

Coordinated Human Services
Transportation Plan
for
Warren, Washington, and
Northern Saratoga Counties
2014 Update

Adirondack / Glens Falls Transportation Council



Acknowledgments

A/GFTC wishes to thank the representatives from the following organizations and municipalities for lending their time, experience, and expertise towards the preparation of this document:

Adirondack Manor HFA
Cornell Cooperative Extension Warren County
Community Work and Independence
Double H Ranch
Fort Hudson Health System
Fort Hudson Nursing Center
Glens Falls Hospital Behavioral Health Services
Glens Falls Housing Authority
Greater Glens Falls Transit
Liberty House Foundation
Moreau Community Center
Pleasant Valley
Prospect Child & Family Center
Southern Adirondack Independent Living Center
The Oaks at Fort Hudson
The Pines at Glens Falls
Voices of the Heart
Warren County Dept. of Social Services
Warren County Health Services
Warren County Veterans Services
Warren/Hamilton Counties Office for the Aging
Warren Washington & Albany Counties ARC
Washington County Office for the Aging
Washington County Public Health & Hospice
Washington County Social Services
Washington County Veterans Service Agency
Washington County Youth Bureau/Alternative Sentencing Agency
Westmount Health Facility
Washington County Economic Opportunity Council

Table of Contents

1. Introduction	3
2. Federal Transit Programs that require a CHSTP	4
3. Regional Geography and Demographics	6
4. Survey Results.....	11
5. Conclusions.....	18

Appendix 1: Coordinated Human Services Transportation Plan for Warren, Washington, and Northern Saratoga Counties (2008)

Appendix 2: Summary of CHSTP Survey, 2012

1. Introduction

The Adirondack /Glens Falls Transportation Council is the designated Metropolitan Planning Organization (MPO) for Warren and Washington Counties, and the Town of Moreau in Saratoga County. The mission of the MPO is to facilitate cooperative transportation planning and decision-making between area municipalities and state and federal agencies and to establish a process for the allocation and use of federal highway and transit funds available to the region. In addition, A/GFTC is responsible for conducting a continuing, comprehensive, and cooperative transportation planning process and for developing and updating a short-term program of federally funded transportation projects known as the Transportation Improvement Program (TIP) and a regional long-range transportation plan (LRP). As part of the ongoing planning process, A/GFTC has worked closely with Greater Glens Falls Transit (GGFT), New York State Department of Transportation, area municipalities, and human service agencies and transportation providers to develop this regional Coordinated Human Services Transportation Plan (CHSTP).

The purpose of the CHSTP is to provide a framework for the coordination of transportation services for aging adults, persons with disabilities and individuals with economic disadvantages within the planning area. This Plan, which updates the 2008 Coordinated Human Services Transportation Plan, will provide a structure for the development of projects that will address the transportation needs of the targeted populations by improving coordination between the many transportation stakeholders (agencies, clients, operators and regulatory entities). See Appendix 1 for a copy of the 2008 CHSTP.

A specific goal of the Plan is to maintain and improve the effectiveness and efficiency of transportation services provided in the area by reducing service duplications, identifying and addressing service gaps, extending the range of services available throughout the area, maximizing interagency cooperation, and prioritizing future investment strategies and candidates.

Given the extensive outreach effort conducted as part of the 2008 CHSTP, this 2014 update consists of a confirmation or revision of the needs, obstacles, vision, actions, and recommendations of the original plan, as well as updated funding program information. As such, this plan update includes the following elements:

1. MAP-21 funding program information. The 2008 plan was written under the Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU). In 2012, this program expired and was replaced by Moving Ahead for Progress in the 21st Century, or MAP-21. MAP-21 contained significant changes in Federal Transit Administration funding programs, which are addressed in this update.
2. **Updated demographic info for population, age, disability, vehicle access, and poverty levels.** This plan update incorporates data from the 2010 US Census and the 2010 American Community Survey. Preliminary analysis indicates that any shifts in demographic trends are not significant enough to warrant a full re-issue of the service agency survey conducted in 2008.
3. **Human services agency outreach.** A/GFTC conducted a very thorough outreach effort in 2008, including a mailed survey and in-person brainstorming sessions with human service agencies. As it is anticipated that the charters of these agencies have not changed significantly since 2008, (although budgets and operating capacities may be different), the outreach effort focused on maintaining active communication with the agencies to determine current transit priorities. This consisted of two steps:

- a. Confirm the list of active agencies with transportation component. Contacts from agencies which participated in the 2008 plan were confirmed. New agencies, including the most recent 5310 applicants, were identified. For any agencies which did not participate in the 2008 plan, information about the services provided, clients, and service area was collected.
 - b. Confirm needs, obstacles, vision, actions, and recommendations of the original plan. Using the contacts from the list generated above, the agencies were contacted to determine if their priorities concerning coordinated transit have changed significantly since the 2008 plan.
4. **Updated needs, obstacles, vision, actions, and recommendations.** Based on the input received in the outreach effort, as well as coordination efforts undertaken since 2008, these portions of the plan were revised.

This process is intended to result in an updated CHSTP that is compliant with the requirements of MAP-21.

2. Federal Transit Programs that require a CHSTP

The CHSTP was originally drafted to fulfill the requirements of three separate programs, funded under SAFETEA-LU:

- **Section 5310 - Transportation for Elderly Persons and Persons with Disabilities:** capital expenses that support transportation to meet the special needs of older adults and persons with disabilities
- **Section 5316 - Job Access and Reverse Commute:** capital, planning and operating expenses for projects that transport low income individuals to and from jobs and activities related to employment, and for reverse commute projects
- **Section 5317 - New Freedom:** capital and operating expenses for new public transportation services and new public transportation alternatives beyond those required by the American with Disabilities Act of 1990 (ADA), that are designed to assist individuals with disabilities.

Since that time, the legislation for these programs has expired. The most recent federal transportation law, MAP-21, has eliminated Sections 5316 and 5317 as individual programs. Projects previously eligible for funding through Section 5316 are now eligible activities within Sections 5307 (Urbanized Area Formula Program) and 5311 (Formula Grants for Other than Urbanized Areas), while projects eligible for funding from the former Section 5317 program are now eligible for the new Section 5310 program, now known as Enhanced Mobility of Seniors and Individuals with Disabilities.

The 5310 program provides formula funding to increase the mobility of seniors and persons with disabilities. Funds are apportioned based on each State's share of the targeted populations and are now apportioned to both States (for all areas under 200,000) and large urbanized areas (over 200,000). Projects selected for funding must be included in a locally developed, coordinated public transit-human services transportation plan.

At least 55 percent of program funds must be spent on the types of capital projects eligible under the former Section 5310 program - public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable. The remaining 45 percent may be used for:

- public transportation projects that exceed the requirements of the ADA
- public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit
- alternatives to public transportation that assist seniors and individuals with disabilities

Using these funds for operating expenses requires a 50 percent local match while using these funds for capital expenses (including acquisition of public transportation services) requires a 20 percent local match.

Several organizations within the A/GFTC Planning and Programming Area have previously applied for 5310 funding for new vehicle purchases, including:

- Community, Work and Independence (CWI)
- Moreau Community Center
- Hudson Headwaters Health Network
- Saratoga ARC
- Adirondack Tri-County Nursing and Rehabilitation, Inc.
- Battenkill Community Services, Inc.
- Double H Ranch
- Greenwich Interfatih Fellowship

It is important to note that the sub-allocations for Section 5310 have been revised. MAP-21 calls for 20% of the available funds to be sub-allocated to Small Urbanized Areas (SUZAs), including the Glens Falls and surrounding area, and 20% to rural areas. These changes will likely result in funding that is 38% lower than the levels historically awarded to projects in the A/GFTC region.

In addition, MAP-21 has altered the project selection mechanism for 5310. Within the Glens Falls Urbanized Area, A/GFTC will have the responsibility to rate and rank the applications. However, for projects within the MPO boundary, but outside the Urbanized Area, the ranking responsibility shifts to NYSDOT. It is anticipated that FFY2013-2014 funding for rural areas will be devoted to vehicle purchases only. In the A/GFTC region, many potential project sponsors could conceivably apply for either SUZA-eligible funds or rural area funds.

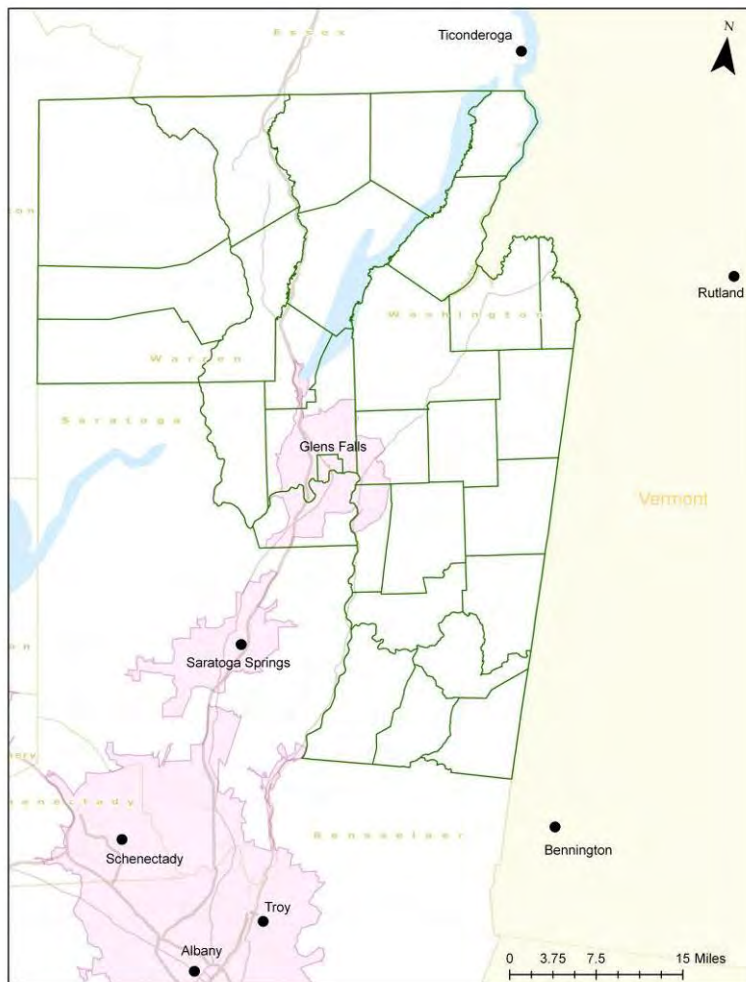
It should also be recognized that there are dozens of other federal and state programs that provide funding for transportation in this community, such as Medicaid. The majority of the agencies surveyed in this plan update receive transportation funding from non-FTA sources; collectively they far exceed the potential resources of the FTA programs. Future transportation coordination efforts should recognize the scope and significance of these other programs and incorporate them whenever possible (see www.unitedwveride.gov).

3. Regional Geography and Demographics

- Geography

The Planning and Programming Area for A/GFTC includes Warren County, Washington County, and the Town of Moreau in Saratoga County. The major population center within this area is the Glens Falls Urban Area that includes the following municipalities:

Map 1 – A/GFTC Planning and Programming Area with proximity to other service areas



- City of Glens Falls
- Town and Village of Fort Edward
- Village of Hudson Falls
- Town of Kingsbury
- Town & Village of Lake George
- Town of Moreau
- Town of Queensbury
- Village of South Glens Falls

The Urban Area is located at the southeastern extreme of Warren County and the western extreme of Washington County. This poses some inherent difficulties in access to services as the majority of the region's land area and approximately ½ of its population are rural. Many of those rural residents are located in outlying hamlets and villages, including:

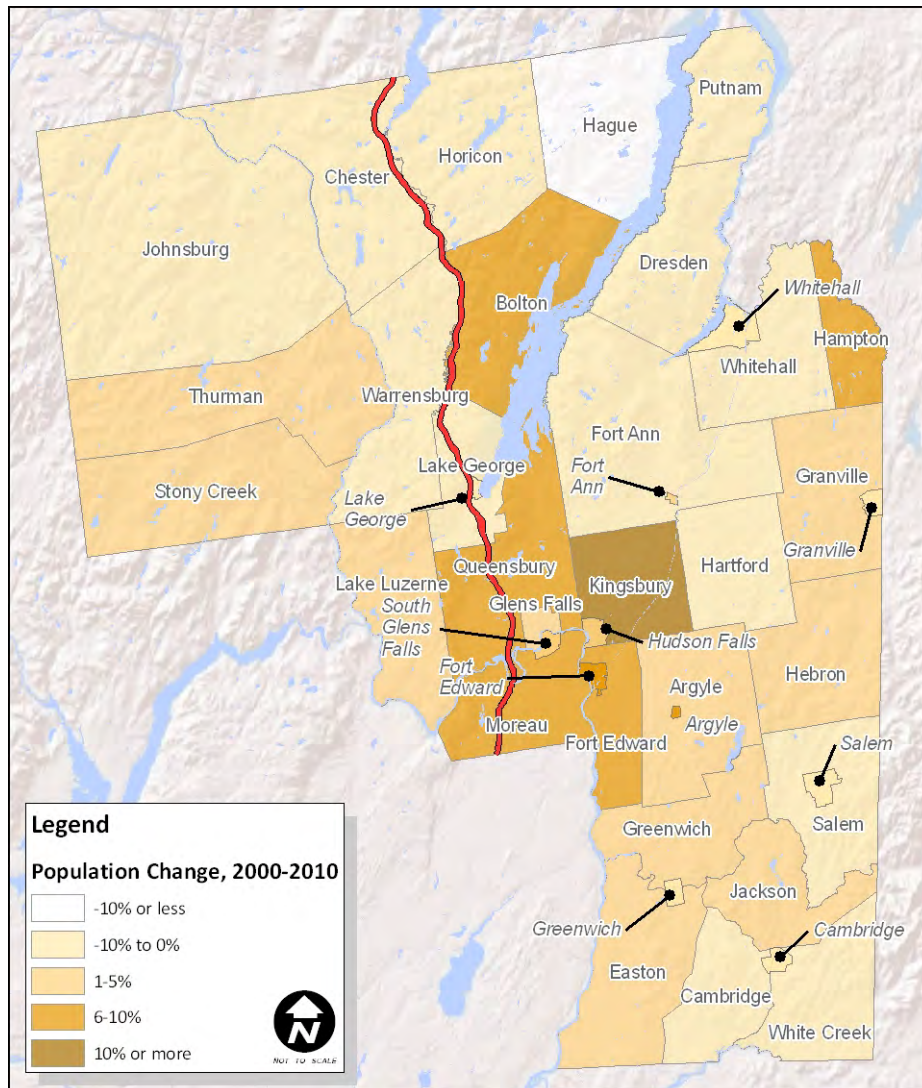
- Village of Cambridge
- Chestertown
- Village of Granville
- Village of Greenwich
- North Creek
- Village of Salem
- Warrensburg
- Whitehall

As shown in Map 1, other outlying service areas are closer to certain subareas of the A/GFTC area: Albany, Saratoga Springs, and Bennington (VT) are potentially more convenient to southern Washington County, while Ticonderoga is a frequent destination for those living in northern Warren or northern Washington Counties. Rutland, VT also attracts service clients from northeastern Washington County.

