

New York Metropolitan Transportation Council

A Coordinated Public Transit-Human Services Transportation Plan for the NYMTC Area

June 2009

Executive Summary



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Joel P. Ettinger
Executive Director

Letter from the Executive Director

The Coordinated Public Transit-Human Services Plan fulfills a Federal requirement for such a plan to be in place before transportation providers in the region may access certain specific funding programs offered by the Federal Transit Administration. These funding programs involve transportation services for persons with disabilities, older adults, and persons with lower income. The goal of the Plan is to identify and prioritize strategies to improve mobility for these populations through coordination and efficiencies of services throughout the region comprising the New York Metropolitan Transportation Council (NYMTC).

NYMTC, working closely with its member agencies, the public and stakeholders, has taken stock of available services that exist within the region, identified unmet needs and developed coordination strategies to address those unmet needs. This Plan replaces the November 16, 2006 Interim Plan and affords transportation providers with an opportunity to both apply for relevant funding and to better serve persons with disabilities, older adults and persons with lower incomes.

Sincerely,

Joel Ettinger
Executive Director

Executive Summary

Project Summary

The New York Metropolitan Transportation Council (NYMTC) area, encompassing the five boroughs of New York City, Nassau and Suffolk counties on Long Island, and Putnam, Rockland, and Westchester counties in the Lower Hudson Valley, has a diverse, multi-modal transportation environment that includes several layers of public transit, paratransit services, and human service transportation programs. The objective of this Coordinated Public Transit-Human Services Transportation Plan (“Coordinated Plan”) is to identify and prioritize coordination strategies that will improve the efficiencies of these varied and complex services. Ultimately, the goal is to stretch the funding that currently is supporting these community transportation services in the region, enabling the funders to expand service or introduce new mobility options for persons that depend on the services. In this study, “community transportation” refers to public transit and paratransit services, other public transportation services, human services transportation, and non-emergency medical transportation services that specifically focus on older adults, persons with disabilities, and/or persons with low income.

This project stems in large part from Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, commonly referred to as SAFETEA-LU, the most recent Federal authorization act. SAFETEA-LU requires that such a plan be in place before transportation providers in the region may access programs offered by the Federal Transit Administration (FTA) that fund transportation programs for older adults, persons with disabilities, and persons with low income.

Given its role as the metropolitan planning organization for the region, NYMTC is responsible for overseeing the development of a plan to address coordination of local community transportation services, thereby ensuring that the region will continue to receive specific FTA funding. The projects covered under these funding programs are intended to improve the mobility of the three target populations mentioned above. Accordingly, this plan focuses on identifying (1) the public transportation and community transportation services that exist within the region, (2) the unmet needs of the three population groups listed above that are largely dependent on these services, and (3) coordination strategies to address those unmet needs.

The Coordinated Plan consists of five separate documents: an Executive Summary, one stand-alone subregional plan each for New York City, for Long Island, and for the Lower Hudson Valley, plus a fifth document that focuses on Regional Needs and Strategies. This Executive Summary summarizes key findings from the three subregional plans and the regional needs document.

Federal Planning Requirements and Policies

As mentioned above, SAFETEA-LU requires the preparation of a coordination plan before entities in the region covered by the plan can access specific FTA funds. The three FTA funding programs include:

- **FTA Section 5310 - Transportation for Individuals who are Elderly and Individuals with Disabilities.** Capital funding for private, non-profit entities (and if none, public entities) that are involved in transporting older adults and persons with disabilities.
- **FTA Section 5316 - Job Access and Reverse Commute Program (JARC).** Funding for projects and services that improve access to transportation services to employment and

related activities for welfare recipients and eligible low income individuals and to transport residents of urbanized and non-urbanized areas to suburban employment opportunities.

- **FTA Section 5317 - New Freedom Program.** Funding for projects and services that deliver new or expanded public transportation services for disabled persons beyond those required by the Americans with Disabilities Act (ADA), provided that the project is identified in a locally developed coordination plan, is designed to meet the needs of persons with disabilities where existing services are unavailable or insufficient, and was not operational or programmed before August 10, 2005.

The stated goal of this requirement is to maximize these three programs' coverage by minimizing the duplication of services and encouraging coordination as a means to stretch the available funding. Components of the plan must include, at a minimum:

- an assessment that identifies public, private, and non-profit entities that currently provide transportation services to persons with disabilities, older adults, and persons with low income, and the availability of those services;
- an assessment of transportation needs for persons with disabilities, older adults, and persons with low income, and gaps in service. This assessment may be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts;
- strategies and/or activities to address the identified gaps and achieve efficiencies in service delivery; and
- relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

SAFETEA-LU also stipulates that the coordination plan be developed through a process that includes the participation of representatives of public, private and non-profit transportation and human service providers, and the general public.

Work Plan, Methodology and Products

The project work plan and research methodology was established to follow the Federal requirements. At the project's outset, a regional Steering Committee as well as three subregional Stakeholder Advisory Committees (SACs), representing New York City, Long Island, and the Lower Hudson Valley, were formed. The former guided the study, while the latter committees offered additional direction, facilitated access to stakeholders, and provided a reality check for subregional findings.

Initial efforts involved primary and secondary research tasks: reviewing existing coordination efforts and plans, interviewing stakeholders, surveying community transportation providers, evaluating existing public transportation services, and mapping community socio-economic and demographic characteristics. Data was then analyzed to determine where redundancies and gaps in services exist. With this analytic process complete, the study team began developing preliminary recommendations for coordination policies and strategies.

Once an initial assessment of redundancies, gaps, and needs was prepared, the study team held a series of community workshops, with service providers, stakeholders, and members of the public, in each of the ten counties in the NYMTC region, including the five boroughs of New York City. The purpose of the workshops was to verify findings on services and needs and to seek

input on preliminary sets of strategies based on the shortcomings identified. In addition, one focus group for each of the three target populations in each of the ten boroughs and counties (30 focus groups total) was conducted. Each group focused on themes identified by the preceding outreach efforts and analysis. They were also used to determine which solutions and obstacles were most applicable to the NYMTC region in general and individual subregions in particular.

