COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN FOR THE CAPITAL DISTRICT

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Acknowledgements

Coordinated Public Transit-Human Services Transportation Plan

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Executive Summary

Why is a Coordinated Plan important? It will become increasingly important to address the growing mobility service needs of individuals with disabilities, seniors and low income residents.

Currently, the Capital District is home to over 98,000 people with reported disabilities, affecting how they are able to travel and use the variety of transportation choices most people take for granted. Over 130,000 people in the Capital District are over 65 years old, and this population is expected to continue to increase through at least 2030. For many people, sensory and mobility loss are associated with aging, impacting their ability to drive and making it more difficult to access and use transit. In addition, many of the region's low income residents face challenges related to access to jobs either because they do not have access to a private vehicle or because public transit is not available for their trip.

Plan Purpose and Required Elements: A Coordinated Public Transit – Human Services Transportation Plan should identify opportunities to assist more people, reduce service gaps and overlaps, and increase the cost effectiveness of the services provided. Recognizing the benefits of better communication and working together to help meet these needs, efforts to coordinate public transit and human service transportation in the Capital District began over three decades ago. In 2005 formal adoption of a coordinated plan became a requirement of federal transportation legislation.

Metropolitan Planning Organizations such as the Capital District Transportation Committee (CDTC) must "identify the transportation needs of individuals with disabilities, older adults, and people with low income, provide strategies for meeting those local needs, and prioritize transportation services for funding and implementation."

As a result the Regional Transportation Coordination Committee (RTCC) was officially formed and continues to foster communication and coordination among a variety of groups in an effort to better serve people with transportation challenges. This Plan is the fourth developed with the assistance of the RTCC.

Projects funded under one federal transportation program, called "Enhanced Mobility of Seniors & Individuals with Disabilities," must be listed within the regional Coordinated Plan. Other federally funded transportation should be coordinated.

Federal guidance directs a Coordinated Plan to include four elements:

1. An assessment of available services that identifies current transportation providers (public, private, and non-profit);
2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;
3. Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing strategies and/or activities identified.

A Coordinated Plan must be crafted with participation by seniors; individuals with disabilities; representatives of public, private, and nonprofit transportation and human services providers; and other

members of the public who can provide insights into local transportation needs. The RTCC assisted CDTC in developing this Coordinated Plan and increasing participation and input.

CDTA and human services agencies provided information on their services in a 2018 survey. Results indicate an increasing reliance on volunteer drivers. In the next five years, over half of respondents' vans and cars need to be replaced.

CDTC visited 16 senior centers, mostly during lunchtime congregate meals, to learn about transportation experiences and challenges of seniors in attendance, and collect survey responses from willing participants. CDTA distributed a short survey about transportation patterns to a random sample of 200 STAR riders. Over 60% of all survey respondents said they have difficulty leaving their home due to a lack of transportation.

Strategies and Actions for Improvement:

- Prioritize coordination efforts for 5310 funding

- Broaden the reach of the RTCC

- Hold transportation provider workshops to support quality and efficient services

- Seek presenters for the RTCC meetings

- Encourage mutually beneficial transportation partnerships

- Facilitate ADA Transition Plans and associated physical improvements

- Incentivize and prioritize accessible features in federally funded transportation projects

- Ensure public listings of available human services transportation are accurate

- Identify mechanisms for location-efficient siting of facilities serving transportation disadvantaged populations

- Explore opportunities for coordinating other federal programs that fund transportation

- Present the Coordinated Plan to the Policy Board

- Clarify disposal and transfer rules for 5310-funded vehicles, and if allowed, encourage transfer to other agencies in need

- Research public charging for electric mobility devices

- Distribute the Senior Transportation Guide

- Document the extent and severity of isolation, and consider methods to reduce negative impacts

1. Introduction - Plan Background, Requirements and Update Process

The Capital District Transportation Committee (CDTC) is the designated "Metropolitan Planning Organization" for a defined metropolitan area that includes the Albany-Schenectady-Troy and Saratoga Springs urbanized areas (covering a majority of the four county Capital District region: including Albany, Rensselaer, Saratoga and Schenectady counties in New York State). A key responsibility of every MPO is the maintenance of a long-range regional transportation plan. All federally-funded or federally-approved transportation actions such as highway or transit capital projects must derive from the regional plan. The current long-range regional transportation plan update, New Visions 2050, is being developed. This Coordinated Public Transit Human Services Transportation Plan is part of the New Visions 2050 update.

The New Visions 2040 Plan was organized around Principles. The Principles related to public transit and human services transportation read:

Transit – Our transit services will be modern, innovative, and a viable travel option.

Because transit facilities and services are an essential element of the social, economic, and cultural fabric, sufficient operating and capital funding and supportive policies must be in place. Innovative services and transit supportive investment are critical to developing a high quality transit system. The future transit system will:

- *Encourage transit supportive land use patterns;*
- *Contribute to congestion management, air quality, and energy savings;*
- *Provide essential mobility for those who do not operate a private vehicle;*
- *Use technology to improve and enhance the rider experience;*
- *Consider emerging transit markets and riders by choice.*

Regional Equity – Transportation investments will address all needs fairly and equally.

Funding for appropriate repair, replacement and reconstruction will be based on the function and condition of the facility -- not ownership. Investments should meet the needs of all users of the transportation system, in a manner that increases access to transportation or does not disproportionately impact people with disabilities, and minority and low-income populations.

Complete Streets – Street design will serve all users including pedestrians, bicyclists, transit riders, freight, and drivers.

Transportation investments are made based on a complete streets framework which supports the convenient and safe travel of all people — of all ages and abilities as appropriate to a facility's community context.

Utilizing a complete streets framework ensures that transportation investments are consistently planned, programmed, designed, operated and maintained with all users in mind – including bicyclists, public transportation vehicles and riders, pedestrians of all ages and abilities, and local delivery needs.

Successful implementation of a complete streets framework will be achieved by working with municipalities to improve communication and coordination, training and education, and design standards and other resources.

CDTC has had a long history of coordination efforts related to public transit/human services transportation dating back to the 1970's. A more formalized process was put into place after enactment of federal transportation legislation entitled the *Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU)* in 2005. SAFETEALU required that projects selected for funding under the Transit Section 5310 Elderly Individuals with Disabilities Program, the Job Access and Reverse Commute (JARC) Program (Section 5316), and the New Freedom Program (Section 5317) be "derived from a locally developed, coordinated public transit-human services transportation plan", and that the plan be "developed through a process that includes representatives of public, private and nonprofit transportation and human services providers and participation by the public." Toward that end, the Regional Transportation Coordination Committee was formed to guide the work of the coordinated plan and to work toward better integration and coordination of public transit- human service agency transportation services. Over the years various New Freedom and JARC projects were funded after competitive selection processes were undertaken which included RTCC review. A more detailed description of the RTCC's activities and a listing of funded projects can be found at the end of this report.

1.1 Federal Legislation

In 2005 the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users* (SAFETEA-LU) legislation was enacted requiring that all Metropolitan Planning Organizations (MPOs) seek to:
- identify the transportation needs of individuals with disabilities, older adults, and people with low income
- provide strategies for meeting those local needs, and
- prioritize transportation services for funding and implementation

SAFETEA-LU required projects selected for funding under three programs be derived from a locally developed Coordinated Public Transit-Human Services Transportation Plan. Accordingly, CDTC, with the assistance of the Regional Transportation Coordination Committee, or RTCC, developed and adopted three such plans, the first in 2007.
and updates in 2011 and 2015. The three programs were:
- Section 5310 Elderly Individuals with Disabilities Program,
- Job Access and Reverse Commute (JARC) Program (Section 5316), and
- New Freedom Program (Section 5317)

MAP 21: The 2012 federal transportation legislation *Moving Ahead for Progress in the 21st Century* (**MAP-21**) continued the requirement for a Coordinated Public Transit-Human Services Transportation Plan. However, significant changes in MAP-21 included the end of both JARC and New Freedom as distinct programs. Under MAP-21, JARC projects became an eligible activity under the rural (5311) and urbanized area (5307) formula funding programs. New Freedom-type projects remained eligible for federal funding under MAP-21 through the significantly altered 5310 program (Enhanced Mobility of Seniors and Individuals with Disabilities). The Capital District Transportation Authority (CDTA) is the designated recipient of 5307 funds in the region.

It should be noted that 5310 funds were previously allocated directly to the New York State Department of Transportation (NYSDOT). MAP-21 allowed MPOs to take over the administrative responsibility for the 5310 program as the designated recipient for large urbanized areas. However, CDTC and the majority of MPOs in New York State requested that NYSDOT retain administrative responsibility for the

5310 program. MAP-21 also required that a specific amount of 5310 funding be assigned to each MPO area and that the MPO participate in the review and recommendations for proposed projects seeking 5310 funding in their metropolitan planning area.

FAST Act: The 2015 federal transportation bill, the **Fixing America's Surface Transportation (FAST) Act**, maintained changes enacted under MAP-21. It also created a new competitive pilot program (Section 3006(b)) financing innovative projects that improve coordination of transportation services and non-emergency medical transportation services for people who are transportation disadvantaged; such as deployment of coordination technology and projects that create or increase access to community One-Call/One-Click Centers.

1.2 Federal Coordinated Plan Requirements

The Code of Federal Regulation (CFR) Title 23 Section 450.306 requires Metropolitan Planning Organizations to prepare a Coordinated Public Transit-Human Services Transportation Plan that is coordinated and consistent with the metropolitan transportation planning process. As defined in Title 23 Section 450.104, a Coordinated Public Transit-Human Services Transportation Plan is a locally developed, coordinated transportation plan that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Further, projects funded under CFR Title 46 Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities) must be 1) included in a locally developed, coordinated public transit-human services transportation plan that was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public; and 2) to the maximum extent feasible, be coordinated with transportation services assisted by other Federal departments and agencies, including any transportation activities carried out by a recipient of a grant from the Department of Health and Human Services.

1.3 Coordinated Plan Goals

1. Raise awareness of the Coordinated Plan and encourage stakeholders and the public, including representatives of transportation disadvantaged populations, to participate in its development and implementation.

2. Provide qualitative and quantitative data regarding the mobility and access needs of transportation disadvantaged populations and the type and location of current transportation services:

3. Use data and outreach to agencies, seniors, and people with disabilities to identify feasible recommendations for local agencies:

4. Identify and document needs, gaps, and barriers, strategies proposed to address them, and then develop a mechanism to prioritize use of resources for implementation of identified strategies, including federal 5310 funds.

2 Stakeholder and Public Participation

CDTC's Public Participation Policy as well as Federal Transit Administration (FTA) guidance documents indicate that a Coordinated Plan should be developed with input and participation from human service agencies, transportation providers and members of the public.

2.1 Process

The Regional Transportation Coordination Committee (RTCC) assisted CDTC staff in developing the draft Coordinated Plan, as has been done in the past. The RTCC recommended making a more concerted effort to reach out directly to seniors and people with disabilities. They also suggested participation and input from additional stakeholders, initially identifying Managed Care providers, the NYS Department of Health and Veteran's groups. In addition, CDTC will update its long range regional transportation plan (New Visions 2050) by December 2020, allowing for additional public outreach and input.

The following activities sought input from various groups on the content and direction for the Draft Coordinated Plan. Partnering with CDTA and senior centers helped increase participation. Their input will be helpful to implement plan recommendations in continuous consultation with the RTCC.

- Hold listening sessions and distribute surveys to the public to better understand the transportation needs, gaps, barriers, issues, and opportunities for people with disabilities, seniors, and people with lower incomes. Identical surveys titled "Senior Transportation Survey" and "Transportation Survey for People with a Disability" were distributed, including on social media to increase participation.
    a. CDTC visited 16 senior centers, mostly during lunchtime congregate meals, to learn about transportation experiences and challenges of seniors in attendance. Those willing also completed a short survey about their transportation patterns.
    b. CDTC worked with CDTA's STAR division to distribute the short survey about transportation patterns to a random sample of 200 STAR customers who had taken a STAR trip at least once during the first three weeks of 2019.
    c. Results of "Moderated Focus Groups" conducted by CDTC under its Environmental Justice task were also considered.
- Distribute surveys to human service agencies and transportation providers to better understand services provided and operational needs. The survey was disseminated to partner agencies, existing groups, and community centers. The results of this survey are discussed in chapter 4.

All but 25 of the survey respondents provided their zip code, illustrated below. Of note is that over 60% of all survey respondents, seniors and people who have a disability, said they have difficulty leaving their home due to a lack of transportation.
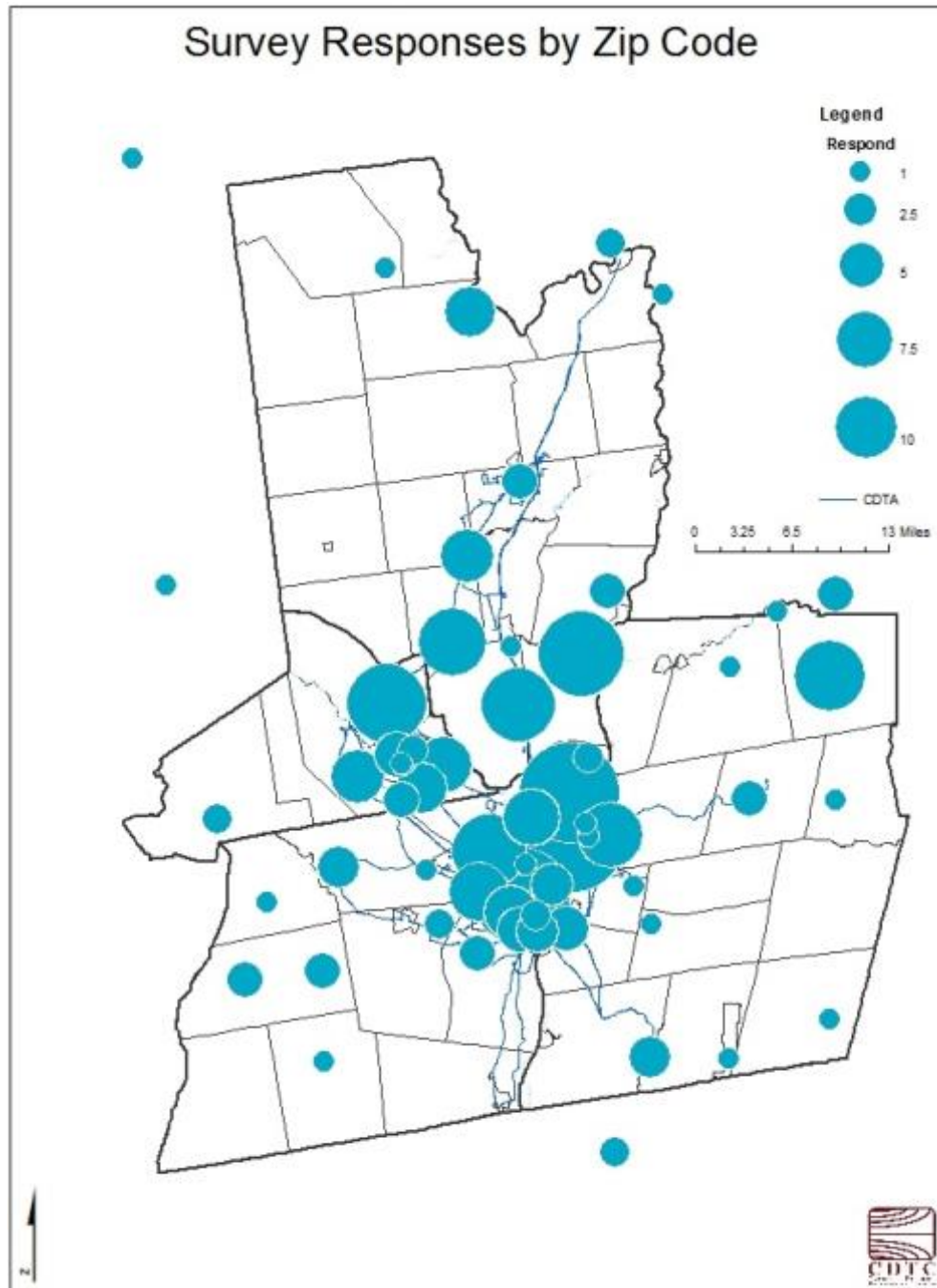
Map 2.1

2.2 Senior Transportation Survey

CDTC staff visited four senior centers in Schenectady County, six in Albany County, four in Saratoga County, and two in Rensselaer County to talk to seniors and distribute transportation surveys to willing respondents. This survey was also distributed through email and social media. In total, 250 surveys were completed, either on paper or online.

About 150 respondents indicated that they drive, and about the same number have access to a vehicle at home. Almost 100 do not drive, similar to the number who don't have a car at home. While the columns appear almost equal, about 10% of people who drive don't have access to a car, and vice-versa. Most people answering "Other" indicated that they sometimes drive, due to weather or time of day, or are temporarily unable to drive.

Driving and Access to Car
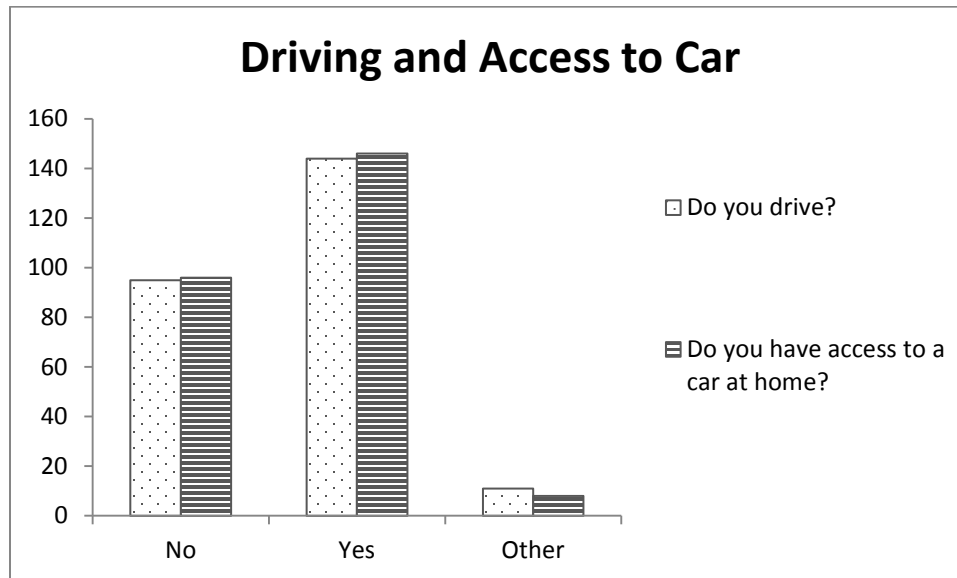
Chart 2.1

About two-thirds of respondents said they have difficulty leaving their home due to a lack of transportation. The survey then asked where they can't go. Chart 2.2 shows a categorization of the open-ended answers. Some people indicated more than one location and those answers appear in more than one category. Medical appointments and shopping, which includes grocery shopping, were the top two locations that respondents listed. Also common responses were socializing, which includes at senior centers, and meetings or errands.

Where Can't You Go?

Chart 2.2
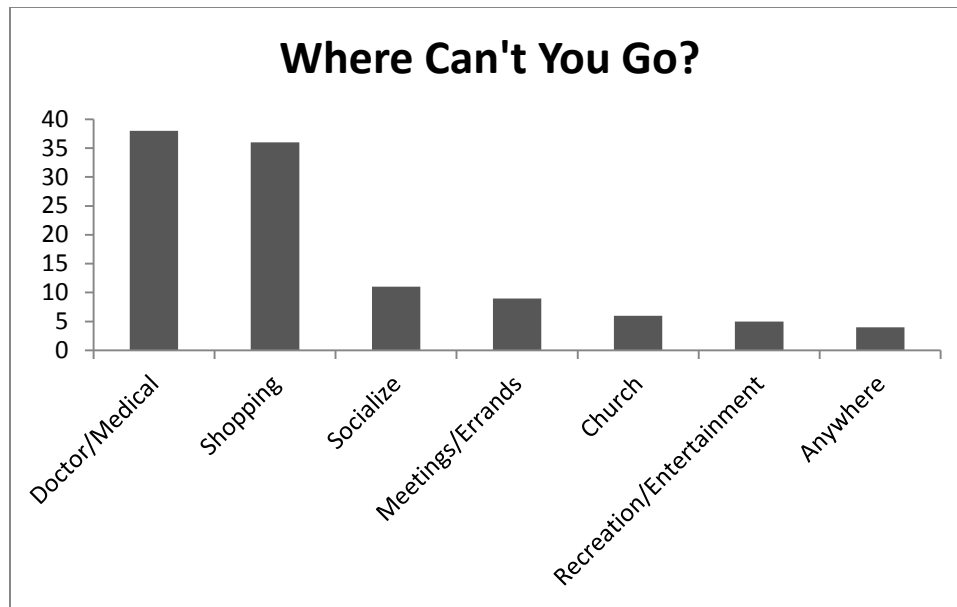
Why Can't You Get There?
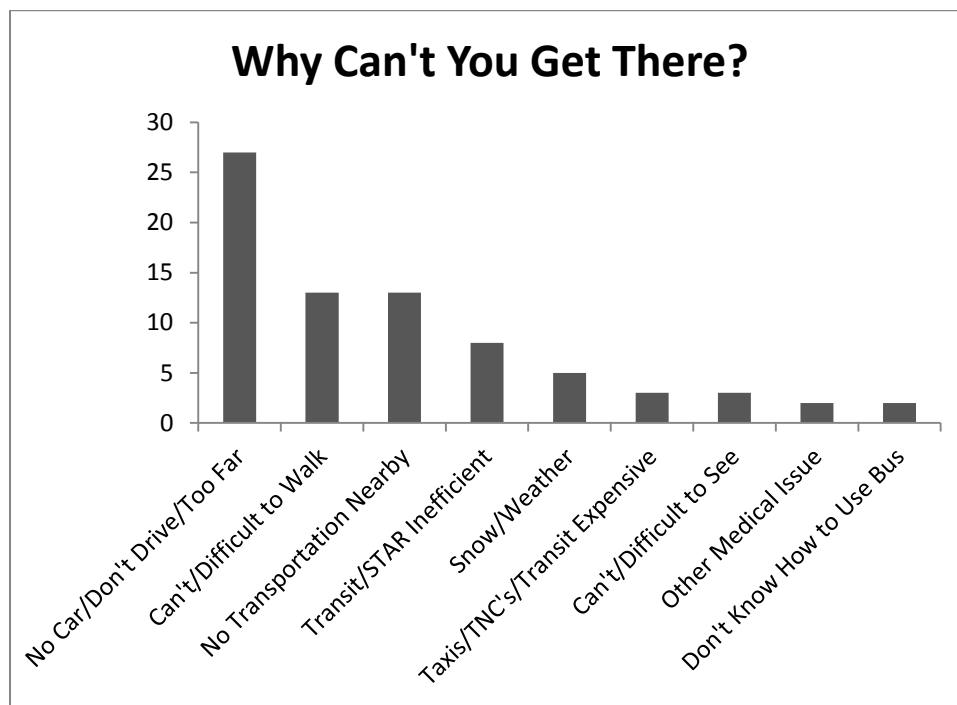
Chart 2.3

The next question asked "Why can't you get there?" and was also an open-ended question. Chart 2.3 categorizes the answers received by type, and shows that a need but inability to drive was the most commonly provided problem, following by difficulty walking and a lack of nearby transportation. Difficulty walking could indicate that destinations are close enough to walk, or that there are available services and the respondent is aware of them. It should be noted that people who said they can't leave home because they don't drive may be unaware of alternatives such as CDTA or senior services, may not

want to use those services, or in fact may not have any alternatives available to them. Some people who indicated that there is no transportation nearby noted that they live in rural areas. Inefficiency of transit included comments that the amount of time required to transfer buses is an issue. Example responses include,

> "The sidewalk corners are never clean; lack of time schedule on the bus; I just don't go."

And

> "Streets are getting too busy and current drivers are dangerous on the road (e.g. many run red lights). I don't have reaction time needed."

The survey asked, "In the last few weeks, how have you traveled? Choose all that you have used." As shown in chart 2.4, 110 people drove themselves, and almost 100 were driven by friends or family. Over 60 got a ride in an agency or senior services vehicle, four of which noted that it was a medicab. Almost 60 walked, and 30 took CDTA. It should be noted that the STAR option was inadvertently deleted from the paper survey. While some people added STAR as an agency that drove them, it is possible that some of the people listing CDTA would have listed STAR if that had been an option. Almost 20 used a taxi, and five used Lyft or Uber. Almost 30 answered other, and of those who specified how, six used medicab, two some other kind of public transportation (possibly out of the region), two a wheelchair/scooter, and two were driven by paid staff. Seven hadn't left home at all, and seven had ridden a bicycle. One person answered:

> "only the distance my power chair and its battery would allow."
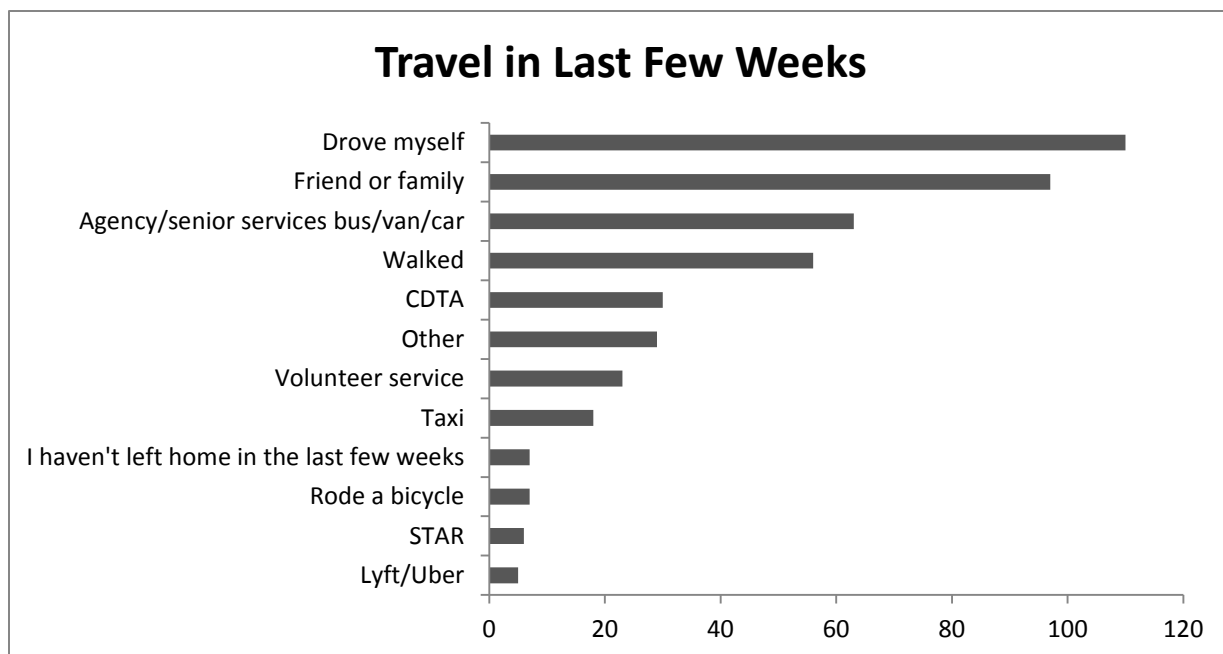
Chart 2.4

There were 16 survey respondents in their 50's, over 70 respondents each in their 60's and 70's, 50 people in their 80's, and 12 in their 90's. About half of respondents said they do not have a disability. Almost 40% do have a disability, and about 10% did not answer. (Charts 2.5 and 2.6)
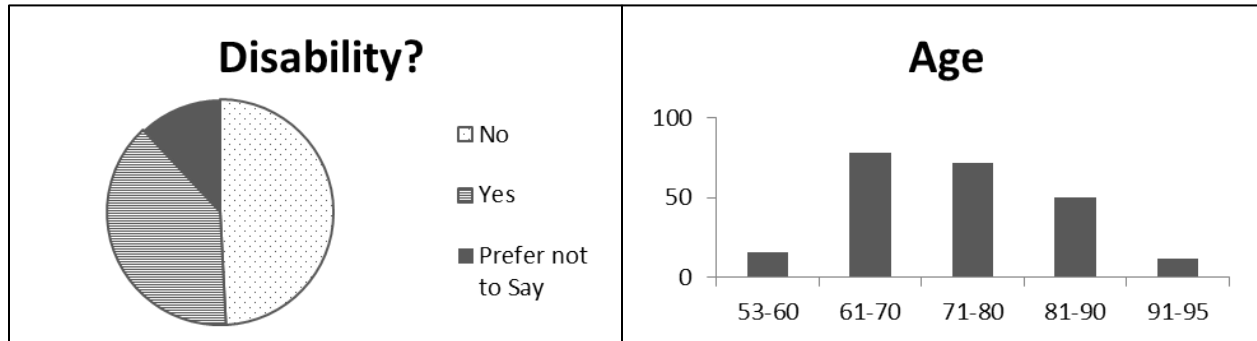
Chart 2.5 and Chart 2.6

In discussions at the senior centers, people discussed a number of other issues. With new retail options for purchasing items such as prescriptions and groceries online and then picking them up at the store, there may be an opportunity for some agencies to transport the items rather than the people. This would require a mechanism to ensure that the items are provided to an authorized person, which could require safeguards for prescriptions or other controlled substances.

Seniors in Cohoes said there should be a wheelchair lane to get to the grocery store. Their impression was that the sidewalks are not usable because they "go up and down" at all of the driveways, and they are not cleared in the winter, whereas the roadways are. Seniors in Mechanicville were also concerned about sidewalk connectivity and clearing. People in Mechanicville were using the city bus, but expressed desire for connections out of Mechanicville.

People from Berne and Knox expressed difficulty getting to doctor's appointments and groceries. All drivers are volunteers, and it is difficult to get volunteers. People in Berne who do not use a wheelchair have an opportunity to go grocery shopping once every two weeks. In Hoosick Falls, numerous people were interested to learn about the Yankee Trails service that connects into Bennington, because they are much closer to Bennington than Troy, but the available public services won't cross the state line.

2.3 Transportation Survey for People with a Disability

CDTA distributed 200 surveys to a random sample of STAR customers who rode at least once in the first three weeks of 2019. 56 of those surveys were returned. This survey was also distributed through email and social media. In total, 113 surveys were completed, either on paper or online.

Chart 2.7 shows that about 80% of respondents do not drive, and about 70% do not have access to a car at home. About 20% do drive, and about 25% have access to a car at home.

Driving and Access to Car
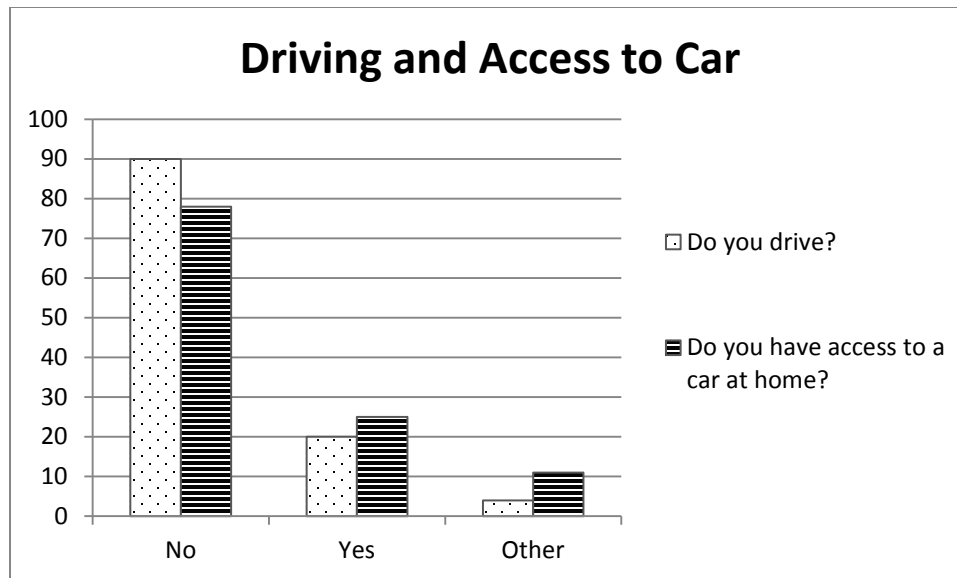
Chart 2.7

60% of respondents said they have difficulty leaving their home. This was an open-ended question from which answers were later categorized. Places people are unable to go are shown in Chart 2.8. The most common destination was shopping, which includes groceries. Next was medical trips, followed by "anywhere" and either to work or to find a job. Respondents also said they have trouble socializing and getting to recreation/entertainment with some frequency.

Where Can't You Go?
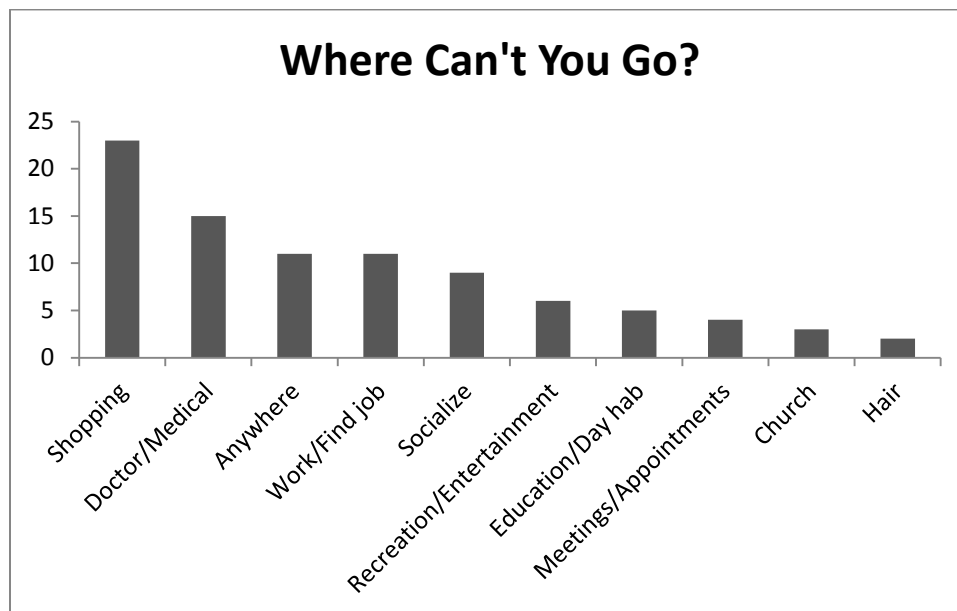
Chart 2.8

Reasons people can't get where they want to go are shown in Chart 2.9. The most commonly cited reasons were a difficulty walking followed closely by a lack of transit nearby. Other common responses include a lack of transportation or a lack of accessible transportation, other medical issues that impact

mobility, transportation options being too expensive or inefficient, and difficulty with sight. Compared to the senior survey, not having a car or not driving were not commonly cited issues for people who have a disability. Examples of direct responses include the following:

"I can not walk (broke my back). I ride a powerchair - must have a lift to get me into a vehicle."

"Even though I live at home I do enjoy going out. (living)"

"I do not use a bus or live on a busline and Medicaid does not pay for transportation to anything other than medical visits."

Why Can't You Get There?
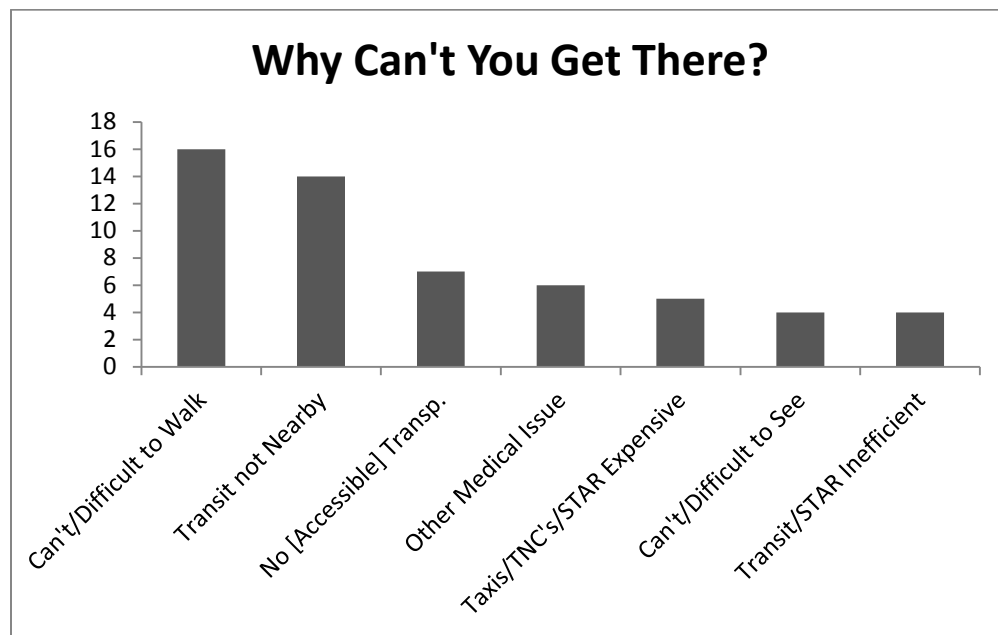
Chart 2.9

Shown in Chart 2.10, in the last few weeks, respondents had travelled most frequently by STAR or by a friend or family driving them. 21 people had walked, followed closely by CDTA and an agency vehicle. It should be noted that the STAR option was inadvertently deleted from the paper survey, but surveys returning from the STAR sample were edited to include STAR as a travel method, as the STAR sample only included people who had travelled by STAR in the last few weeks. These were the only paper surveys used. Twelve people had driven themselves. Slightly more respondents had used Lyft or Uber than a taxi, whereas seniors were more likely to use taxis. Other answers were mostly by people who had been driven by paid staff. Two people hadn't left home in the last few weeks.

