



COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN FOR THE CAPITAL REGION

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Disclaimers

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The recommendations in this study are conceptual in nature and do not commit any entities to the discussed projects. The concepts presented in this report may need to be investigated in more detail before any funding commitment is made. Undertaking additional engineering or other follow up work will be based upon funding availability.

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Executive Summary

The Capital Region Transportation Council (Transportation Council) is the designated "Metropolitan Planning Organization" for a defined metropolitan area that includes the Albany-Schenectady and Saratoga Springs urbanized areas (covering Albany, Rensselaer, Saratoga and Schenectady counties in New York State, except the Town of Moreau and Village of South Glens Falls in Saratoga County).

Why is a Coordinated Plan important? According to American Community Survey data, the four county Capital Region is home to over 113,000 people with reported disabilities, affecting how they are able to travel and use the variety of transportation choices most people take for granted. Over 211,000 people in the Capital Region are over 60 years old. The population 65+ is expected to continue to increase through 2040 before beginning to decline again. For many people, sensory and mobility loss are associated with aging, impacting their ability to drive and making it more difficult to access and use transit. In addition, many of the region's low income residents face challenges related to access to jobs either because they do not have access to a private vehicle or because public transit is not available for their trip. It will become increasingly important to address the region's mobility service needs as the population ages.

Plan Purpose and Required Elements: A Coordinated Public Transit – Human Services Transportation Plan should identify opportunities to assist more people, reduce service gaps and overlaps, and increase the cost effectiveness of the services provided. Recognizing the benefits of better communication and working together to help meet these needs, efforts to coordinate public transit and human service transportation in the Capital Region began over three decades ago. In 2005 formal adoption of a coordinated plan became a requirement of federal transportation legislation.

Metropolitan Planning Organizations such as the Capital Region Transportation Council (Transportation Council) must "identify the transportation needs of individuals with disabilities, older adults, and people with low income, provide strategies for meeting those local needs, and prioritize transportation services for funding and implementation."

As a result the Regional Transportation Coordination Committee (RTCC) was officially formed and continues to foster communication and coordination among a variety of groups in an effort to better serve people with transportation challenges. This Plan is the fourth developed with the RTCC.

Projects funded under one federal transportation program, called "Enhanced Mobility of Seniors & Individuals with Disabilities," must be listed within the regional Coordinated Plan. Other federally funded transportation should be coordinated.

Federal guidance directs a Coordinated Plan to include four elements:

1. An assessment of available services that identifies current transportation providers (public, private, and non-profit);

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;
3. Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing strategies and/or activities identified.

A Coordinated Plan must be crafted with participation by seniors; individuals with disabilities; representatives of public, private, and nonprofit transportation and human services providers; and other members of the public who can provide insights into local transportation needs. The RTCC assisted the Transportation Council in developing this Coordinated Plan and increasing participation and input.

Transportation Council staff visited 12 congregate meal sites, mostly during lunchtime and at senior centers, to learn about transportation experiences and challenges of seniors in attendance and collect survey responses from willing participants. The Capital District Transportation Authority (CDTA), the region's public transit provider, distributed a short survey about transportation patterns to a random sample of about 300 STAR (Special Transit Available by Request), CDTA's paratransit service, riders in its active database. In total, 33% of respondents answered "Yes" to a question asking if they had difficulty leaving their home due to a lack of transportation, and/or gave at least one reason why they had trouble leaving home related to their ability to travel.

Needs identified to cost effectively assist more people include additional wheelchair accessible vehicles, software and hardware, drivers, equipment maintenance, staff training, managing demand on STAR, better rider information and training, and accessible transportation network company vehicles. Gaps in existing services are found on weekends and in rural areas. Barriers to reducing gaps and assisting more people in a cost effective manner are funding silos, accounting systems, information sharing, and riders who are uncomfortable using fixed routes or shared services and who may avoid people perceived to have developmental disabilities or mental illness.

Strategies and Actions for Improvement:

- Prioritize coordination efforts for 5310 funding
- Verify how to prioritize strategies within the 5310 selection process
- Broaden the reach of the RTCC
- Hold transportation provider workshops to support quality and efficient services
- Seek presenters for the RTCC meetings
- Encourage mutually beneficial transportation partnerships
- Facilitate ADA Transition Plans and associated physical improvements
- Incentivize and prioritize accessible features in federally funded transportation projects
- Ensure public listings of available human services transportation are accurate

- Identify mechanisms for location-efficient siting of facilities serving transportation disadvantaged populations
- Explore opportunities for coordinating other federal programs that fund transportation
- Provide additional reminders to complete future provider surveys
- Present the Coordinated Plan to the Transportation Council Policy Board
- Research public charging for electric mobility devices
- Update the Senior Transportation Guide produced by the Capital Region Transportation Council in partnership with the Albany Guardian Society
- Document the extent and severity of isolation, and consider methods to reduce negative impacts

1. Introduction

The Capital Region Transportation Council (Transportation Council) is the designated “Metropolitan Planning Organization” for a defined metropolitan area that includes Albany, Rensselaer, Saratoga and Schenectady counties in New York State, except the Town of Moreau and Village of South Glens Falls in Saratoga County). A key responsibility of every MPO is the maintenance of a Metropolitan Transportation Plan.

All federally-funded or federally-approved transportation actions such as highway or transit capital projects must derive from the region’s Metropolitan Transportation Plan. This Coordinated Public Transit Human Services Transportation Plan will become part of the current Metropolitan Transportation Plan, New Visions 2050, as well as the new Metropolitan Transportation Plan that is underway.

The Metropolitan Transportation Plan is a 30-year plan that outlines investment principles and planning strategies that will guide the region towards developing the transportation network we need. The plan addresses national, state, and regional funding priorities and reflects the needs and concerns of local communities.

New Visions 2050 was developed in coordination with the Transportation Council’s partners from the Capital District Transportation Authority (CDTA), the Capital District Regional Planning Commission (CDRPC), the New York State Department of Transportation (NYSDOT), the Albany Port District Commission, Albany County Airport Authority, and representatives from the region’s counties, towns, cities, and villages. Additionally, the Federal Highway Administration (FHWA) and the Federal Transit Administration (FTA) provided guidance on the construction of the overall plan and adoption process.

The Transportation Council has had a long history of coordination efforts related to public transit/human services transportation dating back to the 1970’s. A more formalized process was put into place after enactment of federal transportation legislation described below.

1.1 Federal Legislation – Why a Coordinated Plan?

In 2005 the ***Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)*** legislation was enacted requiring that all Metropolitan Planning Organizations (MPOs) seek to:

- identify the transportation needs of individuals with disabilities, older adults, and people with low income
- provide strategies for meeting those local needs, and
- prioritize transportation services for funding and implementation

SAFETEA-LU required projects selected for funding under three programs be derived from a locally developed Coordinated Public Transit-Human Services Transportation Plan that was “developed through a process that includes representatives of public, private and nonprofit

transportation and human services providers and participation by the public.” The three programs were:

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

Toward that end, the Regional Transportation Coordination Committee (RTCC) was formed to guide the work of the coordinated plan and to work toward better integration and coordination of public transit- human service agency transportation services. To date four such plans have been developed, in 2007, 2011, 2015, and 2019.

MAP 21: The 2012 federal transportation legislation ***Moving Ahead for Progress in the 21st Century (MAP-21)*** continued the requirement for a Coordinated Public Transit-Human Services Transportation Plan. However, significant changes in MAP-21 included the end of both JARC and New Freedom as distinct programs. Under MAP-21, JARC projects became an eligible activity under the rural (5311) and urbanized area (5307) formula funding programs. New Freedom-type projects remained eligible for federal funding under MAP-21 through the significantly altered 5310 program (Enhanced Mobility of Seniors and Individuals with Disabilities). The Capital District Transportation Authority (CDTA) is the designated recipient of 5307 funds in the region.

It should be noted that 5310 funds were previously allocated directly to the New York State Department of Transportation (NYSDOT). MAP-21 allowed MPOs to take over the administrative responsibility for the 5310 program as the designated recipient for large urbanized areas. However, the Transportation Council and the majority of MPOs in New York State requested that NYSDOT retain administrative responsibility for the 5310 program. MAP-21 also required that a specific amount of 5310 funding be assigned to each MPO area and that the MPO participate in the review and recommendations for proposed projects seeking 5310 funding in their metropolitan planning area.

FAST Act: The 2015 federal transportation bill, the ***Fixing America’s Surface Transportation (FAST) Act***, maintained changes enacted under MAP-21. It also created a new competitive pilot program (Section 3006(b)), the Pilot Program for Innovative Coordinated Access and Mobility, financing innovative projects that improve coordination of transportation services and non-emergency medical transportation services for people who are transportation disadvantaged; such as deployment of coordination technology and projects that create or increase access to community One-Call/One-Click Centers. Eligible applicants are state departments of transportation, designated recipients of formula grants for the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) program, local governmental entities that operate a public transportation service, or their eligible subrecipients.

Infrastructure Investment and Jobs Act: The 2021 Bipartisan Infrastructure Law continued the 5310 program (Enhanced Mobility of Seniors and Individuals with Disabilities) with no changes. The legislation also continued the discretionary Innovative Coordinated Access and Mobility

Pilot Program (FAST Act Section 3006(b)). A total of \$24.1 million was authorized for this program over five years, at \$5M each year.

1.2 Federal Coordinated Plan Requirements

The Code of Federal Regulation (CFR) Title 23 Section 450.306 requires Metropolitan Planning Organizations to prepare a Coordinated Public Transit-Human Services Transportation Plan that is coordinated and consistent with the metropolitan transportation planning process. As defined in Title 23 Section 450.104, a Coordinated Public Transit-Human Services Transportation Plan is “a locally developed, coordinated transportation plan that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation.” Further, projects funded under USC Title 49 Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities) must be 1) included in a locally developed, coordinated public transit-human services transportation plan that was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public; and 2) to the maximum extent feasible, be coordinated with transportation services assisted by other Federal departments and agencies, including any transportation activities carried out by a recipient of a grant from the US Department of Health and Human Services.

1.3 Coordinated Plan Goals

1. Provide qualitative and quantitative data regarding the mobility and access needs of transportation disadvantaged populations and the type and location of current transportation services.
2. Raise awareness of the Coordinated Plan and encourage stakeholders and the public, including representatives of transportation disadvantaged populations, to participate in its development and implementation.
3. Use data and outreach to agencies, seniors, and people with disabilities to identify feasible recommendations for local agencies.
4. Identify and document needs, gaps, and barriers, strategies proposed to address them, and then develop a mechanism to prioritize use of resources for implementation of identified strategies, including federal 5310 funds.

2. Stakeholder and Public Participation

The Transportation Council's Public Participation Policy as well as Federal Transit Administration (FTA) guidance documents indicate that a Coordinated Plan should be developed with input and participation from human service agencies, transportation providers and members of the public.

2.1 Process

The Regional Transportation Coordination Committee (RTCC) assisted Transportation Council staff in developing the draft Coordinated Plan, as has been done in the past. In addition, the Transportation Council will update its Metropolitan Transportation Plan by September 2025, allowing for ongoing public outreach and input.

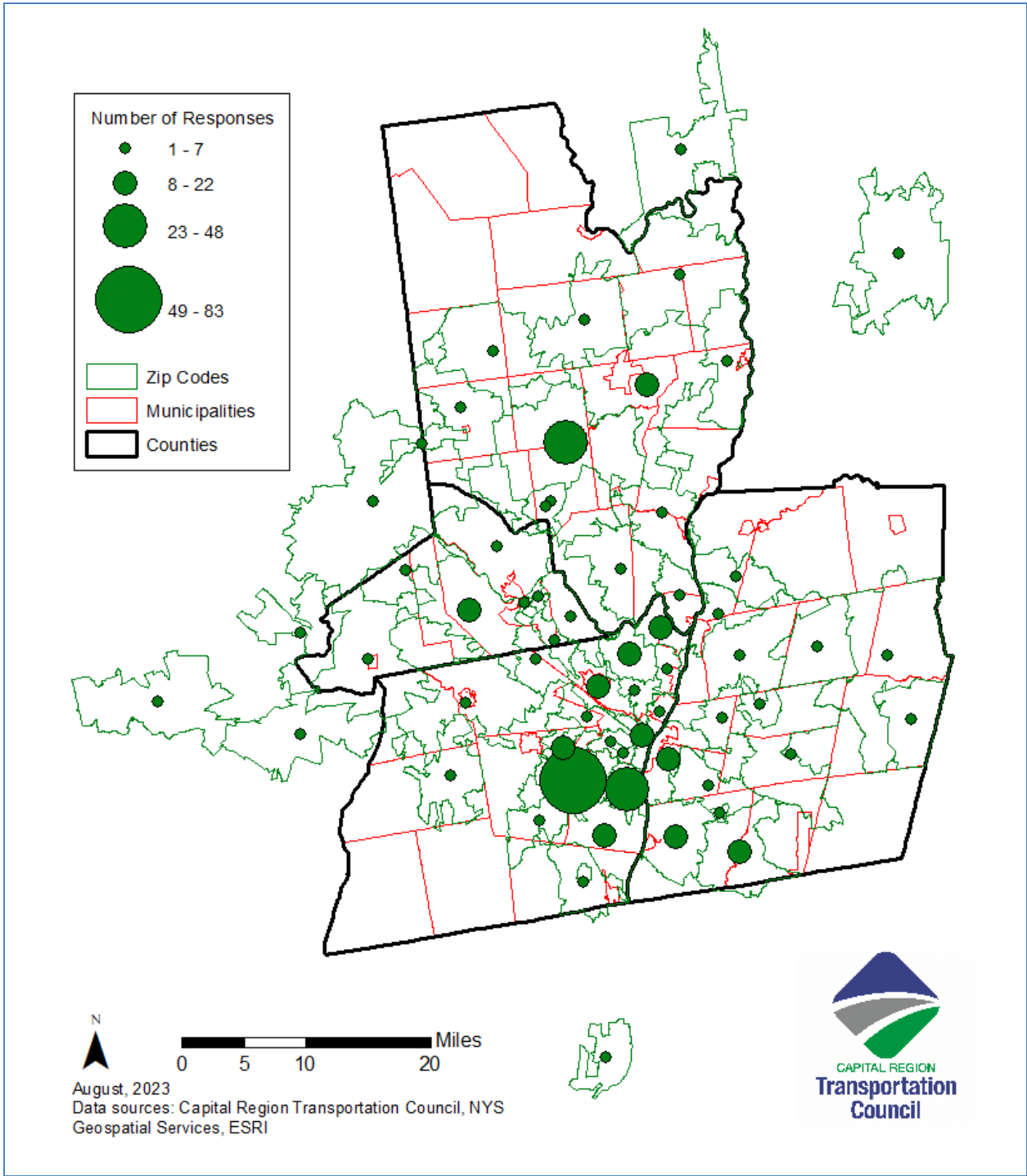
The following activities sought input from various groups on the content and direction for the Draft Coordinated Plan. Their input will be helpful to implement plan recommendations in continuous consultation with the RTCC. Partnering with CDTA, Towns, County Departments for the Aging, and the Albany County Department of Mental Health helped increase participation.

- Distributed a Transportation Survey to the public to better understand the transportation needs, gaps, barriers, issues, and opportunities for people with disabilities, seniors, and people with lower incomes.
 - a. Staff visited 12 senior centers during congregate meals to distribute the Transportation Survey and learn about transportation experiences and challenges of seniors in attendance.
 - b. Staff worked with CDTA's STAR division to distribute the Transportation Survey to a sample of about 300 STAR customers in the active database.
 - c. The Transportation Council and members of the RTCC distributed the survey on social media, via email, and in hard copy.
- Distributed surveys to human service agencies and transportation providers to better understand services provided and operational needs. The survey was disseminated to partner agencies, existing groups, and community centers. The results of this survey are discussed in chapter 4.

2.2 Transportation Survey

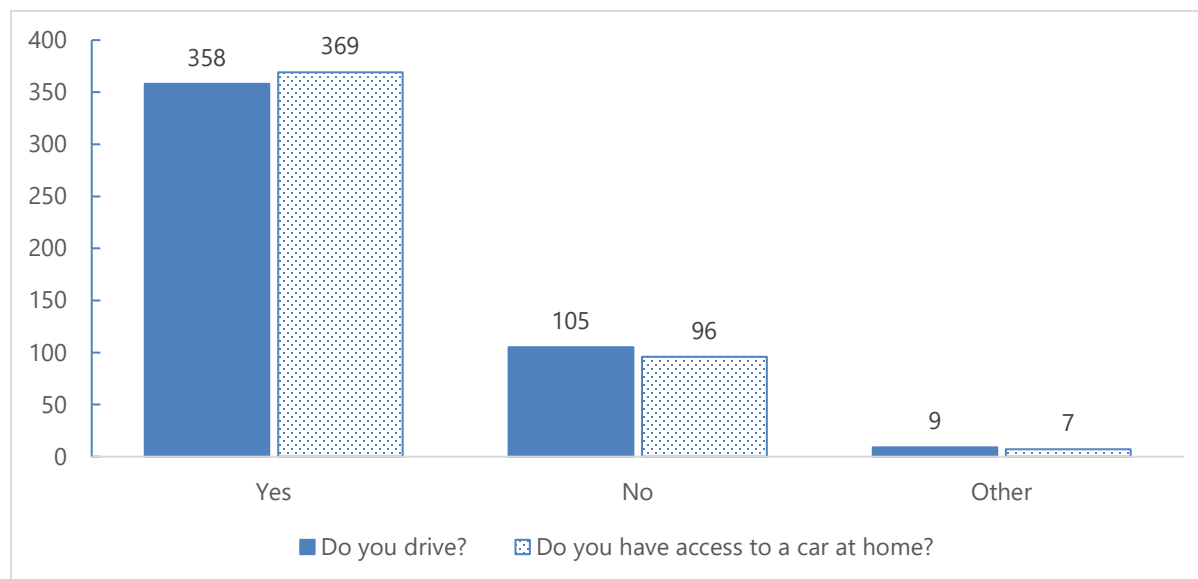
Transportation Council staff visited three congregate meal sites in each county, for a total of twelve locations in total, to talk to seniors and distribute transportation surveys to willing respondents. Online and hardcopy surveys were also distributed through Town Offices of the Aging, email lists, newsletters, and social media. 487 surveys were received in either hardcopy or online formats. Twelve surveys were not included because they were online duplicates or because the respondent was not a senior and did not have low income or a disability. The distribution of survey responses by residence zip code is shown in Figure 2.1, below.

Figure 2.1: Survey Responses by Zip Code



About 76% of respondents indicated that they drive, and 78% indicated that they have access to a car at home (Figure 2.2). 22% indicated that they do not drive, and 20% indicated that they don't have access to a car. Nine respondents selected the "Other" option to the "Do you drive?" question and elaborated that their driving is restricted for various reasons such as their health, vision, or comfort level. Seven respondents selected the "Other" option to the "Do you have access to a car?" question, mostly indicating that they share access to a vehicle with another driver.

Figure 2.2: Driving and Access to Car

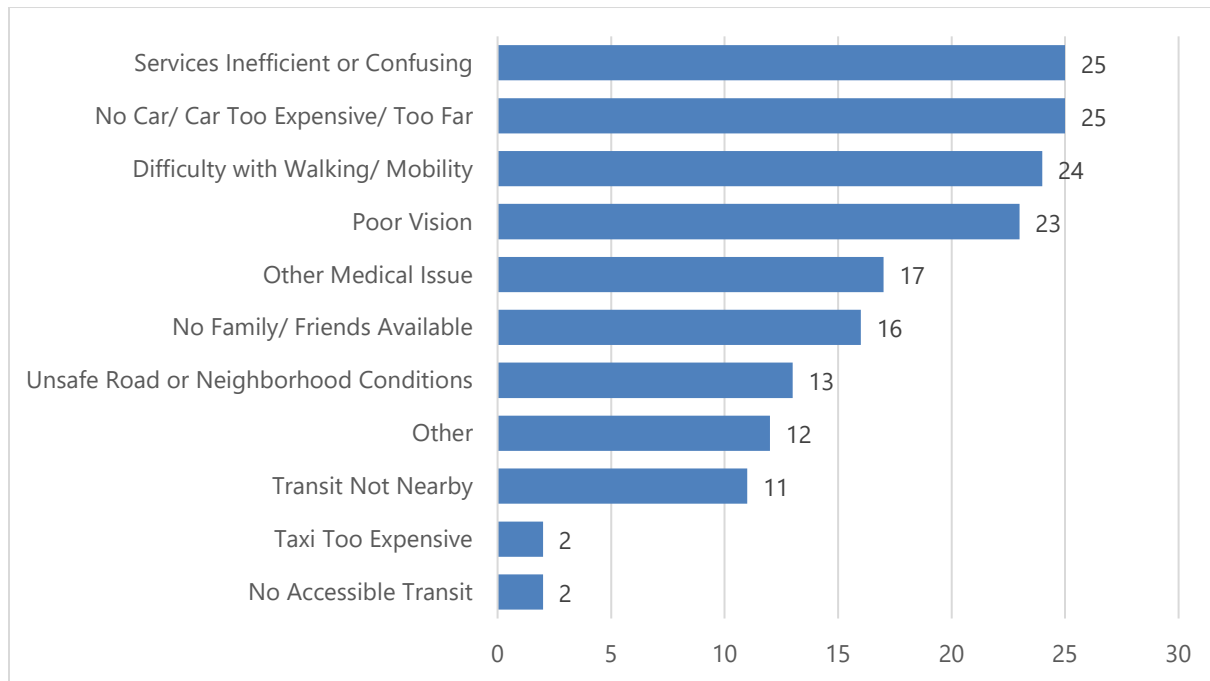


106 respondents (22%) answered "Yes" to the question, "Do you have difficulty leaving your home due to lack of transportation?" 51 respondents who answered "No" to the question also included answers to an open-ended question that indicated difficulty with travelling. In total, 157 (33%) respondents answered "Yes" to the question and/or gave at least one reason why they had trouble leaving home related to their ability to travel.

Figure 2.3, below, categorizes the reasons received by type. The categories with the largest number of cited reasons, with 25 respondents each, were "Services Inefficient or Confusing," and "No Car/Car Too Expensive/ Too Far." The latter category included comments that indicated that the desired destination was too far for the person's available/desired mode of transportation, not just driving, though many of them did not indicate whether they considered other transportation options such as CDTA or senior services.

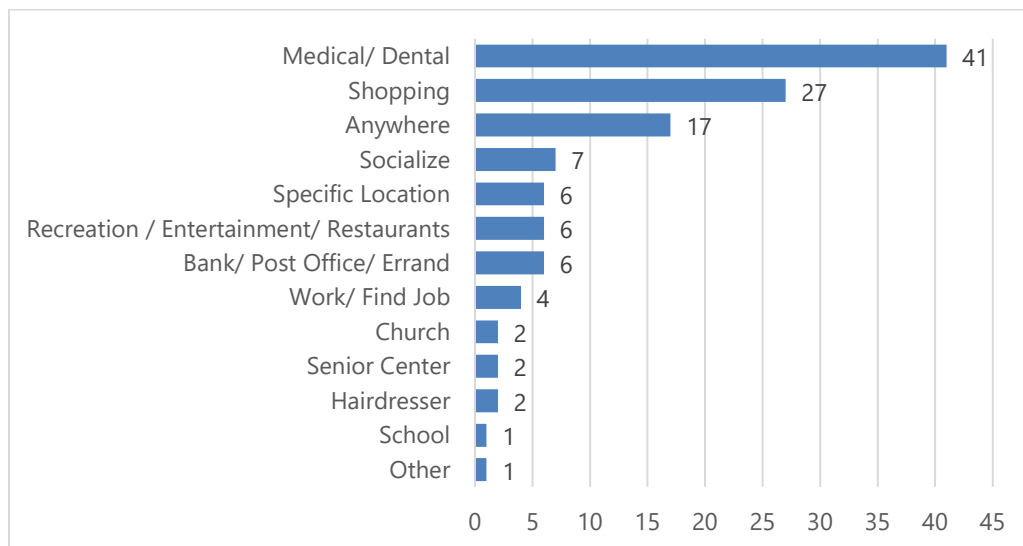
The category, "Difficulty with Walking/Mobility" grouped 24 responses such as "walking much distances," "unsteady on my feet," and "cannot get into large vehicles." 23 responses were grouped under the "Poor Vision" category such as, "Cannot drive at night," "I am visually impaired and legally blind," and "daylight only."

Figure 2.3: What Can't You Get There?



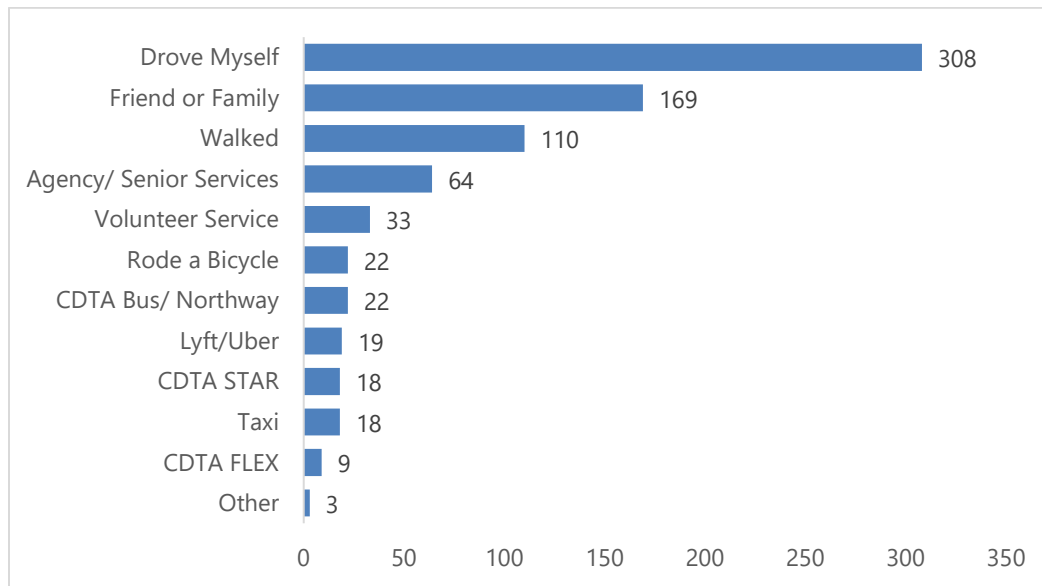
Grouped answers to the open-ended question, "Where is it that you cannot get to?" are shown in Figure 2.4. Some people indicated more than one location and those answers appear in more than one category. Medical/Dental-related trips (including trips to a pharmacy) were the most-cited trip that people had trouble taking (47% of the 88 people who answered this question). Shopping was the second most frequently cited, mentioned by 31%. 19% of question respondents indicated that they had trouble going anywhere.

Figure 2.4: Where Can't You Go?



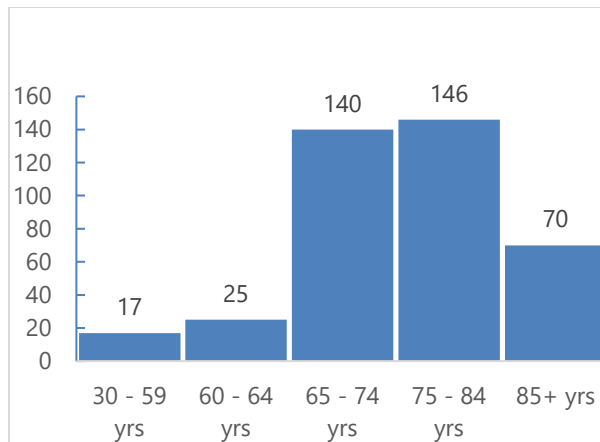
The survey asked, "In the last few weeks, how have you traveled? (Check all that apply)." Out of the 472 respondents, 449 answered this question. Figure 2.5 summarizes their answer choices. The most frequently cited travel mode is "Drove myself," which was reported by 69% of the question respondents. The second most frequently cited travel mode was "Family or friend drove me," reported by 38% of question respondents. 24% of question respondents indicated they "Walked" in the last few weeks, while 14% of question respondents used an Agency/ Senior Services bus, van, or car. Only three people answered "Other;" one indicated they travelled by train, one included the note, "VA Hospital," and the third included an ambiguous note.

Figure 2.5: Travel in Last Few Weeks



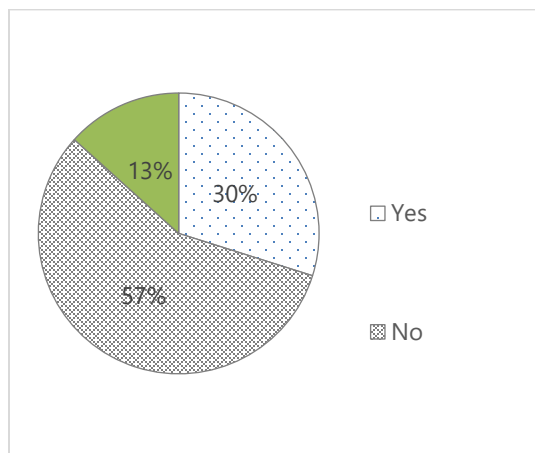
398 respondents provided their age. 72% of question respondents were between 65 and 84 years old (Figure 2.6). 18% were over 85 years while only 11% were between 30 and 64 years old.

Figure 2.6: Age



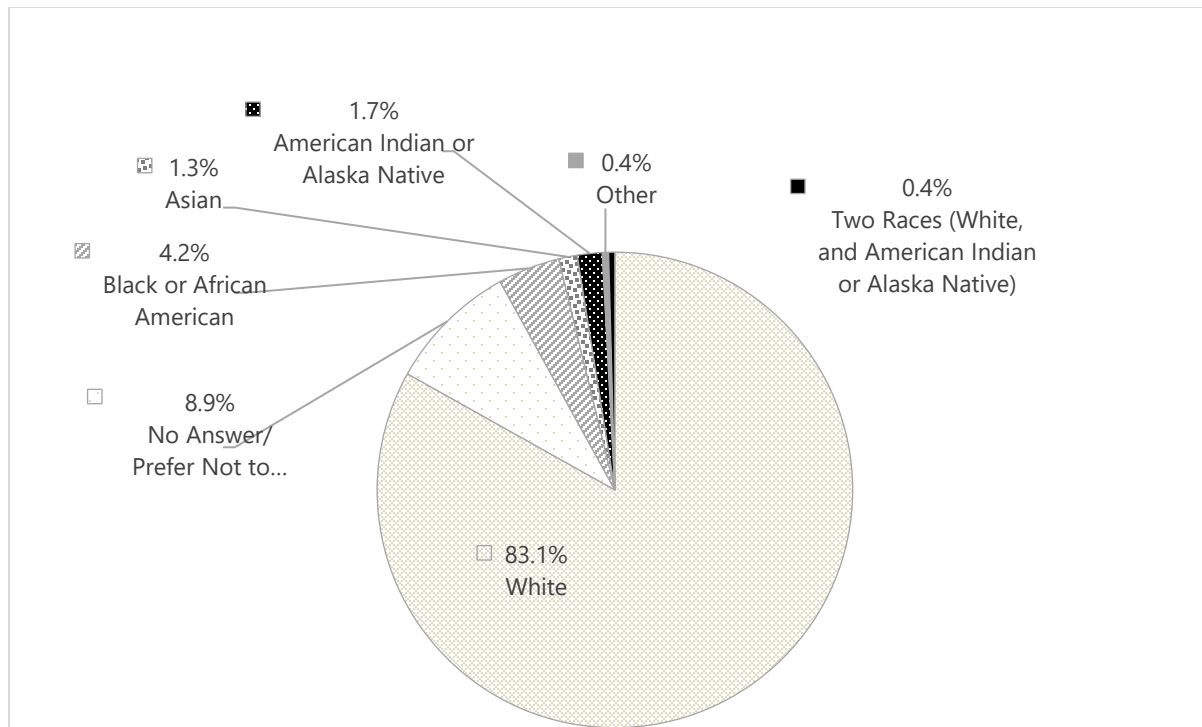
30% of respondents answered "Yes" to the question, "Do you have a disability?" while over half of the respondents answered "No." 13% did not answer the question or indicated that they preferred not to answer.

