DRAFT WHITE PAPER ON DEVELOPMENT OF THE

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

September 2014

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Acknowledgements:

Capital District Transportation Committee staff would like to acknowledge the efforts of the RTCC, including CDTA staff in helping to gather information and provide input in development of this DRAFT Coordinated Public Transit-Human Service Transportation Plan for the Capital District and CDRPC staff who provided the demographic data and mapping included in this DRAFT report. CDTC staff would also like to acknowledge that guidance for the framework and background information for this DRAFT 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? The Capital District is home to over 90,000 people with reported disabilities, many of which affect how they are able to travel and use the variety of transportation choices most people take for granted. In addition, according to the 2010 US Census 14% of the Capital District's population, or 117,000 residents were 65 years or older. The number of seniors in the region is expected to continue to increase to 22% of the overall population by 2040, a projected increase of over 80,000 residents. 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. Approximately 11% of the region's population has an income below the poverty level, an increase of almost 2% since the last Coordinated Plan. With a majority of low income residents, many without access to a private vehicle, living in the region's cities or more rural areas, transportation options for access to jobs and other travel needs can be limited. As a region it will become increasingly important to address these growing mobility service needs.

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. Renewed emphasis on the importance of coordination occurred in 2005 when federal transportation legislation known as *SAFETEA-LU* required that a formal Coordinated Plan be developed.

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 prioritizes 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 DRAFT 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 is required to be crafted with input and participation from human service agencies, transportation providers and members of the public including representatives from transportation disadvantaged populations (i.e. disabled individuals, seniors and low income people). The Regional Transportation Coordination Committee (RTCC) will assist CDTC staff in developing the draft Coordinated Plan and will seek to increase participation and input from additional stakeholders. A key piece of obtaining this input will be to hold several Issues-Based Workshops.

Recent Changes in the Federal Funding/Programmatic Landscape: In 2012 new federal transportation law known as MAP-21 made significant changes to several federal programs related to Public Transit and Human Service Transportation. The Section 5316 (JARC or Job Access Reverse Commute) and Section 5317 (New Freedom) programs were repealed. As a result activities previously eligible for funding under these two programs are now eligible under the Urban Area Formula (Section 5307) in the case of JARC and the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) for New Freedom. Although Sections 5316 and 5317 no longer exist as distinct federal funding programs, MAP-21 continues the necessity of ensuring that programs and projects seeking federal funding assistance under the 5310 program adhere to the activities specified in a regionally developed Coordinated Plan and that other federally funded transportation is coordinated.

In addition, changes to the way non-emergency Medicaid trips are handled as a result of recent NYS 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 Goals: This Draft Coordinated Plan includes Draft Goals which will be revised by the RTCC and stakeholders as the planning process moves forward. These Draft Goals aspire to:

- Raise awareness of the Coordinated Plan and encourage participation in its development and implementation.
- Provide qualitative and quantitative data regarding the mobility and access needs of transportation disadvantaged populations and the type and location of current transportation services.
- Use data and information gathered through additional agency/stakeholder outreach to identify feasible recommendations for local agencies to address identified gaps in services.
- 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.

What is Included in the Draft Plan? In addition to demographic and other background information the Draft 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.

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

Finally, information on past and currently funded coordination efforts as well as a listing of gaps, barriers and proposed strategies, some carried forward from previous plans, are presented. These will be refined and enhanced through planned stakeholder and public outreach needed to finalize the Plan.

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1. Introduction - Plan Background, Requirements and Update Process

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

1.1 Federal Legislation – 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 5310 program - Enhanced Mobility of Seniors and Individuals with Disabilities:

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.

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 – Draft Approach

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) will assist CDTC staff in developing the draft Coordinated Plan as has been done in the past. In addition, CDTC will be updating its long range regional transportation plan (New Visions 2040) by December 2015. The time frame for the coordinated plan update will coincide with that for the long range regional transportation plan and will allow for additional public outreach and input.

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.

Draft Stakeholder and Public Participation Process:
The following are proposed activities to seek input from various groups on the content and direction of the Draft Coordinated Plan and to further identify and implement plan recommendations in continuous consultation with the RTCC.

1. Develop 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. Disseminate Draft Plan materials to stakeholders and the larger public to solicit feedback.

3. Plan and hold several Issues-Based Workshops 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 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.

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1.4 Coordinated Plan *DRAFT* 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 development and 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:
   - Determine agencies' abilities to consolidate services and close service gaps.
   - Incorporate and update analyses and recommendations from previous studies and identify best practices.
   - Formulate strategies to address identified gaps in services.

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.

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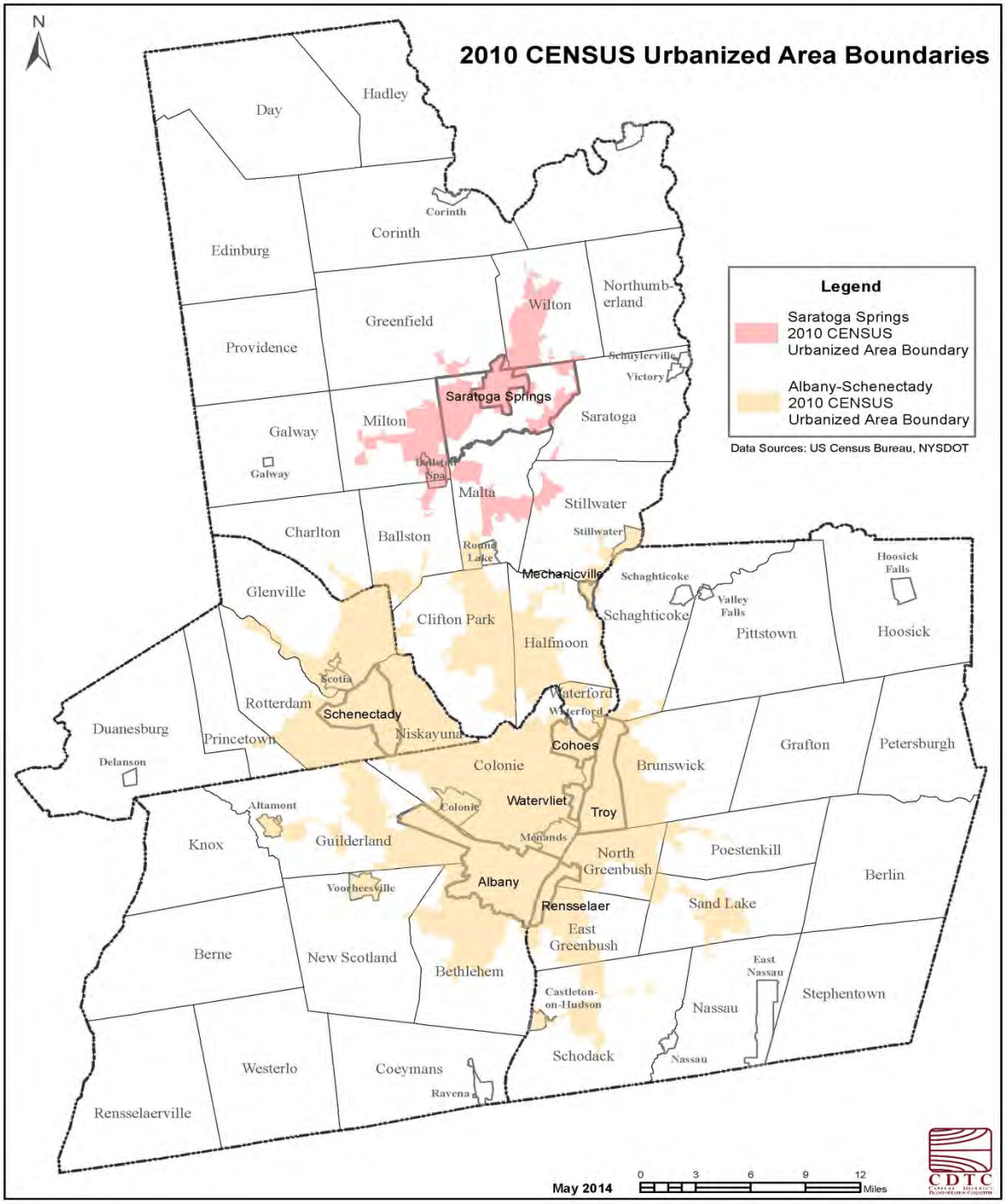
2. Demographics and Spatial Patterns



Map 2.1

The Capital District Transportation Committee's Metropolitan Planning Area includes the four counties of Albany, Rensselaer, Saratoga and Schenectady, except for the Town of Moreau within Saratoga County. Two Census Urbanized Areas are within CDTC's planning area as shown on map 2.1 above.

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.

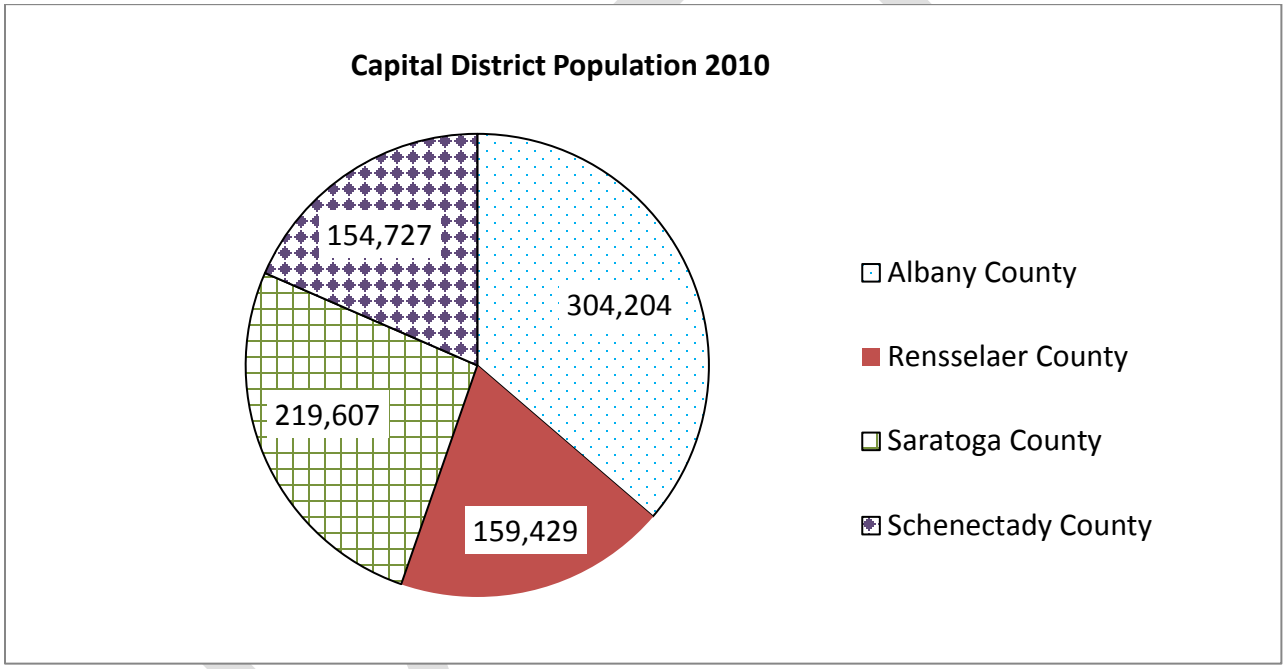


Chart 2.1 *Source: US Census Bureau, 2010 Census*

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

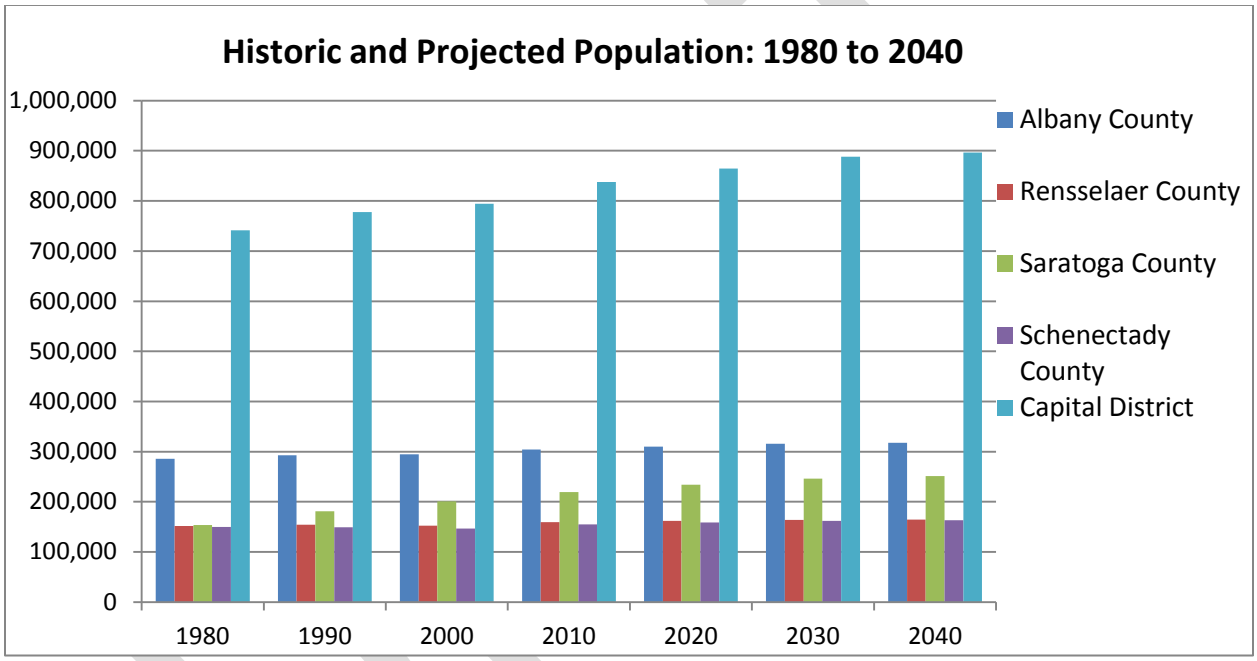


Chart 2.2 *Source: US Census Bureau, 1980, 1990, 2000, 2010Census; CDRPC projections*

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.

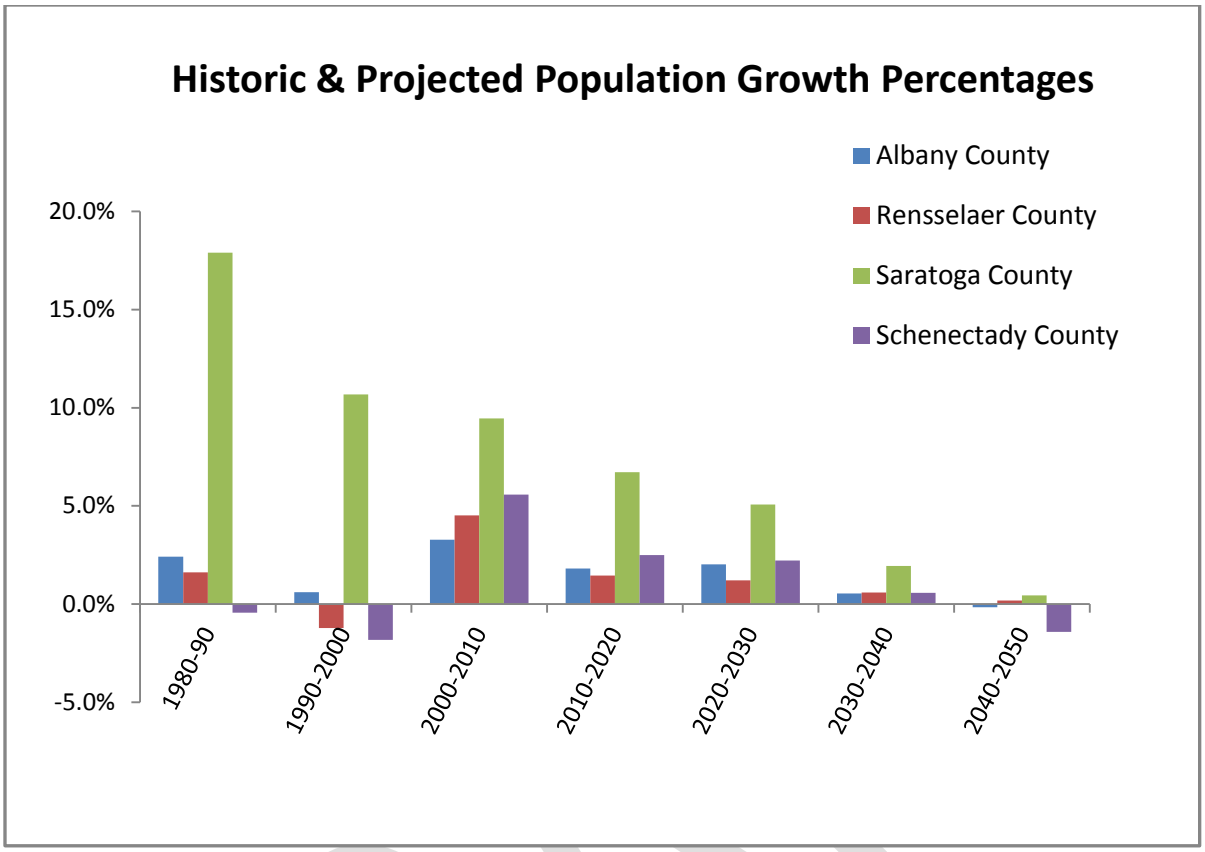


Chart 2.3 *Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections*

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.

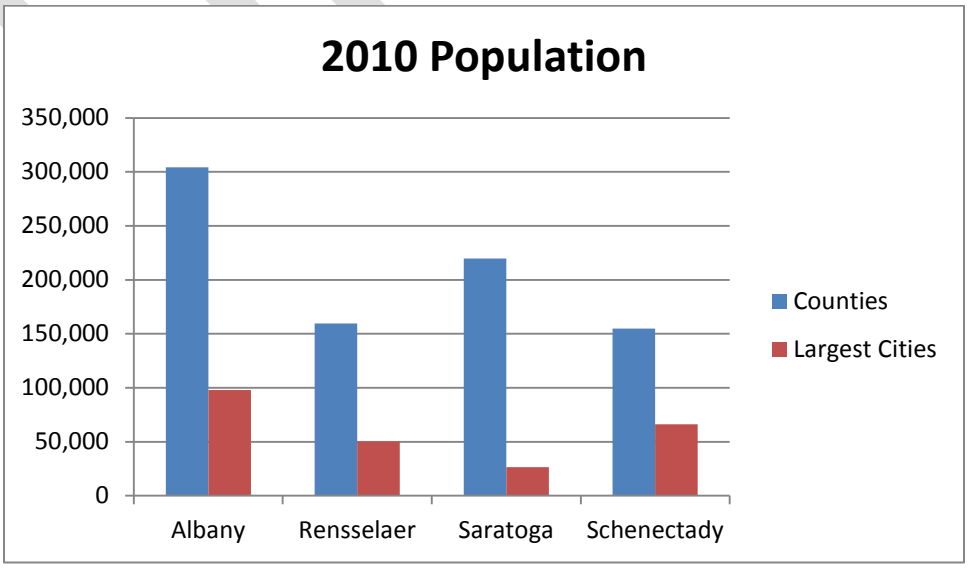


Chart 2.4 *Source: 2010 US Census*

2010 Population of Capital District's Counties Largest Cities	
Albany County	304,204
City of Albany	*97,856*
Rensselaer County	159,429
Troy	*50,129*
Saratoga County	219,607
Saratoga Springs	*26,586*
Schenectady County	154,727
City of Schenectady	*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.

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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.

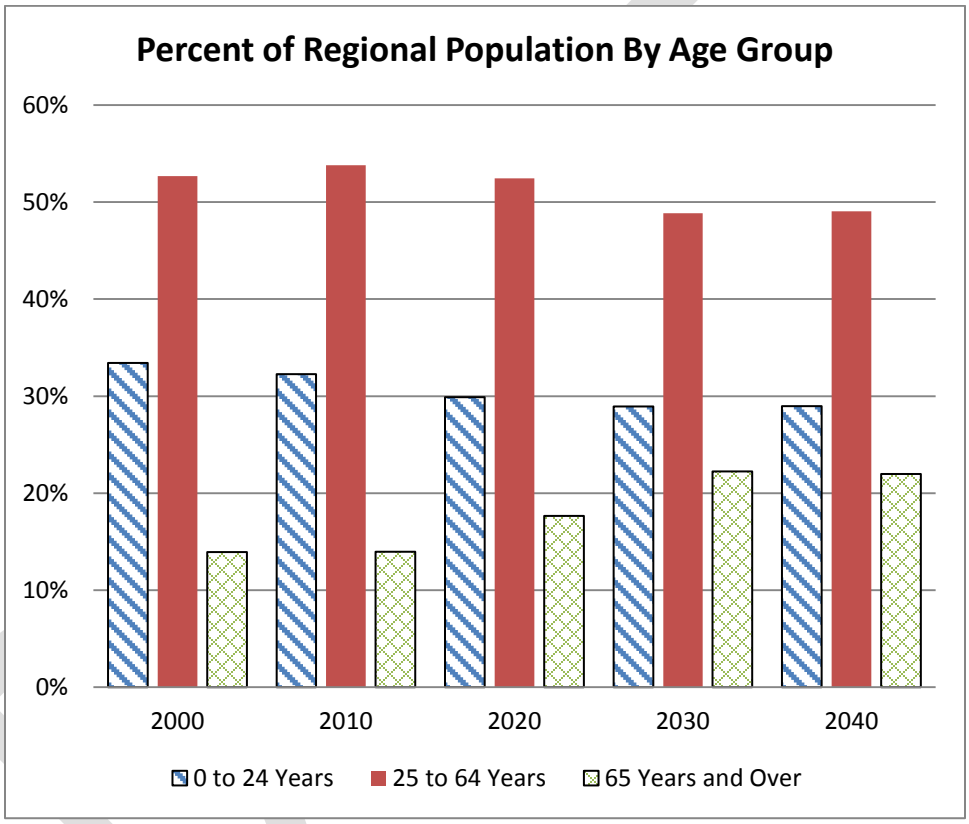

Chart 2.5 *Source: US Census Bureau, 2000, 2010 Census; CDRPC*

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.