Travel in Last Few Weeks

Category	Value
STAR	64
Friend or family	51
Walked	21
CDTA	19
Agency/senior services bus/van/car	18
Drove myself	12
Lyft/Uber	11
Taxi	9
Other	8

Chart 2.10

Age

Age group	Value
Up to 20	7
21 to 30	22
31 to 40	10
41 to 50	9
51 to 60	14
61 to 70	23
71 to 80	8
81 to 90	7
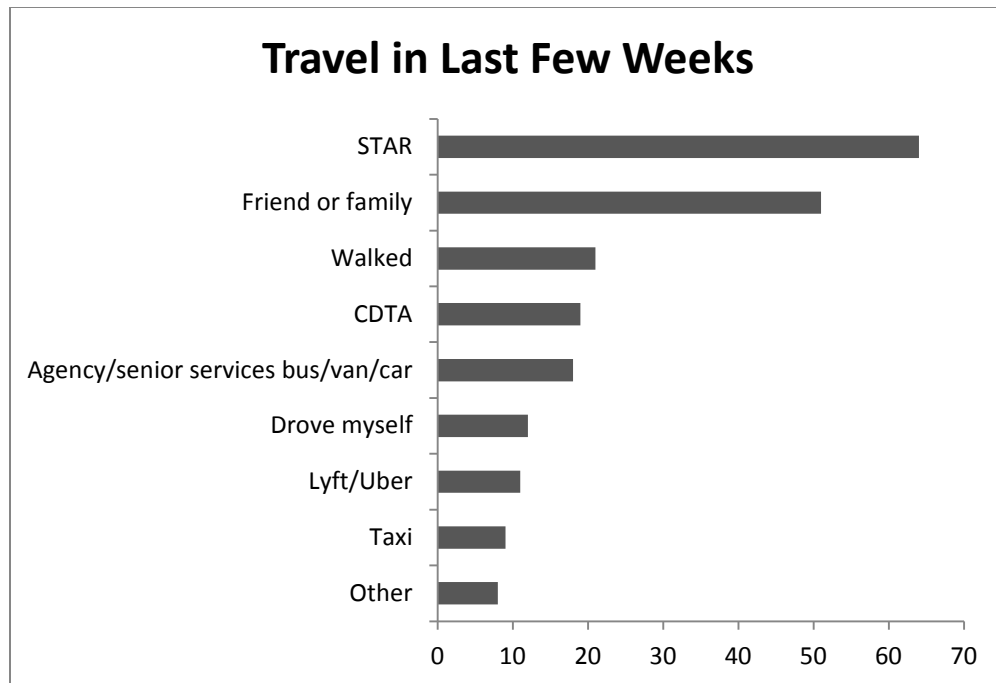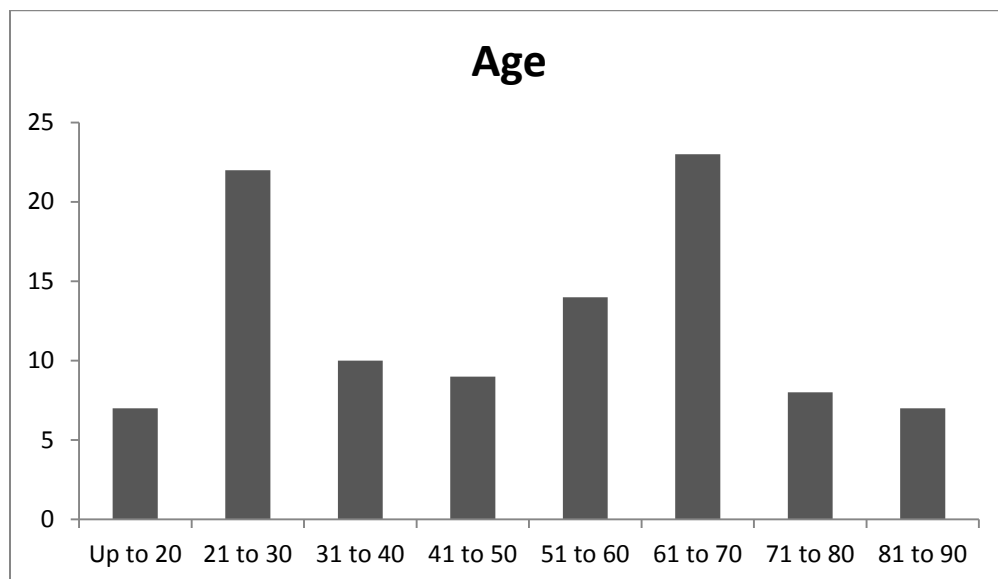
Chart 2.11

People answering the survey for people with a disability ranged in age from less than 20 years to 90 years old, with the highest number of respondents in their 20's and their 60's. Twenty people said they preferred not to say if they have a disability, or didn't answer the question. The remaining respondents indicated that they do have a disability.

After receiving the paper survey in the mail, a woman who has a vision impairment called to express concern about recent work in Albany having "spent a lot of money to make it more difficult to walk." It

was easier to cross at the previous timed lights, but now there are push buttons where you have to watch for a hand, but you can't see it. In addition, the new system requires more snow clearance to remain operational. One person submitted a comment through social media that may summarize well the options available to people who have a disability:

> "Much of the accessible transportation that is available in the capital region is with CDTA. The fixed route buses are accessible, but it is important to make sure that all the bus stops are structured properly and are kept clear of obstructions and snow. The paratransit service, STAR, is adequate, but could be run much more efficiently to save time, effort, and fuel. Taxi services are not accessible enough for disabled passengers to have the same convenience as nondisabled passengers, and taxi companies tend to operate with service as if it were more like a medical transport instead of a regular taxi. Ride sharing services are not accessible, and shame on the state for not requiring them to be accessible from the outset of statewide authorization for that service."

Finally, during the public hearing in the Capital Region for the New York State Transportation Network Company Accessibility Task Force, people discussed desire for people who don't have a smart phone to be able to use the services. People suggested that drivers announce themselves when they arrive so that people with low vision don't miss their rides. One commenter described being denied a ride by a driver who refused to transport his service animal. In addition, local requests included formal disability etiquette training for TNC drivers, as well as service animal and wheelchair tie-down training. TNC's could be required to provide loans to people who purchase fully accessible vehicles and drive them for the platform. Finally, TNC's and organizations that provide accessible transportation for persons with disabilities should explore the possibility of contracting with each other to provide services for people needing accessible transportation.

2.4 Moderated Focus Groups Results

CDTC hired a consulting firm that conducted eleven focus groups in April 2018 to discuss gaps people experience in the Capital Region's transportation system, with a focus on people often not represented in the transportation planning process. In total, 137 people participated, describing their experiences using the transportation options available to them. The conclusions are below, organized by general topic area.

Pedestrian Infrastructure

Infrastructure at key bus tops and in neighborhoods was mentioned as an obstacle with regular frequency, due to both absence and poor construction or design. This notably included lack of curb ramps. Clearing of water and snow from sidewalks is especially problematic to transportation disadvantages users, and municipal service responsibilities vary and appear to be unknown by residents. Policies or ordinances outlining inclement weather responsibilities for renters, businesses, multifamily property owners, and single-family homeowners might help. Threats to personal safety also impede navigation as people feel forced to alter their routes to avoid certain individuals or situations.

Seamless regional system

Focus group participants did not express a regional identity, rather one grounded by the primary spatial and geographic designation referencing their home and work locations. Overall, fragmented municipal control of much of the transportation system appears to permit the abdication for fiscal responsibility of whole system integration of equitable transportation services. In addition to snow clearing discussed above, route computing is difficult between cities, and across urbanized areas within counties, inhibiting access to work, daycare, and other necessary locations. Finally, some people mentioned issues with wheelchair batteries. Public charging that could be used for electric wheelchairs could help.

Perception of Transit

Respondents did not view public transportation as a respected public good or service, but rather as a service for predominantly young, poor, aging, and low-income populations. It was similarly described by members of their social or age cohort. Working toward changing that perception could not only benefit the system now, but also attract more riders for a further benefit.

Transit Amenities

The public transit system does not provide shelters, consistently marked bus stop signage, or other way-finding signs at all stops. These features are particularly important for the new, aging, or impaired transit system user. Increasing the types and formats of information and data accessible to users of mobile devices was requested by many focus group participants across age and income levels. Identifying better written timetables, maps, and schedules are desired tools to improve their service experience. Participants used the real-time, arrival, and departure updates supplied, but wanted to also have the same information displayed on all buses in case device failure occurred. Accuracy of timetables was not cited by focus group participants as the major shortcoming in service experience outside of paratransit scheduling, but access, on-boarding, and exiting vehicles were.

Saratoga Transit

During the Schenectady focus groups, younger seasonal employees in Saratoga County and the City of Saratoga Springs noted overcrowded buses, lack of shelters, and onboard conditions that are unsafe. Aging of the population in Saratoga Springs and changes in single family and multiplex housing discussed in Saratoga County dovetail with challenges faced by concerns expressed by employees in Saratoga's service sector, which requires younger, non-skilled workers from other areas.

CDTC Equity Task Force

Active recruitment that is a "true" demographic sample of the region's population, transit system users, and municipalities would improve awareness of service delivery gaps. Recruitment should include representatives of professions that service, advocate on behalf of, or interact with transportation disadvantaged users and members of socially marginalized groups. Multi-modal system users who can provide input that directly impacts policy improvements and practices are also important. Cross-municipal input and participation is lacking as well, and would better achieve "total system" transportation planning.

3. Demographics and Spatial Patterns
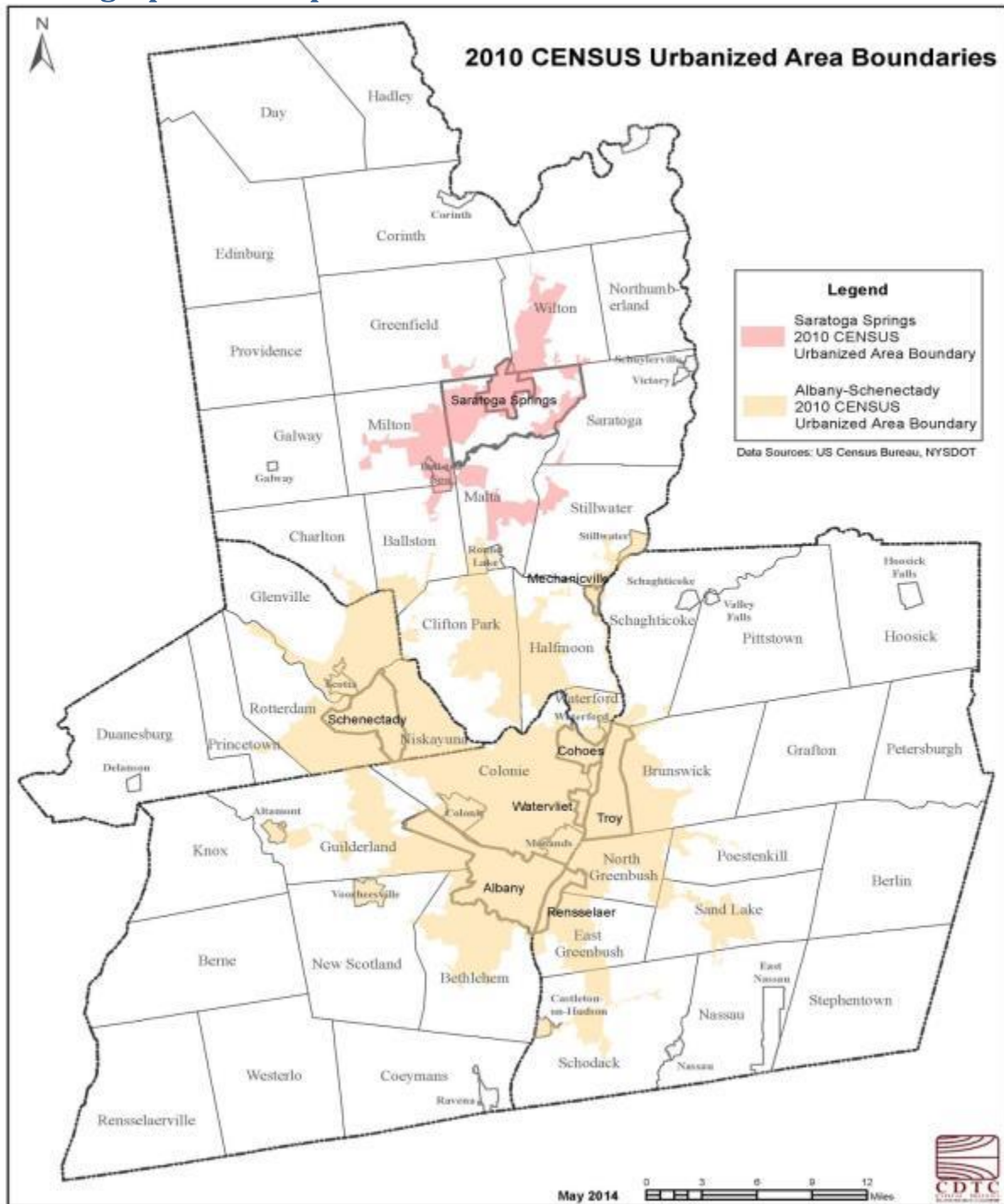
Map 3.1

The Capital District Transportation Committee's Metropolitan Planning Area includes the four counties of Albany, Rensselaer, Saratoga and Schenectady, except the Town of Moreau and Village of South Glens Falls in Saratoga County. Map 3.1 shows the two Census Urbanized Areas in CDTC's planning area.

3.1 Demographic Overview

This section reviews the demographic data from the US Census Bureau to provide an understanding of where transportation disadvantaged populations reside within the Capital District's four county Metropolitan Planning Area. Data used in this section is based on the decennial US Census where available and also the Census Bureau's 2012-2016 American Community Survey (ACS), which uses smaller sample sizes than the traditional decennial Census.

3.1.1 Total Population: Region, Counties and Largest Cities

The 2017 population estimates from the Census Bureau show the population of the four county Capital District at almost 855,000 people, an increase of approximately 16,800 residents, or 2.0%, from the year 2010. Over one-third of the region's population resides in Albany County. The population in Rensselaer and Schenectady counties each comprise almost one-fifth of the region's total, while Saratoga County's population makes up about a quarter, as shown in Chart 3.1 and Table 3.1.
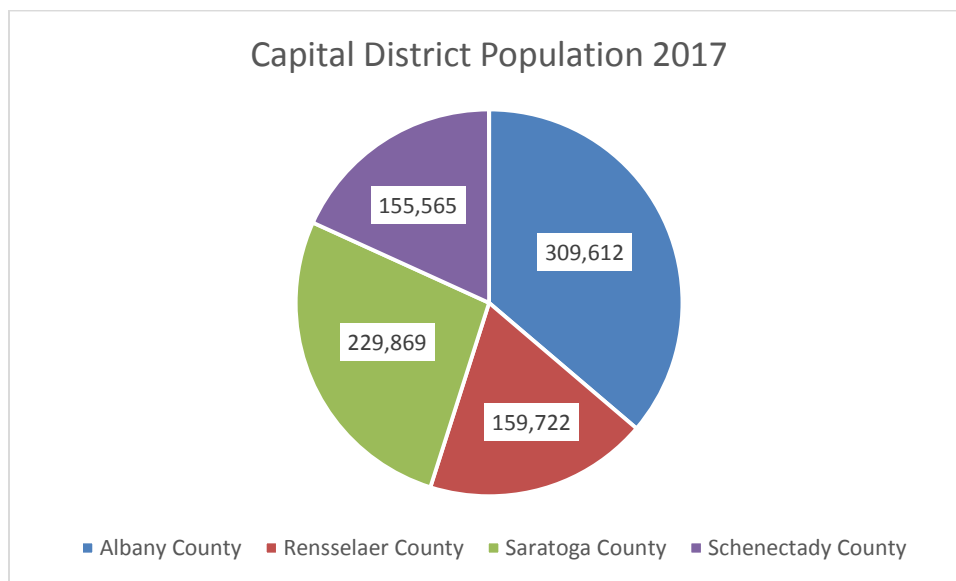
Chart 3.1   *Source: US Census Bureau, 2017 Population Estimates*

	Historic				Projected			
Year	1980	1990	2000	2010	2020	2030	2040	2050
Albany	285,909	292,793	294,565	304,204	309,730	316,018	317,709	317,183
Rensselaer	151,966	154,429	152,538	159,429	161,744	163,685	164,643	164,943
Saratoga	153,759	181,276	200,635	219,607	234,358	246,253	251,049	252,153
Schenectady	149,946	149,285	146,555	154,727	158,594	162,117	163,050	160,733
Capital District	741,580	777,783	794,293	837,967	864,426	888,073	896,451	895,012

Table 3.1   Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC Projections

Historic and Projected Population: 1980 to 2040
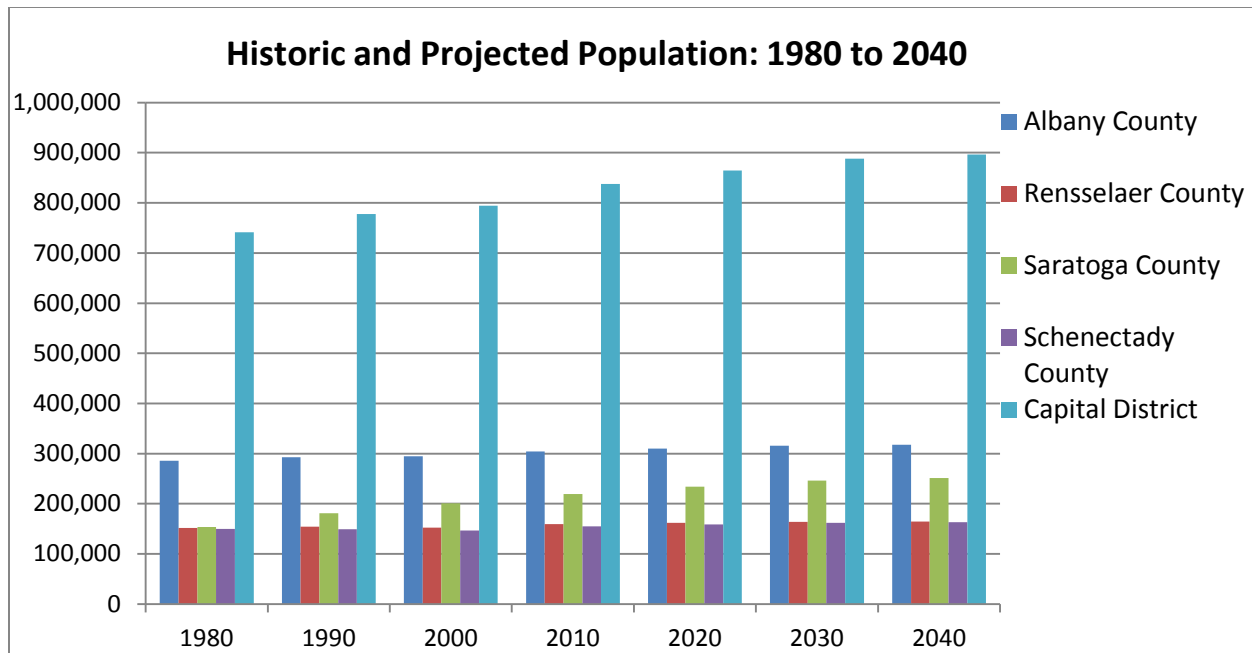
Chart 3.2   *Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections*

The Capital District's population has been growing at a fairly steady rate since 1980, with an overall increase of 13% between 1980 and 2010. Saratoga County has seen the highest percentage population growth since 1980 as shown in Chart 3.2 and Table 3.1 above. All four counties grew between the 2000 and 2010 Census. The region's population is forecast to approach almost 900,000 people by the year 2040, according to the Capital District Regional Planning Commission's projections.

Historic & Projected Population Growth Percentages

Legend:
- ■ Albany County
- ■ Rensselaer County
- ■ Saratoga County
- ■ Schenectady County
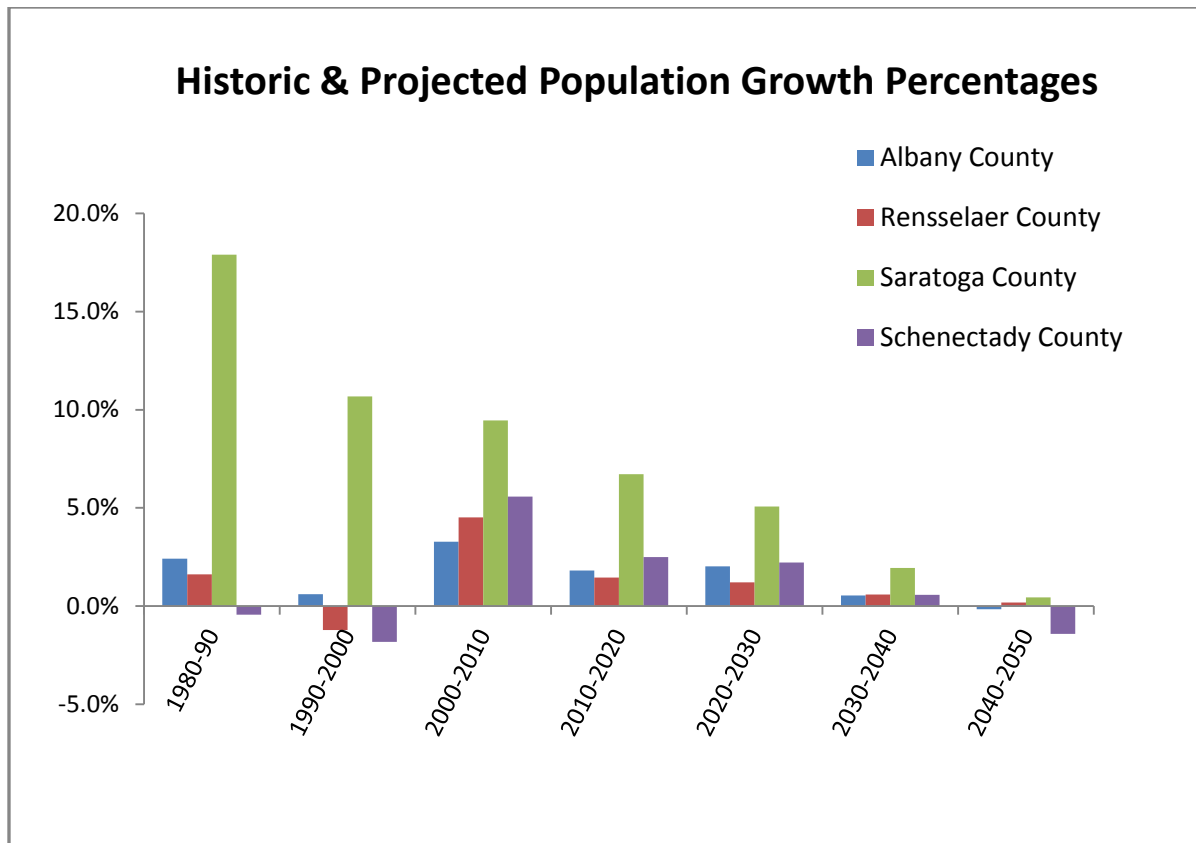
Chart 3.3   *Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections*

While the population in both Rensselaer and Schenectady Counties declined between 1990 and 2000 and Albany County's population grew at a modest 0.6% rate during that timeframe, these numbers rebounded between 2000 and 2010. Saratoga County had the largest percentage population increase at 9.5% and Albany County had the smallest increase at 3.3% between 2000 and 2010.

2016 Population Estimates
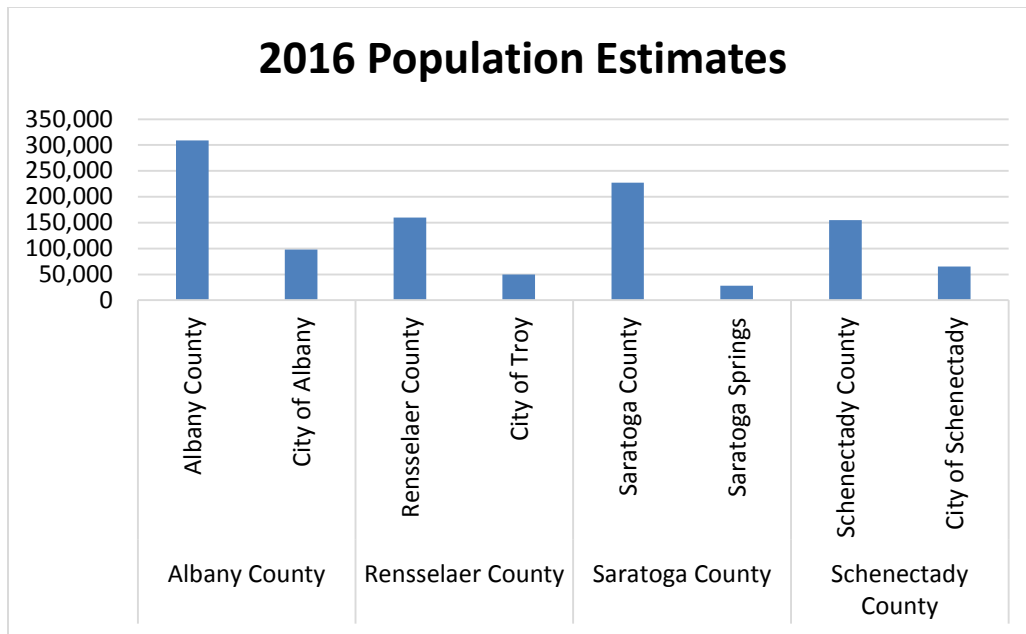
Chart 3.4   *Source:* 2016 population estimates, *US Census*

Population of Capital District's Largest Cities		
Year	**2010**	**2016**
Albany County	304,204	309,080
City of Albany	*97,856*	98,268
Rensselaer County	159,429	159,736
Troy	*50,129*	49,702
Saratoga County	219,607	227,560
Saratoga Springs	*26,586*	27,763
Schenectady County	154,727	154,972
City of Schenectady	*66,135*	64,913
Capital District Total	**837,967**	**$851,348**

Table 3.2 *Source: 2010 US Census*

The region's four largest cities each grew in population according to the 2010 Census, representing reversal of a 50 year trend. However, the 2017 population estimates show that the Cities of Schenectady and Troy are likely losing population since 2010. Table 3.2 shows the 2010 Census population and 2016 population estimates for each of the four largest cities. Chart 3.4 shows the 2016 population estimates for each of the four largest cities.

3.1.2 Population Age Characteristics

Table 3.3 displays the *Historic and Projected Population By Age Group*, and shows that according to the 2010 Census 14% of the Capital District's population is age 65 or older, and almost 7% of residents are 75 years or older. Chart 3.5 below shows that the population aged 65 and over is expected to continue to increase to 22% of the overall regional population by 2040, while the age groups of 0 to 24 years and 25 to 64 years will decrease to 29% and 49%, respectively. This means that the region can expect another thirty (30) years of increased mobility service needs for the senior population unless residential and service locations begin more efficiently co-locating.

Percent of Regional Population By Age Group
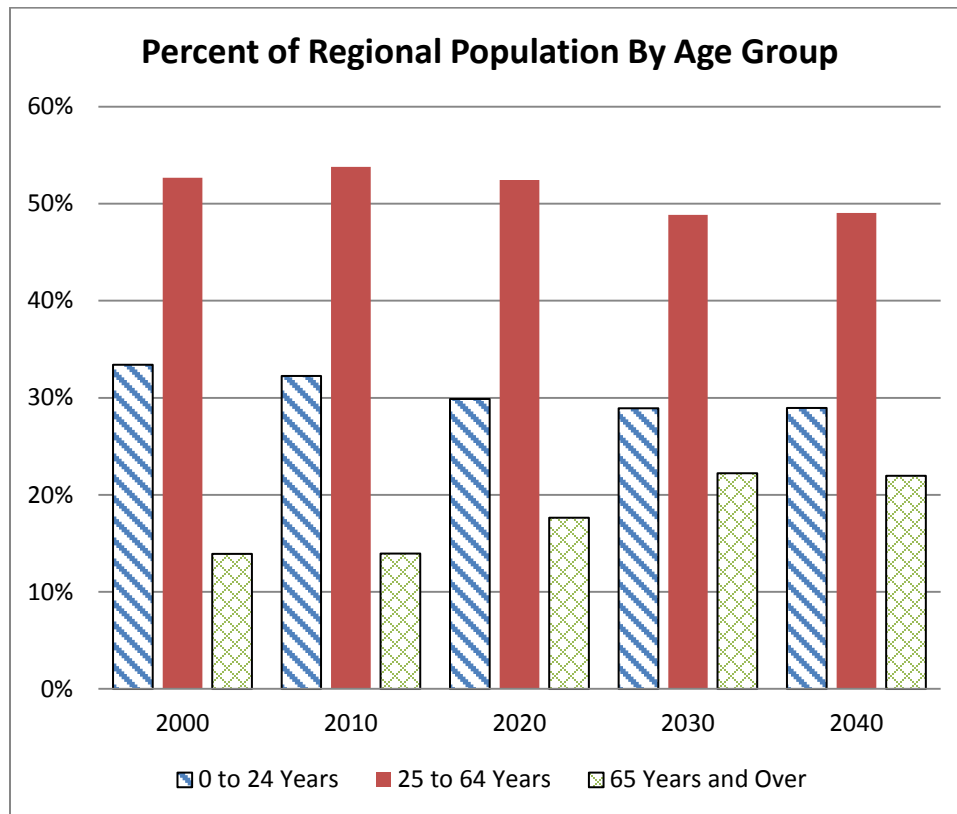
Chart 3.5   *Source: US Census Bureau, 2000, 2010 Census; CDRPC*

Historic and Projected Population by Age, Capital District Region

Year	Historic				Projected			
	1980	**1990**	**2000**	**2010**	**2020**	**2030**	**2040**	**2050**
Total	**741,580**	**777,783**	**794,293**	**837,967**	**864,426**	**888,073**	**896,451**	**895,012**
Under 5	46,447	53,254	47,917	45,524	44,756	45,857	45,908	45,828
5 to 14	110,115	98,281	109,486	100,716	98,345	96,912	99,983	99,860
15 to 24	140,720	122,250	107,942	124,021	115,358	114,198	113,702	117,345
25 to 34	118,917	132,140	104,596	102,278	114,183	106,745	107,498	106,992
35 to 44	79,917	119,857	129,173	109,311	104,540	117,859	111,657	112,961
45 to 54	75,727	77,589	114,642	130,814	110,106	105,203	120,484	114,739
55 to 64	76,504	67,743	69,879	108,305	124,485	103,938	100,184	115,754
65 to 74	55,278	60,103	55,029	59,206	93,476	106,524	91,127	88,538
75 and Over	37,955	46,566	55,629	57,792	59,177	90,837	105,908	92,995

Year	Historic				Projected			
	1980	**1990**	**2000**	**2010**	**2020**	**2030**	**2040**	**2050**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 5	6.3%	6.8%	6.0%	5.4%	5.2%	5.2%	5.1%	5.1%
5 to 14	14.8%	12.6%	13.8%	12.0%	11.4%	10.9%	11.2%	11.2%
15 to 24	19.0%	15.7%	13.6%	14.8%	13.3%	12.9%	12.7%	13.1%
25 to 34	16.0%	17.0%	13.2%	12.2%	13.2%	12.0%	12.0%	12.0%
35 to 44	10.8%	15.4%	16.3%	13.0%	12.1%	13.3%	12.5%	12.6%
45 to 54	10.2%	10.0%	14.4%	15.6%	12.7%	11.8%	13.4%	12.8%
55 to 64	10.3%	8.7%	8.8%	12.9%	14.4%	11.7%	11.2%	12.9%
65 to 74	7.5%	7.7%	*6.9%*	*7.1%*	*10.8%*	*12.0%*	*10.2%*	9.9%
75 and Over	5.1%	6.0%	*7.0%*	*6.9%*	*6.8%*	*10.2%*	*11.8%*	10.4%

Table 3.3 *Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections*

Map 3.2 on the following page shows the geographic distribution of residents aged at least 65 years old according to the 2012-2016 American Community Survey, illustrating that the highest concentrations of seniors aged 65 and older are living in the region's urban areas and surrounding suburbs, similar to the pattern for the overall regional population. However, as Map 3.3 displays, seniors live throughout the four county region, including the rural towns.

