

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

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Capital District Transportation Committee
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Capital District Transportation Committee staff would like to acknowledge the efforts of the Regional Transportation Coordination Committee (RTCC), including CDTA staff in helping to gather information and provide input in development of this Coordinated Public Transit-Human Service Transportation Plan for the Capital District and CDRPC staff who provided the demographic data and mapping included in this report. CDTC staff would also like to acknowledge that guidance for the framework and background information for this plan was obtained from reviewing both the Syracuse Metropolitan Transportation Council (SMTC) and the Greater Buffalo-Niagara Regional Transportation Council (GBNRTC) recent Coordinated Plans.

Executive Summary

Why is a Coordinated Plan important? As a region 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 90,000 people with reported disabilities, affecting how they are able to travel and use the variety of transportation choices most people take for granted. The Capital District's senior population is expected to continue to increase. 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 public transit.

Plan Purpose and Required Elements: 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, known as SAFETEA-LU.

Metropolitan Planning Organizations (MPO), such as the [Capital District Transportation Committee \(CDTC\)](#), were required by SAFETEA-LU 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." 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 Coordinated Plan will be the third developed with the assistance of the RTCC.

The overall purpose of a Coordinated Public Transit – Human Services Transportation Plan is to improve services for transportation disadvantaged populations by identifying gaps and overlaps in service and providing prioritized recommendations for service improvements.

Federal guidance indicates a Coordinated Plan must include four specific elements:

1. An assessment of available services that identifies current transportation providers (public, private, and non-profit);
2. An assessment of 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.

Ensuring key stakeholders and representatives from transportation disadvantaged groups are included in developing the Coordinated Plan: A Coordinated Plan must be crafted with input and participation from seniors, individuals with disabilities, representatives of human service agencies, public, private and non-profit transportation providers and other members of the public. The RTCC assisted CDTC in developing this Coordinated Plan and will seek to increase participation and input from additional stakeholders moving forward. Through the proposed Workshop on Tools for Human Service

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Agencies and other events, this will be an ongoing effort as we seek opportunities to engage a wider circle of stakeholders.

Recent Changes in the Federal Funding/Programmatic Landscape:

In 2012 the new federal transportation law known as MAP-21 made significant changes to several federal programs related to Public Transit and Human Service Transportation. MAP-21 requires programs and projects seeking federal funding under the 5310 program adhere to a regionally developed Coordinated Plan; other federally funded transportation should be coordinated.

Changes to the way non-emergency Medicaid trips are handled as a result of recent New York State reforms, as well as shifting budget priorities impacting social service agencies, have reduced opportunities for previously robust and successful coordination activities, such as a regional brokerage of trips.

Identifying new solutions and coordination strategies is an important challenge for the region.

Plan Implementation Goals:

1. To raise awareness of the Coordinated Plan and encourage stakeholders and the public, including representatives of transportation disadvantaged populations, to participate in its implementation.
2. To provide qualitative and quantitative data regarding the mobility and access needs of transportation disadvantaged populations and the type and location of current transportation services:
 - Provide demographic information on transportation disadvantaged populations, focusing on geographic patterns.
 - Identify public and private organizations currently involved in serving the needs of transportation disadvantaged populations and the existing transportation services they provide by type, timing and geography.
3. To use data and information gathered through additional agency/stakeholder outreach to identify feasible recommendations for local agencies:
 - Provide information and examples to help encourage increased collaboration and coordination among agencies to close service gaps.
 - Incorporate and update analyses and recommendations from previous studies and identify best practices.
 - Formulate strategies to address identified gaps in services recognizing that to provide quality and efficient transportation services a variety of options should be available to meet the diverse needs of transportation disadvantaged individuals.
4. To identify and document gaps, barriers and strategies proposed to address them, and develop a mechanism to prioritize use of resources for implementation of identified strategies, including federal 5310 funds.
 - Identify strategies to better coordinate land use and transportation services incorporating principles related to smart growth, concentrated development, and livable/age friendly communities to foster more efficient ways to travel including enabling greater access to and use of fixed route public transit services for those that are able to use them.
 - Promote enhanced pedestrian access to public transit and other alternative modes of travel.
 - Propose evaluation criteria/prioritization mechanisms for the merit evaluation process used in the cyclical [Transportation Improvement Program \(TIP\)](#) update to prioritize projects including elements

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that promote universal access and improve access and mobility options for traditionally transportation disadvantaged populations.

- Promote coordinated advocacy and improve efforts to coordinate funding with human service agencies.
- Foster development and implementation of mobility management approaches.

What else is Included in the Plan? In addition to demographic and other background information the Plan includes an inventory of existing public transit and specialized transportation services. The region 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. These range from services operated by the [Capital District Transportation Authority \(CDTA\)](#) such as fixed-route and paratransit services to those provided by human service agencies and private entities.

A listing of past and currently funded coordination efforts, as well as gaps, barriers and proposed strategies are presented.

Strategies and Actions include:

- 1) Prioritize projects for Section 5310 funding that address identified needs, gaps and barriers.
- 2) Reach out to NYS Department of Health, OPWDD and Veteran's groups to participate in the RTCC .
- 3) Organize and hold a **Workshop on Tools to Improve Human Service Agency Transportation Service Quality and Efficiency**.
- 4) Restructure the RTCC meetings to foster better communication, information sharing and coordination among service providers.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) 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.
- 9) Explore opportunities for coordination for other federal programs that fund transportation components but are not funded through FTA or FHWA.

Information on services offered by CDTA along with information gathered from a 2011 survey to the area's human service agencies is included in the Draft Plan. **Survey results indicate an increasing reliance on volunteer drivers for those agencies providing direct transportation services as well as increasing costs.**

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 2040, is being developed. This Coordinated Public Transit Human Services Transportation Plan is part of the New Visions 2040 update.

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

Transit – Our transit services will provide modern, innovative, and viable travel options.

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:

- *Promote transit supportive land use patterns and infrastructure;*
- *Contribute to congestion management, air quality, and energy savings;*
- *Form the backbone for managing travel demand;*
- *Provide essential mobility for those who do not operate a private vehicle;*
- *Capitalize on market trends and attract choice riders.*

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. SAFETEA-LU 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 – Changes under MAP 21

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 are 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 two such plans, the first in 2007 (<http://www.cdtcmpo.org/rtcc/plan2007.pdf>) and an update in 2011 (<http://www.cdtcmpo.org/rtcc/plan2011.pdf>). 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: On July 6, 2012 new federal transportation legislation was signed into law. ***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 include the end of both JARC and New Freedom as distinct programs. JARC projects exist in MAP-21 as an eligible activity under the rural (5311) and urbanized area (5307) formula funding programs. New Freedom-type projects remain 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.

MAP-21 Section 5310 program - Enhanced Mobility of Seniors and Individuals with Disabilities:

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According to the American Public Transit Association (APTA) guide to changes under MAP 21:

“The consolidated (5310) program aims to continue support for non-profit providers of transportation, and it will continue to make available funds for public transportation services that exceed the requirements of the Americans with Disabilities Act, as previously provided under the New Freedom program. ... Further, recipients must certify that projects selected are included in a locally developed, coordinated public transit-human services transportation plan. The plan must undergo a development and approval process that includes seniors and people with disabilities, transportation providers, among others, and is coordinated to the maximum extent possible with transportation services assisted by other federal departments and agencies.” (<http://www.apta.com/gap/legissues/authorization/Documents/APTA%20MAP-21%20Guide.pdf>. Accessed August 27, 2014.)

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. However, MAP-21 requires that a specific amount of 5310 funding is assigned to each MPO area and the MPO participates in review and recommendations for proposed projects seeking 5310 funding in their metropolitan planning area. See page 90 for details on the 2015 5310 project solicitation process and results.

1.2 Federal Coordinated Plan Requirements

According to the Community Transportation Association of America (www.ctaa.org) Partnership for Mobility Management, “Coordination with human services will remain a requirement for FTA grantees across the range of all non-rail FTA programs. Coordination with human services continues to be a requirement of statewide and metropolitan transportation planning, and coordination of service delivery continues to be a requirement in all three core FTA grant programs as authorized by MAP-21: Section 5307, 5310 and 5311.”

(<http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=3180&z=95>)

MAP 21 requires that the Coordinated Plan be developed and updated not less than once every four years and include the following components:

- An assessment of current transportation services
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes
- Strategies to address the identified gaps between current services and needs, and
- Priorities for implementation based on resources, time, and feasibility

The purpose of the Coordinated Plan is to improve services for transportation disadvantaged populations by first identifying gaps and overlaps in service and then developing prioritized recommendations for service improvements. Transportation disadvantaged populations, for the purpose of this plan, are defined as individuals with disabilities, seniors and low income citizens.

1.3 Stakeholder and Public Participation Process –

CDTC's Public Participation Policy (see full policy at <http://www.cdtcmpo.org/rtp2035/public.pdf>) 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.

The Regional Transportation Coordination Committee (RTCC) assisted CDTC staff in developing the Coordinated Plan as has been done in the past. In addition, CDTC is also updating the long range regional transportation plan (New Visions 2040). The time frame for the coordinated plan update coincides with that for the long range regional transportation plan.

RTCC discussions have indicated that participation and input from additional stakeholders needs to be sought. Some groups initially identified include Managed Care providers, NYS Department of Health and Veteran's groups.

Public Participation Process for Current Plan Development and Ongoing Plan Implementation:

The following are activities used to seek input from various groups on the content and direction of the Coordinated Plan and to further identify and implement plan recommendations in continuous consultation with the RTCC.

1. Developed the Draft Plan, including recommendations for future activities over the course of the planning period to more fully identify issues facing transportation disadvantaged populations, human service agencies and public transit providers, and develop ideas for addressing needs.
2. Disseminated Draft Plan materials to stakeholders, including groups representing seniors and individuals with disabilities, and the larger public to solicit feedback.
3. Public Meetings:
 - Seven public meetings were held around the region during the period from March to June 2015. At least one meeting was held in each of the region's four counties. These meetings focused on the Draft New Visions 2040 Plan, including the Draft Coordinated Plan. Work stations were set up highlighting various regional transportation plan topics and included a station focused on human services transit/public transit. Over 100 people attended these meetings.
4. Foster Ongoing Dialogue to help:
 - Update previously identified issues and barriers to inter-agency coordination and transportation service provision in light of MAP-21, the Affordable Care Act, reduced funding, and other changes.
 - Better identify barriers to use of fixed route public transit by various transportation disadvantaged populations and potential approaches to reduce such barriers.
 - Identify innovative approaches and best practices to enhance transportation services to transportation disadvantaged populations.
 - Formulate additional action items to meet the goals of the plan, including fostering new, and strengthening existing, coordination activities among human service agencies, public transit providers and other entities.

1.4 Coordinated Plan Goals:

1. To raise awareness of the Coordinated Plan and encourage stakeholders and the public, including representatives of transportation disadvantaged populations, to participate in its implementation.
2. To provide qualitative and quantitative data regarding the mobility and access needs of transportation disadvantaged populations and the type and location of current transportation services:
 - Provide demographic information on transportation disadvantaged populations, focusing on geographic patterns.
 - Identify public and private organizations currently involved in serving the needs of transportation disadvantaged populations and the existing transportation services they provide by type, timing and geography.
3. To use data and information gathered through additional agency/stakeholder outreach to identify feasible recommendations for local agencies:
 - Provide information and examples to help encourage increased collaboration and coordination among agencies to close service gaps.
 - Incorporate and update analyses and recommendations from previous studies and identify best practices.
 - Formulate strategies to address identified gaps in services recognizing that to provide quality and efficient transportation services a variety of options should be available to meet the diverse needs of transportation disadvantaged individuals.
4. To identify and document gaps, barriers and strategies proposed to address them, and develop a mechanism to prioritize use of resources for implementation of identified strategies, including federal 5310 funds.
 - Identify strategies to better coordinate land use and transportation services incorporating principles related to smart growth, concentrated development, and livable/age friendly communities to foster more efficient ways to travel including enabling greater access to and use of fixed route public transit services for those that are able to use them.
 - Promote enhanced pedestrian access to public transit and other alternative modes of travel
 - Propose evaluation criteria/prioritization mechanisms for the merit evaluation process used in the cyclical Transportation Improvement Program (TIP) update to prioritize projects that include elements that promote universal access and improve access and mobility options for traditionally transportation disadvantaged populations.
 - Promote coordinated advocacy and improve efforts to coordinate funding with human service agencies
 - Foster development and implementation of mobility management approaches

2.1 Demographic Overview

This section reviews the demographic data from the US Census Bureau to provide an understanding of where the 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 American Community Survey (ACS), which uses smaller sample sizes than the traditional decennial Census. The most recent five year ACS data available was used.

2.1.1 Total Population: Region, Counties and Largest Cities

In 2010 the population of the four county Capital District totaled almost 838,000 people, an increase of approximately 43,600 residents, or 5.5%, from the year 2000. Over one-third of the region's population resides in Albany County. The population in Rensselaer and Schenectady counties each comprise about one-fifth of the region's total, while Saratoga County's population makes up about a quarter, as shown in Chart 2.1 and Table 2.1.

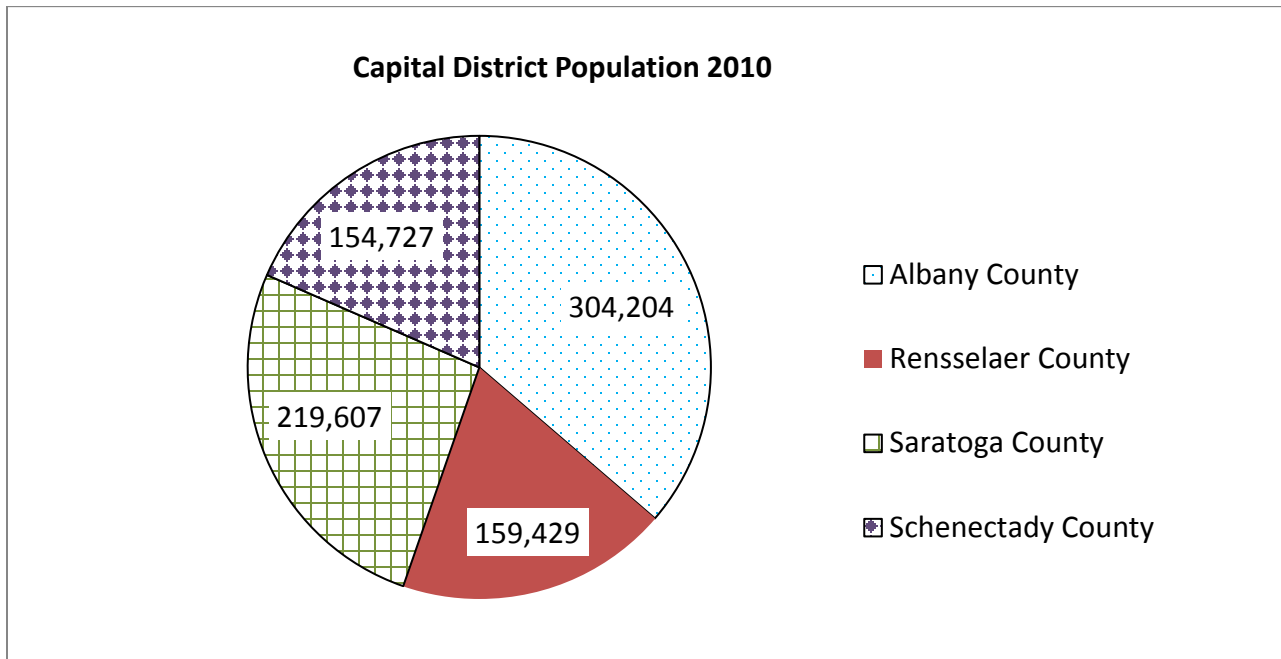


Chart 2.1 Source: US Census Bureau, 2010 Census

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Historic and Projected Population	Historic				Projected			
County	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 2.1 Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections

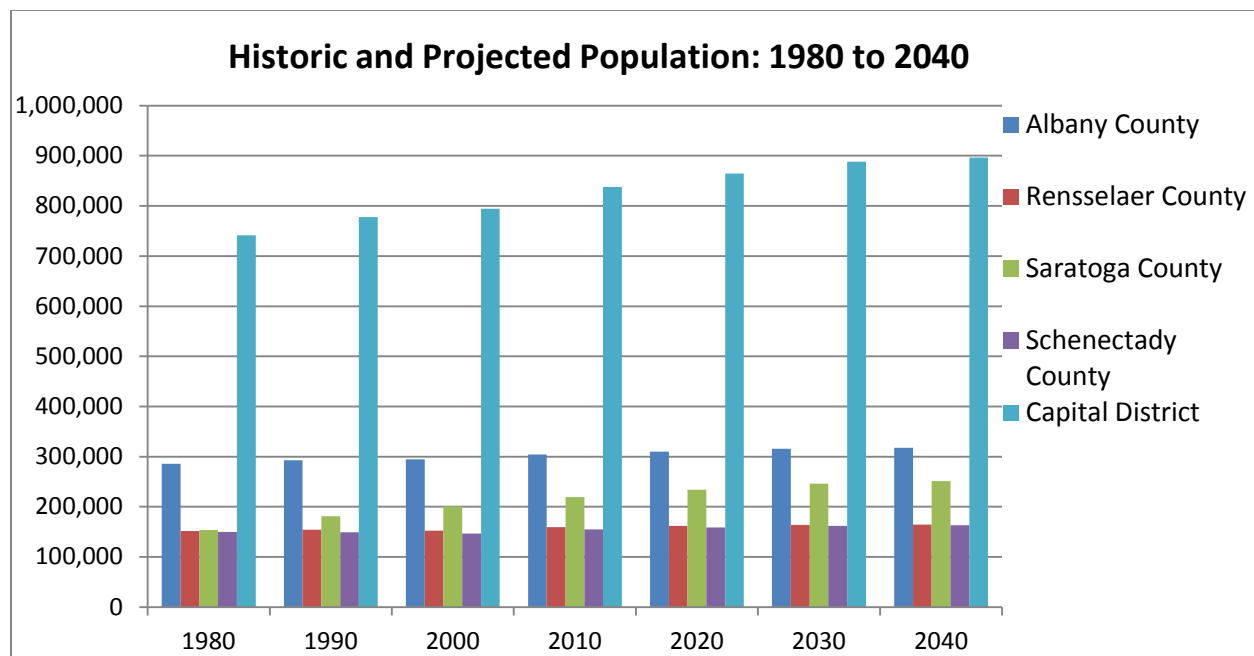


Chart 2.2 Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections

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 2.2 and Table 2.1 below. 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.

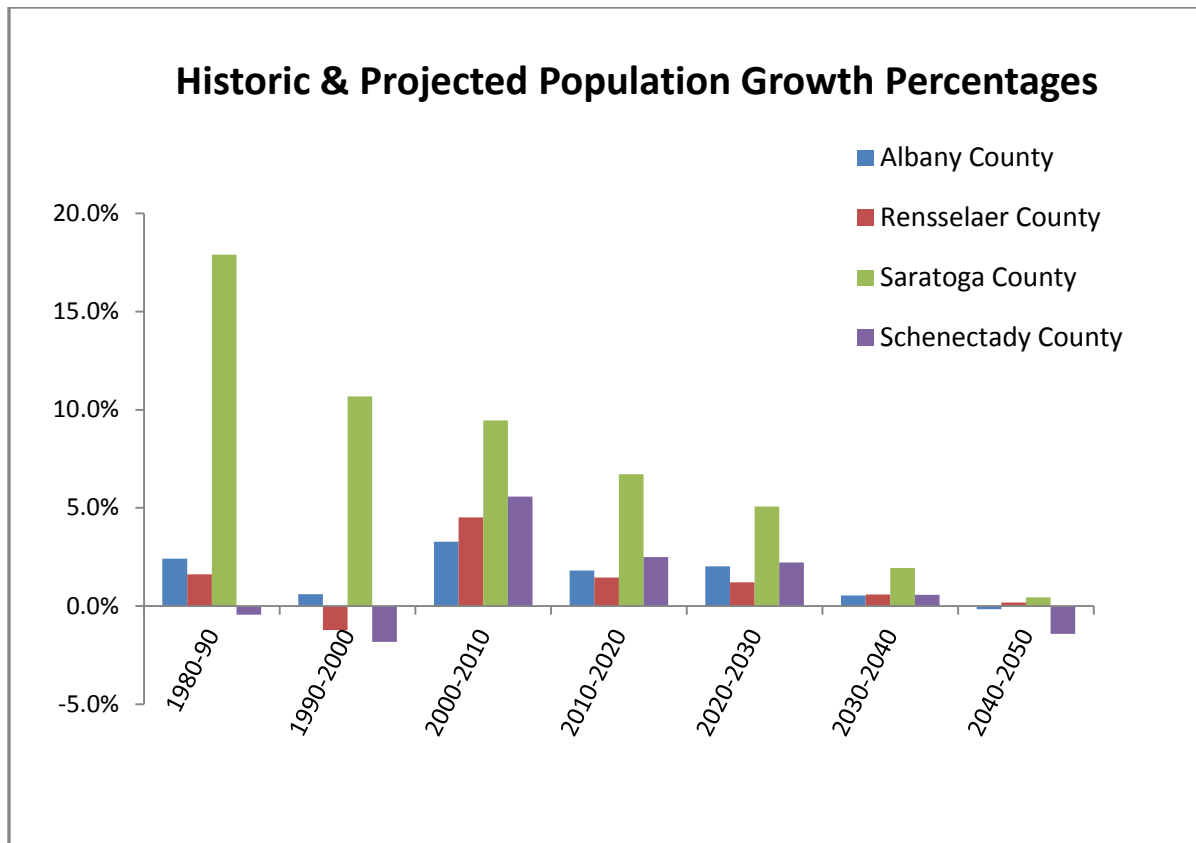


Chart 2.3 Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections

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.

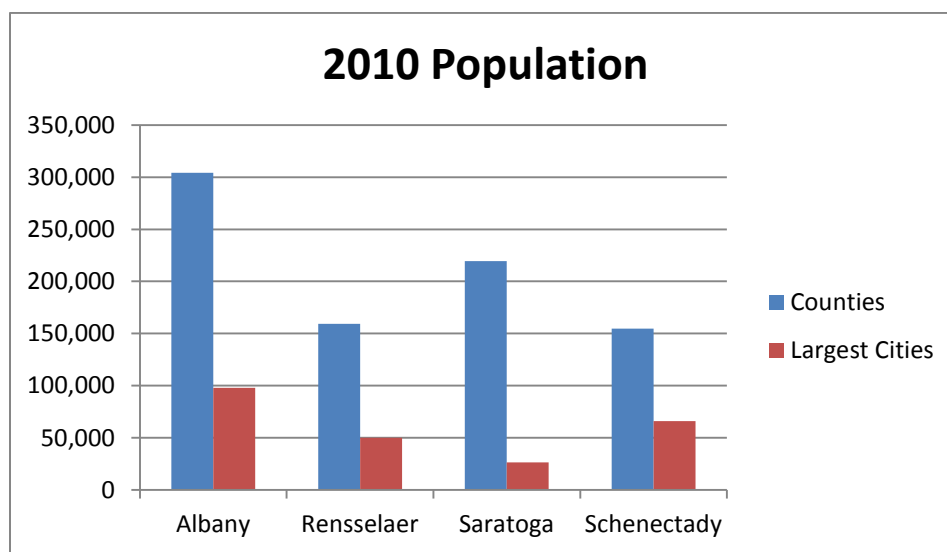


Chart 2.4 Source: 2010 US Census

2010 Population of Capital District's Counties' Largest Cities	
Albany County	304,204
<i>City of Albany</i>	97,856
Rensselaer County	159,429
<i>Troy</i>	50,129
Saratoga County	219,607
<i>Saratoga Springs</i>	26,586
Schenectady County	154,727
<i>City of Schenectady</i>	66,135
Capital District Total	837,967

Table 2.2 *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. Table 2.2 and Chart 2.4 show the 2010 Census population totals for each of the four counties' largest cities.

2.1.2 Population Age Characteristics

Table 2.3 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 2.5 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.

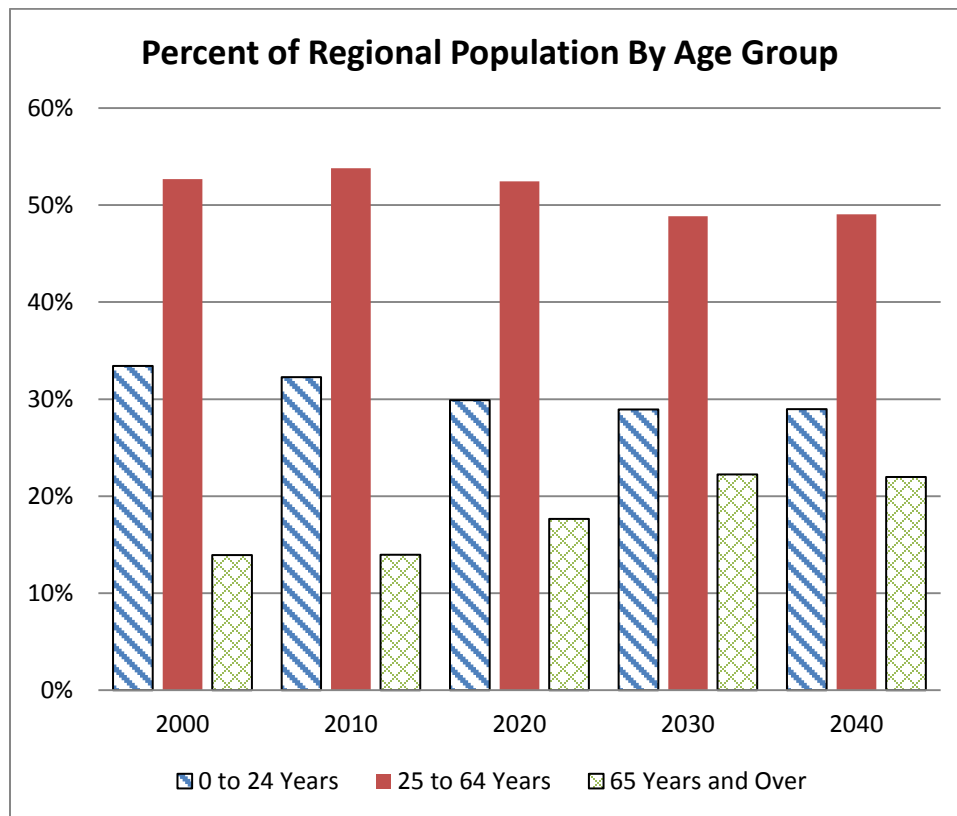


Chart 2.5 Source: US Census Bureau, 2000, 2010 Census; CDRPC

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Historic and Projected Population by Age, Capital District Region

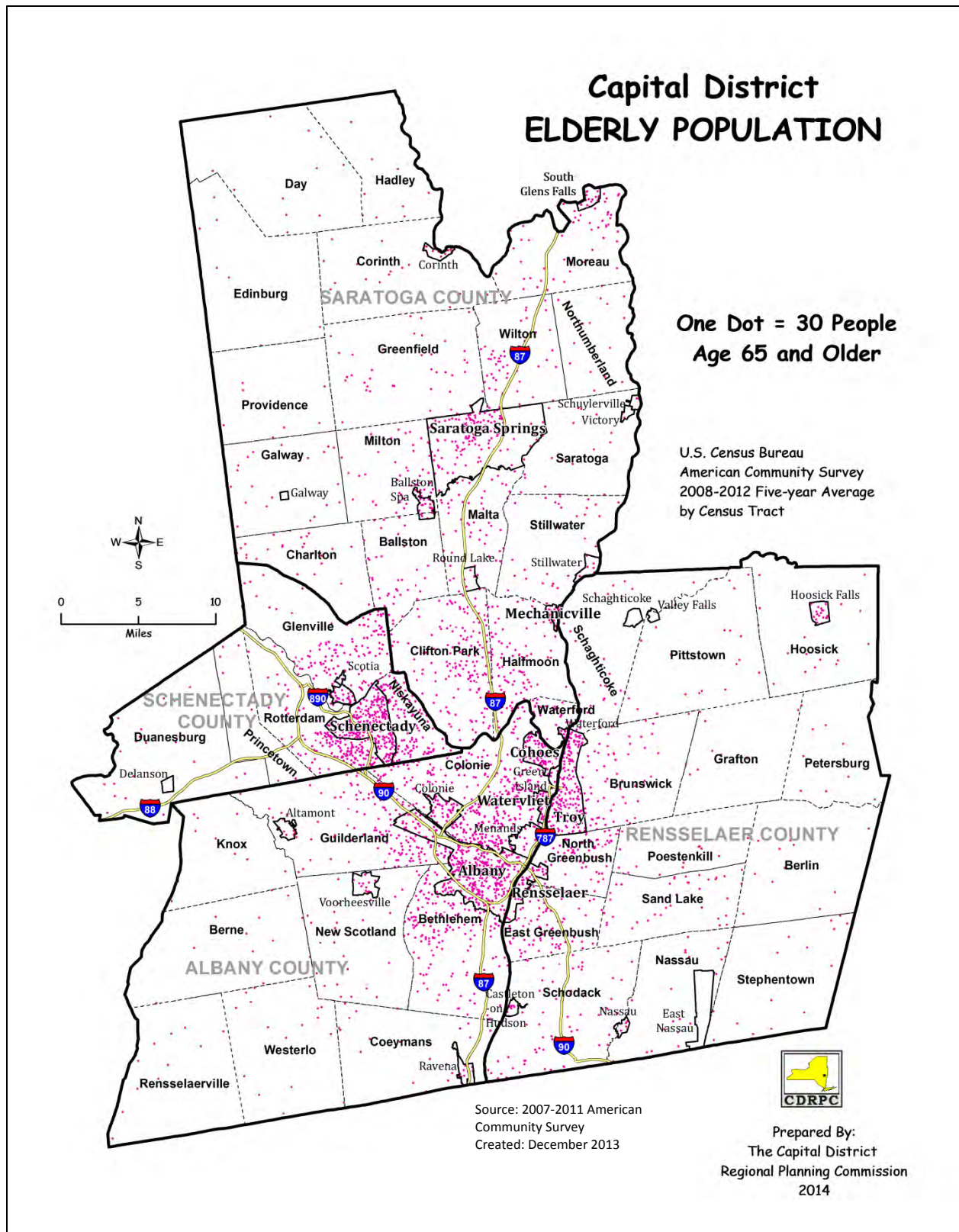
Year	Historic				Projected			
	1980	1990	2000	2010	2020	2030	2040	2050
Total	741,580	777,783	794,293	837,967	864,426	888,073	896,451	895,012
Under 5	46,447	53,254	47,917	45,524	44,756	45,857	45,908	45,828
5 to 14	110,115	98,281	109,486	100,716	98,345	96,912	99,983	99,860
15 to 24	140,720	122,250	107,942	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 2.3 Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections

Map 2.2 on the following page shows the geographic distribution of residents aged at least 65 years old according to the 2010 US Census, 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 2.3 displays, seniors live throughout the four county region, including the rural towns.

