

# Exploring Transportation, Employment, Housing, and Location Issues for New Jersey Veterans with Disability



MNTRC Report 12-28



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REPORT 12-28

**EXPLORING TRANSPORTATION, EMPLOYMENT,  
HOUSING, AND LOCATION ISSUES FOR  
NEW JERSEY VETERANS WITH DISABILITY**

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## EXECUTIVE SUMMARY

### Introduction

Many veterans leave military service ready and eager to rejoin civilian life, possessing excellent and marketable skills, strong social networks offering emotional and physical support, and resources to meet the challenges of this major life event. Some, however, are not nearly so fortunate and must cope with long-term or permanent physical and/or mental disability that affects their ability to work, to maintain households, and to be active members of civilian life. These service members face the daunting tasks of securing housing, finding work, and addressing health care needs while managing their disabilities. Transportation may seem to be the least of their worries, but it is the lynchpin that connects these disparate parts of daily living. Access to transportation must therefore be considered in any reintegration efforts. Addressing transportation issues late in the process, or underestimating the vital role transportation plays in meeting daily living needs, can and does impair veterans' ability to adapt to civilian life. Well-integrated transportation options—particularly public transportation options—can help veterans make a successful transition from military to civilian life. Further, transit-oriented development (TOD), often defined as mixed-use residential and commercial land uses that are integrally tied to transit, may provide a viable option to help veterans with disability meet the challenges of civilian life independently.

Research has advanced that 1) identifies the fallacy that trading cheaper housing costs for higher transportation costs results in total savings to households; 2) acknowledges the differences in costs both in trip duration and trip quality for those living centrally versus remotely; and 3) recognizes the growing and unaddressed environmental costs of travel by personal vehicles (Lipman 2006; Roberto 2008; Rohe, Cowan, and Rodriguez 2012). All told, these efforts provide support for policy that optimizes locational efficiency, the pursuit of which can bear benefits for American households, particularly those most in financial need. Locational efficiency implies locating housing, employment, and other services in close proximity and supporting connections between these various uses. Mixed-use districts, mixed-use development, and transit-oriented development (TOD) are all attempts at achieving balance between land uses and providing residents, workers, and visitors the means of moving between these land uses without necessarily having to drive.

This exploratory study examines the question of whether a similar holistic approach—one that addresses veterans' housing and employment needs within a context that acknowledges transportation needs and locational efficiency—might yield similar benefits. We postulate that veterans, particularly those transitioning to civilian life and/or who are impaired physically or psychologically as a result of their service, may gain significant benefit from such an approach. This investigation examines through stakeholder interviews the degree to which transportation and location needs enter(ed) into housing and employment decisions made by local, state, and federal agencies, nonprofit housing providers, and others who advocate for the reintegration needs of veterans. We also sought input from veterans directly, asking them how transportation figured into their housing and employment decisions. New Jersey provides a novel lens through which to view this question, as it offers considerable public transportation options that could be leveraged by entities in the field of veteran housing and employment.

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## Context

Nationwide there are more than 21 million veterans representing about seven percent of the US population. While veterans who served since the start of the first Gulf War in September 1990 are growing in numbers, the vast majority of US veterans served earlier. As a whole, the US veteran population has declined in recent years along with the number of active service members. The veterans' population in New Jersey mirrors this trend, with growing numbers of Gulf War-era veterans and declining numbers of veterans who served during other periods. The number of Gulf War-era veterans in the state has grown by 67 percent from 2005 to 2012, while the number of veterans who served at other times has declined by 43 percent.

The American Community Survey (ACS) reports that about a quarter of all veterans describe themselves as disabled, both in New Jersey and in the US (U.S. Census 2013). These figures may underrepresent the population affected. An Associated Press article published in May 2012 cited that 45 percent of the then 1.6 million veterans from the wars in Iraq and Afghanistan were seeking disability compensation from service-related injuries, while a March 2014 Washington Post and Kaiser Family Foundation poll found that 34 percent of Iraq and Afghanistan veterans had received a service-related disability determination (Marchione 2012; The Washington Post and Kaiser Family Foundation 2014). Factors contributing to this level of disability among recent veterans may include longer and more frequent deployments (Zoraya 2010).

Many of the disabilities confronting contemporary veterans are characterized by symptoms that are generally 'invisible' to others, including Post-traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and/or 'Gulf War Syndrome'. Further complicating the situation is an all-too-common reluctance among this population to seek help with these disabilities due to misunderstanding and shame, as well as fear of social stigma surrounding psychological conditions, all of which could affect relationships with friends, family, and community.

In terms of war-related physical disability, it is vital to understand that many contemporary military personnel are surviving physical injuries they would not have survived in conflicts of previous generations. The reasons for this include changes to the types of weapons used in contemporary warfare (e.g., improvised bombs), availability of improved protective battle gear for such weapons, and advancements in field medical care. The US Department of Veterans Affairs medical rehabilitation chief, Dr. David Cifu, has explained that more than 95 percent of troops wounded in Iraq and Afghanistan have survived (Marchione 2012).

All separating service members must address a host of basic needs while making the transition from military to civilian life, including securing adequate medical care, finding gainful employment, and locating suitable housing. Veterans with disability must also face the many challenges presented by their emotional, mental, and/or physical limitations. Nonetheless, many veterans with disability successfully negotiate this transition. For others, inadequate medical services, unemployment, lack of financial support, and/or housing insecurity adversely affect their mental and/or physical health. An inability to address these needs too often results in poverty, extended periods of homelessness, ongoing mental

illness, and myriad other difficulties. For example, disability affects a disproportionate number of veterans facing poverty. While 16 percent of working-age veterans earning above the poverty line have a disability, more than double that percentage, or 33 percent, of working-age veterans earning below the poverty level have a disability.

