

Executive Summary

Plan Overview and Methodology

The Safe, Accountable, Flexible, Efficient, Transportation Act: A Legacy for Users (SAFETEA-LU) was passed in 2005 and requires the establishment of locally developed, coordinated public transit-human service transportation plans as a condition for receiving funding for Federal Transit Administration (FTA) sponsored human service transportation programs.

In the Genesee-Finger Lakes Region, the December 2007 Plan was prepared by the Rochester Genesee Regional Transportation Authority (RGRTA) in coordination with GTC; the County Area Transit System (CATS) of Ontario County; not-for-profit transportation providers such as Medical Motor Services, LifeSpan, and local chapters of NYSARC; county offices of aging and human/social services departments; and the Workforce Investment Boards (WIBs) in the region.

This Plan Update aligns with existing requirements for updating the region's coordinated public transit/human services transportation plan (every four years), consistent with Federal Transit Administration circular 9070.1F.

The objective is to revisit the previous plan, update local and regional transportation needs and continue to develop a more efficient, integrated and coordinated network of service. The update expands upon initiatives currently underway and identifies additional recommendations to improve the coordination of public transportation for persons with disabilities, seniors, and low income job seekers.

The focus of the coordinated planning requirements in SAFETEA-LU is on funding programs used to sponsor human service transportation services. The three target programs include FTA Section 5310 Capital Assistance Program for Elderly Persons and Persons with Disabilities, FTA Section 5316 Job Access and Reverse Commute (JARC) and FTA Section 5317 New Freedom Program. This Plan Update seeks to examine the mobility of existing target populations, inventory existing services, and document unmet needs and gaps in the network.

Existing Conditions

In order to understand where the target populations live, where they travel, and how they get there, the first chapters of the plan examine existing conditions. These steps included a demographic analysis, a compilation of major destinations, and a listing of existing transportation providers.

Demographic Analysis and Major Destinations

The first steps in the Plan analyze demographic data from the Census at the block group level for the region. For analysis purposes, the region was divided into three subregions: the Central Region, comprised of Monroe County; the Eastern Region, comprised of Ontario, Seneca, Wayne and Yates counties; and the Western Region, comprised of Genesee, Livingston, Orleans and Wyoming counties.

Figure ES-1 Coordinated Plan Organization of Nine County Region



Data Sources: Genesee Transportation Council

The maps created in this demographic analysis process give a sense of the size, spatial distribution and growth of these populations in the nine county region. Three counties are experiencing a slow decrease in population, and most are growing more slowly than New York State or the country as a whole. Still, there are a few areas of more rapid growth in Ontario and Seneca counties. Populations are largely concentrated in the cities and towns, but high need areas emerged in more remote block groups in southern Livingston and Wyoming counties as well as in southern Yates and Seneca and eastern Wayne counties.

Existing Providers

The Plan documents a total of 104 providers across the region. Forty-four (44) of these serve the Central Region, 27 the Eastern Region, and 33 the Western Region. Eight of the nine counties in the region are served by a public transit system. Monroe County is served by the Regional Transit Service through the Rochester Genesee Regional Transportation Authority (RGRTA). Six other counties are served by the regional subsidiaries of the RGRTA - Genesee, Livingston, Orleans, Seneca, Wayne and Wyoming. Ontario County operates the County Area Transportation System independently of the RGRTA. Yates County has no public transportation, but substantial progress has been made in the last year toward establishing service through the Arc of Yates.

Each county's transit system is complemented by at least one major nonprofit transportation provider. These providers strengthen the local networks and provide service in areas or to populations that public transit is unable to serve. These nonprofits may serve geographic areas

unreached by transit or are able to provide a higher level of service, such as door-through-door, that public transit cannot provide.

In comparing areas of high need with existing providers, most areas, with the exception of Yates County, are served by fixed-route or demand-response transportation. However, these services may not be able to fill the unmet needs of these areas for a variety of reasons, including time of day, level of service needed, or service area. These unmet needs are examined in more detail later in the Plan.