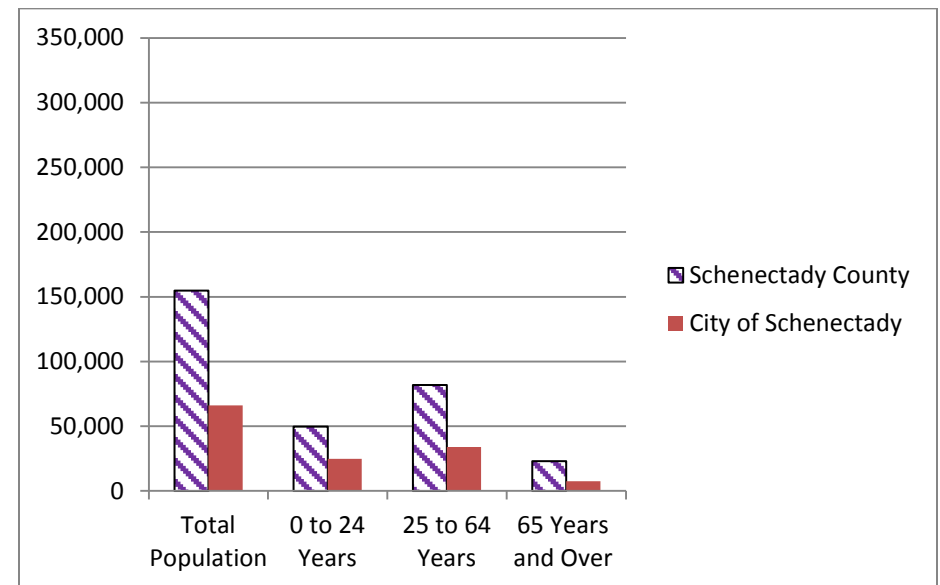
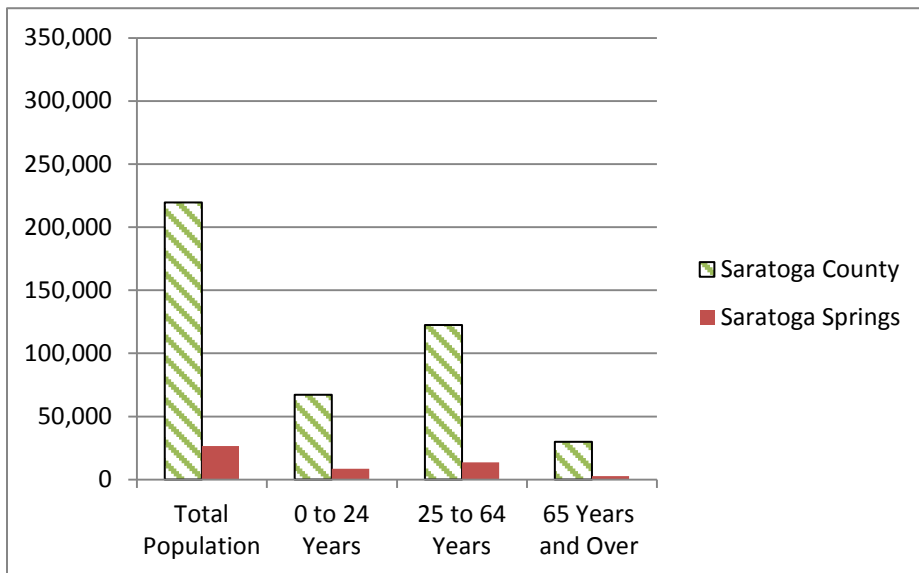
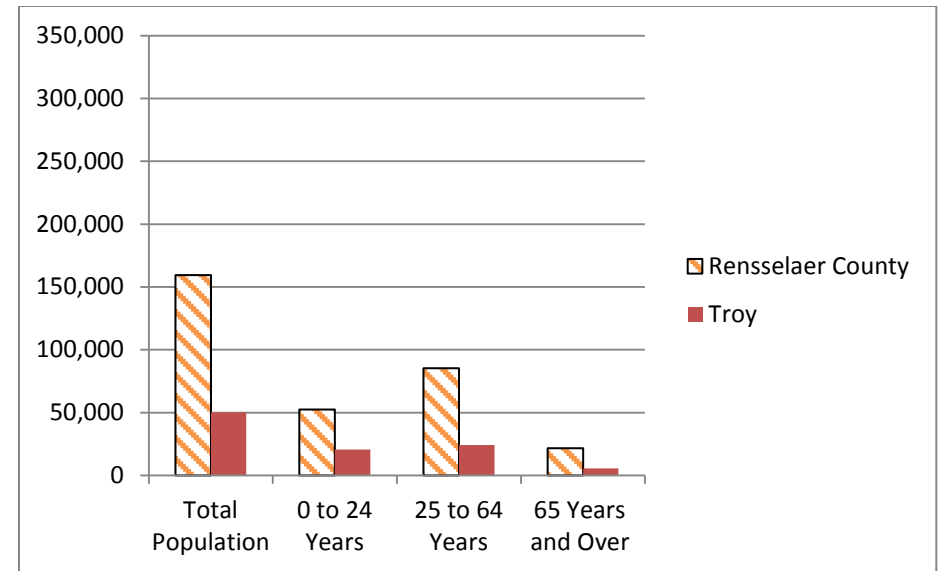
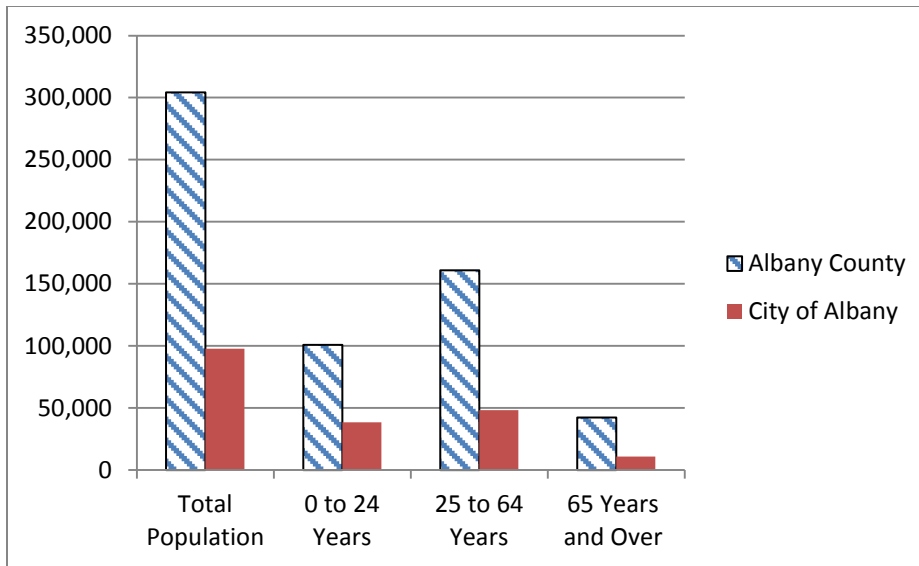
Charts 2.6 to 2.9 show the 2010 Census age distribution for three age categories (0 to 24 Years, 25 to 64 Years, and 65 Years and Over) for each of the four counties and their largest cities.



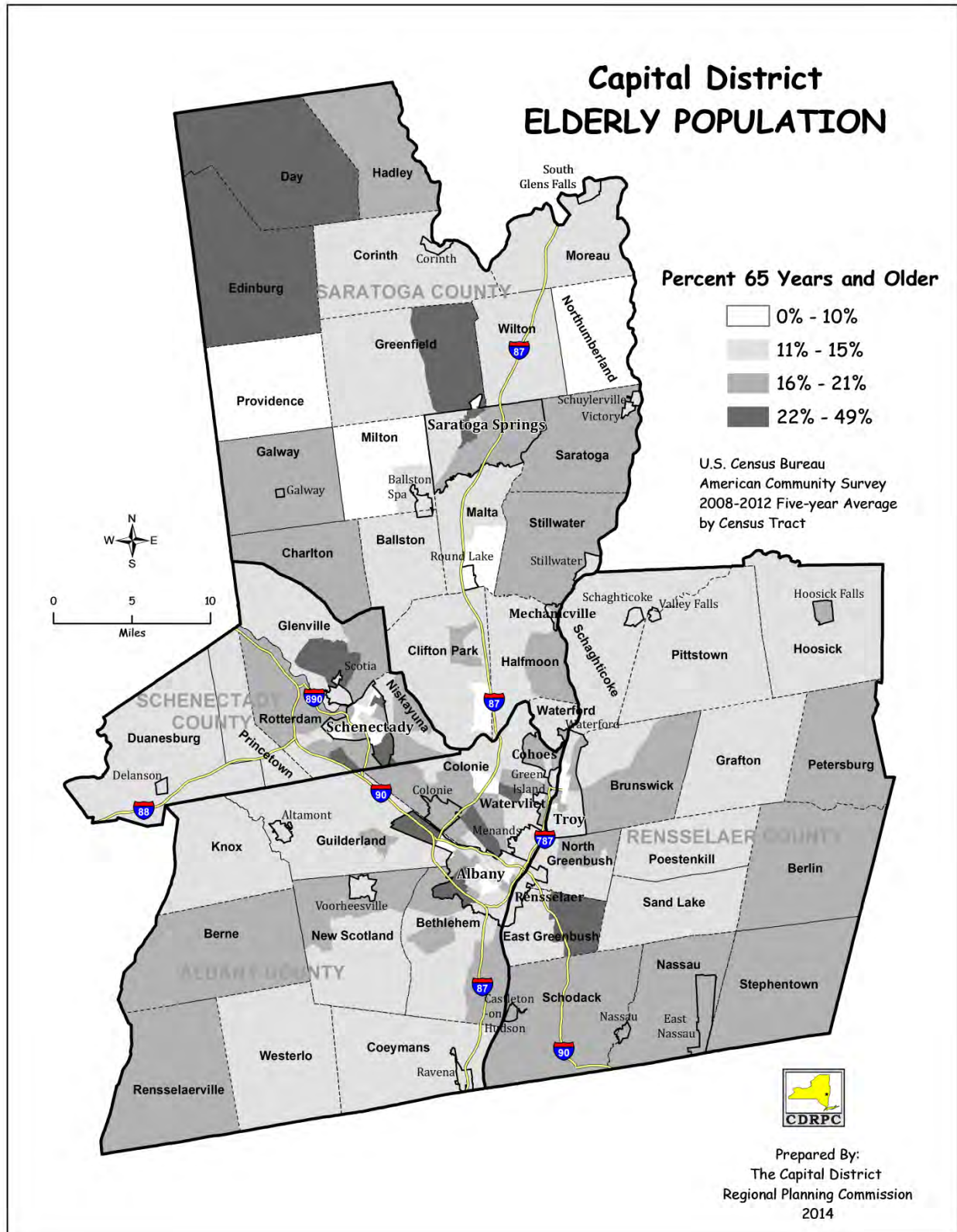
Map 2.2

Charts 2.6- 2.9: Population by Age Group in 2010 in the Four Counties and Their Largest Cities

Source: US Census Bureau, 2010 Census



Map 2.3 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 2.3

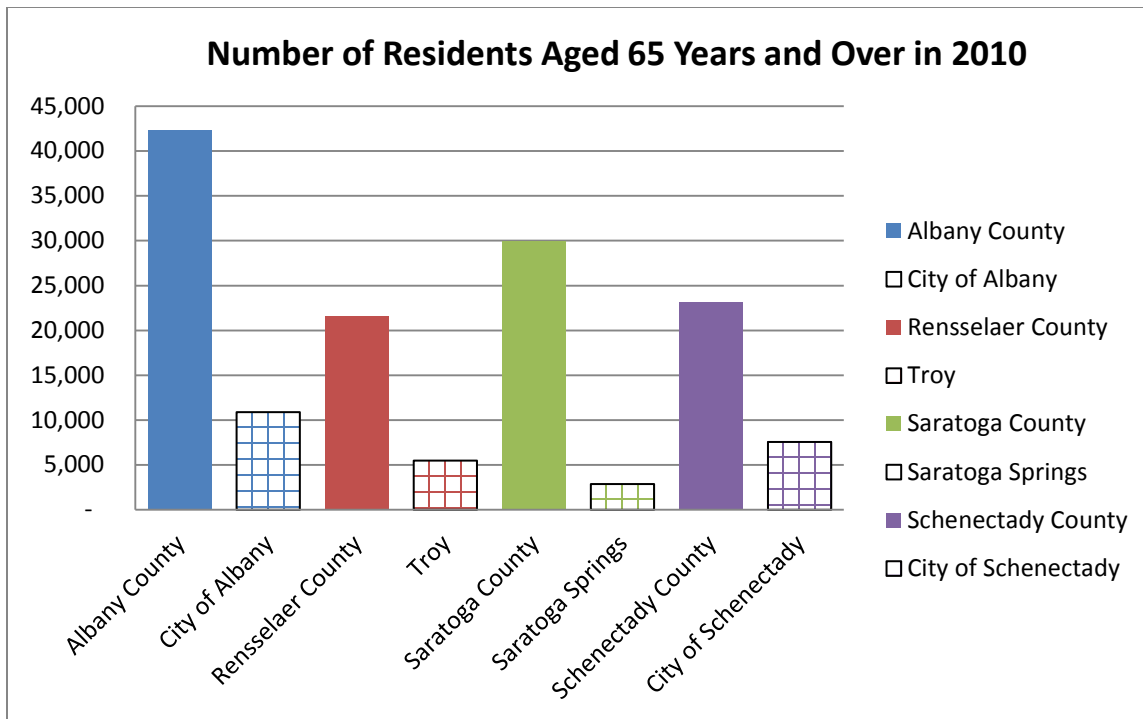


Chart 2.10 *Source: 2010 US Census*

Chart 2.10 shows the relative distribution of residents 65 years and over in the region's largest cities compared to the counties. Compared to the population as a whole, a smaller percent of residents 65 and older live in the region's largest cities.

2.1.3 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 2.11 shows the 5 year American Community Survey (ACS) number of residents reporting a disability by county.

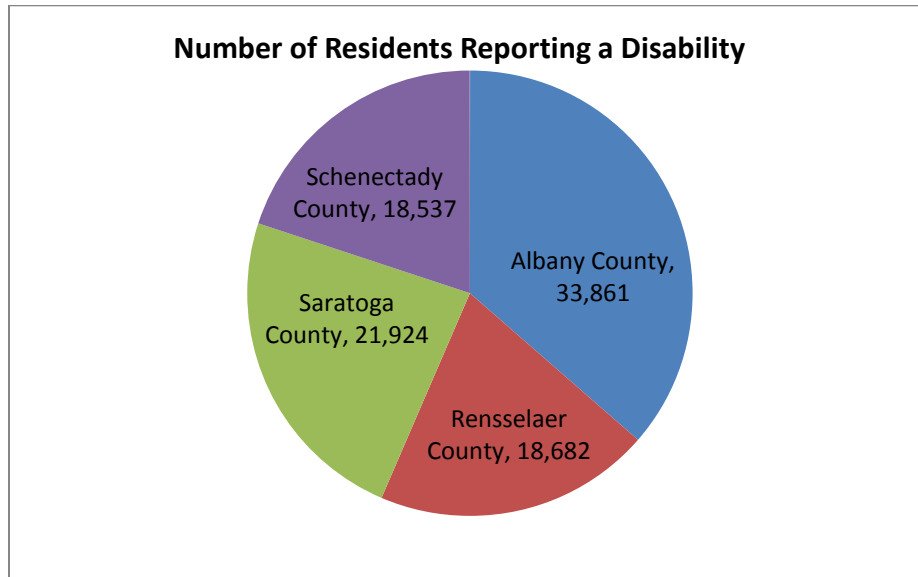


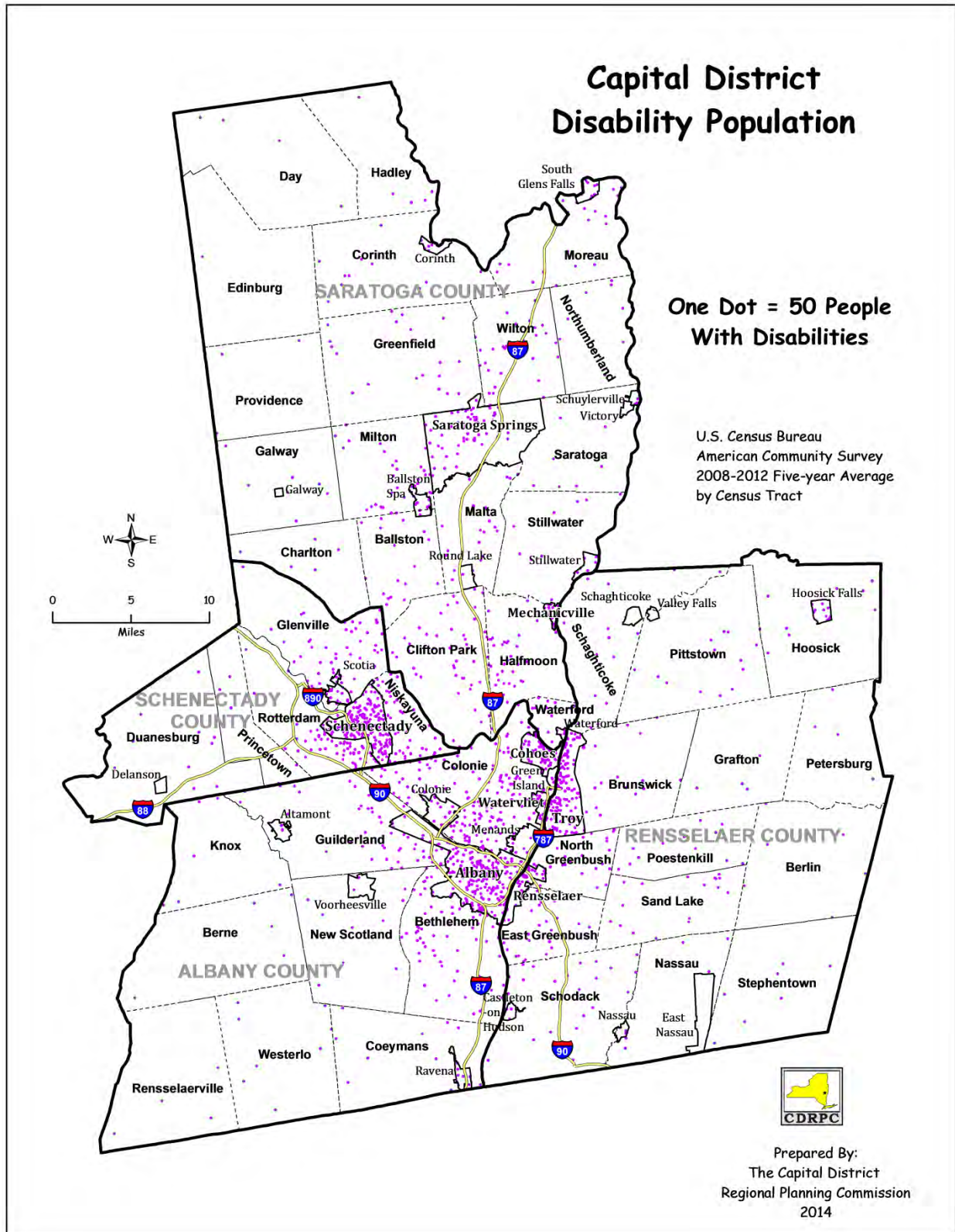
Chart 2.11 Source: 2008-2012 American Community Survey 5-Year Estimates

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 can be compared, as shown in Table 2.4, indicating that region-wide the percent of individuals reporting a disability has remained fairly stable over the 5 year period (2008 – 2012), hovering around 11%, with some fluctuations among the counties.

Residents Reporting a Disability

	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%

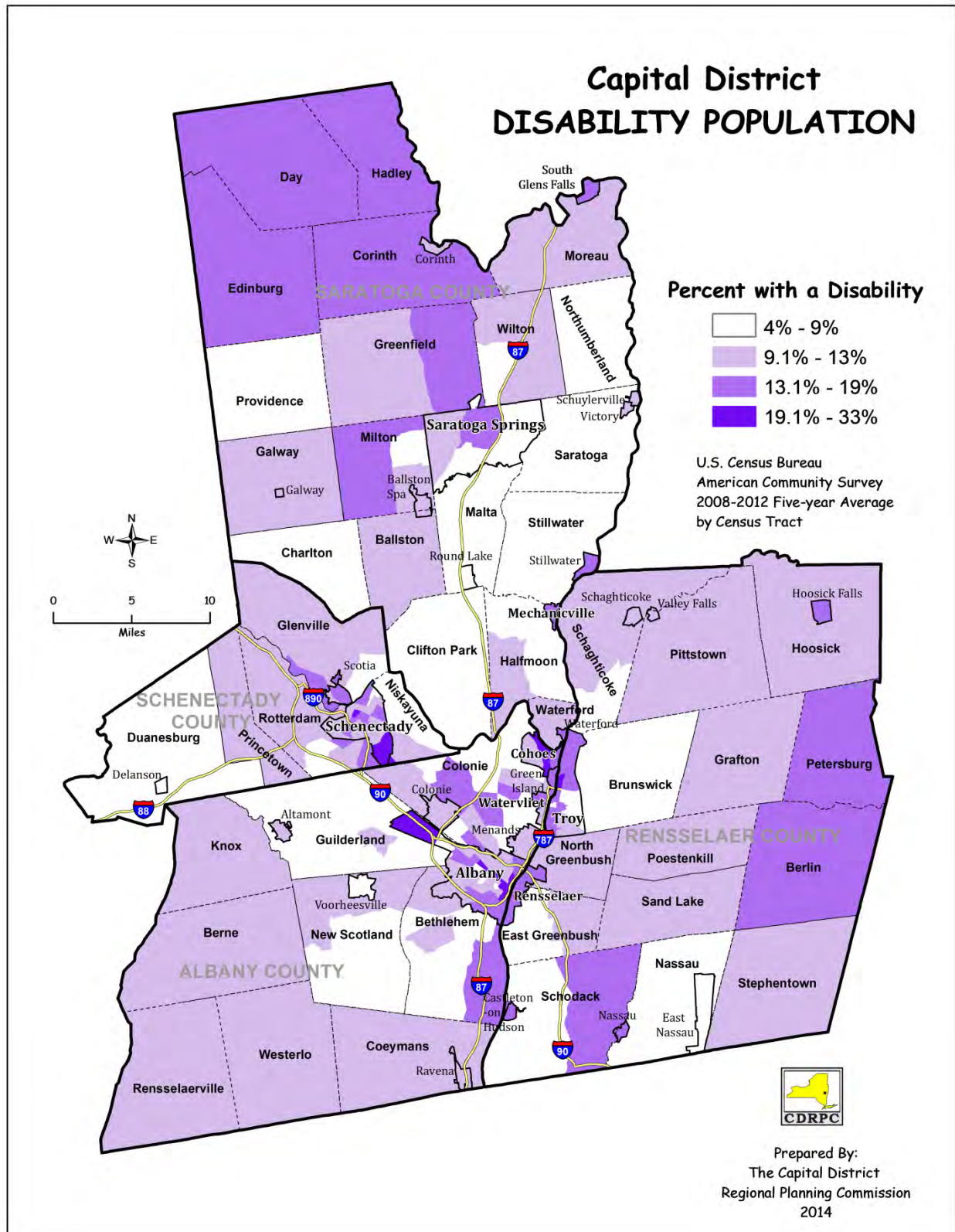
Table 2.4 Source: 2008 and 2012 American Community Survey 1-Year Estimates



Map 2.4

Map 2.4 illustrates the geographic distribution of residents with a disability within the Capital District.

Map 2.5 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.



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Persons with Disabilities by Disability Type

	Albany County		Rensselaer County		Saratoga County		Schenectady County		Capital District	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Total Civilian, Non-institutional Population	300,805		157,432		216,481		152,758		827,476	
Hearing Difficulty	10,193	3.4%	4,906	3.1%	6,830	3.2%	5,198	3.4%	27,127	3.3%
Vision Difficulty	5,347	1.8%	2,678	1.7%	3,332	1.5%	3,064	2.0%	14,421	1.7%
Cognitive Difficulty	13,089	4.4%	7,129	4.5%	7,760	3.6%	6,786	4.4%	34,764	4.2%
Ambulatory Difficulty	16,756	5.6%	9,375	6.0%	10,286	4.8%	9,517	6.2%	45,934	5.6%
Self-Care Difficulty	6,489	2.2%	3,077	2.0%	3,608	1.7%	3,311	2.2%	16,485	2.0%
Independent Living Difficulty	12,471	4.1%	6,138	3.9%	7,314	3.4%	7,021	4.6%	32,944	4.0%

Table 2.5 *Source: 2008-2012 American Community Survey 5-Year Estimates, S1810*

Data on type of disability by County is shown in Table 2.5 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 14% of the total population but accounts for over 41% of those identifying as having a disability (according to the 2008 – 2012 ACS there were 113,120 people aged 65 and older in the region, of these 37,829 reported a disability as shown in Table 2.6 below).

Of the six ACS disability types listed in Table 2.5 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

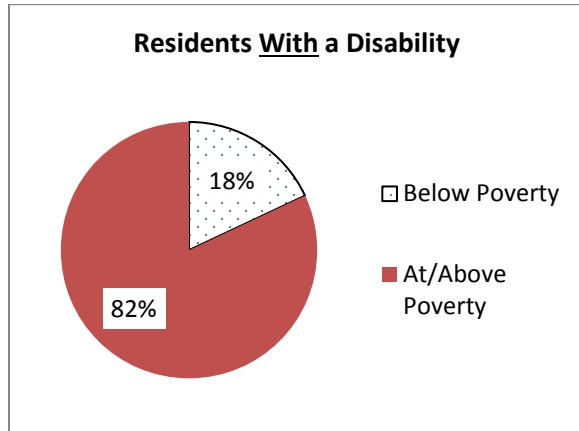


Chart 2.12

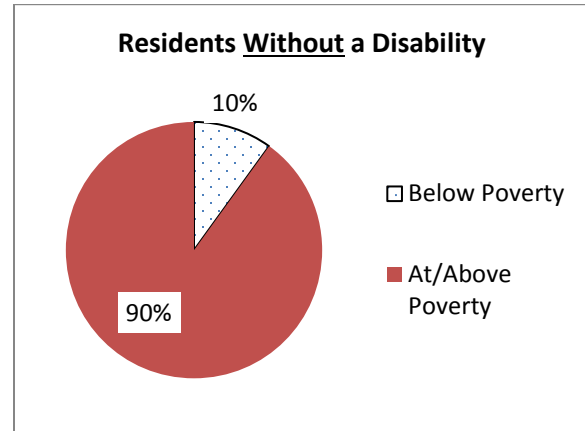


Chart 2.13

Source: 2008-2012 American Community Survey 5-Year Estimates

As the 2008 - 2012 American Community Survey 5 year estimates results show, within the Capital District a higher percentage of residents with a disability are below the poverty line as illustrated in the two pie charts above, Charts 2.12 and 2.13.

Table 2.6 shows the number of people with a disability by age and poverty status.

Poverty Status & Disability by Age Group

Civilian, Non-institutionalized population for whom poverty status is determined.

