

Chapter 1. Project Overview

Introduction

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 dependent on these services. In this report, “community transportation services” include any public or private transportation service that focuses on the travel needs of the three target populations: older adults, persons with disabilities, and 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 Federal transportation act, which requires that such a plan be in place before services and transportation providers in the region may access certain funding programs offered by the Federal Transit Administration (FTA) that fund transportation services focused on older adults, persons with disabilities, and persons with low income.

Given its role as the regional transportation planning agency and as the designated recipient of these FTA-administered funds, NYMTC is responsible for coordinating 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 needs of the three population groups that are served by these services, and those that are not, and (3) coordination strategies to address those unmet needs.

The Coordinated Plan is being developed for each of the three subregions within the NYMTC Area:

- New York City (Bronx, Brooklyn, Manhattan, Queens, Staten Island)
- Long Island (Nassau and Suffolk counties)
- Lower Hudson Valley (Putnam, Rockland, and Westchester counties)

This document is the Coordinated Plan for Long Island.

Plan Organization

This report is composed of nine chapters:

Chapter 1: Project Overview presents an overview of the project, the SAFETEA-LU Federal planning requirements, a summary of the principal funding sources covered under these requirements, and other Federal coordination initiatives, as well as a background section on the

work that NYMTC has already done on its New York Region Areawide Interim Coordinated Public Transit—Human Services Transportation Plan (Interim Plan).

Chapter 2: Project Methodology summarizes the steps taken and the methodologies used to prepare the Coordinated Plan. It provides a description of the process, from initial contact through final plan. This chapter also includes key sources that helped inform the effort, from lists of involved stakeholders to public transportation planning documents.

Chapter 3: Overview of Long Island includes profiles (narratives and maps) of the Long Island subregion within the NYMTC area and both counties within the subregion. These profiles set the stage for – and give a framework and context to – the discussion of public transportation and community transportation services in the Long Island subregion (presented in Chapter 4) and a more detailed look at the demographic profile of the three target populations (discussed in Chapter 5).

Chapter 4: Public Transit Services, Taxis and Community Transportation Services documents the array of public transportation services and community transportation services that exist in the Long Island subregion and both of the counties.

The chapter begins with summaries of regional public transit services that serve Long Island. Summaries are provided for regional rail services, regional bus services, private commuter lines and ferry services. These services include publicly operated fixed-route services (bus, rail, ferries). Transit/intermodal hubs are also identified and discussed. The chapter continues with a more detailed look at the public transit services within each county. For fixed-route bus systems, JARC services and routes are identified. This is followed by a section on other Long Island-based public transportation services such as taxis.

Chapter 4 concludes with a section on community transportation services, including ADA paratransit services, Medicaid non-emergency medical transportation (NEMT), transportation for persons with developmental disabilities, senior vans, and other human service agency transportation services.

Chapter 5: Demographic Profiles of the Target Populations includes a demographic profile of older adults, persons with disabilities, and people with low income in the Long Island subregion by county. This information establishes the framework for better understanding the local characteristics of the subregion and each county, with a focus on the three population groups subject to this plan.

Chapter 6: Major Destinations and Activity Centers documents the major destinations for the three population groups in Long Island and in each county, as appropriate. The discussion is sorted into the following categories: senior centers and adult day centers; hospitals, medical centers and dialysis facilities; shopping centers; colleges and universities; public buildings; major employers and employment training sites.

Chapter 7: Unmet Needs and Service Redundancies presents the findings from comparing the supply of public transit and community transportation (from Chapter 4) with each other and to the origins and destinations (from Chapters 5 and 6) of the target populations. This analysis also takes into account perceptions of unmet need as reported in previous planning studies, and as expressed by interviewed stakeholders and respondents to a survey of transportation providers. These findings have been further refined with input from stakeholder workshops, customer focus

groups, and the Stakeholder Advisory Committee. Input was also elicited from the general public through the open houses, public comment periods, and through the project website.

Chapter 8: Coordination Strategies identifies strategies that are applicable to the Long Island subregion and to each county to address the gaps and shortcomings identified in Chapter 7. These strategies are grouped by category. The descriptions include an overview of the general strategy, prospective benefits, potential obstacles and challenges, examples of best practices, and potential for SAFETEA-LU and other funding sources.