- Population Patterns

Within the A/GFTC area, population grew by 4.0% between 2000 and 2010. Interestingly, many communities experienced a reversal in population growth as compared to the 1990-2000 period. This was most evident in Kingsbury, which reported a 13% growth rate from 2000-2010, in strong contrast to the 6% decline in growth in the Town from 1990-2000. See Map 2. This trend seems to indicate a return of growth to Village centers, which mainly experienced positive growth, and away from rural and suburban areas, many of which declined in population.

Map 2 – Population Change, 2000-2010

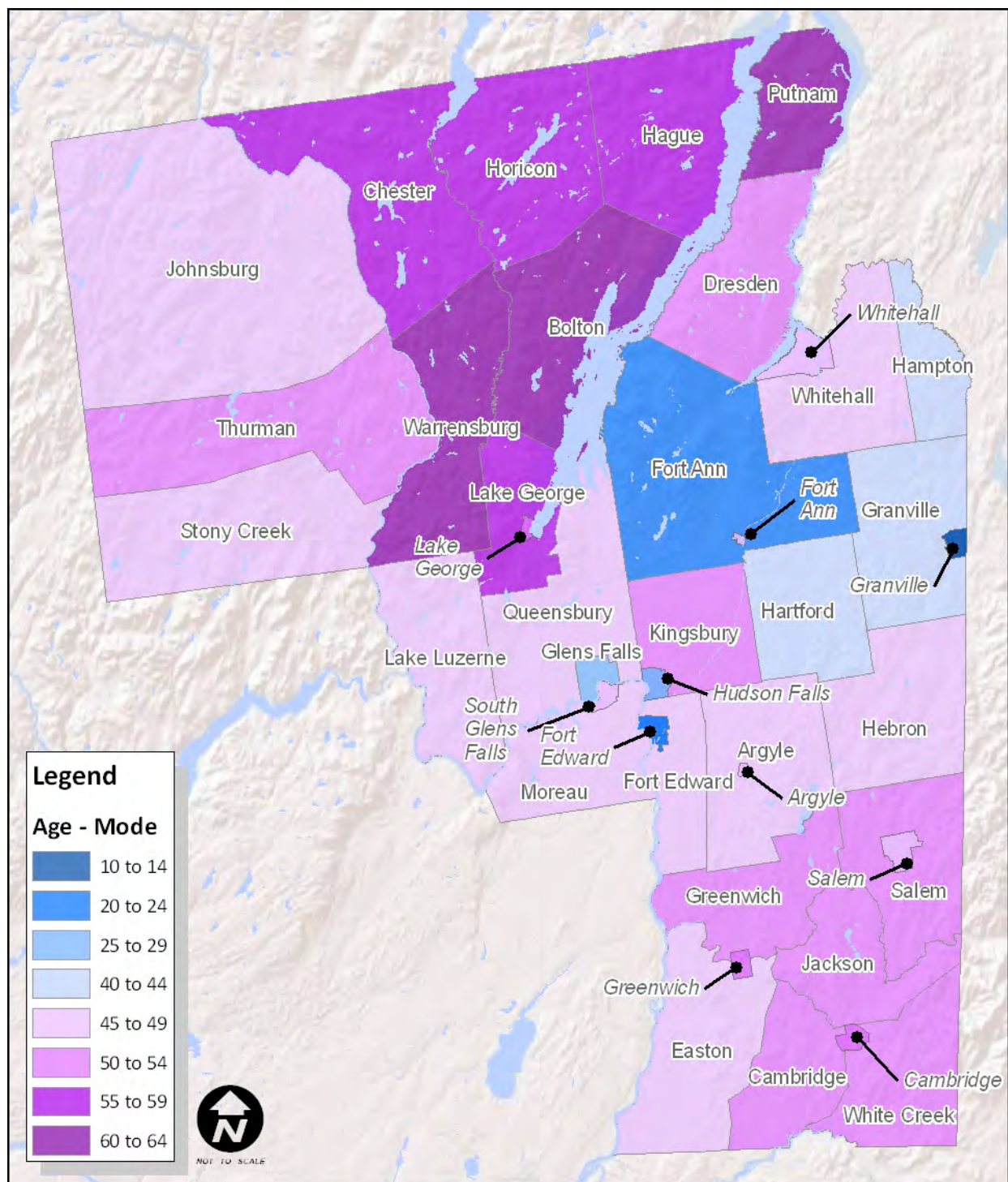


- Aging Demographics

Regional population distribution within the A/GFTC area has been far from uniform across age segments. Surprisingly, despite the trend for upstate communities in New York towards an aging populace, several of the communities in the A/GFTC area were revealed to have relatively young populations (Map 3). The under-30 age cohorts make up the highest percentage of the population in the Town of Fort Ann, the City of Glens Falls, and the Villages of Hudson Falls, Fort Edward, and Granville.. Conversely, the remainder of the A/GFTC area has much higher percentages of older residents. As such,

those agencies seeking to serve seniors in more rural areas may experience difficulties coordinating transit services, due to the lack of population density.

Map 3 – Age by Mode, 2010 US Census



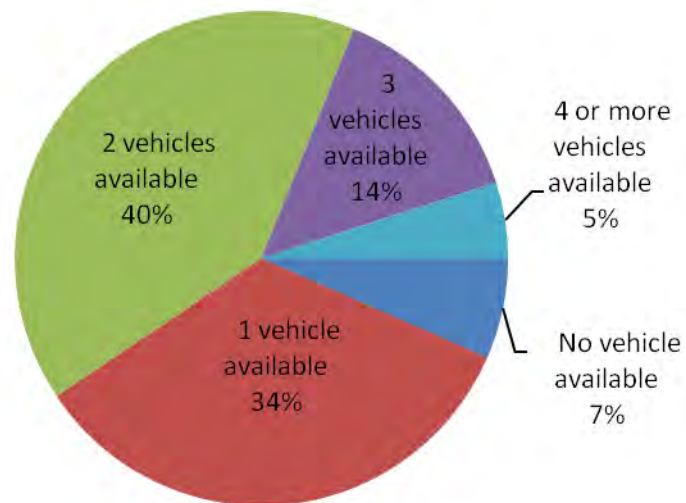
- Disability Data

Statistics regarding the population of persons with disabilities can be an indicator of need for transportation services. According to the *2010 American Community Survey*, 12.5% of the overall population is estimated to have one or more physical disabilities; this is slightly higher than the statewide average of 10.6%. Anecdotal evidence gathered from human service agencies suggests that the number of disabled persons in the A/GFTC area is higher than reported. As the relative percentage of persons with disabilities tends to increase by age segment, it can be expected that the number of disabled persons will continue to increase. It may be useful in the future to examine what portion of this population participates in programs offered by agencies such as CWI and Saratoga County ARC, although such an effort is outside the scope of this update. Due to the range of barriers to transportation caused by disability, both physical and mental, more detailed data on disabled individuals in the A/GFTC area could prove valuable.

- Automobiles per Household

Access to automobiles is another important determinant of regional mobility. According to the *2010 American Community Survey*, approximately 41% of households in the A/GFTC area have access to one or fewer vehicles. Given that the average household size is about 2.4, and that approximately 42% of households are made up of people between the ages of 18 and 65 according to the 2010 US Census, this statistic suggests that there are a number of working-age residents that lack access to vehicles. This lack of transportation access may pose a large hurdle to finding employment. Lack of transportation to work has been cited by some agencies as a large barrier to finding employees. Vehicle ownership trends are also expected to continue in the near future as the costs associated with auto ownership continue to rise. This will place a greater demand on shared transportation services.

Figure 2 – Vehicle Availability by Household, 2010 (estimated)



- Income

The 2010 American Community Survey estimates that 9.6% of the population within the Glens Falls metropolitan area is currently living below the poverty level. This is about 5% lower than the estimate for New York State for the same time period (14.9%). Although a more refined analysis is not currently available, A/GFTC's *Environmental Justice Review* (2005) identified 16 Census Block Groups in its Planning and Programming Area that had an average household income of 80% or less of the median county household incomes. While most of those areas occurred within the Greater Glens Falls area, several rural areas displayed distinct moderate income populations, including:

- Town of Johnsburg
- Town of Warrensburg
- Town and Village of Whitehall
- Town and Village of Granville
- Town of Argyle

Conclusions from Census data

The A/GFTC Planning and Programming Area is characterized by a unique geography in that the concentration of human service providers is not central to either Warren or Washington Counties, and in many cases is not much closer to residents of Moreau than the Saratoga Springs area. The Albany-Troy-Schenectady area is actually closer to residents of southern Washington County than Glens Falls, and residents of the northern areas of Warren and Washington County may choose to utilize services based in Ticonderoga or Rutland, VT. Therefore, although the Glens Falls area is a regional population and service hub, it may not be the primary destination for all clients in the Planning and Programming Area.

Age data suggests that although there is not a disproportionate percentage of elderly persons currently living in the area, those populations are certain to increase as compared to other age cohorts. Income data suggests that rates of poverty within the A/GFTC area are well below state averages, but certain outlying rural areas warrant additional consideration. The trends indicating a gradual decline of automobiles per household and a gradual increase in households with no automobiles are expected to continue as fuel and commodity costs rise in proportion to income.

All of these factors contribute to an increasing demand for human service transportation, but it is the broad geographic distribution of clients and providers coupled with multiple service destinations in and outside of the area that would appear to pose the major challenge to human service transportation coordination. As the project solicitation and selection process evolves, more refined and geographically-specific data and projections may be required within future analyses to more accurately assess priorities within the Planning and Programming Area.

4. Public Transportation

- *Greater Glens Falls Transit (GGFT)*

Greater Glens Falls Transit (GGFT) is the designated publicly operated local transit system that provides fixed route bus service and demand responsive paratransit service throughout most of the urbanized area. (See Map 4). GGFT is a department of the City of Glens Falls. Services are funded in part with funds from the Federal Transit Administration and the NYS Department of Transportation, in addition to fares and local government support. A summary of GGFT's services is included below.

- *Fixed-Route Service*

The fixed-route bus system consists of seven primary routes designed as a radial pulse system focused on downtown Glens Falls, with all routes converging at an on-street terminal located along the east side of Ridge Street opposite City Hall. The pulse system allows passengers to easily transfer between routes; GGFT offers timed transfers and will hold buses for a few minutes to make sure services meet. The full system operates primarily on weekdays between 6:00 AM and 6:30 PM. Selected routes also operate on Saturdays.

- *Seasonal Trolley Service*

In addition to the regular route system, GGFT operates on-road trolley service in Lake George during the summer months from late June through Labor Day. Routes extend north and south from the Steel Pier on Beach Road in the Village of Lake George for about 20 miles between Bolton Landing and downtown Glens Falls. The seasonal trolley routes operate seven days per week at times and service frequencies that are primarily oriented to visitors' travel schedules and itineraries.

- *Freedom and Mobility Express (FAME) Service*

GGFT offers complementary paratransit service to individuals unable to access the fixed-route services. This service is branded as Freedom and Mobility Express (FAME). FAME is available for travel within $\frac{3}{4}$ mile of GGFT's fixed-route services and all passenger pick-ups and drop-offs must be within this area. The service is available during the fixed-route operating hours and based on the route schedule. Fares for FAME trips are double the fare on the fixed-route system.