To counter these undesirable outcomes, a great many forces have been marshalled to address veteran concerns. The US Department of Labor (US DOL), working with US Department of Defense (US DOD), has put into place a life-cycle model program designed to promote post-service employment readiness, called the Transitional Goals Planning Service. Facing a homeless crisis lasting more than three decades, US Department of Housing and Urban Development (US HUD) and US Veterans Administration (US VA) have joined efforts and sponsored a number of programs, including the Veterans Affairs Supportive Housing voucher program (HUD-VASH). The HUD-VASH voucher program uses the Housing First model and seeks to house veterans in permanent locations as soon as possible while simultaneously providing supportive services.

A lynchpin between all of these spheres of need—medical care, employment, and housing—is transportation. Mobility limitations can adversely affect veterans' ability to reach medical services and employment. Isolation, both physical and emotional, can make reintegration more difficult. Adequately addressing transportation concerns can allow veterans with disability to more easily meet their diverse needs. Promoting transportation independence, through access to public transportation and locational efficiency, is one way to meet these needs.

### **In Their Own Words: Interviews with the Veteran Stakeholder Community**

Interviews were conducted for this study with public and private stakeholders in New Jersey and beyond related to the US veteran community in the fields of transportation, employment, and housing. Specific attention was given to identifying and interviewing entities that assist working-age veterans with disability. In total, 21 individuals representing 15 organizations from four states were interviewed.

The interview sessions presented invaluable insights related to the issues facing working-age veterans with disability. Discussion topics varied somewhat among interviewees, but each session primarily focused on discussing the degree to which transportation, housing, and employment interconnect and impact veteran community reintegration. The possibilities TOD can offer the working-age veteran community with disability was also discussed.

All interviewees indicated that access to reliable transportation impacts every sector of their lives: employment; access to medical services; social opportunities; and meeting daily needs. Interviewees reported that while returning veterans often seek to drive as their main mode of transportation, many cannot secure or utilize a motor vehicle due to factors including financial limitations, legal barriers that impact their driver's license standing, and/or disability issues.

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Interviewees from fields that provide affordable, permanent, supportive veteran housing unanimously agreed that access to transportation was an important consideration in siting their respective projects, particularly access to public transportation. Interviewees reported that residents of the properties that have access to public transportation are using and benefiting from these services, which enable them to meet many of their needs independently. Interviewees representing entities/programs located in rural or suburban locales expressed the enormous transportation difficulties their veteran consumers face due to the lack of available public transit in these low-density locales.

All interviewees strongly agreed that having access to safe and affordable permanent housing is critical to the reintegration process. In addition, many veterans coping with disabilities and/or other obstacles need supportive housing to successfully adjust to civilian life. The study team discussed the topic of TOD with interviewees, and each of the five permanent veteran housing providers interviewed fall along the spectrum of TOD. All interviewees agreed on the potential benefits of TOD for veterans with disability; however, it was noted that TODs are most often created in urban locales, which do not necessarily appeal to all veterans. Exploring TOD opportunities in more suburban areas was suggested.

Interviewees representing permanent veteran housing properties reported an overwhelming number of similarities that include but are not limited to factors such as consideration of transportation access when siting each property; planning for long-term veteran occupancy; offering case management services; offering communal spaces on-site; and pursuing diverse funding sources to support development.

These interviewees also shared common elements of success in creating housing for veterans, which include but are not limited to developing a diverse array of strong project supporters early in the life of the project; fostering relations with community residents and local businesses to prevent and/or limit NIMBY-related opposition; determining reliable partners to assist with project development; seeking project input from prospective residents; utilizing uniform resident eligibility criteria and implementing a thorough resident intake process; and considering the use of project-based housing vouchers.

Employment was the third major topical area covered in the stakeholder interview sessions. Despite employment-related assistance available from various federal, state, and local governmental entities, many acknowledged that securing and maintaining employment is the most significant obstacle returning veterans face, especially those coping with one or more disabilities. Some interviewees lamented the difficult employment market due to the slowly recovering economy. Others reported that some veterans do not possess in-demand skill sets. Veterans coping with disability are often unaware of their employment rights and/or feel uncomfortable advocating for said rights.

Interviewees proposed that working-age veterans with and without disability are seeking employment in a wide variety of fields and professions. Education was discussed as a vital component of reintegration for many veterans and as a key to addressing employment barriers, such as skill deficiencies. It was also recognized by many interviewees that factors such as increasing life expectancy and escalating costs of living will most likely



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contribute to the escalation of the trend of veterans and other Americans continuing their careers beyond what is now typical working age (18-64).

### **In Their Own Words: A Focus Group of New Jersey Veterans with Disability**

The research team partnered with the Reformed Church of Highland Park, Affordable Housing Corporation to identify and recruit 13 veterans to participate in a focus group meeting. Researchers strived to organize several such sessions, but encountered tremendous difficulty in securing the requisite cooperation and assistance from partner agencies to identify and recruit prospective veteran participants.

The majority of focus group participants reside in an affordable, permanent supportive housing property for veterans, All Saints Apartments, located in Highland Park, New Jersey, with the others residing in neighboring communities. The overwhelming majority of participants reported they were Caucasian; male; had served in the Army; and had a household income below \$25,000, with the largest number of respondents indicating their annual household income was below \$15,000. Participants reported they suffered from mental and/or physical disabilities that caused them to have difficulty with either mental cognizance, being self-sufficient around the house, running errands alone, or working at a job.

The intent of the focus group session was to gain a qualitative understanding of participant attitudes, perceptions, and experiences as they relate to their transportation, housing, and employment needs and how ability to meet those needs impacts veteran reintegration success. The research team also sought input on participant familiarity with and thoughts on TODs and if/how this type of housing could help to meet the diverse needs of veterans.

All participants reported that transportation issues were a significant factor to successful community reintegration. Several reported owning automobiles or having some access to an auto, but a variety of other modes are also used by participants, including county services, NJ Transit public transit bus, walking, and carpooling with friends/family and others, with prohibitive cost generally limiting usage of rail and out of town taxi service. Participants residing in All Saints Apartments emphasized the benefits of living in a facility and community that offers easy access to public transportation and many walkable destinations that help meet daily living needs.

