GENESEE-FINGER LAKES REGION

COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN UPDATE

AUGUST 2021

GTC

Table of Contents

Table of Figures

INTRODUCTION

Coordination between public transportation and human service transportation providers received increased attention when the Safe, Accountable, Flexible, Efficient, Transportation Act: A Legacy for Users (SAFETEA-LU) was passed in 2005. This Act required 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. The concept behind coordination is that by working together to streamline aspects of service delivery, and/or jointly managing or administering disparate programs, human service transportation systems overall can become more productive, efficient and effective.

Subsequently, the Fixing America's Surface Transportation Act (FAST), was signed into law on December 4, 2015 and carries forward previous federal requirements for the adoption and periodic update of locally developed, coordinated public transit-human service transportation plans. Coordinated plans identify the transportation needs of individuals with disabilities, seniors, and people with low incomes; provide strategies for meeting those local needs; and prioritize transportation services and projects for funding and implementation. FTA Circular 9070.1G (issued June 6, 2014) provides specific guidance on the content, process, and the timelines for adoption and updating of the Coordinated Plans. FTA requires that a coordinated plan must be developed "through a process that includes participation by seniors, individuals with disabilities, representatives of public, private and nonprofit transportation and human service transportation providers, and other members of the public." The circular further states that "while the plan is only required in communities seeking funding under the Federal Transit Administration's *Enhanced Mobility for Seniors and individuals with Disabilities Program* (Section 5310), a coordinated plan should incorporate activities offered under other programs sponsored by federal, state, and local agencies to greatly strengthen its impact."

More than five years after the passage of the FAST act and fifteen years since the adoption of SAFETEA-LU, municipalities and regions continue with focused efforts to implement and/or address barriers to coordination. Genesee Transportation Council (GTC) seeks to update the 2011-adopted *Genesee-Finger Lakes Region Coordinated Public Transit-Human Services Transportation Plan* and its 2016 Addendum to ensure that the region's coordinated plan remains a viable guide to project selection under FTA Section 5310 as well as to advance related coordinated planning initiatives throughout the nine-county Genesee-Finger Lakes Region. This region, encompassing approximately 4,700 square miles and with a population of approximately 1.2 million people, includes Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates Counties.

The primary objective of this document is to revisit the previous plan and addendum, understand contemporary local and regional transportation needs, and continue to work toward a more efficient and coordinated network of service. The planning process intends to enhance the framework for future regional coordination efforts and project implementation.

Methodology

SAFETEA-LU and the FAST Act prescribed a clear process for developing a coordination plan. Plans must be based on locally identified needs and prioritize projects and services for funding and implementation. Federal guidance requires that projects selected for FTA funding be derived from a coordinated public transit-human service plan that, at a minimum, consists of the following elements:

- An inventory of available services that identifies current transportation providers
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes
- Strategies, activities and/or projects that address the identified gaps between current services and needs and identify opportunities to improve efficiencies in service delivery
- Priorities for implementation based on resources, time, and feasibility for implementing specific strategies and/or activities identified

GTC staff developed a methodology to update the *Genesee-Finger Lakes Region Coordinated Public Transit-Human Services Transportation Plan* that adheres to previously described federal processes. The update also compares demographic information, available services, and assessed needs to conditions observed during previous plan development to best note trends and identify potential future needs and service gaps. The methodology approaches the plan update via the following major steps:

- Assembly of and collaboration with an advisory committee comprised of county representatives and regional stakeholders. The committee is tasked with reviewing study material and work products before providing comments and proposed revisions. Subsequent steps will describe specific involvement of the committee, which is comprised of the following members:
  - Rochelle Bell – Senior Associate Planner, Monroe County
  - Angela Ellis – Deputy County Administrator, Livingston County
  - Amy Haskins – Director of Aging & Youth, Wayne County
  - Irene Coveny – Director, Ontario County Office for the Aging
  - Melissa Blanar – Director, Orleans County Office for the Aging
  - Harriet Haynes – Senior Planner, Seneca County
  - Maureen Estabrooks – Aging Services Specialist, Genesee County
  - John Prospero – Director of Transportation, The Arc of Livingston-Wyoming
  - Zack Housworth – Aging and Nutrition Services Director, Pro Action of Steuben and Yates
  - Jason Haremza – Senior Planner, Genesee-Finger Lakes Regional Planning Council

- ○ Julie Boasi – Director of Service Planning, Rochester-Genesee Regional Transportation Authority

  - ○ Melissa Pennise – Associate Director of Strategic Initiatives, Common Ground Health

- Updating the regional inventory of existing transportation services and service providers. Information for this inventory was collected from the 2016 addendum, mobility management materials from certain counties, and through a review by members of the advisory committee.

- A spatial analysis of updated regional demographics comparing most recent percentages and densities of disadvantaged populations to data indicative of the period during the last full plan update.

- An inventory and mapping, followed by an assessment of need versus location, of the most desired destinations of users of specialized transportation services. Destinations include all:

  - ○ Government Sponsored Human Services Offices

  - ○ Senior Centers

  - ○ Congregate Meal Sites

  - ○ Full-Service Grocery Stores

  - ○ Hospitals and Dialysis Centers

  - ○ Primary Medical Care Facilities

  - ○ Banks

  - ○ Pharmacies

- Stakeholder interviews that engage service providers, human service agency staff, representatives from the medical community, and others from each county within the region. Advisory committee members reviewed and proposed revisions to the standard question set. Synthesis of these first-hand experiences greatly informs the identification of needs, service gaps, and coordination opportunities.

- Development of a set of strategies, activities, projects within the framework of a draft plan.

- Re-engaging the advisory committee and stakeholders to vet potential strategies and help the region prioritize projects for funding and implementation.

- Revision based on committee comments and stakeholder recommendation priority and finalization of the plan document.

DEMOGRAPHIC PROFILE

Per federal surface transportation authorization coordinated planning requirements, the plan must assess transportation needs for individuals with disabilities, older adults, and people with low incomes. The first step in this assessment includes spatial data analysis to better understand the size, location, and density of these populations most likely to utilize specialized transportation services. The demographics analysis will quantify and compare target population distributions within the region as well as to the entire State of New York and the United States. Contemporary data, referred to as the 2019 estimate, is sourced from the U.S. Census Bureau's American Community Survey (ACS) 2015-2019 five-year estimate at the block group scale.[1] Comparisons to older data refer to the ACS 2007-2011 five-year estimate unless otherwise cited.

Certain changes have been introduced into the latest demographic analysis. While the 2011 Plan and 2016 Addendum defined seniors as adults 65 years old or older, the 2021 Update quantifies adults 60 years of age or older due to observations made regarding eligibility for transportation and community meal services during the service provider inventory process. Parameters regarding persons with disabilities in previous plan updates were unclear. The analysis in this plan examines solely those with disabilities aged 20 to 64. Previous plan updates studied low-income individuals, whereas the 2021 Update evaluates low-income households, defined as household income below the household poverty line. Finally, the 2021 Update restores consideration of households with no private vehicle access, a target population that was included in the 2011 Plan, but not investigated in the 2016 Addendum.

As in the 2011 analysis, a composite needs index is calculated for each block group. The composite needs index combines the density of older adults, persons with disabilities, low-income households, and no vehicle households to determine the level of likely specialized transportation demand. As each demographic map divides block groups into quintile brackets, points are assigned to each block group based on the concentration of each target population. The points are aggregated, and brackets created, to indicate levels of composite need.

Also, like the 2011 Coordinated Plan, the 2021 Coordinated Plan divides the larger region into three sub-regions to improve legibility of demographic spatial analysis. Monroe County comprises one sub-region. The Eastern Sub-Region contains Wayne, Ontario, Yates, and Seneca counties while the Western Sub-Region covers Orleans, Genesee, Wyoming and Livingston counties. The color breaks of demographic maps are consistent between regions within each category of disadvantaged populations. Additionally, the units of measurement of all demographic maps are normalized by square mile to make areas of need outside of the primary metropolitan area more visible. While population density will continue to play a part in the identification of strategies to address regional need, this approach avoids over consideration of sheer magnitudes.

---

[1] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Tables B01001, B17017, B23024, and B25044.
https://data.census.gov/cedsci/

Demographics: Key Findings

- People over the age of 60 comprise about 24 percent of the region's population, an increase of about 5 percent from 2011.

- Across the region, persons aged 20 to 64 with disabilities increased by 1.4 percent since 2011.

- In Monroe County, approximately 175,000 people (23.5 percent) of residents are over 60 years old. This accounts for over half of the total regional population of 60-plus residents.

- In Monroe County, as of 2019, there were 53,106 disabled non-senior adults (between 20 and 64 years of age) or 12.3 percent of the county's population.

- 11.3 percent of Monroe County's households do not have access to a car. This comprises approximately 70 percent of the region's car-free households. The concentration of households with no vehicle generally aligns with that of low-income households.

- In the Western Sub-Region (Genesee, Livingston, Orleans, and Wyoming Counties), approximately 50,000 people are over 60 years old. This accounts for about 17 percent of total regional population of 60-plus residents.

- In the Western Sub-Region, there are 13,468 disabled non-senior adults (between 20 and 64 years of age) or 11.8 percent of the population.

- In the Western Sub-Region, 7.7 percent of households were car-free; this accounts for approximately 13 percent of the regional car-free households.

- In the Eastern Sub-Region (Ontario, Wayne, Seneca, and Yates Counties), approximately 68,000 people are over 60 years old. This accounts for about 23 percent of total regional population of 60-plus residents.

- In the Eastern Sub-Region, there are 16,989 disabled non-senior adults (between 20 and 64 years of age) or 11.7 percent of the population.

- In the Eastern Sub-Region, 7.7 percent of households were car-free; this accounts for approximately 17 percent of the regional car-free households.

- Generally, throughout the region, there is a need for transportation services for elderly, disabled, and low-income residents in city and village centers. This need is pronounced in the City of Rochester.

Regional Overview

Compared to the 2011 estimate, the 2019 population estimate for the Genesee-Finger Lakes Region shows a slight decline of less than one percent from 1,214,716 to 1,205,380. This decline comes while New York State's population rose by 1.4% over the same period. When examining change at the county level, seven of the nine, with the exceptions of Ontario and Monroe Counties, experienced population decline. Decline as a percentage was led by Orleans County (4.9%) while Wyoming, Wayne, and Genesee Counties also shrank by more than three percent.

As the regional population has largely stagnated, the proportion of older adults has grown significantly. Those 60 years of age of older now comprise over 24 percent of the total population versus approximately 19 percent in 2011. Likewise, the regional share of persons aged 20 to 64 with disabilities has increased from 10.7 percent to 12.1 percent during the same timeframe. The percentage of regional households whose income falls below the poverty line has remained steady (12.6%) while the percentage of regional households who lack access to a vehicle increased to almost 10 percent (9.9%).

The changes within the target populations signal increased demand for human services transportation. Subsequent sub-chapters will further examine these shifts at the sub-region and county level.

Monroe County

Monroe County, which includes the City of Rochester, is the metropolitan center of the Genesee-Finger Lakes Region. Monroe County has an estimated total population of 743,341 according to 2019 American Community Survey estimates, a slight increase of less than 600 people over 2011 estimates. As was the case in 2011, over 60 percent (62%) of residents of the Genesee-Finger Lakes Region live in Monroe County.

Census Bureau estimates state that 23.5 percent of Monroe County residents are 60 years of age or older, lower than the level across the nine-county region (24.3%), and the lowest of any single county within the region despite exceeding statewide (22.4%) and nationwide (21.8%) percentages of older adults. Monroe County is home to over 53,000 persons with disabilities aged 20 to 64, 12.3 percent of the population of that age group. This percentage is comparable to the nine-county region (12.1%), but far exceeds state (9.0%) and national (10.4%) figures. Monroe County is home to the highest concentration (13.7%) in the region of households whose annual income is below the poverty line, comparable to the state average (13.9%). Residents of Monroe County are less likely to have access to a private vehicle than those across the entire region. The concentration of Monroe County households without vehicle access (11.3%) outnumbers all other counties of the region except Yates.

Older Adults

The American Community Survey estimates that there are just over 175,000 adults aged 60 or older living in Monroe County, more than half of the regional senior population. The number of seniors represents an increase of almost 32,000 from the 2011 estimate when adults 60 or older accounted for 19.3 percent of the county population. As seen in Figure 1, high concentrations of older adults live throughout the county. Block groups containing the highest density, greater than 1,168 per square mile, are found in Greece, Brighton, Irondequoit, Gates, Chili, Webster, Penfield, Henrietta, and East Rochester. Highest densities are pronounced in all quadrants of the City of Rochester.
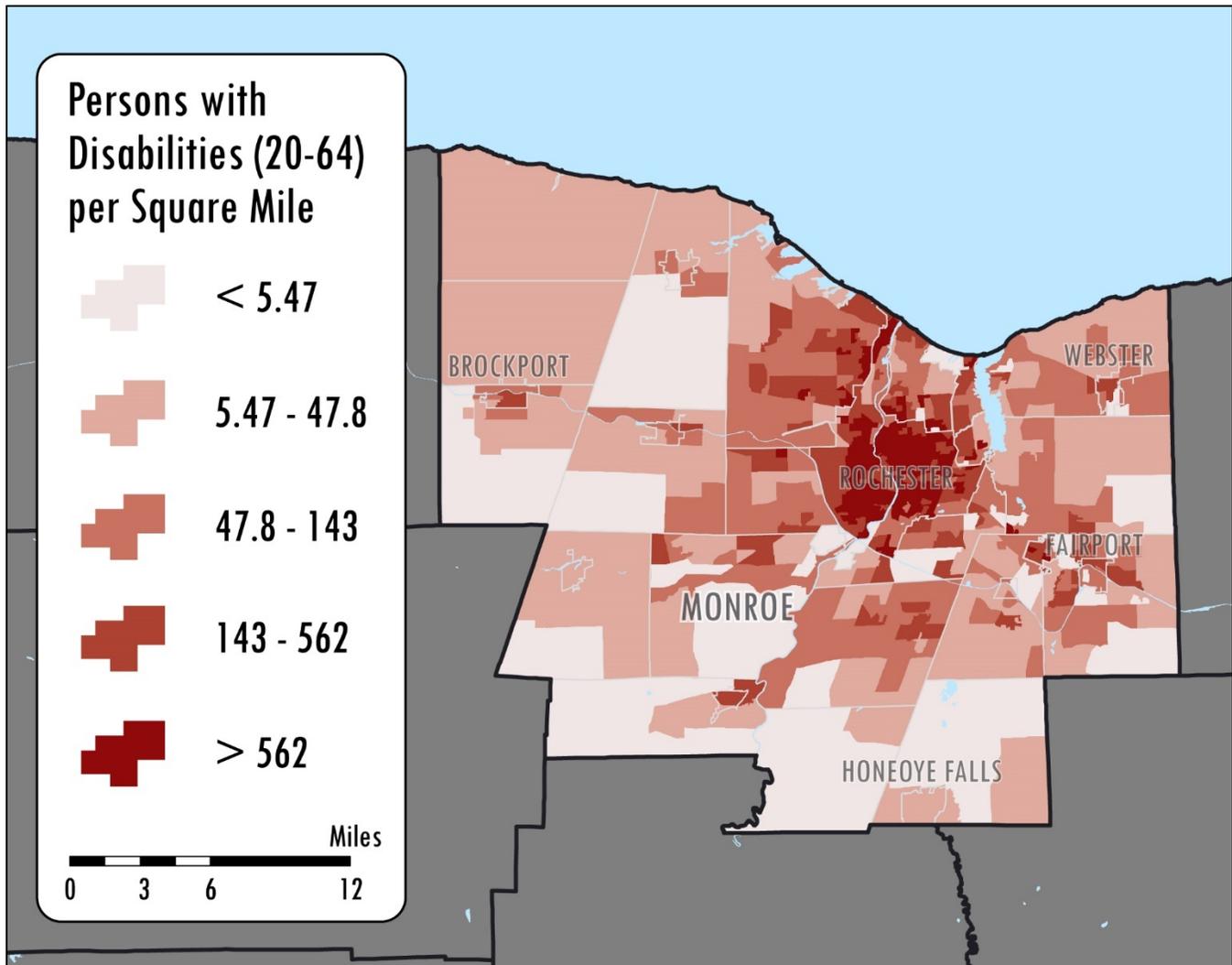
Figure 1 - Density of Persons Aged 60 or Over – Monroe County
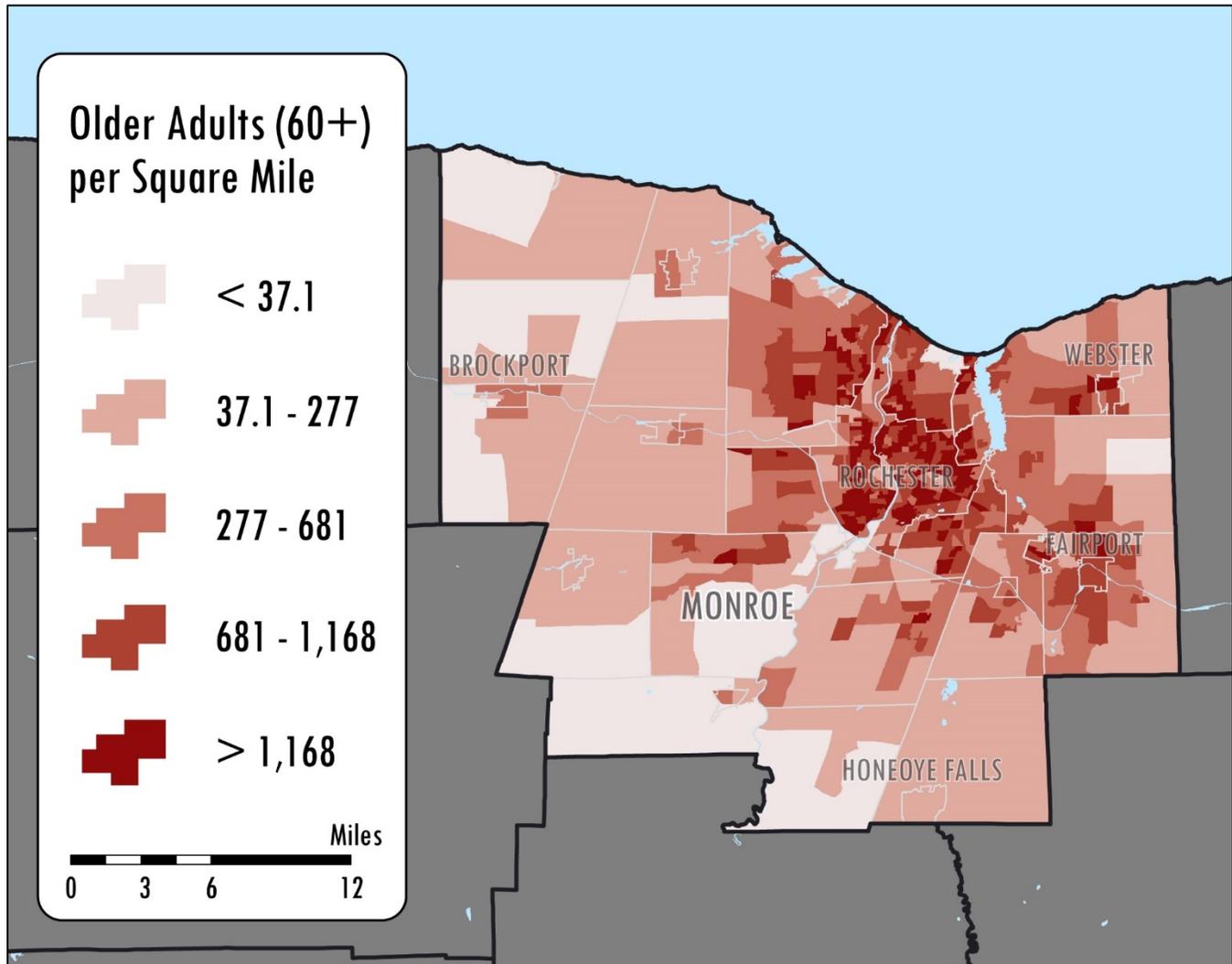
Persons with Disabilities

Like the rising number of older adults, the number of persons with disabilities aged 20 to 64 increased substantially compared to levels described in the 2011 Coordinated Plan. The 2019 estimate of 53,106 disabled non-senior adults is an increase of over 6,000 from the 2012 estimate and raises the percentage from 10.7 to 12.3. The highest densities of non-seniors with disabilities are far more concentrated than the density of seniors, almost exclusively within the City of Rochester.

Figure 2 – Density of Persons with Disabilities Aged 20-64 – Monroe County

Low Income

The proportion of households with income below the poverty line has neither increased nor substantially decreased since the 2011 ACS Estimate. The sheer number, however, over 41,000 households, remains significant. As previously stated, Monroe County is home to the most and the highest percentage of low-income households in the region. Like the spatial distribution of persons with disabilities, the highest densities of low-income households are concentrated within the City of Rochester, though certain block groups in suburban towns and villages are also home to dense clusters of households with income below the poverty line.

Figure 3 – Density of Households Below the Poverty Line – Monroe County
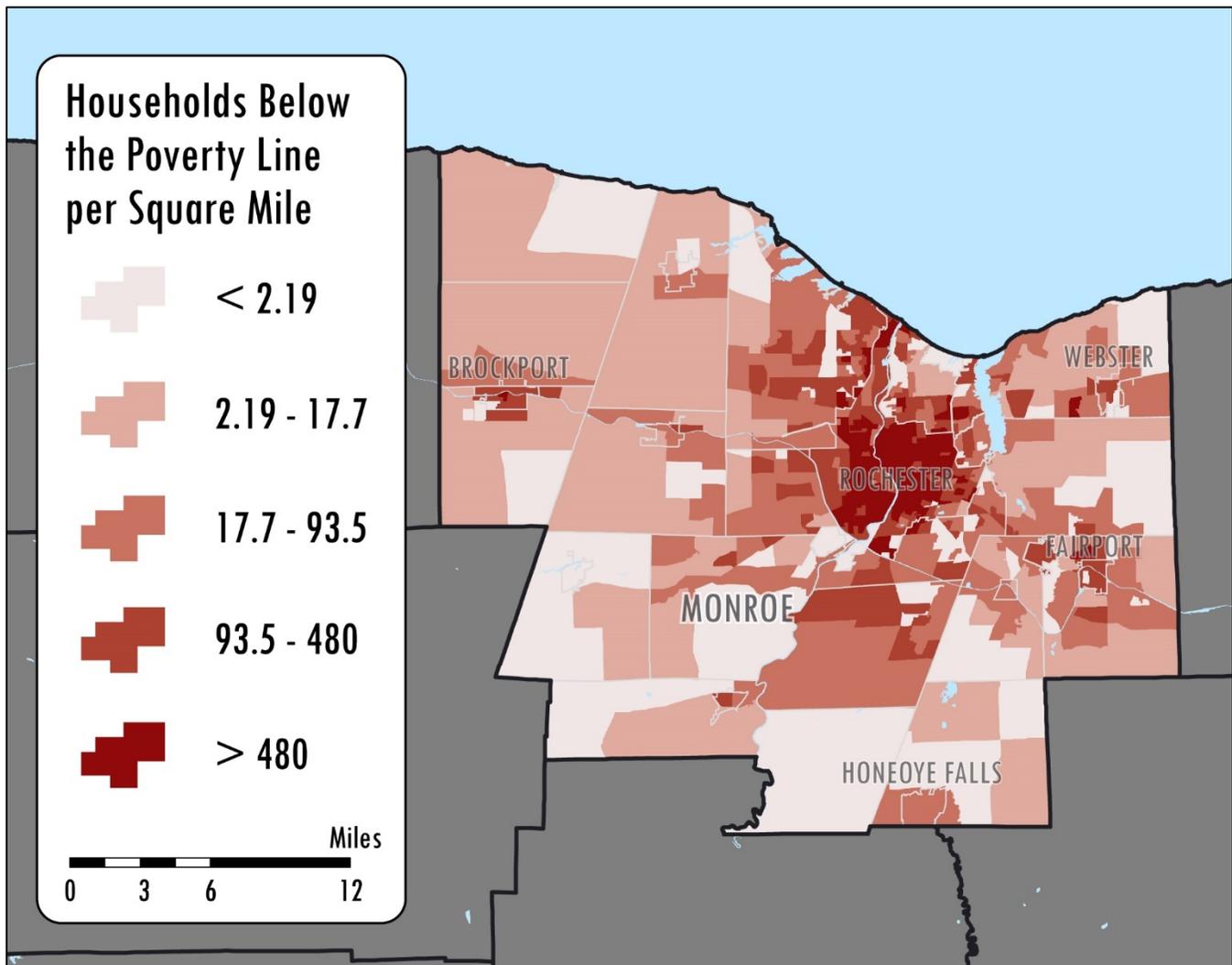
Vehicle Access

Mirroring trends in the proportion of household income below the poverty line, the percentage of households without access to a vehicle in Monroe County has remained virtually unchanged since prior plan updates. Over 34,000 car-free households represent 11.3 percent of Monroe County households and over 70 percent of the region's car-free households. This speaks to fundamental questions of access and equity since the dominant mode of transportation, the personal vehicle, has had profound influence on the locations of basic goods and services.

Spatially, high concentrations of households with no vehicle available form a pattern similar to the concentration of low-income households. For many, the high annual cost of vehicle ownership, which averages $9,282,[2] is a prohibitive determining factor with respect to private vehicle access.