The general public was also invited to participate in the planning process. In addition to offering this opportunity at the combined stakeholder workshops and public meetings, NYMTC established a web page to inform the public about the combined workshops and meetings, disseminate information, and elicit feedback. Press releases advertising the workshops were provided to the local media, and newsletter articles were published to publicize the project. The public was notified of the May meetings in a similar fashion.

Coordination Efforts in the NYMTC Region

NYMTC has long supported and encouraged the coordination of human service programs. With SAFETEA-LU requirements in mind, NYMTC submitted to the FTA an Interim Coordinated Public Transit – Human Services Transportation Plan in 2006. The objectives of the Interim Plan were to ensure a continuous flow of FTA funding to the region and to lay the groundwork for this updated plan.

New York City

There are several examples of successful coordination in the New York City region, including informal efforts where agencies work together on a small scale as well as larger, more formalized programs. For example, the New York City Department for the Aging funds a network of community transportation services that is designed to complement the Metropolitan Transportation Authority New York City Transit's Access-A-Ride, whose ADA paratransit-eligible customers include many who are also seniors. Services are organized geographically so seniors in all parts of the city have access to at least one provider. Small scale coordination occurs within this network of services; individual operators in nearby neighborhoods support each others' services by sharing information, rides, and in some case, back-up drivers.

Another major coordination success story in New York City is available from the Inter-Agency Transportation Services (IATS), a consolidated transportation service for individuals with developmental disabilities traveling to and from day programs. IATS manages a \$55 million transportation program that coordinates service for 19 agencies, 17 program sites, and 6,000 individuals. Since consolidating services, IATS has achieved significant service quality improvements and reduced the administrative burden for individual agencies.

Long Island

One type of ongoing coordination project in Nassau and Suffolk counties is a collaboration between municipalities to develop shared transportation services to meet a particular need. For example, the Towns of Southampton and East Hampton, in Suffolk County, have teamed up to share operation of a medical transportation service to Stony Brook Hospital. Each town is responsible for providing service to residents of both communities on designated days.

Other successful coordination efforts include community transportation service providers that transport clients of several different agencies or coordinate functions with other providers. In Nassau County, for example, Community and Family Residences, Inc. (CFR) contracts with eight

human service agencies to provide client transportation services, or transportation and vehicle maintenance services. In Suffolk County, Maryhaven Transportation Services provides transportation to clients of other agencies under contract. The Community Programs Center of Long Island, also in Suffolk County, participates in joint procurement and training, shared vehicle use, and vehicle maintenance with other agencies.

Lower Hudson Valley

In all three counties of the Lower Hudson Valley, human service agencies depend on existing public transportation services. In areas where the existing public transit networks are extensive, these agencies rely on the public systems heavily to achieve client mobility. However, in other areas, where public transit services are not as readily available, human service agencies have had to develop their own network of resources to ensure mobility for the target populations. In some areas, the system is highly coordinated; yet in other areas, agencies operate client services in an independent, uncoordinated fashion. This wide range of existing conditions was found despite the fact that publicly provided paratransit services in at least two of the counties (Westchester County and Rockland County) exceed the requirements imposed by Federal law, offering longer service hours, broader geographic coverage, and imposing fewer restrictions about who can use the service.

Examples of how the coordinated service network operates can be drawn from each county. In Westchester County, the Office of the Disabled runs the County's complementary ADA service. The County makes decommissioned paratransit vehicles available to the municipalities for local use. In Rockland County, the Department of Public Transportation's paratransit program not only serves ADA paratransit-eligible customers, but is open to seniors as well. In Putnam County, there are informal networks of information and referral services that are used to direct individuals in the target population groups to other provider organizations in the public and non-profit sectors.

Barriers to Coordination

While each region can cite significant ongoing success stories, there are opportunities to increase coordination and remove existing barriers. Despite the unique characteristics of the ten-county region, many of the obstacles were found to be common region-wide.

The most pervasive obstacle to coordination is a general lack of awareness or understanding of services available. In many cases, operators are simply not able to identify what organizations they could coordinate with or what services or costs they could potentially share because they are not aware of what other services are being provided. Stakeholder meetings conducted throughout this study have marked the first occasion that many community transportation stakeholders have met each other, and the sessions proved to be very fruitful for some basic information sharing, such as where to find the best gas stations and mechanics. Without a formal structure of communication or support, operators must take coordination and associated regulatory and funding challenges upon themselves.

Other specific barriers to coordination that were pervasive throughout the region include:

- **Regulatory restrictions and client needs.** Many agencies feel their clients have specialized needs and circumstances that make sharing rides or services challenging. Likewise, agencies perceive that funding restrictions governing use of their vehicles limit their ability to coordinate.
- **Concern over insurance, accounting, and billing.** Agencies expressed concern about insurance, billing, and accounting issues imposed by funding sources as a barrier to

coordination. Many agencies do not fully break down the costs of their services and thus are not sure how much transportation is really costing them or where they might look to save costs.

- **Interest in protecting existing resources.** Although expressed outright by only a handful of agencies, many existing providers likely share a protective instinct about their resources and facilities. There is a sense that transportation resources are not easily acquired and are essential to agency success, thus need to be protected.
- **Staff at smaller agencies can be isolated.** Many small transportation providers have limited opportunities to work with and learn from other providers. This is especially true for agencies where transportation is an ancillary, rather than primary, function.
- **Lack of technical expertise and knowledge of coordination strategies.** Consistent with several of the barriers mentioned, agency staff does not consistently know how to go about coordinating services. In nearly all cases they recognize problems and suspect that working together could help them, but are uncertain about how to get started. This is true for agencies seeking to both purchase and sell services.