Chapter 9: Implementation Priorities discusses the process used by the Long Island Stakeholder Advisory Committee and other local stakeholders to prioritize the coordination strategies. Implementation of each of the higher ranked prioritized strategies is also discussed.

The Appendix includes the following:

- **Appendix A:** Annotated Literature Review
- **Appendix B:** Summary of Stakeholder Interviews – also includes the Interview Guide
- **Appendix C:** Stakeholder / Public Involvement – includes documents used for stakeholder /general public outreach effort associated with the development of this plan
- **Appendix D:** Survey Instrument and List of Organizations Contacted & Respondents
- **Appendix E:** Survey Report
- **Appendix F:** Detailed Description of Inventoried Community Transportation Programs/Services
- **Appendix G:** List of Major Destinations and Activity Centers
- **Appendix H:** Bibliography of Best Practices

SAFETEA-LU Planning Requirements

On August 10, 2005, President Bush signed SAFETEA-LU into law, authorizing the provision of \$286.4 billion in guaranteed funding for Federal surface transportation programs over six years through Fiscal Year 2009, including \$52.6 billion for Federal transit programs.

Starting in Fiscal Year 2007, projects funded through three programs in SAFETEA-LU, including the Job Access and Reverse Commute Program (JARC, Section 5316), New Freedom (Section 5317) and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310) must be derived from a locally developed, coordinated public transit-human services transportation plan. SAFETEA-LU guidance issued by the FTA indicates that the plan should be a “unified, comprehensive strategy for public transportation service delivery that identifies the transportation needs of individuals with disabilities, older adults, and individuals with limited income, laying out strategies for meeting these needs, and prioritizing services.”¹

¹ Federal Register: March 15, 2006 (Volume 71, Number 50, page 13458)

The FTA issued three program circulars, effective May 1, 2007, to provide guidance on the administration of the three programs subject to this planning requirement. A recent FTA circular, issued on April 29, 2009, provided new information for the New Freedom Program. These circulars can be accessed through the following websites:

Elderly Individuals & Individuals with Disabilities	http://www.fta.dot.gov/laws/circulars/leg_reg_6622.html
Job Access and Reverse Commute	http://www.fta.dot.gov/laws/circulars/leg_reg_6623.html
New Freedom Program	http://www.fta.dot.gov/laws/circulars/leg_reg_6624.html

FTA Funding Programs

The three FTA funding programs covered under the SAFETEA-LU coordinated planning requirements are summarized below:

- **FTA Section 5310 (Transportation for Individuals who are Elderly and Individuals with Disabilities)** – This program provides formula funding to states for capital projects to assist in meeting the transportation needs of the elderly and persons with disabilities. This funding, available to public entities and private, not for profit entities involved in transporting seniors and persons with disabilities, has historically funded the purchase of accessible vehicles used for such services. Section 5310 may also be used for contracting under specific conditions.
- **FTA Section 5316 (Job Access and Reverse Commute Program /JARC)** –The JARC program provides formula funding for projects that assist eligible low income individuals with transportation services they may need to access jobs and other employment-related activities (such as educational opportunities or training that directly contributes to job attainment.) JARC has now become a formula program with a process being developed for evaluating potential projects.
- **FTA Section 5317 (New Freedom Program)** – The New Freedom program provides formula funding for projects and services that deliver new or expanded public transportation services for disabled persons beyond those required by the American 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 were not operational or programmed before August 10, 2005.

Required SAFETEA-LU Coordinated Plan Elements

SAFETEA-LU requires that projects funded through these three programs be derived from a locally developed, coordinated public transit-human service transportation plan. The stated goal is to maximize the three programs' collective coverage by minimizing duplication of services, also noting that the plan should be developed through a process that includes representatives of public, private and not-for-profit transportation and human services providers, and participation by the public.

The final FTA guidelines for the Sections 5310, 5316, and 5317 programs define a coordination plan as one that 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.

The proposed guidelines note that the coordinated plan may incorporate additional activities offered under other programs sponsored by Federal, state, and local agencies.