Figure 4 – Density of Households with No Vehicle Available – Monroe County

---
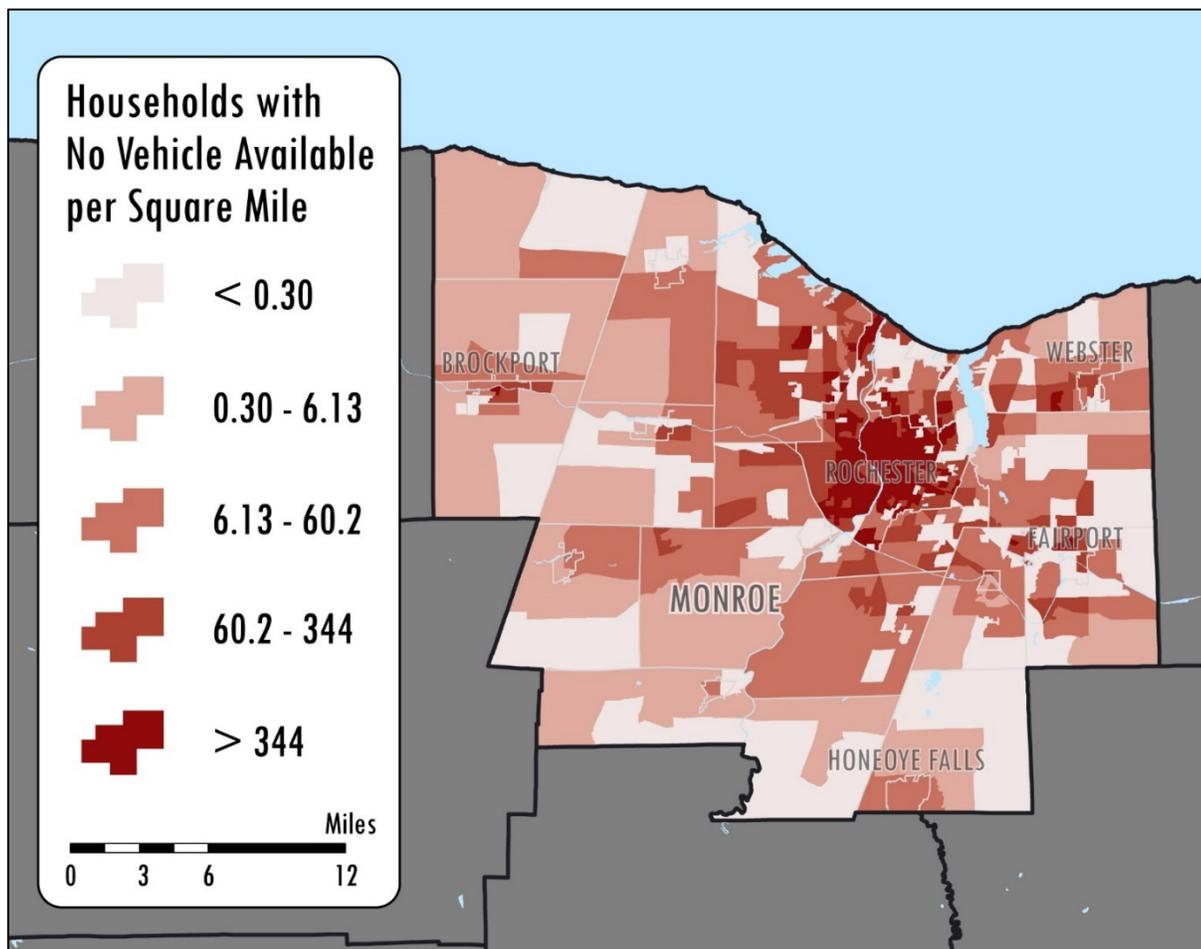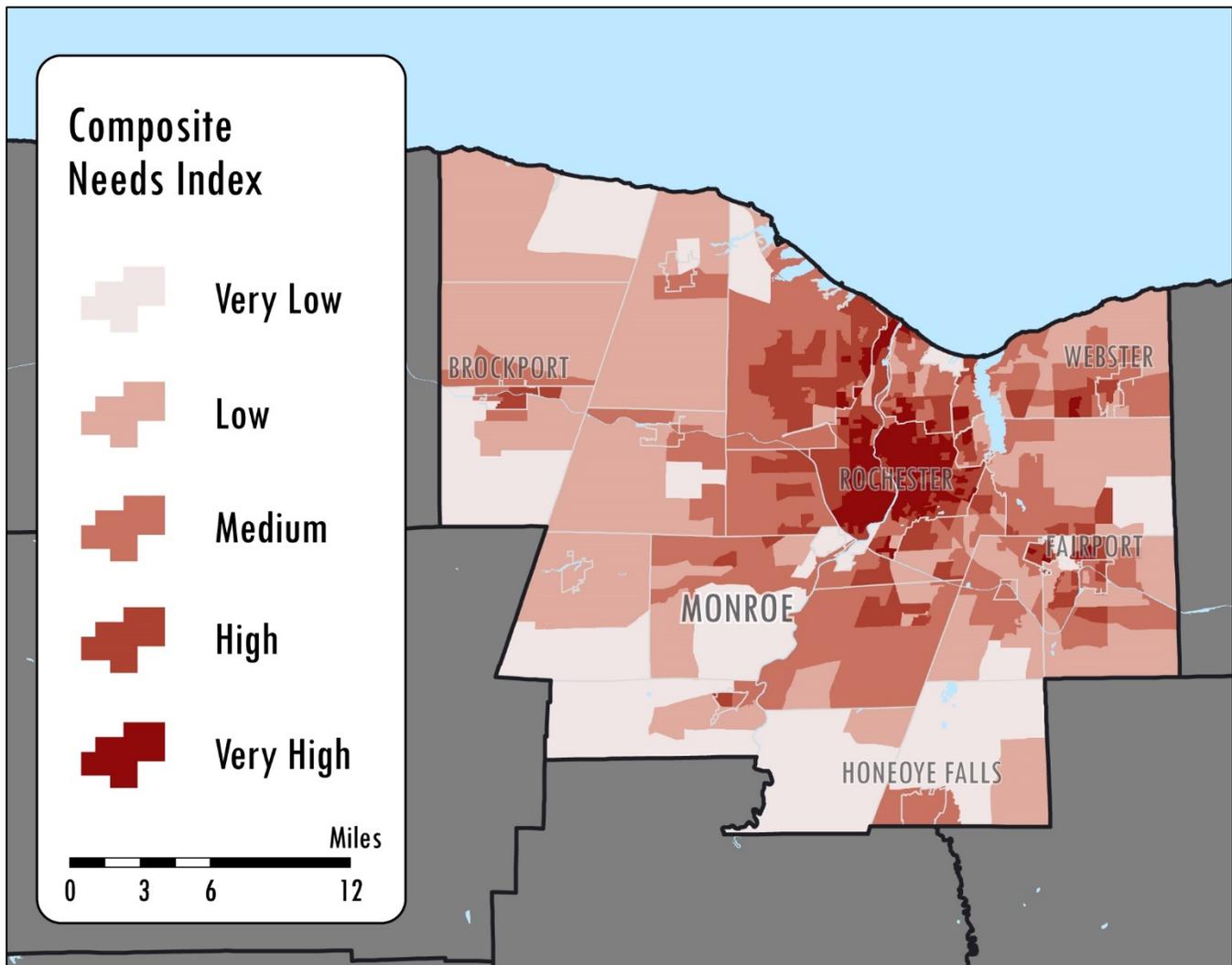
[2] Average Annual Cost of New Vehicle Ownership, American Automobile Association, 2019.
https://www.aaa.com/autorepair/articles/average-annual-cost-of-new-vehicle-ownership

Composite Needs

The Composite Needs Index, whose methodology is described in the Demographic Profile chapter introduction, combines the densities of older adults, persons with disabilities, low-income households, and those without vehicle access to determine a predicted relative level of need for each block group. The Composite Needs Index reinforces patterns observed with respect to each individual metric. While the highest needs are clearly concentrated within the City of Rochester, significant areas in suburban towns and villages exhibited moderate to high need. Specific examples of system shortcomings and service gaps will be examined in the Needs and Coordination chapter.

Figure 5 – Composite Human Services Transportation Need Index – Monroe County

Western Sub-Region

The Western Sub-Region contains Genesee, Livingston, Orleans, and Wyoming Counties. The total population of this sub-region is 202,608 according to the 2019 estimate, a decrease of almost 8,000 residents or 3.8 percent. Approximately 17 percent of residents of the larger region live in the Western Sub-Region.
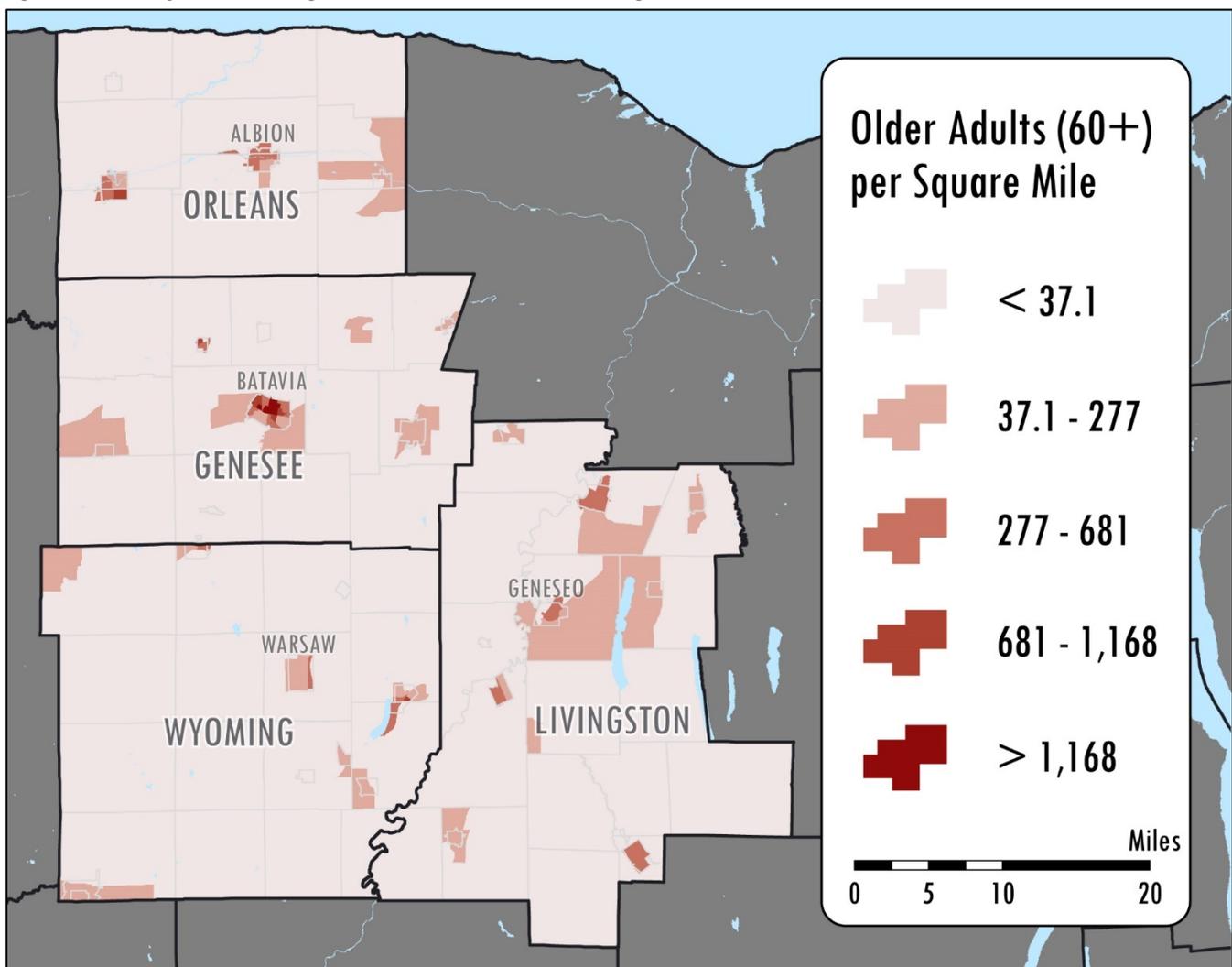
The Census Bureau estimates that 24.7 percent of residents of this sub-region are 60 years of age or older, slightly exceeding the regional average. All counties in this sub-region exceed state (22.4%) and nationwide (21.8%) percentages of older adults. The Western Sub-Region is home to approximately 13,500 persons with disabilities aged 20 to 64, 11.8 percent of the population of that age group. Like Monroe County, this percentage is comparable to the nine-county region (12.1%), but far exceeds state (9.0%) and national (10.4%) figures.

The Western Sub-Region is home to two counties, Genesee and Wyoming, where the concentration of households whose annual income is below the poverty line (11.0% and 10.2% respectively) is markedly lower than the larger regional average (12.6%). Numbers in Livingston (12.8%) and Orleans (12.9%) slightly exceed those of the region.   Residents of each county of the Western Sub-Region are more likely to have access to a private vehicle than those in Monroe or Yates Counties though rates of households with no vehicle access in Genesee (8.4%) and Orleans (8.5%) Counties exceed the sub-regional average (7.7%).

Older Adults

Estimates state that over 50,000 adults aged 60 or older live in the Western Sub-Region, 17 percent of the senior population of the entire region. The number of seniors represents an increase of almost 8,000 from the 2011 estimate when adults 60 or older accounted for 20 percent of the sub-regional population. Seniors now make up 24.7 percent of the sub-region as the percentage of seniors in each sub-regional county increased by 4 to 5 percent. Figure 6 displays the concentrations of older adults throughout the Western Sub-Region. Portions of the City of Batavia contain the highest density, greater than 1,168 per square mile. Other high-density concentrations are found in small areas of the Villages of Medina, Oakfield, and Perry.

Figure 6 – Density of Persons Aged 60 or Over – Western Sub-Region

Persons with Disabilities

Like Monroe County, the number of persons with disabilities aged 20 to 64 in the Western Sub-Region increased substantially since the 2012 Estimate. The 2019 estimate of 13,468 disabled non-senior adults is an increase of almost 1,000 and raises the percentage within that age group from 10.5 to 11.8. The increase is most acutely observed in Livingston, Genesee, and Wyoming Counties while Orleans County conversely experienced a decrease of 315 disabled non-senior adult residents, in line with their overall population decrease. The highest densities of non-seniors with disabilities are again found within the City of Batavia while high densities are observed in Medina, Albion, Oakfield, Warsaw, Perry, Mt. Morris, and Dansville.
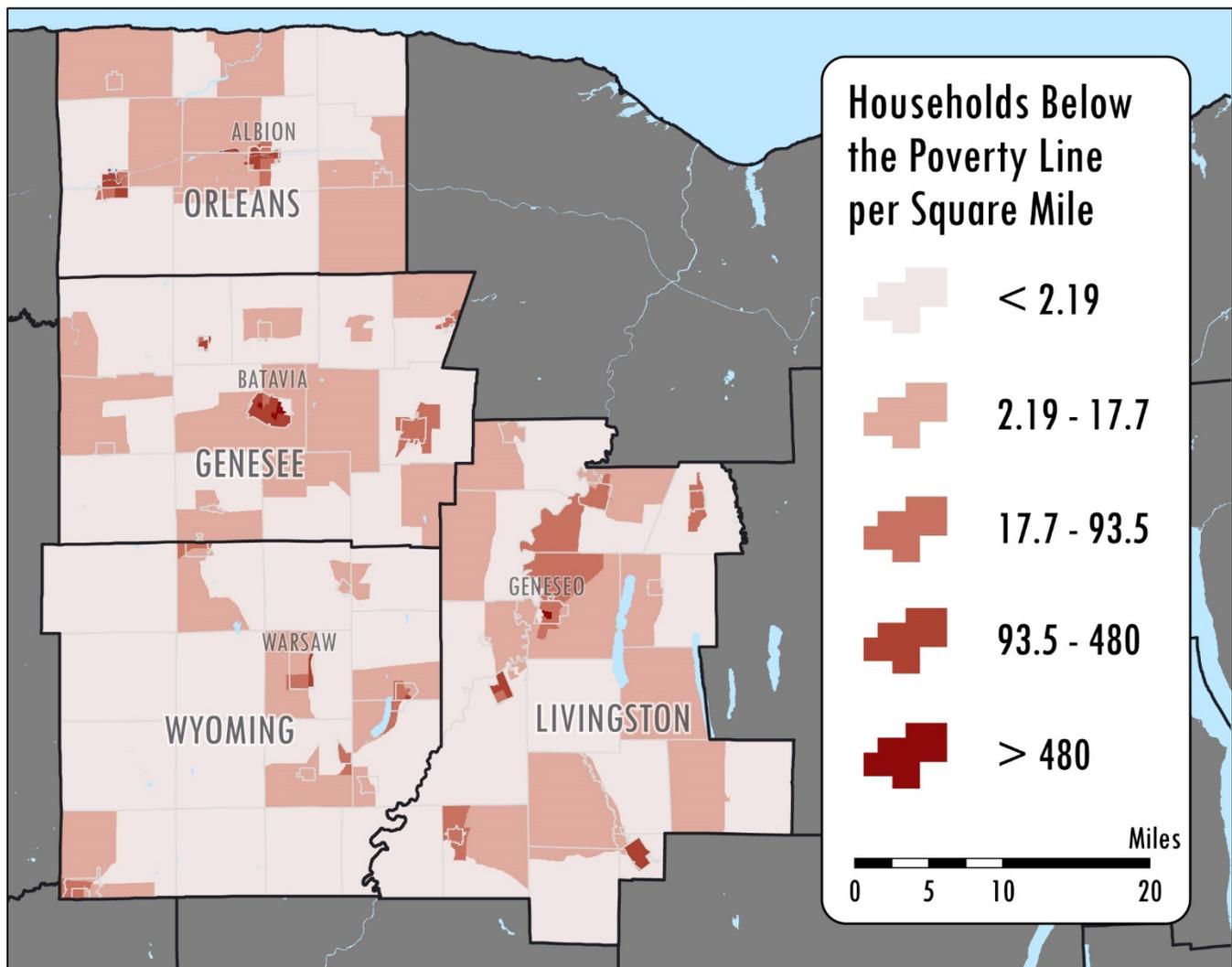
Figure 7 – Density of Persons with Disabilities Aged 20-64 – Western Sub-Region
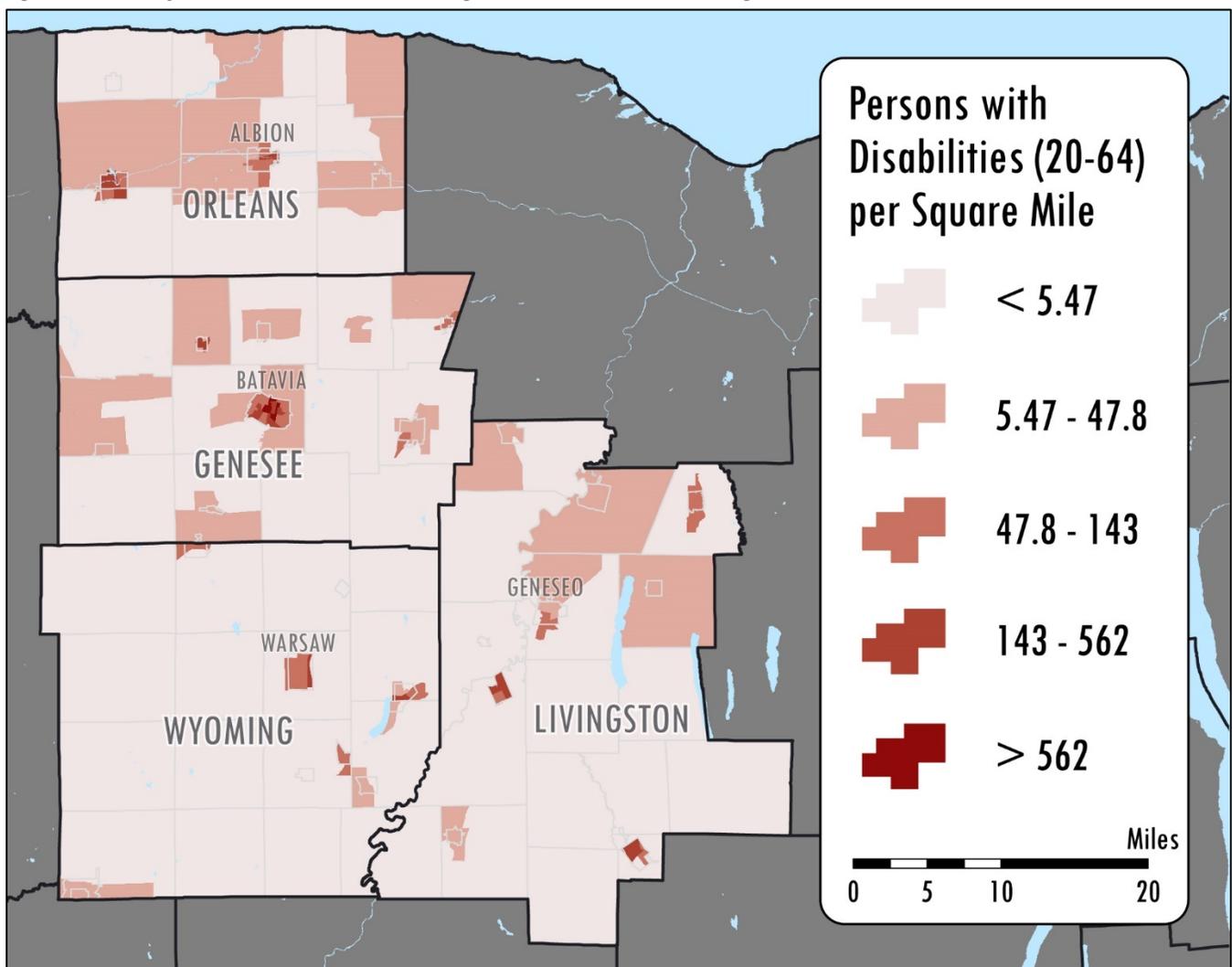
Low Income

While the population of all counties of the Western Sub-Region decreased, the number of low-income households diverged according to county. Wyoming County saw little change in magnitude or percentage, while Livingston and Orleans Counties experienced significant recent increases in the number and percentage of low-income households. At 12.8 and 12.9 percent respectively, Livingston and Orleans Counties are home to a greater proportion of households whose income does not exceed the poverty line than the region as a whole. By contrast, Genesee County experienced a significant reduction in both the number – 2,621 versus 2,976 – and percentage (11.0% versus 12.4%) of low-income households. Densities of low-income households comparable to the highest found in the larger region are only found in Batavia and Geneseo. Densities that correspond to relatively high need can be found in Medina, Albion, Oakfield, Warsaw, Perry, Mt. Morris, and Dansville.
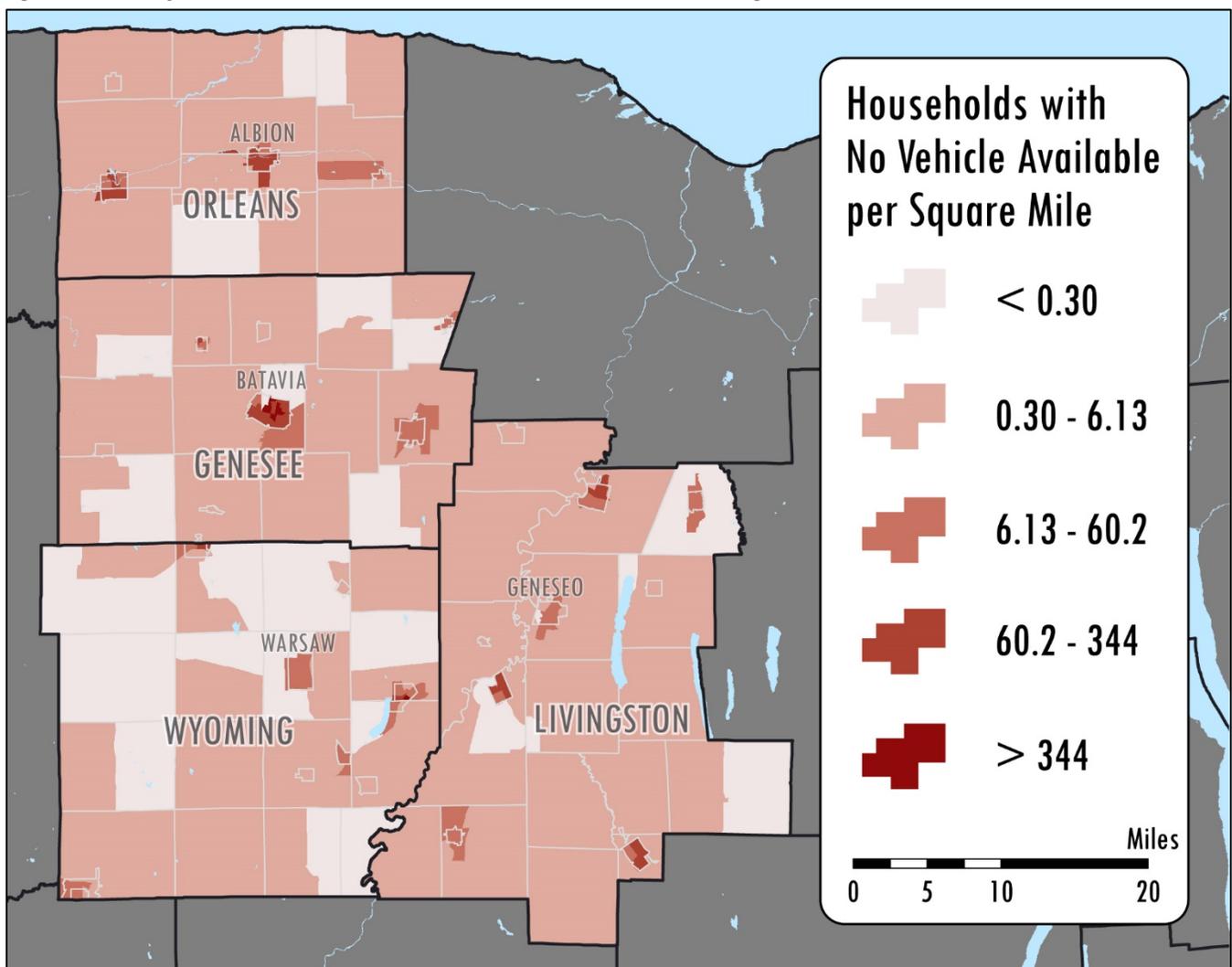
Figure 8 – Density of Households Below the Poverty Line – Western Sub-Region

Vehicle Access

While trends related to income were split in Western Sub-Region counties, the percentage of households without access to a vehicle in each county of the sub-region rose steadily between census estimates. Car-free households are up from 6.4 percent in 2011 to 7.7 percent in 2019 though this accounts for only 13 percent of the larger region's car-free households. Nevertheless, a population exists that is likely to experience issues related to accessing basic goods and services. Portions of the City of Batavia and a small area within the Village of Perry exhibit household vehicle access rates comparable to the highest rates in the region. The Villages of Medina, Albion, Oakfield, Avon, Mt. Morris, and Dansville contain areas where lack of household vehicle access is above average.
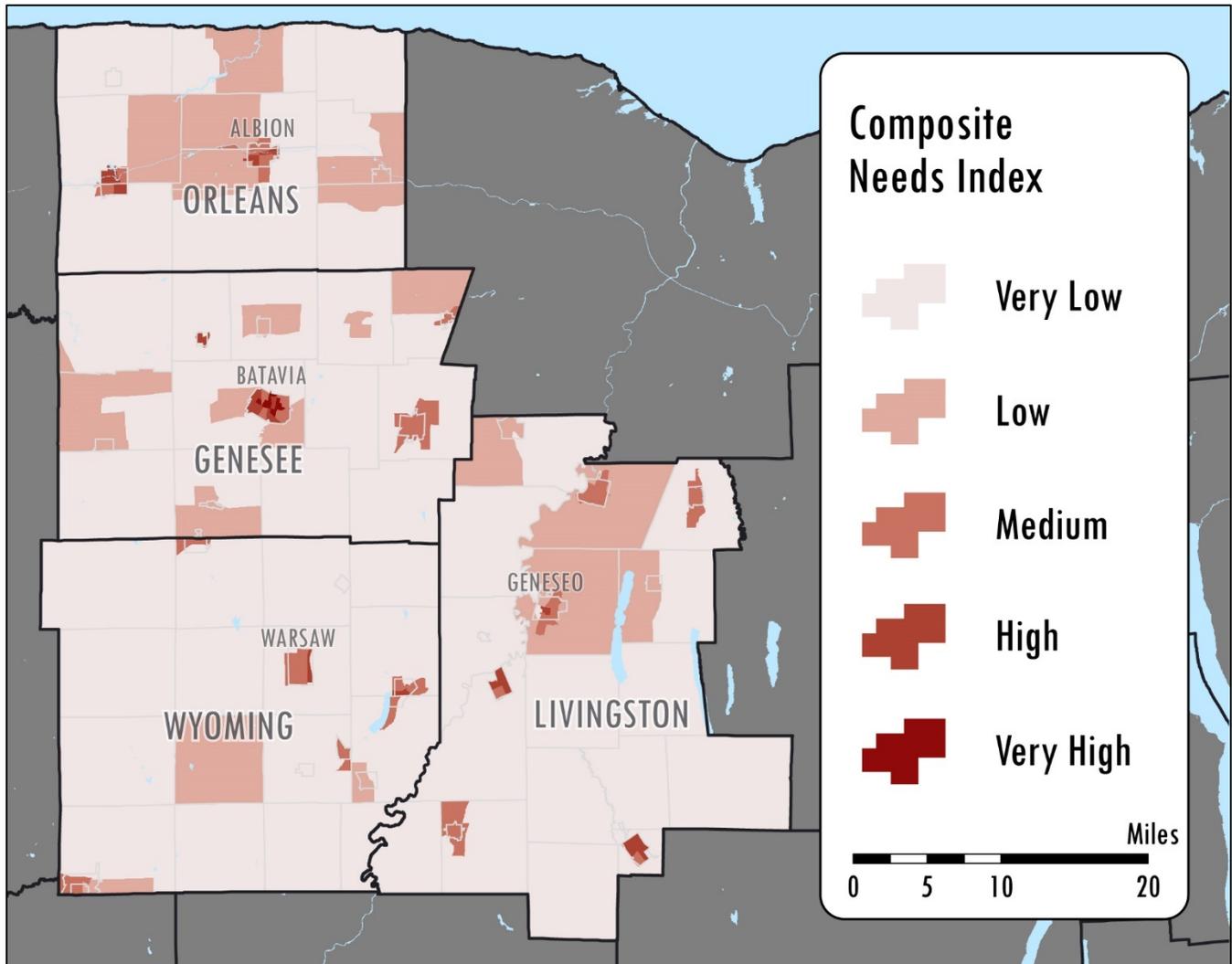
Figure 9 – Density of Households with No Vehicle Available – Western Sub-Region

Composite Needs

The Composite Needs Index again reinforces spatial patterns observed with respect to each individual metric. The highest densities of target populations are located within the City of Batavia and thus also show the highest composite need. Portions of most villages demonstrate moderate to high aggregated likelihood of need while rural needs are diminished due to comparatively low population density.

