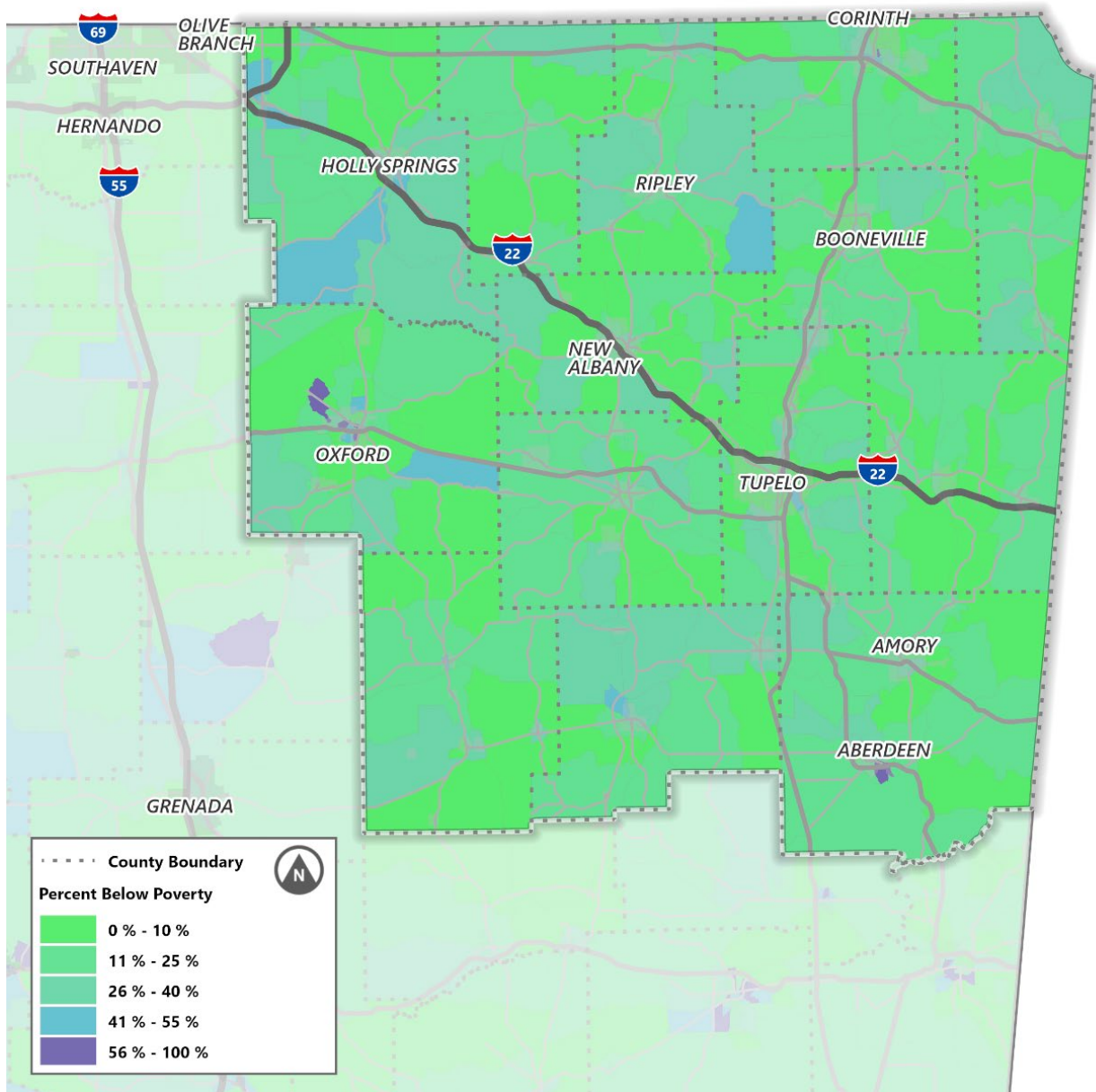
County	% Low-Income Population	County	% Low-Income Population
Chickasaw	23%	Lafayette	17%
Marshall	21%	Monroe	16%
Tishomingo	20%	Pontotoc	15%
Calhoun	18%	Lee	14%
Tippah	18%	Union	14%
Alcorn	17%	Prentiss	13%
Benton	17%	Itawamba	10%



Tupelo Transit (Lee County)

The population density of low-income households in the NITA region is consistently dispersed. **Figure 20** shows the population density of low-income residents in the NITA region, which shows no large pockets in the region.

Figure 20. Low-Income Population Density in NITA Region



3.4.2 SERVICE LEVELS

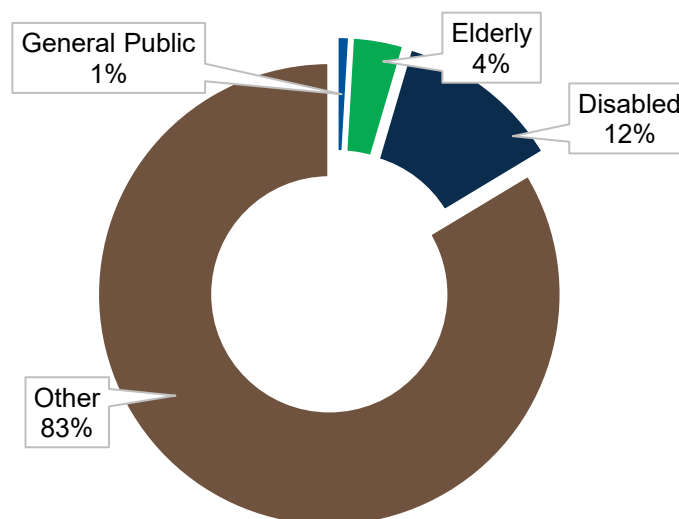
The NITA region is served by 6 transportation providers who provide demand response services. Additionally, the City of Oxford provides fixed-route services to students and city residents. **Table 15** shows the level of service provided in the region.

Table 15. Levels of Service Provided in NITA Region

Agency	Trips Provided (2025)
Climb-Up, Inc.	23,430
Lee County Multipurpose for the Elderly	24,067
Northeast Mississippi Community Services	29,501
City of Oxford/ Oxford University Transit Management	912,794
Region IV Timber Hills Mental Health Services	85,244
Total Trips	1,075,036

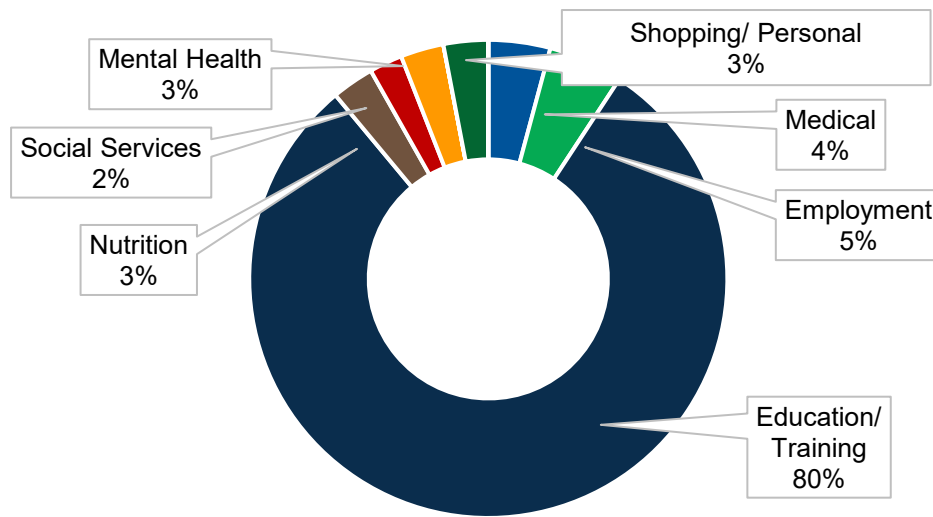
The large majority of trips provided in the NITA region are for students at Ole Miss, followed by disabled passengers, and older adults. **Figure 21** provides a breakout of rider demographics in the NITA region.

Figure 21. Ridership Demographics in NITA Region



The majority of passengers use transportation services to access employment followed closely by education centers, mental health services, and Medicaid services. **Figure 22** shows the various trip purposes provided in the region.

Figure 22. Trip Purposes in NITA Region



3.4.3 MAJOR DESTINATIONS

Table 16 shows examples of major destinations for human services transportation in the NITA region.

Table 16. Major Destinations in NITA Region

Destination	County	Purpose
North Mississippi Medical Center	Lee	Medical
Magnolia Regional Health	Alcorn	Medical
Manufacturing employers	Lee and others	Employment
Ole Miss University	Lafayette	Education
Walmart	Lee	Nutrition/ Shopping
Northeast Mississippi Community College	Prentiss	Education
Mental Health Services	Various	Medical
Other Medical Specialties	Various	Medical

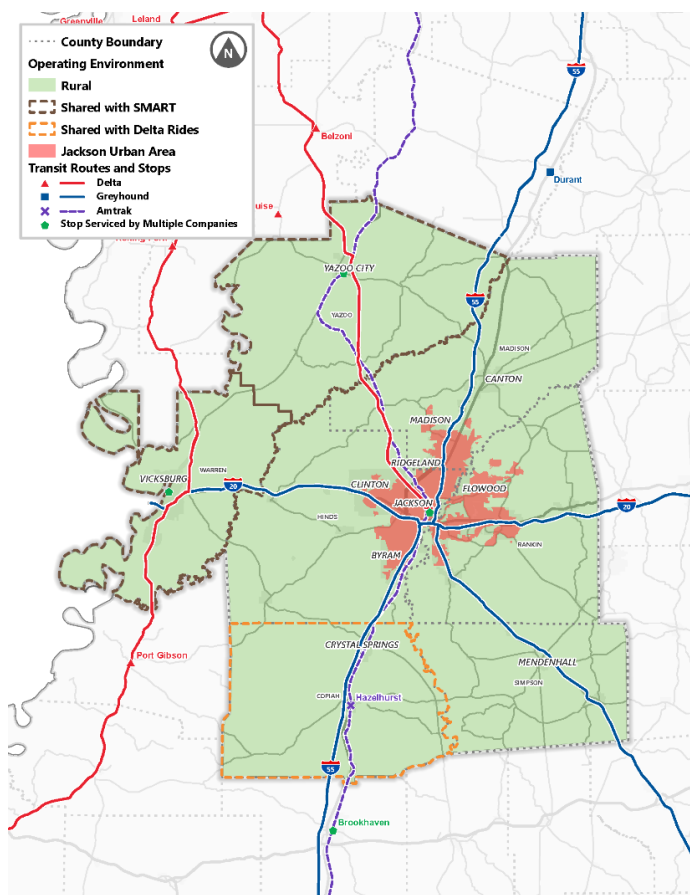
For more information about regional coordination efforts in the NITA region, see their Regionally Coordinated Human Services Transportation Plan.

3.5 TRANS-CON REGION

The Trans-Con Region consists of six counties located in the western portion of central Mississippi. Its northern boundary meets the Delta Rides region, while the Mississippi River and the state of Arkansas form the region's western border, the SMART region meets the southern border, and the EZTAG region runs along the eastern border. Mobility management activities are coordinated by the Jackson Medical Mall, which is based in Hinds County.

The Trans-Con region includes Mississippi's capital city, Jackson, which is characterized by high population density and serves as the urban core of the region. Surrounding Jackson are suburban and rural counties with more dispersed development patterns. Due to its urban operating environment, the Trans-Con region offers a wider range of transportation options than more rural areas, including a mix of fixed-route transit, demand-response services, and intercity connections.

The Trans-Con region also exhibits notable economic disparities. Higher poverty rates and a greater share of zero-vehicle households are concentrated within the urban core, while suburban areas tend to have higher incomes and greater access to personal vehicles. Although the Trans-Con region has a larger share of younger adults compared to other parts of the state, the older adult population is steadily increasing, contributing to growing demand for medical transportation and other community-based services that support aging populations. Residents of the Trans-Con region benefit from access to intercity transportation services, including Delta Bus Lines and FlixBus/Greyhound, as well as Amtrak rail service. These connections reinforce Jackson's role as a central economic and transportation hub for Mississippi.



3.5.1 DEMOGRAPHICS

The Trans-Con region serves a moderately low population of elderly, disabled, and low-income residents.

OLDER ADULT POPULATION

Approximately 16% of the region's population is age 65 or older, reflecting a modest but consistent rate of older adults across the region. This is due to the significant number of younger adults surrounding the Jackson metropolitan area. **Table 17** shows the rate of older adults in each county of the Trans-Con region.

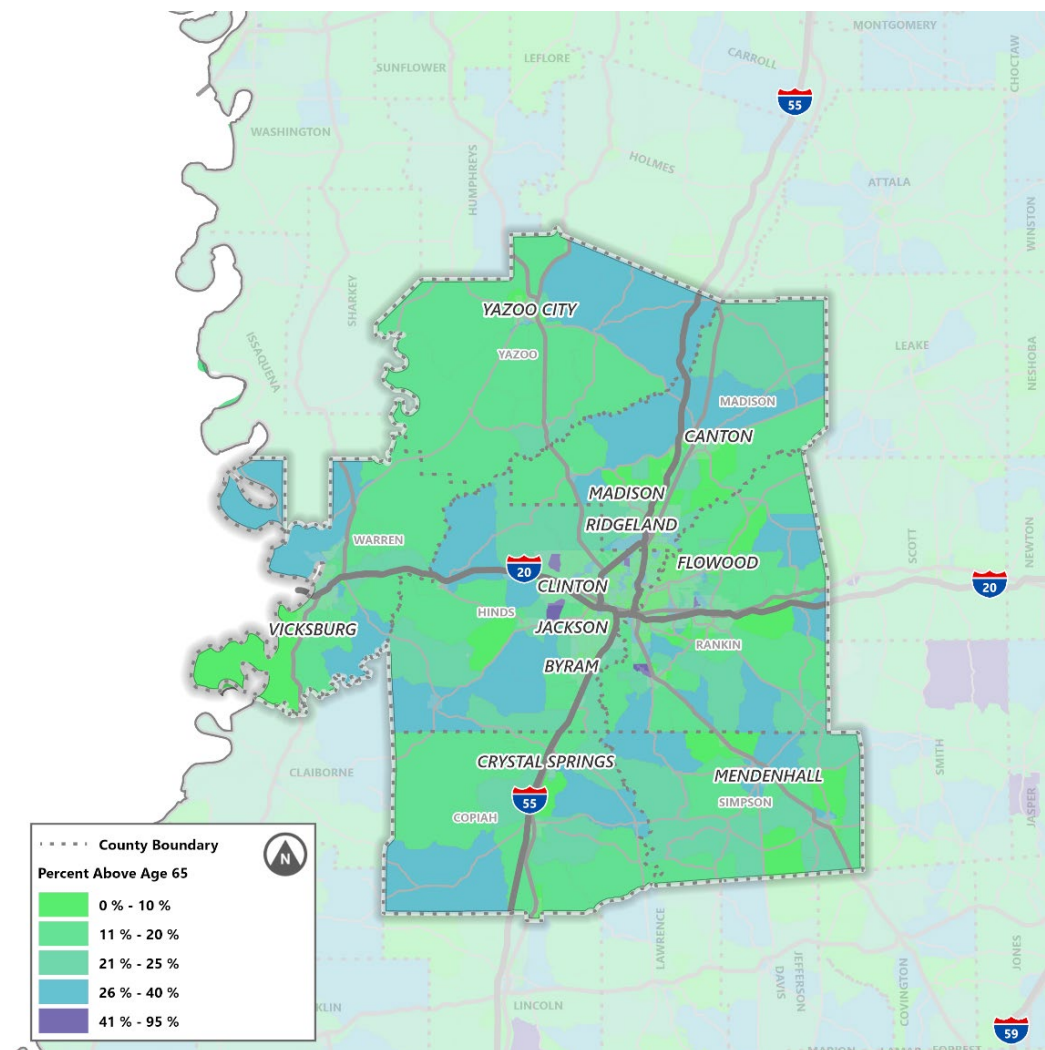
Figure 23 shows the population density of older adults in the Trans-Con region. This map shows older adults are consistently dispersed across the region with only one small pocket of older adults in Hinds County.



Table 17. Rate of Older Adults in Trans-Con Region

County	% Older Adult Population
Simpson	19%
Warren	18%
Hinds	16%
Rankin	16%
Madison	15%
Yazoo	14%

Figure 23. Population Density of Older Adult Population in Trans-Con Region



INDIVIDUALS WITH DISABILITIES POPULATION

Approximately 56% of the region's population reports a disability. The rate of disability is broad throughout the region, with some areas featuring high rates of disability and others featuring low rates of disability. **Table 18** shows the rate of individuals with disabilities populations in each county of the Trans-Con region.