Figure 2.7: Disability?



The survey collected data on respondents' race (Figure 2.8) and Hispanic or Latino origin. Over 83% identified as White while only slightly over 4% identified as Black or African American. About 1% identified as Asian and less than 2% identified as American Indian or Alaska Native. Less than 1%, only 2 respondents, identified as two or more races. Both identified as White and American Indian or Alaska Native. Almost 9% of respondents did not answer the question. Ten respondents, or 2%, identified as Hispanic or Latino origin.

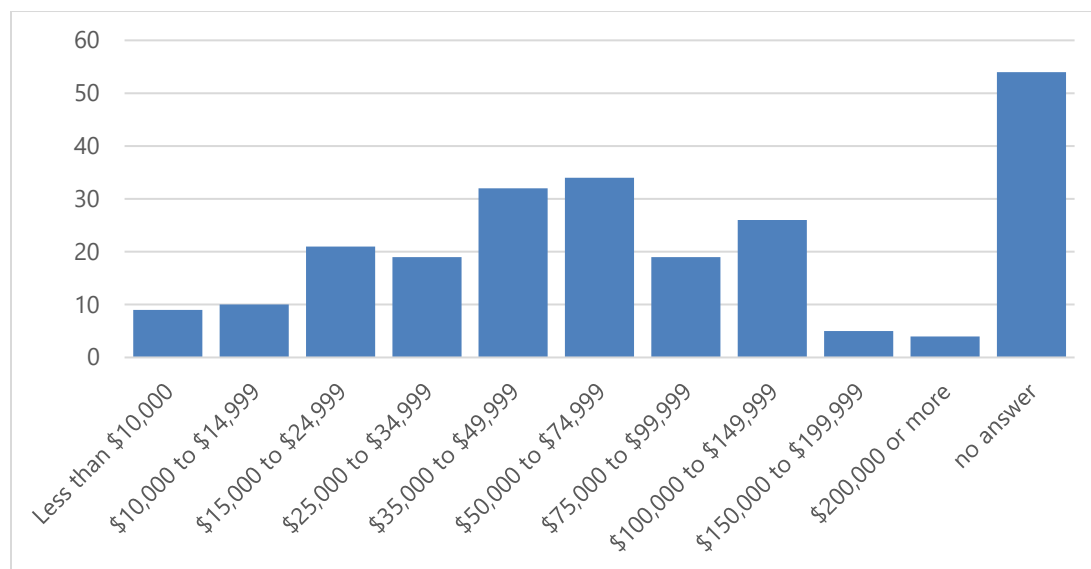
Figure 2.8: Race



The survey collected data on annual household income. The analysis below excludes data collected from the senior centers because the survey distributed there did not clarify if it was asking for annual or monthly income.

59 of the 233 respondents, or 25%, reported an annual income below \$35,000. 67 respondents, or 28%, reported an annual household income of between \$35,000 and \$74,999. 54 respondents, or 23%, reported an income of \$75,000 or more. 23% of respondents did not answer the question.

Figure 2.9: Income



2.2.1 Senior Centers

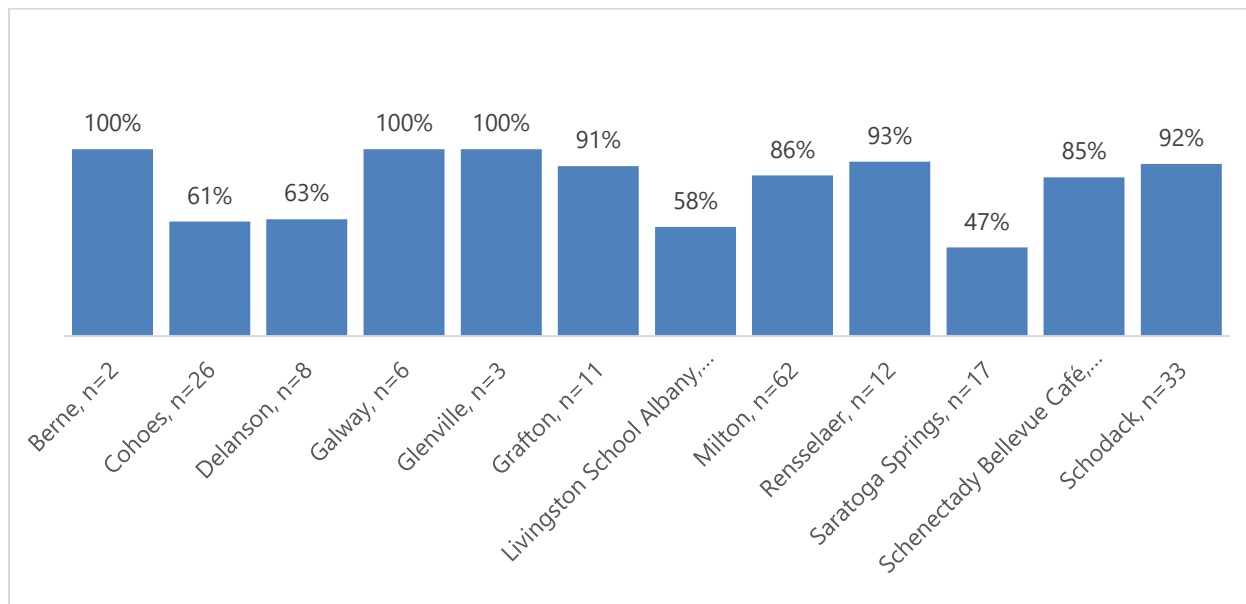
Survey data collected at each senior center was compared to each other and the results are summarized below.

The percent of respondents that don't drive varied a lot between the congregate meal sites where surveys were distributed. Generally, data from surveys collected from urban congregate meal sites (Cohoes, Livingston School Albany, and Saratoga Springs) showed a higher percentage of respondents that don't drive (39%, 42%, and 53%, respectively) versus their suburban and rural counterparts. One exception to this trend is the rural Village of Delanson, with 38% of non-driving respondents. The reason for this outlier was an enthusiastic senior volunteer who shuttled her peers to and from the meal in her own vehicle. A second site that bucked this trend is the Rensselaer congregate meal site (only 7% of respondents didn't drive), which, unlike the three other urban sites, does not have senior or affordable housing on-premises or right across the street.

Table 2.1: Distribution of Respondents That Don't Drive

Congregate Meal Location	Percent that Don't Drive	Co-located with Senior or Affordable Housing?	Urban, Suburban, or Rural?	County
Berne	0%	No	Rural	Albany
Cohoes	39%	Yes	Urban	Albany
Delanson	38%	Yes	Rural	Schenectady
Galway	0%	No	Rural	Saratoga
Glenville	0%	No	Suburban	Schenectady
Grafton	9%	No	Rural	Rensselaer
Livingston School Albany	42%	Yes	Urban	Albany
Milton	14%	No	Suburban	Saratoga
Rensselaer	7%	No	Urban	Rensselaer
Saratoga Springs	53%	Yes	Urban	Saratoga
Bellevue Café (Rotterdam)	15%	No	Suburban	Schenectady
Schodack	8%	No	Rural	Rensselaer

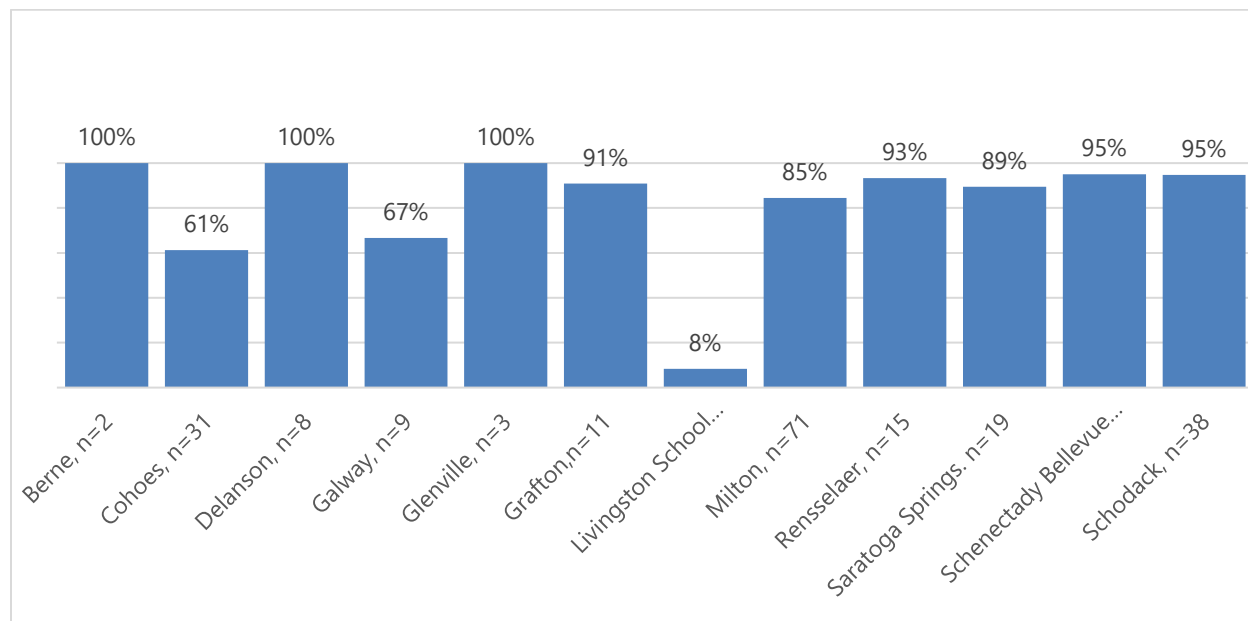
More drivers than non-drivers responded to the survey. In discussions at the congregate meal sites, some participants, volunteers, and staff indicated that some people were unable to attend congregate meals because of a lack of transportation services available.

Figure 2.10: Senior Center Respondents that Drive

The racial and ethnic make-up of the respondents at the congregate meal sites was overwhelmingly White and non-Hispanic or Latino. The most racially diverse site was Cohoes, where one respondent each self-reported as Black or African American, American Indian or

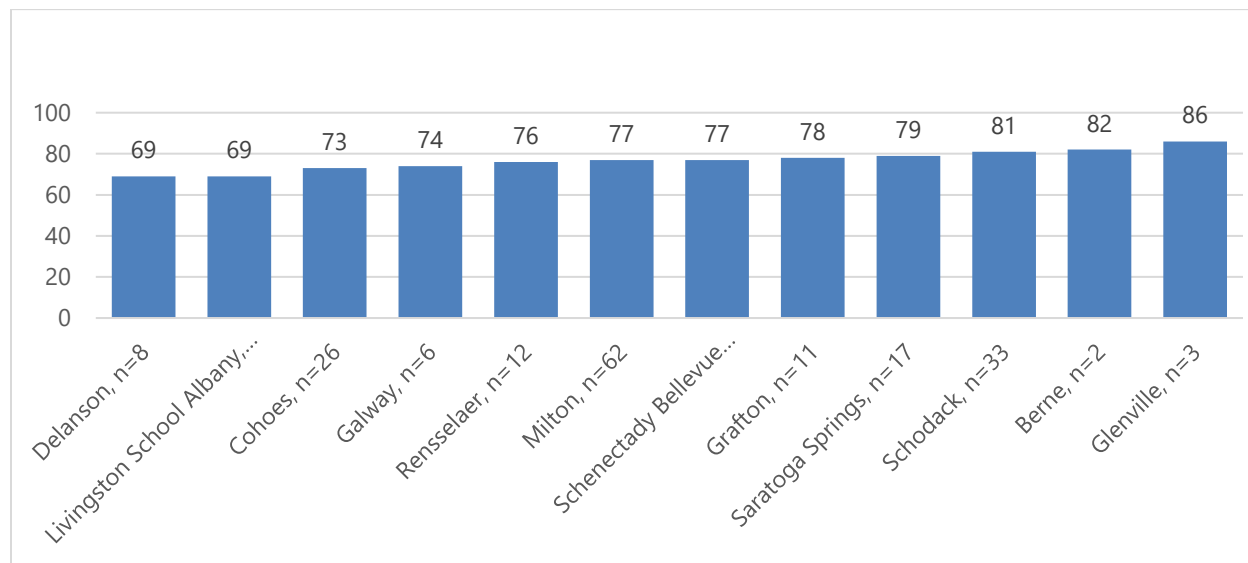
Alaska Native, and Asian. The Livingston School Albany congregare site had the largest group of minority respondents, with 83% self-reporting as Black or African American. 5 respondents at each of two congregare meal sites, Cohoes and Milton, self-identified as being of Hispanic or Latino origin. Figure 10 compares the percent of White respondents at each congregare meal site.

Figure 2.11: White Respondents at Senior Centers



The average age of congregare meal attendees varied widely, from 69 years at the Delanson and Livingston School Albany centers to 86 years at the Glenville center (Figure 12).

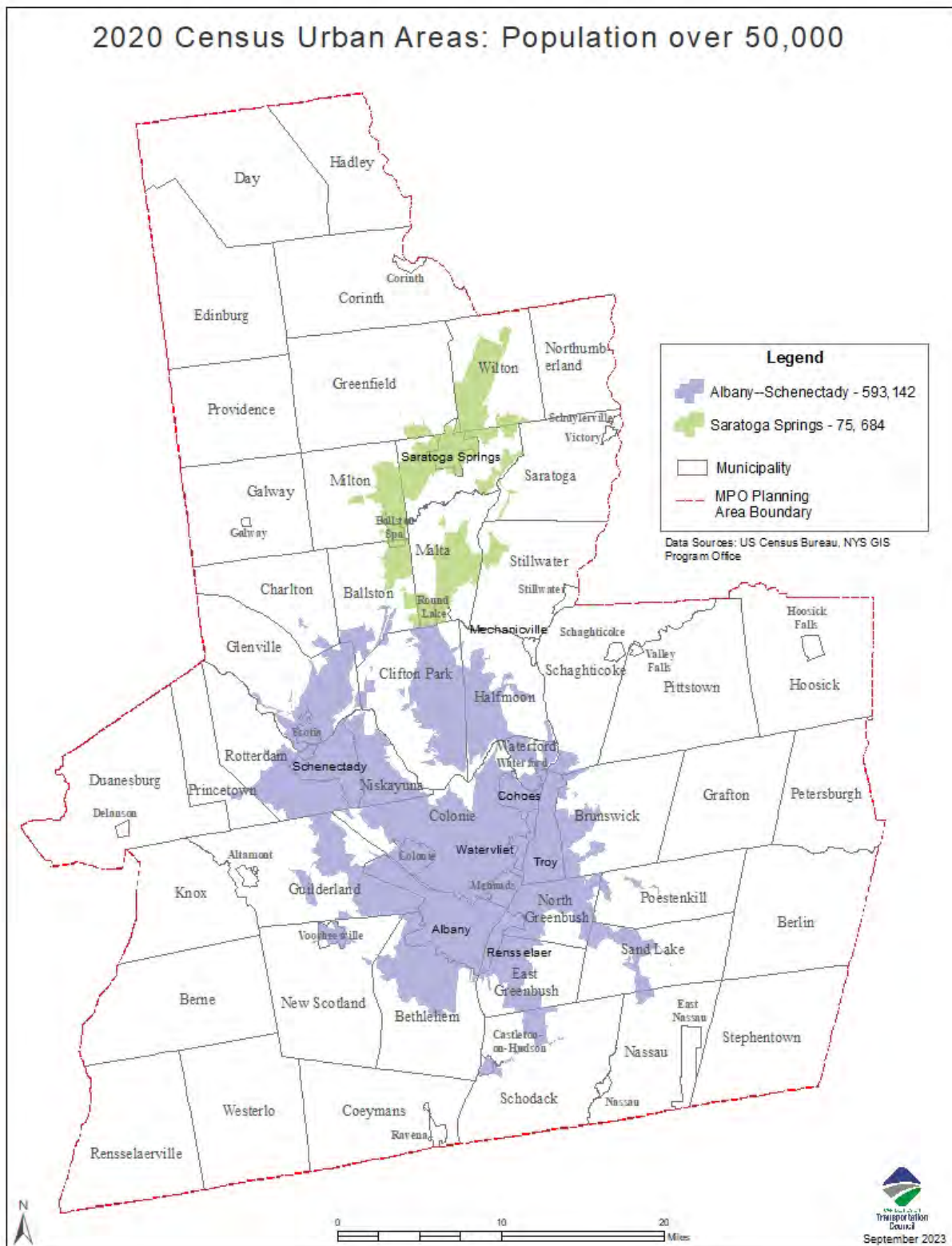
Figure 2.12: Average Age at Senior Centers



3. Demographics and Spatial Patterns

The Capital Region Transportation Council's Metropolitan Planning Area includes the four counties of Albany, Rensselaer, Saratoga and Schenectady, except the Town of Moreau and Village of South Glens Falls in Saratoga County. Figure 3.1 shows the two Census Urban Areas with a population over 50,000 in the Transportation Council's planning area.

Figure 3.1: 2020 Census Urban Areas with Population over 50,000



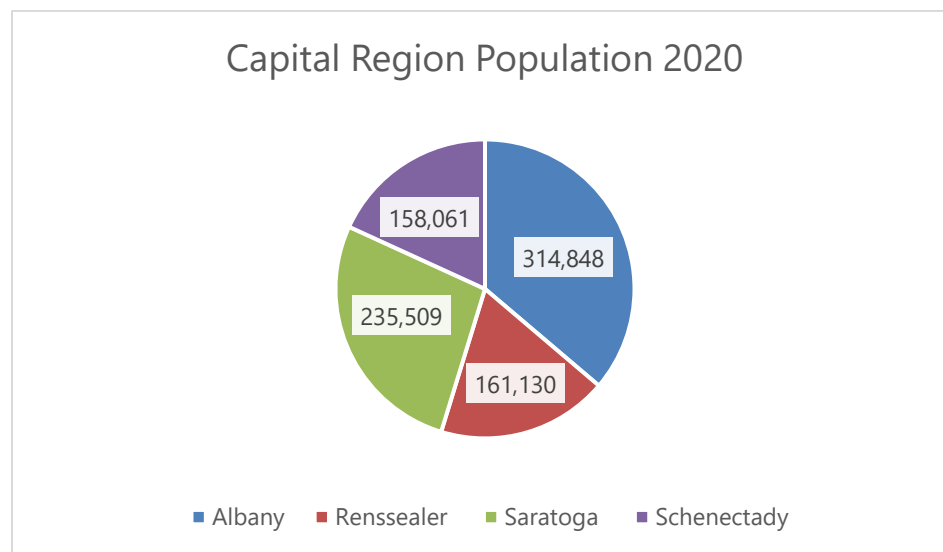
3.1 Demographic Overview

This section reviews the demographic data from the US Census Bureau to provide an understanding of where transportation disadvantaged populations reside within the Capital Region's four county Metropolitan Planning Area. Data used in this section is based on the decennial US Census where available and also the Census Bureau's 2017-2021 American Community Survey (ACS) produced by the Census Bureau, which uses smaller sample sizes than the decennial Census.

3.1.1 Total Population: Region, Counties and Largest Cities

The 2020 United States Census shows the population of the four county Capital Region at over 869,000 people, an increase of approximately 31,600 residents, or 3.8%, from the year 2010. Over one-third of the region's population resides in Albany County. The population in Rensselaer and Schenectady counties each comprise almost one-fifth of the region's total, while Saratoga County's population makes up about a quarter, as shown in Figure 3.2 and Table 3.1.

Figure 3.2: Capital Region Population 2020



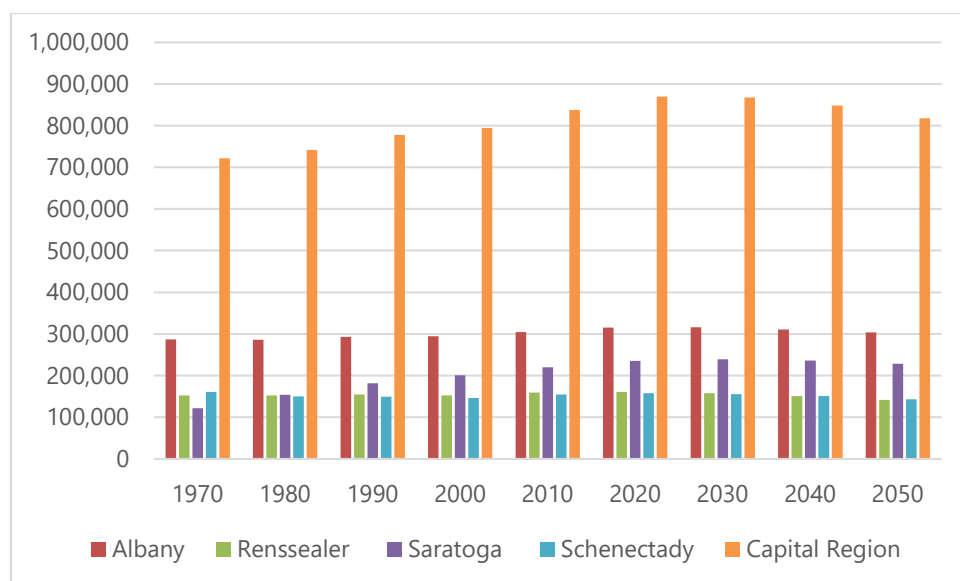
Source: 2020 Census, US Census Bureau

Table 3.1: Historic and Projected Capital Region Population by County

	1970	1980	1990	2000	2010	2020	2030	2040	2050
Albany	286,742	285,909	292,594	294,565	304,204	314,848	315,768	310,855	303,926
Rensselaer	152,510	151,966	154,429	152,538	159,429	161,130	157,460	150,729	141,949
Saratoga	121,679	153,759	181,276	200,635	219,607	235,509	238,819	236,048	228,456
Schenectady	160,979	149,946	149,285	146,555	154,727	158,061	155,579	150,448	143,450
Capital Region	721,910	741,580	777,584	794,293	837,967	869,548	867,626	848,080	817,781

Source: US Census Bureau, 1970, 1980, 1990, 2000, 2010, 2020 Census; CDRPC Projections

Figure 3.3: Historic and Projected Population 1980 to 2040



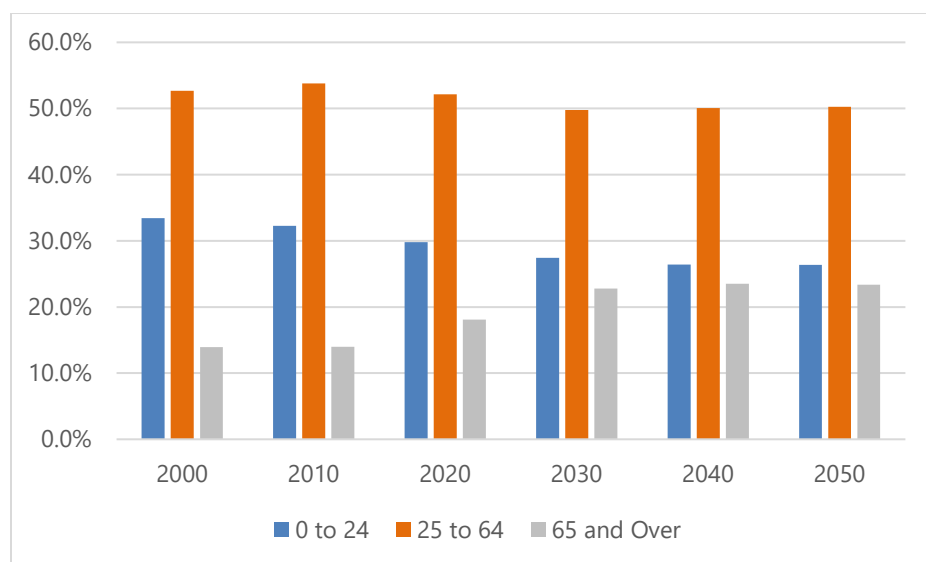
Source: US Census Bureau, 1980, 1990, 2000, 2010 Census; CDRPC projections

The Capital Region's population has been growing at a fairly steady rate since 1970, with an overall increase of 13% between 1970 and 2020. Saratoga County has seen the highest percentage population growth since 1980 as shown in Figure 3.3 and Table 3.1 above. All four counties grew between the 2010 and 2020 Census. The region's population is forecast to continue to increase, approaching almost 850,000 people by the year 2040 before declining to about 818,000 according to the Capital District Regional Planning Commission's projections.

3.1.2 Population Age Characteristics

Tables 3.2 and 3.3 display the Historic and Projected Population by Age Group and show that according to the 2020 Census over 20% of the Capital Region's population is age 65 or older, and over 7% of residents are 75 years or older. The population aged 65 and over is expected to continue to increase to 23.4% of the overall regional population by 2040, before decreasing very slightly in 2050. Younger age groups up to 34 years are generally expected to decrease in proportion. This means that the region can expect another twenty or more years of increased mobility service needs for the senior population.

Figure 3.4: Percent of Regional Population by Age Group



Source: US Census Bureau, 2000, 2010, 2020 Census; CDRPC projections

Table 3.2: Historic and Projected Population by Age, Capital Region

Age	1970	1980	1990	2000	2010	2020	2030	2040	2050
Under 5	59,945	46,447	53,254	47,917	45,524	42,975	41,450	39,706	36,614
5 to 14	137,467	110,115	98,281	109,486	100,716	96,778	86,730	85,196	80,754
15 to 24	123,273	140,720	122,054	107,942	124,021	119,308	109,850	99,146	98,405
25 to 34	81,879	118,917	132,140	104,596	102,278	115,021	109,288	100,589	90,625
35 to 44	79,436	79,917	119,857	129,173	109,311	105,262	116,973	111,354	102,529
45 to 54	86,677	75,831	77,589	114,642	130,814	108,887	104,107	115,638	110,165
55 to 64	72,207	76,400	67,743	69,879	108,305	124,141	101,343	97,052	107,664
65 to 74	49,165	55,252	60,103	55,029	59,206	93,320	104,487	85,335	81,859
75+	31,861	37,981	46,563	55,629	57,792	63,856	93,398	114,064	109,166

Source: US Census Bureau, 1970, 1980, 1990, 2000, 2010, 2020 Census; CDRPC projections

Table 3.3: Historic and Projected Population Percentages by Age, Capital Region

Age	1970	1980	1990	2000	2010	2020	2030	2040	2050
Under 5	8.3%	6.3%	6.8%	6.0%	5.4%	4.9%	4.8%	4.7%	4.5%
5 to 14	19.0%	14.8%	12.6%	13.8%	12.0%	11.1%	10.0%	10.0%	9.9%
15 to 24	17.1%	19.0%	15.7%	13.6%	14.8%	13.7%	12.7%	11.7%	12.0%
25 to 34	11.3%	16.0%	17.0%	13.2%	12.2%	13.2%	12.6%	11.9%	11.1%
35 to 44	11.0%	10.8%	15.4%	16.3%	13.0%	12.1%	13.5%	13.1%	12.5%
45 to 54	12.0%	10.2%	10.0%	14.4%	15.6%	12.5%	12.0%	13.6%	13.5%
55 to 64	10.0%	10.3%	8.7%	8.8%	12.9%	14.3%	11.7%	11.4%	13.2%
65 to 74	6.8%	7.5%	7.7%	6.9%	7.1%	10.7%	12.0%	10.1%	10.0%
75+	4.4%	5.1%	6.0%	7.0%	6.9%	7.3%	10.8%	13.4%	13.3%

Source: US Census Bureau, 1970, 1980, 1990, 2000, 2010, 2020 Census; CDRPC projections

Figure 3.5 on the following page shows the geographic distribution of residents aged at least 60 years of age according to the 2017-2021 American Community Survey, illustrating that the highest concentrations of seniors aged 60 and older are living in the region's urban areas and surrounding suburbs, similar to the pattern for the overall regional population. However, as Figure 3.7 displays, the portion of residents age 60+ compared to the total population in each census tract varies throughout the region, with some rural areas having a high percent of older adults though the overall population may be relatively low. It should be noted that in some rural towns, the entire town is one tract.

Figure 3.6 shows the 2017-2021 American Community Survey age distribution for three age categories (0 to 24 Years, 25 to 64 Years, and 65 Years and Over) for each of the four counties and their largest cities.