Figure 10 – Composite Human Services Transportation Need Index – Western Sub-Region

Eastern Sub-Region

The Eastern Sub-Region contains Ontario, Wayne, Seneca, and Yates Counties. The total population of this sub-region is 259,431 according to the 2019 Estimate, a small decrease of less than 2,000 residents or 0.7 percent since the 2011 Estimate. Ontario County alleviated this trend as its population grew by 2.3 percent to 109,511. Approximately 22 percent of residents of the larger region live in the Eastern Sub-Region.

The Census Bureau estimates that 26.4 percent of residents of this sub-region are 60 years of age or older, far exceeding the regional average. The four counties of this sub-region are home to the four highest percentages of older adults in the region. The Eastern Sub-Region is home to just under 17,000 persons with disabilities aged 20 to 64, 11.7 percent of the population of that age group. This percentage is comparable to the other sub-regions, notably exceeding state and national levels, though Yates County exhibits the lowest concentration (8.4%) of any county in the region.

All counties in the Eastern Sub-Region claim a concentration of households whose income does not exceed the poverty line that is lower than the larger regional average (12.6%). The sub-regional average (9.9%) is the lowest of the sub-regions and is significantly below New York State (13.9%) and national (12.9%) rates. The Eastern Sub-Region has the same likelihood of private vehicle access as the Western Sub-Region. Yates County, however, has the single highest percentage of households without access to a vehicle (12.2%), potentially due to housing the highest percentage of seniors as well as their significant Mennonite and Amish populations.

Older Adults

Estimates state that over 68,000 adults aged 60 or older live in the Eastern Sub-Region, 23 percent of the regional senior population and 26.4 percent of the overall sub-regional population. The number of seniors represents an increase of almost 13,000 from the 2011 estimate when adults 60 or older accounted for 21.2 percent of the sub-region. The four counties of the Eastern Sub-Region represent the four counties with the highest percentage of older adults within the nine-county region. Figure 11 displays the concentrations of older adults throughout the sub-region. Parts of the Cities of Canandaigua and Geneva contain the highest density, greater than 1,168 per square mile. Other high density concentrations are found in small areas of the Villages of Newark and Waterloo.
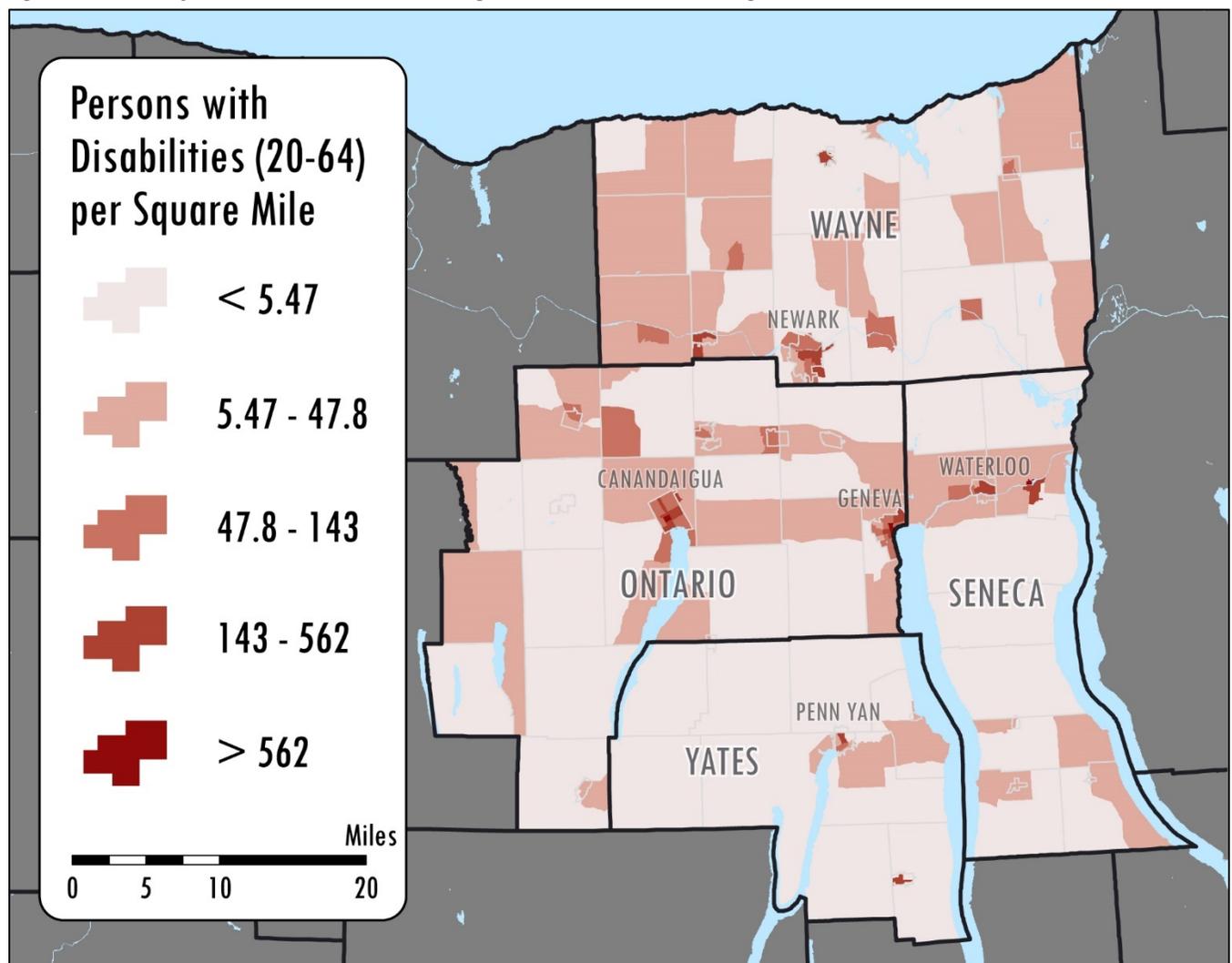
Figure 11 – Density of Persons Aged 60 or Over – Eastern Sub-Region
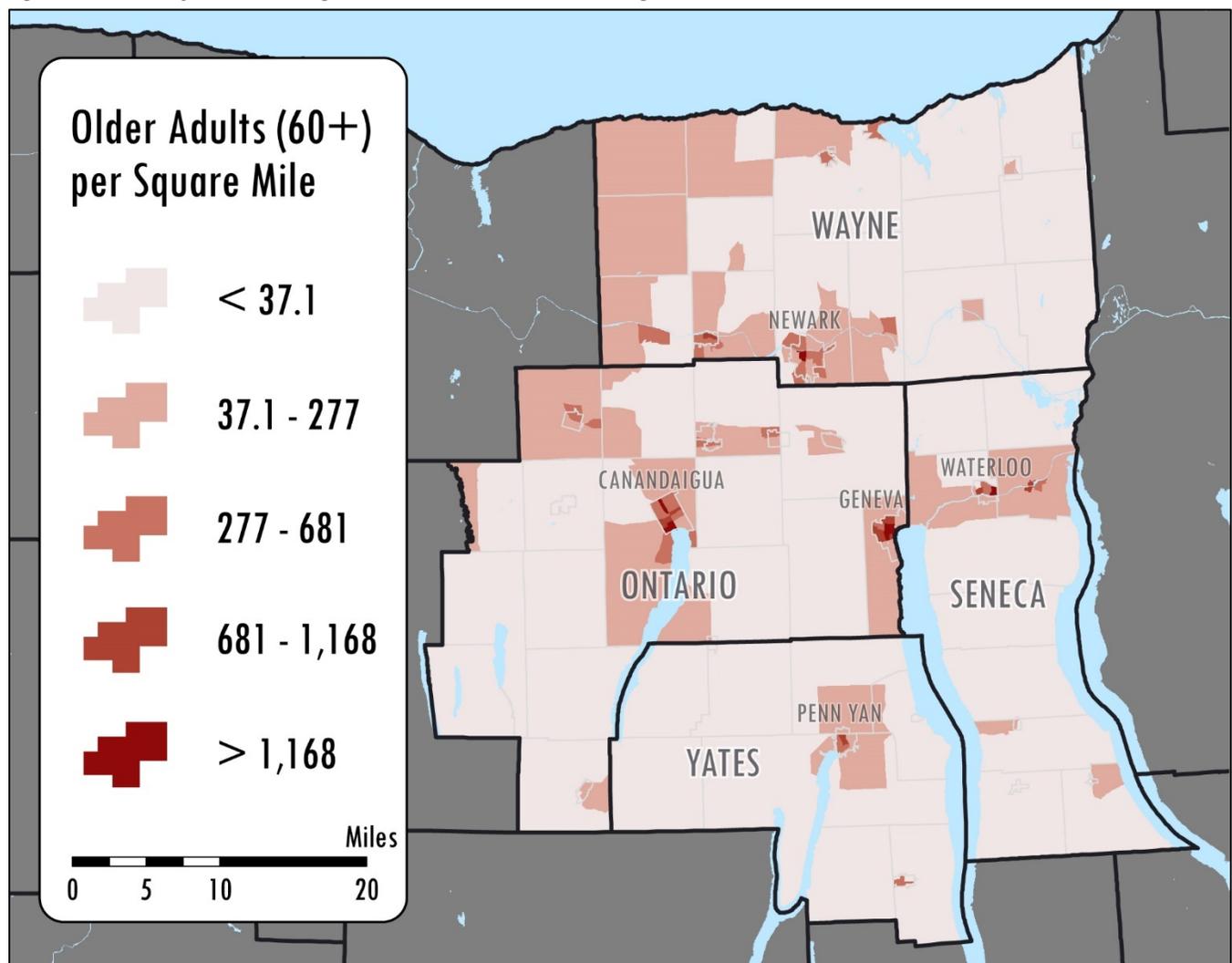
Persons with Disabilities

Like the previously examined sub-regions, the number and percentage of persons with disabilities aged 20 to 64 in the Eastern Sub-Region increased since the 2012 Estimate. The 2019 estimate of 16,989 disabled non-senior adults is an increase of more than 650 and raises the percentage within that age group from 10.9 to 11.7. The increase is most acutely observed in Wayne and Seneca Counties while Yates County conversely experienced a decrease of 295 disabled non-senior adult residents. The highest densities of non-seniors with disabilities are found within small areas of the Cities of Canandaigua and Geneva as well as the former Village of Seneca Falls. High densities are also observed in Sodus, Palmyra, Newark, Waterloo, Penn Yan, and Dundee.

Figure 12 – Density of Persons with Disabilities Aged 20-64 – Eastern Sub-Region

Low Income

As observed in the Western Sub-Region, the number and concentration of low-income households diverged according to county. While no county in the Eastern Sub-Region is home to a greater proportion of low-income households than the region as a whole, Wayne and Seneca Counties experienced recent increases in the number and percentage of low-income households. Ontario and Yates Counties experienced a significant reduction in both the number – 3,725 versus 3,978 and 991 versus 1,265 respectively – and percentage (8.3% versus 9.2% and 11.1% versus 13.2% respectively) of low-income households. Densities of households whose income is below the poverty line comparable to the highest found in the larger region are found in small areas of Newark, Geneva, Canandaigua, and Seneca Falls. Densities that correspond to relatively high need can be found in these locations as well as in Sodus, Wolcott, Palmyra, Lyons, Clifton Springs, Penn Yan, and Dundee.
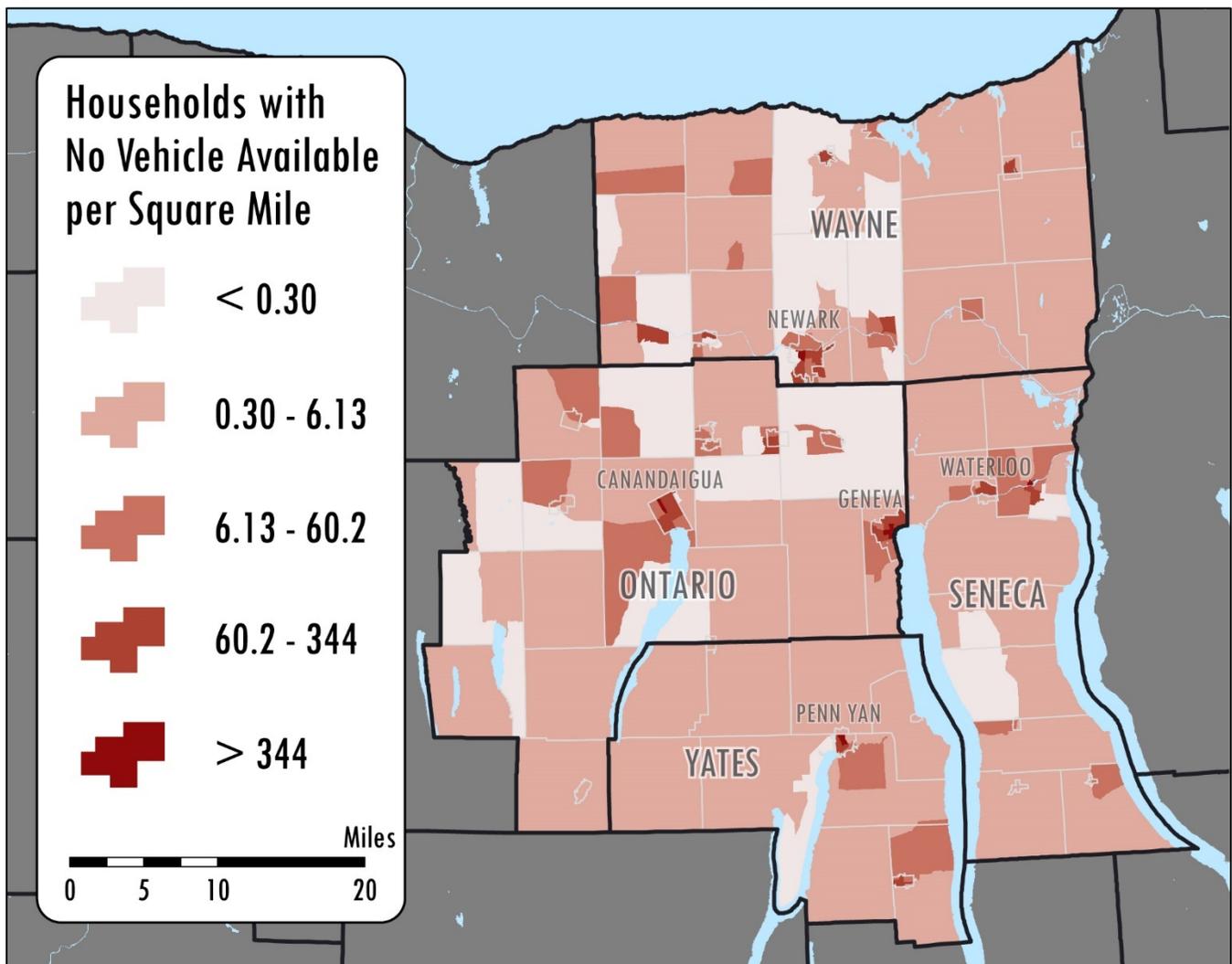
Figure 13 – Density of Households Below the Poverty Line – Eastern Sub-Region
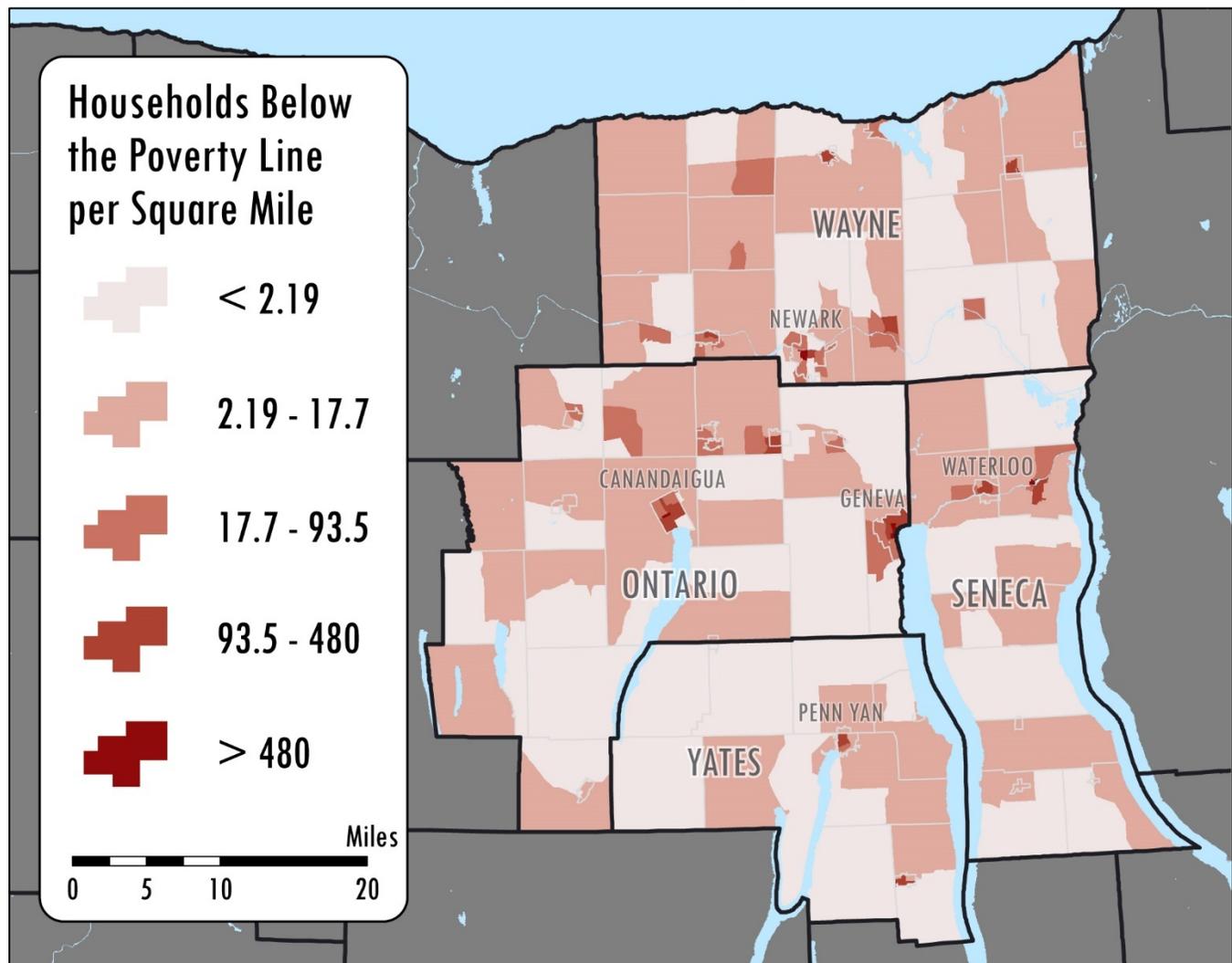
Vehicle Access

Like the Western Sub-Region, Eastern Sub-Region income trends were split and the percentage of households without access to a vehicle in each county rose steadily between census estimates. The increase was not as dramatic in this sub-region, rising from 6.9 percent in 2011 to 7.7 percent in 2019, and accounting for 17 percent of the larger region's car-free households. As mentioned in the sub-regional overview, Yates County has the highest percentage of households without access to a vehicle of any county in the region. Spatially, portions of the Villages of Newark, Penn Yan, and the former Village of Seneca Falls along with the Cities of Canandaigua and Geneva demonstrate household vehicle access rates comparable to the highest rates in the region. The Villages of Sodus, Wolcott, Palmyra, Clifton Springs, Waterloo, Dundee, and the former Villages of Macedon and Lyons contain areas where lack of household vehicle access is above average.

Figure 14 – Density of Households with No Vehicle Available – Eastern Sub-Region

Composite Needs

The Composite Needs Index once again reinforces spatial patterns observed with respect to each individual metric. The highest densities of target populations are located within the Cities of Canandaigua and Geneva, the Village of Newark, and the former Village of Seneca Falls and therefore demonstrate the highest likely need. Portions of most current and former villages indicate moderate to high need. While the density of rural need is below average due to low population density, more towns in the Eastern Sub-Region show a higher level of likely demand for transportation services than was observed in the Western Sub-Region. The rural difference between sub-regions appears to be due to higher concentrations of seniors and persons with disabilities in towns adjacent to the Eastern Sub-Region's more closely spaced centers as well as towns within the Rochester Metropolitan Area.

Figure 15 – Composite Human Services Transportation Need Index – Eastern Sub-Region
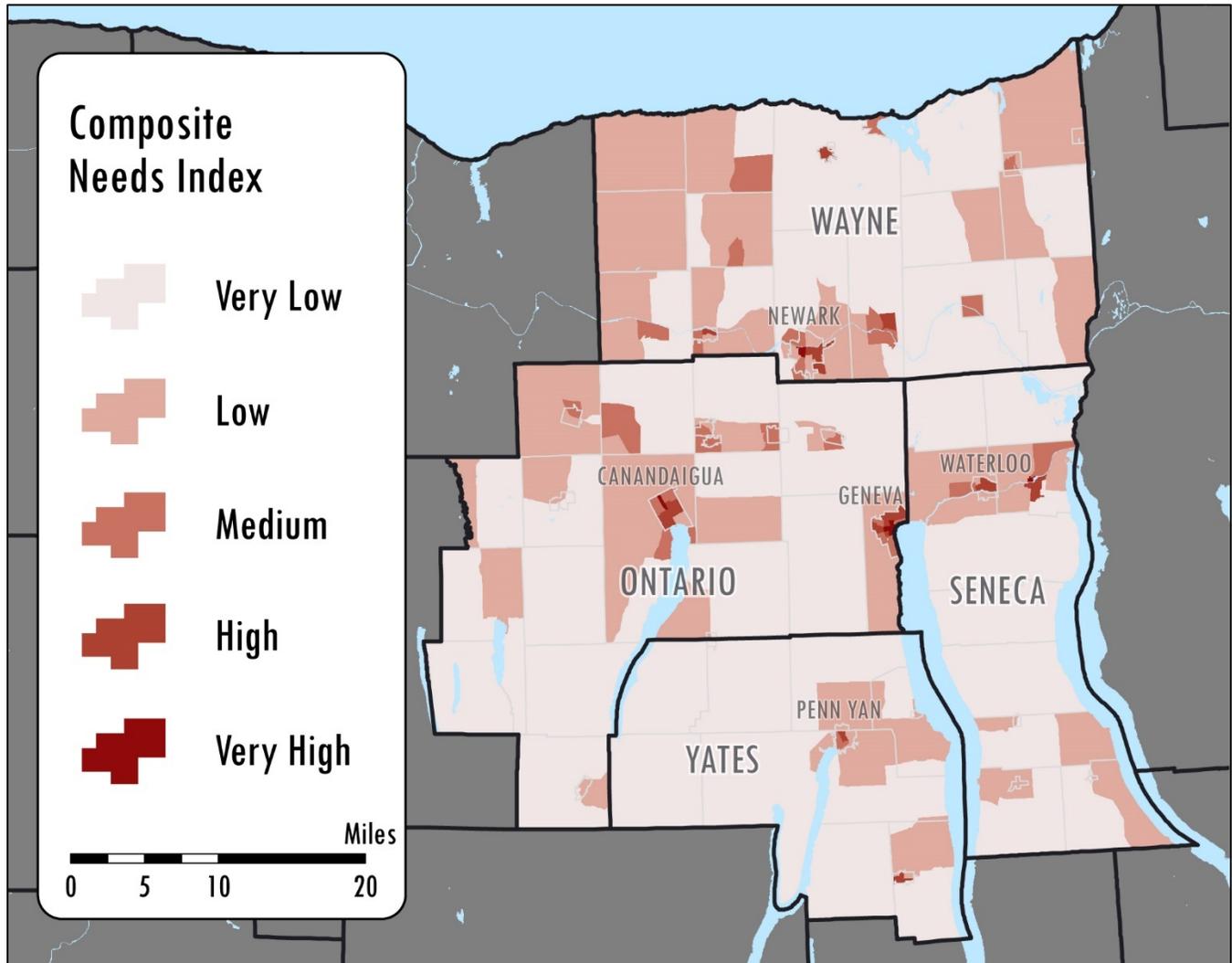
MAJOR DESTINATIONS

Like the 2011 Coordinated Plan, this update inventories and maps the most common destinations of target populations. Review of other multi-county coordinated plans, such as the current plan for the Northeast Ohio Areawide Coordinating Agency,[3] along with stakeholder input corresponding to this plan, which will be discussed in greater detail in the Needs and Coordination chapter, helped to define destination categories for the spatial inventory.