For all three subregions, barriers to coordination are both overlapping and compounding. Funding restrictions on vehicle use limits the extent to which agencies can coordinate existing services (although some of these limitations are not as restrictive as perceived). Operationally, high levels of demand, non-accessible vehicles, and an inability or lack of interest in mixing client populations in vehicles have prevented additional or coordinated ridership. While possible, overcoming such barriers requires leadership and determination to find answers, solutions, resources, and regulatory clarification.

Existing Services, Unmet Needs and Service Gaps

To understand unmet needs, service gaps, and service redundancies, the study team examined existing community transportation services and how well available services meet the needs of the target populations. This analysis was conducted for the region as a whole, individually for each subregion, and within each subregion for the ten individual boroughs and counties. Through this process, the unmet needs, service gaps, and redundancies within each network were identified. Findings for each subregion and for inter-regional services are presented below.

New York City

Existing Transportation Services

The subregional and regional network of public transportation services is well-documented in the main report. It is widely known that New York City is unique in the United States because nearly all geographic areas in the city are served by at least one transportation provider, with many services available 24 hours a day, seven days a week. The accessibility and availability of these services, however, varies by community and neighborhood and an individual's abilities. In particular, members of the target populations do not always enjoy the same access to transportation as other groups and thus are frequently challenged to travel to specific locations for different trip purposes and at certain times of the day. The project analysis begins by examining unmet needs, gaps, and redundancies in the existing services, and then works towards identifying the most appropriate and effective strategies needed to improve community transportation services.

New York City effectively has five layers of transportation services:

- 1) **Public Transportation** – New York City’s public transit network consists of rail, subway, bus, and ferry services. The MTA operates extensive subway and bus routes in all five boroughs, most of which operate 24 hours a day, seven days a week. MTA Metro-North Railroad and MTA Long Island Rail Road operations include more limited rail service within the City, as does the Port Authority of NY & NJ (PATH service). These three rail services as well as public transit services, including MTA Long Island Bus, Westchester Bee-Line, and New Jersey Transit, provide transportation between the NYC and suburban communities.
- 2) **Privately-Owned Public Transportation** – New York City has a fleet of 13,000 taxi cabs and approximately 33,000 for-hire vehicles, regulated by the City’s Taxi and Limousine Commission (TLC). These cars are available to anyone who is able to pay the fare, although only a very small portion (estimated at 2%) of the fleet is wheelchair-accessible. NYC 311 is currently offering accessible taxi dispatch service through a pilot program. Private bus companies provide commuter bus services between NYC and surrounding suburban communities.
- 3) **ADA Complementary Paratransit Services** – In compliance with the Americans with Disabilities Act (ADA), MTA New York City Transit offers complementary paratransit to individuals with disabilities who because of their disabilities are unable to access or use fixed-route service. Called Access-A-Ride, this service is available in all five boroughs for travel anywhere in the city, 24 hours a day, seven days a week. Access-A-Ride also provides service within a ¾-mile corridor of NYC Transit bus routes that extend to nearby Nassau and Westchester counties.
- 4) **Medicaid Non-Emergency Medical Transportation** – For individuals who qualify for the program, Medicaid will pay non-emergency transportation costs for individuals traveling to covered medical appointments. Ambulettes are one of the largest providers of Medicaid-funded transportation in New York City, with 150 providers licensed by the TLC.
- 5) **Other Human Service Transportation** – Human service agencies provide specialized transportation typically targeted to meet specific client needs and to bring program participants to and from agency programming or services. Conservative estimates suggest there are at least 175 agencies citywide providing some sort of specialized transportation.

Each layer of service makes an important contribution to meeting the needs of the target populations; however, mobility challenges persist. For example, while some members of the target populations successfully use the public transportation network, access for others is challenged by physical abilities, emotional and mental limitations, language and cultural barriers, and financial circumstances. To understand how the services work together to meet the range of needs, each of the transportation services was compared against mobility criteria associated with 1) eligibility to use the service; 2) geographic coverage; 3) reservation requirements; 4) temporal coverage; 5) allowed trip purpose; and 6) cost. This analysis is shown in Figure ES-1, which also identifies the major challenges and gaps associated with individual service options.

Figure ES-1 Transportation Services - New York City

	Public Transportation		Community Transportation		
	Public Transit	Taxis, Car Services, and Jitneys	Access-A-Ride	Medicaid Non-emergency Medical Transportation	Human Service Transportation
Eligibility	All	With fare	ADA Paratransit eligible	Medicaid recipients (low income)	Age and disability based
Geographic Coverage	Available; Buses with 100% accessibility; Rail with limited accessible infrastructure	Mostly available	Available	Available	Mostly available
Reservation Requirements	None	Advance and same day (car services, jitneys) Immediate (taxis)	Next day advance request	Next day advance request	Next day to one week or more advance request
Temporal Coverage	24/7	On demand	24/7	On demand	Weekdays, typically 8 AM to 5 PM
Allowed Trip Purpose	Any	Any	Any	Medical only	Agency programs; medical appointments; some quality of life
Cost	Low	High	Low	Low	Low
Service Challenges and Gaps	Availability, condition and maintenance of accessible infrastructure	Price; Accessibility; Availability	Eligibility; Service Quality	Limited trip purpose; Eligibility	Eligibility; Quantity of service available

Unmet Needs, Service Gaps, and Redundancies

With these services in mind and in consideration of where members of the target populations live and travel, a series of unmet needs and gaps across New York City were identified. While the report details specific needs, gaps, and redundancies by population and by individual borough, these are reported here in aggregate, highlighting the most prominent needs.