Figure 3.5: Capital Region Older Adult Population

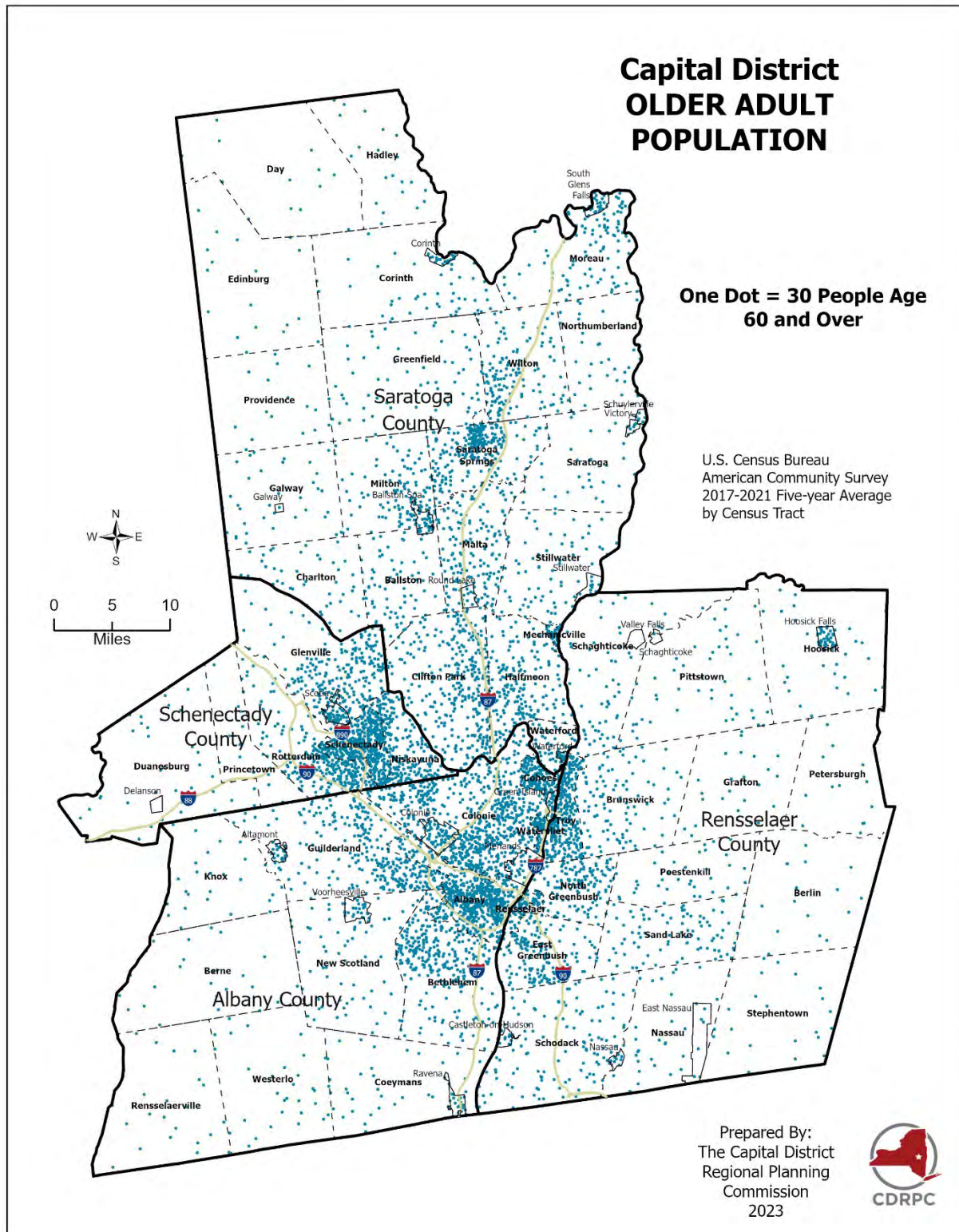


Figure 3.6: Population by Age Group 2017-2021 in the Four Counties and Their Largest Cities

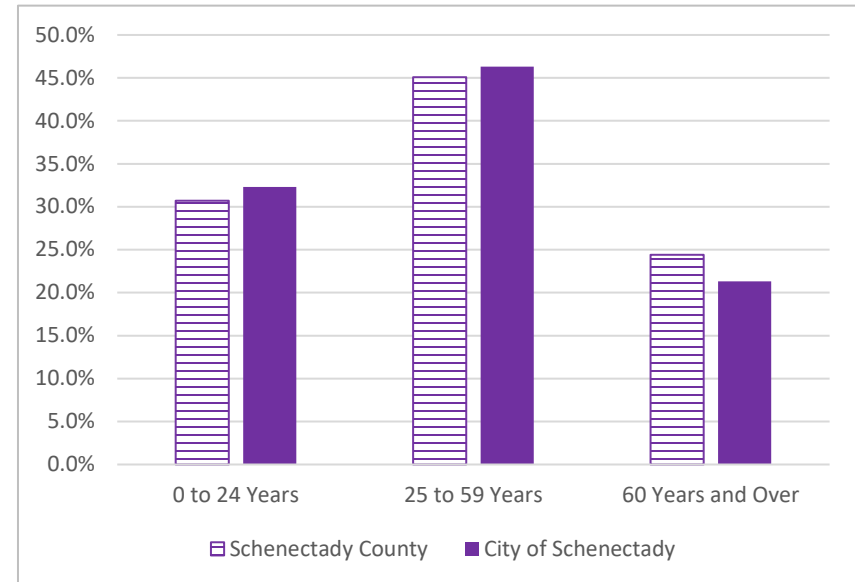
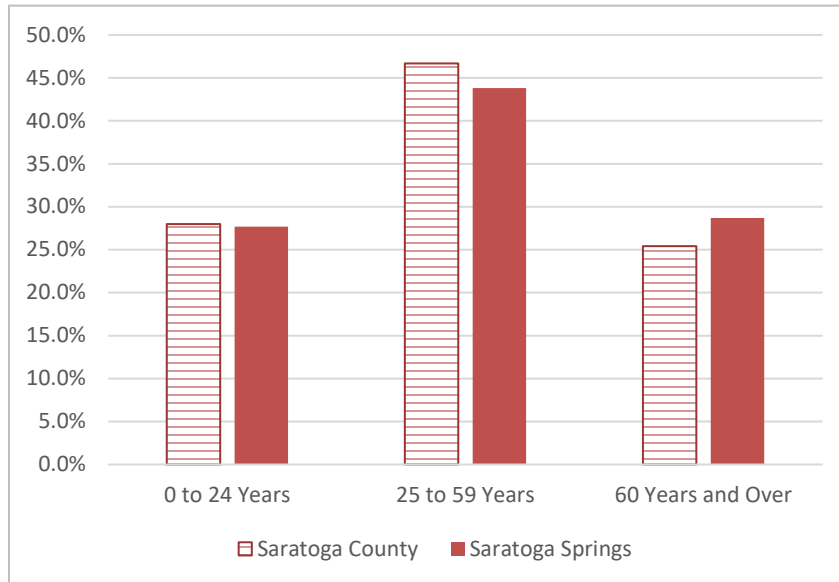
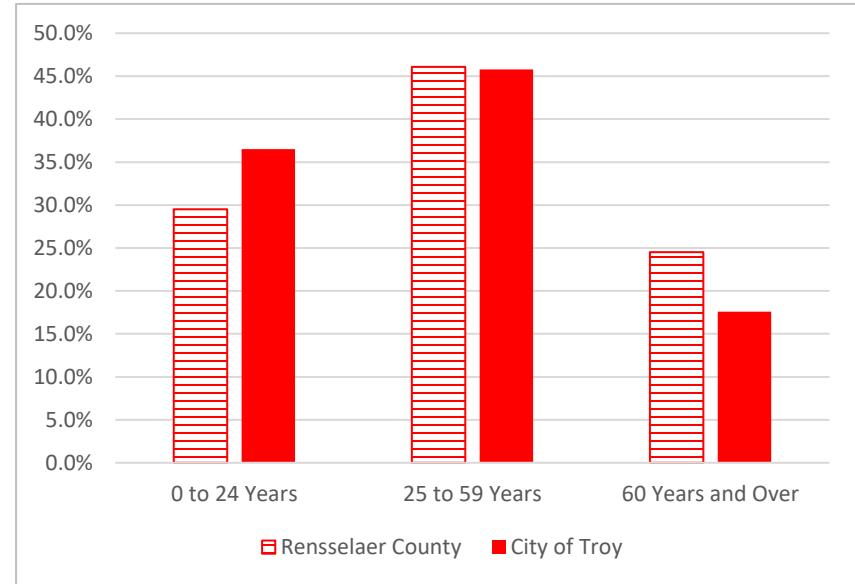
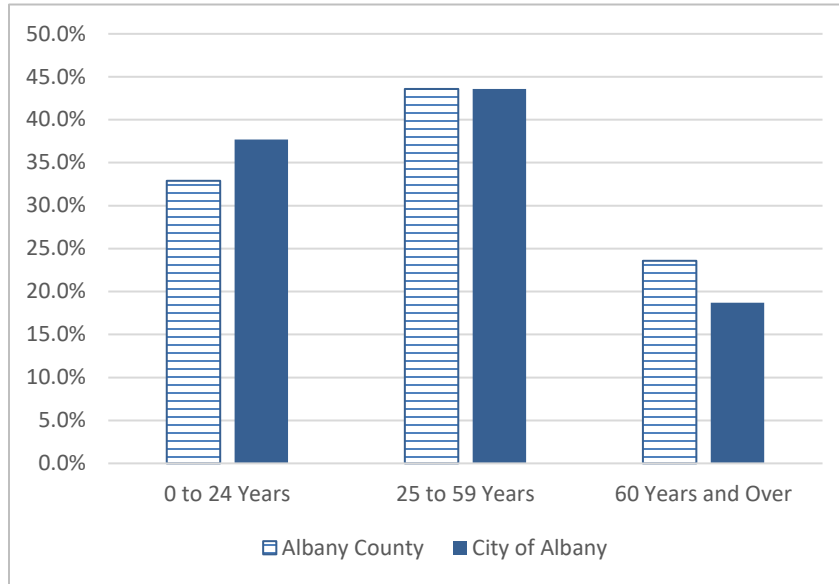


Figure 3.7: Capital Region Older Adult Population

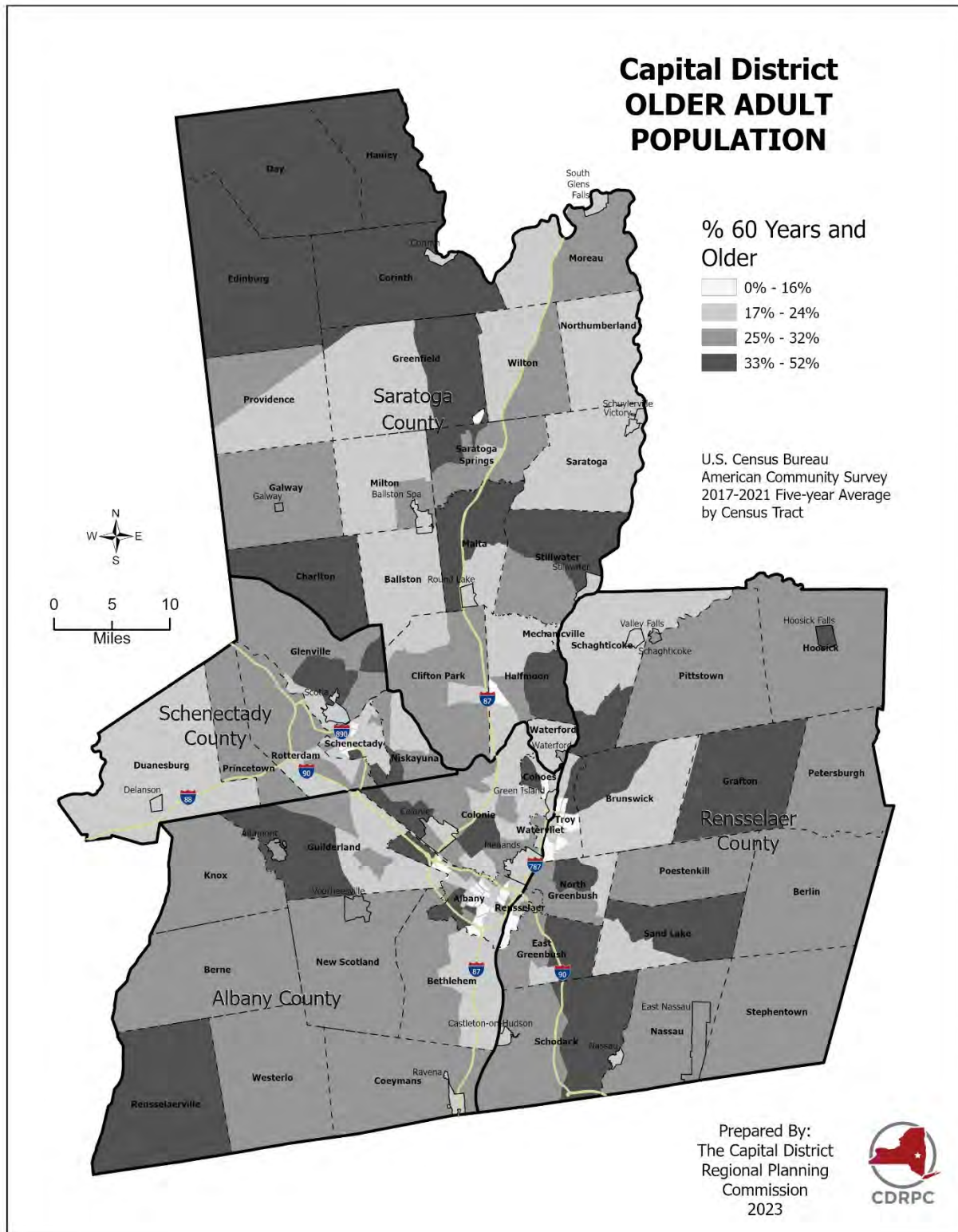
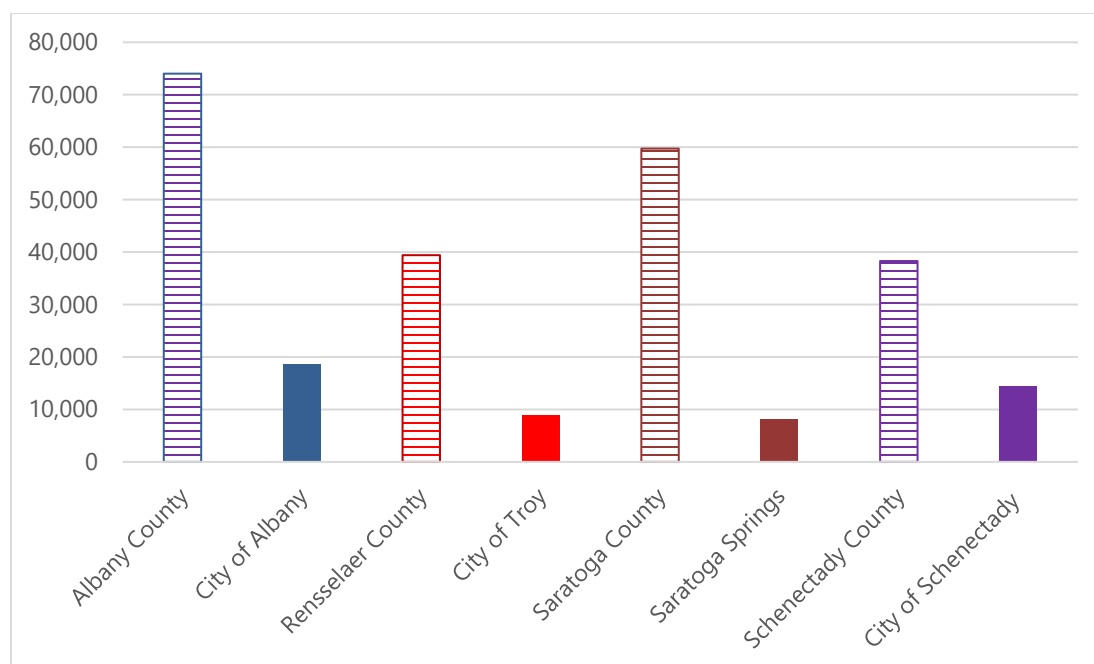


Figure 3.8: Number of Residents Age 60 Years and Over



Source: 2017-2021 American Community Survey, US Census

Figure 3.8 shows the relative distribution of residents 60 years and over in the region's largest cities compared to the counties. Table 3.4 shows each of the largest cities' share of their respective County populations and their share of their County's population over 60 years. About 5-9% fewer residents 60 and older than total residents live in the Cities of Albany, Schenectady, and Troy. The City of Saratoga Springs is home to about 1.5% more of the County's residents 60+ than it is to the County's overall population.

Table 3.4: Largest City Population in Each County

Location	Total Population		Population 60+	
Albany County	314,679		74,032	
City of Albany	99,402	31.59%	18,587	25.11%
Rensselaer County	161,125		39,413	
City of Troy	50,717	31.48%	8,949	22.71%
Saratoga County	235,010		59,738	
Saratoga Springs	28,110	11.96%	8,049	13.47%
Schenectady County	157,515		38,297	
City of Schenectady	66,809	42.41%	14,326	37.41%

Source: 2017-2021 American Community Survey, US Census

Table 3.5 shows the percent of residents 60 years and older in each County by race and Hispanic/Latino origin. By County, between 87% and 96% of residents are White alone. Between 1% and 8% of residents 60 years and older are Black or African American alone by County.

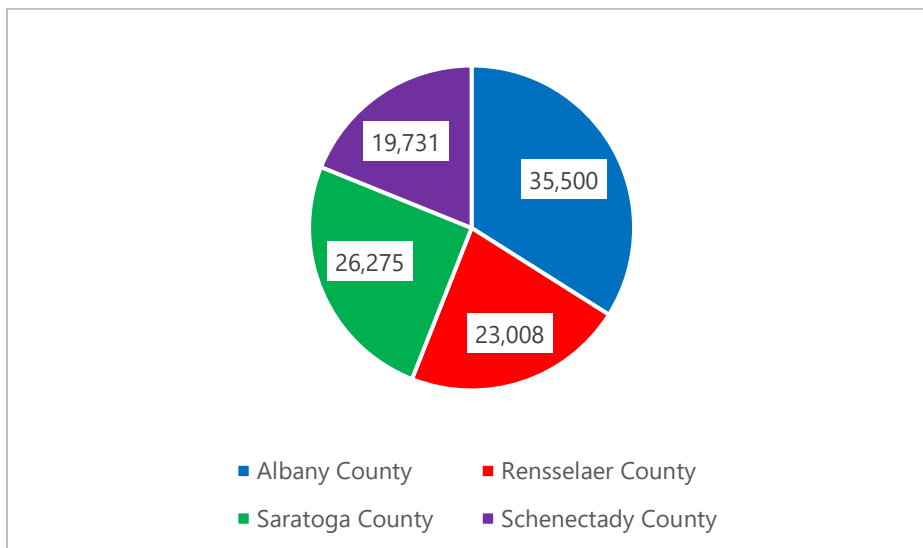
Table 3.5: Race and Hispanic/Latino Origin of Residents 60+

Residents 60+	Albany	Rensselaer	Saratoga	Schenectady
White (one race)	87%	94%	96%	87%
Black or African American (one race)	8%	3%	1%	5%
American Indian and Alaska Native (one race)	0%	0%	0%	0%
Asian (one race)	3%	1%	1%	3%
Native Hawaiian and Other Pacific Islander (one race)	0%	0%	0%	0%
Some other race (one race)	1%	1%	0%	2%
Two or more races	2%	1%	1%	3%
Hispanic or Latino origin (of any race)	2%	1%	1%	3%
White alone, not Hispanic or Latino	85%	93%	96%	86%

Source: 2017-2021 American Community Survey S0102, US Census

3.1.3 People with Disabilities

The 2008 Amendment Act to the Americans with Disabilities Act of 1990 (ADA), defined a disability as an individual's physical or mental impairment that substantially limits one or more major life activities of that individual. The ADA prohibits discrimination on the basis of disability, including in State and local government, transportation, and telecommunications. On average, over 12% of Capital Region residents report a disability, a slight increase from the previous 5-year dataset. Figure 3.9 shows the 5 year American Community Survey (ACS) number of residents reporting a disability by county.

Figure 3.9: Number of Residents Reporting a Disability

Source: 2017-2021 American Community Survey 5-Year Estimates

Tables 3.6 through 3.8 indicate that the percent of individuals reporting a disability has

fluctuated between about 10% and 17% by County over the 9 year period (2013 – 2021) and remained around 13%-15% for the Capital Region as a whole.

Table 3.6: Residents Reporting a Disability in 2013

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Population (<i>est</i>)	302,969	158,112	220,787	25,400	707,268
Number of Persons reporting a disability	32,827	21,674	25,373	25,400	105,274
Percent of Persons reporting a disability	10.8%	13.7%	11.5%	16.5%	14.9%

Source: 2013, American Community Survey 1-Year Estimates, US Census

Table 3.7: Residents Reporting a Disability in 2017

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Population (<i>est</i>)	306,359	157,811	226,862	153,714	844,746
Number of Persons reporting a disability	37,699	21,452	24,396	23,350	106,897
Percent of Persons reporting a disability	12.3%	13.6%	10.8%	15.2%	12.7%

Source: 2017 American Community Survey 1-Year Estimates, US Census

Table 3.8: Residents Reporting a Disability in 2021

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Population (<i>est</i>)	309,717	158,592	235,713	156,445	860,467
Number of Persons reporting a disability	41,479	23,946	28,866	18,751	113,042
Percent of Persons reporting a disability	13.4%	15.1%	12.2%	12.0%	13.1%

Source: 2021 American Community Survey 1-Year Estimates, US Census

Figure 3.10: Capital Region Disability Population Distribution

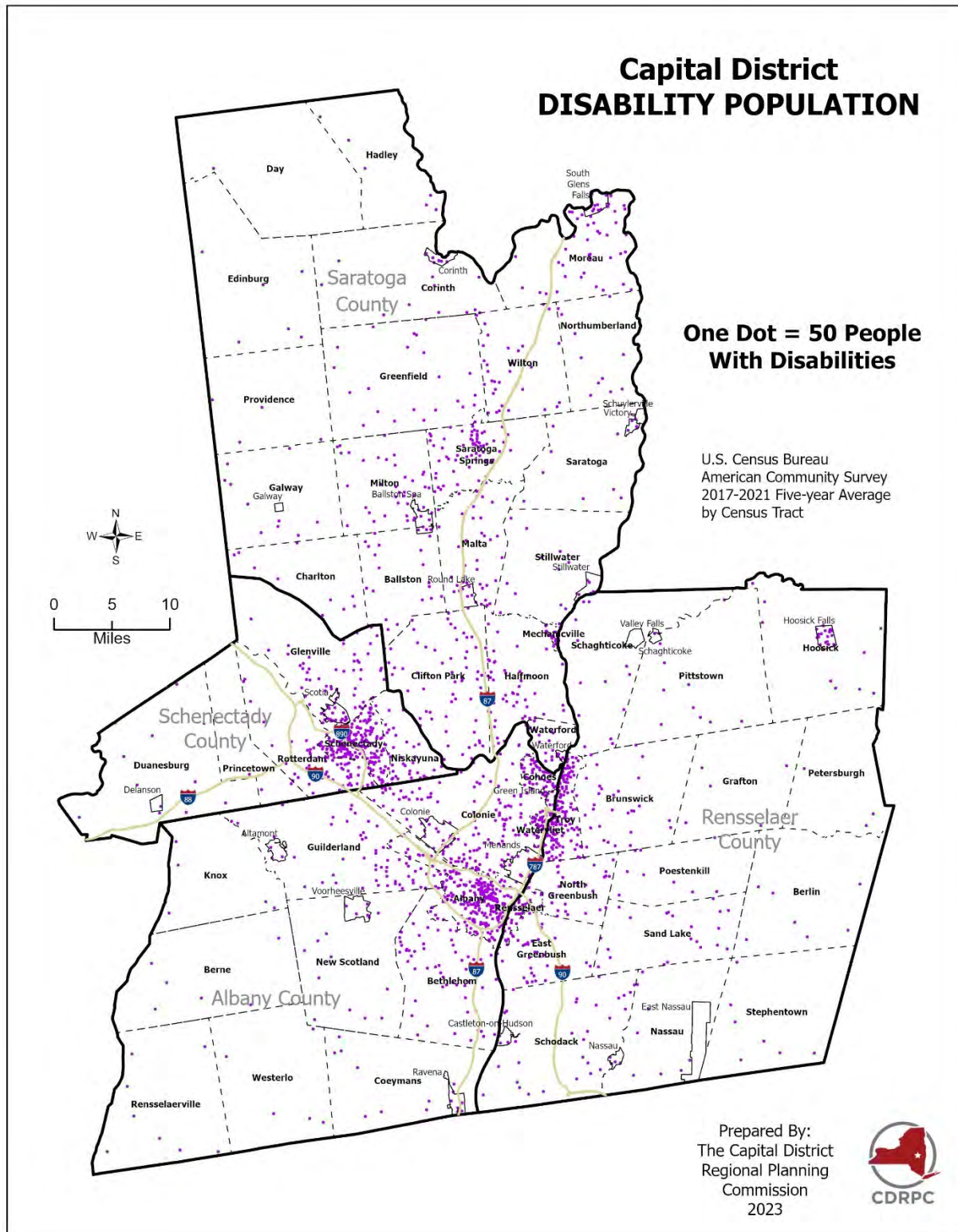


Figure 3.11 – Capital Region Disability Population Percent

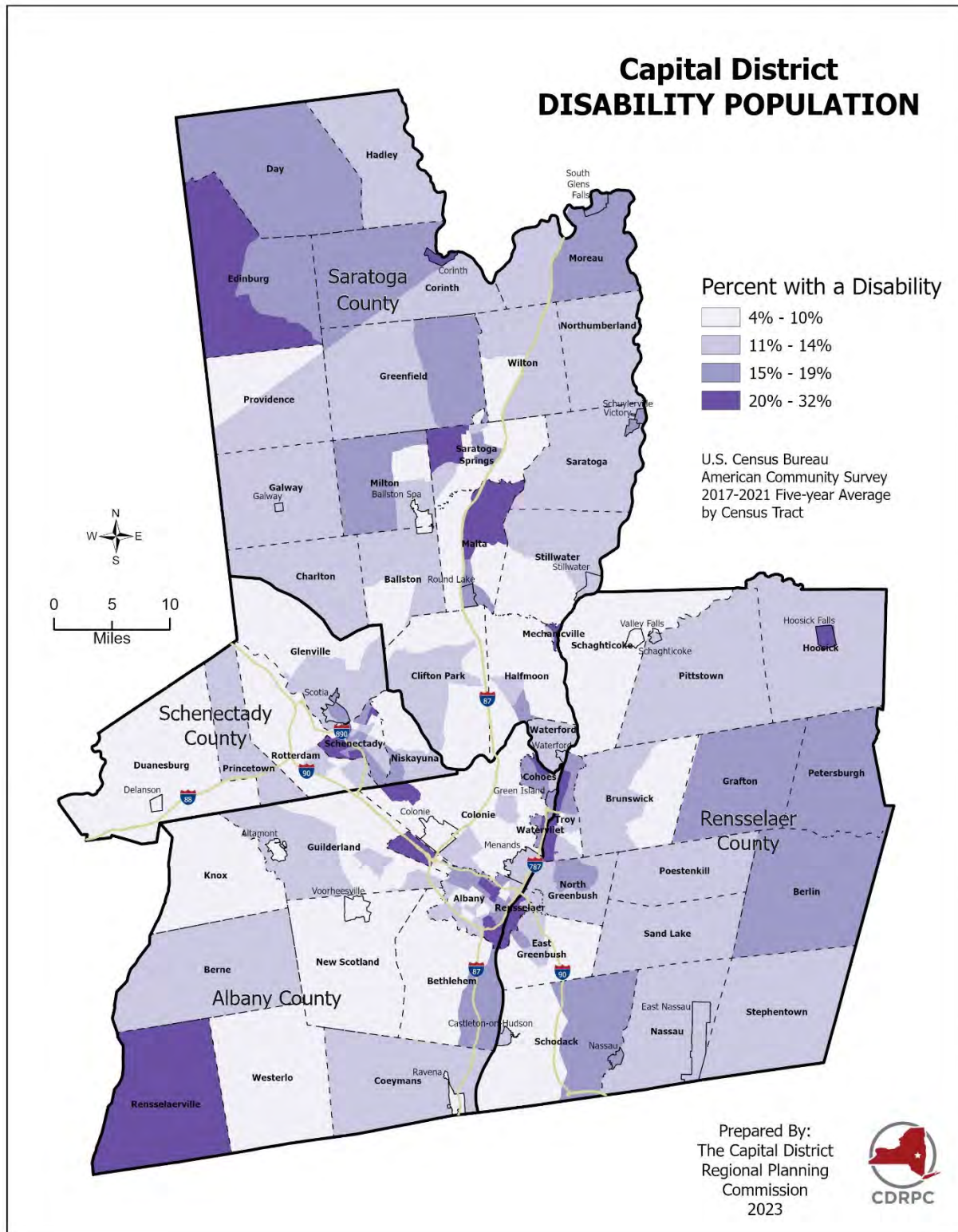


Table 3.9: Persons with a Disability by Disability Type, by County

County	Albany Estimate	Alb %	Rensselaer Estimate	Ren %	Saratoga Estimate	Sar %	Schenectady Estimate	Sch %	Region Estimate	Reg %
Total Population	310,934		159,302		232,899		155,734		858,869	
Population 5+	295,564		151,163		221,488		146,463		814,678	
Population 18+	253,170		127,858		186,128		121,469		688,625	
Hearing Difficulty	8,325	2.7%	5,643	3.5%	8,975	3.9%	4,187	2.7%	27,130	3.2%
Vision Difficulty	5,455	1.8%	3,135	2.0%	5,289	2.3%	3,006	1.9%	16,885	2.0%
Cognitive Difficulty*	14,350	4.9%	9,489	6.3%	9,096	4.1%	8,060	5.5%	40,995	5.0%
Ambulatory Difficulty*	15,460	5.2%	12,096	8.0%	11,168	5.0%	9,255	6.3%	47,979	5.9%
Self-care Difficulty*	5,067	1.7%	4,163	2.8%	4,397	2.0%	3,631	2.5%	17,258	2.1%
Independent Living Difficulty**	11,932	4.7%	9,225	7.2%	8,749	4.7%	8,603	7.1%	38,509	5.6%

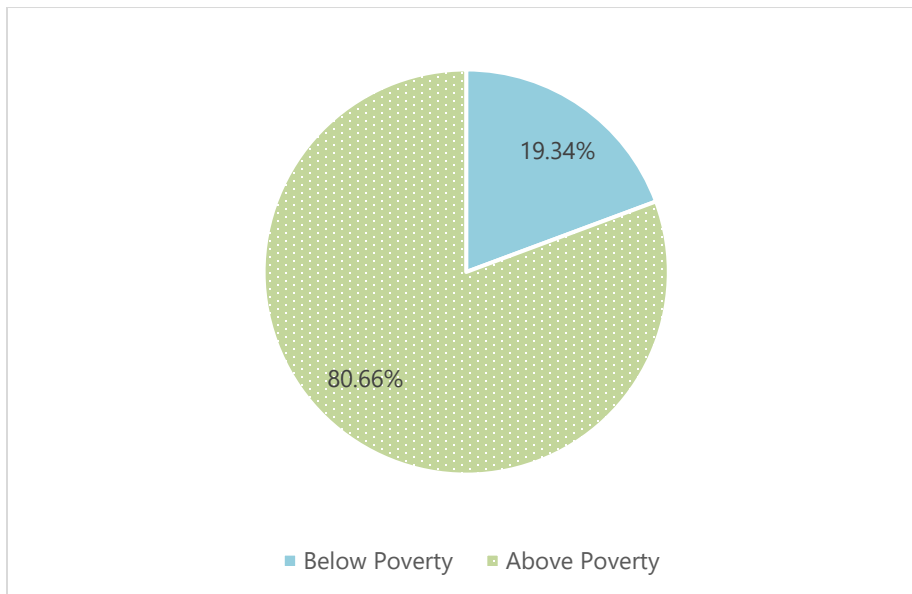
Source: 2017-2021 American Community Survey, US Census. *Children under 5 are not included in these measures. **Children under 18 are not included in this measure.

Data on type of disability by County is shown in Table 3.9 above. Disability data is self-reported and respondents can select multiple categories. Disabilities related to ambulatory, cognitive or independent living difficulties represent the highest percentages within each county and region-wide.

In the Capital Region, the population aged 65 or older makes up over 17% of the total population but accounts for over 42% of those identifying as having a disability. These figures both increased since the last five-year dataset. According to the 2017 – 2021 ACS, there were 145,936 people aged 65 and older in the region, of which 43,567 reported a disability, as shown in Table 3.10 below. The data in this table is only available for the age categories shown.