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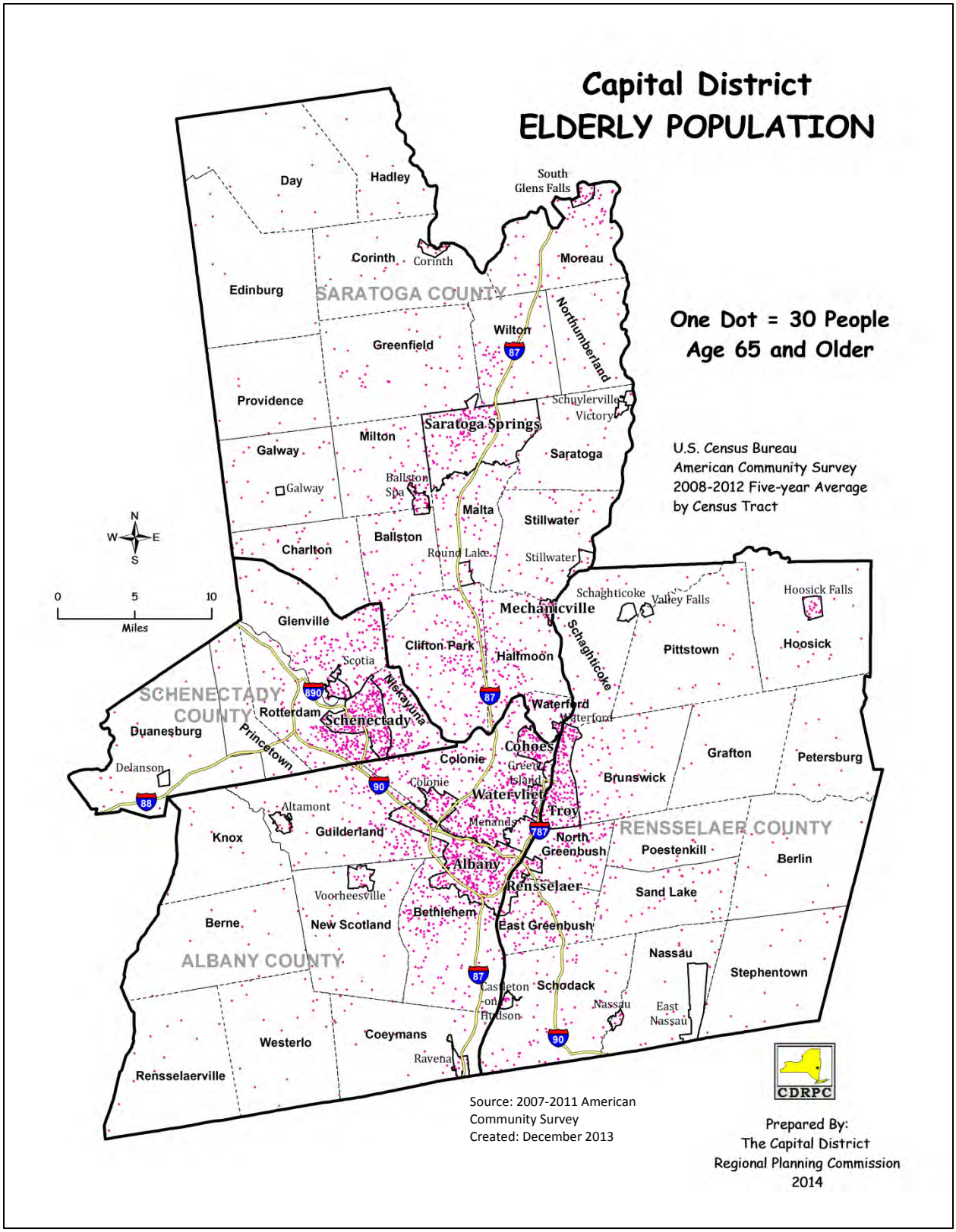
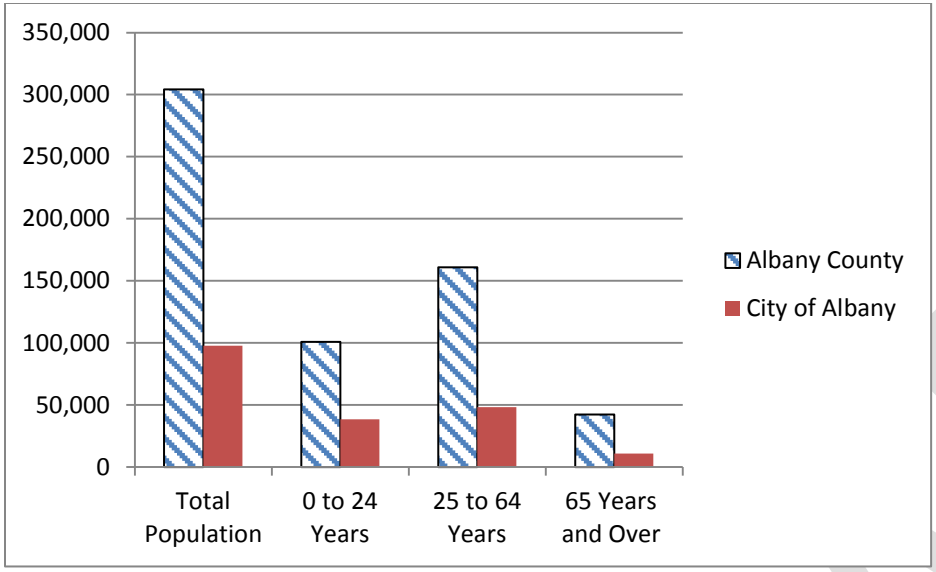
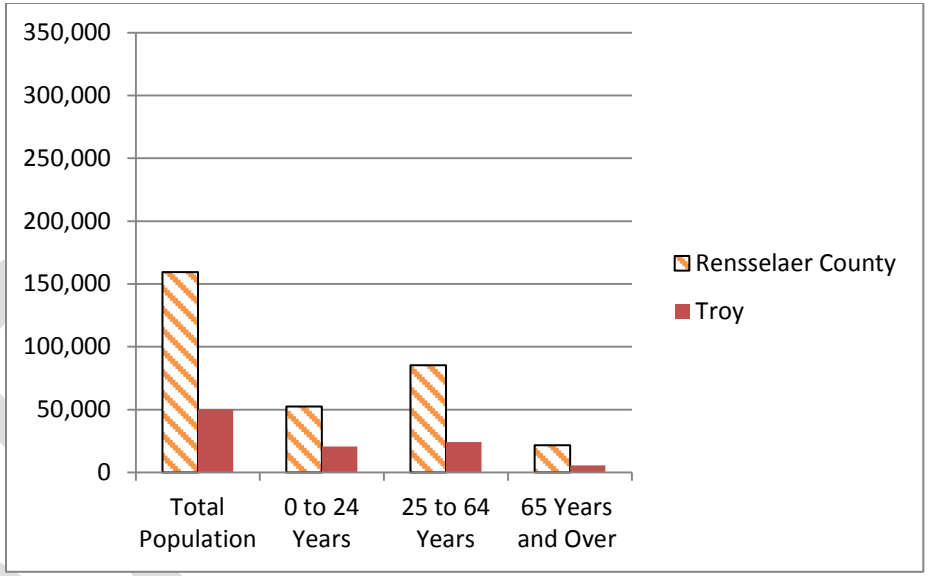

Capital District
ELDERLY POPULATION
One Dot = 30 People
Age 65 and Older
U.S. Census Bureau
American Community Survey
2008-2012 Five-year Average
by Census Tract
SARATOGA COUNTY
SCHENECTADY COUNTY
ALBANY COUNTY
RENSSELAER COUNTY
Day
Hadley
South Glens Falls
Corinth
Moreau
Edinburg
Wilton
Northumberland
Greenfield
Providence
Schuylerville
Victory
Saratoga Springs
Milton
Galway
Saratoga
Ballston Spa
Malta
Stillwater
Charlton
Ballston
Round Lake
Mechanicville
Schaghticoke
Valley Falls
Hoosick Falls
Glenville
Clifton Park
Halfmoon
Pittstown
Hoosick
Scotia
Niskayuna
Rotterdam
Schenectady
Waterford
Duanesburg
Princetown
Cohoes
Colonie
Grafton
Petersburg
Delanson
Brunswick
Watervliet
Troy
Altamont
Knox
Guilderland
Menands
North Greenbush
Poestenkill
Berlin
Albany
Rensselaer
Voorheesville
Sand Lake
Bethlehem
Berne
New Scotland
East Greenbush
Nassau
Stephentown
Castleton on Hudson
Schodack
East Nassau
Westerlo
Coeymans
Ravena
Rensselaerville
0 5 10
Miles
N W E S
Source: 2007-2011 American Community Survey
Created: December 2013
CDRPC
Prepared By:
The Capital District
Regional Planning Commission
2014

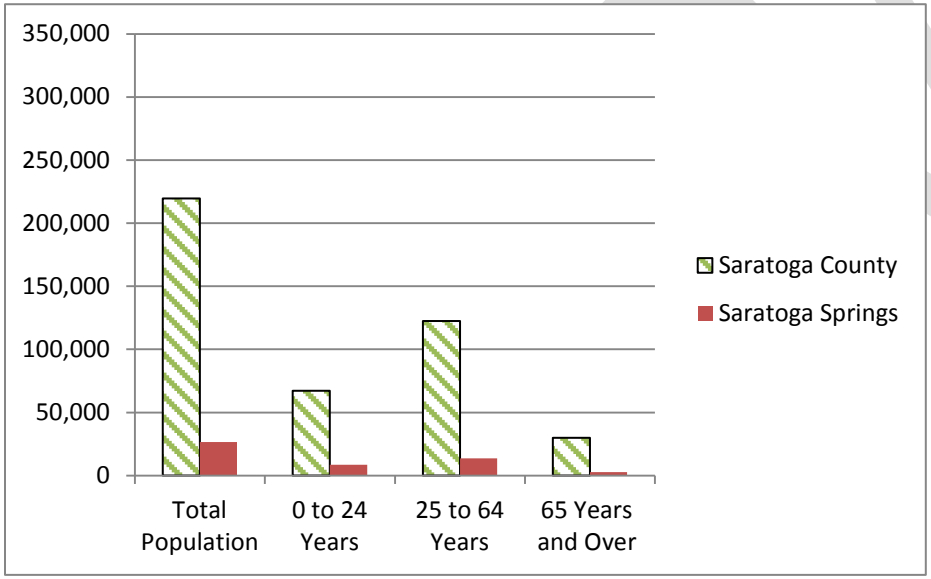
Map 2.2

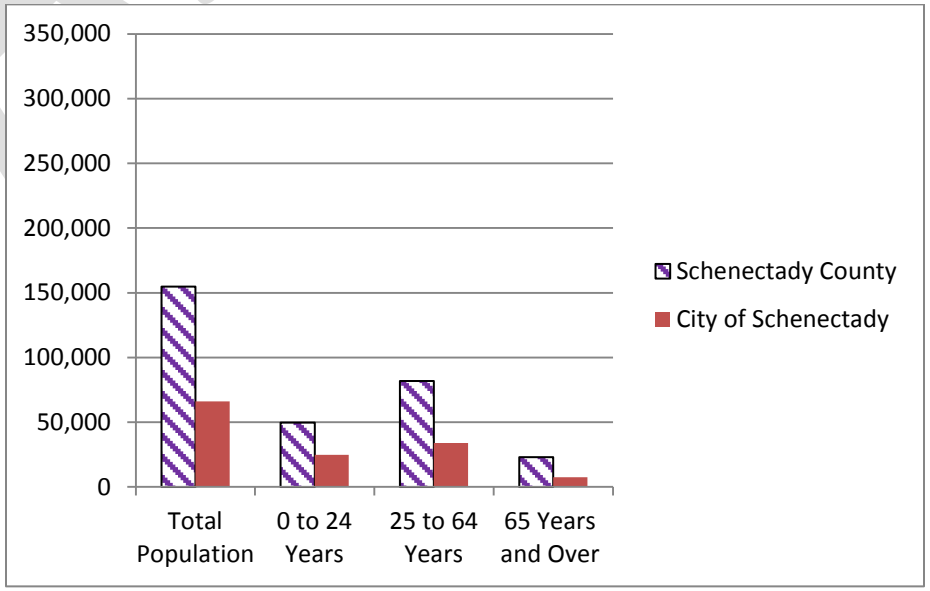
Charts 2.6- 2.9: Population by Age Group in 2010 in the Four Counties and Their Largest Cities

Source: US Census Bureau, 2010 Census

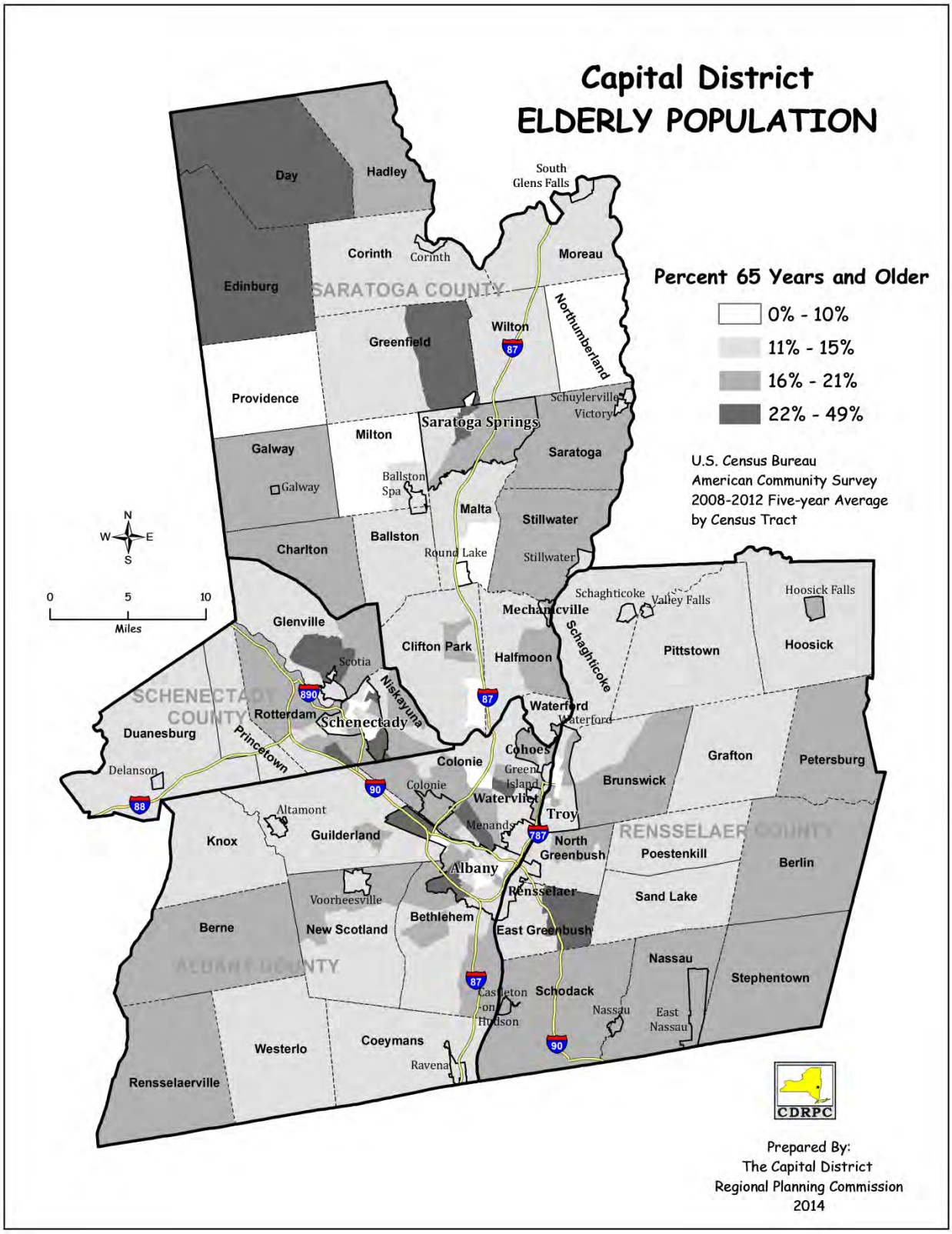








Map 2.3 shows the percentage of residents aged 65 Years and Older compared with the total number of residents by Census Tract. It should be noted that in some rural towns, the entire town is one tract.



Map 2.3

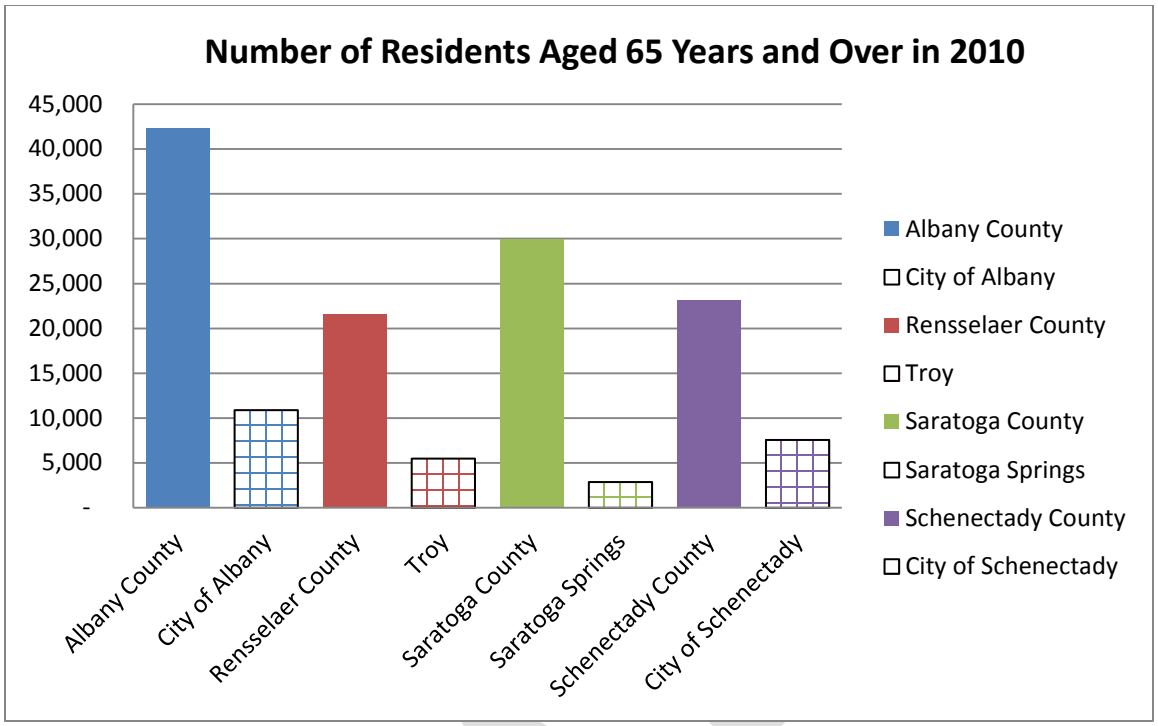


Chart 2.10 *Source: 2010 US Census*

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.

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2.1.3 People with Disabilities

On average, approximately 11% of the Capital District population reports a disability. Chart 2.11 shows the 5 year American Community Survey (ACS) number of residents reporting a disability by county.