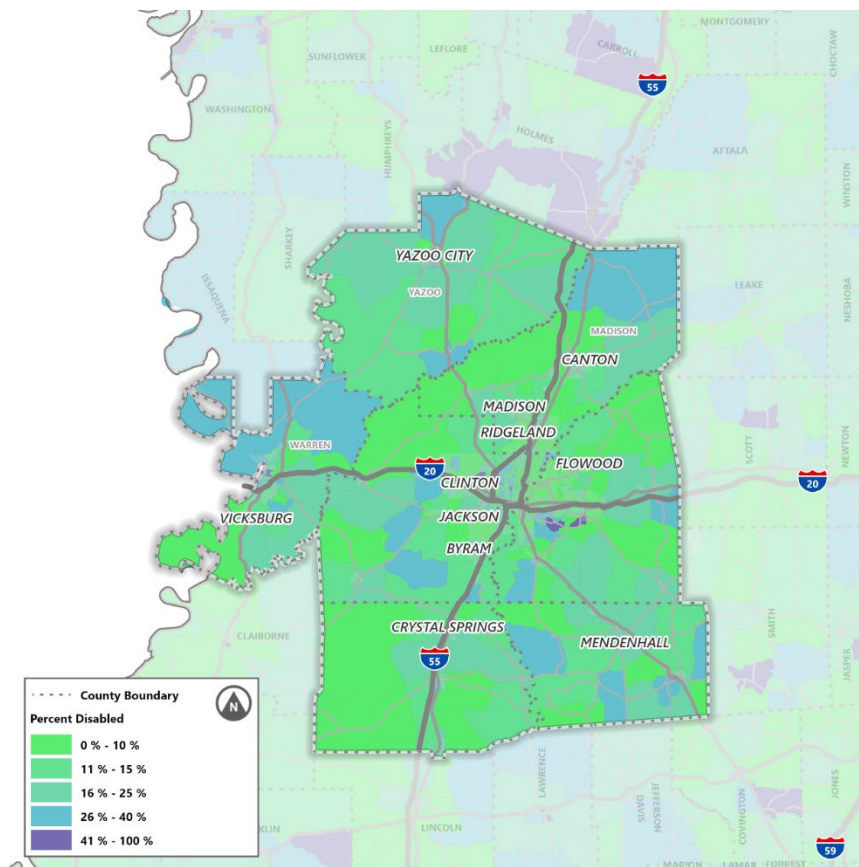
Figure 24 shows the population density of disabled residents in the Trans-Con region. This map shows disabled residents are dispersed evenly across the region with two small pockets of high-density disabled populations in Rankin County.

Statewide Coordinated Human Services Transportation Plan

Table 18. Rate of Individuals with Disabilities Population in Trans-Con Region

County	% Individuals with Disabilities Population
Madison	57%
Hinds	56%
Rankin	56%
Warren	55%
Simpson	54%
Yazoo	45%

Figure 24. Population Density of Individuals with Disability Population in Trans-Con Region



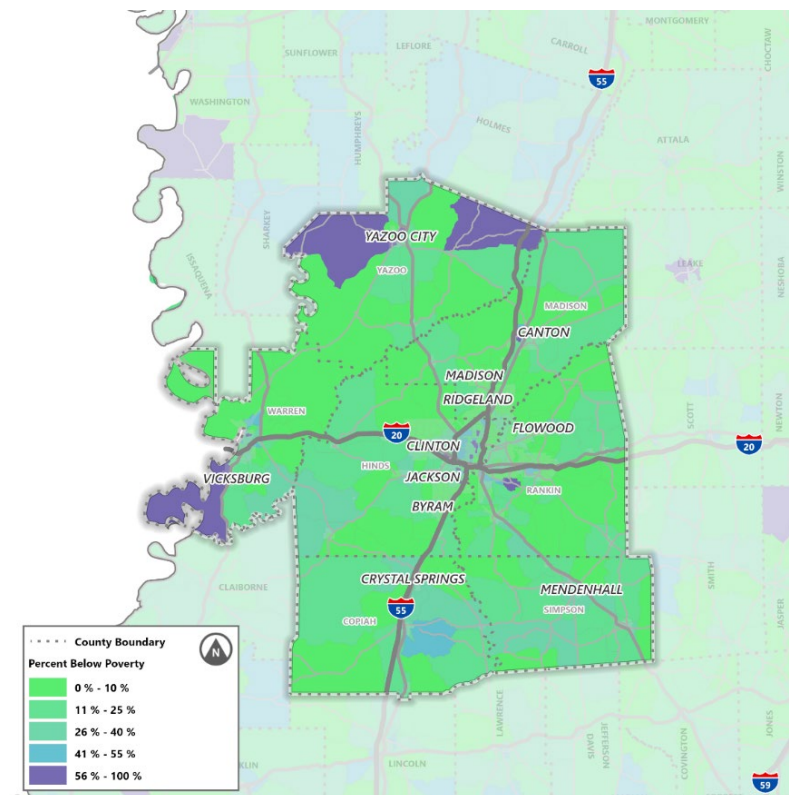
LOW INCOME POPULATION

Approximately 16% of the population in the Trans-Con region is living below the federal poverty level, with a large disparity of income throughout the region. **Table 19** shows that Yazoo County has the highest rate of low-income populations in the region at 26%. **Figure 25** shows the population density of low-income populations in the Trans-Con region. The map shows disabled residents are dispersed evenly across the region with three large pockets of high-density low-income populations in Yazoo and Warren counties.

Table 19: Rate of Low-Income Population in Trans-Con Region

County	% Low-Income Population
Yazoo	26%
Hinds	21%
Warren	20%
Simpson	19%
Madison	11%
Rankin	10%

Figure 25. Population Density of Low-Income Populations in Trans-Con Region



3.5.2 SERVICE LEVELS

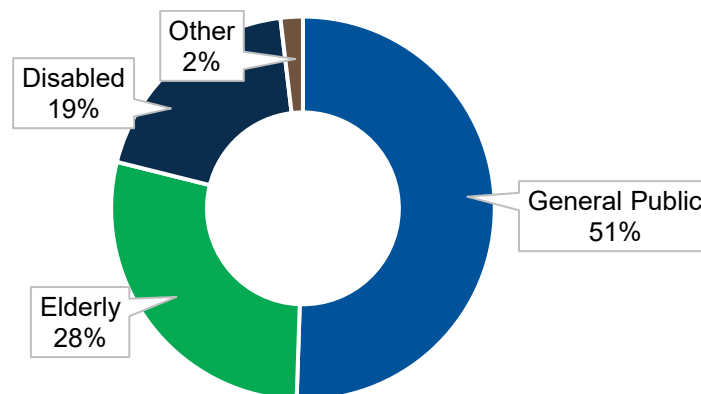
The Trans-Con region is served by 10 transportation providers who provide demand response services. **Table 20** shows the level of service provided in the region.

Table 20. Level of Service Provided in Trans-Con Region

Agency	Trips Provided (2025)
JTRAN	53,038 ⁸
Community Council of Warren County	4,936
Copiah County Human Resource Agency	22,409
Clinton County Community Center (Four C's)	2,934
Hinds County Human Resource Agency	26,695
Madison County Citizen Service Agency	54,734
N-Route	109,445
South Central Community Action Agency	18,296
Warren Yazoo Mental Health	30,647
Willowood Developmental Center	11,051
Yazoo County Human Services	26,003
Total Trips	307,150

More than half of all trips provided in the Trans-Con region are for the general public, followed by older adults and disabled passengers. This reflects the urban operating environment of the region and its concentration on **Figure 26** provides a breakout of rider demographics in the Trans-Con region.

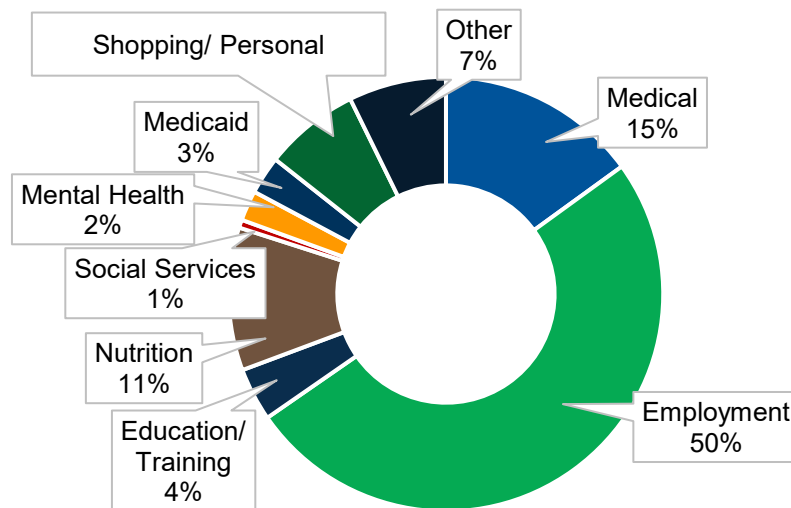
Figure 26. Ridership Demographics in Trans-Con Region



⁸ Demand response trips reported to the National Transit Database for FY 2025

Half of all passengers use transportation services to access employment followed by medical and nutrition trips. This reflects both young adults needing access to employment as well as older adults who require medical and nutrition trips. **Figure 27** shows the various trip purposes provided in the region.

Figure 27. Trip Purposes in Trans-Con Region



3.5.3 MAJOR DESTINATIONS

Table 21 provides examples of major destinations for human services transportation in the Trans-Con region.

Table 21. Major Destinations in Trans-Con Region

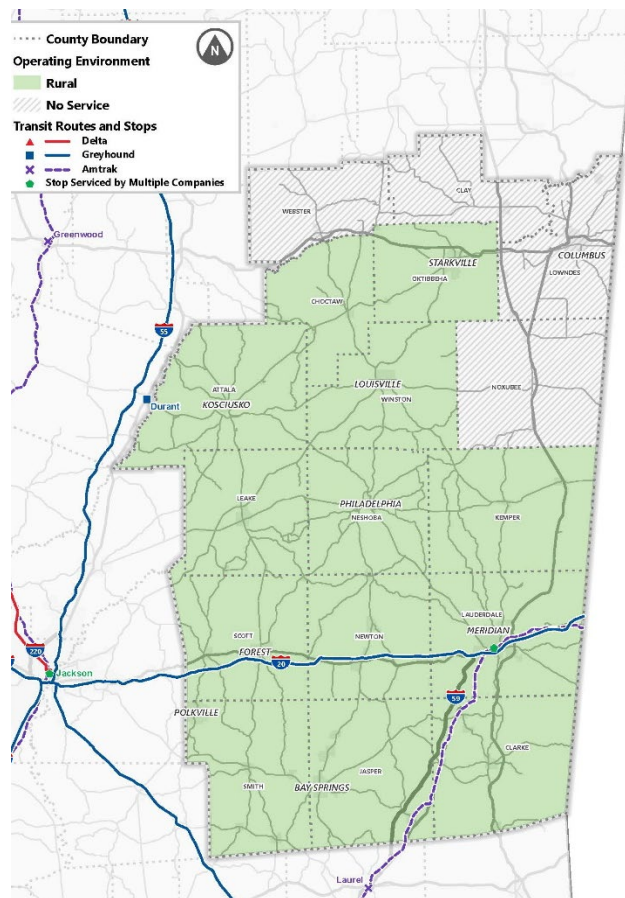
Destination	County	Purpose
University of Mississippi Medical Center	Hinds	Medical
Mississippi Baptist Medical Center	Hinds	Medical
St Dominic Hospital	Hinds	Medical
Mississippi Methodist Rehabilitation	Hinds	Medical
Walmart	Various	Shopping
Employers	Various	Employment

For more information about regional coordination efforts in the Trans-Con region, see their Regionally Coordinated Human Services Transportation Plan.

3.6 EZTAG REGION

The EZTAG Region consists of 17 counties located in central eastern Mississippi. It shares a boundary with the NITA region to the north, the Southern Connect region in the south, the Trans-Con and Delta Rides regions on the west, and the state of Alabama to the east. Mobility management activities for the EZTAG region are coordinated by Mississippi State University (MSU), based in the city of Starkville.

EZTAG is rural with a significant student population located at MSU in Oktibbeha County. Fixed-route and demand response services are provided in this area to help students and residents navigate and access the wider city of Starkville. The Mississippi Band of Choctaw Indians are headquartered in Choctaw, MS, in Neshoba County in the central portion of the region with operations in Kemper, Leake, Newton, and Winston counties. They operate Choctaw Transit and represent the state's only tribal agency.



The EZTAG region has four counties with no transportation services available – Clay, Lowndes, Noxubee, and Webster counties.

The EZTAG region has mostly low-density population. There is a moderately high concentration of low-income individuals in the region, with many residents living below the national poverty line. The rural nature of the region results in long distances between destinations. The rural operating environment also leads to increased coordination among transportation providers in the area to increase access for human services clients. EZTAG residents have access to intercity bus services with FlixBus/Greyhound in the southern part of the region with routes leading both west and south of Meridian, which serves as a regional hub.

3.6.1 DEMOGRAPHICS

The EZTAG region serves a moderate population of elderly and disabled residents, and a higher population of low-income residents.

OLDER ADULT POPULATION

Approximately 18% of the region's population is aged 65 or older. The older adult population is consistently distributed across the region, with a significantly lower concentration around the MSU student area.

Table 22 shows the rate of older adult populations in each county of the EZTAG region.

Figure 28 shows the population density of older adult populations in the EZTAG region. This map shows a significant number of high-density clusters of older adults in Oktibbeha, Winston, Noxubee, Kemper, Neshoba, Lauderdale, Smith, and Jasper counties. This shows a consistent need throughout the region for community-based services for older adults.



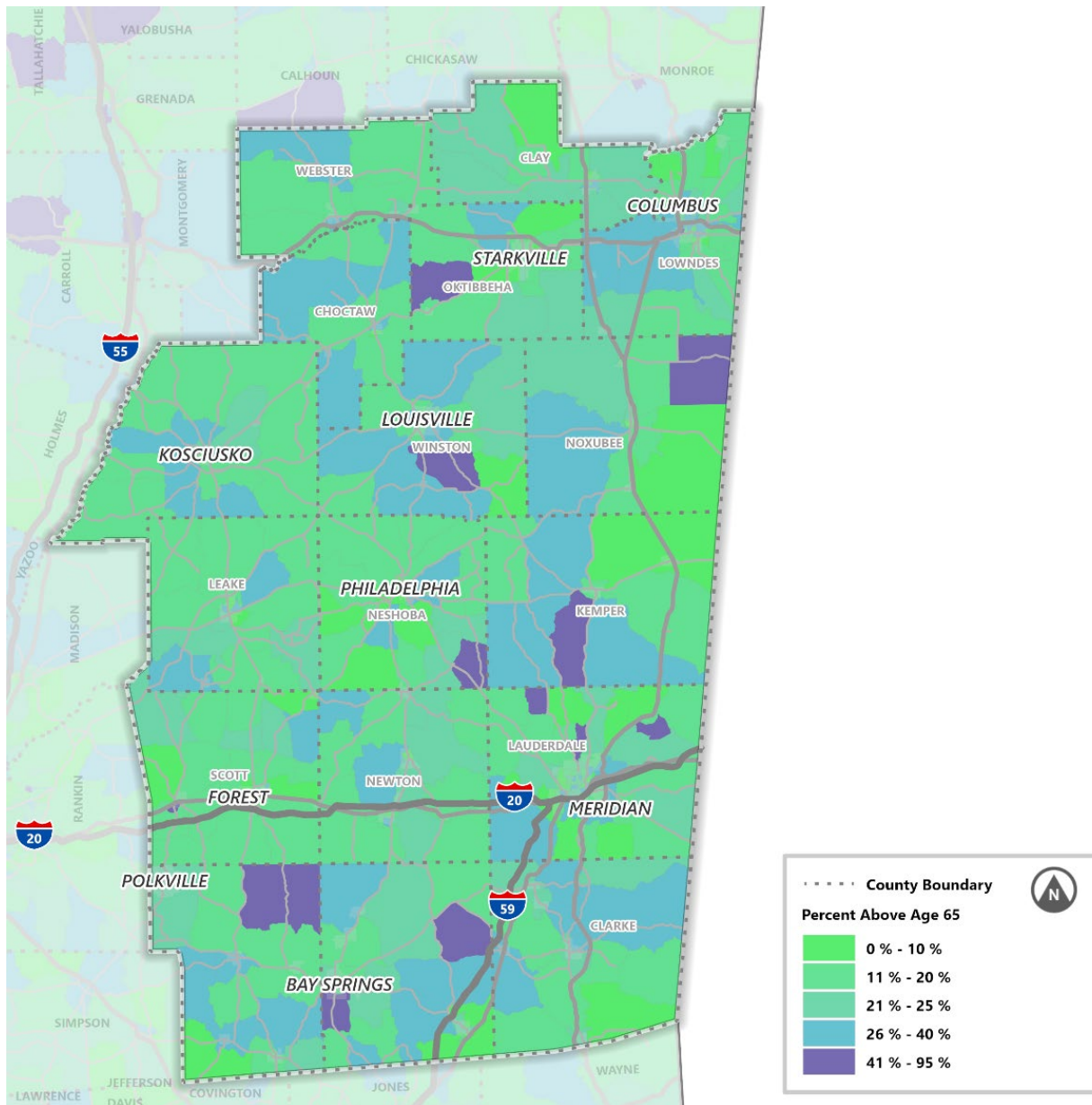
Table 22. Rate of Older Adult Population in EZTAG Region

County	% Older Adult Population
Choctaw	23%
Clarke	22%
Jasper	21%
Kemper	21%
Smith	21%
Winston	21%
Attala	19%
Clay	19%
Webster	19%

County	% Older Adult Population
Lauderdale	18%
Leake	18%
Noxubee	18%
Lowndes	17%
Neshoba	17%
Newton	17%
Scott	16%
Oktibbeha	12%

Statewide Coordinated Human Services Transportation Plan

Figure 28. Population Density of Older Adult Population in EZTAG Region



INDIVIDUALS WITH DISABILITIES POPULATION

Approximately 54% of the region's population reports a disability, with consistently high disability rates across the region. The highest disability rates occur in Oktibbeha, Leake, and Lowndes counties. **Table 23** shows the rate of individuals with disabilities populations in each county of the EZTAG region.