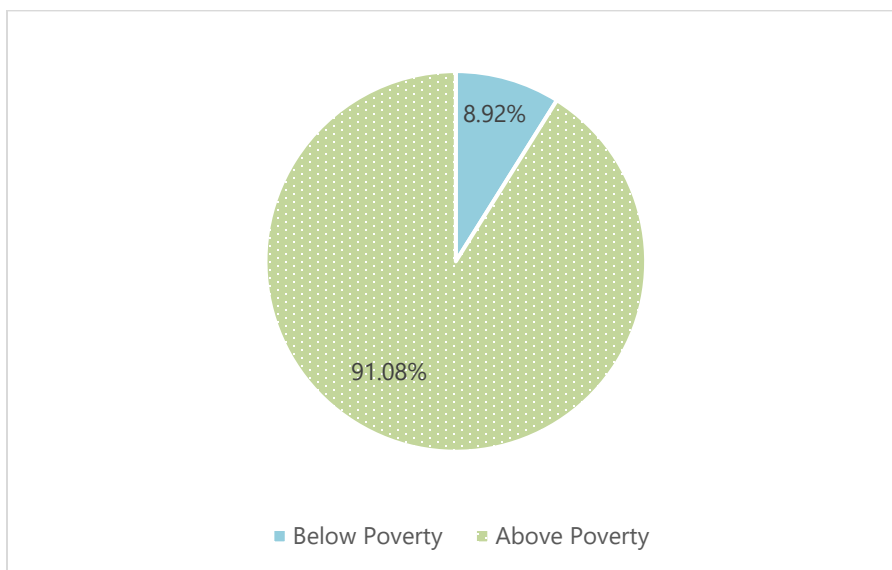
As the older population continues to grow, the overall number of people with a disability is also likely to grow at a rapid rate.

Figure 3.12: Capital Region Residents with a Disability by Poverty Status



Source: 2017-2021 American Community Survey, US Census

Figure 3.13: Capital Region Residents without a Disability by Poverty Status



Source: 2017-2021 American Community Survey, US Census

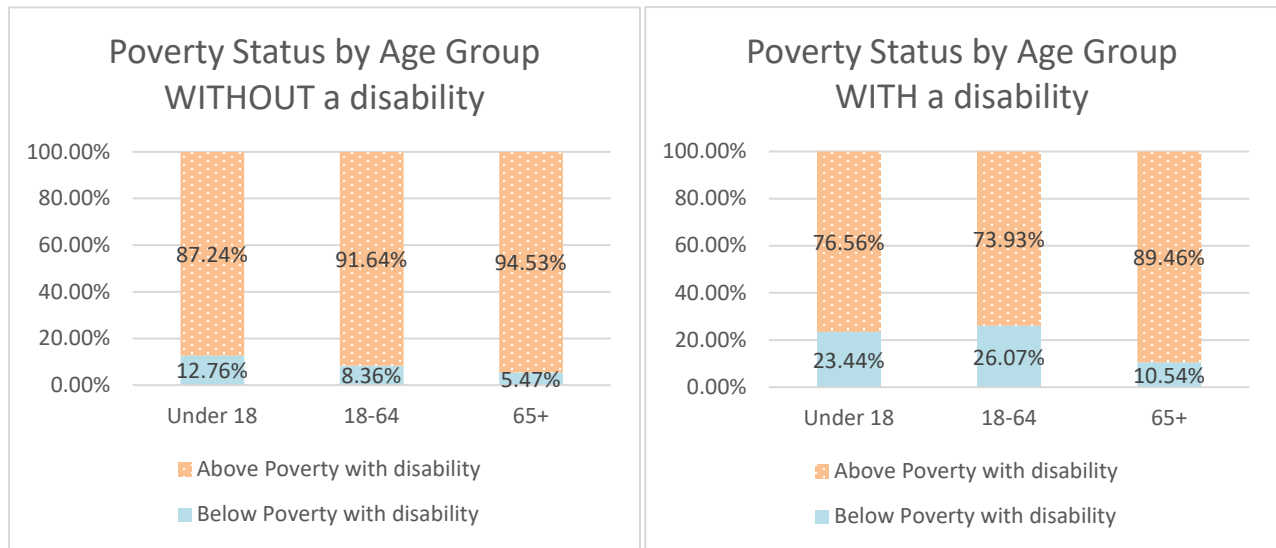
As the 2017 - 2021 American Community Survey 5 year estimates show, the poverty rate for people with a disability is over twice the rate for people without a disability as illustrated in Figures 3.12 and 3.13.

Table 3.10: Capital Region Residents with a Disability by Age and Income

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total:	298,611	155,076	230,353	153,105	837,145
Under 18 Years:	57,071	30,914	46,230	33,876	168,091
With a disability:	2,209	1,354	2,600	1,366	7,529
Income in the past 12-months below poverty level	732	194	491	348	1,765
Income in the past 12-months at or above poverty level	1,477	1,160	2,109	1,018	5,764
No disability:	54,862	29,560	43,630	32,510	160,562
Income in the past 12-months below poverty level	7,714	4,782	2,739	5,246	20,481
Income in the past 12-months at or above poverty level	47,148	24,778	40,891	27,264	140,081
18 to 64 Years:	190,320	97,332	142,066	93,400	523,118
With a disability:	17,843	12,477	11,416	10,633	52,369
Income in the past 12-months below poverty level	5,210	3,183	2,521	2,737	13,651
Income in the past 12-months at or above poverty level	12,633	9,294	8,895	7,896	38,718
No disability:	172,477	84,855	130,650	82,767	470,749
Income in the past 12-months below poverty level	17,557	7,518	6,565	7,725	39,365
Income in the past 12-months at or above poverty level	154,920	77,337	124,085	75,042	431,384
65 Years and over:	51,220	26,830	42,057	25,829	145,936
With a disability:	14,795	9,041	12,130	7,601	43,567
Income in the past 12-months below poverty level	1,833	621	1,103	1,033	4,590
Income in the past 12-months at or above poverty level	12,962	8,420	11,027	6,568	38,977
No disability:	36,425	17,789	29,927	18,228	102,369
Income in the past 12-months below poverty level	1,950	1,094	1,293	1,260	5,597
Income in the past 12-months at or above poverty level	34,475	16,695	28,634	16,968	96,772

Source: 2017-2021 American Community Survey, US Census

Figure 3.14: Poverty Status by Age and Disability



Source: 2017-2021 American Community Survey, US Census

As Table 3.10 and Figure 3.14 above indicate, persons with a disability across all age groups have higher rates of poverty than their non-disabled counterparts. Within the group of residents with a disability, those younger than 65 have higher rates of poverty, about 25%. Among the population without a disability, the age group with the highest percentage of the population below the poverty line is children under age 18.

Disability rates for people age 65 and older vary by race. Table 3.11 shows this variation, ranging from 29% for White Only and Asian Only older adults up to 41% for Black or African American Only older adults and almost half of older adults who answer that they are one race other than those shown.

Table 3.11: Capital Region Residents 65+ with a Disability by Race

Race	Percent 65+ with a Disability
White Only	29%
Black or African American Only	41%
American Indian or Alaska Native Only	**
Asian Only	29%
Native Hawaiian or Pacific Islander Only	**
Other Race Only	46%
Two or More Races	42%
White Only Not Hispanic or Latino	29%
All Hispanic or Latino	36%

Source: 2017-2021 American Community Survey, US Census B18101. ** high margin of error

3.1.4 Veterans

Table 3.12 shows the percent of adults in each age group overall as well as the percent of people in each age group who are veterans. The age groups shown are the only available groups provided.

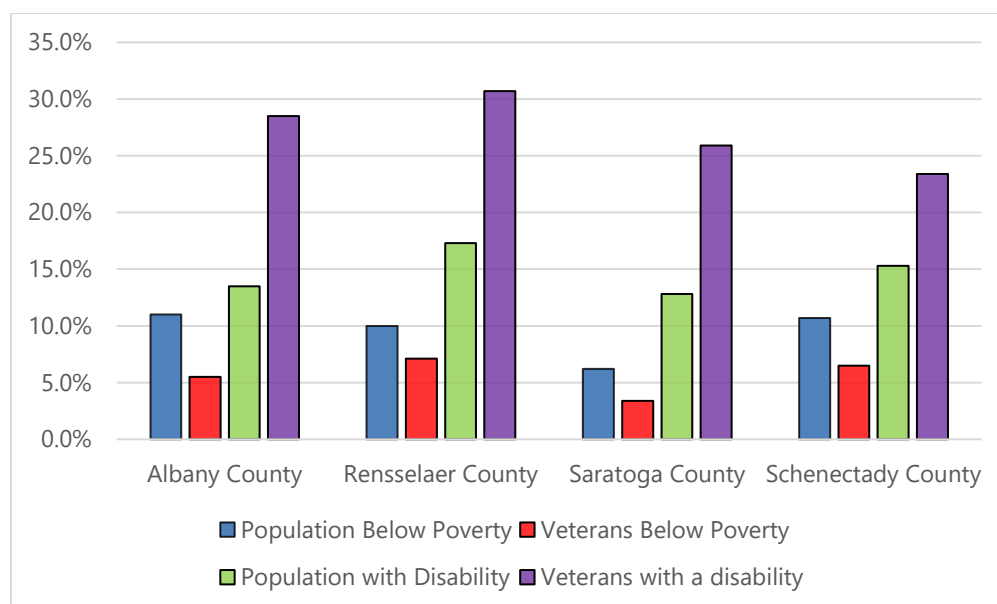
Table 3.12: Capital Region Veterans by Age

Age and Veteran Status	Albany	Rensselaer	Saratoga	Schenectady	Capital Region
18+ Total	256,417	129,344	187,188	123,008	695,957
18+ Veterans	13,846	8,873	14,443	8,238	45,400
18+ % Veterans	5.4%	6.9%	7.7%	6.7%	6.5%
18-34 Total	33.8%	29.4%	24.7%	28.0%	29.5%
18-34 Veterans	0.3%	0.4%	0.6%	0.4%	0.4%
34-54 Total	29.0%	31.1%	33.7%	32.3%	31.2%
34-54 Veterans	1.1%	1.3%	1.7%	1.5%	1.4%
55-64 Total	16.3%	18.1%	18.8%	17.7%	17.6%
55-64 Veterans	1.0%	1.6%	1.4%	1.2%	1.2%
65-74 Total	12.3%	13.2%	13.9%	12.6%	13.0%
65-74 Veterans	1.6%	1.8%	2.1%	1.7%	1.8%
75+ Total	8.6%	8.2%	8.9%	9.3%	8.7%
75+ Veterans	1.5%	1.7%	1.8%	1.8%	1.7%

Source: 2017-2021 American Community Survey 5-Year Estimates

Overall, veterans have a lower poverty rate than the general population and a higher disability rate than the general population, as shown in Chart 3.16. For example, in Schenectady County, over 10% of the population has an income below the poverty level, but only 6.5% of veterans have an income below the poverty level. However, just over 15% of the overall population in Schenectady County has a disability, whereas about 23% of veterans have a disability.

Figure 3.15: Veterans by Poverty or Disability

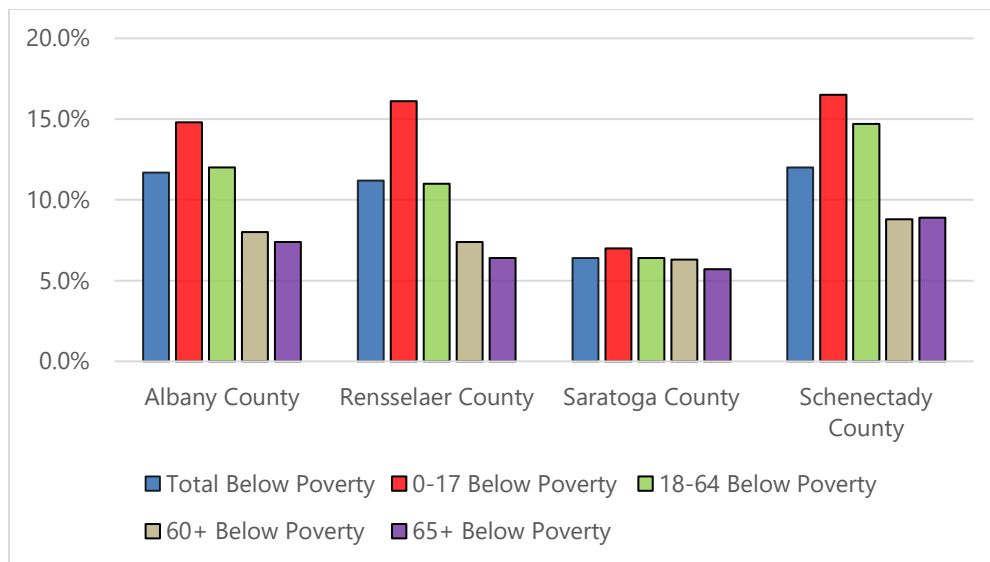


Source: 2017-2021 American Community Survey, US Census

3.1.5 Low-Income Individuals

According to the American Community Survey's 5-year estimates for poverty, 12% of the region's population has an income below the poverty level. Consistent with past trends, recent data show that Saratoga County has the lowest poverty rate at 6.4%, and the other counties' rates are about 11-12%. Chart 3.17 shows the age distribution of people with incomes below the poverty level. Between 15% and 17% of children and between 11% and 15% of adults age 18-64 in Albany, Rensselaer, and Schenectady Counties have incomes below the poverty level. It should be noted that this data includes but is not exclusively composed of years in which COVID-19 relief funds were widely distributed. Compared to the previous five-year dataset, the poverty rates for children are slightly lower, though they are slightly higher for adults 18-64.

Figure 3.16: Poverty Rate by Age



Source: 2017-2021 American Community Survey, US Census

The geographic distribution of people whose income is below the poverty threshold is displayed in Figure 3.17. It shows that the highest concentrations are in and adjacent to Albany, Schenectady, and Troy, with very low rates moving away from the cities until the more rural parts of the region are reached, where the percentage of low-income individuals rises. In addition, Mechanicville and parts of Malta and Saratoga Springs show moderate levels of people whose income is below the poverty threshold. Figure 3.18 shows the concentration of low income seniors over age 60. Geographic distribution of this group is similar but does show higher percentages in some areas that have relatively low overall concentrations of low-income individuals.

Figure 3.17 – Percent of Population in Poverty

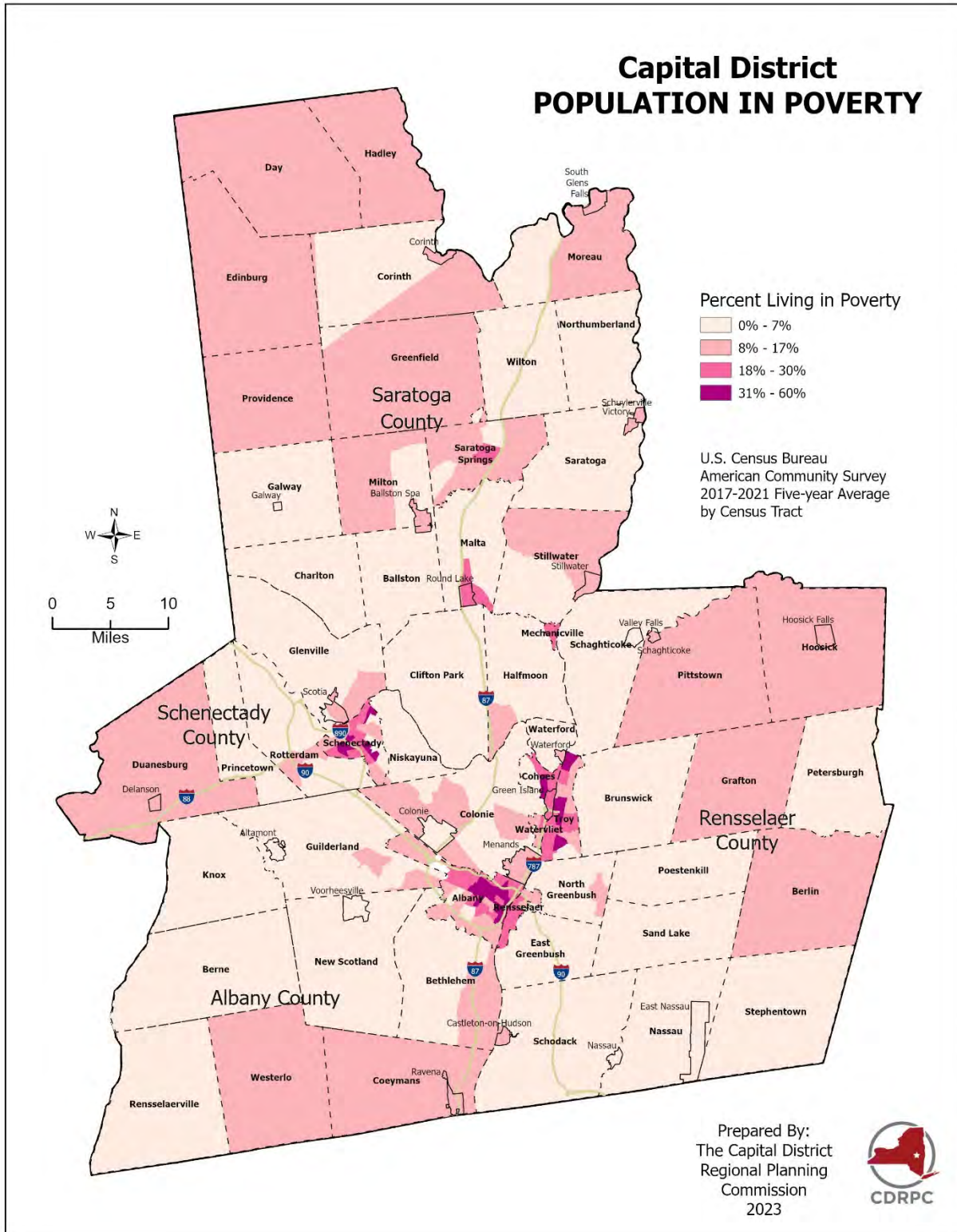
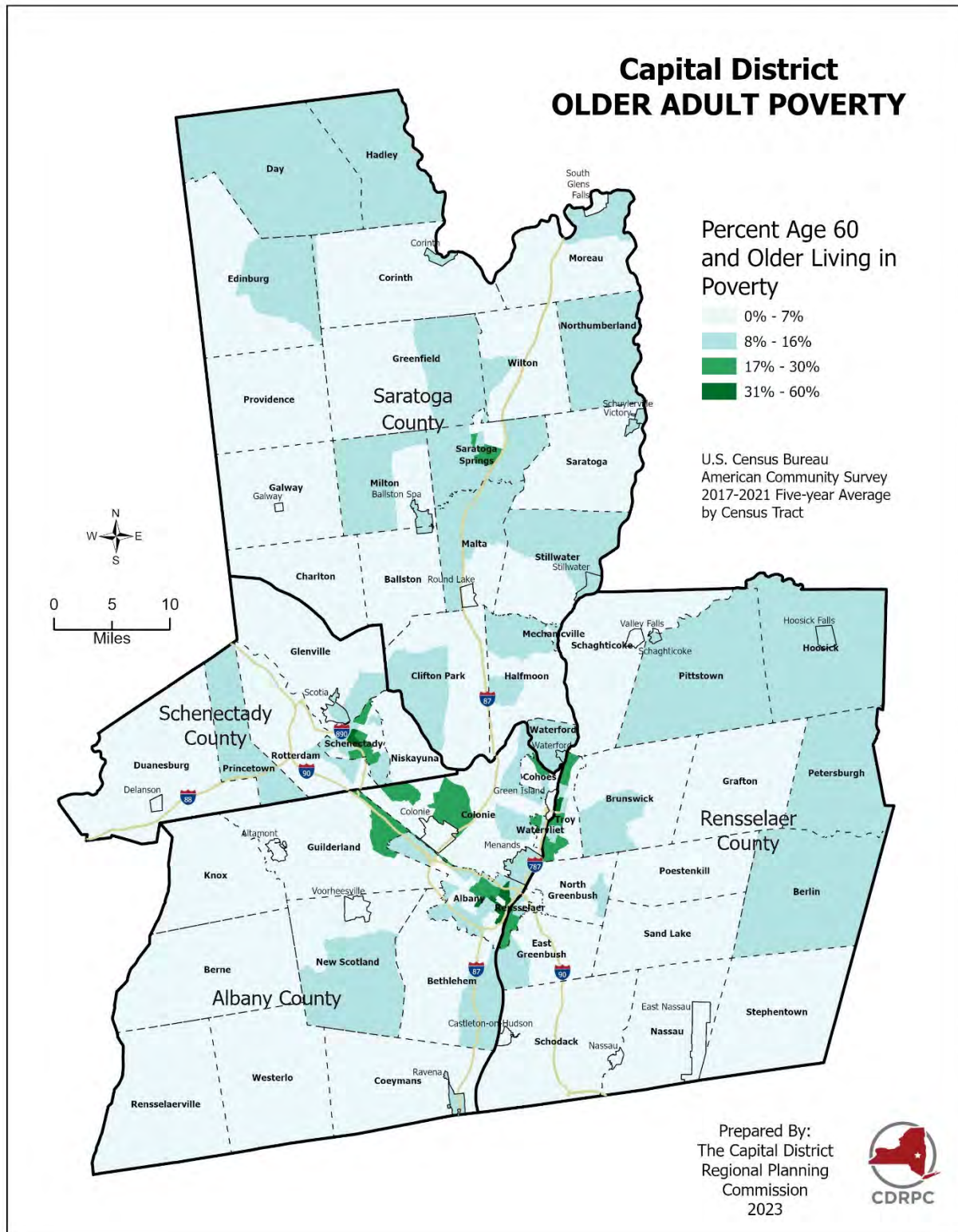
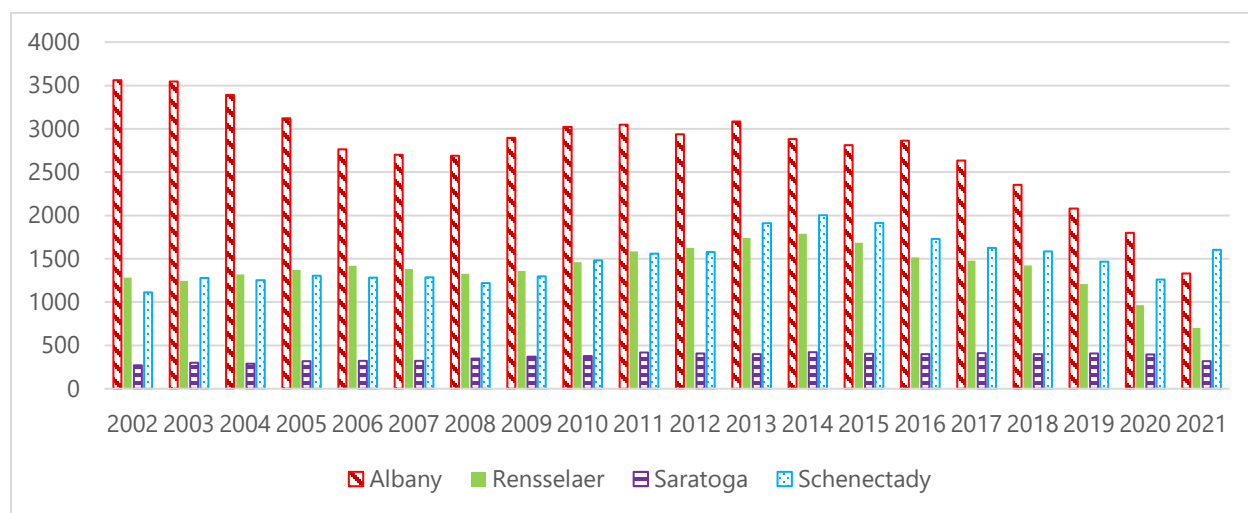


Figure 3.18 – Percent of Adults 60+ Living in Poverty



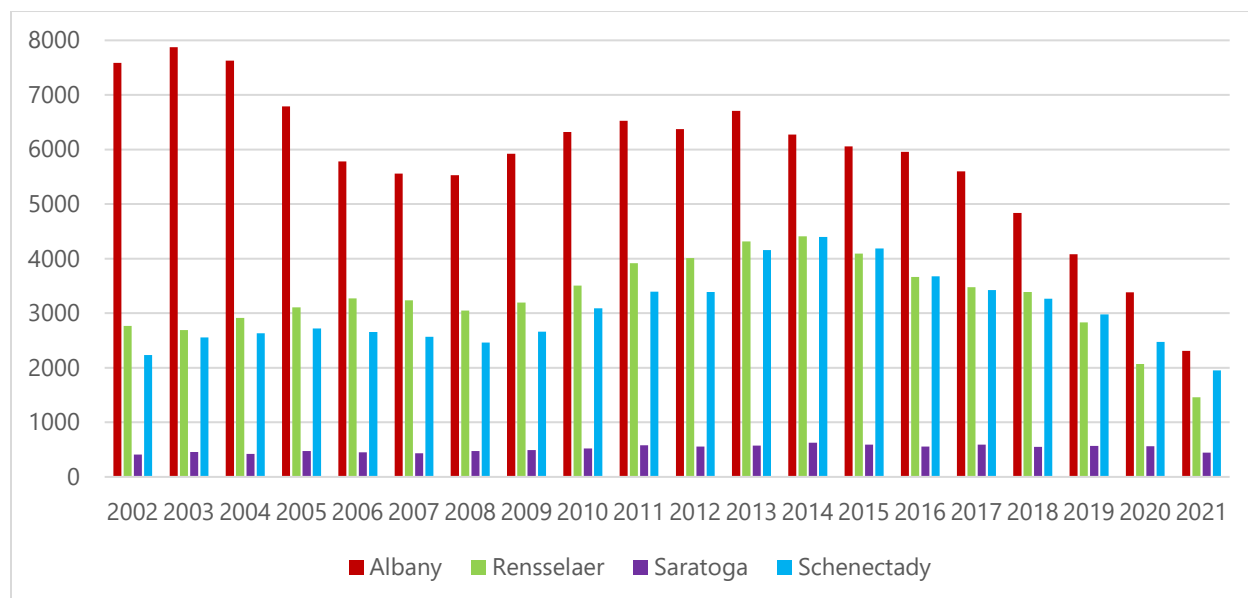
Figures 3.19 and 3.20 below show information on the average monthly number of cases and recipients of Temporary Assistance, which is the sum of Family Assistance and Safety Net Assistance Programs cases receiving ongoing assistance. This does not include Supplemental Nutrition Assistance, Supplemental Security Income, or Home Energy Assistance. This data was available from the New York State Office of Temporary and Disability Assistance through data.ny.gov on a monthly basis. The charts show the average of all months in each year. The overall number of cases in the Capital Region saw its lowest numbers in the 20 years since 2002 in 2019, 2020, and 2021 at which time the number of cases was less than 4,000. This trend is the same for the number of recipients at the regional level, with about 6,200 recipients in 2021. However, the numbers within each county fluctuate from year to year.

Figure 3.19: Monthly Average Number Temporary Assistance Cases by County, 2002-2021



Source: NYS OTDA, <https://data.ny.gov/Human-Services/Public-Assistance-PA-Caseloads-and-Expenditures-Be/42wv-qbv6>. Accessed 6/1/2023.

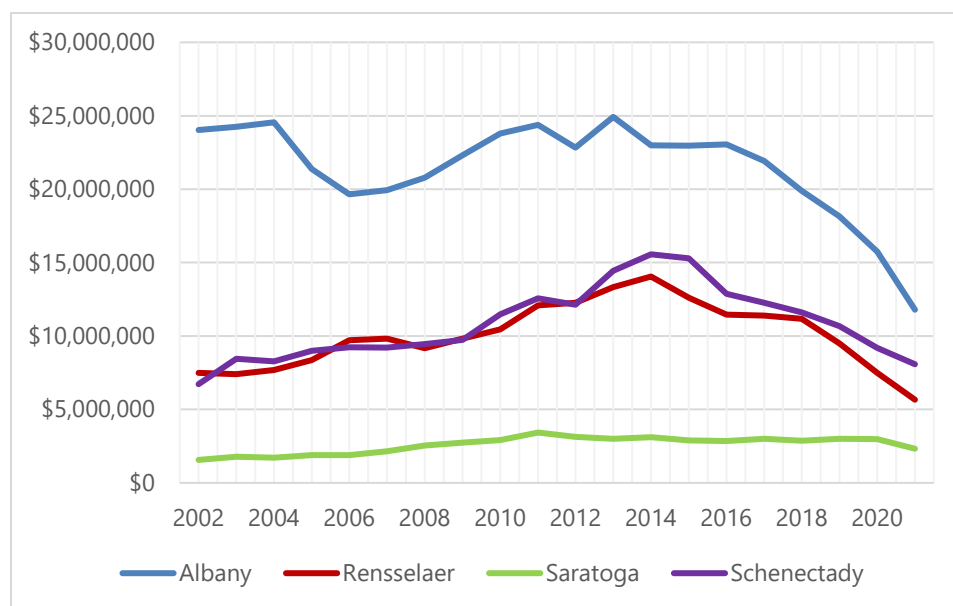
Figure 3.20: Monthly Average Number of Temporary Assistance Recipients, 2002-2021



Source: NYS OTDA, <https://data.ny.gov/Human-Services/Public-Assistance-PA-Caseloads-and-Expenditures-Be/42wv-qbv6>. Accessed 6/1/2023.

Figure 3.21 shows expenditures by county in the region between 2002 and 2021. Rensselaer and Schenectady Counties each increased until about 2014, when they both began to decrease along with Albany County. Saratoga County expenditures are the smallest in the region and have generally increased overall, with a sizable decrease in 2021.

Figure 3.21: Total Monthly Temporary Assistance Expenditures, 2002-2021



Source: NYS OTDA, <https://data.ny.gov/Human-Services/Public-Assistance-PA-Caseloads-and-Expenditures-Be/42wv-qbv6>. Accessed 6/1/2023.

As shown in Table 3.13 below, the total expenditures for Temporary Assistance in 2021 in the four-county region was almost \$28M, over a 40% reduction since 2017 and 30% less than in 2002. The lowest total expenditures in the last 20 years were in 2020 and 2021. On average, the payment to each recipient was \$377 per month in 2021.