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital District
Total	288,301	153,349	214,429	150,127	806,206
Under 18 years	59,267	33,163	48,758	34,741	175,929
With a Disability	2,839	1,742	2,002	1,186	7,769
Below Poverty	779	572	438	386	2,175
At/Above Poverty	2,060	1,170	1,564	800	5,594
No Disability	56,428	31,421	46,756	33,555	168,160
Below Poverty	9,241	4,949	3,269	6,564	24,023
At/Above Poverty	47,187	26,472	43,487	26,991	144,137
18 to 64 years	188,309	99,581	136,098	93,169	517,157
With a Disability	16,768	9,822	10,382	9,162	46,134
Below Poverty	4,501	2,145	1,771	2,030	10,447
At/Above Poverty	12,267	7,677	8,611	7,132	35,687

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No Disability	171,541	89,759	125,716	84,007	471,023
Below Poverty	19,811	9,013	6,657	7,405	42,886
At/Above Poverty	151,730	80,746	119,059	76,602	428,137
65 years and over	40,725	20,605	29,573	22,217	113,120
With a Disability	13,588	6,897	9,408	7,936	37,829
Below Poverty	1,607	611	944	739	3,901
At/Above Poverty	11,981	6,286	8,464	7,197	33,928
No Disability	27,137	13,708	20,165	14,281	75,291
Below Poverty	1,731	861	834	882	4,308
At/Above Poverty	25,406	12,847	19,331	13,399	70,983

Table 2.6 Source: 2008-2012 American Community Survey 5-Year Estimates

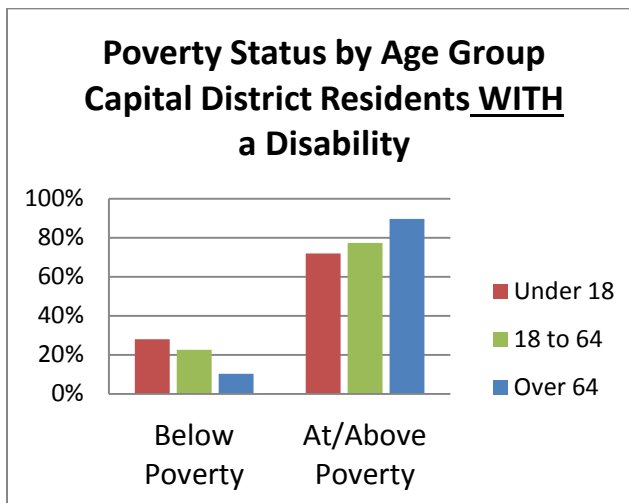


Chart 2.14

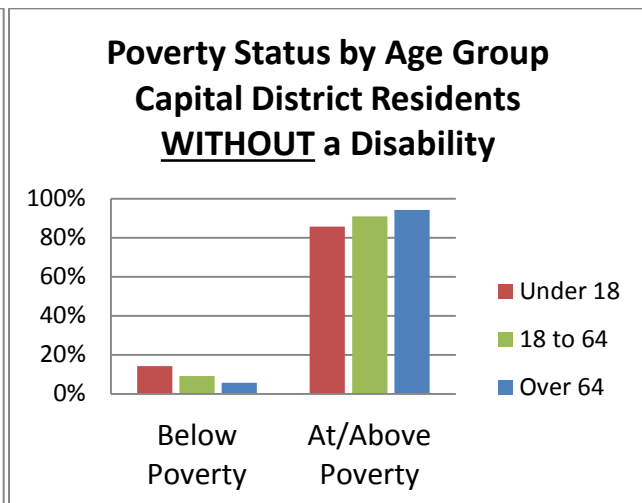


Chart 2.15

Source: 2008-2012 American Community Survey 5-Year Estimates

As Table 2.6 and charts 2.14 and 2.15 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 64 have higher rates of poverty, with children under age 18 with a disability having the highest rate, over 20%. Regardless of disability status, the age group with the highest percentage of the population below the poverty line are children under age 18.

2.1.4 Veterans

Tables 2.7 and 2.16 show the number of veterans living in each county. Veterans are more often older – only 6% of veterans are 18 to 34 years old, whereas over 70% are 55+. Overall, veterans have a lower poverty rate than the general population and a higher disability rate than the general population.

Veterans by Age

		Albany	Rensselaer	Saratoga	Schenectady	Capital District
Population 18+	Total	243,982	125,280	169,072	118,968	657,302
	Veterans	19,781	12,163	17,531	11,674	61,149
	% Veterans	8.1%	9.7%	10.4%	9.8%	9.3%
% 18-34 years	Total	33.00%	30.10%	24.60%	27.60%	29.3%
	Veterans	5.60%	6.00%	6.10%	6.60%	6.0%
% 35-54 years	Total	33.60%	35.90%	40.10%	36.80%	36.3%
	Veterans	20.60%	26.20%	26.30%	24.80%	24.2%
% 55-64 years	Total	15.90%	16.60%	17.40%	16.20%	16.5%
	Veterans	23.70%	24.80%	23.00%	20.30%	23.1%
% 65-74 years	Total	8.60%	9.00%	10.10%	9.10%	9.2%
	Veterans	21.40%	19.10%	22.10%	20.60%	21.0%
% 75+ years	Total	8.90%	8.50%	7.90%	10.30%	8.8%
	Veterans	28.70%	23.90%	22.50%	27.70%	25.8%

Table 2.7

Source: 2008-2012 American Community Survey 5-Year Estimates

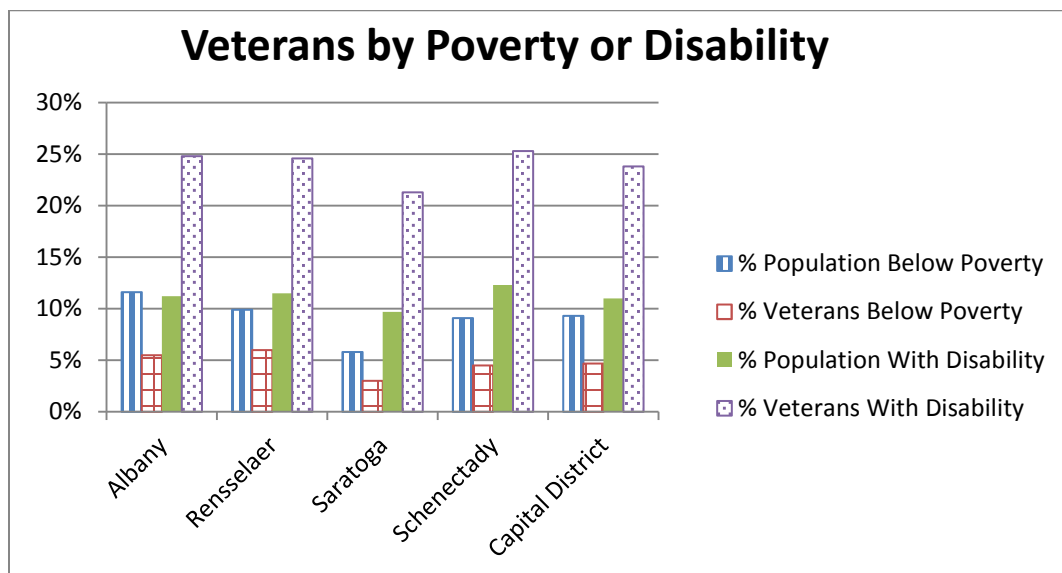


Chart 2.16

Source: 2008-2012 American Community Survey 5-Year Estimates

2.1.5 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, as shown in Chart 2.17. By comparison, according to the 2000 US Census, as reported in the 2007 Coordinated Plan, slightly over 9% of the region's population had an income below the poverty level. Consistent with past trends, recent data show that Saratoga County has the lowest poverty rate at 6.5%, and the other counties' rates are about 12-13%. Chart 2.17 also shows the age distribution of people with incomes below the poverty level. Between 15% and 20% of children and 10% and 12% of adults age 18-64 in Albany, Rensselaer, and Schenectady Counties have incomes below the poverty level.

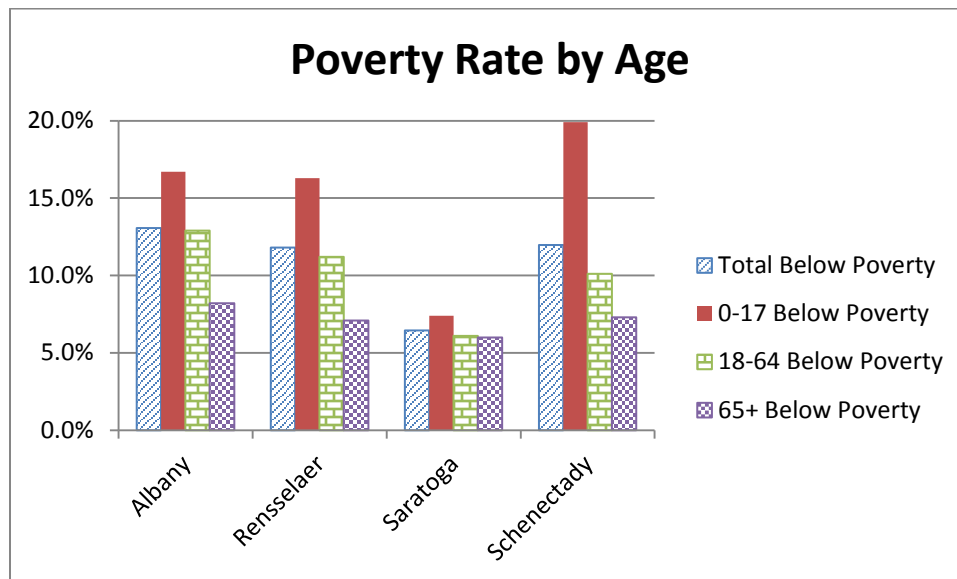
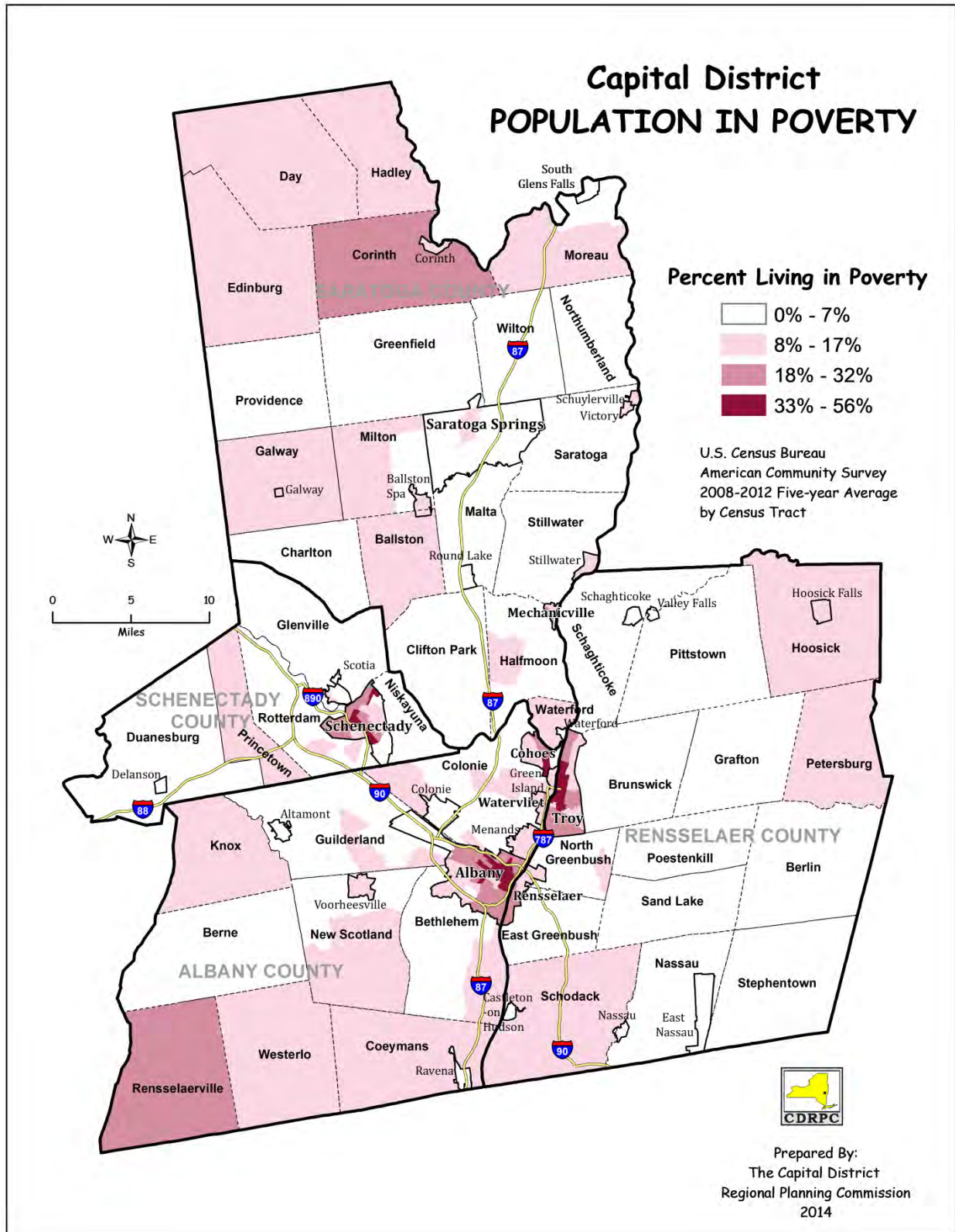
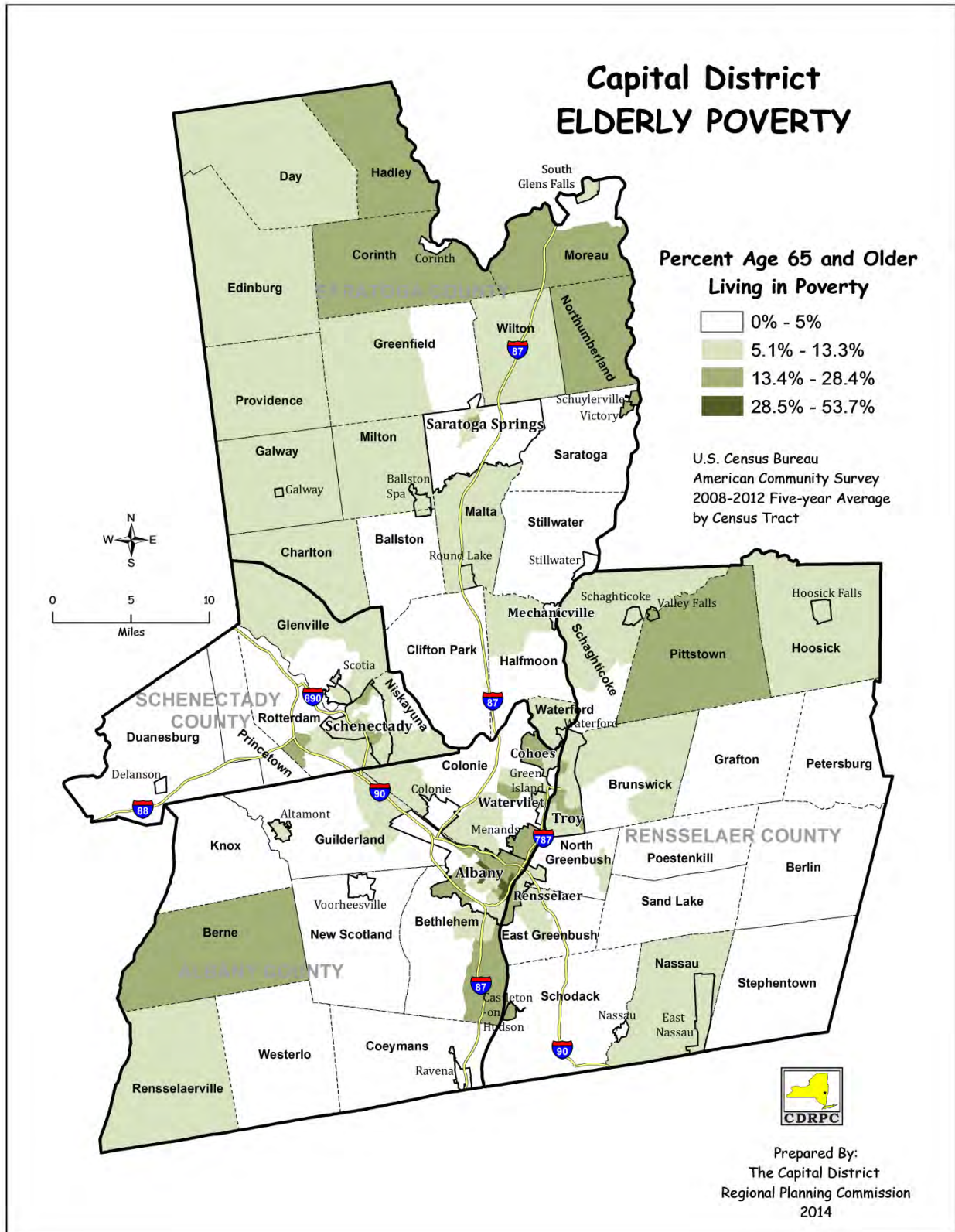


Chart 2.17 Source: 2008-2012 American Community Survey 5-Year Estimates

The geographic distribution of people whose income is below the poverty threshold is displayed in Map 2.6. It shows that the highest concentrations are in 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 2.7, 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.





Charts 2.18 and 2.19 below both show information on the number of cases and recipients of New York State's Temporary Assistance to Needy Families (TANF) program in each of the four counties between 2009 and 2013 based on data from the NYS Office for Temporary Disability Assistance or OTDA. Both the overall number of cases and recipients of this assistance in the Capital District have increased over this 5 year period but can fluctuate from year to year as shown below.

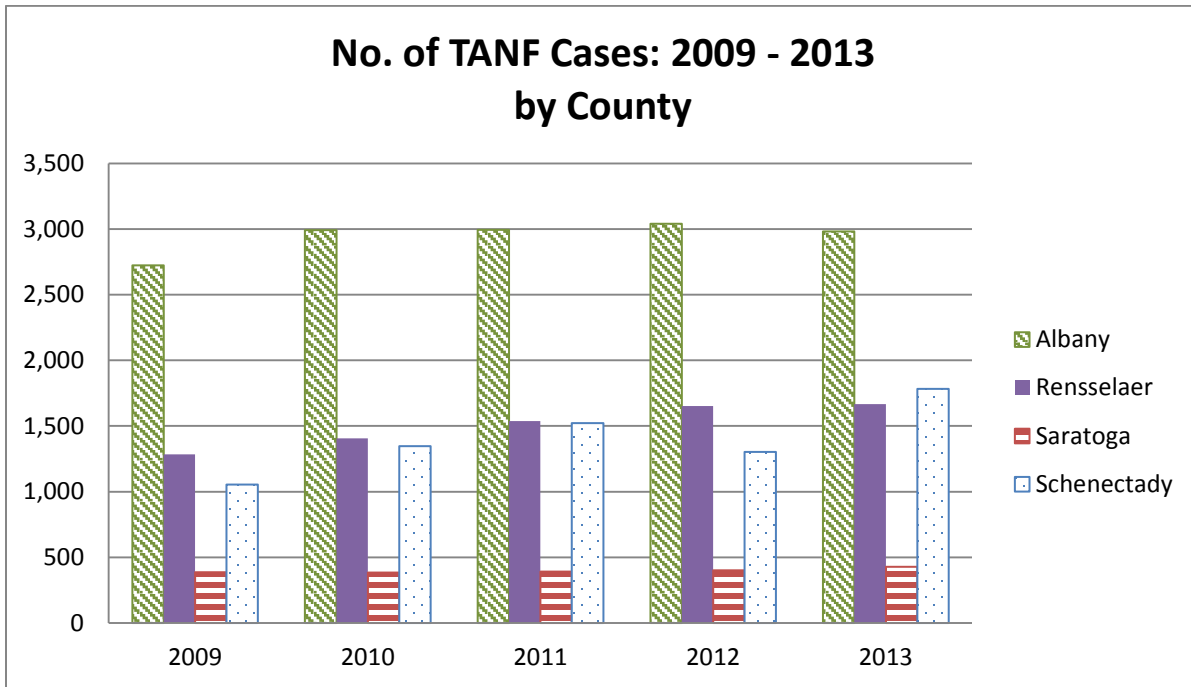


Chart 2.18 Source: Based on NYS OTDA data

<https://otda.ny.gov/resources/caseload/>

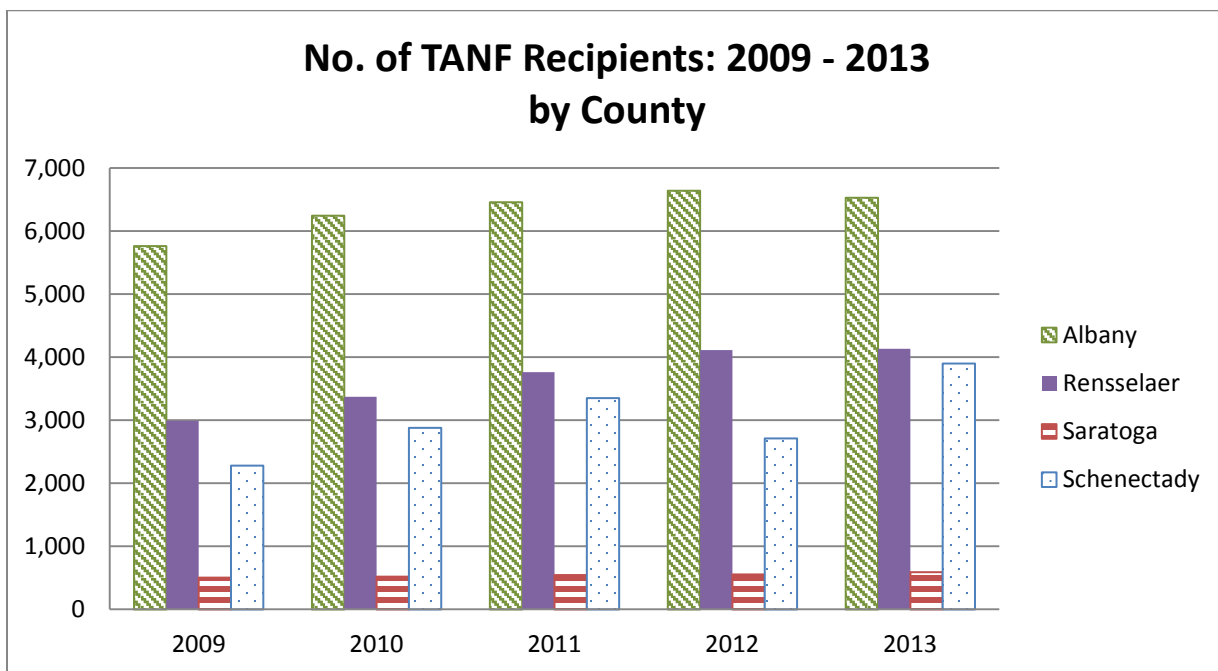


Chart 2.19 Source: Based on NYS OTDA data

<https://otda.ny.gov/resources/caseload/>

Cases in Albany County account for the majority of expenditures in the region, 45% of the regional total in 2013; Rensselaer and Schenectady Counties each accounted for about one-quarter of expenditures, while Saratoga tallied 6%. Expenditures in all four counties have increased since 2009.

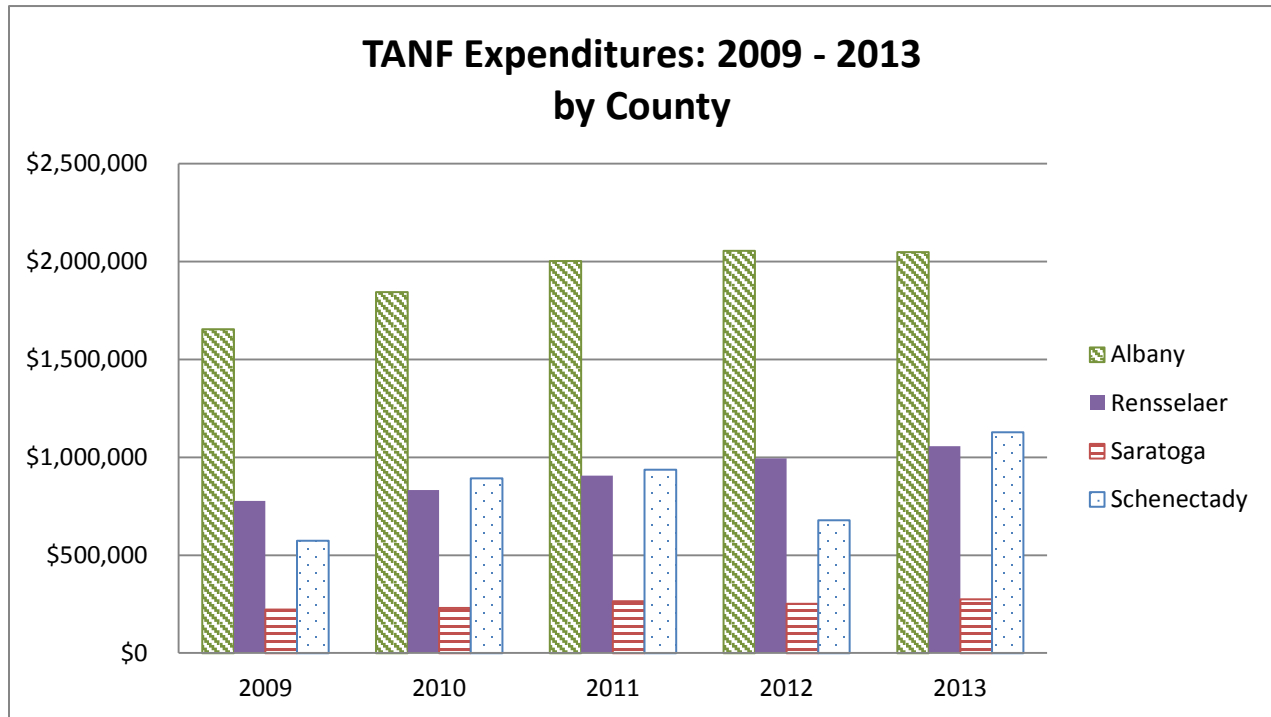


Chart 2.20 Source: Based on NYS OTDA data

<https://otda.ny.gov/resources/caseload/>

As shown in Table 2.8 below, the total amount for TANF expenditures in 2013 in the four county region was \$4,507,242, an increase of 25% since 2004 and an increase from 2010 of 15.6%.

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TABLE 2.8
TEMPORARY ASSISTANCE CASES

		Albany	Rensselaer	Saratoga	Schenectady	Capital District
January 2004	Cases	3,377	1,269	291	1,210	6,147
	Recipients	7,647	2,712	422	2,534	13,315
	Expenditures	\$1,982,145	\$621,640	\$139,975	\$653,724	\$3,397,484
January 2005	Cases	3,273	1,283	317	1,188	6,061
	Recipients	7,290	2,961	476	2,502	13,229
	Expenditures	\$1,911,551	\$634,115	\$172,256	\$597,008	\$3,314,930
January 2006	Cases	2,897	1,446	308	1,337	5,988
	Recipients	6,139	3,284	449	2,752	12,624
	Expenditures	\$1,714,181	\$808,206	\$180,851	\$988,317	\$3,691,555
January 2007	Cases	2,709	1,392	316	1,353	5,770
	Recipients	5,600	3,233	429	2,738	12,000
	Expenditures	\$1,738,461	\$802,994	\$160,831	\$881,974	\$3,584,260
January 2008	Cases	2,713	1,354	325	1,293	5,685
	Recipients	5,536	3,134	442	2,595	11,707
	Expenditures	1,886,148	\$778,291	\$194,734	\$1,035,987	\$3,895,160
January 2009	Cases	2,724	1,285	386	1,054	5,449
	Recipients	5,761	2,992	507	2,281	11,541
	Expenditures	\$1,654,287	\$776,466	\$222,727	\$574,693	\$3,228,173
January 2010	Cases	2,994	1,406	385	1,347	6,132
	Recipients	6,246	3,371	518	2,882	13,017
	Expenditures	\$1,844,524	\$832,897	\$231,641	\$893,117	\$3,802,179
January 2011	Cases	2,995	1,538	392	1,522	6,447
	Recipients	6,459	3,761	546	3,354	14,120
	Expenditures	\$2,003,602	\$905,878	\$265,280	\$937,547	\$4,112,307
January 2012	Cases	3,042	1,653	402	1,303	6,400
	Recipients	6,639	4,115	554	2,712	14,020
	Expenditures	\$2,054,899	\$993,827	\$251,957	\$679,821	\$3,980,504
January 2013	Cases	2,983	1,667	429	1,784	6,863
	Recipients	6,528	4,135	589	3,900	15,152
	Expenditures	\$2,048,089	\$1,056,195	\$274,740	\$1,128,218	\$4,507,242

Table 2.8 Source: NYS Office of Temporary and Disability Assistance Tables

<https://otda.ny.gov/resources/caseload/>

Expenditures are shown in current dollars for the year reported

2.1.6 Zero-Vehicle Households

Table 2.9 shows the number of vehicles per household in the four county region. Overall, there are approximately 33,000 households in the Capital Region that do not have a vehicle available. This represents 9.9% of the total number of households within the region. Albany County has the highest percentage at 12.3% and Saratoga County has the lowest percentage at 5%. Albany, Schenectady, and Rensselaer Counties each have more than 10% of their households falling in the 0-vehicle household category. Maps 2.8 and 2.9 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 twenty percent of households do not have a vehicle.