- The physical infrastructure does not always adequately support the needs of the target populations, especially for people who take longer to cross streets, need a place to sit, or can only travel short distances at a time.
- Only a portion of the subway and rail systems have accessible infrastructure. In addition, some consumers participating in the study’s outreach efforts reported that the

infrastructure and services are not reliable and are frequently unavailable (i.e., elevators and escalators).

- Taxis and car services are largely inaccessible to many persons with disabilities, particularly persons using wheelchairs, with an estimated 2 percent of the taxi fleet accessible to persons using wheelchairs. Affordability is also a major barrier to use of these modes.
- Many community transportation services are available only during weekdays between 8:00 AM and 5:00 PM.
- Demand for community transportation services is increasing, many programs are oversubscribed, funding is an issue, and thus services are being out-stripped by the demand.
- Travel services for the highest need segments of the target populations are limited since physical assistance or door-through-door programs are very limited.
- Unaffiliated, unsponsored individuals with disabilities who are not ADA paratransit-eligible and who are not formally associated with a specific agency program have very few travel options.
- While Access-A-Ride (AAR) provides broad coverage for its customers, some members of consumer groups feel the service is less effective at meeting needs for flexible, reliable, and timely transportation.
- Advance scheduling requirements for non-ADA paratransit services is a detriment for many members of the target populations; they cannot always predict their mobility needs in advance.

Long Island

Existing Transportation Services

Long Island's Nassau and Suffolk counties have varying levels of community transportation services. An overview of community transportation services by type shown together with key characteristics is provided in Figure ES-2.

- **Public Transportation** - Long Island is served by regional rail service, which operates east/west along the Island through both counties through the Long Island Rail Road. In addition there are six public transportation bus operators in Long Island. Nassau County is also served by three bus transit operators: Long Island Bus (operated by the MTA), Long Beach Transit (operated by the City of Long Beach), and a bus service operated by the City of Glen Cove. In Suffolk County, countywide public transportation bus service is operated by Suffolk County Transit (SCT) while two local operators provide additional services: Huntington Area Rapid Transit (HART) and the Village of Patchogue.¹ Express and commuter buses are also available.
- **ADA Complementary Paratransit** – In Nassau County, ADA complementary paratransit service is available from two operators: MTA Long Island Bus (Able-Ride) and Long Beach Transit. In Suffolk County, ADA paratransit services are available from Suffolk County Transit (Suffolk County Accessible Transportation – SCAT) and HART.

¹ In addition, Stony Brook University, Dowling College, Adelphi University, Hofstra University, and various other universities each operate on-campus and shuttle services for students, faculty, and university visitors.

- Human Service Transportation** - Many human and social service agencies and cities and towns on Long Island operate demand-response transportation or regularly scheduled subscription service. Some of these are primarily available to clients or individuals who participate in their programs and activities, while others are open to all older adults and/or persons with disabilities. Examples of providers include the Jewish Community Center of Greater Five Towns; St. Charles Hospital; Long Beach Medical Center; and Community and Family Residences.
- Medicaid Non-Emergency Medical Transportation** – For individuals who qualify for the program, Medicaid will pay non-emergency transportation costs for individuals traveling to covered medical appointments. On Long Island, the Departments of Social Services in Nassau and Suffolk counties have independently contracted with the same transportation coordinator, Globe Ground. Note also that the County-based programs all make use of public transit services for Medicaid non-emergency medical transportation (NEMT), reimbursing recipients for the travel costs of a bus or subway fare.
- Privately Owned Public Transportation** – Taxi service is available in Nassau and Suffolk counties, although not in all communities. Few accessible vehicles are in operation.

Figure ES-2 Transportation Services – Long Island

	Public Transportation		Community Transportation		
	Public Transit	Taxi Service	ADA Paratransit	Medicaid Non-emergency Medical Transportation	Human Service Transportation
Eligibility	All	All – limited accessible vehicles	ADA Paratransit eligible	Medicaid recipients (low income)	Limited to program participants or residents of particular community who meet age and/or disability requirements
Geographic Coverage	Limited coverage - Rail service on LIRR is primarily oriented to and from NYC Local and express buses are available in both Nassau and Suffolk counties	Limited communities	Available in areas served by fixed-route bus; Extends beyond fixed-route corridors in some areas	Available	Typically limited to sponsoring community or to specific program locations; little inter-community travel possible
Reservation Requirements	None	Advance, same day, or immediate	Advance	Next day advance request	Next day to one week or more advance request
Temporal Coverage	Varies by community and operator; less service in smaller communities No Sunday service in Suffolk County	On demand as available	Varies by community; mirrors fixed-route bus	On demand	Typically weekdays and 'normal' business hours

	Public Transportation		Community Transportation		
	Public Transit	Taxi Service	ADA Paratransit	Medicaid Non-emergency Medical Transportation	Human Service Transportation
Allowed Trip Purpose	Any	Any	Any	Covered medical trips only	Agency programs; medical appointments; some quality of life
Cost	Low	High	Low	Low	Low
Service Challenges and Gaps	Some rail stations are not fully accessible; Distances to/from stops and stations; Most service oriented east/west to New York City, with limited north/south service Some areas with few services	Price; Accessibility; Availability	Not available in all areas Affordability	Limited trip purpose; Eligibility	Eligibility; limited days and hours of service; Restrictions on trip purpose; Few services support employment

Unmet Needs, Service Gaps, and Redundancies

The study team examined the travel patterns of older adults, persons with disabilities, and persons with low income living and working on Long Island, as compared to available transportation services. This analysis, together with input from stakeholders, SAC members, surveys, workshops, and focus groups, identified a series of unmet service needs in Long Island. The main report details specific needs, gaps, and redundancies by population and by county. The most prominent needs in common are summarized below:

- Demand-response services are only available to segments of the population and typically have limited service hours, allowable trip purposes, and geographic coverage. This is true for municipal providers, human service agencies, and ADA paratransit services.
- Outside of public transportation, there are few transportation services for individuals with low income. Most specialized services support specific agency programs and very few services support employment-related activities.
- The rail network is a critical transportation resource on Long Island. For some members of the target populations, however, high fares (even with discounts for older adults and persons with disabilities), distance to and from stations, and the limited accessible infrastructure in some locations may affect the usefulness of the services. Some portions of Long Island are served by public transportation services with limited geographic coverage, making distances to stops and stations lengthy, and/or with limited service frequency.
- Travel between communities is challenging, especially for older adults and persons with disabilities, but also for people making reverse commute trips for employment.
- According to comments made by participants in focus group meetings and public workshops, some services are not affordable for members of the target populations. This is especially true for longer distance trips on Long Island Rail Road and some of the paratransit services, including Able-Ride.

