Coordinated Human Services Transportation Plan

Prepared by:

Adirondack Glens Falls Transportation Council

11 South St., Suite 203

Glens Falls, NY 12801

www.agftc.org

2026 DRAFT

Contents

NOTE: Projects which are identified or otherwise consistent with Section V of this plan (beginning on page 8) are considered to be included in a locally developed, coordinated public transit-human service transportation plan.

I. 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 missions of the MPO are to facilitate cooperative transportation planning and decision-making between municipalities and state and federal agencies, and to establish a process for the allocation of federal highway and transit funds. As part of the ongoing planning process, A/GFTC has coordinated with the Capital District Transit Authority (CDTA), New York State Department of Transportation, local municipalities, human service agencies, and transportation providers to develop this regional Coordinated Human Services Transportation Plan (CHSTP).

The CHSTP is intended to provide a framework for the coordination of transportation services within the planning area, with an emphasis on services for aging adults and persons with disabilities. This Plan creates a structure for the development of projects that address the transportation needs of the targeted populations by improving coordination between transportation stakeholders (agencies, clients, operators, and regulatory entities).

In addition, the CHSTP sets forth priorities for key Federal Transit Administration (FTA) programs. Federal transportation law contains provisions for the Section 5310 program, also 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. Projects selected for funding must be included in a locally developed, coordinated public transit-human services transportation plan.

CHSTP Goals

- *Maintain and improve the effectiveness and efficiency of transportation services*
- *Identify and address service gaps*
- *Extend the range of available services*
- *Maximize interagency cooperation*
- *Reduce service duplications*
- *Prioritize future investment strategies and candidates*

It should also be recognized that there are dozens of other federal and state programs that provide funding for transportation in this community, including Medicaid. Most agencies located in the A/GFTC area receive transportation funding from non-FTA sources; collectively, they far exceed the potential resources of the FTA programs.

II. Geography and Demographics

A. Regional Geography

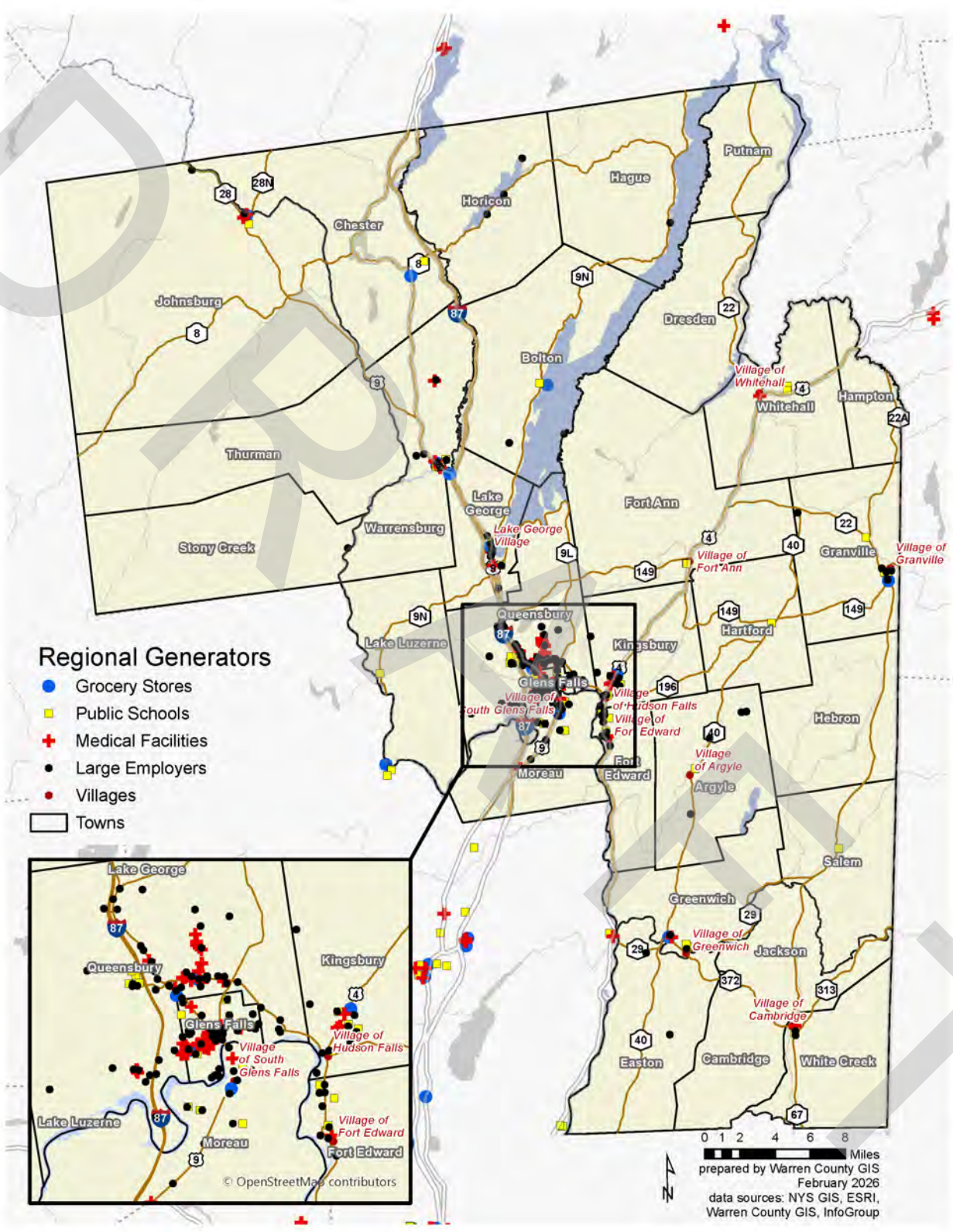
The planning and programming area for A/GFTC includes Warren County, Washington County, and the Town of Moreau in Saratoga County. The major population center is the Glens Falls Urbanized Area, located at the southeastern corner of Warren County and the central western edge of Washington County. This poses some inherent difficulties in access to services as most of the region's land area, and a significant proportion of the population, are rural. There are important community services distributed throughout the rural area, such as groceries, schools, medical facilities, and large employers. However, most of the transportation providers are clustered in and around the urban area. This can complicate the provision of transportation services within and between rural areas. Many of those rural residents live in outlying hamlets and villages. As shown in Map 1, many rural locations are closer to services provided outside of the A/GFTC area: Albany, Saratoga Springs, and Bennington 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 also attracts service clients from northeastern Washington County.