Number of Vehicles Per Household

Vehicle Availability	Albany	Rensselaer	Saratoga	Schenectady	Capital District
Total Households	122,674	63,952	87,952	58,263	332,841
0-Vehicle	15,065	6,777	4,430	6,636	32,908
% 0-Vehicle	12.3%	10.6%	5.0%	11.4%	9.9%
1-Vehicle	46,822	21,954	28,890	21,697	119,363
2-Vehicle	44,111	24,059	39,432	21,513	129,115
3-Vehicle	12,310	8,341	11,032	6,204	37,887
4+ Vehicles	4,366	2,821	4,168	2,213	13,568

Table 2.9 Source: 2008-2012 American Community Survey 5 Year Estimates

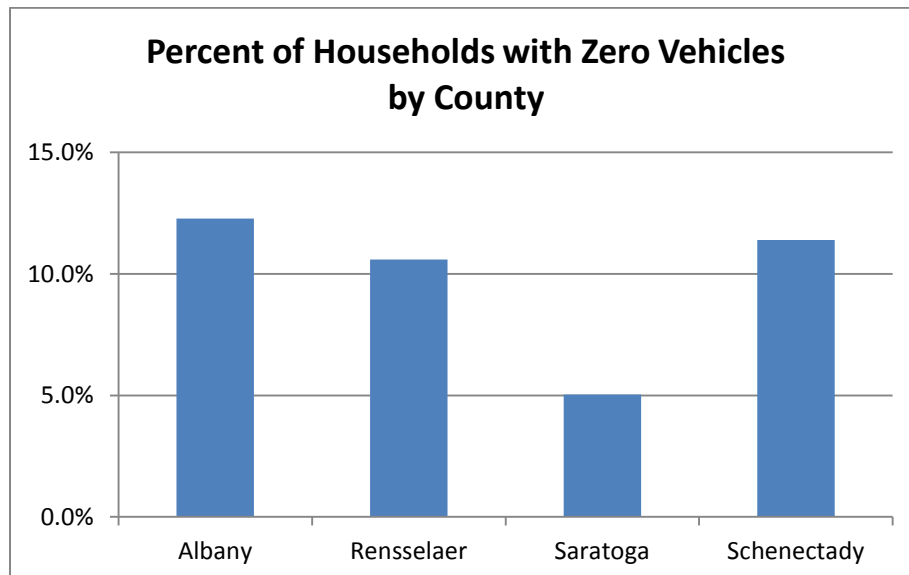
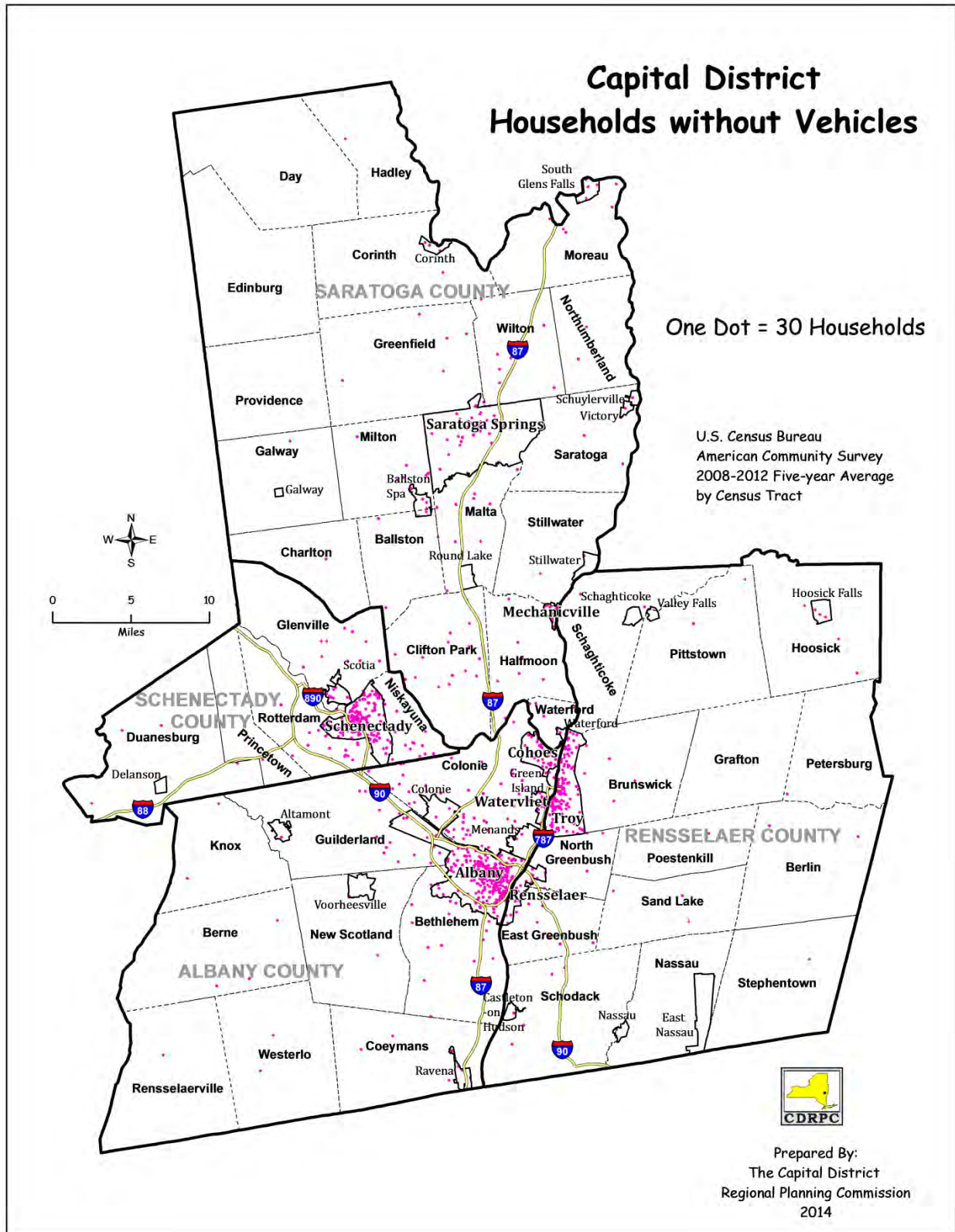
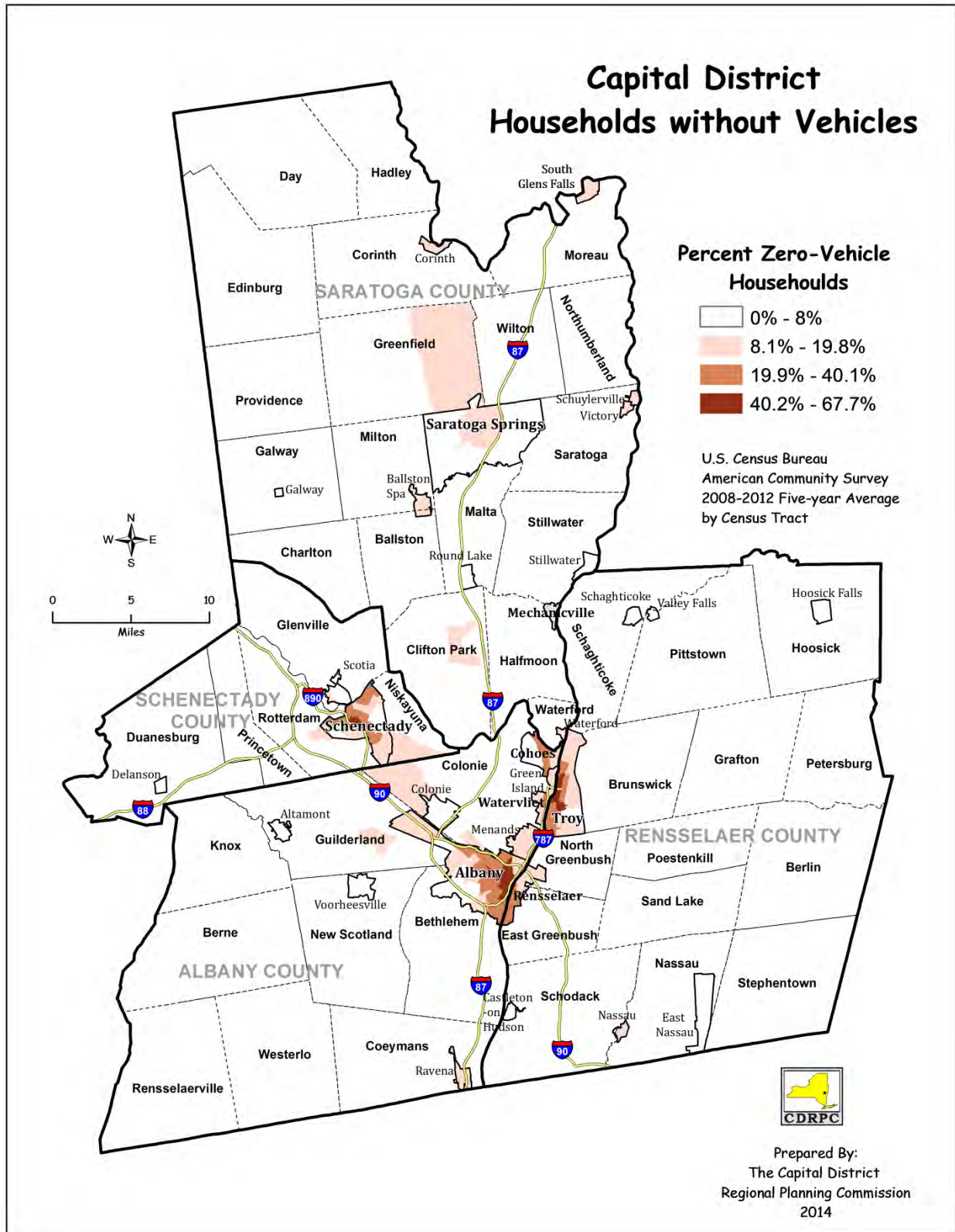


Chart 2.21 Source: 2008-2012 American Community Survey 5 Year Estimates





2.1.7 Limited English Proficiency

English is the predominant language spoken by residents of the Capital Region. About 722,000 of the 793,000 people in the area speak only English. Albany County has the highest number of residents who speak another language. Over 11,000 people in Albany County speak English less than very well, over 3,000 people in Rensselaer and Saratoga, and over 4,000 in Schenectady County speak English less than very well. As shown in Table 2.10, over half of people who speak a language other than English speak English “very well”.

Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over

	Albany	Rensselaer	Saratoga	Schenectady	Capital District
Total Population 5+	289,361	150,623	207,876	145,304	793,164
Speak Only English	254,690	140,372	195,691	131,187	721,940
Speak Other Languages	34,671	10,251	12,185	14,117	71,224
Speak English "very well"	23,019	6,606	8,453	9,236	47,314
Speak English "well"	6,959	2,140	2,026	2,732	13,857
Speak English "not well"	3,620	1,193	1,516	1,761	8,090
Speak English "not at all"	1,073	312	190	388	1,963

Table 2.10 *Source: 2008-2012 American Community Survey, 5-Year*

3. Inventory of Existing Public Transit and Specialized Transportation Services *(Assessment of Available 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. Services operated by the Capital District Transportation Authority (CDTA) provide 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 to access transit, specialized transportation programs help to 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 2011 Human Service Agency Survey is included.

3.1 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.

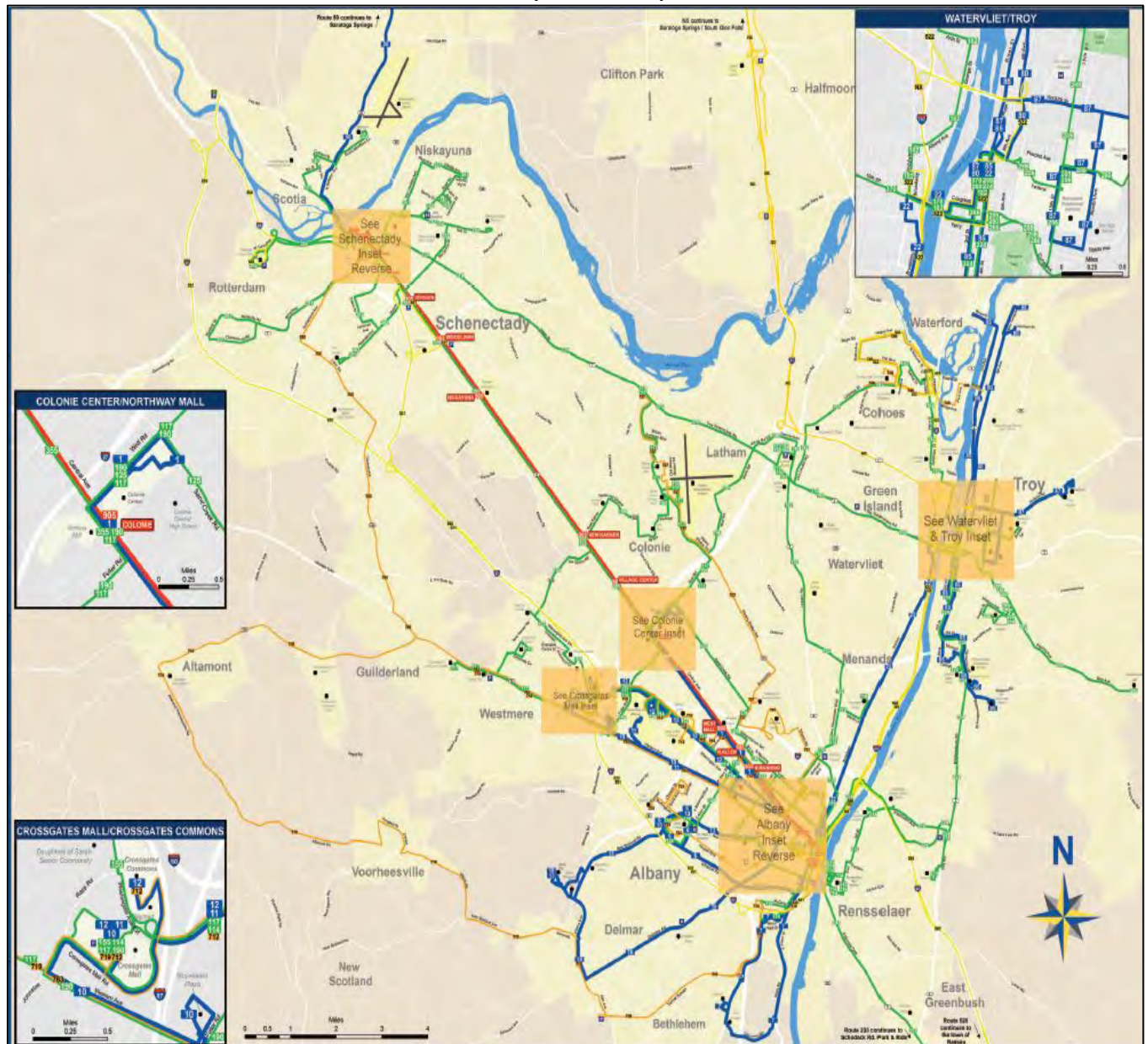
3.1.1 Fixed-Route Transit Services

CDTA operates 50 transit routes throughout the Capital Region as shown on Maps 3.1 and 3.2. 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 recreation 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.

In addition to regular fixed-route transit services, including a limited stop service on Route 5 between the cities of Albany and Schenectady, called BusPlus, CDTA also operates fixed-route commuter express service along the Northway (I-87) to downtown Albany and a summer trolley in Saratoga Springs.

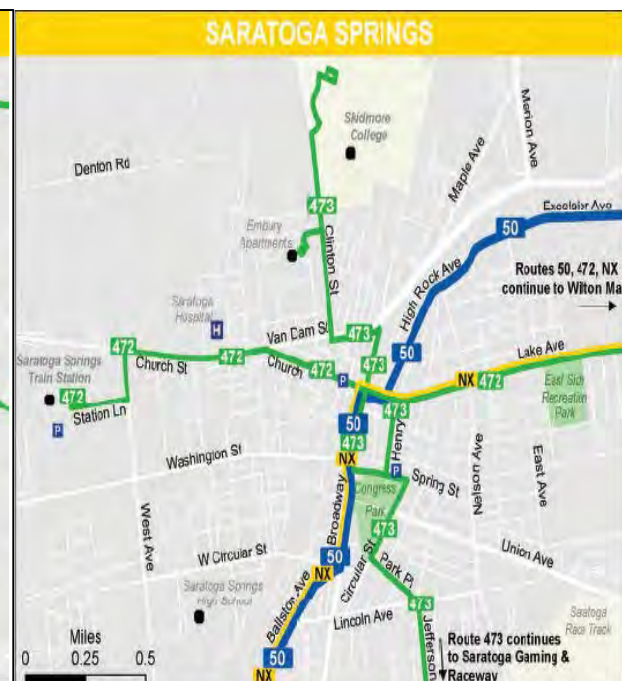
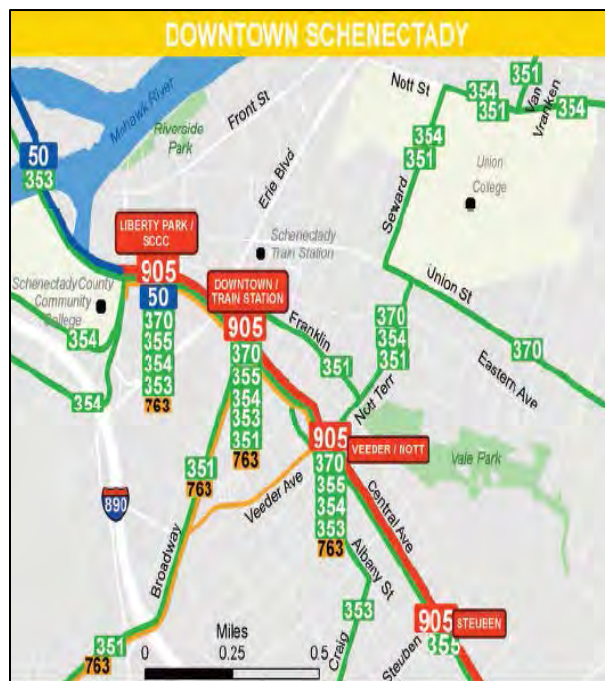
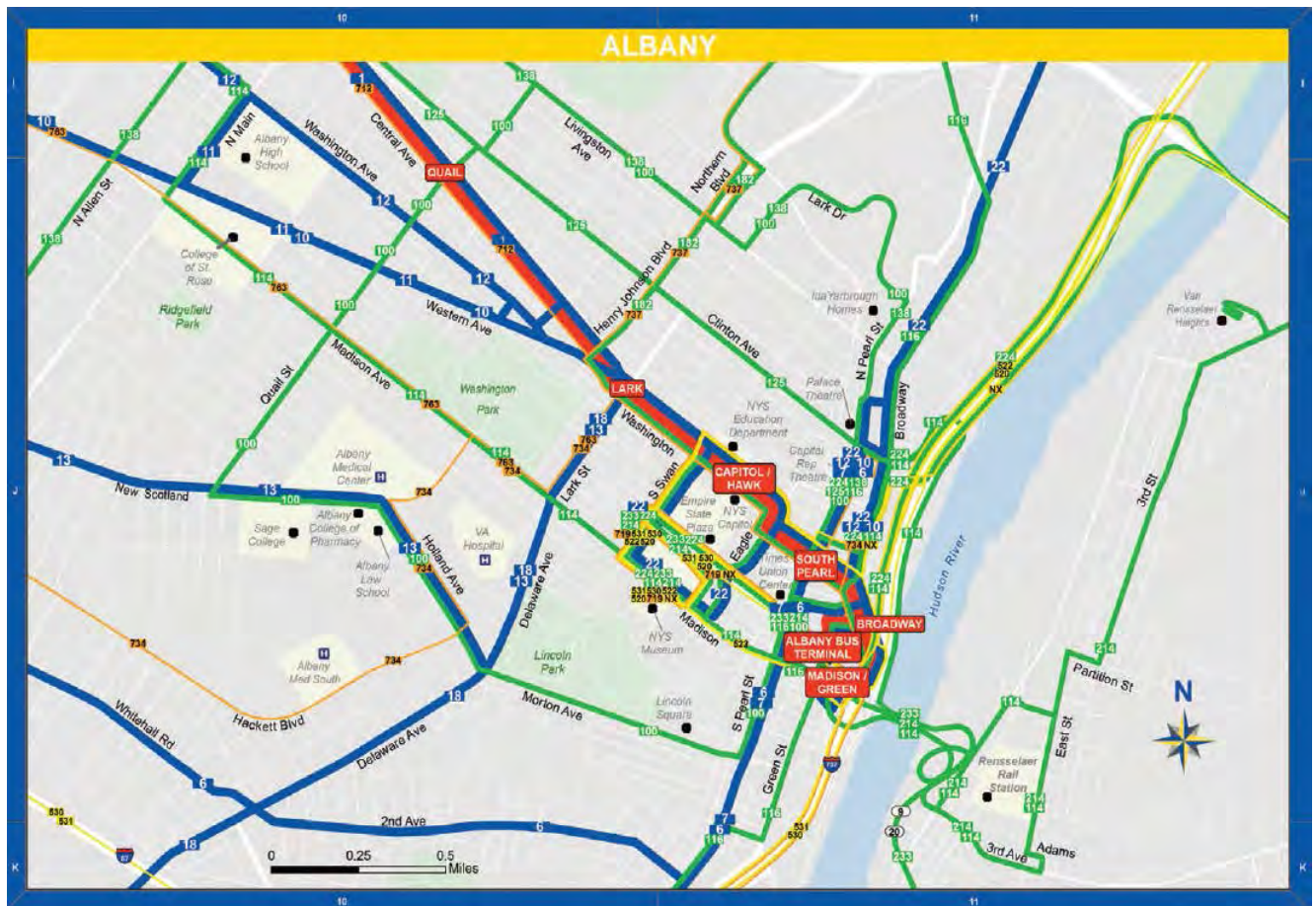
CDTA's system ridership increased by 2 million riders between 2007 and 2013 and is projected to exceed 16 million boardings in 2014. CDTA's recent Transit Development Plan states that the increase is due to the expansion of the Universal Access program, which provides transit passes to many of the area's college students and ShopRite employees, and the restructuring of the fixed-route system to relocate service where demand is highest.

CDTA Bus System Map



Map 3.1 <http://www.cdfa.org/images/SystemMap.pdf> accessed August 21, 2014

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Map 3.2

<http://www.cdfa.org/images/SystemMap.pdf>

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There are many destinations where seniors, persons with disabilities and/or low-income residents may need to travel daily, weekly, or bi-weekly. The following series of maps and tables illustrate some of these locations including adult care facilities, dialysis centers, hospitals, shopping centers and places of lower income employment.

Map 3.4 on Page 47 shows locations of adult care facilities and dialysis centers.

<u>Dialysis Centers in the Capital District</u>		Listing obtained from: http://www.dialysiscenters.org/ny/
		Accessed: September 9, 2014
		Updated: October 3, 2014 as per RTCC
Facility Name	Street Address	Municipality
Albany Dialysis Center	64 Albany Shaker Road	Albany
Albany Medical Center Hospital - Adult Dialysis Inpatient Unit	43 New Scotland Avenue	Albany
Albany Regional Kidney Center	2 Clara Burton Drive	Albany
Albany VA Medical Center	113 Holland Avenue	Albany
Hortense and Louis Rubin Dialysis Center, Inc.	21 Crossing Boulevard	Clifton Park
Hortense and Louis Rubin Dialysis Center, Inc.	59 Myrtle Avenue	Saratoga Springs
Capital District Dialysis Center, Inc.	650 McClellan Street	Schenectady
Fresenius Medical Care	2345 Nott Street	Schenectady
Hortense and Louis Rubin Dialysis Center, Inc.	1850 Peoples Avenue	Troy

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Adult Care Facilities

Listed on NYS Department of Health website

https://www.health.ny.gov/facilities/adult_care/

Accessed: September 9, 2014

Website Updated: April 2014

County	Facility Name	Street Address	Municipality	Facility Type	Number of beds
Albany	Atria Crossgate	140 Washington Avenue Ext	Albany	EHP	59
	Atria Guilderland	300 Mill Rose Court	Slingerlands	AH	120
	Atria Shaker	345 Northern Boulevard	Albany	EHP	137
	Delmar Place, Inc.	467 Delaware Ave	Delmar	EHP	106
	Emeritus at Colonie Manor	626 Watervliet-Shaker Road	Latham	AH	94
	Kenwood Manor, Inc.	141 Rockefeller Road	Delmar	AH	67
	Loudonville Home for Adults	298 Albany Shaker Road	Loudonville	AH	80
	Marjorie Doyle Rockwell Center	421 West Columbia Street	Cohoes	AH	52
	Massry Residence at Daughters of Sarah	182 Washington Ave. Ext	Albany	EHP	70
	McAuley Residence	308 South Manning Blvd	Albany	AH/ALP	48
	Millview of Latham, LLC	514 Old Loudon Road	Cohoes	AH	55
	Terrace at Beverwyck	41 Beverwyck Lane	Slingerlands	EHP	48
	Westmere Home for Adults	5 Gipp Road	Albany	AH	16

https://www.health.ny.gov/facilities/adult_care/county/albany.htm

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Rensselaer

Danforth Adult Care Center	19 Danforth Street	Hoosick Falls	AH/ALP	80
Fawn Ridge Assisted Living	2902 Upper Tibbits Avenue	Troy	AH	155
Hawthorne Ridge, Inc.	30 Community Way	East Greenbush	AH	66
Terrace at Eddy Memorial	2256 Burdett Avenue	Troy	EHP	69
The Pines at Heartwood	2405 Fifteenth Street	Troy	AH/ALP	86
Troy Adult Home	132 Oakwood Avenue	Troy	AH	33

White House Home for Adults	10 Bruen Court	Rensselaer	AH	30
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https://www.health.ny.gov/facilities/adult_care/county/rensselaer.htm

Revised: April 2014

Saratoga

Ahana House	31 Sixth Street	Waterford	AH	17
Beacon Pointe Memory Care Community	1 Emma Lane	Clifton Park	AH	52
Cook Adult Home	1 Prospect Street	Mechanicville	AH	13
Home of the Good Shepherd at Highpointe	26 Rock Rose Way	Malta	AH	86
Home of the Good Shepherd	390 Church Street	Saratoga Springs	AH	42
Home of the Good Shepherd Moreau	186-200 Bluebird Road	Moreau	AH	72
Home of the Good Shepherd Wilton	60 Waller Road	Wilton	AH	54
Woodlawn Commons	156 Lawrence Street	Saratoga Springs	EHP	42

https://www.health.ny.gov/facilities/adult_care/county/saratoga.htm

Revised: April 2014

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Adult Care Facilities

Listed on NYS Department of Health website

https://www.health.ny.gov/facilities/adult_care/

Accessed: September 9, 2014

Website Updated: April 2014

County	Facility Name	Street Address	Municipality	Facility Type	Number of beds
Schenectady					
	Adirondack Manor HFA D.B.A Scotia Mansion HFA	39 Wallace Street	Scotia	AH/ALP	50
	Alterra Clare Bridge of Niskayuna	2861 Troy-Schenectady Road	Niskayuna	AH	52
	Heritage Home for Women	1519 Union Street	Schenectady	AH	36
	Ingersoll Place	3359 Consaul Road	Niskayuna	AH	78
	Judson Meadows	7 Swaggertown Road	Glenville	EHP	80
	Kingsway Manor, LLC	357 Kings Road	Schenectady	AH	140
	The Terrace at Glen Eddy	1 Ascot Lane	Niskayuna	EHP	53
	Wynwood of Niskayuna	1786 Union Street	Niskayuna	EHP	110
	https://www.health.ny.gov/facilities/adult_care/county/schenectady.htm			<u>Revised: April 2014</u>	

Facility Type Key:

AH - Adult Home

An adult home is established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care and supervision to five or more adults unrelated to the operator. Adult homes may be operated by a natural person, a partnership, a not-for-profit corporation, a public corporation, a non-publicly traded business corporation or a limited liability company.

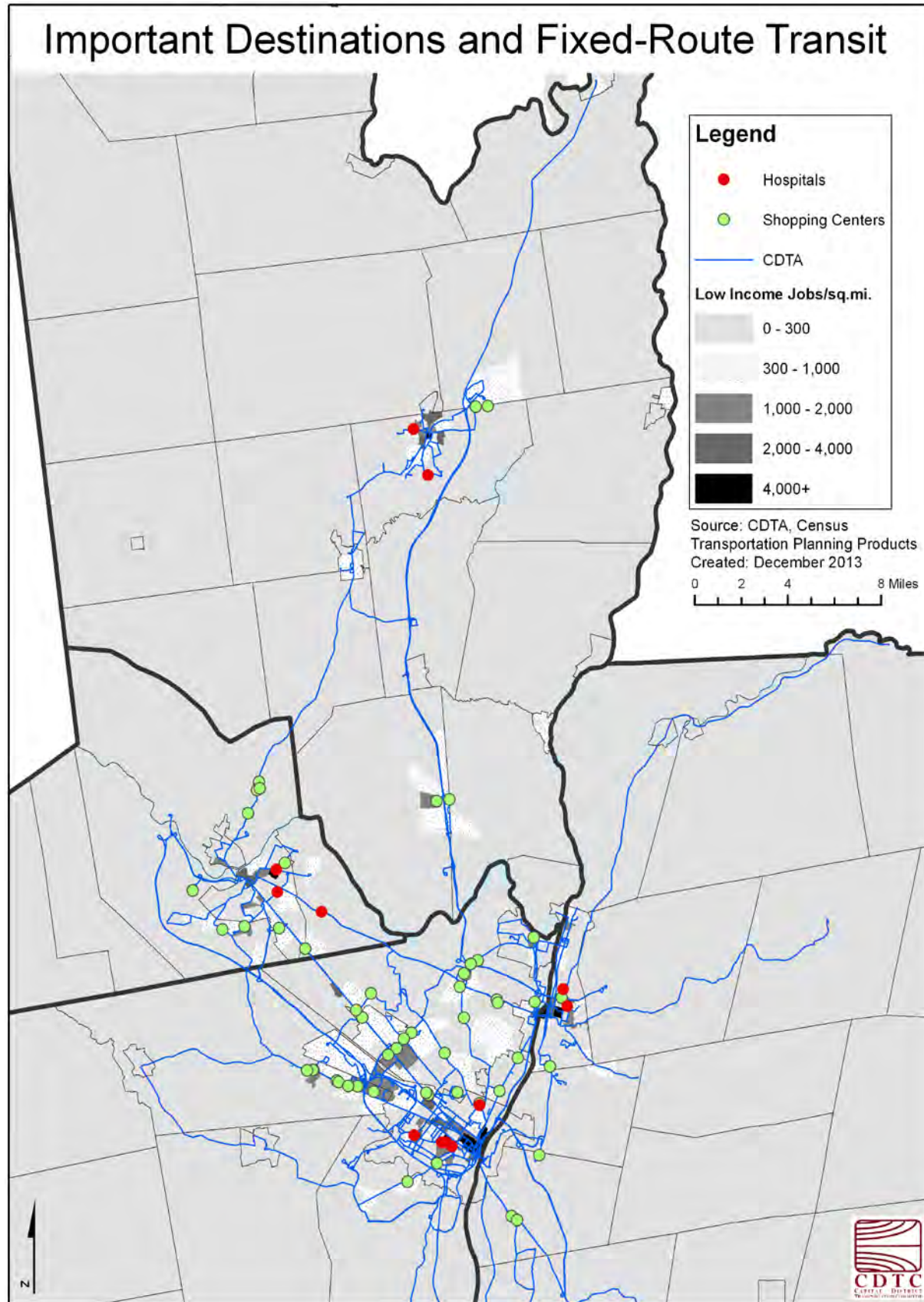
ALP - Assisted Living Program

An assisted living program, which is available in some adult homes and enriched housing programs, combines residential and home care services. It is designed as an alternative to nursing home placement for individuals who historically have been admitted to nursing facilities for reasons that are primarily social, rather than medical in nature. The operator of the assisted living program is responsible for providing or arranging for resident services that must include room, board, housekeeping, supervision, personal care, case management and home health services.