The categorization retains some destination types from the 2011 Plan, including government sponsored human services agencies, such as Departments of Social Services and Offices for the Aging. Senior centers are also retained, though recurring congregate meal sites not held at dedicated senior centers have been added to that category. Hospitals, medical centers, and dialysis centers have been combined into a single category that includes multi-doctor family and internal medicine centers, typically affiliated with a regional health care network. Per review, users of specialized human services transportation have specific businesses in mind when terms like shopping or errands are used to describe desired destinations. Destination maps in the 2021 Update separately indicate the locations of full-service grocery stores, banks, and pharmacies throughout the nine-county region. A full-service grocery store is defined as a store open at least six days per week that furnishes a full selection of produce, meats, and other perishables in addition to non-perishable grocery items.

Noting that maps will contain a high level of overlap, the following narrative, organized by sub-region, attempts to describe instances of strong co-location of destinations and higher density target populations as well as spatial mismatches where significant target populations are located far from essential services. Complete destination lists by sub-region that contain address information can be found in Appendix A.

Overview

The following pages describe the results of the destination inventory for each of the three sub-regions discussed previously: Monroe County, the Western Sub-Region, and the Eastern Sub-Region. Understanding the locations and accessibility issues of these destinations is critical to developing meaningful human service transportation policies and programs. As a result of suburbanization, destinations of interest for target populations are spread throughout the nine-county planning region, although there are several concentrations of destinations in each sub-region. Key findings and observations from the destination inventory are summarized below:

- In Monroe County, destinations are spread throughout the City of Rochester and concentrated in certain suburban locations, including the State Route 404 corridor in the

---

[3] Mobilize: Accessibility for Independence, Northeast Ohio Areawide Coordinating Agency, 2019. https://www.noaca.org/regional-planning/transportation-planning/human-services-mobility-planning/coordinated-public-transit-human-services-transportation-plan

Towns of Penfield and Webster, the north-central part of the Town of Henrietta, and along the Long Pond Road corridor in the Towns of Greece and Gates.

- In the Western Sub-Region, destinations are concentrated in the City of Batavia and the Villages of Geneseo, Dansville, Warsaw, Le Roy, Albion, and Medina.

- In the Eastern Sub-Region, destinations are concentrated in and around the Cities of Canandaigua and Geneva and the Villages of Newark, Waterloo, and Penn Yan, as well as along the NYS Route 96 corridor in the Towns of Victor and Farmington.

- In suburban and rural areas not located along frequent fixed-route transit service, access to destinations is strongly automobile dependent.

- Destinations located in urban areas and village centers are more easily accessed than their suburban and rural counterparts, but are still largely auto-dependent and require well-maintained pedestrian infrastructure to access.

- In all sub-regions, there are significant locational differences among destination types. For example, human services agencies are typically located at one or two central places, while meal sites for seniors are spread out among multiple churches and senior living centers.

Monroe County

Destinations in Monroe County are concentrated in the large northeastern portion of the county, centered on the City of Rochester, and including all of what are known as the inner ring suburbs. Destinations are generally located within areas that are home to the highest density of disadvantaged populations, though a notable exception and equity concern occurs across vast portions of Northeast, Northwest, and Southwest Rochester where few to no destinations are co-located with the lowest income earners. The relationship between common destinations and locations of greatest need is shown in Figure 16.

Additionally, certain destination categories cover a limited geography compared to an aggregation of all categories. For example, the County Office of the Aging and Department of Human Services are located close to each other, approximately three miles south of Rochester's Central Business District. This creates a long trip time for most users of public transportation, and while spatially central, means that most living in area of high need must travel a significant distance to access those services. While meal sites for seniors, many held at dedicated senior centers, are more distributed throughout the county, they are not easily accessible for disadvantaged populations in high need areas in Rochester, Irondequoit, Greece, Webster, East Rochester, and Perinton. Monroe County benefits from the presence of 65 full-service grocery stores, but once again the highest need areas in the City of Rochester are left unserved along with a notable area immediately north of Fairport. This trend is repeated in the locations of medical centers, which aside from major hospitals, are located at car-dependent suburban sites with lower levels of transit service.

Despite strong overlap in other categories, relative distance to destinations should not be discounted. Seemingly short distances of one-half to two miles are a great challenge for seniors and the disabled and that challenge can be exacerbated by poor weather.

Figure 16 – Monroe County Destination Map
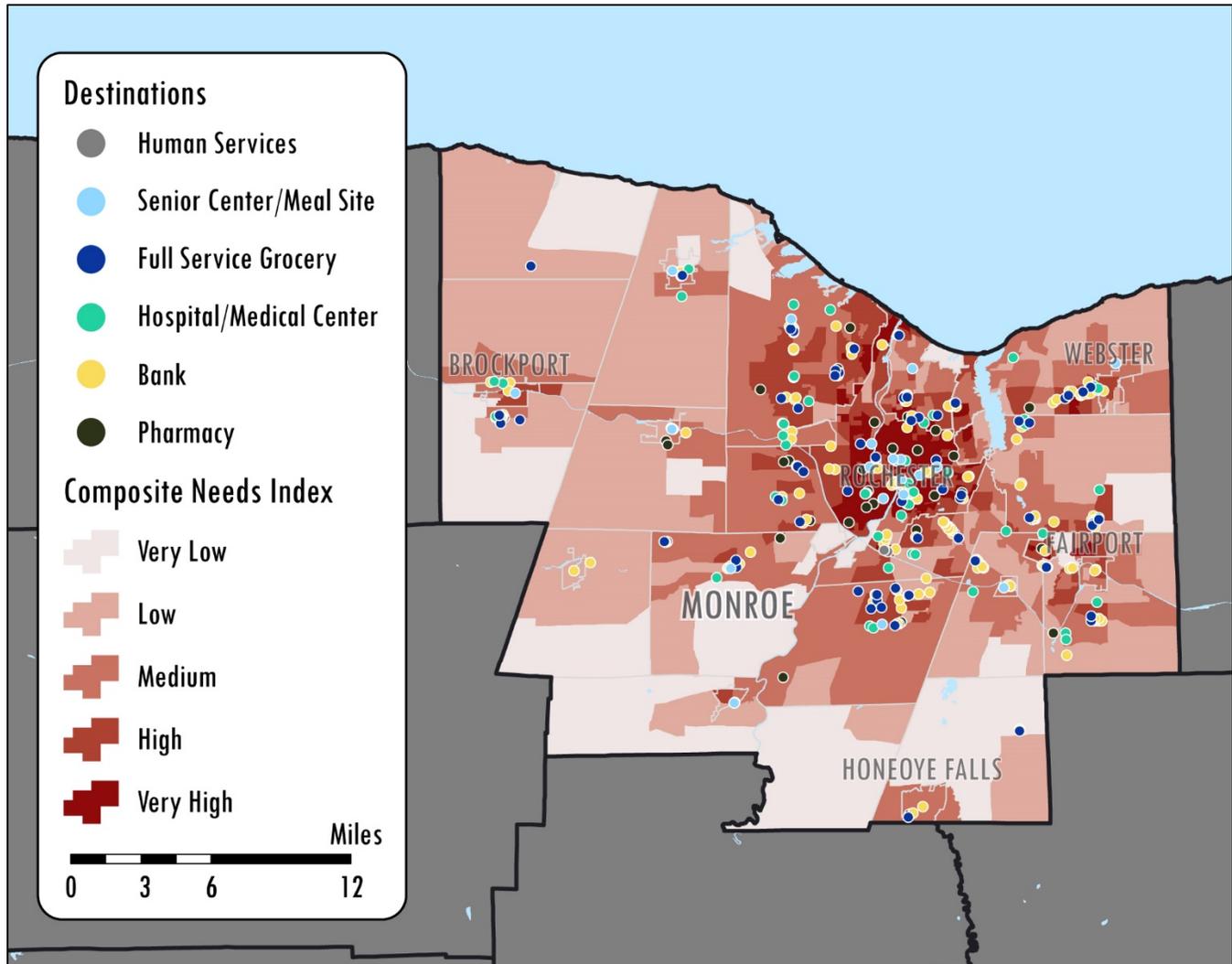
Western Sub-Region

Destinations in the Western Sub-Region are spread across a wide geography, including some highly rural locations. Examining all categories, as in Figure 17, destinations are clustered in all places exhibiting high or very high need for specialized transportation services; the City of Batavia and the Villages of Medina, Albion, Oakfield, Warsaw, Perry, Geneseo, Mount Morris, and Dansville.
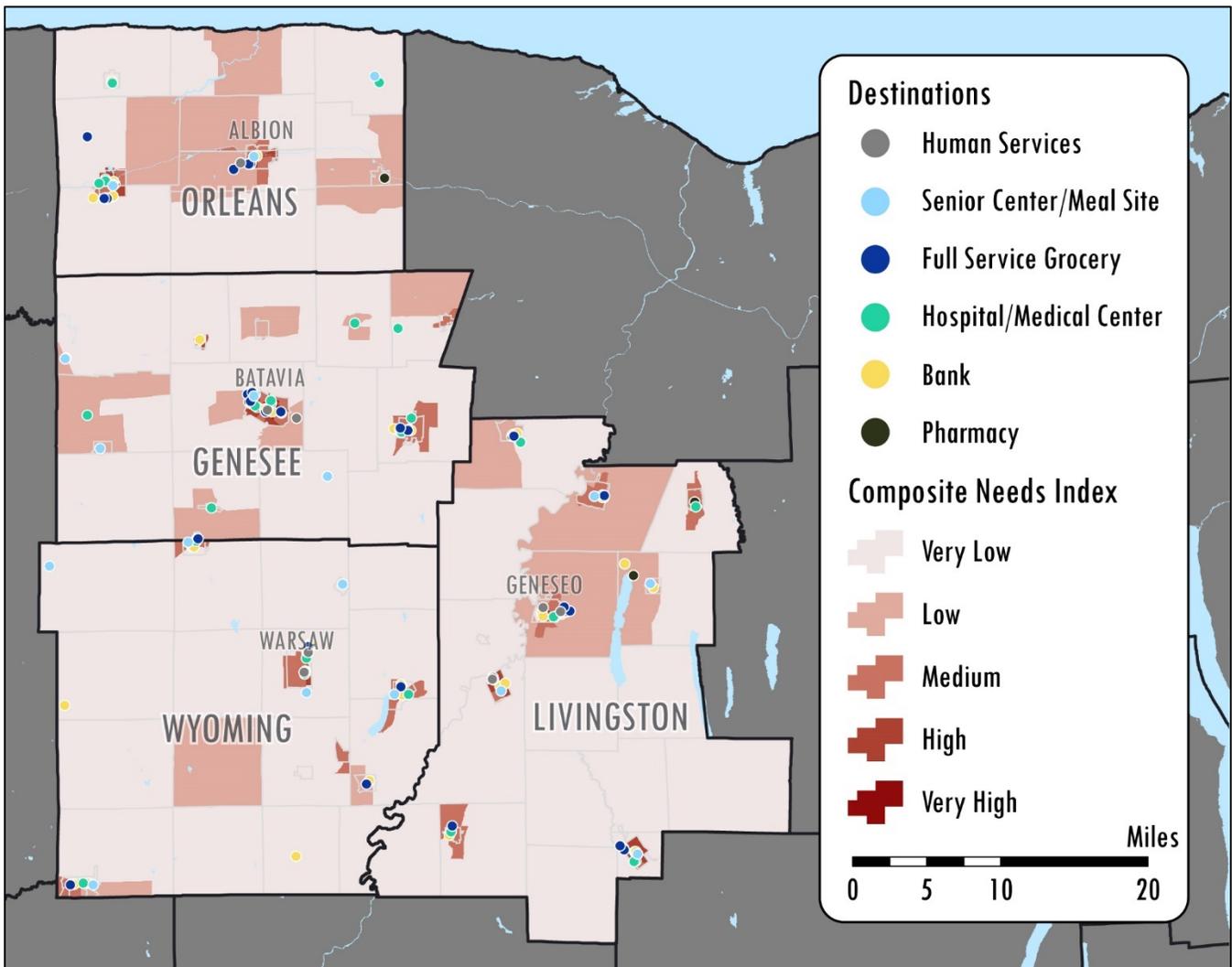
Human services agencies, such as Offices of the Aging and Departments of Social Services are located solely in county seats or at county complexes, far from a large number of residents. Congregate meal sites conversely, are the most likely destination to be found away from village centers. As there are only two dedicated senior centers in the Western Sub-Region, in Batavia and Medina, many churches and senior apartment complexes host nutrition programs to allow more convenient access for greater numbers of seniors.

The 26 full-service grocery stores of the Western Sub-Region are generally located in centers that exhibit higher needs, but notable exceptions exist in the Villages of Mount Morris, Lima, and Oakfield.

In many other villages, the stores are sited at the periphery in car-dominated development patterns, creating access difficulties for even those living relatively nearby. This trend is less pronounced when studying the locations of medical centers, which are generally located in village centers. A fair number of medical offices are located in lower need or less dense locales such as Lyndonville, Kendall, Byron, Pembroke, Alexander, Arcade, and Nunda. Note, however, that many medical services are not available at these centers and may require specialized transportation to Rochester or Buffalo.

Banks and pharmacies are often co-located in the sub-region and are present in almost every city and village. Often more than one bank and/or pharmacy is present in a village, but again relative distances requiring transportation services for some in need to access destinations across this wider geography should not be discounted.
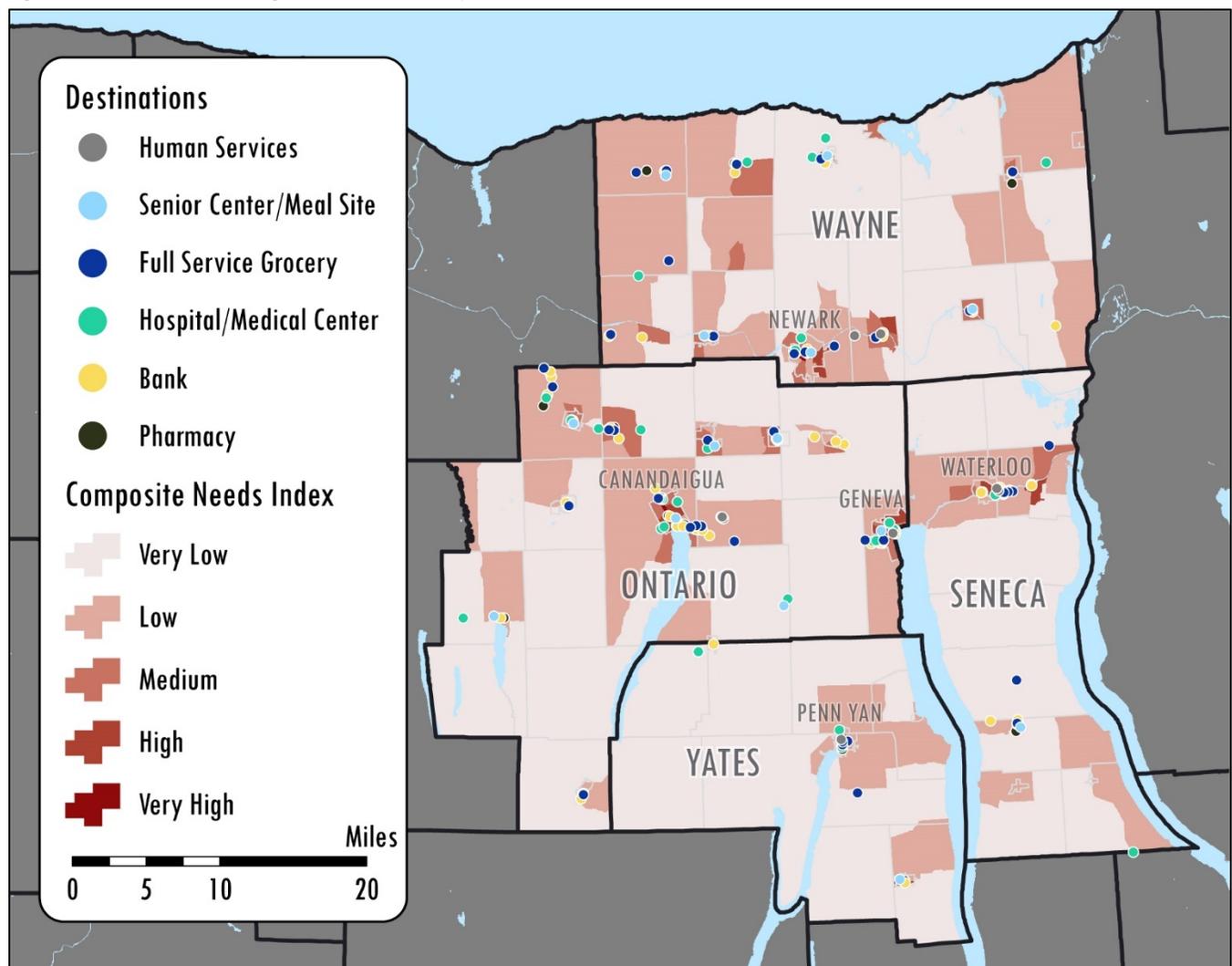
Figure 17 – Western Sub-Region Destination Map

Eastern Sub-Region

Like the Western Sub-Region, destinations in the Eastern Sub-Region (Figure 18) are spread across a wide geography, though denser clusters are found in Victor, Farmington, Canandaigua, Geneva, and Waterloo, a natural extension of the metropolitan area. The most notable mismatch occurs in the former Village of Seneca Falls, where only banks can be found. All nearby destinations are found on the outskirts of the Village of Waterloo, re-emphasizing the difficulty of seniors, the disabled, and those without vehicles to navigate intermediate distances to access services.

Figure 18 – Eastern Sub-Region Destination Map

Once again, human services agencies are generally located in single locations per county. Ontario County features an exception where the Department of Social Services can also be visited in Geneva, but the primary office presents its own access challenges as it is located far from the City of Canandaigua. As in the west, meal sites are distributed across more remote locations. Unlike the

west, this is also true of full-service groceries, owing partially to the availability of Mennonite Country Stores that provide a full complement of produce, meats, dairy, and other grocery items.

Medical centers are sparse in Yates, Seneca, and southern Ontario Counties. Where medical centers are located near an area of high demand, the physical location is often at the edge or outside of the census block group. As in the west, smaller regional hospitals exist, though specialized treatment may require substantial travel to larger facilities in Rochester, Syracuse, or Ithaca, depending on the resident's location within the sub-region.

Banks and pharmacies are often co-located in the sub-region. All cities and villages host a walk-in bank branch with the exceptions of Lodi, Red Creek, and Sodus Point. Pharmacies are absent from these three villages as well as Clyde, Manchester/Shortsville, Bloomfield, and central Seneca Falls.

TRANSPORTATION PROVIDERS

The nine-county region features various types of specialized human services transportation providers. This chapter describes these types and their distinctions as well as identifies all providers, their eligibility requirements, and additional noteworthy operating details. Certain providers listed do not maintain vehicles or directly provide trips, but rather act as a broker for clients, such as the Medical Answering Service, which assigns providers to all Medicaid trip requests in New York State.

Fixed and Deviated Route Transit

Fixed-route transit in the Genesee-Finger Lakes Region is bus service adhering to a predetermined route and time schedule. When well subscribed, fixed-route transit provides the most efficient service in terms of cost per passenger. Transit faces challenges in the region due to actual and perceived inconvenience, depending on the operating area, frequency of service, and service hours. One way to broaden the ability of transit to serve disadvantaged populations is to allow route deviation. When arranged in advance, a transit vehicle may depart from the published route to access customers a pre-determined distance from the route. Yates Transit Service (¼ mile) and all RTS county systems except Monroe (¾ mile) provide route deviation for a premium fare.

Demand Response Transit

Demand response transit has traditionally referred to a paratransit program such as RTS Access. Intended for customers who are unable to ride fixed- and deviated-route transit due to a disability, paratransit typically matches the service area and operational hours of local transit systems. Riders are certified through an application process that involves medical providers. The Americans with Disabilities Act of 1990 (ADA) sets minimum criteria that govern the provision of paratransit by public agencies including the service area – ¾ mile from fixed-route service – and service span. Paratransit vehicle are equipped with ramps and lifts to accommodate those using wheelchairs and other mobility aids. A new form of demand response transit, often termed Microtransit, uses mobile applications to allow real-time booking of trips within pre-defined service zones where fixed-route service is not viable, but does not place limits on rider eligibility. Owing to scheduling considerations, demand response vehicles typically carry few passengers, resulting in high per passenger trip costs.

Community Transportation Services

Community transportation services include a wide variety of direct providers, sponsors, and brokers. Various branches of The Arc operate in all nine counties, providing transportation to day programs, work sites, education programs, and other appointments to clients with developmental disabilities. Public human services agencies either maintain vehicles and employ drivers, contract services, or provide trip reimbursements to transport clients to and from their offices, meal sites, medical appointments, employment, and other destinations. Volunteer groups in specific areas help homebound seniors and the disabled access religious services, medical appointments, and senior centers. Some volunteer organizations are dedicated to serving disabled veterans, ensuring that they

are able to reach appointments at Veterans Administration facilities. Fare costs to riders for these services are often low or completely free, though some organizations do suggest a donation.

Fee-for-Service Providers

Fee-for-service providers, often employed by brokers, provide a range of transportation options with a variety of eligibility requirements. The most basic examples are private taxi companies along with ride hailing mobile applications that charge a fixed fee for curb-to-curb service and are unlikely to provide accommodations for mobility aids. At the other extent, non- and for-profit companies operate transportation services equipped to provide full paratransit and non-emergency medical transportation.

Available Service: Key Findings

- Public transit operates in each of the nine counties of the region. RGRTA operates the service in eight of the nine counties. Since the 2011 plan, Ontario County voted to join RGRTA in 2014 and Yates Transit Service, operated by Mozaic (The Arc of Yates, Seneca, and Cayuga Counties), launched in 2017.

- Public transportation in each county acts as its own system. All systems except RTS-Genesee feature routes that extend into adjacent counties, generally for short distances.

- Demand response service in Monroe County extends to 1.5 miles from the fixed-route system and 1.25 miles from the edges of the On Demand Zones. All other RGRTA systems expanded their dial-a-ride service to cover the entirety of each respective county during service disruptions related to the pandemic in March/April 2020. As of June, 2021, RGRTA continues to operate rural demand response in this fashion.

- Six Arc chapters cover the nine counties. Each chapter maintains a vehicle fleet primarily for use transporting their clients to day programs. Some make their vehicles available for other purposes. Ontario Arc allows the public to access many of their daily routes for no fare. Arc Wayne makes their vehicles available for supportive demand response transportation for those eligible for New York State Office for People with Developmental Disabilities services. Arc of Livingston-Wyoming extends their fleet to dialysis and non-emergency medical patients.

- The number of for-profit, non-profit, and volunteer transportation providers is largely proportionate to county population. Monroe County features the largest variety of options and thus the largest potential service span. Smaller counties feature fewer of these options. In some instances, a county may have few or no locally based fee-for-service or volunteer providers outside of isolated senior living centers. Residents in these counties must rely on multi-county operators based elsewhere.

- Government human services agencies provide or arrange client transportation differently in each county.

  ○ The Monroe County Office for the Aging delegates operations and coordination of transportation to meal sites and other locales to the senior centers in various towns.

○ The Ontario County Office for the Aging contracts with RTS Ontario to operate service accessing medical appointments, hair salons, assisted living facilities, etc.

○ The Wayne County Department of Aging and Youth operates their own vehicle and employs a driver to provide in-county trips to meal sites, errands, and medical/agency appointments. The county supplements this service with a RTS voucher reimbursement system.

○ Livingston County does not currently own or operate vehicles. The Office for the Aging contracts with RTS, The Arc of Livingston-Wyoming, and Catholic Charities of Livingston County. The Department of Social Services generally predominantly finances taxi rides for clients.

○ The Seneca County Senior Center is a non-profit that is co-located with the County Office for the Aging. The Senior Center owns vehicles, employs two drivers, and coordinates transportation to appointments and errands.

○ Yates County's Office for the Aging is operated by ProAction of Steuben and Yates. ProAction also operates vehicles and pays drivers to provide trips for medical appointments in and out of Yates County and in-county social trips.

○ Like Ontario County, Genesee County's Office for the Aging contracts with RTS for transportation for county residents 60 and older. Genesee's service is limited to medical, dental, and therapy appointments, however.

○ Wyoming County coordinates provides non-emergency medical transportation through their own vehicles/drivers within the county and via volunteer drivers for trips to destinations outside of the county. For those requiring a wheelchair, the County contracts with the Arc of Livingston/Wyoming.

○ The Orleans County Office for the Aging utilizes a mix of providers. The office contracts with Community Action Transportation System for in- and out-of-county medical appointments. They coordinate a volunteer driver program, providing mileage reimbursement to drivers, and directly purchase bus passes for clients.

The 106 providers listed in Figure 19 include public transportation systems, paratransit services, Arc Transportation services, highly specialized non-profit medical transportation agencies, volunteer driver programs, and for-profit taxi and ride hailing services. The table serves as a touchstone when discussing stakeholder needs and identifying potential coordination opportunities, such as centralized mobility management programs.

The table organizes providers first by county served and then alphabetically by name. Certain services that serve five or more counties are listed as 'All' or 'Multiple.' Providers that serve two to four counties are listed in their primary county. See the eligibility and notes columns for coverage specifics.