- *Other Agency Services*

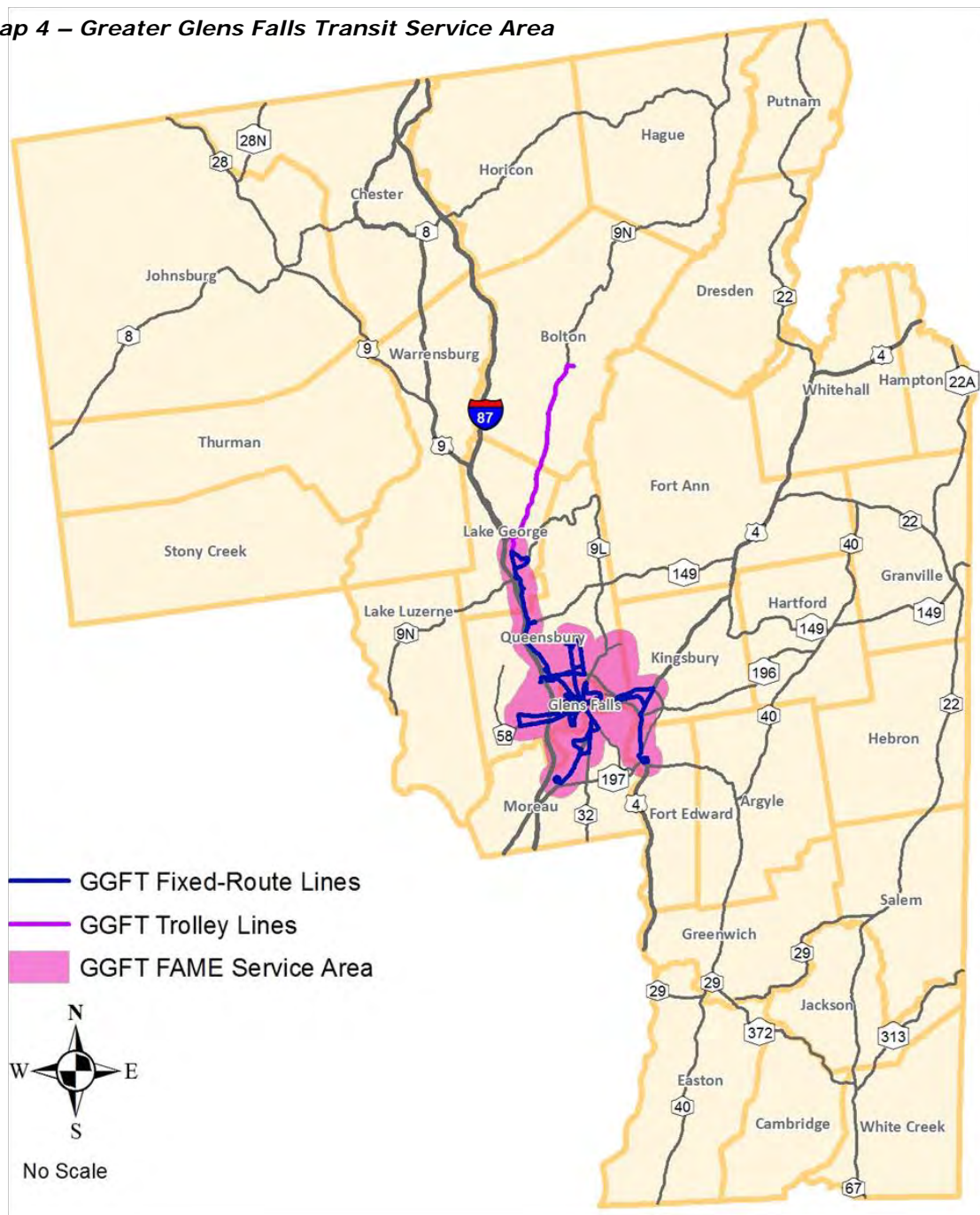
Several area public departments and social service agencies (including Offices for the Aging, Veterans Services, and public senior health care facilities) as well as private organizations (examples include Glens Falls Home, Community Work and Independence Inc, Hudson Headwaters Health Network) and others offer varying levels of transportation services to their respective clients. Although these services are not truly public in that they are only available to limited segments of the population or specific clients, they do serve particular mobility needs for specific segments of the population and often operate in areas where sustained public transit is not feasible. While many of these operators cater to unique clients or geography, overlap of services does exist. Coordination of human services transportation has the potential to increase significantly the efficiency and range of area transportation services.

- *Medical Answering Services*

The 2010 - 11 New York State Budget amended Section 365 - h of the Social Services Law to give authority to the State to assume the management of Medicaid transportation in any county and to select a contractor for this purpose. The intent was to improve the quality of transportation services, reduce the local administrative burden for transportation services and local management contracts, and achieve projected budgeted Medicaid savings. The Medicaid transportation services in Warren, Washington, and Saratoga County are now being handled by a centralized agency, Medical Answering Services, a Syracuse - based non-emergency medical transportation management company. The impact

of MAS on the established transportation systems around the state has been very significant. Generally the impact of this change has been to shift trips to private taxi and ambulette services.

Map 4 – Greater Glens Falls Transit Service Area



5. Survey Results

The 2008 CHSTP included a survey distributed by A/GFTC to human service organizations within the planning and programming area. Meetings were conducted with the County Administrations in both Warren and Washington Counties to introduce department heads to this planning process and to attempt to maximize responses. In all, 26 completed surveys were returned to A/GFTC.

In updating the CHSTP, a new survey was developed. The intent of this new survey was to identify any changes which had occurred in human service agencies since 2008. Unlike the previous effort, this survey was distributed to those agencies that stated that they provided transportation services in the 2007 survey. In addition, several agencies which had not been included in the 2008 outreach effort were contacted and invited to participate. These agencies were identified through reviewing previous 5310 applications, and through discussions with stakeholder groups.

In all, 25 surveys were distributed via email. Nineteen responses were collected. These responses are summarized below.¹ A full copy of the survey is included as Appendix 2.

- **Transportation Services**

Survey participants were asked to confirm whether the agency provides direct, indirect, or no transportation services. The responses of the agencies which provide transportation services are summarized in Table 1.

Table 1: Transportation Services Provided		
Provides both direct & indirect transportation services	5	31%
Provides direct transportation services only	8	50%
Provides indirect transportation services only	3	19%
Total	16*	100%

*Three agencies responded that no transportation services were provided by their agency.

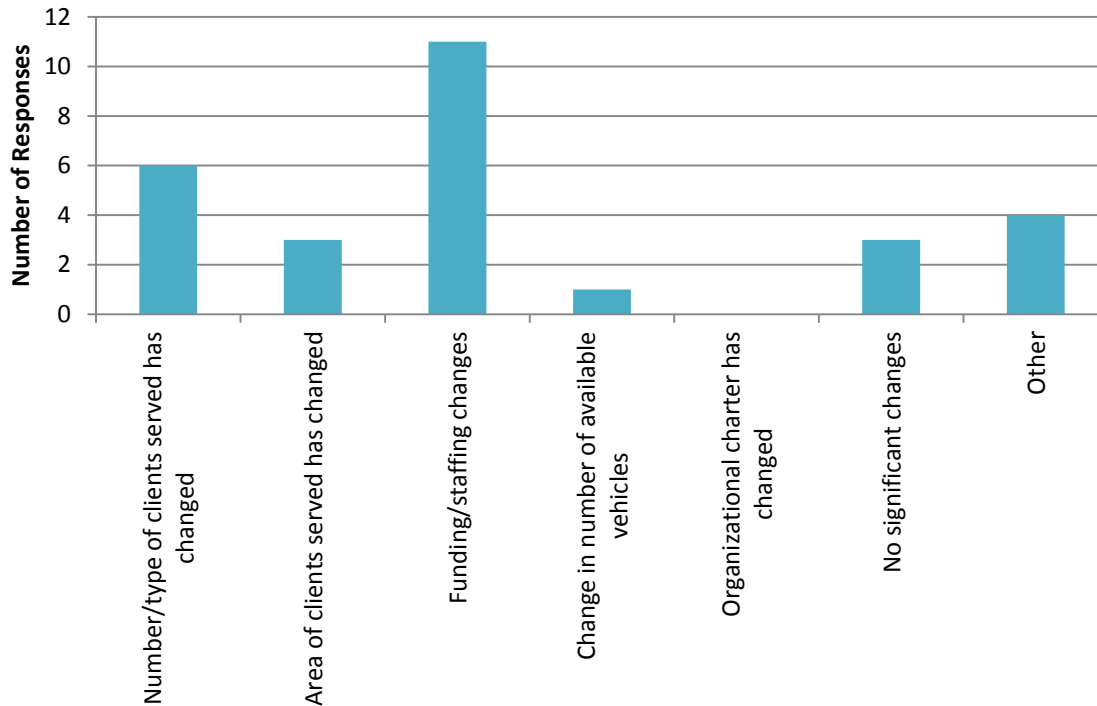
The responses indicate that the vast majority (81%) of transportation services provided contain a direct transportation element. This would suggest that there is still an opportunity to coordinate direct transportation services across agency lines.

- **Changes since 2008**

Survey participants were asked to note any changes which affect transportation issues that have occurred since 2008. These responses are summarized in Figure 3. Funding/staffing changes were noted as a critical factor, as well as changes in the number or type of client base. Forty-two percent of the survey participants also indicated that these changes affected their ability to provide transportation services. Explanations for these changes included:

- Increased demand for transportation to Albany
- Scope of services has been limited to minimize transportation services
- Decreases in, or elimination of, funding
- Increases in client number
- Cost of service increases for subcontractors

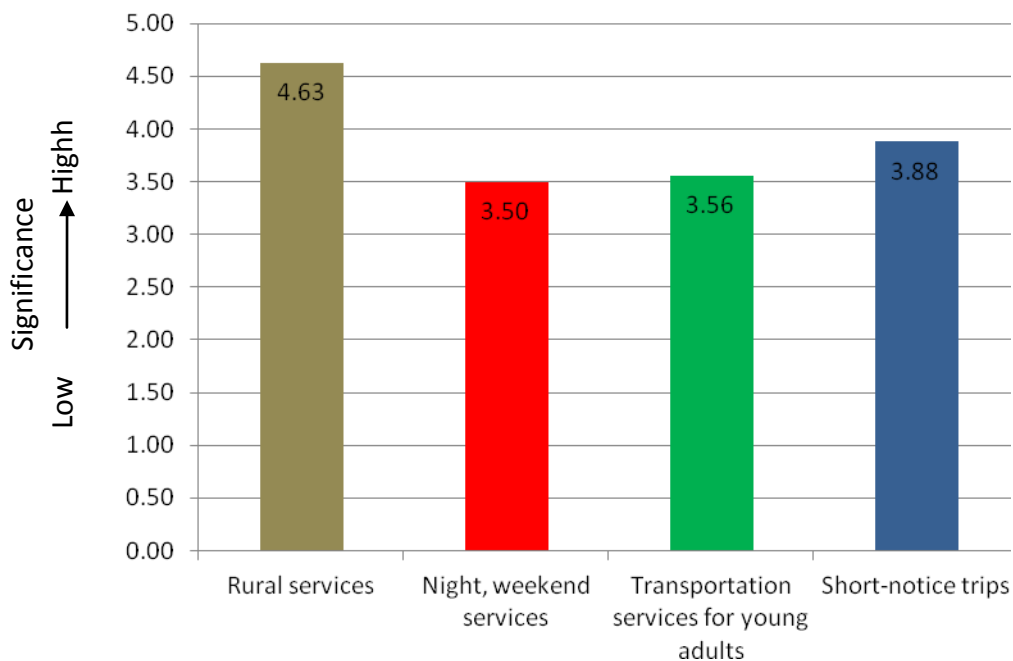
¹ Due to the limited scope of this plan update, the survey results were not weighted. As such, the responses of very small agencies received the same consideration as very large agencies. It may be useful to apply a weighting system to future outreach efforts, so that the results reflect a more accurate distribution according to the number of trips provided by the agency and/or the number of clients served.



- **Transportation Network Issues: Gaps**

Participants were presented with the issues noted in the 2008 plan as “gaps” in the transportation network, and were asked to rate these issues on a scale of 1 to 5, with 1 being not important, and 5 being very important. The gaps included rural services, night & weekend services, transportation services for young adults, and short notice trips.

Figure 4 – Importance of Gaps in the Transportation Network



The most crucial gap was rural services, as shown in Figure 4. Fourteen participants (74%) noted that this was a very important issue and none identified the issue as not important. In contrast, responses to other gaps indicated that the other gaps may be important to some, but not all, of the agencies surveyed. This suggests that, across the varied charters and organizational goals of the agencies, the provision of service to rural areas is a common denominator. More detailed analysis, conducted as part of a future coordination effort, may reveal overlaps and other specific circumstances within these gaps.

The responses to the transportation network gap were also mapped using GIS software. Many of the agencies are located within a close distance to one another, or are co-located in the case of some County agencies. The purpose of mapping these priorities was to determine if any easily identifiable geographic patterns exist among the service agencies.

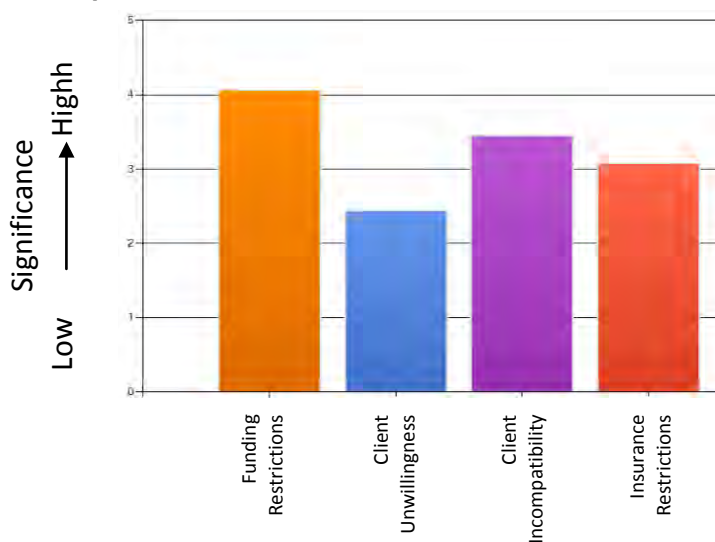
The results of this mapping are shown on Maps 5 and 6. The mapping suggests that, from a purely geographic perspective, there may be opportunities to address these gaps by coordinating services between those closely-located agencies that provide transportation services to and from the main office.

- **Transportation Network Issues: Obstacles**

Coordination among human service agencies is dependent on more than just location. As the 2008 plan noted, different agencies service separate client bases and have varied transportation needs.

Organizational and administrative obstacles, such as insurance policy restrictions, also serve as a barrier to coordination. The survey participants were asked to rank the significance of these obstacles on a scale of 1-5, with 1 being an insignificant issue, and 5 representing a very significant issue. The results are summarized in Figure 5 below.