Accordingly, the FTA is placing increasing importance on coordinating its wide range of transportation resources as a means of creating viable transportation networks in communities for all travelers. The intent of crafting a coordinated plan is to increase efficiencies in order to enhance transportation services. Hence, while the FTA is encouraging communities to develop a single coordinated plan for the three funding programs above, it is also encouraging communities to develop one coordinated plan for a broader set of transportation programs. The benefit of enhancing coordinated transportation service systems is to break down the “stovepipe” or “silo” transportation systems that often only address the transportation needs of one specific group of riders, and to create economies of scale by eliminating or reducing service duplication while meeting stated service quality standards.

SAFETEA-LU provides both the impetus and “a place at the table” for all stakeholders, including those whose transportation services are funded through other Federal sources, to build a coordinated plan and ultimately a service delivery system that addresses the needs of target populations. Recognizing that there are unique needs within each of the three target populations, the functional transportation needs are often more similar than not. Even in cases where unique needs exist, they are typically shared among one or more subsets of the population.

Federal Coordination Efforts

Coordination can enhance transportation access, minimize duplication of services, and facilitate cost-effective solutions with available resources. Enhanced coordination also results in joint ownership and oversight of service delivery by both human service and transportation service agencies. The requirements of SAFETEA-LU build upon previous Federal initiatives intended to enhance social service transportation coordination. Among these are:

- **Presidential Executive Order:** In February 2004, President Bush signed an Executive Order establishing an Interagency Transportation Coordinating Council on Access and Mobility to focus 10 Federal agencies on coordinating community transportation services. Executive Order 13330 may be found at www.whitehouse.gov/news/releases/2004/02/20040224-9.html. Elements of the Executive Order are also discussed below.
- **United We Ride's Framework for Action:** The Framework for Action is a self-assessment tool that states and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation. This tool has been developed through the United We Ride initiative sponsored by FTA, and can be found on FTA's website: http://www.unitedweride.gov/1_81_ENG_HTML.htm
- **Previous Research:** Numerous studies and reports have documented the benefits of enhanced coordination efforts among Federal programs that fund or sponsor transportation for their clients.²

Federal Inter-Agency Coordinating Council on Access and Mobility

Presidential Executive Order 13330 on the Coordination of Human Service Programs created an interdepartmental Federal Interagency Coordinating Council on Access and Mobility (CCAM) to undertake collective and individual departmental actions to reduce duplication among Federally-funded human service transportation, increase the efficient delivery of such services and expand transportation access for older adults, persons with disabilities, persons with low income, children and other disadvantaged populations within their own communities.

In concert with this Executive Order, the CCAM in October 2006 issued two policy statements requiring Federal agencies that are involved in human service transportation to (1) participate in local coordination planning; and (2) coordinate their resources in order to maximize accessibility and availability of transportation services. These policy statements are presented and discussed below.

² Examples include United States General Accounting Office (GAO) reports to Congress entitled *Transportation Disadvantaged Populations, Some Coordination Efforts Among Programs Providing Transportation, but Obstacles Persist*, (June 2003) and *Transportation Disadvantaged Seniors—Efforts to Enhance Senior Mobility Could Benefit From Additional Guidance and Information*, (August 2004).

Local Coordinated Plan - Consistent with the Executive Order and the SAFETEA-LU statutes requiring a locally developed, coordinated public transit human service transportation planning process, the CCAM recently adopted the following policy statements:

“Member agencies of the Federal Coordinating Council on Access and Mobility resolve that Federally-assisted grantees that have significant involvement in providing resources and engage in transportation delivery should participate in a local coordinated human services transportation planning process and develop plans to achieve the objectives to reduce duplication, increase service efficiency and expand access for the transportation-disadvantaged populations as stated in Executive Order 13330. Significant involvement is defined as providing, contracting for and/or subsidizing individual transportation trips for persons with disabilities, older adults, or persons with lower incomes.”

“Members of the Federal Council on Access and Mobility will undertake actions within six months of Council adoption to accomplish Federal program grantee participation in locally-developed, coordinated public transit-human service coordinated planning processes.”

The significance of these statements is profound in that, for the first time, Federal agencies other than the Federal Transit Administration that fund community transportation services are required to participate in local coordination planning efforts.