Figure 19 – Regional Transportation Provider Inventory

County	Provider	Phone	Eligibility	Notes
All	Medical Answering Services	866-932-7740	Medicaid Recipients	Users must have applied and been approved for medicaid transportation benefit for travel to medical services. Trips arranged 3-7 days in advance.
Genesee	RTS-Genesee	585-343-3079	All	Two **deviated** routes plus Tuesday grocery shuttle from select senior/disabled apartment complexes. Also operates Genesee Community College shuttles and *Countywide Runner* dial-a-ride service.
Genesee	RTS-Genesee: OFA Medical Transportation Program	585-343-3079	County Residents 60 and older	Medical and therapy appointments. Tu-Th 9am-4pm. Reservations 24 hours in advance.
Genesee	Arc of Genesee Orleans	585-343-1123	Clients (Developmental Disabilities)	Transportation for individuals attending programs throughout Genesee and Orleans counties, as well as additional specialized requests.
Genesee	Attica Bus Service	585-591-2107	All	Group or medical transportation requested via webform.
Genesee	Community Action Transportation Systems	585-343-3735	Seniors	Fixed route and demand-response services M-F. Wheelchair accessible door-to-door service. All medical trip types. Also serving Orleans County.
Genesee	Disabled American Veterans Transportation Network	585-297-1170	Ambulatory Disabled Veterans	Transportation to VA medical facilities for injured/ill veterans in multiple counties. 7am-1pm. Reservations made two weeks in advance. Also serves Wyoming and part of Livingston Counties.
Genesee	Genesee-Wyoming Veterans Transport Program	585-297-1170	Veterans Enrolled in VA Health Care	Transportation to VA facilities in Batavia and Buffalo. Wheelchair accessible. 7am-2pm. Serves Wyoming.
Genesee	Gillam Grant Community Center	585-494-1621	Byron-Bergen School District Residents	Weekly grocery, pharmacy, and other personal shopping trips. A $3 donation suggestion for door-to-door round trip. Bus transportation is provided for community programming.

County	Provider	Phone	Eligibility	Notes
Genesee	Independence Express	716-836-0822	Disabled Wyoming Genesee, Orleans Residents	Wheelchair accessible. Up to six round trips per month. Any trip purpose. One week notice to book trip.
Genesee	Mental Health Association of Genesee & Orleans Counties	585-813-0026	MHAGO Participants	To and from Social Club, Drop-In Center, appointments, local shopping and other places. Serves Orleans County.
Genesee	New Boyz Transportation	585-300-9476	All	$5 flat ride taxi service within Batavia. M-Sa 7:00am-8:30pm plus appointments.
Genesee	OFA Volunteer Medical Transportation	585-343-1611	County Residents 60 and older	Primarily for out-of-county trips. Requests must be made five business days prior. $15 suggested.
Genesee	Tender Loving Family Care	585-637-0333	Residents and Day Program Participants	Transportation to doctor appointments per minimum 24 hours notice. Wheelchair accessible. Also serves Orleans County.
Livingston	RTS-Livingston	585-658-4690	All	Deviated route transit also reaching Wyoming and Steuben Counties. Dial-a-ride service county-wide.
Livingston	Arc of Livingston-Wyoming	585-658-2384	Arc Clients, Seniors Livingston and Wyoming Counties	Hilltop Business Services employment programs. Non-emergency medical, dialysis, preschool and school district contracts. Wheelchair service.
Livingston	Catholic Charities of Livingston County	585-658-4666	Livingston County Residents 60+ and/or Disabled	Volunteer Transportation to medical appointments, prescription pick-ups, post office, bank, and groceries. M-F, 9am-5pm. Request 10-12 days in advance.
Livingston	Turbo Taxi	585-749-6648	All	Service area per staff discretion. M-Th, 8am-8pm. F-Sa, 8am-9pm. Nights and Sunday by request with price premium. Typical response in 30 mins.
Monroe	RTS-Monroe	585-288-1700	All	Fixed route transit primarily in Monroe county, but also reaching Ontario, Livingston, and Wayne.
Monroe	RTS Access	585-224-8330	ADA-Qualified Disability	No trip purpose limitations. Must be picked up within 3/4 mile of RTS-Monroe fixed network.

County	Provider	Phone	Eligibility	Notes
Monroe	Able Medical Transportation	585-756-2222	Physical/Mental Disability Monroe, Ontario Counties	Any destination including medical appointments and social functions. Long distance medical trips. Wheelchair & Stretcher service provided.
Monroe	ABVI-Goodwill of the Finger Lakes	585-327-4469	ABVI Services Clients Monroe, Ontario Counties	Transportation to medical appointments. Must provide one week notice.
Monroe	American Cancer Society	800-227-2345	Patients Monroe, Ontario Counties	Transportation to cancer-related medical appointments. 5-7 business days notice required.
Monroe	Arc of Monroe County	585-271-0660	Clients	Transport residents, including those in wheelchairs to and from activities, errands, and appointments.
Monroe	Bri-Pen Senior Rides	585-340-8674	Brighton/Penfield Residents 65+	Medical, religious, and community centers. No wheelchairs. One-three weeks advance notice. 9am-3pm weekdays except holidays.
Monroe	Carry All Medical Transportation	585-235-6673	All Monroe, Livingston, Ontario, Wayne Counties	Appointments including wheelchair service. Available for other needs. Prefer 1-2 day notice. Same day possible. M-F 5am-10pm.
Monroe	Catholic Family Center Support to Aging Residents (STAR)	585-262-7050	Over 60	Transportation to medical appointments, grocery shopping, and other essential errands. Fee or Donation determined based on their monthly income. Appointments available M-F 9:30am-3:00pm.
Monroe	CDS Monarch	585-341-4600	Clients	Provide ambulatory and wheelchair-bound individuals with fixed route transportation between program centers and private or group homes.
Monroe	Cedar Bus Company	585-330-5005	All	Can accommodate wheelchair. Same day transport possible. Mon-Sat. Sundays and holidays as needed. Also serving Genesee, Livingston, Orleans, and Wayne.
Monroe	Champion Marketing Corp.	585-381-2466	All Monroe/Wayne Counties	Non-emergency medical transportation and private rides. 5am-8pm. Special rate 55+.

County	Provider	Phone	Eligibility	Notes
Monroe	City East Transportation Ministry	585-266-6570	Peace of Christ, St. Frances Xavier Cabrini, and St. Stanislaus Church Members	Medical, pharmacy, PT, dialysis, grocery, and banking. One round trip per week. Five days notice. Weekend availability not guaranteed.
Monroe	Community Place of Greater Rochester	585-288-0021	Aging Services Clients	Senior center activities and meals
Monroe	Disabled American Veterans Transportation Network	585-463-2661	Ambulatory Disabled Veterans	Transportation to VA medical facilities for injured/ill veterans in multiple counties. 7am-1pm. Reservations made two weeks in advance. Also serving Livingston, Ontario, Seneca, and Wayne Counties.
Monroe	Dove Ministries	585-880-1946	Ambulatory + Cane/Walker, Any Age	Medical, grocery, church, and dentist for residents within 15-20 radius of Webster. Call 3-5 days ahead, limit one trip per week.
Monroe	East Rochester Resource Center	585-586-0525		Errands, grocery, and doctor appointment. One week advance notice required.
Monroe	Elderberry Express	585-248-6237	Town of Pittsford Seniors 65+	Appointments and grocery trips. Two days advance notice. 9am-3pm.
Monroe	ElderONE	585-922-2831	Program Participants	Transportation to/from the ElderONE PACE Center + medical appointments.
Monroe	Episcopal Senior Life Communities	585-546-8439	Residents and Neighborhood Program Members	Transportation to/from programs, medical appointments, grocery, errands, and other. Wheelchair vans available. M-F.
Monroe	Friends in Service Here (Greece)	585-453-2370	Greece and Charlotte Residents, Senior and Disabled	No wheelchairs or scooters. Rides between 8am-5pm. Call for transportation between 7am-3pm the day before.
Monroe	Friends in Service Here (Honeoye Falls/Lima)	585-453-2370	Mendon and Honeoye Falls Residents	Medical appointments with priority over shopping. Also serves Bloomfield, Ontario County and Lima, Livingston County.

County	Provider	Phone	Eligibility	Notes
Monroe	Friends in Service Here (Rush/Henrietta)	585-453-2370	Rush-Henrietta School District Residents	Medical appointments for ambulatory individuals. Call before noon for next day. No wheelchairs or scooters.
Monroe	Friends in Service Here (Southeast Area)	585-736-4526	SE Rochester (14607, 14610, 14618, 14620) Disabled, Low-Income	Medical appointments. Must enroll before using service and call 3-5 days prior to need. Ambulatory or cane. M-F 9am-3pm
Monroe	Gates Medical Transportation	585-247-6100	Gates Residents 60+	Medical appointments only. Limit 2 rides per person per month. Two week prior notice required.
Monroe	Genesee Transport Inc.	585-256-1510	All Monroe, Livingston, Wayne	Door-to-door medical transportation including wheelchair and stretcher. M-F 6am-8pm, Weekend 8am-5pm, after hours on request.
Monroe	Good Samaritan Transportation	585-336-1777	Parishioners 60 and over residing in Irondequoit	Medical, long-term care, physical therapy, grocery shoping, hair salon, bank, library and church. Three days advance notice. M-F 9am-3pm
Monroe	Greece Senior Care	585-723-2425	Greece Residents 60+	To/from Senior Center. 24 hour advance notice required. Operated by Medical Motor Service.
Monroe	Happier at Home	585-633-5555	All	Medical and other appointments, errands. 24 hour prior notice. 24/7 availability. $26/hr.
Monroe	Heritage Christian Services	585-340-2000	Clients (Developmental Disabilities)	Day and community rehabilitation
Monroe	Hilton-Parma Senior Citizen Express	585-392-9030	Town of Parma Senior Residents	To/from Senior Center on meal days (M, Tu, Th), groceries and errands Wed. 10:00-2:30. $2 round trip.
Monroe	I-Ride Senior Transportation	585-336-6077	Irondequoit Senior Residents	To/from nutrition program. Operated by Medical Motor Service. Suggested $2/day.
Monroe	Irie Transportation Associated	585-797-5333	All Monroe, Livingston, Ontario, and Wayne	Medical appointments, pharmacy, grocery. One day prior notice to guarantee service. Operate 24/7 dependent on driver availability.

County	Provider	Phone	Eligibility	Notes
Monroe	Jewish Family Service	585-461-0110	60 and Older	Medical, grocery, senior living/hospital visits, salon, banking, other. Two rides per week. Advance notice preferred. M-Th 8:30-4:30, F 8:30-3:30
Monroe	Lifetime Assistance	585-426-4120	Clients (Developmental Disabilities)	Pick up/drop off for day and community rehabilitation programs. Evening and weekend outings.
Monroe	Marge's Trolley	585-663-3541	All	Transport + escort to medical, shopping, hairdresser, errands, social functions. No wheelchair or walker.
Monroe	MediCab	585-342-7150	All	Door-to-door medical transportation + wheelchair or scooter. M-F 7am-4pm. 24-hour notice preferred.
Monroe	Medical Motor Service	585-654-7030	Seniors, Disabled, and Special Needs	Medical, shopping, senior center, personal trips. Fee income based. Min. two business day notice.
Monroe	Metro Transportation	585-328-8030	All Monroe, Livingston, Ontario, Wayne Counties	Door-to-door ambulatory car service (on-demand), wheelchair or stretcher van service (48 hour notice). M-F 8am-5pm.
Monroe	Monroe County Office for the Aging	585-753-6280	Country Residents 60+	Transportation to County Lunch Club program at various sites. Suggested contribution $2 each way.
Monroe	Monroe Medi Trans	585-454-6211	All Monroe, Ontario Counties	Monroe Ambulance non-emergency transportation for ambulatory, wheelchair, and stretcher patients.
Monroe	Rochester Medical Transportation	585-288-3444	All	Medical appointments, dialysis, adult care. Advance or day of trip scheduling. M-Sa 4am-12am, Su 10am-4pm
Monroe	Rochester School of the Holy Childhood	585-359-3710	Developmental Disabilities Clients	To/from community-based work sites and learning experiences as community-supported employment.
Monroe	Senior Options for Independence Elderbus	585-377-8117	Fairport/Perinton Residents 60+	Wheelchair-accessible medical appointments and errands within Perinton. Reservations 24 hours in advance. M-F 8:30-3:30 48 hours in advance for destinations outside Perinton (non-wheelchair)

County	Provider	Phone	Eligibility	Notes
Monroe	St. Ann's Communities	585-697-6000	Facility Residents and Day Program Clients	Medical, activities, banking, shopping. M-F 7am-5pm
Monroe	United Methodist Church Webster	585-265-9720	Webster Residents 18+	Medical, dental, pharmacy, government, and legal appointments. M-F 9am-3pm. Four business days notice. Limit one ride per week, three per month.
Monroe	Unity Living Center	585-922-1000	Site Residents	Appointments, outings, equipment pickup. Shared with Adult Day Care.
Monroe	Vets Driving Vets	585-546-8280	All Veterans	Appointments and activities. 3 days prior notice. M-F 9am-4pm
Monroe	Webster Association of Senior Program Supporters	585-216-7829	Webster School District Retirees or Disabled	Medical, dental, dialysis, pharmacy, shopping, banking, hair, tax prep. Three days notice. M-F 9:00-2:30
Monroe	Westside Express	585-889-6104	Gates/Chili Residents Over 60 or Disabled	No wheelchairs. No fee. One ride/week requiring two weeks notice. M-F 9am-4pm, no holidays.
Multiple	CJ-MAK Transportation	315-331-0804	Elderly (60+) and Disabled in Monroe, Wayne, Ontario, Seneca, and Yates Counties	Door-to-door ambulatory, wheelchair, or stretcher to Medical, dialysis, physical therapy, and non-medical occasions.
Multiple	King James Medical Transport	585-775-9999	All - Upstate NY	Non-emergency door-to-door. Includes wheelchairs, senior citizens, disabled, hospitals, doctors, nursing/group homes, assisted living facilities.
Multiple	Lyft Ride Hailing Service	855-865-9553	All	Must use smart phone application to request service. 24/7 dependent on driver availability.
Multiple	Uber Ride Hailing Service	800-353-8237	All	Must use smart phone application to request service. 24/7 dependent on driver availability.
Multiple	Veterans Transportation System	716-862-6800	Veterans Enrolled in VA Health Care	Medical appointments at VA facilities in Canandaigua/Rochester. One day advance scheduling. Accompanied by one caregiver or family member.

County	Provider	Phone	Eligibility	Notes
Ontario	RTS-Ontario	585-394-2250	All	Deviated route transit serving Canandaigua, Geneva, Victor, and Farmington. County-wide Dial-a-ride.
Ontario	RTS-Ontario: OFA Senior Transportation Service	585-394-2250	County Residents 60+	Curb-to-curb medical, hair, assisted living, and more. Pre-register with NY Connects. One week prior notice, can schedule recurring. M-F, 8am-5pm
Ontario	Cobblestone Arts Center	585-924-2740	Day Rehabilitation Program	Participants picked up at home in Ontario, Monroe, Yates, Livingston, Genesee, and Wayne Counties
Ontario	Disabled American Veterans Transportation Network	585-393-7585	Ambulatory Disabled Veterans	Transportation to VA medical facilities for injured/ill veterans in multiple counties. 7am-2pm. Reservations made two weeks in advance. Also serving Livingston, Monroe, Seneca, Wayne, and part of Yates Counties.
Ontario	Finger Lakes Addictions Counseling and Recovery Agency	315-462-9466	Agency Clients	Transportation of clients to treatment and training.
Ontario	Finger Lakes Bus Service (Ontario ARC)	585-919-2250	General Public	Client day services, publicly accessible work program routes. Contracted by Finger Lakes Health Adult Day program. Medicaid funded out-of-county appointments.
Ontario	Happiness House	585-394-9510	Residential Program Participants	Medical appointments and community outings.
Ontario	Living Center at Geneva	315-787-4988	Adult Day Health Care	Transportation to/from adult day health care programs, M-F, in addition to medical appointments and outings.
Ontario	Neighbors in Ministry Service	585-924-1887	Victor School District Residents 60+	Volunteer transport to doctor's offices and shopping trips for ambulatory seniors. 48 hours reservation notice. Operates M-F 8am-5pm.
Ontario	Pat's Taxi	585-394-1620	All	Taxi service along with non-emergency medicaid transportation serving Ontario, Monroe, Wayne, Livingston, Yates, and Seneca Counties.

County	Provider	Phone	Eligibility	Notes
Orleans	RTS-Orleans	585-589-0707	All	Deviated route transit primarily in Orleans County, but also reaching Genesee and Monroe Counties. Dial-a-ride service county-wide M-F 6:30am-5pm.
Orleans	Orleans County Joint Veterans Council	585-589-2856	Veterans	Volunteer drivers provide transportation to medical appointments.
Seneca	RTS-Seneca	315-539-1844	All	Deviated route transit serving Waterloo, Seneca Falls, and Geneva. Route deviation with reservation. Dial-a-ride service available within 3/4 mile of routes.
Seneca	Huntington Living Center	315-787-4988	Adult Day Health Care	Transportation to/from adult day health care programs, M-F, in addition to medical appointments and outings.
Seneca	Seneca County Senior Center Inc.	315-539-1766	Seniors 60 and older	Demands runs within Towns of Waterloo and Seneca Falls. Medical (priority), shopping, hair, errands. Trips to Geneva or within 20-mile radius for an additional fee.
Seneca	South County Transportation Corps	607-532-4891	Covert, Lodi, Ovid, Romulus, Varick, Fayette Residents	Volunteer transportation to medical, dental, eye clinics, pharmacies. Prefer one week advance notice.
Wayne	RTS-Wayne	315-946-5617	All	Deviated route transit primarily in Wayne County, but also reaching Monroe and Ontario Counties.
Wayne	Arc Wayne	315-331-7741	State OPWDD Eligible	Transportation to/from recreational and social events, adult day care. No Medicaid-funded activities.
Wayne	JET Karriers Transportation	315-720-6410	All	Fare based. Call for availability.
Wayne	Wayne County Action Program	315-665-0131	Wayne, Ontario, and Seneca County Residents	Rides to appointments in Monroe County. 14-day prior notice. Tu-F 9am-3pm
Wayne	Wayne County Department of Aging and Youth	315-946-5624	Wayne County Seniors	Rides to meal sites, local errands, and medical/agency appointments are available.
Wayne	Wayne County Nursing Home & Rehab Center	315-946-5673	Home Residents	Resident transportation to activities and outings. Assistance scheduling fee-for-service options.

County	Provider	Phone	Eligibility	Notes
Wayne	Wayne County Rural Health Network	315-521-5853	County Residents	System of shuttles for transportation to medical appointments and dialysis treatments.
Wayne	Wayne County Veterans Service Agency	315-946-5993	Veterans	Van to medical appointments in Syracuse. Serves southern Wayne M/W/F, northern Wayne T/Th/F.
Wyoming	RTS-Wyoming	585-786-6050	All	Deviated route transit reaching some Genesee County locations. Route-deviated service within 3/4 mile of routes with one business day advanced reservation.
Wyoming	Attica Bus Service	585-591-2107	All	Group or medical transportation requested via webform. No taxi service.
Wyoming	Caring Harts Transport	716-457-3051	All	Wheelchair accessible transportation to medical appointments available M-Sa, starting at 4am.
Wyoming	Peer Wheels	585-786-0080	Mental Health Patients	Transportation to counseling, self-help groups and psychiatric care appointments.
Wyoming	Wyoming County Office for the Aging	585-786-8833	County Residents 60+	Transportation to medical within Wyoming County between 9am-2pm. 5 days advance notice. Limited wheelchair availability. Out-of-county volunteer service.
Yates	Yates Transit Service	315-694-7700	All	Fixed route transit primarily serving Yates County, but also reaching Ontario County. Route deviation with two business day advance reservation 1/4 mile from routes.
Yates	Mozaic (Arc)	315-539-5067	Program Clients Yates, Seneca Counties	Wheelchair accessible transportation to/from days services as well as rides to medical appointments, shopping, recreation, and employment.
Yates	Pro Action of Steuben and Yates	315-536-5515	Yates County Residents Over 60	Trips for medical appointments in and out of Yates County. Social trips for shopping, errands, events.
Yates	Yates County Veterans Service Agency	315-536-5196	Ambulatory Veterans	Volunteer drivers providing transportation to VA, authorized non-VA facilities, and benefits services.

NEEDS AND COORDINATION

To further strengthen the understanding of needs, stakeholder organizations identified by the advisory committee were contacted and offered the option to complete a questionnaire or schedule an interview with GTC staff. Of the 70 organizations contacted, 28 or a full 40 percent completed the questionnaire that attempted to better understand primary destinations of clients, barriers accessing the destinations, the types of transportation services that agencies are able to provide, how they are funded, their ability to meet service demand, organizational challenges related to meeting demand, and other topics. The questions asked and all responses received can be found in Appendix B. Responding agencies are listed by sub-region in Figure 20, Figure 21, and Figure 22 on the following pages of this chapter. Note that certain stakeholders served wider areas than single counties. These agencies are listed and their responses described in the sub-region of their greatest focus.

Review of the questionnaire responses has highlighted the importance of open communication and information sharing throughout the region. Beyond the programmatic recommendations of later chapters, the Coordinated Plan should facilitate an understanding by transportation providers of the concerns and perceived barriers described by stakeholders. GTC will assist stakeholders and providers in the common effort to improve the quality of human services transportation by helping to bridge communication gaps via the contacts made as part of the planning process.

Monroe County

Questionnaire respondents from Monroe County include a government agency serving people diagnosed with mental health issues, experiencing challenges related to substance abuse, or coping with intellectual and developmental disabilities. Also responding were non-profits specializing in workforce development for persons with disabilities or medical conditions, a mobility manager for seniors who also conducts local volunteer driver operational support, and a consortium of community health and social services agencies that work with older adults. The regional health research and planning organization for the Finger Lakes region rounds out the Monroe County respondents.

Stakeholders reported that disadvantaged populations in Monroe County generally experience the following regarding transportation needs and available options:

- Accessing medical transportations and services is a common need though a full spectrum of desired destinations could be better served to allow all to participate fully in society.

- The nature of disability and the difficulties it adds to navigating transportation options, geographic challenges such as the mismatch between client residence and destination locations, and the affordability of services are the largest barriers to mobility.

- Responding stakeholders included few direct providers, but agencies who attempt to provide transportation for clients via provision of bus passes and service matching do so with county funds and FTA Section 5310 grants.

■ Staffing deficits and driver unavailability are cited as organizational challenges to providing transportation to agency clients.

Figure 20 – Monroe County Engaged Stakeholder List

Organization	Type/Focus	Area Served	Contact
Heritage Christian Services Employment Alliance	Non-Profit/ Employment Access	Monroe, Wayne, Ontario, Livingston, Genesee, Orleans Counties	Marianne Durrant
Monroe County Office of Mental Health	Government Agency/ Human Service	Monroe County	Bonnie Smith
Lifespan of Greater Rochester	Non-Profit/ Mobility Management	Monroe and Ontario Counties	Leanne Rorick
Monroe County Aging Alliance	Non-Profit/ Human Service	Monroe County	Bill McDonald
Common Ground Health	Non-Profit/ Health Planning	Monroe, Livingston, Ontario, Seneca, Wayne, Yates Counties.	Melissa Pennise

Desired Destinations

Monroe County respondents described their clients' most important travel destinations. Clients of Heritage Christian Services, and especially those participating in the Employment Alliance, are attempting to access employment or work-related activities such as a job interview. Those supported by other Heritage programs require transportation and/or paratransit to reach medical/mental health appointments and recreation. The County Office of Mental Health lists clinical appointments at the hospital systems, satellites, and community-based providers as the greatest need.

While providing support to individuals with varying transportation needs, Lifespan primarily serves those seeking non-emergency medical appointment service. Common Ground Health noted that members of the community need transportation to and from health care, education, meal access/grocery stores, and community and recreational opportunities. Finally, the Aging Alliance observed that while traditional surveys have indicated that medical appointments are the most important for many older adults, and while many programs provide transportation for beneficiaries, the biggest challenge is for older adults who do not drive but want to fully participate in all aspects of life. The importance of a destination varies by older individuals just as it does for younger persons.

Barriers to Accessing Destinations

Stakeholder representatives also spoke of barriers to access those destinations. Heritage Christian Services cited the nature of disability as the greatest challenge while describing some other transit and paratransit logistical access issues. Geographic coverage and the infrequency of bus routes may be an issue for those residing in more suburban or rural areas. Additionally, users of RTS Access paratransit service are constrained by time limits included in terms of service. The advance notice required for ride registration, lack of flexibility in arrival times, and policies related to the amount of time a paratransit vehicle will wait at rider pick-up are problematic, especially for those with disabilities.

The Office of Mental Health also noted geographic challenges for the developmentally disabled population as program agencies have located residential programs in suburbs, closer to family members, but this reduced access via public transportation. Additionally, a large barrier for all of their constituent groups is the affordability of transportation due to limited income. Their clients are also challenged by inexperience in safely using public transportation. High levels of activity within the bus may trigger anxiety and exacerbate perceptions of personal danger and poverty stigmas. The office is concerned that the ReImagine RTS connection hub program may lead to disparities in suburban areas.

Lifespan focused on the affordability of transportation services. Older adults and persons with disabilities on fixed incomes lack the financial resources to pay for transportation - they are often forced to cancel medical appointments and rarely can afford transportation to social events. These issues are enhanced outside of RTS areas, in rural parts of the county. A procedural hurdle also exists for those with limited telecommunications capability. Medicaid clients have difficulty with timely scheduling of service through the Medical Answering System.

The Monroe County Aging Alliance pointed out various costs associated with transportation that act as challenges for older adults. Those not living in areas not well-served by transport services must consider the high costs of vehicle ownership and maintenance. Not all can afford the more responsive ride hailing and taxi services. Public transportation use lowers the nominal cost of transportation, but includes time cost considerations. Those who require enhanced accessible transportation, such as those using large mobility aids, see the nominal cost of on-demand responsive service escalate quickly as multiple trips are taken. Another barrier related to cost and availability is unfamiliarity with potentially available and eligible fare assistance programs.

In 2018, Common Ground Health conducted a regional health equity survey. While not restricted to the disadvantaged populations emphasized in the Coordinated Plan, results indicated that transportation is a barrier across the region in accessing healthy food, medical and dental care, and medication. Survey data was provided to GTC for six of the nine counties that comprise the region.

- Twelve percent (12%) of Monroe County adults reported that transportation for getting medical or dental care is always or often a difficult challenge while fourteen percent (14%) of adults who reported that they were unable to access needed medical care in the past year and eleven percent (11%) of County adults who were unable to access needed dental care cited transportation as a barrier.