B. Population Density

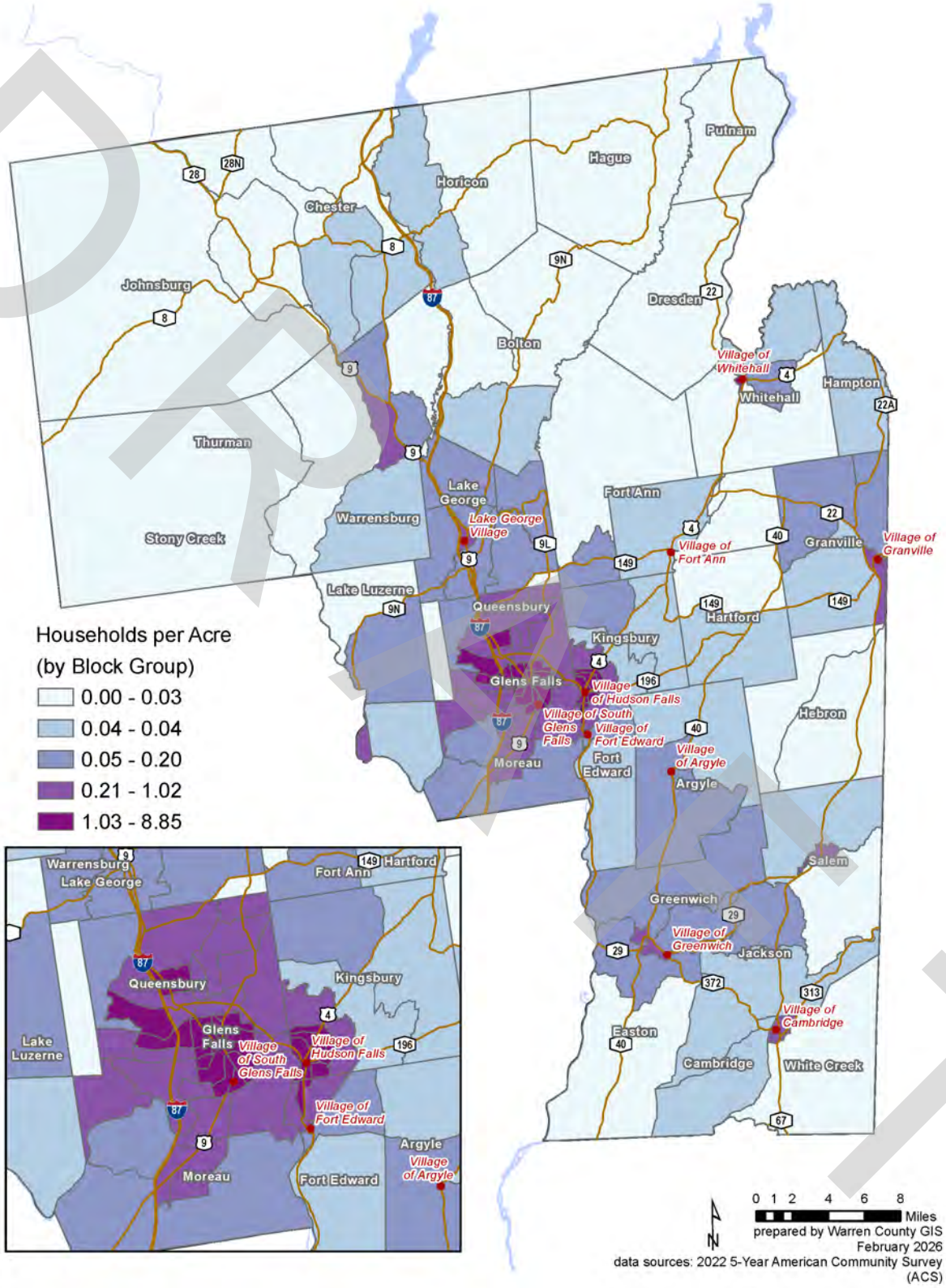
Population density is an important consideration for transportation agencies. According to the Transit Cooperative Research Program Quality Of Service Manual, 4.5 housing units per acre is the minimum density needed for hourly transit service. This equates to roughly 10 people per acre to effectively support traditional fixed-route transit. For transportation services other than fixed-route transit, increased density is usually beneficial to service provision, as the decreased distance between clients and potential destinations leads to increased efficiency.

As seen in Map 2, the density of housing units (both year-round and seasonal) is greatest in and around the Glens Falls urbanized area, with pockets of moderate density found in the villages and hamlets, while northern/western Warren County falls into the lowest category of density. The hamlet of Warrensburg contains a small cluster of moderate density census blocks, as do the hamlets of Chestertown and North Creek. In Washington County, villages and hamlets such as Whitehall, Granville, Salem, Greenwich, and Cambridge are more dense than the surrounding area, however none of these have the density needed to support standalone transit service. In addition, these population centers are separated by long distances, increasing the potential cost of a scheduled service to link them together.

Map 1 - Community Services



Map 2 - Population Density



C. Age

A key focus of this plan is to increase transportation options for seniors. As such, it is important to identify location clusters with high percentages of senior population. Map 3 illustrates the percentage of population over the age of seventy, by census block group.

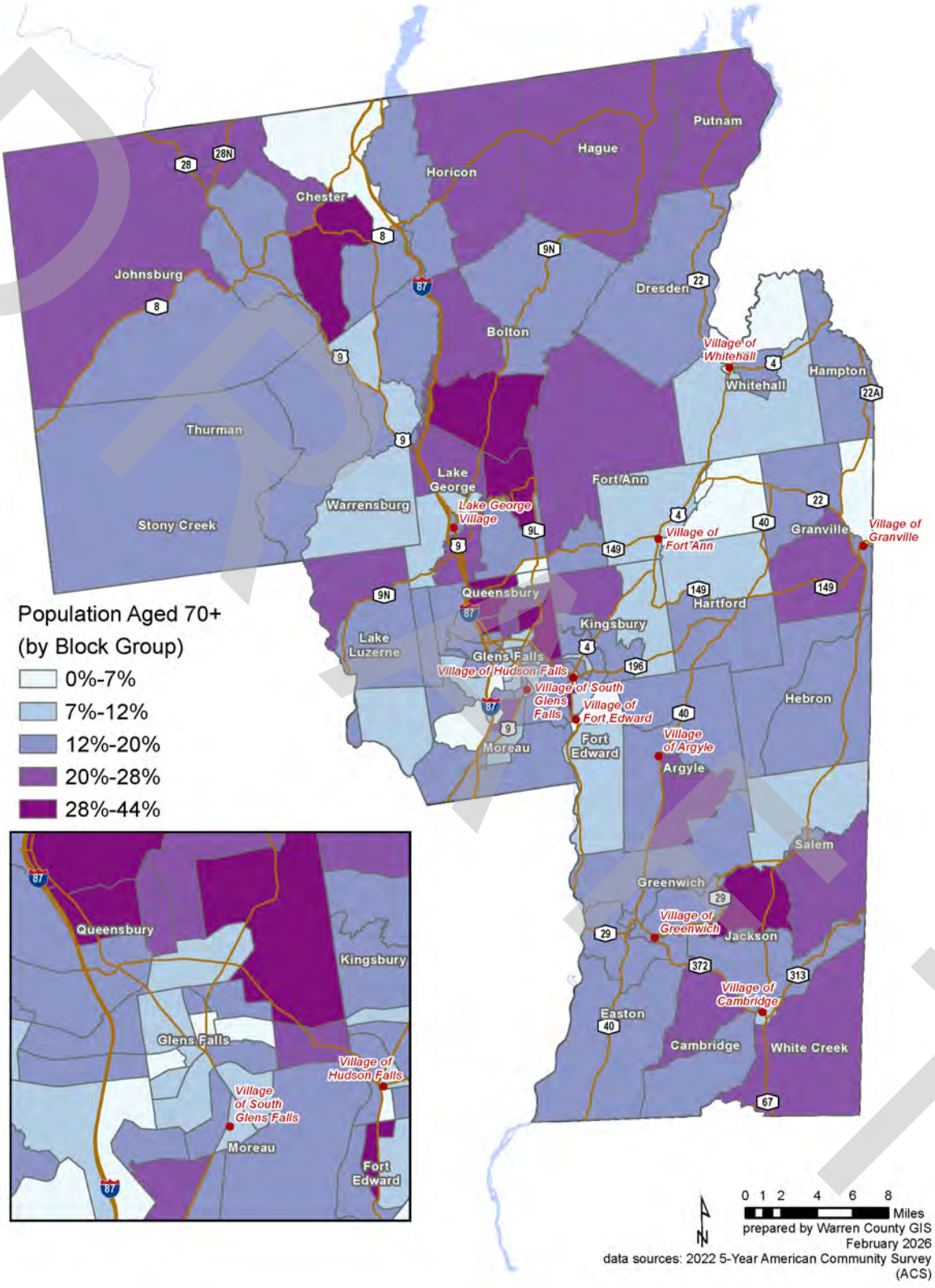
As can be seen on the map, there are key concentrations of seniors in several distinct locations. In the rural area, there are high proportions of seniors in the towns of Chester, Lake George, and Bolton in Warren County, and the town of Jackson in Washington County. Within the urban area there are also clusters of high senior population. Although seniors in the urban areas are closer to transit services, their ability to travel even short distances to the bus lines may be limited. Physical limitations may hinder the ability to drive or to use available transportation options. In addition, the uniqueness of senior needs is a determining factor in available transportation. Service providers have noted that seniors are more likely to use transportation resources that allow them to feel comfortable, safe, and independent.

D. Disability

Statistics regarding the population of persons with disabilities can be an indicator of need for transportation services. According to the *2024 American Community Survey,* the estimate of overall regional population with one or more physical disabilities within the Glens Falls Metropolitan Statistical Area was 15.9% which is slightly higher than 12.6% in New York state as a whole.

The transportation needs of disabled residents are influenced by a wide variety of factors. For instance, people who are working age and can live independently may place a higher priority on access to employment versus medical trips. In addition, if independent living is a possibility, this opens the option to live near public transportation; however, there is no guarantee the job itself will be located along a transit route. If a certain level of assistance is needed, there may be a conflict between living with family members or in a facility that provides the support they need and being able to work outside of the home. Transportation for people with disabilities must also account for accessibility for wheelchairs or other mobility devices as well as visual and other impairments.

Map 3 - Senior Population



E. Access to Vehicles

Access to automobiles is another important determinant of regional mobility, especially in rural areas. Map 4 indicates the percentage of households without access to vehicles. In the rural areas, Granville and Warrensburg contain block groups with the highest percentage of housing units without access to vehicles.