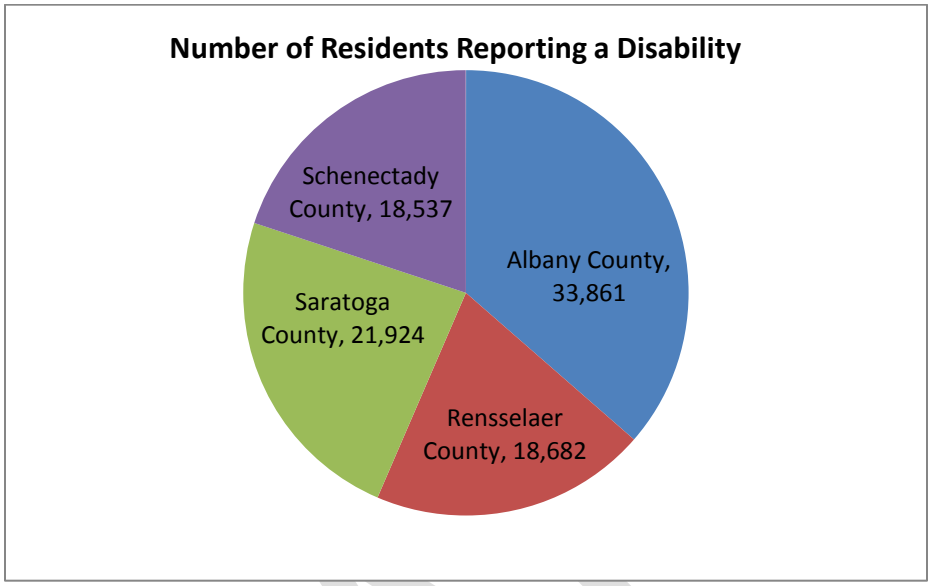

Chart 2.11 *Source: 2008-2012 American Community Survey 5-Year Estimates*

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*

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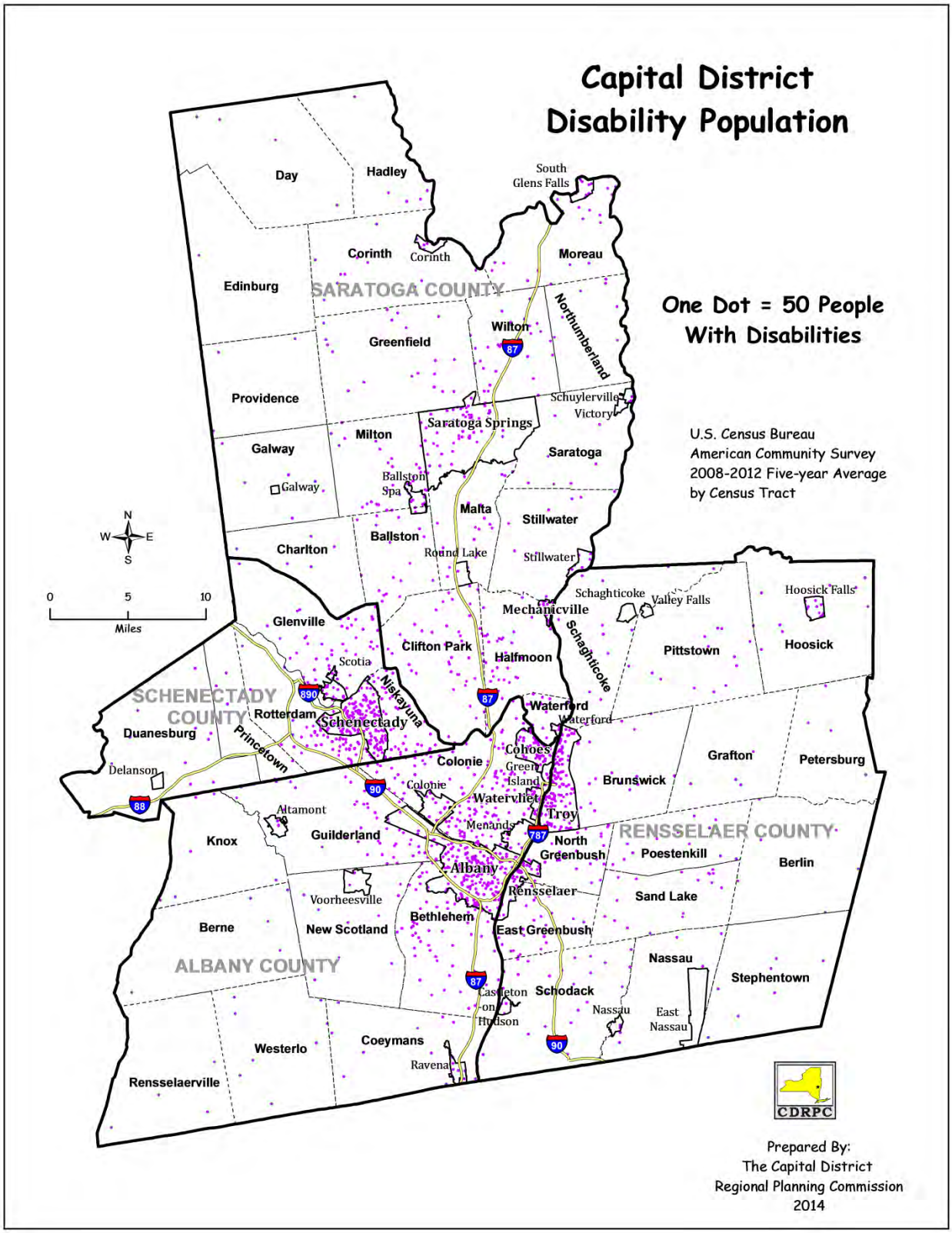
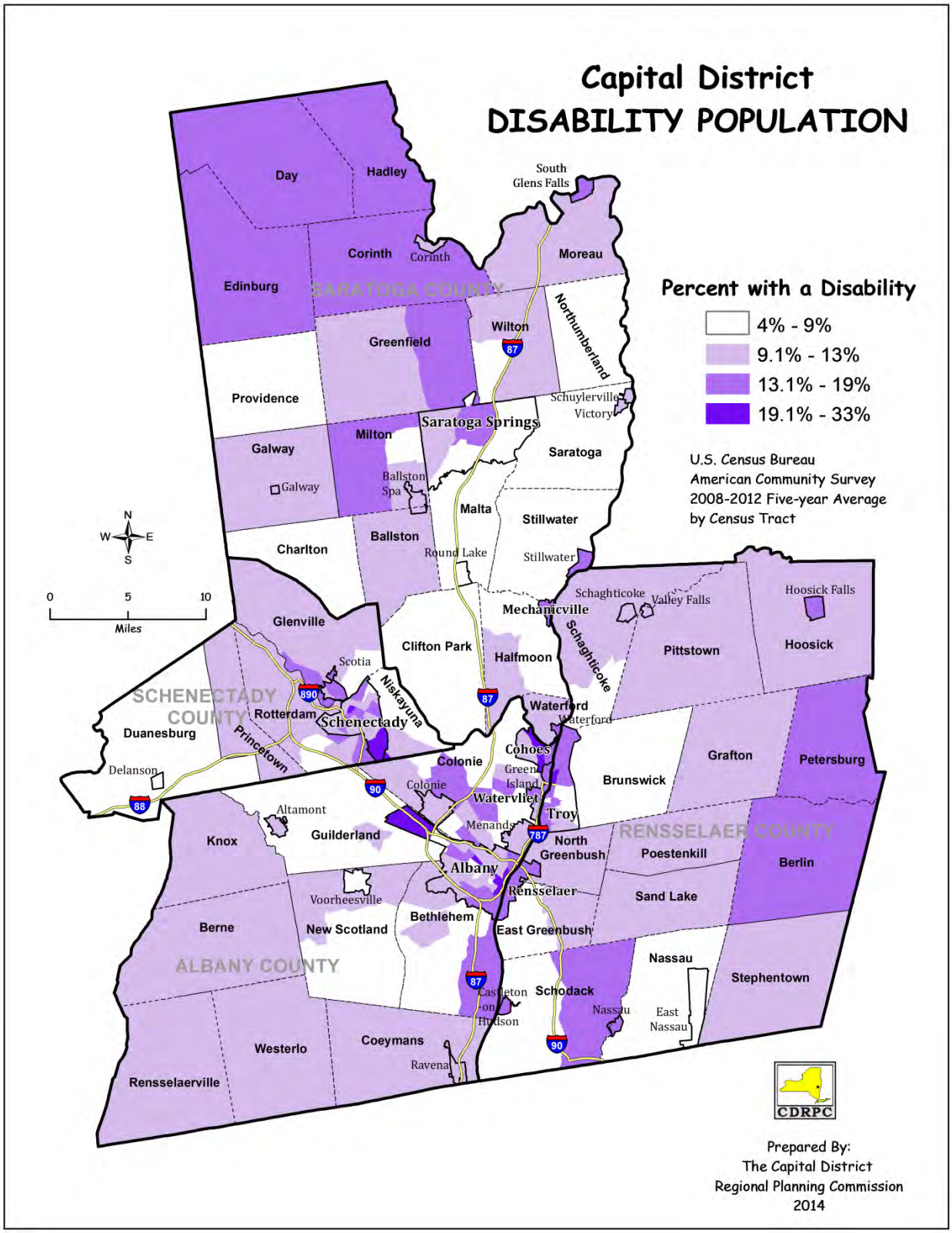


Map 2.4

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.



Map 2.5

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.

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

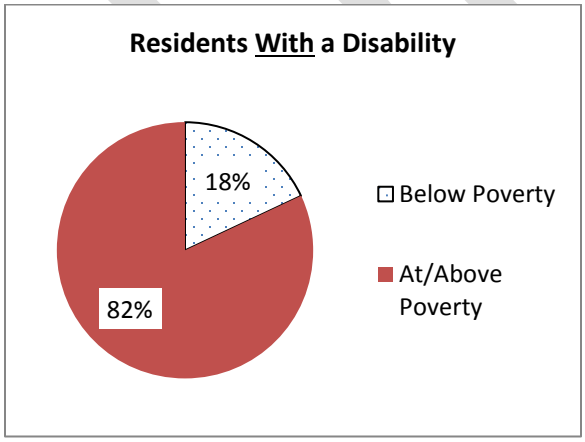


Chart 2.12

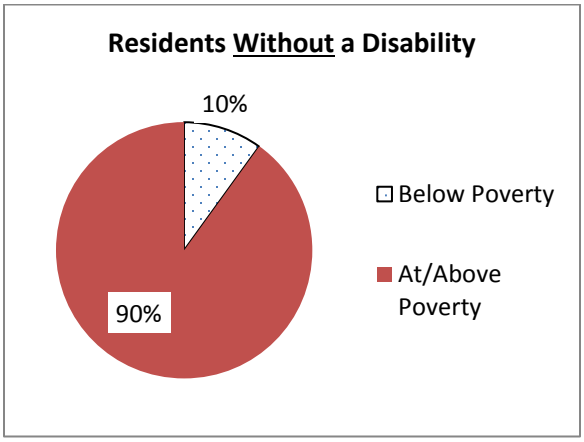


Chart 2.13

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	2175
At/Above Poverty	2,060	1,170	1,564	800	5594
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
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	3901
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	4308
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*

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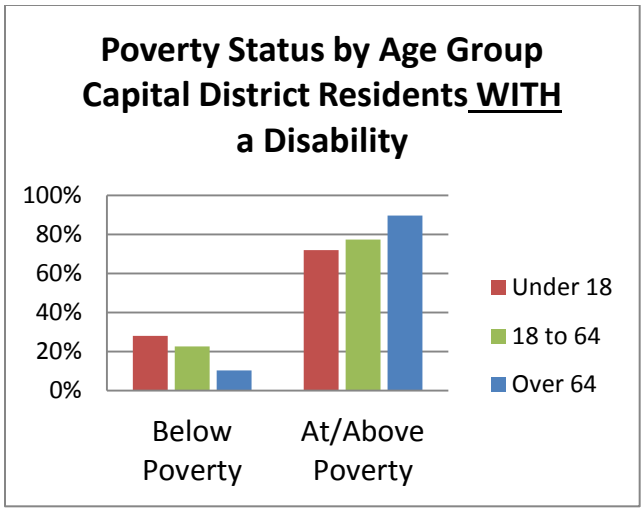

Chart 2.14

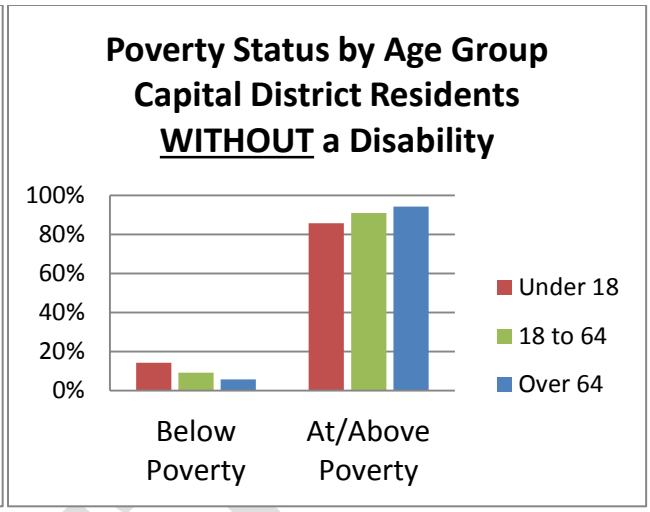

Chart 2.15

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.

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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*

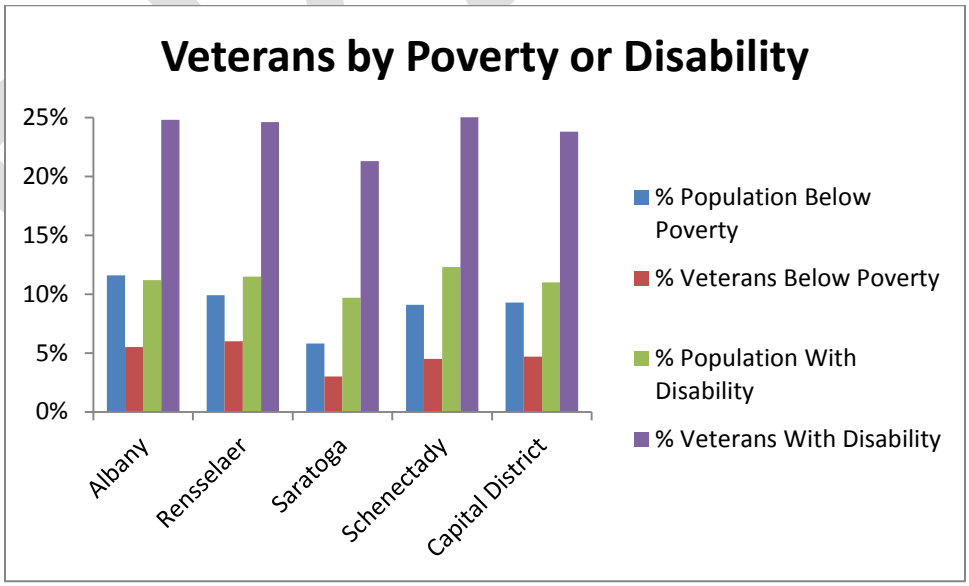


Chart 2.16 *Source: 2008-2012 American Community Survey 5-Year Estimates*

2.1.5 Low-Income Individuals

Approximately 11% of the region's population has an income below the poverty level, detailed in Table 2.X. This is an increase of 1.8% since the last Coordinated Plan, or over 15,000 residents. Saratoga County has the lowest poverty rate at 6.5%, and the other counties' rates are about 12-13%. The table 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.

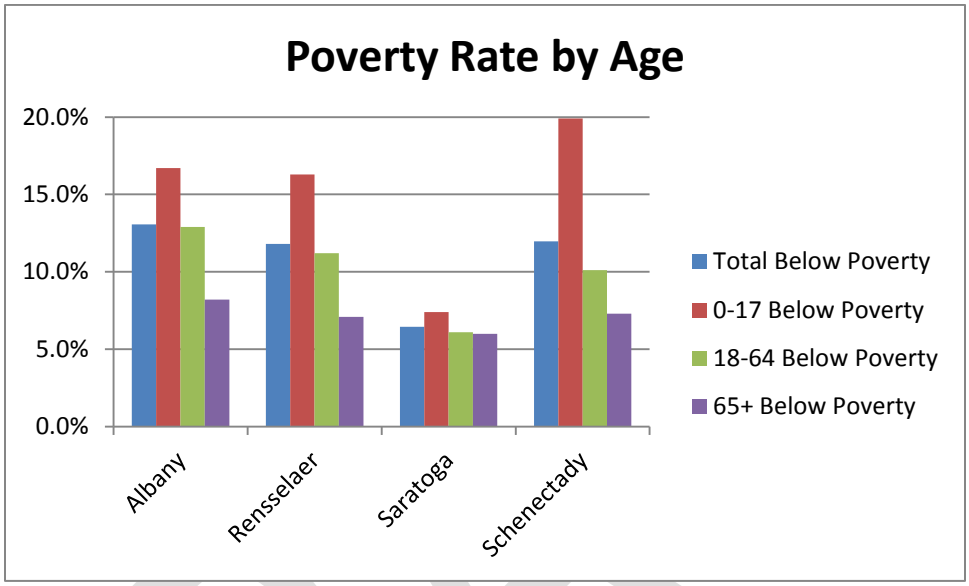
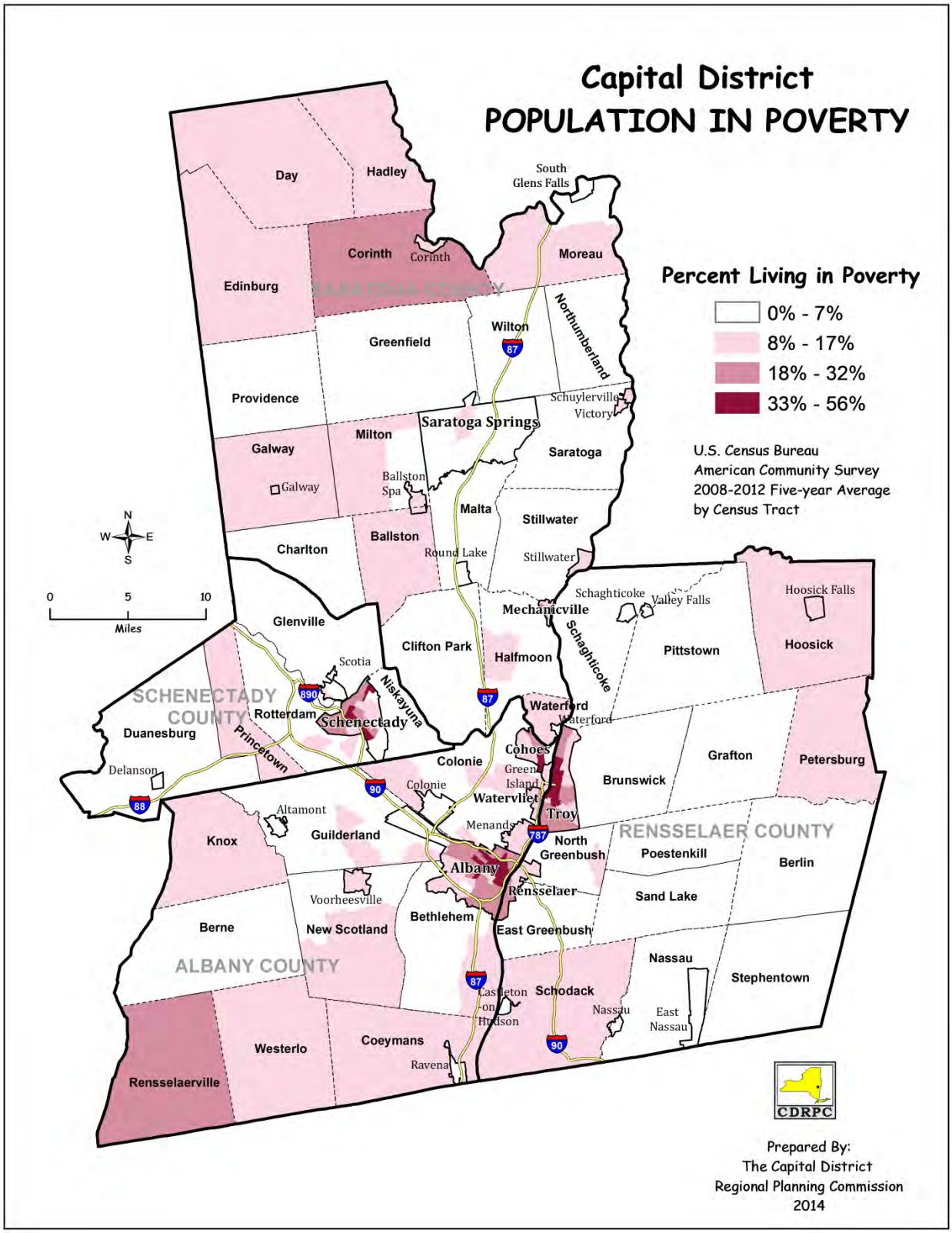


Chart 2.17 *Source: 2008-2012 American Community Survey 5-Year Estimates*

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.


Capital District
POPULATION IN POVERTY
Percent Living in Poverty
0% - 7%
8% - 17%
18% - 32%
33% - 56%
U.S. Census Bureau
American Community Survey
2008-2012 Five-year Average
by Census Tract
Day
Hadley
South Glens Falls
Corinth
Moreau
Edinburg
SARATOGA COUNTY
Northumberland
Wilton
Greenfield
Providence
Schuylerville
Victory
Saratoga Springs
Galway
Milton
Saratoga
Ballston Spa
Malta
Stillwater
Charlton
Ballston
Round Lake
Stillwater
Schaghticoke
Valley Falls
Hoosick Falls
Mechanicville
Glenville
Clifton Park
Halfmoon
Pittstown
Hoosick
Scotia
Niskayuna
SCHENECTADY COUNTY
Rotterdam
Schenectady
Waterford
Duanesburg
Princetown
Cohoes
Grafton
Petersburg
Delanson
Colonie
Brunswick
Watervliet
Troy
Altamont
Menands
Knox
Guilderland
North Greenbush
RENSSELAER COUNTY
Poestenkill
Berlin
Albany
Rensselaer
Voorheesville
Sand Lake
Bethlehem
Berne
New Scotland
East Greenbush
ALBANY COUNTY
Nassau
Stephentown
Castleton-on-Hudson
Schodack
East Nassau
Westerlo
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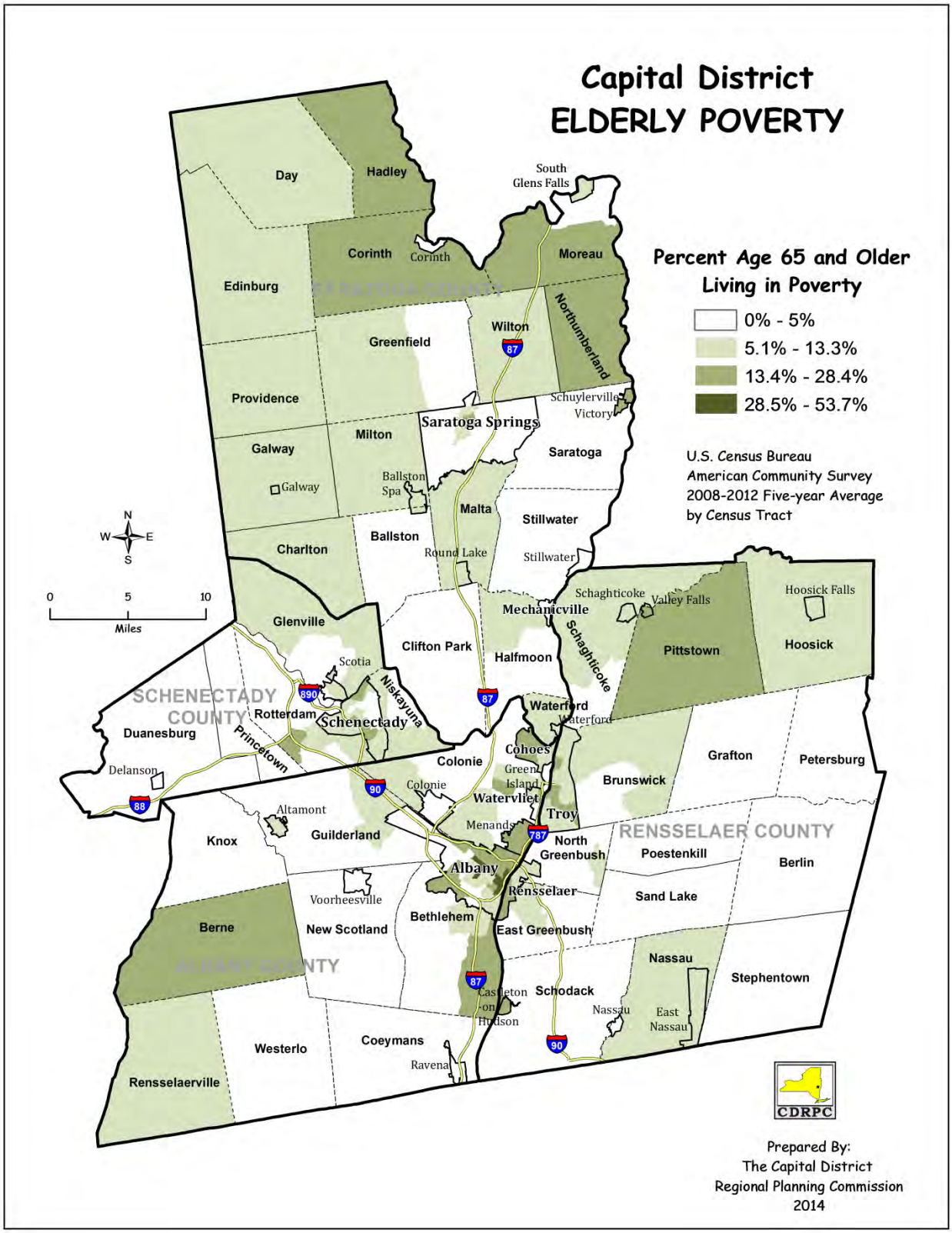
Prepared By:
The Capital District
Regional Planning Commission
2014

Map 2.6


Capital District
ELDERLY POVERTY
Percent Age 65 and Older
Living in Poverty
0% - 5%
5.1% - 13.3%
13.4% - 28.4%
28.5% - 53.7%
U.S. Census Bureau
American Community Survey
2008-2012 Five-year Average
by Census Tract
Day
Hadley
South Glens Falls
Corinth
Moreau
Edinburg
SARATOGA COUNTY
Northumberland
Wilton
Greenfield
Providence
Schuylerville
Victory
Saratoga Springs
Milton
Galway
Saratoga
Ballston Spa
Malta
Stillwater
Charlton
Ballston
Round Lake
Schaghticoke
Valley Falls
Hoosick Falls
Mechanicville
Glenville
Clifton Park
Halfmoon
Pittstown
Hoosick
Scotia
Niskayuna
SCHENECTADY COUNTY
Rotterdam
Schenectady
Waterford
Duanesburg
Princetown
Cohoes
Grafton
Petersburg
Delanson
Colonie
Brunswick
Watervliet
Troy
Altamont
Knox
Guilderland
Menands
RENSSELAER COUNTY
North Greenbush
Poestenkill
Berlin
Albany
Rensselaer
Sand Lake
Voorheesville
Bethlehem
Berne
New Scotland
East Greenbush
ALBANY COUNTY
Nassau
Stephentown
Castleton-on-Hudson
Schodack
East Nassau
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Prepared By:
The Capital District
Regional Planning Commission
2014

Map 2.7

Chart 2.18 shows information on New York State's Temporary Assistance to Needy Families (TANF) program in each of the four counties broken up by cases, number of recipients and expenditures since 2004. Albany County has the most cases and expenditures, accounting for almost half of the total expenditures in the region in 2013. The following charts illustrate changes in the number of recipients and expenditures by county between 2004 and 2013.