Charts 3.6 to 3.9 show the 2010 Census age distribution for three age categories (0 to 24 Years, 25 to 64 Years, and 65 Years and Over) for each of the four counties and their largest cities.
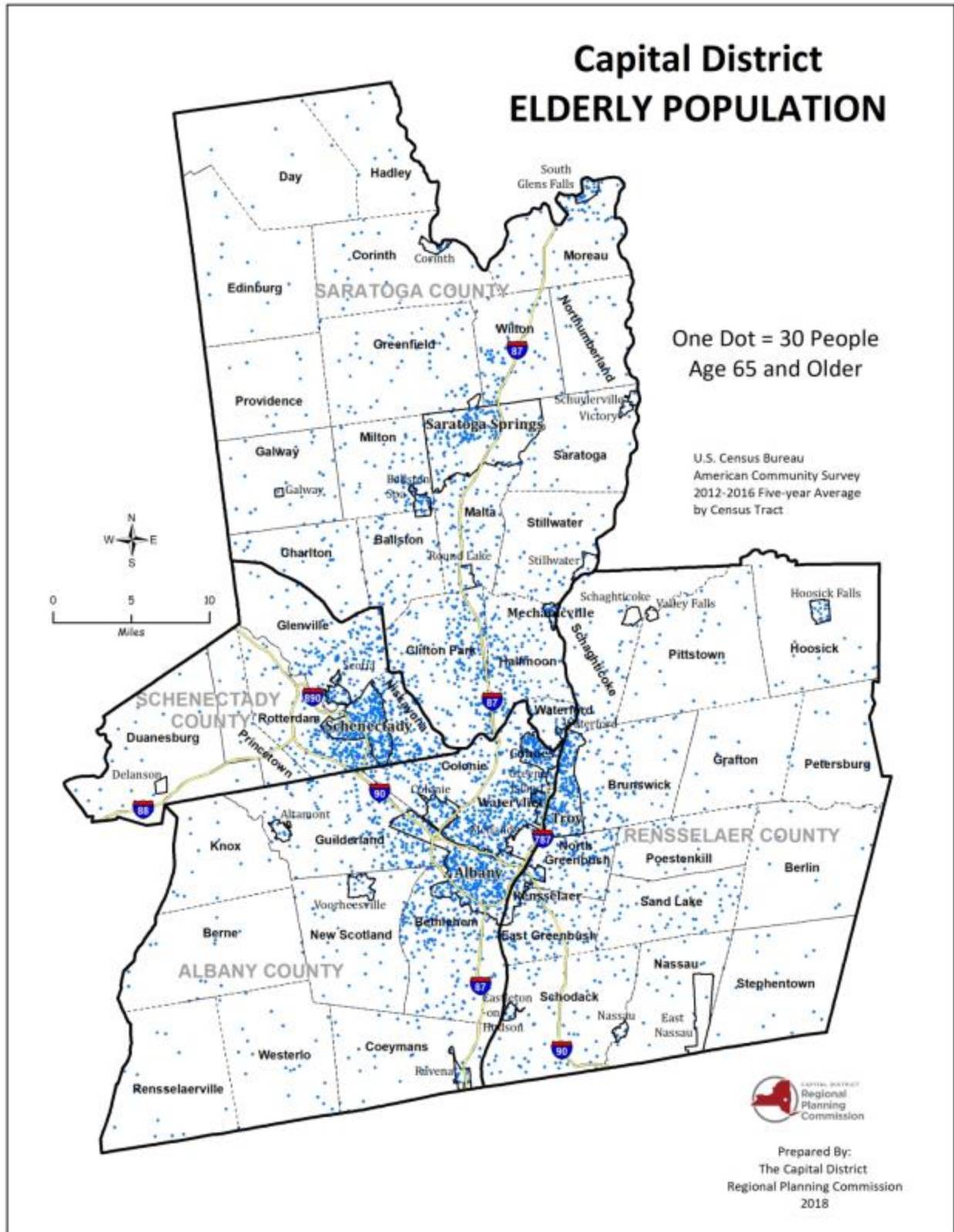
Map 3.2

Charts 3.6- 3.9: Population by Age Group 2012-2016 in the Four Counties and Their Largest Cities
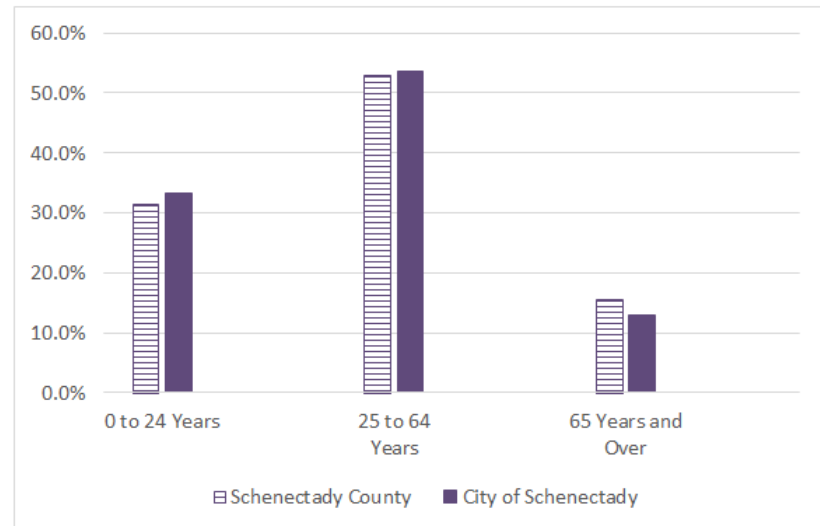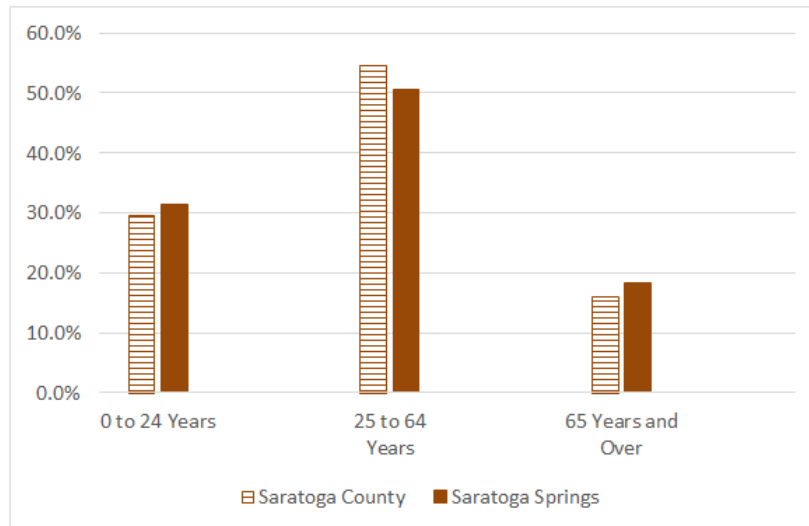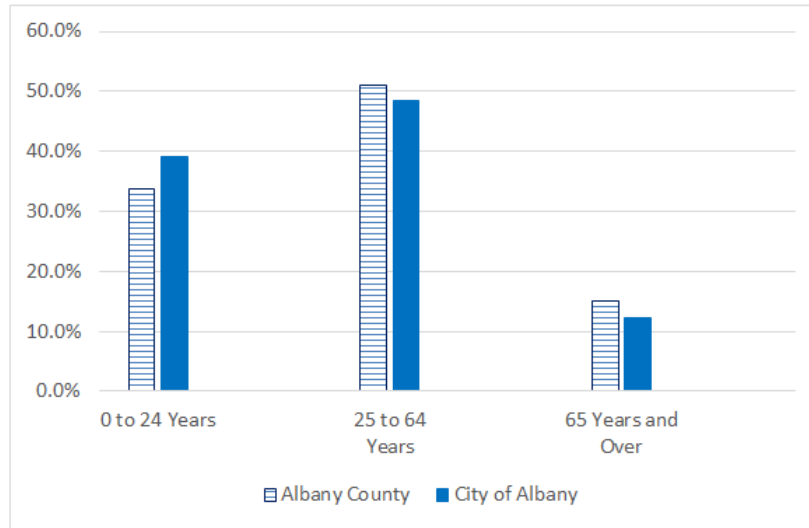
Map 3.3 shows the percentage of residents aged 65 Years and Older compared with the total number of residents by Census Tract. It should be noted that in some rural towns, the entire town is one tract.

Map 3.3

Number of Residents Aged 65 Years and Over (2012-2016 ACS)
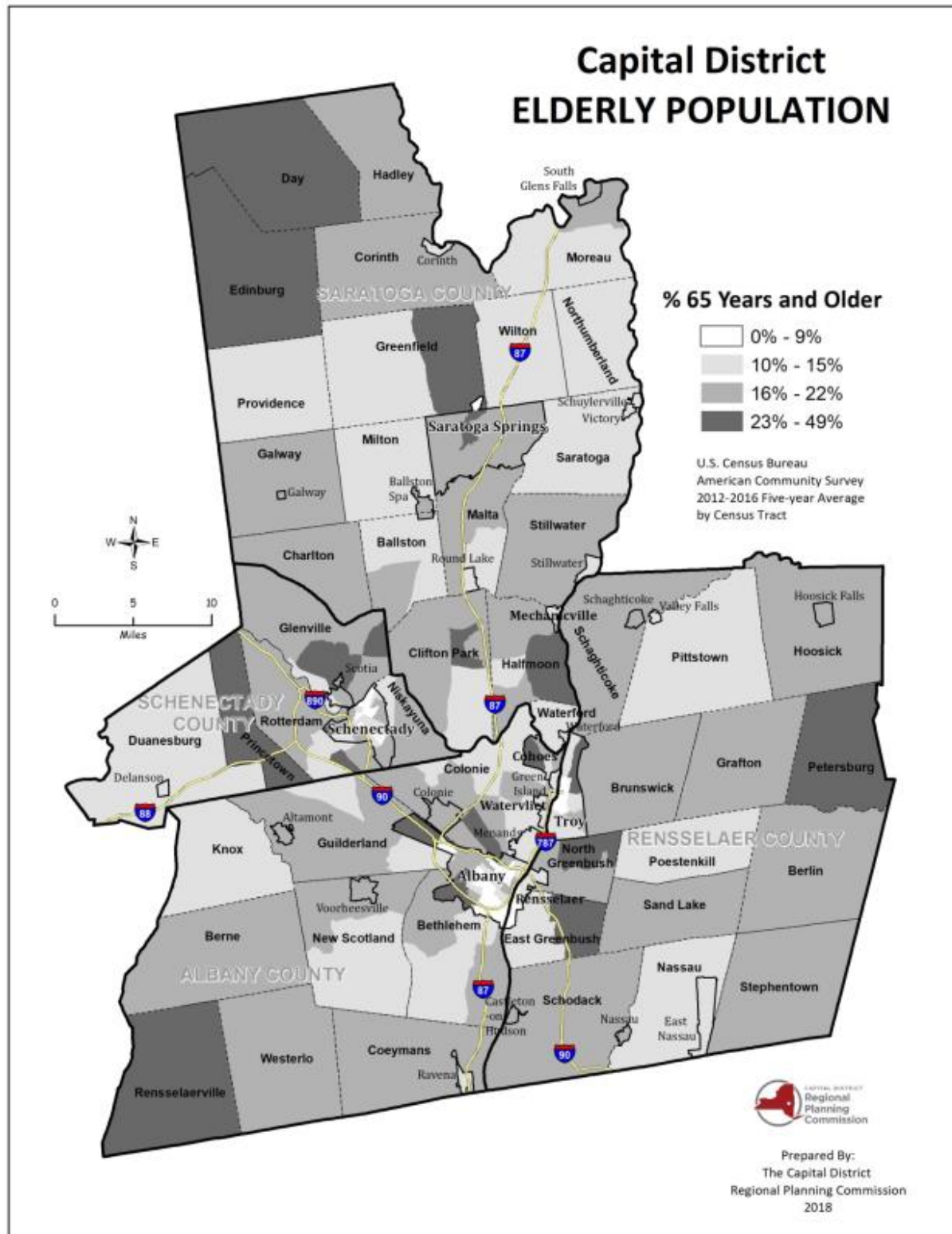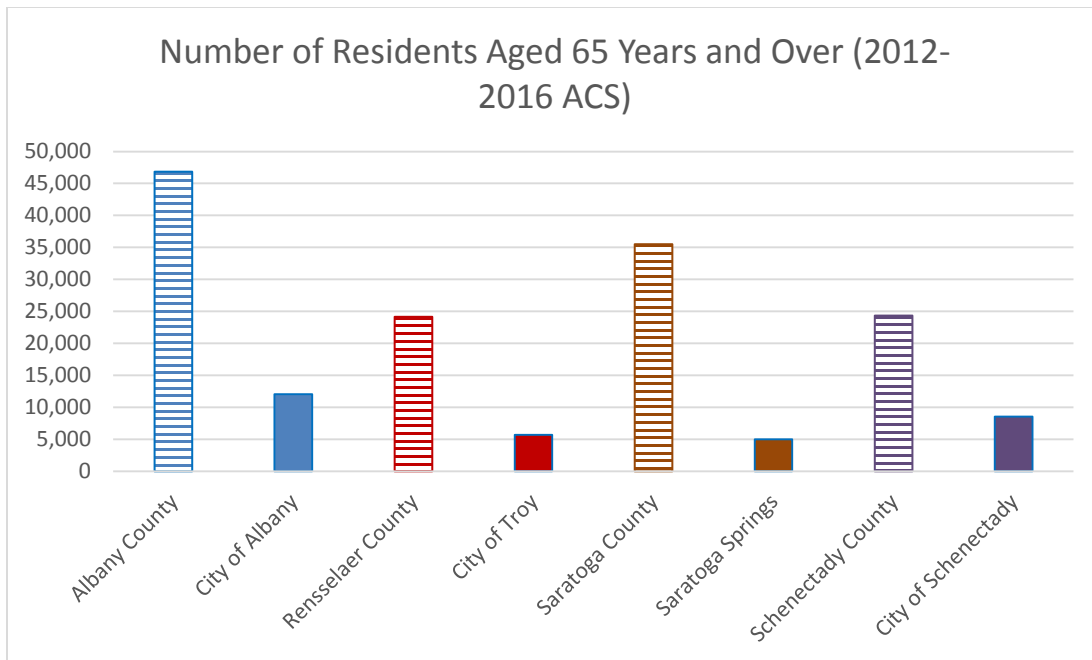
Chart 3.10   Source: *2012-2016 American Community Survey, US Census*

Chart 3.10 shows the relative distribution of residents 65 years and over in the region's largest cities compared to the counties. Table 3.4 shows each of the largest cities' share of their respective County populations and their share of their County's population over 65 years. About 6-7% fewer residents 65 and older than total residents live in the Cities of Albany, Schenectady, and Troy. The City of Saratoga Springs is home to about 2% more of the County's residents 65+ than it is to the County's overall population.

Location	Total Population		Population 65+	
Albany County	309,080		46,841	
City of Albany	98,268	31.8%	12,085	25.8%
Rensselaer County	159,736		24,159	
City of Troy	49,702	31.1%	5,702	23.6%
Saratoga County	227,560		35,506	
Saratoga Springs	27,763	12.2%	5,002	14.1%
Schenectady County	154,972		24,349	
City of Schenectady	64,913	41.9%	8,553	35.1%

Table 3.4   Source: *2012-2016 American Community Survey, US Census*

3.1.3 People with Disabilities

The 2008 Amendment Act to the Americans with Disabilities Act of 1990 (ADA), defined a disability as an individual's physical or mental impairment that substantially limits one or more major life activities of that individual. On average, over 11% of Capital District residents report a disability. Chart 3.11 shows the 5 year American Community Survey (ACS) number of residents reporting a disability by county.

Number of Residents Reporting a Disability

- 33,528 Albany County
- 21,158 Rensselaer County
- 24,268 Saratoga County
- 19,073 Schenectady County
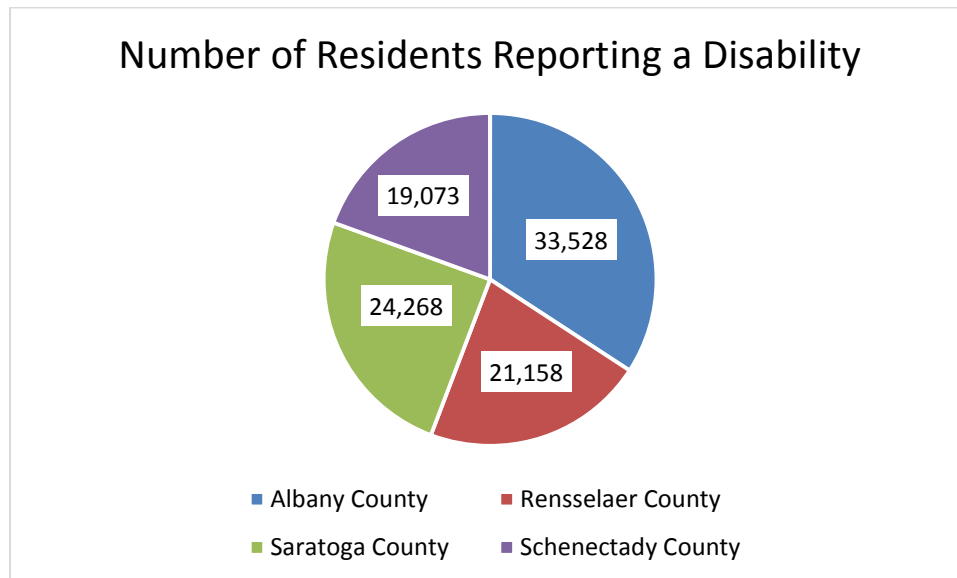
Chart 3.11   *Source: 2012-2016 American Community Survey 5-Year Estimates*

It should be noted that the ACS questions about disability were re-worded in 2008. While the percent of people reporting a disability is lower than reported in the 2007 Coordinated Plan, which was based on the 2000 Census, the data should not be directly compared due to this re-wording. However, the estimates from the 2008 ACS survey with that of 2012 and 2016 can be compared, as shown in Table 3.4, indicating that the percent of individuals reporting a disability has remained fairly stable over the 9 year period (2008 – 2016), hovering around 11%, with some fluctuations among the counties.

Residents Reporting a Disability

Location	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital District
2008					
Total Population (est)	*293,372*	*152,230*	*215,203*	*148,738*	*809,543*
Number of Persons reporting a disability	31,690	19,886	20,345	18,850	90,771
Percent of Persons reporting a disability	***10.8%***	***13.1%***	***9.5%***	***12.7%***	***11.2%***
2012					
Total Population (est)	*301,981*	*157,911*	*218,416*	*153,351*	*831,659*
Number of Persons reporting a disability	31,692	17,747	23,967	22,010	95,416
Percent of Persons reporting a disability	***10.5%***	***11.2%***	***11.0%***	***14.4%***	***11.5%***
2016					
Total Population (est)	*304,548*	*158,199*	*223,014*	*152,852*	*838,613*
Number of Persons reporting a disability	33,528	21,158	24,268	19,073	98,027
Percent of Persons reporting a disability	**11.0%**	**13.4%**	**10.9%**	**12.5%**	**11.7%**

Table 3.4   *Source: 2008, 2012, and 2016 American Community Survey 1-Year Estimates*

Map 3.4 illustrates the geographic distribution of residents with a disability within the Capital District.
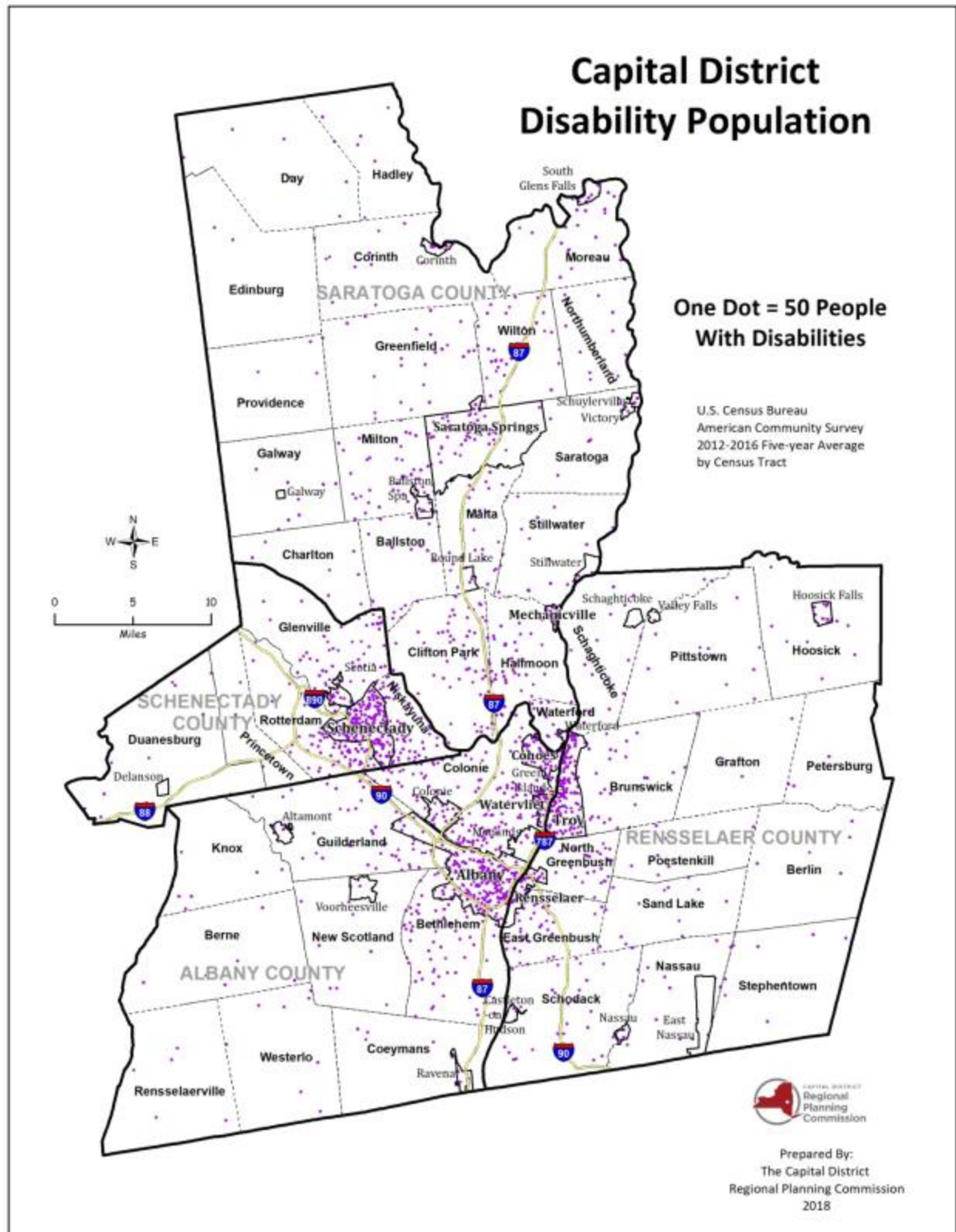
Map 3.4

Map 3.5 shows the percentage of residents with a disability compared with the total number of residents by Census Tract. It should be noted that in some rural towns, the entire town is one tract.


Map 3.5

Persons with a Disability by Disability Type, by County									
County	Albany		Rensselaer		Saratoga		Schenectady		Capital District	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Total Population	304,048		158,204		221,645		153,116		837,013	
Hearing Difficulty	8,145	2.7%	4,908	3.1%	8,492	3.8%	4,841	3.2%	26,386	3.2%
Vision Difficulty	4,840	1.6%	2,061	1.3%	4,301	1.9%	3,411	2.2%	14,613	1.7%
Cognitive Difficulty	13,475	4.4%	8,326	5.3%	8,669	3.9%	8,717	5.7%	39,187	4.7%
Ambulatory Difficulty	16,576	5.5%	10,410	6.6%	12,147	5.5%	10,046	6.6%	49,179	5.9%
Self-care Difficulty	5,725	1.9%	3,428	2.2%	4,540	2.0%	4,314	2.8%	18,007	2.2%
Independent Living Difficulty	12,731	4.2%	6,948	4.4%	8,385	3.8%	8,303	5.4%	36,367	4.3%

Table 3.5   *Source: 2008-2012 American Community Survey 5-Year Estimates, S1810*

Data on type of disability by County is shown in Table 3.5 above. Disability data is self-reported and respondents can select multiple categories. Disabilities related to ambulatory, cognitive or independent living difficulties represent the highest percentages within each county and region-wide.

According to the [American Community Survey Report, Older Americans With a Disability: 2008-2012](#), issued in December 2014, "In 2008–2012, there were 40.7 million people aged 65 and over in the United States, representing 13.2 percent of the total population. Among this older population, about 15.7 million, or 38.7 percent, reported having one or more disabilities." The ACS report states that the older population with a disability was disproportionately concentrated among the oldest old—those aged 85 and older. This age group represented 13.6 percent of the total older population, but accounted for 25.4 percent of the older population with a disability.

In the Capital District, the population aged 65 or older makes up about 15% of the total population but accounts for over 40% of those identifying as having a disability. According to the 2012 – 2016 ACS, there were 125,289 people aged 65 and older in the region, of which 39,967 reported a disability, as shown in Table 3.6 below.

Of the six ACS disability types listed in Table 3.5 above, the ACS report on Older Americans with a Disability points out that "ambulatory difficulty was the most frequently reported (disability) by the older population in 2008–2012. About 10 million people, or two-thirds (66.5 percent), of the total older population with a disability reported having serious difficulty walking or climbing stairs."

As the older population continues to grow, the overall number of people with a disability is also likely to grow at a rapid rate. As stated in the ACS report cited above, it is becoming increasingly important "to identify those among the older population most at risk for disability in order to help older people with a disability and their families plan strategies to deal with daily activity difficulties."

**Capital District Residents Poverty Status for those
With and Without a Reported Disability**
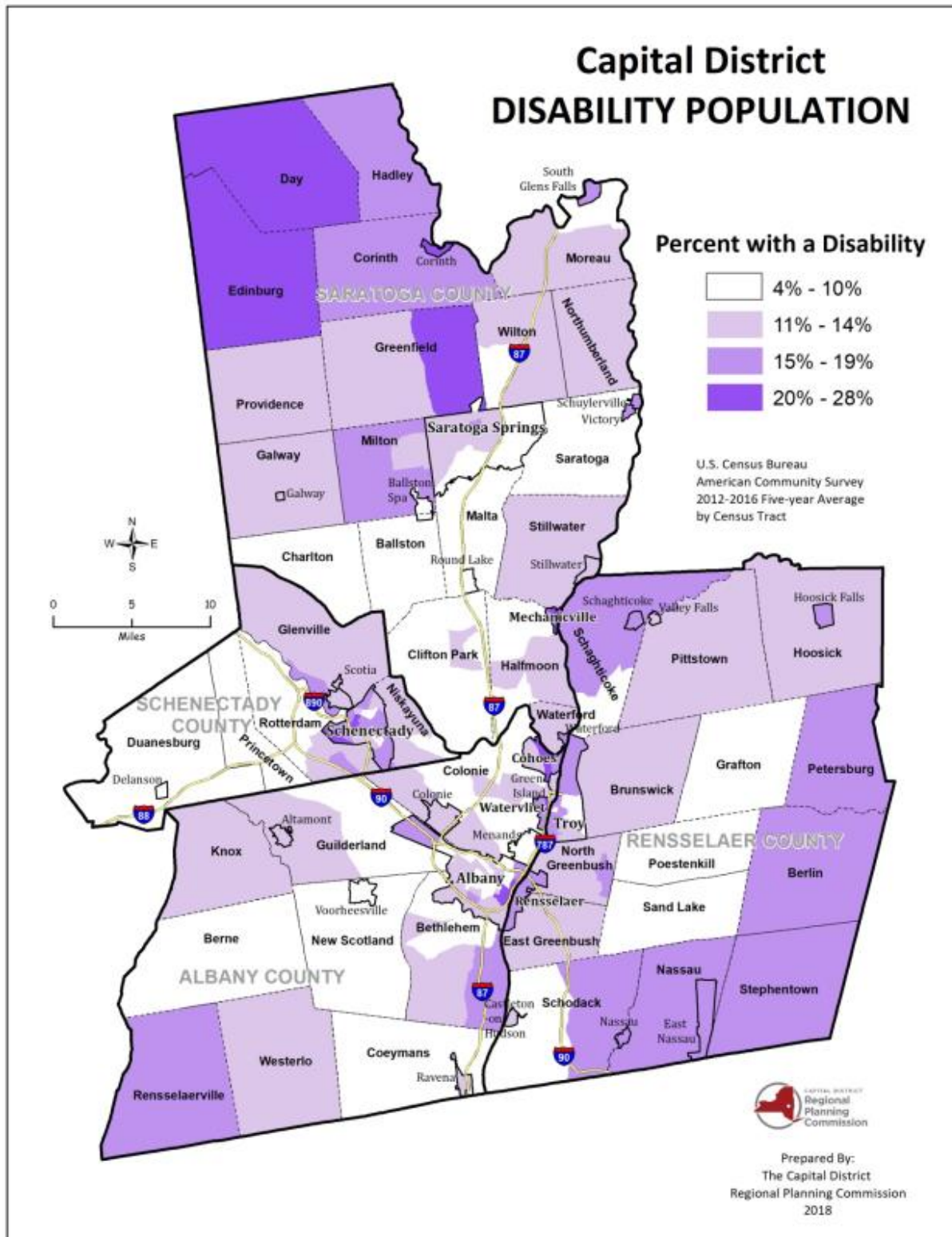
Residents With a Disability

18.3%

81.7%

Below Poverty

Above Poverty
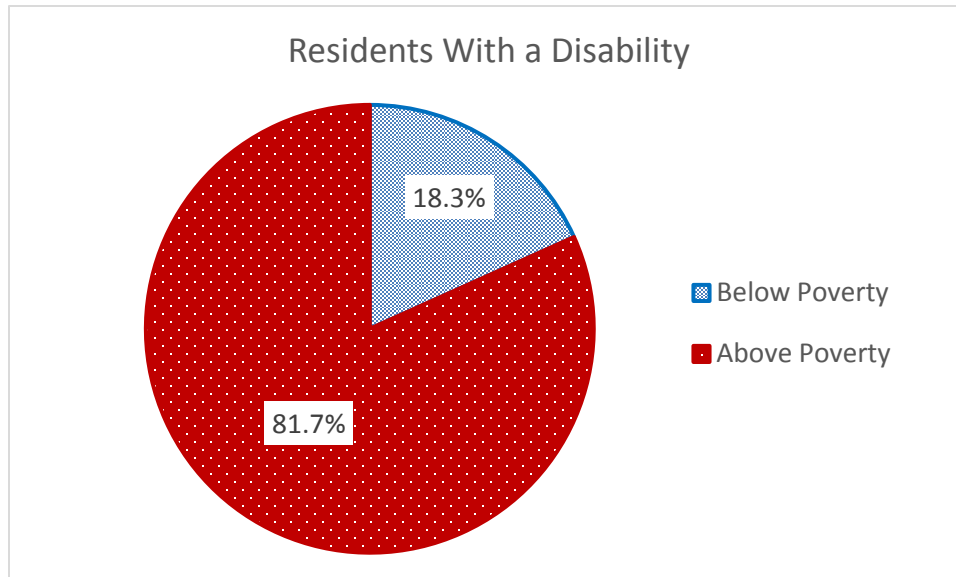
Chart 3.12   Source: 2012-2016 American Community Survey 5-Year Estimates

Residents Without a Disability

9.9%

90.1%

below poverty

above poverty
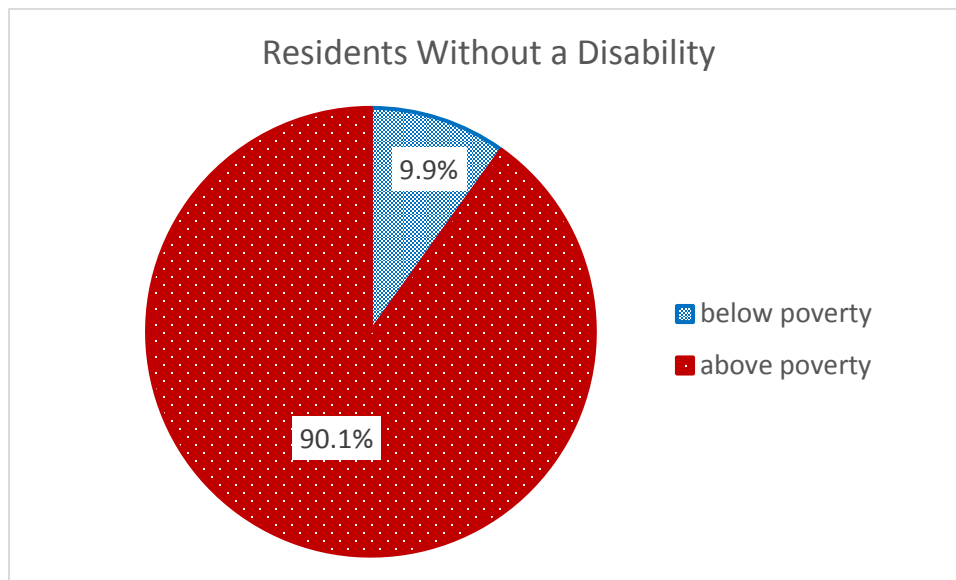
Chart 3.13   Source: 2012-2016 American Community Survey 5-Year Estimates

As the 2012 - 2016 American Community Survey 5 year estimates results show, the poverty rate for people with a disability is almost twice the rate for people without a disability as illustrated in the two pie charts above, Charts 3.12 and 3.13.

Table 3.6 shows the number of people with a disability by age and poverty status.

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital District
Total:	291,831	154,048	219,059	150,787	815,725
Under 18 years:	**57,158**	**31,969**	**47,146**	**33,523**	**169,796**
With a disability:	2,443	1,641	1,783	1,335	7,202
Income in the past 12-months below poverty level	582	620	262	450	1,914
Income in the past 12-months at or above poverty level	1,861	1,021	1,521	885	5,288
No disability:	54,715	30,328	45,363	32,188	162,594
Income in the past 12-months below poverty level	8,448	5,532	3,216	6,112	23,308
Income in the past 12-months at or above poverty level	46,267	24,796	42,147	26,076	139,286
18 to 64 years:	**190,194**	**99,028**	**137,359**	**94,059**	**520,640**
With a disability:	17,049	10,916	12,464	11,027	51,456
Income in the past 12-months below poverty level	4,218	2,826	2,549	2,707	12,300
Income in the past 12-months at or above poverty level	12,831	8,090	9,915	8,320	39,156
No disability:	173,145	88,112	124,895	83,032	469,184
Income in the past 12-months below poverty level	21,195	8,863	6,275	7,290	43,623
Income in the past 12-months at or above poverty level	151,950	79,249	118,620	75,742	425,561
65 years and over:	**44,479**	**23,051**	**34,554**	**23,205**	**125,289**
With a disability:	13,362	7,754	10,640	8,211	39,967
Income in the past 12-months below poverty level	1,589	518	850	860	3,817
Income in the past 12-months at or above poverty level	11,773	7,236	9,790	7,351	36,150
No disability:	31,117	15,297	23,914	14,994	85,322
Income in the past 12-months below poverty level	1,717	705	1,027	636	4,085
Income in the past 12-months at or above poverty level	29,400	14,592	22,887	14,358	81,237

Table 3.6   *Source: 2012-2016 American Community Survey 5-Year Estimates*

Poverty Status by Age Group WITH a disability

	under 18	18 to 64	65 +
At/Above Poverty	73.4%	76.1%	90.4%
Below Poverty	26.6%	23.9%	9.6%

Poverty Status by Age Group WITHOUT a disability

	under 18	18 to 64	65 +
At/Above Poverty	85.7%	90.7%	95.2%
Below Poverty	14.3%	9.3%	4.8%
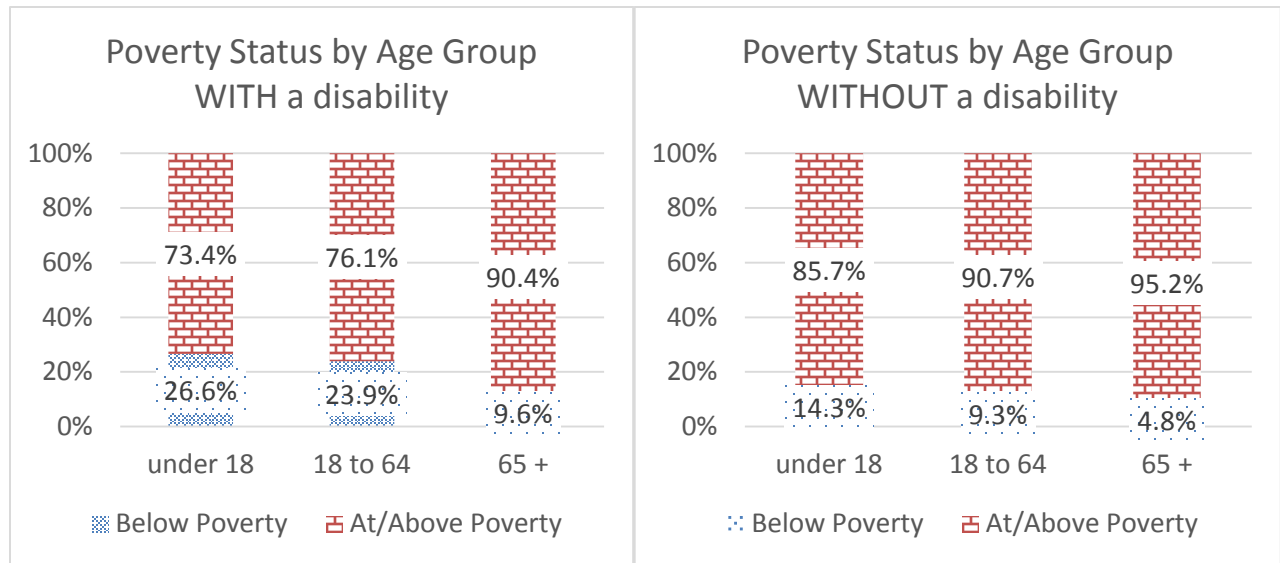
Charts 3.14 and 3.15   Source: 2012-2016 ACS

As Table 3.6 and charts 3.14 and 3.15 above indicate, persons with a disability across all age groups have higher rates of poverty than their non-disabled counterparts. Within the group of residents with a disability, those younger than 65 have higher rates of poverty, with children under age 18 with a disability having the highest rate, over 25%. Regardless of disability status, the age group with the highest percentage of the population below the poverty line are children under age 18.

3.1.4 Veterans

Table 3.7 and Chart 3.16 show the number of veterans living in each county. Veterans are more often older – only 8% of people ages 18-34 are veterans, whereas over 26% of people over 75 years old are veterans.