EHP - Enriched Housing Program

An enriched housing program is established and operated for the purpose of providing long-term residential care to five or more adults, primarily persons sixty-five years of age or older, in communityintegrated settings resembling independent housing units. The program provides or arranges for the provision of room, board, housekeeping, personal care and supervision. Enriched housing programs may be operated by a natural person, a partnership, a not-for-profit corporation, a public corporation, a non-publicly traded business corporation or a limited liability company.

Map 3.3 on page 45 shows locations of various destinations around the region in relation to the Capital District Transportation Authority's (CDTA) fixed-route transit system. Destinations shown include: the region's larger shopping centers, hospitals with 50 or more beds, and the density of lower-income employment (i.e. jobs providing a monthly income of \$1,250 or less). As the map illustrates, the majority of these locations are served by fixed-route transit. However, some areas with low-income jobs density of between 300 and 1,000 low-income jobs per square mile are not served by transit.



3.1.2 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 2000 people per month took advantage of CDTA's lift accessible buses.

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. 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 2013, CDTA provided XXXXX half fare rides on the fixed route system, and sold XXXXX half fare Swiper cards. Nonetheless, after the first year of Simple Fare, STAR trips as a percent of fixed-route trips continued to increase.

CDTA's 2013 Route Performance Report included an evaluation of CDTA fixed route services in 2013 and proposals for service for 2014, and provided data on ridership and productivity of the fixed route network, as well as "a description of major service changes, and recommendations for the coming year" (<https://www.cdfa.org/documents/2013RoutePerformanceReport.pdf> accessed July 2014). CDTA uses these annual performance reports to guide planning activities through next fiscal year, in this case, 2014. Longer term route and service planning considerations, including a Transit Priority Network, are included in CDTA's recently updated Transit Development Plan which is discussed below.

The 2013 Route Performance Report indicates 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).

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 revenue-hour or per trip and according to CDTA "indicates whether resources are used efficiently." 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	Productivity
Trunk/BusPlus	250,000	25 riders/hour
Neighborhood	100,000	25 riders/trip
Shuttle	75,000	15 riders/hour
Express	30,000	12 riders/hour
Commuter	15,000	10 riders/hour

Table 3.1 Source: CDTA's 2013 Route Performance Report

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.

According to the Performance Report, as a result of CDTA's evaluation process various rural routes in the fixed route system were eliminated due to very low ridership, while shuttle routes were replaced with neighborhood routes as part of Phase 2 of the Albany County Route Restructuring.

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 are subjects to be explored through future stakeholder/public outreach, workshops and RTCC discussions.

3.1.3 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.

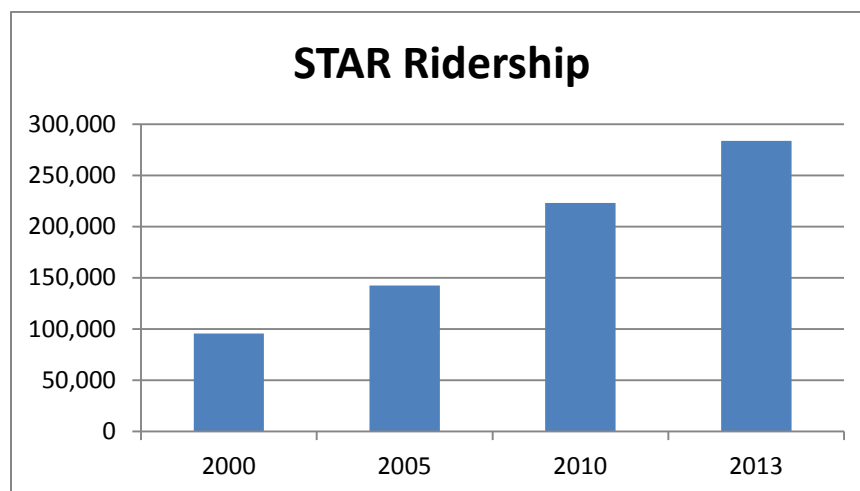
CDTA's STAR service began operation in the summer of 1982 and was designed for use by any Capital District resident unable to utilize CDTA's fixed route bus service because of a disability. STAR service was modified in January 1993 to comply with the guidelines set forth in the ADA. The changes affected 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 44 cutaway vehicles equipped with backdoor lifts for accessibility and the capacity to transport multiple disabled customers, including those using wheelchairs. Over the last few years, a portion of STAR service has been provided through an agreement with Advantage Taxi. New Freedom funds were used to purchase accessible taxis, which are branded with CDTA and STAR logos.

STAR ridership has increased annually since its inception. Over 283,000 people were provided specialized trips during the 2013 calendar year, making up almost 2 percent of CDTA's overall fixed route ridership. According to CDTA's 2012-2013 Annual Report the use of accessible taxis to help manage the increasing demand for STAR increased expenses by \$1 million in 2012. Table 3.2 shows ridership figures since 2000. The table shows the number of STAR trips has steadily increased, and also that STAR trips as a percent of total ridership have been increasing as well, generally doubling over a ten-year period.

History of Star Ridership

Fiscal Year	Total Ridership	Fixed Route (incl. NX)	STAR	STAR % of Total
2000	11,469,966	11,374,194	95,772	0.83%
2001	11,715,460	11,621,406	94,054	0.80%
2002	12,098,285	12,000,083	98,202	0.81%
2003	11,784,764	11,678,615	106,149	0.90%
2004	11,746,831	11,621,667	125,164	1.07%
2005	11,693,743	11,551,110	142,633	1.22%
2006	12,883,502	12,727,218	156,284	1.21%
2007	12,895,236	12,728,173	167,063	1.30%
2008	14,031,000	13,839,000	192,000	1.37%
2009	15,406,598	15,192,124	214,474	1.39%
2010	13,803,000	13,580,000	223,000	1.62%
2011	13,803,000	13,580,000	223,000	1.62%
2012	14,910,000	14,650,000	260,000	1.74%
2013	15,675,079	15,391,455	283,624	1.81%

Table 3.2 *Source: CDTA*Chart 3.1 *Source: CDTA*

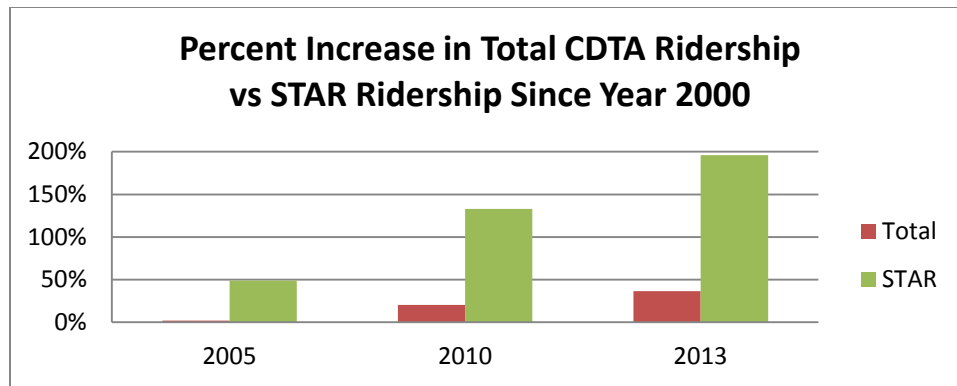


Chart 3.2 Source: CDTA

CDTA's 2013 Transit Development Plan included a recommendation for a future update to CDTA's STAR Paratransit Operations Plan to continue to improve how CDTA delivers its service to the public. Due to the increasing demand for STAR service and associated costs, one focus of the Operations Plan will be reducing costs while maintaining current service levels.

3.1.4 CDTA's Transit Priority Network

As referenced above, 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-income 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."

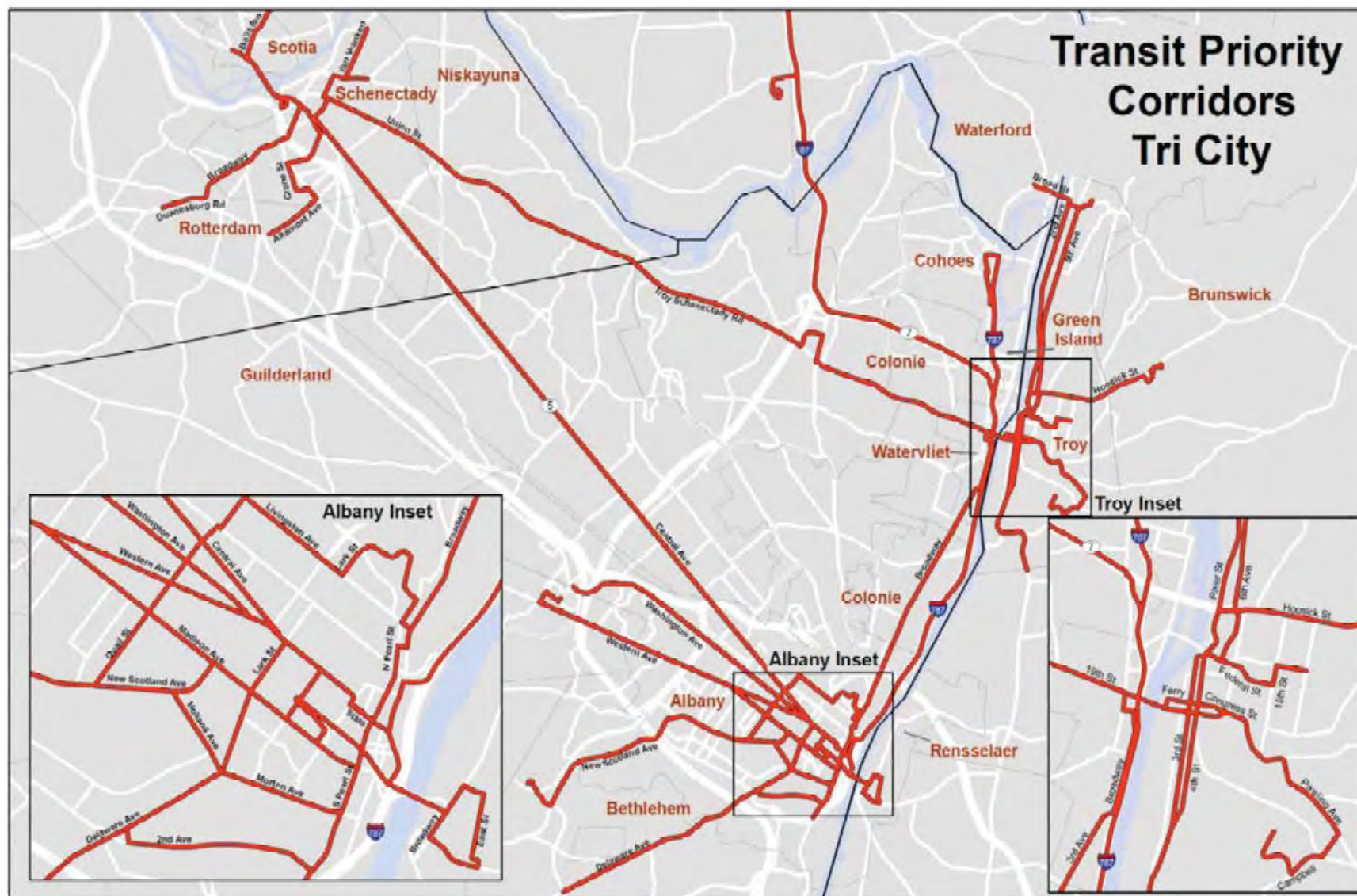
The Transit Development Plan states that defining the corridors included in the network allows:

- 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 3.4 and 3.5 show the Transit Priority Network.

Source: <http://www.cdfa.org/uploads/TDPUpdate-FullReportsmallfilesize.pdf>

An analysis of the effect of the Transit Development Plan and Transit Priority Network on rural lifeline services should be discussed with the RTCC and during public outreach. Additional research and discussions on potential innovative ways to provide services to transportation disadvantaged populations outside the core urban and suburban areas may be required.



Map 3.4

Source: CDTA Transit Development Plan



Map 3.5 Source: CDTA Transit Development Plan

3.2 Listing of Human Service Agencies

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

Government Agencies – Albany County:

- [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 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](#)
- [Knox Town Clerk](#)
- [NYS Commission for the Blind & Visually Handicapped](#)
- [NYS Developmental Disabilities Planning Council](#)
- [NYS Division of Homes & Community Renewal](#)
- [NYS Office for the Aging](#)
- [NYS Office of Alcoholism & Substance Abuse Services](#)
- [NYS OPDD](#)
- [Town of Bethlehem](#)
- [Town of Colonie Senior Resources](#)
- [Town of Guilderland](#)
- [Town of New Scotland](#)
- [Village of Green Island-Section 8 & Housing](#)
- [Village of Ravena- Senior Projects](#)
- [Watervliet Housing Authority](#)
- [Westerlo Town Clerk](#)



CDTA STAR Program
Image Source: CDTA

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Not-For-Profits & Other Entities – Albany County:

- [Aids Council North East New York \(ACNENY\)- Albany Office](#)
- [Albany Community Action Partnership](#)
- [Albany Damien Center](#)
- [Albany Jewish Community Center \(JCC\)](#)
- [Alzheimer's Association of Northeastern New York](#)
- [American Cancer Society- Road to Recovery](#)
- [American Housing Foundation, Inc.](#)
- [American Red Cross of North East New York](#)
- [America Works of Albany](#)
- [Atria Senior Living Group](#)
- [Attentive Home Companions](#)
- [Belvedere Services](#)
- [Birthright Inc.](#)
- [B'Nai B'Rith Parkview Apartments](#)
- [Capitaland Taxi](#)
- [Capital Area Peer Services](#)
- [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](#)
- [Catholic Charities AIDS Services](#)
- [Catholic Charities Disability Services](#)
- [Catholic Charities of the Diocese of Albany](#)
- [Catholic Charities Housing Office](#)
- [Center for Disability Rights, Inc.](#)
- [Center for Disability Services](#)
- [Center for Excellence in Aging & Community Wellness](#)
- [Cohoes Multi-Service Senior Citizen Center, Inc.](#)
- [Colonie Terrace](#)
- [Community Caregivers](#)
- [Consumer Directed Choices](#)
- [Cornell Cooperative Extension in County](#)
- [Corporation for AIDS Research, Education, & Services \(CARES\)](#)
- [Drake Manor Senior Apartments](#)
- [Eddy Senior Living – Beverwyck](#)
- [Emeritus at Colonie Manor](#)
- [Epilepsy Foundation of Northeastern NY](#)
- [Equinox/ Clear View Center](#)
- [Family & Children's Services of the Capital Region](#)
- [Guildcare](#)
- [Holy Wisdom Apartments](#)
- [Home Instead Senior Care](#)
- [Homeless & Travelers Society of the Capital District \(HATAS\)](#)
- [Hope House, Inc.](#)
- [Idlewild Terrace](#)
- [Interfaith Partnership for the Homeless](#)
- [Jewish Family Services of Northeastern NY](#)
- [Job Corps](#)
- [Junior League of Albany](#)
- [Living Resources](#)
- [Living Resources Employment Services](#)
- [Loudonville Home for Adults Gerald Levine Center for Memory Care](#)
- [Louis Apartments](#)

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- [Mental Health Association of NYS](#)
- Millview of Latham
- [Namas Car Services](#)
- [NAMI- National Alliance for the Mentally Ill](#)
- [Northeastern Association of the Blind at Albany](#)
- [Northeast Career Planning](#)
- [NYSARC, Inc. – Albany Chapter](#)
- [NYS Association on Independent Living](#)
- Ogden Mill Apartments
- [Ohav Sholom Apartments](#)
- Orion Management Council Meadow
- [Rehabilitation Support Services](#)
- [Salvation Army](#)
- [Senior Services of Albany](#)
- Siena College – [Disability Svcs.](#) & [Veterans' Svcs.](#)
- [South Mall Towers](#)
- [St. Catherine's Center for Children](#)
- [St. Francis of Assisi Parish](#)
- [Stop The Violence, Inc](#)
- [St. Peter's Hospital- ALS Regional Center](#)
- [St. Peter's Hospital- CHOICES](#)
- [St. Peter's Nursing & Rehabilitation Center](#)
- [St. Peter's Physical Therapy](#)
- [St. Peter's Sleep Wake Disorders Center](#)
- Support for AIDS Services & Housing
- [Trinity Alliance of the Capital Region](#)
- [Umbrella of the Capital District](#)
- [Upper Hudson Planned Parenthood](#)
- [Visiting Nurses Services Association](#)
- [Warren, Washington, & Albany Counties Chapter ARC](#)
- [Watervliet Senior Center/ Watervliet Civic Center](#)
- [Wheelers Accessible Vans](#)
- [YMCA of the Capital District](#)



CDTA STAR Program
Image Source: CDTA

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Government Agencies – Rensselaer County

- [Berlin Town Clerk](#)
- [Capital District Transportation Authority \(CDTA\)- Access Transit](#)
- [Capital District Transportation Authority \(CDTA\)- STAR Program](#)
- [Department of Veterans Affairs](#)
- [Hoosick Falls Senior Center](#)
- Hoosick Housing Authority
- [Hoosick Town Clerk](#)
- [NYS Commission for the Blind & Visually Handicapped](#)
- [NYS Office of Children & Family Services](#)
- [Rensselaer County DOMH-Unified for Children & Adolescents](#)
- [Rensselaer County Department of Health](#)
- [Rensselaer County Department of Social Services](#)
- [Rensselaer County Mental Health Department](#)
- [Rensselaer County Office for Aging](#)
- [Rensselaer County One Stop Employment](#)
- [Rensselaer County Protective Services for Adults \(PSA\)](#)
- [Rensselaer County- Southern Tier Senior Center](#)
- [Rensselaer County Unified Family Services- DOA](#)
- [R.O.U.S.E. Inc.- Department of Aging](#)
- [Schodack Town Clerk](#)
- [Town of Petersburg](#)
- [Town of Poestenkill](#)
- [Town of Schaghticoke](#)
- [Town of Stephentown](#)
- Town of Schodack
- [Troy Housing Authority](#)

Not-For-Profits & Other Entities – Rensselaer County:

- [Accent Health Care Services](#)
- [AccuCare Home Health Services, Inc.](#)
- [ACNENY- Troy Office](#)
- [Adept Health Care Service](#)
- [Alight Care Center](#)
- [Birthright Inc.](#)
- [Boys & Girls Club- Southern Rensselaer County](#)
- [Boys & Girls Club- Troy](#)
- Canterbury House
- [Capital Counseling](#)
- [Capital District Beginnings](#)
- Capital District Medical Transportation, Inc.
- [Circles of Mercy](#)
- [Commission on Economic Opportunity for the Greater Capital Region, Inc.](#)
- [Community Hospice](#)
- [Cornell Cooperative Extension in Rensselaer County](#)
- [Danforth Adult Care Center](#)
- Diamond Ridge Gracious Retirement Living
- [Eddy Memorial Geriatric Center](#)

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- [Eddy Senior Living & Alzheimer's Center – Eddy Hawthorne Ridge](#)
- [Eddy Senior Living - Beechwood](#)
- [Evergreen Commons](#)
- [Fawn Ridge](#)
- Grafton Senior Center
- [Heartwood Terrace Assisted Living Facility](#)
- [Hoosick Falls Family Health Center](#)
- Hoosick Falls Senior Service Center
- [Hudson Mohawk Recovery Center](#)
- [HVCC- Capital District Educational Opportunities Center](#)
- [Independent Living Center of the Hudson Valley](#)
- [Joseph's House & Shelter](#)
- [Junior League of Troy](#)
- [Mohawk Hudson Recovery Center](#)
- Moran Home
- Mount Ida Food Pantry
- National Kidney Foundation of NENY
- [Northeast Health](#)
- [Northeast Shuttle Service, Inc.](#)
- [Peter Young Housing, Halfway House, & Supportive Living](#)
- Questar III
- [Rensselaer County Chapter NYSARC](#)
- Resurrection Nursing Home
- [Roarke Center-Catholic Charities](#)
- San Damiano Family Support Services
- [Seton Health- St. Mary's Hospital](#)
- [Seton Home Health Care](#)
- The Springs Nursing & Rehabilitation Center
- [St. Jude Senior Apartments-Catholic Charities](#)
- St. Mary's Woodland Village
- [St. Paul's Center](#)
- Troy Adult Home
- [Troy Area United Ministries](#)
- [Troy Damien Center \(TAUM\)](#)
- [Troy Housing Rehabilitation & Improvement Program \(TRIP\)](#)
- [Umbrella of the Capital District](#)
- [UNITY House/ Bethany Hospitality Center/ Street Ministry](#)
- [Vanderheyden Hall](#)
- [Wheelers Accessible Vans](#)
- [White House Home for Adults](#)
- [Workforce Development Institute \(WDI\)](#)
- [Yankee Doodle Taxi](#)
- [YWCA of the Greater Capital Region](#)



CDTA Saratoga Trolley
Image Source: CDTA

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Government Agencies – Saratoga County:

- [Ballston Area Seniors](#)
- [Ballston Town Clerk](#)
- [Capital District Transportation Authority \(CDTA\)- Access Transit](#)
- [Capital District Transportation Authority \(CDTA\)- STAR Program](#)
- [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](#)
- [Saratoga County Office for the Aging](#)
- [Saratoga County Public Health Nursing Service](#)
- [Saratoga Springs Housing Authority](#)
- [Town of Clifton Park](#)
- [Town of Corinth](#)
- [Town of Hadley-Senior Community Center](#)
- [Town of Halfmoon- Senior Center](#)
- [Town of Halfmoon- Senior Express](#)
- [Town of Malta](#)
- [Town of Moreau](#)
- [Veterans Service Agency](#)
- [Waterford Senior Citizens](#)



CDTA Bus Stop
Image Source: CDTA

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Not-For-Profits & Other Entities – Saratoga County:

- Adam Lawrence Corinth Senior Housing
- [Adirondack Manor HFA](#)
- [Adult & Senior Center of Saratoga Springs](#)
- [AIM Services, Inc.](#)
- [Alcohol & Substance Abuse Prevention Council](#)
- [Beacon Pointe Memory Care Community](#)
- [Belmont Management](#)
- [Birthright Inc.](#)
- [Capital Counseling](#)
- Capital District DSO Community Residences
- [CAPTAIN Youth & Family Services](#)
- [Care Links Community Caregivers Programs](#)
- [Catholic Charities Saratoga, Warren, & Washington Counties](#)
- [The Charlton School](#)
- [Coburg Village Retirement Community](#)
- [Community Human Services Burnt Hills/ Ballston Lake](#)
- [Community, Work, & Independence, Inc.](#)
- Cook Adult Home
- [Cornell Cooperative Extension Ass'n of Saratoga County](#)
- [Domestic Violence & Rape Crisis Services of Saratoga County](#)
- [Experience Works](#)
- [Four Winds Hospital](#)
- [Franklin Community Center](#)
- Friendship House Saratoga County Mental Health
- Galway Youth Commission
- [Gentiva Health Services](#)
- Greater Schuylerville Youth Program
- Harbor at Clifton Park



CDTA STAR Vehicle
Image Source: CDTA

- [Head Start Family Education Program of Saratoga County](#)
- [Helping Hands & Academy Nursery School](#)
- [Home Helpers](#)
- [Home Instead Senior Care](#)
- [Junior League of Schenectady & Saratoga Counties](#)
- [Mechanicville Area Community Services Center, Inc.](#)
- Mechanicville Elderly Housing
- [Mechanicville Mid-Rise](#)
- [Millview Assisted Living](#)
- [National Church Residences](#)
- Pine Manor
- [Saratoga Bridges](#)
- [Saratoga Care Nursing Home](#)
- [Saratoga Center for the Family](#)
- [Saratoga County Citizens Committee for Mental Health](#)
- Saratoga County Housing Alliance
- Saratoga County Options for Independent Living (SCOIL)

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- [Saratoga County Rural Preservation Company](#)
- Saratoga County Youth Commission
- [Saratoga Hospital- Family Health Center](#)
- [Schuyler Ridge Residential Health Care](#)
- [Shelters of Saratoga](#)
- [Shenendehowa Adult Community Center](#)
- Sun Haven Manor
- Support Ministries
- [Transitional Services Association, Inc.](#)
- [Umbrella of the Capital District](#)
- [Unlimited Potential- Day Program](#)
- [Visiting Nurses Services Association](#)
- [Washington-Saratoga-Warren-Hamilton-Essex BOCES](#)
- [Wesley Health](#)
- [Whitney Management Company- Westview Apartments](#)

Government Agencies – Schenectady County:

- [Capital District Transportation Authority \(CDTA\)- Access Transit](#)
- [Capital District Transportation Authority \(CDTA\)- STAR Program](#)
- [Department of Veterans Affairs](#)
- [Family & Child Services of Schenectady County](#)
- [Duanesburg Area Community 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 Youth Bureau](#)
- [Schenectady Municipal Housing Authority](#)
- [Scotia-Glenville Senior Center](#)

Not-For-Profits & Other Entities – Schenectady County:

- [ACNENY- Schenectady Office](#)
- All Metro Healthcare/ Alternative Care of NENY
- [Alternative Living Group](#)
- [Avenue Nursing & Rehabilitation Center](#)
- [Baptist Health Nursing & Rehabilitation Center](#)
- [Berkshire Farm Center & Services for Youth](#)
- [Bethesda House](#)
- [B’Nai B’rith Housing](#)
- [Boys & Girls Clubs of Schenectady](#)
- [Capital City Rescue Mission](#)
- [Capital Counseling](#)
- [Capital District Center for Independence](#)

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- [Capital District Deaf Center](#)
- Carver Community Counseling Services
- [Catholic Charities](#)
- [Catholic Charities- Dayhaven Adult Day Care](#)
- [Catholic Charities Transportation Department](#)
- [CDPC Schenectady Community Support Center](#)
- [City Mission of Schenectady](#)
- [Clare Bridge Center of Niskayuna](#)
- [Community Human Services](#)
- [Community Maternity Services](#)
- [Conifer Park](#)
- [Cornell Cooperative Extension in Schenectady County](#)
- [The Damien Center](#)
- Daughters of Sarah Adult Day care D/B/A Great Days Adult Medical Day Care Program
- [Depaul Housing Management](#)
- Dutch Manor Nursing & Rehab Center
- [Early Childhood Education Center](#)
- [Eddy Senior Living – Glen Eddy](#)
- [Ellis Medicine- Residential & Rehabilitation Center](#)
- Edison Senior Apartments
- [Glendale Home](#)
- [Glenville Senior Center](#)
- Heritage Arms Retirement Community
- [Heritage Home for Women](#)
- Holly Manor Senior Apartments
- [Holyrood House Apartments](#)
- [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](#)
- [Northeast Parent & Child Society](#)
- Northwoods Rehab Ecc Hilltop
- [Parsons Child & Family Center](#)
- [Planned Parenthood Mohawk Hudson, Inc.](#)
- [Rely Health Care Services](#)
- [SAFE Inc., of Schenectady](#)
- [Salvation Army](#)
- [Schenectady County Action Program \(SCAP\)](#)
- [Schenectady County Chapter NYS ARC](#)
- [Schenectady Inner City Ministry](#)
- Scotia Mansion Homes
- Southgate Apartments
- [St. Peter's Addiction Recovery Outpatient Clinic](#)
- Summit Towers
- [Sunnyview Rehabilitation Hospital](#)
- [Umbrella of the Capital District](#)
- [Veteran's Service Agency of Schenectady](#)
- [Visiting Nurses Services Association](#)
- [Washington Irving Adult & Continuing Education Center](#)
- [Wildwood Programs](#)
- [Wynwood of Niskayuna](#)

3.3 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. However, due to recent changes in the way non-emergency Medicaid transportation is administered these trips are now brokered through a multi-regional contract between the NYS DOH and MAS which is located in Syracuse, NY. Consequently ACCESS Transit no longer brokers Medicaid trips for County Social Services Departments. ACCESS arranges transportation for Albany County Seniors throughout the Albany County Department of Aging and manages the JARC (Jobs Access and Reverse Commute) program.

ACCESS' stated mission is to maximize personal mobility and independence by coordinating transportation in the Capital Region. The ACCESS Call Center operates from 8:00 a.m. to 5:00 p.m. Monday through Friday. (http://www.cdta.org/accessibility_access_faqs.php. Accessed July 9, 2014)

3.4 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, assist individuals or groups to "become successful transit users by providing information and support in a one-on-one instructor assistance." This service provides a Travel Trainer that will personally escort customers on their initial bus trip on a specific route. 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 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 to help plan their trip, 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 the Schenectady County Department of Social Services and CDTA's Call Center to assist customers through the process. They can be reached at:

Schenectady & Rensselaer County

Office - 344-2757

Albany & Saratoga County

Office - 437-5296

The Job Access Reverse Commute or JARC program has provided funding for these positions.

(http://www.cdta.org/rider_guide_trainers.php. Accessed August 25, 2014.)

3.5 Other Resources

Information on other specialized transportation and their providers is noted below with links to relevant websites. Some of this information may be useful as the DRAFT Coordinated Plan is further developed in stakeholder discussions and planned workshops.

<http://www.unitedweride.gov/>

<http://www.va.gov/healthbenefits/vts/locations.asp?location=1>

<http://www.ridesinsight.org>

http://www.ridesinsight.org/Home/what_is_itn

ITN - Independent Transportation Network® (ITN)

A 2013 report done for the Regional Transportation Planning Coalition (a group of community leaders representing county governments, higher education, transit, human services, and planning interests) in a seven county area of New York State (Cayuga, Cortland, Tioga, Chemung, Schuyler, Seneca, and Tompkins) included information on ITN and described it as follows: "The ITN® is a non-profit system for older adults (60+) and people with visual impairments. ITN is a membership organization that recreates the comfort and convenience of private automobile ownership for those who limit or stop driving."