The vital role that access to reliable transportation has in achieving successful employment outcomes was discussed. Several participants noted that in an effort to access employment they often had to make difficult decisions regarding transportation that often hurt their quality of life and that of their family. Some also reported that they lacked skills in demand by the labor market, while others felt confident in the skills they acquired during service but did not know how to best market those skills afterward. Issues such as tight competition for a limited array of jobs and other difficulties in seeking employment during an economic recovery were also highlighted.

Housing was the third main topic discussed. All participants residing at All Saints Apartments lauded the virtues of their home and conveyed that having an affordable, permanent, supportive residence located in a community with easy access to transportation and

services has greatly contributed to their continued successful post-service reintegration. The topic of TODs was discussed and all were supportive of the benefits TODs could offer veterans but emphasized such housing opportunities need to be developed in safe neighborhoods to attract veterans and their families.

## **Concluding Recommendations**

Service members transitioning to civilian life face the daunting tasks of securing housing, finding work, and addressing health care needs. Resolving any one of these basic needs requires considerable effort and resources. Under the best of circumstances, reintegration can be challenging. Additionally, social conditions and personal factors can make the transition even more harrowing. High unemployment levels coupled with high housing and health care costs add further strain.

For veterans also coping with visible or invisible service-related impairments, reintegration can be that much more difficult.

The objective of this exploratory study was to understand the role of transportation in meeting the employment, housing, and medical care needs of New Jersey's working-age veterans with disability. To this end two qualitative research tasks were undertaken: a series of key informant interviews with stakeholders in the veteran community and focus group work with veterans living with disability. In addition, this research sought to explore the degree to which housing locational efficiency models, such as TOD, might benefit this population to achieve optimal community reintegration outcomes.

Findings from both the interview and focus group tasks demonstrated the vital role transportation has in veteran reintegration, the common sentiment being that transportation is the lynchpin to meeting daily living needs related to employment, housing, medical care access, and continuing education opportunity. Transportation's critical role in facilitating reconnection with family, friends, and community was shared by all.

Interviewees involved with providing permanent supportive housing reported that transportation was a major consideration in siting their respective projects. They also report that the availability of public transportation has contributed to the success of their residents in numerous ways, including their ability to sustain employment. Most interviewees and focus group participants supported the idea of basing permanent supportive housing sites on a TOD model.

The research team anticipates that the information imparted through this study will be used to advance strategies to address and ameliorate reintegration obstacles faced by veterans with disability related to the nexus of housing, employment, and transportation. Recommended next step actions are as follows:

### **1. Create a one-stop resource center to support veteran reintegration**

Focus group discussion generated a recommendation for the creation of one-stop centers to provide support and information to veterans during their reintegration process. The purpose would be to guide a veteran through the discharge process

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and continue to provide consistent support from a single point of contact for the extended period of transition experienced by many veterans.

Operationally, a caseworker would develop an individualized reintegration plan for the exiting service member that could focus on determining how to best translate the skills acquired during service to the civilian workforce. After exiting the military, the veteran would continue to meet with the caseworker periodically and as needed to learn more about his/her benefits and to address any problems. A major finding of this study was the need for access to public transportation for this population; thus, it is vital that these centers be established in areas with easy access to public transportation.

An immediate next step would be to investigate creation of a pilot facility in one or two states. Potential implementation partners for this approach could include US VA, US DOL, US HUD as well as state officials and other community partners.

**2. Establish an exploratory task force at the state level to discuss holistic approaches to veteran housing that meets multiple needs, including housing, employment, and transportation**

A task force should be convened to explore how locational efficiency and TOD could benefit the working-age veteran population coping with disability. Representatives of local organizations would evaluate the viability of TOD for this population and consider opportunities in both urban and suburban locations well served by transit that would appeal to a large number of veterans with disability. Potential implementation partners for this approach in New Jersey could include NJDMVA, NJDOT, NJ Transit, US HUD Newark Field Office, and US VA New Jersey Health Care System as well as potential TOD developers and local partners.

**3. Develop a media strategy to inform and help advance study findings and recommendations**

It is important to foster awareness within the state and throughout the nation about holistic approaches to serving veterans seeking reintegration. VTC will develop a media strategy to disseminate this final report and advance the issues raised during this research. To accomplish this goal, VTC will utilize social media tools and other outlets, work collaboratively with potential implementation partners, and present findings at appropriate venues. These actions will help to increase awareness of the potential for TOD to serve the needs of veterans and help build connections between researchers, policy makers, the TOD development community, and the veteran community.

One goal of this media strategy would be to expand the conversation about the populations served by TOD. As this study attempts to demonstrate, the benefits afforded to “typical” TOD populations—seniors and young professionals—could also serve the needs of veterans. Identification of veterans as a potential market for TOD is still minimal; this needs to be demonstrated more emphatically to those creating this type of housing. Expanding the dialog about TOD’s potential to serve



veterans could help to generate support for such projects as well as secure funding for additional research in this area.

**4. Pursue additional research gathering data on the transportation and siting characteristics of successful veteran TOD**

The study team proposes that case study and/or survey research should be pursued to identify pertinent characteristics that support veteran residents of TOD. It would be useful to gather more-detailed data on the availability, service quality and features, and usage of public transportation near said properties.