- Although there are a number of human service transportation providers on Long Island, our research suggests that many members of the target populations and agency staff are unaware of the types of transportation options that are available to them.
- Advance scheduling requirements for non-ADA paratransit services is a detriment for many members of the target populations; they cannot always predict their mobility needs in advance.

Lower Hudson Valley

Existing Transportation Services

There are existing public transportation networks in all three counties in the Lower Hudson Valley. In Westchester and Rockland counties, these networks are extensive and generally provide countywide services. Additionally, these services provide extensive paratransit services in their respective regions and, in each case, the paratransit services exceed the statutory requirements imposed on local governments by the Americans with Disabilities Act (ADA). An overview of the main community transportation services available to older adults, persons with disabilities, and persons with low income living in the Lower Hudson Valley are summarized below. Figure ES-3 highlights the general characteristics of the services and their service to members of the target populations.

- **Public Transportation Services** – The Lower Hudson Valley is served by regional rail service provided by Metro-North Railroad and New Jersey Transit, west of the Hudson River. The region also has several fixed-route bus services available, including commuter and express services to New York City. Westchester County is served by the County's fixed-route public transportation system, the Bee-Line. Service is provided seven days a week, with weekend and late evening service available. In Rockland County, Transport of Rockland (TOR) provides fixed-route service throughout the County. Service is available seven days a week, and late evening service is available. Putnam County Transportation also offers fixed-route bus service, with most service in the eastern section of the county and focused on the Brewster area. Several small municipal bus services and shuttles are also available in certain towns, such as the Spring Valley Jitney and in Clarkstown in Rockland County.
- **ADA Complementary Paratransit** – ADA complementary paratransit service in the Lower Hudson Valley is provided by the Westchester County Office for the Disabled. Rockland County provides T.R.I.P.S paratransit service. Putnam County Transit operates its own ADA service as well. Both the Westchester County Office for the Disabled and T.R.I.P.S. offer service that exceeds ADA statutory requirements in one or more ways. Westchester County Office for the Disabled provides service countywide during core service hours (6:00 AM to 7:00 PM and on Saturdays from 8:00 AM to 7:00 PM); outside core times, service contracts to an area encompassing ¾-miles around the fixed-route service coverage. T.R.I.P.S. allows both ADA-eligible individuals with disabilities and older adults to use the service during the same days and hours as the fixed-route system. Putnam County Transit also provides ADA paratransit services within ¾-mile of its fixed-route service and during the same days and hours.
- **Human Service Transportation** – As noted earlier, the development of human service transportation providers is most pronounced in areas with more limited public transportation availability. In areas where public transit services are widely available, there is great reliance on these existing networks by the human service agency

community; in other areas, agencies have had to develop their own resources to meet clients' needs.

The most well-developed network of human services transportation is aimed specifically at seniors. No fewer than 25 separate (generally municipally operated) programs support shopping and trips to community senior centers.

- **Medicaid Transportation** - Under Title XIX, Medicaid recipients are covered for certain medical services, including travel to and from medical appointments and services, with prior authorization. Eligibility for Medicaid is income based; thus the services span the target populations of persons with low income as well as older adults and persons with disabilities who also have low incomes. Without question, Medicaid is the single largest Federal funding source for human service transportation.
 - Medicaid transportation services in New York State are administered by the NYS Department of Health and, in the Lower Hudson Valley, by the respective county Departments of Social Services (DSS).
 - Depending on their abilities and needs, Medicaid clients may be reimbursed for travel on one of three modes of Medicaid-sponsored transportation used for non-emergency medical transportation (NEMT). These modes include:
 - (1) Public transportation for persons who are ambulatory, able to use public transportation, and traveling to destinations served by public transit;
 - (2) Taxi and car services for persons who are ambulatory and otherwise do not require an accessible vehicle; and
 - (3) Ambulette service for persons who require an accessible vehicle and assistance from the driver getting into and out of the vehicle.
 - Trips on public transportation are paid at the established fare rate. Rates for taxicab and ambulette services are established by county.

Figure ES-3 Transportation Services – Lower Hudson Valley

	Public Transportation		Community Transportation		
	Public Transit	Taxi Services	ADA Paratransit	Medicaid Non-emergency Medical Transportation	Human Service Transportation
Eligibility	All	All	ADA Paratransit eligible; One ADA service also available to older adults	Medicaid recipients (low income)	Limited to program participants or residents of particular community
Geographic Coverage	Limited coverage – rail service oriented to NYC; Significant bus service; local service limited	Limited communities	Available	Available	Limited overall; where available, very local

	Public Transportation		Community Transportation		
	Public Transit	Taxi Services	ADA Paratransit	Medicaid Non-emergency Medical Transportation	Human Service Transportation
Reservation Requirements	None	Advance, same day, or immediate	Next day advance request	Next day advance request	Next day to one week or more advance request
Temporal Coverage	Varies by community and operator; Less service in smaller communities	On demand as available	Varies by community	On demand	Typically weekdays and 'normal' business hours
Allowed Trip Purpose	Any	Any	Any	Covered medical trips only	Agency programs; medical appointments; some quality of life
Cost	Low; some rail modes cost-prohibitive for low income individuals	High	Low	Low	Low
Service Challenges and Gaps	Many rail stations are not accessible; Rail service oriented to and from New York City; Some areas with few services	Price; Accessibility; Availability	Not available in all areas; Affordability	Limited trip purpose; Eligibility	Eligibility; Restrictions on trip purpose; Few services support employment; limited cross-jurisdictional services