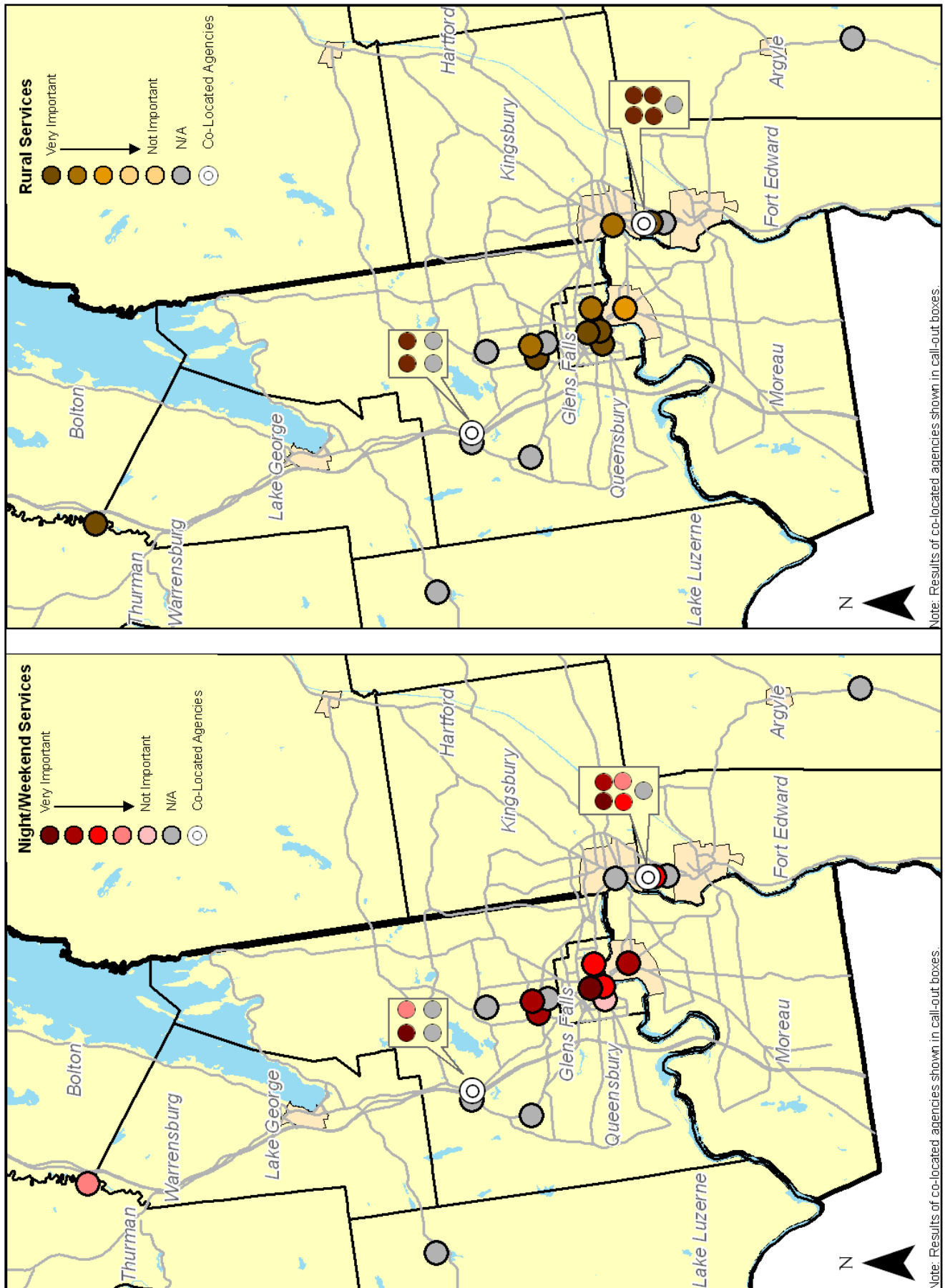
Figure 5 – Significance of Obstacles to Transportation Coordination



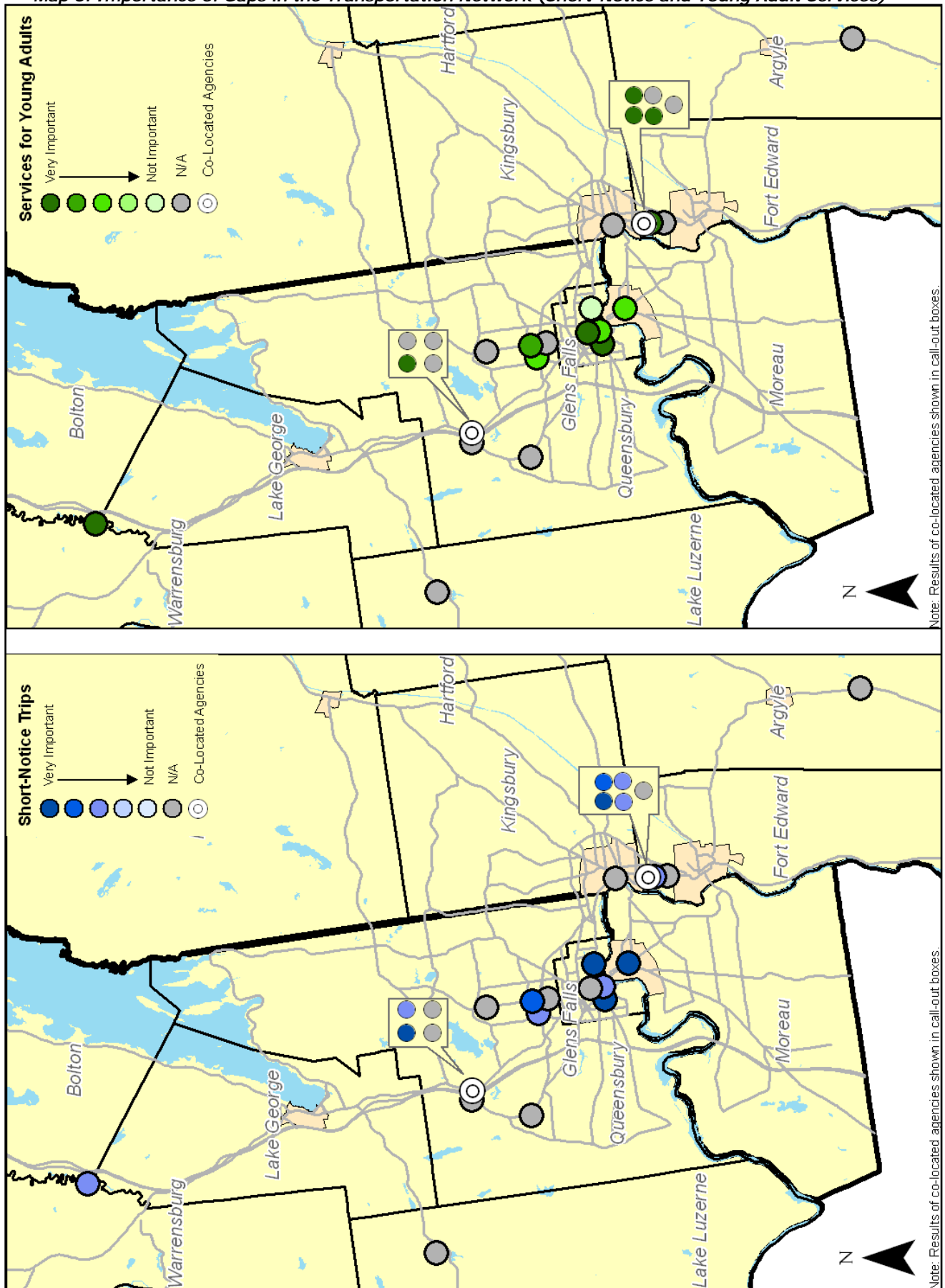
These results indicate that funding restrictions are the most significant obstacle to transportation coordination, followed by organizational policies. While much can be gained at the County level by loosening policy restrictions between departments, the issue of funding source restrictions will not be solved at the local level without assistance from State and Federal partners. Client unwillingness can often be overcome by provision for “bus buddies” or “door-through-door” service. This type of program, in which older riders and people with disabilities may benefit from additional assistance, can be a useful application of 5317 funding.

Transportation training such as this is already offered by some agencies in the A/GFTC area, such as the Southern Adirondack Independent Living Center. It may be possible for other agencies to contract for client training on an as-needed basis, rather than try to create new training programs where none currently exist. As noted in the 2008 plan, only four of the 21 responding agencies that provide transportation services reported that they did not restrict those services to their own clients. A more thorough examination of the trip capacity of those four agencies is required if further coordination is to be possible.

Map 5: Importance of Gaps in the Transportation Network (Night/Weekend and Rural Services)



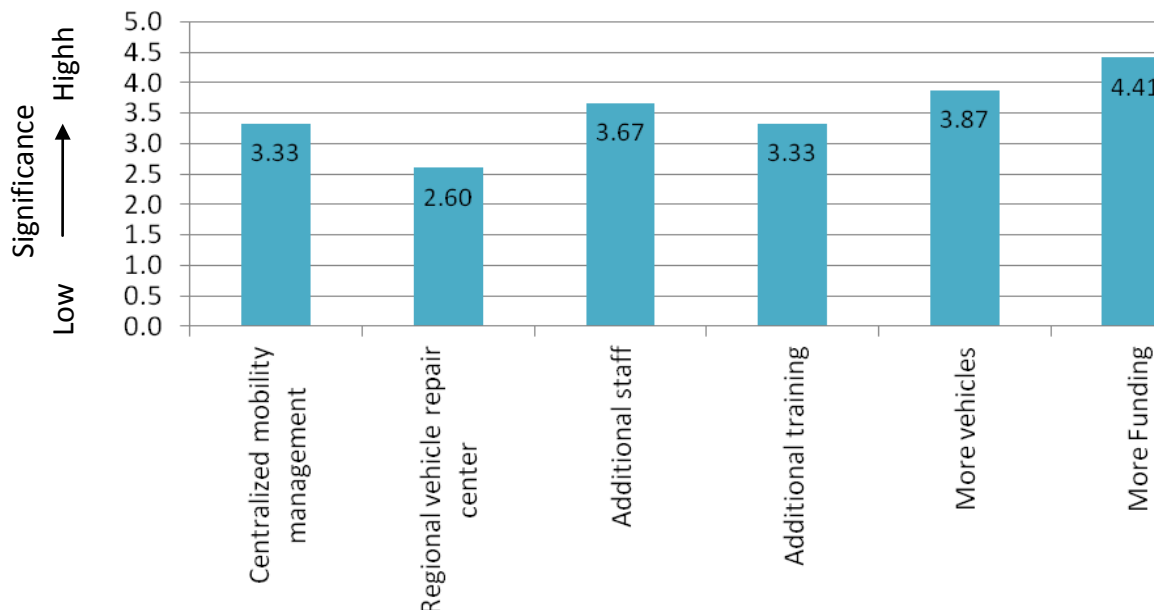
Map 6: Importance of Gaps in the Transportation Network (Short-Notice and Young Adult Services)



- **Transportation Network Issues: Needs**

Survey participants were also asked to rank the needs identified in the 2008 plan, which included centralized mobility management, regional vehicle repair center, additional staff, additional training, more vehicles, and more funding. These results are summarized in Figure 6.

Figure 6 – Needs/Opportunities for Transportation Coordination



It is perhaps unsurprising that the most significant need among human services agencies is more funding. The next most important need is for additional vehicles. The survey results reveal that additional staff and training are somewhat important to important for several of the agencies. Centralized mobility management and a regional vehicle repair center were ranked as important/very important by a few agencies, although an almost equal number of agencies note that these needs are not applicable or unimportant to their agencies. This suggests that, given current conditions, active coordination efforts (such as centralized mobility management and a regional vehicle repair center) may not be useful to all of the survey participants. Access to additional funds and vehicles, however, would fulfill an immediate need. It is important to note that, although funding increases would address some problems on an individual basis, coordination among agencies may prove to be a sustainable way for agencies to make more efficient use of the resources they have. For example, regional vehicle repair services are already provided to many agencies by CWI, which runs a fully-staffed garage. Expanding this service to other agencies may provide some benefit, as one step towards a sustainable coordination effort. Future regional coordination efforts should explore these types of incremental opportunities.

6. **Conclusions**

As noted in the 2008 plan, coordination of transportation among human service agencies is a complicated prospect. There is an extensive range of human services clients throughout the A/GFTC Planning and Programming Area, spanning all age brackets and characteristics. More organizations serve adults and seniors than children and young adults. Physical disabilities, income limitations, and mental illnesses were the most common handicapping characteristics. Medical appointments and social and recreational programs were the dominant trip purposes. These responses emphasize that providing transportation is more complex than simply supplying a vehicle and a driver, as many of these clients require additional assistance, special equipment or supervision.

In general, the Vision of the 2008 plan is still valid, based on the information received during the survey. The Actions and Recommendations of the 2008 plan were re-examined, using the information gathered in this update, and have been re-affirmed or revised, as listed below. It is also crucial to note that, despite the current uncertainty of transportation funding, some form of coordination of transportation services among human service agencies should continue to be pursued, even if these programs are reduced or eliminated.

Actions:

1. The 2008 CHSTP called for the establishment of an areawide Human Services Transportation Committee (HSTC) to review and monitor progress of this Plan and its recommendations. Although the original intent was to create a standing committee with regular meetings, this committee structure proved to be impracticable. This is due to a combination of factors, including the irregular funding cycles of 5310 and other programs, as well as the difficulty in maintaining interest and scheduling meetings among agencies across three counties. This update therefore recommends that the HSTC continue to meet on as-needed basis, to review and monitor this Plan and to coordinate on issues of shared interest.
2. As stated in the 2008 plan, the Section 5310 program application review process was updated to reflect the additional commitment necessary for coordination of transportation services. This update re-affirms the need for Section 5310 applications to demonstrate progress in coordination activities, regardless of funding availability. Although demonstrable progress in coordination among agencies continues to be a chief goal of this plan, funding formula modifications have reinforced the need to maintain existing levels of service. Given recent limitations on funding, and the requirement to utilize at least 55% of 5310 funds on capital expenses, this updated plan also stresses the importance of fleet maintenance and continuity. For many local transportation providers, replacement of fleet vehicles is necessary to prevent reductions in service.
3. As stated in the 2008 plan, A/GFTC will continue to commit staff resources as available and requested towards working with public agencies and private not-for-profit organizations to continue identifying and implementing transportation coordination activities.

Recommendations:

1. This update re-affirms the recommendation that service coordination opportunities be initiated at the municipal or County level. A/GFTC is not a regulatory entity and has limited influence on the actual provision and operation of human services transportation. County-level transportation services offer many opportunities to further transportation coordination well in advance of any foreseen inter-county collaborations. A/GFTC staff is committed to assist with these efforts.
2. As stated in the 2008 plan, a further quantification of transportation needs should be determined through a more refined geographic analysis. A/GFTC staff is committed to assist with these efforts to establish a strategy to develop a functional and comprehensive system of mobility management that improves transportation options and reduces duplication of operations. An updated list of service providers and an inventory of existing services should be completed before this task is initiated.