In the urban area, there are much higher percentages of zero-vehicle households, especially in the downtown area of Glens Falls and Hudson Falls. Although these areas are served by CDTA, and are by and large walkable, these features may be less useful for people with mobility issues.

It is important to note that the presence of a vehicle within a household does not insure that transportation needs are met. Many members of the senior and disabled population cannot or do not drive; even if they are capable and willing drivers, they may not have consistent access to shared vehicles.

F. Income

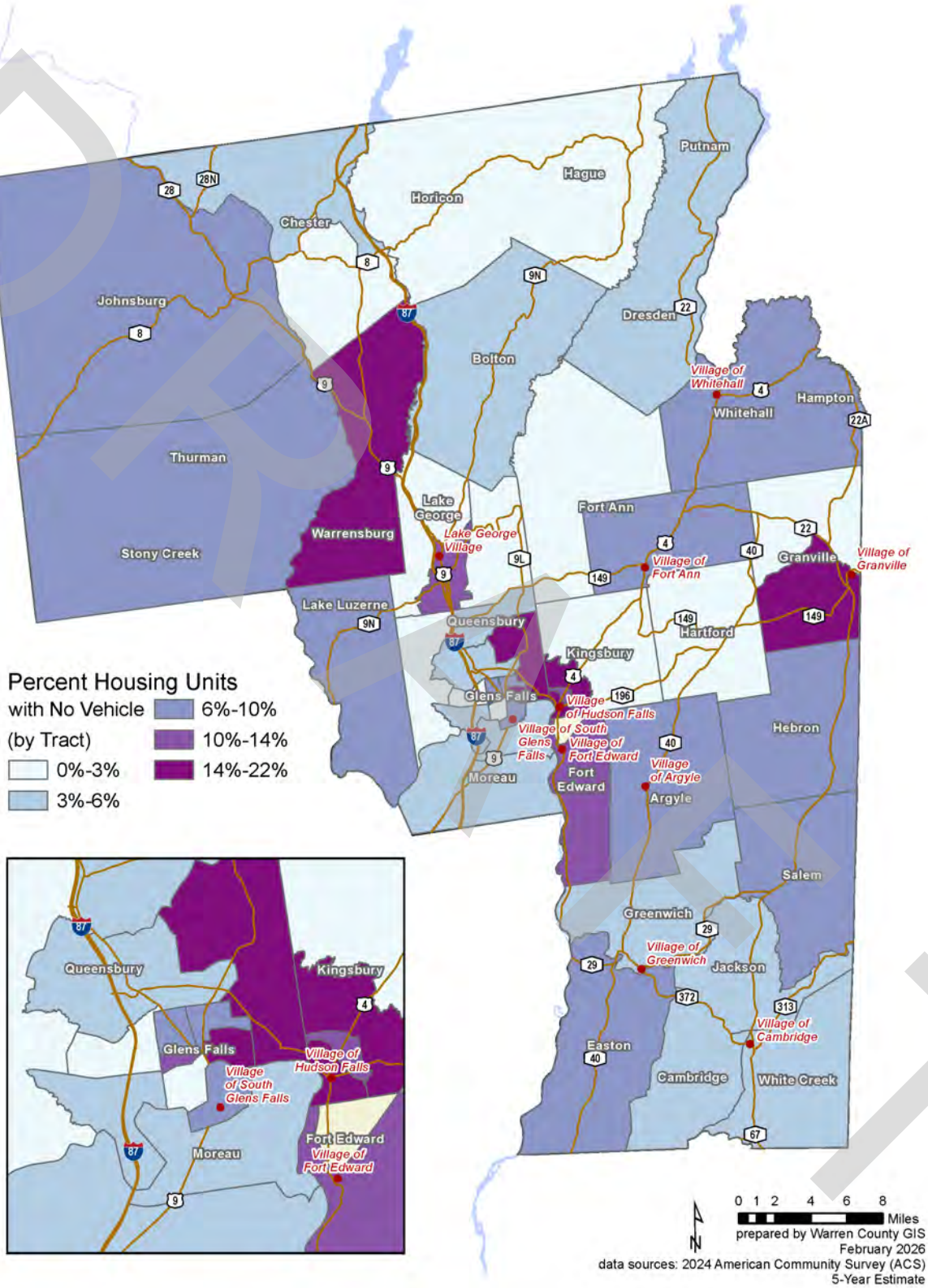
It can be useful to assess the proportion of population living below the poverty level to determine if there are locations with a higher percentage of low- or moderate-income residents. These residents may have sporadic access to transportation and less ability to overcome obstacles posed by transportation emergencies.

Income level data was derived from data obtained through the HUD Division of Community Planning and Development, based on estimates from the 2016-2020 period. These data provide estimated counts of persons based on their family income as either:

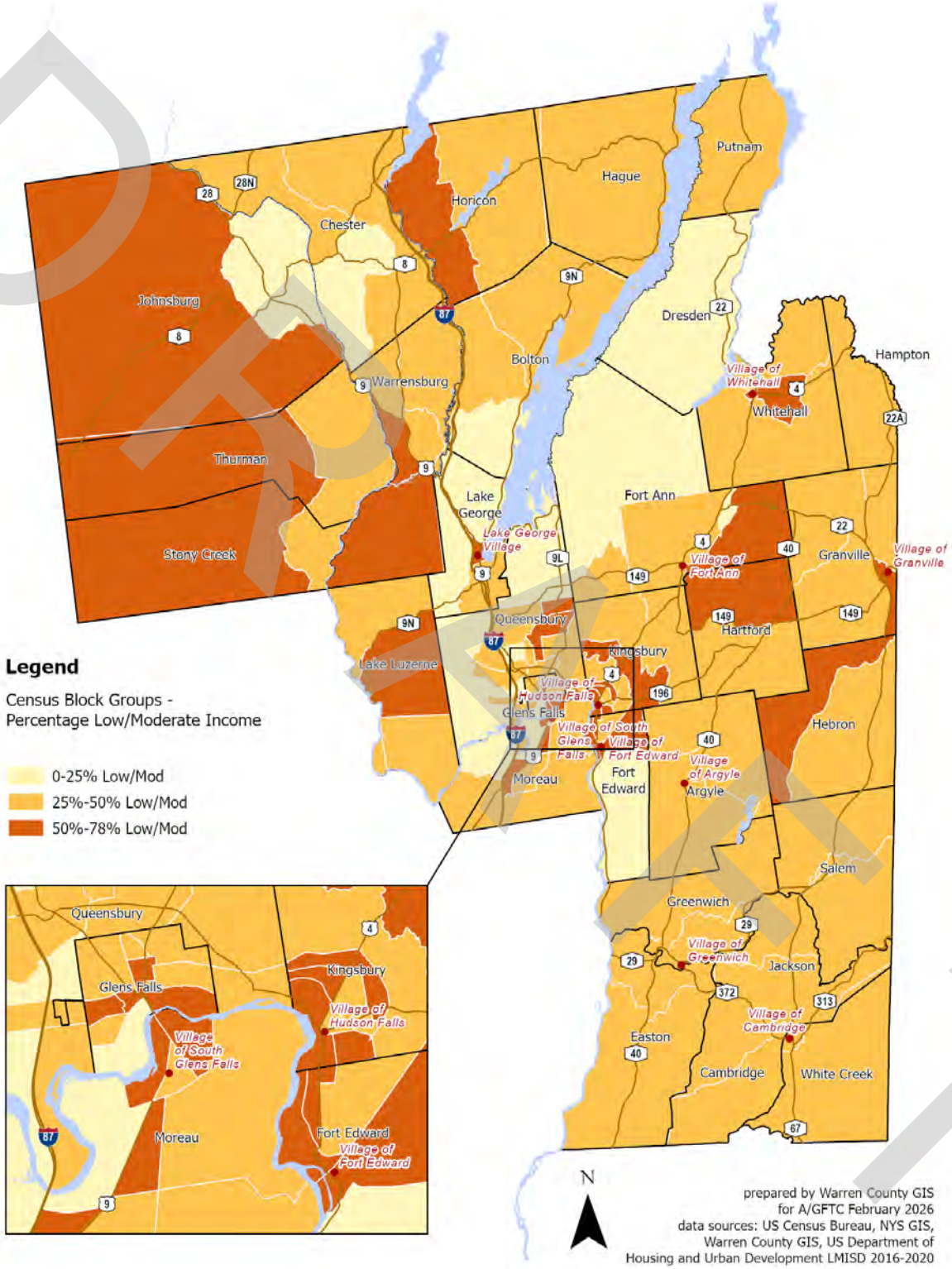
- Low: at or below 50% of the Area Median Income (AMI),
- Moderate: 50- 80% of AMI

Although the vintage of this data is not as recent, the AMI data is maintained by HUD on an annual basis. This dataset also takes into account income data on a level of analysis which is not available to the public (i.e., the AMI); therefore, for the purposes of determining Low/Moderate Income Areas, this data has been included in the analysis for the A/GFTC Planning and Programming Area.