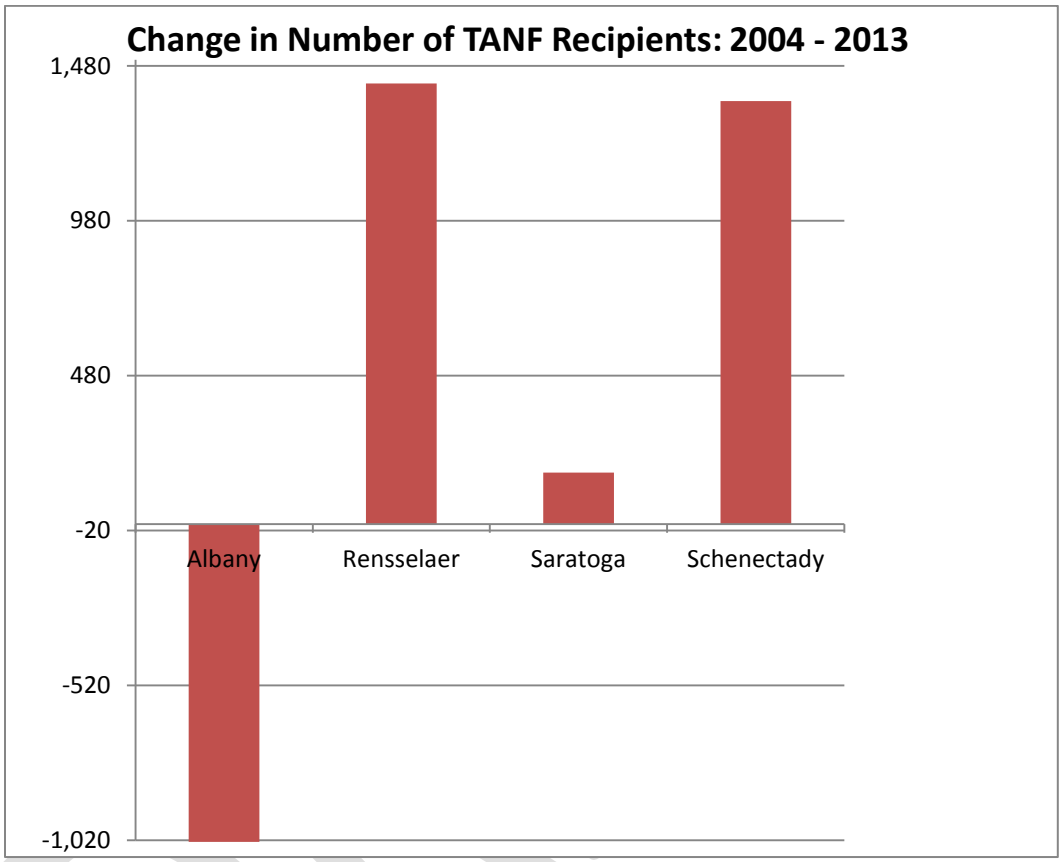

Chart 2.18 *Source: Based on a Table from NYS Office of Temporary and Disability Assistance*

Rensselaer and Schenectady Counties each account for about one-quarter of expenditures, while Saratoga accounts for about 6%. Expenditures in all four counties have increased since 2004, with the highest percentage increase in Saratoga County while Albany County had the smallest increase. The overall number of cases in the Capital District has increased, though the number of cases has actually decreased in Albany County. The number of recipients also decreased in Albany County but increased in the three other counties.

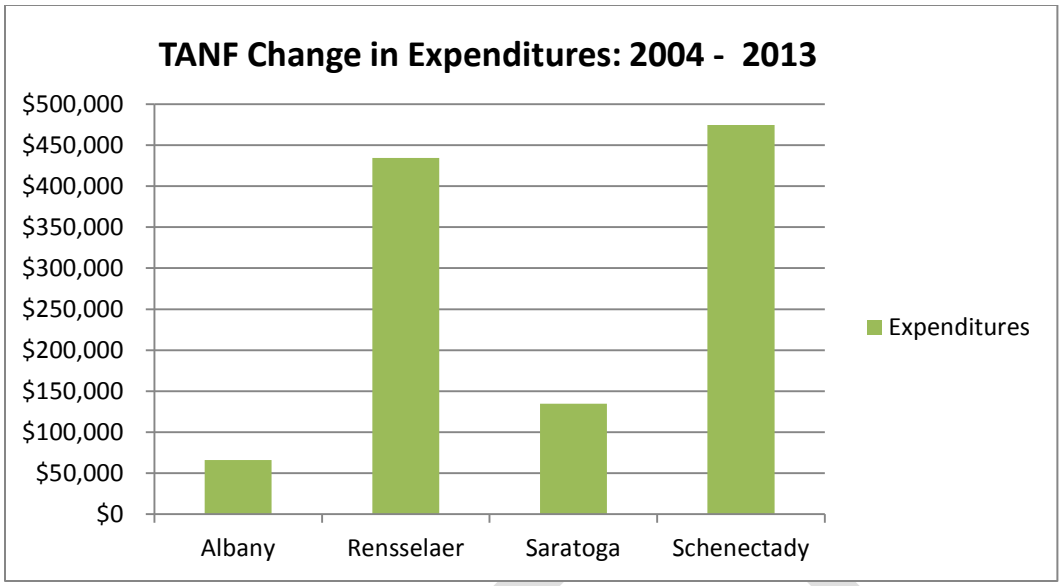

Chart 2.19 *Source: Based on a Table from NYS Office of Temporary and Disability Assistance*

The total amount for TANF expenditures in 2013 was $4,507,242, an increase of 25% since 2004 and an increase from 2010 of 15.6%.

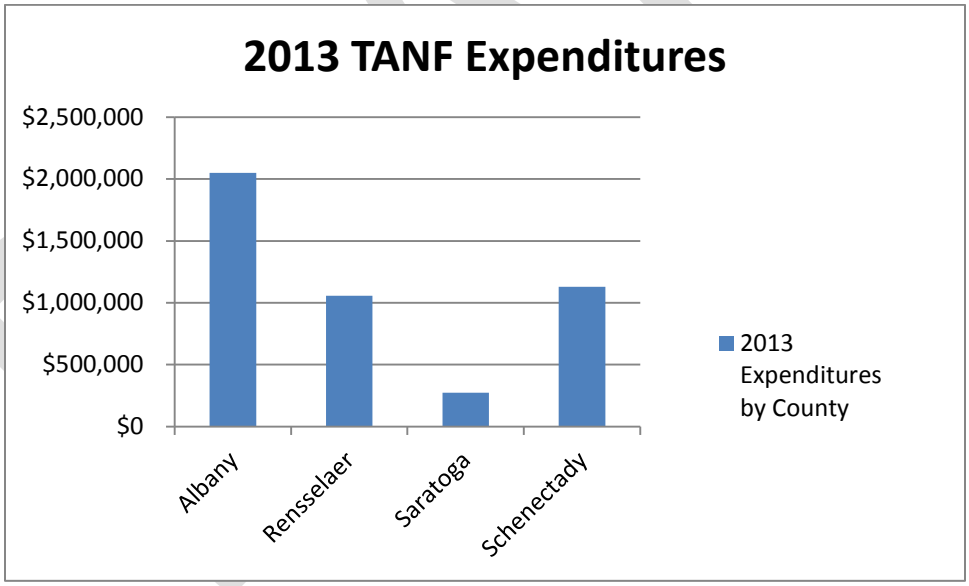

Chart 2.20 *Source: Based on a Table from NYS Office of Temporary and Disability Assistance*

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	2961	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*

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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 population. 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 populations living in a 0-vehicle household. 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*

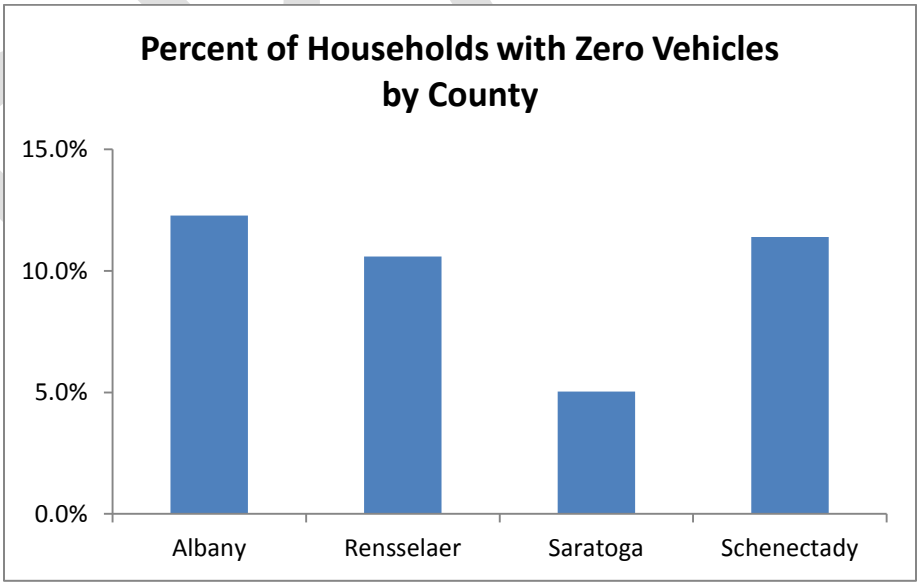
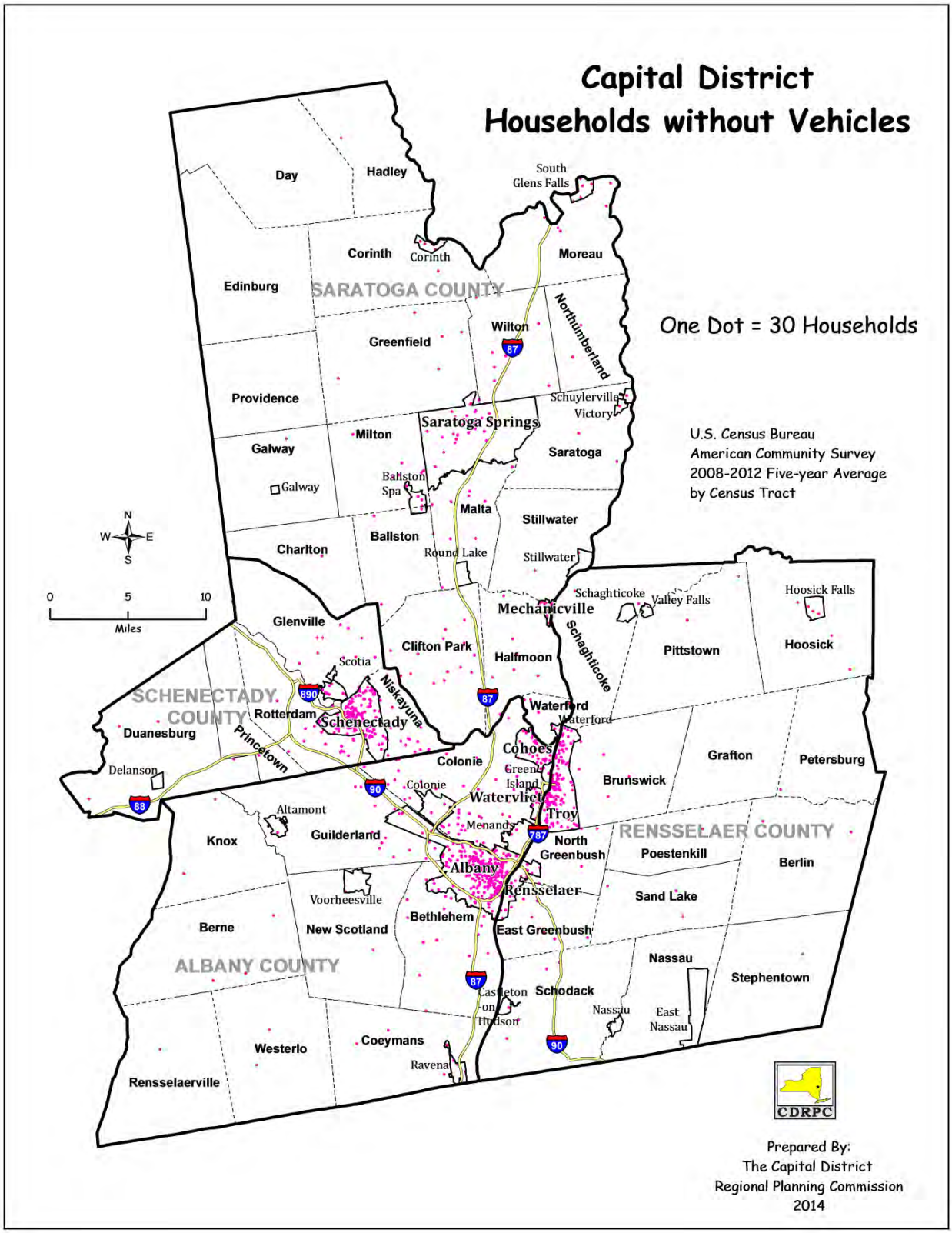


Chart 2.21 *Source: 2008-2012 American Community Survey 5 Year Estimates*


Capital District
Households without Vehicles
One Dot = 30 Households
U.S. Census Bureau
American Community Survey
2008-2012 Five-year Average
by Census Tract
Day
Hadley
South Glens Falls
Corinth
Corinth
Moreau
Edinburg
SARATOGA COUNTY
Northumberland
Wilton
Greenfield
Providence
Schuylerville
Victory
Saratoga Springs
Milton
Galway
Saratoga
Galway
Ballston Spa
Malta
Stillwater
Charlton
Ballston
Round Lake
Stillwater
Schaghticoke
Valley Falls
Hoosick Falls
Mechanicville
Glenville
Schaghticoke
Pittstown
Hoosick
Clifton Park
Halfmoon
Scotia
Niskayuna
SCHENECTADY COUNTY
Rotterdam
Schenectady
Waterford
Waterford
Duanesburg
Princetown
Cohoes
Colonie
Grafton
Petersburg
Delanson
Green Island
Brunswick
Colonie
Watervliet
Altamont
Troy
Menands
RENSSELAER COUNTY
Knox
Guilderland
North Greenbush
Poestenkill
Berlin
Albany
Rensselaer
Voorheesville
Sand Lake
Bethlehem
Berne
New Scotland
East Greenbush
Nassau
ALBANY COUNTY
Stephentown
Castleton-on-Hudson
Schodack
Nassau
East Nassau
Westerlo
Coeymans
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Rensselaerville
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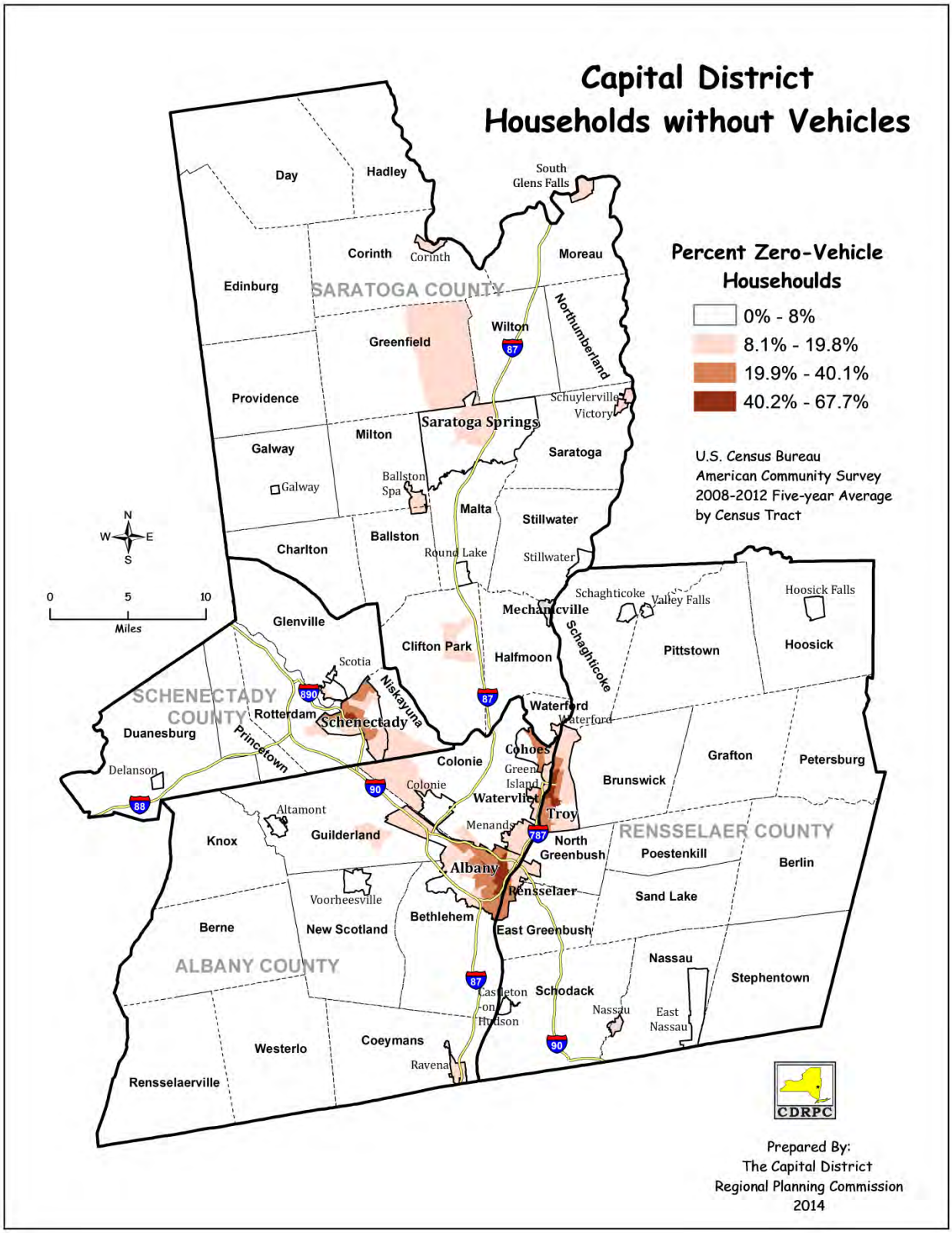
CDRPC
Prepared By:
The Capital District
Regional Planning Commission
2014

Map 2.8


Capital District
Households without Vehicles
Percent Zero-Vehicle Househoulds
0% - 8%
8.1% - 19.8%
19.9% - 40.1%
40.2% - 67.7%
U.S. Census Bureau
American Community Survey
2008-2012 Five-year Average
by Census Tract
Day
Hadley
South Glens Falls
Corinth
Corinth
Moreau
Edinburg
SARATOGA COUNTY
Northumberland
Wilton
Greenfield
Providence
Schuylerville
Victory
Saratoga Springs
Milton
Galway
Saratoga
Galway
Ballston Spa
Malta
Stillwater
Charlton
Ballston
Round Lake
Stillwater
Schaghticoke
Valley Falls
Hoosick Falls
Mechanicville
Glenville
Schaghticoke
Pittstown
Hoosick
Clifton Park
Halfmoon
Scotia
Niskayuna
SCHENECTADY COUNTY
Rotterdam
Schenectady
Waterford
Waterford
Duanesburg
Princetown
Cohoes
Grafton
Petersburg
Colonie
Green Island
Delanson
Colonie
Brunswick
Watervliet
Troy
Altamont
Menands
Knox
Guilderland
North Greenbush
RENSSELAER COUNTY
Poestenkill
Albany
Berlin
Rensselaer
Voorheesville
Sand Lake
Bethlehem
Berne
New Scotland
East Greenbush
Nassau
ALBANY COUNTY
Stephentown
Castleton -on-Hudson
Schodack
Nassau
East Nassau
Westerlo
Coeymans
Ravena
Rensselaerville
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Miles
CDRPC
Prepared By:
The Capital District
Regional Planning Commission
2014

Map 2.9

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*

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3. Inventory of Existing Public Transit and Specialized Transportation Services

The Capital District is served by a network of transit and social service transportation options that provide public and special transportation services in response to the growing needs of the region. 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.

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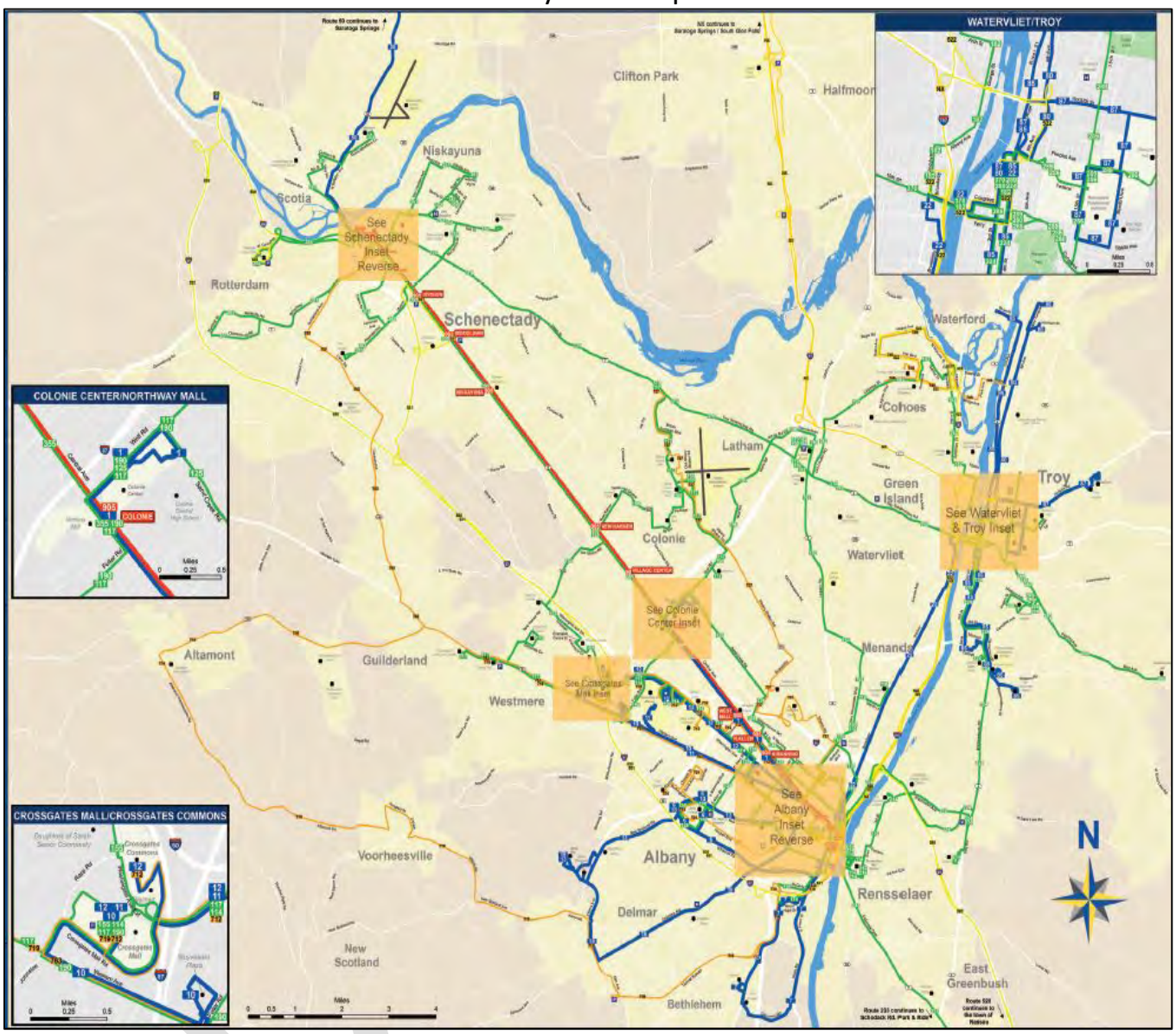
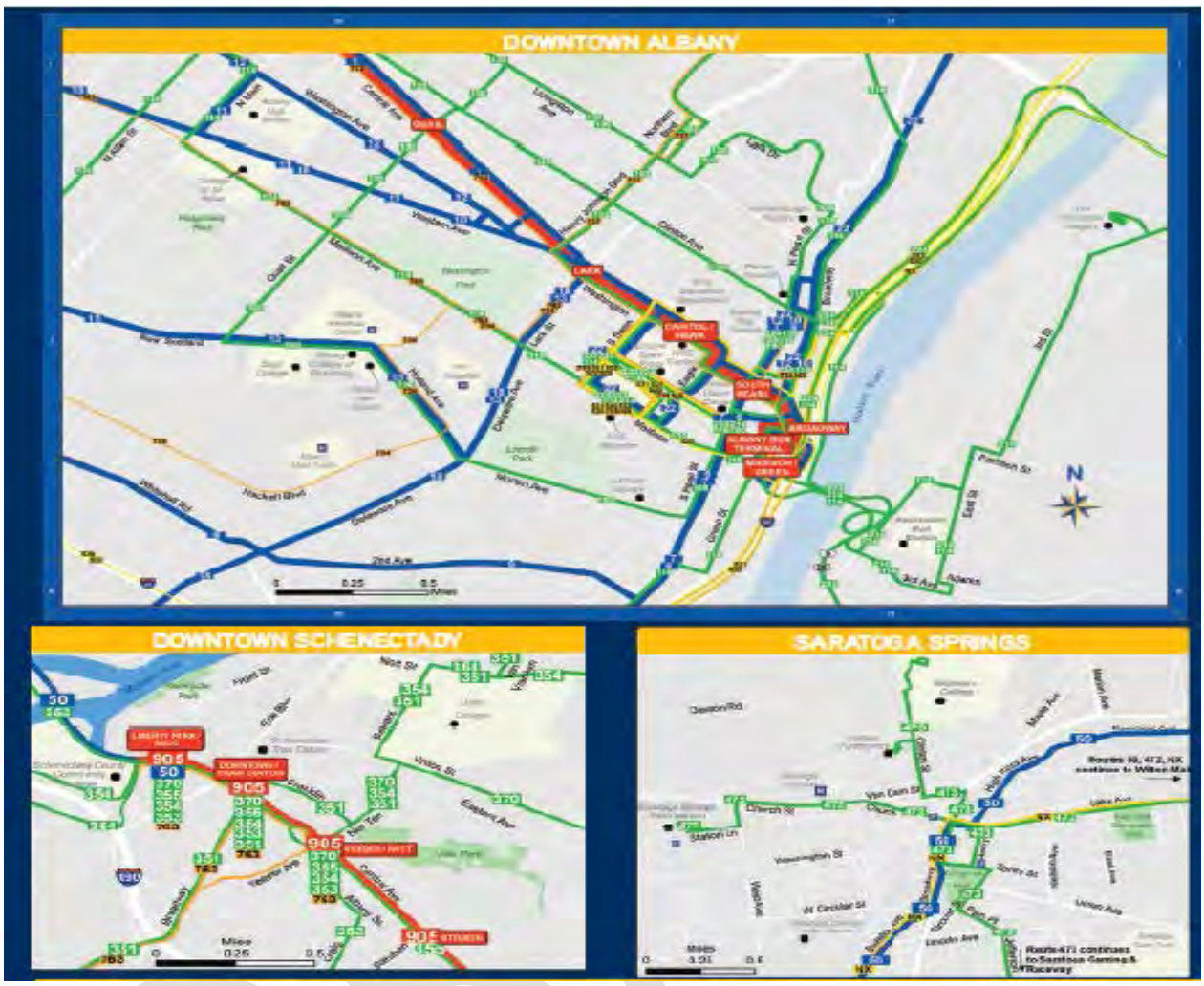
CDTA Bus System Map