■ Nine percent (9%) of County adults reported that transportation for picking up prescriptions is always or often a difficult challenge while four percent (4%) of County adults who reported that they were unable to acquire needed medication in the past year cited transportation as a barrier.

■ Thirteen percent (13%) of County adults reported that transportation for buying healthy foods is always or often a difficult challenge while four percent (4%) of County adults identified transportation as a barrier to eating healthier.

Providing and Funding Transportation Services

Responding Monroe County stakeholders included few direct providers, though agencies attempt to provide transportation for their clients in other ways. The County Office of Mental Health provides bus passes to those they serve, funded through the County budget. Heritage Christian Services directly provides transportation to community rehabilitation programs. Employment Alliance staff only provide transportation occasionally, primarily to job interviews to ensure clients arrive on time.

Lifespan of Greater Rochester provides a variety of coordination services both countywide and town-specific. They work closely with Medical Motor Service staff to refer clients who may need assistance utilizing online reservation systems and further assist individuals with fare reduction applications in collaboration with and funded by the United Way. They can assist with applications to qualify for Medicaid non-emergency medical transportation and collaborate with the Catholic Family Center (CFC) to provide registration support for CFC's Support to Aging Residents program – demand response transportation for low-income seniors to medical appointments, grocery shopping, and other essential errands. Lifespan's involvement in mobility management across Monroe and Ontario counties is funded by the NY Connects program and FTA Section 5310 awards. At the town level, Lifespan is contracted to provide intake and support to individuals in the Town of Irondequoit who need transportation. The contract allows Lifespan to provide a discount when matching riders to selected providers for a certain number of rides, dependent on patient condition and diagnosis.

Organizational Challenges

While human services agencies do their best to meet the needs of clients, barriers or organizational challenges persist that limit their ability to provide transportation. The Employment Alliance observes a staffing crisis in their field along with cost and funding limitations. Aging Alliance research indicates that driver availability is currently a great barrier for many providers.

Other Options for Clients

When agency provided transportation does not meet the needs of clients, stakeholders indicated that a variety of transportation options are employed. Individuals use RTS, Medicab, and other medical transportation services. They solicit rides from friends and family as needed and use ride hailing applications as they are able to afford them. Lifespan directly assists in matching riders to available services as a mobility management provider in Monroe and Ontario Counties.

Western Sub-Region

Within the geographically larger sub-regions, the most common destinations and barriers for human services agency clients and the agencies themselves will be discussed on a county by county basis in order to ensure that the volume of responses in a sub-region does not overwhelm issues unique to certain counties.

Figure 21 – Western Sub-Region Engaged Stakeholder List

Organization	Type/Focus	Area Served	Contact
GLOW Workforce Development Board	Government Agency/ Employment Access	Genesee, Livingston, Orleans, Wyoming Counties	Jay Lazarony
Genesee County Social Services	Government Agency/ Human Service	Genesee County	Cathie Mase
Wyoming County Office for the Aging	Government Agency/ Human Service	Wyoming County	Tess Phillips
Community Action for Wyoming County	Non-Profit/ Human Service	Wyoming County	Kelly McLaughlin
Batavia Housing Authority	Government Agency/ Housing	Genesee County	Nathan Varland
Wyoming County Department of Social Services	Government Agency/ Human Service	Wyoming County	Kimberley Barber
Catholic Charities Steuben/Livingston Faith in Action Program	Non-Profit/ Transportation	Livingston County	Desiree Weldy
Wyoming County Community Hospital	Government Agency/ Health Care	Wyoming County and surrounding areas	Bridget Givens
Genesee County Mental Health	Government Agency/ Human Service	Genesee County and surrounding areas	Nancy Hendrickson

Organization	Type/Focus	Area Served	Contact
Orleans County Job Development Agency	Government Agency/ Employment Access	Orleans County	Kelly Kiebala
The Arc of Livingston/Wyoming	Non-Profit/ Human Service	Livingston and Wyoming Counties	John Prospero
Livingston County Office of Workforce Development	Government Agency/ Employment Access	Livingston County	Kate Hilfiker
Genesee County Office for the Aging	Government Agency/ Human Service	Genesee County	Maureen Estabrooks
Arc of Genesee Orleans	Non-Profit/ Human Service	Genesee and Orleans Counties	Paul Saskowski
Orleans County Office for the Aging	Government Agency/ Human Service	Orleans County	Melissa Blanar

Genesee County

Questionnaire respondents from Genesee County include a number of government agencies serving job seekers, those with mental health concerns, seniors, and providing affordable housing and social services. Also responding was a non-profit agency currently serving over 1,000 people with developmental disabilities in Genesee and Orleans Counties.

Stakeholders reported that disadvantaged populations in Genesee County generally experience the following regarding transportation needs and available options:

■ Transportation to and from medical appointment destinations is a desired service for clients of multiple agencies. Greater access to shopping, errands, and other appointments is also needed.

■ Inflexibility of transit service and the costly nature of accessing transportation across long distances are the largest barriers to individuals in need.

■ Most County stakeholders are not direct providers, though many contract with regional providers and offer supportive services thanks to foundation endowments as well as traditional funding sources.

■ Driver availability due to low-wages, and directly linked to limited funding, is a challenge for multiple providers. Supervision requirements limit the ability of specialized providers to call on other providers to act as supplemental resources. Inconsistency and uncertainty related to grant funding also complicates service provision in the County.

Desired Destinations

Respondents serving Genesee County described their clients' most important travel destinations. As their name suggests, the Genesee-Livingston-Orleans-Wyoming Workforce Development Board's primary destination is their clients' workplace. Social services agencies within the four counties also cited transportation to and from workplace as a high priority and, if applicable, transportation for clients' children to and from daycare. In addition, transportation to work programs (e.g., job readiness workshops, job interviews) for those seeking employment is also needed. The Arc of Genesee-Orleans stated work and vocational programs are among their desired destinations.

Transportation to and from medical appointments was cited as a desired destination across multiple agencies. Genesee County Mental Health noted their clients' need for transportation to and from medical appointments. These appointments can vary in length from 30 min to several hours, and in frequency from once every two to three weeks or daily if enrolled in day treatment programs. The Office of the Aging and the Arc of Genesee-Orleans both noted that greater transportation access to and from medical appointments is needed.

Aside from workplace and medical appointments, many agencies noted that general transportation services are needed for their clients to access day-to-day activities and to fully participate in life and community. The Arc of Genesee-Orleans cited transportation is needed for day programs, recreation, shopping, and other relevant life events. Social Services agencies stated that clients who have applied for Social Security benefits often need transportation to secure those benefits such as their attendance at a required hearing. The Batavia Housing Authority stated that tenants simply need improved access to grocery stores.

Barriers to Accessing Destinations

Stakeholder representatives also spoke of the greatest barriers to accessing desired destinations. Genesee County is predominantly rural. Providing access to services and appointments outside of the County is costly due to the typical required travel distance. Likewise, travel costs are high when clients live near the county boundary.

The Genesee-Livingston-Orleans-Wyoming Workforce Development Board clientele are often underemployed and underserved populations that lack a primary means of transportation which constrains their ability to secure gainful employment. The Workforce Development Board, Social

Service agencies, and the Arc of Genesee-Orleans all cited the rigidity of the public transportation system as a major barrier for those without access to a personal vehicle. While public transportation service is available within Genesee County, it is extremely limited both in hours of operation and service routes. Jobs held by their clients often do not fit the 9 to 5 paradigm and may require individuals to work nights, weekends, and holidays - times when fixed route transit service is not available. The infrequent operating schedule also impedes parents' ability to provide transportation to childcare, further limiting their employment opportunities.

Similar issues were cited regarding medical appointment access. Again, across agencies, clients lack access to a personal vehicle. Genesee County Mental Health noted that long headways between buses result in their clients waiting for the bus longer than their scheduled 30-minute appointment.

The Batavia Housing Authority and the Arc of Genesee-Orleans both noted that clients often have mobility issues and require assistance riding public transit and support for these clients is limited. The Office of Aging voiced a similar concern. Their clientele is older and often unwilling or unable to drive long distances to larger urban areas to access medical appointments and services. Different transportation providers have different guidelines when booking a trip. These adults may struggle with navigating the required process when booking a trip, for instance they may call too early or too late to schedule a pickup. Even using a phone to book a trip can prove difficult if the client has a hearing impairment.

Providing and Funding Transportation Services

Most Genesee County stakeholders are not direct providers, meaning they do not own/maintain vehicles or employ drivers. The Workforce Development Board offers a $750 per year supportive transportation stipend to actively participating clients. County Social Services provides fuel vouchers and/or bus passes, paid for by RGRTA and County Temporary Assistance funds, to individuals participating in required employment activities.

The Office for the Aging contracts with direct providers, primarily RTS Genesee and Community Action Transportation System, for medical and therapy appointments for older adults. Funding is provided by the State OFA's Community Services for the Elderly block grant. In addition, OFA coordinates a small group of volunteers who bring more mobile clients to out-of-county medical appointments. Genesee County OFA also provides mobility management services through their Transportation Coordination program, which serves as a "one-stop" approach to help older adults and their caregivers understand and connect to available transportation options that meet their needs. The program is funded by the Muriel H. Marshall Fund, a private endowment gifted to Genesee County and managed by the Rochester Area Community Foundation.

The Arc of Genesee and Orleans is a direct provider to participants in the resident and day programs whose fleet was purchased through FTA Section 5310 grants. Separate agencies until 2016, Orleans County is now part of the coverage area, which is largely funded by billing for services provided. Genesee County Mental Health provides limited transportation to non-Medicaid eligible individuals and

specific cases where agency transportation would ensure timely arrival or greatly diminish appointment wait time. Limited funding for the service is provided by the departmental and County budgets.

Organizational Challenges

Barriers or organizational challenges persist that limit human service agencies' ability to provide transportation. Throughout the survey, agencies repeatedly noted that the cost of providing transportation services and the funding to support current programs are a barrier. The Office of the Aging, Genesee County Mental Health, and the Arc of Genesee-Orleans all noted that driver availability is an issue due to low-wages which is a result of limited funding. The Arc cited strains on service offerings due to pandemic restrictions on vehicle capacity, and the extra supervision required by their riders that limit the ability of RTS and Community Action Transportation System to act as supplemental resources. Some Arc programs do not have reimbursement for transportation built-in to client fees, thus funding must come from other agency resources which places pressure on the ability to provide required services. Agencies also cited the inconsistency of 5310 grant solicitation cycles, as well as the potential to not be chosen for grants at each solicitation, as challenges when replacing fleet vehicles.

Other Options for Clients

When agency-provided transportation does not meet the needs of clients, stakeholders indicated that a variety of other transportation options are sought. Of course, friends and family provide rides to their loved ones, but when that is not possible other options must be relied upon. In addition to public transit, taxis and ride hailing services were frequently cited. Attica Bus, Community Action, Disabled American Veterans (DAV), Veterans Transportation System (VTS), Genesee-Wyoming Veterans Transport Program, and Gillam Grant Transportation Services were also cited.

Livingston County

Responding agencies from Livingston County include a non-profit agency running a volunteer-based program that provides transportation to medical and grocery destinations to the elderly and disabled. Another non-profit transports individuals with intellectual disabilities and the elderly to a variety of programmed activities and appointments. A government workforce development agency which operates employment programs for teens and young adults also responded.

Stakeholders reported that disadvantaged populations in Livingston County generally experience the following regarding transportation needs and available options:

- Medical appointments are again a common desired destination along with education and employment opportunities.

- Individuals face barriers to mobility when services are solely dedicated to medical purposes. Transportation is needed for other purposes, namely employment, but transit coverage and service span do not often match clients' needs.

■ The Arc of Livingston-Wyoming utilizes contracts with the State and County and Medicaid reimbursement eligibility to extend services beyond their internal programs. Other non-profit providers rely heavily on volunteer drivers.

■ The lack of both volunteer and paid drivers limits the ability of non-profit providers to expand their mission and fulfill more trip types.

Desired Destinations

Clients of Catholic Charities of Livingston County's Faith in Action program seek transportation to medical and grocery destinations within Livingston County and out-of-county medical transport to Rochester, Batavia, and Canandaigua. The Arc of Livingston-Wyoming fields demand for transportation to their own programming, state-run day programming, medical appointments, nutrition programs, social programs, education, and employment sites. As expected, clients of the County Office of Workforce Development are attempting to access employment, education, and training.

Barriers to Accessing Destinations

Describing barriers of individuals to access these destinations, Catholic Charities clients typically need multiple transports each week for chronic medical conditions. Other transportation is needed, but not commonly provided, that is not related to medical treatment or shopping. Arc clients who work in the community face the most significant challenges. Most do not and cannot drive. Their work hours do not necessarily match up with available public transit routes and hours. Those who do not live independently cannot always rely on transportation from household members. Workforce Development understands that accessing employment can be difficult without the funds to support ownership of a personal vehicle. Larger employment sites in the County are often in remote locations that are not pedestrian or bicycle friendly, leading to long commutes, which are difficult to service. Compounding the issue, work hours can start before or after the bus service span and buses do not operate on the weekend. Mandatory or voluntary overtime opportunities are not compatible with bus schedules. Even arriving to or returning home from the bus stop is a challenge, and while Dial-A-Ride has expanded its service area, availability is limited to certain times of day.

The 2018 regional health equity survey conducted by Common Ground Health also covered Livingston County. The following figures isolate the responses of County residents. In certain cases, such as barriers related to medical care, dental care, and prescriptions, the percentage of adults affected exceeds that of Monroe County

■ Fourteen percent (14%) of Livingston County adults reported that transportation for getting medical or dental care is always or often a difficult challenge while twenty-six percent (26%) of adults who reported that they were unable to access needed medical care in the past year and fourteen percent (14%) of County adults who were unable to access needed dental care cited transportation as a barrier.

- Twelve percent (12%) of County adults reported that transportation for picking up prescriptions is always or often a difficult challenge while sixteen percent (16%) of County adults who reported that they were unable to acquire needed medication in the past year cited transportation as a barrier.

- Fourteen percent (14%) of County adults reported that transportation for buying healthy foods is always or often a difficult challenge while only two percent (2%) of County adults identified transportation as a barrier to eating healthier.

Providing and Funding Transportation Services

In order to provide transportation service free of charge to clients, Catholic Charities volunteers provide almost all scheduled trips using personal vehicles. Enrolled individuals call in their transportation requests at least 10-12 days in advance. Staff matches volunteers to scheduled trips one week prior. Catholic Charities reimburses some volunteers 19 cents per mile for medical appointment trips. Other volunteers choose to decline the reimbursement. A single van is operated by the program and driven by the program director as needed when demand cannot be matched to a volunteer. The agency is working to add an additional staff member to put the van more consistently in service. Catholic Charities funds their operations through grants, donations, and a contract with the Livingston County Office for the Aging for transportation provided to clients who are 60 years of age or older. FTA Section 5310 grants secured through the New York State Department of Transportation (NYSDOT) covered the capital cost of the program van as well as program maintenance and staffing growth.

While the Arc of Livingston and Wyoming focus the use of their vehicles and staff on transporting individuals that attend their own programs, they also contract with the State Office for People with Development Disabilities to transport qualified individuals to and from state-run day programs. In addition, they contract with the Office for the Aging to transport Livingston County seniors and have also obtained Section 5310 funding to provide additional senior service. The Arc is also a Medicaid Transportation provider and is assigned trips by Medical Answering Service. These contracts and state reimbursed programs fund their extended services.

Supplementing direct stakeholder input, the recently completed Livingston County Mobility Management Strategy revealed that the County Department of Social Services relies on private taxi service for the majority of its clients' transportation needs funded by state and federal grants.

Organizational Challenges

Catholic Charities faces barriers related to volunteer availability and expressed a desire, but inability to fulfill client requests for other trip types outside of grocery shopping and non-emergency medical transportation. The Arc identified their number one issue as an ongoing driver shortage. The root cause is the inability of the non-profit to pay drivers at a market rate. The limitation is directly attributable to the current state reimbursement rate for drivers who serve individuals with intellectual and developmental disabilities.

Other Options for Clients

Only Catholic Charities responded that they were aware of other transportation services used by their clients. These include RTS Dial-A-Ride and unnamed fee-for-service providers.

Orleans County

Questionnaire respondents from Orleans County included a pair of government agencies that provide services helping seniors maximize their independence and assist employers, the unemployed, underemployed and the emerging workforce with their employment needs. The Arc of Genesee-Orleans, whose input was discussed in the Genesee County sub-chapter, also serves Orleans County.

Stakeholders reported that disadvantaged populations in Orleans County generally experience the following regarding transportation needs and available options:

- Desired destinations of clients are broad and include medical centers, congregate meal sites, grocery stores, pharmacies, and social visits.

- Transit hours of operation and geographic coverage of service routes are cited along with discomfort and difficulty of access for those with mobility limitations as barriers to access identified destinations.

- A wide variety of supportive services funding is used by human services agencies to provide bus passes, fuel vouchers, taxi rides, and to contract with local non-profit providers.

- A lack of service providers in Orleans County was cited by both human services agencies.

Desired Destinations

The Orleans County Office of the Aging currently only provides transportation to medical appointments due to contracting requirements. They stated if additional funding is secured, they would like to expand transportation access to and from the nutrition program sites. The Office the Aging went on to state that volunteers transport clients to a variety of destinations including the grocery store, medical appointments, pharmacies, and to social visits.

Barriers to Accessing Destinations

Similar to other counties, the Orleans County Job Development Agency cited the rigidity of the public transportation system as a major barrier for those without access to a personal vehicle. While public transportation service is available within Orleans County, it is extremely limited both in hours of operation and service routes. Jobs held by their clients often require night, weekend, and holiday shifts when fixed route transit service is not available. Additionally, lack of access to public wireless internet services is also a challenge as many clients do not have data plans for their phones. The Office of Aging noted that mobility limitations make the use of public transportation services uncomfortable and difficult for older users.

Providing and Funding Transportation Services

The County Job Development Agency relies on lower cost transportations for clients. Fuel vouchers are provided to those who can drive or carpool to and from employment and training sessions. If bus schedules prove practical, the agency distributes bus passes. Clients are referred to Medina Taxi as a last resort due to relative expense. The agency pays for these various services through a mix of small funding sources including the Workforce Innovation & Opportunity Act, the New York Office of Temporary and Disability Assistance, Orleans County Department of Social Services assistance, and other supportive services funding. The Office for the Aging contracts with Community Action Transportation System for in- and out-of-county medical transportation and buys bus passes from RTS Orleans for clients using funds provided by the New York State Office for the Aging. They fund mileage reimbursement their volunteer driver program through a foundation grant.

Organizational Challenges

The Orleans County Job Development Agency cited the lack of viable transportation service options within the County. There are a variety of trip types that unable to be fulfilled due to the lack of transportation service providers. Access to publicly accessible wireless internet service was cited again, noting that this is a barrier to receiving and sending up to date information on trip options.

The Office of the Aging cited a variety of concerns, including a general lack of funding and difficulty providing transportation service in a rural county. Providing transportation for medical appointments that are outside of the county results in longer than necessary rides due to the need to share the trip with other users. Many clients do not provide sufficient notice to secure their required transportation.

Other Options for Clients

Agencies acknowledged very limited transportation operations in Orleans County, such that they were unaware of their clients using a provider other than ones referred to by the agencies.

Wyoming County

Questionnaire respondents from Wyoming County include a pair of government agencies focused on services and support for older adults and low-income residents. Among respondents are a non-profit agency serving and supporting housing, employment counseling, critical household needs, food, and emergency help for families in crisis. Unique to Wyoming County, a public hospital expressed their concerns as well. Supplementing the Wyoming-based entities, the Arc of Livingston-Wyoming, whose input was discussed in the Livingston County sub-chapter, also serves Wyoming County.

Stakeholders reported that disadvantaged populations in Wyoming County generally experience the following regarding transportation needs and available options:

- Clients of multiple agencies demonstrate need for non-emergency medical transportation. General needs such as grocery store and employment access are cited. Individuals admitted to the hospital often require transportation to return home.

- As in many rural counties, the structure of transit limits its widespread use. Transportation to out-of-county destinations is generally unavailable and Medicaid transportation in the County demonstrates a lack of timeliness and consistency.

- Human services transportation provision in Wyoming County is opportunistic and takes many forms including staff, contracts, Medicaid reimbursement, volunteers, and reallocating resources when not otherwise used.

- Funding is the most cited barrier to agencies' ability to provide transportation to clients.

Desired Destinations

Transportation to and from medical appointments was cited a desired destination across multiple agencies. Community Action of Wyoming County cited that their clients' need to access the entire county for a variety of general needs. Social Services noted that transportation to and from work is essential. Wyoming County Community Hospital stated that transportation is needed to return patients to their homes after their hospital stay is complete. The Office of the Aging also noted that access to grocery stores is an unmet need.

Barriers to Accessing Destinations

Similar to other counties, many agencies cited the inflexibility of the public transportation system as a major barrier for those without access to a personal vehicle. While public transportation service is available within Wyoming County, due to the rural nature of the county, existing transit is extremely limited both in hours of operation and service routes. Residents who are mobility impaired have extra hurdles to face when accessing transit service. Agencies noted that transportation services that cross county lines are hard to secure.

The Wyoming County Community Hospital noted that their largest barriers are accessing Medicaid transportation in a timely and consistent manner, along with obtaining transportation for patients that are not Medicaid eligible. These two barriers are especially pronounced for patients that are being discharged across county boundaries. Transportation is also difficult to secure for patients that need wheelchair and stretcher services.

Providing and Funding Transportation Services

In addition to out-of-county medical transportation staffed by volunteers, the Wyoming County Office for the Aging provides in-county non-emergency medical transportation via office staff and contracts with the Arc of Livingston-Wyoming when clients require wheelchair accommodations. These services are funded by a state grant in addition to County budget funds. Community Action of Wyoming County coordinates a medical transport program for Medicaid eligible clients. Medicaid in turn reimburses the volunteer drivers for their mileage. The Department of Social Services has one employee whose transports clients to non-medical appointments, as they use the Medical Answering Service for Medicaid-eligible trips. The Department coordinates with relatives of clients for transportation and will

reimburse them for mileage, which is partially funded by New York State. The difference in State funds and expenses is included in the county budget. Difficulties with using providers linked to by Medical Answering Service has led the Wyoming County Community Hospital to utilize their crisis program vehicle for medical transportation when staff are available and the vehicle is not otherwise in use.

Organizational Challenges

Barriers or organizational challenges persist that limit human service agency's ability to provide transportation. Most agencies noted that the cost of providing transportation service and the funding to support current programs are a barrier to providing transportation to clients. The Wyoming County Community Hospital struggles with the reliability of Medicaid-eligible providers. Companies serving Wyoming County are not local and often fail to deliver patients to destinations on time.

Other Options for Clients

When agency provided transportation does not meet the needs of clients, stakeholders indicated that a variety of transportation options are employed. Of course, friends and family provide rides to their loved ones, but when that is not possible there are other options to employ. In addition to public transit, taxis and ride hailing services were frequently cited. Attic Bus, Community Action, Disabled American Veterans (DAV), Veterans Transportation System (VTS), Genesee-Wyoming Veterans Transport Program, and Gillam Grant Transportation Services were also cited.

Eastern Sub-Region

Like the Western Sub-Region, the geography large Eastern Sub-Region is examined by county to best understand client needs and stakeholder challenges, though eastern counties generally responded at a lower rate than their western counterparts.

Figure 22 – Eastern Sub-Region Engaged Stakeholders List

Organization	Type/Focus	Area Served	Contact
Yates OFA/ Pro Action of Steuben and Yates, Inc.	Non-Profit/ Human Service	Yates County	Zachary Housworth
Ontario County Office for the Aging	Government Agency/ Human Service	Ontario County	Irene Coveny
Seneca County Office for the Aging	Government Agency/ Human Service	Seneca County	Angela Reardon
Seneca County Division of Human Services	Government Agency/ Human Service	Seneca County	Tracy VanVleck
The Arc Wayne	Non-Profit/ Human Service	Wayne and Ontario Counties	Kevin Berry
Yates County Department of Social Services	Government Agency/ Human Service	Yates County	Amy Miller
Mozaic	Non-Profit/ Human Service, Transportation	Yates and Seneca Counties	Lisa Minns
Ontario County Department of Social Services	Government Agency/ Human Service	Ontario County	Eileen Tiberio

Ontario County

Questionnaire respondents from Ontario County include a pair of government agencies serving senior citizens, low-income individuals, and families with complex service needs. Supplementing these, Lifespan of Greater Rochester, whose provided input to the Monroe County sub-chapter, also serves Ontario County.

Stakeholders reported that disadvantaged populations in Ontario County generally experience the following regarding transportation needs and available options:

- Accessing medical appointments is a common need of clients of the responding agencies. This is reiterated by a 2019 community survey of older Ontario County adults.

- In addition to the inflexibility of fixed route transit, finding affordable transportation options to destinations, especially those outside of the county, is a barrier to access for individuals.

- Ontario County provides a wide variety of transportation services to disadvantaged populations through a mix of contracts, partnerships, and collaborations funded mostly by state grants and supplemented by county funds.

- A lack of volunteer drivers and difficulties matching clients to eligible and appropriate services are cited as organizational challenges to providing transportation to clients.

Desired Destinations

Access to medical appointments continues to top the list as a desired destination. The Department of Social Services noted that access to employment and related education and training opportunities is important. The Ontario County Office for the Aging noted that transportation to shopping and social events is also a need.

In September 2019, the Ontario County Office for the Aging conducted a community survey regarding the needs of older adults in the county. Respondents indicated that transportation to medical appointments was of greatest concern, followed by transportation medical appointments outside of the county. After medical related transportation, in order of need, smaller percentages of respondents also sought transportation for errands including grocery shopping, the availability of transportation services on weekends and evenings, and finally transportation to social events.

Barriers to Accessing Destinations

Ontario County's the Office of the Aging and the Department of Social Services both cited the rigidity of the public transportation system as a major barrier for those without access to a personal vehicle. While public transportation service is available within Ontario County, existing transit is limited both in hours of operation and number of routes. It was also stated that RTS has vehicle capacity to expand service, but recruiting drivers is challenging. RTS trips must be booked at least one week in advance which limits flexibility and access, while the cost for more demand responsive services limits their use.

These constraints restrict clients' access to medical appointments, employment opportunities, and access to the grocery store.

The Office of the Aging specifically noted that providing access to dialysis treatments and finding affordable options for those with medical appointments outside the County is difficult. Their 2019 community survey revealed that over ten percent of respondents were concerned about the cost and inability to pay for transportation services. The Department of Social Services noted that there are challenges connecting clients with Medicaid transportation providers.