Table 3.13 Temporary Assistance Cases, Recipients, and Expenditures 2002-2021

	Albany	Rensselaer	Saratoga	Schenectady	Capital Region
2002 Average Annual Cases	3561	1281	270	1111	6222
2002 Average Annual Recipients	7587	2769	410	2235	13000
2002 Total Expenditures	\$24,026,587	\$7,481,401	\$1,564,782	\$6,724,621	\$39,797,391
2003 Average Annual Cases	3548	1244	298	1279	6369
2003 Average Annual Recipients	7872	2688	454	2555	13569
2003 Total Expenditures	\$24,243,522	\$7,397,165	\$1,779,932	\$8,446,303	\$41,866,922
2004 Average Annual Cases	3392	1318	287	1254	6250
2004 Average Annual Recipients	7626	2916	419	2634	13596
2004 Total Expenditures	\$24,561,785	\$7,692,888	\$1,716,777	\$8,282,455	\$42,253,905
2005 Average Annual Cases	3120	1370	319	1306	6115
2005 Average Annual Recipients	6792	3105	473	2718	13088
2005 Total Expenditures	\$21,380,970	\$8,363,055	\$1,889,099	\$8,996,682	\$40,629,806
2006 Average Annual Cases	2762	1419	321	1283	5784
2006 Average Annual Recipients	5781	3271	450	2657	12158
2006 Total Expenditures	\$19,642,389	\$9,710,648	\$1,892,632	\$9,243,010	\$40,488,679
2007 Average Annual Cases	2699	1381	323	1284	5687
2007 Average Annual Recipients	5556	3233	435	2568	11791
2007 Total Expenditures	\$19,927,658	\$9,825,522	\$2,144,092	\$9,211,852	\$41,109,124
2008 Average Annual Cases	2690	1325	349	1219	5583
2008 Average Annual Recipients	5527	3051	473	2460	11511
2008 Total Expenditures	\$20,790,443	\$9,168,745	\$2,538,165	\$9,463,773	\$41,961,126
2009 Average Annual Cases	2897	1359	371	1296	5923
2009 Average Annual Recipients	5924	3194	491	2662	12271
2009 Total Expenditures	\$22,315,939	\$9,826,013	\$2,751,988	\$9,725,957	\$44,619,897
2010 Average Annual Cases	3021	1458	376	1483	6338
2010 Average Annual Recipients	6319	3508	521	3092	13440
2010 Total Expenditures	\$23,781,689	\$10,463,475	\$2,907,259	\$11,470,987	\$48,623,410
2011 Average Annual Cases	3048	1586	417	1560	6611
2011 Average Annual Recipients	6525	3916	578	3392	14410
2011 Total Expenditures	\$24,373,052	\$12,079,273	\$3,428,499	\$12,569,377	\$52,450,201
2012 Average Annual Cases	2938	1626	406	1578	6548
2012 Average Annual Recipients	6373	4010	558	3389	14330

	Albany	Rensselaer	Saratoga	Schenectady	Capital Region
2012 Total Expenditures	\$22,828,861	\$12,260,591	\$3,128,522	\$12,143,770	\$50,361,744
2013 Average Annual Cases	3083	1739	400	1910	7131
2013 Average Annual Recipients	6710	4314	573	4156	15754
2013 Total Expenditures	\$24,922,553	\$13,327,147	\$3,011,513	\$14,439,836	\$55,701,049
2014 Average Annual Cases	2882	1790	421	2004	7097
2014 Average Annual Recipients	6274	4407	625	4395	15700
2014 Total Expenditures	\$22,989,700	\$14,051,806	\$3,104,333	\$15,565,117	\$55,710,956
2015 Average Annual Cases	2812	1683	404	1915	6814
2015 Average Annual Recipients	6057	4092	590	4185	14924
2015 Total Expenditures	\$22,957,951	\$12,608,477	\$2,898,869	\$15,286,773	\$53,752,070
2016 Average Annual Cases	2863	1513	399	1729	6504
2016 Average Annual Recipients	5957	3665	557	3673	13852
2016 Total Expenditures	\$23,049,258	\$11,463,368	\$2,846,816	\$12,871,659	\$50,231,101
2017 Average Annual Cases	2635	1479	410	1626	6149
2017 Average Annual Recipients	5601	3478	591	3426	13097
2017 Total Expenditures	\$21,919,553	\$11,400,660	\$3,010,484	\$12,257,615	\$48,588,312
2018 Average Annual Cases	2355	1423	399	1584	5761
2018 Average Annual Recipients	4838	3387	552	3264	12041
2018 Total Expenditures	\$19,894,241	\$11,179,456	\$2,879,335	\$11,606,044	\$45,559,076
2019 Average Annual Cases	2080	1207	406	1468	5161
2019 Average Annual Recipients	4081	2830	569	2980	10460
2019 Total Expenditures	\$18,142,073	\$9,497,246	\$2,999,994	\$10,673,765	\$41,313,078
2020 Average Annual Cases	1801	964	396	1259	4420
2020 Average Annual Recipients	3380	2067	564	2472	8483
2020 Total Expenditures	\$15,740,188	\$7,493,384	\$2,978,068	\$9,192,531	\$35,404,171
2021 Average Annual Cases	1329	703	319	1602	3953
2021 Average Annual Recipients	2309	1458	446	1953	6166
2021 Total Expenditures	\$11,793,647	\$5,665,546	\$2,322,704	\$8,079,545	\$27,861,442

Table 3.8 Source: <https://data.ny.gov/Human-Services/Public-Assistance-PA-Caseloads-and-Expenditures-Be/42wv-qbv6>

3.1.6 Zero-Vehicle Households

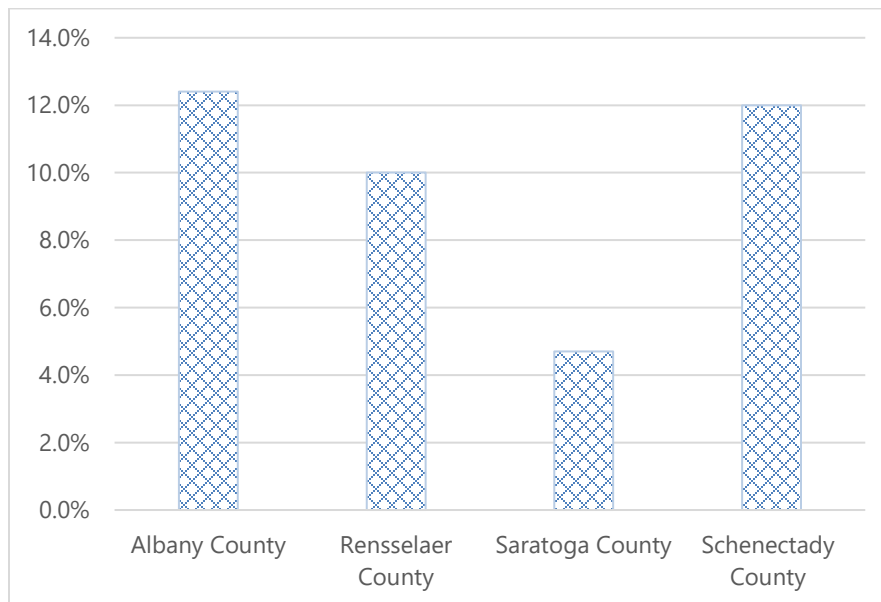
Table 3.14 shows the number of vehicles per household in the four-county region. Overall, there are almost 34,700 households in the Capital Region that do not have a vehicle available. This represents 9.7% of the total number of households within the region and is consistent with the last five-year dataset.

Table 3.14: Capital Region Vehicles per Household

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Households	130,754	66,341	97,829	61,038	355,962
0-Vehicle	16,208	6,614	4,554	7,313	34,689
% 0-Vehicle	12.4%	10.0%	4.7%	12.0%	9.7%
1-Vehicle	49,073	23,518	30,982	23,212	126,785
2-Vehicle	47,101	24,711	42,962	21,832	136,606
3+ Vehicle	18,372	11,498	19,331	8,681	57,882

Source: 2017-2021 American Community Survey 5 Year Estimates, US Census

Figure 3.22: Percent of Households with Zero Vehicles



Source: 2017-2021 American Community Survey 5 Year Estimates, US Census

Albany and Schenectady Counties have the highest percentage at about 12% and Saratoga County has the lowest percentage at 4.7%. 10% of Rensselaer County households fall in the zero-vehicle household category.

Figures 3.23 and 3.24 show the geographic distribution of zero-vehicle households, with the highest concentrations in Albany, Schenectady, and Troy, including tracts where over 50% of households do not have a vehicle. In one tract in Saratoga Springs, between 20-36% of households do not have a vehicle, and in some rural and suburban areas in the region, 9-19% of households do not have a vehicle.

Figure 3.23: Capital Region Households without Vehicles

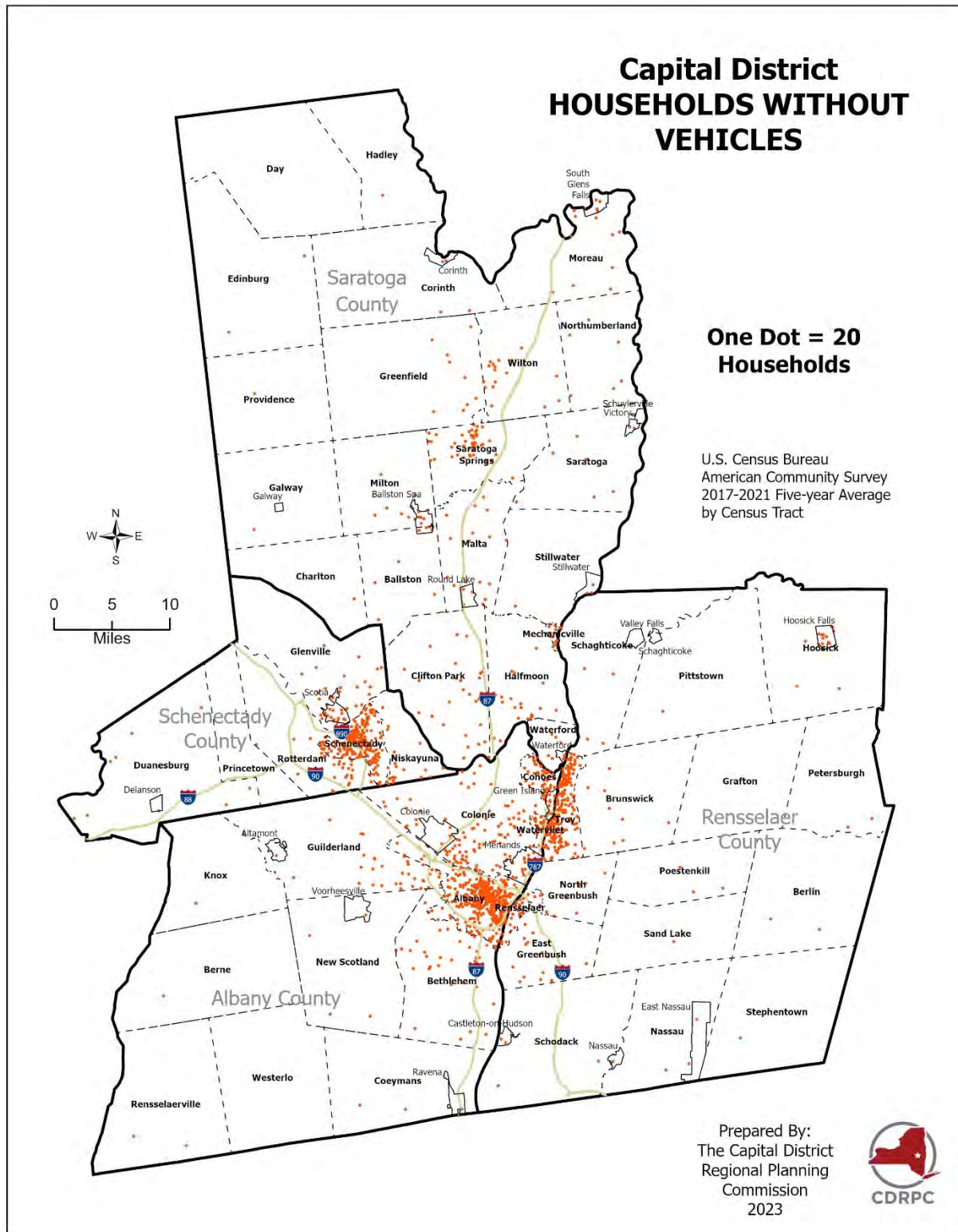
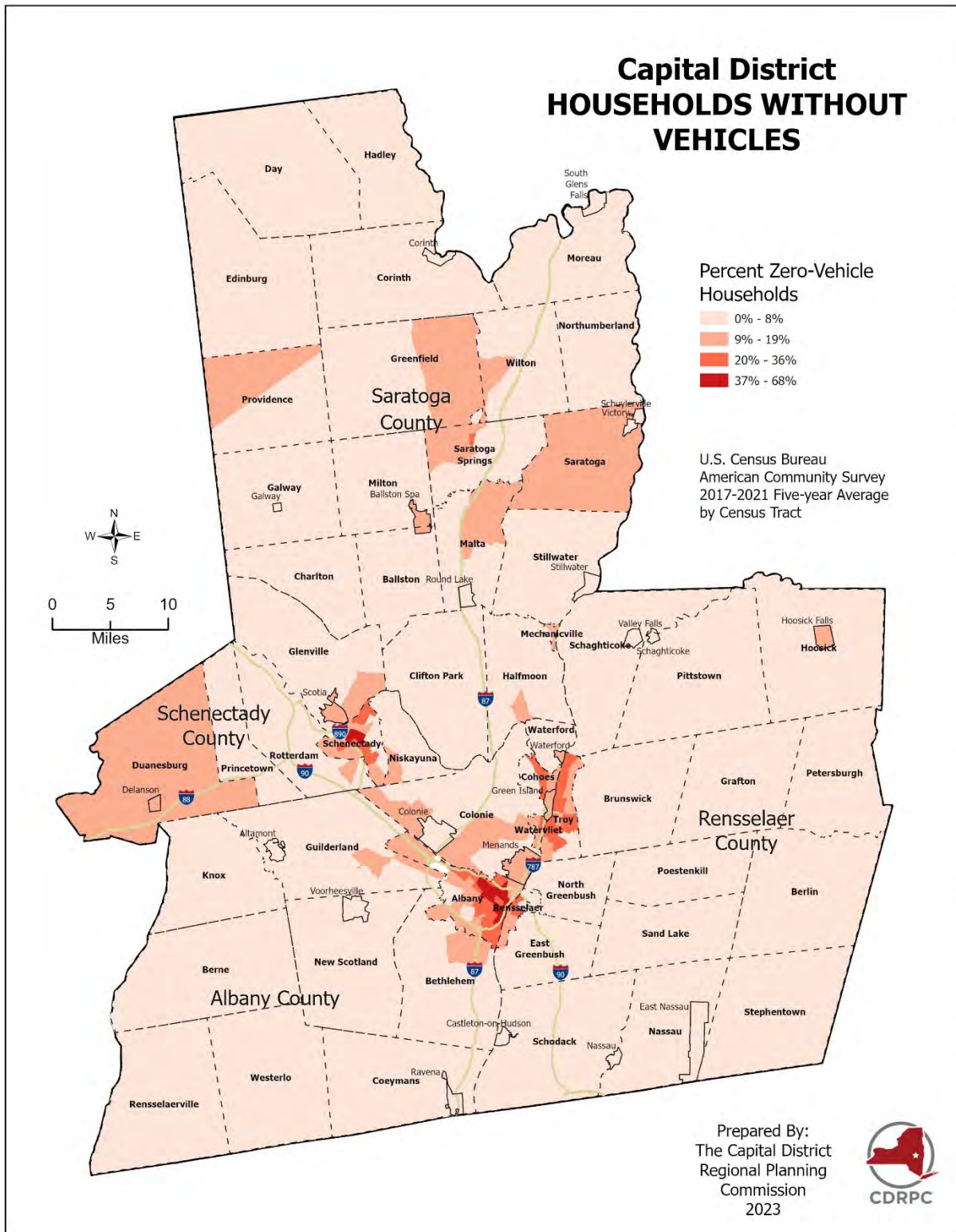


Figure 3.24: Capital Region Households without Vehicles



3.1.7 Limited English Proficiency

English is the predominant language spoken by residents of the Capital Region. About 743,000 of the 824,000 people in the area speak only English. Albany County has the highest number of residents who speak another language. Over 27,000 people speak a language other than English and speak English less than very well. Over 14,500 people in Albany County speak English less than very well, and almost 4,000 people in Rensselaer and about 4,400 people in both Schenectady and Saratoga Counties speak English less than very well. As shown in Table 3.15, over two-thirds of people who speak a language other than English speak English "very well".

Table 3.15: Limited English Proficiency

	Albany County	Rensselaer County	Saratoga County	Schenectady County	Capital Region
Total Population 5+	299,275	152,968	223,599	148,244	824,086
Speak Only English	258,421	141,030	208,542	134,852	742,845
Speak Other Languages	39,372	11,361	14,396	12,517	77,646
Speak English "Very Well"	26,282	8,138	10,969	8,996	54,385
Speak English "Well"	9,146	2,407	2,909	2,841	17,303
Speak English "Not Well"	4,215	995	1,303	1,274	7,787
Speak English "Not at all"	1,211	398	149	281	2,039

Source: 2017-2021 American Community Survey 5 Year Estimates, US Census

There are over 1,000 Capital Region residents who speak English less than very well and speak the following languages at home: Spanish, Chinese, and Arabic.

3.2 Important Destinations

There are many destinations where seniors and persons with disabilities may need to travel frequently. The following series of figures and tables illustrates some of these locations including dialysis centers, adult care facilities, nursing homes, hospitals, and places of lower income employment.

Table 3.16: Dialysis Centers

Facility Name	Address	Seats
FMS-Albany Dialysis Center	64 Shaker Rd, Albany, NY 12204	24
FMS-Albany Regional Kidney Center	2 Clara Barton Dr, Albany, NY 12208	34
Dialysis Clinic Inc	176 Washington Avenue Ext, Albany, NY 12203	18
FMS - Westmere Dialysis Center	178 Washington Avenue Ext, Albany, NY 12203	17
FKC - Latham Dialysis Center	30 Century Hill Dr, Latham, NY 12110	12
DCI - Mount Hope	270 Mt Hope Drive, Albany, NY 12202	18
DCI-Rubin Dialysis Centers	1850 Peoples Avenue, Troy, NY 12180	19
DCI - East Greenbush	583 Columbia Tpk, East Greenbush, NY 12061	17
Fresenius Kidney Care - Troy	16 N Greenbush Rd, Troy, NY 12180	12

Facility Name	Address	Seats
DCI-Rubin Dialysis Centers	21 Crossings Blvd, Clifton Park, NY 12065	18
DCI-Rubin Dialysis Centers	59C Myrtle Street, Saratoga Springs, NY 12866	20
FKC - Saratoga Springs	373 Church St, Saratoga Springs, NY 12866	17
Freedom Center of Clifton Park	1785 US 9, Clifton Park, NY 12065	4
FMS-Capital District Dialysis Center	650 McClellan St, Schenectady, NY 12304	24
FMS-Niskayuna Dialysis Center	2345 Nott St E, Niskayuna, NY 12309	14
Schenectady Dialysis Center	1594 State Street, Schenectady, NY 12304	17

Source: New York State Health Data, <https://health.data.ny.gov/>. Updated 5/25/2023

Table 3.17: Adult Care Facilities

Organization	Address	Capacity
Atria Crossgate	140 Washington Ave Ext, Albany, NY 12203	83
Atria Delmar Place	467 Delaware Ave, Delmar, NY 12054	106
Atria Guilderland	300 Mill Rose Ct, Slingerlands, NY 12159	120
Atria Shaker	345 Northern Blvd, Albany, NY 12204	171
Elderwood Village at Colonie	626 Watervliet Shaker Rd, Latham, NY 12110	94
Kenwood Manor	141 Rockefeller Rd, Delmar, NY 12054	67
Loudonville Assisted Living Residence	298 Albany Shaker Rd, Albany, NY 12211	105
Marjorie Doyle Rockwell Center	18 Pasinella Way, Cohoes, NY 12047	52
Massry Residence at Daughters of Sarah	182 Washington Ave Ext. Albany, NY 12203	70
Millview of Latham, LLC	514 Old Loudon Rd, Cohoes, NY 12047	55
Peregrine Senior Living at Colonie	5 S Family Dr, Colonie, NY 12205	68
Promenade at University Place	1228 Western Ave, Albany, NY 12203	200
Terrace at Beverwyck	41 Beverwyck Ln, Slingerlands, NY 12159	48
Danforth Adult Care Center	19 Danforth St, Hoosick Falls, NY 12090	80
Hawthorne Ridge, Inc.	30 Community Way, East Greenbush, NY 12061	66
The Eliot at Troy, LLC	2902 Tibbits Ave, Troy, NY 12180	155
The Pines at Heartwood	2405 15th St, Troy, NY 12180	86
The Terrace at The Eddy Memorial	2256 Burdett Ave, Troy, NY 12180	69
Ahana House	31 6th St, Waterford, NY 12188	17
Beacon Pointe Memory Care Community	1 Emma Ln, Clifton Park, NY 12065	52
Cook Adult Home	1 Prospect St, Mechanicville, NY 12118	13
Home of the Good Shepherd	390 Church St, Saratoga Springs, NY 12866	42
Home of the Good Shepherd at Highpointe	26 Rock Rose Way, Malta, NY 12020	86

Organization	Address	Capacity
Home of the Good Shepherd Saratoga	400 Church St, Saratoga Springs, NY 12866	105
Home of the Good Shepherd Wilton	60 Waller Rd, Wilton, NY 12831	54
Woodlawn Commons	156 Lawrence St, Saratoga Springs, NY 12866	42
Scotia Mansion	39 Wallace St, Scotia, NY 12302	49
Brookdale East Niskayuna	2861 Troy-Schenectady Rd, Niskayuna, NY 12309	52
Brookdale Niskayuna	1786 Union St, Niskayuna, NY 12309	110
Heritage Home for Women	1519 Union St, Schenectady, NY 12309	36
Ingersoll Place	3359 Consaul Rd, Schenectady, NY 12304	78
Judson Meadows	39 Swaggertown Rd, Schenectady, NY 12302	80
Kingsway Manor, LLC	357 Kings Rd, Schenectady, NY 12304	140
The Terrace at Glen Eddy	1 Ascot Ln, Schenectady, NY 12309	53

Source - New York State Health Data, <https://health.data.ny.gov/>. Updated 4/27/2023

Table 3.18: Nursing Homes (Weekly Census)

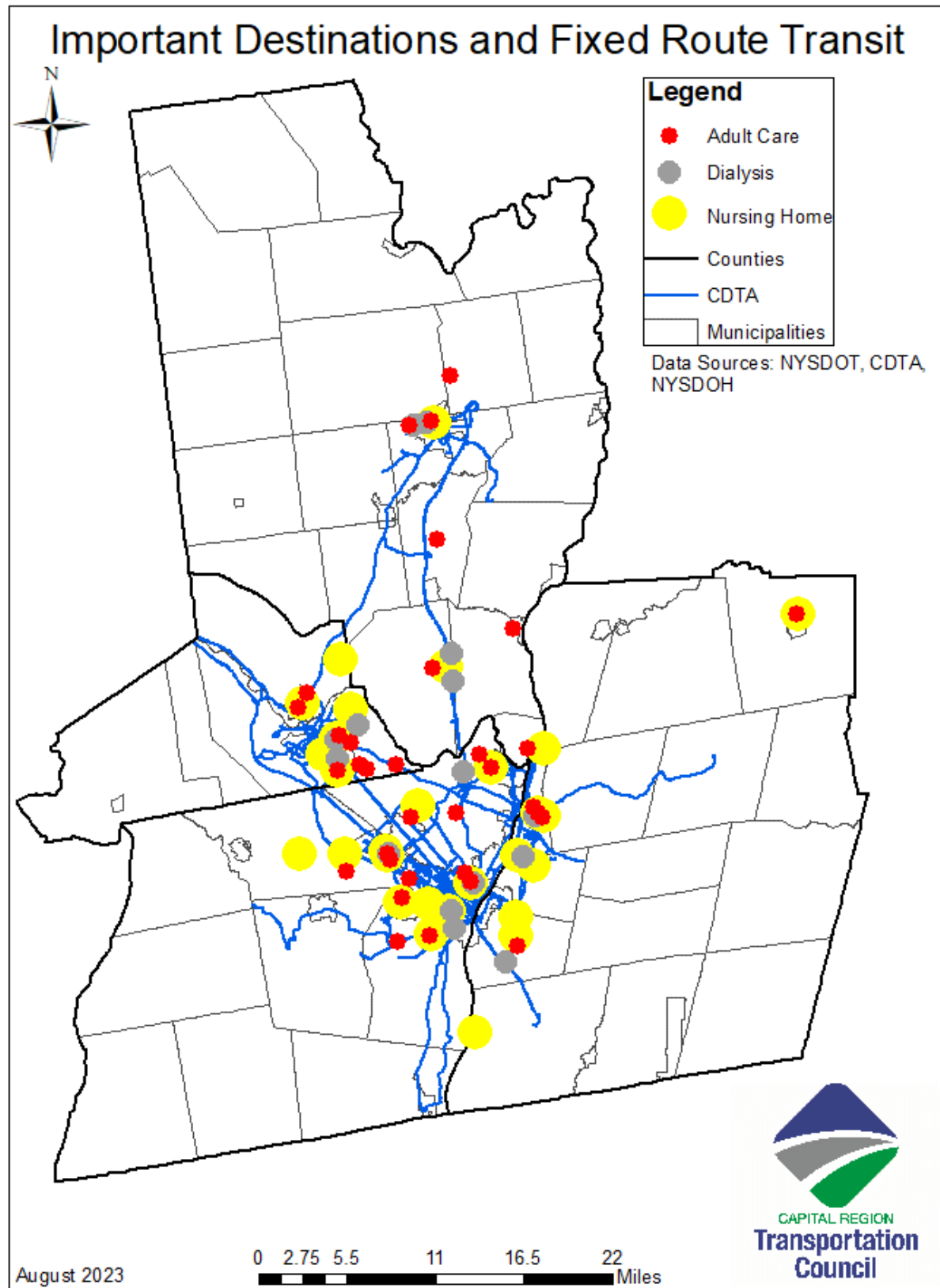
Facility Name	Address	Capacity	Available
Collar City Nursing and Rehabilitation Center	100 New Turnpike Rd, Troy, NY 12182	120	1
Daughters of Sarah Nursing Center	180 Washington Ave Ext, Albany, NY 12203	210	11
Delmar Center for Rehabilitation and Nursing	125 Rockefeller Rd, Delmar, NY 12054	120	115
Eddy Heritage House Nursing and Rehabilitation Center	2920 Tibbits Ave, Troy, NY 12180	120	14
Eddy Memorial Geriatric Center	2256 Burdett Ave, Troy, NY 12180	80	7
Eddy Village Green	421 Columbia St, Cohoes, NY 12047	192	40
Eddy Village Green at Beverwyck	40 Autumn Dr, Bethlehem, NY 12159	24	1
Ellis Residential & Rehabilitation Center	600 McClellan St, Schenectady, NY 12304	82	12
Evergreen Commons Rehabilitation and Nursing Center	1070 Luther Rd, East Greenbush, NY 12061	240	7
Glendale Home-Schenectady County Dept Social Services	59 Hetcheltown Rd, Schenectady, NY 12302	200	20
Hudson Park Rehabilitation and Nursing Center	325 Northern Blvd, Albany, NY 12204	200	40
Kingsway Arms Nursing Center Inc	323 Kings Rd, Schenectady, NY 12304	160	9

Facility Name	Address	Capacity	Available
Our Lady of Mercy Life Center	2 Mercy Care Ln, Guilderland, NY 12084	160	20
Pathways Nursing and Rehabilitation Center	1805 Providence Ave, Schenectady, NY 12309	244	40
Riverside Center for Rehabilitation and Nursing	90 North S Main St, Castleton-On-Hudson, NY 12033	80	3
Rosewood Rehabilitation and Nursing Center	284 Troy Rd, Rensselaer, NY 12144	71	9
Schenectady Center for Rehabilitation and Nursing	526 Altamont Ave, Schenectady, NY 12303	240	4
Seton Health at Schuyler Ridge Residential Healthcare	1 Abele Blvd, Clifton Park, NY 12065	120	13
Shaker Place Rehabilitation and Nursing Center	100 Heritage Ln, Albany, NY 12211	250	10
St. Margaret's Center	27 Hackett Blvd, Albany, NY 12208	164	62
St. Peter's Nursing and Rehabilitation Center	301 Hackett Blvd, Albany, NY 12208	160	53
Teresian House Nursing Home Co Inc	200 Washington Ave Ext, Albany, NY 12203	300	32
The Center for Nursing and Rehabilitation at Hoosick Falls	21 Danforth St, Hoosick Falls, NY 12090	82	30
The Grand Rehabilitation and Nursing at Guilderland	428 NY-146, Altamont, NY 12009	127	3
Troy Center for Rehabilitation and Nursing	49 Marvin Ave, Troy, NY 12180	77	1
Van Rensselaer Manor	85 Bloomingrove Dr, Troy, NY 12180	362	101
Wesley Health Care Center Inc	131 Lawrence St, Saratoga Springs, NY 12866	342	115

Source: New York State Health Data, <https://health.data.ny.gov/>. Nursing Home Weekly Bed Census. Updated 4/10/2023

Figure 3.25 shows the locations of dialysis centers, nursing homes, and adult care facilities. The majority of these locations are served by fixed-route transit.

Figure 3.25: Locations of Dialysis Centers, Nursing Homes, and Adult Care Facilities



4. Inventory of Existing Public Transit and Specialized Transportation Services

The Capital Region is served by a network of transit and social service transportation options that provide public and special transportation services in response to the growing needs of the region. CDTA provides fixed-route and Americans with Disabilities Act (ADA) paratransit services for most of the region's population, focused on the urbanized areas. Where transit and paratransit are either not available or not sufficient due to geography or passenger disability, specialized transportation programs help fill the gap.

A description of available public transit and specialized transportation services within the Capital Region is provided below. Information on the services offered by CDTA along with information gathered from the 2023 Human Service Agency Survey is included.