Table 23: Rate of Individuals with Disabilities Population in EZTAG Region

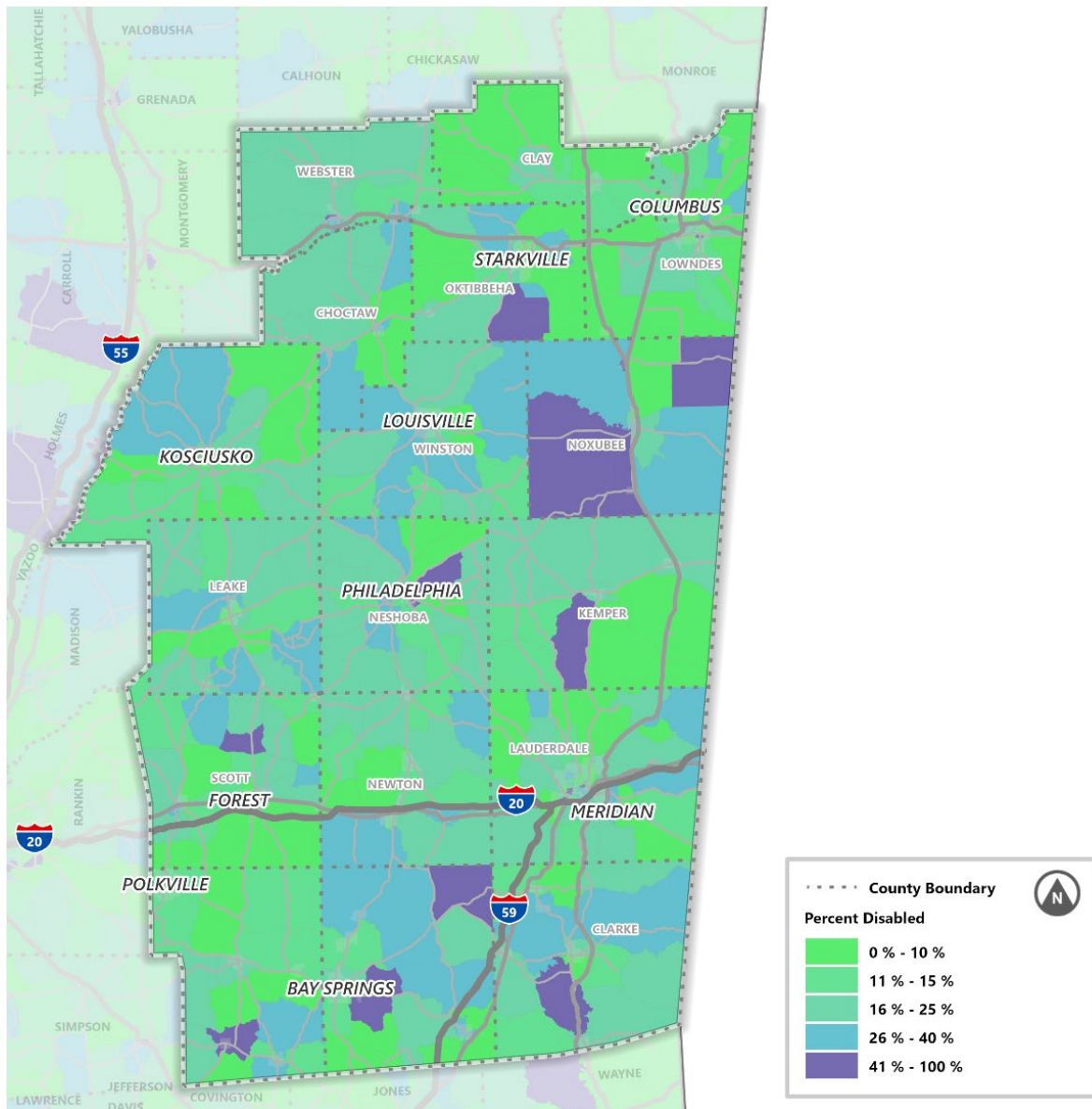
County	% Individual with Disabilities Population	County	% Individual with Disabilities Population
Oktibbeha	58%	Lauderdale	53%
Leake	55%	Neshoba	53%
Lowndes	55%	Newton	53%
Noxubee	55%	Scott	53%
Jasper	54%	Winston	53%
Smith	54%	Attala	52%
Webster	54%	Choctaw	51%
Clarke	53%	Kemper	49%
Clay	53%		

Figure 29 shows the population density of individuals with disabilities in the EZTAG region. This map shows a number of high-density pockets in Oktibbeha, Noxubee, Kemper, Neshoba, Clarke, Jasper, Smith, and Scott counties.



Bus stop, Starkville (Oktibbeha County)

Figure 29. Population Density of Individuals with Disabilities Population in EZTAG Region



LOW INCOME POPULATION

Around 22% of the region's population live below the federal poverty level. The highest rate of low-income individuals live in Winston, Noxubee, and Oktibbeha counties. **Table 24** shows the rate of low-income populations in each county of the EZTAG region.

Table 24: Rate of Low-Income Individuals in EZTAG Region

County	% Low-Income Population
Winston	30%
Noxubee	25%
Oktibbeha	25%
Clay	24%
Lauderdale	24%
Neshoba	24%
Kemper	22%
Newton	21%
Attala	20%

County	% Low-Income Population
Scott	20%
Clark	19%
Jasper	19%
Leake	19%
Smith	19%
Choctaw	16%
Lowndes	16%
Webster	15%

Figure 30 shows the population density of low-income populations in the EZTAG region. This map shows two large high-density clusters of low-income residents in Jasper and Neshoba counties, and a small cluster in Oktibbeha County.

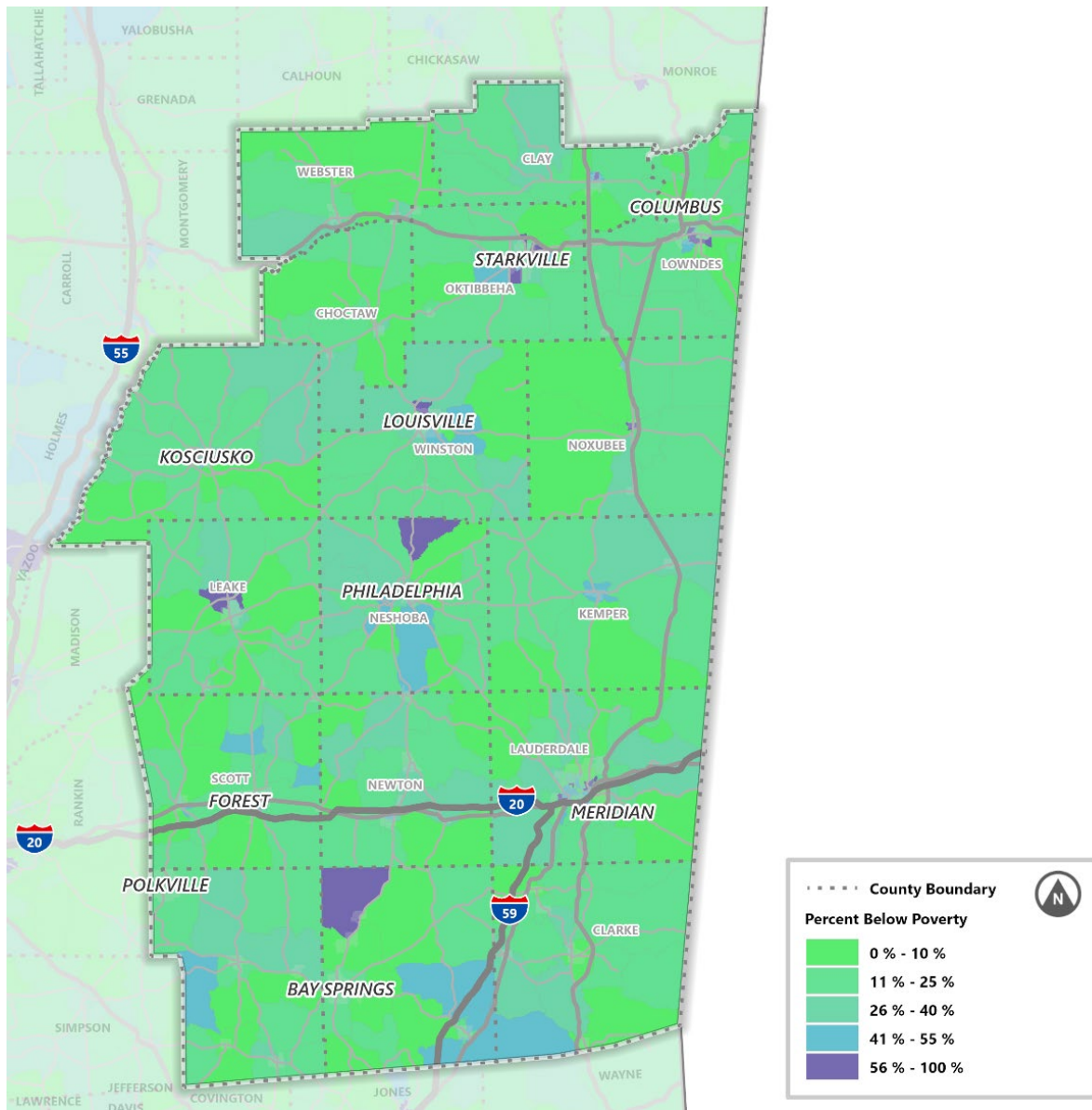


Passengers boarding the bus in Starkville



Passengers waiting at MSU bus stop hub in Starkville

Figure 30. Population Density of Older Adult Population in EZTAG Region



3.6.2 SERVICE LEVELS

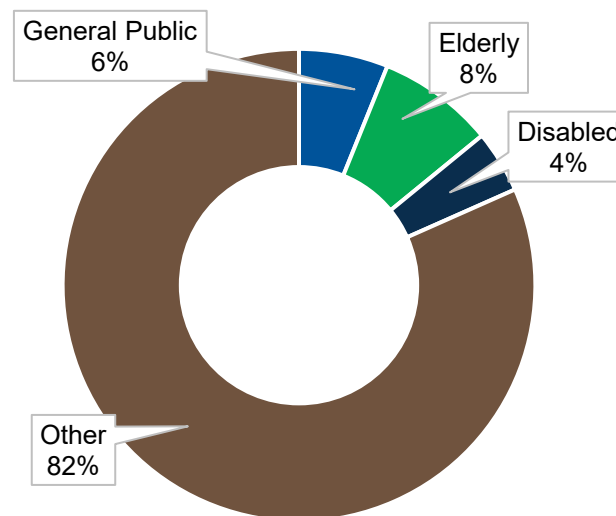
The EZTAG region is served by 7 transportation providers who provide demand response services for the general public and specialized transportation. **Table 25** shows the level of service provided in the region.

Table 25. Level of Service Provided in EZTAG Region

Agency	Trips Provided (2025)
Choctaw Transit	11,354
East Central Planning and Development District	18,740
Lowndes County Council on Aging	435
Mississippi Band of Choctaw Indians	19,167
MSU Starkville	488,642
Noxubee County Human Resource Agency	4,335
Philadelphia Transit	21,047
Total Trips	563,720

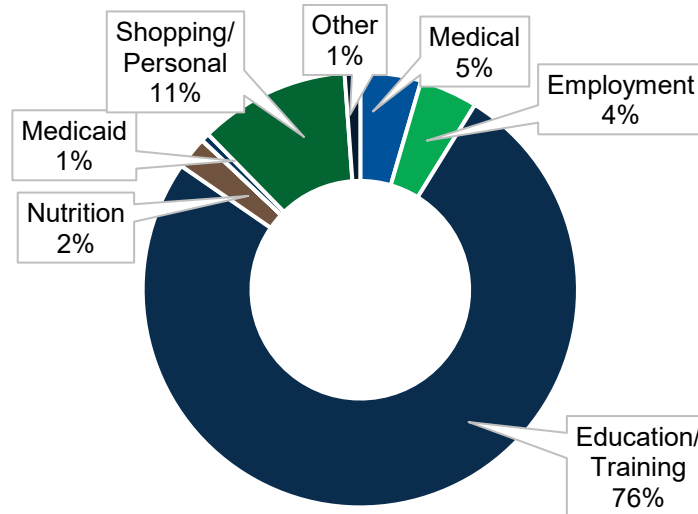
The large majority of trips provided in the EZTAG region are for students at MSU, classified as “other” riders, with the remaining trips provided to older adults, the general public, and disabled residents. **Figure 31** provides a breakout of rider demographics in the EZTAG region.

Figure 31. Ridership Demographics in EZTAG Region



Transportation services are mostly used to access education services at MSU, followed by shopping, medical, and employment trips. **Figure 32** shows the various trip purposes provided in the region.

Figure 32. Trip Purposes in EZTAG Region



3.6.3 MAJOR DESTINATIONS

Table 26 provides examples of major destinations for human services transportation in the EZTAG region.

Table 26. Major Destinations in EZTAG Region

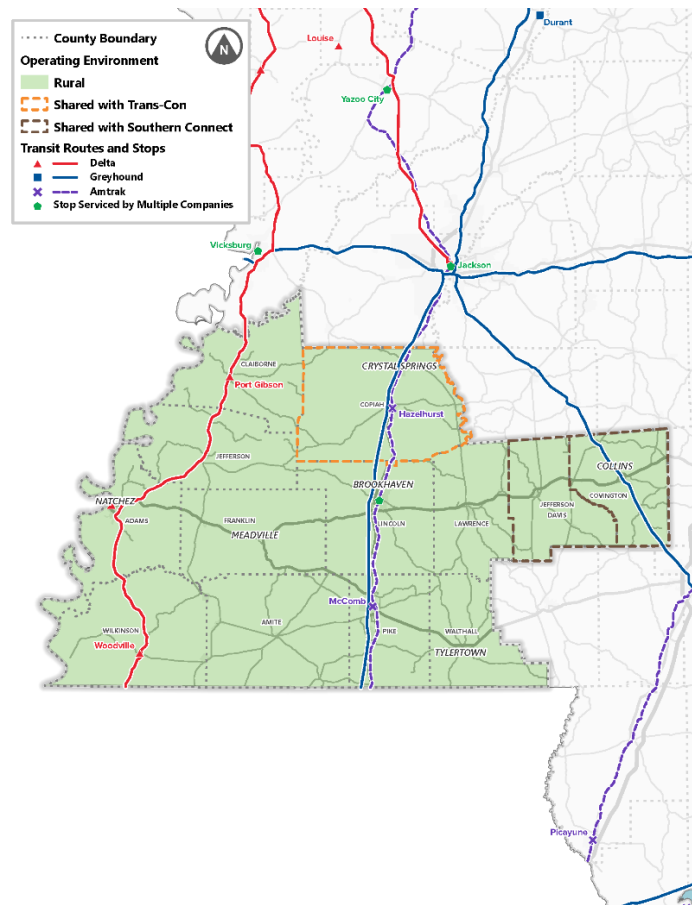
Destination	County	Purpose
Fresenius Kidney Care	Winston	Medical
Starkville OCH Regional Medical Center	Oktibbeha	Medical
Fresenius Kidney Care	Winston	Medical
Walmart	Oktibbeha	Nutrition/ Shopping
Kroger	DeSoto, Bolivar, Warren	Nutrition/ Shopping
Starkville Columbus Orthopedic Clinic	Oktibbeha	Medical
Starkville Breast Health and Imaging	Oktibbeha	Medical

For more information about regional coordination efforts in the EZTAG region, see their Regionally Coordinated Human Services Transportation Plan.

3.7 SMART REGION

The SMART region consists of 13 counties located in southwestern Mississippi. Three of these counties are shared with other regions – Copiah County is shared with the Trans-Con region and Jefferson Davis and Covington Counties are shared with the Southern Connect region. The SMART region borders the Delta Rides region to the north, the Mississippi river to the west, the Southern Connect region to the east, and the state of Louisiana to the south. Mobility management activities are coordinated by Five County Child Development Center, which is based in Jefferson Davis County.

The SMART region is rural, with populations spread across large geographic areas. It has the highest proportion of older adults and low-income residents in the state due to the consistent presence of these demographic groups across all counties. Many key destinations for human services transportation are located along major corridors, leaving residents in outlying areas to travel longer distances to reach them. These challenges point to a clear need for expanding community-based services and improving local access throughout the region to better meet the needs of its residents. SMART region residents have access to Delta Bus Lines, which runs north to south along the western side of the region, and FlixBus/Greyhound, which runs north to south along the eastern side of the region.



3.7.1 DEMOGRAPHICS

The SMART region serves a population with high concentrations of older adult and low-income populations, and moderate concentrations of individuals with disabilities.

OLDER ADULT POPULATION

Approximately 19% of the region's population is aged 65 or older. The region has the highest concentration of older adults in the state, with older adults representing 25% of the population in Amite County. **Table 27** shows the rate of older adults residing in each county in the SMART region.

The map in **Figure 33** shows the concentration of older adults within each county. The map indicates significant concentrations of older adults living in close proximity in Amite, Jefferson, Lincoln, and Pike counties.