Map 4 - Access to Vehicles



Map 5 - Low-Moderate Income

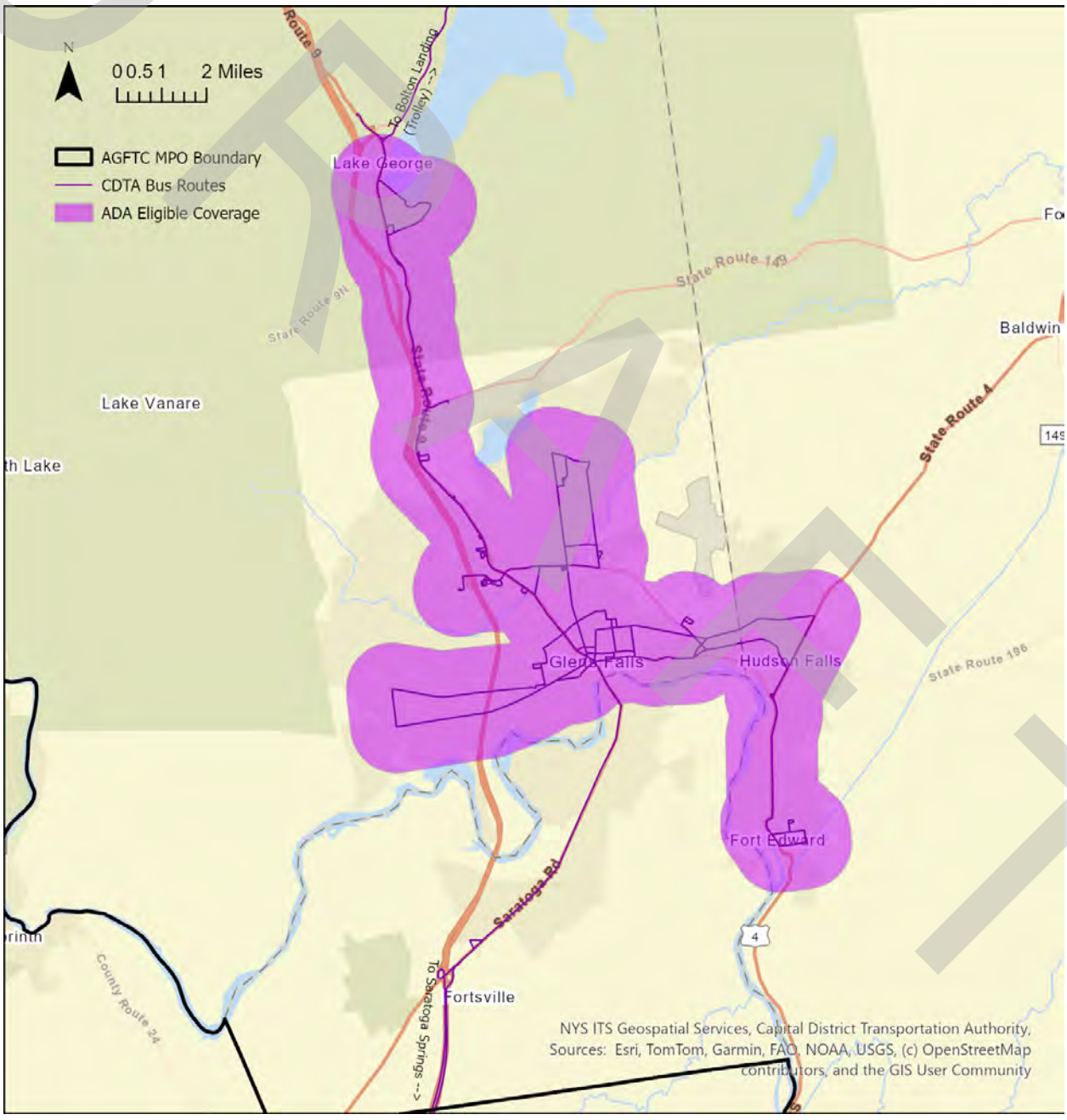


III. Public Transportation

A. Capital District Transit Authority

Established in 1970, the Capital District Transportation Authority (CDTA) is a public benefit corporation which provides regional transportation services. Covering a 6-county region in the Capital District, CDTA provides regular route bus service, shuttle systems, on-demand transportation, and paratransit services.

Map 6 - Public Transportation Routes, July 2026



On January 3, 2024, CDTA officially expanded into Warren County by merging with the former Greater Glens Falls Transit (GGFT) service. All routes previously operated by GGFT were taken over by CDTA, including trolley services to Lake George and Bolton, paratransit (see Map 6), and fixed-route service into Fort Edward, Kingsbury, and Hudson Falls within Washington County. In addition, a new commuter route between Glens Falls and Saratoga Springs was added, providing service between the two cities daily via Route 9 in South Glens Falls and the Northway.

Currently, CDTA is developing service adjustments to the routes based in Glens Falls. These changes will be based on ridership, capacity, and extensive public outreach efforts. Service adjustments are anticipated to commence on August 23, 2026

1. Paratransit Service

Paratransit service offers transportation alternatives to people who cannot use, or have substantial limits using, fixed-route bus system because of a disability or impairment. Within CDTA, this service is known as STAR, or Special Transit Available by Request.

STAR operates within 3/4 of a mile of the fixed route network on the same days and times that the bus system operates. For example, if a CDTA bus operates from 6AM - 7PM, Monday- Friday along a specific route, then STAR is available from 6AM - 7PM, Monday- Friday within 3/4 of a mile on either side of that route. It is a shared ride, providing origin to destination rides for work, appointments, shopping and social activities.

More information on the STAR system, including information on how to book rides, can be found in the CDTA STAR Handbook[1].

B. Medical Answering Service

The 2010/11 New York State budget gave 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 (MAS), 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 away from public transit to private taxi and ambulette services.

C. Taxis/Ridehailing

Taxis are used for a wide variety of purposes. For those lacking an automobile and access to any government-funded transportation program, a taxi may be the only source of mobility available.

[1] https://www.cdta.org/sites/default/files/Handbook%20and%20Booking%20Guide%202025%20-%20Accessibility%20Review%20-%20Optimized.pdf

Taxis are not a long-term, sustainable transportation option due to the cost and inconvenience of having to schedule every ride. In addition, with the exception of Medicaid transportation services, there are no taxi services available in much of the A/GFTC region.

On June 29, 2017, it became legal to operate ridehailing services in upstate New York. These services, such as Uber or Lyft, rely on individual contractors driving their own vehicles, dispatched through a smartphone app. Since there is no centralized fleet, this type of service could theoretically allow for increased taxi-style service to rural areas. However, it remains to be seen whether the cost of rides and low population density will make ridehailing a feasible transportation option in rural areas. For example, coverage of rural locations can be erratic: although it may be possible to use ridehailing to travel from the urban area to a rural destination, there is no guarantee that a ride will be available for the return trip.

IV. Stakeholder Outreach

Since the last update to the CHSTP, the transportation services provided by public and human service agencies have faced wide-scale disruptions due to a variety of factors, including the fluctuations in fuel costs, labor shortages, and rising inflation. The ramifications of these effects are ongoing.

For this update, an online survey gathered feedback from human service providers in the region. This survey was advertised through the Washington-Warren-Hamilton Long Term Care Council (LTCC). This group is made up of consumers, caregivers, providers, advocates, government representatives and key stakeholders involved in human services throughout the region.