The 2018 regional health equity survey conducted by Common Ground Health also covered Ontario County. The following figures isolate the responses of County residents. The percentage of adults perceiving barriers in accessing medical care, dental care, and prescriptions are generally lower in Ontario County than Monroe or Livingston Counties. However, transportation appears to be more of a factor in Ontario County compared to other surveyed counties among those who were unable to get needed medication.

- Seven percent (7%) of Ontario County adults reported that transportation for getting medical or dental care is always or often a difficult challenge while nine percent (9%) of adults who reported that they were unable to access needed medical care in the past year and five percent (5%) of County adults who were unable to access needed dental care cited transportation as a barrier.

- Four percent (4%) of County adults reported that transportation for picking up prescriptions is always or often a difficult challenge while six percent (6%) of County adults who reported that they were unable to acquire needed medication in the past year cited transportation as a barrier.

- Five percent (5%) of County adults reported that transportation for buying healthy foods is always or often a difficult challenge while three percent (3%) of County adults identified transportation as a barrier to eating healthier.

Providing and Funding Transportation Services

The Ontario County Office for the Aging (OFA) coordinates a wide array of human services transportation options for County residents. The Office contracts with RTS Ontario to provide a shopping shuttle that operates in Canandaigua, Bloomfield, Clifton Springs, and starting in June 2021, to/from the Townside Apartments in Geneva. The Office also contracts with RTS for county-wide Dial-a-Ride service requiring at least one week advance notice to schedule. OFA also partners with the Wayne County Action Program, who manages a volunteer transportation program limited to medical appointments, primarily to clinical services concentrated in Canandaigua, but also to Rochester medical centers. Volunteers are reimbursed for vehicle mileage.

The office subsidizes participation in the GoGo Grandparent service, a national organization that assists senior without smartphones in accessing ride hailing services. OFA covers the monthly fee as well as

fees for up to two trips per month for residents' medical appointments. The Office finances the programs through Community Services for the Elderly block grants and Unmet Needs funds from the State Office for the Aging, supplemented by Ontario County. In addition, the Ontario County Department of Social Services provides transportation for clients whose children are in foster care to appointments regarding their children using state and federal child welfare funding.

Most notably, OFA collaborated with Lifespan of Greater Rochester on an FTA Section 5310 application. Lifespan was awarded funding for a part-time mobility manager for Ontario County beginning May 3, 2021 and located within the Ontario County Office for the Aging. The mobility manager will provide information and link clients of any age to eligible transportation services.

Organizational Challenges

The Office of the Aging struggles matching the appropriate type of transportation to their clients' needs. Both Ontario County Human Service agencies cite a lack of volunteer drivers.

Other Options for Clients

While local taxi service and ride hailing services exist in Ontario County, they are cost prohibitive to the human service agencies clientele.

Wayne County

The primary questionnaire respondent from Wayne County is the Arc Wayne, a private non-profit social services group. While only one stakeholder agency respondent is primarily focused on Wayne County, Heritage Christian Services, whose input was discussed in the Monroe County sub-chapter, also counts Wayne County among its service area. Additionally, Common Ground Health's 2018 regional health equity survey covered Wayne County and provides insight into the perception of transportation as a barrier to medical, prescription, and grocery access.

Barriers to Accessing Destinations

The 2018 regional health equity survey conducted by Common Ground Health also covered Wayne County. The following figures isolate the responses of County residents. While transportation does not appear to be a barrier to accessing medication, transportation is identified as barrier to eating healthier by the highest percentage of population in the region.

- Eleven percent (11%) of Wayne County adults reported that transportation for getting medical or dental care is always or often a difficult challenge while fifteen percent (15%) of adults who reported that they were unable to access needed medical care in the past year and five percent (5%) of County adults who were unable to access needed dental care cited transportation as a barrier.

- Eight percent (8%) of County adults reported that transportation for picking up prescriptions is always or often a difficult challenge while no adults who reported that they were unable to acquire needed medication in the past year cited transportation as a barrier.

- Nine percent (9%) of County adults reported that transportation for buying healthy foods is always or often a difficult challenge while five percent (5%) of County adults identified transportation as a barrier to eating healthier.

Providing and Funding Transportation Services

Arc Wayne owns and operates a fleet of vehicles to provide transportation for those considered eligible by the State Office for People with Developmental Disabilities. Arc services, primarily offered during daytime hours, are augmented by a contract with RTS Wayne, and funded by Medicaid and other reimbursements. Capital expenses are typically funded through FTA Section 5310 grants.

Organizational Challenges

The Arc Wayne noted driver availability and funding are their two biggest challenges. If additional funding and drivers were secured, then transportation service could be provided on evenings and weekends.

Seneca County

Questionnaire respondents from Seneca County are limited to a pair of government agencies serving a variety of residents with program qualifications based on age and/or income. In addition, Mozaic, a chapter of The Arc representing Yates, Seneca, and Cayuga Counties, and who input will be discussed in the Yates County sub-chapter, also serves Seneca County.

Stakeholders reported that disadvantaged populations in Seneca County generally experience the following regarding transportation needs and available options:

- Accessing medical appointments is a primary concern, but grocery shopping and access to meal programs are highly desired.

- Barriers to access vary greatly depending on one's location within Seneca County. Southern towns not only lack transportation providers, but also nearby desired destinations.

- State and federal funds pay for a contract for demand response service for seniors, transportation for veterans, and minimal taxi service.

- Driver availability and funding sources are the largest organizational challenges.

Desired Destinations

Seneca County Office for the Aging and Division of Human Services both stated medical appointments were a primary concern, along with grocery shopping and access to meal programs. Human Services proceeded to state that the following are desired destinations: mental health support, substance

use/abuse programs, basic human service needs (food, shelter, workforce), employment, school/education programs, family/social events, community agencies and programming.

Barriers to Accessing Destinations

The Seneca County Office of the Aging noted that securing transportation across county lines is difficult as well as securing transportation for medical appointments outside of the traditional workday.

The Seneca County Division of Human Services stated that depending on your location in the County needs varied greatly. Communities in the Northern portion of the County, such as Junius and Tyre, have no public transit services, sidewalks, grocery stores, or any type of medical services. The Southern towns of Romulus, Fayette, Varick, Ovid, Lodi, Covert, and Interlaken have one small grocery store, limited medical services, no public transportation, limited sidewalks, limited or no affordable housing options, few options for food pantry access and youth programming, and limited gas stations. The County lacks affordable daycare options and youth programs. Human Services noted a rise in substance abuse/use and mental health concerns. These clients struggle with meeting basic needs and lack access to services that aid them in their recovery.

The 2018 regional health equity survey conducted by Common Ground Health also covered Seneca County. The following figures isolate the responses of County residents. While average levels of Seneca County respondents cited transportation challenges, the County consistently reported the lowest percentages of respondents citing transportation as a barrier responsible for the inability to access medical, dental, prescription, and healthy food services.

- Ten percent (10%) of Seneca County adults reported that transportation for getting medical or dental care is always or often a difficult challenge while only three percent (3%) of adults who reported that they were unable to access needed medical care in the past year and four percent (4%) of County adults who were unable to access needed dental care cited transportation as a barrier.

- Five percent (5%) of County adults reported that transportation for picking up prescriptions is always or often a difficult challenge while no adults who reported that they were unable to acquire needed medication in the past year cited transportation as a barrier.

- Nine percent (9%) of County adults reported that transportation for buying healthy foods is always or often a difficult challenge while only two percent (2%) of County adults identified transportation as a barrier to eating healthier.

Providing and Funding Transportation Services

The Seneca County Office for the Aging contracts with the Senior Center, Inc., a private non-profit, to provide transportation to County meal sites as well as provide a demand response service. The contract is funded through Community Services for the Elderly block grants and County funds. The County Department of Human Services pays for taxi service for clients under certain conditions.

Funding is reimbursed to the County on a case basis via state or federal funds. Additionally, the County allocates funds annually for transportation for veterans.

Organizational Challenges

Both agencies in Seneca County noted that driver availability and funding are obstacles. Additionally, the rural nature of the county strains the ability of the agencies to provide transportation service.

Other Options for Clients

County agencies refer those for whom they cannot provide transportation to a variety of options, including the public transit system, Dial-A-Ride service, the South County Transportation Corps, other volunteer programs, taxi companies, ambulance services, Medicaid carriers, other non-emergency medical transportation providers, and other human services agencies such as Child Welfare services when applicable.

Yates County

Questionnaire respondents from Yates County include a non-profit serving seniors as the operator of the County Office for the Aging, the government agency responsible for state mandated public welfare programs, and the local Arc chapter that operates the County's fixed route public transit service.

Stakeholders reported that disadvantaged populations in Yates County generally experience the following regarding transportation needs and available options:

- While multiple agencies again mentioned medical appointments as a primary destination, clients demonstrate need to access shopping, errands, programs, and social events.

- Frail and disabled seniors struggle to use certain available services when not equipped to accommodate wheelchairs. Like many rural counties, the limited service span and coverage of the fixed route system discourages transit use.

- Yates County providers offer fixed route transit, public access to program routes, and a demand response service paid for mainly by state funds.

- Driver inability is cited as the most common organizational challenge to providing transportation to agency clients.

Desired Destinations

The Yates County Office for the Aging/ProAction and the Department of Social Services both cited the need to provide transportation to medical appointments. The Office of Aging also cited clients need transportation to the pharmacy, grocery stores, clothing stores, and social events. The Department of Social Services noted that access to employment, education, and training programs is needed. The Mozaic/Yates Transit Service stated that clients need transportation to programs and social events.

Barriers to Accessing Destinations

Similar to other counties, many agencies cited the rigidity of the public transportation system as a major barrier for those without access to a personal vehicle. While public transportation service is available within Yates County, due to the rural nature of the county, existing transit is extremely limited both in hours of operation and service routes. Residents who are mobility impaired have extra hurdles to face when accessing transit service.

The Office of the Aging noted they have access to four vehicles and only two can transport customers in wheelchairs. Current protocols require that clients be able to board vehicles without assistance, thus the most frail and disabled seniors are not able to be transported.

The 2018 regional health equity survey conducted by Common Ground Health also covered Yates County. The following figures isolate the responses of County residents. Most notably, Yates County sees high rates of transportation cited as a barrier for those who were unable to receive needed medical care and the highest rate of all counties participating in the survey with respect to those citing transportation as barrier that prevented them from accessing dental care.

- Seven percent (7%) of Yates County adults reported that transportation for getting medical or dental care is always or often a difficult challenge while sixteen percent (16%) of adults who reported that they were unable to access needed medical care in the past year and twenty-one percent (21%) of County adults who were unable to access needed dental care cited transportation as a barrier.

- Five percent (5%) of County adults reported that transportation for picking up prescriptions is always or often a difficult challenge while three percent (3%) of County adults who reported that they were unable to acquire needed medication in the past year cited transportation as a barrier.

- Four percent (4%) of County adults reported that transportation for buying healthy foods is always or often a difficult challenge while only two percent (2%) of County adults identified transportation as a barrier to eating healthier.

Providing and Funding Transportation Services

Unlike the other eight counties in the region, Yates County's public transit service is not operated by RGRTA. Mozaic, a chapter of the Arc covering Yates, Seneca, and Cayuga Counties, operates fixed route service. Public transportation is also available on all Mozaic program routes. Services are funded by Mozaic, a contract with Keuka College, and State Transit Operating Assistance reimbursements.

Of human services agencies, Pro Action of Steuben and Yates, acting on behalf of the Yates County Office for the Aging, operates vehicles and pays drivers to transport clients via a demand response system. Medical appointment requests take priority in the event of multiple requests for the same time slots. The service is funded by the State Office for the Aging and suggested donations. The County

Department of Social Services provides bus passes, taxi rides, and reimbursement for mileage through State Temporary Assistance for Needy Families and Preventive Health and Health Services funding.

Organizational Challenges

The Office of the Aging and Mozaic/Yates Transit Service noted that driver availability is a barrier to their agencies' ability to provide transportation to their clients. As in other counties, funding levels were cited as a challenge.

Other Options for Clients

Responding agencies noted that some more able-bodied seniors that live along fixed routes may use the Yates County Transit service. Veterans have the option of using Yates County Veterans Services volunteer transportation, if available.

COORDINATION STRATEGIES

Responses to the stakeholder questionnaire and the demographic and destination analysis reinforce a number of themes related to human services transportation needs and barriers. Agencies operating in urban and rural environments reported many of the same concerns that shape the recommended strategies to improve coordination and service delivery across the nine-county region.

- While access to medical appointments is most highly desired, broad desire exists across counties to access goods and services, employment, and social opportunities.

- Primary access barriers to individuals include compromised personal mobility, the inflexibility of transit services as well as limited span and coverage, location mismatch between residences and destinations, and difficulty crossing county lines.

- Providing and funding transportation as a human services agency requires a complicated and opportunistic approach that requires a wide variety of contracts, arrangements, and understanding of eligibility that could be better coordinated as well as simplified.

- Funding levels, staffing deficits, driver unavailability, and in smaller counties, a lack of providers are the largest organizational challenges to providing specialized transportation.

In addition to requests for written responses to questions related to human services transportation needs and barriers, the stakeholder questionnaire noted that the previously adopted 2011 Coordinated Plan and 2016 Addendum included 17 mobility strategies for the region within four general categories.

- **Mobility Management** – A mobility manager provides a wide variety of mobility management functions including providing information about available services, trip planning and booking, and coordination of services to provide enhanced effectiveness through efficiency boosting practices such as trip-chaining. Complementing mobility managers, create centralized call centers to put information access for all county transportation operations in one place, with one phone number for residents to call to schedule a ride and/or obtain information about available transportation services (Ex. Lifespan Eldersource in Monroe County). Subsequently create a training and support network for county mobility managers.

- **Policies** – Create focal points for coordination and mobility management activities in regional and county coordinating councils to implement plan recommendations and facilitate service connections across county boundaries. Ensure bus stops and transfer points are accessible year-round from adjacent sidewalks.

- **Specialized Transportation Services** – Develop and support county-wide networks of volunteer drivers to help transport individuals with special needs or those traveling longer distances. Continue and augment support for FTA Section 5310 eligible providers. Establish a network of seniors able to pay for door-to-door service through a membership organization; possibly utilizing volunteer providers. 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.

■ **Public Transportation** – Innovate with respect to public transportation service. Create new services and/or expand existing services to provide service to new areas. Expand service hours and/or expand options in areas with limited service. Facilitate partnerships with private or non-profit organization to sponsor new transit routes. Design programs to train individuals to use fixed-route and/or dial-a-ride public transit.

For each category, respondents were asked to indicate the if the topic areas remain highly relevant and important, somewhat relevant and/or important, or not relevant or important to improving transportation services for their agency.

Figure 23 – Relative Importance of Recommended Strategies in the 2016 Coordinated Plan Addendum
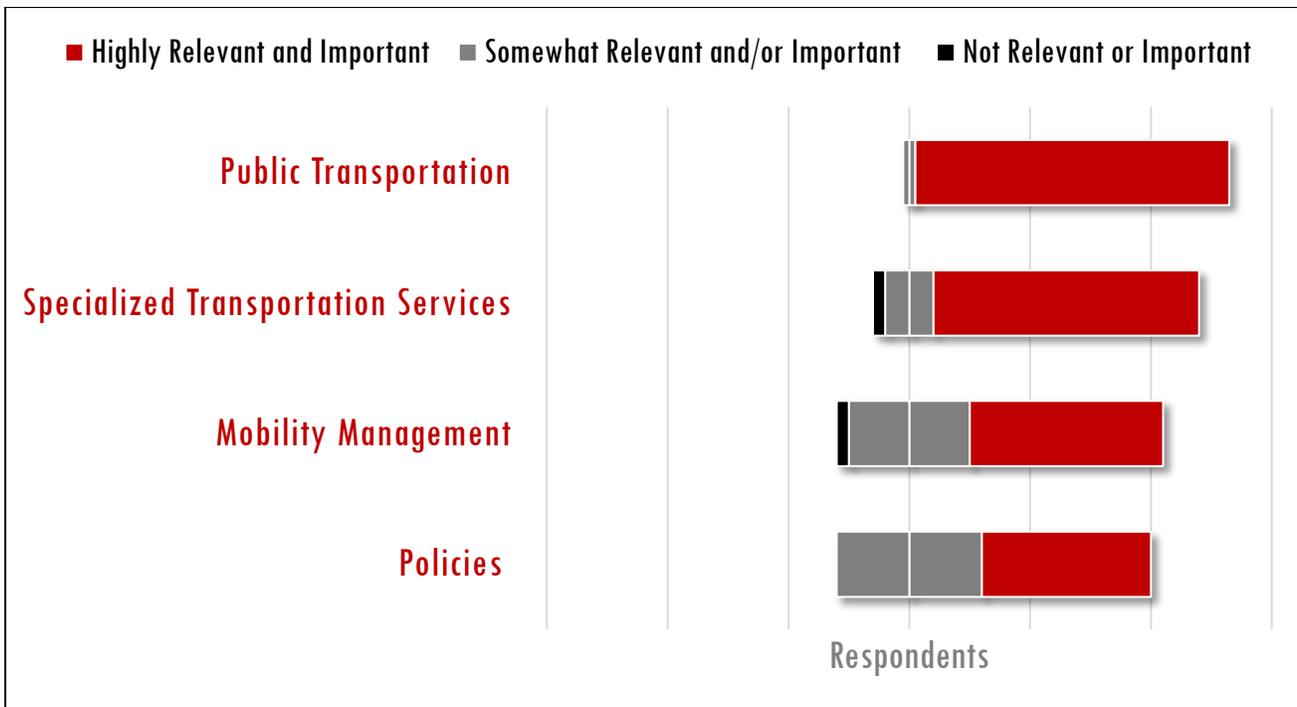
As shown in Figure 23, the vast majority of respondents found all recommendation categories to be highly relevant and important. Respondents indicated the most universal support for innovation in public transportation delivery followed by the development and support of countywide specialized transportation networks. While recommendations in this document are organized differently, important aspects of each topic area from previous plans have been retained.

The following pages narrate the ten recommendations of the 2021 Coordinated Plan. For each recommendation, which may consist of multiple actions, an overview is given of the concept, the applicability of the concept and similar previous or current efforts are discussed, a basic cost estimate is provided, and potential funding sources as well as potential participating agencies are identified.

COORDINATION STRATEGY

County Mobility Managers

Mobility managers serve as policy coordinators, operations service brokers, and travel navigators. They help communities develop transportation policies and build local partnerships. Their presence ensures that staff resources are available to implement mobility and coordination strategies, creates a community resource to promote existing and available transportation programs and services, and may also highlight and raise awareness of mobility challenges and opportunities. Programs implemented by mobility managers have the potential to improve effectiveness and efficiency of local human services transportation provision. Typical functions include:

- Helping individuals find the most appropriate transportation option for their needs.
- Overseeing coordinated operations, such as a one-call/one-click system or centralized scheduling and dispatch.
- Coordinating travel training, assisting with vehicle sharing programs, and administering voucher programs.
- Providing technical assistance to transportation providers, coordinating 5310 applications, and compiling reports.
- Providing education and outreach to market transportation services, recruiting new partner organizations, and earning community support.
- Participating in a coordination council or advisory group.

Applicability for the Genesee-Finger Lakes Region

A mobility manager for each county within the region should be involved in planning and executing most of the recommended strategies to follow. Mobility management programs are currently in place in Monroe, Ontario, and Genesee Counties. While a single regional mobility management department may be considered, there is great value in establishing a mobility manager in each county due to greater familiarity with local clients, their needs, and available providers. Where geography, travel demand, and financial resources dictate, a pair of counties may work together to hire a mobility manager, much like multi-county Arc Chapters within the Genesee-Finger Lakes Region.

Each mobility manager should aim to participate in the New York Association for Mobility Management. Formed in August 2019, the organization provides networking and collaboration opportunities, professional development resources, and state level assistance to help mobility professionals identify additional funding streams. A mobility manager should take advantage of state and national mobility management training programs and materials, such as those made available by Move Together NY, to develop a better understanding of potential strategies and evaluation measures.

Estimated Costs

The annual salary of a county mobility manager may range between $30,000 and $60,000, depending on whether the position is considered part- or full-time. Additional costs, dependent on the county and scope of operations are personal benefits, overhead, and program resource costs.

Potential Funding Sources

Federal Transit Administration Section 5310 and Section 5307 Grants allow funding of mobility management positions. These federal funds can reimburse up to eighty percent (80%) of total costs. Mobility managers in other New York counties are supported by New York State Operating Assistance (STOA), county funds, partner contributions, and endowments in addition to FTA grants. County Offices for the Aging also have access to various funding sources through the statewide Office for the Aging and the NY Connects program.

Potential Partners

Entities employing mobility managers across New York State include public transit systems, county Offices for the Aging or Departments of Social Services, rural health networks, local Arc chapters, municipalities, and nonprofit organizations.

COORDINATION STRATEGY

Centralized Information and Reservation Platform

Coordinating transportation allows for maximum use of the resources of participating agencies and reduces duplication of services. Centralizing reservations increases the effective vehicle capacity of a number of transportation providers serve trips requested by a more diverse client base. When reservations are centralized, clients or agency personnel contact a lead agency or mobility manager who chooses the most appropriate and cost-effective provider to serve each trip.

Building on these concepts, one call/one click systems offer transportation option information for a specific trip request and may offer trip dynamic trip booking for certain service providers. One call/one click systems may include information about specialized services as well as information about public fixed-route and paratransit services, taxis and other fee-for-service providers, volunteer driver programs, voucher/subsidy programs, vehicle sharing programs, and even ride hailing services. Centralized service information and scheduling systems can vary considerably in the degree of trip planning and reservation assistance they provide for customers. Advanced features of such a system may include:

- A centralized list of transportation services directly updated by providers that is accessible via phone, hosted on a website, or printed in a directory.

- Opportunities for the user to narrow transportation options based on origin and destination, date of travel, and preferred arrival time. This is typically accomplished through online prompts, though it could also be provided as part of a phone-based system.

- Trip planning and booking assistance from a mobility manager or transferred call to the chosen transportation provider.

- Direct trip booking either via portals to reservation systems of participating providers or via an exchange where a request is assigned a default provider. If that provider is unable to fulfill the request, other providers participating in the exchange review trip details and potentially accept the request based on their system capacity.

Applicability for the Genesee-Finger Lakes Region

Livingston County has developed a web-based tool, Ride LivINgston to match transportation needs of County residents to transportation providers. Users enter their starting destination address, and preferred arrival date and time to return a list of potential providers. Users further refine their needs and eligibility, trip purpose, and preferred mode. While the platform includes a County provider directory with contact information and service detailers for each provider, the platform does not currently accommodate trip booking or payment. The 2021 *Livingston County Mobility Management Strategy* recommends upgrading the platform to a trip exchange model as described above.

Lifespan, a regional senior services non-profit, currently performs mobility management tasks in partnership with the Monroe and Ontario County Offices for the Aging. Their Transportation Access program employs mobility specialists who assist with trip planning and ride arrangements. The Eldersource Transportation Resources list is the most complete in the region, describing eligibility requirements, service areas, permitted trip types, user fees, advance notice requirement, and service days and time frames for all providers serving Monroe County and adjacent areas.

In 2020, Lifespan was awarded an FTA Section 5310 to provide enhanced mobility management services. Included in those services are a multi-county one call/one click platform to be used by persons with disabilities, older adults, caregivers, and social service professionals. The proposed platform hopes to leverage existing technologies and mobility management techniques and has potential to greatly expand its capabilities and geographic coverage across the region.

Estimated Costs

Depending on the size and functionality of the project, developing a database with web-based user interface and a provider portal could cost in excess of $100,000, though certain functional elements have been developed and tested by Livingston County. Promotion and marketing of the platform requires a marketing plan and campaign. Required ongoing platform maintenance can be expected after launch to ensure functionality and database accuracy.

Potential Funding Sources

Federal Transit Administration Section 5310 is a primary funding source for mobility management and related program costs and is currently used to support mobility management activity in Monroe and Ontario Counties. Funds may be applied to administrative expenses, support staff, outreach services, facility costs, and other support costs related to mobility management. While federal funds can reimburse up to eighty percent (80%) of total costs, local matches may come from county human service departments and local non-profits and foundations dedicated to serving seniors and the disabled, such as the United Way.

Potential Partners

Many agencies and organizations involved in human services transportation would participate in a regional trip management tool. While mobility management staff would serve as the lead partner, nearly all providers would be relied on to submit operating information for use in the database.

COORDINATION STRATEGY

Innovative Transit Service

The 2011 Coordinated Plan and 2016 Addendum advocate for innovate transit service in the form of service routes and shopping shuttles. Previous plans also call for an expansion of transit service, which has proven to be impractical due to great cost. Innovation in service now takes on a new meaning, generally related to transit agency operated on-demand, or microtransit services, and changing the operating parameters of paratransit. Service changes should aim to fulfill needs in currently underserved and unserved areas by improving or increasing the frequency and timeliness of service, the availability of night, weekend, and last-minute options, and the availability of cross-county options. Potential actions include:

- Redesign fixed and deviated routes in regional systems to maximize effectiveness while considering origins and desired destinations of disadvantaged populations.
- Expand geographic eligibility for Dial-A-Ride services as fixed and deviated route resource deployment is reassessed.
- Establish additional on-demand mobility or microtransit zones throughout the region.
- Include consideration of trips that cross county lines in reassessments related to each previously listed action.

Applicability for the Genesee-Finger Lakes Region

Beginning in 2017, RGRTA undertook a complete system redesign for RTS-Monroe. The pandemic delayed implementation of a higher frequency fixed-route network, On Demand Zones, and expanded paratransit coverage until late May 2021. On Demand Zones feature a microtransit curb-to-curb or curb-to-connection hub service. While only required by the Americans with Disabilities Act to provide paratransit to an area ¾ mile from fixed route service, the ReImagine RTS program established additional service tiers, the largest corresponding to an area 1 ¼ miles from the nearest On Demand Zone boundary.[4]

As of July 2021, RGRTA is providing countywide Dial-A-Ride service in all counties except Wyoming County. Prior to the pandemic fewer counties featured this expanded coverage, which was implemented as fixed- and deviated route service was scaled back as a public health consideration. Certain counties, such as Livingston have discovered that Dial-A-Ride is more efficient on a per-trip

---

[4] Final Recommendation Report: Reimagining Public Transit Together, Regional Transit Service, 2019. https://reimagine.myrts.com/wp-content/uploads/2019/06/Reimagine-RTS-Final-Report-High-Res-6.26.19.pdf

basis than their pre-pandemic service. Other counties may not continue expanded Dial-A-Ride due to reallocation of limited drivers and vehicles as operating restrictions ease.