Unmet Needs, Service Gaps, and Redundancies

By comparing existing transportation services with the travel needs of the target population, a series of unmet needs and gaps across the Lower Hudson Valley were identified. The following is a summary of the key needs and gaps in transportation services within the subregion:

- Medical facilities and service providers are consolidating into large regional operations. As a result, there is more demand for travel, and many members of the target population must travel longer distances to access care. This is straining existing service providers.
- The Lower Hudson Valley spans a large geographic area, much of which is sparsely populated. Long driving distances between destinations and rural road networks stress the comfort levels of some older drivers. As a result, there is a demand for transportation alternatives, such as door-to-door paratransit services.
- There is demand to get home healthcare workers to client locations within the counties; many of these workers are transit-dependent.
- There is a need for more public transit and paratransit services in the Lower Hudson Valley. Although the demand and need varies by community, in general most felt the region would benefit from increased service.

- Installation of passenger amenities (shelters, benches, information systems etc.) at existing bus stops may induce members of the target populations to make greater use of fixed-route services.
- Advance scheduling requirements for community transportation services can be a detriment for many members of the target populations; they cannot always predict their mobility needs one week in advance.

Regional Needs

Mobility options are extensive in the NYMTC region, yet specific gaps in service and the divisions between individual service networks remain significant for some older adults, persons with disabilities, and persons with low income. Two issues in particular – the jurisdictional boundaries that restrict transit operators from providing regional service and the need for local connections to facilitate regional travel – are seen as primary challenges for travel between NYMTC’s three subregions. To a lesser extent, even travel between some municipal boundaries can be a challenge to older adults. For example, municipal services operated on behalf of older adults are often limited geographically by municipal boundaries.

The broader regional issues apply to both fixed-route bus and paratransit services as they relate to employment travel, medical and human services trips, as well as social and recreational trips. Summarized unmet needs for regional services include:

- Transit providers’ funding and administrative structure often leads to distinct service breaks at municipal borders. The Westchester Bee-Line, MTA New York City Transit, and MTA Long Island Bus each have restrictions on providing service in neighboring counties.
- While rail and express bus connections between New York City and surrounding counties are generally extensive, limited feeder bus services at outlying rail stations and/or park and ride lots effectively limit travel options.
- The most commonly identified transportation gap or unmet need emerging from public outreach within the region pertained to healthcare employment – specifically home healthcare workers – and the difficulty in traveling to private residences for work without access to a private automobile.
- The frequency of service and number of transfers required to complete a trip may render longer-distance travel difficult, particularly for customers with mobility limitations.
- Transferring between jurisdictions on paratransit is challenging. While paratransit operators such as Access-A-Ride will provide connections to neighboring systems through coordinated transfer locations, customers must schedule trips with each of the two systems independently. As a result, connections are not guaranteed, making such a transfer risky.

Opportunities to Address Unmet Needs

Identifying and Prioritizing Strategies

Building on the analysis of unmet transportation needs for the three target populations – older adults, persons with disabilities, and persons with low income – the project team identified a collection of strategies that offer the potential to address service gaps, fulfill unmet needs, and reduce service duplication. These strategies drew heavily from input and suggestions gathered during the outreach meetings and interviews conducted in the summer and fall of 2008. Working

in conjunction with the Stakeholder Advisory Committees, a long list of possible strategies was crafted into a series of strategies that meet local and regional needs.

Stakeholder Advisory Committees met in February 2009, to prioritize the proposed strategies based on criteria associated with meeting documented needs, implementation feasibility, and the extent to which the strategy promoted coordination. Meeting participants were given a limited number of “votes” (approximately half the number of strategies under consideration) and asked to distribute them among their preferred strategies. The only caveat placed on the process was limiting to three the number of votes a member could place on a single strategy. At the end of the process, each of the subregional committees identified a short list of strategies determined to have both a high implementation feasibility and ability to address a pressing need.

Strategies by priority status by subregion are shown in Figure ES-4 (“H” represents high, “M” medium, and “L” low priority strategies). All three subregions considered strategies relative to their particular needs, and every strategy was not ranked in every subregion. An overview of the highest priority strategies by subregion is shown in Figure ES-5 together with a possible lead agency, likely implementation timeframe, estimated costs, and potential funding sources. The lead agency is listed simply as a suggestion and should in no way preclude other agencies or organizations for applying to fund these types of projects.

Figure ES-4 Prioritized Strategies by Subregion

Strategies	New York City	Long Island	Lower Hudson Valley
Mobility Manager and Mobility Manager Training	H	H	H
Transit Service Expansion and Improvements	H	H	H
Improved Access to Fixed-Route Bus Stops	M	H	H
Expand/Enhance Vehicle Purchase Program through increased coordination and funding	H	M	M
Centralized Resource Directory	M	H	H
Job Access Strategies	L	H	H
Accessible/Real-Time Transit Information Systems	L	L	N/A
Volunteer Driver Programs – Expand and Coordinate	L	L	M
Improve Coordination of Existing Services	M	L	N/A
Taxi/Community Car Subsidy and Expand Accessible Taxi Fleet	H	M	H
Accessibility Improvements at Non-Key Rail Stations	M	H	N/A
Develop Travel Voucher Program	N/A	L	H
Create Bus Buddy Program	M	N/A	L
Expand Travel Training Program	H	N/A	H
Other Technologies to Improve Efficiency/Customer Experience	N/A	N/A	M
Better Publicity for Existing On-line Trip Planning Sites	N/A	M	N/A
Implement Paratransit Feeder/Distributor Services	N/A	L	N/A
Reverse Commute Strategies from Rail Stations	N/A	L	H
“Zip Bike” and Improve Bike Amenities at Stations	N/A	L	N/A
Develop Accessible Wayfinding Systems	L	N/A	N/A