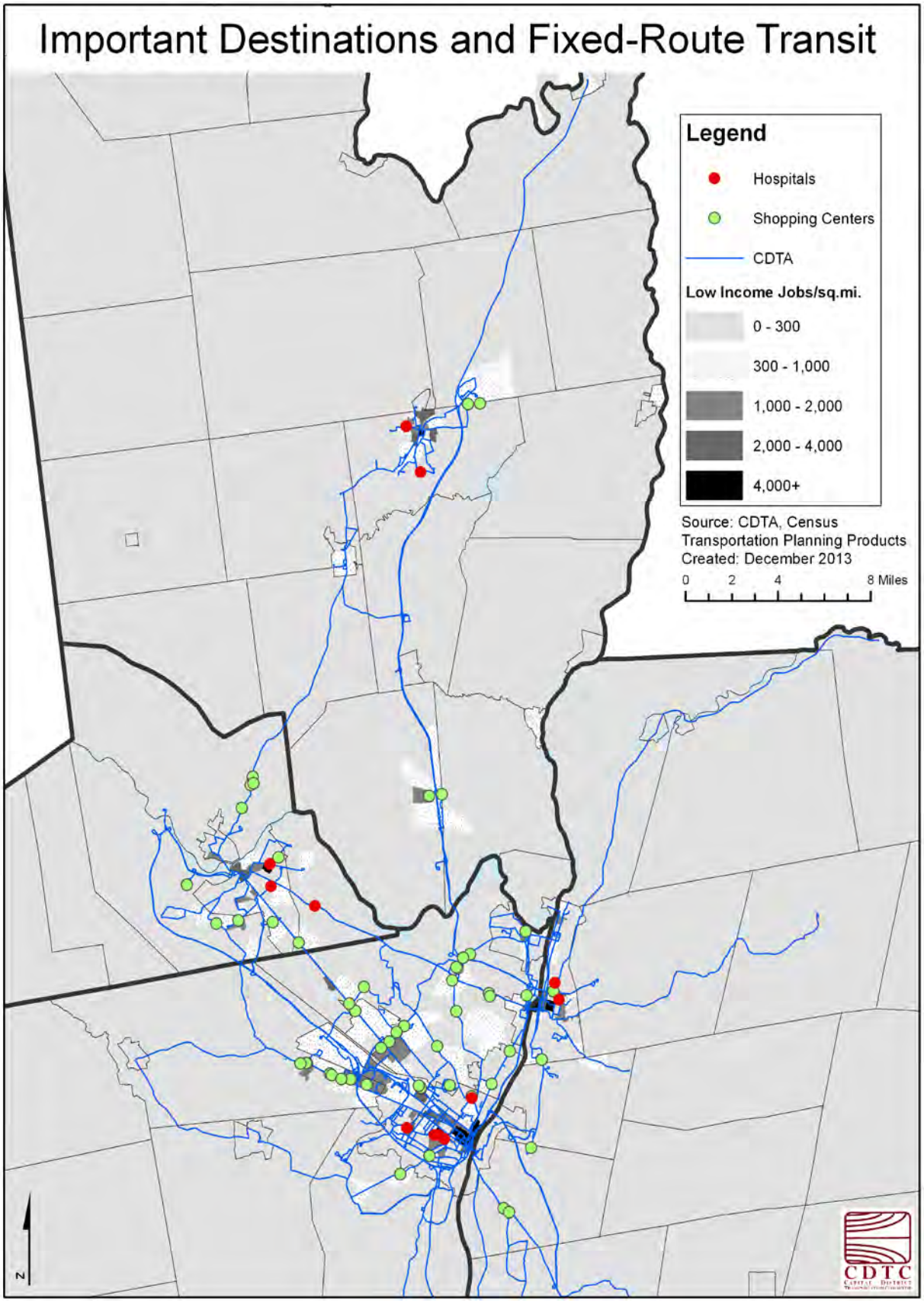


Map 3.1 http://www.cdta.org/images/SystemMap.pdf accessed August 21, 2014



Map 3.2

There are many destinations where seniors, persons with disabilities and/or low-income residents may need to travel daily, weekly, or bi-weekly. Map 3.3 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.


Important Destinations and Fixed-Route Transit
Legend
Hospitals
Shopping Centers
CDTA
Low Income Jobs/sq.mi.
0 - 300
300 - 1,000
1,000 - 2,000
2,000 - 4,000
4,000+
Source: CDTA, Census
Transportation Planning Products
Created: December 2013
0 2 4 8 Miles
N
CDTC

Map 3.3

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.cdta.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 Available Transit 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*

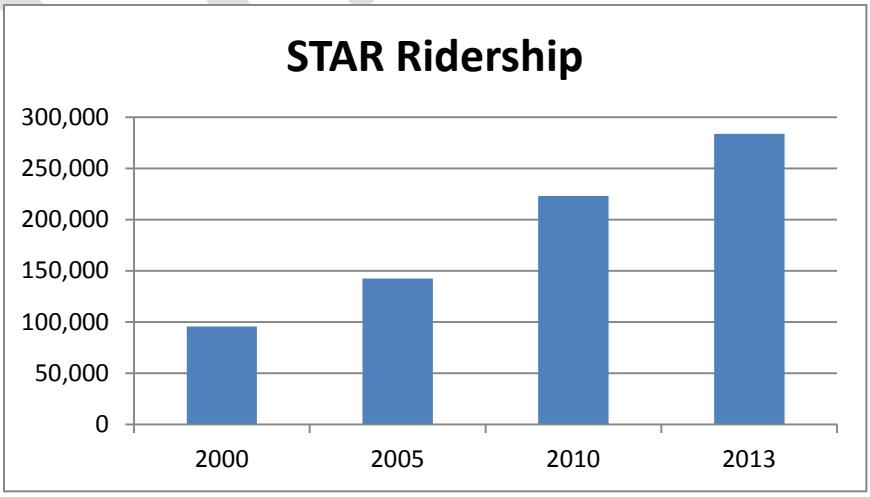


Chart 3.1 *Source: CDTA*

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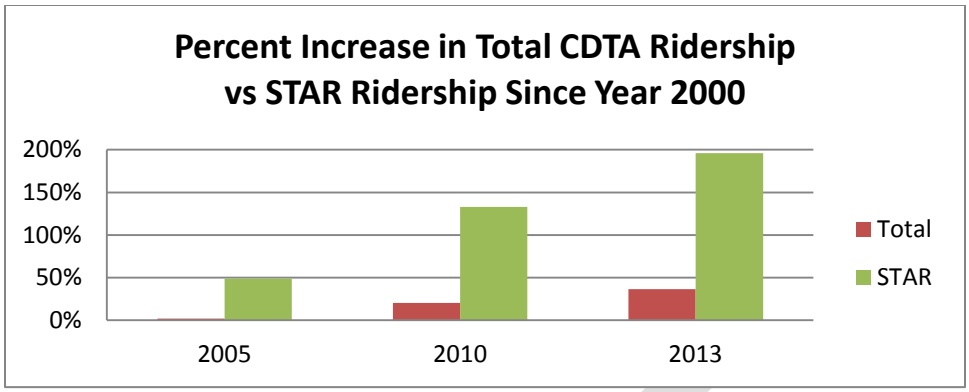

Chart 3.1 *Source: CDTA*

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-come and minority communities who are dependent upon public transit for travel.

3.5 **Geographic Equity** – Transit investments are spread to as many municipalities in the Capital Region as justified.

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

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

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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.cdta.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 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.

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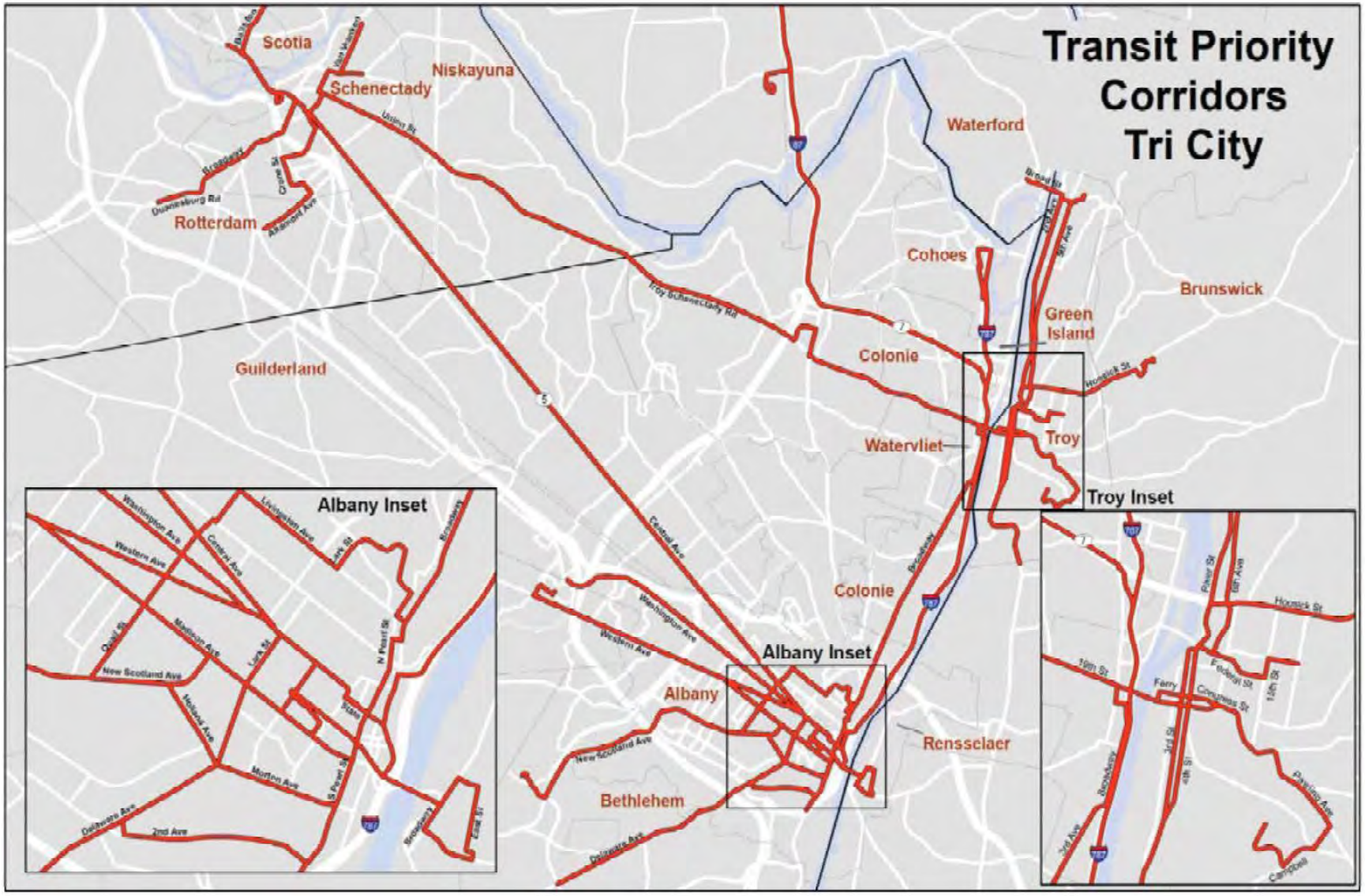

Map 3.4 *Source: CDTA Transit Development Plan*

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:

- Albany County Department of Social Services
- Albany Housing Authority
- Albany County- Seniors Services of Albany
- Capital District Transportation Authority (CDTA)- Access Transit
- Capital District Transportation Authority (CDTA)- STAR Program
- Department of Veterans Affairs
- Albany County Rural Housing Alliance
- Albany County Department of Children, Youth, & Families
- Albany Housing Coalition
- Knox Town Clerk
- Town of Colonie Senior Resources
- Town of New Scotland
- Town of Guilderland
- Village of Ravena- Senior Projects
- Albany County Department of Aging
- Town of Bethlehem
- NYS Commission for the Blind & Visually Handicapped
- Village of Green Island-Section 8 & Housing
- Cohoes Housing Authority

CDTA STAR Program
Image Source: CDTA

- Capital Region Workforce Development/ Career Central
- NYS Division of Housing & Community Renewal
- Access VR (formerly VESID)
- Watervliet Housing Authority
- Westerlo Town Clerk
- Capital District Developmental Disabilities Services (NYS OMR)

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

- Aids Council North East New York (ACNENY)- Albany Office
- Albany Damien Center
- Albany Jewish Community Center (JCC)
- American Housing Foundation, Inc.
- Namas Car Services
- Visiting Nurses Services Association
- Watervliet Senior Center/ Watervliet Civic Center
- St. Catherine's Center for Children
- Consumer Directed Choices
- American Cancer Society- Road to Recovery
- St. Peter's Hospital- CHOICES
- Bethlehem Senior Projects
- Catholic Charities Housing Office
- Capital District Medical Transportation, Inc.
- Cohoes Multi-Service Senior Citizen Center, Inc.
- B'Nai B'Rith Parkview Apartments
- Community Caregivers
- Equinox/ Clear View Center
- Birthright Inc.
- Capital Area Peer Services
- Homeless & Travelers Society of the Capital District (HATAS)
- Loudonville Home for Adults Gerald Levine Center for Memory Care
- Interfaith Partnership for the Homeless
- Cornell Cooperative Extension in County
- Home Instead Senior Care
- St. Peter's Physical Therapy
- Upper Hudson Planned Parenthood
- St. Peter's Hospital- ALS Regional Center
- Drake Manor Senior Apartments
- Holy Wisdom Apartments
- Idlewild Terrace
- Corporation for AIDS Research, Education, & Services (CARES)
- St. Francis of Assisi Parish
- Living Resources
- Capital Land Taxi
- The Umbrella of the Capital District
- JFS Jewish Family Services of Northeastern NY
- Ohav Sholom Apartments
- Salvation Army
- Center for Excellence in Aging & Community Wellness
- Senior Services of Albany
- Support for AIDS Services & Housing
- Albany Community Action Partnership
- American Red Cross of North East New York
- Attentive Home Companions
- Trinity Alliance of the Capital Region
- Center for Disability Services
- Alzheimer's Association of Northeastern New York
- Capital District Center for Independence
- America Works of Albany
- Family & Children's Services of the Capital Region
- Job Corps
- Rehabilitation Support Services
- Millview of Latham
- NAMI- National Alliance for the Mentally Ill
- Northeastern Association for the Blind at Albany
- St. Peter's Sleep Wake Disorders Center
- Capital District Child Care Coordinating Council
- Junior League of Albany
- Colonie Terrace
- Guildcare
- Louis Apartments

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Not-For-Profits & Other Entities – Albany County (continued):

- Orion Management Council Meadows
- Catholic Charities of the Diocese of Albany
- YMCA of the Capital District
- Wheelers Accessible Vans
- Capital District Women's Employment & Resource Center
- Ogden Mill Apartments
- Atria Senior Living Group
- The Altamont Program, Inc.
- Emeritus at Colonie Manor
- Catholic Charities AIDS Services

Government Agencies – Rensselaer County

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

CDTA STAR Program
Image Source: CDTA

- Schodack Town Clerk
- Hoosick Housing Authority

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

- Adept Health Care Service
- Boys & Girls Club- Troy
- HVCC- Capital District Educational Opportunities Center
- Boys & Girls Club- Lansingburgh
- Independent Living Center of the Hudson Valley
- Alight Care Center
- Capital District Beginnings
- Circles of Mercy
- Commission on Economic Opportunity for the Greater Capital Region, Inc.
- Junior League of Troy
- Birthright Inc.
- Seton Health- St. Mary's Hospital
- Boys & Girls Club- Southern Rensselaer County
- Wheelers Accessible Vans
- UNITY House/ Bethany Hospitality Center/ Street Ministry
- The Springs Nursing & Rehabilitation Center
- Diamond Ridge Gracious Retirement Living
- Hoosick Falls Health Center
- HOPE House
- Moran Home
- St. Mary's Woodland Village
- Fawn Ridge
- Community Hospice
- National Kidney Foundation of NENY
- Joseph's House & Shelter
- Danforth Adult Care Center
- Accent Health Care Services
- YWCA of the Greater Capital Region
- White House Home for Adults
- Seton Home Health Care
- Heartwood Terrace Assisted Living Facility
- Capital District Medical Transportation, Inc.
- Rensselaer County Chapter NYSARC
- Northeast Shuttle Service, Inc.
- Peter Young Housing, Halfway House, & Supportive Living
- Roarke Center-Catholic Charities
- St. Paul's Center
- Troy Housing Rehabilitation & Improvement Program (TRIP)
- The Umbrella of the Capital District
- Troy Adult Home
- San Damiano Family Support Services
- Vanderheyden Hall
- Yankee Doodle Taxi
- ACNENY- Troy Office
- Cornell Cooperative Extension in Rensselaer County
- Troy Area United Ministries
- Northeast Health
- Canterbury House
- Grafton Senior Center
- Hoosick Falls Senior Service Center
- Hudson Mohawk Recovery Center
- Resurrection Nursing Home
- Evergreen Commons
- Workforce Development Institute (WDI)
- Mount Ida Food Pantry
- AccuCare Home Health Services, Inc.
- Mohawk Hudson Recovery Center
- Questar III
- St. Jude Senior Apartments-Catholic Charities
- Troy Damien Center (TAUM)

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Government Agencies – Saratoga County:

- Department of Veterans Affairs
- Saratoga Springs Housing Authority
- Saratoga County Department of Employment & Training
- Saratoga County Public Health Nursing Service
- Saratoga County Mental Health Center
- Town of Moreau
- Town of Halfmoon- Senior Programs
- Town of Waterford
- Saratoga County Department of Social Services
- Town of Clifton Park
- Town of Corinth
- Capital District Transportation Authority (CDTA)- STAR Program
- Town of Hadley-Senior Community Center
- Mechanicville Housing Authority
- Town of Malta
- Capital District Transportation Authority (CDTA)- Access Transit
- Ballston Area Seniors
- Saratoga County Office for the Aging
- Saratoga County Economic Opportunity Council

CDTA Saratoga Trolley

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

- American Red Cross-Adirondack Saratoga Chapter
- AIM Services, Inc.
- Belmont Management
- Friendship House Saratoga County Mental Health
- Four Winds Hospital
- Birthright Inc.
- Adam Lawrence Corinth Senior Housing
- Experience Works
- Galway Youth Commission
- Adirondack Manor HFA

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- Head Start Family Education Program of Saratoga County
- Franklin Community Center
- Helping Hands & Academy Nursery School
- Shelters of Saratoga
- Northeast Career Planning
- Saratoga County Rural Preservation Company
- Saratoga Bridges
- Mechanicville Elderly Housing
- Shenendehowa Adult Community Center
- Home Instead Senior Care
- Sun Haven Manor
- Unlimited Potential- Day Program
- Cornell Cooperative Extension Association of Saratoga County
- CAPTAIN Youth & Family Services
- Catholic Charities of Saratoga, Warren, & Washington Counties
- Saratoga County Housing Alliance
- Coburg Village Retirement Community
- Gentiva Health Services
- Saratoga County Options for Independent Living (SCOIL)
- Mechanicville Area Community Services Center, Inc.
- Alcohol & Substance Abuse Prevention Council
- Wesley Health
- Visiting Nurses Services Association
- Greater Schuylerville Youth Program
- Transitional Services Association, Inc.
- Millview Assisted Living
- Care Links Community Caregivers Programs
- Beacon Pointe Memory Care Community
- Junior League of Schenectady & Saratoga Counties
- Adult & Senior Center of Saratoga Springs
- Saratoga Center for the Family
- Washington-Saratoga-Warren-Hamilton-Essex BOCES
- Community, Work, & Independence, Inc.
- Home Helpers
- Saratoga Hospital- Family Health Center
- The Charlton School
- Whitney Management Company- Westview Apartments
- Community Human Services Burnt Hills/ Ballston Lake
- Capital District DSO Community Residences
- Saratoga County Youth Commission
- Greater Schuylerville Youth Program
- Harbor at Clifton Park
- Mechanicville Elderly Housing
- National Church Residences
- Pine Manor
- Domestic Violence & Rape Crisis Services of Saratoga County
- Birthright Inc.
- Cook Adult Home
- Saratoga Care Nursing Home
- Saratoga County Housing Alliance
- Support Ministries

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Government Agencies – Schenectady County:

- Department of Veterans Affairs
- Capital District Transportation Authority (CDTA)- Access Transit
- Schenectady Municipal Housing Authority
- Schenectady County Department of Social Services
- Capital District Transportation Authority (CDTA)- STAR Program
- Schenectady County One-Stop Center
- Schenectady County Public Health Services
- Schenectady County Youth Bureau
- Family & Child Services of Schenectady County
- Schenectady County Department of Senior & Long-Term Care Services
- Rotterdam Senior Citizens Center
- Niskayuna Senior Center
- Duanesburg Area Community Center
- Scotia-Glenville Senior Center

CDTA Bus
Image Source: CDTA

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

- New Choices Recovery Center
- Berkshire Farm Center & Services for Youth
- Bethesda House
- Carver Community Counseling Services
- Catholic Charities
- Community Human Services
- The Damien Center
- Early Childhood Education Center
- Mohawk Opportunities, Inc.
- Schenectady County Action Program (SCAP)
- Schenectady Inner City Ministry
- Avenue Nursing & Rehabilitation Center
- Alternative Living Group
- Wynwood of Niskayuna
- Capital City Rescue Mission
- Sunnyview Rehabilitation Hospital
- CDPC Schenectady Community Support Center
- Community Maternity Services
- Catholic Charities- Dayhaven Adult Day Care
- Northeast Parent & Child Society
- SAFE Inc., of Schenectady
- All Metro Healthcare/ Alternative Care of NENY
- Capital District Deaf Center
- Schenectady County Chapter NYS ARC

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- Daughters of Sarah Adult Day care D/B/A Great Days Adult Medical Day Care Program
- Holly Manor Senior Apartments
- Ingersoll Place
- Holyrood House Apartments
- Home Instead Senior Care
- Southgate Apartments
- Scotia Mansion Homes
- Summit Towers
- City Mission of Schenectady
- Conifer Park
- Glenville Senior Center
- Parsons Child & Family Center
- Salvation Army
- Veteran's Service Agency of Schenectady
- Wildwood Programs
- Clare Bridge Center of Niskayuna
- Dutch Manor Nursing & Rehab Center
- Ellis Medicine
- Glendale Home
- Rely Health Care Services
- B'Nai B'rith Housing
- Planned Parenthood Mohawk Hudson, Inc.
- Hometown Health Center
- Heritage Home for Women
- Cornell Cooperative Extension in Schenectady County
- Catholic Charities Transportation Department
- Boys & Girls Clubs of Schenectady
- ACNENY- Schenectady Office
- The Bridge Center
- St. Peter's Addiction Recovery Outpatient Clinic
- Washington Irving Adult & Continuing Education Center
- Baptist Health Nursing & Rehabilitation Center
- Depaul Housing Management
- Edison Senior Apartments
- Mont Pleasant Commons
- Jewish Community Center of Schenectady (JCC)
- Kingsway Arms Nursing Center
- Visiting Nurses Services Association
- Northwoods Rehab Ecc Hilltop
- The Umbrella of the Capital District
- Heritage Arms Retirement Community

CDTA STAR Program
Image Source: CDTA

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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.)