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## I. INTRODUCTION

*“Disabled American Veterans, like all veterans, you carry in your hearts the story of brave service that took you to every corner of the Earth. As young men and women, you left home, left everything and everyone you ever knew because storm clouds gathered far across the sea. You had your whole lives ahead of you, but you were willing to risk all of it for this land that we love. Because you know, from hard experience, what we must never forget—our country endures because in every generation there are Americans like you who stand beside her and guide her and protect her.”*

—President Barak Obama, Remarks at the 2013 Disabled American Veterans Convention, August 10, 2013 (The White House, Office of the Press Secretary 2013)

The United States veterans’ community is diverse and far ranging. Most who leave military service are ready and eager to rejoin civilian life. These men and women often possess excellent and marketable skills, strong social networks offering emotional and physical support, and resources to meet the challenges of this major life event. Their military service increased their assets and they enter civilian life without distinct challenges. Many others, however, are not nearly so fortunate. Military service can result in physical and mental injury and disability that may be permanent or take years to overcome. Many of our service men and women have experienced both visible and invisible disabling injuries that affect their ability to work, to maintain households, and to actively participate in civilian life. These veterans require assistance in these and other areas of their lives to successfully make the transition from military to civilian life.

### **Addressing Veteran Needs Holistically**

Service members transitioning to civilian life face the daunting tasks of securing housing, finding work, and addressing health care needs. Resolving any one of these basic needs can require considerable effort and the wherewithal to undertake any number of tasks including gathering information, making decisions, and self-advocating.

Under the best of circumstances, reintegration can be challenging. Additionally, both social and personal conditions can make the transition even more harrowing. High unemployment levels, coupled with high housing and health care costs, place an even larger burden upon these service members. New Jersey veterans, who face some of the highest levels of unemployment as well as costs of housing and health care in the nation, are as a group particularly vulnerable to the challenges presented during reintegration. For veterans with the additional burden of service-related impairments, negotiating reintegration can be still more taxing and require considerable attention to be successful.

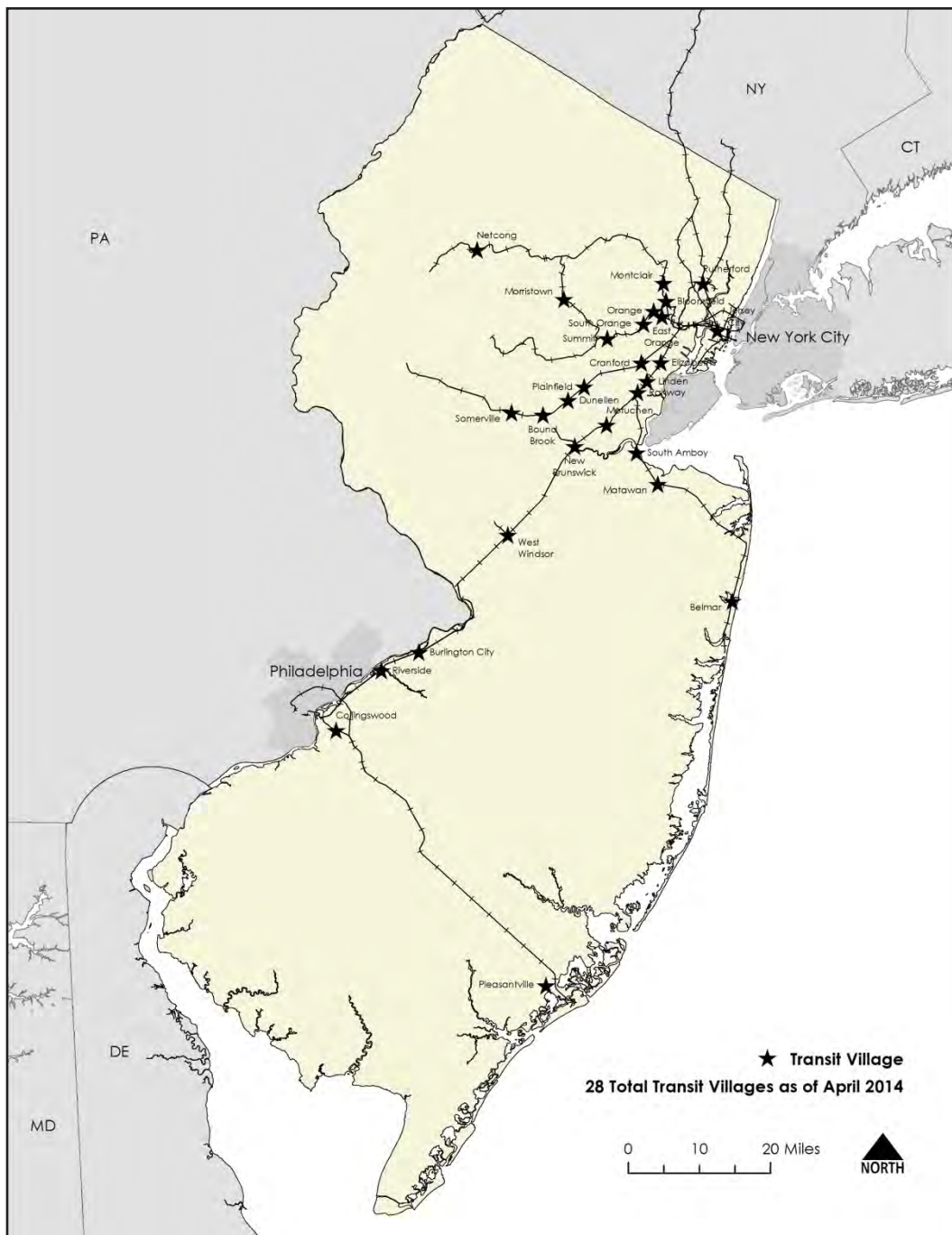
Transportation may seem to be the least of their worries, but it is the lynchpin that connects these disparate parts of daily living. Access to transportation must therefore be considered in any reintegration efforts. Addressing transportation issues late in the process, or underestimating the vital role transportation plays in meeting daily living needs, can and does impair veterans’ ability to adapt to civilian life.