Figure ES-5 Prioritized Human Service Transportation Plan Strategies

Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
High Priority Strategies – New York City					
Taxi/Community Car Subsidy Programs MM	Medicaid Hospitals Non-profit organizations Community Transportation Providers	3-6 months	Administrative costs between \$50,000 and \$125,000; Subsidy costs vary	JARC New Freedom	Provide reduced fare vouchers to older adults, persons with disabilities and persons with low incomes to increase trip flexibility and coverage; may also be used to support employment. Encourages use of lower-cost travel modes and supports expansion of accessible and community car fleet.
Mobility Managers – Information Outreach, and Trip Planning MM	NYC – Various departments Community Boards Offices of the Borough Presidents Non-profit organizations	6-12 months	Annual full-time salary between \$60,000 and \$75,000	JARC New Freedom Municipal, state or percent agency funding Foundation funding	A Mobility Manager could be an individual, a group of individuals or an organization that provides a wide variety of mobility management functions for consumers, human service agency staffs, and/or for community transportation providers.
Mobility Managers – Operational Support MM	NYC – Various Departments Community Boards Offices of the Borough Presidents Non-profit organizations	12-24 months	Annual full-time salary between \$75,000 and \$85,000	JARC New Freedom Municipal, state or percent agency funding	Build on mobility management system to support existing operators with a physical resource center that offers support services for smaller operators. Potential support services may include trip scheduling; driver training; vehicle storage; maintenance; etc.
Mobility Manager Training and Support MM	MTA NYS DOT NYC DOT Offices of the Borough Presidents Non-profit organizations	3-9 months	Annual costs between \$50,000 and \$100,000	JARC New Freedom	Obtain technical training for Mobility Manager, especially relevant if mobility management system is implemented in several areas and/or different agency types.

* MM in this column refers to project or strategy that may be led by a Mobility Manager.

† Timelines are indicative and based on time required once funding is secured.

‡ Dollar figures reflect differences in subregional economies.

Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
Travel Training MM	NYC – Various Departments Non-profit organizations Workforce One Centers	3-9 months	Varies by program – if Mobility Manager in place simple program may be \$5,000	JARC New Freedom	Design programs to train individuals to use public transit. Increasing use of public transit will increase mobility for individual and reduce reliance on higher cost transportation modes. Some travel training programs exist already – potential to build on these efforts.
Vehicle Purchase	Community Transportation Providers	0-6 months	Small vehicles up to \$60,000; Buses between \$100,000 & \$500,000	JARC New Freedom	Supplement Section 5310 funding to accommodate more applicants and provide more accessible vehicles. Develop strategies to reward agencies actively working to coordinate services.
Transit service expansion and improvements	MTA NYCT	12-24 months	Public transit – up to \$100 per hour Community transportation services \$55 and \$65 per hour	JARC	Create new services and/or expand existing services to provide service to new areas, expand service hours and/or expand options in area with limited service. Build on opportunities to coordinate existing services to maximize efficiency and ridesharing.
High Priority Strategies – Long Island					
Mobility Manager and Mobility Manager Training/Support	Various county or municipality agencies and departments	3-6 months	Annual salary \$30,000 - \$60,000 Annual training and admin costs \$50,000 - \$100,000	JARC New Freedom	A Mobility Manager could be an individual, a group of individuals or an organization that provides a wide variety of mobility management functions for consumers, human service agency staffs, and/or for community transportation providers.

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‡ Dollar figures reflect differences in subregional economies.

Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
Centralized Transportation Resource Directory MM	LITM Nassau County Planning Department Suffolk County Dept. of Planning Non-profit human service agencies	6-12 months	Development costs for basic directory – up to \$50-75,000 Printing and distribution costs vary	JARC New Freedom	A hard copy and/or electronic transportation resource directory. The transportation information in a directory covering each or both counties could be used by the Nassau County Department of Senior Citizen Affairs and the Suffolk County Office for the Aging in their directories of services for older adults along with service providers to increase coordination.
Improve Access to Fixed-Route Bus Stops	Suffolk County Dept. of Public Works (SCT) Nassau County Planning Department Municipalities – especially traffic safety departments	8-12 months	Costs per: Accessible Pedestrian Signals -- \$8,000 to \$12,000 Bus shelter with bench -- \$3,000 – \$5,000; Curb cuts -- \$1,000 or less; Sidewalks - \$500,000 to \$1M per mile	New Freedom Section 5307, Section 5311 capital programs	Improvements to the accessibility of bus stops and added amenities benefit all riders and encourage use of the existing transit system; bus stop improvements were mentioned as a need during public and stakeholder workshops
Vehicle Acquisition	Community Transportation Providers	NA	\$40,000 - \$100,000 per vehicle, depending on type; Federal share no more than 80%	JARC Section 5310 New Freedom	Continued use of Section 5310 funds to support capital purchases, with priority given to applicants who are using 5310 vehicles in a coordinated manner. Addition of JARC and New Freedom funds to purchase vehicles and continue/ expand services.
Improvements at Non-Key Rail Stations	MTA LIRR	>24 months	Station accessibility improvements are expensive	New Freedom	New Freedom funding is currently being used by MTA LIRR to make improvements at a number of stations. Additional improvements would facilitate greater use of rail service and improve mobility.