The report states that in Ithaca New York an entity called "Way2Go which is program of the Cornell Cooperative Extension of Tompkins County has been working with ITN to demonstrate the potential for an ITN application for all programs, not just seniors: ITNEverywhere™ is a proposed community transportation solution for small and rural communities. Currently in research and development, ITNEverywhere intends to serve people of all ages. ITNAmerica currently offers an ITN model to serve seniors and people with visual impairments for communities with a population of 180,000 and higher living within a 15 mile radius. ITNEverywhere will use existing private capacity, information technology, and shared business practices to create consumer oriented community transportation."

Source: <http://www.tompkinscountyny.gov/files/itctc/rtts/RTS%20FINAL%20REPORT.pdf>

(Accessed September 4, 2014)

CapitalMoves and iPool2.org: CDTC's ridesharing website iPool2 has now partnered with New York State's 511NY Rideshare and 511NY network to offer a "new and improved ridematching service and a one-stop shop for traveler needs". Information on alternative forms of transportation including carpooling, vanpooling, and carshare can be found at the Capital Moves website at: <http://capitalmoves.org/capital-region-travel/>. The link to iPool2 is: <https://rideshare.511ny.org/newyork/?client=CDTA>

3.6 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 one originally conducted in 2006 was undertaken in 2011. To conduct this survey of Human Service Agencies in the Capital District, CDTC staff worked with the Regional Transportation Coordination Committee (RTCC), CDTA, and the United Way. The 2011 survey was shortened to 18 questions and was completed on-line by respondents. By contrast the 2006 survey contained 34 questions and was a hard copy mail-back survey.

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 2011 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 2011 survey are summarized below.

Survey Methodology

In 2011 a total of 352 Surveys were delivered to Human Service Agencies around the region (335 by email and 17 by US mail and/or fax). The United Way assisted CDTC and CDTA with the task of following up with survey respondents, helping to improve overall participation from an initial 9% to almost 50% post follow-up. Of the 352 surveys delivered, 172 were returned with answers. The number of complete responses received from the 2006 survey was 173.

2011 Survey Results – All Agencies

Where are Human Service Agencies and Their Clients Located around the Region?

The majority of responding agencies were located in Albany County, with the rest evenly spread between the other three counties as shown in Chart 3.3 below.

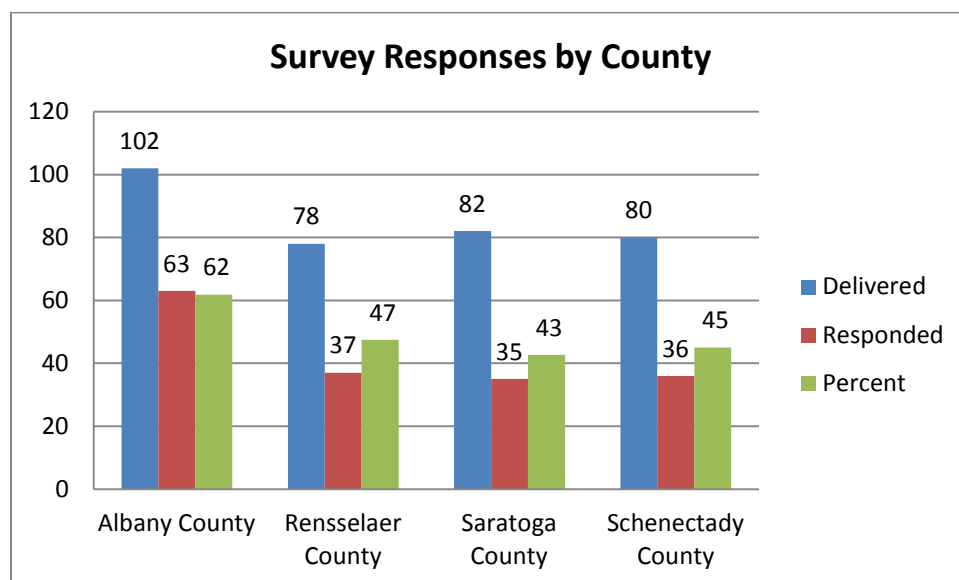


Chart 3.3

Source: 2011 Capital District Human Service Agencies Survey

Human service agencies responding to the survey serve consumers residing across the Capital District: 94 organizations serve Albany County, 88 serve Rensselaer County, 86 serve Schenectady County and 85 serve Saratoga County. 44 organizations serve all four counties, and 71 organizations serve more than one county. 34 organizations serve a county outside of the four-county region.

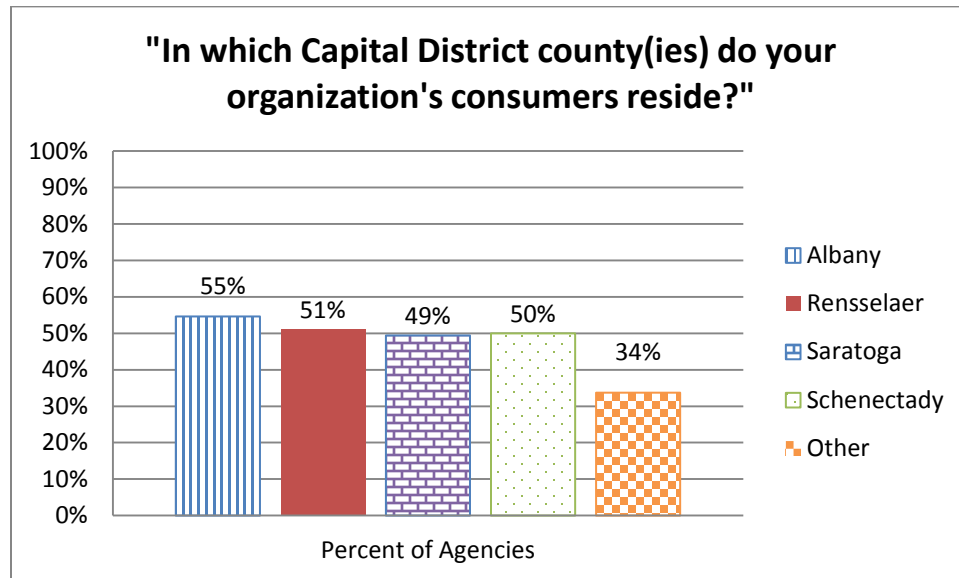


Chart 3.4

Source: 2011 Capital District Human Service Agencies Survey

The majority of human service agency respondents provide services to those aged 60 years and above (“Seniors”). Of the 172 respondents, 139 offer services specifically for seniors. 107 respondents provide service for Adults (18-59), 82 for Adolescents (13-17) and 78 for Youth (0-12). Over a third of respondents (63 or 36.6%) provide services to all four age categories. 27 agencies serve only adults aged 18 and older (including Seniors), while 8 agencies serve children and adolescents only.

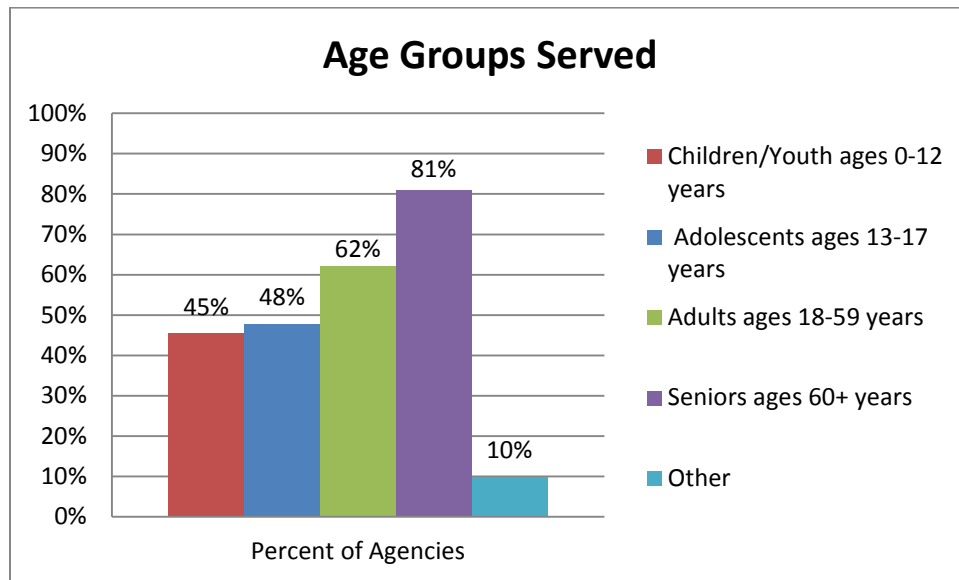


Chart 3.5

Source: 2011 Capital District Human Service Agencies Survey

As can be seen in Chart 3.6, the response from all 172 survey respondents indicates there is a willingness to join a task force that would investigate coordination among the human service agencies. One-quarter of respondents are willing to participate, and another one-third are willing but may still have some reservations. Together, the “yes” response and “maybe” response account for more than

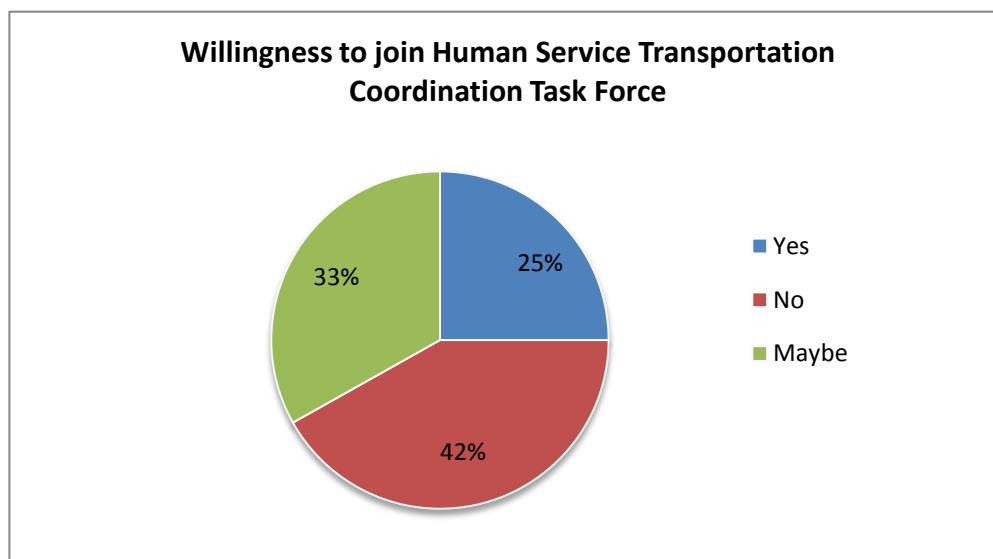


Chart 3.6

Source: 2011 Capital District Human Service Agencies Survey

half of respondents.

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 3.7. Sharing volunteers, coordinating routes and schedules and contracting to other agencies are activities agencies are most willing to coordinate on.

In terms of sharing vehicles or joint vehicle purchases various issues limit the ways that these human services agencies can collaborate. Agency policy among 23 organizations disallows them from providing service to consumers outside of their organization, while funding restrictions limit 9 organizations.

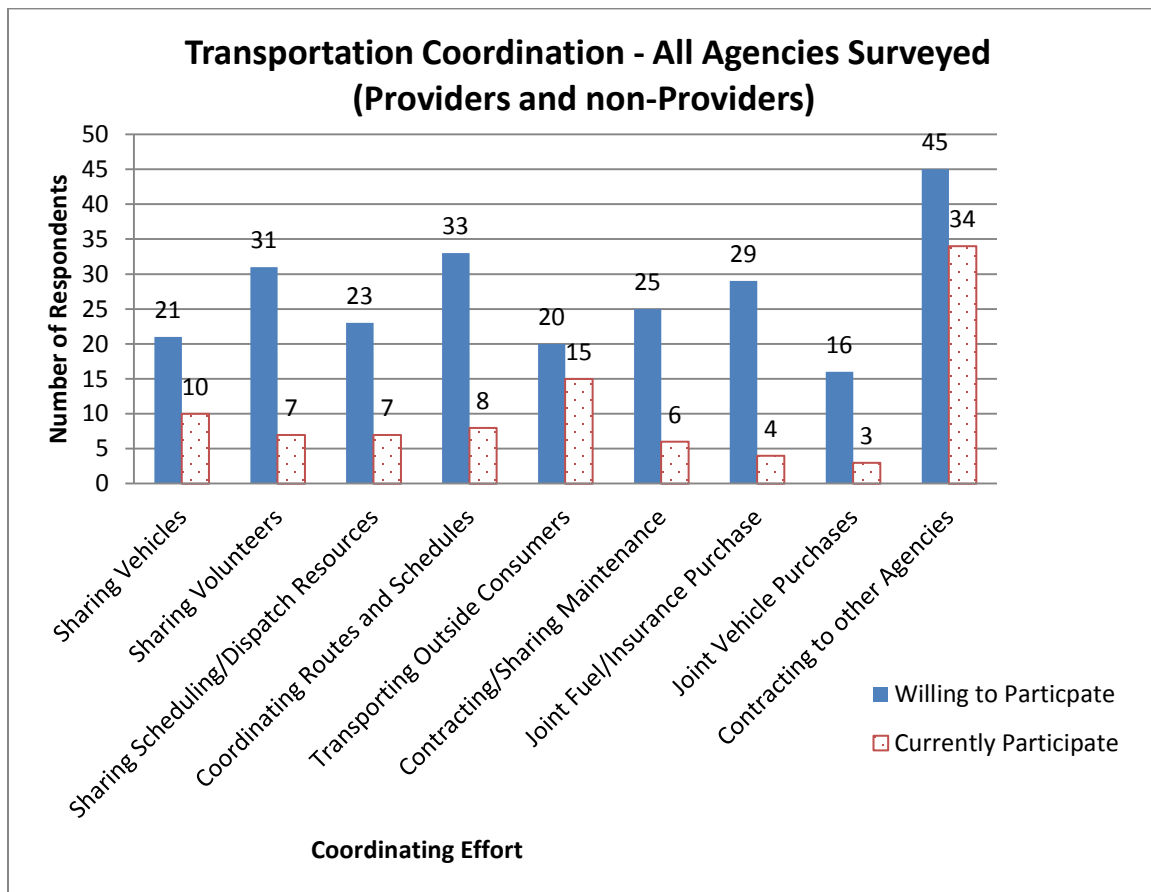


Chart 3.7

Source: 2011 Capital District Human Service Agencies Survey

Agencies Providing Transportation Services and/or Assistance:

The previous survey conducted in 2006 for the 2007 Coordinated Plan asked “Does your organization specifically dedicate staff or volunteers, either full or part time, to providing consumers with trip planning or travel *training* assistance?”

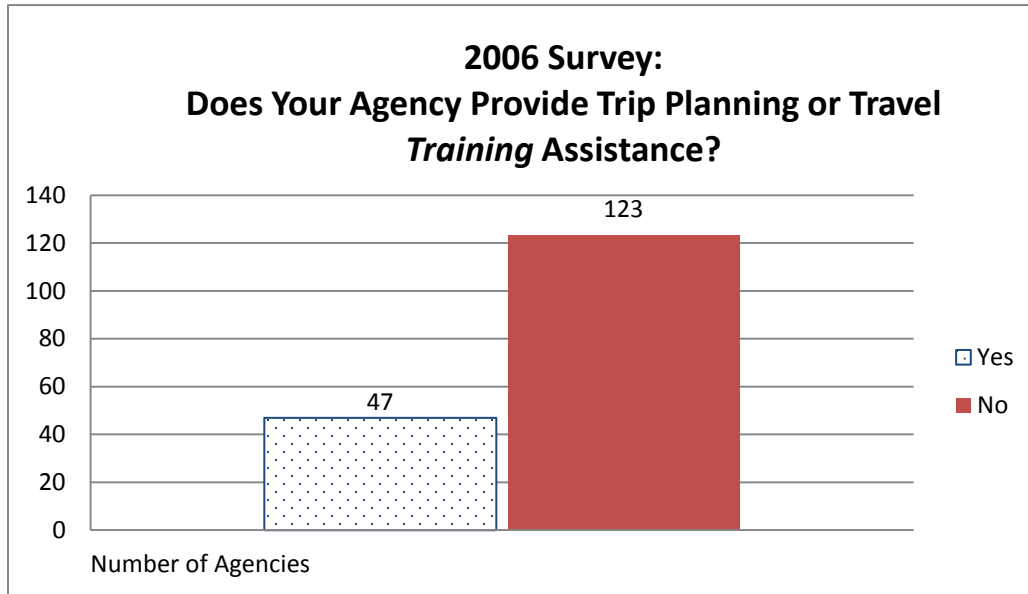


Chart 3.8

Source: 2011 Capital District Human Service Agencies Survey

The 2011 survey 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 result was 63 agencies that help consumers with transportation needs, representing 37 % of survey respondents.

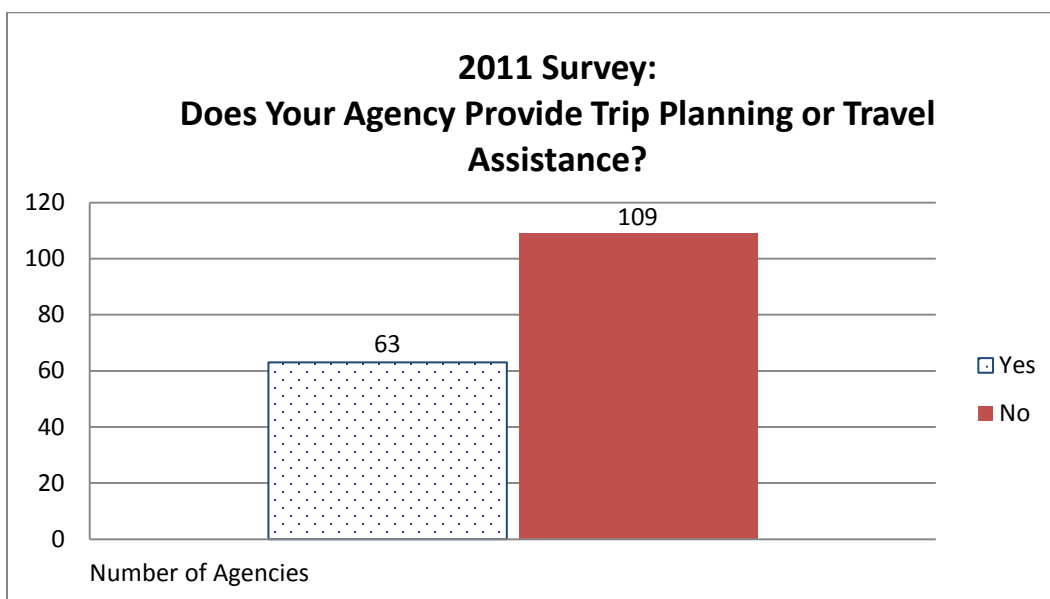


Chart 3.9

Source: 2011 Capital District Human Service Agencies Survey

The 2011 survey found that of the 63 agencies providing transportation assistance, 48 provide direct assistance either with agency owned or employee owned vehicles. The number of agencies providing various types of transportation assistance to their consumers is shown in Chart 3.10 below. Other assistance offered includes CDTA Swipers, provided by 24 agencies, followed by purchased transportation like taxis or vans. Other services include vouchers, information dissemination and cash reimbursement, though fewer agencies provide these services. On average the small number of agencies indicating they provide CDTA fare products to consumers provided over 13,000 one-trip tickets and 8,000 day passes in 2010.

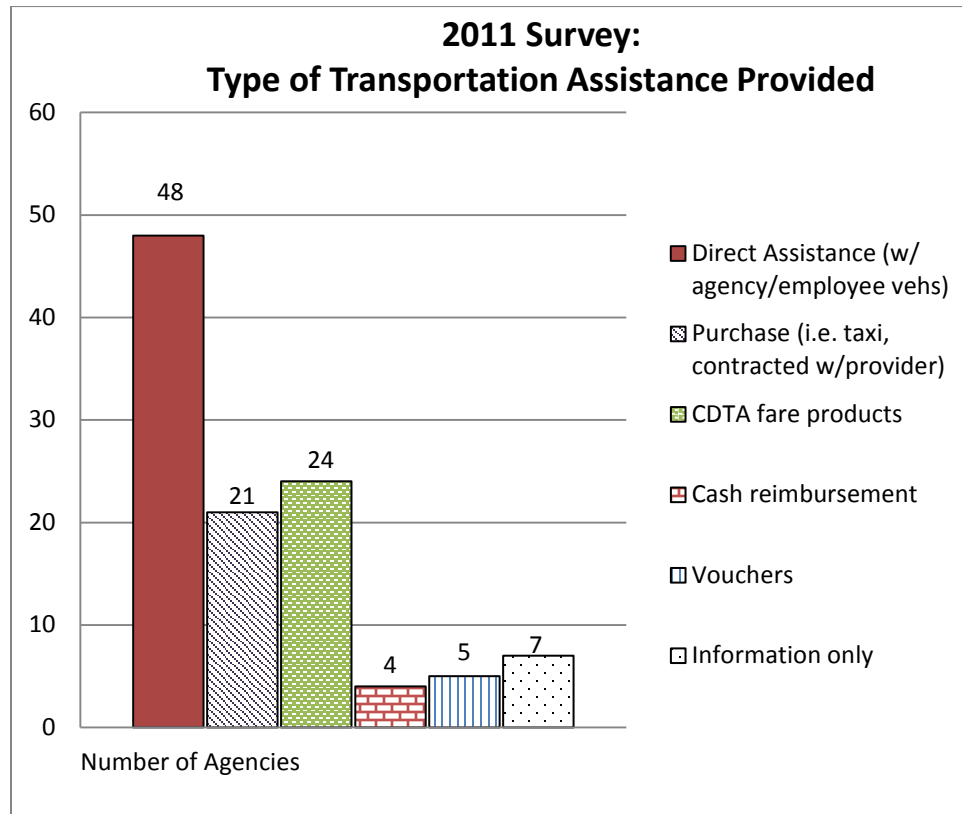


Chart 3.10 Source: 2011 Capital District Human Service Agencies Survey

The 2006 survey also asked about the types of transportation assistance agencies provided to their consumers. Over 50% or 93 of the organizations responding to the 2006 survey indicated that they provided some type of assistance to consumers, ranging from direct transportation to purchase of a ride to cash reimbursement, vouchers or CDTA fare products. Notably more agencies indicated they provided direct assistance in 2006.

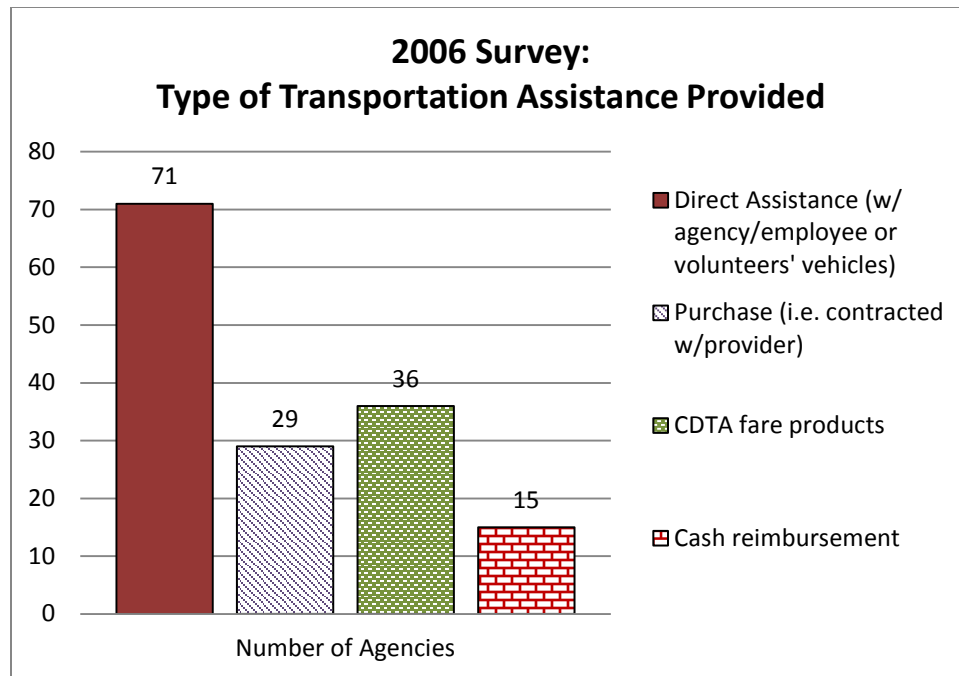


Chart 3.11 *Source: 2006 Capital District Human Service Agencies Survey*

Of the 63 human service agencies providing transportation assistance, rates of current participation or willingness to participate in coordination efforts in the future are shown in the graph below. As of the 2011 survey, 26 agencies, or 41% of transportation providers, engaged in some type of coordination efforts with others.

Sharing volunteers, coordinating routes and schedules and contracting to other agencies are activities agencies are most willing to coordinate on.

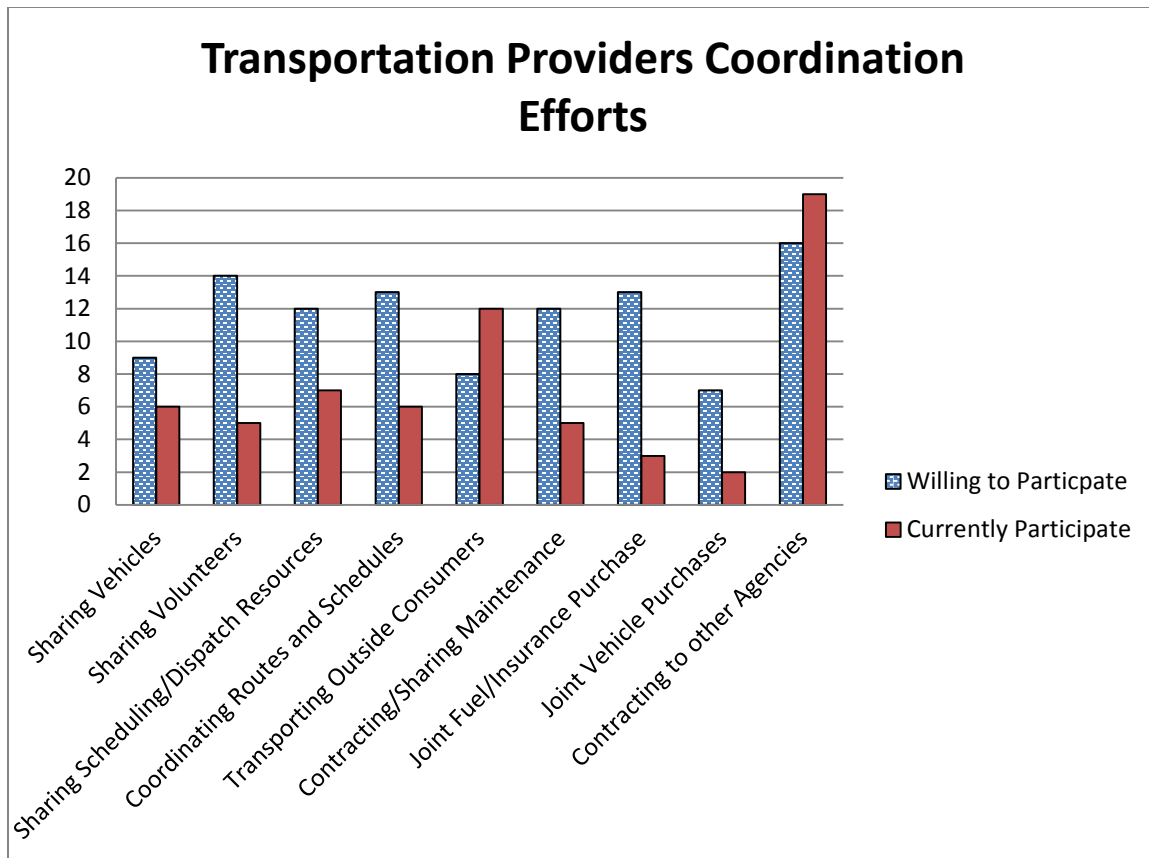


Chart 3.12

Source: 2011 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. As shown in Chart 3.13, 65% (35 agencies) of agencies responded that transportation assistance is restricted to their consumers. Of these 35 agencies, 23 indicated agency policy limits the ability to offer services to customers outside of their organizations, while 10 agencies stated the restriction was due to lack of funding.

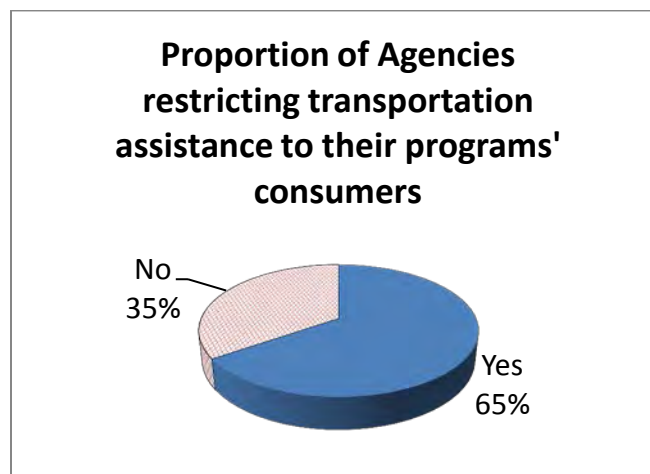


Chart 3.13

Source: 2011 Capital District Human Service Agencies Survey

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.

Human Service Agency Vehicles

For the 48 agencies directly providing transportation using agency or employee vehicles, only 38 (80%) own or lease their own vehicles and of this group, almost 40%, or 15 agencies, indicated they had to deny trips during the previous year due to insufficient vehicle capacity.

Of these 38 agencies, 18 performed maintenance in-house and 6 of those 18 agencies also contracted to an outside commercial vendor as did 16 additional agencies. 3 agencies contracted for maintenance with another human service agency.