3. This update re-affirms the recommendation that private practice providers of services are hereby encouraged to work with the human services agencies to coordinate scheduling on a geographic basis to the extent possible to reduce the need for rural-to-urban trips. Some successes have been realized with pre-arranged on-site visits to larger care facilities but it is very likely that significant additional improvements can be made in this area. Service agencies should recognize participating practices and encourage their clients to utilize them.
4. This update re-affirms the recommendation that agency directors and local officials should begin the process of removing department-level obstacles such as organizational policies. Where restrictions are attached to the funding conditions at the State and Federal program levels, those restrictions should be inventoried and presented as barriers towards implementation of shared services to the appropriate State and Congressional representatives for their consideration.

APPENDIX 1

Coordinated Human Services
Transportation Plan
for
Warren, Washington, and
northern Saratoga Counties



Acknowledgments

A/GFTC wishes to thank the representatives from the following organizations and municipalities for lending their time, experiences and expertise towards the preparation of this document:

Adirondack Manor HFA
Eden Park Health Care Center
Community, Work, and Independence
Cornell Cooperative Extension (Warren County)
Glens Falls Hospital
Glens Falls Housing Authority
Greater Glens Falls Transit
Home Front Development Corporation
Liberty House Foundation, Inc.
New York State Department of Transportation
The Oaks at Fort Hudson
Office for Community Services for Warren and Washington Counties
Pleasant Valley Nursing Home
Prospect Child and Family Center
Voices of the Heart, Inc.
Warren County Assigned Counsel
Warren County Board of Supervisors
Warren County Health Services
Warren County Public Defender's Office
Warren County Probation Department
Warren County Department of Social Services
Warren County Veterans Services
Warren County Youth Bureau
Warren/ Hamilton County Office for the Aging
Warren-Washington County ARC
Washington County Office of the Administrator
Washington County Office for the Aging
Washington County Board of Elections
Washington County Department of Social Services
Washington County Economic Opportunity Council
Washington County Veterans Service Agency
Washington County Youth Bureau
Westmount Health Facility

1. Introduction

The Adirondack /Glens Falls Transportation Council is recognized by the Federal Highway Administration (FHWA) and Federal Transit Administration (FTA) as the designated Metropolitan Planning Organization (MPO) for Warren and Washington Counties, and the Town of Moreau in Saratoga County. The mission of the MPO is to facilitate cooperative transportation planning and decision-making between area municipalities and state and federal agencies and to establish a process for the allocation and use of federal highway and transit funds available to the region. In addition, A/GFTC is responsible conducting a continuing, comprehensive and cooperative transportation planning process and for developing and updating a short-term program of federally funded transportation projects known as the Transportation Improvement Program (TIP) and a regional long-range transportation plan (LRP). As part of the ongoing planning process, A/GFTC has worked closely with Greater Glens Falls Transit (GGFT), New York State Department of Transportation, area municipalities and human service agencies and transportation providers to develop this regional Coordinated Human Services Transportation Plan (HSTP).

Current federal transportation law adopted in 2005 and known as the Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU, hereafter referred to as SAFETEA) made a number of changes to the transportation planning process. Among those new provisions was the requirement for areas to have in place a coordinated public transit-human services transportation plan in order to access certain new and existing programs funded by the Federal Transit Administration (FTA). Those programs are:

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

SAFETEA requires that projects selected for funding under the three programs 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.”

The purpose of the HSTP is to develop a process that will help to improve transportation services for aging adults, persons with disabilities and individuals with economic disadvantages within the planning area. This Plan will provide a structure for the development of projects that will address the transportation needs of the targeted populations by improving coordination between the many transportation stakeholders (agencies, clients, operators and regulatory entities).

A specific goal of the Plan is to improve the effectiveness and efficiency of transportation services provided in the area by reducing service duplications, identifying and addressing service gaps, extending the range of services available throughout the area, maximizing interagency cooperation, and prioritizing future investment strategies and candidates.

2. Federal Transit Programs that require a HSTP

Section 5310 provides 80-20% grant funding, usually for capital projects, to private nonprofit groups and selected public entities to help address the transportation needs of their elderly and disabled clients. Ideally, 5310 funds are awarded only in cases where existing transportation services (public and private) are unavailable, insufficient, or inappropriate to meeting those needs. Examples of eligible capital expenses include but are not limited to:

- purchase or lease of new vehicles
- vehicle rehabilitation and preventative maintenance
- communications equipment
- component installation costs
- acquisition of transportation services under contract
- technology and transit-related intelligent transportation systems (ITS)
- new mobility management and coordination programs among public and/or human service transportation providers

Presently the 5310 program is administered by NYSDOT with A/GFTC provided a limited opportunity to review applications. NYSDOT makes the final decision to which applicants receive funding. Several organizations within the A/GFTC Planning and Programming Area have applied for 5310 funding, including:

- Transit Connection/Community Workshop Inc.(now known as Community, Work and Independence)
- Moreau Community Center
- Hudson Headwaters Health Network
- Saratoga ARC
- Adirondack Tri-County Nursing and Rehabilitation, Inc.
- Battenkill Community Services, Inc.

To date, all applications reviewed by A/GFTC have been for new vehicle purchases.

Section 5316 is a grant program designed to assist municipal and non-profit entities with the provision of transportation services for low-income persons to and from jobs (Job Access) and for residents of urban, rural and suburban areas to suburban employment (Reverse Commute). Funding is apportioned directly to public transit systems. Eligible expenses for 5316 funds include but are not limited to:

- expanded fixed-route transit operations, including late-night and weekend services
- promoting use of transit by workers with nontraditional work schedules
- transit vouchers
- use of employer-provided transportation
- establishing and operating demand-responsive services
- ridesharing and carpooling activities
- establishing regional mobility managers or transportation brokerage activities

Section 5316 is now a formula program as opposed to the previous discretionary program. As is the case with 5310, the Federal/local share is 80/20 for capital projects; operating projects are funded at a 50/50 share. Twenty percent of the overall national program total is proportioned between smaller urbanized areas (those with populations less than 200,000 persons) based upon relative populations of low-income persons within those areas.

Section 5317 is a new formula grant program for services and facility improvements that address the transportation needs of persons with disabilities by providing accommodations that exceed the minimum requirements of Americans with Disabilities Act (ADA). 5317 funds can be used for associated capital and operating costs to provide these services including but not limited to purchasing vehicles, support for accessible taxi, ride-sharing, and vanpooling programs, expanding the range of required paratransit service and supporting mobility management and coordination programs .

Federal funds are allocated on a discretionary basis based upon the number of persons with disabilities. As is the case with 5316 funds, 20% of the national funding totals are to be apportioned to small urban areas. The Federal share for the net project capital cost of a project may be up to 80 percent but not more than 50 percent of the net operating cost of a project.

3. Regional Geography and Demographics

- Geography

The Planning and Programming Area for A/GFTC includes Warren County, Washington County, and the Town of Moreau in Saratoga County. The major population center within this area is the Glens Falls Urban Area that includes the following municipalities:

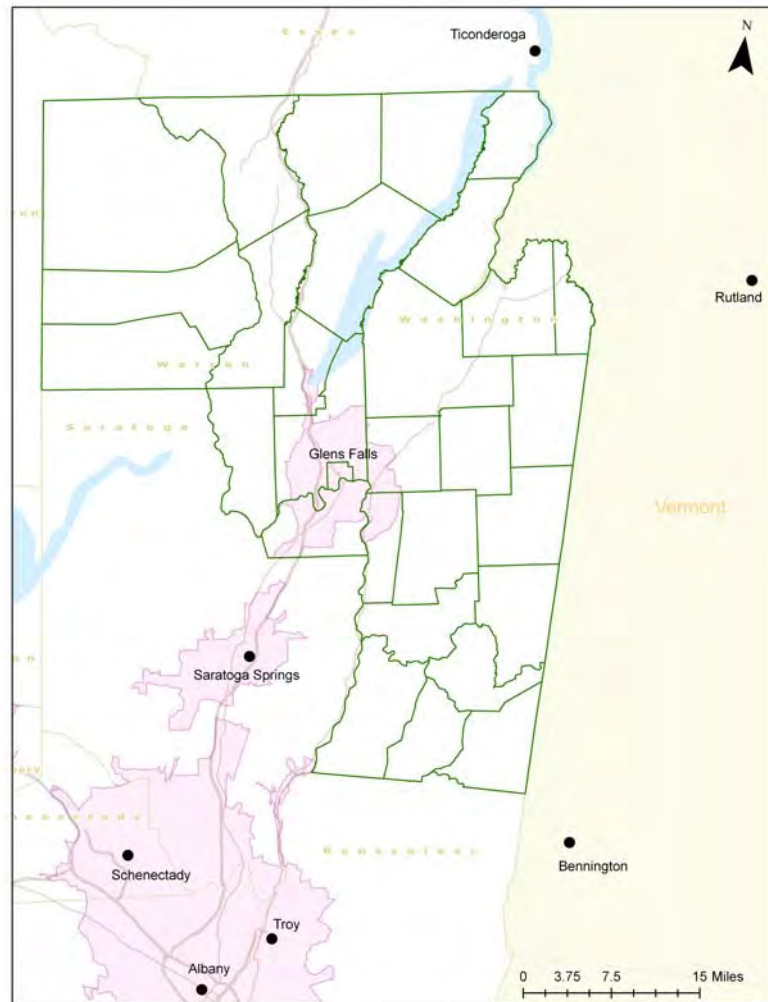
- City of Glens Falls
- Town and Village of Fort Edward
- Village of Hudson Falls
- Town of Kingsbury
- Town and Village of Lake George
- Town of Moreau
- Town of Queensbury
- Village of South Glens Falls

The Urban Area is located at the southeastern extreme of Warren County and the western extreme of Washington County. This poses some inherent difficulties in access to services as the majority of the region's land area and approximately ½ of its population are rural. Many of those rural residents are located in outlying hamlets and villages, including:

- Village of Cambridge
- Chestertown
- Village of Granville
- Village of Greenwich
- North Creek
- Village of Salem
- Warrensburg
- Whitehall

As shown in *Map 1*, other outlying service areas are closer to certain subareas of the A/GFTC area: Albany, Saratoga Springs and Bennington (VT) are potentially more convenient to southern Washington County, while Ticonderoga is a frequent destination for those living in northern Warren or northern Washington Counties. Rutland, VT also attracts service clients from northeastern Washington County.

***Map 1 – A/GFTC
Planning and
Programming Area
with proximity to
other service areas***



- Population Patterns

Within the A/GFTC area, population grew by 5.0% between 1990 and 2000, the highest growth rate among urbanized areas in upstate New York during that time. However, most of that growth occurred in suburban areas; populations of the City and urban Villages declined by rates ranging from 3.9% to 11.8% during that time. The trend of rural and suburban areas growing at higher rates as traditional urban area populations decline is common throughout the United States and highlights the decentralization that is occurring within the Glens Falls area itself. While more and more people are relocating to the area, they are typically settling at greater distances from established service areas. The land use implication of this trend is that the service sector will follow its clients, further exacerbating decentralization and making access to those services that much more difficult to coordinate.

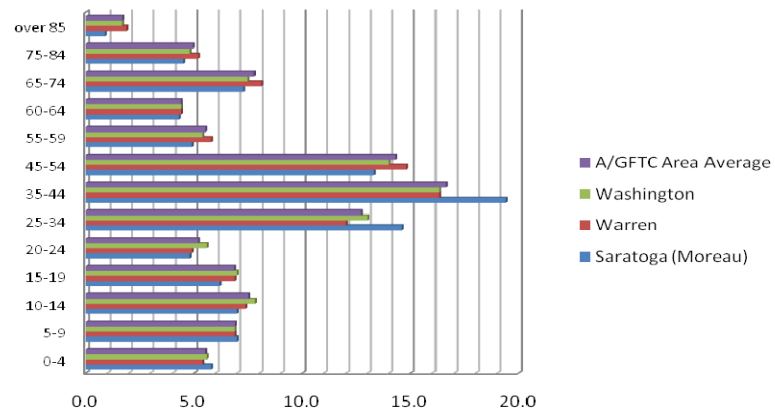
- Aging Demographics

Figure 1 shows that regional population distribution within the A/GFTC area has been far from uniform across age segments. In 2000, the age segments with the largest number of persons were 45-54 years old and 35-44 years old (14.3% and 16.6% of the total population). Future growth in the older age brackets is expected to be higher than in other segments as advances in medical technology continue to prolong life and as people currently in the middle age brackets grow older. Although it is more common for seniors to choose to continue to own and operate their own vehicles well into the later stages of life than it has been in the past, the eventual

aging of the now middle-aged populations is expected to generate a significant increase in the demand for human services and transportation assistance.

**Figure 1 –
Percentage of Total
Population by Age
Group**

Source: 2000 Census
of Population



- Disability Data

Persons with disabilities can be used as an indicator of need for services. According to the *2005 American Community Survey*, 14.6% of the overall population is living with one or more physical disabilities. As the relative percentage of persons with disabilities tends to increase by age segment, it can be expected that the number of disabled persons will continue to increase.

- Automobiles per Household

Access to automobiles is another important determinant of regional mobility. The mean number of automobiles available per household decreased slightly between 1990-2000, while the number of households with no automobile increased slightly. While not yet statistically significant, these trends are also expected to continue in the near future as the costs associated with auto ownership continue to rise. This will place a greater demand on shared transportation services.