Responses were received from 19 agencies operating within and near the AGFTC region. Agencies with multiple departments and staff members were encouraged to provide more than one survey response per agency, to account for the wide variety of perspectives encountered in the provision of services. Altogether, 27 responses were received from the following agencies:

- At Home Advocacy, Inc.
- Community Maternity Services (Catholic Charities)
- Family Service Association
- Glens Falls Hospital*
- Glens Falls Hospital Center of Excellence for Alzheimer's Disease
- Glens Falls Hospital Community Care Coordination Program*
- Glens Falls Hospital CR Wood Cancer Center*
- Glens Falls Hospital Nephrology Division
- Hudson Headwaters Health Network
- Independent Living Center of the Hudson Valley
- NY Connects for Warren, Washington and Hamilton Counties
- L.E.A.P Head Start
- LifeWorks Community Action
- Long Term Care Council
- Moreau Community Center

- The Conkling Center Inc
- Warren County Veterans' Services
- Warren/Hamilton Counties Office for the Aging*
- Warren/Washington RSVP
- Washington County Office for Aging
- Washington County WIC*

** denotes multiple responses*

These agencies serve a wide range of clients and customers throughout Warren, Washington, and northern Saratoga Counties, including seniors, youth, low-income individuals and families, disabled individuals, Veterans, and disadvantaged/minority populations. A breakdown of demographic representation is included in Figure 1.

Figure 1 - Stakeholder Agency Client Demographics

Since transportation barriers and solutions can vary based on location, stakeholder agencies were asked whether their clients mainly live in rural areas, urban areas, or a combination of both. Notably, no agencies indicated that their client base is located primarily in an urban area. Instead, 46% of the responses indicated that their clients live mostly in rural areas, while 54% of the responses indicated a combination of urban and rural locations. (See Figure 2).

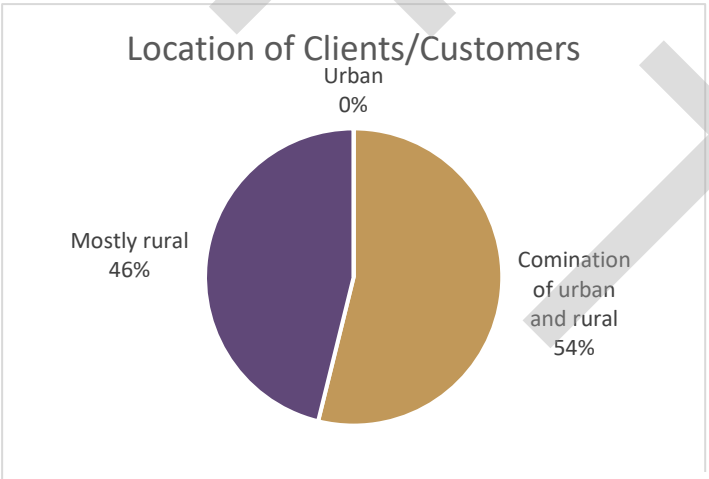


Figure 2 - Location of Stakeholder Agency Clients/Customers

Similarly, agencies were asked whether their clients are mainly located within a ¾ mile radius of transit service. 85% of respondents said no, while 15% said they were unsure, with zero yes responses. This underscores the need for transportation options other than traditional fixed route transit or paratransit service. (See Figure 3).

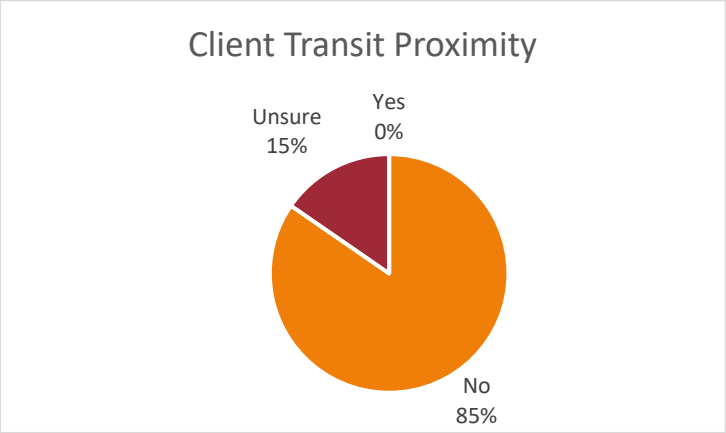


Figure 3 - Client Transit Proximity (3/4 Mile Radius)

To determine which transportation needs are most pressing, agencies were asked to indicate the most common transportation needs for their clients. The purpose of the trip can often influence the operational parameters of the transportation itself. For instance, medical transportation may require specialized accessible vehicles with advance scheduling or additional curb-to-door assistance, while trips for work or school may call for consistent scheduling during the week. Agencies were asked to indicate whether their clients' needs were for medical transportation, occasional trips for shopping/socialization, regular trips for employment/education, or all of the above. The overwhelming priority was all types of transportation, with 18 responses, while 6 indicated medical transportation and 3 for occasional shopping/socialization. Zero responses were received for regular trips to work/school, but those needs may still be present as a portion of the "all of the above" option. (See Figure 4.)

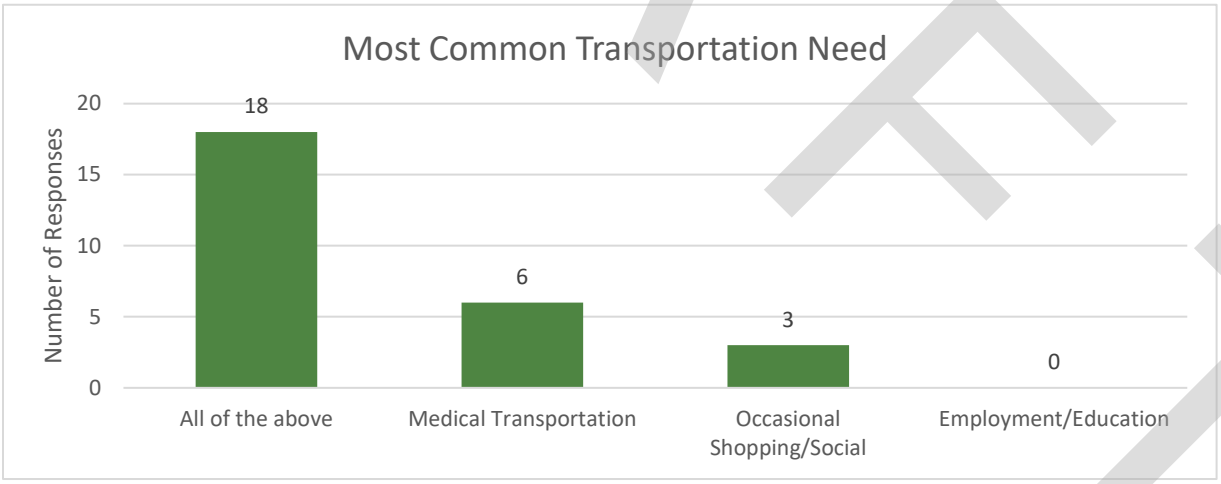


Figure 4 - Transportation Needs

Agencies were also asked to estimate the overall percentage of their clients who experience regular difficulty obtaining transportation, with choices of zero, less than 25% (3 responses), 25-50% (7 responses), 50-75% (9 responses), or more than 75% (7 responses). It is important to note that every respondent indicated that at least some of their clients experience difficulty finding transportation. (See Figure 5).

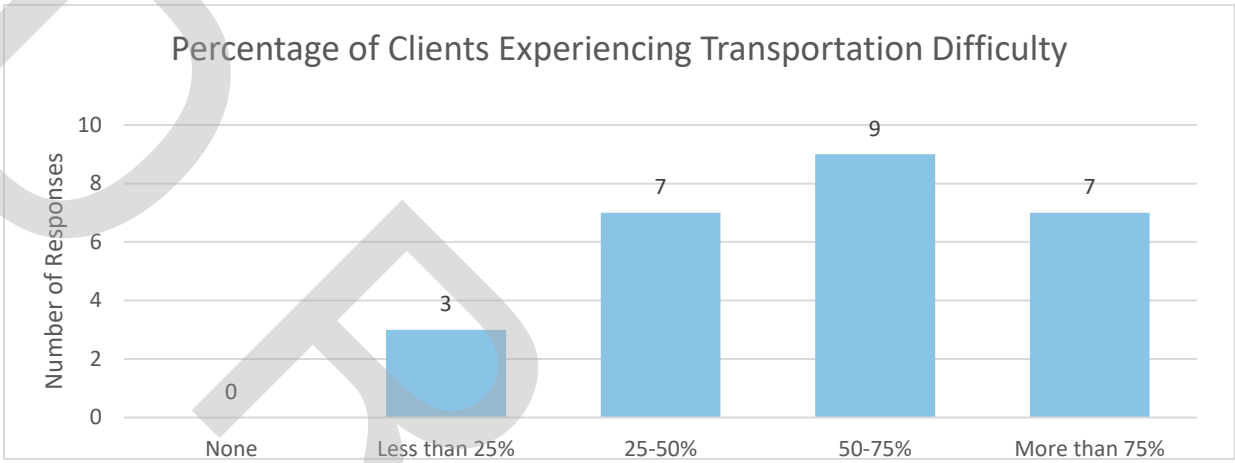


Figure 5 - Percentage of Clients Experiencing Transportation Difficulty

Survey respondents were asked to indicate which issues commonly prevent their clients from accessing transportation. To account for variation among the population of clients, multiple answers were allowed, so the number of responses is higher than the total number of respondents to the survey. The most common issue with 22 responses was living too far from transportation services. Cost of gas, insurance, taxi fares, etc. was also significant with 20 responses, as was an inability to drive at 19 responses. Sixteen responses indicated that clients were able to drive but lacked access to a vehicle, while lack of evening/weekend transit service elicited 13 responses.