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Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
Job Access Strategies MM	MTA Long Island Bus Suffolk County Dept. of Public Works HART LITM	3-6 months	Operating costs for shuttle services typically range between \$55 and \$65 per hour Vanpool and ridesharing options are less expensive	JARC New Freedom	JARC funding has been used by MTA Long Island Bus in the past to extend routes and service hours and expand capacity, especially on weekends, to better serve employment locations. Strategies for improving access to jobs could include additional fixed-route or service hour extensions, or new shuttle services to employment sites, ridesharing or vanpool services, or support services such as a guaranteed ride home program or child care transportation.
Transit Service Expansion and Improvements	MTA Long Island Bus Suffolk County Department of Public Works (SCT) HART	12-24 months	Public Transit – up to \$150 per hour Van/shuttle services – between \$55 and \$65 per hour	JARC New Freedom	Create new services and/or expand existing services to provide service to new areas, expand service hours and/or expand options in areas with limited service. New/expanded services may include new options for late night or weekend service. Build on opportunities to coordinate existing services to maximize efficiency and ridesharing. (See other strategies for specific service expansion/improvement ideas.)

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Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
High Priority Strategies – Lower Hudson Valley					
Improved Coordination of Agency Services/Mobility Management MM Could be implemented in all three counties in the LHV	County departments Transit agencies Non-profit organizations	6-8 months after funding is secured	Annual salary: \$30,000 to \$60,000 Training and admin costs of \$50,000 and \$100,000 Federal participation: 80%	JARC New Freedom	A Mobility Manager could be an individual, a group of individuals or an organization that provides a wide variety of mobility management functions for consumers, human service agency staffs, and/or for community transportation providers.
Transit Service Expansion and Improvements	Transit agencies	12-24 months	Public transit – up to \$100 per hour Community transportation services \$55 and \$65 per hour	JARC	Public transit affords the most mobility to the target populations when located in proximity to target population origins/destinations of travel. Following the example of Bee-Line, continue to create new services and/or expand existing services to provide service to new areas, expand service hours and/or expand options in area with limited service to meet employment transportation needs. Build on opportunities to coordinate existing services to maximize efficiency and ridesharing.
Accessibility Improvements at Bus Stops Could be implemented in all three counties in the LHV with high priority for Putnam County	County/municipal departments Transit agencies	2 years once funding is secured	Capital expense \$400,000 - \$500,000 (range can depend on number of shelters, benches and other amenities)	New Freedom	Improving bus stop accessibility and installing passenger amenities can make transit more accessible by persons with disabilities and the elderly.

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Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
Centralized Resource Directory MM	<p>Planning departments in partnership with community-based non-profit organizations</p> <p>Various county agencies and departments</p> <p>Non-profit organizations</p>	4-8 months once funding is secured	<p>Operating expense, but may be considered a mobility management expense, particularly if undertaken in combination with other strategies</p> <p>\$25,000 initial cost; community support for maintenance/updates</p>	JARC New Freedom	Centralized resource directories are very helpful to consumers, human service agency staff, and advocates who need to find and/or arrange transportation for members of the target populations (low income, seniors, and persons with disabilities).
Job Access Strategies	<p>Westchester County Department of Transportation</p> <p>Rockland County Department of Public Transportation</p> <p>Putnam County Planning Department</p> <p>Public efforts could be coordinated with appropriate other public entities and non-profit corporations</p>	Will vary depending on whether reverse commute service is new or expansion of existing services	<p>Operating expense</p> <p>Cost based on variable cost per hour of Bee-Line service</p>	JARC	With continued rates of high unemployment, there will be a continued need to link low income individuals with these employment centers. Adoption of this strategy in the plan will continue to afford public transit agencies with the flexibility to apply for JARC funding to create new reverse commute routes or expand existing routes to better meet commute needs.

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Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
Affordable and Accessible Taxi Service MM	Various county or municipality agencies and departments Other community transportation programs	3-6 months	Administrative costs between \$50,000 and \$125,000; Subsidy costs vary	JARC New Freedom	Provide reduced fare vouchers to older adults, persons with disabilities and persons with low incomes to increase trip flexibility and coverage; may also be used to support employment. Encourages use of lower-cost travel modes and supports expansion of accessible and community car fleet. Similar to Travel Voucher program below, but aimed specifically at taxi services in the LHV.
Travel Voucher Program MM Could be implemented in all three counties in the LHV with high priority for Westchester County	Municipal departments Non-profit organizations County agencies/departments	4-8 months once funding is secured	Operating expense; costs can be controlled/contained by participating organization to fit budget parameters	JARC New Freedom	Transportation voucher programs are consumer- driven, and allow participants to control resources directly and to make their own decisions about service providers. Other advantages include low start-up and administrative costs, support for existing transportation providers and services, and the flexibility to adapt to a variety of local conditions.
Travel Training	Transit agencies Non-profit organizations County departments	3-9 months	Varies by program – with Mobility Manager in place simple programs as low as \$5,000	JARC New Freedom	Design programs to train individuals to use public transit. Increasing use of public transit will increase mobility for individual and reduce reliance on higher cost transportation modes. Some travel training programs exist already – potential to build on these efforts.

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Strategy (to address need/gap)*	Possible Lead Agency/Champion	Implementation Timeframe†	Estimated Costs (Capital or Operating)‡	Potential Funding Sources	Strategy Overview
Reverse Commute Strategies – Shuttle Services to/from Rail Stations or Bus Stops; Vanpools MM	Westchester County Department of Transportation Rockland County Department of Public Transportation Putnam County Planning Department Public efforts could be coordinated with appropriate other public entities and non-profit corporations Transportation Management Associations	3-6 months	Shuttle services might cost \$50-60/hour Vanpool costs could be covered by fares or subsidized for low income individuals by a sponsor organization	JARC New Freedom Employers (or agencies) County Medicaid agencies Organizations administering the Consumer Directed Assistance Program in each county	Reverse commute strategies could be used to address the difficulty that home care workers have with reaching clients' homes

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