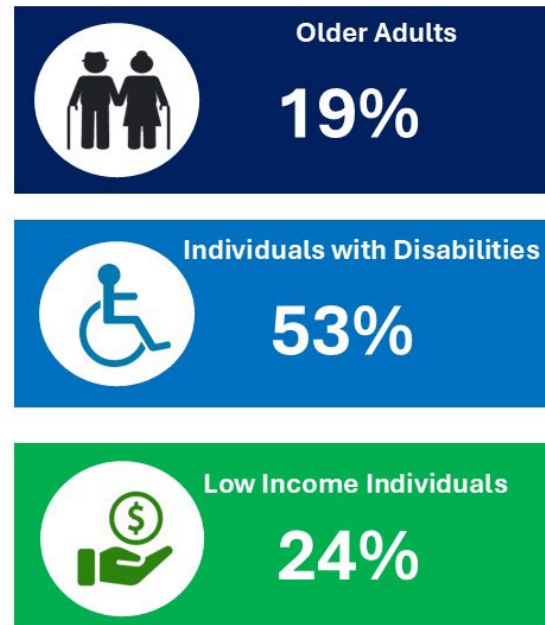
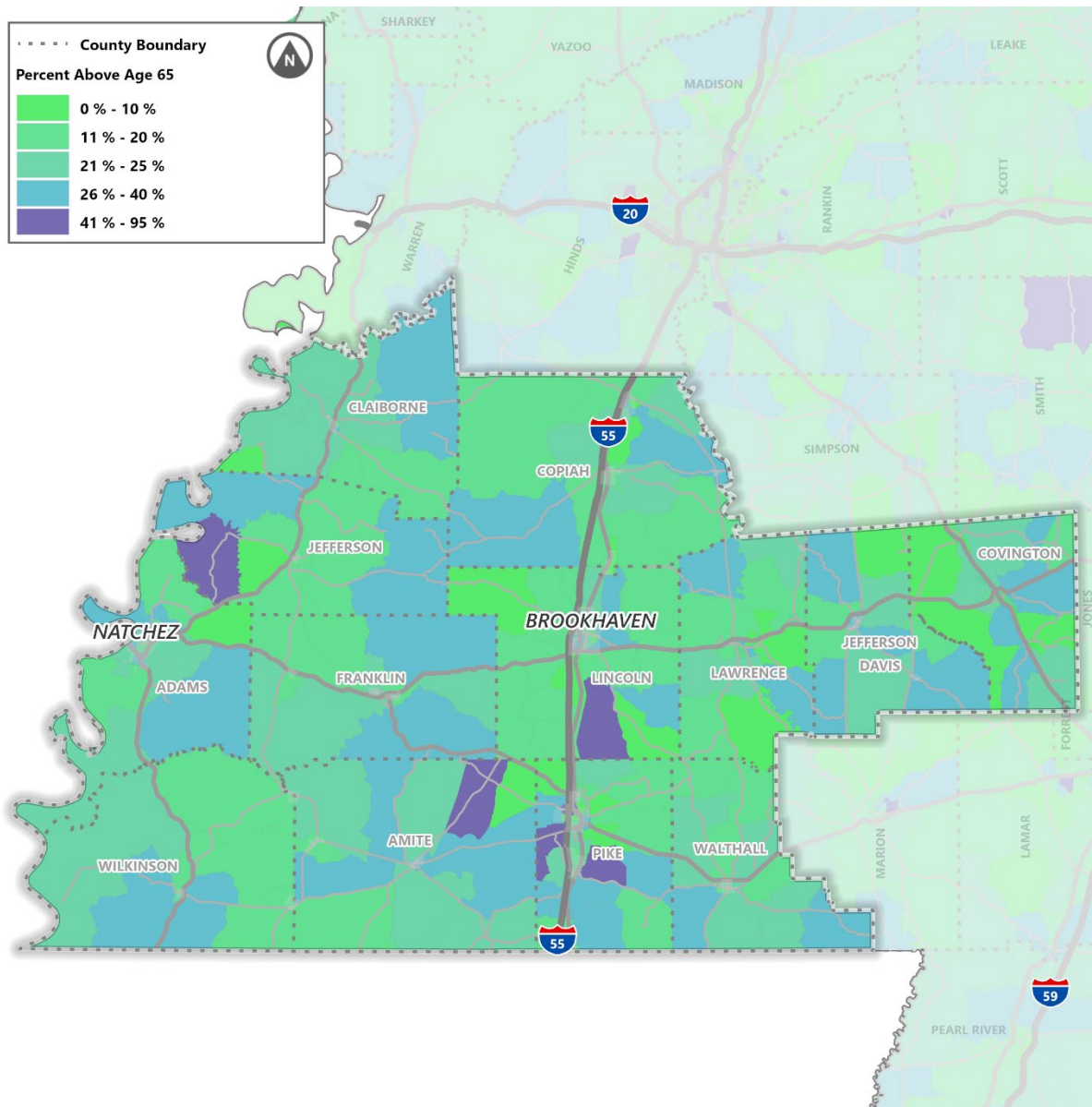


Table 27. Older Adult Population in SMART Region

County	% Older Adult Population
Amite	25%
Jefferson Davis	24%
Adams	22%
Franklin	21%
Walthall	20%
Claiborne	19%
Jefferson	19%
Wilkinson	19%
Lawrence	18%
Lincoln	17%
Pike	17%

Statewide Coordinated Human Services Transportation Plan

Figure 33. Older Adult Population in SMART Region



INDIVIDUALS WITH DISABILITIES POPULATION

Approximately 53% of the region's population reports a disability, a rate that is consistent with the rest of the state. The highest disability rates can be found in Lincoln, Jefferson Davis, and Pike counties. A table showing the rate of disabled residents in each county in the SMART region is shown in **Table 28**.

Table 28. Rate of Individuals with Disabilities Population in SMART Region

County	% Individual with Disabilities Population
Lincoln	57%
Jefferson Davis	54%
Pike	53%
Walthall	53%
Amite	52%
Franklin	52%
Lawrence	52%
Jefferson	50%
Adams	49+%
Wilkinson	46%
Claiborne	44%

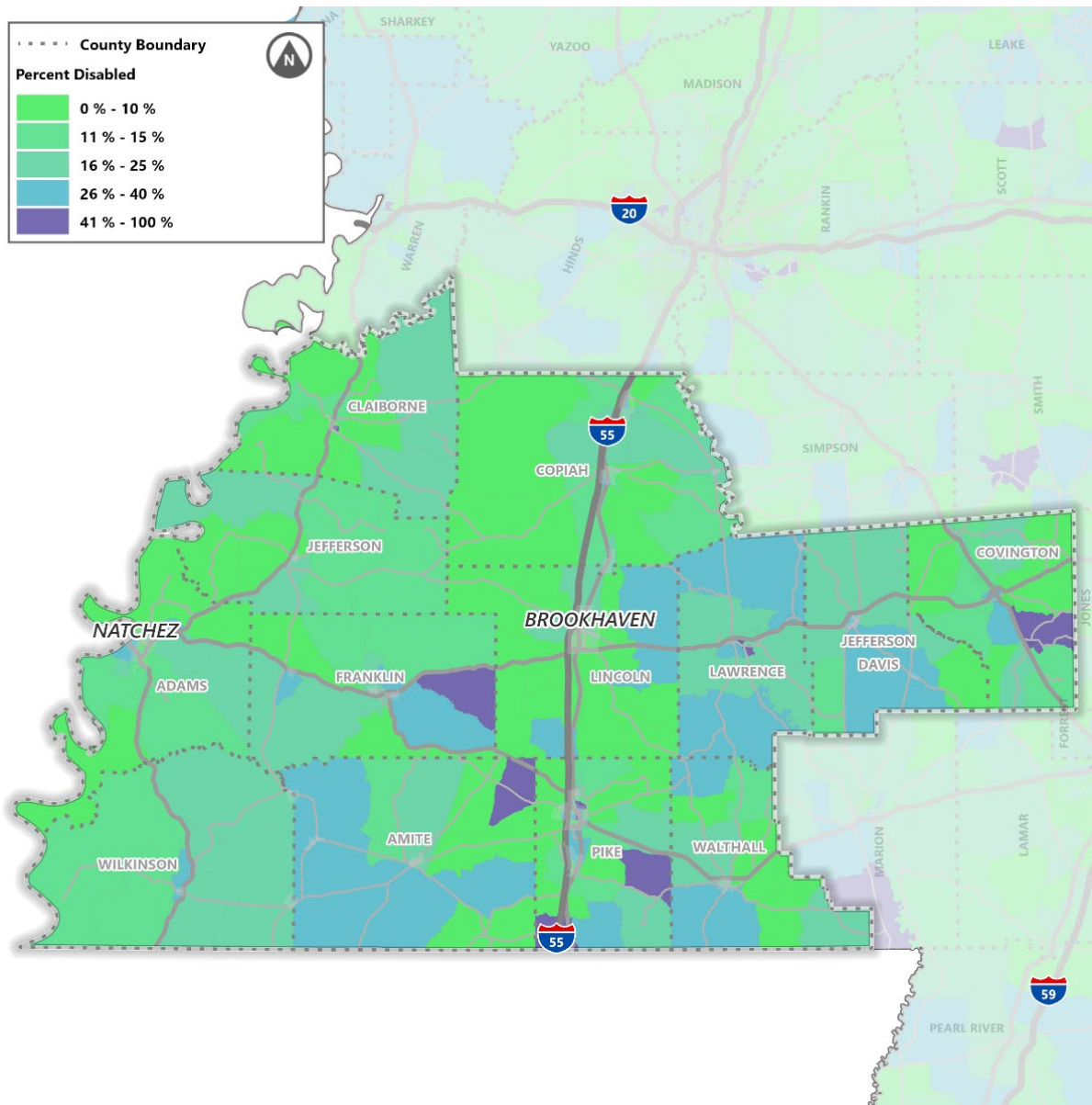
Figure 34 shows the population density of disabled populations in the SMART region. This map shows a number of high-density pockets in Franklin, Amite, and Pike counties.



Natchez Transit (Natchez County) *Picture courtesy of Mississippi Today

Statewide Coordinated Human Services Transportation Plan

Figure 34: Population Density of Individuals with Disabilities in SMART Region



LOW INCOME POPULATION

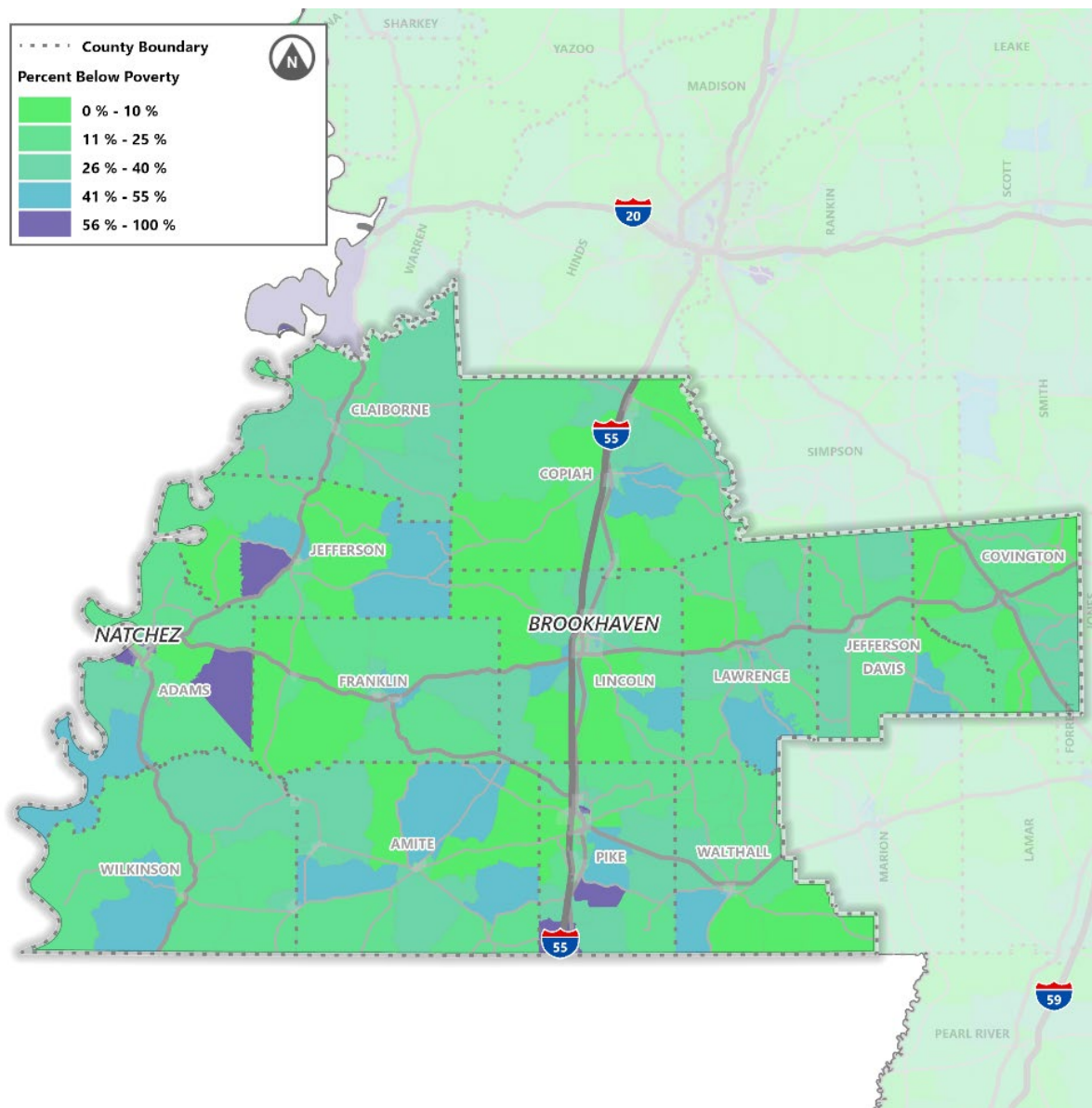
High proportions of low-income populations result in significant demand for human services transportation. The region has the highest share of low-income residents, with about 24% of the population living below the federal poverty level. **Table 29** shows the rate of low-income individuals residing in the SMART region.

Table 29. Rate of Low-Income Population in SMART Region

County	% Low-Income Population
Amite	27%
Jefferson	27%
Pike	27%
Adams	26%
Jefferson Davis	25%
Claiborne	24%
Lawrence	24%
Wilkinson	24%
Franklin	23%
Lincoln	21%
Walthall	18%

Figure 35 shows the population density of low-income populations in the SMART region. This map shows high-density clusters of low-income residents in Adams, Jefferson, and Pike counties.

Figure 35. Population Density of Low-Income Population in SMART Region



3.7.2 SERVICE LEVELS

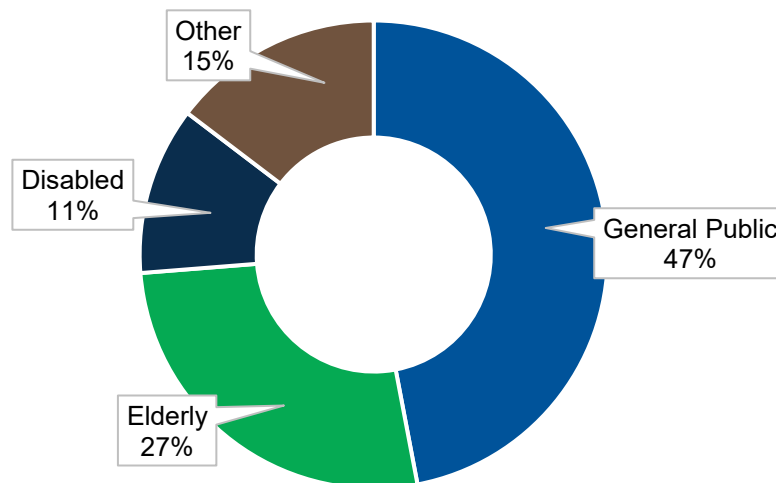
The SMART region is served by 4 transportation providers who provide demand response services for the general public and specialized transportation. **Table 30** shows the level of service provided in the region.

Table 30. Level of Service Provided in SMART Region

Agency	Trips Provided (2025)
Claiborne County Human Resource Agency	57,198
Mount Zion Economic Community Center	20,640
Natchez Transit System	43,741
Rose Hill Transportation	1,813
Total Trips	123,392

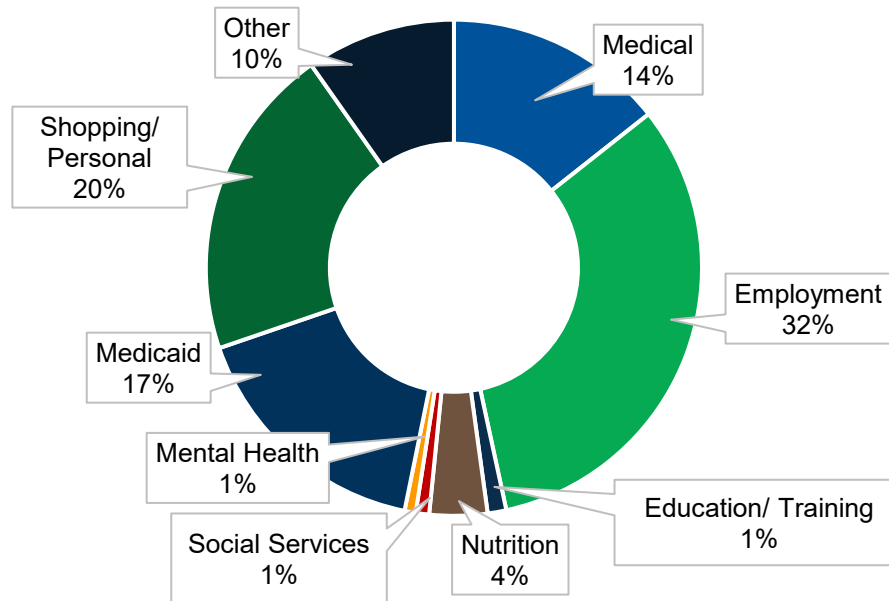
Almost half of all trips provided in the SMART region are for the general public, followed by older adults, and other riders (**Figure 36**).

Figure 36. Ridership Demographics in SMART Region



The majority of passengers use transportation services to access employment followed closely by shopping, medical trips, and Medicaid services. **Figure 37** shows the various trip purposes provided in the region.

Figure 37. Trip Purposes in SMART Region



3.7.3 MAJOR DESTINATIONS

Table 31 provides examples of major destinations for human services transportation in the SMART region.