- Income

Poverty statistics show that 11.6% of the A/GFTC area population in 2000 lived below the poverty level based upon 1999 income levels, a percentage that is well below the 2000 New York State average of 18.6%. Using a more refined analysis, A/GFTC's *Environmental Justice Review* (2005) identified 16 Census Block Groups in its Planning and Programming Area that had an average household income of 80% or less of the median county household incomes (see *Map 2*). While most of those areas occurred within the Greater Glens Falls area, several rural areas displayed distinct moderate income populations, including:

- Town of Johnsburg
- Town of Warrensburg
- Town and Village of Whitehall
- Town and Village of Granville
- Town of Argyle

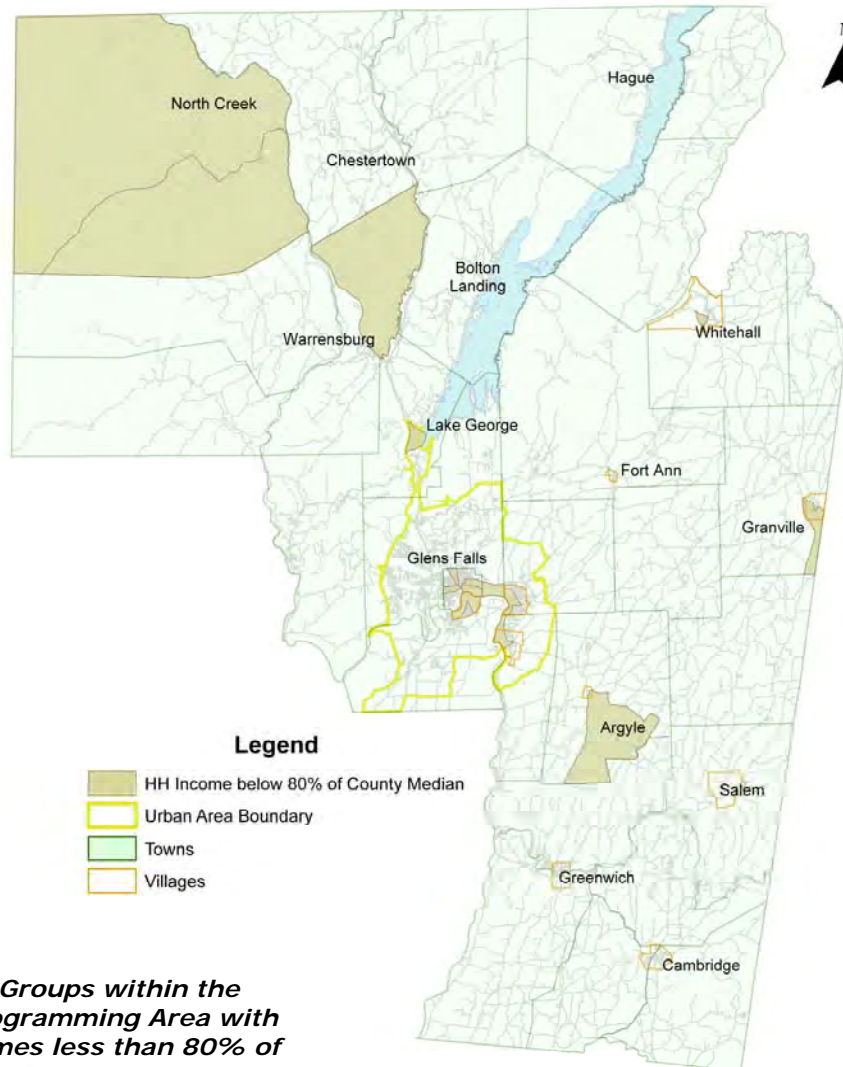
- Conclusions from Census data

The A/GFTC Planning and Programming Area is characterized by a unique geography in that the concentration of human service providers is not central to either Warren or Washington Counties, and in many cases is not much closer to residents of Moreau than the Saratoga Springs area. The Albany-Troy-Schenectady area is actually closer to residents of southern Washington

County than Glens Falls, and residents of the northern areas of Warren and Washington County may choose to utilize services based in Ticonderoga or Rutland, VT. Therefore, although the Glens Falls area is a regional population and service hub, it may not be the primary destination for all clients in the Planning and Programming Area.

Age data suggests that although there is not a disproportionate percentage of elderly persons currently living in the area, those populations are certain to increase as compared to other age cohorts. Income data suggests that rates of poverty within the A/GFTC area are well below state averages, but certain outlying rural areas warrant additional consideration. The trends indicating a gradual decline of automobiles per household and a gradual increase in households with no automobiles are expected to continue as fuel and commodity costs rise in proportion to income.

All of these factors contribute towards the demand for human service transportation, but it is the broad geographic distribution of clients and providers coupled with multiple service destinations in and outside of the area that would appear to pose the major challenge to human service transportation coordination. As the project solicitation and selection process evolves, more refined and geographically-specific data and projections may be required within future analyses to more accurately assess priorities within the Planning and Programming Area.



Map 2 – Census Block Groups within the A/GFTC Planning and Programming Area with Average Household Incomes less than 80% of the Countywide Averages

Source: 2000 Census of Population

4. Survey Results

A survey developed by the Capital District Transportation Committee was adapted and distributed by A/GFTC to human service organizations within the planning and programming area (the survey is included as Appendix A). Meetings were conducted with the County Administrations in both Warren and Washington Counties to introduce department heads to this planning process and to attempt to maximize responses. In all, 26 completed surveys were returned to A/GFTC. Those results are summarized below:

- **Client Characteristics**

Most of the agencies listed seniors (ages 60+) and adults (ages 18-59) as the age groups that they cater their services to, outnumbering children (0-12) and youth (13-17) by nearly two-fold. Seven of the responding organizations tailor their assistance exclusively to seniors and ten of the organizations serve clients in all of the four age classifications. The special needs subgroups identified most frequently by service agencies were as follows (in descending order):

- persons with physical disabilities
- low-income or public assistance clients (tie)
- persons with mental illness (tie)
- persons with medical problems
- persons with developmental disabilities

Children with disabilities were served by the fewest number of respondents, followed closely by clients with substance abuse issues.

Slightly more agencies (22) reported clients residing in Warren County than in Washington County (17) with only 9 organizations serving clients in northern Saratoga County. Two agencies reported clients in Hamilton County and one listed clients in Essex County. Outside of those defined areas, one organization provided assistance to homeless clients. Cumulatively the agencies responding to the survey serve over an estimated **143,000** client requests annually. That number is approximately equal to the total population of Warren County, Washington County, and the Town of Moreau.

The proportion of clients identified by agencies as having some sort of transportation limitation ranged from 2.0% to 100.0% with an average rate among the agencies of 58.8%. No respondents reported that 100% of their clients did not have a limitation. Five respondents categorized all of their clients as having some transportation limitation(s). The issue of financial limitations (people that cannot afford a personal vehicle or other transportation costs) was cited by the most agencies, followed closely by physical disabilities, living in remote locations, and age-related disabilities. Mental health and developmental disabilities were cited somewhat less frequently, and hearing and visual impairments were reported with the least frequency. As for the types of assistance that clients with transportation limitations required, assistance getting in and out of a vehicle, the need for a personal care attendant or escort and wheelchair lifts were listed most often.

Slightly over ½ of the responding agencies dedicated staff on either a full- or part-time basis to assist clients with trip planning or travel training assistance. Twelve of the responding agencies reported that 90-100% of their clients were responsible for arranging their own transportation, and nine of those twelve do not reimburse their clients for their transportation expenses.

- Agency Transportation Characteristics

When asked to provide their concerns about the provision of transportation service to those clients in need, three common themes emerged:

- challenges posed by the rural geography of the area
- issues relating to time (span and duration of services, travel times, and not having sufficient planning time to react to client requests)
- cost

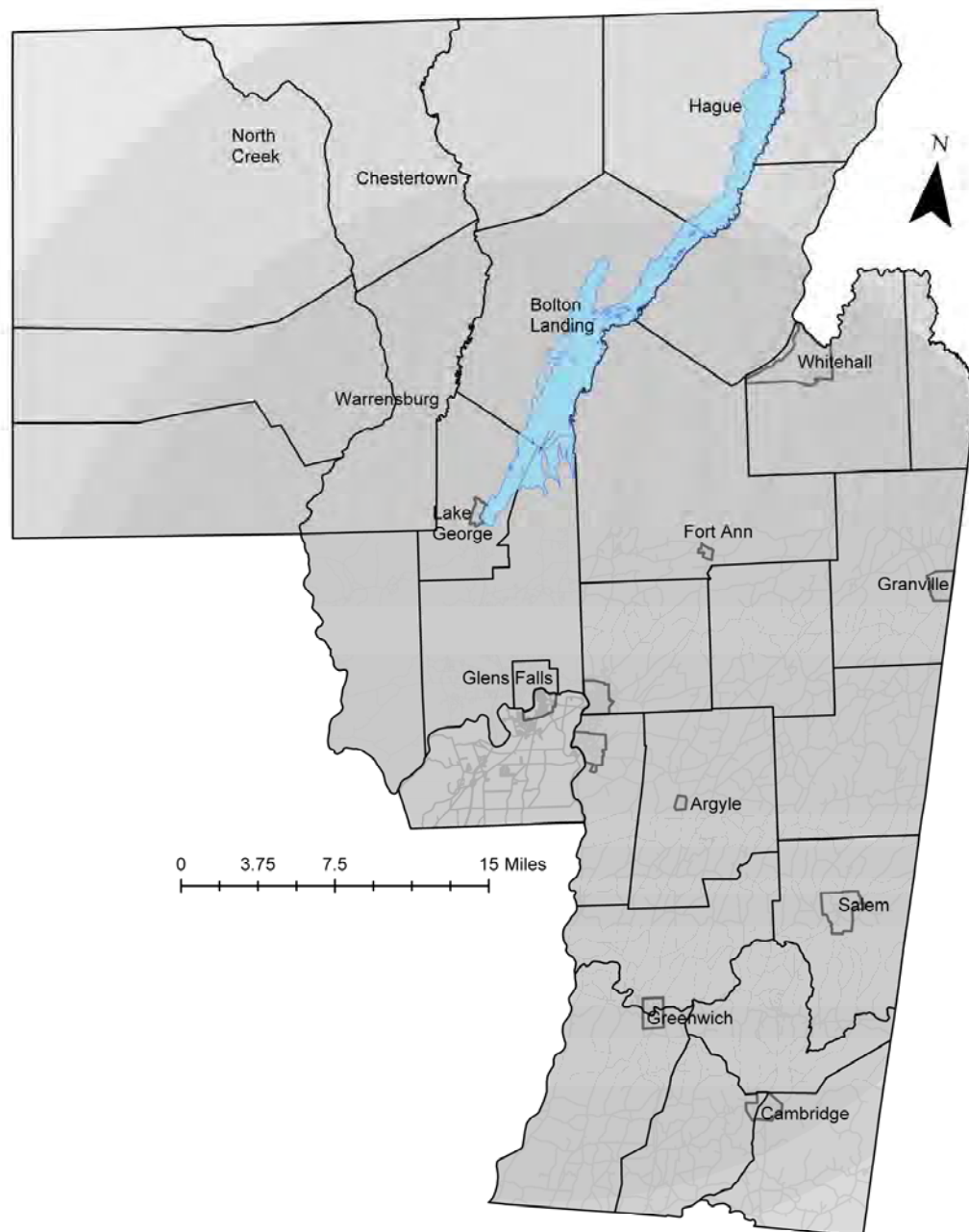
All three of those concerns were cited with equal frequency. Other issues noted included access to existing services, availability of escorts, equipment limitations, administrative issues related to Medicaid, insufficient number of vehicles and/or seating capacity, reliability, and prioritizing clients based upon need.

Sixteen out of the twenty-five organizations that responded provide direct transportation assistance to their clients, usually in the form of agency-owned or leased vehicles. Employees or volunteers using their own vehicles to assist with client transportation were far less common, and, more often than not, those employees were not reimbursed for expenses related to client transportation. As a practice, the provision of purchased transportation was far less common than direct transportation assistance. Of the eleven organizations that reported that purchased transportation assistance was available, six of those also provided direct transportation. The most common purchased transportation assistance was the provision of tokens or passes for use on Greater Glens Falls Transit services, followed by contractual arrangements with not-for-profit transportation providers and cash reimbursements for transportation costs. Four organizations provided no transportation assistance to their clients.

An estimated 143,575 one-way trips were provided or arranged by the 21 organizations that offered transportation assistance to their clients, with 98.9% of those trips occurring from Monday through Friday of any given week. Only four organizations did not restrict their services exclusively to their members. A slightly higher number of the restrictions (9) were due to funding source requirements rather than organizational policy (7). Demand-responsive and special event-related trips outnumbered fixed-route or recurring trips as set by either the agency or the consumer. Restrictions on range of services were typically more closely aligned with what municipality the organization was a part of (i.e. County agencies often could only transport County residents) rather than fixed distances, although three organizations did limit trips to only those under 35 miles in length.

A wide variety of trip purposes were listed, with medical appointments and social or recreational programs occurring most often. Personal errands and social service and treatment appointments were also common. Congregate meals, legal assistance and court activities were comparatively less common.

Mirroring the age groups that the various organizations are geared towards, most transportation services were provided to seniors (60+) and adults (18-59). Only six organizations provided transportation to children twelve years of age and under. Physical disabilities and medical problems were the most common handicapping characteristics of transported clients.



Map 3 – Relative Intensity of Transportation Services
Darker shading indicates a higher concentration of service providers

- **Fleet and Operator Characteristics**

Of organizations that operated their own vehicles, ½ performed their own fleet maintenance and the other ½ contracted with an outside vendor or another municipal department. Only two agencies relied on volunteers to drive those vehicles; the other organizations were again evenly split between using dedicated drivers on staff and non-driving-specific staff. The vast majority of those driving vehicles have received some form of additional training or certification despite the fact that only four of the responding organizations stated that that was a requirement.

Two-thirds of the affected organizations were required to comply with NYSDOT vehicle inspections. Seven organizations reported one or more challenges incurred while operating their respective transportation programs. Specific challenges noted most frequently included lack of adequate funding, difficulty recruiting and/or training drivers, inadequate number of vehicles, and insufficient responsiveness to client requests due to vehicle maintenance issues.

- **Vehicle Utilization Characteristics**

Denied or cancelled trip requests were very infrequent among the respondents with one notable exception. One organization that caters exclusively to seniors noted that an estimated 75% of its trip requests were denied based upon insufficient capacity.

Three organizations reported occasional surplus or unused vehicle capacity. Occasional vehicle downtime was reported by six organizations; four of those characterized that downtime as being predictable.