Vehicle Sharing - The CCAM also stated that: “Some grantees do not permit vehicles and rides to be shared with other Federally-assisted program clients or other members of the riding public. Federal grantees may attribute such restrictions to Federal requirements. This view is a misconception of Federal intent. In too many communities, this misconception results in fragmented or unavailable transportation services and unused or underutilized vehicles. Instead, federally assisted community transportation services should be seamless, comprehensive, and accessible to those who rely on them for their lives, needs, and livelihoods.” In recognition of this misconception, and consistent with Executive Order 13330, the CCAM further adopted the following policy statement.

“Member agencies of the Federal Coordinating Council on Access and Mobility resolve that Federally-assisted grantees that have significant involvement in providing resources and engage in transportation should coordinate their resources in order to maximize accessibility and availability of transportation services”

In conjunction with this announcement, the CCAM provided several examples of how this requirement may be implemented:

- Several local human service agencies may contract with a local organization that operates a van service to provide door-to-door service for their clientele. Key destinations include hospitals and other medical facilities, child care centers, senior citizen centers, selected employment sites, and prisons for family visitation purposes.
- In an area with high unemployment and no public transportation services, a community action and economic development agency, another non-profit organization, and a community mental health center team up with the State’s Temporary Assistance for Needy Families (TANF) agency and Labor Department to start a fixed-route shuttle operation service that connects individuals to job and training sites, outpatient mental health services, and substance abuse treatment and counseling services in the area. The operation also provides a feeder service to connect clientele to public transportation that

goes into the downtown area. Each funding source pays its fair share of allowable ongoing costs in accordance with the benefit received by each party.

- State agencies that oversee TANF, Community Healthcare, and Older Adult Services work together with the State Departments of Transportation and Labor to encourage employers in the area to contribute to the expansion of a local transportation system. The privately-operated system provides shuttle service to selected employment sites and curb-to-curb services to senior citizen centers, retail centers, community health centers, substance abuse treatment and counseling centers, hospitals and other locations. The service is sustained through a fare-based system, with each agency subsidizing an allocable portion of the fares for their clientele.
- Via a cost-sharing arrangement, a senior shuttle service is expanded to provide transportation for persons with disabilities working in community rehabilitation programs and to provide Medicaid non-emergency medical transportation.
- A for-profit organization receiving Head Start funds purchases specially equipped buses to transport children to and from their Head Start facility. During the idle periods, the organization rents the vehicles to another program providing transportation for seniors and persons with disabilities.

Coordination Planning in the Long Island Subregion

NYMTC has long supported and encouraged the coordination of human service programs. With the SAFETEA-LU requirements in mind, NYMTC submitted to FTA the New York Region Area-Wide Interim Coordinated Public Transit-Human Service Transportation Plan in 2006. The primary two purposes of this Interim Plan were to ensure a continuous flow of Section 5310, 5316 and 5317 funding to the region and to lay the groundwork for this upcoming study. In particular, the Interim Plan called for the development of an inventory of paratransit services and service parameters as a tool for identifying and assessing service gaps and redundancies.

NYMTC's Interim Plan also identifies several coordination planning effort improvements. It suggests timed transfers and schedule coordination between transit providers, transportation brokerage services, transportation cooperative services and the use of Intelligent Transportation Systems (ITS) and GIS to facilitate service coordination and efficient service delivery. JARC also recommends establishing transportation brokerages to coordinate and improve service delivery by multiple providers at a regional scale.

This report and other relevant documents are summarized in Appendix A.

Plan Importance

The NYMTC area and the Long Island subregion include a wide array of public transit, paratransit services, and human service transportation programs. Indeed, each county has its own distinct group of community transportation services and is unique in terms of its set of agencies, stakeholders, and demographic characteristics. This Coordinated Plan for the Long Island subregion synthesizes those distinct needs and identifies coordination strategies that not only make sense locally, but that also have been prioritized by local stakeholders.

Coordinated services elsewhere in New York State and across the US have demonstrated how funding that is already utilized to operate or purchase community transportation services can be stretched. By improving efficiency and reducing service redundancies, coordination ultimately will enable community transportation providers in the NYMTC region and Long Island subregion to meet more of the growing demand and address more of the unmet need. The implementation of coordination strategies in the Long Island subregion should also result in expanded mobility options for these three population groups.