Table 31. Major Destinations in SMART Region

Destination	County	Purpose
Sanderson Farms	Copiah	Employment
DG Foods	Copiah	Employment
Tyson Foods	Warren	Employment
Unified Brands	Warren	Employment
Senior Center	Copiah	Other
Copiah-Lincoln Community College	Copiah	Education
Pavillion	Natchez	Medical
Vicksburg Merit Hospital	Warren	Medical

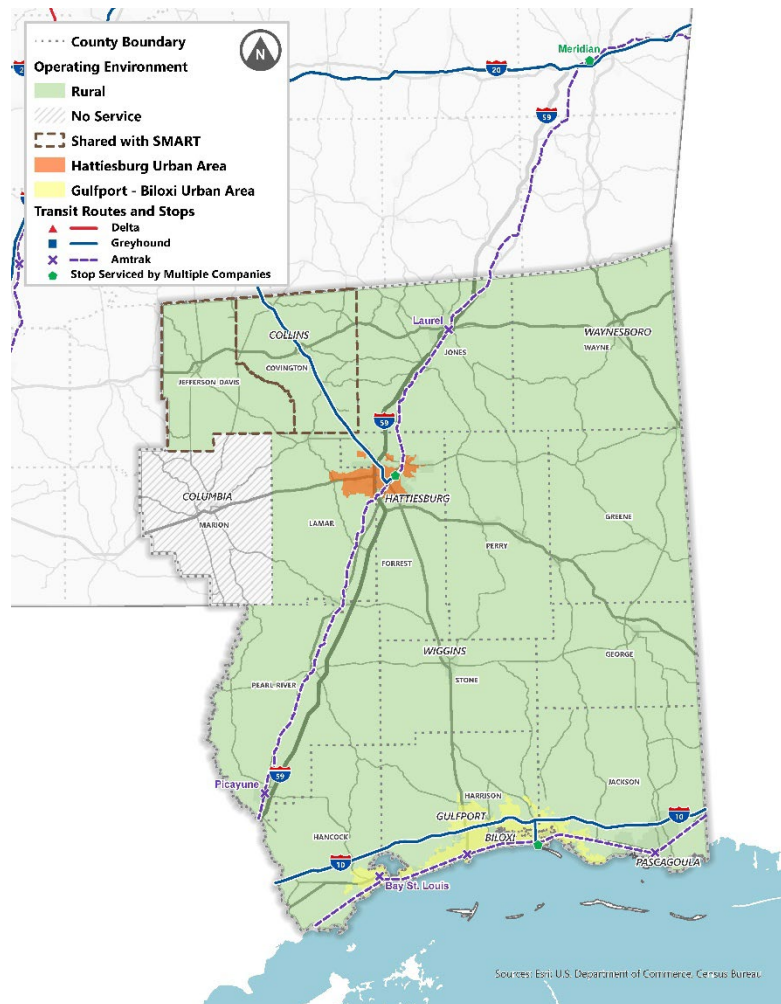
For more information about regional coordination efforts in the SMART region, see their Regionally Coordinated Human Services Transportation Plan.

3.8 SOUTHERN CONNECT REGION

The Southern Connect region consists of 15 counties located in southeastern Mississippi, with two counties—Covington and Jefferson Davis—shared with the SMART region. The Southern Connect region borders the EZTAG region to the north, the SMART region and the state of Louisiana border the west, the state of Alabama borders the east and the Gulf of America borders the south. Mobility management activities throughout the region are coordinated by DJ Transit, which is based in Jones County. There is only one county (Marion) that does not have any transportation services available.

Southern Connect has a mix of rural and urban areas, with more population density along the Gulf Coast. The region includes the Hattiesburg Urban Area (known as the Pine Belt area) and the Gulfport-Biloxi Urban Area, with the remaining region being rural. There is a younger demographic in the Hattiesburg urban area, while the coastal and rural areas reflect higher concentrations of older adults. The region has a moderate rate of disabled residents and a moderately low rate of residents living below the federal poverty line.

Hattiesburg serves as a regional transportation hub, featuring connections to intercity bus provider FlixBus/Greyhound and intercity rail provider Amtrak. These intercity routes run east to west along the coast and north to south through Hattiesburg and the western side of the region.



3.8.1 DEMOGRAPHICS

The Southern Connect region serves a population with moderate concentrations of elderly, disabled, and low-income residents.

OLDER ADULT POPULATION

Approximately 17% of the region's population is age 65 or older, a moderate rate that is consistent with other regions. Older adults reside throughout the region, with larger concentrations along the Gulf Coast. **Table 32** shows the rate of older adults in the region.

Figure 38 shows the concentration of older adults within each county. The map indicates significant concentrations of older adults living in close proximity in Jasper, Harrison, Lincoln, Pike, and Jackson counties.

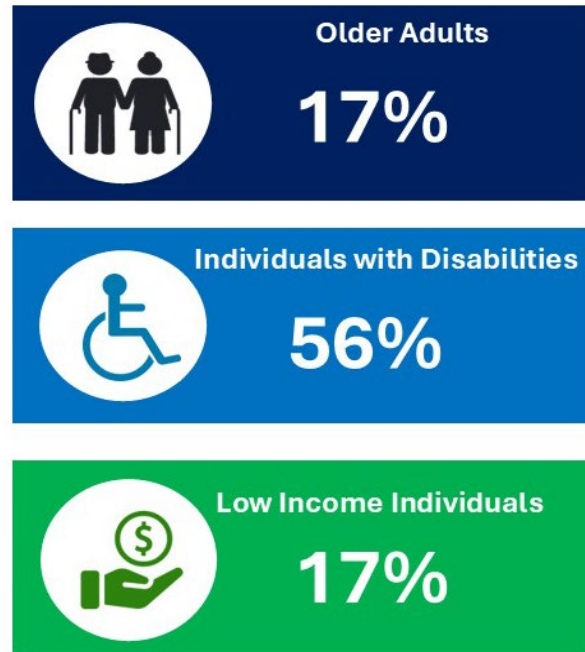
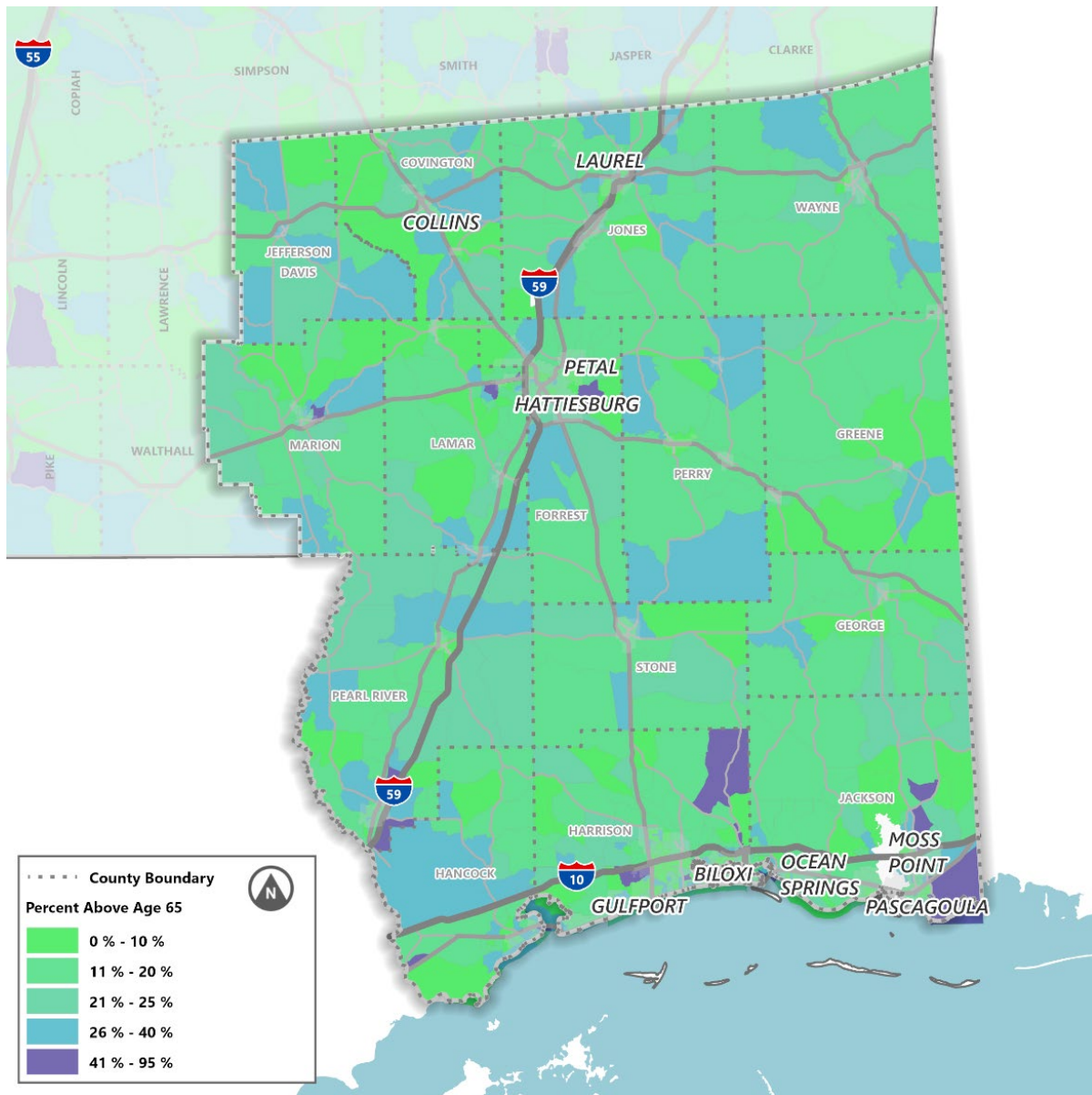


Table 32. Rate of Older Adult Population in Southern Connect Region

County	% Older Adult Population
Jefferson Davis	24%
Hancock	22%
Marion	19%
Pearl River	19%
Perry	19%
Wayne	18%
Covington	17%
Jackson	17%

County	% Older Adult Population
Jones	17%
Stone	17%
Harrison	16%
George	15%
Greene	15%
Lamar	15%
Forrest	14%

Figure 38. Population Density of Older Adult Population in Southern Connect Region



INDIVIDUALS WITH DISABILITIES POPULATION

Approximately 56% of the region's population reports a disability, consistent with NITA and Trans-Con counties. The highest disability concentrations occur in Covington, Lamar, and Forrest counties. Table 33 shows the rate of disabled residents in each county of the Southern Connect region.

Table 33. Rate of Individuals with Disabilities Population in Southern Connect Region

County	% Individual with Disabilities Population	County	% Individual with Disabilities Population
Covington	58%	George	54%
Lamar	58%	Jefferson Davis	54%
Forrest	57%	Jones	54%
Jackson	57%	Marion	54%
Hancock	56%	Pearl River	54%
Harrison	56%	Stone	54%
Perry	56%	Greene	39%
Wayne	55%		

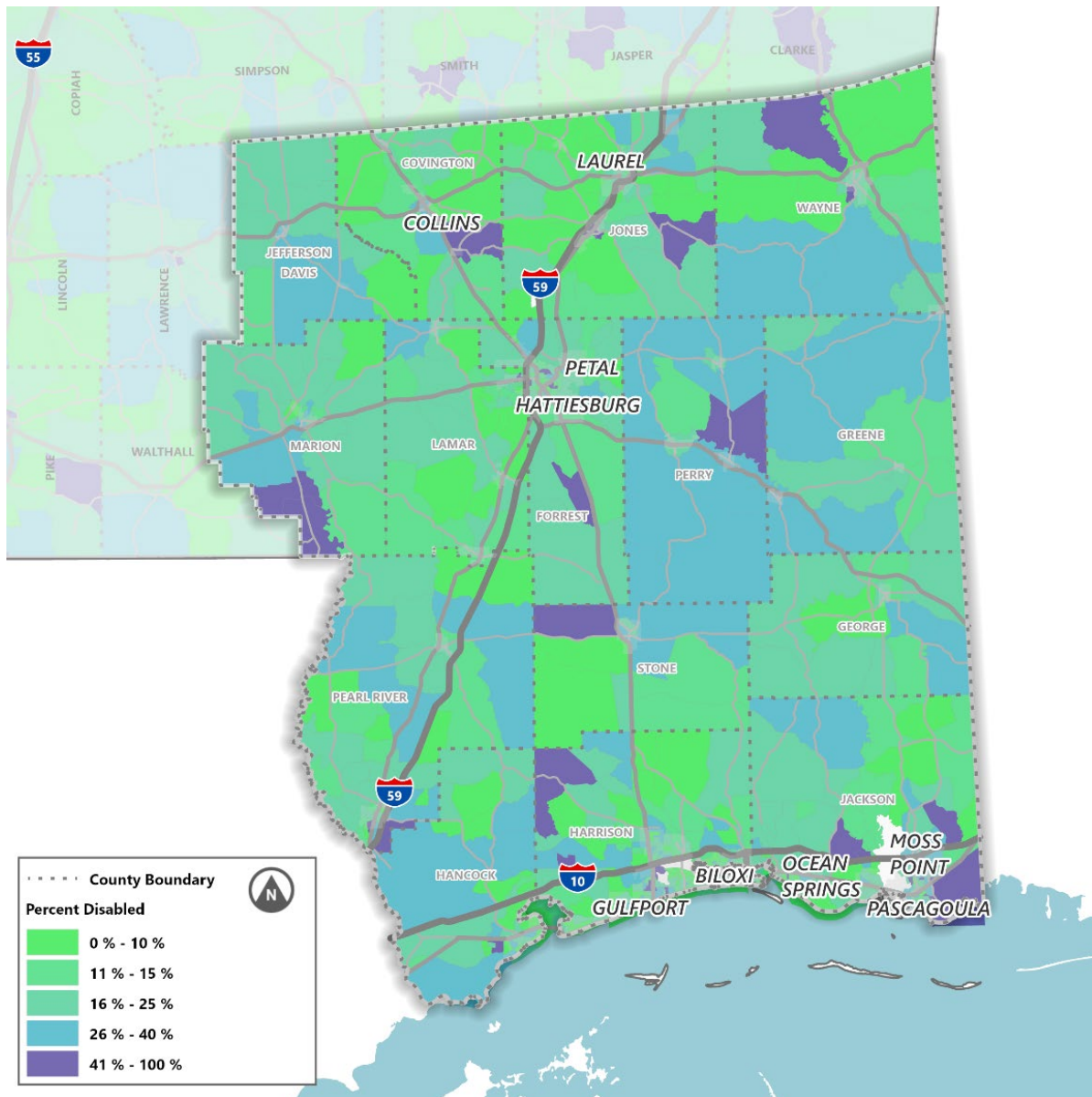
Figure 39 shows the population density of disabled populations in the Southern Connect region. This map shows a number of high-density pockets in Jasper, Pike, Hancock, and Jackson counties.



Stakeholder Engagement, Singing River Health Systems in Pascagoula (Jackson County)

Statewide Coordinated Human Services Transportation Plan

Figure 39: Population Density of Individuals with Disabilities in Southern Connect Region



LOW INCOME POPULATION

Low-income populations are moderate, with approximately 17% of the population living below the federal poverty level. Jefferson Davis, Wayne, and Forrest Counties feature the highest shares of low-income residents in the region. **Table 34** shows the concentration of low-income individuals in each county of the region.

Table 34. Rate of Low-Income Population in Southern Connect Region

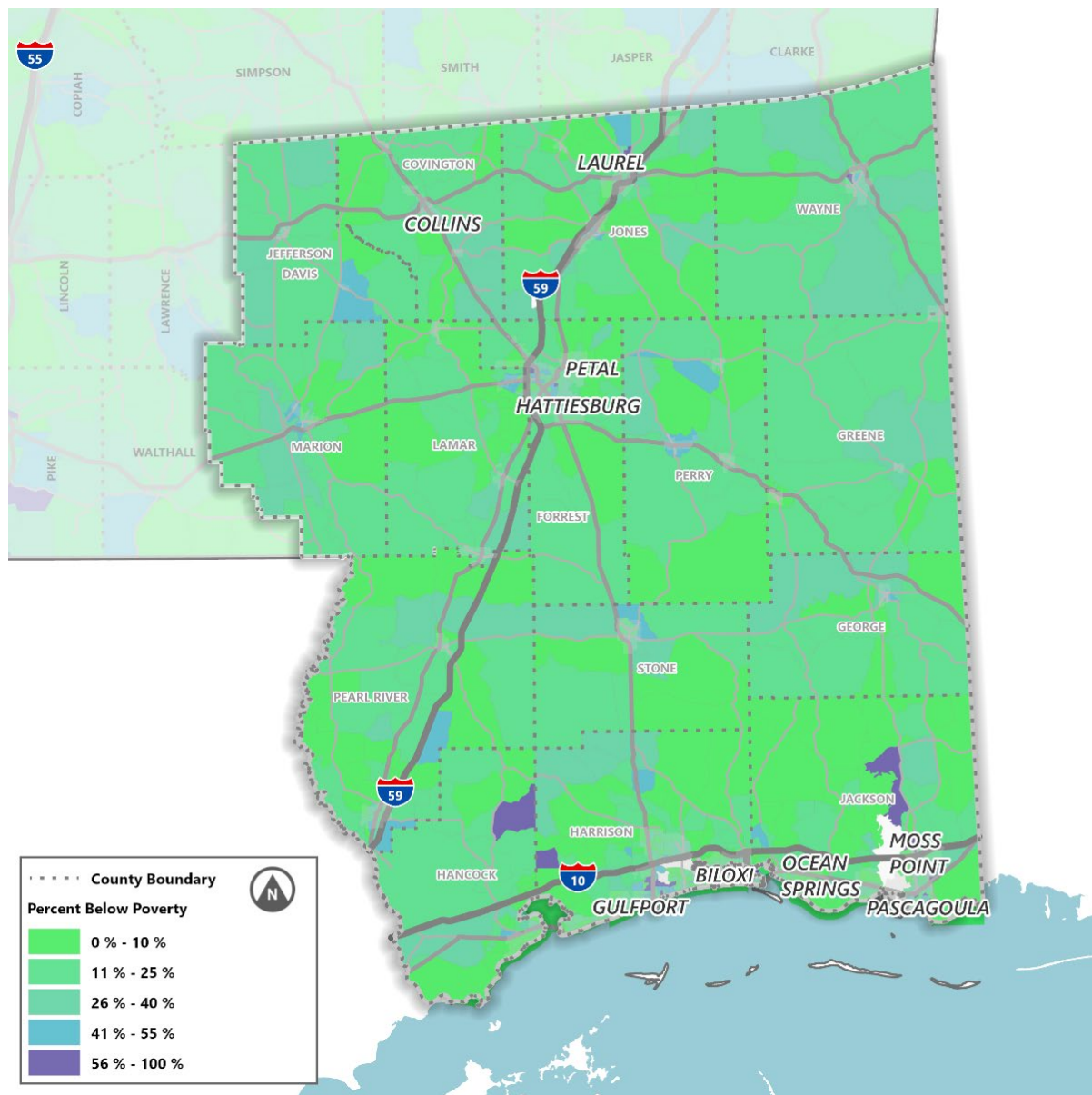
County	% Low-Income Population	County	% Low-Income Population
Jefferson Davis	25%	Harrison	17%
Wayne	23%	Stone	17%
Forrest	20%	Lamar	16%
Jones	20%	Pearl River	16%
Marion	20%	Greene	15%
Covington	19%	Jackson	14%
George	18%	Hancock	13%
Perry	18%		

Figure 40 shows the population density of low-income populations in the Southern Connect region. This map shows a number of high-density pockets in Jasper, Pike, Hancock, and Jackson counties.