4.1 Public Transit

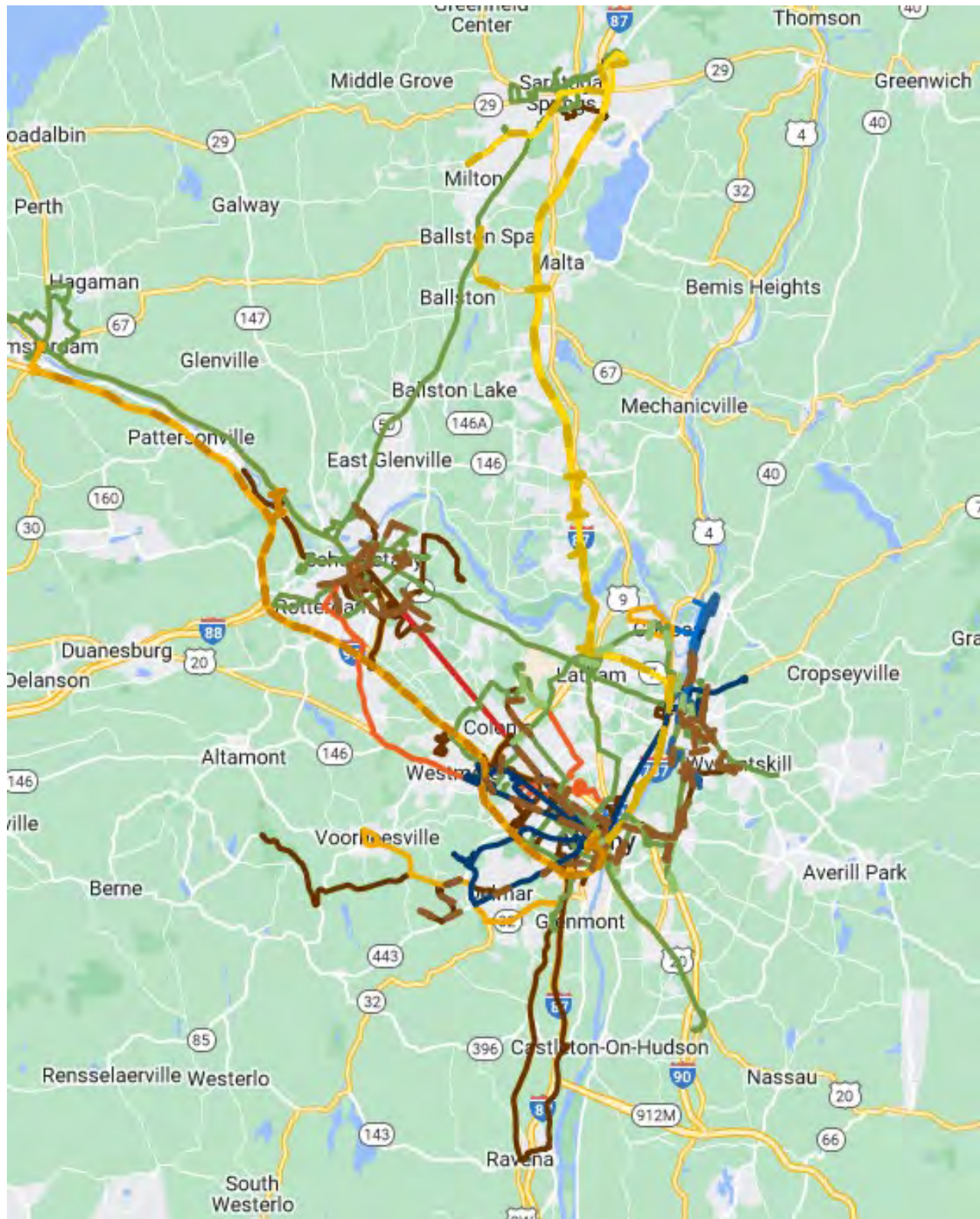
The Capital District Transportation Authority (CDTA) operates fixed route transit within the Transportation Council area, and a number of longer-distance commuter services offer connections into the area from neighboring counties. All of CDTA's vehicles are accessible. In addition, CDTA provides door-to-door service for individuals unable to use the fixed routes due to a disability.

4.1.1 Fixed-Route Transit Services

CDTA operates 45 transit routes throughout the four-county Capital Region as shown on Figures 4.1 and 4.2, in addition to four weekly shopping routes, nine school routes, two summer recreational routes, and two areas where demand-response services are provided under the FLEX brand. CDTA's fixed routes provide access to many employment centers, retail centers, hospitals, neighborhoods, housing developments and colleges throughout the region with services concentrated in the urban and inner-suburban areas.

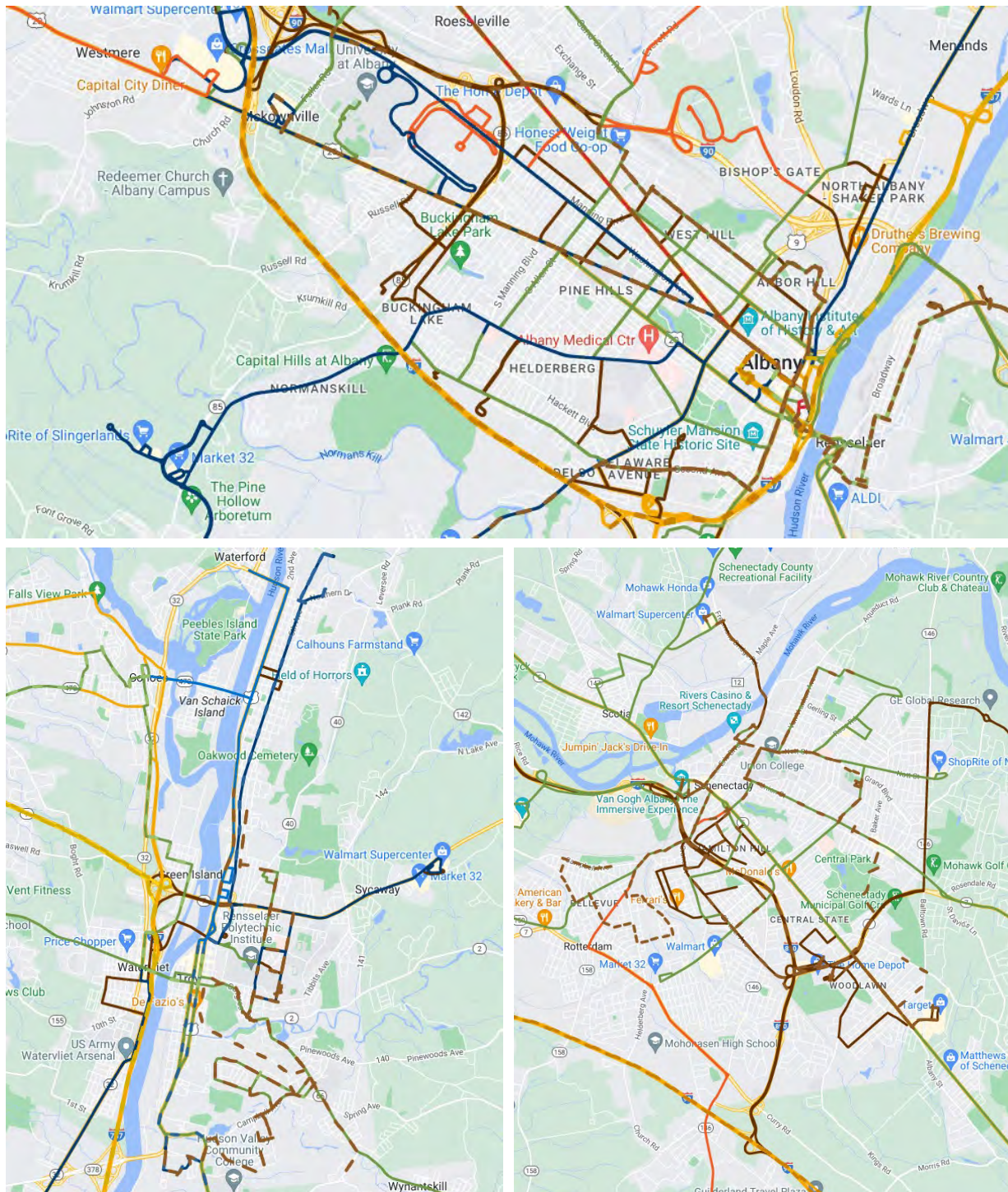
CDTA developed a route classification system with established thresholds and acceptable ranges of ridership that should be achieved for each route category. It should be noted that this system has not been updated since the COVID-19 pandemic, and the standards may now be more difficult to achieve and need to be updated. CDTA is currently working on an update to the Transit Development Plan, expected to be completed in 2024. As existing, the productivity measure looks at the number of riders per year and hour with thresholds varying depending on the type of service. A route may have high ridership but still be unproductive if it has an over-allocation of resources. The update to the Transit Development Plan will include updating the Transit Priority Network - a list of roadway segments within the Capital Region where CDTA has determined that the level of ridership, development, employment, and/or infrastructure justify maintaining or improving the level and quality of transit service. Each priority corridor should also define the minimum level of guaranteed service.

Figure 4.1: CDTA Bus System Map



Source: <https://www.cdfa.org/service-map>, accessed 6/1/2023

Figure 4.2: CDTA Service Map Insets for Albany, Troy, and Schenectady



Source: <https://www.cdt.org/service-map>, accessed 6/1/2023

Table 4.1: CDTA Route Classification System

Route Category	Annual Riders – at least	Productivity
Trunk/BusPlus	250,000	25 riders/hour
Neighborhood	100,000	15 riders/trip
Express	30,000	20 riders/hour
Commuter	16,000	12 riders/hour

Source: CDTA's September 2021 – February 2022 Route Performance Report

CDTA's system ridership reached 13.7 million boardings in CDTA's fiscal year 2022-2023, which ran from April 1, 2022 through March 31, 2023. Table 4.2 shows the recent annual ridership trends. These include the Northway Express but do not include FLEX.

Table 4.2: Total Fixed Route + STAR Ridership

Fiscal Year Ending	Rides
2010	13.8 Million
2011	13.8 Million
2012	14.9 Million
2013	15.7 Million
2014	16.5 Million
2015	17.0 Million
2016	17.1 Million
2017	16.9 Million
2018	16.3 Million
2019	15.7 Million
2020	15.3 Million
2021	9.8 Million
2022	11.5 Million
2023	13.7 Million

Source: [CDTA Performance Reporting](#), via Google Fusion Tables

CDTA's most recent Route Performance Report addresses the impact of the COVID-19 pandemic on ridership. Ridership in the 2021 fiscal year was down to about 63% of the 2019 fiscal year, however the 2023 fiscal year saw ridership back up to almost 90% of 2019's ridership.

4.1.2 FLEX On-Demand Transit

CDTA operates demand-response service in two defined areas with requests accepted via smartphone and to a CDTA operator over the phone. CDTA launched [FLEX](#) as a pilot program in January 2020 in a select area in Colonie, Guilderland, and Latham in the area shown in Figure 4.3. The area covers Wolf Road and NY-155, Western Avenue north to the Albany International Airport, and several additional pickup points at special locations, such as UAlbany Collins Circle, Latham Farms and the Harriman Campus. FLEX offers flexible routing and scheduling that uses

real-time matching of demand and supply, extending the accessibility of transit service. CDTA launched the second service area in September 2021 in the Mechanicville, Halfmoon and Clifton Park area of Southern Saratoga County. The price is \$1.50 per ride. Ridership on FLEX since its inception is shown in Table 4.3.

Table 4.3: CDTA FLEX Ridership

Year	Rides	Notes
Apr 1, 2019 – Mar 31, 2020	4,144	FLEX launched January 3
Apr 1, 2020 – Mar 31, 2021	23,351	
Apr 1, 2021 – Mar 31, 2022	42,895	Saratoga launch September 20
Apr 1, 2022 – Mar 31, 2023	94,985	

Source: CDTA staff

Figure 4.3: CDTA FLEX Colonie, Guilderland, Latham map



Source: <https://www.cdt.org/flex>, accessed 6/5/2023

Figure 4.4: CDTA FLEX Mechanicville, Halfmoon and Clifton Park map

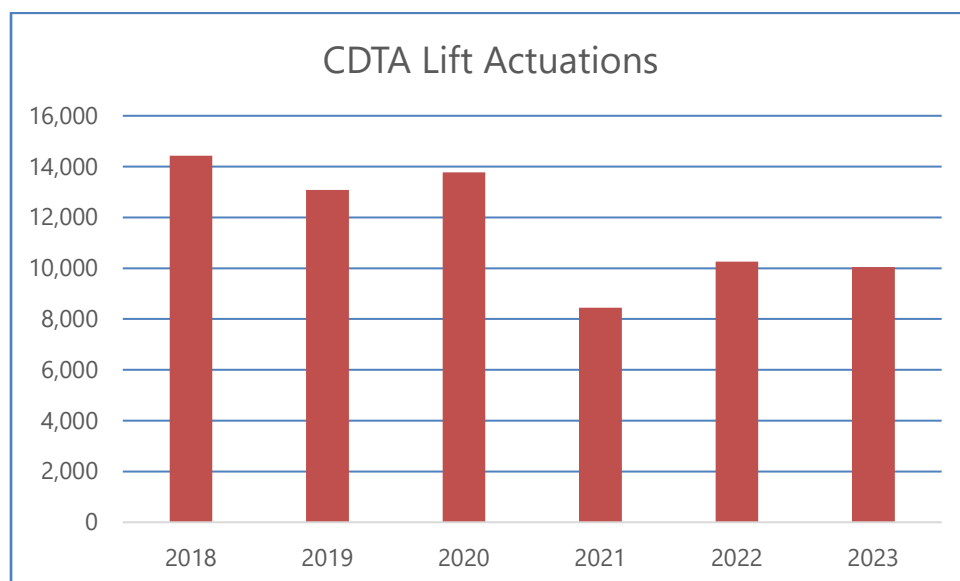


Source: <https://www.cdfa.org/flex>, accessed 6/5/2023

4.1.3 Accessible Fixed Route Buses and Fares

In 1987, CDTA adopted the policy that all future purchases of fixed-route, mainline buses would be accessible to individuals with disabilities and replaced its entire fixed route fleet between 1998 and 2003 with low floor buses, making the fleet 100% accessible. Figure 4.5 shows the number of times the wheelchair lift was used on fixed route vehicles recently.

Figure 4.5: CDTA Annual Fixed-Route Lift Actuations



Source: CDTA staff

Federal regulations mandate that transit fares for elderly and disabled riders during off-peak hours be no more than one-half the base peak-hour fare. CDTA began charging half fare to eligible riders all the time, not just off-peak, in 2006. Around 2007 CDTA sold 9,025 monthly unlimited half fare Swiper Cards, which increased to 16,759 in FFY 2017, yet decreased to 8,298 in the year ending March 31 2023. About 356,000 half fare rides were taken on CDTA's fixed route system in FFY 2006, 2,664,137 half fare rides were taken in FFY 2017, and in the year ending March 31, 2023 there were 1,357,923 half fare rides taken on the fixed route system.

CDTA's September 2021 – February 2022 route performance report included information on CDTA fixed route services and a description of service changes. CDTA uses the performance report to guide planning activities through the next 12-18 months. The performance was based on the metrics provided in the approximately ten-year-old Transit Development Plan, which CDTA plans to update over the next year. It outlines evaluation criteria for restructuring or other service changes including the numbers of riders per hour that the bus is in service.

January 2020 to January 2021 – Overall CDTA Changes

CDTA reduced service in response to the COVID-19 ridership decrease, tying individual changes to service types and ridership levels. For example, ridership on commuter and express routes decreased dramatically (over 90% in some cases), as their customers were more likely to own a vehicle and to have begun working remotely. CDTA reduced service extensively on these and other low-ridership routes. Additional service to schools and colleges/universities was largely suspended due to remote instruction.

While CDTA's more productive services also lost ridership, they retained a larger share of pre-pandemic levels. This, combined with distancing requirements and suspension of fare collection in mid-2020, led to service increases to ensure ample capacity. CDTA brought most trunk/BRT routes to a weekday peak headway at or below ten minutes. During this time, CDTA also rolled out the Blue Line BRT and associated local service changes.

February 2021 to January 2022 – Overall CDTA Changes

In 2021, the "lockdowns" instituted in 2020 were lifted or reduced, leading to a steady ridership increase. Although ridership did not return to pre-pandemic levels, CDTA began restoring reduced service during this year. At the same time, relaxed distancing policies and re-institution of fares allowed CDTA to reduce trunk and BRT headways closer to pre-pandemic levels. CDTA also adjusted the Blue Line to address needs observed during early operation of the service.

Lastly, in 2021 CDTA entered into new Universal Access agreements that included service changes. For example, CDTA adjusted Routes #100 and #233 to bring service to the Amazon facility in Schodack, and Route #738 was established to serve Plug Power in Latham.

Issues related to use of fixed route transit service by seniors and individuals with disabilities as well as implications to rural lifeline services due to route restructuring and service changes will continue to be explored through stakeholder and public outreach, workshops and RTCC discussions.

4.1.4 STAR - Special Transit Available by Request

The Americans with Disabilities Act or ADA of 1990 prohibits discrimination and establishes equal opportunity and access for persons with disabilities. Transit service providers are required to comply with ADA regulations by making public transportation safe and accessible for all individuals. Among the established design principles that ensure access to transportation, ADA paratransit services are mandated for trips beginning and ending within three-quarters of a mile on each side of each regular fixed-route system during the hours the fixed route system operates.

As required by the ADA, CDTA's STAR (Special Transit Available by Request) operates within 3/4 of a mile of CDTA's fixed route system on the same days and times of the specific bus route. To become eligible to use STAR, an individual must submit a completed pre-evaluation form and be certified eligible.

Paratransit is unique in that it provides a curb-to-curb service for those unable to reach a fixed-route transit stop or station because of a disability. ADA paratransit fares cannot exceed more than twice the full fare for regular fixed-route services. Additionally, paratransit allows for the option for a Personal Care Attendant (PCA) to travel with an ADA paratransit eligible individual at no charge.

CDTA's STAR service began operation in the summer of 1982 and was designed for use by any Capital Region resident unable to utilize CDTA's fixed route bus service because of a disability. "Next day" service became available in 1994; CDTA began to process requests for paratransit service up to 14 days in advance of the trip in 1994 as well. During 1995, CDTA installed a state of the art computer system to better manage the STAR service requests and routing. During 1998, CDTA refined the eligibility requirements for STAR access in an attempt to curb clientele growth and to encourage use of the accessible fixed route system. In Spring 1999, CDTA installed the faster Windows-based version of the STAR scheduling software which allowed for faster turnaround times, automated cancellation and verification of trips. Since 2019, CDTA instituted an online booking system for STAR, which allows riders to make, confirm, change, and cancel reservations, apply for STAR, and register for new STAR orientation class. CDTA also instituted an Interactive Voice Response system that allows riders to confirm, cancel, and schedule trips Monday-Sunday. Regardless of reservation method, reservations can be made up to 7 days in advance and no later than 4 pm the day before.

CDTA's STAR fleet consists of 29 wheelchair-accessible vehicles with the capacity to transport multiple customers who use a wheelchair. CDTA partially operates STAR service through contracts with Suburban Transportation and A+ MediTrans.

STAR ridership has generally increased annually since its inception. Over 300,000 specialized trips were again provided during the 2023 fiscal year, after a decline during COVID-19. During the pandemic, CDTA operated STAR with no shared rides, extending for about one year. STAR trips are now hovering around 2.5 percent of CDTA's overall fixed route ridership. Table 4.4 shows ridership figures since 2000.

Table 4.4: History of STAR Ridership

Fiscal Year	Total Ridership	STAR Ridership	STAR % of Total
2000	11,469,966	95,772	0.83%
2001	11,715,460	94,054	0.80%
2002	12,098,285	98,202	0.81%
2003	11,784,764	106,149	0.90%
2004	11,746,831	125,164	1.07%
2005	11,693,743	142,633	1.22%
2006	12,883,502	156,284	1.21%
2007	12,895,236	167,063	1.30%
2008	14,031,000	192,000	1.37%
2009	15,406,598	214,474	1.39%
2010	13,803,000	223,000	1.62%
2011	13,803,000	223,000	1.62%
2012	14,910,000	260,000	1.74%
2013	15,675,079	283,624	1.81%
2014	16,488,660	309,220	1.88%
2015	17,023,834	314,795	1.85%
2016	17,122,668	321,889	1.88%
2017	16,867,359	298,435	1.77%
2018	16,343,448	291,810	1.79%
2019	15,687,239	321,904	2.05%
2020	15,266,694	340,486	2.23%
2021	9,841,472	198,455	2.02%
2022	11,509,894	288,407	2.51%
2023	13,713,618	326,777	2.38%

Source: CDTA staff

Figure 4.6: STAR Ridership

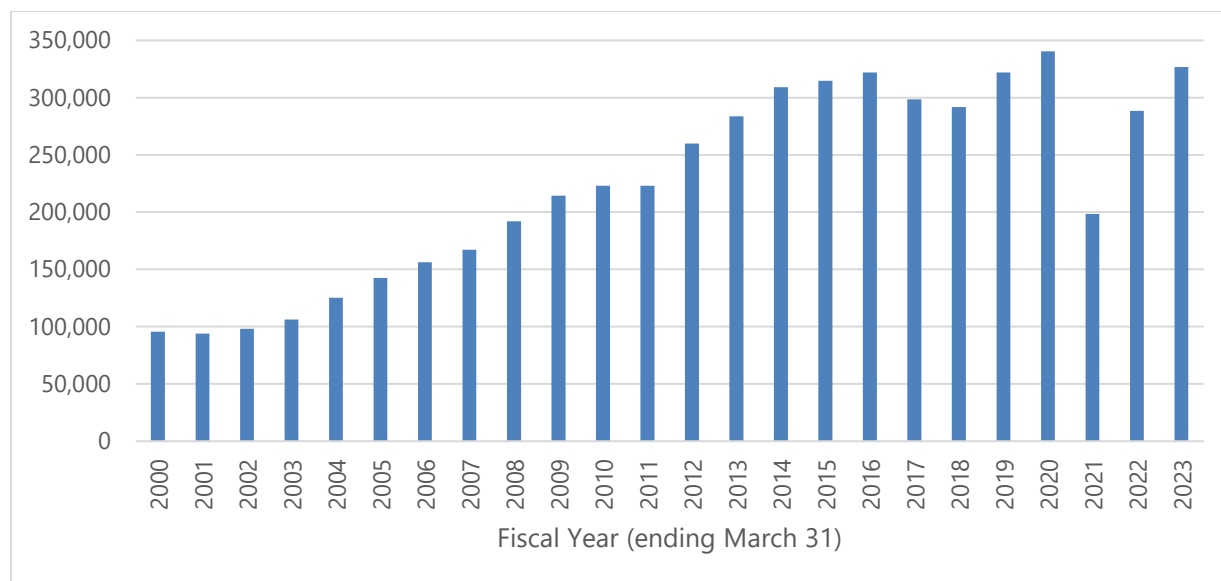
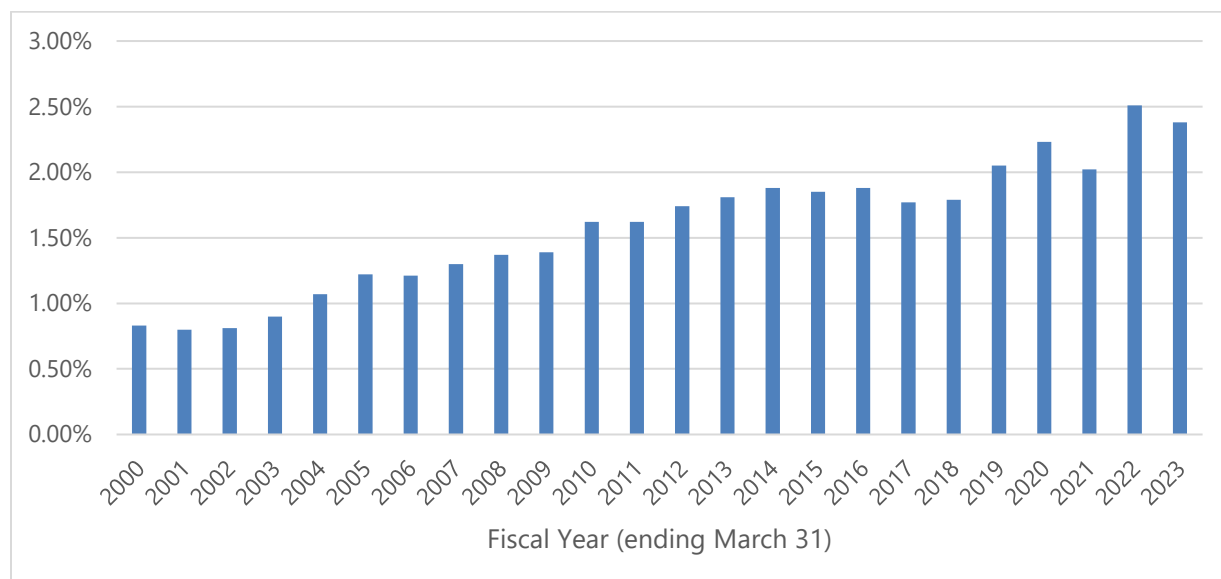


Figure 4.7: STAR Percent of Total Ridership



Source: CDTA staff

4.1.5 CDTA's Transit Priority Network

As noted previously, CDTA is currently updating its Transit Priority Network. The network is important because it "clearly communicates where CDTA will focus its service and infrastructure improvements to the region's planners, developers, elected officials, and major institutions. This offers partners the ability to match long-term planning and development so land-use and the built environment correspond with transit investments."

As existing, the network allows:

- CDTA to determine where additional frequency and span should be given to existing routes
- CDTA to determine where capital improvements should be invested (i.e. transit priority infrastructure, ITS elements, shelters, and other street amenities)
- Municipalities to update zoning codes to allow higher densities and other transit-oriented development features
- Public entities to prioritize infrastructure investments and locate social service centers that are most accessible
- Major employers and developers to determine locations for new housing, commercial and retail space that would require transit service
- Allow funding agencies like the New York State DOT and Capital Region Transportation Council to determine effectiveness of projects for competitive funding scenarios.

The effect of the updated Transit Development Plan and Transit Priority Network on rural lifeline services may require additional research. Innovative methods to provide services to transportation disadvantaged populations outside the core urban and suburban areas should continue to be sought.

4.2 Access Transit

ACCESS Transit Services, Inc. is a subsidiary of the Capital District Transportation Authority (CDTA) formed in the fall of 1998 to "broker" medical trips for Medicaid clients. Approximately 206,000 trips were brokered by ACCESS Transit in both 2009 and 2010 to Medicaid eligible residents of Rensselaer and Schenectady counties. CDTA consolidated its call center operations to improve efficiency and positioned itself to attract additional brokerage contracts. Thereafter, NYS Department of Health entered into a multi-regional contract to administer non-emergency Medicaid transportation through Medical Answering Services, which is located in Syracuse, NY. Consequently, ACCESS Transit no longer brokers Medicaid trips for County Social Services Departments.

ACCESS currently arranges senior transportation for Albany County residents to their non-emergency medical appointments, pharmacy, grocery shopping, congregate meal sites, and adult day programs.

ACCESS' stated mission follows.

Our mission is to maximize personal mobility by coordinating transportation in the Capital District for all qualified recipients. We are committed to arranging the most appropriate, cost-effective mode of transport to meet the needs of each client. ACCESS is dedicated to maximizing independence and mobility options for each individual.

The [ACCESS Call Center](#) operates from 8:00 a.m. to 5:00 p.m. Monday through Friday.

4.3 CDTA Travel Trainers

CDTA has provided staff to help people learn how to use the bus system for many years. Since the late 1990's Travel Trainers, as they are called, have assisted individuals or groups to become successful transit users by providing information and support through one-on-one instructor assistance. Travel Trainers will work directly with customers on their initial bus trip to identify specific routes. According to CDTA, "Travel Trainers will help customers:

- Plan their trip
- Read and understand route maps and schedules
- Get on and off the bus properly
- Pay the fare and purchase passes
- Transfer to other buses
- Ride specific routes
- Travel independently and confidently when riding the bus"

To schedule an appointment with a Travel Trainer, people are instructed to call CDTA's Customer Service Information Center at 518-482-8822 and provide information on where they wish to travel and when. Direct numbers for the two travel trainers currently on staff are as follows.

Schenectady & Rensselaer County

Office – 518-344-2757

Albany & Saratoga County

Office – 518-437-5296

4.4 Listing of Human Service Agencies

The Capital Region is home to many human service agencies, some of which provide specialized transportation. The Appendix provides a listing of many of these and was initially developed from the 2011 the Transportation Council Human Service Agency Survey mailing list with assistance from the RTCC and updated in 2023 based on internet research. Links to organizations' websites are included where available.

4.5 Human Service Agency Transportation Survey

By better understanding available services, the needs and existing gaps or redundancy in human service agency transportation can be more effectively highlighted. Toward that end, a follow up survey to ones conducted in 2006, 2011, and 2018 was conducted in 2023. To conduct this survey of Human Service Agencies in the Capital Region, Transportation Council staff worked with the RTCC. The 2006 survey was a hard copy mail-back survey. The 2018 and 2011 surveys were primarily completed on-line by respondents, and the 2023 survey was only distributed online.

In 2023 the survey was distributed via email to the 80 individuals on the RTCC mailing list. In 2018 a total of 346 surveys were delivered to Human Service Agencies around the region and 58 responses were received. The number of complete responses received from the 2006 survey was 173, from the 2011 survey 172 were received, and in 2023 six responses were received. Staffing and other organizational challenges following the COVID-19 pandemic were still impacting agencies during data collection.

This survey data has been useful in the identification of unmet need and to help develop an updated list of recommendations for future focus. A summary of responses to the 2023 survey are summarized below, however the small number of responses makes it difficult to draw broader conclusions. Suggestions for future surveys are included in the strategies section of this document.

4.5.1 Services Provided

One respondent provides rides only to residents of Rensselaer and Albany Counties who participate in its other programs, two respondents provide rides to residents of certain towns, and one to residents of one county, one provides information on transportation options, and one provider just outside of the region provides rides to residents of one town who are seniors, have a disability, or have low income.

Agencies who responded are funding transportation via multiple fund sources, often inclusive of FTA's Section 5310 program for seniors and individuals with disabilities. Most also provide different service models, including recurring trips, demand response, and special events.

Figure 4.8: How Do You Fund Transportation Programs?