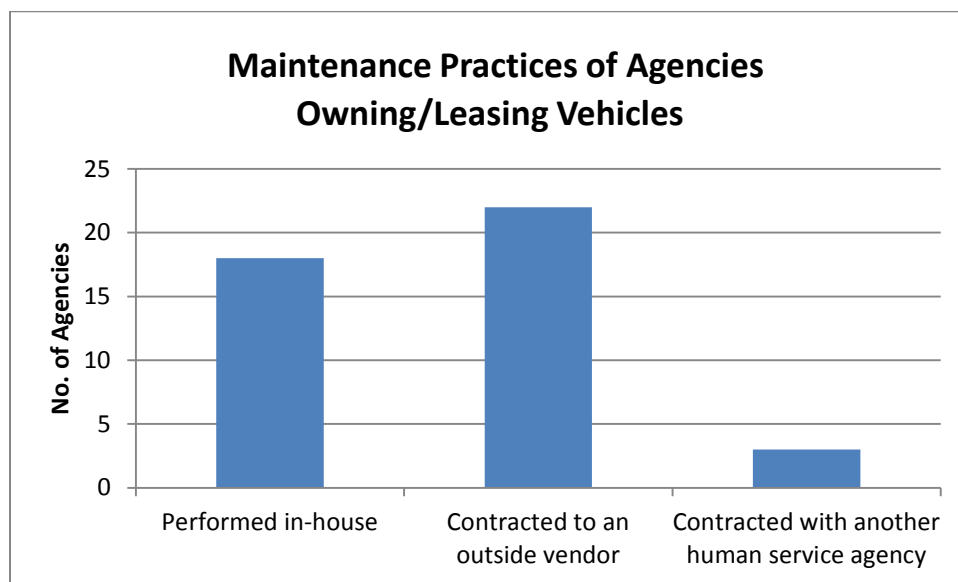


Chart 3.14 Source: 2011 Capital District Human Service Agencies Survey

The majority of the 38 agencies owning or leasing vehicles, or 74%, must comply with New York State Department of Transportation vehicle inspection requirements while the rest do not (these agencies' vehicles, as with all vehicles in New York State, must comply with NYS DMV inspection requirements).

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. Respondents were asked how many vehicles they owned using ranges (i.e. 4-6, 7-10, etc.). On the high end, agencies owned 105 buses, over 285 vans, almost 80 cars, and almost 15 trucks/SUVs as of 2011.

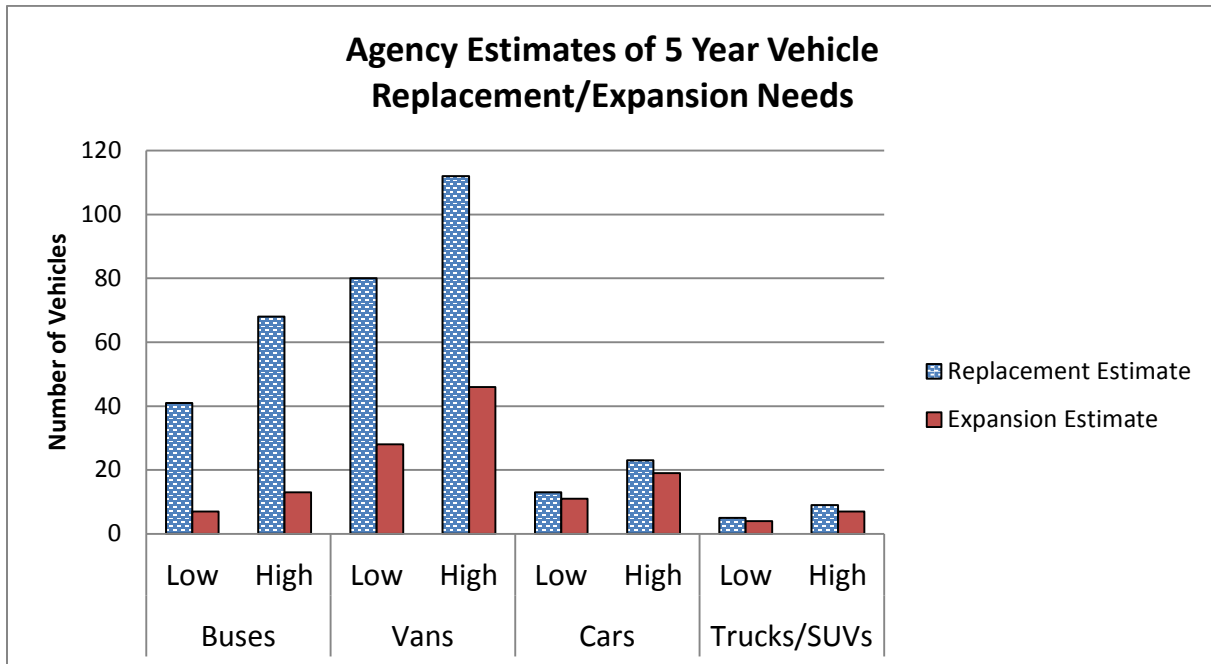
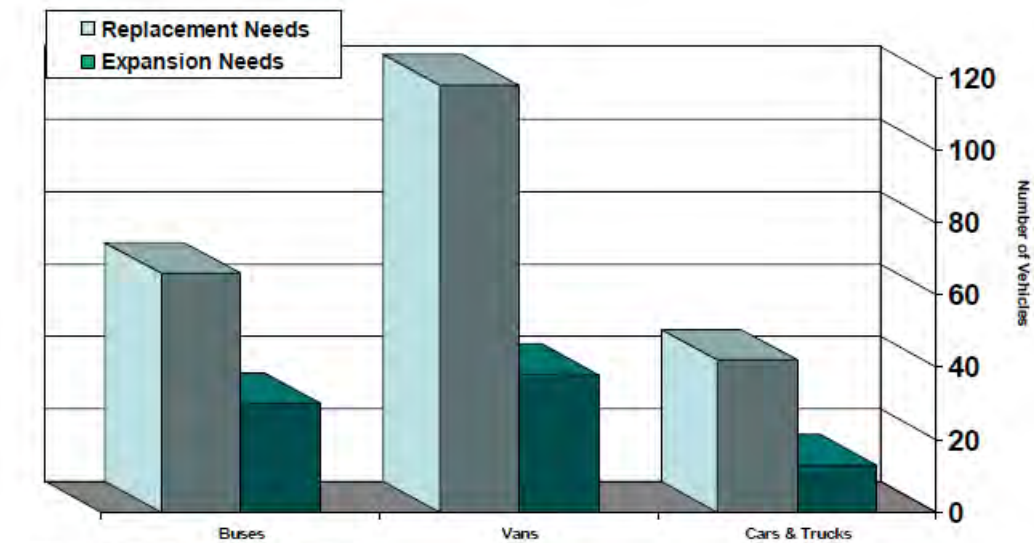


Chart 3.15 Source: 2011 Capital District Human Service Agencies Survey

Similarly, agencies were asked about their needs for replacement vehicles and those needed to expand their fleets/services over the next five years. Responses from the 38 agencies owning or leasing vehicles are shown in Chart 3.14 above which indicate estimates of replacement needs far outweigh expansion plans.

As shown in Chart 3.16 below from the 2006 Survey as reported in the 2007 Coordinated Plan, transportation provider agencies' 5 year estimates for replacement and expansion needs have remained fairly constant.

5 Year Projection of Vehicle Needs of Transportation Providers



Source: Chart 3.16 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.

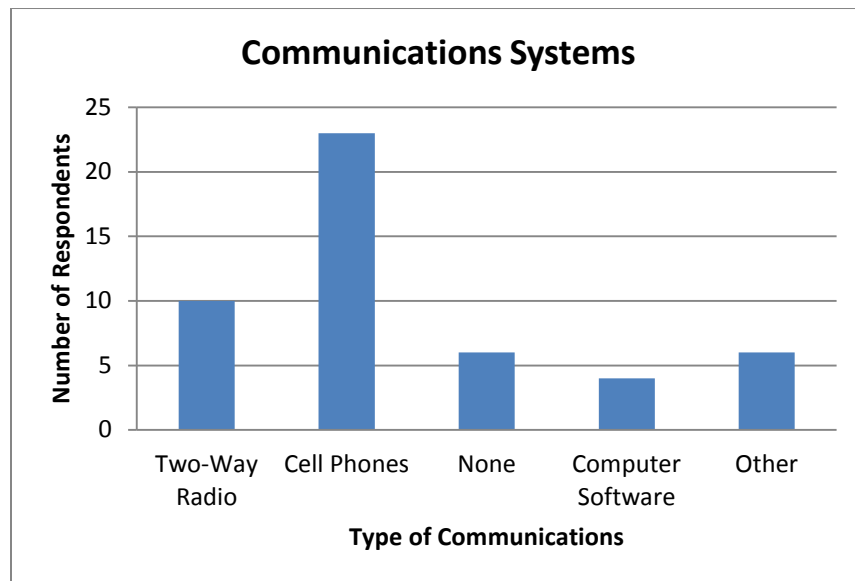


Chart 3.17 Source: 2011 Capital District Human Service Agencies Survey

Cell phones are the most popular form of communication, followed by two-way radios. Some agencies do not have any form of scheduling software or communication. Various other systems are used as well.

Human Service Agencies' Drivers

Three questions were asked about drivers used by agencies to transport their consumers. Chart 3.17 shows agencies use a mix of staff dedicated as drivers, volunteer drivers, and staff who drive the agencies' vehicles as well as perform other job duties.

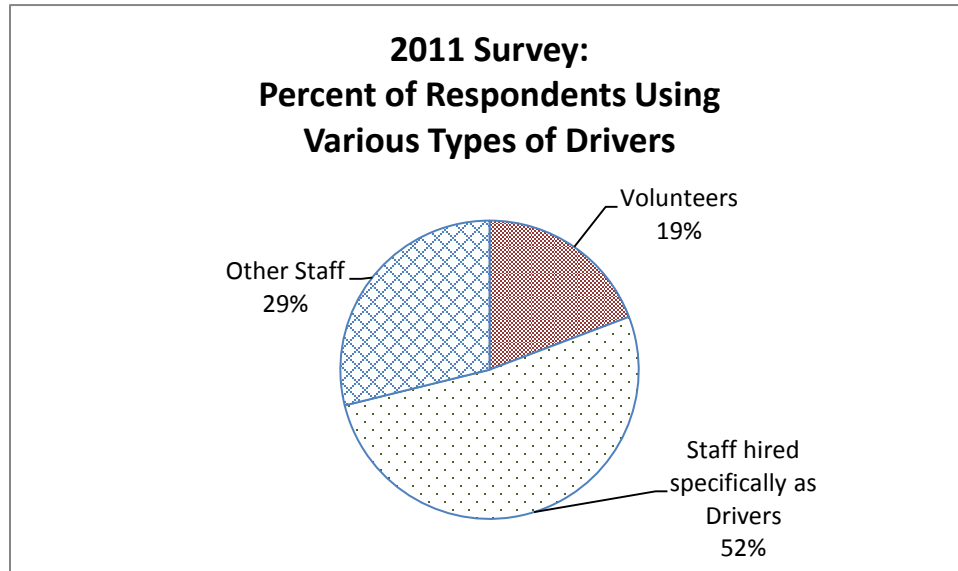


Chart 3.18 Source: 2011 Capital District Human Service Agencies Survey

In 2011 over 70% of the 38 agencies owning/leasing vehicles hire drivers, 26% use volunteers while almost 40% use existing staff. Only 3 agencies relied solely on volunteers to transport consumers.

Responses to the 2006 survey indicate there was less reliance on volunteer drivers as shown below:

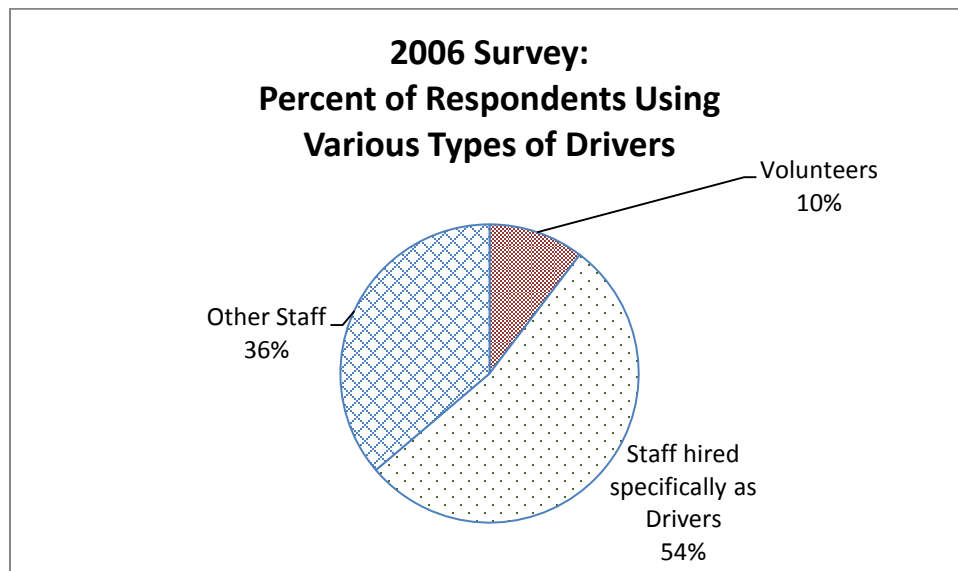


Chart 3.19 Source: 2006 Capital District Human Service Agencies Survey

As shown below most of these drivers are not required to follow any special training, certification or other regulations to operate the vehicles.

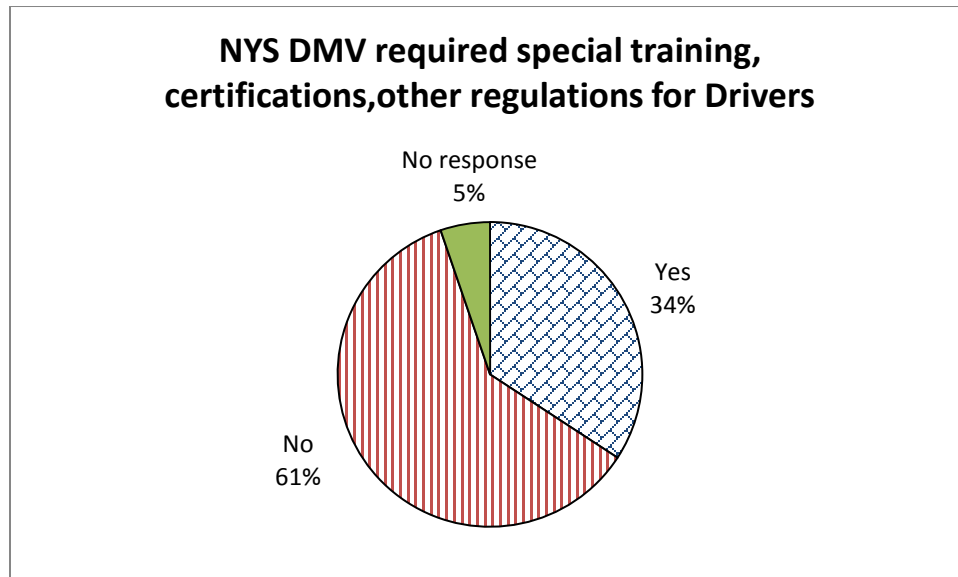


Chart 3.20

Source: 2011 Capital District Human Service Agencies Survey

Human Service Agencies' 2010 Expenditures

Agencies that own or lease vehicles were asked to provide responses on transportation related expenditures for the year 2010. As shown in the pie chart below agencies providing transportation in 2010 had a wide range of total budgets for transportation, with the majority of agencies' transportation budgets on the low end of the range.

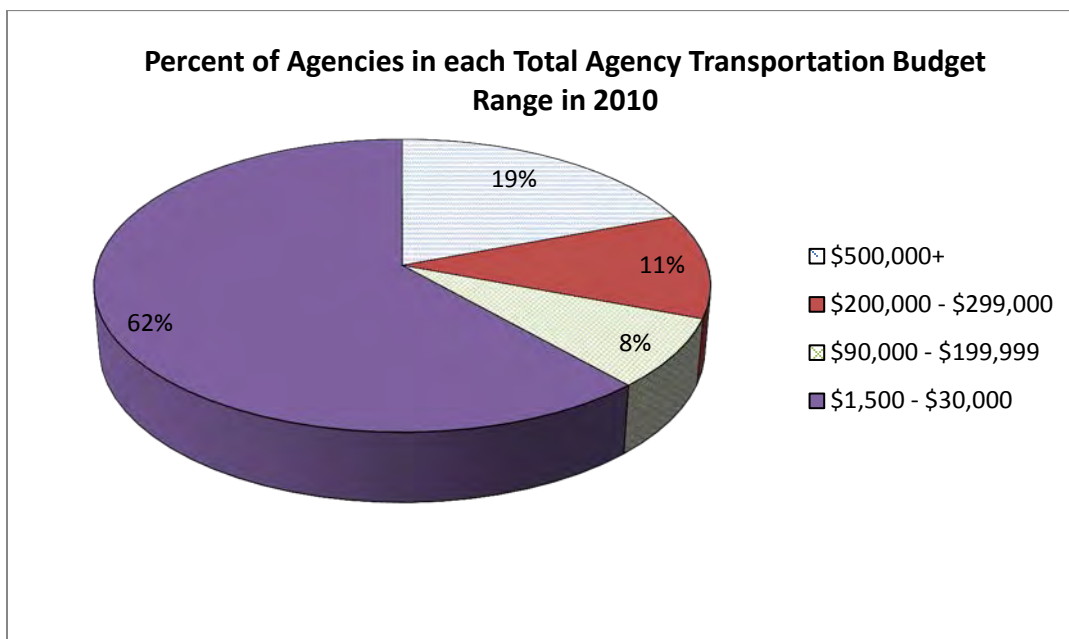


Chart 3.21

Source: 2011 Capital District Human Service Agencies Survey

Agencies were asked about 2010 expenditures for a series of cost categories including fuel, maintenance, insurance and total budget as shown in the chart below. Costs have increased in all respects for these agencies since the last survey in 2006, with fuel prices rising 207% and maintenance costs rising 217%.

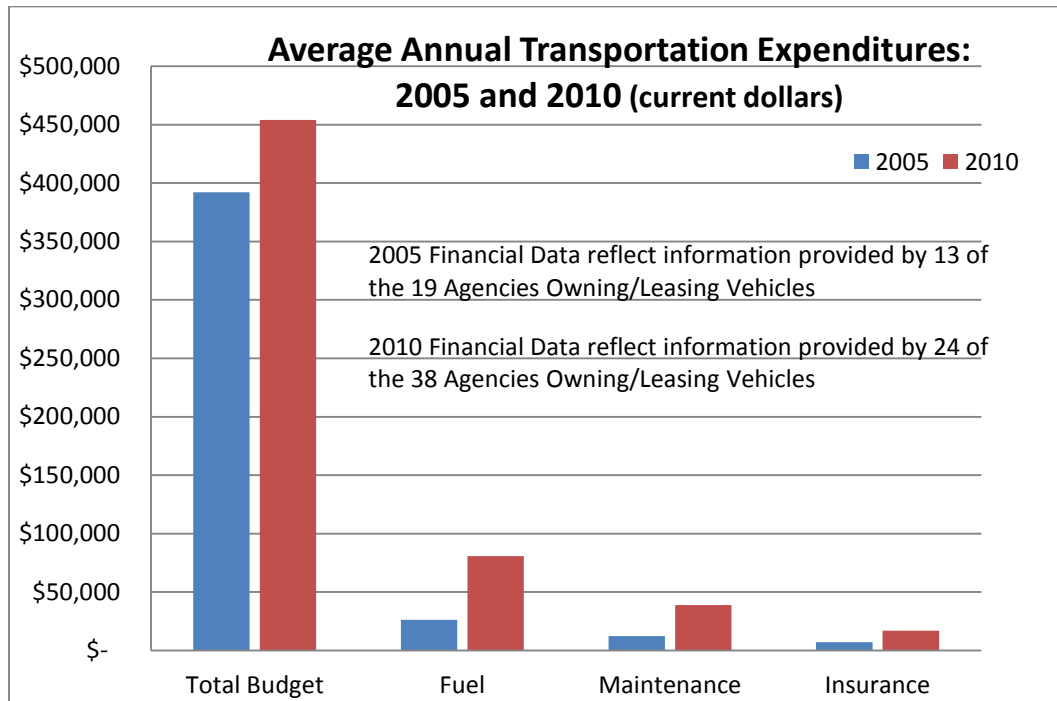


Chart 3.22 Source: 2006 and 2011 Capital District Human Service Agencies Surveys

Types of Trips

Of the 63 agencies with staff or volunteers specifically dedicated to providing consumers with trip planning or travel assistance, 48 of which directly provide transportation, survey results indicate that consumers were most often provided with demand response transportation. Recurring trips such as those for scheduled weekly shopping, those for special events and fixed route transportation services were provided by 20 or more agencies as shown in the chart below. 15 agencies provided both fixed route and demand response transportation and 10 agencies provided all four trip types.

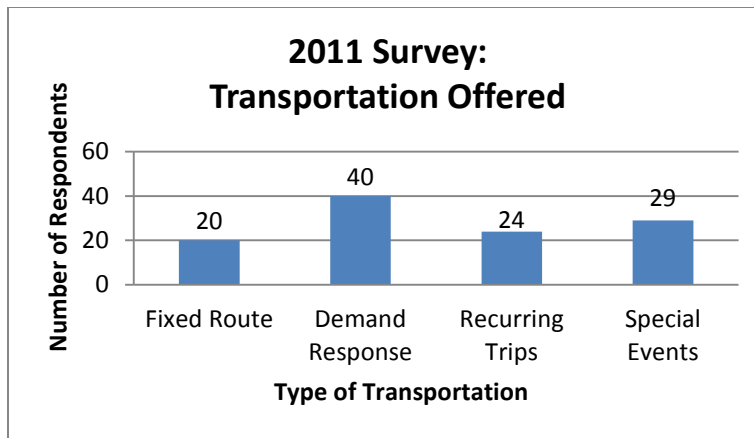


Chart 3.23 *Source: 2011 Capital District Human Service Agencies Survey*

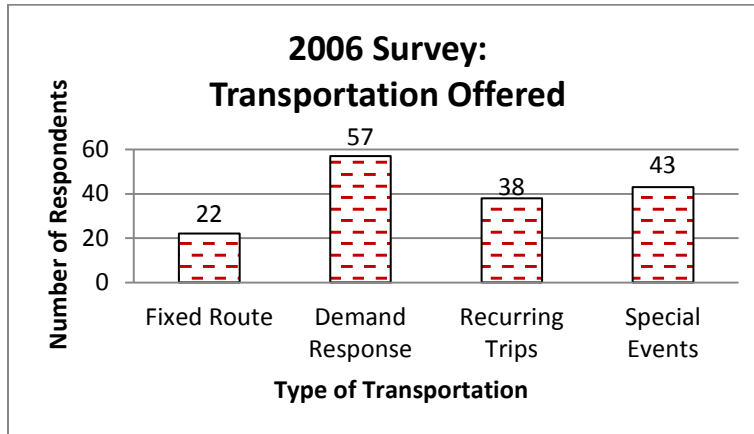


Chart 3.24 *Source: 2006 Capital District Human Service Agencies Survey*

The 2006 survey of Human Service Agencies asked a similar question with results shown above in Chart 3.24. In comparison to 2011 survey results, higher numbers of respondents in 2006 indicated they offered more types of transportation across the range of types including Demand Response, Recurring Trips and transportation for Special Events.

Depending on the size and type of organization and the number of clients they serve, there was quite a range with respect to the number of one-way passenger trips provided although it seems that there may have been some confusion in answering this question. The number of agencies corresponding to ranges for the number of annual one-way passenger trips is shown in Chart 3.25 below. 8 agencies provided over 10,000 one-way passenger trips in 2010 with the four largest responding organizations providing more than 100,000. All but 3 organizations provide service to seniors, the most served group. In addition, 10 organizations also offer contracted service and 13 offer CDTA SWIPER passes. Nearly half of respondents have had to deny trips within the past year due to insufficient vehicle capacity.

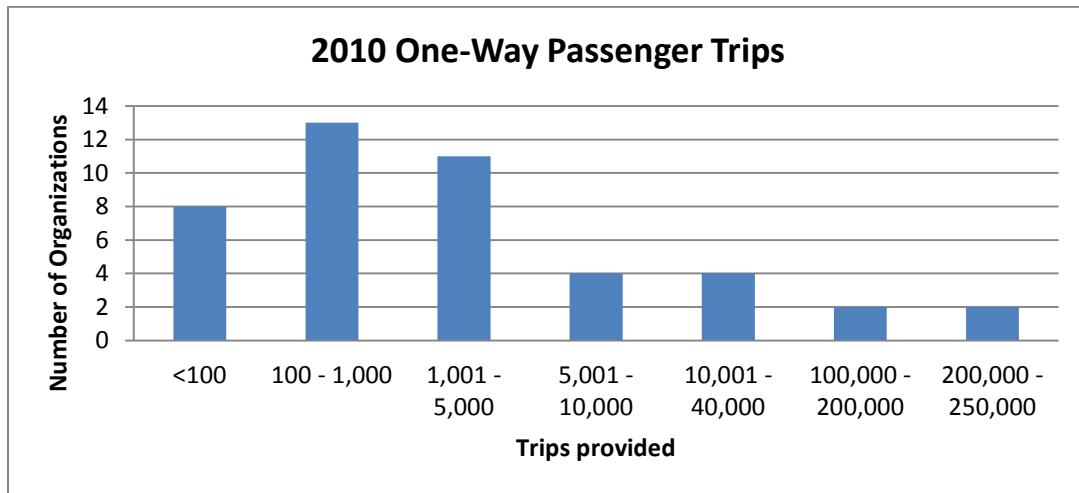


Chart 3.25 Source: 2011 Capital District Human Service Agencies Survey

Many agencies provide most of their service on weekdays; for almost 60% of agencies, weekend trips made up 5% or less of total trips provided in 2010. Service for non-ambulatory or rural trips were also limited. For less than 20% of agencies, non-ambulatory trips made up 40% or more of the trips they provided in 2010. 2 agencies provided only non-ambulatory trips (100% of trips). For over 50% of agencies, rural trips made up 25% or less of their total 2010 trips; 14% indicated rural trips made up between 60 - 80%.

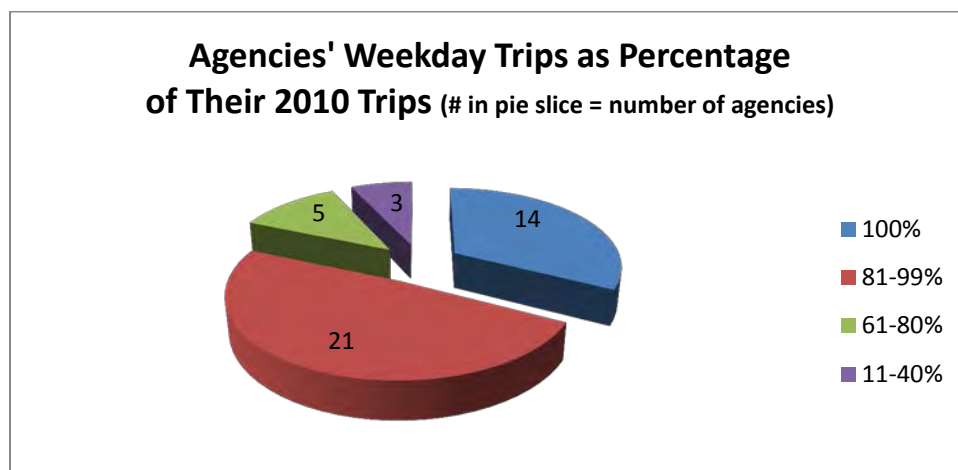


Chart 3.26 Source: 2011 Capital District Human Service Agencies Survey

Similarly, results from the 2006 survey show that the majority of agencies provided over 70% of trips during the week.

3.6.1 Conclusions

- Costs for agencies have risen. This will affect budgets.
- The number of direct providers of transportation has decreased according to the surveys discussed.
- The number of agencies providing a variety of transportation types decreased between 2006 and 2011 including demand response, recurring trips and special events. Agencies providing for transportation via fixed route transportation (which could be via CDTA busses) remained fairly constant.

3.7 Recent State Initiatives that Impact Human Service Transportation

3.7.1 Non-emergency Medicaid Transportation

According to the NYS Department of Health (NYSDOH) website, (<https://www.health.ny.gov/funding/rfp/inactive/1304171134/index.htm>) “As the federally recognized state Medicaid agency, the Department of Health (Department) is responsible for ensuring the availability of non-emergency medical transportation for Medicaid enrollees in New York State. In some counties, the Department’s transportation program delegates administrative responsibility to local departments of social services. The Department provides the counties with governing regulations, as well as published policy guidance on a variety of Medicaid transportation-related issues. The 2010-11 State budget amended the Social Services Law to give the Commissioner of Health the new authority to assume the management of Medicaid transportation in any county, and to select a contractor at his discretion for this purpose. The intent of the law is to improve the quality of transportation services, reduce the local burden of administering transportation services and local management contracts, and achieve projected budgeted Medicaid savings. In addition, the state’s Medicaid Redesign Team has included the Department’s procurement of regional transportation management contracts as part of their specific transportation cost reduction proposal.” The NYS DOH has contracted with Medical Answering Service or MAS located in Central NY for all counties in upstate New York, including all four within the Capital District. See <https://www.medanswering.com/page.taf?ID=54>.

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. https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf dated September 15, 2014

According to the NYSDOH “The Transportation Management Initiative... create(d) an efficient regional model of Medicaid transportation management. This model has successfully 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. It has also become an important tool in relieving local districts of the burdensome tasks associated with administering a major service of the Medicaid program. “According to the NYSDOH this model has resulted in cost savings.

(http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08_mrt_news.pdf. July 23, 2014.)