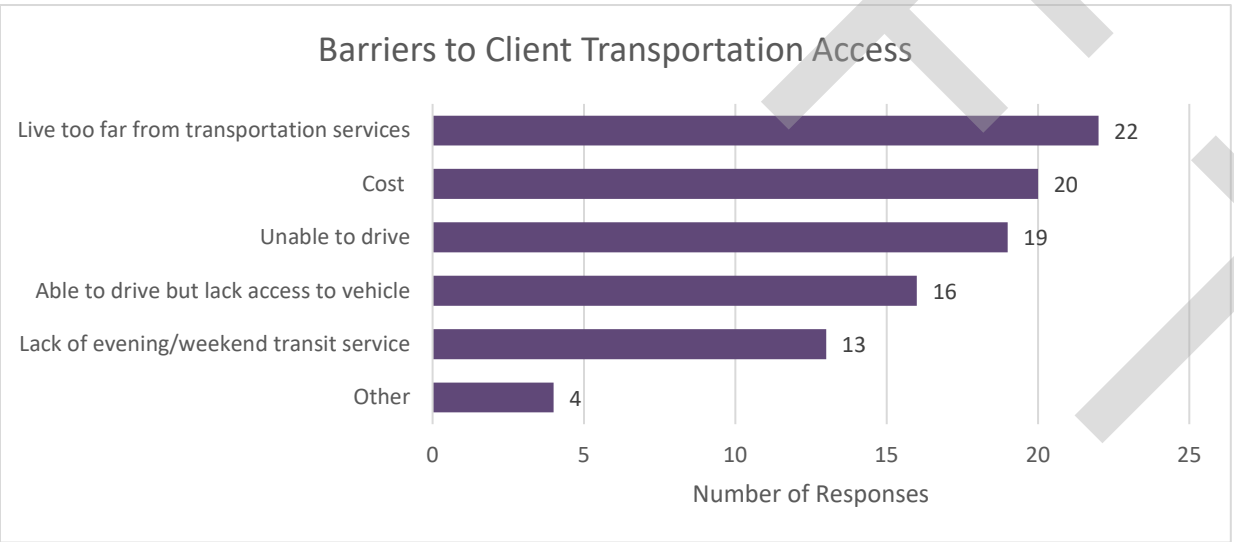


Figure 6 - Barriers to Client Transportation Access

For those clients with issues accessing transportation, survey respondents noted that needs are most commonly met through assistance from friends and family (21 responses) or assistance from human service agencies (19 responses). Taxi/rideshare (13), walking/cycling (10), and public transportation (9) are also used to fill transportation needs. A significant number of respondents (18) indicated that clients are unable to meet transportation some or all of the time, resulting in missed medical appointments or opportunities to work. (See Figure 7).

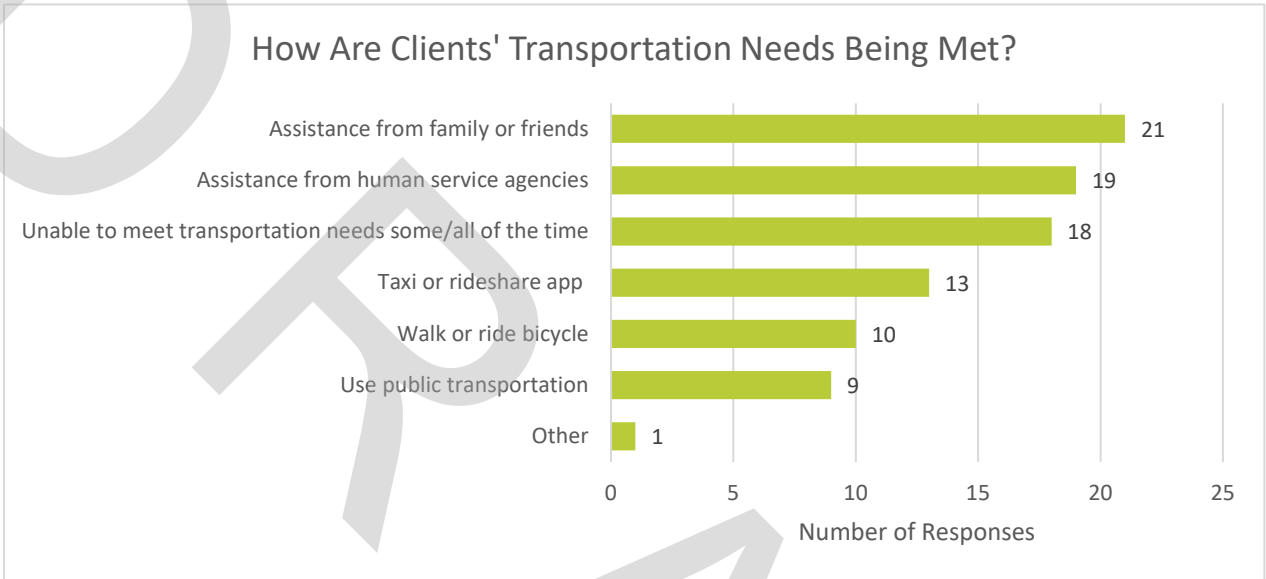


Figure 7 - Transportation Methods

To help fill these gaps, agencies provide a variety of services. This includes referrals to other services (18), coordination with other agencies on their clients' behalf (14), and financial assistance (11). Ten of the respondents indicated their agency provides transportation directly.

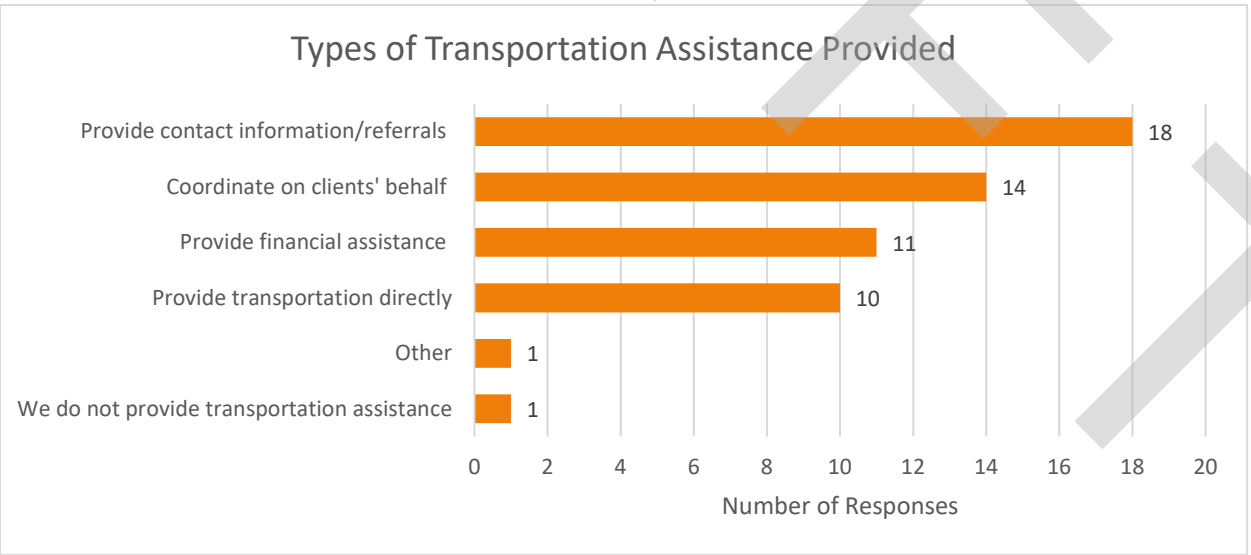


Figure 8 - Types of Transportation Assistance Provided

For those agencies which provide direct transportation assistance, respondents indicated that lack of drivers and policy or other limitations equally limited their ability to expand the provision of transportation services.