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Federal efforts to support veterans through housing and employment programs are extant and a particular focus of the Obama administration. The goal of the 2009 “Five-Year Plan to End Homeless among Veterans” is to eliminate veteran homelessness by 2015 (U.S. Department of Veteran Affairs 2009). Support for this goal is evident in increased funding of the US Department of Housing and Urban Development Veteran Affairs Supportive Housing (HUD-VASH) program and as well as recent grants awarded by the US Department of Labor (US DOL) including \$11.53M to local nonprofits supporting veteran job training and for \$20M for job training for homeless veterans (U.S. Department of Housing and Urban Development 2013; U.S. Department of Labor 2012a; U.S. Department of Labor 2012b). US VA funds dedicated to the elimination of homelessness among veterans have risen from \$403.3 million in FY2010 to \$670 million in FY2014 (United States Interagency Council on Homelessness).

Increasingly, federal programs also acknowledge the interconnection between housing and transportation needs, generally, and they should consider doing so for those programs that serve veterans specifically. Sustainable communities programs—sponsored through cooperative efforts of the HUD, US Department of Transportation (US DOT), and the US Department of Environmental Protection (US DEP)—have supported policy that works to address people’s basic needs of housing, employment, and transportation holistically. Such efforts arise out of an increasingly sophisticated understanding of the financial demands borne by families, households, and the American people. Research has advanced that 1) identifies the fallacy that trading cheaper housing costs for higher transportation costs results in total savings to households; 2) acknowledges the differences in costs both in trip duration and trip quality for those living centrally versus remotely; and 3) recognizes the growing and unaddressed environmental costs of travel by personal vehicles (Lipman 2006; Roberto 2008; Rohe, Cowan, and Rodriguez 2012). All told, these efforts provide support for policy that optimizes locational efficiency, the pursuit of which can bear benefits for American households, particularly those most in financial need.

Locational efficiency implies locating housing, employment, and other services in close proximity and supporting connections between these various uses. Mixed-use districts, mixed-use development, and transit-oriented development (TOD) are all attempts to balance land uses and provide residents, workers, and visitors the means to move between these land uses without necessarily driving. New Jersey offers many examples of TODs, most constructed near rail stations, including Riverfront at Cranford Station and Cranford Crossing in Cranford, Gateway Center in New Brunswick, the Highlands at Morristown Station in Morristown, and Park Square in Rahway. The state supports TOD in part through its Transit Village Initiative. Established in 1999 the effort led by NJ Department of Transportation encourages municipalities to adopt “smart growth” policies that will support development and redevelopment within a half-mile of a transit station or stop located within its borders. The program provides technical assistance and prioritization in funding. To date, NJ DOT has designated 28 municipalities as Transit Villages, shown in Figure 1.



**Figure 1. New Jersey Transit Villages**

The research undertaken for this exploratory study examined, albeit in a limited way, whether a similarly holistic approach—one that addresses the housing and employment needs of veterans within a context that acknowledges transportation needs and locational efficiency—might bear similar benefits. It was postulated that veterans, particularly those who are in the process of transitioning to civilian life and/or who have physical or mental health impairments as a result of their service, may gain significant benefits from such an approach. This investigation examines the degree to which transportation and location needs enter(ed) into housing and employment decisions made by local, state, and federal

agencies, nonprofit housing providers, and others who advocate for the reintegration needs of veterans. We also sought input from veterans directly, asking them how transportation figured into their housing and employment decisions.

This investigation focused primarily on examining experiences of veterans with disability in New Jersey, with input from veteran housing providers in other states. Its purpose was to seek guidance and best practices to inform development of successful veteran TOD housing projects in the state. New Jersey provides a good lens through which to view this question, as it offers considerable public transportation choices that could be leveraged by those in the fields of veteran housing and employment. The state is home to NJ Transit, a statewide transit agency, which operates 10 commuter rail lines, three light rail lines, and 261 bus routes, as well as 367 ADA demand-response and 208 vanpool vehicles. Two additional transit agencies also operate in the state—PATH, which connects seven stations in Essex and Hudson counties with New York City, and PATCO, which provides services to Philadelphia for passengers at eight stations in Camden County (NJ Transit 2013; The Port Authority of NY & NJ (PATH) 2013; Delaware River Port Authority of Pennsylvania and New Jersey (DRPA) 2013).

## II. CONTEXT

### THE VETERAN POPULATION

One in every 15 Americans has served in the US military. Nationwide there are more than 21 million veterans representing about seven percent of the US population. As a whole, the US veteran population has declined in recent years. However, veterans who have served since the start of the first Gulf War in September 1990 are growing in number. As shown in Table 1 (U.S. Census 2013), about a quarter of the veteran population in 2012 had served recently—during the Gulf Wars, and more recent conflicts, such as Operation Iraqi Freedom (2003 – 2010), Operation Enduring Freedom - Afghanistan (2001 – present), and Operation New Dawn - Iraq (2010 – present).

**Table 1. US Veterans 18 and Over, by Period of Military Service (2005 to 2012)**

Year	Gulf War <sup>a</sup>		All Other Periods		Total
	Count	Percent	Count	Percent	Count
2005	4,071,623	17%	19,355,961	83%	23,427,584
2006	4,370,447	19%	19,054,604	81%	23,425,051
2007	4,406,105	19%	18,485,981	81%	22,892,086
2008	4,436,369	20%	17,988,343	80%	22,424,712
2009	4,524,177	21%	17,330,197	79%	21,854,374
2010	4,490,133	21%	16,953,920	78%	21,798,077
2011	5,099,946	24%	16,358,481	76%	21,458,427
2012	5,388,763	25%	15,842,102	75%	21,230,865
Change from 2005 to 2012	32%		-18%		

Source: 2006-2012 American Community Survey 1-Year Estimates, B21002: Period of Military Service for Civilian Veterans 18 Years and Over.

<sup>a</sup> Includes veterans who served at any time after September 1990 and those who served in Gulf War I, Gulf War II, and more recent conflicts.

The veterans' population in New Jersey mirrors this trend with growing numbers of Gulf War-era veterans and declining numbers of veterans who served during other periods. The number of Gulf War-era veterans in the state has grown by 67 percent from 2005 to 2012, while the number of veterans who served at other times declined by 43 percent. However, New Jersey is home to a smaller percentage of Gulf War-era veterans than the US overall, as only 17 percent of the state's veterans served during the recent conflicts (U.S. Census 2013).