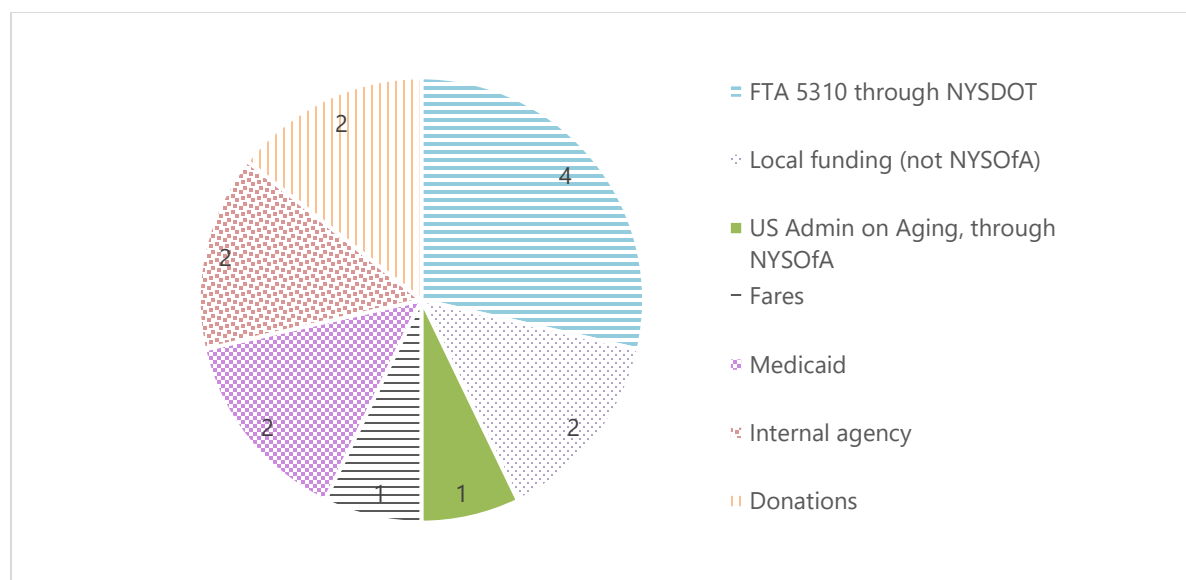
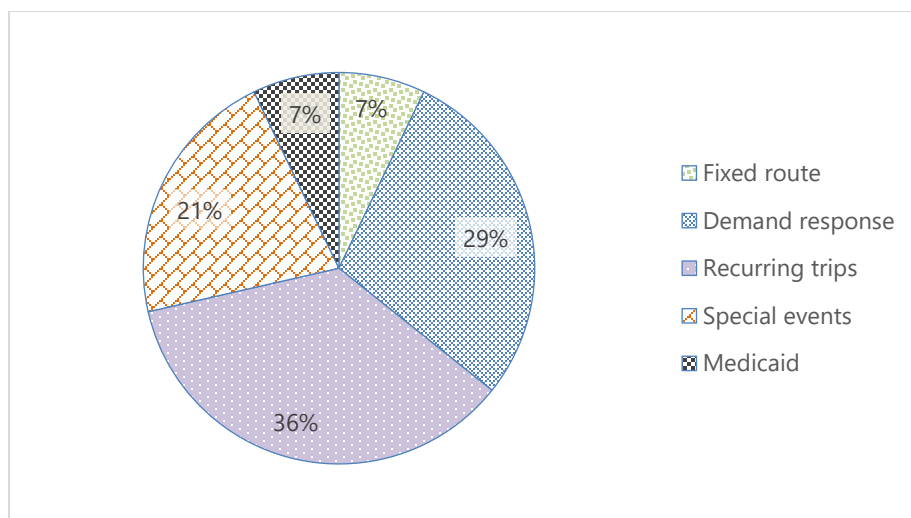
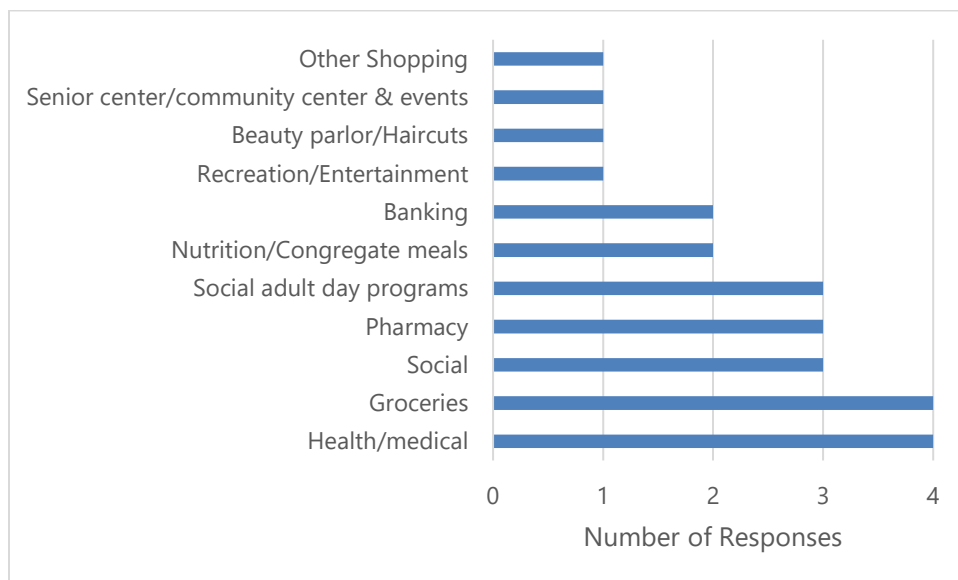


Figure 4.9: Type of Transportation Operated



The most frequently served trip purposes were health/medical and groceries, followed by social adult day programs, pharmacy, and social trips. Survey options that weren't selected by anyone completing the survey were connecting to fixed-route transit (i.e. CDTA), school or training, employment, religious, and volunteer activities. Providers begin their service between 7 and 9am and end between 3 and 5:30pm, generally without a mid-day break. They all only provide service Monday through Friday.

Figure 4.10: Trip Purposes Served



Only one of the responding agencies has more drivers who were hired to be drivers than it has other staff or volunteers who are driving.

Figure 4.11: Who Drives?



Respondents overall reported a significant need for vehicle replacement in the next 5 years compared to existing fleets. For dispatch, four providers are using cell phones, one additionally with paper and one additionally with two-way radios. One provider uses a combination of two-way radios and PtMS (Para-transit Management and Scheduling Software). One respondent indicated difficulty locking down some electric wheelchairs.

During the last Coordinated Plan process, RTCC members suggested additional questions about denied rides as well as agency and personal vehicle miles traveled to provide client rides. The denial questions were included this year, however it seems that the term “denial” was interpreted to mean rides that were accepted and later denied, instead of the intended purpose to better understand the level of unmet need. The questions about agency and personal vehicle miles were not included.

4.5.6 Conclusions

It is difficult to make conclusions about the provider landscape with few survey responses. Discussions with the Regional Transportation Coordination Committee indicated that driver shortages continue to be a limiting factor in the ability to provide transportation. In future plans, staff will dedicate more time to personally reach out to each agency with email and phone reminders to complete the survey and consider offering the opportunity to collect responses via telephone.

4.6 Other Resources

Information on other specialized transportation and their providers is noted below with links to relevant websites.

Non-emergency Medicaid Transportation – the NYS Department of Health continues to contract with [Medical Answering Services](#) (MAS) to broker all Medicaid-funded transportation within the Transportation Council’s planning area, including onto CDTA where appropriate.

The **[Coordinating Council on Access and Mobility](#)** (CCAM) is a partnership of federal agencies working to improve the availability, quality and efficient delivery of transportation services to people with disabilities, older adults and people with low incomes.

The **[Veterans Transportation Service](#)** (VTS) is designed to ensure that all qualifying Veterans have access to care through convenient, safe, and reliable transportation. VTS provides qualifying Veterans with free transportation services to and/or from participating VA medical centers in a multi-passenger van. The phone number for the Medical Center at 113 Holland Avenue in Albany is 518-626-5000.

[Senior Transportation Options](#) is a guide published by the Capital Region Transportation Council in partnership with the Albany Guardian Society listing eligibility requirements and services available for seniors in Albany, Rensselaer, Saratoga, and Schenectady Counties.

[511NY Rideshare](#) - The Capital Region Transportation Council partners with New York State's 511NY Rideshare and 511NY network to offer a rideshare matching platform, branded as Capital Moves in the Capital Region. Information on carpooling, vanpooling, park and ride lots and guaranteed ride home for emergencies can be found.

[New York Connects](#) - New York’s federally-designated Aging and Disability Resource Center provides one stop access to free, objective, comprehensive information and assistance for people of all ages needing long term services and supports. The program links individuals of all ages to long term services and supports regardless of payment source; whether it be private pay, public or a combination of both. NY Connects is operational in Albany, Rensselaer, Saratoga and Schenectady Counties and Independent Living Centers partner to ensure information is available to people with disabilities.

4.7 Recent Initiatives that Impact Human Service Transportation

4.7.1 NYS Study to Design a Mobility Management Project

The New York State legislature enacted legislation in the State Fiscal Year 2015-16 budget that supported an assessment of the mobility and transportation needs of persons with disabilities, and other populations including but not limited to older adults and those receiving behavioral health services. The assessment goal was to develop a clear and achievable set of recommendations regarding a pilot demonstration program to improve transportation services. As a result of this legislation, the Office for People with Developmental Disabilities began the Study to Design a Mobility Management Project in March 2016.

Finalized in February 2017, the Study made three recommendations:

- 1) Establish a statewide human service transportation coordination infrastructure.

This recommendation would require large scale reform, including legislative, regulatory and general policy changes, as well as significant changes to funding and rate structures.

- 2) Establish Regional Coordinating Councils (RCCs).
Establishing RCCs would require an initial investment, necessitate additional funding and may also require organizational, structural and/or some regulatory changes.
- 3) Pilot three mobility management strategies in three regions in New York State (eventual statewide implementation).
This recommendation could be achieved in the short term without significant new funding or legislative action.

To date, there is no known progress implementing the recommendations, though indications are that they remain statewide priorities.

4.7.2 National Aging and Disability Transportation Center Grant

In 2022, Colonie Senior Service Centers received an Equity and Accessibility Grant from the National Aging and Disability Transportation Center to expand transportation service to individuals aged 60 or older who reside in the City of Watervliet and the Village of Menands. Colonie Seniors held community meetings in both Watervliet and Menands and distributed flyers and registration forms at senior events and senior housing locations. The Village of Menands also distributed notices about the available service in water bills to senior residents.

Colonie Seniors contacted municipal and business leaders concerning the service expansion, established new partnerships, and is working to secure funding to continue the service in these two areas.

The pilot phase of the service expansion concluded in June 2023 with a total of 45 new riders in Watervliet, 26 in Menands, and 306 rides taken over the course of the pilot. While the pilot finished in June, Colonie Seniors was continuing to provide services, with over 50 rides provided in July. Colonie Seniors is currently seeking ongoing partners for service in Menands and Watervliet.

4.7.3 Saratoga County Transportation Task Force

A number of human services providers in Saratoga County formed a Transportation Taskforce in 2022 to launch a collaborative approach to increase access to reliable and affordable transportation options for low-income individuals and households, senior citizens, and other community members. They partnered with the 2023 class of Leadership Saratoga, sponsored by the Saratoga County Chamber of Commerce, and received a grant from United Way to coordinate among service providers.

4.7.4 Village Movement

In 2015, the New York State Office for the Aging provided a grant to the Albany Guardian Society to seed local village movements that organize neighbors helping neighbors, and to build a regional Village Technical Assistance Center in the Capital Region. “Villages” are self-governing, grassroots, membership, nonprofit organizations run by volunteers, and sometimes paid staff, that coordinate access to a variety of services and activities for seniors wanting to maintain independence in their own home. There are a number of Villages in the Capital Region, including Bethlehem Neighbors, Niskayuna Neighbors, and Shenendehowa Neighbors Connecting. Village members often request transportation services.

4.7.5 New York State Transportation Network Company Accessibility Task Force

The Transportation Network Company Act took effect on June 29, 2017 and created the regulatory framework for Transportation Network Companies (TNC’s) to operate across New York State. A critical component of the law was to establish the TNC Accessibility Task Force, charged with analyzing and advising on how to maximize effective and integrated transportation services for persons with disabilities in the transportation network company market. The Task Force formed in the Fall of 2018, conducted a listening tour to gather comments from the public, and created a report with recommendations to improve accessible transportation throughout New York State, while acknowledging the limitations of the TNC business model.

For the TNC’s, [recommendations](#) center around oversight methods, improving accessibility of accessible vehicles including reasonable wait times and incentivizing accessible vehicles, driver education, accessibility of the mobile and web-based applications themselves, and diverse payment options including via organizational accounts and partnering with Medicaid. The report recommends state government incentivize accessible vehicles already in use to participate in the TNC model.

While no longer recent, the accessibility of TNC vehicles and the TNC service model remains problematic. At the time of writing, the two most well-known TNC companies did not offer wheelchair-accessible vehicles in the Capital Region.

5. Taking Stock of Past Coordinated Planning Efforts and Funded Projects

This section discusses the coordination committee, progress made on the strategies and actions outlined in the most recent Coordinated Plan from 2019, and all past funded projects through the Job Access Reverse Commute, New Freedom, and Enhanced Mobility of Seniors & Individuals with Disabilities programs.

5.1 The Regional Transportation Coordination Committee

The Transportation Council has had a long history of facilitating coordination efforts related to public transit/human services transportation dating back to the 1970's. A more formalized process was put into place after enactment of federal transportation legislation entitled the Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU) in 2005. SAFETEA-LU required that projects selected for funding under the Section 5310 Elderly Individuals with Disabilities Program, the Job Access and Reverse Commute (JARC) Program (Section 5316), and the New Freedom Program (Section 5317) be “derived from a locally developed, coordinated public transit-human services transportation plan”, and that the plan be “developed through a process that includes representatives of public, private and nonprofit transportation and human services providers and participation by the public.” Toward that end, the Regional Transportation Coordination Committee was formed to guide the work of the Coordinated Plan and to work toward better integration and coordination of public transit-human service agency transportation services.

The RTCC currently has over 60 members representing almost 40 agencies. This group has been meeting quarterly, or more frequently as required, since 2006. Since the COVID-19 pandemic, meetings have been held both in-person and virtually.

5.2 Strategies and Actions from the 2019 Coordinated Plan

The list in Table 5.1 below identifies the strategies and actions listed in the 2019 Coordinated Plan, along with progress on each in the last four years.

Table 5.1

Strategy or Action from 2019 Coordinated Plan	Progress in Last Four Years
Prioritize projects for Section 5310 funding that address previously identified gaps and barriers, thereafter projects open to the public.	All Projects funded vehicles and/or equipment for non-shared use, however prioritization as described remains desirable.
Verify method to prioritize strategies in Section 5310 selection process.	It is important for the region to maintain eligibility for vehicles and equipment, however prioritizing eligible strategies over

Strategy or Action from 2019 Coordinated Plan	Progress in Last Four Years
	others is not possible with the current statewide review process.
Reach out to NYS Office for the Aging (OfA), Commission for the Blind, OPWDD and/or Developmental Disabilities Planning Council (DDPC), and Office of Alcoholism and Substance Abuse Services to participate in the RTCC	OPWDD has been participating. NYSDOH participated in the 5310 review committee. OfA staff are on the contact list. DDPC staff are on the contact list and presented at Tools of the Trade. Contacts are needed at the Veterans Administration, OASAS, and the Commission for the Blind.
Continue to hold workshops similar to the recent "Tools of the Trade" workshops.	The RTCC held a workshop online in April 2021 and another in-person in June 2022.
Seek transportation providers, or other groups that support seniors or people with disabilities to present at RTCC meetings	Short presentations were provided by some RTCC members.
Encourage human services transportation providers to enter into mutually beneficial partnerships.	Staff sought partnership opportunities and encouraged participation where possible.
Facilitate completion of ADA Transition Plans and associated physical improvements.	To date, Niskayuna, Bethlehem, Glenville, and Albany have completed Transition Plans. Ballston Spa, Guilderland, and Troy plans are underway.
Continue to incentivize and prioritize accessible features in federally funded transportation projects through the Transportation Council's Transportation Improvement Program merit evaluation process.	This was continued.
Ensure listings of paratransit services are included in the 511NY paratransit services listings and that human service agency transportation listings in 211 and NY Connects are accurate.	Information was included in 511NY although it is not updated. Information was provided to 211 but this resource does not seem to be useful in the Capital Region. NY Connects has proven to be a more updated and relevant resource.
Identify mechanisms, such as education and outreach and potential incentives to increase location-efficient siting of facilities and housing serving transportation disadvantaged populations	NYSDOT staff within the Capital Region provide SEQR comments about land use and the municipality's comprehensive plan, noting potential impacts on the existing transportation system. They encourage completion of sidewalk gaps, enhancing existing bus stops, connecting to trail or bike routes, and access management.

Strategy or Action from 2019 Coordinated Plan	Progress in Last Four Years
Explore opportunities for coordination for federal programs that fund transportation components but are not funded through FTA or FHWA.	The Coordinating Council on Access and Mobility released a strategic plan at the end of 2022.
In the next provider survey, ask for the number of agency and personal vehicle miles travelled, and why people were denied rides and how many were denied. In future public surveys, ask if disabilities are temporary.	Further discussion determined that the additional public survey question was unnecessary. The provider survey included the questions about denials – if included in the future, it should be reworded. Inquiry was not made about agency and personal vehicle miles.
Present the Coordinated Plan to the Policy Board.	Staff presented at the June 2019 Policy Board meeting.
Clarify disposal and transfer rules for vehicles acquired with FTA Section 5310 funds and encourage transfer to other agencies in need.	There have been some transfers since the last Coordinated Plan, and one member indicated the process was easier than anticipated.
Research best practices for public charging for electric mobility devices and encourage implementation.	While electric vehicles and electric bicycles have become more popular, this remains a challenge. At least one charging company advertises interoperability inclusive of wheelchairs and other mobility devices.
Widely distribute the Senior Transportation Guide produced with the Albany Guardian Society.	A total of 1,500 printed guides have been distributed.
Undertake additional research or regional conversations to document the extent and severity of isolation and consider methods to reduce negative impacts.	One of the presenters at the Tools of the Trade in 2021 discussed this topic.

5.3 Prior Human Services Transportation Funding Solicitations

As discussed above, the previous Coordinated Plans played an important part in helping to prioritize and recommend activities for implementation by the various human service and transportation providers in the Capital Region's four county area. Recommendations included in the Coordinated Plans of 2007 and 2011 served as the basis for the evaluation and selection criteria for the three previously distinct funding sources from the FTA through a competitive selection process between 2008 and 2012:

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

Beginning in 2007, the Transportation Council, with appropriate input from both CDTA and the RTCC, developed separate application packages for use in competitively soliciting project applications for proposals seeking JARC and New Freedom federal transit funding.

Sections 5316 and 5317 programs provided a maximum federal transportation funding assistance at eighty percent of a total project cost for capital projects, and fifty percent of a total project cost for operational projects. The applicant was required to provide the remaining twenty or fifty percent.

With the passage of MAP-21 in July 2012, and continued thereafter, the JARC and New Freedom programs were incorporated within two other existing federal transit funding programs (Section 5307 and Section 5310, respectively).

5.3.1 New Freedom

The first competitive solicitation for New Freedom projects occurred in the Fall of 2007, and the last for the remaining Federal Fiscal Year 2012 funds available under SAFETEA-LU rules took place in February 2014. Each of these solicitations were advertised using a variety of methods including public notices/legal ads, emails and letter to potential sponsor human service agencies and others and notifications on the Transportation Council's webpage. For each solicitation round an evaluation committee, drawn from the RTCC committee, was formed to evaluate the project proposals based on a set of clear evaluation criteria based on New Freedom program requirements and the Coordinated Plan. As a result of these competitive solicitations, a variety of projects were implemented. Over \$1M was programmed for New Freedom projects in the region. Recipients of these funds are shown in Table 4.1. Each project that received funding related directly to a need, gap or barrier identified in the Coordinated Plan.

Table 5.2: New Freedom Funds programmed in the Transportation Council area

Sponsor	Project	Description	Federal Funding	Year of Funds
Catholic Charities Senior Services in Schenectady	Mobility Management - Schenectady County Weekend Service for Mobility Disabled Persons	Planning and implementation of coordinated weekend service for mobility challenged seniors. This demand responsive accessible weekend transportation service began in October 2009, with weekend transportation to and from dialysis added.	\$117,400	2008
Catholic Charities Senior Services in Schenectady, NYSARC, Inc/DBA Ridge Service	Human Service Agencies Joint Scheduling and Dispatch Software	Purchase and installation of scheduling software to transform individual para-transit client scheduling operations into an efficient, multi-use scheduling and dispatch system.	\$76,940	2008

Sponsor	Project	Description	Federal Funding	Year of Funds
City of Watervliet	Accessible Shuttle Service connecting senior housing and key destinations	Planning and implementation of city shuttle service, connecting senior housing with retail and recreation. The route connected to CDTA fixed route service for enhanced access for seniors and mobility disabled individuals.	\$98,600	2009
CDTA	Accessible Taxi program	Purchase of 10 accessible vehicles to be leased to local taxi providers to provide service above and beyond what the ADA regulations require.	\$428,900	2009
Schenectady ARC (lead), Catholic Charities Senior Services in Schenectady, the Center for Disability Services in Albany, and Senior Services of Albany	Human Service Agencies Digital Mobil Radio	Purchase of Digital Mobil Radio technology for combined 124 vehicle fleet. Project brought the 4 agencies into compliance with 2013 FCC mandates. Also expanded inter-agency communication and transportation coordination.	\$185,496	2011
Center for Disability Services	Regional Driver Training Facility and Standard Driver Training Curriculum Development	Regional Driver Training Center to be located in a redeveloped building/site. Development of standard driver training curricula and training practices for use at the Center for Disability Services, Catholic Charities Senior Services in Schenectady and Senior Services of Albany.	\$222,900	2012
Catholic Charities Senior Services of Schenectady	Human Service Agencies Joint Scheduling and Dispatch Software Updates/Hardware Upgrades	Purchase and installation of updated and upgraded scheduling software/hardware to maintain functionality of original multi-agency project funded in 2008.	\$21,600	2012

5.3.2. Job Access Reverse Commute

A program established under SAFETEA-LU, the Section 5316 Job Access and Reverse Commute (JARC) program was intended to provide funding for local programs to provide transportation

for low income individuals living in the urban core and working in suburban locations. JARC was intended to improve access to transportation services to employment, job training and support activities for welfare recipients and eligible low-income individuals.

Similar to New Freedom, the JARC program required that competitive solicitations be conducted to select projects for funding. The Transportation Council carried out area wide solicitations for each time period that funding was available and followed the same process of public notification and evaluation as was carried out under New Freedom. As with New Freedom, projects had to be derived from the Coordinated Plan.

Table 5.3: Job Access Reverse Commute (JARC) Funds programmed in the Transportation Council area

Sponsor	Project	Description	Federal Funding	Year of Funds
CDTA	CDTA JARC - Mobility Management	Four trip planners at one-stops, a full-time mobility management coordinator (coordinates trip planner activities and acts as a liaison with area employers and Social Service Districts), the Safety Net Brokerage (provides brokered taxi rides to eligible recipients at the direction of County DSS Caseworkers in instances where bus service is unavailable or unusable) and capital expenses to support the mobility management activities (such as educational/ promotional brochures, materials and supplies, software, transportation).	\$1,510,400	2008 - 2010
CDTA	CDTA JARC - Mobility Management	Four trip planners at one-stops, a full-time mobility management coordinator (coordinates trip planner activities and acts as a liaison with area employers and Social Service Districts), the Safety Net Brokerage (provides brokered taxi rides to eligible recipients at the direction of County DSS Caseworkers in instances where bus service is unavailable or unusable) and capital expenses to support the mobility management activities (such as educational/ promotional brochures, materials and supplies, software, transportation).	\$330,729	2011

Sponsor	Project	Description	Federal Funding	Year of Funds
CDTA	CDTA JARC - Mobility Management	Continuation of previous and current JARC funded activity of Mobility Management by continuing to support two travel trainers. The travel trainers will continue to help clients access CDTA's fixed route system. CDTA estimates that the number of persons to be served in the Saratoga Springs Urbanized Area will be 250 annually.	\$35,825	2012
CDTA	Expanded Late Night / Weekend Bus Service	Late night and weekend service expansions to low-income public housing and neighborhoods to address the weekday versus weekend coverage service gap identified in the Coordinated Plan. Access to major suburban employment centers with non-traditional work hours; access from major cities of Albany, Schenectady and Troy and their low-income neighborhoods; and, an increase in the span of service outside of traditional commute hours are supported.	\$238,160	2012
Catholic Charities - Wheels and Ways to Work	Wheels and Ways to Work Car Loan Program	Assistance to low income individuals and families with a two-year auto (character) loan to purchase a safe, reliable used vehicle and includes 1) financial education and loan counseling 2) intake, loan screening, and assessments, 3) case management to approved loan recipients 4) monitoring and tracking of loan repayment and 5) incentives to continue successful repayment. Funds will only be used for operating costs and will not be used for loan capital.	\$60,000	2012

5.3.3 FTA 5310 Program and Federal Transportation Legislation

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

Starting in 2014, at least 55% of the available funding awards must go to traditional Section 5310 capital projects. The remaining 45% of funds may support public transportation projects that exceed the requirements of the ADA, projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit, and alternatives to public transportation that assist seniors and individuals with disabilities. Use of Section 5310 funds may be for the capital and/or operating expense of transportation services to seniors and/or individuals with disabilities. See FTA Circular 9070.1G for a list of eligible projects under the two categories: 1) Eligible Capital Expenses that Meet the 55% Requirement, and 2) Other Eligible Capital and Operating Expenses (pages III-1- to III-15).

Similar to previous 5310 project solicitations, an evaluation process will be followed that includes an inter-agency review committee for selecting fund grantees on a discretionary basis. The Transportation Council is one member of the review committee that reviews grant applications for this area. SAFETEA-LU required the MPO to confirm that the proposed service to be provided by the requested vehicles would not duplicate effort and would be consistent with the Coordinated Plan. This requirement has been retained in the FAST Act and BIL.

Beginning in 2015, projects funded under Section 5310 are listed in the Transportation Council's TIP as separate projects. See Table 5.4 below for the number of vehicles and federal dollar amounts between 2008 and 2018 and 2021, including from the 2022 solicitation.

Table 5.4 - Funding Year 2008-2021 Vehicle Counts by Agency

County	Agency Name	2008-2010	2011	2012	2013+2014	2015	2016+2017	2018+2019*	2020-2021	Total
Albany	Bethlehem Senior Projects	0					1			1
Albany	Center for Disability Services	10	4	2	5		3	4	6	34
Albany	Colonie Senior Service Centers	5	1		2	1	2	1	3	15
Albany	NYSARC, Warren Washington and Albany Counties Chapter	0					2			2
Albany	Rehabilitation Support Services	1	1							2
Albany	Senior Service Centers of the Albany Area	0	1				1			2
Albany	Town of Guilderland	0						1		1
Albany	Town of New Scotland Senior Outreach Program	1								1
Albany	Visiting Nurse Association of Central New York	0					1			1
Rensselaer	Independent Living Center of the Hudson Valley	0				2				2
Rensselaer	Rensselaer County Chapter NYSARC	1		2	2				1	6
Rensselaer	St. Peter's Hospital Foundation	0						1	1	2
Saratoga	Civic Center of Moreau	0	1							1
Saratoga	Saratoga County Chapter NYSARC	8	3	4	3	2	3	2	3	28
Schenectady	Catholic Charities Senior Services in Schenectady	2		1	2					5

County	Agency Name	2008-2010	2011	2012	2013+2014	2015	2016+2017	2018+2019*	2020-2021	Total
Schenectady	Northeast Health Foundation dba Eddy SeniorCare	2		3		2	2	4	2	15
Schenectady	Schenectady County Chapter NYSARC	9	3	2	4	2	3	2		25
Schenectady	Sunnyview Rehabilitation Hospital	0				1	1		1	3
	Total	39	14	14	18	10	19	15	17	146

Table 5.4 Source: NYSDOT Public Transportation Bureau, Transportation Council

Table 5.5 - Funding Year 2008-2021 Grant Totals by Agency

County	Agency Name	2008-2010	2011	2012	2013+2014	2015	2016 +2017	2018+2019*	2020-2021	Total
Albany	Bethlehem Senior Projects						\$49,654			\$49,654
Albany	Center for Disability Services	\$670,915	\$177,228	\$79,974	\$356,905		\$219,526	\$365,159	\$839,097	\$2,708,804
Albany	Colonie Senior Service Centers	\$209,944	\$40,662		\$69,075	\$49,210	\$99,308	\$73,428	\$187,776	\$729,403
Albany	NYSARC, Warren Washington and Albany Counties Chapter						\$104,436			\$104,436

County	Agency Name	2008-2010	2011	2012	2013+2014	2015	2016 + 2017	2018+ 2019*	2020-2021	Total
Albany	Rehabilitation Support Services	\$44,029	\$40,662							\$84,691
Albany	Senior Service Centers of the Albany Area		\$37,663				\$46,379			\$84,042
Albany	Town of Guilderland							\$116,374		\$116,374
Albany	Town of New Scotland Senior Outreach Program	\$44,029								\$44,029
Albany	Visiting Nurse Association of Central New York						\$33,882			\$33,882
Alb-Sch-Ren	Capital District Transportation Authority				\$82,898	\$172,304	\$172,305			\$427,507
Rensselaer	Independent Living Center of the Hudson Valley					\$67,160				\$67,160
Rensselaer	Rensselaer County Chapter NYSARC	\$43,792		\$63,299	\$71,219				\$67,710	\$246,020

County	Agency Name	2008-2010	2011	2012	2013+2014	2015	2016 +2017	2018+2019*	2020-2021	Total
Rensselaer	St. Peter's Hospital Foundation							\$55,033	\$62,592	\$117,625
Saratoga	Civic Center of Moreau		\$43,381							\$43,381
Saratoga	Saratoga County Chapter NYSARC	\$699,814	\$321,797	\$201,996	\$274,394	\$98,995	\$208,961	\$179,118	\$280,278	\$2,265,353
Schenectady	Catholic Charities Senior Services in Schenectady	\$83,010		\$32,667	\$68,441					\$184,118
Schenectady	Northeast Health Foundation dba Eddy SeniorCare	\$91,758		\$108,542		\$98,421	\$99,307	\$220,131	\$125,184	\$743,343
Schenectady	Schenectady County Chapter NYSARC	\$440,455	\$143,877	\$79,804		\$204,693	\$155,944	\$164,269		\$1,189,042
Schenectady	Sunnyview Rehabilitation Hospital					\$26,809	\$24,000		\$63,152	\$113,961
	Totals	\$2,327,746	\$805,270	\$566,282	\$922,932	\$717,592	\$1,213,702	\$1,173,512	\$1,625,789	\$9,352,825

Table 5.5 Source: NYSDOT Public Transportation Bureau, CDTC

6. Issues and Opportunities

6.1 Increasing the Accessibility of Pedestrian Networks

Responses to the surveys for seniors and people who have a disability show that people are walking to necessary destinations. Much of the existing pedestrian infrastructure in the Capital Region is not accessible. It may have been constructed in an inaccessible manner, it has often deteriorated since construction to a point where it is no longer accessible, or it may not be maintained in an accessible manner such as by trimming trees or removing snow and ice. In addition, some street crossings may be inaccessible or perceived as unsafe. In locations where residences are within walking distance of services, improving the network and its maintenance is an opportunity to provide independence and reduce the need for other services.

CDTA continues to work cooperatively with area municipalities and NYSDOT to improve pedestrian facilities around bus stops, and the Transportation Council continues to program federal funding for improvements along BusPlus routes. Work on pedestrian access will continue as opportunities arise. It may be that a good number of CDTA's STAR-eligible customers could ride fixed route service, but these customers live, work or have medical appointments in areas where environmental factors impact their ability. Parked cars at bus stops can present a barrier to use by all riders, but particularly riders who have any kind of mobility challenge. Transitioning customers from STAR onto the fixed-route services can benefit both the customer and CDTA. The customer can experience more freedom and social interaction, with less need to schedule trips ahead of time. For CDTA, the subsidy per rider is higher on STAR than on fixed routes.

6.2 Americans with Disabilities Act (ADA) Transition Plans

Title II (28 CFR Part 35) of the ADA of 1990 requires that state and local governments ensure that individuals with disabilities are not excluded from programs, services, and activities, including pedestrian and public transit facilities. The ADA requires that state and local governments complete self-evaluations (for pedestrian and public transit facilities this would include an inventory) and subsequently develop Transition Plans detailing how the facilities will be brought into compliance. Pedestrian facilities are an example of a program.