About two-thirds of the survey respondents indicated that their agencies coordinated with other groups to provide transportation assistance. See Figure 9 for a breakdown of the agencies cited as coordination partners.

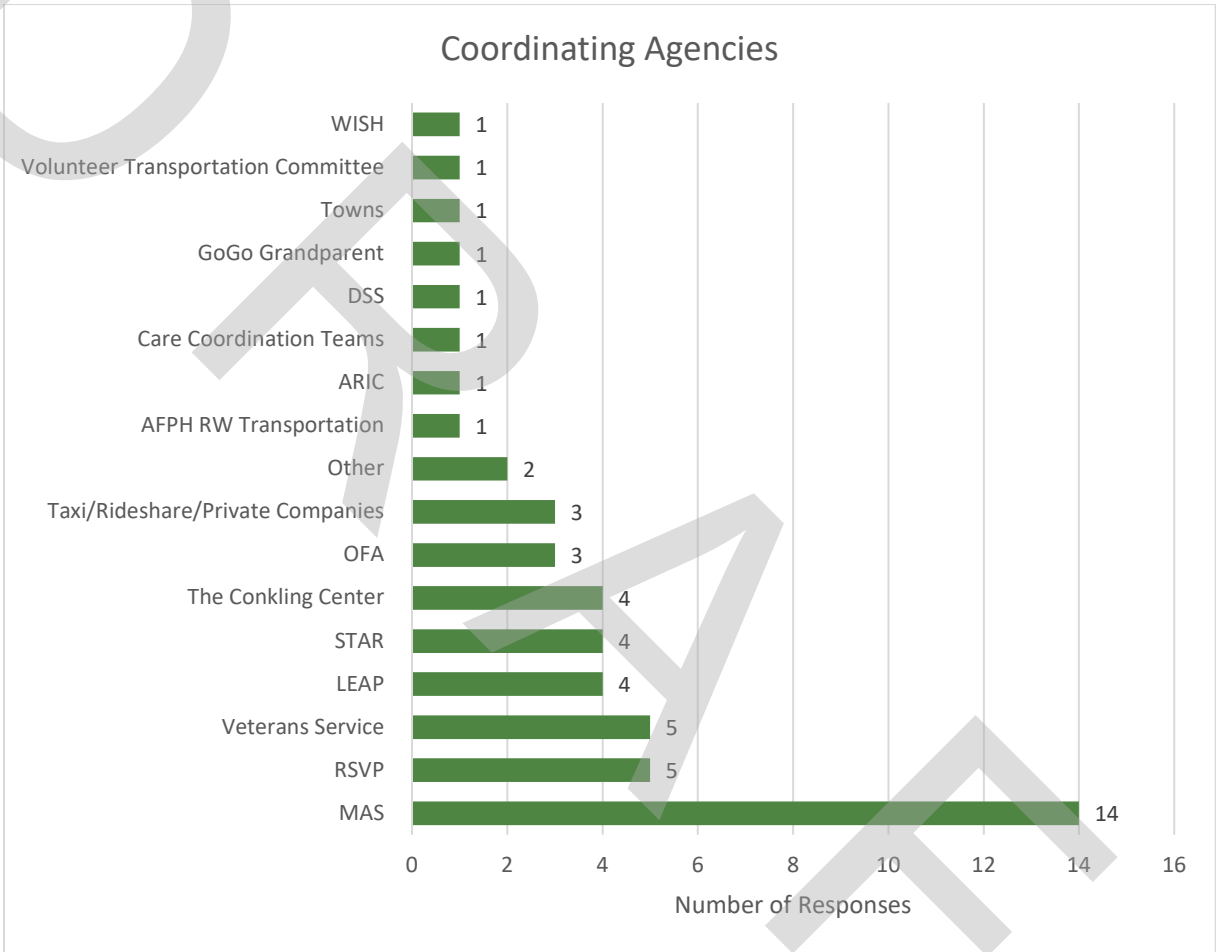


Figure 9 - Coordinating Agencies

In terms of coordination activities, the most cited type was client referral with 13 responses, followed by transportation-focused scheduling with 10 responses. Program planning and shared access to vehicles were less common with 5 and 4 responses respectively, and vehicle/maintenance was selected by only 2 respondents. However, it is important to note that the responses are indicative only of the experience of the survey taker and may not reflect actual coordination activities. For example, an agency employee that deals mostly with the public may not know the specific details of vehicle maintenance activities. However, the responses are useful to provide context for the more common coordination activities that are likely taking place. (See Figure 10).

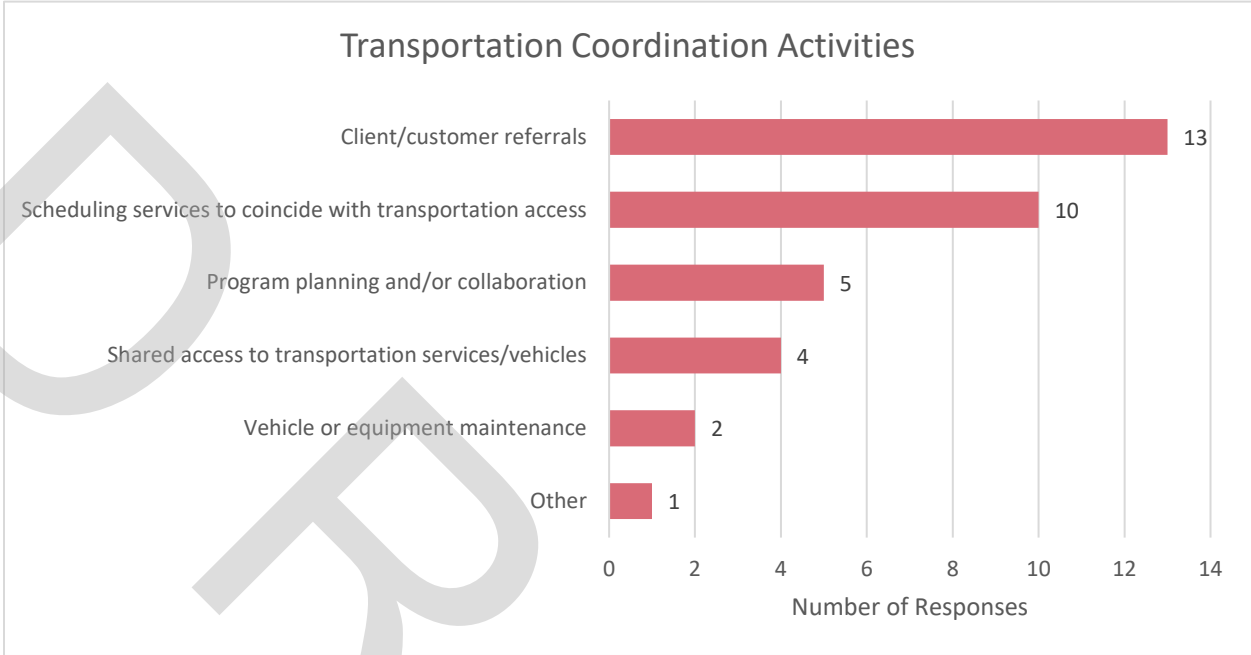


Figure 10 - Transportation Coordination Activities

Respondents were also asked for their perception of the barriers to increased coordination with other agencies. Geographic distance and lack of capacity were the most common with 17 responses each, while lack of staff/funding received 13 responses. The specific needs of the client base and a lack of information were noted 9 times each, with organizational barriers/restrictions cited by 8 respondents. (See Figure 11.)