Age		Albany	Rensselaer	Saratoga	Schenectady	Capital District
18+	Total	249,088	127,404	175,579	120,755	672,826
	Veterans	15,928	9,892	16,213	8,874	50,907
	% Veterans	6.4%	7.8%	9.2%	7.3%	7.6%
18 - 34	Total	34.2%	30.4%	25.0%	28.3%	30.0%
	Veterans	7.3%	7.1%	10.2%	6.0%	8.0%
35 - 54	Total	30.7%	33.0%	36.9%	34.3%	33.4%
	Veterans	20.1%	22.9%	25.1%	22.8%	22.7%
55 - 64	Total	16.3%	17.7%	17.9%	17.3%	17.1%
	Veterans	18.5%	18.9%	16.7%	16.9%	17.7%
65 - 74	Total	10.2%	10.9%	12.1%	10.6%	10.9%
	Veterans	25.2%	26.5%	25.8%	22.2%	25.1%
75+	Total	8.6%	8.1%	8.2%	9.6%	8.6%
	Veterans	28.8%	24.7%	22.1%	32.0%	26.5%

Table 3.7   *Source: 2012-2016 American Community Survey 5-Year Estimates*

Overall, veterans have a lower poverty rate than the general population and a higher disability rate than the general population, as shown in Chart 3.16. For example, in Schenectady County, about 10% of the population has an income below the poverty level, but only 5% of veterans have an income below the poverty level. However, just over 16% of the overall population in Schenectady County has a disability, whereas about 28% of veterans have a disability.
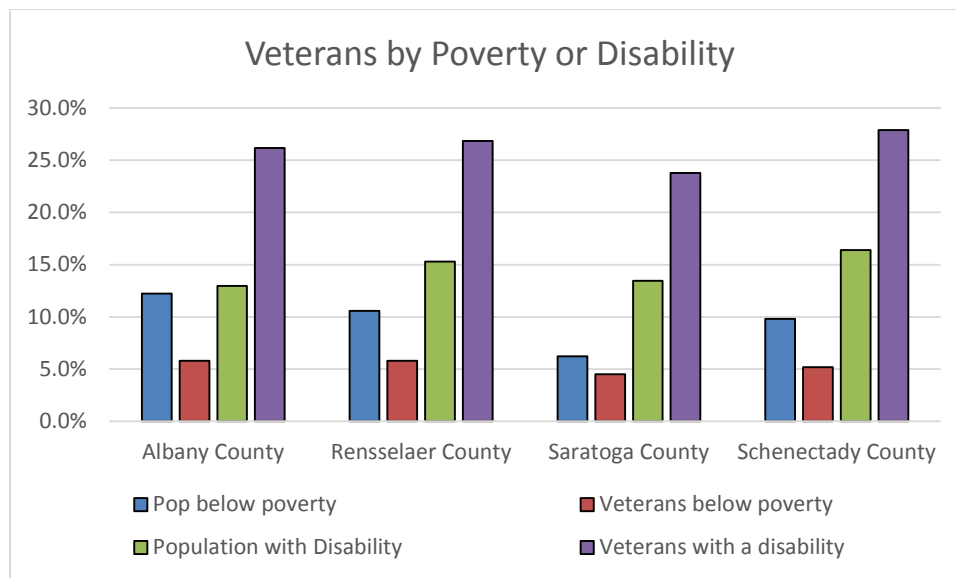
Chart 3.16   *Source: 2012-2016 American Community Survey 5-Year Estimates*

3.1.5 Low-Income Individuals

According to the American Community Survey's 5 year estimates for poverty, approximately 11% of the region's population has an income below the poverty level. Consistent with past trends, recent data show that Saratoga County has the lowest poverty rate at 6.4%, and the other counties' rates are about 12-13%. Chart 3.17 shows the age distribution of people with incomes below the poverty level. Between 15% and 20% of children and between 10% and 13% of adults age 18-64 in Albany, Rensselaer, and Schenectady Counties have incomes below the poverty level.

Poverty Rate By Age
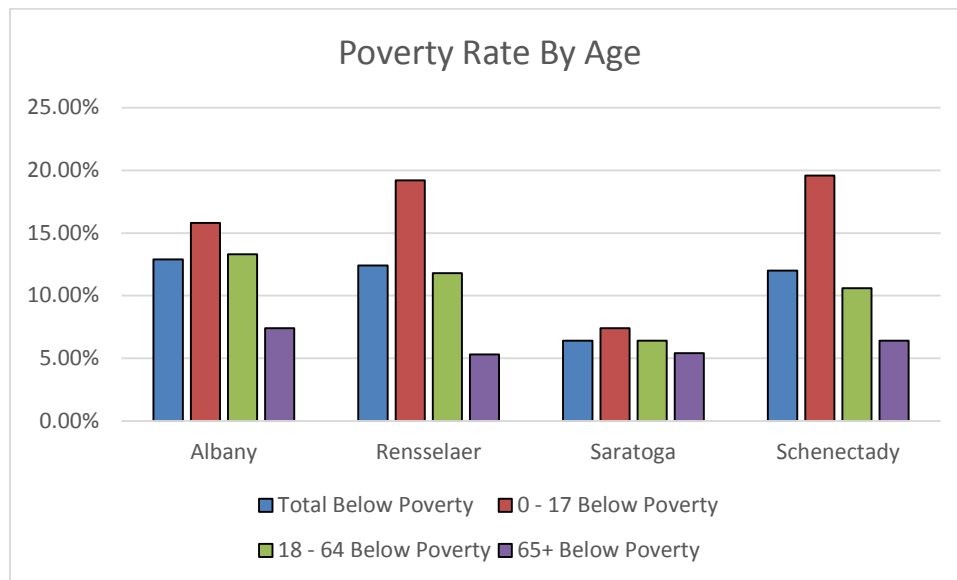
Chart 3.17   *Source: 2012-2016 American Community Survey 5-Year Estimates*

The geographic distribution of people whose income is below the poverty threshold is displayed in Map 3.6. It shows that the highest concentrations are in and adjacent to Albany, Schenectady, and Troy, with very low rates moving away from the cities until the more rural parts of the region are reached, where the percentage of low-income individuals starts to rise again. The second map on the following page, Map 3.7, shows the concentration of low income seniors over age 65. This group has higher numbers in some of the areas that have relatively low overall concentrations of low-income individuals.
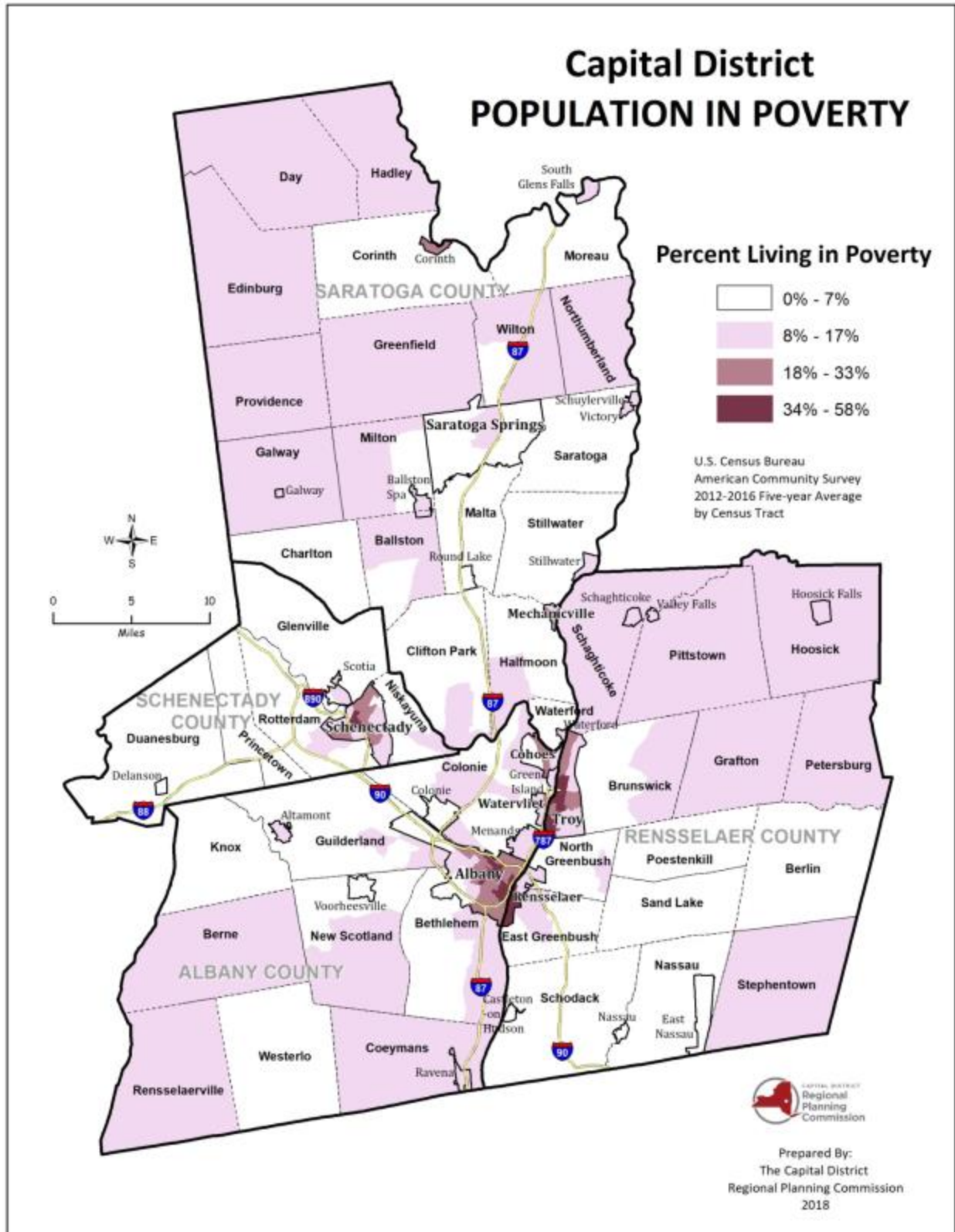
Map 3.6
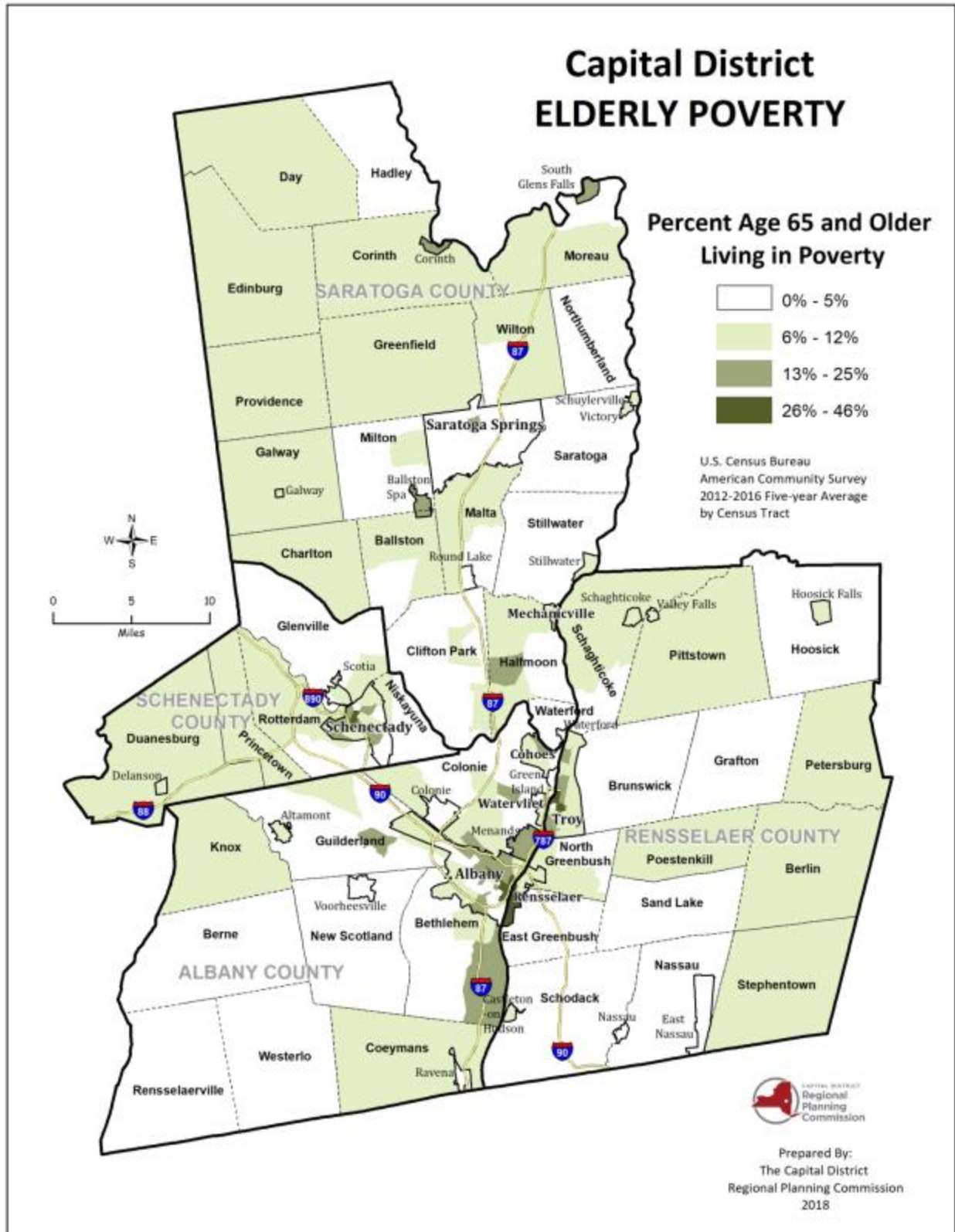
Map 3.7

Charts 3.18 and 3.19 below show information on the average monthly number of cases and recipients of Temporary Assistance, which is the sum of Family Assistance and Safety Net Assistance cases receiving ongoing assistance. This data was available from the New York State Office of Temporary and Disability Assistance through data.ny.gov on a monthly basis. Charts 3.18 and 3.19 show the average of all months in each year. Both the overall number of cases and recipients of this assistance in the Capital District gradually increased from 2008 to 2014, when they began to decrease. However, as shown below, the numbers within each county can fluctuate from year to year.
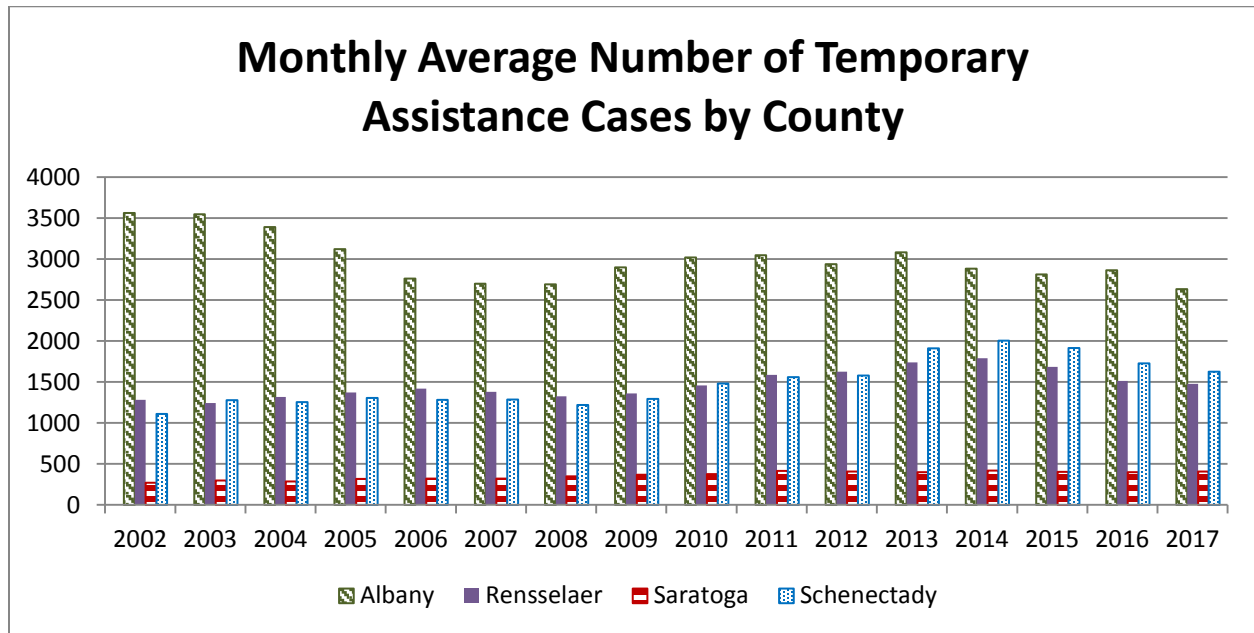
Chart 3.18 *Source: NYS OTDA*
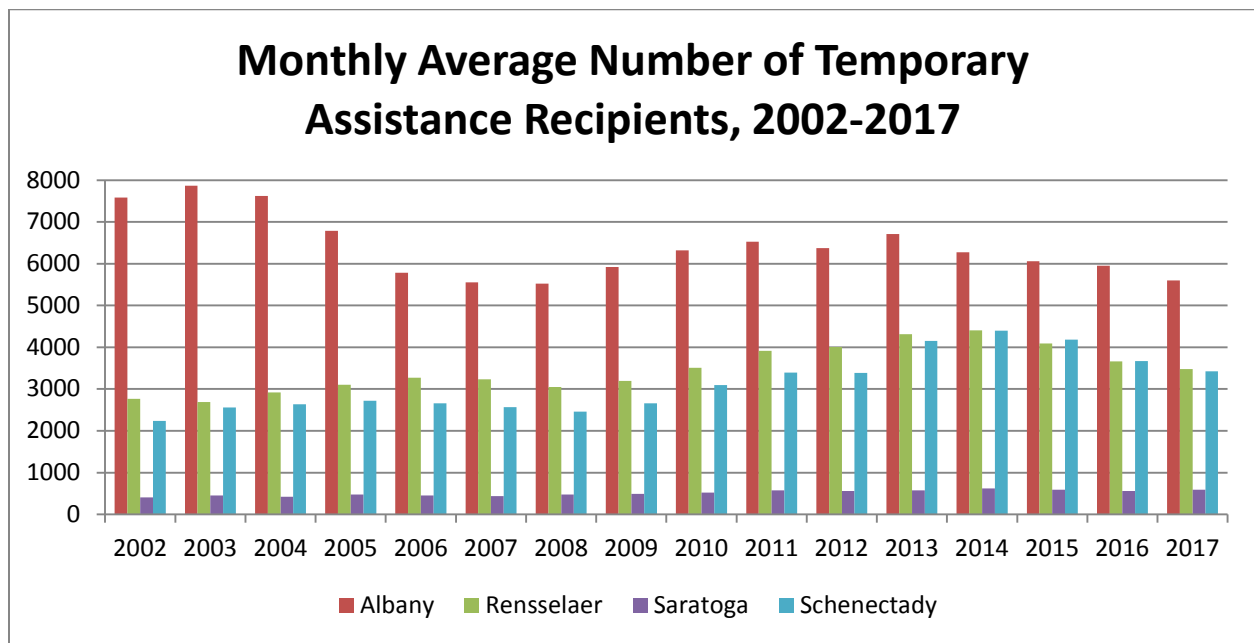
Chart 3.19 *Source: NYS OTDA*

Chart 3.20 shows expenditures by county in the region between 2002 and 2017. Albany County expenditures show a noticeable dip around 2005 to 2008. Rensselaer and Schenectady Counties each increased until about 2014, when they both began to decrease. Saratoga County expenditures are the smallest in the region and have slowly increased overall.
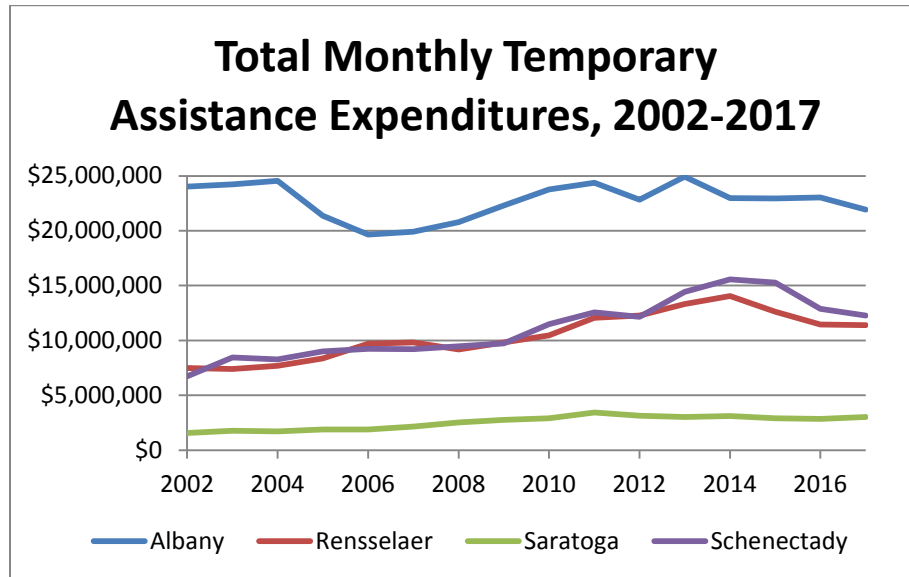
Chart 3.20 *Source: NYS OTDA*

As shown in Table 3.8 below, the total expenditures for Temporary Assistance in 2017 in the four county region was almost $50M, an increase of 22% since 2002 and a decrease of almost 13% since 2014. On average, in 2017 this amounted to $309 per recipient per month.

Temporary Assistance Cases, Recipients, and Expenditures 2002 - 2017						
Year		Albany	Rensselaer	Saratoga	Schenectady	Capital District
2002	Average Annual Cases	3561	1281	270	1111	6222
	Average Annual Recipients	7587	2769	410	2235	13000
	Total Expenditures	$24,026,587	$7,481,401	$1,564,782	$6,724,621	$39,797,391
2003	Average Annual Cases	3548	1244	298	1279	6369
	Average Annual Recipients	7872	2688	454	2555	13569
	Total Expenditures	$24,243,522	$7,397,165	$1,779,932	$8,446,303	$41,866,922
2004	Average Annual Cases	3392	1318	287	1254	6250
	Average Annual Recipients	7626	2916	419	2634	13596
	Total Expenditures	$24,561,785	$7,692,888	$1,716,777	$8,282,455	$42,253,905
2005	Average Annual Cases	3120	1370	319	1306	6115
	Average Annual Recipients	6792	3105	473	2718	13088
	Total Expenditures	$21,380,970	$8,363,055	$1,889,099	$8,996,682	$40,629,806
2006	Average Annual Cases	2762	1419	321	1283	5784

Temporary Assistance Cases, Recipients, and Expenditures 2002 - 2017					
Year		Albany	Rensselaer	Saratoga	Schenectady	Capital District
	Average Annual Recipients	5781	3271	450	2657	12158
	Total Expenditures	$19,642,389	$9,710,648	$1,892,632	$9,243,010	$40,488,679
2007	Average Annual Cases	2699	1381	323	1284	5687
	Average Annual Recipients	5556	3233	435	2568	11791
	Total Expenditures	$19,927,658	$9,825,522	$2,144,092	$9,211,852	$41,109,124
2008	Average Annual Cases	2690	1325	349	1219	5583
	Average Annual Recipients	5527	3051	473	2460	11511
	Total Expenditures	$20,790,443	$9,168,745	$2,538,165	$9,463,773	$41,961,126
2009	Average Annual Cases	2897	1359	371	1296	5923
	Average Annual Recipients	5924	3194	491	2662	12271
	Total Expenditures	$22,315,939	$9,826,013	$2,751,988	$9,725,957	$44,619,897
2010	Average Annual Cases	3021	1458	376	1483	6338
	Average Annual Recipients	6319	3508	521	3092	13440
	Total Expenditures	$23,781,689	$10,463,475	$2,907,259	$11,470,987	$48,623,410
2011	Average Annual Cases	3048	1586	417	1560	6611
	Average Annual Recipients	6525	3916	578	3392	14410
	Total Expenditures	$24,373,052	$12,079,273	$3,428,499	$12,569,377	$52,450,201
2012	Average Annual Cases	2938	1626	406	1578	6548
	Average Annual Recipients	6373	4010	558	3389	14330
	Total Expenditures	$22,828,861	$12,260,591	$3,128,522	$12,143,770	$50,361,744
2013	Average Annual Cases	3083	1739	400	1910	7131
	Average Annual Recipients	6710	4314	573	4156	15754
	Total Expenditures	$24,922,553	$13,327,147	$3,011,513	$14,439,836	$55,701,049
2014	Average Annual Cases	2882	1790	421	2004	7097
	Average Annual Recipients	6274	4407	625	4395	15700
	Total Expenditures	$22,989,700	$14,051,806	$3,104,333	$15,565,117	$55,710,956
2015	Average Annual Cases	2812	1683	404	1915	6814
	Average Annual Recipients	6057	4092	590	4185	14924
	Total Expenditures	$22,957,951	$12,608,477	$2,898,869	$15,286,773	$53,752,070
2016	Average Annual Cases	2863	1513	399	1729	6504
	Average Annual Recipients	5957	3665	557	3673	13852
	Total Expenditures	$23,049,258	$11,463,368	$2,846,816	$12,871,659	$50,231,101
2017	Average Annual Cases	2635	1479	410	1626	6149
	Average Annual Recipients	5601	3478	591	3426	13097
	Total Expenditures	$21,919,553	$11,400,660	$3,010,484	$12,257,615	$48,588,312

Table 3.8 *Source: NYS OTDA*

3.1.6 Zero-Vehicle Households

Table 3.9 shows the number of vehicles per household in the four county region. Overall, there are approximately 32,400 households in the Capital Region that do not have a vehicle available. This represents 9.7% of the total number of households within the region.

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Households	124,108	63,553	90,896	55,027	333,584
0-Vehicle	15,995	6,195	3,851	6,363	32,404
% 0-Vehicle	**12.9%**	**9.7%**	**4.2%**	**11.6%**	**9.7%**
1-Vehicle	47,843	22,070	29,786	20,173	119,872
2-Vehicle	43,923	23,541	39,528	20,042	127,034
3-Vehicle	12,392	8,513	13,027	6,221	40,153
4+ Vehicles	3,955	3,234	4,704	2,228	14,121

Table 3.9   *Source: 2012-2016 American Community Survey 5 Year Estimates*
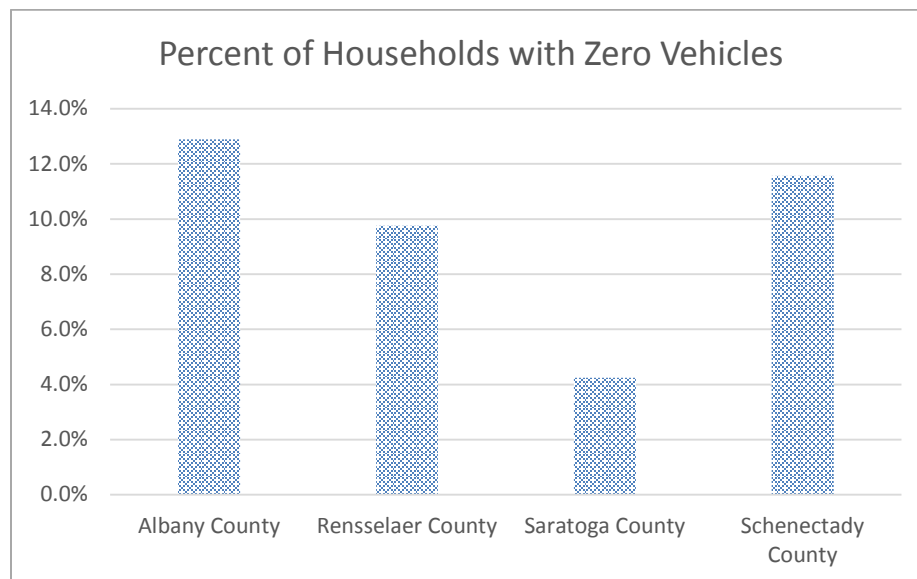
Chart 3.21   *Source: 2008-2012 American Community Survey 5 Year Estimates*

Albany County has the highest percentage at 13% and Saratoga County has the lowest percentage at 4%. 12% of Schenectady County households, and 10% of Rensselaer County households fall in the 0-vehicle household category.

Maps 3.8 and 3.9 show the geographic distribution of 0-vehicle households, with the highest concentrations in Albany, Schenectady, and Troy. However, in some rural and suburban areas in the region, between eight and seventeen percent of households do not have a vehicle.
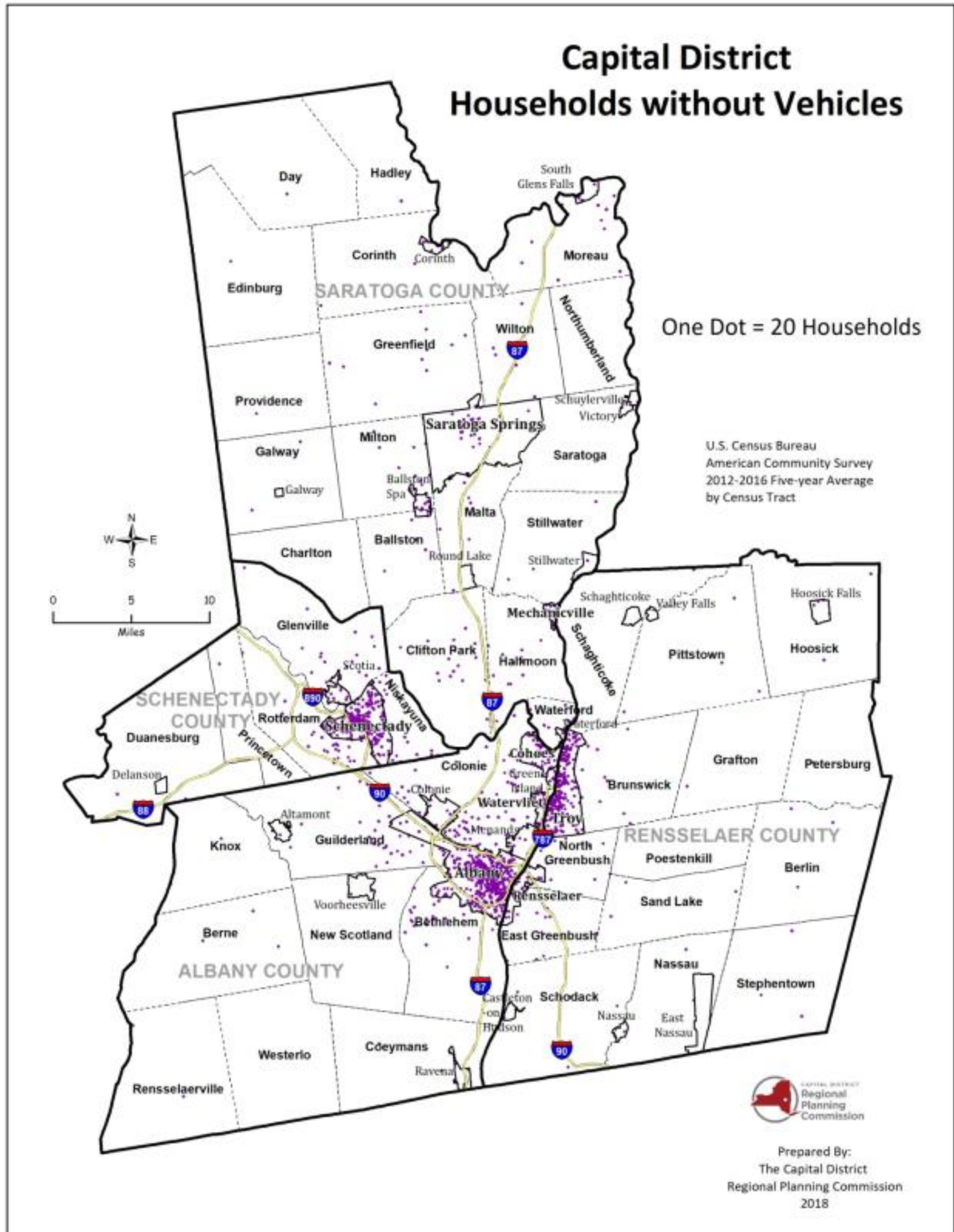
Map 3.8
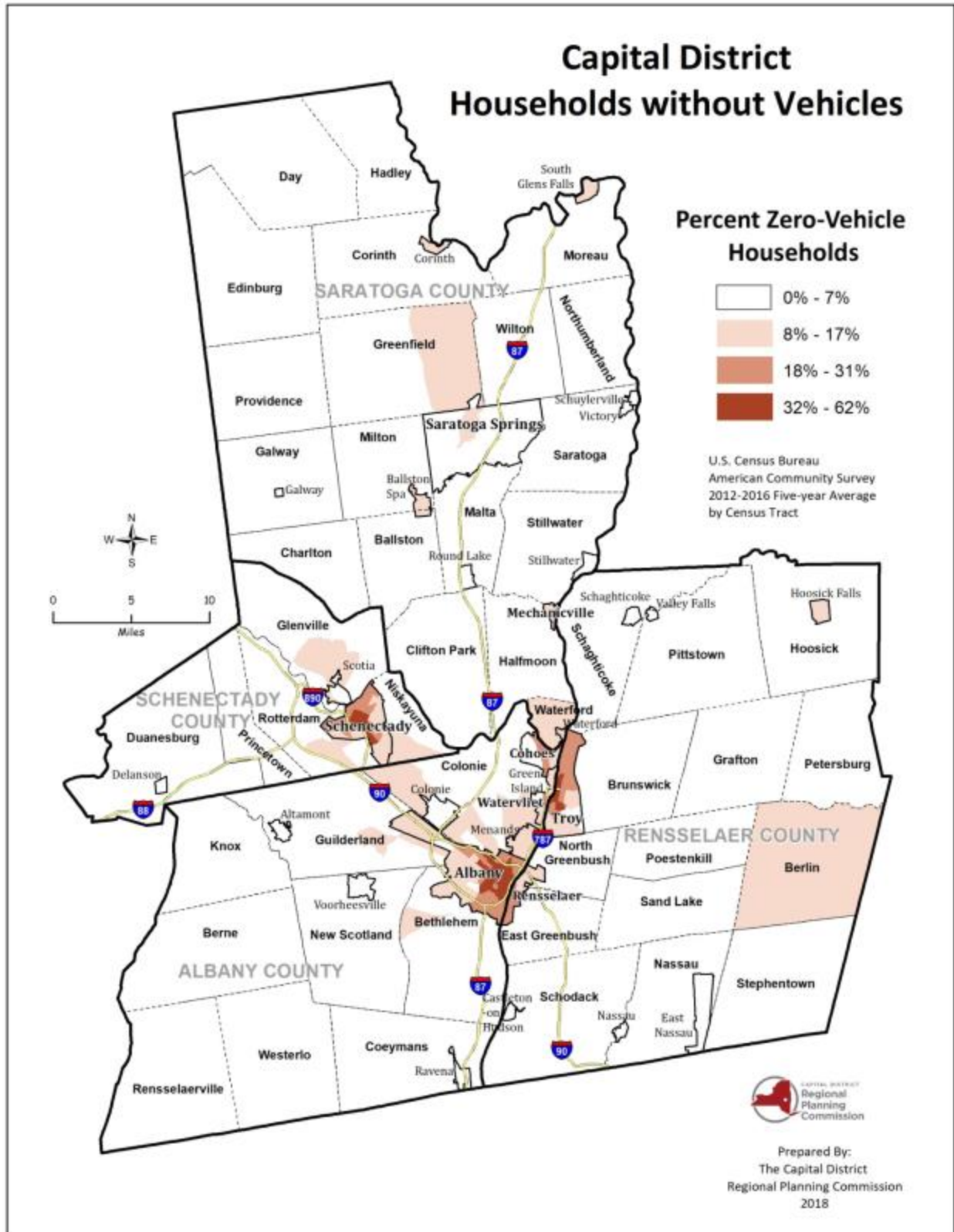
Map 3.9

3.1.7 Limited English Proficiency

English is the predominant language spoken by residents of the Capital Region. About 726,000 of the 803,000 people in the area speak only English. Albany County has the highest number of residents who speak another language. Over 25,000 speak a language other than English and speak English less than very well. Of those, almost 7,000 speak Spanish, almost 9,000 speak "other Indo-European" languages, and over 8,000 speak "Asian and Pacific Island" languages. Almost 12,000 people in Albany County speak English less than very well, almost 4,000 people in both Rensselaer and Saratoga Counties, and over 6,000 people in Schenectady County speak English less than very well. As shown in Table 3.10, two-thirds of people who speak a language other than English speak English "very well".

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Population 5+	292,420	151,360	213,200	145,693	802,673
Speak Only English	256,624	140,446	198,303	130,311	725,684
Speak Other Languages	35,796	10,914	14,897	15,382	76,989
Speak English "Very Well"	23,890	7,098	11,212	9,432	51,632
Speak English "Well"	7,029	2,678	2,179	3,740	15,626
Speak English "Not Well"	3,813	826	1,110	1,657	7,406
Speak English "Not at all"	1,064	312	396	553	2,325

Table 3.10   *Source: 2012-2016 American Community Survey, 5-Year estimates*

3.2 Important Destinations

There are many destinations where seniors and persons with disabilities may need to travel frequently. The following series of maps and tables illustrates some of these locations including adult care facilities, dialysis centers, nursing homes, hospitals, shopping centers and places of lower income employment.