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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: ITN*Everywhere*™ is a proposed community transportation solution for small and rural communities. Currently in research and development, ITN*Everywhere* 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/rts/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/

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 3.2 below.

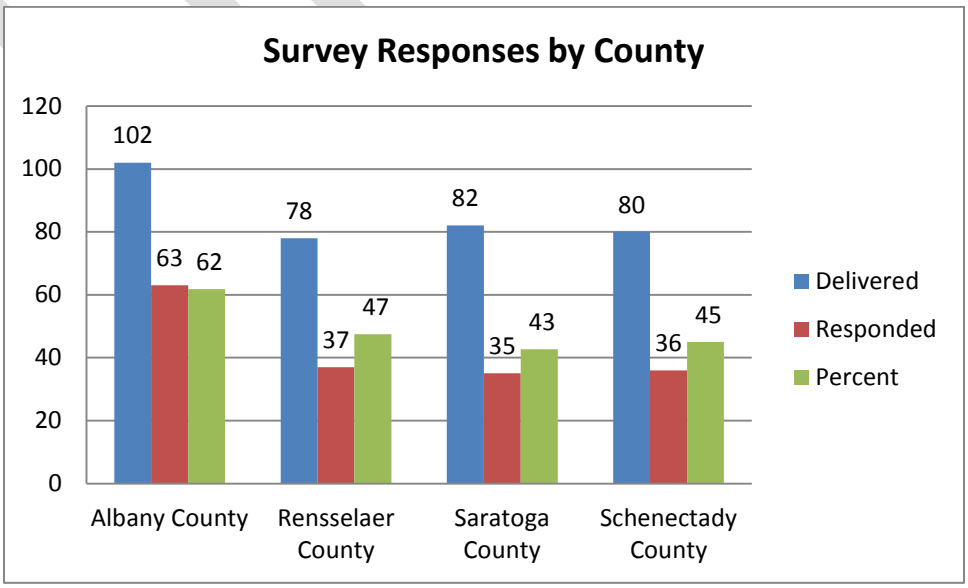

Chart 3.2 *Source: 2011 Capital District Human Service Agencies Survey*

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.

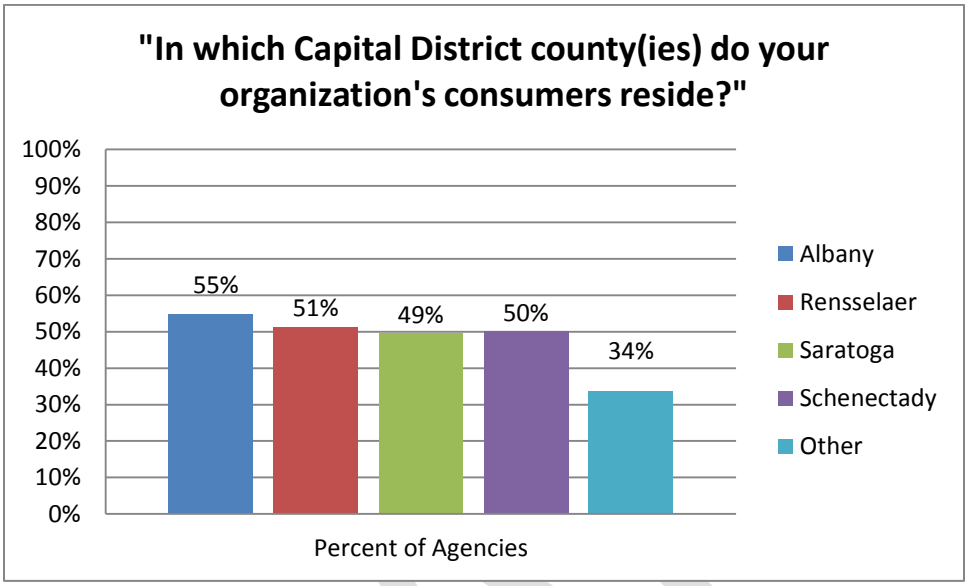

Chart 3.3 *Source: 2011 Capital District Human Service Agencies Survey*

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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.

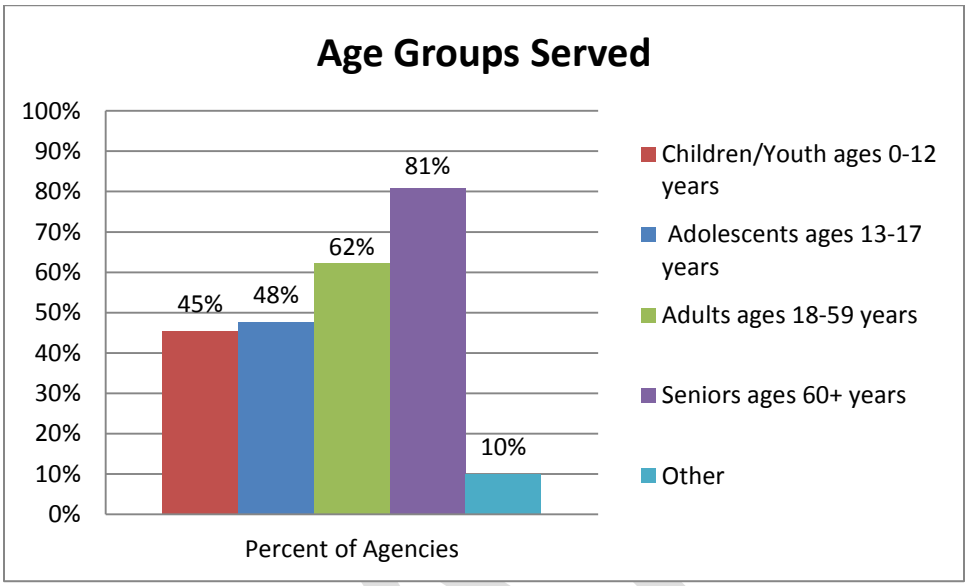

Chart 3.4 *Source: 2011 Capital District Human Service Agencies Survey*

As can be seen in Chart 3.5, 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 half of respondents.

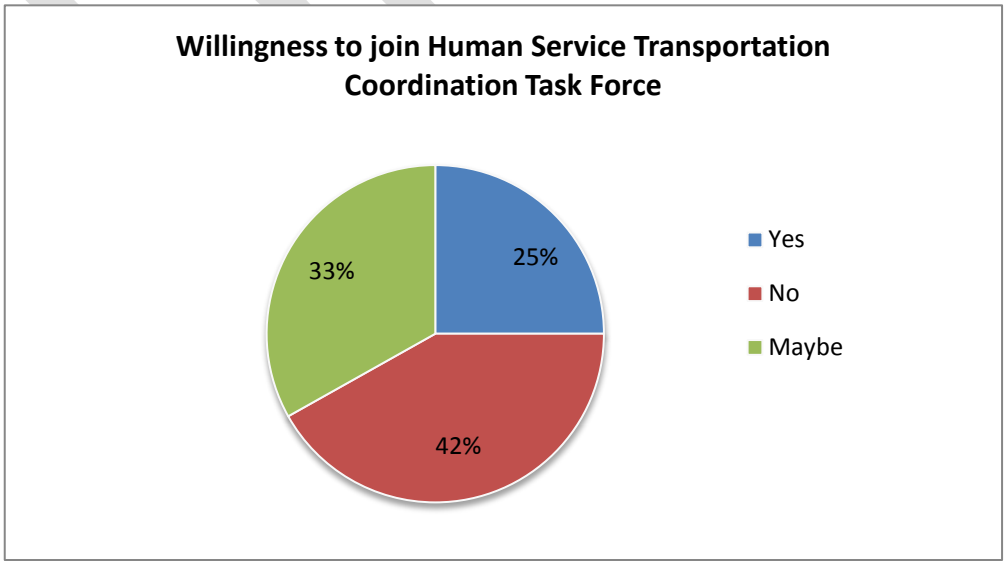

Chart 3.5 *Source: 2011 Capital District Human Service Agencies Survey*

A key survey question asked whether an agency currently participated, or was willing to participate, in various transportation coordination programs or efforts. Responses are shown below in Chart 3.6. 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.

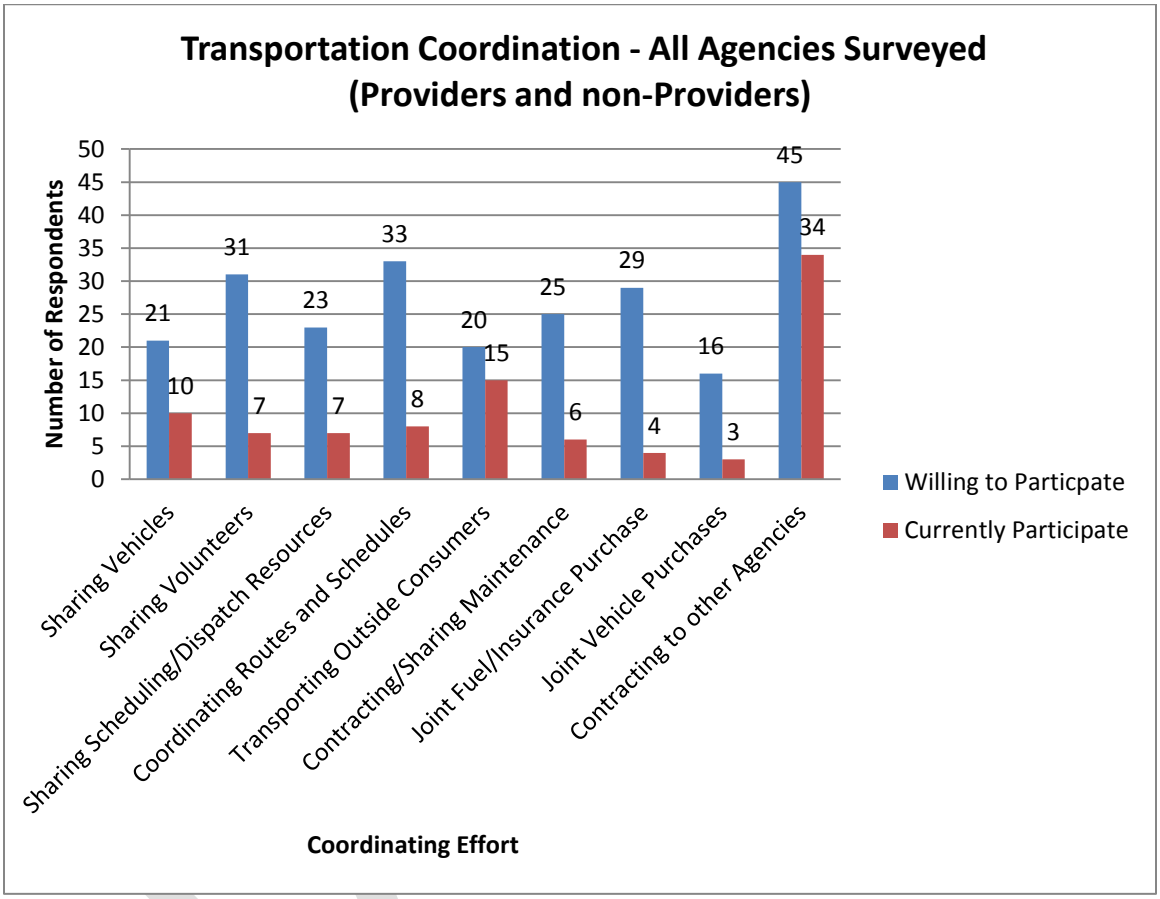

Chart 3.6 *Source: 2011 Capital District Human Service Agencies Survey*

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?"**

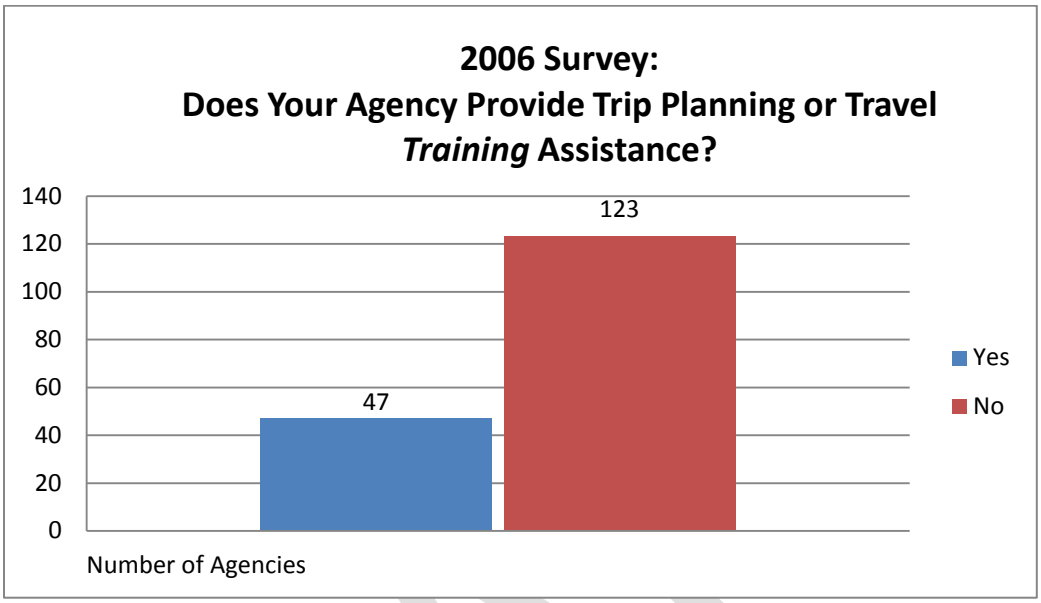

Chart 3.7 *Source: 2011 Capital District Human Service Agencies Survey*

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.

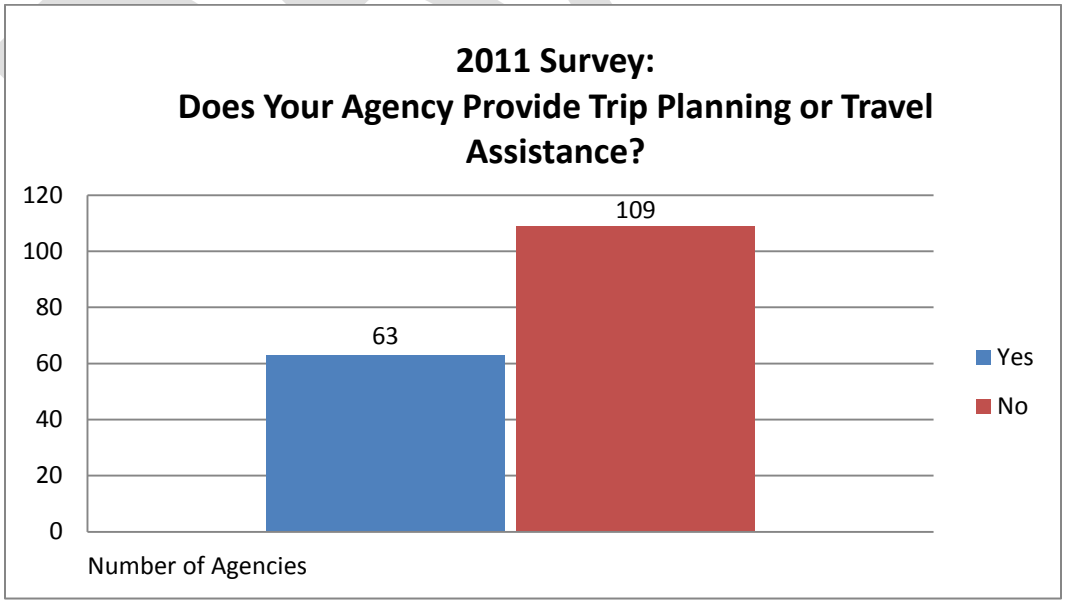

Chart 3.8 *Source: 2011 Capital District Human Service Agencies Survey*

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 3.9 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.

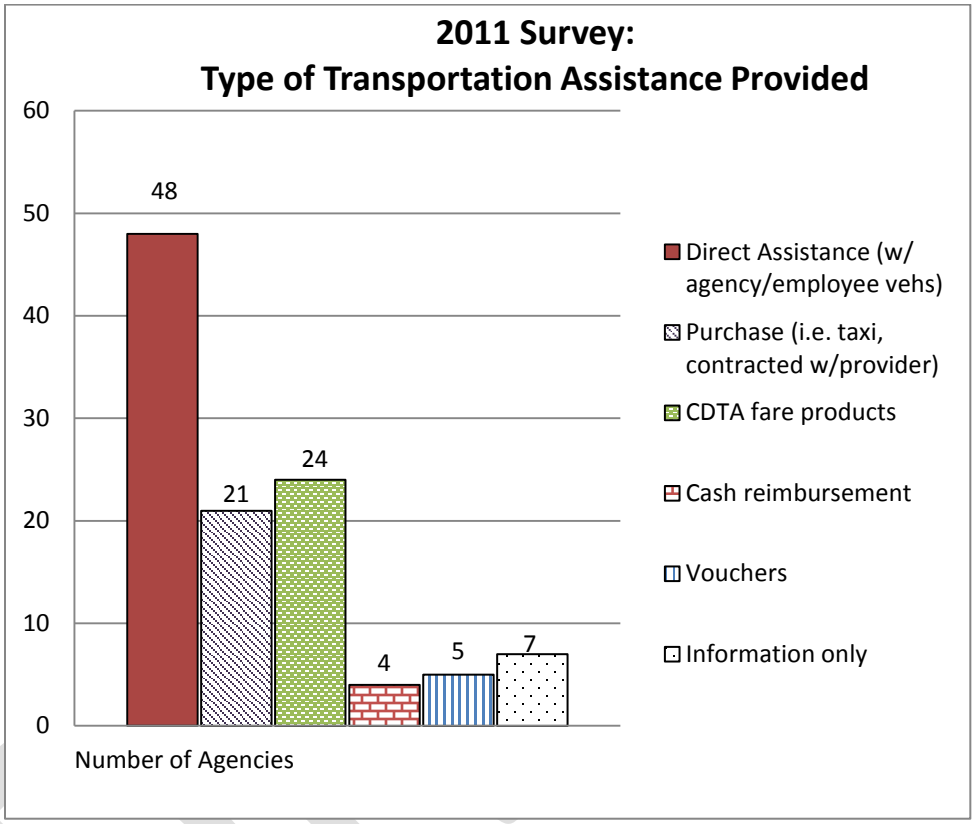

Chart 3.9 *Source: 2011 Capital District Human Service Agencies Survey*

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.

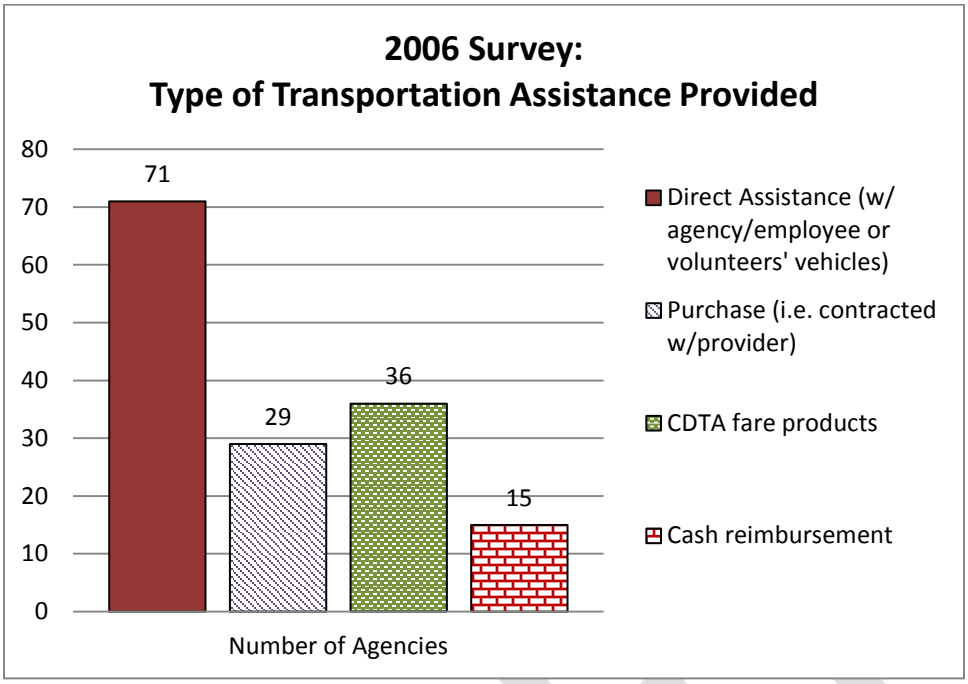

Chart 3.10 *Source: 2006 Capital District Human Service Agencies Survey*

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.