Only five organizations stated that they participated in some sort of vehicle or service coordination arrangement with other agencies. Those arrangements were limited to the transport of non-organizational customers, coordinating services with other agencies, or the sharing of vehicles, drivers, or dispatching services. No organizations jointly funded vehicles, maintenance services, or fuel. Of the five organizations that provided transportation to clients of other agencies, two of those arrangements were established via contract or MOU, another two relied upon inter-organizational reimbursement based upon the volume of services provided, and the fifth does not have a reimbursement arrangement in place.

- **Conclusions from survey data**

There is an extensive range of human services clients throughout the A/GFTC Planning and Programming Area, spanning all age brackets and characteristics. More organizations serve adults and seniors than children and young adults. Physical disabilities, income limitations, and mental illnesses were the most common handicapping characteristics. Medical appointments and social and recreational programs were the dominant trip purposes. These responses emphasize that providing transportation is more complex than simply supplying a vehicle and a driver, as many of these clients require additional assistance, special equipment or supervision.

Over one-half of the responding agencies dedicated full- or part-time staff services for the purpose of arranging client transportation. Many of these staff hours could likely be spent furthering other agency objectives should a coordinated and cooperative transportation service system be instituted. One-half of the organizations that operated their own vehicles were reliant upon another organization for vehicle maintenance. Ideally it should not be necessary for every organization that has clients with transportation limitations to have dedicated staff and vehicles for client transportation.

The most commonly cited challenges to transportation provision were rural geography, time, and cost. Extending the service hours of public transportation to include additional night and weekend services partially addresses those concerns within the urban area but does not solve the issue of limited service to rural clients. Based upon the existing geographic range of transportation availability, the following locations can be classified as underserved by access to and from the Glens Falls Urban Area:

- Northern Warren County (North Creek, Hague, Chestertown and Warrensburg)
- Southern and eastern Washington County (Cambridge, Salem, Greenwich)
- Northern Washington County (Whitehall, Granville, Putnam)

- Town of Moreau (not a function of distance; many responding organizations provide services that are specific to either Warren or Washington County-based clients)

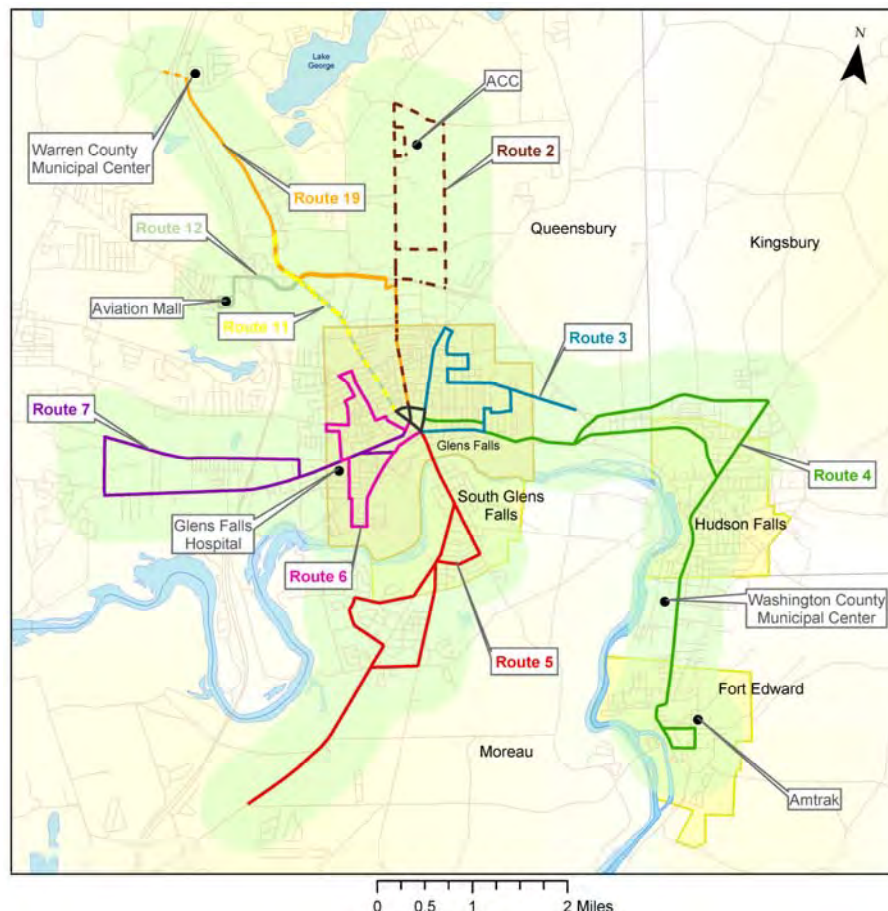
Few agencies reported having to deny trip requests with one major exception. This indicates that although services and providers are somewhat dispersed, the needed accommodations for most clients are generally being met. The volume of annual trip requests (over 143,000, with almost 99% of those estimated to be between Monday and Friday) suggests two things: (1) coordination could have substantial benefits to many clients and organizations, and (2) that the issues of service coordination are largely manageable within the standard municipal work week.

5. Public Transportation System

Within the Glens Falls urban area, Greater Glens Falls Transit (GGFT) operates year round public transportation services to eleven contiguous municipalities (map below). In 2007, GGFT carried 329,000 passengers on its fixed-route, paratransit, and seasonal trolley services. Transit service operates between the hours of 6:00am and 10:00pm Monday through Friday and from 8:00am until 10:00pm on Saturdays. The base fare is \$1.00 with a 30-cent charge for transfers. Persons sixty years old and older and those with disabilities may ride for ½ fare. GGFT also offers a variety of discounted passes and tokens for frequent riders as well as agency clients.

In December 2007, GGFT began operation of extended evening hours through the cooperation of the Departments of Social Services in both Washington and Warren Counties. GGFT has regularly adjusted its routes when warranted to accommodate service needs of commuters and elderly & disabled passengers.

Year-Round Public Transit Service within the Urban Area



6. Issue Summary: Gaps, Needs, and Obstacles

• **Service Gaps**

Based upon 2000 Census data, the results of the survey, several face-to-face meetings and discussions with operators and providers, and general knowledge of client needs that are commonly unmet by transportation providers, the following underserved areas or elements of the population have been identified within the A/GFTC Planning and Programming Area:

Rural Services

Outlying population centers are typically underserved by transportation services, despite the fact that those services are becoming increasingly necessary. General and specialized medical services, retail outlets, grocery stores and other services continue to prefer the customer and client bases afforded by urban and suburban settings. When those services locate in more densely populated areas, the associated jobs and social and economic activity follow suit. Additionally, seniors continue to enjoy longer lives through advances in medical care and a greater emphasis is placed on home-based rather than institutionalized care. The cumulative effects of these trends are that (1) a greater number of people are living at greater distances from both necessary and desired services than in the past, and (2) jobs are concentrating away from rural areas. Past efforts to operate regular fixed-route public transportation services to rural areas have proven to be financially unsustainable due to the operating costs associated with travelling extended routes with limited ridership.

Night, Weekend and Services

The majority of human services trips are generated on weekdays during standard business hours, but there remains a demand for expanded transportation availability to include nights and weekends, particularly for job access and shopping. Some potential clients may be those that have driving restrictions that preclude night driving. While Greater Glens Falls Transit does operate on Saturdays, the number of trips to and from the various regular destinations is slightly reduced from a typical weekday. Sunday services are currently not offered. GGFT has re-instituted nighttime services along two of its most heavily travelled service runs on a trial basis to assess potential ridership. The well-utilized seasonal trolley services operated by GGFT also address many of the needs of summertime retail workers, but these services are only available locally during the peak tourist season of May-October. Additional financial assistance could be used to sustain or expand evening, weekend and trolley services as well as expand the utility of those services by modifying vehicle characteristics to better accommodate groceries or other difficult-to-carry items.

Transportation Services for Young Adults

While medical care trips are the predominant form of human services transportation within the A/GFTC area, mobility for able-bodied young adults is often overlooked. Of particular concern is the growing number of teenagers that work at a considerable distance from home. For many, the personal costs of transportation can quickly negate the economic benefits of either part- or full-time employment.

Short-Notice Trips

Many service organizations noted that trips arranged on short notice (such as those necessitated by urgent medical appointments or as a result of cancellations or rescheduling) are very difficult to accommodate. Contracting transportation providers such as taxi services often schedule well in advance and the availability of service is often predicated by adjacent appointments or trips. The variety of transportation operators whose services that may or may

not be available at a given time compounds the problem. Despite the significance of this issue, working towards the goal of service coordination is not likely to address this in a meaningful way.

- **Service Needs**

For the purpose of this Plan, service needs are defined as those resources, facilities and other considerations that have been identified by participating agencies as having the ability to positively impact the availability and provision of human services transportation.

Centralized Mobility Management

There is broad support among Plan participants for the establishment of a centralized mobility management center. The full evolution of this concept would be a human service transportation center that could both coordinate and provide transportation services for a wide variety of clients and trip purposes. Such an evolution would likely never replace the need for all existing independent operators and agency-specific trip purposes but could defray human service agency transportation costs through economy of scale. Although such a concept cannot be implemented quickly, there are a number of incremental steps that can be taken in the short term to advance this goal.

Regional Vehicle Repair Center

Shared and coordinated services can take many forms. While several organizations indicated that they have maintenance agreements in place with other departments, a regional vehicle repair center of sufficiently large scale to allow its operator to accommodate the routine maintenance and repair needs of vehicles owned by other outside agencies has the potential to further save on maintenance costs, staff time, parts procurement, and other expenses related to operating vehicles. No such facility has been identified to date; construction and/or operation of a shared repair center would appear to be eligible for Section 5310 funds per Federal statute should New York State relax its own funding restrictions on the program.

Additional staff resources

Many organizations noted that more services could be provided with more personnel that are available. Aides, drivers, and trip coordinators are in demand. Many of these functions are served on a part-time or as-needed basis by employees that were not necessarily hired or ideally qualified to do so.

Additional training

The issue of additional training was raised in two forms: travel training and staff training. Travel training consists of providing clients with information that will allow use of the existing transportation services with minimal difficulty. Such training can use agency resources and in some cases the required information may be given by less-than-experienced personnel. Expanding the capabilities of existing staffs through training and/or certifications is another strategy to improve transportation utilization. Training can likely be coordinated within the region by shared or pooled funding. While expanding the capabilities of staff to provide proper assistance to those clients with disabilities is certainly beneficial, having employees that are qualified to perform more tasks is only a partial solution to the larger issue of limited staff resources.

More Vehicles

Having more vehicles dedicated to human services transportation would improve upon the range and frequency of existing services, but most participating agencies readily acknowledge that solving the many issues related to transportation coordination is more involved than simply

expanding the size of the collective motor pool. Vehicle ownership and operation entail a variety of direct and indirect costs in terms of capital and personnel resources that some departments are either unwilling or unable to assume. Yet, others have clients whose needs cannot be met by other organizations or operators. Section 5310 funds will continue to provide new vehicles to qualifying organizations, but this Plan should reinforce that those vehicles are granted towards applicants that have (1) demonstrated in the past or are willing to engage in service coordination activities, or (2) clients whose needs simply cannot be addressed by other participating organizations.

More funding

The greater availability of funds can potentially address several of the items previously listed to some degree, if perhaps not all at once. Short-term investments will be necessary to address immediate resource shortages, but the shared vision of a centralized and coordinated transportation management entity will not be realized by dedicating all available funding to address the specific needs of several organizations independently. In fact, continuing to expand the number of agencies that are granted their own vehicles and equipment outside of a coordinated program will serve to increase the magnitude of the problem that this Plan is tasked to address.

• **Obstacles**

The participating agencies had much to share with regards to conditions or policies that contribute to the shortage of coordinated transportation services. Although there is cause for optimism that the formulation and implementation of this Plan will help address some of the cited issues, still others will require fundamental changes in statewide or national policies before they can be resolved. The following are noted as realistic challenges towards full implementation of a coordinated human services transportation system, but should not be considered as “fatal flaws.”

Funding source restrictions and organizational policies

As noted in the survey results, only four of the 21 responding agencies that provide transportation services reported that they did not restrict those services to their own clients. The two primary limitations that were identified were (1) restrictions on funding and (2) organizational policy. While much can be gained at the County level by loosening policy restrictions between departments, the issue of funding source restrictions will not be solved at the local level without assistance from State and Federal partners.

Client Unwillingness

Frequently cited as an obstacle was the tendency for certain clients to not want to share their transportation services with other clients, some even going as far to obtain notes from their physicians stating that the patient is not fit to ride a bus. While in some cases (such as those involving developmentally disabled children or their parents that may feel as though their children require special care or are vulnerable to disturbance from other clients) this may be a legitimate issue, this concern would seem to be well beyond the span of influence for the client who is likely being transported as a service at little or no direct cost to the individual. Improved coverage and efficiency of transportation services that could result from enhanced coordination would ideally mitigate some of these reservations.

Client Incompatibility

A much more substantial issue than unwillingness is the fact that certain clients will not be compatible with one another, particularly those served by different organizations. Still others have handicapping characteristics or care requirements that make sharing services unrealistic.

Legal issues could arise in the cases where clients that have criminal histories or existing parole conditions could be grouped with children or the physically or mentally disadvantaged. Agencies that provide transportation will need to be afforded the necessary legal cover to obtain information regarding the nature and history of the clients that they are transporting to avoid potentially undesirable consequences.

Insurance Policy Restrictions

As an example of another obstacle that will not be removed at the local level, Plan participants also noted insurance and liability restrictions that would likely prevent the sharing of vehicles or the integration of differing client bases if left unchanged. Intuitively it would stand to reason that coordinating services by reducing the number of operators acting independently in conjunction with providing those services through a greater number of professionally trained and licensed drivers and aides would reduce potential liability.

7. Vision , Actions and Recommendations

VISION

The demand for improved and expanded human services transportation services will increase in the very near term as the largest segments of the domestic population enter their later stages of life and will be sustained as advances in medicine and care technology allow people to live longer lives. The current Federal emphasis on shifting assistance from institution-based towards more home-based care will accelerate that upward trend in demand.