Dialysis Centers			
Name	**Address**	**City**	**Stations**
FMS-Capital District Dialysis Center	650 McClellan Street	Schenectady	24
DCI-Rubin Dialysis Centers	1850 Peoples Ave	Troy	19
FMS-Albany Dialysis Center	64 Albany Shaker Road	Albany	24
DCI-Rubin Dialysis Centers	21 Crossings Blvd., Suite B	Clifton Park	18
DCI-Rubin Dialysis Centers	59C Myrtle Street	Saratoga Springs	20
FMS-Albany Regional Kidney Center	2 Clara Barton Drive	Albany	34
Dialysis Clinic Inc	176 Washington Ave Ext	Albany	18
FMS-Niskayuna Dialysis Center	2345 Nott Street East	Niskayuna	12
Fresenius Kidney Care - Saratoga Springs	373 Church Street	Saratoga Springs	17
Freedom Center of Westmere, LLC	178 Washington Ave Ext	Albany	17
Rotterdam - Schenectady Dialysis Center	1594 State St	Schenectady	17
DCI - East Greenbush	583 Columbia Turnpike	East Greenbush	17

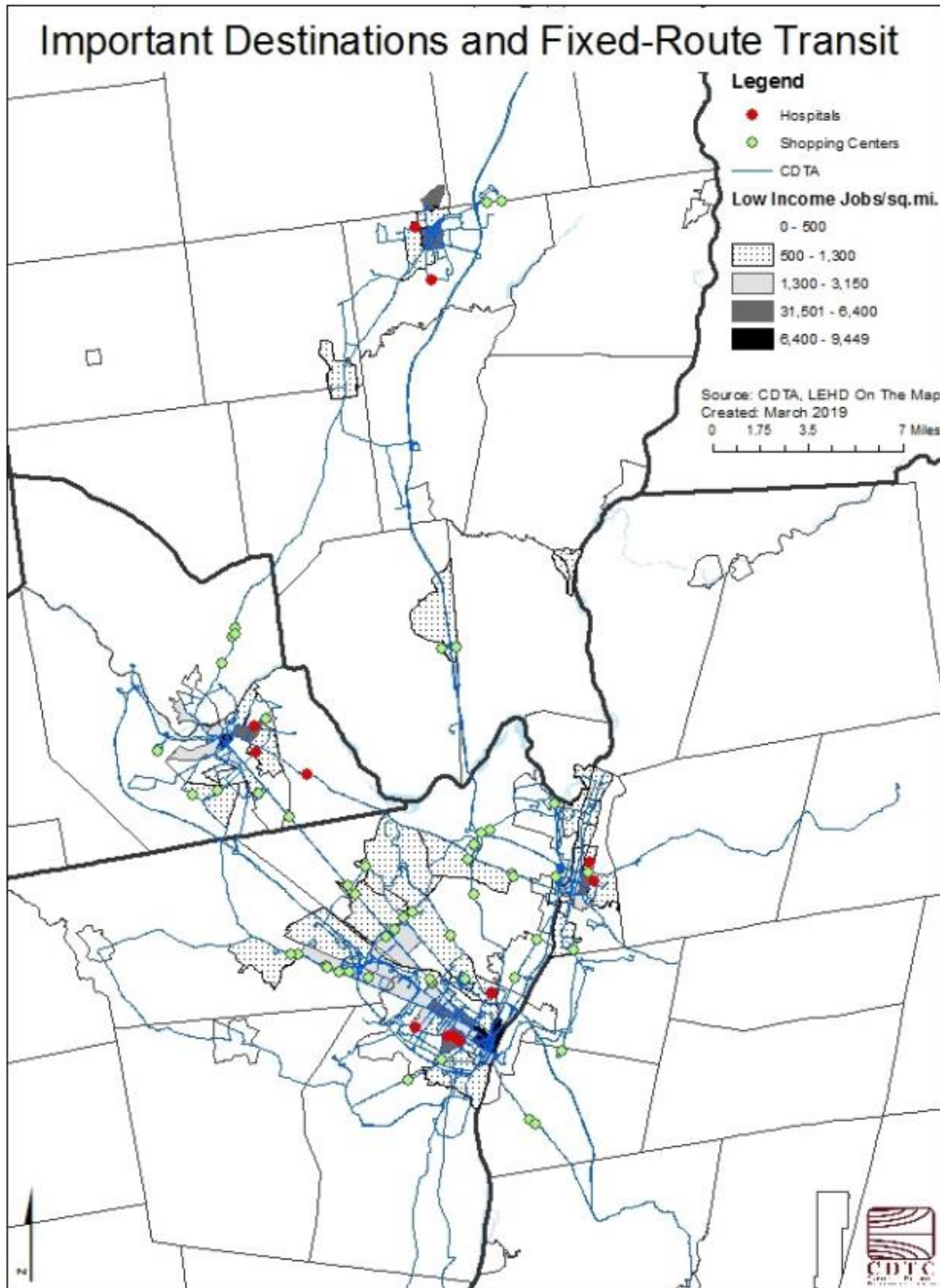Table 3.11   New York State Health Data, updated 6/28/2018

Adult Care Facilities			
Name	Address	City	Beds
Atria Crossgate	140 Washington Ave Ext	Albany	83
Atria Delmar Place	467 Delaware Ave	Delmar	106
Atria Guilderland	300 Mill Rose Court	Slingerlands	120
Atria Shaker	345 Northern Boulevard	Albany	146
Elderwood Village at Colonie	626 Watervliet-Shaker Rd	Latham	94
Kenwood Manor	141 Rockefeller Rd	Delmar	67
Loudonville Assisted Living Residence	298 Albany Shaker Rd	Loudonville	105
Marjorie Doyle Rockwell Center	421 West Columbia St	Cohoes	52
Massry Residence at Daughters of Sarah	182 Washington Ave Ext	Albany	70
Millview of Latham, LLC	514 Old Loudon Rd	Cohoes	55
Peregrine Senior Living at Colonie	5 South Family Dr	Colonie	68
Terrace at Beverwyck	41 Beverwyck Lane	Slingerlands	48
Westhaven Assisted Living Residence	5 Gipp Rd	Albany	16
Danforth Adult Care Center	19 Danforth St	Hoosick Falls	80
Fawn Ridge Senior Living	2902 Upper Tibbits Ave	Troy	155
Hawthorne Ridge, Inc.	30 Community Way	East Greenbush	66
The Pines at Heartwood	2405 Fifteenth St	Troy	86
The Terrace at The Eddy Memorial	2256 Burdett Ave	Troy	69
Troy Adult Home	132 Oakwood Ave	Troy	33
Ahana House	31 Sixth St	Waterford	17
Beacon Pointe Memory Care Community	1 Emma Lane	Clifton Park	52
Cook Adult Home	1 Prospect St	Mechanicville	13
Home of the Good Shepherd at Highpointe	26 Rock Rose Way	Malta	86
Home of the Good Shepherd	390 Church St	Saratoga Springs	42
Home of the Good Shepherd Moreau	186-200 Bluebird Rd	Moreau	72
Home of the Good Shepherd Saratoga	394-402 Church St	Saratoga Springs	105
Home of the Good Shepherd Wilton	60 Waller Rd	Wilton	54
Woodlawn Commons	156 Lawrence St	Saratoga Springs	42
Adirondack Manor HFA D.B.A Scotia Mansion	39 Wallace Street	Scotia	49
Brookdale East Niskayuna	2861 Troy-Schenectady Rd	Niskayuna	52
Brookdale Niskayuna	1786 Union St	Niskayuna	110
Heritage Home for Women	1519 Union St	Schenectady	36
Ingersoll Place	3359 Consaul Rd	Schenectady	78
Judson Meadows	39 Swaggertown Rd	Glenville	80
Kingsway Manor, LLC	357 Kings Rd	Schenectady	140
The Terrace at Glen Eddy	1 Ascot Lane	Niskayuna	53

Table 3.12   [New York State Health Data](#), updated 6/14/2018

Map 3.10 shows locations of the region's larger shopping centers and hospitals with 50 or more beds in relation to CDTA's fixed-route transit system and the density of lower-income employment in 2015 (i.e. jobs providing a monthly income of $1,250 or less). Map 3.11 depicts the locations of dialysis centers, nursing homes, and adult care facilities. The majority of these locations are served by fixed-route transit,

most notably those with very high density of low-income jobs. However, some areas with low-income jobs density of between 500 and 1,300 low-income jobs per square mile are not well-served by transit.

Important Destinations and Fixed-Route Transit

Legend

● Hospitals
○ Shopping Centers
— CDTA

Low Income Jobs/sq.mi.

0 - 500
500 - 1,300
1,300 - 3,150
31,501 - 6,400
6,400 - 9,449

Source: CDTA, LEHD On The Map
Created: March 2019
0   1.75   3.5   7 Miles
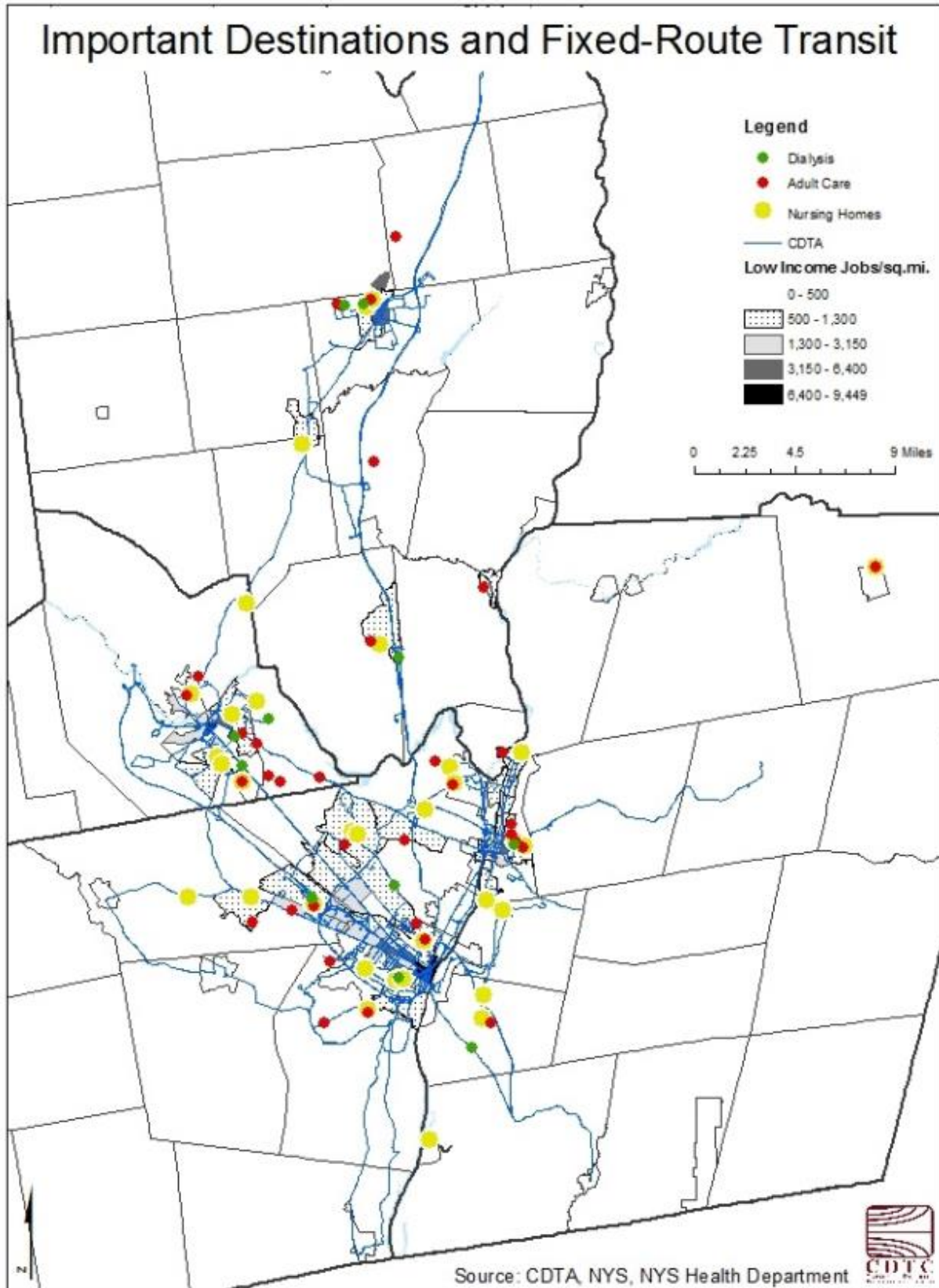
Map 3.10

Map 3.11

4. Inventory of Existing Public Transit and Specialized Transportation Services

The Capital District is served by a network of transit and social service transportation options that provide public and special transportation services in response to the growing needs of the region. CDTA provides fixed-route and Americans with Disabilities Act (ADA) paratransit services for most of the region's population, focused on the urbanized areas. Where transit and paratransit are either not available or sufficient, or unavailable due to geography or passenger disability, specialized transportation programs help fill the gap.

A description of available public transit and specialized transportation services within the Capital District is provided below. Information on the services offered by CDTA along with information gathered from the 2018 Human Service Agency Survey is included.

4.1 Public Transit

The Capital District Transportation Authority (CDTA) operates fixed route transit within the CDTC area, and a number of longer-distance commuter services offer connections into the area from neighboring counties. All of CDTA's vehicles are now accessible. In addition, CDTA provides door-to-door service for individuals unable to use the fixed routes.

4.1.1 Fixed-Route Transit Services

CDTA operates 46 transit routes throughout the Capital Region as shown on Maps 3.1 and 3.2, in addition to three weekly shopping routes, one bi-weekly shopping route, and a summer shuttle in Saratoga Springs. According to CDTA's 2013 Transit Development Plan Update report, over 70% of all bus trips are work related, with the remainder for medical, educational or recreational purposes. CDTA's fixed routes provide access to many employment centers, retail centers, hospitals, neighborhoods, housing developments and colleges throughout the region with services concentrated in the urban and inner-suburban areas.

CDTA developed a Route Classification system with established thresholds and acceptable ranges of ridership that should be achieved for each route category. The productivity measure looks at the number of riders per year and hour. A route may have high ridership, but due to over allocation of resources, still be unproductive. Productivity thresholds vary depending on the type of service.

Route Category	Annual Riders – at least	Productivity
Trunk/BusPlus	250,000	25 riders/hour
Neighborhood	100,000	16 riders/trip
Express	30,000	20 riders/hour
Commuter	16,000	12 riders/hour

Table 4.1 Source: CDTA's 2017-18 Route Performance Report

CDTA's system ridership reached 16.3 million boardings in CDTA's fiscal year 2017-2018, which ran from April 1 2017 through March 31 2018. Table 4.2 shows the recent annual ridership trends.

Total Fixed Route + STAR Ridership	
Fiscal Year Ending	Rides
2010	13.8 Million
2011	13.8 Million
2012	14.9 Million
2013	15.7 Million
2014	16.5 Million
2015	17.0 Million
2016	17.1 Million
2017	16.9 Million
2018	16.3 Million

Table 4.2   CDTA Performance Reporting, via Google Fusion Tables

CDTA's most recent Route Performance Report addresses the slight declines in total ridership over the two most recent fiscal years. Factors that may help to explain the declines are the introduction of the new "Navigator" fare payment system, more frequent severe weather events in late winter, and the introduction of Transportation Network Companies as a new transportation option in the region. The Navigator fare payment system is discussed further below.

CDTA Bus System Map
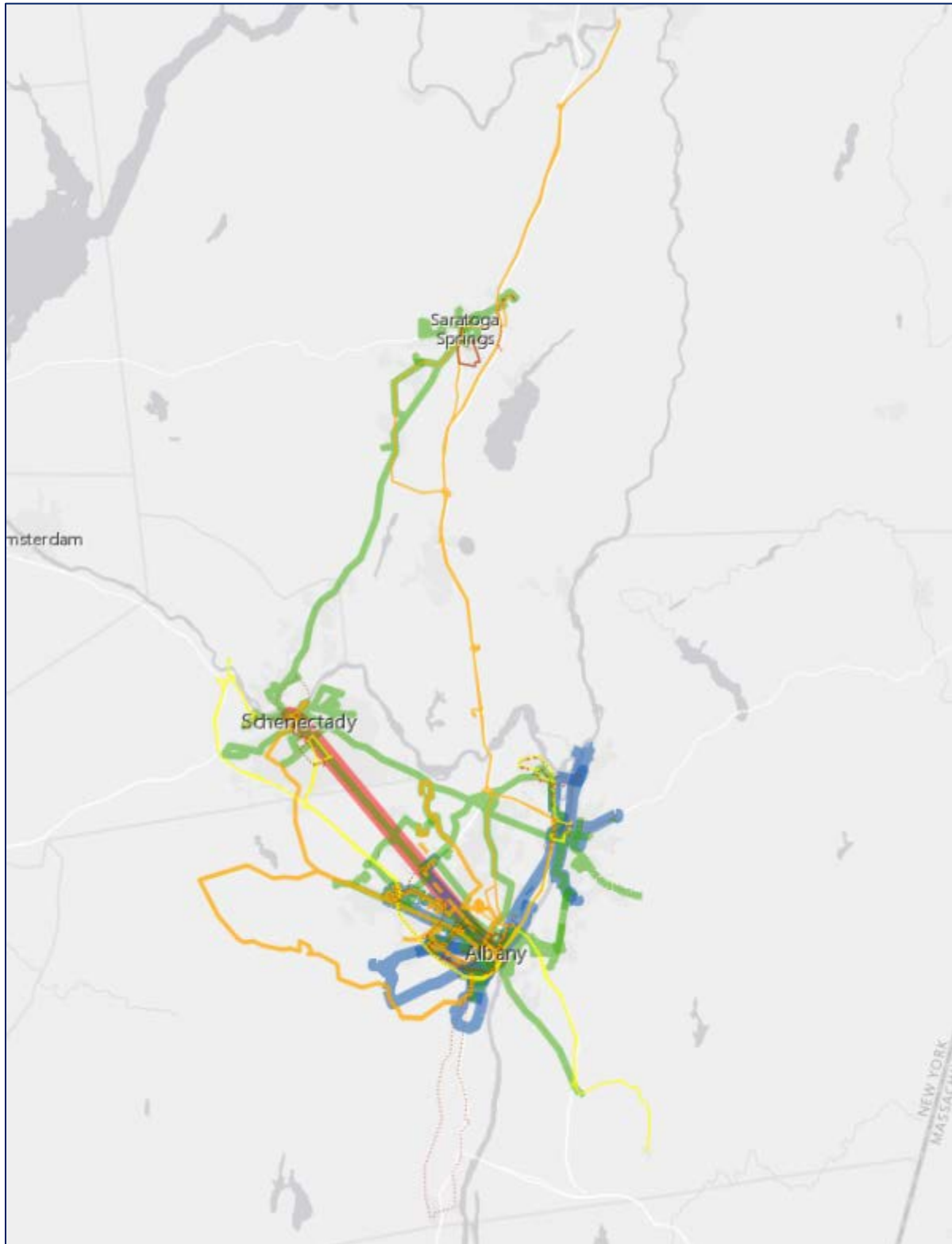
Map 4.1   [CDTA service map](), 6/28/2018
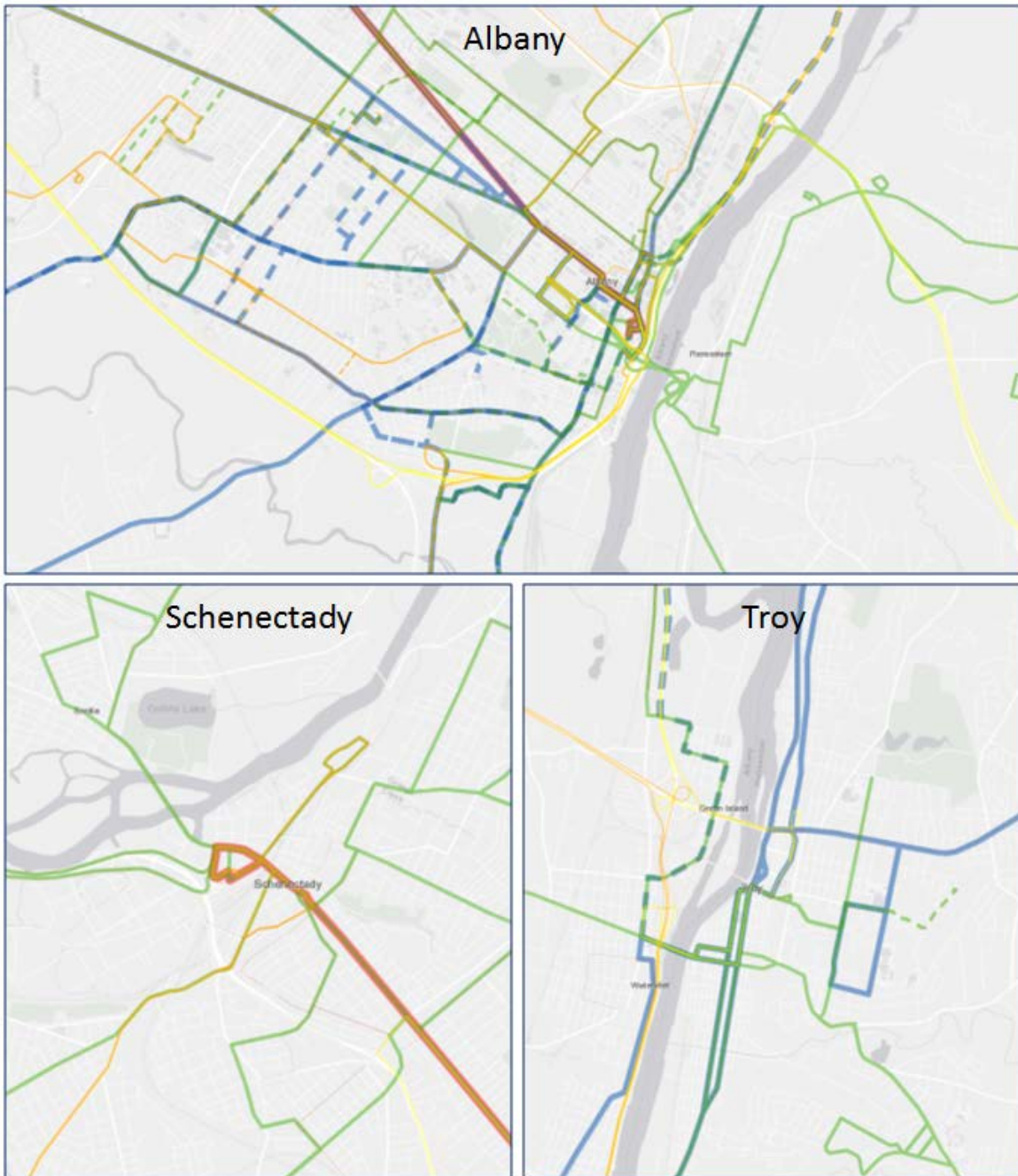
Map 4.2   CDTA service map, 6/28/2018

4.1.2 Fare Payment System

On January 1st 2018, CDTA discontinued sales of magnetic swipe cards, including monthly fare "Swiper" cards. On April 1st 2018, CDTA stopped accepting all magnetic swipe cards. At that time, customers transitioned to the use of chip fare media "Navigator" cards. This was a new technology representing a behavior change, which can cause initial confusion. Monthly fares previously available as individual magnetic cards can be loaded onto the Navigator cards. At the same time, the cards can function as cash, deducting the cost of a ride ($1.30 via Navigator instead of $1.50). If three rides are deducted in

one day ($3.90), then the system does not deduct any more funds for that day, functioning much the same as the previously available $4 day passes. Navigator cards are free and may be requested directly through CDTA and from a number of sales outlets around the region, including some libraries and grocery stores. Sales outlets also provide an ability to add cash and fares directly to the cards. Customers may electronically add funds by registering the card on CDTA's website.

While customers may still pay on the vehicle in cash, since April 1st 2018, the system no longer issues change cards for passengers using cash but who don't have exact change. This can present a real challenge, particularly for riders taking unpredictable or discretionary trips. For this reason, some riders may be better served by acquiring a Navigator card and loading a small amount of cash onto the card rather than relying on the ability to use cash itself on board the vehicle.

4.1.3 Accessible Fixed Route Buses and Fares

During 1987, CDTA adopted the policy that all future purchases of fixed-route, mainline buses would be accessible to individuals with disabilities. In concert with this policy, CDTA replaced its entire fixed route fleet between 1998 and 2003 with low floor buses, making the fleet 100% accessible. In 2006, about people took advantage of CDTA's lift accessible buses about 2,000 times per month – in fiscal year 2018, people took advantage of them about 79,688 times per month.

Federal regulations mandate that transit fares for elderly and disabled riders during off-peak hours be no more than one-half the base peak-hour fare. In April 2006, CDTA implemented a "Simple Fare" program, which streamlined CDTA's fare structure. With the Simple Fare plan the half fare policy was changed so that half-fare on fixed route services applies all the time, not just off-peak, which is still the policy today. Use of the fixed route buses by this population increased as a result. About 356,000 half fare rides were taken on CDTA's fixed route system in FFY 2006, at the time of the first Coordinated Plan. Sales of half fare Swiper Cards increased from 7,900 to 9,025 during this transition. In FFY 2017, CDTA provided 2,664,137 half fare rides on the fixed route system, and sold 16,759 half fare Swiper cards.

CDTA's 2017-2018 Route Performance Report included an evaluation of CDTA fixed route services and recent service changes. It provided data on ridership and productivity of the fixed route network, as well as a discussion on Montgomery County service potential, microtransit, and two route segment adjustments (accessed October 2018). CDTA uses these annual performance reports to guide planning activities through the next fiscal year, in this case, 2019. Longer term route and service planning considerations, including a Transit Priority Network, are included in CDTA's Transit Development Plan, which has not been updated since the last Coordinated Plan.

The 2013 Transit Development Plan indicated that CDTA's goal is to enhance transit service and increase the number of riders without an increase in resources. To reach this goal, service efficiencies are sought through route restructuring. In addition, partnerships with both public and private institutions through CDTA's Universal Access program increases ridership to key destinations.

Decisions on restructuring or other services changes to CDTA's fixed routes are based on evaluation criteria that include the total number of riders that use a route (ridership) and the productivity of routes as measured by the number of riders per "revenue" hour (i.e. when the bus is in service/carrying passengers).

Adjustments to routes are then based in part on whether total riders or route productivity fall below or exceed the thresholds (i.e. route restructuring, service cuts or additions, reclassification of a route) and on other criteria including how the route has performed, its ridership over a three year period, and community service needs. Community service needs include access to medical facilities, convalescent centers, and locations that serve seniors, disabled, and other special need populations.

Issues related to use of fixed route transit service by seniors and individuals with disabilities as well as implications to rural lifeline services due to route restructuring and service changes will continue to be explored through stakeholder and public outreach, workshops and RTCC discussions.

4.1.4 STAR - Special Transit Available by Request

The Americans with Disabilities Act or ADA of 1990 prohibits discrimination and establishes equal opportunity and access for persons with disabilities. Transit service providers are required to comply with ADA regulations by making public transportation safe and accessible for all individuals. Among the established design principles that ensure access to transportation, ADA paratransit services are mandated for trips beginning and ending within three-quarters of a mile on each side of each regular fixed-route system during the hours the fixed route system operates.

As required by the ADA, CDTA's STAR (Special Transit Available by Request) operates within 3/4 of a mile of CDTA's fixed route system on the same days and times of the specific bus route. To become eligible to use STAR, an individual must submit a completed pre-evaluation form and be certified eligible.

Paratransit is unique in that it provides a curb-to-curb service for those unable to reach a fixed-route transit stop or station. ADA paratransit fares cannot exceed more than twice the full fare for regular fixed-route services. Additionally, paratransit allows for the option for a Personal Care Attendant (PCA) to travel with an ADA paratransit eligible individual eligible at no charge.

CDTA's STAR service began operation in the summer of 1982 and was designed for use by any Capital District resident unable to utilize CDTA's fixed route bus service because of a disability. STAR service was modified in January 1993 to comply with the guidelines set forth in the ADA. The changes affected eligibility, service area and fares. Additional changes to STAR service were instituted in January 1994 to comply with ADA milestones. "Next day" service became available in 1994; CDTA began to process requests for paratransit service up to 14 days in advance of the trip in 1994 as well. During 1995, CDTA installed a state of the art computer system to better manage the STAR service requests and routing. During 1998, CDTA refined the eligibility requirements for STAR access in an attempt to curb clientele growth and to encourage use of the accessible fixed route system. In Spring 1999, CDTA installed the Windows-based version of the STAR scheduling software which allows for faster turnaround times, automated cancellation and verification of trips and is a faster system overall.

CDTA's STAR fleet consists of 31 wheelchair-accessible vehicles with the capacity to transport multiple disabled customers. CDTA partially operates STAR service through contracts with Capitaland Taxi and A+ Meditrans.

STAR ridership increased annually after its inception, until fiscal year 2017. Almost 300,000 specialized trips were provided during the 2018 fiscal year, making up almost 2 percent of CDTA's overall fixed route ridership. Table 4.5 shows ridership figures since 2000. In addition to the new and recent decrease in STAR ridership, STAR trips as a percent of total ridership steadily increased until 2017 and 2018.

History of STAR Ridership			
Fiscal Year	Total Ridership	STAR	STAR % of Total
2000	11,469,966	95,772	0.83%
2001	11,715,460	94,054	0.80%
2002	12,098,285	98,202	0.81%
2003	11,784,764	106,149	0.90%
2004	11,746,831	125,164	1.07%
2005	11,693,743	142,633	1.22%
2006	12,883,502	156,284	1.21%
2007	12,895,236	167,063	1.30%
2008	14,031,000	192,000	1.37%
2009	15,406,598	214,474	1.39%
2010	13,803,000	223,000	1.62%
2011	13,803,000	223,000	1.62%
2012	14,910,000	260,000	1.74%
2013	15,675,079	283,624	1.81%
2014	16,488,660	309,220	1.88%
2015	17,023,834	314,795	1.85%
2016	17,122,668	321,889	1.88%
2017	16,867,359	298,435	1.77%
2018	16,343,448	291,810	1.79%

Table 4.5   *Source: CDTA*

STAR Ridership

Chart 4.1   *Source: CDTA*

STAR Percent of Total Ridership
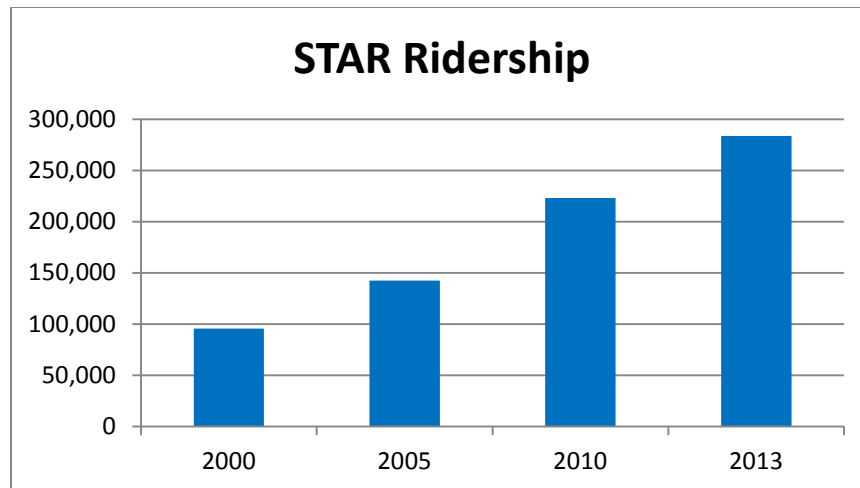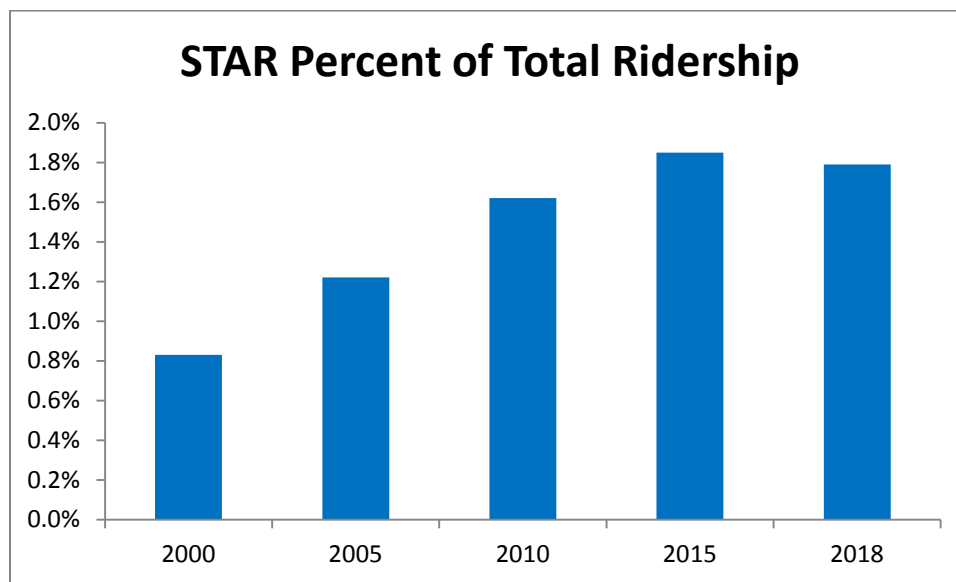
Chart 4.2   *Source: CDTA*

4.1.5 CDTA's Transit Priority Network

CDTA publishes a Transit Development Plan about every five years with recommendations for the next five years. This includes a Transit Priority Network of corridors that warrant increased transit investment. The current Transit Development Plan covers 2014-2018.

Similar to the evaluation of route performance conducted annually by CDTA, the Transit Priority Network is also based on stated criteria as indicated by the following, ordered by priority:

1. **Productivity** – Areas must produce high ridership per revenue hour based on high demand seen from the existing service.
2. **Transit Demand** – Areas must have the density, pedestrian infrastructure, demographics and other characteristics that create a high demand for transit use to insure any investment will lead to increased ridership.
3. **Social Equity** – Transit investments made in low-come and minority communities who are dependent upon public transit for travel.
3.5 **Geographic Equity** – Transit investments are spread to as many municipalities in the Capital Region as justified.

The network can be updated following substantial increases in density, transit-oriented development, or ridership on corridors that already have service. Areas without service can be added to the network, but only after service is implemented successfully.

According to CDTA's Transit Development Plan, "the Transit Priority Network clearly communicates where CDTA will focus its service and infrastructure improvements to the region's planners, developers, elected officials, and major institutions. This offers partners the ability to match long-term planning and development so land-use and the built environment correspond with transit investments."

The Transit Development Plan states that defining the corridors included in the network allows:

- CDTA to determine where additional frequency and span should be given to existing routes
- CDTA to determine where capital improvements should be invested (i.e. transit priority infrastructure, ITS elements, shelters, and other street amenities)
- Municipalities to update zoning codes to allow higher densities and other transit-oriented development features
- Public entities to prioritize infrastructure investments and locate social service centers that are most accessible
- Major employers and developers to determine locations for new housing, commercial and retail space that would require transit service
- Allow funding agencies like the New York State DOT and Capital District Transportation Committee to determine effectiveness of projects for competitive funding scenarios.

Maps 4.4 and 4.5 show the current Transit Priority Network.