**Table 2. NJ Veterans 18 and Over, by Period of Military Service (2005 to 2012)**

Year	Gulf War <sup>a</sup>		All Other Periods		Total
	Count	Percent	Count	Percent	Count
2005	44,908	7%	627,309	93%	672,217
2006	58,640	11%	468,440	89%	527,080
2007	60,215	12%	436,915	88%	497,130
2008	60,265	12%	424,788	88%	485,053
2009	58,100	13%	405,994	87%	464,094
2010	64,823	14%	388,675	86%	453,498
2011	67,879	15%	377,008	85%	444,887
2012	75,133	17%	358,632	83%	433,765
Change from 2005 to 2012	67%		-43%		

Source: 2005-2012 American Community Survey 1-Year Estimates, B21002: Period of Military Service for Civilian Veterans 18 Years and Over.

<sup>a</sup> Includes veterans who served at any time after September 1990 and include those who served in Gulf War I, Gulf War II, and more recent conflicts.

## VETERANS AND DISABILITY

According to the American Community Survey (ACS), about a quarter of all veterans are disabled, both in New Jersey and in the US. The ACS data is based on self-reported survey data rather than counts, and is not limited to those receiving VA compensation or pension. This figure has remained consistent over the last seven years (U.S. Census 2013).

**Table 3. US and NJ Veterans 18 and Over with Disability (2006 to 2012)**

	US			NJ		
	Veterans	Veterans with Disability	Percent	Veterans	Veterans with Disability	Percent
2006	23,425,051	6,149,126	26%	527,080	127,600	24%
2007	22,892,086	6,043,609	26%	497,130	116,584	23%
2008	22,424,712	5,522,105	25%	485,053	116,584	24%
2009	21,854,374	5,491,514	25%	464,094	109,576	24%
2010	21,798,077	5,465,191	25%	453,498	107,396	24%
2011	21,458,427	5,518,244	26%	444,887	106,225	24%
2012	21,230,865	5,553,673	26%	433,765	109,640	25%

Source: 2006-2012 American Community Survey 1-Year Estimates, Table B21007: Age by Veteran Status by Poverty Status in the Past 12 Months by Disability Status for the Civilian Population 18 Years and Over.

These figures may underrepresent the extent of the current problem however. A May 2012 Associated Press article cited that 45 percent of the then-1.6 million veterans from the wars in Iraq and Afghanistan were seeking disability compensation from service-related injuries and that they claimed eight to nine ailments on average (Marchione 2012). Looking at the same population, a March 2014 Washington Post and Kaiser Family Foundation poll found that 34 percent of Iraq and Afghanistan veterans had received a service-related disability determination and another 4 percent indicated they had applied, but had not

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received determination (The Washington Post and Kaiser Family Foundation 2014). One cannot ignore these statistics when exploring reintegration challenges of the contemporary veteran population, even while acknowledging that multiple factors, such as the struggling economy, may be increasing the number of disability claims filed.

Veterans returning from Gulf War-era service and from more recent military conflicts, suffer most of the same challenges that earlier veterans faced, many of which endure long after military service ends. Addressing some of these emotional, mental, and physical disabilities consumes substantial time and effort. Many recent veterans, having been drawn from our nation's reserve forces, had not anticipated combat service or, moreover, multiple periods of combat service/tours of duty. In fact, military historians emphasize, and government statistics report, "American soldiers of the 21st century are quietly making history, serving in combat longer than almost any US soldiers in the nation's past" (Zoraya 2010). Even during America's longest war—the Vietnam War—most soldiers served year-long deployments, whereas contemporary soldiers are serving longer periods. Army figures demonstrate that about 20 percent of America's active-duty military have been deployed three or more times since 2001, representing 107,000 Army soldiers (Mulrine 2012).

This group is especially prone to post-traumatic stress disorder (PTSD) and other mental health ailments (Litz and Schlenger 2009, 1-7; Milliken, Auchterlonie, and Hoge 2007, 2141-2148). In fact, 2009 battlefield research conducted in Afghanistan found that less than two in ten soldiers showed signs of mental illness on their first or second combat deployment, with that rate increasing to three in ten for those on a third or fourth deployment (Zoraya 2010). Statistics reported by the National Center on PTSD demonstrate that PTSD is an issue for 11 to 20 percent of OEF/OIF veterans, 10 percent of veterans of Gulf War I and II, and 30 percent of Vietnam veterans (US Department of Veteran Affairs 2014b). A number of Gulf War veterans also cope with a chronic, multi-symptom illness commonly referred to in popular media as 'Gulf War Syndrome'. The US Department of Veteran Affairs offers that those coping with this medically unexplained illness often experience chronic fatigue syndrome, fibromyalgia, gastrointestinal disorders, and other symptoms that may include sleep issues, skin conditions, and a variety of neurological and psychological issues (U.S. Department of Veteran Affairs 2014a).

Many disabilities common among contemporary veterans are characterized by symptoms that are generally 'invisible' to others. Examples may include PTSD, Traumatic Brain Injury (TBI), and/or 'Gulf War Syndrome'. Living with invisible disabilities often presents unique challenges to civilian reintegration success. Persons living with PTSD have experienced directly or indirectly a traumatic event, such as often occurs during warfare, including military sexual trauma. PTSD survivors may deal with feelings of overwhelming anger, shame, and/or guilt that can result in difficulty sleeping, memory and concentration problems, and emotional stress. While these symptoms may not be visibly discernible, they can greatly impact a veteran's quest to successfully reintegrate to civilian life. Similarly, persons coping with TBI often experience a range of emotional, physical, and cognitive issues that can negatively impact their quest for employment and other necessary components of reintegration.