The process to develop a self-evaluation and transition plan ensures that a community identifies barriers to accessibility, prioritizes actions to address them and establishes a schedule. A community should accomplish the following to develop a transition plan:

- Identify and list physical obstacles and their location
- Describe in detail the methods the entity will use to make the facilities accessible
- Provide a schedule for making the access modifications
- Provide a yearly schedule if the transition plan is more than one year long
- Provide the name/position of the official responsible for implementing the Transition Plan

In the Capital Region, the towns of Bethlehem, Niskayuna, and Glenville and the cities of Albany and Saratoga Springs have completed Transition Plans for pedestrian infrastructure that include inventories of the condition of each piece of infrastructure. The Transportation is working with the Village of Ballston Spa, Town of Guilderland, and City of Troy to complete Transition Plans for pedestrian infrastructure in those municipalities.

6.3 Barriers to Use of Fixed Route Transit

Earlier Coordinated Plans for the Capital Region noted reluctance by various groups, especially seniors, to using fixed route transit such as that provided by CDTA. Commonly voiced concerns include unfamiliarity with the system, concern about mixing with other riders, and perceived safety issues. Previous iterations of this document discussed this topic further. It remains a barrier for a portion of the population.

6.4 Regional Development Patterns

Census data shows that the population of the combined urban centers of the cities of Albany, Rensselaer, Watervliet, Troy, Cohoes, and Schenectady lost about 68,288 people between 1960 and 2020. Overall the region gained population, meaning that people spread out and moved to areas where it was more expensive to provide transportation infrastructure such as sidewalks and roads and to provide transportation services such as transit, vans and taxis. In these areas, distances between homes, jobs, and services are greater. If and when people are unable to drive, they must rely on others to transport them over those larger distances. It is important to ensure that people have options for living in places with good access to necessary services so that they can maintain independence while also requiring fewer services provided to them.

6.5 An Aging Population

As described in the demographics section, it is anticipated that the population 65+ will increase in number, as well as in the proportion of the population, through 2040. It is thereafter expected to decrease slightly. This indicates that the need for transportation services as well as physically and geographically accessible housing will increase. At the same time, the population available to provide those services will not increase proportionally. Providing services more efficiently will become more important.

6.6 Staffing Levels

Perhaps related to the aging population, as well as challenges within the labor market, agencies have experienced difficulty recruiting and retaining employees to provide transportation services as well as vehicle maintenance. While not new, the COVID pandemic exacerbated this issue, particularly because a number of riders and drivers were at increased risk of complications from the virus. Staffing constraints have contributed to some agency transportation program closures. Services may still be provided as a component of other programs. While certainly challenging, these issues may also represent an opportunity to reinvigorate efforts at inter-agency coordination.

6.7 Emergency Preparedness for Transportation Disadvantaged Populations

Counties in the Capital Region coordinate emergency management response efforts. Some social services transportation providers in the region coordinate with their respective counties on these efforts, with a focus on services for people with transportation disadvantages. Albany County maintains an “Evacuation Functional Needs 911 Registry” for people who would need help to evacuate their homes during an emergency situation such as a natural or manmade disaster. Saratoga County has a similar list, called the “Special Needs Registry.”

Each of the four counties in the region has some form of emergency management plan. The plans are routinely updated and focus on different types of emergencies and county procedures to respond to these emergencies. These plans are typically developed through a team of local government officials, the New York State Emergency Management Office staff and emergency services providers and support the statewide emergency management program. County plans include the Albany County Comprehensive Emergency Management Plan (2015), the Schenectady County Hazard Mitigation Plan (2021), the Rensselaer County Hazard Mitigation Plan (2020), and Multi-Jurisdictional Hazard Mitigation Plan (2019) for Saratoga County.

Helpful resources include reports such as the Transit Cooperative Research Program (TCRP) report [*Communication with Vulnerable Populations: A Transportation and Emergency Management Toolkit*](#). Published in 2011, it provides a guiding framework and tools for constructing a scalable, adaptable communication process built on a network of agencies from public, private, and nonprofit sectors.

6.8 Loneliness and Isolation

As with development of the last plan, a concern about both loneliness and isolation arose during public outreach. The extent and severity seemed to increase during the COVID-19 shutdown period. The long-term impact of those changes remains unknown, as well as the continuing extent and severity. Some people expressed concern about people they know who aren’t able to come to the congregate meal site because of an inability to find transportation. Since there is transportation available to congregate meal sites, this indicates there is an opportunity to further disseminate information on both congregate meals and transportation services.

6.9 Examples of Mobility Management Services in New York State

From New York City to some of the state’s rural counties, there are several good examples of Mobility Management Programs that can be explored to determine if a similar program should be developed for the Capital Region. Programs include:

- [Getthere](#) (South Central NY)
- [Way 2 Go Cortland](#)
- [Needaride](#) (Steuben)
- [Tompkins County Way2Go](#)
- [New York City DOT Mobility Management](#)

Getthere is the mobility management program of the Rural Health Network of South Central New York. They provide a call center, travel training, a voucher program for transportation to employment, and direct pre-scheduled service delivering employees to work using paid drivers. Way 2 Go Cortland is a program of the Cortland County Planning Department and is an example of an information repository. The “need a ride” branded program for Steuben County transportation information is operated by the Institute for Human Services, which is also the lead contract agency for the Steuben Rural Health Network. They directly operate a volunteer driver program. Tompkins County Way2Go is a local transportation information hub. The New York City Department of Transportation Mobility Management Program includes a Mobility Management Resource Guide last updated in 2021, a “One Stop Shop” for information on programs, services, and existing conditions.

6.10 Senior Transportation Guide

The Transportation Council and the Albany Guardian Society continue to distribute the Senior Transportation Guide covering services open to senior members of the public in the four-county Capital Region. The guide includes basic information about the service available, including restrictions on the origin and destination, the time of day and day of the week, accessibility and any age restrictions. In the next few years an updated guide will be released.

6.11 Mobility Device Charging

Range anxiety can restrict the independence of people who use electric mobility devices. As electric bicycles and standing scooters become more popular, charging stations may be installed to better support them. This presents an opportunity to better serve people who use other kinds of electric mobility devices, such as wheelchairs and scooters designed to provide mobility to people who have physical mobility challenges. At the time of writing, there was at least one company, KUHMUTE, with a charging station product that works with both bicycles and wheelchair and other mobility devices.

6.12 Automated Vehicles

Fully automated vehicles remove the most expensive part of transportation service provision – the driver. From an economic standpoint, automated vehicles present an opportunity to be able to provide improved service levels. Nonetheless, existing ride-hailing services require smartphone and internet access including for online payments, which can be challenging for some. In addition, some people need assistance to enter or exit a vehicle and/or to load a walker or wheelchair, and they may additionally need assistance getting from their door to the vehicle and back or navigating a complex environment at their destination. It will be important to integrate these needs into technology, vehicles, and service models as they are developed so they are not afterthoughts.

7. Needs, Gaps and Barriers

The 2007 Coordinated Plan and updates in 2011, 2015, and 2019 listed Needs, Gaps and Barriers to public-transit human services transportation coordination to better serve transportation disadvantaged populations. After discussions with the RTCC and stakeholder and public outreach, those Needs, Gaps and Barriers were further refined and are listed below.

Project applications for the FTA Section 5310 program that seek to address any of these items are eligible for funding. As illustrated above, various projects have been funded that work toward addressing some of these needs, gaps and barriers, but further investment is needed.

- Equipment Needs
 - o Replacement and Additional Wheelchair Accessible Vehicles
 - New vehicles are continuously needed to maintain service levels and may also be needed to expand services.
 - o Dispatch software/hardware
 - New software and hardware is continuously needed to maintain services, and may be necessary to enable partners to share vehicles and/or drivers, or provide services to each other's customers.
 - o Accessible Taxis and Transportation Network Company vehicles
 - Currently, these vehicles are often not accessible. This is a need for services both with and without drivers. See section 4.7.4 for more discussion.
- Human Service Agency Organizational Needs
 - o Drivers (recruitment and retention)
 - Among RTCC members, staffing issues are the most often-cited constraint on service provision.
 - o Vehicle Maintenance, including wheelchair lifts and ramps
 - o Driver/Mechanic Training
 - Agencies may need drivers who have commercial driver's licenses, and varying training programs are required by the government agencies providing funding for the transportation services.
 - o Manage Demand on STAR
 - Some eligible residents prefer to use STAR's door-to-door service regardless of the accessibility between their destinations and the nearest fixed-route bus stop. However, others may prefer to use the fixed-route system but cannot due to inaccessible infrastructure or other issues. In addition, the public transit subsidy required for each rider is higher on STAR.
- Rider Services Needs
 - o Information Sharing/Education
 - Available services must be well-known and understood by people who may want to use them, and by other service providers seeking options for people they serve.

- o Travel/Mobility Training
 - Some riders may not want to use available services because they are afraid to get on the wrong vehicle, they might have the wrong fare or not know how to use the technology to request a ride, etc. Travel Trainers help people to become successful transit users by providing information and support via one-on-one instructor assistance.

Gaps

- Weekend Services
 - o A number of providers do not operate on weekends. CDTA's weekend service is more limited than its weekday services.
- Rural Services
 - o In rural areas, residents are spaced further apart and are located farther from their destinations, meaning each ride requires more resources.

Barriers to Coordination

- Funding Silos
 - o Providers utilize varying funding sources to support their services. These sources have different requirements on a number of topics including driver training, driver testing, record keeping, insurance, and vehicle maintenance.
-
- Accounting systems
 - o In order to effectively coordinate service provision, providers need a common rider and billing system, or at least an interoperable system.
- Public Information on Available Services
 - o Providers can only coordinate with other providers if they know they exist.
- Unfamiliar/Uncomfortable Using Fixed Routes and Shared Services
 - o Some potential riders are unlikely to use available services unless they receive encouragement and education from a friendly individual.
- Fear of Developmentally Disabled/Mentally Ill
 - o Some potential riders will avoid services if they anticipate riding with people that they perceive as having a developmental disability or a mental illness.

8. Strategies and Actions to Address Gaps and Improve Efficient Service Delivery

The Strategies and Actions listed below were derived in part from previous Coordinated Plans and discussions with the RTCC. These are items on which RTCC members can collaborate to improve efficient service delivery, though they may not lend themselves to support by traditional funding sources.

- 1) Of eligible projects listed in FTA Circular 9070.1G or future 5310 circulars, prioritize the following list of projects for Section 5310 funding, as they will address identified gaps and barriers. Thereafter prioritize any projects that are open to the public, as a means of avoiding unnecessary segregation of services. See https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/C9070_1G_FINAL_circular_4-20-15%281%29.pdf.
 - Pooled resources - Vehicle washing, Gas purchases, Replacement parts, Vehicle maintenance
 - Group Insurance
 - Driver/Mechanic Training
 - Shared dispatch, call center, or other system allowing shared seats among agencies and public
 - Other Shared services and mutually beneficial partnerships
 - Information sharing
 - Travel/mobility training
 - Coordinated emergency management
 - Census of available vehicles and available services
- 2) Verify the method to be used to prioritize the strategies within the competitive selection process for federal funding.
- 3) Depending on current status of state agency participation, reach out to relevant departments and offices to participate in the RTCC to discuss their policies and practices that impact transportation needs and services for transportation disadvantaged populations. These may include the NYS Office for the Aging, NYS Commission for the Blind, OPWDD and/or the NYS Developmental Disabilities Planning Council, and the Office of Alcoholism and Substance Abuse Services to participate in the RTCC.
- 4) Continue to hold workshops similar to the recent "Tools of the Trade" workshops. These may be up to a day-long workshop with multiple sessions to support providers of human services transportation in providing quality and efficient services. A workshop also provides an excellent opportunity for creative partnerships to emerge.
- 5) Seek transportation providers, or other groups that may not be transportation providers but support seniors or people with disabilities, to present at RTCC meetings about the

services they provide and the issues they encounter. Develop a template for the presentations and information to be shared. At the conclusion of presentations invite the RTCC to brainstorm on how to help with issues and encourage coordination.

- 6)** Encourage human services transportation providers to enter into mutually beneficial partnerships and research best practices.
- 7)** Facilitate completion of ADA Transition Plans and associated physical improvements to continue to work toward a safe and accessible sidewalk system that people can use for daily needs.
- 8)** Continue to incentivize and prioritize inclusion of accessible features in federally funded transportation projects through the Transportation Council's Transportation Improvement Program (TIP) merit evaluation process for candidate projects.
- 9)** Ensure inclusion and accuracy of listings of available paratransit services within the Capital Region's four counties in the NY Connects system. As the landscape of sources for information referral changes, ensure continued inclusion and accuracy.
- 10)** Smart Growth – Identify mechanisms, such as education and outreach, potential incentives and other means to improve decision making for the location-efficient siting of facilities and housing serving transportation disadvantaged populations.
- 11)** Explore opportunities for coordination for other federal programs that fund transportation components but are not funded through FTA or FHWA. The [Coordinating Council on Access and Mobility](#) provides information on federal programs that may fund transportation.
(updated 3/20/2018).
- 12)** For the next Human Service Agency Transportation Survey, continue to distribute electronically but send numerous electronic reminders to encourage providers to complete the survey.
- 13)** Present the Coordinated Plan to the Policy Board.
- 14)** Research best practices for public charging for electric mobility devices, and encourage implementation.
- 15)** Update the Senior Transportation Guide produced with the Albany Guardian Society.
- 16)** Undertake additional research or regional conversations to document the extent and severity of isolation and consider methods to reduce negative impacts.

9. Public Comments Received

1. Email from Ivan Vamos, submitted 10/5/23

Comment: "interesting document and I'm sending in a special request from me, to be added to the 85+ sample:

So far, I get around fine driving, walking or bicycling, and can provide aided mobility needed for my wife who has Alzheimer's, but have one special problem that may occasionally be a problem for many more people.

I get monthly injections in both eyes for macular degeneration (that's working ok so far), and during evaluations both eyes are dilated. So, for the rest of the day those of us getting those procedures are visually handicapped. While I can get to the eye doctors' office by Uber or Lyft without problem, I can't see enough to arrange for a trip back home. Surprisingly, staff at the eye care specialists are inexperienced with Uber or Lyft apps, so their help is mostly faulty, making return trips a challenge, and sending some unfortunate Lyft driver to the wrong place. Arranging a return trip at a specific time has its problems, because wait times before treatment or exams and even the duration of the procedures are hard to predict.

I will not confess to dangerous driving, but the incentive is to drive with temporarily impaired vision.

Arranging the possibility of voice phone call connections from all eye doctors' offices to Uber and Lyft or a phone connection to one of the CDTA transit services will also work. If such voice connections to these services can be arranged, that should be posted at all eye doctor's offices."

Response: Comment noted.

Appendix: Human Service Agencies

Albany County – Government Agencies

[Access VR](#)

[Albany County Department of Aging](#)

[Albany County Department of Children, Youth, & Families](#)

[Albany County Department of Mental Health](#)

[Albany County Rural Housing Alliance](#)

[Albany Housing Authority](#)

[Albany Housing Coalition](#)

[Capital District Psychiatric Center](#)

[Capital District Transportation Authority \(CDTA\)- Access Transit](#)

[Capital District Transportation Authority \(CDTA\)- STAR Program](#)

[Capital Region Workforce Development Board/ Career Central](#)

[Cohoes Housing Authority](#)

[Department of Veterans Affairs](#)

[NY Connects Albany County](#)

[NYS Commission for the Blind](#)

[NYS Developmental Disabilities Planning Council](#)

[NYS Homes & Community Renewal](#)

[NYS Office for People with Developmental Disabilities](#)

[NYS Office for the Aging](#)

[NYS Office of Addiction Services and Supports](#)

[NYS Office for Temporary and Disability Assistance](#)

[Town of Bethlehem](#)

[Town of Colonie Senior Resources](#)

[Town of Guilderland](#)

[Town of New Scotland](#)

[Village of Ravena - Senior Projects \(518-756-8593\)](#)

[Watervliet Housing Authority](#)

Albany County - Not-for-Profits and Other Entities

[Albany Community Action Partnership](#)

[Albany Damien Center](#)

[Albany Guardian Society](#)

[Albany Neighborhood Naturally Occurring Retirement Community](#)

[Alliance for Positive Health](#)

[All Metro Healthcare](#)

[Alzheimer's Association of Northeastern New York](#)

[American Cancer Society- Road to Recovery](#)

[American Housing Foundation, Inc.](#)

[American Red Cross Eastern New York Region](#)

[Atria Senior Living](#)

[Attentive Care](#)

[Belvedere Health Services](#)

[Bethlehem Neighbors](#)

[B'Nai B'Rith Parkview Apartments](#)

[Boys & Girls Clubs of the Capital Area](#)

[Brightside Up](#)

[Capital Area Peer Services](#)

[Capital City Rescue Mission](#)

[Capital Counseling](#)

[Capital District Center for Independence](#)

[Capital District Medical Transportation \(518-433-1600\)](#)

[Capital District Women's Employment & Resource Center](#)

[Capital District YMCA](#)

[CARES of NY](#)

[Catholic Charities Care Coordination Services](#)

[Catholic Charities Disabilities Services](#)

[Catholic Charities Housing Office](#)

[Catholic Charities of the Diocese of Albany](#)

[Center for Disability Rights, Inc.](#)

[Center for Disability Services](#)

[Centro Civico/Ibero-American Action League](#)

[Cohoes Multi-Service Senior Citizen Center \(518-235-2420\)](#)

[Colonie Senior Service Centers](#)

[Colonie Terrace](#)

[Community Caregivers](#)

[Consumer Directed Choices](#)

[Capital District Center for Independence](#)

[Cornell Cooperative Extension Albany County](#)

[Drake Manor Senior Apartments](#)

[Early Childhood Education Center](#)

[Eddy Memory Care at Marjorie Doyle Rockwell Center](#)

[Eddy Senior Living](#)

[Elderwood Village at Colonie](#)

[Epilepsy Foundation of Northeastern NY](#)

[Equinox](#)

[Glenmont Job Corps Center](#)

[Guildcare](#)

[Healthy Alliance](#)

[Healthy Capital District](#)

[Hilltowns Community Resource Center](#)

[Holy Wisdom Apartments \(518-459-4910\)](#)

[Home Instead Senior Care](#)

[Homeless & Travelers Aid Society of the Capital District](#)

[\(HATAS\)](#)

[Hope House, Inc.](#)

[Interfaith Partnership for the Homeless](#)

[Jewish Family Services of Northeastern NY Project 5](#)

[Living Resources](#)

[Living Resources Employment Services](#)

[Loudonville Home for Adults Gerald Levine Center for Memory](#)

[Care](#)

[Louis Apartments](#)

[Mental Health Association of NYS](#)

[Millview of Latham](#)

[Mobility Works Accessible Vans](#)

[NAMI- National Alliance on Mental Illness](#)

[Northeast Career Planning at Unity House](#)

[Northeastern Association of the Blind at Albany](#)

[NY Association on Independent Living](#)

[Ogden Mill Apartments \(518-235-9508\)](#)

[Ohav Sholom Apartments](#)

[Rehabilitation Support Services](#)

[Salvation Army Empire State Division](#)

[LifePath \(f/k/a Senior Services of Albany\)](#)

[Sidney Albert Albany Jewish Community Center \(JCC\)](#)
[South Mall Towers](#)
[St. Catherine's Center for Children](#)
[St. John's/St. Ann's Outreach Center](#)
[St. Peter's Hospital- ALS Regional Center](#)
[St. Peter's Hospital- CHOICES](#)
[St. Peter's Physical Therapy](#)
[Stop The Violence, Inc](#)
[Sunnyview Rehabilitation Hospital](#)

[The Food Pantries for the Capital District](#)
[Trinity Alliance of the Capital Region](#)
[Umbrella of the Capital District](#)
[Upper Hudson Planned Parenthood](#)
[Visiting Nurses Home Care](#)
[Warren, Washington & Albany Counties Chapter of NYSARC, Inc.](#)
[Watervliet Senior Center](#)
[Wildwood Programs](#)

Rensselaer County – Government Agencies

[Access VR \(formerly VESID\)](#)
[Berlin Town Clerk](#)
[Capital District Transportation Authority \(CDTA\)- Access Transit](#)
[Capital District Transportation Authority \(CDTA\)- STAR Program](#)
[Capital Region Workforce Development Board/ Career Central](#)
[Eastern Area Senior Service Center \(518-279-3413\)](#)
[Hoosick Falls Senior Center \(518-686-7561\)](#)
[Hoosick Housing Authority \(518-686-5408\)](#)
[NYS Commission for the Blind \(518-473-1675\)](#)
[NYS Developmental Disabilities Planning Council](#)
[NYS Homes & Community Renewal](#)
[NYS Office for People with Developmental Disabilities](#)
[NYS Office for the Aging](#)
[NYS Office of Children & Family Services](#)
[NYS Office of Addiction Services and Supports](#)

[NYS Office for Temporary and Disability Assistance](#)
[Rensselaer County Health Department](#)
[Rensselaer County Department of Social Services](#)
[Rensselaer County Department of Mental Health](#)
[Rensselaer County Unified Family Services Department for the Aging](#)
[Rensselaer County Department of Employment and Training](#)
[Rensselaer County- Southern Tier Senior Center \(518-477-6581\)](#)
[Schodack Town Clerk](#)
[Town of Petersburg](#)
[Town of Poestenkill](#)
[Town of Schaghticoke](#)
[Town of Schodack](#)
[Town of Stephentown](#)
[Troy Housing Authority](#)
[Rensselaer County Veterans Service Agency](#)

Rensselaer County – Not-for-Profits and Other Entities

[Accent Health Care Services](#)
[AccuCare Home Health Services, Inc.](#)
[Alliance for Positive Health](#)
[Adept Health Care Service](#)
[Alight Care Center](#)
[American Cancer Society- Road to Recovery](#)
[The Arc of Rensselaer County](#)
[Belvedere Health Services](#)
[Boys & Girls Clubs of Southern Rensselaer County](#)
[Boys & Girls Clubs of the Capital Area](#)
[Canterbury House \(518-272-2371\)](#)
[Capital Counseling](#)
[Capital District Beginnings](#)
[Capital District Educational Opportunities Center](#)
[Capital District Medical Transportation, Inc. \(518-433-1600\)](#)
[Capital District Women's Employment & Resource Center](#)
[Capital District YMCA](#)
[Center for Nursing and Rehabilitation at Hoosick Falls \(518-686-4371\)](#)
[Centers Health Care Troy Center](#)
[Circles of Mercy](#)
[Commission on Economic Opportunity](#)
[Community Hospice](#)
[Consumer Directed Choices](#)
[Cornell Cooperative Extension Rensselaer County](#)
[Danforth Adult Care Center](#)
[Diamond Ridge Gracious Retirement Living](#)
[Early Childhood Education Center](#)
[Eddy Memorial Geriatric Center](#)

[Eddy Senior Living](#)
[Eddy Senior Living – Memory Care at Eddy Hawthorne Ridge](#)
[Evergreen Commons](#)
[The Eliot at Troy](#)
[Healthy Alliance](#)
[Hudson Mohawk Recovery Center \(518\) 272-3918](#)
[Independent Living Center of the Hudson Valley](#)
[Joseph's House & Shelter](#)
[Junior League of Troy](#)
[Moran Home](#)
[Mount Ida Food Pantry](#)
[Peter Young Housing, Industries, and Treatment](#)
[The Pines at Heartwood Assisted Living Program](#)
[Planned Parenthood Mohawk Hudson](#)
[Questar III](#)
[Rensselaer Organizations United for Senior Endeavors](#)
[Riverside Center for Rehabilitation and Nursing](#)
[Roarke Center-Catholic Charities](#)
[Samaritan Hospital](#)
[St. Jude Senior Apartments-Catholic Charities](#)
[St. Paul's Center](#)
[St. Peter's Health Partners](#)
[Troy Adult Home \(518-274-5959\)](#)
[Troy Area United Ministries](#)
[Troy Damien Center \(TAUM\)](#)
[Troy Rehabilitation & Improvement Program \(TRIP\)](#)
[Umbrella of the Capital District](#)
[UNITY House](#)
[Vanderheyden Hall](#)

[Visiting Nurses Home Care](#)
[Workforce Development Institute \(WDI\)](#)

[YWCA of the Greater Capital Region](#)

Saratoga County – Government Agencies

[Access VR \(formerly VESID\)](#)
[Ballston Area Seniors](#)
[Ballston Town Clerk](#)
[Capital District Transportation Authority \(CDTA\)- Access Transit](#)
[Capital District Transportation Authority \(CDTA\)- STAR Program](#)
[Clifton Park Senior Community Senior Center \(page missing\)](#)
[Corinth Senior Citizen Center](#)
[LifeWorks Community Action \(formerly Saratoga County EOC\)](#)
[Mechanicville Housing Authority](#)
[NYS Commission for the Blind](#)
[NYS Developmental Disabilities Planning Council](#)
[NYS Homes & Community Renewal](#)
[NYS Office for Temporary and Disability Assistance](#)

[Saratoga County Department of Social Services](#)
[Saratoga County Department of Workforce Development](#)
[Saratoga County Mental Health Center and Friendship House](#)
[Saratoga County Office for the Aging](#)
[Saratoga County Public Health Services](#)
[Saratoga Springs Housing Authority](#)
[Town of Clifton Park Senior Services](#)
[Town of Hadley](#)
[Town of Halfmoon- Senior Center](#)
[Town of Halfmoon- Senior Express](#)
[Town of Malta](#)
[Veterans Service Agency](#)
[Waterford Senior Citizens](#)

Saratoga County – Not-for-Profits and Other Entities

[Adam Lawrence Corinth Senior Housing](#)
[Adirondack Manor Home for Adults](#)
[AIM Services, Inc.](#)
[American Cancer Society- Road to Recovery](#)
[Belvedere Health Services](#)
[Birthright of the Capital District](#)
[Capital Counseling](#)
[Capital District DSO Community Residences \(518-439-9970\)](#)

[Capital District YMCA](#)
[CAPTAIN Community Human Services](#)
[Care Links of Southern Saratoga County](#)
[CARES of NY](#)
[Catholic Charities of Saratoga, Warren, & Washington Counties](#)
[CenterWell Home Health](#)
[Coburg Village Retirement Community](#)
[Community, Work, & Independence Transit Connection](#)

[Consumer Directed Choices](#)
[Cook Adult Home](#)
[Cornell Cooperative Extension Saratoga County](#)
[Doubleday Woods](#)
[Four Winds Hospital](#)
[Franklin Community Center](#)
[Galway Seniors](#)
[Healthy Alliance](#)
[Home Helpers](#)
[Home Instead Senior Care](#)
[Junior League of Schenectady & Saratoga Counties](#)
[Lifeworks Head Start Programs](#)
[Mechanicville Area Community Services Center, Inc.](#)
[Mechanicville Midrise](#)
[Peregrine Senior Living at Clifton Park \(formerly Beacon Pointe Memory Care Community\)](#)
[Planned Parenthood Mohawk Hudson](#)
[Prevention Council](#)
[RISE Housing and Support Services](#)

[Saratoga Bridges](#)
[Saratoga Center for the Family](#)
[Saratoga County Citizens Committee for Mental Health](#)
[Saratoga Regional YMCA](#)
[Saratoga Senior Center](#)
[Schuyler Ridge Residential Health Care](#)
[Shelters of Saratoga](#)
[Shenendehowa Neighbors Connecting](#)
[Sun Haven Manor \(518-522-8134\)](#)
[Support Ministries of the Capital Region \(518\) 427-2463](#)
[Umbrella of the Capital District](#)
[Unlimited Potential](#)
[Veterans and Community Housing Coalition](#)
[Visiting Nurses Home Care](#)
[Washington-Saratoga-Warren-Hamilton-Essex BOCES](#)
[Wellspring](#)
[Wesley Health](#)
[Westview Apartments](#)

Schenectady County – Government Agencies

[Access VR \(formerly VESID\)](#)
[Capital District Psychiatric Center](#)
[Capital District Transportation Authority \(CDTA\)- Access Transit](#)
[Capital District Transportation Authority \(CDTA\)- STAR Program](#)
[Capital Region Workforce Development Board/ Career Central](#)
[Glenville Senior Center](#)
[Niskayuna Senior Center](#)
[NYS Commission for the Blind](#)

[NYS Developmental Disabilities Planning Council](#)
[NYS Homes & Community Renewal](#)
[NYS Office for Temporary and Disability Assistance](#)
[Rotterdam Senior Citizens' Center](#)
[Schenectady County Department of Senior & Long-Term Care Services](#)
[Schenectady County Department of Social Services](#)
[Schenectady County One-Stop Center](#)
[Schenectady County Public Health Services](#)

Schenectady County – Not-for-Profits and Other Agencies

[Alliance for Positive Health](#)

[All Metro Healthcare](#)

[American Cancer Society- Road to Recovery](#)

[Belvedere Health Services](#)

[Bethesda House](#)

[Birthright of Schenectady](#)

[Boys & Girls Clubs of Schenectady](#)

[Brookdale East Niskayuna](#)

[Brookdale Niskayuna](#)

[Capital Counseling](#)

[Capital District Center for Independence](#)

[Capital District YMCA](#)

[CareGivers](#)

[Carver Community Counseling Services \(518-382-7838\)](#)

[Catholic Charities](#)

[Catholic Charities Community Maternity Services](#)

[Catholic Charities Senior & Caregiver Support Services](#)

[Catholic Charities Transportation Department](#)

[Center for Disability Services](#)

[Centers Health Care Schenectady Center](#)

[City Mission of Schenectady](#)

[CAPTAIN Community Human Services](#)

[Centro Civico/Ibero-American Action League](#)

[Conifer Park](#)

[Consumer Directed Choices](#)

[Cornell Cooperative Extension Schenectady County](#)

[Depaul Housing Management](#)

[Early Childhood Education Center](#)

[Eddy Senior Living](#)

[Edison Senior Apartments](#)

[Ellis Residential & Rehabilitation Center](#)

[Glendale Home](#)

[Greatdays at Daughters of Sarah](#)

[Healthy Alliance](#)

[Heritage Arms Retirement Community \(518-372-5987\)](#)

[Heritage Home for Women](#)

[Holly Manor Apartments for Seniors](#)

[Holyrood House](#)

[Home Instead Senior Care](#)

[Hometown Health Center](#)

[Ingersoll Place](#)

[Jewish Community Center of Schenectady \(JCC\)](#)

[Judson Meadows Assisted Living Center](#)

[Kingsway Arms Nursing Center](#)

[Mohawk Opportunities, Inc.](#)

[Mont Pleasant Commons](#)

[New Choices Recovery Center](#)

[Niskayuna Neighbors](#)

[Northern Rivers](#)

[Pathways Nursing and Rehabilitation Center](#)

[Planned Parenthood Mohawk Hudson](#)

[SAFE Inc., of Schenectady](#)

[Schenectady ARC](#)

[Salvation Army Schenectady Corps](#)

[Schenectady B'nai B'rith House](#)
[Schenectady Community Ministries](#)
[Schenectady Community Action Program](#)
[Scotia Mansion HFA](#)
[Southgate Apartments](#)
[St. Peter's Addiction Recovery Center](#)
[Sunnyview Rehabilitation Hospital](#)
[Umbrella of the Capital District](#)
[Visiting Nurse Service Association of Schenectady County](#)
[Washington Irving Adult & Continuing Education Center](#)
[Wildwood Programs](#)