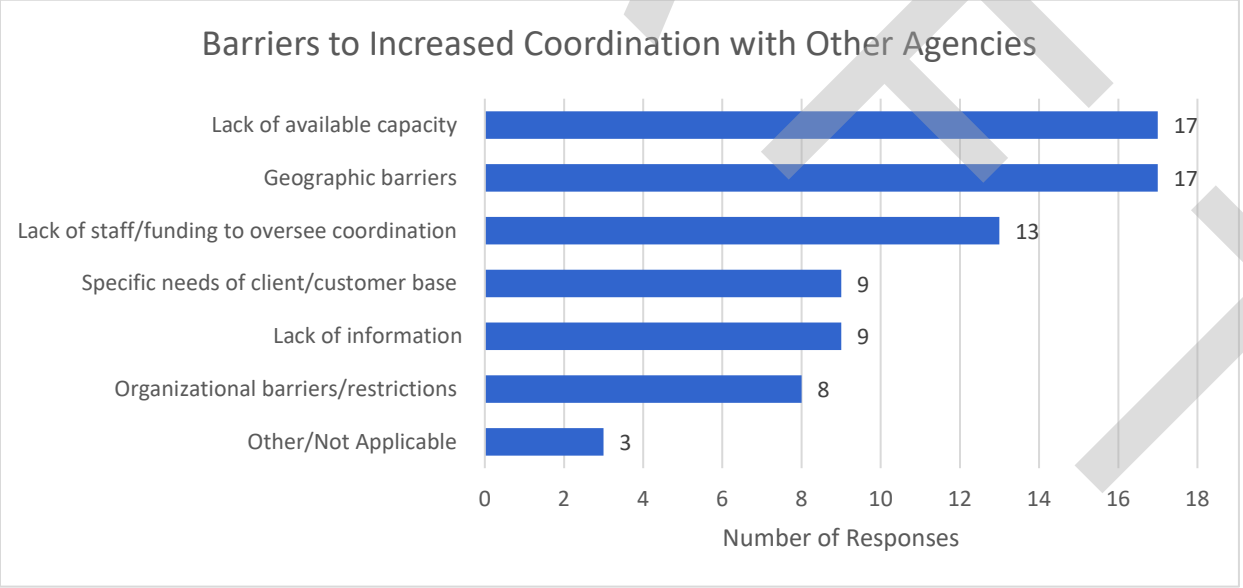


Figure 11 - Barriers to Increased Coordination

V. Needs & Priorities

A. Overview

When formulating the needs and priorities for this CHSTP, it is important to remember that providing transportation is more complex than simply supplying a vehicle and a driver. Human service agencies work with an extensive range of clients throughout the A/GFTC Planning and Programming Area, spanning all age brackets and demographic cohorts. Many of these clients require additional assistance, special equipment, or supervision in order to complete needed trips. Regulatory requirements also restrict or prohibit the transportation services provided to clients, which can reduce the ability of agencies to coordinate with each other. Finally, the geography of the A/GFTC area itself complicates efforts to coordinate transportation services.

For the purposes of this CHSTP, the following needs and priorities have been identified for the A/GFTC region:

- **Increase availability of transportation services to/from and within rural areas.** The stakeholder outreach indicates that demand far outstrips the existing transportation services available to seniors and the disabled living outside the urban area (and in some cases, even within the urban area.)
- **Increase availability of transportation services for medical trips, especially for seniors.** Although there are a variety of existing transportation services which are geared toward medical trips, gaps still exist. This is especially true for short-notice trips, trips made to medical facilities outside of the County/region, and trips for services such as physical therapy or support groups which are not Medicaid eligible.
- **Increase availability of transportation services on nights/weekends and to employment centers.** Many members of the various demographic groups highlighted in this plan can and do work. Transportation access for many types of jobs, especially service-oriented and retail jobs, is limited, even in areas where transportation and transit services exist. Continuing to expand transportation choices on nights and weekends will benefit the seniors, the disabled, and other underserved population groups.
- **Reduce regulatory or other barriers which prevent or inhibit the ability for people to access transportation services.** Although it will never be feasible to facilitate transportation services that meet all needs all the time, there may be ways to maximize access to the services that already exist.

B. Priority Projects

To promote maximum flexibility in transportation services and coordination, this plan does not include specific project descriptions. Instead, a list of priority project types has been developed. **Thus, any proposed activity which fulfills one or more of the needs stated above is considered to be in compliance with this plan.** In particular, the following types of activities are listed as priorities for this region.

- **Fleet maintenance/expansion for existing transportation providers.** Maintaining and/or expanding current levels of service to vulnerable populations is of critical importance. Capital projects which allow for vehicles to be replaced or upgraded will help ensure that current levels of service continue to be provided, while funding for additional vehicles can expand the ability of human service agencies to reach vulnerable client populations.
- **Establishment of new services intended to fill a recognized gap in the transportation system.** This could include capital expenses for vehicles or equipment, or operational assistance for mobility management, staffing, etc. These types of projects could be used to provide medical or other trips which are not currently available through existing programs (i.e. "chained" trips, short-notice trips, wellness trips). This could also include geographical expansion of service territory, either for the trip origination or destination point.
- **Projects which expand the ability of the elderly and disabled to access needed services.** This could include equipment upgrades, such as replacing vehicles to increase wheelchair capacity, or fleet expansion, to allow more trips to be completed.
- **Mobility management or other operational programs which increase the efficiency or utilization of existing services.** Innovative programs which allow for better use of existing resources are encouraged. This could include projects to assist clients with accessing existing programs, adding capacity for administration or dispatch, or similar projects. Funding to increase staffing capacity, especially with regards to drivers for existing transportation services, is a key priority as well.

C. Coordination Activities

Although increasing the provision of transportation services is a key priority of this plan, it is important that such activities be conducted in a coordinated manner. Service capacity exists when the resources unused by one agency could conceivably be used by another. For example, vehicles which are in use only during certain days by one agency could theoretically be used during the rest of the week by another. Many agencies already cooperate to maximize existing resources. Examples of this type of coordination already exist in the A/GFTC area. In many cases, agencies are using their resources at full capacity already, while in others, logistical or regulatory barriers prevent sharing of resources.

This is not to say that further opportunities for coordination do not exist. Demand for services, technology, funding levels, demographics, and geographic considerations can and do shift continuously. As such, coordination among service providers should be a continuous point of focus. Clear and open lines of communication, as well as current data on the scopes of service for relevant agencies, should be maintained. Examples of coordination activities include, but are not limited to, the following:

- Trips
- Scheduling
- Referrals
- Ridesharing
- Vehicle sharing
- Training
- Maintenance
- Procurement
- Storage facilities
- Insurance

VI. Next Steps/Implementation

This plan outlines a variety of activities which could be undertaken to address the needs and priorities of the region. Some of these, such as the coordination activities listed above, can take place as opportunities arise, fostered by continued communication between human service agencies. Others, such as the establishment of new programs or services, or the expansion of existing efforts, may require additional funding.

A. Section 5310 Program

As stated in the introduction of this document, Section 5310 is currently the primary funding source for human service transportation administered at the MPO level. **Projects which are identified or otherwise consistent with Section V of this plan are considered to be included in a locally developed, coordinated public transit-human service transportation plan.** In addition, successful 5310 projects include one or more opportunities for coordination. The goal should be to maximize the provision of effective services with the most efficient outlay of available resources.

At least 55 percent of program funds must be spent on the types of eligible capital projects, such as:

- Buses and vans; wheelchair lifts, ramps, and securement devices; transit-related information technology systems including scheduling/routing/one-call systems; and mobility management programs.
- Acquisition of transportation services under a contract, lease, or other arrangement. Both capital and operating costs associated with contracted service are eligible capital expenses. User-side subsidies are considered one form of eligible arrangement. Funds may be requested or contracted services covering a time period of more than one year.

The remaining 45 percent may be used for Capital and operating expenses for new public transportation services and alternatives beyond those required by the ADA, designed to assist individuals with disabilities and seniors, including:

- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- Improving signage or way-finding technology
- Incremental cost of providing same day service or door-to-door service
- Purchasing vehicles to support new accessible taxi, rides sharing and/or vanpooling programs
- Mobility management

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. Match can come from other Federal (non-DOT) funds. This can allow local communities to implement programs with 100 percent federal funding. One example is Older Americans Act (OAA) Title IIIB Supportive Services Funds. 5310 program recipients may partner with meal delivery programs such as the OAA-funded meal programs and the USDA Summer Food Service Program. Transit service providers receiving 5310 funds may coordinate and assist in providing meal delivery services on a regular basis if they do not conflict with the provision of transit services.

B. Other Activities

In addition to its role in helping to administer the Section 5310 program, A/GFTC will engage in other planning and coordination activities in furtherance of this plan. This includes:

- Continuing to participate in regional human service coordination efforts, including the Long Term Care Council of Warren, Washington, and Hamilton Counties.
- Providing transportation planning services and staff assistance through the United Planning Work Program, which allows for targeted analyses of topics related to human service transportation and transit.
- Continuing to promote strategies which provide benefit to communities underserved by transportation services.
- Continue to collaborate with CDTA on projects which enhance and expand access to transit, especially by underserved communities.
- Continue to support the key findings and promote implementation of the 2023 Rural Workforce Transportation Plan, especially with regards to provision and expansion of transportation options which overlap with the priorities of the CHSTP.