The shift to required use of MAS to book non-emergency medical trips for Medicaid recipients has resulted in unanticipated impacts to some rural county public transit systems across the state. According to an article in the Ithaca Times titled “NY State Funding Change Threatens Rural Bus Systems” published on July 5, 2014 “Once largely supported by Medicaid funding, rural bus systems in upstate New York have seen their funding evaporate as changes in state policy shift how those funds are administered. Whereas in the past Medicaid funding for non-emergency medical transportation funded rural public transportation, Medicaid recipients in rural counties are now being referred to taxis, not buses.” http://www.ithaca.com/news/ny-state-funding-change-threatens-rural-bus-systems/article_17545ef4-01ff-11e4-b13d-0019bb2963f4.html

Due to this issue additional legislation at the state level has been proposed. Impacts in the Capital District relate to CDTA’s ACCESS Transit brokerage which has seen a reduction in the number of agencies utilizing the service.

3.7.2 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. According to the Olmstead Cabinet report dated October 2013: “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 court also held that states are required to provide community-based services to people with disabilities when: (a) such services are appropriate; (b) the affected persons do not oppose community-based treatment; and (c) community-based services can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving disability services from the state”.

(See: <http://www.governor.ny.gov/sites/governor.ny.gov/files/archive/assets/documents/olmstead-cabinet-report101013.pdf>)

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.”

The Olmstead Cabinet report goes on to say that “to enhance person-centered planning, New York will implement the Community First Choice Option (CFCO) as an amendment to its Medicaid State Plan. The assessment process will be expected to assess 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 achieve this more integrated and community based approach, changes to

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the way the Office for People with Developmental Disabilities provides supports have been proposed as discussed below.

The Olmstead Cabinet report acknowledges that transportation services are key to “community living for people with disabilities” (pg. 22) and that to provide transportation services effectively coordinated transportation planning is important. The report states that use of mobility management is central to providing coordinated transportation services that focus on customer service “to enhance the ease of use and accessibility of transportation networks.”

The issue of non-emergency Medicaid transportation and the impact of the upstate brokerage of trips centralized at MAS is also acknowledged in the report: “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 engage in other non-medical activities. Prior to Medicaid redesign, a number of local transportation providers had begun to implement mobility management programs for both non-emergency Medicaid and non-medical transportation.” CDTA’s Access Transit is an example of a regional brokerage.

In response to this issue the Olmstead Cabinet indicates that ***“New York will review the impacts of Medicaid redesign on these local mobility management efforts. This review will evaluate the cost effectiveness and availability of nonemergency Medicaid and non-medical transportation resources for people with disabilities. Based upon this analysis, New York will consider a pilot program to expand the existing Medicaid transportation management system to non-medical trips.”***

Another initiative discussed in the Olmstead Cabinet Report relates to the State Office for Aging (SOFA) which administers [New York Connects](#), the state’s federally-designated Aging and Disability Resource Center.

The Report states that New York Connects will be “strengthened to provide better information to people with disabilities and older adults about both private and public community-based services and supports available to meet their needs.” New York Connects is currently operational in 54 counties and serves as an information and assistance system for long term care services. Additional information about New York Connects is available at www.nyconnects.ny.gov/.

Albany, Saratoga and Schenectady Counties currently participate in the NY Connects program.

Additional Changes at the NYS Office for People with Developmental Disabilities (OPWDD)

The OPWDD 2012 – 2016 Strategic Plan outlines factors driving a transformation and reorganization at the agency (See: http://www.opwdd.ny.gov/opwdd_about/strategic_plan/home) to shift “New York’s

“Mobility management meets the unique set of transportation needs in each local area by acting as a functional point of coordination for each community’s public and private human services organizations and public transportation providers. 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.”

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developmental disabilities service delivery system to managed care ... “. To accomplish this OPWDD is looking to implement various waivers from the federal government to allow services outside institutional settings. (See: http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/home)

Strategies that the NYS Office for People with Developmental Disabilities or OPWDD will undertake to achieve the goals set out by the Olmstead Cabinet include moving individuals who resided at developmental centers to community-based residential services and increasing integrated employment opportunities for people with developmental disabilities.

This new approach requires that people with disabilities previously traveling to sheltered workshops be transitioned to more community based employment. These changes will increase the need for more dispersed travel to potentially non-centralized locations for living, therapies and working.

As mentioned above, the shift to integrated settings and a system of managed care is changing the ways in which transportation services are and will be provided to developmentally disabled and other individuals. For example, reimbursable transportation costs for a provider of day habilitation will be included in the provider's day habilitation rate, not separately. The day habilitation program is responsible for "to and from" transportation and transportation involved in delivering day habilitation services. There is no separate Medicaid billing for transportation to and from a Day Habilitation service. (See: http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/news/application-1915c-home-and-community-based-services-waiver)

3.7.3 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 - See: <http://www.rhnsctny.org/programs/mmsctny>
- Cortland Way2Go - See: <http://www.way2gocortland.org/>
- Steuben County Coordinated Transportation Mobility Management – See: <http://www.ihsnet.org/pages.asp?CatID=6&PageID=171>
- Tompkins County Mobility Manager
- New York City DOT Mobility Management

The New York City Department of Transportation Mobility Management Program (See: http://www.nyc.gov/html/dot/html/about/mobility_management.shtml) includes several initiatives such as development of a Mobility Management Resource Guide (“One Stop Shop” for information on programs, services, etc.), Travel Training Workshops where travel trainers and mobility specialists meet with DOT to discuss upcoming projects and other issues, and an Annual Mobility Management Conference. In addition to roundtable discussions at the first conference, attendees also marked up county by county maps showing where services were provided and people they support reside and work to identify gaps and to foster coordination and collaboration in providing transportation services. http://web1.ctaa.org/webmodules/webarticles/articlefiles/NYCDOT_Mobility_Management_Conference_Newsletter.pdf

4. Taking Stock of Coordinated Planning Efforts and Funded Projects

4.1 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 (SAFETEA-LU) in 2005. SAFETEA-LU 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 30 members representing twenty-five 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, as has attendance at meetings. However, with the reduction in the number of federally funded programs requiring coordination and changes in the landscape of human services transportation, it may be a challenge to continue to see both committee participation and coordination activities among the participants.

4.2 Prior JARC, New Freedom, and Elderly Individuals and Persons with Disabilities Funding Solicitations

As discussed above, the previous Coordinated Plan played an important part in helping to prioritize and recommend activities for implementation by the various human service and transportation providers in the region's four county area. Recommendations included in the Coordinated Plan of 2007, and the 2011 update, have 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 (JARC)

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, the JARC and New Freedom programs were repealed and incorporated within two other existing federal transit funding programs (Section 5307 and Section 5310, respectively).***

4.2.1 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 have been or are in the process of being implemented. Over the past seven years, over \$1M has been programmed for New Freedom projects in the region. Recipients of these funds include the various project sponsors as shown in Table 4.1. Each project that received funding directly related to a need, gap or barrier identified in the Coordinated Plan.

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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 4.1

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4.2.2. JARC (Job Access Reverse Commute)

A program previously established under SAFETEA-LU, the Section 5316 Job Access and Reverse Commute (JARC) program was intended to provide funding for local programs that offer job access and reverse commute services which provide transportation for low income individuals who live in the urban core and work in suburban locations. JARC was also intended to improve access to transportation services to employment, job training and support activities for welfare recipients and eligible low-income individuals. The JARC program had a positive impact on the lives of thousands of public assistance recipients and low-income families, helping individuals successfully transition from welfare to work and reach needed employment support services such as childcare and job training activities.

Similar to New Freedom, the JARC program under SAFETEA-LU 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, projects funded under the JARC Program must be derived from the Coordinated Plan.

As noted above, with the enactment of MAP-21 several transit programs were consolidated or eliminated. The JARC program was eliminated and projects eligible under JARC are now eligible under the 5307 program which funds CDTA's activities. Table 4.2 below lists funded JARC projects.

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).	\$___	2008 - 2010?

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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 4.2

4.2.3 Pre-MAP-21 5310 Program: Elderly Individuals and Persons with Disabilities

In New York State, the Department of Transportation (NYSDOT), through its Public Transportation Bureau, has administered the Section 5310 program which provides federal funds for projects intended to address the special transportation needs of elderly individuals and individuals with disabilities. Funds were appropriated annually to the States based on an administrative formula that considered the number of elderly individuals and individuals with disabilities in each State. The 5310 program under SAFETEA-LU provided funding for public transportation capital projects planned, designed and carried out to meet the special needs of elderly individuals and individuals with disabilities. Projects typically included human service agency vehicles or capital costs associated with mobility management programs. The program allowed for capital costs only; there were no operating funds available.

The program requires coordination with other Federally-assisted programs and services in order to make the most efficient use of Federal resources; MAP 21 continues this requirement.

NYSDOT established a statewide competitive process, which included an inter-agency review committee, for selecting fund grantees on a discretionary basis. CDTC was one member of the review committee that annually reviewed grant applications for the Capital District. SAFETEA-LU guidelines required that Section 5310 funding awards were consistent with the criteria and recommendations set forth in the coordinated plan. CDTC's review of the section 5310 applications ensured that the Section 5310 funding awards were compatible with the coordinated plan. Sponsors of proposed projects were required to obtain a letter from CDTC certifying that the proposal was consistent with the region's Coordinated Plan and that the sponsors participated in coordination.

See Table 4.3 on the next page for the number of vehicles and associated dollar amounts awarded to human service agencies in the Capital District between 2008 and 2012. 2012 funds were the last to be awarded under the previous program using SAFETEA-LU rules.

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Counts of Vehicles Ordered By Agencies in the Capital District: 2008 – 2012							
County	Agency Name	2008	2009	2010	2011	2012	Total
Albany	Center for Disability Services, Inc.	3	3	4	4	2	16
Albany	Colonie Senior Service Centers, Inc.	2	2	1	1		6
Albany	Rehabilitation Support Services, Inc.	1			1		2
Albany	Senior Service Centers of the Albany Area, Inc.				1		1
Albany	Town of New Scotland Senior Outreach Program	1					1
Rensselaer	Rensselaer County Chapter NYSARC, Inc.			1		2	3
Saratoga	Saratoga County Chapter NYSARC, Inc.	2	3	3	3	4	15
Schenectady	Catholic Charities Senior Services In Schenectady	1	1			1	3
Schenectady	Eddy SeniorCare	2				3	5
Schenectady	Schenectady County Chapter NYSARC, Inc.	4	2	3	3	2	14
	Totals	16	11	12	13	14	66

Total Costs of Vehicles Ordered by Agency in the Capital District: 2008-2012							
County	Agency Name	2008	2009	2010	2011	2012	Total
Albany	Center for Disability Services, Inc.	\$158,907	\$224,062	\$287,946	\$177,228	\$99,967	\$948,110
Albany	Colonie Senior Service Centers, Inc.	\$80,940	\$84,090	\$44,914	\$40,662		\$250,606
Albany	Rehabilitation Support Services, Inc.	\$44,029			\$40,662		\$84,691
Albany	Senior Service Centers of the Albany Area, Inc.				\$37,663		\$37,663
Albany	Town of New Scotland Senior Outreach Program	\$44,029					\$44,029
Rensselaer	Rensselaer County Chapter NYSARC, Inc.			\$43,792		\$79,124	\$122,916
Saratoga	Saratoga County Chapter NYSARC, Inc.	\$223,182	\$337,382	\$139,250	\$321,797	\$252,495	\$1,274,106
Schenectady	Catholic Charities Senior Services In Schenectady	\$43,029	\$39,981			\$40,834	\$123,844
Schenectady	Eddy SeniorCare	\$91,758				\$135,678	\$227,436
Schenectady	Schenectady County Chapter NYSARC, Inc.	\$194,108	\$97,840	\$148,507	\$143,877	\$99,755	\$684,087
	Totals	\$879,982	\$783,355	\$664,409	\$805,270	\$707,853	\$3,840,869
	Average Cost per Vehicle	\$ 54,999	\$ 71,214	\$ 55,367	\$ 61,944	\$ 50,561	\$ 58,195

Table 4.3 **Source: NYSDOT**

4.3 MAP-21 5310 Program: Enhanced Mobility of Seniors and Individuals with Disabilities

Map-21 consolidated the New Freedom program (Section 5317) into the Section 5310 Enhanced Mobility of Senior and Individuals with Disabilities Program. Accordingly, Section 5310 solicitations now request project proposals for New Freedom type activities in addition to traditional Section 5310 projects. At least 55% of the available funding awards must be programmed for traditional Section 5310 capital projects while the remaining 45% of funds allocated to an area 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: http://www.fta.dot.gov/documents/C9070_1G_FINAL_circular.pdf for a listing of eligible projects under the two categories: 1) Eligible Capital Expenses that Meet the 55% Requirement; 2) Other Eligible Capital and Operating Expenses pages III-1- to III-15.

Another change to the 5310 program allowed MPOs, such as CDTC, to take over the administrative responsibility for the 5310 program as the designated recipient for large urbanized areas. However, CDTC and all MPOs in New York State requested that NYSDOT retain administrative responsibility for the 5310 program. While NYSDOT agreed to assume this administrative responsibility for the overall program and selected projects, MAP-21 requires that MPOs participate in the evaluation and selection of proposed 5310 projects in their metropolitan planning area. Selected projects must be listed in the MPOs Coordinated Plan and Transportation Improvement Program (TIP) and NYSDOT's Statewide Transportation Improvement Program or STIP.

In addition, funds are no longer distributed directly to the State and administered exclusively by NYSDOT. Pursuant to MAP-21, large and small urbanized area funding is now sub-allocated to those areas. Rural area funding is still distributed directly to the state.

This program continues to provide funds for capital projects such as human service agency vehicles, related equipment and mobility management; other non-capital or operating projects such as development of a regional driver training curriculum are now also eligible.

4.3.1 2015 Project Solicitation Process and Results

For the 2015 solicitation, \$47.5 million in funding was available for areas within New York State covering federal fiscal years 2013 through 2015. Within the CDTC planning area funding is allocated to the two urbanized areas as follows: \$ 1,617,238* for Albany-Schenectady-Troy and \$384,215* for the Saratoga Springs urbanized area. (*FFY 13, 14 and the amount estimated for FFY 2015).

The solicitation for projects opened at the end of April and applications were due June 8, 2015. NYSDOT set up the application process, in consultation with the NYS MPOs, and will administer the program both on the FTA procedures and requirements side and with sponsors of funded projects. NYSDOT established an electronic grant application and project tracking process that all applicants were required to use.

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CDTC established a Rating and Ranking Committee to evaluate and select projects based on priorities and requirements set forth in the Coordinated Public Transit-Human Services Transportation Plan in effect at the time of the solicitation, which is the plan previously adopted by CDTC in 2011.

CDTC's Rating and Ranking Committee included representatives from the: NYS Office for the Aging, NYS Education Department Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCESS-VR), NYS Department of Health (DOH) Disability and Health Program, NYSDOT Region 1 Planning and CDTC staff.

Seven applications were submitted: six within the Albany-Schenectady-Troy urbanized area and one (1) within the Saratoga Springs urbanized area. Six proposed projects were for replacement human service agency vehicles (one project included vehicles both for replacement and expansion of service) and there was one mobility management project.

Available federal funds for both urbanized areas within the CDTC planning area exceed federal funds requested by applicants as shown in Table 4.5. It is anticipated that there will be a future solicitation for the remaining federal funds.

NYSDOT provided an electronic score sheet used by the evaluators. Each member of the CDTC Rating and Ranking Committee completed their reviews and submitted their scorecards. CDTC staff then averaged the reviewer's individual scores resulting in passing scores for each of the seven proposed projects. (NYSDOT guidance indicated any projects receiving review committee scores less than 70 points would not be considered eligible for 5310 funding.) The results of the evaluations were submitted to CDTC's Planning Committee for their consideration at the July 1, 2015 meeting. The Planning Committee voted to approve the seven projects. As a result, these projects will be placed on CDTC's TIP and the STIP.

Table 4.4 below includes details on each project. Each of the projects is considered a "traditional Section 5310 project", therefore the 55% threshold for use of funds for these types of projects within each urbanized area has been met.

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2015 5310 Applications Summary

Albany - Schenectady - Troy Urbanized Area:

Applicant	Project Type	Project Description	Federal Share (80%) Requested	Local Match	Total Project Cost
Catholic Charities	Vehicle(s)	One (1) Type I-A (16 passenger) and One (1) Type II (20 passenger) replacement vans.	\$68,441	\$17,110	\$85,551
Rensselaer ARC	Vehicle(s)	Two (2) Type II (20 passenger) replacement vans.	\$71,219	\$17,805	\$89,024
Schenectady ARC	Vehicle(s)	Two (2) Type VI (38 passenger) and two (2) Type III (24 passenger) replacement vehicles	\$261,188	\$65,297	\$326,485
Center for Disability Services	Vehicle(s)	Five (5) Type VI (38 passenger) replacement vehicles	\$356,905	\$89,226	\$446,131
Colonie Senior Services	Vehicle(s)	Two (2) Type II (20 passenger) replacement vans.	\$69,075	\$17,269	\$86,344
CDTA	Mobility Management	Continue funding for two (2) Travel Trainers	\$82,898	\$20,726	\$103,624

Saratoga Springs Urbanized Area:

Saratoga ARC	Vehicle(s)	Three (3) Type VI (38 passenger) vehicles (2 for replacement and 1 for expansion)	\$274,394	\$68,599	\$342,993
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Table 4.4 Source: NYSDOT and CDTC

Urbanized Area	Albany-Schenectady-Troy	Saratoga Springs
Total Available Federal Funds (FFY 2013-2015)	\$ 1,617,238	\$ 384,215
Total Federal Funds Requested by Applicants	\$ 909,726	\$ 274,394
Estimate of Remaining Funds	\$ 707,512	\$ 109,821

Table 4.5 Source: NYSDOT and CDTC

5. Needs, Gaps and Barriers

Both the [2007 Coordinated Plan](#) and the [2011 plan update](#) listed Needs, Gaps and Barriers to public-transit human services transportation coordination to better serve transportation disadvantaged populations. This update of the Coordinated Plan reaffirms these Needs, Gaps and Barriers and adds physical barriers to the list as shown below.

As illustrated in previous sections of this plan, various projects have been funded that work toward addressing some of these needs, gaps and barriers, but further progress is needed.

Through ongoing discussions with the RTCC and continued stakeholder and public outreach, these Needs, Gaps and Barriers can be further refined and/or expanded and this plan amended to incorporate changes as appropriate. At the same time, the number of transportation funding programs that require coordinated planning has decreased, raising concern that achieving a broader scale of coordination among agencies will be more challenging.

Needs

- **Organizational – Human Service Agencies**
 - Shared Maintenance
 - Other Pooled Resources (e.g. drivers, insurance – self-insured vs. non-self-insured)
 - Group Purchasing (fuel, insurance, maintenance, replacement parts)
 - Driver/Mechanic Training
 - Additional Funds
- **Client Services**
 - Travel/Mobility Training
 - Information Sharing/Education
 - Funding
- **Equipment**
 - Additional Human Service Agency Vehicles
 - Wheelchair Lifts, Accessibility Devices (e.g. stepstools)
 - Accessible Taxi Cabs
 - Additional Funds
- **CDTA's STAR Service**
 - Need to Manage Demand on STAR
 - Additional Funds

Gaps

- Some Trip Purposes are Not Being Well Served
- Geographic Coverage (becoming more challenging as some destinations continue to decentralize)
- Weekend Coverage
- Travel/Mobility Training

Barriers

- **Perceived and Real Limitations on Coordinated Service Provision**
 - Funding Silos
 - Insurance
 - Accounting Barriers
- **Client Resistance to Sharing/Using Fixed Route Transit**
 - Unfamiliarity with/Uncomfortable with Using Fixed Route
 - Fear of Developmentally Disabled/Mentally ill
- **Common Carrier Status**
- **Physical and Environmental Barriers to the Pedestrian System, Fixed Route Transit and Accessible Destinations**
 - Inaccessible sidewalks, issues with safe/perceived safe street crossings, lack of consistent snow removal and sidewalk maintenance practices

6. Issues and Opportunities

6.1. Increasing the Accessibility of Pedestrian Networks

Over the past several years, CDTA worked on improving 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 BRT 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 must 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.

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

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- 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 must meet minimum design standards to the extent practicable to do so
- **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 (see: <https://www.dot.ny.gov/programs/adamanagement/ada-transition-plan>) as have many local governments in the four county region. Further updates to these plans will be occurring in the future based on recently updated federal guidance and standards.

CDTC's ADA Working Group

This group was formed in 2015 in response to concerns regarding municipal responsibilities raised as a result of new information on Proposed Guidelines for Pedestrian Facilities in the Public Right-of-Way or [PROWAG](#) and in anticipation of these guidelines becoming required standards. One of the primary objectives of the ADA Working Group is to help foster a consistent municipal approach to meeting ADA requirements across the region. Members of the group currently include: the cities of Albany, Cohoes, Rensselaer, Saratoga Springs, Schenectady, and Watervliet; the Towns of Bethlehem, Halfmoon and Wilton; Rensselaer County; CDTA; NYSDOT Region 1; and FHWA. A disability rights advocate also participates.

NYSDOT is currently in the process of updating its ADA Transition Plan covering state facilities, including sidewalks and curb ramps. NYSDOT is also required to certify that local sponsors of federal aid projects are in compliance with the ADA. Toward that end, FHWA and NYSDOT are working to develop ADA Transition Plan and self-evaluation/facility inventory resources for sponsors of Locally Administered Federal Aid Projects (LAFAP). This information will be shared with CDTC's ADA Working Group, potentially through collaborative training opportunities.

CDTC has begun compiling available sidewalk data from around the region and will collect additional data on the presence or absence of sidewalks in other locations. This is the first step in a preliminary screen process to build toward pedestrian facility inventories.

The Working Group plans to continue to meet over the next year to work toward development of common solutions to ADA challenges and to identify resources for developing and implementing American with Disabilities Act (ADA) Transition Plans, including efforts to facilitate the development of required municipal self-evaluations and inventories of pedestrian rights of way and identify potential opportunities for future collaboration and shared cost services projects.

6.3 Barriers to Use of Fixed Route Transit

Earlier Coordinated Plans for the Capital District have noted that there is reluctance by various groups, especially seniors, to using fixed route transit such as that provided by CDTA. Commonly voiced concerns include both unfamiliarity with the system and concern with 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 presented a model of behavior change which suggests ways to market the strengths of fixed-route public transit (reduced stress, no need to hunt for a parking spot at destination, etc.) and addressing perceived safety issues such as riding with unfamiliar youth. The study concludes 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).

(See: http://transweb.sjsu.edu/MTIportal/research/publications/documents/2402_09-16.pdf)

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.

6.4 Emergency Preparedness for Transportation Disadvantaged Populations

According to FTA's report entitled *FTA Response Recovery Declared Emergencies Disasters, A Resource Document for Transit Agencies* dated April 2012, (See:

http://www.fta.dot.gov/documents/FTA_Response_Recovery_Declared_Emergencies_Disasters.pdf)

"MPOs are concerned with assuring that emergency transportation services are available to populations with special needs, such as those who are elderly, or those who have disabilities; who live in institutionalized settings; who are children; who are from diverse cultures; who have limited English proficiency or are non-English-speaking; or who are transportation disadvantaged."

CDTC's New Visions 2040 Plan includes a section on [Regional Operations and Safety](#) which includes a discussion of emergency preparedness issues relevant to CDTC's roles and responsibilities.

Additional resources include reports such as the Transit Cooperative Research Program (TCRP) report *Communication with Vulnerable Populations: A Transportation and Emergency Management Toolkit* located at http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_150.pdf

6.5 Ladders of Opportunity

During development of the Draft Coordinated Plan update (in March of 2015), the Federal Highway Administration (FHWA) issued Planning Emphasis Areas for 2016 which included a focus on Ladders of Opportunity, an initiative designed, in part, to improve access to essential services for transportation disadvantaged communities. The intent is to “identify transportation connectivity gaps in accessing essential services. Essential services include employment, health care, schools/education, and recreation. Suggested .. work tasks include developing and implementing analytical methods to identify gaps in the connectivity of the transportation system and developing infrastructure and operational solutions that provide the public, especially the traditionally underserved populations, with adequate access to essential services. Other effective work tasks could include: evaluating the effectiveness of public participation plans for engaging transportation disadvantaged communities in the transportation decision making process; updating the Section 5310 Coordinated Human Service Public Transportation Plans; assessing the safety and condition of pedestrian and bicycle facilities; and evaluating compliance with Americans with Disabilities Act, particularly around schools, concentrations of disadvantaged populations, social services, medical, and transit facilities. “
(http://www.fhwa.dot.gov/planning/processes/metropolitan/mpo/fy_2016/index.cfm accessed July 24, 2015).

In addition, in 2014 the FTA sought projects consistent with Ladders of Opportunity to directly address ladders of opportunity for riders, including:

- **Enhancing access to work** for individuals lacking ready access to transportation, especially in low-income communities;
- **Supporting economic opportunities** by offering transit access to employment centers, educational and training opportunities, and other basic needs;
- **Supporting partnerships and coordinated planning** among state and local governments and social, human service, and transportation providers to improve coordinated planning and delivery of workforce development, training, education, and basic services to veterans, seniors, youths, and other disadvantaged populations.

However, a similar solicitation was not held in 2015.

This Coordinated Plan update addresses several of these areas but conformance with Ladders of Opportunity would require ongoing efforts over the coming years. Future efforts could include further use of Geographic Information Systems (GIS) and emerging data and data analysis tools as they become available.

7. Strategies and Actions

The Strategies and Actions listed below were derived in part from previously identified Needs, Gaps and Barriers, discussions with the RTCC and best practices in Coordinated Plans from other regions.

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1) Focus future funding on projects that address identified needs, gaps and barriers including:

- Shared maintenance (opportunities currently exist in the region)
- Pooled resources - Vehicle washing, Gas purchases, Replacement parts
- Insurance
- Driver/Mechanic Training (*Current New Freedom project sponsored by Center for Disability Services addresses this*)
- Sharing seats
- Other Shared services
- Shared dispatching (has occurred but less so currently than in the past)
- Information sharing
- Travel/mobility training
- Coordinated emergency management
- Census of available vehicles
- Call center
- Purchase accessible buses or vans;
- Vehicle rehabilitation;
- Radios and communication equipment;
- Computer hardware and software;
- Transit-related Intelligent Transportation Systems (ITS), to enhance and expedite the coordination of transportation operations, management of information, and customer service
- Mobility Management (including call centers)
- Diversify and expand funding sources by partnering or contracting vehicles and transportation services through an existing transit operator;
- Purchase transportation trips in volume from vendors;
- Transit amenities that enhance rider experience and play an important role in attracting and keeping riders (i.e. storage racks, security cameras, bus shelters, accessible paths to bus stops that may currently be inaccessible);
- Volunteer driver programs; and
- Expansion and enhancement of transportation services (curb-to-curb, curb-to-door, door-to-door, door-through-door service).

2) Reach out to NYS Department of Health, OPWDD and Veteran's groups to participate in the RTCC and to learn more about their policies and practices that impact transportation needs and services for transportation disadvantaged populations.

3) Organize and hold a Workshop within 6 months focused on **Tools to Improve Human Service Agency Transportation Service Quality and Efficiency**. The RTCC recommends holding a day-long workshop with multiple sessions to support providers of human services transportation in providing quality and efficient services. The new focus on managed care and dwindling public funding for human services, including for transportation, is prompting agencies to strengthen efforts to improve efficiency without sacrificing quality.

A workshop will assist each agency to achieve their goals. It will also provide an excellent opportunity for creative partnerships to emerge.

Suggested presenters and topics are listed below:

- CDTA
 - Contracting opportunities
 - gas purchase
 - maintenance
 - Travel Training – how to help the people you serve use fixed route transit
 - Market-rate Taxis
 - Center for Disability Services
 - Regional Driver Training Facility and Standard Driver Training Curriculum
 - Catholic Charities Senior Services of Schenectady
 - Joint scheduling and dispatch software (2008/2012 NF)
 - Digital mobile radio technology (2011 NF)
 - Rensselaer ARC
 - Transportation Planning Process
 - Medical Answering Services
 - Procedure for determining mode
 - 211 NY Northeast Region and 511 NY Capital Region Albany and Saratoga
 - Services and information provided
 - Independent Transportation Network
 - Benefits of becoming an affiliate
 - Mobility Management Programs in NYS – Steuben County
 - Should a similar program be developed and implemented in the Capital District?
- 4) Restructure the RTCC meetings to foster better communication, information sharing and coordination among service providers. Consider holding meetings bi monthly, using the Steuben County Transportation Coordination Committee as a model: at each meeting one or two transportation providers would detail the services they provide and issues they encounter. In addition, invite groups that support individuals in the community who may not be transportation providers to detail their clients' needs. 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 ways to connect with others that could assist them and that they could coordinate with.
- 5) Ensure that listings of available paratransit services within the Capital District's four counties are included in the 511NY paratransit services listings. Currently only Saratoga County's list seems complete. Explore use of 211 as a resource for human service agency transportation.
- 6) 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. Continue to enhance communication and coordination among federal, state and local partners on ADA compliance planning issues through CDTC's ADA Working Group.

- 7) 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.
- 8) 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 tool has been developed through the United We Ride initiative sponsored by FTA, and can be found on FTA's website:
http://www.unitedweride.gov/1_81_ENG_HTML.htm
- 9) Explore opportunities for coordination for other federal programs that fund transportation components, including those not funded through FTA or FHWA.
(See: http://www.unitedweride.gov/NRC_FederalFundingUpdate_-_Chart.pdf Dated 12/2012). According to the Federal Funding Update there are about 80 federal programs that have some transportation funding and service components, with the largest of these being Medicaid followed by Aging.) Also see: <http://www.gao.gov/assets/670/667375.pdf> . Appendix II lists: Identified Programs from the Department of Health and Human Services, Department of Transportation, and Department of Veterans Affairs That Fund or Provide Transportation for Older Adults.