Most organizations contacted throughout the development of this Plan are accommodating the majority of the transportation needs of their clients, albeit at significant costs in terms of finances, time and personnel. The intent of this Plan is not to state that the existing transportation services as a regional collective are inefficient or broken, but rather that they can be improved. Fortunately, no entities acknowledge this more readily than the human service organizations themselves. While some agencies without vehicles are justified to seek new equipment and vehicles in order to meet their needs, others would like to rid themselves of the requirements of vehicle ownership and operation altogether.

In order to maximize regional transportation efficiencies, all future coordination efforts should first seek to maximize the use of available public transit services. In cases where public transit is unable to meet service needs, a coordinated system that shares community transportation resources and needs shall be developed over time in a way that is responsive to the needs identified within this plan. Areas for potential coordination include but are not limited to: sharing of vehicle capacity, shared maintenance facilities, joint training, and centralized scheduling as appropriate.

ACTIONS AND RECOMMENDATIONS

The principal goal of this Coordinated Human Services Transportation Plan is to improve the efficiency and effectiveness of existing services. In many cases, the motivation to do so already exists in the desire to reduce associated costs and expand services to clients that are currently underserved. The commitment of municipalities and service providers to engage the issues associated with transportation coordination is essential for this Plan to succeed. Improvements can be realized at the individual municipal level well before a regional coordinated system could evolve. Noting that, the following Actions and Recommendations have been compiled to forward the implementation of steps designed to improve the coordination of existing services in the shorter-term while working collectively towards the longer-term goal of a regional, multi-municipal transportation coordination system.

Actions:

1. *A/GFTC will establish and chair an areawide Human Services Transportation Committee to review and monitor progress of this Plan and its recommendations. Regular participation and/or communication with this committee will be required of agencies that seek funding from Section 5310, 5316, and 5317 programs.*
2. *The Section 5310 program application review process will be updated to reflect the additional commitment that is necessary to advance this Plan. Beginning in SFY 2008-2009, funding priority will be given to applicants that can demonstrate a history of service coordination activities before other applicants will be considered. Beginning in SFY 2010-2011, no Section 5310 funds will be awarded to agencies that cannot demonstrate progress in coordination activities, regardless of funding availability.*
3. *Based on the consensus opinion that the public transit operator is in the most advantageous position to provide meaningful and regular job-related transportation to the non-disabled, Section 5316 funds will be directed towards sustaining or expanding existing GGFT operations, including evening and weekend fixed-route services.*
4. *Mobility management activities will be the primary focus of Section 5317 fund distribution. Shorter-term investments designed to build upon existing transportation services will be entertained as well, but some funds made available from this program will be pooled annually to build the necessary reserve to initiate true service coordination activities.*
5. *A/GFTC will commit staff resources as available and requested towards working with public agencies and private not-for-profit organizations to continue identifying and implementing transportation coordination activities.*

Recommendations:

1. *NYSDOT is hereby requested to consider expanding eligible project candidates for Section 5310 funds. Historically, 5310 funds have only been used within New York State for the purchase of new vehicles. Mobility management, communications equipment, contracted services, and preventive maintenance are example of eligible activities as defined by FTA that could potentially be more beneficial towards advancement of services coordination than simply expanding the size of the regional vehicle fleet.*
2. *Service coordination opportunities should be initiated at the municipal level. A/GFTC is not a regulatory entity and has limited influence on the actual provision and operation of human services transportation. County-level transportation services offer many opportunities to further transportation coordination well in advance of any foreseen inter-county collaborations. A/GFTC staff is committed to assist with these efforts.*
3. *A further quantification of transportation needs should be determined through a more refined geographic analysis. It is anticipated that overall value of funding requests will exceed the amount of available funds. Therefore, new programs and awards will require careful prioritization to ensure that the human service transportation funds are directed towards the most pressing needs or to those programs that will have greatest benefit to region-wide mobility. An updated list of service providers and an inventory of existing services should be completed before this task is initiated.*

4. *Private practice providers of services are hereby encouraged to work with the human services agencies to coordinate scheduling on a geographic basis to the extent possible to reduce the need for rural-to-urban trips. Some successes have been realized with pre-arranged on-site visits to larger care facilities but it is very likely that significant additional improvements can be made in this area. Service agencies should recognize participating practices and encourage their clients to utilize them.*
5. *Agency directors and local officials should begin the process of removing department-level obstacles such as organizational policies. Where restrictions are attached to the funding conditions at the State and Federal program levels, those restrictions should be inventoried and presented as barriers towards implementation of shared services to the appropriate State and Congressional representatives for their consideration.*

APPENDIX 2

1. Agency Name:

Response
Count

19

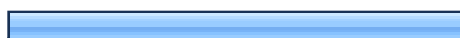
answered question

19

skipped question

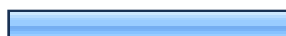
0

2. Does your agency currently provide transportation services? This includes direct transportation services, such as dedicated vehicles and/or drivers, or indirect assistance, such as helping clients to access public transportation or taxi services.

Response
Percent Response
CountYes (Direct Transportation
Provider)

68.4%

13

Yes (Indirect Transportation
Assistance)

42.1%

8

No Transportation Services
Provided

15.8%

3







answered question

19



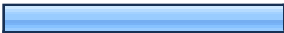
skipped question

0

3. In terms of transportation issues, what is the biggest change which has occurred in your agency in since 2008? (Check as many as appropriate)

		Response Percent	Response Count
Number/type of clients served has changed		31.6%	6
Area of clients served has changed		15.8%	3
Funding/staffing changes		57.9%	11
Change in number of available vehicles		5.3%	1
Organizational charter has changed		0.0%	0
No significant changes		15.8%	3
Other (please specify)		21.1%	4
answered question			19
skipped question			0

4. Has this change affected the ability of the agency to provide transportation services? If so, how?

		Response Percent	Response Count
No		36.8%	7
N/A		21.1%	4
Yes (please specify)		42.1%	8
answered question			19
skipped question			0

5. The CHSTP lists a number of issues related to gaps in the human service transportation network. Please rate the importance of each of these gaps to your agency, if applicable, on a scale of 1-5 with one being a low priority and five being a high priority. Please describe any gaps not listed in the “other” box.

	Not Important				Very Important	N/A	Rating Average	Response Count
Rural services	0.0% (0)	0.0% (0)	10.5% (2)	15.8% (3)	73.7% (14)	0.0% (0)	4.63	19
Night, weekend services	5.6% (1)	16.7% (3)	22.2% (4)	33.3% (6)	22.2% (4)	0.0% (0)	3.50	18
Transportation services for young adults	16.7% (3)	0.0% (0)	27.8% (5)	5.6% (1)	38.9% (7)	11.1% (2)	3.56	18
Short-notice trips	5.9% (1)	0.0% (0)	35.3% (6)	17.6% (3)	41.2% (7)	0.0% (0)	3.88	17
Other (please specify)								3
answered question								19
skipped question								0

6. The CHSTP lists a number of opportunities to coordinate human service transportation system. Please rate the importance of each of these to your agency, if applicable, on a scale of 1-5 with one being low importance and five being very important. Please describe any opportunities or needs not listed in the “other” box.

	Not Important				Very Important	N/A	Rating Average	Response Count
Centralized mobility management	11.1% (2)	11.1% (2)	16.7% (3)	27.8% (5)	16.7% (3)	16.7% (3)	3.33	18
Regional vehicle repair center	22.2% (4)	11.1% (2)	27.8% (5)	22.2% (4)	0.0% (0)	16.7% (3)	2.60	18
Additional staff	0.0% (0)	5.6% (1)	33.3% (6)	27.8% (5)	16.7% (3)	16.7% (3)	3.67	18
Additional training	5.6% (1)	5.6% (1)	38.9% (7)	22.2% (4)	11.1% (2)	16.7% (3)	3.33	18
More vehicles	5.6% (1)	5.6% (1)	11.1% (2)	33.3% (6)	27.8% (5)	16.7% (3)	3.87	18
More Funding	0.0% (0)	0.0% (0)	11.1% (2)	33.3% (6)	50.0% (9)	5.6% (1)	4.41	18
Other (please specify)								3
answered question								18
skipped question								1

7. The CHSTP lists a number of obstacles related to the coordination of transportation services. Please rate the severity or significance of each of these obstacles, if applicable, on a scale of 1-5 with one being a low significance and five being highly significant. Please describe any obstacles not listed in the “other” box.

	Not Significant				Very Significant	N/A	Rating Average	Response Count
Funding source restrictions/organizational policies	0.0% (0)	11.1% (2)	11.1% (2)	33.3% (6)	38.9% (7)	5.6% (1)	4.06	18
Client unwillingness	22.2% (4)	22.2% (4)	27.8% (5)	16.7% (3)	0.0% (0)	11.1% (2)	2.44	18
Client incompatibility	0.0% (0)	22.2% (4)	16.7% (3)	38.9% (7)	11.1% (2)	11.1% (2)	3.44	18
Insurance policy restrictions	22.2% (4)	5.6% (1)	16.7% (3)	22.2% (4)	16.7% (3)	16.7% (3)	3.07	18
Other (please specify)								2
answered question								18
skipped question								1

Q1. Agency Name:

1	Community Work & Independence, Inc./Transit Connection	Jan 13, 2012 7:41 AM
2	Moreau Community Center	Jan 9, 2012 12:16 PM
3	Warren/Hamilton Counties Office for the Aging	Jan 9, 2012 11:42 AM
4	The pines at glens falls	Jan 9, 2012 11:22 AM
5	Warren County Health Services	Jan 9, 2012 11:03 AM
6	Glens Falls Hospital Behavioral Health Services	Jan 9, 2012 11:00 AM
7	Washington Co Alternative Sentencing / Youth Bureau	Jan 9, 2012 10:41 AM
8	Washington County Department of Social Services	Jan 9, 2012 10:40 AM
9	Washington County Public Health Nursing Service	Jan 9, 2012 10:38 AM
10	Washington County EOC, Inc.	Dec 28, 2011 3:18 PM
11	Glens Falls Housing Authority	Dec 28, 2011 2:08 PM
12	Southern Adirondack Independent Living Center	Dec 22, 2011 10:28 AM
13	Warren-Washington ARC	Dec 22, 2011 8:52 AM
14	Liberty House Foundation, Inc.	Dec 22, 2011 7:30 AM
15	The Pines at Glens Falls	Dec 21, 2011 2:52 PM
16	Washington County CARES	Dec 21, 2011 12:50 PM
17	Greater Glens Falls Transit	Dec 21, 2011 12:32 PM
18	Washington County Veterans Service Agency	Dec 21, 2011 12:24 PM
19	Cornell Cooperative Extension of Warren County	Dec 21, 2011 12:20 PM

Q3. In terms of transportation issues, what is the biggest change which has occurred in your agency in since 2008? (Check as many as appropriate)

1	we have eliminated the majority of our direct serve transporters in an attempt to save the County \$\$\$. Close to the same time frame, the State started a pilot taking over the coordination of Medical transportation for Medicaid clients. We willingly enrolled in the pilot.	Jan 9, 2012 10:40 AM
2	We have a continued need seen through those we serve for accessible transportation.	Dec 22, 2011 10:28 AM
3	Some route restructuring; addition of evening service; fixed route ridership and trolley ridership up over 10%	Dec 21, 2011 12:32 PM
4	Reduced transportation service from 5 days a week to 3 days a week.	Dec 21, 2011 12:24 PM

Q4. Has this change affected the ability of the agency to provide transportation services? If so, how?

1	We are finding that more clients are in need of transport to Albany.	Jan 9, 2012 11:22 AM
2	It has been made clear that the scope of our services is meant to be care management or clinical care and NOT provision of transportation.	Jan 9, 2012 11:00 AM
3	Decreased funding has affected our ability to transport. Reduced transportation for community service projects.	Jan 9, 2012 10:41 AM
4	in effect this has lessened our flexibility in-house.	Jan 9, 2012 10:40 AM
5	limited trips	Dec 22, 2011 7:30 AM
6	Increased rehabilitation patient to 40 from 18. Patient's consistently require follow up medical appointments in the community. We currently have 1 facility van shared between 120 patients.	Dec 21, 2011 2:52 PM
7	Cost of services has increase - we subcontract with another agency - without being able to increase our funding we cannot expect them to provide additional services.	Dec 21, 2011 12:50 PM
8	Budget will not sustain purchase of replacement vehicles	Dec 21, 2011 12:20 PM

Q5. The CHSTP lists a number of issues related to gaps in the human service transportation network. Please rate the importance of each of these gaps to your agency, if applicable, on a scale of 1-5 with one being a low priority and five being a high priority.

Please describe any gaps not listed in...

1	Older adults and families that require transportation to get to grocery stores and various social opportunities and do not have it then have impacts in other areas of their life.	Jan 9, 2012 10:40 AM
2	We deal mainly with medical appointment transport. Many are due to changes in status and are of short notice. It is difficult to arrange rides without a minimum of two week notice. Also, taxi contracts are unreliable. We have had pts. left or put off for a paying fair.	Jan 9, 2012 10:38 AM
3	Linking transportation resources to the larger network.	Dec 21, 2011 12:50 PM

Q6. The CHSTP lists a number of opportunities to coordinate human service transportation system. Please rate the importance of each of these to your agency, if applicable, on a scale of 1-5 with one being low importance and five being very important.

Please describe any opportunities or needs not ...

1	Don't really have enough knowledge on the issues to provide an educated opinion	Jan 9, 2012 11:03 AM
2	Additional capacity would be helpful. A centralized scheduling center would be beneficial. Not sure what training would consist of: confidentiality? safety? prioritizing?	Jan 9, 2012 10:38 AM
3	Again our biggest gap in service is people with a disability seeking to find necessary transportation and especially in rural areas.	Dec 22, 2011 10:28 AM

Q7. The CHSTP lists a number of obstacles related to the coordination of transportation services. Please rate the severity or significance of each of these obstacles, if applicable, on a scale of 1-5 with one being a low significance and five being highly significant.

Please describe any obstacles...

1	We operate a volunteer transportation program for medical appointments, so much of this survey does not apply. We also help to fund routine bus transportation for the various towns in the county and for seniors to access these busses for other purposes. We are limited to serving the over 60 population.	Jan 9, 2012 11:42 AM
2	Don't have specific knowledge to comment	Jan 9, 2012 11:03 AM