Further complicating the obstacles facing veterans with largely invisible disabilities, is an all-too-common reluctance among this population to seek help with these disabilities due



to misunderstanding and shame, as well as fear of social stigma surrounding psychological conditions. Often these veterans are in need of ongoing medical and other therapeutic assistance but fail to seek such services. In addition, they are often unaware and/or unwilling to disclose such disability to employers, even though such disclosures could allow them to receive ADA accommodations that may improve their chances of success. Instead, there is evidence suggesting that a growing number of veterans are turning to substance abuse to cope with their war-related mental and physical disabilities (Saxon 2011; National Institute on Drug Abuse 2011).

In terms of war-related physical disability, it is vital to understand that many contemporary military personnel are surviving physical injuries they would not have survived in conflicts of previous generations. The reasons for this include changes to the types of weapons used in contemporary warfare (e.g. improvised bombs), improvements in protective battle gear, and advancements in field medical care. The US Department of Veterans Affairs medical rehabilitation chief, Dr. David Cifu, has explained that more than 95 percent of troops wounded in Iraq and Afghanistan have survived (Marchione 2012). In his book *Those Who have Borne the Battle*, author James Wright explains that there are more than 7 “nonmortal” wounded soldiers for every soldier killed in Iraq and Afghanistan compared to 2.3 in World War II and 2.6 in the Vietnam War (Wright 2012).

Regarding poverty concerns, the US was home to nearly 11.5 million working-age veterans (18 to 64 years) in 2012. More than nine percent, or over one million of these men and women, reported living below the poverty level. Disability affects a disproportionate number of veterans facing poverty. While 16 percent of working-age veterans with disability earn above the poverty line, more than double that figure, 33 percent, of working-age veterans with disability earn below the poverty level. Working-age NJ veterans tend to be somewhat more financially secure than those in the nation overall, with less than 12,000, or about six percent earning below the poverty level. But a pattern of disability-related poverty still holds. About a third of the state’s working-age veterans living in poverty report disability, whereas less than 13 percent of those earning more than poverty level report disability in 2012 (U.S. Census 2013).

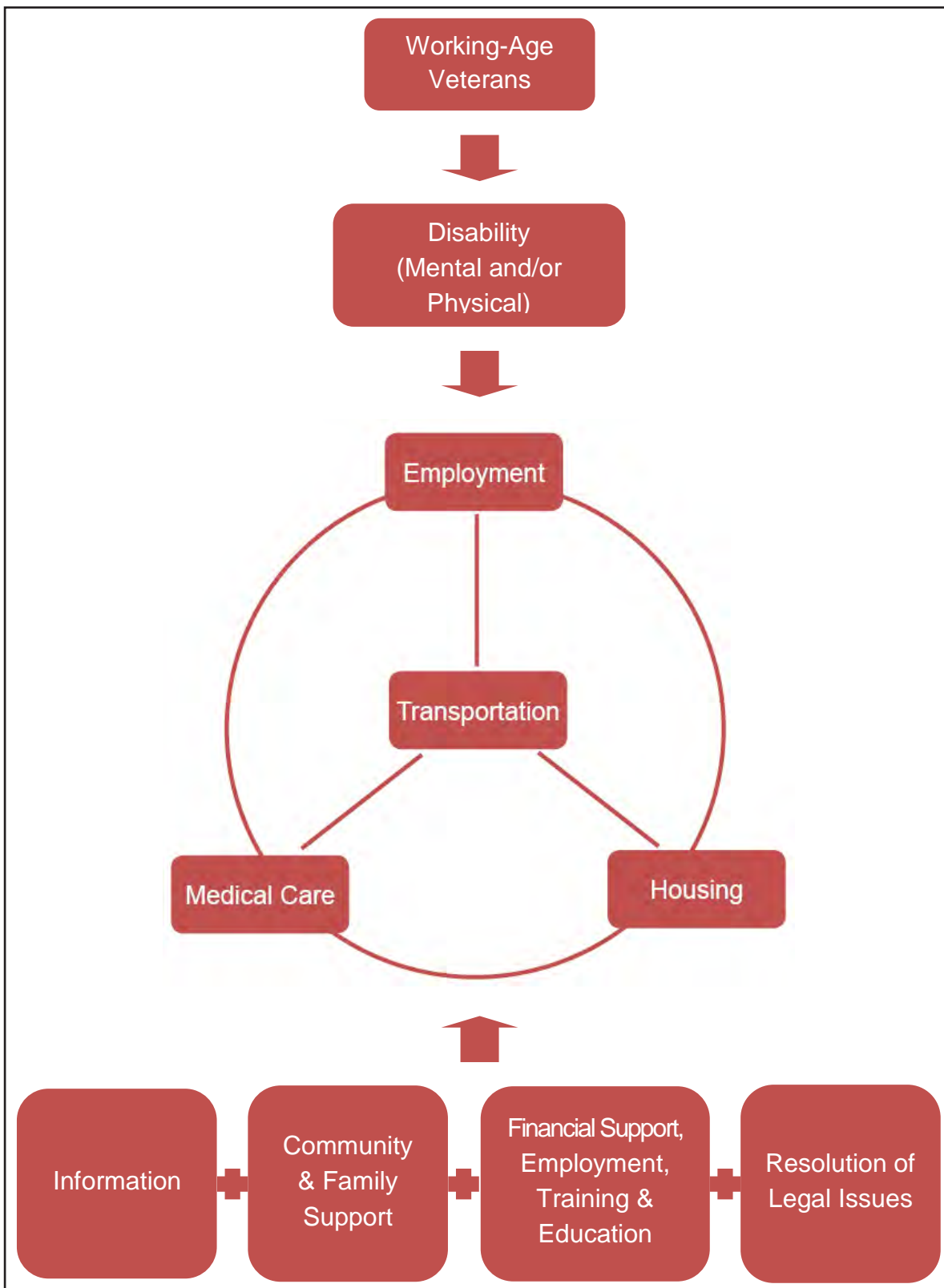
**Table 4. Poverty and Disability Among Working-Age Veterans, 2012**

	US		NJ	
	Count	Percent	Count	Percent
Veteran 18 To 64 years old	11,492,298		188,451	
Income in the past 12 months below poverty level	1,053,635		11,868	
With disability	352,236	33.4%	3,796	32.0%
No disability	701,399	66.6%	8,072	68.0%
Income in the past 12 months at or above poverty level	10,438,663		176,583	
With disability	1,623,488	15.6%	22,620	12.8%
No disability	8,815,175	84.4%	153,963	87.2%

Source: 2012 American Community Survey 1-Year Estimate, ACS12:C21007. Age by Veteran Status by Poverty Status in the Past 12 Months by Disability Status for the Civilian Population 18 Years and Over.