The effect of the Transit Development Plan and Transit Priority Network on rural lifeline services may require additional research. Innovative methods to provide services to transportation disadvantaged populations outside the core urban and suburban areas should continue to be sought.
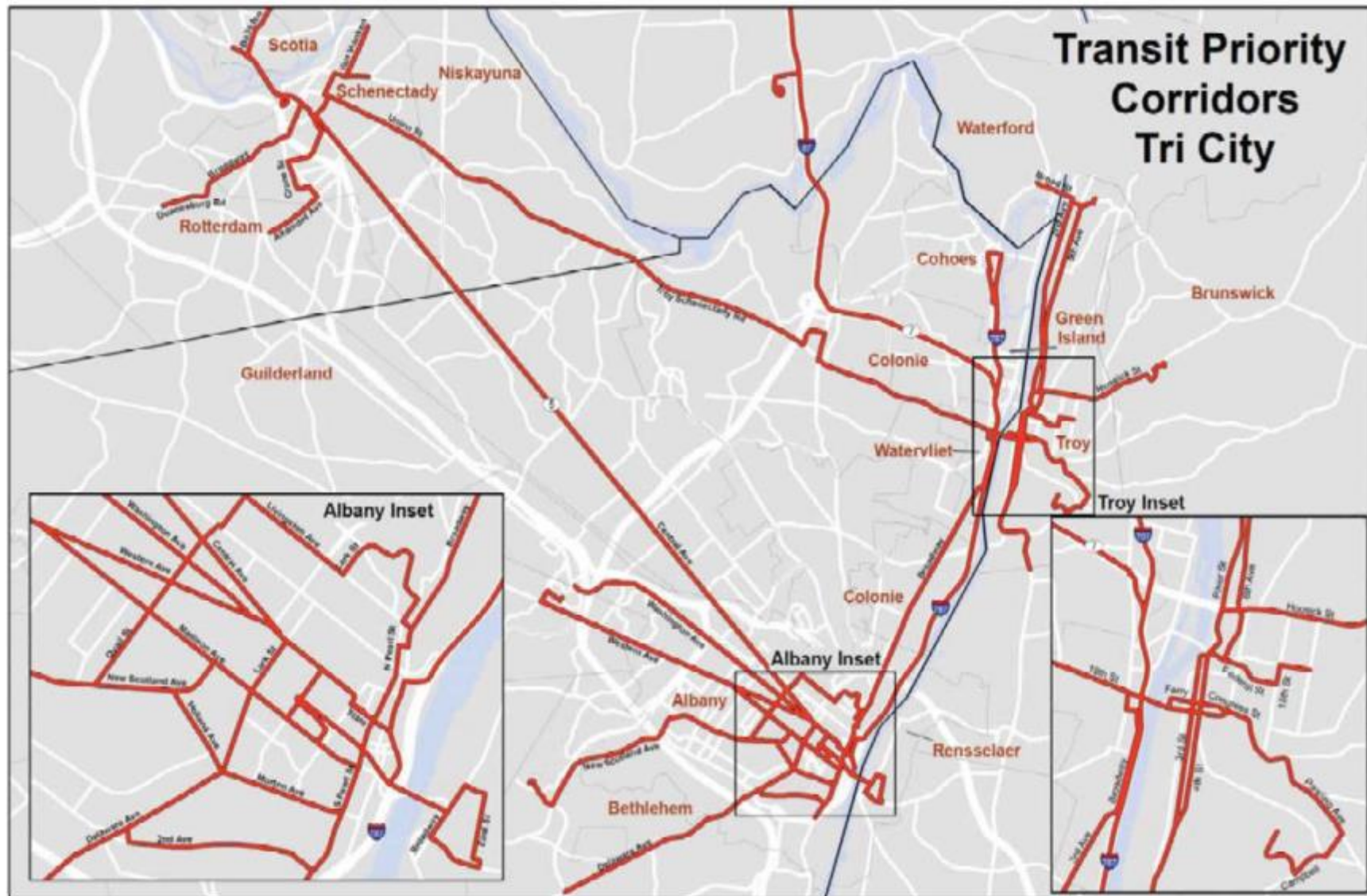
Map 4.4   *Source: CDTA Transit Development Plan*
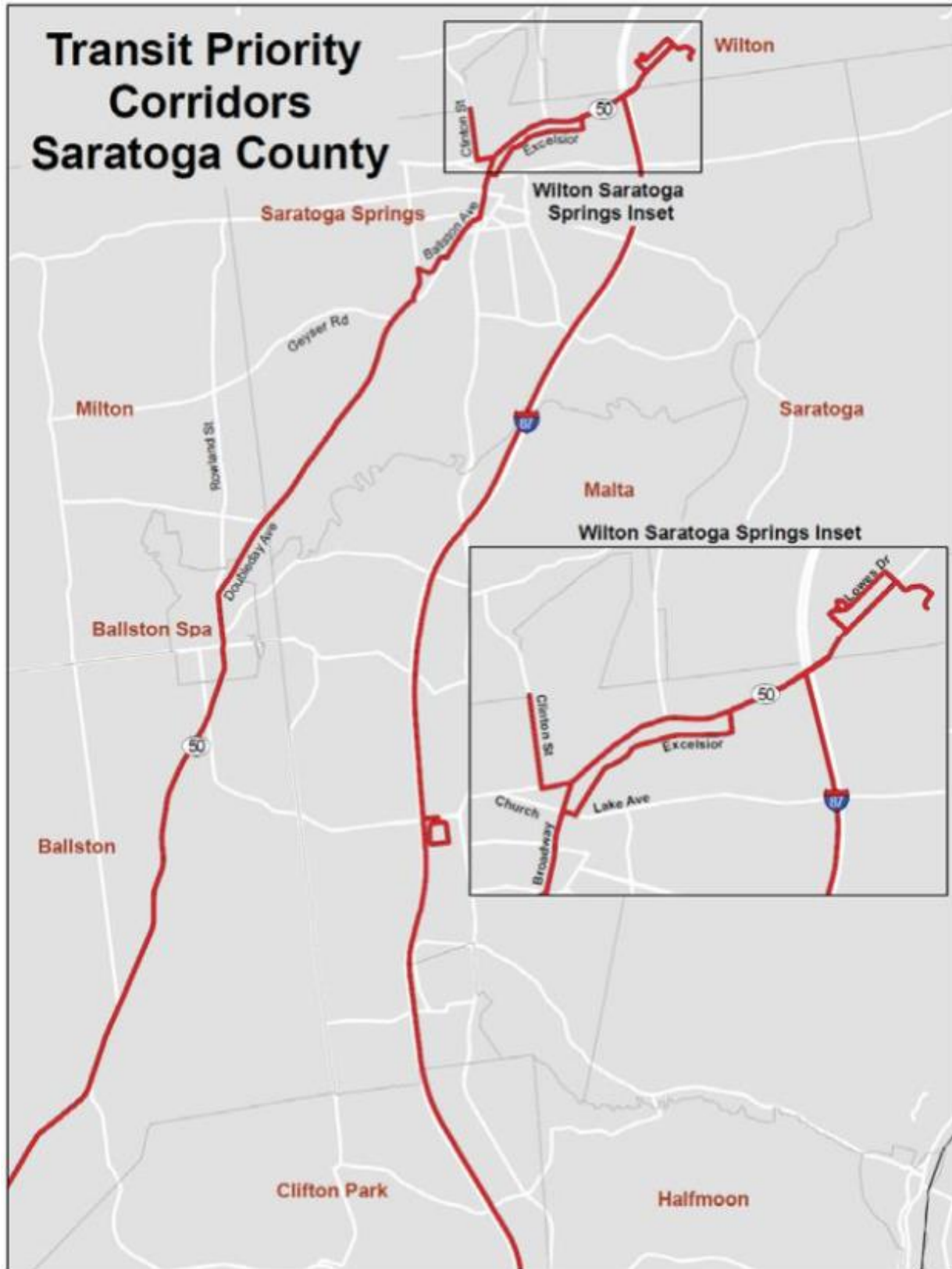
Map 4.5   *Source: CDTA Transit Development Plan*

4.2 Access Transit

ACCESS Transit Services, Inc. is a subsidiary of the Capital District Transportation Authority (CDTA) formed in the fall of 1998 to "broker" medical trips for Medicaid clients. Approximately 206,000 trips were brokered by ACCESS Transit in both 2009 and 2010 to Medicaid eligible residents of Rensselaer and Schenectady counties. As of the 2011 Coordinated Plan the number of brokered trips had been rising (in 2008 approximately 180,000 trips were brokered).

CDTA consolidated its call center operations to improve efficiency, and positioned itself to attract additional brokerage contracts. Thereafter, NYSD DOH entered into a multi-regional contract to administer non-emergency Medicaid transportation through Medical Answering Services, which is located in Syracuse, NY. Consequently ACCESS Transit no longer brokers Medicaid trips for County Social Services Departments. ACCESS arranges transportation for the Albany County Department of Aging.

ACCESS' stated mission follows.

> Our mission is to maximize personal mobility by coordinating transportation in the Capital District for all qualified recipients. We are committed to arranging the most appropriate, cost-effective mode of transport to meet the needs of each client. ACCESS is dedicated to maximizing independence and mobility options for each individual.

The ACCESS Call Center operates from 8:00 a.m. to 5:00 p.m. Monday through Friday.

4.3 CDTA Travel Trainers

CDTA has provided staff to help people learn how to use the bus system for many years. Since the late 1990's Travel Trainers, as they are called, have assisted individuals or groups to become successful transit users by providing information and support through one-on-one instructor assistance. Travel Trainers will work directly with customers on their initial bus trip to identify specific routes. According to CDTA, "Travel Trainers will help customers:

- • Plan their trip
- • Read and understand route maps and schedules
- • Get on and off the bus properly
- • Pay the fare and purchase passes
- • Transfer to other buses
- • Ride specific routes
- • Travel independently and confidently when riding the bus"

To schedule an appointment with a Travel Trainer, people are instructed to call CDTA's Customer Service Information Center at 482-8822 and provide information on where they wish to travel and when.

CDTA Travel Trainers and County Disability Navigators are stationed at County One-Stop Job Centers to assist customers through the process. They can be reached at:

Schenectady & Rensselaer County
Office – 518-344-2757
Albany & Saratoga County
Office – 518-437-5296

4.4 Listing of Human Service Agencies

The Capital District is home to many human service agencies, some of which provide specialized transportation. The Appendix provides a comprehensive listing, which was based on the 2011 CDTC Human Service Agency Survey mailing list developed with assistance from the RTCC and later updated in 2014 and 2019 based on internet research. Links to organizations' websites are included where available.

4.5 Human Service Agency Transportation Survey

By better understanding available services, the needs and existing gaps or redundancy in human service agency transportation can be more effectively highlighted. Toward that end, a follow up survey to ones conducted in 2006 and 2011 was conducted in 2018. To conduct this survey of Human Service Agencies in the Capital District, CDTC staff worked with the RTCC. The 2018 and 2011 surveys contained 19 questions and were primarily completed on-line by respondents. By contrast, the 2006 survey contained 34 questions and was a hard copy mail-back survey.

In 2018 a total of 346 surveys were delivered to Human Service Agencies around the region (298 by email and 48 by US mail). Only transportation providers were asked to complete the survey. Eight replied that they do not provide transportation services, and 58 returned a complete survey. The number of complete responses received from the 2006 survey was 173 and in 2011, 172 complete surveys were returned. In 2011, 63 agencies indicated that they provide transportation services.

The survey data is useful in the identification of unmet need and to help develop an updated list of recommendations for future focus. While this 2018 survey represents a snapshot in time and example of human service agency transportation in the Capital District, a few key assumptions can be drawn from the analysis. A summary of responses to the 2018 survey are summarized below.

4.5.1 Services Provided
Human service agencies responding to the survey serve consumers residing across the Capital District: Thirty-three organizations serve Albany County, 29 serve Rensselaer County, 27 serve Saratoga County and 26 serve Schenectady County. Seventeen organizations responding to the survey serve all four counties, and an additional 5 serve more than one county.

In which Capital District county(ies) do your organization's consumers reside?
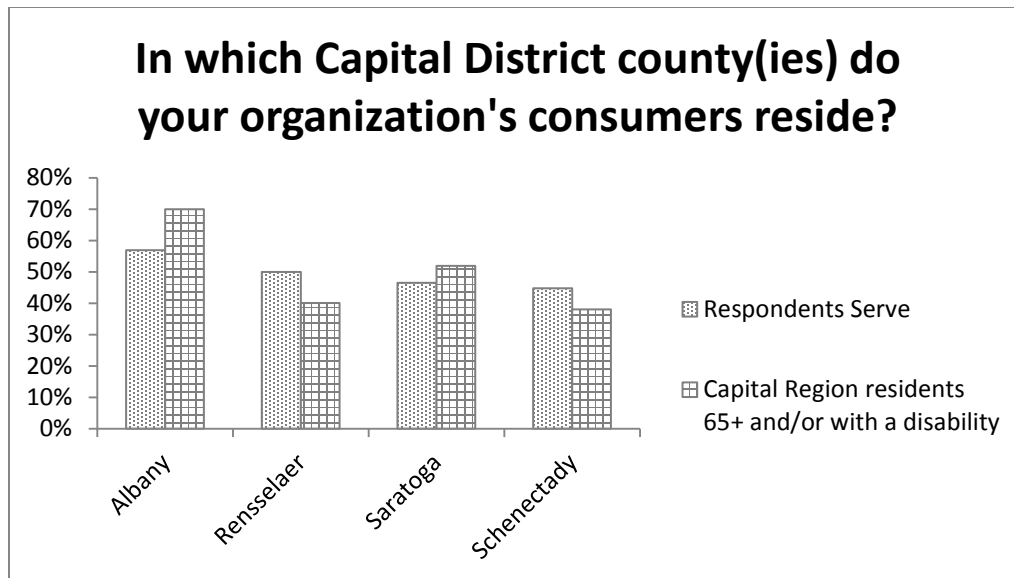
Chart 4.3   *Source: 2018 Capital District Human Service Agencies Survey and 2012-2016 American Community Survey 5-Year Estimates*

The majority of human service agency respondents provide services to those aged 60 years and above. Of the 58 respondents, 52 offer services for seniors. 35 respondents provide service for adults (18-59), 24 for adolescents (13-17) and 21 for youth (0-12). About a third of respondents (19 or 32.7%) provide services to all four age categories. One agency serves children and adolescents only, and 21 agencies only provide services for seniors.

What Age Groups does your Organization Serve?
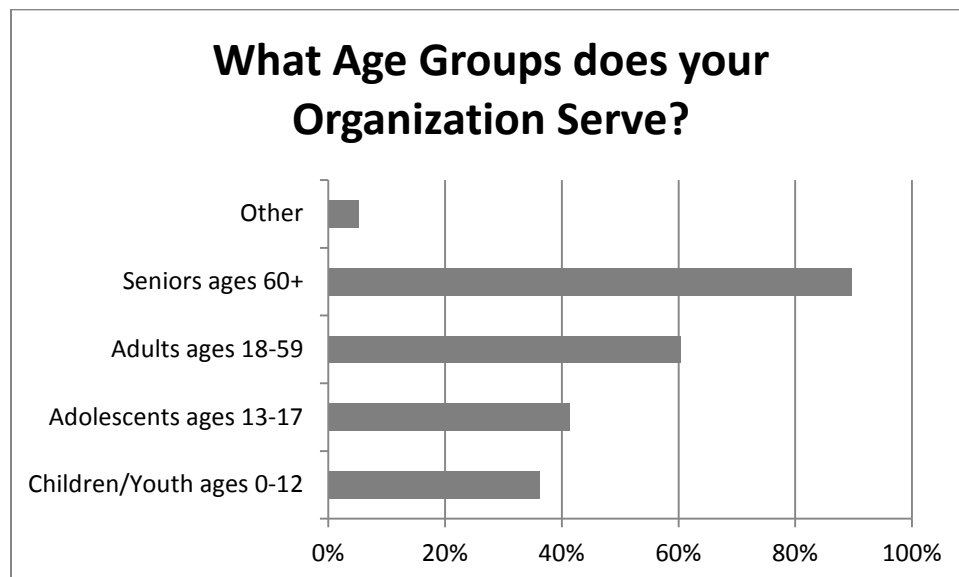
Chart 4.4   *Source: 2018 Capital District Human Service Agencies Survey*

As can be seen in Chart 4.5, there is generally interest to join a task force to investigate transportation coordination among human service agencies. Almost two-thirds of respondents indicated interest.

Is your organization interested in serving on a task force that would investigate coordination options for human service transportation?

No, 21%

Unsure, 17%

Yes, 62%
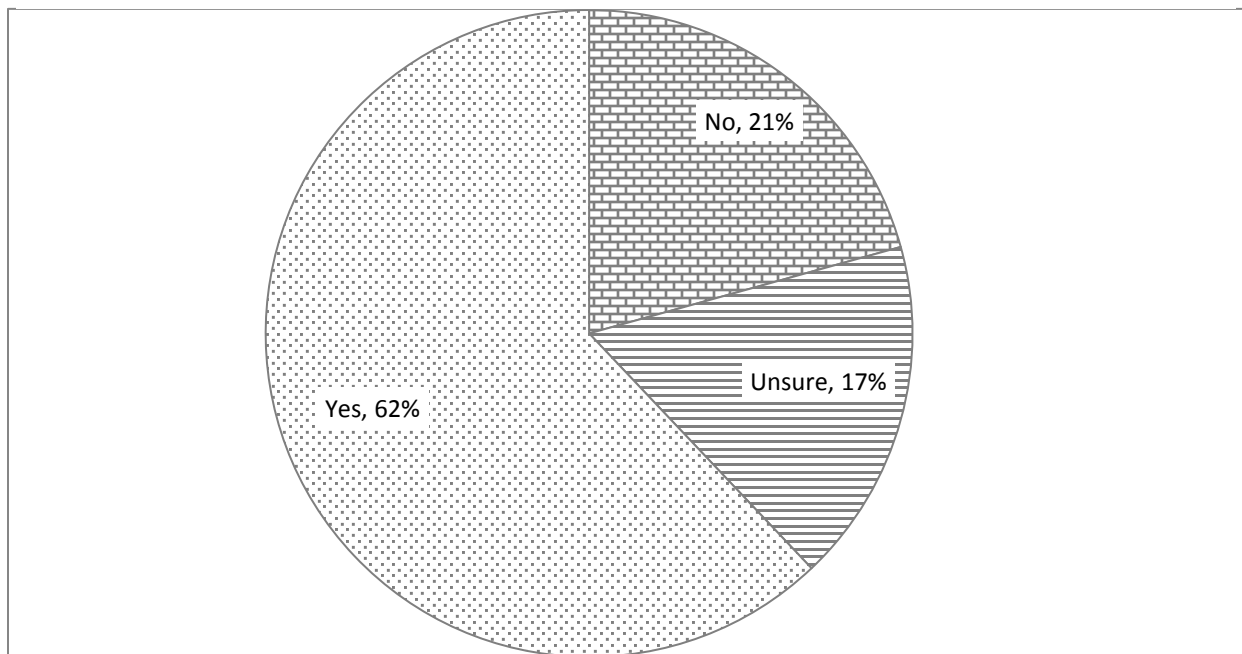
Chart 4.5   *Source: 2018 Capital District Human Service Agencies Survey*

A key survey question asked whether an agency currently participated, or was willing to participate, in various transportation coordination programs or efforts. Responses are shown below in Chart 4.6. While only one agency each said they are currently sharing volunteer or hired drivers or conducting joint purchases of vehicle maintenance services, more agencies indicated a willingness to participate in both of these coordination efforts than any other.

In terms of sharing vehicles or joint vehicle purchases various issues limit the ways that these human services agencies can collaborate. Agency policy (but no funding restrictions) among 20 organizations disallows them from providing service to consumers outside of their organization, while funding restrictions limit 14 organizations.

Does your organization participate in (or is your organization willing to participate in) any of the following?
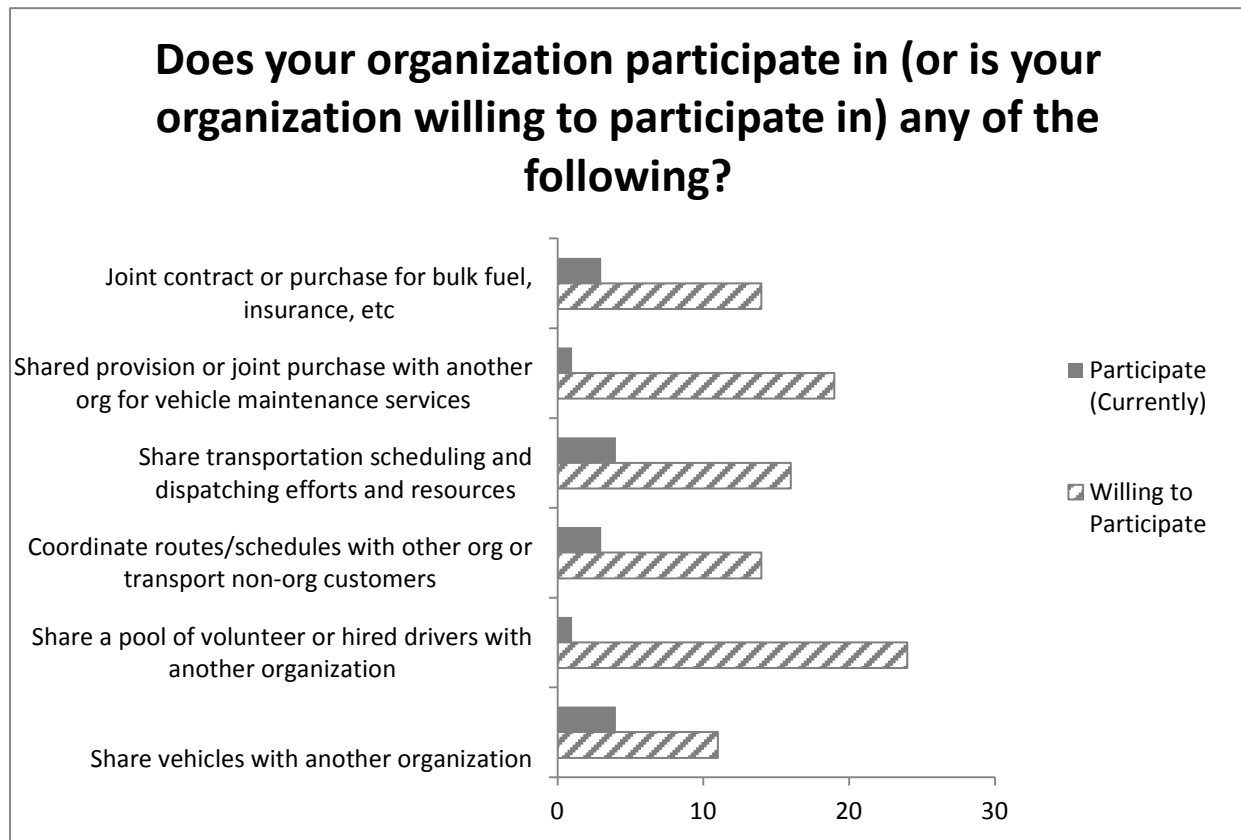
Chart 4.6   *Source: 2018 Capital District Human Service Agencies Survey*

The 2006 survey asked "**Does your organization specifically dedicate staff or volunteers, either full or part time, to providing consumers with trip planning or travel *training* assistance?**" The 2018 and 2011 surveys asked this question slightly differently: **"Does your organization specifically dedicate staff or volunteers, either full or part-time, to providing consumers with trip planning or travel assistance?"** The 2018 result was 26 agencies that help consumers with transportation needs, representing 45 % of survey respondents. Chart 4.7 indicates that the rate seems to have increased over time.

Does Your Agency Provide Trip Planning or Travel Assistance?

Chart 4.7   *Source: 2006, 2011, 2018 Capital District Human Service Agencies Surveys*

The 2018 survey found that of the 56 agencies providing transportation assistance, 37 provide direct transportation. As shown in Chart 4.8 below, 21 agencies provide CDTA fare product, followed by 16 agencies purchasing transportation like taxis. Other services include vouchers, information dissemination and cash reimbursement. One agency only provides rides in their consumers' own cars. Agency respondents providing CDTA fare products to consumers in 2018 provided over 48,000 Navigators, day passes, and/or single trip tickets, for a retail value of over $140,000.

What kind of transportation assistance does your organization provide to your consumers?

Chart showing number of agencies:
- Direct transportation (agency, employee, or volunteer vehicles): 37
- Purchase transportation for clients (taxi, contract with provider): 16
- CDTA fare product: 21
- Cash reimbursement: 4
- Vouchers: 3
- Only provide information about options: 12

X-axis: Number of Agencies
Y-axis: 0 to 40

Legend:
- Direct transportation (agency, employee, or volunteer vehicles)
- Purchase transportation for clients (taxi, contract with provider)
- CDTA fare product
- Cash reimbursement
- Vouchers
- Only provide information about options

Chart 4.8   *Source: 2018 Capital District Human Service Agencies Survey*

Agencies were asked if the use of the transportation assistance they provide is restricted to consumers using their own programs and services. Various grants that are used for human service agencies have specific uses and restrictions, which can contribute to lack of coordination or sharing of services, vehicles or joint vehicle purchases. As shown in Chart 4.9, 35 agencies restrict their transportation assistance to their own consumers. Of these 35 agencies, 28 indicated agency policy limits the ability to offer services to customers outside of their organizations. Of those, eight also indicated a funding source restriction. An additional six indicated only that a funding source restriction limits their ability in this regard. In comparison, in the 2011 survey, 65% of agencies responded that transportation assistance is restricted to their consumers.

Restrict transportation assistance to own consumers ?
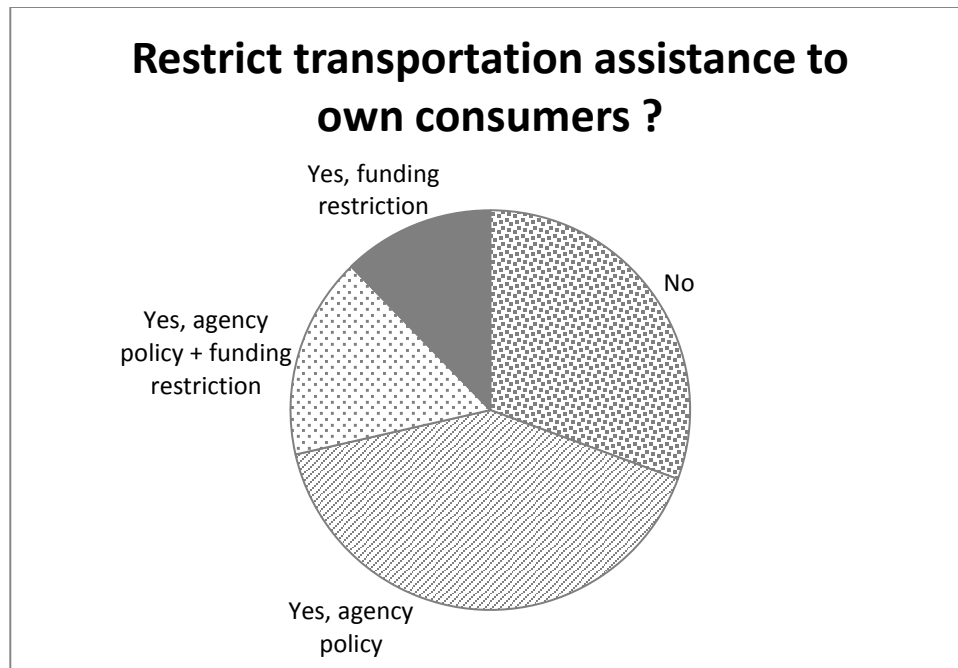
Chart 4.9   *Source: 2018 Capital District Human Service Agencies Survey*

4.5.2 Human Service Agency Vehicles

Of agencies indicating they own or lease their own vehicles (26), about half (12), indicated they had to deny trips during the previous year due to insufficient vehicle capacity. In 2011, about 40% of agencies that owned or leased vehicles indicated they had to deny trips.

Have you had to deny trips in the past year?
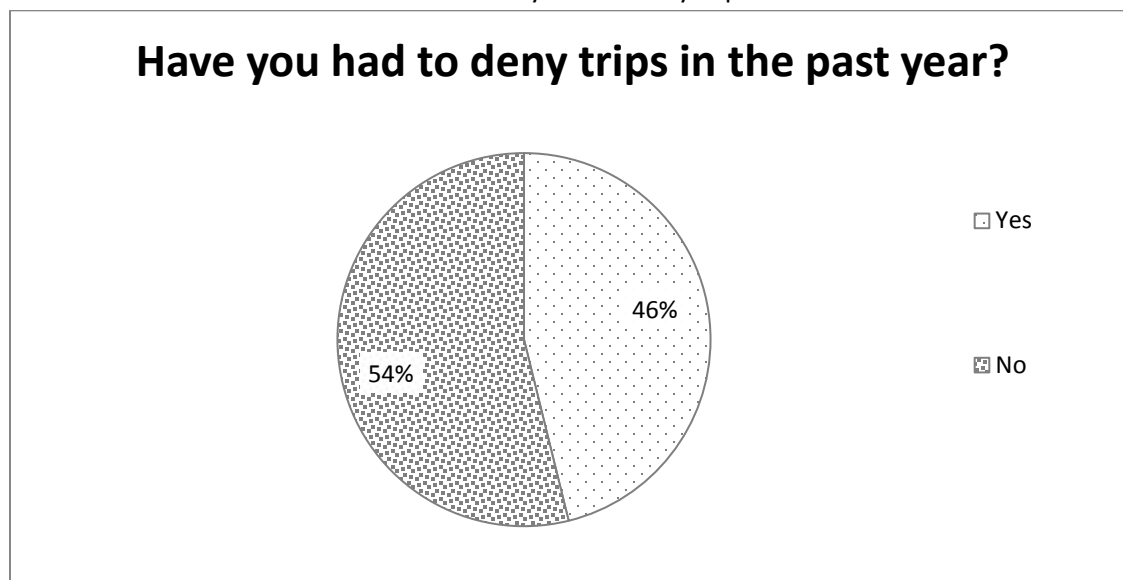
Chart 4.10   *Source: 2018 Capital District Human Service Agencies Survey*

Of these 26 agencies, 11 performed fleet maintenance in-house, 18 agencies contracted to an outside vendor, and three agencies used both methods.

How do you maintain your vehicle fleet?
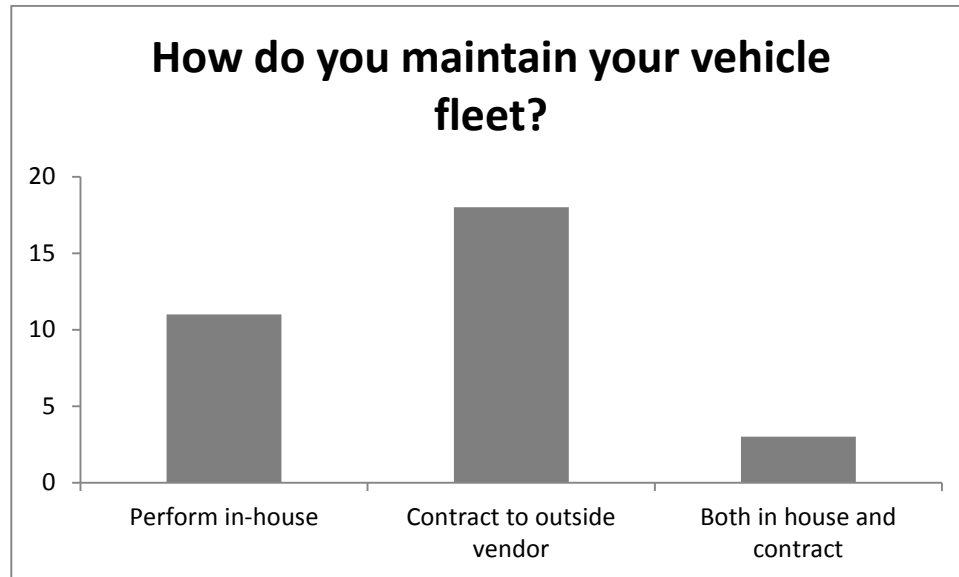
Chart 4.11   *Source: 2018 Capital District Human Service Agencies Survey*

Human Service Agencies were asked about their vehicle fleets in terms of vehicle types and amounts. Responses indicate that a variety of vehicle types make up these fleets. Chart 4.12 shows the total existing buses, vans, cars, and trucks/SUV's of respondents, as well as the estimated number of each they will need to replace in five years, and the estimated number they will need for expansion purposes in the next five years. Overall, replacement needs are about four times those of planned expansions, with 164 needed for replacement and 38 for expansions.

Fleet: Now and in Five Years
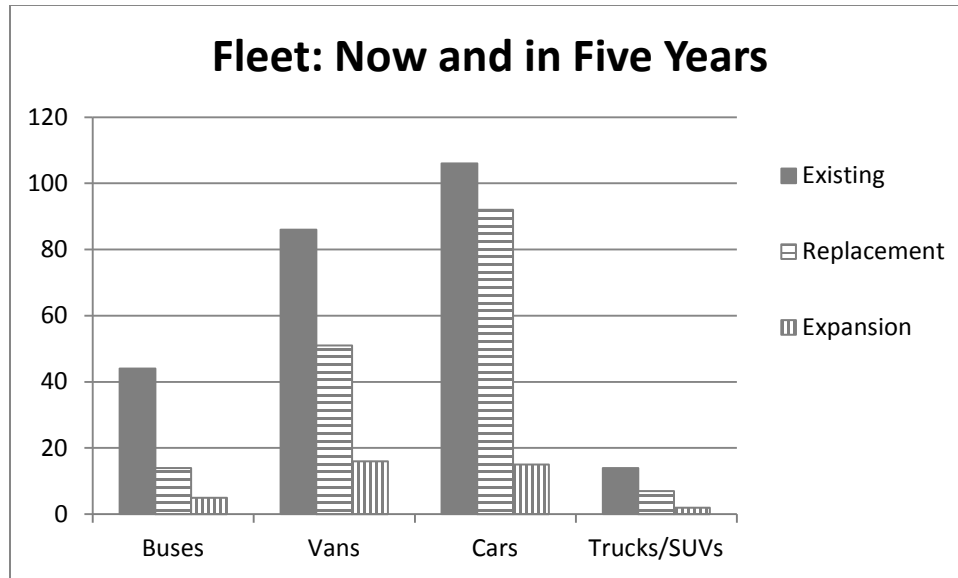
Chart 4.12   *Source: 2018 Capital District Human Service Agencies Survey*

As shown in Charts 4.13 and 4.14 below from the 2006 and 2011 surveys, transportation provider agencies' 5 year estimates for replacement and expansion needs have remained fairly constant, when considering that the number of respondent agencies owning or leasing vehicles in 2011 was 38 and in 2006 there were 49. In 2011, respondents were asked how many vehicles they owned using ranges (i.e. 4-6, 7-10, etc.).

Agency Estimates of 5 Year Vehicle Replacement/Expansion Needs
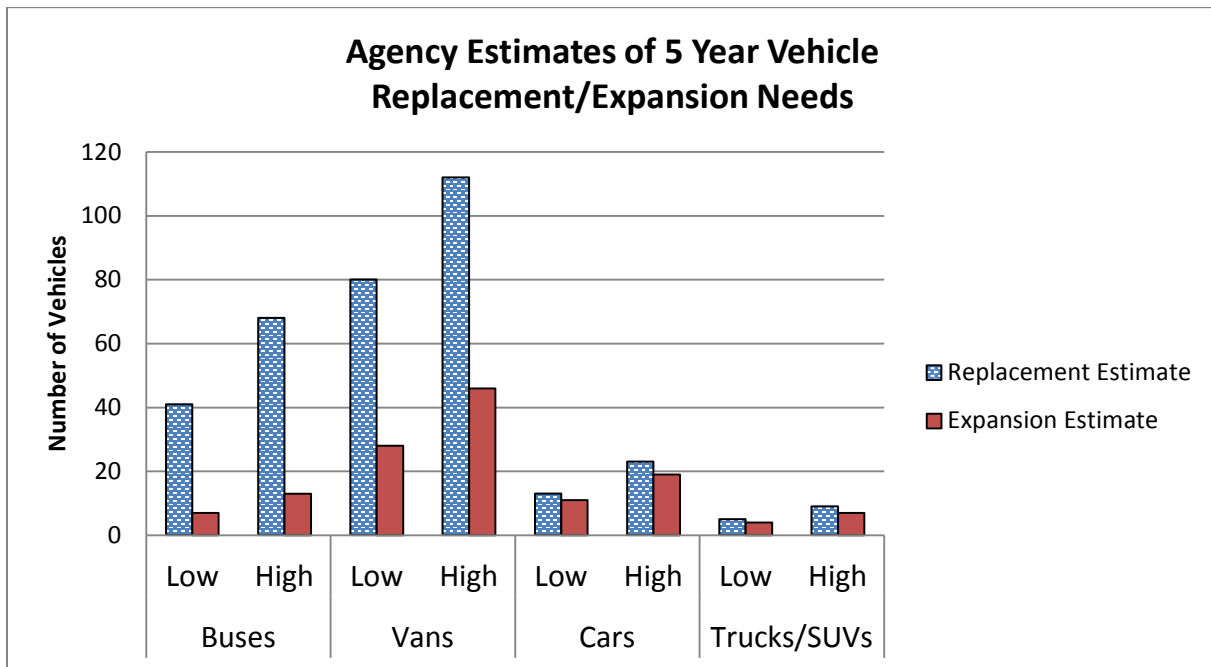
Chart 4.13   *Source: 2011 Capital District Human Service Agencies Survey*

5 Year Projection of Vehicle Needs of Transportation Providers
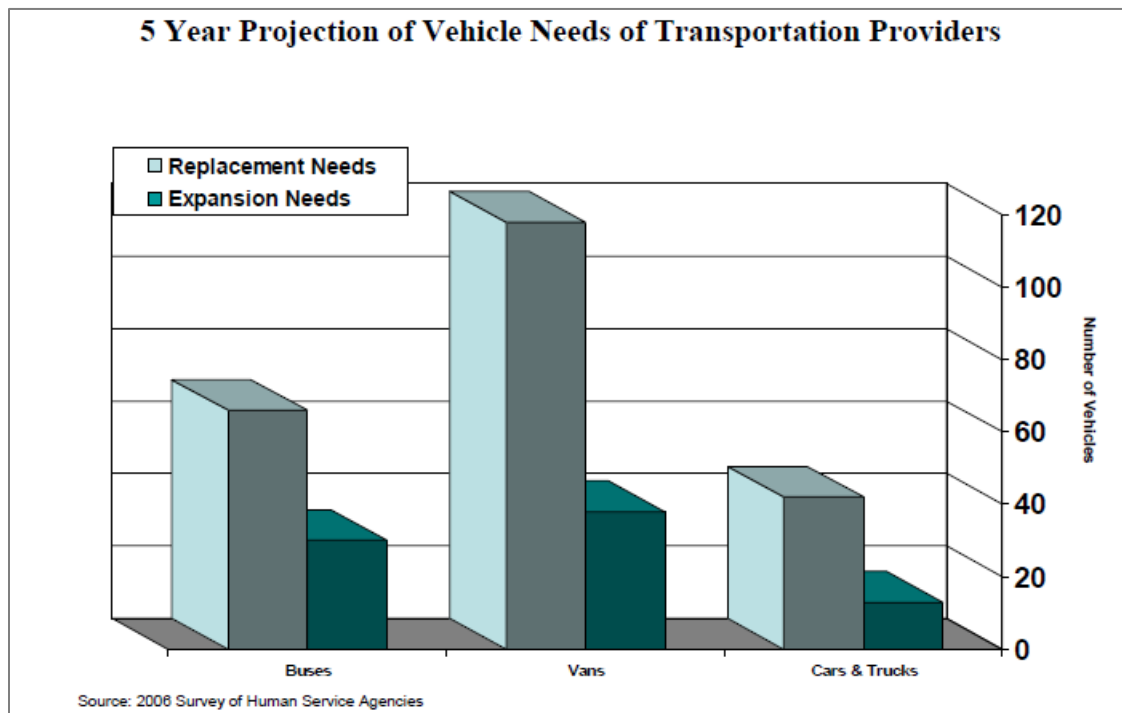
Chart 4.14   *Source: 2006 Capital District Human Service Agencies Survey*

Agencies were asked which communication systems they use for vehicle scheduling, dispatching and communications with and between vehicles during their routes.