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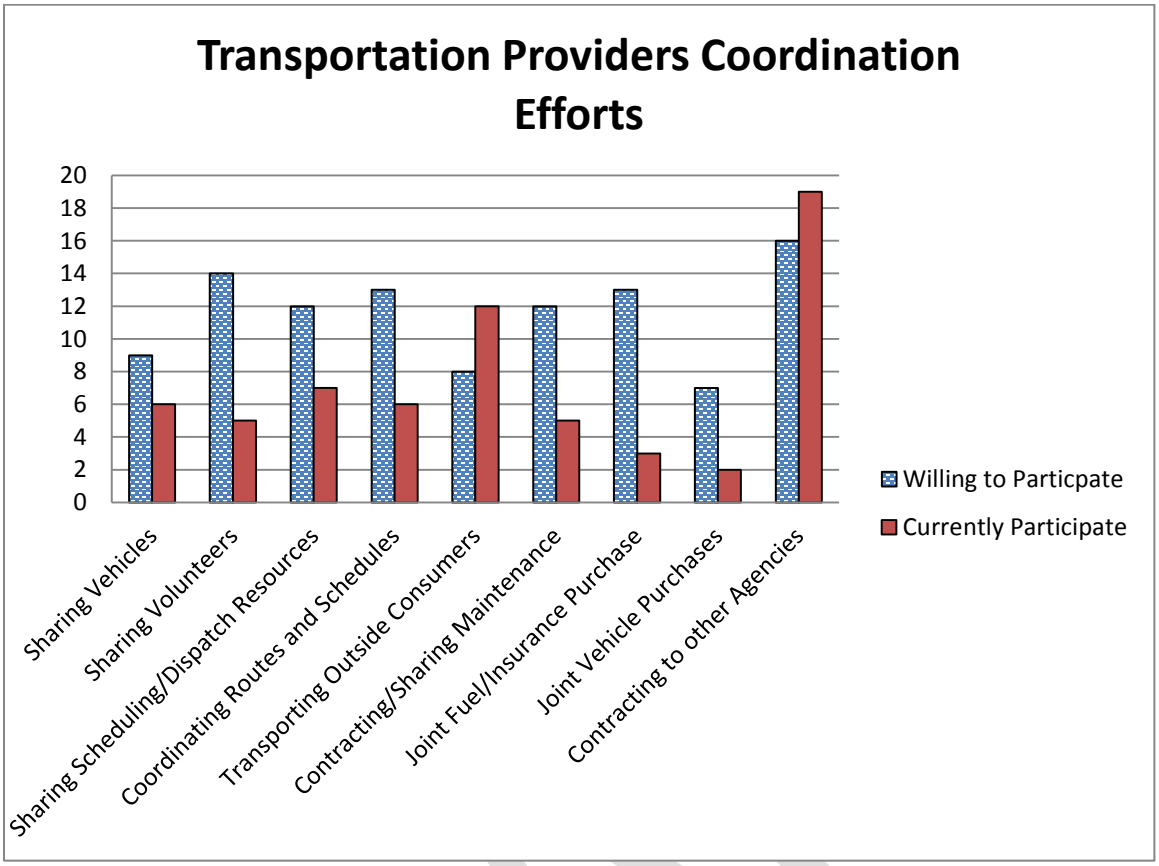

Chart 3.11 *Source: 2011 Capital District Human Service Agencies Survey*

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 3.12, 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.

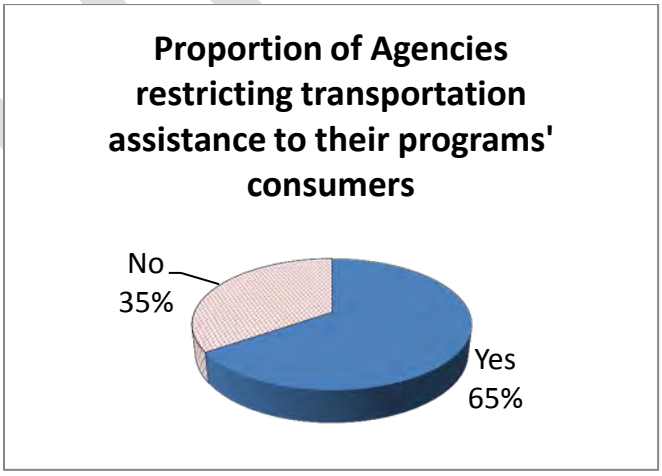

Chart 3.12 *Source: 2011 Capital District Human Service Agencies Survey*

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.

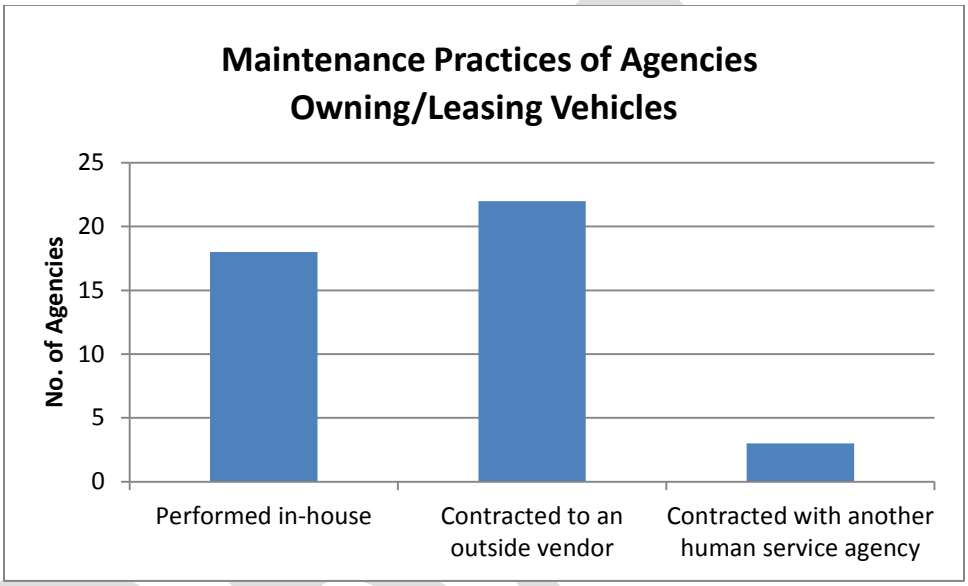

Chart 3.12 *Source: 2011 Capital District Human Service Agencies Survey*

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).

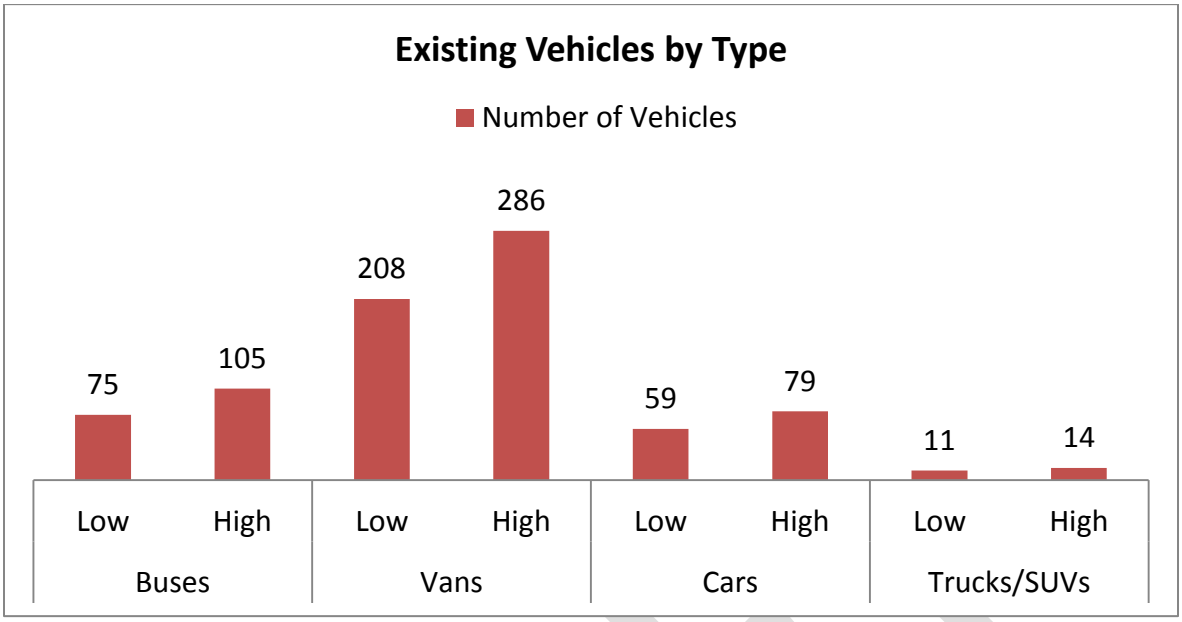

Chart 3.13 *Source: 2011 Capital District Human Service Agencies Survey*

Human Service Agencies were asked about their vehicle fleets in terms of vehicle types and amounts. Responses indicate that a variety of vehicle types make up these fleets as shown in Chart 3.13 above. Respondents were asked how many vehicles they owned using ranges (i.e. 4-6, 7-10, etc.). Totals were summed for both the low and high ends of these ranges by type. For example, on the high end, agencies own 105 buses, over 285 vans, almost 80 vans, and almost 15 trucks/SUVs.

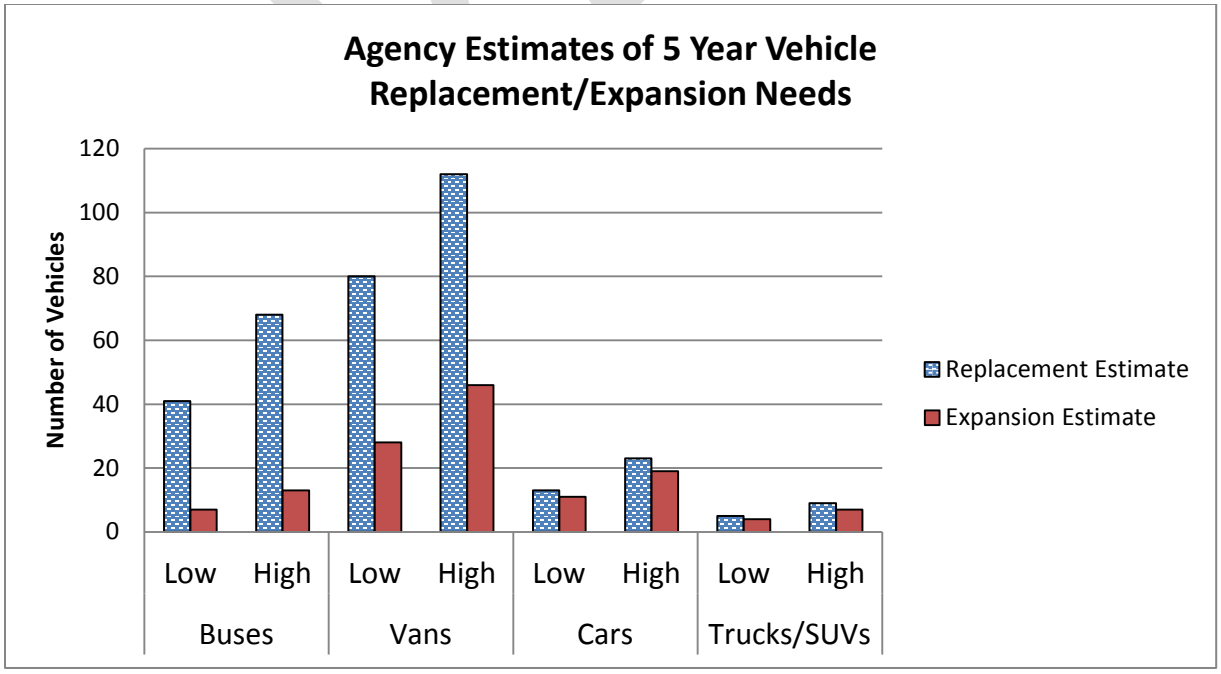

Chart 3.14 *Source: 2011 Capital District Human Service Agencies Survey*

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 3.15 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.

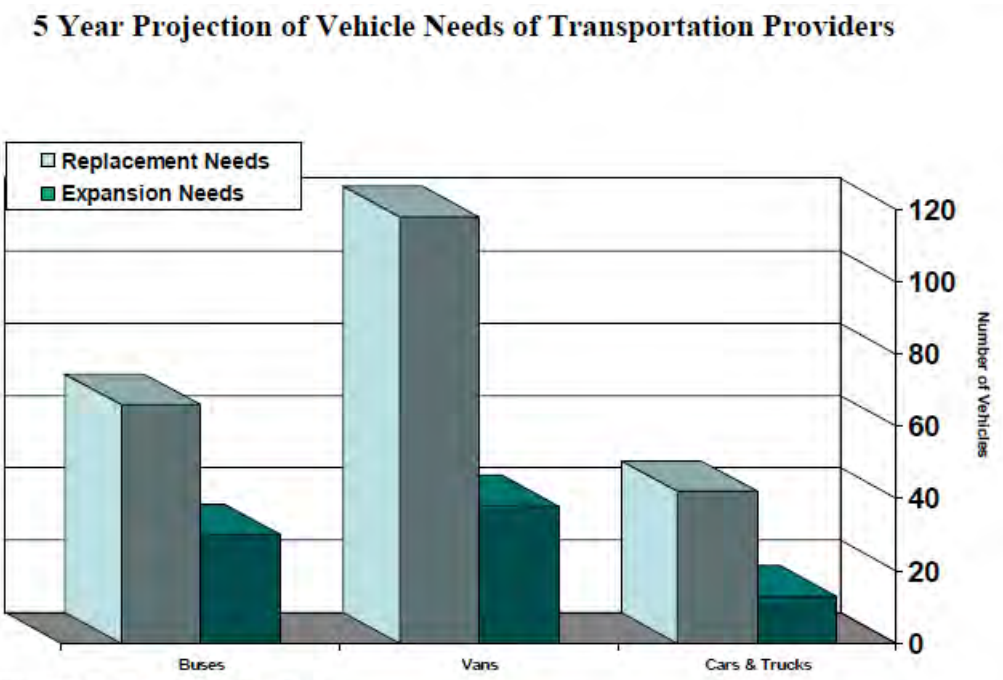

Chart 3.15 *Source: 2006 Capital District Human Service Agencies Survey*

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

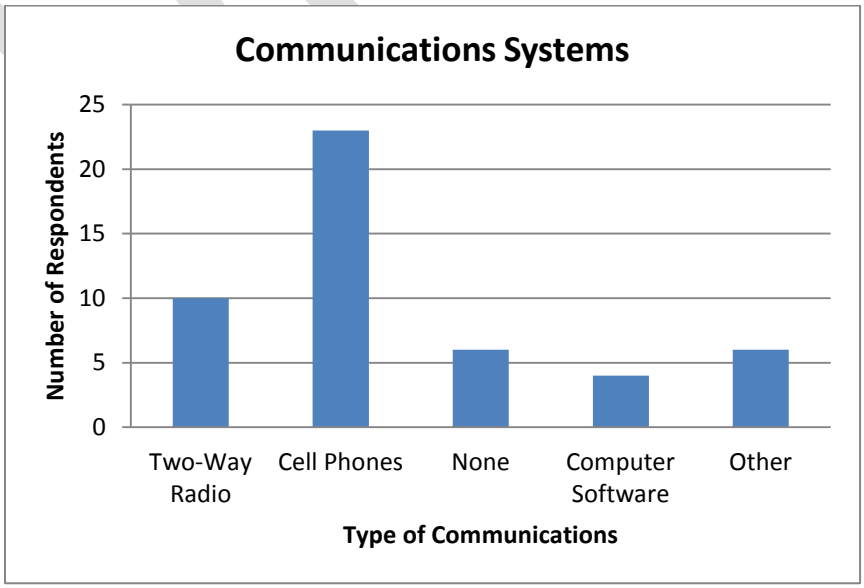

Chart 3.16 *Source: 2011 Capital District Human Service Agencies Survey*

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.

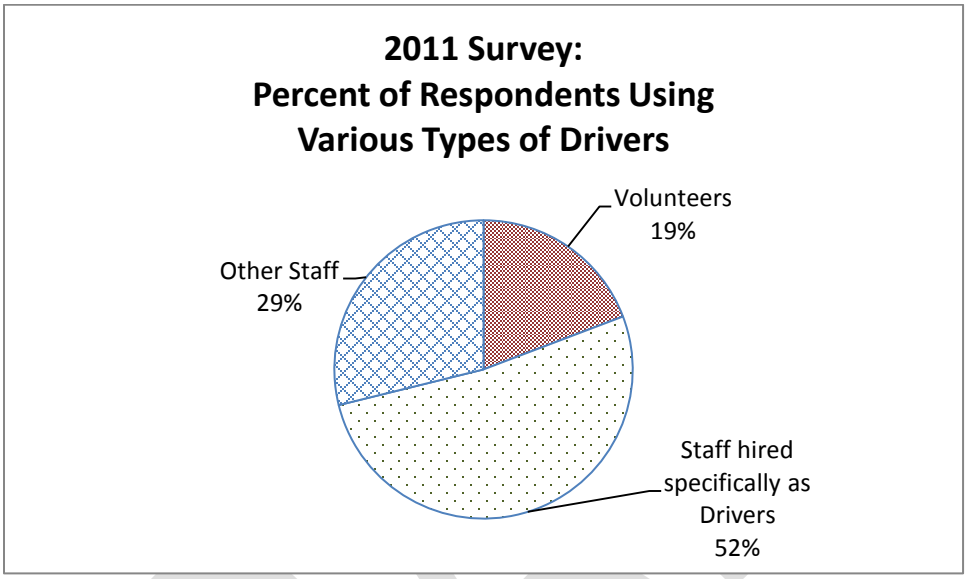

Chart 3.17 *Source: 2011 Capital District Human Service Agencies Survey*

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:

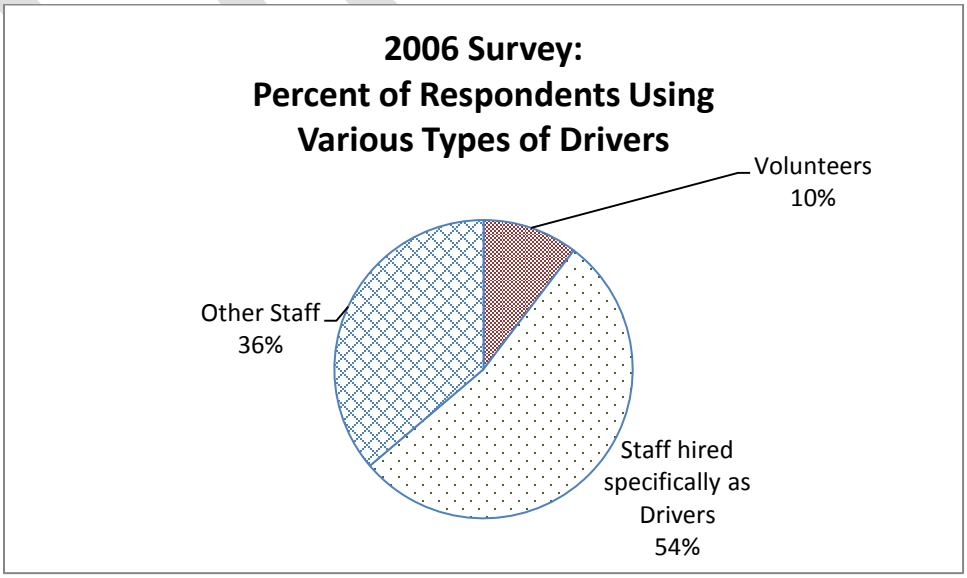

Chart 3.18 *Source: 2006 Capital District Human Service Agencies Survey*

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

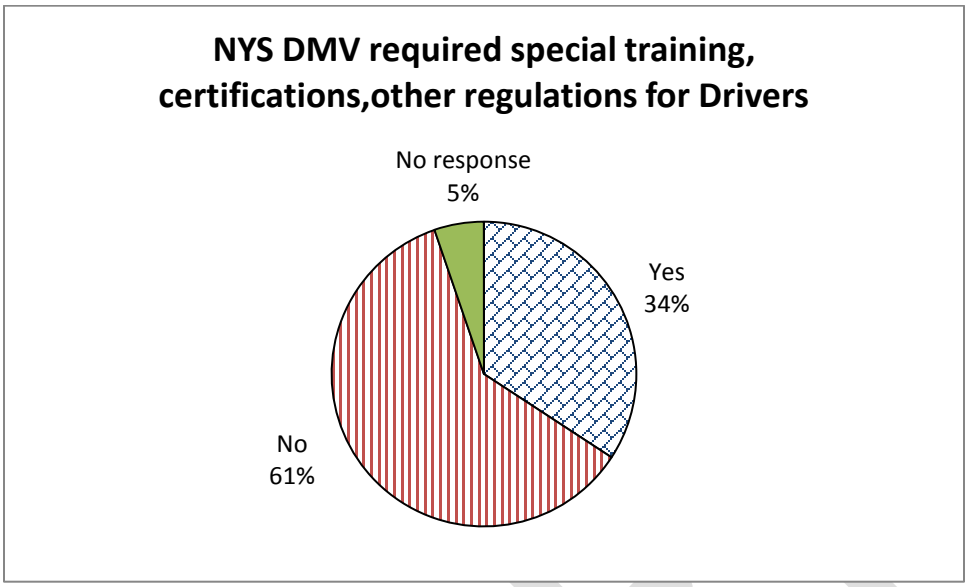

Chart 3.19 *Source: 2011 Capital District Human Service Agencies Survey*

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.

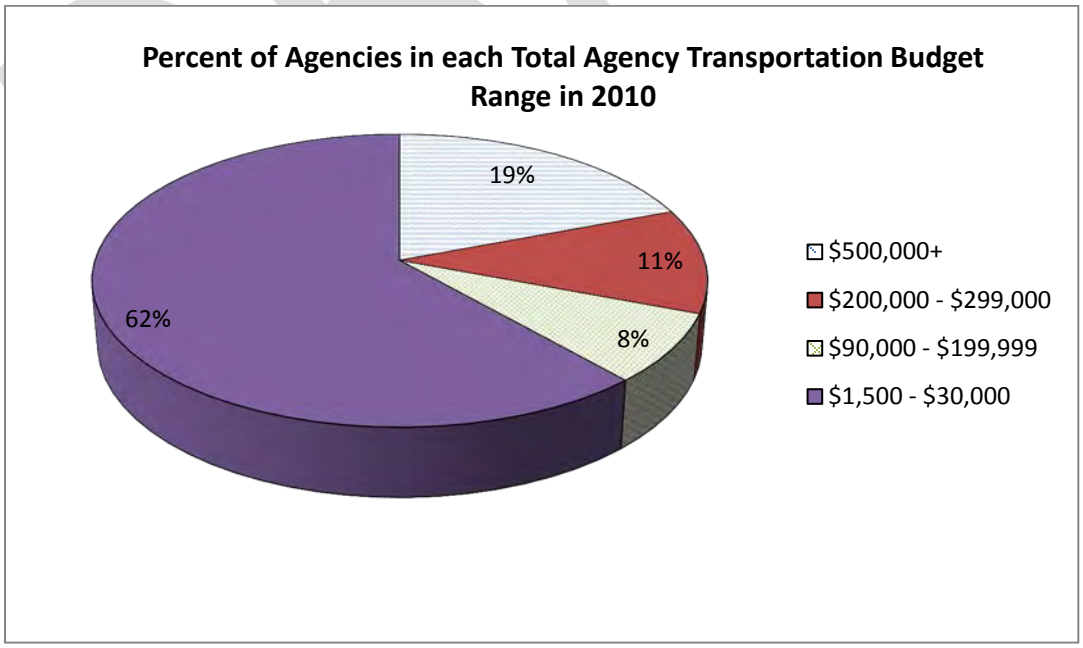

Chart 3.20 *Source: 2011 Capital District Human Service Agencies Survey*

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%.