Existing Coordination

Stakeholders and focus group participants in the region are generally highly aware of these unmet needs and service gaps. Many nonprofit providers often work closely with county agencies and the local transit services to share information and coordinate service on some level to begin addressing these needs. Some counties have highly coordinated systems; for instance, Livingston County employs a transportation coordinator in their Department of Social Services. Monroe County also has a strong network of nonprofits led by Medical Motor Service that together employ a mobility manager for the county. Other counties do not formally coordinate, but share information and can refer clients to the appropriate transportation services.

The health community is also involved in coordinating transportation in the region. For example, at the county level, the Yates County Health Planning Council has been working with the Yates Arc as the Arc takes steps to develop public transportation in the county. At the regional level, the Finger Lakes Health Services Agency and the SAGE Commission have named transportation as a major focus area and developed recommendations for improvement to regional transportation coordination.

New York State Medicaid Restructuring

The possible restructuring of New York State's Nonemergency Medical Transportation service delivery system has the potential to greatly affect local transportation service delivery in the Genesee-Finger Lakes Region. Medicaid transportation has been structured as a county-by-county operation in the past, but currently, the State is putting together a pilot regional service delivery model in the Hudson Valley. Local Departments of Social Services do not know how such a restructuring will affect their service delivery models and thus their ability to coordinate at the county level if the state decides to regionalize Medicaid delivery systems in the Genesee-Finger Lakes Region in the coming years.

Unmet Needs and Service Gaps

Within the nine-county region, there is quite a variety in levels of existing coordination efforts; yet several consistent themes across the study area arose from research in this study. Feedback from stakeholder interviews, focus groups, the background document review, and the provider survey were all utilized to compose the discussion of unmet needs and service gaps. The primary themes are summarized below:

- **Information** –Members of the public and professionals alike are unaware of many transportation programs available to them or to their clients.
- **Geography** – Rural areas are very difficult to serve because of the long distances between points and low densities of residents.

- Crossing County Borders – Some regulatory and coordination factors make cross-county trips challenging.
- Dialysis Transportation – Many clients and agencies have problems scheduling dialysis appointments at times that allow them to use public transportation modes. This is especially true for those without a dialysis clinic in their county. As a result, dialysis trips can be very long and very expensive for an individual or a funding agency.
- Door-through-door Level of Service - Public demand response systems are not able to provide assistance to riders with heavy bags or who need additional support getting from the curb into their destinations. Some nonprofit and private providers do provide this level of service, but some counties lack a provider able to assist door-through-door.
- Employment Transportation – For many individuals, public transportation is not an option for work. The issue is primarily the hours of operation; most public transportation begins too late to accommodate early shifts and/or ends too early to accommodate later shifts.
- Non-Medicaid Medical Trips – If individuals do not qualify for Medicaid or are not clients of organizations that provide or sponsor transportation, transportation options are very limited.
- Regional Medical Trips – Trips to Rochester, Syracuse, Buffalo, and other nearby urban centers can be very difficult to serve, especially for non-Medicaid populations.
- Staff Time/Funding – Carving out time to focus on coordinating transportation is difficult to nearly impossible for most county staff.

Strategies for the Region

Seventeen (17) strategies for the Genesee-Finger Lakes Region were devised to address the unmet needs and gaps identified in this plan. Strategies range from short-term local initiatives to long-term regional projects and cover a range of modes, populations, policies, and investments. It is important to note that while these strategic initiatives are new to the region, improvements to the quality and effectiveness of existing specialized transportation services and volunteer transportation services in areas where public transit is not sufficient or appropriate is one of their key benefits. As such, the continued support for and support for the continuous improvement of, existing services is integral to their success.

Figure ES-2 Summary of Strategies

The following summarizes potential strategies that will help improve mobility for older adults, persons with disabilities and persons with low incomes.