RGRTA is also in the process of beginning a local service study for smaller cities and villages not located within the RTS Monroe footprint. The study, slated to begin in November 2021, will identify the best way to serve rural centers. Recommendations for each community will advise regarding the retention, expansion, or mode change of fixed-route, demand response, deviated route, and other service modes. Expansion of the RTS On-Demand model to new locations is likely to be examined within this study as the effectiveness of the Monroe service becomes better understood.

Estimated Costs

In 2019, the operating cost of fixed-route service outside of Monroe County ranged from $70 to $105 per hour and averaged approximately $90 per hour. RTS Access service cost almost $39 per passenger trip. The recommendation is based on reassessments of service mode and reallocation of existing driver and vehicular resources such that significant cost increases are not necessary.

Potential Funding Sources

Federal Transit Administration Section 5311 formula grants for rural areas provide operating assistance to states to support public transportation in rural areas. The federal share is a maximum of 50 percent for operating assistance. Funds are apportioned based on a formula that includes land area, population, revenue vehicle miles, and low-income individuals in rural areas. The New York State Operating Assistance (STOA) program distributes funds to transit operators based on the number of passengers carried ($0.405 per passenger) and vehicle miles traveled ($0.69 per vehicle mile). Counties make an annual contribution to RGRTA for service and private entities make payments in exchange for service adjustments.

Potential Partners

Fixed-route transit, paratransit, and microtransit models are not necessarily limited to public transportation providers such as RGRTA and Yates Transit Service. Many non-profits offer service similar to Dial-A-Ride, and, with the adoption of new technology, could provide on demand services if vehicle and driver availability allows.

COORDINATION STRATEGY

Contracted Service

Organizations can take advantage of the excess capacity of other providers' fleets during vehicle downtime by contracting for transportation service. This excess capacity can supplement other services in meeting travel demand and offer a cost-effective option for providing less commonly provided evening and weekend trips. Additionally, certain administrative functions are performed by the contractor on behalf of the contracting organization, which can avoid the larger investments in vehicles and staffing. Service contracts also benefit the service provider as additional revenue can be raised to support their operations. The typical contracting process consists of the following steps:

- Initiate discussions with a provider to determine potential capacity and cost structures.
- Determine ride request, tracking, and billing methodology between parties.
- Monitor contractor vehicle use and cost per trip to the contracting agency.
- Continue to coordinate regarding enhanced scheduling and vehicle allocation.

Applicability for the Genesee-Finger Lakes Region

Multiple county agencies currently contract with RTS regional systems for agency designed service. The Ontario County Office for the Aging contracts with RTS to provide a shopping shuttle, Dial-A-Ride service, and dialysis transportation service. Livingston County's OFA contracts to transport clients to meal sites. The Arc Wayne augments their own services with a contract with RTS Wayne. The Genesee County OFA has a contract with RTS as well as with Community Action Transportation System to provide transportation for older adults.

The 2021 *Livingston County Mobility Management Strategy* examined an expansion of the existing contract between The Arc of Livingston-Wyoming and their County Office for the Aging. Discussions revealed that The Arc typically has a spare vehicle available between 9 a.m. and 2 p.m. on weekdays. The Mobility Management Strategy recommends that Livingston County develop a new contract that would allow other County departments to schedule client transportation through The Arc during those times. It was also suggested that the available vehicle could be contracted as a shuttle service if specific needs were identified.

Estimated Costs

The cost of purchasing service depends on the rate determined by the transportation provider. It may be negotiated on a per trip or per mile basis with optional annual maximums. In 2021, The Arc of Livingston-Wyoming's Average cost per mile is $2.25. Agencies should consider staff costs related to coordination and monitoring, though these may be performed as part of a mobility manager's duties.

Potential Funding Sources

Operating costs of contracted service is an eligible use of FTA Section 5310 – Enhanced Mobility for Seniors and Individuals with Disabilities – funding. Federal funds would pay for 80 percent of program costs, supplemented by County department or municipality budget expenditures.

Potential Partners

In addition to RGRTA and local Arc chapters, other non-profits who operate vehicles for agency transportation programs such as Medical Motor Service, various senior communities, and other organizations supporting those with developmental disabilities may be able to extend the use of their fleet for additional human services transportation needs. County offices for the aging, departments of social services, and ideally, mobility managers, would be logical partners to pursue contracts.

COORDINATION STRATEGY

Vehicle and Administration Sharing

As in previous iterations of the plan, supporting specialized transportation providers and volunteer transportation services is critical, especially in locations where public transportation and other modes are less effective. The way support may be realized has evolved and now primarily examines sharing arrangements that reduce capital investment needs and agency expenses. Vehicle sharing strategies allow providers with non-overlapping vehicle requirements to share vehicles while joint administrative activities, such as coordinated grant requests, driver training, and procurement, lower costs and build relationships for future coordination. Potential actions related to sharing vehicles and administrative services include:

- Coordinated action by two or more organizations to purchase vehicles that would be subsequently shared between them. A sharing arrangement would be created to determine operating cost responsibility as well as a use schedule. Both organizations would be responsible to provide trained and licensed drivers, as applicable.

- Creation of vehicle sharing pools using donated vehicles and/or vehicles purchased with FTA Section 5310 funds. Vehicles would be reserved on a recurring schedule or for single use by member organizations. A primary donating agency would maintain schedule priority to meet its normal transportation needs.

- Transfer of vehicles due for retirement, but still in usable condition, and other support to smaller providers, reducing vehicle acquisition costs and realizing more productive value from each vehicle.

- Coordinated action by two or more organizations to purchase common support resources such as insurance, maintenance services, fuel, and contracted staff including grant writers. Agencies may also benefit from sharing policy manuals, training procedures, evaluation criteria, and safety standards.

Applicability for the Genesee-Finger Lakes Region

In various counties throughout the region, a vehicle sharing program could be implemented in concert with future FTA Section 5310 solicitations. Two or more agencies could jointly apply for capital vehicle purchase and receive higher application scores due to increased coordination. This strategy is relevant for local 5310 grant planning as the it can reduce the numbers vehicles requested of the program while reducing costs for each applicant within a sharing agreement.

Regarding vehicle pools, multiple interested organizations may offer their vehicles for use by the pool while maintaining access to the vehicles during the hours they are currently used. During the hours that they are currently unused, any other pre-qualified and insured pool member organization would be able to reserve the vehicles for transporting their own clients. An agency that already operates a large vehicle fleet and has maintenance, scheduling, and dispatching infrastructure in place would be ideally

suited as the lead agency to manage the vehicle pool and provide driver training to the other member agency drivers. Members fees could be used in the future as local matches in funding applications.

Accessible van transfer programs exist across the country where vehicles scheduled for retirement will be transferred to competitively selected nonprofit organizations that serve seniors, people with disabilities, and other populations. Vehicle recipients agree to provide a certain number of trips, linked to the value of the vehicle, that otherwise would not be available or that would be more costly if provided by paratransit operators. Service agreements, vehicle maintenance, and insurance coverage may be requirements for title transfer.

Finally, coordinated grant writing efforts can greatly benefit partners in the competition for funding sources where coordination, partnerships, and program efficiency are evaluation criteria. Coordination allows agencies to access a wider range of funding programs and local match opportunities, as well as reducing the cost of pursuing grants. In certain instances, collaborations allow agencies to employ more specialized grant writing and service planning staff.

Estimated Costs

Vehicle sharing, whether in a pairing or a larger group, requires some staff time of each participating organization. The total amount of time and resources required depends on the structure of the program agreement. Liability and insurer's standards for drivers are another cost consideration, though unlikely to represent a significant increase over the total of individual agency insurance contracts. As described above, the recipient of a transferred vehicle would be responsible for maintenance and insurance costs, which may be incremental if the smaller agency already operates vehicles. The transferring agency typically realizes savings related to maintenance burden when the recipient continues to provide paratransit. Administrative service sharing costs would include additional staff time for the lead agency, offset by savings to other participants. Contributions of non-lead agencies could be calculated to compensate for the cost of lead agency staff time.

Potential Funding Sources

Previously mentioned, FTA Section 5310 is the most likely source for funding capital expenditures like vehicles. Agency budgets and member fees would be used to maximize the utility of shared membership programs.

Potential Partners

The preceding strategies may involve the participation of a large number of partners including paratransit providers, non-profit transportation providers, and human services agencies. A mobility manager would be an ideal individual to coordinate and subsequently manage agreements.

COORDINATION STRATEGY

Voucher Programs

Flexible vouchers build on the taxi subsidy concept first introduced in the 2011 Coordinated Plan. A flexible voucher can be used by human services agency clients or program participants to purchase trips from public or private transportation providers, taxicabs, or even volunteer drivers. The sponsoring agency subsidizes the cost of the trips, receives completed vouchers, and processes payments to providers. A voucher program can add a new dimension to volunteer driver programs, allowing the beneficiary to recruit their own volunteers from friends and neighbors, thus increasing the potential available driver pool. Typically, a lead agency will implement a voucher program through their county mobility manager. Benefits of the implementation of a flexible voucher program include:

- Participants may choose their transportation provider.
- The number of available volunteer drivers in an area may be expanded if programs allow reimbursement to volunteers.
- Familiar volunteers may be more likely to accommodate longer distance trips.
- Choice flexibility may be effective at providing trips on shorter notice as well as during evening and weekend hours.
- Agencies may vary their subsidy/reimbursement levels to match funding amounts/rules.

Applicability for the Genesee-Finger Lakes Region

Human services agencies in multiple counties utilize a variety of methods to subside client transportation including purchased bus passes, taxi rides, and reimbursed volunteers. Sometimes volunteer transportation is coordinated by the county office. A flexible voucher program could lessen the burden of volunteer recruitment on the agency and have an outsized positive impact in counties that currently host few operators. Likewise, using a voucher system may reduce administrative requirements for both the agency and the provider compared with a taxi contract. Rather than track trips versus a monthly or annual maximum contract value, the return and processing of individual vouchers represents trip logging.

Estimated Costs

A broad flexible voucher program, serving the clients of more than one human services agency, can require up to thirty percent of a mobility manager's time or approximately $20,000 in a year. Start-up costs might also include training and software purchases to track customers, trips, and reimbursements. The subsidy cost of each trip depends on travel details and predetermined subsidy limits. A voucher program allows additional flexibility to program sponsors as the levels of subsidy per user and the total annual subsidy may be limited based on budget considerations.

Potential Funding Sources

Administrative costs associated with a voucher program and the cost of vouchers used by older adults and persons with disabilities to purchase trips from taxi providers, human service agencies, and volunteer drivers are eligible expenses of FTA Section 5310. While other groups may participate in a voucher program, and while vouchers may be issued for fixed-route and paratransit, Section 5310 funds may not be used for those particular trips, and additional administrative tracking would be required. Sponsorship by county human service agencies, therefore county budgets, as well as private endowments benefitting certain disadvantaged populations may supplement flexible voucher programs.

Potential Partners

While a mobility manager is most likely to lead a voucher program, various county agencies, community hospitals, and non-profit organizations could participate as sponsors and voucher distributors. All types of transportation providers including public transit agencies, volunteer driver programs, and fee-for-service companies may transport those submitting vouchers.

COORDINATION STRATEGY

Private Partnerships

As the ways in which existing providers have evolved, facilitation of new partnerships requires different strategies. While RGRTA continues to partner with local businesses and agencies to adjust fixed routes and provide contracted service, the last several years have witnessed the emergence of a distinct class of on-demand transportation that may fulfill certain transportation system needs. Ride hailing applications such as Uber and Lyft employ drivers as independent contractors, lowering the overhead and resultant rider fare compared to traditional taxi service. Ride hailing services come with drawbacks, such as geographic coverage limited to more densely populated areas and limited accommodations for those with mobility aids. Potential actions to increase the value of ride hailing companies with respect human services transportation include:

- Examining embedded organizational services such as Uber Health that allow health care providers to schedule rides and facilitate payment for non-emergency medical transportation. Additionally, evaluate third party platforms that allow other client sponsors to arrange ride hailing services on behalf of clients.
- Developing relationships with providers to advocate for accessibility standards, driver training, and driver background checks to mitigate client perceptions.
- Considering the use of ride hailing services as a first and last mile technique to extend the effectiveness of local public transportation and other providers with geographic limitations.

Applicability for the Genesee-Finger Lakes Region

As stakeholders indicated that client needs extend beyond medical transportation to commercial needs such as grocery shopping, pharmacy, and banking, many opportunities still exist across the region to form partnerships between service providers and the business community to serve growing disadvantaged populations. Additionally, as many agencies across the region continue to transport clients via costly taxi services, a careful assessment of the role of ride hailing services in human services transportation shows some benefits. In the 2021 report, *The Impact of Ride Hail Services on the Accessibility of Nonprofit Services*,[5] the services were listed as good options to transport families, those with vision impairments, and those travelling for evening appointments. Organizations previously forced to deny transportation to clients when a volunteer driver was unavailable found that they were able to serve a higher proportion of client requests when they began to employ ride hailing services. Likewise, certain elements of the service offer appealing options to traditionally undeserved

---

[5] The Impact of Ride Hail Services on the Accessibility of Nonprofit Services, Transportation Research and Education Center, 2021. https://ppms.trec.pdx.edu/media/project_files/NITC-SS-1357-The_Impact_of_Ride_Hail_Services_on_Accessibility_of_Nonprofit_Services_ng9ch2W.pdf

communities. Clients perceive operators to be more friendly than traditional taxi services. Ride hailing services provide clients with a greater level of independence than services that require reservations days in advance.

Estimated Costs

Costs for privately sponsored transit or shuttle services are variable and linked to the number of trips requested, days of service, and the local transit agency's hourly operating costs. Platforms for healthcare organization to manage transportation provision via ride hailing services, such as Uber Health, do not charge an additional fee beyond standard trip rates and combine trip billing into a monthly payment. Third party platforms are typically associated with a membership fee for each enrolled individual and trip handling fees in addition to the ride fare.

Potential Funding Sources

Partnerships related to unique service to private business would be funded by those businesses. The use of ride hailing services to supplement existing human services transportation options is funded in the same manner as the current use of taxi services. Departmental budgets, funded through the same mechanisms used to fund contracted services and voucher programs, cover immediate payments.

Potential Partners

Mobility managers and human service agencies have a role to play in uniting both transit agencies and non-profit transportation providers with private interests to provide better service for clients. Likewise, mobility managers, human service agencies, and certain volunteer transportation services may be able to benefit from a relationship with or the simple use of ride hailing service providers.

COORDINATION STRATEGY

Employment Access

Strategies focused on employment access provide greater opportunity to low income and other dependent individuals and directly support other regional priorities, such as workforce development. The costs of these strategies to agencies and individuals may be defrayed by partnerships with employers. Often these strategies involve the organized, shared use of a vehicle by people traveling to the same destination. The vanpool model incentivizes participation by decreased costs from gas and vehicle maintenance and is most attractive to employees commuting regional centers to locations unserved by other transportation options. Potential actions to improve access to employment include:

- Establishing shuttle services that link transit hubs to employment sites/areas.
- Supporting ridesharing and vanpool services, along with safeguards such as guaranteed ride home and child transportation services that provide individuals with greater confidence that their needs will always be met.
- Establishing a Transportation Management Association (TMA) to focus on mobility and employment access in areas where public transportation and other providers fail to meet the needs of significant population groups.

Applicability for the Genesee-Finger Lakes Region

Workforce development agencies and county departments of social services cited lack of transportation as a barrier to employment. Difficulties have also been noted in access employment-related activities such a job interviews, education, and other training. Where employer schedules and travel routes do not match typical transit service hours and coverage, new and modified transportation services that emphasize job access are helpful. Currently multiple agencies across the region rely on a variety of methods such stipends, vouchers, and contracts funded by an array of supportive services funding and internal budgets to provide employment-related transportation for clients. In an effort to centralize focus on this issue, GTC plans to re-release a request for proposals in January 2022 to explore the feasibility of a TMA for the Rochester Metropolitan Planning Area, which includes all of Monroe County as well as parts of Wayne, Ontario, and Livingston Counties.

Estimated Costs

Costs for shared vehicle programs vary by route distance and hours of operation. A typical van costs approximately $40,000 to purchase. Fuel and operating expenses are recurring costs to consider. Costs for shuttle programs vary greatly depending on operating characteristics. On average, a new 14-passenger shuttle bus costs approximately $50,000. Operating costs for shuttle services include insurance, driver's pay, fuel, and maintenance and may cost as much as $90 per hour. Program management costs of a TMA, which operate employment shuttles, will be determined as part of the upcoming feasibility study.

Potential Funding Sources

As FTA Section 5316, commonly known as the Job Access and Reverse Commute Program, has been repealed since the adoption of the 2011 Coordinated Plan, activities related to employment access are now eligible for funding under FTA's Urbanized Area Formula Grants (Section 5307) and the Formula Grants for Rural Areas (Section 5311) programs. Non-profits must be subrecipients of a state or public body such as a transit operator. The establishment of regional rideshare or vanpool programs is eligible for Congestion Mitigation and Air Quality program funds. Private employers may choose to fund vehicle purchases as well as TMA hosts and participants such as Chambers of Commerce, Local Development Corporations, workforce development agencies, and participating employers.

Potential Partners

County mobility managers, workforce development agencies, local employers, and the operator of a potential future TMA are likely to be involved in employment access improvement strategies.

COORDINATION STRATEGY

Education and Travel Training

People who have not previously used human services transportation options often have concerns and fears about using those services. A training program that teaches participants about their available options, eligibility requirements, trip booking methods, and riding procedures can help encourage the use of appropriate services, potentially reducing demand for more specialized services. Conversely, the need for awareness and understanding of mobility limitations among the public can be addressed through educational programs and campaigns. Potential training and education topics include:

- Public transportation and paratransit travel training, including events that train stakeholders to subsequently train clients.
- Use of mobility management services – transportation options and eligibility.
- Funding coordination to support human services transportation.
- Medicaid requirements for providers and clients.
- Driver training including customer service standards.
- Advocacy for transit, specialized transportation, and taxi/ride hailing accessibility.

Applicability for the Genesee-Finger Lakes Region

RTS currently provides community organizations with a customizable training program related to use of the fixed-route and new on-demand services through their Community Engagement Manager. In the past, in concert with large system or facility changes, RTS has held sessions to train employees of social services agencies to then provide support and information to their clients. Volunteers could help extend training to real life applications, serving as assistants to riders of all types of transportation services and accompanying them on trips until the individual is confident in travelling independently.

In additional to increased awareness of transportation options and a potentially related reduction in paratransit demand, travel training may support other regional priorities, such as workforce development and like skill transition programs.

Estimated Costs

There is no agency or individual charge to schedule and perform the RTS Enjoy the Ride Ambassador program. Other training or volunteer assistance programs implemented by a mobility manager may have a minimal associated direct cost. The largest travel training programs in the nation realize direct costs of no more than $15,000 annually.

Potential Funding Sources

Previously funded by FTA Sections 5316 and 5317, travel training funding may be supplemented by FTA Section 5310 if specifically oriented toward seniors and persons with disabilities. If designed to support employment, travel training may now be an eligible funding use under FTA Sections 5307 and 5311. Due to the timeline associated with such funding, agencies may choose to cover any direct costs, which are not likely to be high, via departmental budgets.

Potential Partners

A collaboration between both public and non-profit human services agencies and transportation providers is the most likely partnership related to arranging travel training for stakeholders and individuals. A mobility manager may play a role in advertising the availability of training, performing training sessions themselves, and requesting training sessions on behalf of stakeholders.

COORDINATION STRATEGY

Environmental Barrier Mitigation

Improving accessibility for those with compromised mobility involves enhancing all non-motorized transportation facilities near popular destinations, transit stops and other pick up/drop off areas, and locations where disadvantaged populations are concentrated. Enhancements should consider year-round user and maintenance needs. Public Right of Way Accessibility Guidelines (PROWAG), developed by the United States Access Board, offer guidance when siting and designing pedestrian paths and facilities. Potential actions include:

■ Assessment of priority enhancement locations used by significant numbers of older adults and/or persons with disabilities.

■ Infrastructure improvements that may include adding sidewalks, removing sidewalk impediments, adding curb ramps, adding or improving pedestrian crossings and signals, and adding lighting, benches, and shelters, especially in the vicinity of boarding areas.

■ Advocate for PROWAG to be adopted by the U.S. Department of Transportation and encourage communities to implement PROWAG as best practice in pedestrian plans.

■ Pursue funding for sheltered pick up/drop off waiting areas while siting waiting environments in well-lit, more accessible locations.

■ Work to ensure sidewalks and curb ramps are clear during winter for those with limited mobility. This may require the organization of volunteer and community service programs.

Applicability for the Genesee-Finger Lakes Region

Physical infrastructure is a barrier to mobility for seniors and individuals with disabilities. Input received emphasized the difficulty in even boarding a vehicle, especially where policies do not allow providers to assist customers. In locations where disadvantaged populations and destinations overlap, a high level of street accessibility could allow trips to be made that do not require specialized transportation services and incidentally promote positive health outcomes. The viability of public transportation as an option can be increased when older adults and persons with disabilities feel safe and comfortable; when stops are equipped with benches, shelters and clear information. The region's latest Long Range Transportation Plan includes many accessibility improvements as recommendations.

Estimated Costs

Costs to improve access depend on the type of improvement proposed as well as site specific factors. Raised crosswalks can be expected to cost more than $30,000, curb ramps greater than $3,600, pedestrian-scale lighting more than $14,000, benches more than $1,600, bus shelters greater than

$12,000, and pedestrian crossing signals approximately $60,000 per installation. The average cost of concrete sidewalks is greater than $32 per linear foot.[6]

Potential Funding Sources

Federal Transportation Alternatives Program funds administered by the New York State Department of Transportation can be used for the planning, design and construction of infrastructure-related projects to improve non-driver safety and access to public transportation and enhanced mobility. Practically, this program, which requires that sponsors share in the cost of the project, is limited to larger mobility enhancement projects as the minimum federal share for a project is $500,000 and the minimum match $125,000. The capital improvement programs of municipalities, counties, and RGRTA may be a more practical source for smaller installations.

Potential Partners

Entities responsible for and/or able to improve aspects of the built environment such as sidewalks, curb ramps, bus shelters, and lighting include State and County Departments of Transportation, RGRTA, County and Municipal Departments of Public Works, and private property owners.

---

[6] Costs for Pedestrian and Bicyclist Infrastructure Improvements, UNC Highway Safety Research Center, 2013.
https://www.pedbikeinfo.org/cms/downloads/Countermeasure%20Costs_Report_Nov2013.pdf

PRIORITIZATION PLAN

Figure 24 represents a summary of the ten recommendations in the form of an implementation plan that adds implementation considerations – potential challenges to realizing the maximum benefit of each recommendation – to relative funding requirements, practical funding sources, and a recommendation priority based on the final round of stakeholder engagement.

During the draft plan document review process, advisors as well as stakeholders who responded to the original questionnaire were presented with summary descriptions of each recommendation and asked to identify five of the recommendations as priorities. Over seventy percent of responding stakeholders and advisors consider these specified recommendations to be of the highest priority:

- Innovative Transit Service
- County Mobility Managers
- Centralized Information and Reservation Platform

Over half of respondents indicated that the following strategies should be prioritized:

- Employment Access
- Voucher Programs

Each recommendation considered a stakeholder priority is marked along with the level of priority in the final column of the strategy summary and implementation plan on the following pages.

Figure 24 – Strategy Summary and Implementation Plan

Strategy	Implementation Considerations	Relative Cost	Potential Funding Sources	Stakeholder Priority
Mobility Managers	■ Establishing the position comes with cost ■ Finding individuals with the full range of required skills may be difficult ■ Requires agency and institutional support ■ Requires training and program cost support	$$$	■ FTA Section 5310, 5307 ■ New York STOA ■ NY Connects ■ County funds ■ Partner contributions ■ Private endowments/ foundations	■ Highest
Centralized Information and Reservation Platform	■ The platform database must maintain accurate and relevant information ■ Protocols must be developed for handling, assigning, and denying trip requests ■ All providers may not opt-in to centralized reservation features ■ Adds responsibility to mobility managers ■ Platform accessibility may be a concern	$$$$	■ FTA Section 5310 ■ Human Services Departments ■ Non-profits and foundations	■ Highest
Innovative Transit Service	■ Limited driver and vehicle pools in some rural counties ■ Possible technology limitations in remote locations ■ Sharp increases in demand may cause greater resource strains	$$	■ FTA Section 5311 ■ New York STOA ■ County funds ■ Private sponsors	■ Highest

Strategy	Implementation Considerations	Relative Cost	Potential Funding Sources	Stakeholder Priority
Contracted Service	■ Requires agreements related to staffing policies and service guidelines ■ Requires administrative oversight and performance monitoring ■ Vehicle and driver availability may potentially be highly limited	$$	■ FTA Section 5310 ■ County and municipal funds ■ Partner contributions ■ Private sponsors	
Vehicle and Administration Sharing	■ Conflicting insurance policies and driver requirements between agencies ■ Difficulty in reaching cost sharing and vehicle hosting agreements ■ Vehicles likely to accrue more miles and require more maintenance	$	■ FTA Section 5310 ■ Member contributions (Agency budgets)	
Voucher Programs	■ Requires a lead agency responsible for regular administration ■ Requires sponsor agencies to subsidize the cost of trips for their clients ■ Sponsor agencies must validate client voucher use	$$	■ FTA Section 5310 ■ Human Services Agencies (County budgets) ■ Private Endowments	■ High
Private Partnerships	■ Participation of private entities may be difficult to secure	$	■ Private Sponsors ■ Departmental Budgets	

Strategy	Implementation Considerations	Relative Cost	Potential Funding Sources	Stakeholder Priority
Employment Access	■ Strategies may require high levels of financing ■ Strategies are likely to require partnerships between employers and local agencies ■ Certain strategies may only be applicable to areas of higher population and employment density	$$$	■ FTA Section 5311, 5307 ■ CMAQ ■ Private Employers ■ Chambers of Commerce ■ Local Development Corporations ■ Workforce Development Agencies	■ High
Education and Travel Training	■ Certain groups and individuals may require highly specialized training ■ Multi-agency cooperation required to identify and engage in training opportunities ■ Certain strategies may only be applicable to areas of higher population and employment density	$	■ FTA Section 5311, 5307 ■ FTA Section 5310 ■ Agency and Departmental Budgets	
Environmental Barrier Mitigation	■ Physical improvements can be expensive and take a long time to implement ■ Improvements may require agreements and the commitment of multiple agencies and/or private property owners	$$$$	■ Transportation Alternatives Program ■ Municipal, County, and RGRTA Capital Budgets	