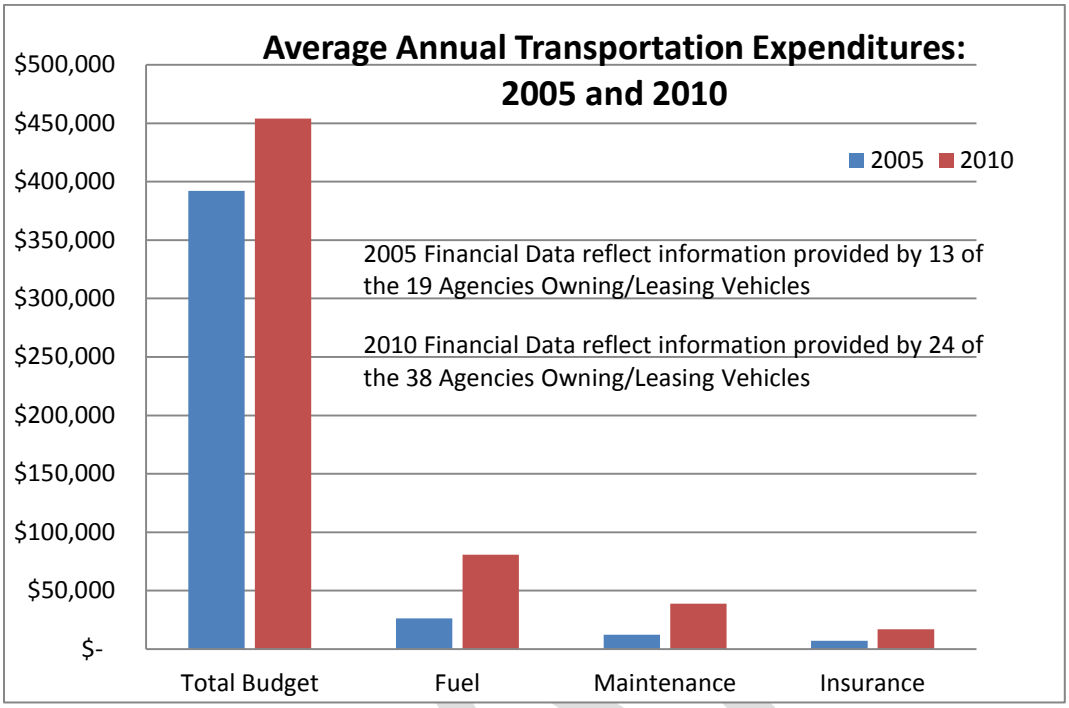

Chart 3.21 *Source: 2006 and 2011 Capital District Human Service Agencies Surveys*

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.

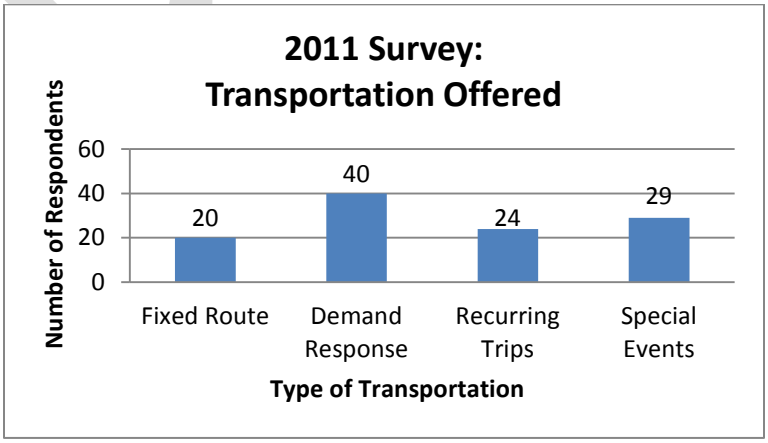

Chart 3.22 *Source: 2011 Capital District Human Service Agencies Survey*

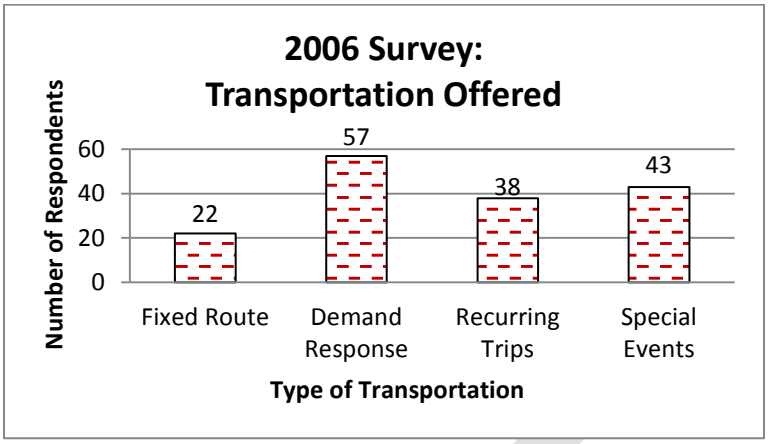

Chart 3.23 *Source: 2006 Capital District Human Service Agencies Survey*

The number of respondents in 2006 indicating the types of transportation offered shows that fewer respondents offer 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 3.24 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.

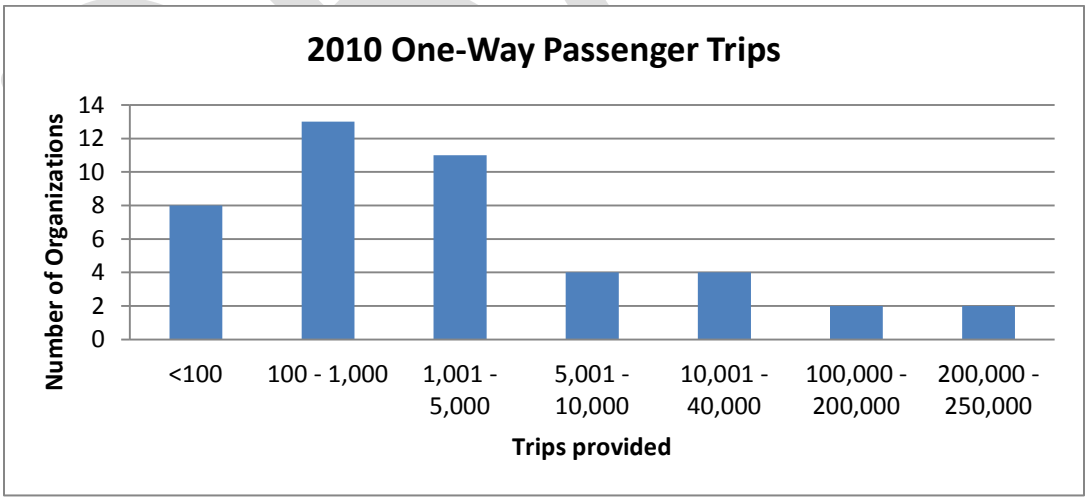

Chart 3.24 *Source: 2011 Capital District Human Service Agencies Survey*

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%.

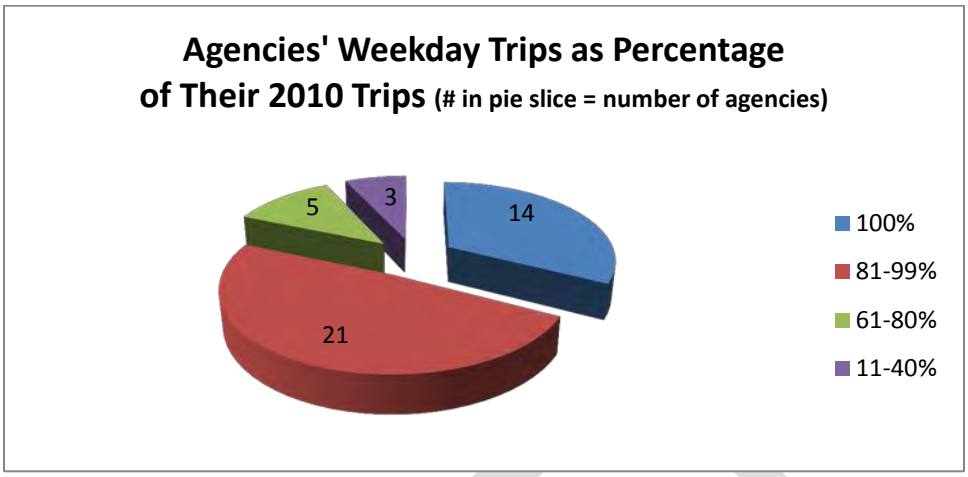

Chart 3.25 *Source: 2011 Capital District Human Service Agencies Survey*

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

"In May 2011, the New York State Department of Health (NYSDOH) awarded a contract to Medical Answering Services (MAS), a Syracuse-based non-emergency medical transportation management company, to implement the first phase of the Medicaid Redesign Team's Medicaid Transportation Management Initiative. The company was contracted to manage the non-emergency medical transportation needs of approximately 400,000 Medicaid enrollees in 13 counties: Albany, Columbia, Fulton, Greene, Orange, Montgomery, Putnam, Rockland, Sullivan, Ulster, Warren, Washington, and Westchester.

The Transportation Management Initiative-Hudson Valley represented the Department's first step in working collaboratively with local districts to create 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.
As a result of the Hudson Valley initiative's success, the Department opted to expand the number of counties involved, primarily at the request of local districts.

*Medical Answering Services has already achieved significant savings through a number of innovative actions such as developing coordinated group ride routes to major medical facilities that transport multiple enrollees together; implementing a more consistent level of need, including evaluation criteria in assigning the most appropriate level of transport, such as reducing the use of costly ambulance service for hospital discharges; and analyzing trip and medical necessity data to more appropriately assign enrollees to less costly public transportation and personal vehicle mileage reimbursement. As the chart below illustrates, despite a 26 percent increase in recipients, the average Medicaid cost per recipient for transportation serves in MAS counties was reduced by 11.5 percent." (*http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08_mrt_news.pdf. July 23, 2014.)

According to the Medical Answering Service website, Medicaid transportation in all four counties in the Capital District is now managed through MAS. See https://www.medanswering.com/page.taf?ID=54.

3.6.2 Most Integrated Setting Commission (MISC) Report 2010: Recommendations for NYSDOT and Other Agencies

"In the [U.S.] Supreme Court case Olmstead v. L.C. and E.W.1, the court held that states are required to place individuals in the least restrictive setting possible as appropriate for each individual. The court mandated that states make reasonable modifications (though not fundamental alterations) to their programs to foster such placement.

On September 17, 2002, the Most Integrated Setting Bill was passed in New York. This bill aimed to begin the process of applying the federal mandate set out in Olmstead to New York State. The new law created the Most Integrated Setting Coordinating Council (MISCC), a group responsible for developing an extensive plan that would allow all individuals to live in the least restrictive setting.3

The MISCC plan aims to increase the number of individuals who live in community-based settings, make all individuals (regardless of the type of care they are currently receiving) more aware of their housing choices, and increase services necessary to facilitate transitions to less restrictive settings. The plan also lists identifying "specific priorities that increase access to community care and that improve quality assurance and accountability" among its stated goals.4 "

The MISCC statute calls for the "development and implementation of a plan to reasonably accommodate the desire of people of all ages with disabilities to avoid institutionalization and be appropriately place in the most integrated setting possible." Excerpts from the 2010-2012 MISCC Plan (in some instances the plan extends to a slightly longer period) are listed below. The MISCC Plan identifies baseline data and creates measurable agency specific housing, employment, transportation and long term care goals that will assist New Yorkers with disabilities to live in the most integrated settings. This plan may be modified based upon the enacted budgets. "
Source: http://www.ltccc.org/documents/OlmsteadFinalDraft.pdf accessed August 26, 2014
LTCCC is the Long Term Care Community Coalition

Several of these recommendations are directly related to the needs, gaps and barriers identified in previous Coordinated Plans.

[1] 527 U.S. 581 (1999).
[4] Most Integrated Setting Coordinating Council, 2010-2012 MISCC Plan. December 30, 2010. Available at: http://www.opwdd.ny.gov/sites/default/files/documents/miscc_2010_12_MISCC_Plan_123010.pdf#toolbar=1

MISCC Transportation Plan: During the two-year period of 2010-12, the MISCC will focus on implementation of the following transportation plan for individuals with disabilities in New York State.

MISCC Transportation Mission	Promote and advocate for the accessibility, reliability and affordability of transportation alternatives for individuals with disabilities.
MISCC Transportation Vision	The availability of transportation services which give individuals with disabilities access to housing, employment, health care, education, community services and activities necessary for daily living.
MISCC Transportation Values	Greater economic independence, healthy living and improved quality of live for people with disabilities.
MISCC Transportation Goals	To create a comprehensive health and human services transportation policy for New York State.
Measurable Transportation Outcomes	1) To improve mobility alternatives for individuals with disabilities. 2) To coordinate public and human service agency transportation mobility alternatives for individuals with disabilities.

Implementation Actions **MISCC Agency Priorities:**	**Date**	**Responsible Agency**
Establish a Mobility Manager/ Health and Human Service Transportation Coordinator within each county to implement the use of mobility management strategies to improve the availability and accessibility of transportation services and maximize choice. Currently there are 26 counties with a FTA funded position performing Mobility Management services.	2010	All MISCC Agencies
Ensure that opportunities for integrative services are developed and publicize these opportunities towards ensuring their success.	2010	DOH, OPWDD, OTDA, NYSDOT, NYSOFA, SED
Develop recommendations on specific paratransit training opportunities, targeted areas of enforcement of existing state and federal paratransit regulations, and consistent improvements to policies and accessibility of the system.	2010	All MISCC Agencies
Enhance volunteer resources through NYSOFA's Community Empowerment Initiative to grow local capacity and produce additional transportation resources for older adults in local communities utilizing Retired Senior Volunteer Program and Faith Based Volunteer Organizations.	2010	NYSOFA

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Through the MISCC Transportation Workgroup NYSOFA will collaborate with other state agencies and consumer advocates to review pedestrian access policies and assist in the development of a plan to address deficiencies and enforcement issues.	2010	NYSOFA
Increase access to transportation opportunities for participants in the Home Of Your Own (HOYO) program. Finalize MOU with the Capital District Transportation Authority and expand this model to 21 counties.	2010-2012	OPWDD
Identify recommendations to target specific areas of enforcement and target significant issues of the existing Americans with Disabilities Act (ADA) requirements for pedestrian facilities.	2011	All MISCC Agencies
Identify potential replication of four models for increasing transportation options, both fixed route and individualized, for people with developmental disabilities. Disseminate the results and recommendations from the DDPC Employment & Transportation demonstration grants and share lessons learned for broader application.	2011	DDPC
Identify and address at least two policy barriers to transportation for individuals with developmental disabilities. Work with DOT to assist or collaborate on at least two demonstrations of the Mobility Manager/Navigator concept.	2011	DDPC
Develop improved networks for employment related transportation through better utilization of grant and other opportunities through federal partnerships.	2011	OMH

(http://www.opwdd.ny.gov/sites/default/files/documents/miscc_2010_12_MISCC_Plan_123010.pdf#toolbar=1. August 26, 2014.)

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4. Taking Stock of Past 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 (SAFETEALU) in 2005. SAFETEALU required that projects selected for funding under the Section 5310 Elderly Individuals with Disabilities Program, the Job Access and Reverse Commute (JARC) Program (Section 5316), and the New Freedom Program (Section 5317) be "derived from a locally developed, coordinated public transit-human services transportation plan", and that the plan be "developed through a process that includes representatives of public, private and nonprofit transportation and human services providers and participation by the public." Toward that end, the Regional Transportation Coordination Committee was formed to guide the work of the coordinated plan and to work toward better integration and coordination of public transit-human service agency transportation services.

The RTCC currently has over 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 and New Freedom 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 Capital District'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
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?
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

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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 5310 Program, MAP-21, and 2014 Solicitation

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

Similar to other program changes from MAP-21, the Section 5310 program underwent a slight change as well. The New Freedom program (Section 5317) was incorporated into Section 5310. Starting in 2014, Section 5310 solicitations will therefore request project proposals for New Freedom type activities in addition to the traditional Section 5310 purposes. At least 55% of the available funding awards will go to traditional Section 5310 capital projects. The remaining 45% of funds may support public

transportation projects that exceed the requirements of the ADA, projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit, and alternatives to public transportation that assist seniors and individuals with disabilities. Use of Section 5310 funds may be for the capital and/or operating expense of transportation services to seniors and/or individuals with disabilities.

Similar to previous 5310 project solicitations, an evaluation process will be followed that includes an inter-agency review committee for selecting fund grantees on a discretionary basis. CDTC is one member of the review committee that reviews grant applications for this area. When SAFETEA-LU was passed, the legislation required that the MPO confirm that the proposed service to be provided by the requested vehicles would not duplicate effort and would be consistent with the Coordinated Plan. This requirement has resulted in additional dialogue between human service agencies and has expanded RTCC membership. This requirement was retained in MAP-21.

See Table 4.3 below for the number of vehicles and associated federal dollar amounts between 2008 and 2011.

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Counts of Vehicles Ordered By Agency
Capital District
2008-2011

County	Agency Name	2008	2009	2010	2011	Total
Albany	Albany County Chapter NYSARC, Inc.					**0**
Schenectady	Bethesda House of Schenectady, Inc.					**0**
Schenectady	Catholic Charities Senior Services In Schenectady	1	1			**2**
Albany	Center for Disability Services, Inc.	3	3	4	4	**14**
Saratoga	Civic Center of Moreau, Inc.				1	**1**
Albany	Colonie Senior Service Centers, Inc.	2	2	1	1	**6**
Schenectady	Eddy SeniorCare	2				**2**
Albany	Rehabilitation Support Services, Inc.	1			1	**2**
Rensselaer	Rensselaer County Chapter NYSARC, Inc.			1		**1**
Saratoga	Saratoga County Chapter NYSARC, Inc.	2	3	3	3	**11**
Schenectady	Schenectady County Chapter NYSARC, Inc.	4	2	3	3	**12**
Albany	Senior Service Centers of the Albany Area, Inc.				1	**1**
Albany	Town of New Scotland Senior Outreach Program	1				**1**
Rensselaer	Unity House of Troy, Inc.					**0**
Albany	Villa Mary Immaculate					**0**
	Totals	**16**	**11**	**12**	**14**	**53**

Capital District Order Totals by County/Agency 2008-2011

County	Agency Name	2008	2009	2010	2011	Total
Albany	Albany County Chapter NYSARC, Inc.					**$0.00**
Schenectady	Bethesda House of Schenectady, Inc.					**$0.00**
Schenectady	Catholic Charities Senior Services In Schenectady	$43,029.00	$39,981.23			**$83,010.23**
Albany	Center for Disability Services, Inc.	$158,907.00	$224,061.96	$287,945.84	$177,228.00	**$848,142.80**
Saratoga	Civic Center of Moreau, Inc.				$43,381.00	**$43,381.00**
Albany	Colonie Senior Service Centers, Inc.	$80,940.00	$84,089.64	$44,913.98	$40,662.00	**$250,605.62**
Schenectady	Eddy SeniorCare	$91,758.00				**$91,758.00**
Albany	Rehabilitation Support Services, Inc.	$44,029.00			$40,662.00	**$84,691.00**

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Rensselaer	Rensselaer County Chapter NYSARC, Inc.			$43,791.86		**$43,791.86**
Saratoga	Saratoga County Chapter NYSARC, Inc.	$223,182.00	$337,382.00	$139,249.77	$321,797.00	**$1,021,610.77**
Schenectady	Schenectady County Chapter NYSARC, Inc.	$194,108.00	$97,840.10	$148,507.14	$143,877.00	**$584,332.24**
Albany	Senior Service Centers of the Albany Area, Inc.				$37,663.00	**$37,663.00**
Albany	Town of New Scotland Senior Outreach Program	$44,029.00				**$44,029.00**
Rensselaer	Unity House of Troy, Inc.					**$0.00**
Albany	Villa Mary Immaculate					**$0.00**
	Totals	**$879,982.00**	**$783,354.93**	**$664,408.59**	**$805,270.00**	**$3,133,015.52**
	Average Cost per Bus	**$54,998.88**	**$71,214.08**	**$55,367.38**	**$57,519.29**	**$59,113.50**

	Federal	Local	Total
Expected Annual MAP 21Enhanced 5310 Allocation for Four Counties Capital District & Saratoga Urban areas	$ 650,000	$ 162,500	$ 812,500

Table 4.3 Source: NYSDOT Public Transportation Bureau, 2012

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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. These are listed below.

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

Through further development of this Draft Plan including further discussions with the RTCC and stakeholder and public outreach, these should be further refined and/or expanded. 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.

Previously Identified:

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
- Weekend Coverage
- Travel/Mobility Training

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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**

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 amenities. 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. 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.

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
- 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

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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.

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).

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Future public and stakeholder outreach efforts should include a discussion of these characteristics and potential ways to address them in the Capital District.

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, "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 Draft New Visions 2040 Plan will have a section on Regional Operations and Safety which will include, as appropriate, a discussion of emergency preparedness issues relevant to CDTC's roles and responsibilities.

The Coordinated Plan should also include a discussion of this issue as appropriate after further dialogue with the RTCC and the public.

Helpful 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

7. *DRAFT* Strategies to Address Gaps and Improve Efficient Service Delivery

The DRAFT Strategies listed below were derived in part from previous Coordinated Plans and discussions with the RTCC in early 2014. In addition, some included here were identified as best practices in Coordinated Plans from other regions.

1) Prioritize projects for Section 5310 funding that will address previously identified gaps and barriers. A draft list is below, followed by more detail on the type of funding within 5310 that could fund projects

- 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
- Shared maintenance
- Coordinated emergency management
- Census of available vehicles
- Call center

a. Eligible Capital Expenses
   - 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

b. Other Eligible Capital Expenses
   - Purchase accessible taxis;
   - Joint procurement of vehicles, fuel & services (consider fuel efficient);
   - 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);
   - Travel training;
   - Volunteer driver programs; and
   - Expansion and enhancement of transportation services (curb-to-curb, curb-to-door, door-to-door, door-through-door service).

c. Eligible Operating Expenses
   - Maintenance and/or fuel consortiums;
   - Shift agency trips to the regular transit route provided by CDTA
   - Sharing of vehicles;
   - Group agency trips to reduce duplication of transportation services.

2) Reach out to NYS Department of Health 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) Verify the method to be used to prioritize the strategies within the competitive selection process for federal funding.

4) 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.

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.

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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.

7) 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

8) Explore opportunities for coordination for other federal programs that fund transportation components but are 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.)

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