Downtown Hattiesburg (Forrest County) *Picture courtesy of City of Hattiesburg

Figure 40. Population Density of Low-Income Population in Southern Connect Region



3.8.2 SERVICE LEVELS

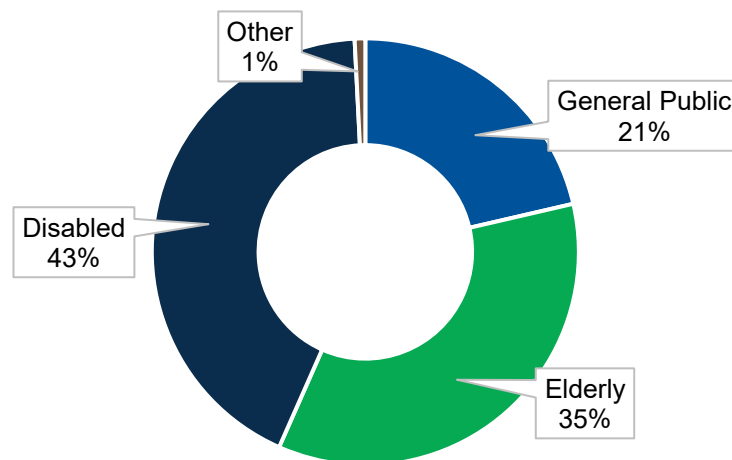
The Southern Connect region is served by 10 transportation providers who provide demand response services for the general public and specialized transportation. **Table 35** shows the level of service provided in the region.

Table 35. Level of Service Provided in Southern Connect Region

Agency	Total Trips Provided* ⁹
Community Development, Inc.	86,813
City of Long Beach	3,630
City of Lucedale	2,383
City of Wiggins	845
DJ Transit	30,430
Five County Child Development Center	12,088
Harrison County Senior Resource Agency	7,692
Jackson County Civic Action Committee, Inc.	27,366
Pine Belt Mental Health Care Resources	80,612
Singing River Health System	17,687
Total Trips	269,546

Half of all trips provided in the Southern Connect region are for disabled residents, followed by older adults and the general public. **Figure 41** provides a breakout of rider demographics in the Southern Connect region.

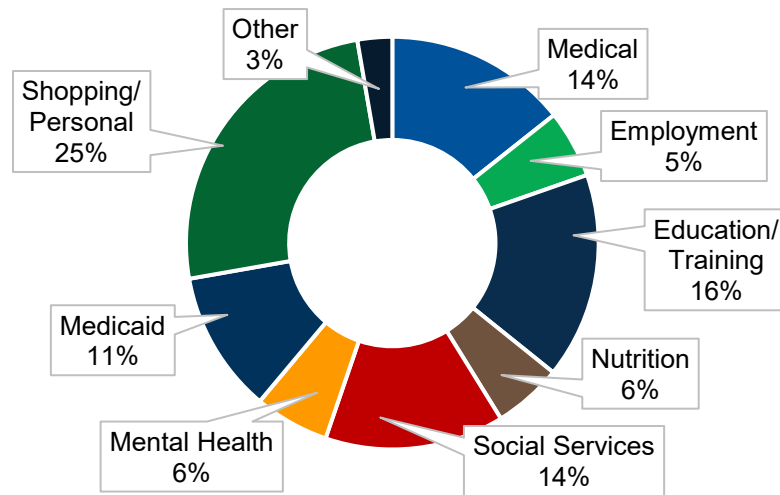
Figure 41. Ridership Demographics in Southern Connect Region



About a quarter of all passengers use transportation services to access shopping or personal trips, followed closely by education/ training centers, and medical and social services trips. **Figure 42** shows the trip purposes provided in the region.

⁹ 2025 data from QRyde

Figure 42. Trip Purposes in Southern Connect Region



3.8.3 MAJOR DESTINATIONS

Table 36 provides examples of major destinations for human services transportation in the Southern Connect region.

Table 36. Major Destinations in Southern Connect Region

Destination	County	Purpose
Gulf Coast casinos	Jackson, Harrison	Employment
Ingalls Shipbuilding	Jackson	Employment
Chevron	Jackson	Employment
Hattiesburg Industrial Park	Forrest	Employment
Hattiesburg Clinic	Forrest	Medical
Forrest General	Forrest	Medical
Healthcare facilities	Various	Medical
Adult day services	Various	Training
Department of Human Services	Hancock	Social Services
Vocational Rehab	Various	Employment/ Training
Veteran services	Various	Personal

For more information about regional coordination efforts in the Southern Connect region, see their Regionally Coordinated Human Services Transportation Plan.

4 Challenges with Human Services Transportation

In Mississippi, human services transportation is challenged by a variety of barriers that limit the effectiveness and integration of available services. The *State Transit Plan and Intercity Bus Study* identified gaps, barriers, and operational challenges affecting the delivery of human services transportation across the state. These gaps were informed through a combination of provider and public surveys, stakeholder engagement, and a comprehensive analysis of quantitative and qualitative data. Together, these efforts highlighted systemic coordination issues and areas where improved collaboration and resource alignment could enhance access to transportation services. **Table 37** provides a summary of barriers and challenges to human services transportation in Mississippi.

Table 37. Human Services Transportation Barriers and Challenges

Barriers and Challenges	
Limited Access or Service	Though the state has good service coverage, many services are limited to specific populations or purposes.
Insufficient Infrastructure	Lack of transit infrastructure—like passenger stations, mobility hubs, intermodal centers, and sidewalks—limits coordination between transportation providers
Misalignment of Schedules and Resources	Misaligned scheduling/operating systems and technology make regional or shared operations difficult to implement
Lack of Funding Diversity	Funding silos is leading to limited-service availability in some rural areas where local cash is constrained
Staffing Shortages	Driver/operator shortages across the state are affecting service availability
Resource Constraints	Inconsistencies obtaining information about transportation services available

4.1 BARRIER DESCRIPTIONS

The *State Transit and Intercity Bus Plan* performed a comprehensive assessment that identified systemic gaps, barriers, and their underlying causes. The following section summarizes this assessment and provides additional information about the barriers identified.

4.1.1 LIMITED ACCESS OR SERVICE

While the majority of the state has some level of transit coverage, access to transportation remains a significant challenge for many residents. Public outreach results indicate that 44% of survey respondents reported being unable to access transit services in their area. This variance between coverage and access reflects that while services may exist geographically, they are often limited in scope, eligibility, or purpose. Many available services are restricted to specific populations, such as older adults, individuals with disabilities, or Medicaid-eligible riders, or are limited to certain trip types, most commonly medical appointments. As a result, residents who do not meet eligibility criteria or who need transportation for employment, education, grocery shopping, or other daily activities may be effectively unserved. This highlights the difference between nominal service coverage and meaningful access, underscoring the need for more flexible, inclusive, and coordinated transportation solutions that better address the full range of community mobility needs.

4.1.2 INSUFFICIENT INFRASTRUCTURE

Many of the more rural areas in Mississippi lack transportation-supportive infrastructure, such as sidewalks, designated passenger stops or stations, and centralized mobility hubs. The absence of this infrastructure creates significant access challenges for some riders, particularly older adults, individuals with disabilities, and people with limited mobility who rely on safe, defined locations to board and exit vehicles. Unimproved roadways, the lack of pedestrian facilities, and informal pick-up locations can discourage ridership, increase safety risks, and limit the ability of transportation providers to offer consistent and reliable service. In addition to rider access concerns, insufficient supportive infrastructure hinders coordination among transportation providers. Without shared stops, transfer points, or mobility hubs, opportunities for service integration, shared trips, and coordinated scheduling are reduced. Transportation providers may be forced to operate more individualized and less efficient services, which increases costs and limits system flexibility.

4.1.3 MISALIGNMENT OF SCHEDULES AND RESOURCES

Misalignment of service schedules and resources among transportation providers can significantly limit effective coordination within human services transportation systems. When operating hours, service days, reservation windows, or trip cutoff times differ across agencies, it becomes difficult to align trips, share resources, or coordinate transfers between services. Riders may experience long wait times or missed connections. For providers, inconsistent schedules reduce opportunities for shared rides, coordinated dispatching, and efficient vehicle utilization,

often resulting in higher costs and fragmented service delivery. Misalignment of technology and equipment also makes coordination and shared operations between transportation providers difficult to implement.

4.1.4 LACK OF FUNDING DIVERSITY

A lack of funding diversity is a significant barrier to providing and sustaining human services transportation, especially in rural areas. Rural transportation providers often rely heavily on a small number of funding sources—such as a single state program, federal grant, or agency-specific funding stream—which can limit flexibility and long-term stability. These funding sources frequently come with restrictive eligibility requirements, allowable trip purposes, or reporting obligations that constrain how services can be delivered and coordinated. When funding is not diversified across other sectors—such as healthcare, workforce development, and aging services—providers have fewer options to serve broader populations and destinations.

4.1.5 STAFFING SHORTAGES

Staffing shortages present a significant barrier to the delivery of human services transportation, particularly in rural areas where labor pools are more limited. Many transportation providers struggle to recruit and retain qualified drivers, mechanics, dispatchers, and administrative staff due to factors such as low wages, limited benefits, irregular work hours, and competition from higher-paying industries. Driver shortages are especially impactful, often leading to reduced service hours, canceled trips, longer wait times, and service denials for riders who depend on transportation for essential activities. Inadequate staffing also hampers coordination efforts, as limited personnel capacity makes it difficult for providers to participate in planning activities, share resources, or implement coordinated scheduling and dispatching models.

4.1.6 RESOURCE CONSTRAINTS

Resource constraints are a persistent barrier to the delivery and coordination of human services transportation, particularly in rural areas. Many rural transportation providers operate with limited funding, aging vehicle fleets, outdated technology, and insufficient facilities, which restrict their ability to expand services, respond to unmet needs, or participate fully in coordinated regional efforts. Constrained budgets often force agencies to prioritize core operations over investments in data systems, technology, or infrastructure that could better support coordination efforts.

4.2 BARRIERS REPORTED BY THE PUBLIC

Public survey results collected during the study highlight several barriers experienced by users. While many respondents do not face barriers, those that do report lack of service connections to key destinations, limited awareness of available transportation providers or how to use transit, and the absence of nearby or accessible passenger stops close to home. Additional challenges include safety concerns while traveling or waiting for transit, a general lack of service in some communities, and limited operational capacity among existing providers due to constraints on scheduling, hours of service, or vehicles. Physical mobility limitations further complicate access

for some individuals, particularly when accessible vehicles or door-to-door assistance are not available. **Figure 43** conveys surveys results from Mississippians while **Table 38** shows a breakdown of the types of barriers reported in each mobility management region.

Figure 43. Barriers to Accessing Transportation Services

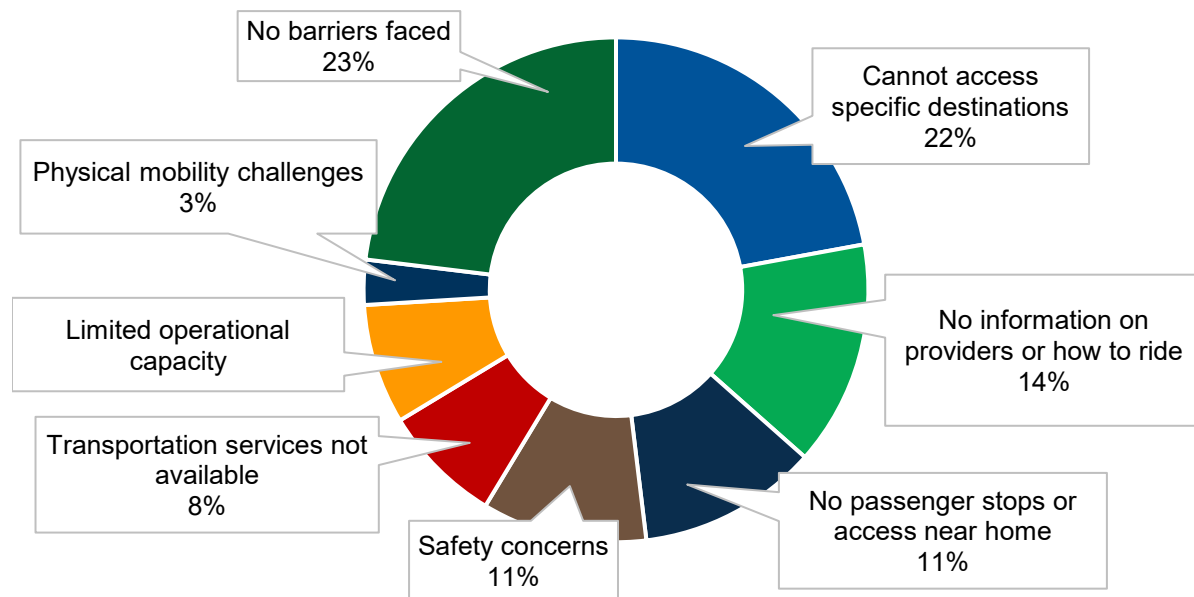


Table 38. Barriers Reported by Region

Region	Barriers Reported
Delta Rides	Closest bus stop is 5 miles from home
	Physical mobility challenges
	Services at capacity
NITA	No service availability
	Scheduling challenges (long waits at pickup)
SMART	Physical mobility challenges
	No service availability
	Scheduling challenges (calls not answered)
Trans-Con	Affordability challenges
Southern Connect	Lack of access to destination needed
	No service availability
	Bus not following scheduled route
	No bus stops nearby
	Physical mobility challenges

4.3 BARRIER CAUSES

User needs are impacted by several barriers stemming from the challenges of operating in mostly rural environments. These barriers are caused by a variety of issues, such as:

- **Limited funding sources and funding silos** make it difficult for transportation providers to secure local match funding and expand transportation services
- **Fragmented service areas** consisting of large swaths of rural land limit coverage between jurisdictions
- **Service availability restrictions** like hours of operation and type of trips provided that lead to challenges with passenger access
- **Limited operational and technical capacity** due to rural workforce challenges that have resulted in staffing shortages and limited technical expertise
- **Absence of design standards and guidance** that prevents development of passenger amenities and intermodal centers that encourage coordination

These barriers expose underlying operational weaknesses that prevent transportation providers from effectively working together or expanding services. At the same time, gaps in public awareness and shared information systems demonstrate that users may be unable to navigate existing options, even when services are present. Taken together, these issues point to the need for stronger public engagement to better understand and respond to user needs, targeted service expansions to address geographic and temporal gaps, and increased operational support to improve coordination, system efficiency, and long-term sustainability.

4.4 UNMET NEEDS

Despite having full county coverage, significant unmet transportation needs remain due to the scale of vulnerable populations, the state's rural geography, and limited access to essential services. High concentrations of elderly, disabled, and low-income residents, often located far from healthcare providers, employment centers, grocery stores, and social services, create transportation challenges.

One of the most pressing unmet needs is **long-distance and cross-county travel**. Many residents must travel substantial distances to access medical specialists, rehabilitation services, dialysis, behavioral health care, and state-operated disability programs, which are often located outside their home county. This creates challenges for transportation providers who are delivering expensive, long-distance trips. In some of the more rural areas, passengers do not have access to the destinations they need because they lie outside of the provider's service area or jurisdiction and transfers are not available.

Mississippi's unmet needs include:

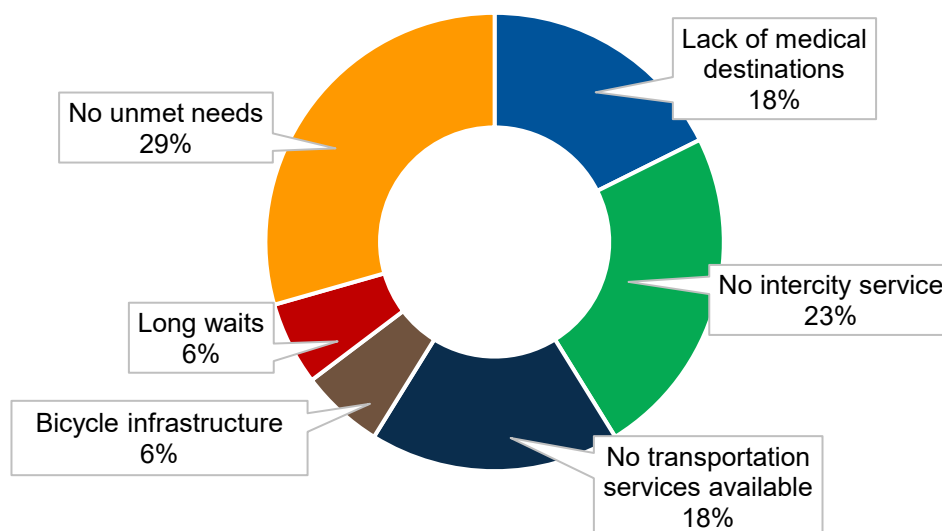
- Long-distance and cross-county travel;
- Expanded service days and hours;
- No access to intercity services; and
- Increased service coverage

Though intercity travel is available in Mississippi, it is mostly limited to the Delta Rides region. A large majority of the state has **no access to intercity services**. These services can present access challenges for some elderly, disabled, or low-income passengers. Schedules not aligning can lead to long waits and overnight stays in some cases. Other regions without intercity services struggle to facilitate travel between jurisdictions at all.