Vehicle scheduling, dispatching and communications with and between vehicles

Category	Value
Computer scheduling software	7
Two-way radio	8
Cell phones	15
None	11
Other	4
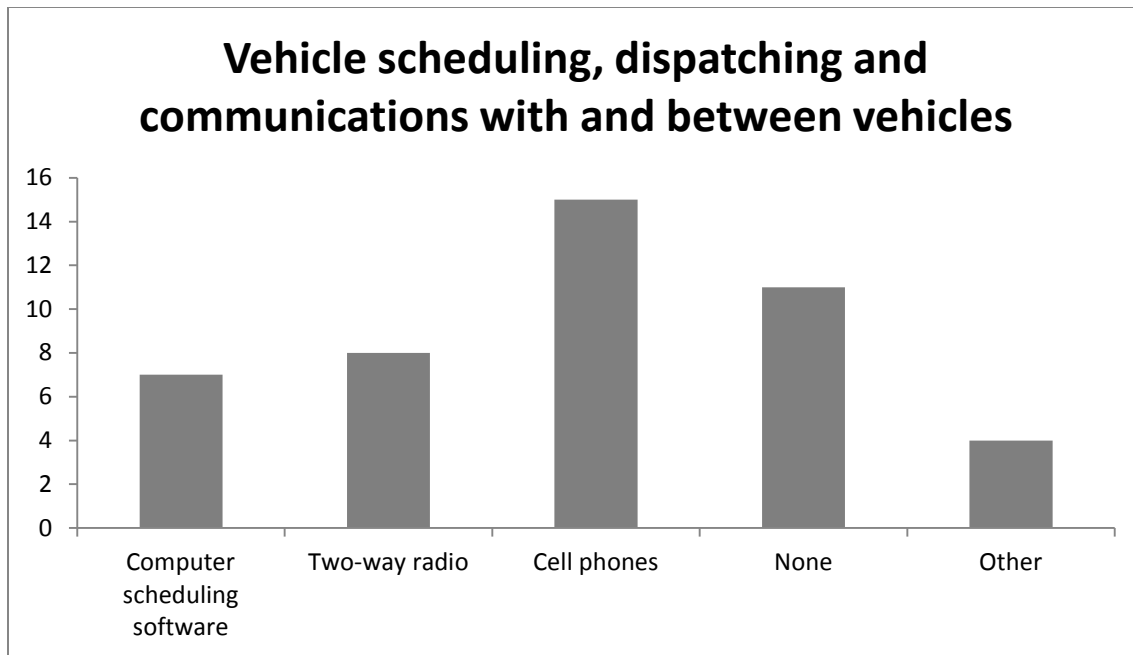
Chart 4.15   *Source: 2018 Capital District Human Service Agencies Survey*

Cell phones are the most popular, followed by two-way radios and computer software. Some agencies do not have any form of scheduling, dispatching, or communication tools or equipment. Other systems include paper maps and office phones.

4.5.3 Human Service Agencies' Drivers

Agencies use a mix of dedicated drivers, volunteer drivers, and staff who drive the agencies' vehicles as well as perform other job duties, as shown in Chart 4.16. Together, respondents had 844 paid drivers and 84 volunteer drivers. The following chart, 4.17, shows that the mix of driver types has remained fairly steady. In 2006, 10% of respondents used volunteer drivers, indicating an increased reliance on volunteers.

Who normally drives your organization's vehicles?

Volunteers, 22%

Other staff, 30%

Staff hired specifically to be drivers, 61%
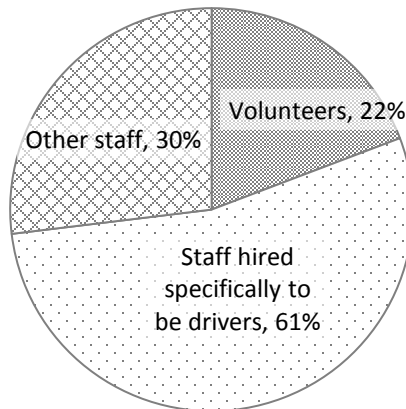
Chart 4.16   *Source: 2018 Capital District Human Service Agencies Survey*

2011 Survey: Percent of Respondents Using Various Types of Drivers

Other Staff 29%

Volunteers 19%

Staff hired specifically as Drivers 52%
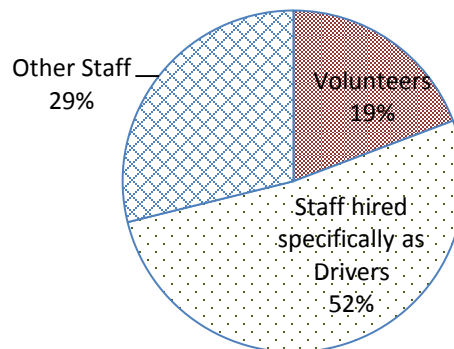
Chart 4.17   *Source: 2018 Capital District Human Service Agencies Survey*

Four agencies indicated that their employee and volunteer drivers are required to comply with special training, certifications or other regulations under the New York State Department of Motor Vehicles, such as having a Commercial Drivers License (CDL).

4.5.4 Human Service Agencies' 2018 Expenditures

Agencies that own or lease vehicles were asked to provide responses on transportation related expenditures for the year 2018. As shown in chart 4.17 below, agencies providing transportation in 2018 had a wide range of total budgets for transportation, with the majority of agencies'

transportation budgets on the low end of the range. It should be noted that 18 respondents provided answers to this question.
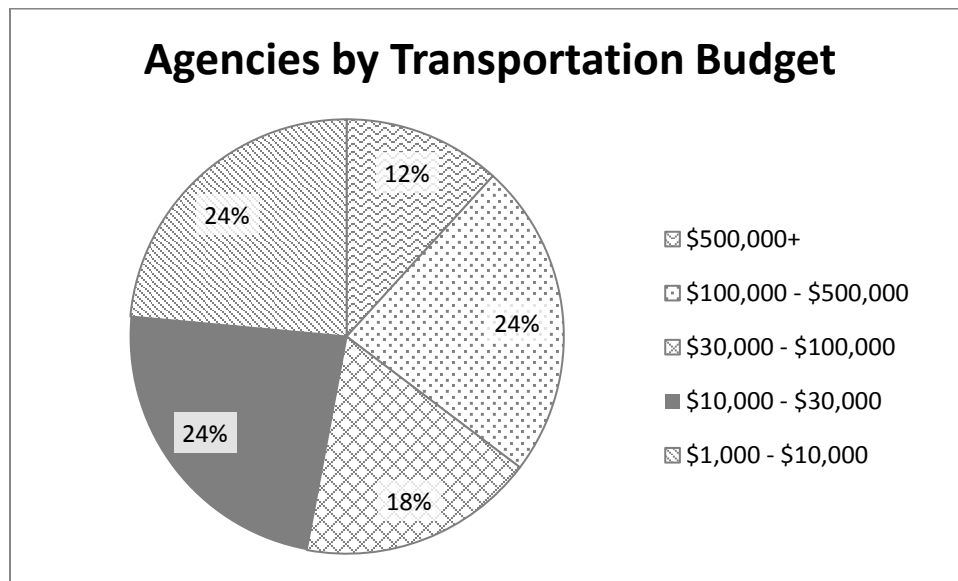
Agencies by Transportation Budget

Legend:
- $500,000+
- $100,000 - $500,000
- $30,000 - $100,000
- $10,000 - $30,000
- $1,000 - $10,000

Values shown: 12%, 24%, 24%, 18%, 24%, 24%

Chart 4.17   *Source: 2018 Capital District Human Service Agencies Survey*

Agencies were asked about 2018 expenditures for a series of cost categories including fuel, maintenance, insurance and total budget as shown in chart 4.18, in comparison to responses received in 2011 and 2006. In this chart, 2005 financial data reflect information provided by 13 of the 19 agencies owning/leasing vehicles, 2010 financial data reflect information provided by 24 of the 38 agencies owning/leasing vehicles, and 2018 financial data reflect information provided by 17 of the 26 agencies owning/leasing vehicles.

Average Annual Transportation Expenditures
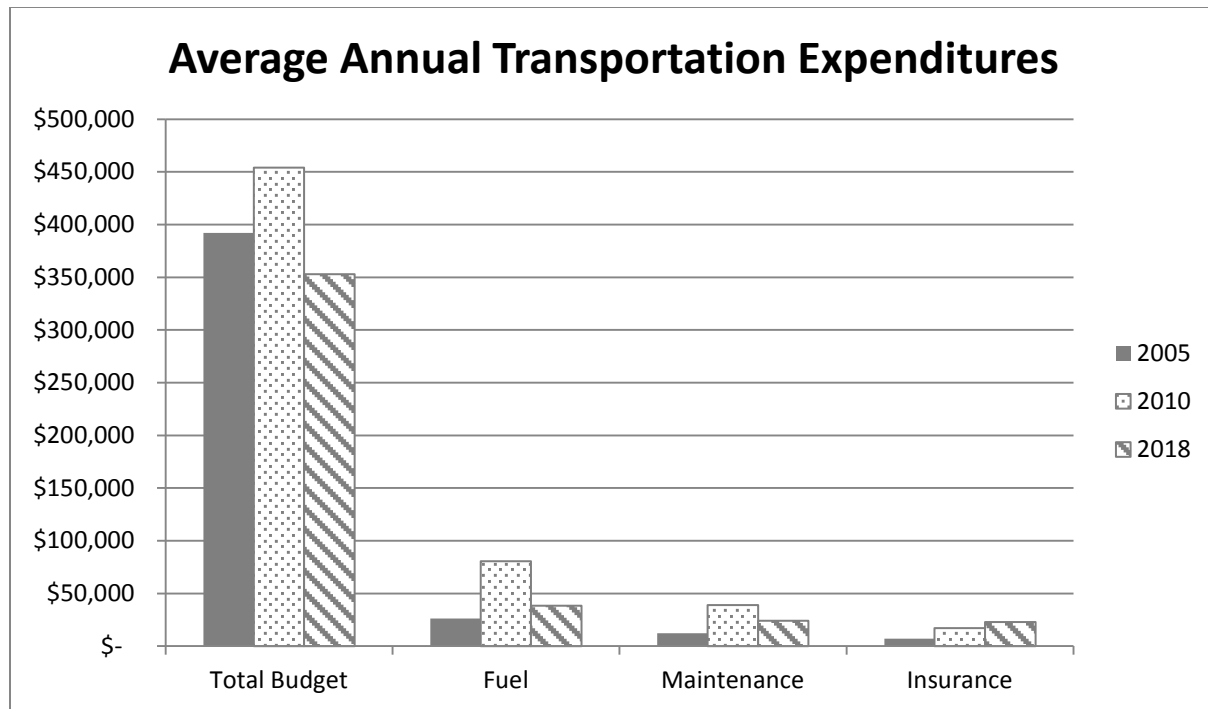
Chart 4.18   *Source: 2018 Capital District Human Service Agencies Survey*

4.5.5 Types of Trips

Of the 40 agencies answering the question about the type of transportation their organization either directly provides or purchases, the most frequent answer was demand response, which 32 agencies provide (Chart 4.19). Fixed route transportation was the least frequent, with 10 agencies. This is consistent with prior surveys. Twenty-five providers offered more than one type of service, and five agencies provided all four trip types.

Transportation Offered
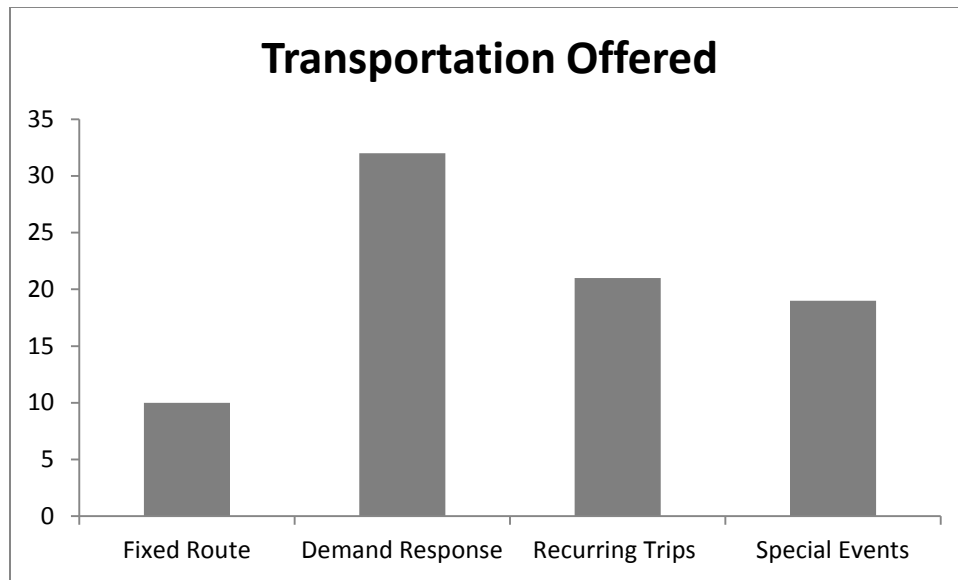
Chart 4.19   *Source: 2018 Capital District Human Service Agencies Survey*

Responses for number of annual one-way passenger trips is shown in Chart 4.20. Twenty-one agencies provided positive answers to this question, varying from 25 to over 160,000 one-way trips. As in 2010, the most frequent category is 100-1,000 trips. The total number of trips of all respondents was 275,861.

2018 One-Way Passenger Trips
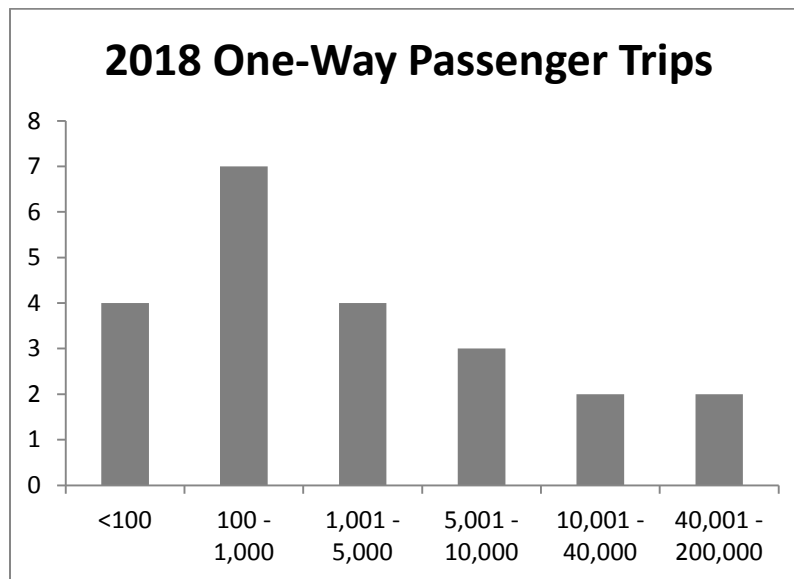
Chart 4.20   *Source: 2018 Capital District Human Service Agencies Survey*

Four agencies didn't indicate when their trips occur. For the 16 agencies indicating a breakdown of weekday and weekend trips, over 80% of agencies provide over 80% of their trips on weekdays, with 10

agencies only providing transportation on weekdays. Service for non-ambulatory or rural trips was limited. No agencies providing fewer than 5,000 annual one-way trips provided non-ambulatory trips. Seven agencies indicated they do provide non-ambulatory transportation, which most frequently made up 7% of all rides. Non-ambulatory trips constituted 50% of all trips for one agency. In all, respondents provided 85,892 non-ambulatory trips in 2018.

Six agencies provide some trips in self-defined rural areas, ranging from 1% to 95% of their trips. In all, respondents provided 6,470 trips to rural areas in 2018.
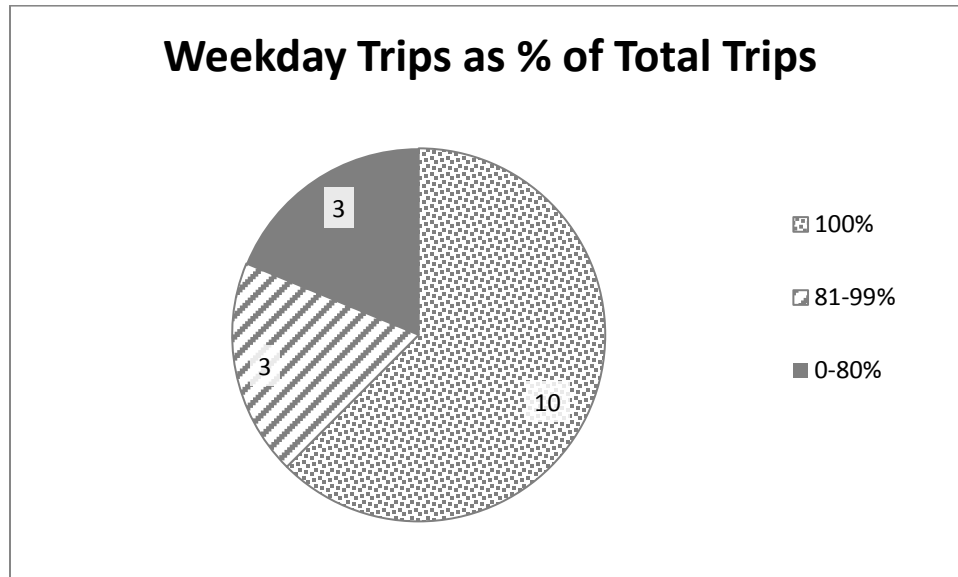
Chart 4.21   *Source: 2018 Capital District Human Service Agencies Survey*

4.5.6 Conclusions

- Respondents are willing to partner with other providers in a variety of ways.
- The use of volunteer drivers is increasing among respondents.
- In the next five years, over half of respondents' vans and cars need to be replaced.
- Provision of trip planning and/or travel assistance by agencies seems to be increasing.
- Insurance costs may be increasing.

4.6 Other Resources

Information on other specialized transportation and their providers is noted below with links to relevant websites.

The **Coordinating Council on Access and Mobility** (CCAM) is a partnership of federal agencies working to improve the availability, quality and efficient delivery of transportation services to people with disabilities, older adults and people with low incomes.

The **Veterans Transportation Service** is working to establish Mobility Managers at each local VA facility to help Veterans meet their transportation needs.

Rides In Sight provides information about senior transportation options in local communities throughout the United States, and is sponsored by Regeneron and ITN America. Information is available to the public through the website and hotline. The Rides In Sight hotline is 855-60-RIDES and is available M-F from 8AM—8PM (excluding holidays).

CapitalMoves and iPool2.org: CDTC partners with New York State's 511NY Rideshare and 511NY network to offer a rideshare matching platform, branded as iPool2 in the Capital Region. Information on carpooling, vanpooling, park and ride lots and guaranteed ride home for emergencies can be found.

4.7 Recent State Initiatives that Impact Human Service Transportation

4.7.1 Non-emergency Medicaid Transportation

The NYS Department of Health continues to contract with Medical Answering Services (MAS) to broker all Medicaid-funded transportation within CDTC's planning area. This model is believed to have consolidated local administrative functions, provided more consistent management expertise and Medicaid policy oversight, and improved resource coordination – resulting in a more seamless, cost-efficient, and quality-oriented delivery of transportation services to Medicaid enrollees state-wide. If not previously, Medicaid recipients must now have their medical provider document a medical reason why they cannot take public transportation for their trip (NYSDOH Form 2015). This may help to support rural public transportation providers, relied upon by Medicaid recipients for trips other than health care. The NSYDOH Medicaid contract affected some rural public transportation providers, in addition to CDTA's ACCESS Transit brokerage, which saw a reduction in the number of agencies utilizing the service. Human services agencies can register to provide Medicaid transportation with MAS, which is actively seeking providers utilizing volunteer drivers.

[Medical Answering Services](#) (MAS) also manages all of the transportation needs of Office of Mental Health (county code 97) and Office for Persons with Developmental Disabilities (county 98) enrollees as of February 1, 2019.

Medicaid redesign in New York State is managed by the Department of Health's Delivery System Reform Incentive Payment (DSRIP) Program, utilizing 25 Performing Provider Systems throughout the state. The Alliance for Better Health is the contracting Performing Provider System covering the Capital Region. While Medicaid redesign initially reduced coordination successes, recognition of this impact may have brought the Department of Health toward a better understanding of the benefits of coordination.

The Alliance for Better Health has initiated the "Circulation" program to provide non-Medicaid eligible rides to Medicaid-eligible residents for trip purposes related to social determinants of health, such as benefits navigation, clothing and food assistance, pharmacy, and other trips. Agencies that are members of the system can schedule rides for eligible trips for the people they serve ahead of time or immediately. The system utilizes existing private provider transportation networks, namely Uber and Lyft. Any agency can register to become a transportation provider as long as they can use the Circulation software created for the program. Agencies able to provide wheelchair-accessible trips are needed and can be paid for the trips. NYSDOT has indicated that agencies may participate in this program using vehicles received from federal Section 5310 funds, as long as the stated purpose for the vehicles upon grant award continues to be met. Other regional Performing Provider Systems are piloting similar programs.

4.7.2 Olmstead Cabinet Report

The 1999 Supreme Court decision in *Olmstead v. L.C.*,527 U.S. 581 ruled that a "state's services, programs, and activities for people with disabilities must be administered in the most integrated setting appropriate to a person's needs."

In November 2012, New York State Executive Order Number 84 was issued that created the Olmstead Development and Implementation Cabinet or Olmstead Cabinet. The Olmstead Cabinet was charged with developing a plan consistent with New York's obligations under the United States Supreme Court

decision in *Olmstead.* The Olmstead Cabinet report "identifies specific actions state agencies responsible for providing services to people with disabilities will take to serve people with disabilities in the most integrated setting. These actions will:
- Assist in transitioning people with disabilities out of segregated settings and into community settings;
- Change the way New York assesses and measures Olmstead performance;
- Enhance the integration of people in their communities; and
- Assure accountability for serving people in the most integrated setting."

Effective July 2015, the Centers for Medicare and Medicaid Services approved New York's State Plan Amendment to its Medicaid State Plan, to implement a Community First Choice State Plan Option to provide home and community based attendant services and support. The assessment process assesses for "community first" service options as the default mechanism, so that every person with a disability is offered services in the most integrated setting and only receives services in a more restrictive setting when necessary. …For people with disabilities, true community integration involves the ability to access integrated housing, employment, transportation, and support services.

To comply, the NYS Office for People with Developmental Disabilities (OPWDD) moved individuals who resided at developmental centers to community-based residential services and increased integrated employment opportunities for people with developmental disabilities. People previously traveling to sheltered workshops transitioned to more community based employment. These changes increase the need for transportation.

4.7.3 Study to Design a Mobility Management Project
The Olmstead Cabinet's recommendations report identified the need for mobility management, since "transportation services are…fundamental to community living for people with disabilities." It notes that mobility management is "a strategic approach to service coordination and customer service to enhance the ease of use and accessibility of transportation networks" and that "mobility management forms and sustains effective partnerships among transportation providers in a community by providing a single, localized source for coordinating and dispatching the full range of available transportation resources to customers. The partnerships formed by mobility management are meant to increase the available travel services for riders and create resource and service efficiencies for transportation providers." (pg. 22)

It is important to remember that Non-Emergency Medicaid Transportation is only available to access medical care covered by Medicaid. Therefore, there remains a need for enhanced coordination of transportation resources to assure the availability of services for people with disabilities who need transportation to work or to engage in other non-medical activities.

The New York State legislature enacted legislation in the State Fiscal Year 2015-16 budget that supported an assessment of the mobility and transportation needs of persons with disabilities, and other populations including but not limited to older adults and those receiving behavioral health services. The assessment goal was to develop a clear and achievable set of recommendations regarding a pilot demonstration program to improve transportation services. As a result of this legislation, OPWDD began the Study to Design a Mobility Management Project in March 2016. (study report pg 10) Finalized in February 2017, the Study made three recommendations:
1) Establish a statewide human service transportation coordination infrastructure.

This recommendation would require large scale reform, including legislative, regulatory and general policy changes, as well as significant changes to funding and rate structures.

2) Establish Regional Coordinating Councils (RCCs).
Establishing RCCs would require an initial investment, necessitate additional funding and may also require organizational, structural and/or some regulatory changes.

3) Pilot three mobility management strategies in three regions in New York State (eventual statewide implementation).
This recommendation could be achieved in the short term without significant new funding or legislative action.

To date, there is no known progress implementing the recommendations, though indications are that they remain statewide priorities.

4.7.4 New York Connects

The state's federally-designated Aging and Disability Resource Center, NY Connects was mandated in 2007 under the NYS Elder Law (Section 203(8)). It "provides one stop access to free, objective, comprehensive information and assistance for people of all ages needing long term services and supports. The program links individuals of all ages to long term services and supports regardless of payment source; whether it be private pay, public or a combination of both."

NY Connects is operational in Albany, Rensselaer, Saratoga and Schenectady Counties. In Albany County, the Department of Social Services houses the program. In Rensselaer, Saratoga and Schenectady Counties, the county aging (or senior and long term care) departments house NY Connects. In all four, Independent Living Centers partner with the County to ensure information is available to people with disabilities.

4.7.5 New York State Transportation Network Company Accessibility Task Force

The Transportation Network Company Act took effect on June 29, 2017 and created the regulatory framework for Transportation Network Companies (TNC's) to operate across New York State. A critical component of the law was to establish the TNC Accessibility Task Force, charged with analyzing and advising on how to maximize effective and integrated transportation services for persons with disabilities in the transportation network company market. The Task Force formed in the Fall of 2018, conducted a listening tour to gather comments from the public, and created a report with recommendations to improve accessible transportation throughout New York State, while acknowledging the limitations of the TNC business model.

For the TNC's, recommendations center around oversight methods, improving accessibility of accessible vehicles including reasonable wait times and incentivizing accessible vehicles, driver education, accessibility of the mobile and web-based applications themselves, and diverse payment options including via organizational accounts and partnering with Medicaid. The report recommends state government incentivize accessible vehicles already in use to participate in the TNC model.

5. Taking Stock of Past Coordinated Planning Efforts and Funded Projects

5.1 The Regional Transportation Coordination Committee

CDTC has had a long history of facilitating coordination efforts related to public transit/human services transportation dating back to the 1970's. A more formalized process was put into place after enactment of federal transportation legislation entitled the Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEALU) in 2005. SAFETEALU required that projects selected for funding under the Section 5310 Elderly Individuals with Disabilities Program, the Job Access and Reverse Commute (JARC) Program (Section 5316), and the New Freedom Program (Section 5317) be "derived from a locally developed, coordinated public transit-human services transportation plan", and that the plan be "developed through a process that includes representatives of public, private and nonprofit transportation and human services providers and participation by the public." Toward that end, the Regional Transportation Coordination Committee was formed to guide the work of the Coordinated Plan and to work toward better integration and coordination of public transit-human service agency transportation services.

The RTCC currently has over 60 members representing almost 40 agencies. This group has been meeting quarterly, or more frequently as required, since 2006. Membership on the RTCC has grown since it was first formed. However, attendance at meetings fluctuates with the reduction in the number of federally funded programs requiring coordination and changes in the landscape of human services transportation. Committee participation and coordination activities among the participants will continue to be a challenge.

5.2 Strategies and Actions from the 2015 Coordinated Plan

The list in Table 5.1 below identifies the strategies and actions listed in the 2015 Coordinated Plan, along with progress on each in the last four years. The 2015 Plan Goals proposed evaluation criteria/prioritization mechanisms for the merit evaluation process used in the cyclical Transportation Improvement Program (TIP) update to prioritize projects including elements that promote universal access and improve access and mobility options for traditionally transportation disadvantaged populations. The merit evaluation used since the last Coordinated Plan have included evaluation criteria for ADA accessibility, transit and pedestrian infrastructure, and environmental justice. Additionally, CDTC staff held or attended at least one county-based coordination meeting in each county in 2016 and 2017, for a total of six meetings. At these meetings, attendees discussed the current status of their own and other transportation services in the County and common issues.

Strategy or Action from 2015 Coordinated Plan	Progress in Last Four Years
Prioritize projects for Section 5310 funding that will address previously identified gaps and barriers.	All funded projects have filled identified need in the equipment or client services categories. Aside from travel training through CDTA, there have not been mobility management or coordination-type applications.
Reach out to NYS Department of Health, OPWDD and Veteran's groups to participate in the RTCC.	The Veterans Agency has been participating. The NYSDOH participates in the 5310 review committee. Staff has not successfully involved OPWDD.
Organize and hold a Workshop on Tools to Improve Human Service Agency Transportation Service Quality and Efficiency.	CDTC held a full-day workshop in April of 2016 and a half-day workshop in May of 2018.
Restructure the RTCC meetings to foster better communication, information sharing and coordination among service providers.	Presentations were provided at four RTCC meetings.
Ensure that listings of available paratransit services within the Capital District's four counties are included in the 511NY paratransit services listings. Explore use of 211 as a resource for human service agency transportation.	This has not occurred. NY Connects has proven to be a more updated and relevant resource for transportation information in the Capital Region.
Smart Growth – Identify mechanisms, such as education and outreach, potential incentives and other means to improve decision making for Location Efficient Siting of Facilities/Housing serving transportation disadvantaged populations.	This has not occurred.
Facilitate completion of ADA Transition Plans and associated physical improvements to continue to work toward an accessible regional transportation system. Include a method to incentivize and prioritize inclusion of accessible features in federally funded transportation projects through changes to CDTC's Transportation Improvement Program (TIP) merit evaluation process for candidate projects.	CDTC collected precise location for all sidewalks within the Capital Region, and distributed databases to each municipality for use in creating their Transition Plans. The TIP merit evaluation process includes an incentive to for projects implementing a Transition Plan.
Explore utilization of A Framework for Action - a self-assessment tool that states and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation.	This has not occurred.
Explore opportunities for coordination for other federal programs that fund transportation components but are not funded through FTA or FHWA.	This has not occurred.

Table 5.1

5.3 Prior Human Services Transportation Funding Solicitations

As discussed above, the previous Coordinated Plans played an important part in helping to prioritize and recommend activities for implementation by the various human service and transportation providers in the Capital District's four county area. Recommendations included in the Coordinated Plans of 2007 and 2011 served as the basis for the evaluation and selection criteria for the three previously distinct funding sources from the FTA through a competitive selection process between 2008 and 2012:

Section 5310 (Elderly Individuals and Persons with Disabilities)
Section 5316 (Job Access and Reverse Commute)
Section 5317 (New Freedom)

Beginning in 2007, the CDTC, with appropriate input from both CDTA and the RTCC, developed separate application packages for use in competitively soliciting project applications for proposals seeking JARC and New Freedom federal transit funding.

Sections 5316 and 5317 programs provided a maximum federal transportation funding assistance at eighty percent of a total project cost for capital projects, and fifty percent of a total project cost for operational projects. The applicant was required to provide the remaining twenty or fifty percent.

With the passage of MAP-21 in July 2012, and continued under the FAST Act, the JARC and New Freedom programs were repealed and incorporated within two other existing federal transit funding programs (Section 5307 and Section 5310, respectively).

5.3.1 New Freedom

The first competitive solicitation for New Freedom projects occurred in the Fall of 2007, and the last for the remaining Federal Fiscal Year 2012 funds available under SAFETEA-LU rules took place in February 2014. Each of these solicitations were advertised using a variety of methods including public notices/legal ads, emails and letter to potential sponsor human service agencies and others and notifications on CDTC's webpage. For each solicitation round an evaluation committee, drawn from the RTCC committee, was formed to evaluate the project proposals based on a set of clear evaluation criteria based on New Freedom program requirements and the Coordinated Plan. As a result of these competitive solicitations, a variety of projects were implemented. Over $1M was programmed for New Freedom projects in the region. Recipients of these funds are shown in Table 4.1. Each project that received funding directly related to a need, gap or barrier identified in the Coordinated Plan.

New Freedom Funds programmed in the CDTC area				
Sponsor	**Project**	**Description**	**Federal Funding**	**Year of Funds**
Catholic Charities Senior Services in Schenectady	Mobility Management - Schenectady County Weekend Service for Mobility Disabled Persons	Planning and implementation of coordinated weekend service for mobility challenged seniors. This demand responsive accessible weekend transportation service began in October 2009, with weekend transportation to and from dialysis added.	$117,400	2008
Catholic Charities Senior Services in Schenectady, NYSARC, Inc/DBA Ridge Service	Human Service Agencies Joint Scheduling and Dispatch Software	Purchase and installation of scheduling software to transform individual para-transit client scheduling operations into an efficient, multi-use scheduling and dispatch system.	$76,940	2008
City of Watervliet	Accessible Shuttle Service connecting senior housing and key destinations	Planning and implementation of city shuttle service, connecting senior housing with retail and recreation. The route connected to CDTA fixed route service for enhanced access for seniors and mobility disabled individuals.	$98,600	2009
CDTA	Accessible Taxi program	Purchase of 10 accessible vehicles to be leased to local taxi providers to provide service above and beyond what the ADA regulations require.	$428,900	2009
Schenectady ARC (lead), Catholic Charities Senior Services in Schenectady, the Center for Disability Services in Albany, and Senior Services of Albany	Human Service Agencies Digital Mobil Radio	Purchase of Digital Mobil Radio technology for combined 124 vehicle fleet. Project brought the 4 agencies into compliance with 2013 FCC mandates. Also expanded inter-agency communication and transportation coordination.	$185,496	2011
Center for Disability Services	Regional Driver Training Facility and Standard Driver Training Curriculum Development	Regional Driver Training Center to be located in a redeveloped building/site. Development of standard driver training curricula and training practices for use at the Center for Disability Services, Catholic Charities Senior Services in Schenectady and Senior Services of Albany.	$222,900	2012
Catholic Charities Senior Services of Schenectady	Human Service Agencies Joint Scheduling and Dispatch Software Updates/Hardware Upgrades	Purchase and installation of updated and upgraded scheduling software/hardware to maintain functionality of original multi-agency project funded in 2008.	$21,600	2012

Table 5.2

5.3.2. Job Access Reverse Commute

A program established under SAFETEA-LU, the Section 5316 <u>Job Access and Reverse Commute (JARC)</u> program was intended to provide funding for local programs to provide transportation for low income individuals living in the urban core and working in suburban locations. JARC was intended to improve access to transportation services to employment, job training and support activities for welfare recipients and eligible low-income individuals.