	Strategy	Strategy Overview
1	Continuation of Support to Existing Services	The Genesee-Finger Lakes region has a strong network of existing providers that fill gaps in the transportation systems where public transit is not able to provide sufficient service. Supporting these organizations, including specialized services and volunteer programs, should remain a priority for meeting regional needs.
2	Bus Stop Improvements	Provide bus shelters and other amenities at bus stops, transit hubs or transfer points.
3	Centralized Call Centers	As a complement to the county mobility manager (#5), a centralized call center puts information access for all county transportation operations in one place, with one phone number for residents to call to schedule a ride.
4	Centralized Resource Directory	Centralized resource directories are very helpful to consumers, human service agency staff, and advocates who need to find and/or arrange transportation for members of the target populations (low income, seniors, and persons with disabilities) online.
5	County Mobility Managers	A mobility manager could be an individual, a group of individuals or an organization that provides a wide variety of mobility management functions for consumers, human service agency staffs, and/or for community transportation providers.
6	Facilitate New Partnerships	Partnerships with private or other nonprofit organizations can increase ridership as well as provide sponsorship for transit routes. Examples of Arc partnerships exist in Upstate. Other partnerships with private employers and retailers, such as grocery stores and farms, can also be pursued.
7	Innovative Transit Service Designs	Provide fixed route/ fixed scheduled bus service designed to serve senior destinations by improving proximity of bus stops. Neighborhood scale vehicles are used to navigate smaller roads and to be able to access the front entrances of senior-oriented facilities and shopping destinations. Open to all with emphasis on seniors.
8	Job Access Strategies	Create and operate specialized transportation services to create direct links between neighborhoods/parts of counties and key hard to reach employment markets

	Strategy	Strategy Overview
9	Marketing and Information Campaigns	In many areas there is a lack of awareness and/or a negative perception of available public transportation services. In conjunction with a directory of services (#4), a marketing campaign can begin to change awareness and attitudes.
10	Regional and County Coordinating Councils	Create focal points for coordination and mobility management activities. Regional and County coordinating councils could assist in implementing the regional- and county-scale recommendations included in this plan and assist and encourage the implementation of local initiatives.
11	Regional Mobility Management Network	Create a training and support network for county mobility managers in the region. Training could provide mobility managers with background skills and networking opportunities. Network could at first facilitate information sharing, but could eventually become a regional body coordinating rides and other resources.
12	Regional Technology Network	Equip county transportation networks with technology to link all into a regional network. This network could be used primarily as an information resource for other counties or as a tool for coordinating shared rides.
13	Senior Transportation Network	Support efforts to establish a network of seniors interested in paying for high quality, door-to-door service through a membership organization to which seniors pay dues.
14	Taxi Subsidy Programs	Provide reduced fare vouchers to older adults, persons with disabilities and persons with low incomes to allow for more trip flexibility and increased travel coverage as needed; may also be used to support off-peak employment opportunities. Encourages use of lower-cost travel modes and supports expansion of accessible and community car fleet.
15	Transit Service Expansion and Improvements	Create new services and/or expand existing services to provide service to new areas, expand service hours and/or expand options in area with limited service. New/expanded services may include new options for late-night or weekend service. Build on opportunities to coordinate existing services to maximize efficiency and ridesharing.
16	Travel Training	Design programs to train individuals to use fixed-route and/or dial-a-ride public transit. Increasing use of public transit will increase mobility for individual and reduce reliance on higher cost transportation modes.
17	Volunteer Driver Program	Set up a network of volunteer drivers to help transport individuals with special needs or those traveling longer distances. Strategy may be most effective in more rural parts of the Genesee-Finger Lakes Region.

As a final step for this Plan Update, key stakeholders and steering committee members identified priority strategies. These strategies fall into the three categories listed below:

- **Regional and County Mobility Management:** including information sharing, inter-county operations, and scheduling/ridematching technology improvements. The short-term should focus on individual County mobility managers; as more County-level mobility managers or transportation coordinators are put in place, this should expand to a regional network.
- **Information:** Marketing and information campaigns are needed to welcome new riders into the system, while making it easy for them to figure out and use the system. These campaigns should include multiple languages. Travel Training and Bus Buddies are low cost programs that could be implemented immediately. These should be coupled with training riders to go to multiple destinations on one trip.
- **Service Improvements:** Though budgets are constrained at every level of government, demand for transit service is growing as are effective service delivery options. As a result, providers need to remain vigilant for opportunities to expand services where needed in order to meet the needs of an increasingly elderly and diverse population. Long-term focus should be on both medical and non-medical (social and shopping) trips. Where new services are needed, they should only be implemented if sustainable funding structures can be identified.