Limited service days and hours represent another significant unmet need within Mississippi's human services transportation network. Many existing services operate primarily during standard weekday business hours, with limited or no availability during evenings, weekends, or holidays. This schedule does not align with the needs of many transportation-dependent populations, including individuals working nontraditional or shift-based jobs, patients with early morning or late-day medical appointments, and individuals requiring access to services outside of typical operating hours.

Public surveys indicate additional unmet needs in areas of service availability. Respondents report an overall need for **increased service coverage** in some areas, citing inability to access to specific medical destinations and shorter wait times for service. **Figure 44** shows unmet needs reported by the public.

Figure 44: Unmet Needs Reported by Public



5 Strategies for Improved Collaboration and Coordination

This section presents strategies to address the human services transportation challenges in Mississippi. The strategies are accompanied by specific examples of projects and initiatives that meet a variety of user and provider needs. Several strategies may be adopted by MDOT as statewide initiatives, while other strategies are adopted at the discretion of each region. For more detailed information about these strategies and related implementation actions, please reference the *State Transit and Intercity Bus Study's Implementation Plan*. **Table 39** provides a summary of strategies to improve human services transportation in Mississippi.

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Table 39. Strategies to Improve Human Services Transportation

Strategies	Example Projects and Initiatives	Description	Benefits	Area Addressed	Proposed Champions
Strengthen Communication and Outreach Efforts	Public Outreach and Transit Awareness Toolkit	Partnership-building tools and outreach materials that help the public understand the transportation options in their area and how to access them	Help mobility managers and agencies better reach underserved communities and promote transit benefits	Mobility Management	MDOT or Regional Mobility Managers
	Statewide Mobility Management Coordinating Council	A statewide group of representatives from transit agencies, transportation service partners, and community advocates working together to spot where service is missing and collaborate on funding solutions to fill the service gaps identified	This statewide collaboration can help fill service gaps, create new services, and/or diversify funding for transportation services	Mobility Management	MDOT
Compile Shared Resources and Tools	Mobility Management Resource Library	An online library where mobility managers can share performance data, system information, and best practice tools	Improves statewide consistency and duplicates successes	Mobility Management	Mississippi Public Transportation Association
	Regional Expertise Sharing Program	Regional Mobility Managers become subject matter experts in specific focus areas and help each other improve by sharing tools, templates, and technical expertise	Enhances mobility management by creating subject matter experts and makes training/technical assistance more accessible	Mobility Management	Mississippi Public Transportation Association or Regional Mobility Managers

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Strategies	Example Projects and Initiatives	Description	Benefits	Area Addressed	Proposed Champions
Compile Shared Resources and Tools	GIS Transit Coverage Map and Planning Tool	A GIS map and analytical tools to identify and visualize service areas, demographic needs, key destinations, points of interest, and other key data used in transit planning	Helps regional mobility managers and agencies coordinate coverage, reduce gaps, and enhance access	Planning	MDOT
	Five-Year Transit Planning and Performance Program	Transit systems (or regions) prepare a five-year plan plus annual updates to guide service development, performance, and budgeting	Enhances statewide consistency in performance management and guides investments in future projects	Planning	MDOT
Enhance Collaboration Agency and Community Partners	Joint Purchasing	Agencies purchase vehicles, technology, or services together to reduce costs and speed up procurement	Provides access to technology and services not typically available for rural transportation providers	Policy	MDOT or State Department of Finance and Administration
	Rural Driver & Mobility Partnership Program	A program that supports volunteer transportation and partnerships with nonprofits, healthcare, and employers to provide rides	Expands driver workforce and reduces agency operating costs by relying on volunteer drivers and employer incentives	Operations	Regional Mobility Managers
	Regional Call Centers	A coordinated, one-stop contact point designed to help older adults, caregivers, and transportation providers navigate transportation resources within their region	Provides consistency in referrals and information sharing throughout regions	Mobility Management	MDOT or Regional Mobility Managers
	Regional Transit Operations Centers	Centralized facilities that oversee and coordinate day-to-day transit operations across multiple services, providers, and jurisdictions within a region	Reduces administrative burden of agencies each employing their own dispatch, schedulers, and customer service representatives by consolidating into regional framework	Operations	MDOT and Regional Mobility Managers

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Strategies	Example Projects and Initiatives	Description	Benefits	Area Addressed	Proposed Champions
Leverage Existing Funding and Pursue New Funding	Statewide Grant Resource Center	A statewide resource for agencies to use to find the latest list of grant funding opportunities. Offers fact sheets, guidance, and tools to see if they qualify	A single source for accessing grant information would allow agencies to explore expanding their funding sources	Planning	MDOT or Mississippi Public Transportation Association
	Guidance for Transit Funding Sources	Training and tools to help agencies learn various methods of fund braiding	Help agencies blend federal, state, and local funding streams more effectively	Policy	MDOT or Mississippi Public Transportation Association
	Annual Competitive Grants for Mobility Management Pilot Projects	An annual competitive grant program that provides funding to Regional Mobility Management programs to pilot innovative mobility projects	These discretionary grant funds would help advance projects identified by agencies and regional mobility managers	Mobility Management	MDOT
Support Innovative Service Delivery	Transit Technology Grants (Innovation Grants)	A state-funded innovation grant program created to improve transit reliability, access, and mobility options through innovative technology	These discretionary grant funds would help rural transportation providers access more technology that is not readily available	Planning	MDOT
	Statewide Transit Innovation Center	A hub where agencies, universities, and private companies test new technologies and share lessons learned from pilot projects	Provides support to MDOT by expanding technical and organizational capacity for development of technical resources, training, and planning functions	Planning	MDOT

5.1 STRENGTHEN COMMUNICATION AND OUTREACH EFFORTS

Strengthening communication and outreach efforts is critical to improving the effectiveness of human services transportation programs in Mississippi. **Public survey results indicated that many residents are unaware of services in their area, uncertain about eligibility requirements, and/or unclear on how to access or schedule trips.** These challenges can be particularly acute for older adults, people with disabilities, low-income residents, rural populations, and individuals with Limited English Proficiency, all of whom may face barriers related to limited digital access, language differences, or reliance on word-of-mouth information.

WHY IT IS IMPORTANT

In rural areas, where transportation options are limited and trip distances are long, proactive outreach is especially important. Residents in these areas may not seek out transportation assistance unless they are aware of specific programs or have trusted community partners guiding them. Partnerships with local governments, healthcare providers, senior centers, workforce agencies, faith-based organizations, and community-based nonprofits can extend the reach of transportation information and ensure it is distributed through channels residents already use and trust.

POTENTIAL BENEFITS AND OUTCOMES

Clear, consistent, and accessible communication helps ensure that transportation services reach the populations they are intended to serve. Outreach materials can reduce confusion about service availability, reservation processes, costs, and service limitations. Without targeted outreach, transportation resources may be underutilized while unmet needs persist, resulting in inefficiencies and continued mobility barriers for vulnerable populations.

Effective outreach is also essential for coordinating services across multiple providers and programs. Human services transportation systems involve public transit agencies, non-emergency medical transportation providers, social service agencies, healthcare organizations, and nonprofit partners. Improved coordination and information sharing can lead to more seamless customer experiences and more efficient use / limited funding.

Streamlining communication among partnering entities:

- Encourages consistent messaging;
- Supports better referral processes;
- Reduces service duplication; and
- Helps align transportation availability with actual demand.

5.1.1 PUBLIC OUTREACH AND TRANSIT AWARENESS TOOLKIT

Clear and consistent messaging across the state is critical to ensuring that public outreach and transit awareness efforts are effective. Human services transportation systems in Mississippi

involve multiple providers, funding sources, eligibility rules, and service models. A unified approach helps ensure that all Mississippians, regardless of location or provider, receive accurate and understandable information about transportation options. A standardized toolkit also saves time and resources for local agencies by reducing the need to develop independent outreach materials and messaging strategies. This approach ensures that residents encounter familiar language and branding regardless of which agency, county, or program they engage with.

A standardized awareness toolkit provides local agencies with ready-to-use materials that align with statewide messaging, reducing the risk of miscommunication while increasing outreach efficiency.

A Public Outreach and Transit Awareness Toolkit could include:

- How to find local transportation services
- Eligibility requirements and links to applications for human services transportation programs
- Maps of service areas and key points of interest
- Travel training guides
- Information about the importance of human services transportation

5.1.2 MOBILITY MANAGEMENT COORDINATING COUNCIL

A statewide mobility management coordinating council can play a critical role in improving both the efficiency and effectiveness of human services transportation by providing leadership, alignment, and sustained coordination across agencies, transportation providers, and funding programs. Human services transportation systems are often fragmented, with multiple organizations serving similar populations using different rules, schedules, funding sources, and service models. A statewide council helps address these challenges by creating a shared framework for collaboration and decision-making.

As a focused, regular gathering of these partners, the council promotes statewide coordination across programs that may otherwise operate independently. This coordination leads to reduction in duplication of services, fills service gaps, and helps providers align service schedules and areas more efficiently.

A statewide council brings together representatives from:

- Transportation providers;
- Health and human services departments;
- Aging and disability organizations;
- Workforce agencies;
- MPOs;
- Rural planning organizations; and
- Community stakeholders.

5.2 COMPILE SHARED RESOURCES AND TOOLS

Shared resources are essential tools for transportation providers, mobility managers, and others who facilitate coordination for human services transportation. These resources can include service

information, guides, templates, forms, toolkits, or best practices that help streamline day-to-day coordination tasks for mobility managers and other key agency staff.

WHY IT IS IMPORTANT

Shared tools provide a foundation to allow mobility managers and transportation providers to focus on coordinating trips and connecting people to services rather than recreating information or navigating conflicting systems. For public-facing mobility managers, shared tools strengthen collaboration and referral networks by ensuring that all partners are working from the same understanding of available services, service limitations, and operating procedures.

POTENTIAL BENEFITS AND OUTCOMES

Sharing resources promotes consistency and efficiency among partnering entities delivering transportation services. Sharing resources enables regional mobility managers to reduce duplicative efforts and use their time more efficiently. This efficiency allows staff to focus more directly on customer assistance, trip coordination, and problem solving, while improving consistency and accuracy across regions. Having access to up-to-date, shared information allows mobility managers to better identify available capacity, avoid inappropriate referrals, and connect individuals to the most suitable transportation option. This improves efficiency by reducing redundant trips, minimizing service gaps, and making better use of limited vehicles, drivers, and funding.

By minimizing redundant work, shared resources support better use of limited staff capacity and contribute to a more effective and responsive transportation system.

5.2.1 MOBILITY MANAGEMENT RESOURCE LIBRARY

A Mobility Management Resource Library is a centralized hub of tools, guidance, and references designed specifically to support mobility managers in their daily responsibilities and to foster innovation. It provides easy access to best practices, templates, policies, data sources, training, and emerging mobility strategies that enable mobility managers to plan, coordinate, and deliver effective transportation solutions for their communities.

By serving as a shared knowledge base, the Mobility Management Resource Library empowers mobility managers to work more strategically and collaboratively. The library supports informed decision-making by bringing together practical, real-world resources. It helps mobility managers innovate, adapt to evolving community needs, leverage partnerships, and respond to new funding opportunities. Through continuous updates and contributions from practitioners and partners, the library becomes a living resource that advances mobility management practice and promotes accessible and sustainable transportation options.

5.2.2 REGIONAL EXPERTISE SHARING PROGRAM

A regional expertise sharing program advances mobility management by leveraging the strengths and knowledge of regional mobility managers. In this example, These resources are shared across regions to build collective capacity, reduce duplication of effort, and promote consistent best practices. By facilitating peer-to-peer learning and collaboration, the program strengthens regional coordination, encourages innovation, and ensures that mobility managers have timely access to specialized knowledge to better serve their communities.

In addition to strengthening technical capacity, a regional expertise sharing program builds leadership and professional growth among mobility managers. By recognizing focus-area expertise, the program creates opportunities for mobility managers to deepen their skills, mentor peers, and contribute to statewide or regional initiatives. Regular knowledge exchanges—such as peer learning sessions, working groups, or collaborative resource development—help institutionalize learning and ensure continuity despite staff turnover. Over time, this approach cultivates a resilient network of mobility managers who are better equipped to tackle complex mobility challenges, align regional efforts, and continuously improve transportation access and coordination.

Each mobility manager serves as a subject matter expert in one or more specific focus areas—such as marketing, grant writing, fund braiding, etc.—and develops technical resources, tools, and guidance related to that expertise.

5.2.3 GIS TRANSIT COVERAGE MAPPING AND PLANNING TOOL

GIS service coverage mapping tools play an important role in human services transportation planning and mobility management. These tools provide a visual framework for understanding how transportation services interact with the geographic distribution of populations, destinations, and community needs. By mapping existing transportation services alongside target demographic indicators, users can visualize where vulnerable populations lack adequate access to transportation. This visual analysis helps prioritize areas for service expansion, pilot programs, or targeted coordination efforts.

In addition to highlighting service gaps, GIS tools support data-driven planning and resource allocation. Mobility managers can examine service boundaries, hours of operation, eligibility requirements, and trip purposes across multiple transportation providers to assess system performance and efficiency. Mapping reveals areas of service overlap, redundancy, or underutilization, allowing planners to recommend adjustments that improve coverage while making better use of limited funding.

GIS service coverage mapping allows mobility managers to identify geographic gaps, and unmet transportation needs that may not be evident through traditional data sources alone.

GIS coverage mapping is also particularly valuable for improving coordination among human services transportation providers. Human services transportation systems often involve numerous

agencies, nonprofits, and local governments operating independently. GIS tools offer a shared visual platform for partners to understand how services intersect across jurisdictional boundaries. This shared understanding facilitates coordination strategies such as shared service areas, coordinated scheduling, or joint dispatching, reducing duplication and improving regional access.

5.2.4 FIVE-YEAR TRANSIT PLANNING AND PERFORMANCE PROGRAM

Five-year transit planning and performance evaluation is a common practice—and in some cases, a requirement among states that provide funding for public transportation. By requiring transit agencies and mobility managers to document performance and safety trends, service needs, asset management, and planned improvements over a five-year horizon, states seek to ensure that funded services are responsive to community needs, fiscally responsible, and aligned with statewide transportation and mobility objectives.

To reduce the administrative burden associated with developing individual five-year transit performance plans for each transportation provider, Mississippi regions could incorporate performance indicators and other long-range planning elements into their Regional Coordinated Human Services Transportation Plans. This approach allows regions to collectively address short- and long-term transit needs by identifying potential funding partners, establishing shared goals and strategies, outlining future projects, and documenting other planning initiatives. By consolidating these elements at the regional level, Mississippi can support more efficient planning, promote coordination among transportation providers, and ensure that performance monitoring and future investment decisions by the state are informed by a comprehensive, regionally focused perspective.

Five-year transit plans establish a structured framework for:

- Assessing existing services;
- Setting short- and long-term goals; and
- Demonstrating accountability for public investments

5.3 ENHANCE COLLABORATION AMONG AGENCY AND COMMUNITY PARTNERS

Enhancing collaboration among agency and community partners is significant to build a coordinated, customer-focused human services transportation system. By working together, partners can maximize resources and improve service quality and access for Mississippi residents. Some examples of collaboration include shared planning, operations, assets, and facilities. These activities allow partners to acknowledge shared goals and establish performance measures and priorities that reflect regional needs rather than individual agency perspectives.

WHY IT IS IMPORTANT

Enhancing collaboration among agency and community partners is essential to human services transportation planning because it is often fragmented, with services spanning multiple systems, funding sources, and populations. Strengthening collaboration among these partners helps align service goals, eligibility requirements, operating policies, and geographic coverage. This

coordination reduces duplication, fills service gaps, and ensures that limited resources are used more efficiently to serve the greatest number of people.

POTENTIAL BENEFITS AND OUTCOMES

When agencies and community partners share information and coordinate service delivery, riders experience more seamless transportation options, improved trip reliability, and fewer barriers related to scheduling, eligibility, or navigating the system. Collaboration also enhances innovation and long-term sustainability. Engaging community organizations and service providers ensures that planning efforts are grounded in real-world needs and lived experiences, leading to more responsive transportation solutions.

Through partnerships, agencies can pilot new service models, leverage technology, share data, and explore joint funding strategies that may not be feasible independently.

5.3.1 JOINT PURCHASING

Joint purchasing is an effective strategy for rural human services transportation providers seeking to maximize limited resources while maintaining service quality and reliability. Rural providers often face higher per-unit costs, limited vendor availability, and smaller operating scales compared to their urban counterparts. A benefit of joint purchasing is cost savings through economies of scale. Coordinated purchasing allows providers to combine demand, negotiate lower per-unit costs, and access bulk discounts. These cost savings can be redirected toward service expansion, fleet replacement, driver wages, or enhanced rider amenities.

Collaborating on the procurement of vehicles, technology, and administrative functions, allows rural providers to achieve efficiencies that would be difficult to realize independently.

Joint purchasing also reduces administrative burden and staff capacity pressures, which are common challenges for rural agencies.

Procurement processes—including bid development, vendor selection, contract negotiation, and compliance monitoring—require specialized knowledge and staff time. Shared procurement efforts enable providers to distribute these responsibilities, reduce duplication, and streamline purchasing processes. This is particularly valuable for nonprofit and human services organizations with limited administrative staff.