Similar to New Freedom, the JARC program required that competitive solicitations be conducted to select projects for funding. CDTC carried out area wide solicitations for each time period that funding was available and followed the same process of public notification and evaluation as was carried out under New Freedom. As with New Freedom, projects had to be derived from the Coordinated Plan.

Job Access Reverse Commute (JARC) Funds programmed in the CDTC area				
Sponsor	**Project**	**Description**	**Federal Funding**	**Year of Funds**
CDTA	CDTA JARC - Mobility Management	Four trip planners at one-stops, a full-time mobility management coordinator (coordinates trip planner activities and acts as a liaison with area employers and Social Service Districts), the Safety Net Brokerage (provides brokered taxi rides to eligible recipients at the direction of County DSS Caseworkers in instances where bus service is unavailable or unusable) and capital expenses to support the mobility management activities (such as educational/ promotional brochures, materials and supplies, software, transportation).	$1,510,400	2008 - 2010
CDTA	CDTA JARC - Mobility Management	Four trip planners at one-stops, a full-time mobility management coordinator (coordinates trip planner activities and acts as a liaison with area employers and Social Service Districts), the Safety Net Brokerage (provides brokered taxi rides to eligible recipients at the direction of County DSS Caseworkers in instances where bus service is unavailable or unusable) and capital expenses to support the mobility management activities (such as educational/ promotional brochures, materials and supplies, software, transportation).	$330,729	2011
CDTA	CDTA JARC - Mobility Management	Continuation of previous and current JARC funded activity of Mobility Management by continuing to support two travel trainers. The travel trainers will continue to help clients access CDTA's fixed route system. CDTA estimates that the number of persons to be served in the Saratoga Springs Urbanized Area will be 250 annually.	$35,825	2012

CDTA	Expanded Late Night / Weekend Bus Service	Late night and weekend service expansions to low-income public housing and neighborhoods to address the weekday versus weekend coverage service gap identified in the Coordinated Plan. Access to major suburban employment centers with non-traditional work hours; access from major cities of Albany, Schenectady and Troy and their low-income neighborhoods; and, an increase in the span of service outside of traditional commute hours are supported.	$238,160	2012
Catholic Charities - Wheels and Ways to Work	Wheels and Ways to Work Car Loan Program	Assistance to low income individuals and families with a two-year auto (character) loan to purchase a safe, reliable used vehicle and includes 1) financial education and loan counseling 2) intake, loan screening, and assessments, 3) case management to approved loan recipients 4) monitoring and tracking of loan repayment and 5) incentives to continue successful repayment. Funds will only be used for operating costs and will not be used for loan capital.	$60,000	2012

Table 5.3

5.3.3 5310 Program, MAP-21, and FAST Act

In New York State, the Department of Transportation (NYSDOT), through its Transit Bureau, historically administered the Section 5310 program which provided federal funds to purchase accessible vehicles to transport the elderly and persons with disabilities. Prior to enactment of MAP-21, Section 5310 funds could only be used to purchase vehicles in NYS, at an 80/20 federal to local match ratio. However, projects funded through the 5310 program under MAP-21, and continued under the FAST Act, may include both vehicles and New Freedom type projects within the CDTC planning area.

Starting in 2014, at least 55% of the available funding awards must go to traditional Section 5310 capital projects. The remaining 45% of funds may support public transportation projects that exceed the requirements of the ADA, projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit, and alternatives to public transportation that assist seniors and individuals with disabilities. Use of Section 5310 funds may be for the capital and/or operating expense of transportation services to seniors and/or individuals with disabilities. See FTA Circular 9070.1G for a list of eligible projects under the two categories: 1) Eligible Capital Expenses that Meet the 55% Requirement, and 2) Other Eligible Capital and Operating Expenses (pages III-1- to III-15).

Similar to previous 5310 project solicitations, an evaluation process will be followed that includes an inter-agency review committee for selecting fund grantees on a discretionary basis. CDTC is one member of the review committee that reviews grant applications for this area. SAFETEA-LU required the MPO to confirm that the proposed service to be provided by the requested vehicles would not duplicate effort and would be consistent with the Coordinated Plan. Retained in the FAST Act, this requirement has resulted in additional dialogue between human service agencies and expanded RTCC membership.

Beginning in 2015, projects funded under Section 5310 are listed in CDTC's TIP as separate projects. See Table 5.4 below for the number of vehicles and federal dollar amounts between 2008 and 2018.

Funding Year 2008-2017 Vehicle Counts by Agency

County	Agency Name	2008	2009	2010	2011	2012	2013+ 2014	2015	2016+ 2017	Total
Albany	Bethlehem Senior Projects								1	1
Schenectady	Catholic Charities Senior Services In Schenectady	1	1			1	2			5
Albany	Center for Disability Services	3	3	4	4	2	5		3	24
Saratoga	Civic Center of Moreau				1					1
Albany	Colonie Senior Service Centers	2	2	1	1		2	1	2	11
Rensselaer	Independent Living Center of the Hudson Valley							2		2
Schenectady	Northeast Health Connection dba Eddy SeniorCare	2				3		2	2	9
Albany	NYSARC, Warren Washington and Albany Counties Chapter								2	2
Albany	Rehabilitation Support Services	1			1					2
Rensselaer	Rensselaer County Chapter NYSARC			1		2	2			5
Saratoga	Saratoga County Chapter NYSARC	2	3	3	3	4	3	2	3	23
Schenectady	Schenectady County Chapter NYSARC	4	2	3	3	2	4	2	3	23
Albany	Senior Service Centers of the Albany Area				1				1	2
Schenectady	Sunnyview Rehabilitation Hospital							1	1	2
Albany	Town of New Scotland Senior Outreach Program	1								1
Albany	Visiting Nurse Association of Central New York								1	1
	Total	16	11	12	14	14	18	10	19	113

Table 5.4 Source: NYSDOT Public Transportation Bureau, CDTC

Funding Year 2008-2017 Grant Totals by Agency

County	Agency Name	2008	2009	2010	2011	2012	2013+ 2014	2015	2016 + 2017	Total
Albany	Bethlehem Senior Projects								$49,654	
Alb-Sch-Ren	Capital District Transportation Authority						$82,898	$172,304	$172,305	$427,507
Schenectady	Catholic Charities Senior Services In Schenectady	$43,029	$39,981			$32,667	$68,441			$184,118
Albany	Center for Disability Services	$158,907	$224,062	$287,946	$177,228	$79,974	$356,905		$219,526	$1,504,548
Saratoga	Civic Center of Moreau				$43,381					$43,381
Albany	Colonie Senior Service Centers	$80,940	$84,090	$44,914	$40,662		$69,075	$49,210	$99,308	$468,199
Rensselaer	Independent Living Center of the Hudson Valley							$67,160		$67,160
Schenectady	Northeast Health Connection dba Eddy SeniorCare	$91,758				$108,542		$98,421	$99,307	$398,028
Albany	NYSARC, Warren Washington and Albany Counties Chapter								$104,436	$104,436
Albany	Rehabilitation Support Services	$44,029			$40,662					$84,691
Rensselaer	Rensselaer County Chapter NYSARC			$43,792		$63,299	$71,219			$178,310
Saratoga	Saratoga County Chapter NYSARC	$223,182	$337,382	$139,250	$321,797	$201,996	$274,394	$98,995	$208,961	$1,805,957
Schenectady	Schenectady County Chapter NYSARC	$194,108	$97,840	$148,507	$143,877	$79,804		$204,693	$155,944	$1,024,773

County	Agency Name	2008	2009	2010	2011	2012	2013+ 2014	2015	2016 + 2017	Total
Albany	Senior Service Centers of the Albany Area				$37,663				$46,379	$84,042
Schenectady	Sunnyview Rehabilitation Hospital							$26,809	$24,000	$50,809
Albany	Town of New Scotland Senior Outreach Program	$44,029								$44,029
Albany	Visiting Nurse Association of Central New York								$33,882	
	Totals	$879,982	$783,355	$664,409	$805,270	$566,282	$922,932	$717,592	$1,213,702	$6,469,988

Table 5.5 Source: NYSDOT Public Transportation Bureau, CDTC

6. Issues and Opportunities

6.1 Increasing the Accessibility of Pedestrian Networks

Responses to the surveys for seniors and people who have a disability show that show a need or desire to be able to walk to necessary destinations. Much of the existing pedestrian infrastructure in the Capital Region is not accessible. This has many reasons, but in general it may have been constructed in an inaccessible manner, it may have deteriorated since construction to a point where it is no longer accessible, or it may not be maintained in an accessible manner such as by trimming trees or removing snow and ice. Improving the network and its maintenance is an opportunity to reduce the need for other services.

Over the past several years, CDTA has improved bus stop amenities and accessibility and has worked cooperatively with area municipalities and NYSDOT to improve pedestrian facilities around bus stops. Work on pedestrian access, including issues related to the elderly and mobility disabled population, will continue as opportunities arise. It may be that a good number of CDTA's STAR-eligible customers could ride fixed route service, but these customers live, work or have medical appointments in areas where they may not feel safe due to traffic conflicts or other environmental factors impacting their ability. Transitioning customers from STAR onto the fixed-route services can benefit both the customer and CDTA. The customer can experience more freedom and social interaction, with less need to schedule trips ahead of time. CDTA will see reduced costs with fewer STAR trips, as the subsidy per rider is higher on STAR than on the fixed routes.

CDTA was awarded a $1.6 million federal Transportation Alternatives Grant in the fall of 2014 to improve pedestrian infrastructure along the planned River Corridor Bus Rapid Transit (BRT) line. Since that time, funding on the regional Transportation Improvement Plan for planned BRT routes has been used to enhance pedestrian infrastructure around Washington Avenue and Lark Street in Albany and along the River Corridor line.

6.2 Americans with Disabilities Act (ADA) Transition Plans

Title II (28 CFR Part 35) of the ADA of 1990 requires that state and local governments ensure that individuals with disabilities are not excluded from programs, services, and activities, including pedestrian and public transit facilities. The ADA requires that state and local governments complete self-evaluations (for pedestrian and public transit facilities this would include an inventory) and subsequently develop Transition Plans detailing how the facilities will be brought into compliance.

The process to develop a self-evaluation and transition plan ensures that a community identifies barriers to accessibility, prioritizes actions to address them and establishes a schedule. A community should accomplish the following to develop a transition plan:
- Identify and list physical obstacles and their location
- Describe in detail the methods the entity will use to make the facilities accessible
- Provide a schedule for making the access modifications
- Provide a yearly schedule if the transition plan is more than one year long
- Provide the name/position of the official responsible for implementing the Transition Plan

A Transition Plan must address barriers to pedestrian right-of-way facilities which include sidewalk curb ramps, sidewalks, parking lots, pedestrian signals, bus stops, shared use trails, and parks and recreational facilities.

Title II requires the following:

- New Construction (and altered facilities) must be designed and constructed to be accessible to and usable by persons with disabilities.
- Existing Facilities must be improved based on the goal for structural modifications and program access which includes a level of usability that balances:
  - User needs
  - Constraints of existing conditions
  - Available resources
  - Alterations to existing facilities meet minimum design standards to the extent practicable
- Accessibility Features of facilities are maintained by State & local governments in operable working conditions. Examples of maintenance needs include: sidewalks that are in disrepair; overgrown landscaping, snow accumulation; broken elevator; work zone accessibility (if construction activity affects pedestrian facilities – alternate routes should be provided if disruption is more than temporary).

The New York State Department of Transportation (NYSDOT) has adopted an ADA Transition Plan that includes sidewalks. Many local governments in the four county region have older Transition Plans, created before sidewalk standards and therefore not including sidewalks. CDTC has an ADA Transition Plan Workgroup for municipalities to discuss best practices in creating a new or updated Transition Plan that includes sidewalks and other pedestrian infrastructure. CDTC staff has collected a regional database of the locations of all sidewalks to serve as a basis for municipalities to inventory the condition of their pedestrian infrastructure.

6.3 Barriers to Use of Fixed Route Transit

Earlier Coordinated Plans for the Capital District noted reluctance by various groups, especially seniors, to using fixed route transit such as that provided by CDTA. Commonly voiced concerns include unfamiliarity with the system, concern about mixing with other riders, and perceived safety issues. A variety of research has been conducted on this issue. One such study, done for the Mineta Transportation Institute in 2010, held focus group meetings and then surveyed seniors living in Erie County, New York. Although the study's authors state that the findings "must be interpreted with caution, due to the bias found in the data … the implication is that by reducing perceptions of barriers—whether or not the perception is accurate and the barrier is as severe—may lead to increased ridership of fixed-route public transit by older adults." The study concluded that "marketing public transportation to older adults in a manner that emphasizes future independence and less hassle or stress may be critical to change the perceptions of transit" (Barriers to Using Fixed-Route Public Transit for Older Adults, Mineta Transportation Institute, MTI Report 09-16, Michael D. Peck, MA, MSW, Ph.D. June 2010).

Future public and stakeholder outreach efforts should include a discussion of these characteristics and potential ways to address them in the Capital District. Human service agency staffs should be given the

opportunity to participate in CDTA travel training. Frequent training about public transportation options will help them provide current information on how to use fixed route transit to the people they support.

However, during meetings at senior center meals in 2018 and 2019, seniors at locations with frequent transit (for example, in Albany and Schenectady), said they are familiar with and currently ride CDTA or STAR and did not express concerns about mixing with unknown people or perceived safety issues. Human services organization staffs at one of the county-based meetings expressed a belief that seniors they work with are much more comfortable with CDTA than are younger people, and in fact express that they would like to use it more, as they did when they were teens or young adults. Other stakeholders expressed a concern about younger seniors and soon-to-be seniors being much less comfortable on transit.

6.4 Regional Development Patterns

According to the Capital District Regional Planning Commission, census data shows that the population of the combined urban centers of the cities of Albany, Rensselaer, Watervliet, Troy, Cohoes, and Schenectady lost about 75,000 people between 1960 and 2010. Overall the region gained population, meaning that people spread out and moved to areas where it was more expensive to provide transportation infrastructure such as sidewalks and roads and to provide transportation services such as transit, vans and taxis. In these areas, distances between homes, jobs, and services are greater. If and when people are unable to drive, they must rely on others to transport them over those larger distances.

6.5 Disposal/Transfer of 5310-funded Vehicles

Agencies without funds to purchase new vehicles may benefit from vehicles being disposed by other agencies. This is notably the case in more rural areas where the number of trips needed may be less, but the need for each trip is high because of large distances to destinations and a relative lack of services. Providers that do need to dispose of vehicles believe they cannot provide vehicles that purchased using 5310 funds to other agencies, and that they instead must destroy them. NYSDOT Main Office has indicated that agencies may provide vehicles past their useful life to other agencies for continued use

6.6 Emergency Preparedness for Transportation Disadvantaged Populations

Counties in the Capital Region coordinate emergency management response efforts. Some social services transportation providers in the region coordinate with their respective counties on these efforts, with a focus on services for people with transportation disadvantages. The Schenectady County Shared Services Plan discusses opportunities for property tax savings, and notes: "The most noteworthy initiative currently under analysis is the potential for the County, the City, the Towns, Villages and all fire districts to collaborate with the Capital District Transportation Authority (CDTA) on the development of shared services CDTA 800 MHz/ County-wide Public Safety Radio System. This project, currently under analysis, has the potential to save $4-6 million in avoided equipment purchase costs and additional ongoing maintenance charges."

According to FTA's report entitled *Emergency Relief Manual: Reference Manual for States & Transit Agencies on Response and Recovery from Declared Disasters and FTA's Emergency Relief Program* dated

September 2015, "MPOs are concerned with ensuring that emergency transportation services are available to populations with special needs, such as the elderly, or those with disabilities; residents of institutionalized settings; children; those from diverse cultures, including individuals who have limited English proficiency or are non-English-speaking; or those who are transportation disadvantaged" (p 9). Transit agencies are uniquely positioned to be able to respond quickly and effectively to natural disasters, and "should establish relationships with local human services and health care organizations, schools, and other NGO's (e.g., Red Cross, Salvation Army) that have access to transportation departments or other transportation resources (e.g., vehicles, drivers, fuel, maintenance facilities) available for emergency response. Availability of accessible, smaller, or specialized vehicles may be especially important." (p 14).

As part of the last solicitation for remaining New Freedom (Section 5317) funding, CDTC did receive an application to prepare "GO Bags" with an emphasis on emergency transportation information for seniors who are without transportation and for mobility disabled people. The application indicated a priority on communicating county-wide with other providers to design a comprehensive county-wide brochure of information to be used during an emergency. Given timing constraints of the New Freedom funding after the program had been discontinued, the project was not funded. However, it provided evidence that human services organizations in the Capital Region may be interested to participate in emergency response efforts to ensure the safety of populations with special needs.

CDTC's New Visions 2050 Plan will have a section on Regional Operations and Safety which will include, as appropriate, a discussion of emergency preparedness issues relevant to CDTC's roles and responsibilities.

Helpful resources include reports such as the Transit Cooperative Research Program (TCRP) report *Communication with Vulnerable Populations: A Transportation and Emergency Management Toolkit*. Published in 2011, it provides a guiding framework and tools for constructing a scalable, adaptable communication process built on a network of agencies from public, private, and nonprofit sectors.

6.7 Loneliness and Isolation

As staff reviewed surveys received online, visited senior centers, and talked with seniors about transportation issues that they or people they know experience, a theme of isolation arose. The extent and severity is unknown and may warrant additional research or regional conversations. In numerous visits during a mealtime, some people said they were primarily there to socialize with other people. Some people expressed concern about people they know who aren't able to come to the senior center or get out to socialize, or even shop for groceries, because of an inability to find transportation. The belief was that this leads to a kind of self-isolation where the person "gives up," and that it can cause a decline in mental functioning and overall health. Indeed, a 2010 meta-analytic study found that a lack of social relationships (ie loneliness and isolation) is as harmful to health as smoking and even more harmful than obesity and physical inactivity. Solutions could focus on transportation, the Meals on Wheels program, or even new forms of communication.

6.8 Examples of Mobility Management Efforts in New York State

From New York City to some of the state's rural counties, there are several good examples of Mobility Management Programs that can be explored to determine if a similar program should be developed for the Capital District. Programs include:

- Broome-Tioga Mobility Management Project
- Cortland Way2Go
- Steuben County Coordinated Transportation
- Tompkins County Way2Go
- New York City DOT Mobility Management

The New York City Department of Transportation Mobility Management Program includes a Mobility Management Resource Guide, a "One Stop Shop" for information on programs, services, and existing conditions. Cortland Way2Go provides an integrated website with local transportation information. Tompkins County Way2Go provides travel training workshops and has created educational videos on local transportation options. Broome-Tioga Mobility Management Project staffs a call center for information about transportation options and assistance.

6.9 Senior Transportation Guide

There are many different services available for seniors, but oftentimes information about those services resides in different formats and locations and can be difficult to monitor. CDTC and the Albany Guardian Society have partnered on the creation of a Senior Transportation Guide covering services open to senior members of the public in the four-county Capital Region. The guide will include basic information about the service available, including restrictions on the origin and destination, the time of day and day of the week, accessibility and any age restrictions. It is expected to be available in summer 2019.

7. Needs, Gaps and Barriers

The 2007 Coordinated Plan, 2011 plan update, and 2015 plan update listed Needs, Gaps and Barriers to public-transit human services transportation coordination to better serve transportation disadvantaged populations. After discussions with the RTCC and stakeholder and public outreach, those Needs, Gaps and Barriers were further refined and/or expanded, and are listed below. With the decrease in funding in programs that require coordinated planning, achieving broad coordination among agencies will be more challenging. As illustrated above, various projects have been funded that work toward addressing some of these needs, gaps and barriers, but further progress is needed.

Needs

- Organizational – Human Service Agencies
  - Drivers (recruitment and retention)
  - Shared Vehicle Maintenance, including wheelchair lifts and ramps
  - Other Pooled Resources (e.g. drivers, insurance – self-or non-self-insured)
  - Group Purchasing (fuel, insurance, maintenance, replacement parts)
  - Driver/Mechanic Training
  - Manage Demand on STAR
  - Additional Funds

- Rider Services
  - Travel/Mobility Training
  - Information Sharing/Education
  - Additional Funds

- Equipment
  - Replacement and Additional Wheelchair Accessible Vehicles
  - Accessible Taxis and Transportation Network Company vehicles
  - Additional Funds

Gaps
- Some Trip Purposes Not Well Served
- Geographic Coverage (due to sprawl and "most integrated setting" requirements)
- Weekend Coverage
- Travel/Mobility Training
- Options for Rural Residents

Barriers

- Perceived and Real Limitations on Coordinated Service Provision
  - Funding Silos
  - Insurance
  - Accounting Barriers
  - Medicaid service redesign
  - Public Information on Available Services

- Resistance to Sharing Services and Using Fixed Route Transit
  - Unfamiliar/Uncomfortable Using Fixed Route
  - Fear of Developmentally Disabled/Mentally Ill

- Physical and Environmental Barriers
  - Inaccessible sidewalks
  - Unsafe/perceived unsafe street crossings
  - Pedestrian infrastructure snow removal
  - Transit stops not adjacent to the curb (ie at parked cars)

8. Strategies and Actions to Address Gaps and Improve Efficient Service Delivery

The Strategies and Actions listed below were derived in part from previous Coordinated Plans and discussions with the RTCC in 2018 and 2019.

1) Of eligible projects listed in FTA Circular 9070.1G or future 5310 circulars, prioritize the following list of projects for Section 5310 funding, as they will address identified gaps and barriers. Thereafter prioritize any projects that are open to the public, as a means of avoiding unnecessary segregation of services. See https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/C9070_1G_FINAL_circular_4-20-15%281%29.pdf.

    ▪ Pooled resources - Vehicle washing, Gas purchases, Replacement parts, Vehicle maintenance
    ▪ Group Insurance
    ▪ Driver/Mechanic Training
    ▪ Shared dispatch, call center, or other system allowing shared seats among agencies and public
    ▪ Other Shared services and mutually beneficial partnerships
    ▪ Information sharing
    ▪ Travel/mobility training
    ▪ Coordinated emergency management
    ▪ Census of available vehicles and available services

2) Verify the method to be used to prioritize the strategies within the competitive selection process for federal funding.

3) Reach out to NYS Office for the Aging, NYS Commission for the Blind, OPWDD and/or the NYS Developmental Disabilities Planning Council, and the Office of Alcoholism and Substance Abuse Services to participate in the RTCC and to learn more about their policies and practices that impact transportation needs and services for transportation disadvantaged populations.

4) Continue to hold workshops similar to the recent "Tools of the Trade" workshops. These may be up to a day-long workshop with multiple sessions to support providers of human services transportation in providing quality and efficient services. A workshop also provides an excellent opportunity for creative partnerships to emerge.

5) Seek transportation providers, or other groups that may not be transportation providers but support seniors or people with disabilities, to present at RTCC meetings about the services they provide and the issues they encounter. Develop a template for the presentations and information to be shared. At the conclusion of presentations invite the RTCC to brainstorm on how to help with issues and encourage coordination.

6) Encourage human services transportation providers to enter into mutually beneficial partnerships, for example as providers for Medicaid transportation, the Alliance for Better Health's Circulation system, or other similar systems, including private entities. Research best practices.

7) Facilitate completion of ADA Transition Plans and associated physical improvements to continue to work toward a safe and accessible sidewalk system that people can use for daily needs.

8) Continue to incentivize and prioritize inclusion of accessible features in federally funded transportation projects through CDTC's Transportation Improvement Program (TIP) merit evaluation process for candidate projects.

9) Ensure that listings of available paratransit services within the Capital District's four counties are included in the 511NY paratransit services listings. Ensure that human service agency transportation listings in 211 and NY Connects are accurate.

10) Smart Growth – Identify mechanisms, such as education and outreach, potential incentives and other means to improve decision making for the location-efficient siting of facilities and housing serving transportation disadvantaged populations.

11) Explore opportunities for coordination for other federal programs that fund transportation components but are not funded through FTA or FHWA. The Coordinating Council on Access and Mobility provides information on federal programs that may fund transportation. (updated 3/20/2018).

12) In the next Human Service Agency Transportation Survey, ask providers for the number of agency and personal vehicle miles travelled in the last year in providing rides to clients. In addition, ask why people were denied rides and how many were denied, in which counties. In future surveys for people who have a disability, ask if their disability is temporary.

13) Present the Coordinated Plan to the Policy Board.

14) Clarify disposal and transfer rules for vehicles acquired with FTA Section 5310 funds, and if allowed, encourage transfer to other agencies in need.

15) Research best practices for public charging for electric mobility devices, and encourage implementation.

16) Widely distribute the Senior Transportation Guide produced with the Albany Guardian Society.

17) Undertake additional research or regional conversations to document the extent and severity of isolation, and consider methods to reduce negative impacts.

Appendix: Human Service Agencies

Albany County – Government Agencies:

Access VR (formerly VESID)
Albany County Department of Aging
Albany County Department of Children, Youth, & Families
Albany County Department of Mental Health
Albany County Department of Social Services-Long Term Care
Albany County Rural Housing Alliance
Albany Housing Authority
Albany Housing Coalition
Capital District Psychiatric Center
Capital District Transportation Authority (CDTA)- Access Transit
Capital District Transportation Authority (CDTA)- STAR Program
Capital Region Workforce Development/ Career Central
Cohoes Housing Authority

Department of Veterans Affairs
NYS Commission for the Blind
NYS Developmental Disabilities Planning Council
NYS Homes & Community Renewal
NYS Office for People with Developmental Disabilities
NYS Office for the Aging
NYS Office of Alcoholism & Substance Abuse Services
Town of Bethlehem
Town of Colonie Senior Resources
Town of Guilderland
Town of New Scotland
Village of Ravena- Senior Projects
Watervliet Housing Authority

Albany County - Not-for-Profits and Other Entities:

Albany Community Action Partnership
Albany Damien Center
Albany Guardian Society
Albany Neighborhood Naturally Occurring Retirement Community
Alliance for Better Health
Alliance for Positive Health
All Metro Healthcare
Alternative Living Group
Alzheimer's Association of Northeastern New York
American Cancer Society- Road to Recovery
American Housing Foundation, Inc.
American Red Cross Eastern New York Region
Atria Senior Living
Attentive Care
Belmont Management

Belvedere Health Services
B'Nai B'Rith Parkview Apartments
Boys & Girls Club of the Capital Area
Capital Area Peer Services
Capital City Rescue Mission
Capital Counseling
Capital District Center for Independence
Capital District Child Care Coordinating Council
Capital District Medical Transportation, Inc.
Capital District Women's Employment & Resource Center
Capital District YMCA
Capitaland Taxi
CARES of NY
Catholic Charities Care Coordination Services
Catholic Charities Disability Services

Catholic Charities Housing Office

Catholic Charities of the Diocese of Albany

Center for Disability Rights, Inc.

Center for Disability Services

Center for Excellence in Aging & Community Wellness

Cohoes Multi-Service Senior Citizen Center, Inc.

Colonie Senior Service Centers

Colonie Terrace

Community Caregivers

Consumer Directed Choices

Capital District Center for Independence

Cornell Cooperative Extension

Drake Manor Senior Apartments

Early Childhood Education Center

Eddy Senior Living – Beverwyck

Elderwood Village at Colonie

Emeritus at Colonie Manor

Epilepsy Foundation of Northeastern NY

Equinox

Glenmont Job Corps Center

Guildcare

Healthy Capital District Initiative

Hilltowns Community Resource Center

Holy Wisdom Apartments

Home Instead Senior Care

Homeless & Travelers Aid Society of the Capital District (HATAS)

Hope House, Inc.

Idlewild Terrace Senior Apartments

Interfaith Partnership for the Homeless

Jewish Family Services of Northeastern NY

Junior League of Albany

Living Resources

Living Resources Employment Services

Loudonville Home for Adults Gerald Levine Center for Memory Care

Louis Apartments

Mental Health Association of NYS

Millview of Latham

NAMI- National Alliance on Mental Illness

Northeast Career Planning

Northeastern Association of the Blind at Albany

NY Association on Independent Living

Ogden Mill Apartments

Ohav Sholom Apartments

Orion Management Council Meadow

Planned Parenthood Mohawk Hudson

Rehabilitation Support Services

Salvation Army Empire State Division

Senior Services of Albany

Sidney Albert Albany Jewish Community Center (JCC)

South Mall Towers

St. Catherine's Center for Children

St. John's/St. Ann's Outreach Center

St. Peter's Hospital- ALS Regional Center

St. Peter's Hospital- CHOICES

St. Peter's Nursing & Rehabilitation Center

St. Peter's Physical Therapy

Stop The Violence, Inc

Support Ministries of the Capital Region

Trinity Alliance of the Capital Region

Umbrella of the Capital District

Upper Hudson Planned Parenthood

Visiting Nurse Service

Warren, Washington & Albany Counties Chapter of NYSARC, Inc.

Watervliet Senior Center

Wheelers Accessible Vans

Rensselaer County – Government Agencies:

Berlin Town Clerk

Capital District Transportation Authority (CDTA)- Access Transit

Capital District Transportation Authority (CDTA)- STAR Program

Eastern Area Senior Service Center

Hoosick Falls Senior Center

Hoosick Housing Authority

Hoosick Town Clerk

NYS Commission for the Blind

NYS Office of Children & Family Services

Rensselaer County Health Department

Rensselaer County Department of Social Services

Rensselaer County Department of Mental Health

Rensselaer County Unified Family Services Department for the Aging

Rensselaer County One Stop Employment Center

Rensselaer County- Southern Tier Senior Center

Schodack Town Clerk

Town of Petersburgh

Town of Poestenkill

Town of Schaghticoke

Town of Schodack

Town of Stephentown

Troy Housing Authority

Veterans Service Agency

Rensselaer County – Not-for-Profits and Other Entities:

Accent Health Care Services

AccuCare Home Health Services, Inc.

Alliance for Better Health

Alliance for Positive Health

Adept Health Care Service

Alight Care Center

American Cancer Society- Road to Recovery

The Arc of Rensselaer County

Boys & Girls Clubs of Southern Rensselaer County

Boys & Girls Club of the Capital Area

Canterbury House

Capital Counseling

Capital District Beginnings

Capital District Educational Opportunities Center

Capital District Medical Transportation, Inc.

Capital District YMCA

Center for Nursing and Rehabilitation at Hoosick Falls

Centers Health Care Troy Center

Circles of Mercy

Commission on Economic Opportunity

Community Hospice

Cornell Cooperative Extension Rensselaer County

Danforth Adult Care Center

Diamond Ridge Gracious Retirement Living

Early Childhood Education Center

Eddy Memorial Geriatric Center

Eddy Senior Living - Beechwood

Eddy Senior Living & Alzheimer's Center – Eddy Hawthorne Ridge

Evergreen Commons

Fawn Ridge

Hudson Mohawk Recovery Center

Independent Living Center of the Hudson Valley

Joseph's House & Shelter

Junior League of Troy

Moran Home

Mount Ida Food Pantry

Peter Young Housing, Industries, and Treatment
The Pines at Heartwood Assisted Living Program
Planned Parenthood Mohawk Hudson
Questar III
Rensselaer Organizations United for Senior Endeavors
Resurrection Nursing Home
Roarke Center-Catholic Charities
Samaritan Hospital
San Damiano Family Support Services
St. Jude Senior Apartments-Catholic Charities
St. Mary's Woodland Village
St. Paul's Center

St. Peter's Health Partners
Troy Adult Home
Troy Area United Ministries
Troy Damien Center (TAUM)
Troy Rehabilitation & Improvement Program (TRIP)
Umbrella of the Capital District
UNITY House
Vanderheyden Hall
Wheelers Accessible Vans
Workforce Development Institute (WDI)
YWCA of the Greater Capital Region

Saratoga County – Government Agencies:

Ballston Area Seniors
Ballston Town Clerk
Capital District Transportation Authority (CDTA)- Access Transit
Capital District Transportation Authority (CDTA)- STAR Program
Clifton Park Senior Community Senior Center
Corinth Senior Citizen Center
Mechanicville Housing Authority
Saratoga County Department of Employment & Training
Saratoga County Department of Social Services
Saratoga County Economic Opportunity Council
Saratoga County Mental Health Center and Friendship House

Saratoga County Office for the Aging
Saratoga County Public Health Services
Saratoga Springs Housing Authority
Town of Clifton Park Senior Transportation
Town of Hadley
Town of Halfmoon- Senior Center
Town of Halfmoon- Senior Express
Town of Malta
Veterans Service Agency
Waterford Senior Citizens

Saratoga County – Not-for-Profits and Other Entities:

Adam Lawrence Corinth Senior Housing
Adirondack Manor HFA
AIM Services, Inc.
Alliance for Better Health
American Cancer Society- Road to Recovery
Beacon Pointe Memory Care Community

Belmont Management
Birthright Inc.
Capital Counseling
Capital District DSO Community Residences
Capital District YMCA
CAPTAIN Community Human Services

Care Links of Southern Saratoga County
Catholic Charities of Saratoga, Warren, & Washington Counties
Coburg Village Retirement Community
Community, Work, & Independence Transit Connection
Cook Adult Home
Cornell Cooperative Extension Saratoga County
Doubleday Woods
Four Winds Hospital
Franklin Community Center
Galway Seniors
Head Start Family Education Program of Saratoga County
Home Helpers
Home Instead Senior Care
Junior League of Schenectady & Saratoga Counties
Kindred at Home Ballston Lake
Mechanicville Area Community Services Center, Inc.
Mechanicville Midrise
Planned Parenthood Mohawk Hudson
Prevention Council

Saratoga Bridges
Saratoga Center for the Family
Saratoga County Citizens Committee for Mental Health
Saratoga Regional YMCA
Saratoga Senior Center
Schuyler Ridge Residential Health Care
Shelters of Saratoga
Sun Haven Manor
Support Ministries of the Capital Region
Transitional Services Association, Inc.
Umbrella of the Capital District
Unlimited Potential
Veterans and Community Housing Coalition
Visiting Nurses Service
Washington-Saratoga-Warren-Hamilton-Essex BOCES
Wellspring
Wesley Health
Westview Apartments

Schenectady County – Government Agencies:

Capital District Psychiatric Center
Capital District Transportation Authority (CDTA)- Access Transit
Capital District Transportation Authority (CDTA)- STAR Program
Glenville Senior Center
Niskayuna Senior Center
Rotterdam Senior Citizens' Center

Schenectady County Department of Senior & Long-Term Care Services
Schenectady County Department of Social Services
Schenectady County One-Stop Center
Schenectady County Public Health Services
Schenectady County Veterans Service Agency
Schenectady Municipal Housing Authority

Schenectady County – Not-for-Profits and Other Entities:

Alliance for Better Health
Alliance for Positive Health
All Metro Healthcare
Alternative Living Group
American Cancer Society- Road to Recovery
Baptist Health Nursing & Rehabilitation Center, Judson Meadows
Belmont Management
Bethesda House
Birthright of Schenectady
Boys & Girls Clubs of Schenectady
Brookdale East Niskayuna
Brookdale Niskayuna
Capital Counseling
Capital District Center for Independence
Carver Community Counseling Services
Catholic Charities
Catholic Charities- Dayhaven Social Adult Day Program
Catholic Charities Senior & Caregiver Support Services
Catholic Charities Transportation Department
Capital District YMCA
Center for Disability Services
Centers Health Care Schenectady Center
City Mission of Schenectady
Community Human Services
Community Maternity Services
Conifer Park
Cornell Cooperative Extension Schenectady County
Depaul Housing Management
Early Childhood Education Center
Eddy Senior Living – Glen Eddy
Edison Senior Apartments
Ellis Residential & Rehabilitation Center
Glendale Home

Greatdays at Daughters of Sarah
Heritage Arms Retirement Community
Heritage Home for Women
Holly Manor Apartments for Seniors
Holyrood House
Home Instead Senior Care
Hometown Health Center
Ingersoll Place
Jewish Community Center of Schenectady (JCC)
Kingsway Arms Nursing Center
Mohawk Opportunities, Inc.
Mont Pleasant Commons
New Choices Recovery Center
Northern Rivers
Pathways Nursing and Rehabilitation Center
Planned Parenthood Mohawk Hudson
Rely Health Care
SAFE Inc., of Schenectady
Schenectady ARC
Salvation Army of Schenectady, NY
Schenectady B'nai B'rith House
Schenectady Community Ministries
Schenectady Community Action Program
Scotia Mansion HFA
Southgate Apartments
St. Peter's Addiction Recovery Center
Sunnyview Rehabilitation Hospital
Umbrella of the Capital District
Visiting Nurse Service
Washington Irving Adult & Continuing Education Center
Wildwood Programs