5.3.2 RURAL DRIVER & MOBILITY PARTNERSHIP PROGRAM

Rural volunteer driver programs and employer incentive programs play an important role in strengthening human services transportation systems by filling critical gaps that traditional transit

services are often unable to address. In rural areas where transportation services can be limited by jurisdictions, cost, and staffing, volunteer driver programs provide flexible, personalized transportation options. These programs leverage local volunteer drivers to offer door-to-door service using their personal vehicles. The programs can reduce social isolation and improve access for older adults, people with disabilities, and others who may not qualify for or be served by existing transit options.

Employer incentive programs also contribute significantly to rural human services transportation by expanding mobility options tied to employment and economic opportunity. Together, volunteer driver and employer incentive programs enhance system flexibility, expand coverage, and promote shared responsibility for mobility in rural communities. These approaches complement traditional transit by addressing trip purposes, schedules, and service needs that are difficult to serve cost-effectively through traditional transit models.

Incentives such as mileage reimbursement, fuel cards, flexible work schedules, transit subsidies, or ride-matching support can help overcome transportation barriers that prevent individuals without personal vehicles from accessing or retaining jobs.

5.3.3 REGIONAL CALL CENTERS

Regional call centers provide support to human services transportation systems by serving as centralized contact points for information, referral, and coordination. In rural areas, these **call centers help older adults, individuals with disabilities, caregivers, and service providers navigate available mobility options.** By maintaining up-to-date knowledge of transit services, eligibility requirements, and community resources, regional call centers improve awareness, use of existing transportation services, and reduce confusion for riders who may otherwise struggle to identify appropriate options.

Regional call centers also strengthen coordination and efficiency within the human services transportation network. Call center staff can determine callers' needs, match them with the most appropriate transportation provider, and facilitate referrals across multiple agencies. This reduces ineligible trip requests, minimizes duplication of service, and helps ensure that limited transportation resources are used effectively. Regional call centers can also provide valuable data on unmet needs, common trip purposes, and service gaps, which can inform transit planning, performance monitoring, and funding decisions.

5.3.4 REGIONAL TRANSIT OPERATIONS CENTERS

Regional transit operations centers can benefit human services transportation by improving coordination, efficiency, and service reliability across multiple providers and programs. In addition to providing resources to callers, regional transit operations centers serve as **centralized hubs for dispatching, scheduling, communication, and performance monitoring.** These centers help integrate services that are often fragmented across jurisdictions,

Regional transit operations centers represent a more advanced evolution of regional call centers.

funding sources, and transportation agencies. For riders, regional transit operations centers can support more seamless and reliable transportation. Coordinated scheduling and real-time communication reduce missed trips, long wait times, and service disruptions. Centralized call handling and trip management can also simplify access for customers, making it easier to request, modify, or coordinate trips across providers rather than navigating multiple systems independently.

From an operational perspective, regional transit operations centers enhance efficiency and resource utilization. By providing shared dispatch, scheduling, and operations, providers can save operating costs and make more efficient use of agency resources. This is especially beneficial in rural areas, where trip demand is dispersed and resources are constrained. Regional transit operations centers can also support coordinated responses to service disruptions, emergencies, and weather events, improving system resilience and responsiveness for vulnerable populations.

5.4 LEVERAGE EXISTING FUNDING AND PURSUE NEW FUNDING

Funding is essential to planning and delivering human services transportation. There are more than a hundred federal programs supporting transportation services for older adults, individuals with disabilities, low-income families, and children at risk.

WHY IT IS IMPORTANT

Leveraging existing funding while actively pursuing new funding sources sustains and strengthens human services transportation systems, particularly in rural areas where funding resources are constrained.

POTENTIAL BENEFITS/ OUTCOMES

Existing funding streams—such as federal transit programs, state transportation funds, and agency-specific human services dollars—can be blended more efficiently. Coordinating and maximizing funding resources helps ensure continuity of service, supports operational stability, and reduces the risk of service disruptions for riders who rely on transportation for essential daily needs.

Pursuing new funding opportunities—such as partnerships with healthcare organizations, workforce agencies, educational institutions, local governments, and private or philanthropic entities—allows transportation providers to broaden service coverage, extend hours, enhance service quality, and serve a wider range of trip purposes. efficiency and access.

Diverse funding sources can enhance access and support innovation, such as pilot programs, technology investments, and new service models that improve efficiency and access.

5.4.1 STATEWIDE GRANT RESOURCE CENTER

A statewide grant resource center that provides agencies with a centralized, up-to-date list of funding opportunities offers significant benefits for human services transportation. Providers often operate with limited staff capacity and may lack the time or expertise to continuously monitor multiple federal, state, and private funding programs. A single, statewide resource reduces this

administrative burden by consolidating information into one accessible location, allowing agencies to quickly identify relevant opportunities without duplicating effort across regions or organizations.

By offering grant fact sheets, eligibility guidance, and screening tools, the resource helps agencies better understand funding requirements and determine whether they qualify before investing time in an application. This clarity improves efficiency, reduces unsuccessful or misaligned applications, and enables providers to pursue opportunities that are a strong fit for their services and populations served. For smaller rural and nonprofit providers, this guidance can lower barriers to entry and increase participation in competitive funding programs.

The resource also supports more strategic and coordinated funding approaches. When agencies have visibility into both traditional transit funding and nontraditional sources—such as healthcare, workforce, aging, housing, or community development grants—they are better positioned to diversify funding, braid resources, and align transportation investments with broader human services goals. This can lead to more flexible services, expanded trip purposes, and innovative partnerships that strengthen overall system sustainability.

5.4.2 GUIDANCE FOR TRANSIT FUNDING SOURCES

Guidance for transit funding sources includes training and tools to help agencies blend federal, state, and local funding streams effectively – a practice more commonly referred to as “fund braiding.” Fund braiding guidance is very valuable for human services transportation planning because it helps agencies understand how to strategically combine multiple funding sources to support coordinated and flexible transportation services. Human services transportation is often funded through a mix of transportation, health, aging, disability, and workforce programs, each with its own rules, eligibility criteria, and reporting standards. Clear guidance on fund braiding enables planners and providers to navigate this complexity and make more effective use of available resources.

By clarifying what costs can be shared, how expenses can be allocated, and how accountability can be maintained across funding streams, fund braiding guidance supports more comprehensive service delivery. Agencies can design services that meet the needs of multiple populations or trip purposes—such as medical, employment, and social services—rather than operating narrowly defined, siloed programs. This flexibility is especially important in rural areas, where limited demand and long trip distances make single-funding-source services inefficient or financially unsustainable.

Fund braiding guidance also strengthens coordination and collaboration among partners. When agencies understand how their funding can be combined with that of other organizations, they are more likely to engage in joint planning, shared service models, and coordinated operations. This can reduce duplication, improve vehicle utilization, and create more seamless transportation options for riders who interact with multiple human services systems.

5.4.3 ANNUAL COMPETITIVE GRANTS FOR MOBILITY MANAGEMENT PILOT PROJECTS

An annual competitive grant program that provides discretionary funding to regional mobility management programs to pilot innovative projects identified in their Regional Coordinated Human Services Transportation Plan. The grant is typically funded through a blend of existing federal funding programs (Section 5310 and 5311 funds) as well as a supplemental amount of state funding. Annual competitive grants for mobility management pilot projects are particularly helpful for advancing human services transportation because they provide dedicated funding to test innovative, coordinated solutions that address unmet mobility needs. These grants allow agencies, nonprofits, and regional partners to pilot new approaches—such as shared dispatch systems, volunteer driver coordination, trip brokerage models, technology tools, or partnerships with health and workforce organizations—without requiring permanent funding commitments upfront. This lowers the financial risk of innovation for individual agencies.

Mobility management pilot grants also help strengthen coordination across agencies and sectors. By prioritizing competitive projects that promote collaboration, these programs incentivize transit providers, human services agencies, healthcare organizations, and community partners to work together on shared mobility challenges. Pilot projects create opportunities to test coordinated service models, align policies and procedures, and build relationships that can lead to longer-term system integration. From a planning and performance perspective, pilot grants generate valuable lessons and data that inform broader human services transportation strategies. Funded projects should include evaluation requirements, enabling agencies to assess outcomes such as cost effectiveness, ridership impacts, customer satisfaction, and service efficiency. These findings help identify best practices, refine service models, and support data-driven decisions about scaling successful pilots or replicating them in other regions.

5.5 SUPPORT INNOVATIVE SERVICE DELIVERY

Supporting innovative service delivery is necessary for advancing human services transportation. Innovative service approaches—such as coordinated dispatching, shared rides across programs, volunteer driver integration, on-demand or hybrid services, and technology-supported trip brokering—can allow transportation systems to respond more effectively to these realities by offering flexible, customer-focused solutions that go beyond fixed or siloed service models.

WHY IT IS IMPORTANT

Traditional transit models alone often cannot meet the diverse, evolving, and highly localized needs of the transit-reliant populations served. Many riders face barriers related to limited service hours, eligibility restrictions, long trip distances, and first- and last-mile challenges. Innovative service delivery enables human services transportation providers to improve efficiency and maximize limited resources by reducing duplication, increasing vehicle utilization, and lowering per-trip costs.

Innovative service delivery models are particularly important in rural and underserved areas, where lower trip densities and limited funding make traditional transit operations difficult to sustain.

POTENTIAL BENEFITS AND OUTCOMES

Supporting innovation strengthens coordination and cross-sector collaboration. New service models often require partnerships among transit agencies, human services organizations, healthcare providers, employers, and community groups. Through innovation, agencies can align transportation with broader goals such as healthcare access, workforce participation, aging in place, and community resilience.

5.5.1 TRANSIT TECHNOLOGY GRANTS (INNOVATION GRANTS)

Targeted transit technology grants are important for transit agencies because they help bridge the capacity gap between large, well-resourced systems and smaller providers that deliver essential services with limited staff and funding. These grants enable agencies to deploy core technologies—such as scheduling and dispatch software, vehicle tracking, fare systems, and data reporting tools—that are foundational to efficient operations but often financially out of reach for smaller providers. Technology grants improve day-to-day operational efficiency, reduce administrative burden, and allow agencies to better manage limited vehicles and personnel.

In addition to core technologies, these grants support the adoption of advanced transit technologies, including real-time passenger information, integrated data platforms, automated reporting, and customer-facing mobility applications. These tools enhance service quality and reliability by improving on-time performance, trip coordination, and communication with riders. For human services transportation, technology investments make it easier to manage demand response trips, coordinate across multiple funding programs and providers, and meet reporting and compliance requirements tied to braided funding sources.

These grants also significantly improve customer experience, particularly for riders who depend on human services transportation. Technologies such as real-time trip notifications, rider portals, and centralized call or dispatch systems make services more accessible, predictable, and user-friendly for older adults, individuals with disabilities, and riders with complex trip needs.

5.5.2 STATEWIDE INNOVATION CENTER

Establishing a formal partnership with a university to serve as a statewide transportation innovation center advances human services transportation and supports local providers and mobility managers. Universities bring research expertise and analytical capacity that complement the

operational and policy roles of a state DOT. By aligning these strengths, the partnership creates a centralized resource for innovation, learning, and problem-solving that benefits the entire transportation ecosystem.

For transportation providers, a statewide innovation center offers practical support in testing, evaluating, and implementing new service models, technologies, and coordination strategies. Universities can pilot emerging practices—such as advanced scheduling tools, integrated data platforms, or alternative service delivery models—in partnership with providers, reducing risk while generating evidence-based insights. This applied research helps agencies improve operational efficiency, service quality, and regulatory compliance, while tailoring solutions to the realities of rural and small urban systems that often lack internal research capacity.

Mobility managers benefit from the innovation center as a hub for technical assistance, training, and knowledge sharing. The center can develop guidance, toolkits, and best-practice resources on topics such as coordinated planning, fund braiding, and stakeholder engagement. It can also provide data analysis and visualization support, helping mobility managers translate complex information into actionable strategies that inform five-year plans, coordinated human services transportation plans, and grant applications.

At a statewide level, the partnership supports consistency, scalability, and long-term system improvement. A university-based innovation center can evaluate pilot projects, track outcomes, and help identify which approaches are most effective and replicable across regions. This feedback loop allows the DOT to make data-driven investment decisions, refine program guidance, and align policy with real-world performance. It also ensures that innovation is not limited to isolated projects but integrated into statewide planning and funding strategies.

5.6 APPLYING MULTIPLE STRATEGIES

These strategies can be integrated into multiple combinations to achieve the greatest outcome. **Figure 45** to **Figure 47** provide examples of these combinations.

Figure 45. Strategies Promoting Regional Resources



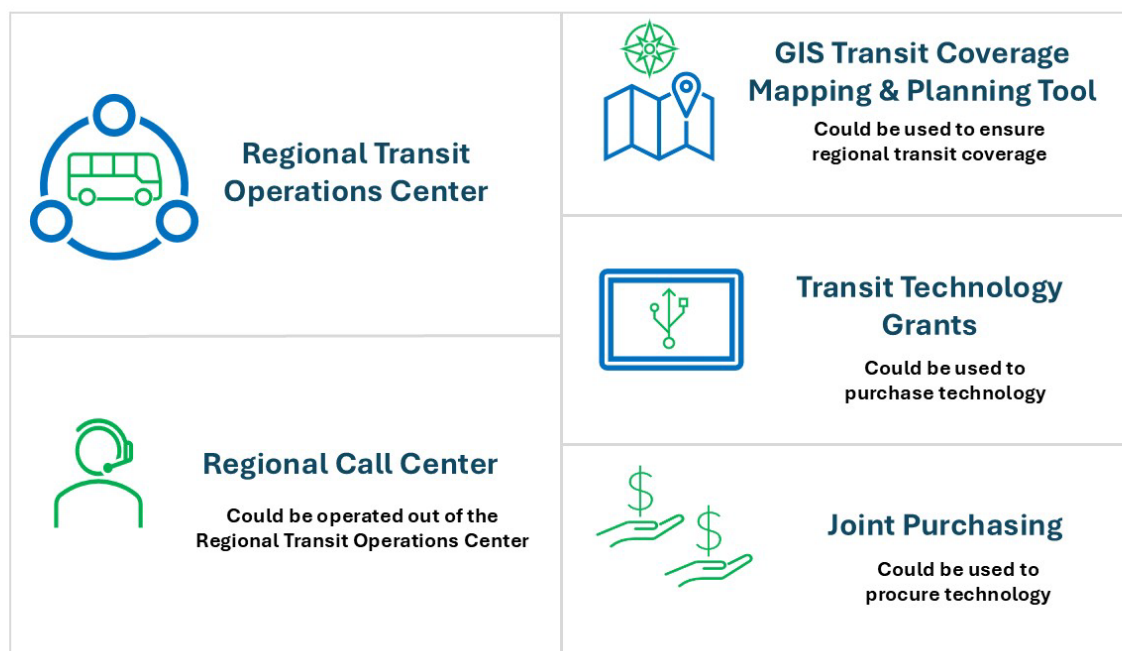
In the Regional Resources example, the regional mobility managers implement the **Regional Expertise Sharing Program**. The program is used to advance research and technical resource development in key focus areas – some examples include developing marketing materials in a **Public Outreach and Awareness Toolkit**, compiling and publishing a **Statewide Grant Resource Center** that lists grant resources for mobility managers and transportation providers, providing resources for **Rural Driver & Mobility Partnership Program**, and creating **Guidance for Transit Funding Sources** as a technical guide for mobility managers and transportation providers looking to expand services and funding sources. These resources can be published on the **Mobility Management Resource Library** to be shared among mobility managers and transportation providers. The Mobility Management Resource Library can be hosted by the **Statewide Innovation Center**, who can also assist with the development of additional resources for the site.

Figure 46. Strategies for Promoting Regional Operations



In the Regional Operations example, a **Regional Transit Operations Center** is established within a region. The **Regional Transit Operations Center** uses the **GIS Transit Coverage Mapping and Planning Tool** to ensure transit service coverage throughout the region. **Transit Technology Grants** are used to purchase shared technology, such as scheduling and dispatch equipment that are used by the transportation providers in the region. Transportation providers use **Joint Purchasing** to procure technology for shared use among regional transportation providers. A **Regional Call Center** can also be operated out of the Regional Transit Operations Center that provides referrals and resources for Mississippi's aging and disabled residents.

Figure 47. Mobility Management Strategies



In the Mobility Management example, the **Statewide Mobility Management Coordinating Council** serves as an advisory council. **Annual Competitive Grants for Mobility Management Pilot Projects** are discretionary opportunities provided by MDOT and awarded by the statewide Mobility Management Coordinating Council to regional mobility management projects outlined in **Five-Year Transit Planning and Performance Programs**. The council can use the **GIS Transit Coverage Mapping and Planning Tool** to spot service gaps throughout the state. **Guidance for Transit Funding Sources** can be used to learn how to braid federal, state, and local funds obtained through council funding partners to fill the service gaps identified through the GIS mapping tool.

5.7 NEXT STEPS

Coordinated human services transportation planning requires continuous collaboration among transportation providers, regional mobility managers, state and local funding partners, nonprofit organizations, and community advocates. Regular sharing of information and resources is essential to effectively coordinate transportation funding and services across multiple organizations, especially in rural states where geographic distances, limited funding, and capacity constraints can present additional challenges.

Many of the strategies presented in this plan focus on establishing shared resources, creating information hubs, and strengthening technical expertise across mobility management teams and agencies. These efforts will help reduce duplication, improve service efficiency, and enhance the overall rider experience. Streamlining communication through statewide and regional groups also ensures alignment and promotes informed decision-making and positive outcomes.

Looking ahead, sustained commitment to partnership-building and capacity development will be critical to the plan's success. By continuing to invest in coordinated approaches and engaging stakeholders at all levels, regional mobility managers and transportation providers in Mississippi can more effectively address service gaps and expand diversified funding opportunities. These efforts will improve mobility for individuals who rely on human services transportation by expanding access to essential services and enhancing quality of life across the state.



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