As noted above, veterans returning from recent conflicts including OIF, OEF, and OND present an assortment of disabilities that require support from many avenues—the US VA, state veterans agencies, local nonprofit agencies, as well as family, friends and community.

Figure 1 shows a model of factors affecting veterans with disability in their effort to gain self-sufficiency. Requisite conditions—identified in the literature, and confirmed by key interview informants and veteran participants of the focus group—indicate a need for secure housing, employment, medical care and transportation (Stapleton et al. 2006, 701-732). Factors affecting veterans with disability access to these basic needs include information, community and family support, financial support acquired through employment and/or training/education, and resolution of legal issues that often arise during periods of drug and/or alcohol abuse.



**Figure 2. Veterans with Disability and Self-Sufficiency Model**

What follows is a brief examination of each of these requisite needs faced by veterans, especially those with disability.

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## **EMPLOYMENT NEEDS OF VETERANS**

One of the most significant issues for veterans reintegrating into civilian life is that of employment. Making the transition from the military to civilian workplace can be difficult for many veterans, even for those not coping with physical and mental health concerns post-deployment. While a large number of services are available to those who anticipate or have left military service, negotiating the myriad programs can be daunting. Preparing for civilian life requires service members to understand how skills acquired through military service can be deployed in the civilian workplace. The US Department of Defense (DOD), working with other federal agencies, offers assistance to separating service members to help with the transition from military to civilian life. However, some veterans are either unaware of this assistance or fail to pursue it (Quigley 2004; Hazle, Wilcox, and Hassan 2012, 229-242).

### **Transition Assistance Program**

The primary avenue through which separating service members gain knowledge about post-service employment has been through the US DOL Transition Assistance Program (TAP). Established in 1990, TAP provided education and counseling to military personnel to assist them in establishing their post-service life, focusing on education and employment opportunities, as well as health, retirement, and other available benefits.

Until 2011, the program functioned as an optional “end-of-service” opportunity immediately preceding discharge. It has been described as a “patchwork of voluntary programs ... which varied substantially from one command to another” (Tilghman 2012). Legislation enacted in 2011 has led to sweeping changes in the program, the most prominent of which is a switch from voluntary to compulsory status. Nearly as significant are changes to the nature of the program. Changes that will be fully implemented by the end of 2014 will transform the program into one that functions under a life-cycle model, where advisement begins with enlistment and continues throughout a service member’s military career. The new program will be known as Transition Goals Planning Success (Transition GPS). These changes have arisen in part due to difficulties experienced by former service members transitioning to the civilian workplace (Military Community and Family Policy 2013).

### **Employment Market Conditions**

Chief among reasons that former service members have had difficulty transitioning into civilian jobs is the substantial and ongoing weakness of the labor market. Lackluster performance of the employment market since the end of the Great Recession remains a notable economic challenge, especially for those seeking to change careers or reenter the labor force. Veterans who served recently have borne the brunt of the current employment situation. According to BLS statistics, the unemployment rate among veterans overall has been similar to or even lower than that found in the US population as a whole. However the nation’s newest veterans are not as fortunate. Unemployment among Gulf War II veterans is generally about 1.5 times that of veterans overall. See Table 5.

**Table 5. Unemployment rates, US Population, Veterans, and Gulf War II Veterans, 2006 to 2012**

	Non-veterans	All Veterans	Gulf War II Veterans <sup>a</sup>
2006	4.4%	3.8%	na
2007	4.4%	3.8%	6.1%
2008	5.5%	4.6%	7.3%
2009	9.0%	8.1%	10.2%
2010	9.4%	8.7%	11.5%
2011	8.7%	8.3%	12.1%
2012	7.9%	7.0%	9.9%

Source: 2006-2012 Bureau of Labor Statistics, Employment Situation of Veterans, Table A: Employment status of the civilian noninstitutional population 18 years and over by veteran status, period of service, and sex, annual averages.

<sup>a</sup> Gulf War II veterans served from September 2001 to the present.

Joblessness among veterans varies from state to state. In New Jersey, a state where unemployment is high for all populations, veteran unemployment is higher still. In 2012 New Jersey possessed the highest unemployment rate for veterans at 10 percent (Prah 2013). Should the national pattern hold regarding higher levels of unemployment among Gulf War II veterans, those living in New Jersey seem even more likely to be among the unemployed.

## HOUSING NEEDS OF VETERANS

Recognition of homelessness in the US has grown over the past three decades. While homelessness affects all populations—men and women, young and old, singles and families—a disproportionate number of veterans have been and are homeless. Recent efforts have been aimed at addressing this issue, including the previously mentioned 2009 federal “Five-Year Plan to End Homeless among Veterans” initiative. As Table 6 shows there is recent evidence indicating that this federal plan may be starting to achieve desired outcomes, as the number of homeless veterans decreased from 76,000 or 12 percent of the nation’s homeless in 2010 to slightly under 58,000 or nine percent in January 2013 according to the annual Point-in-Time estimates, a one-day “snapshot” of homeless (Santos 2014; OneCPD Resource Exchange 2013).

New Jersey is not immune to homelessness and has made efforts to address the plight of homeless veterans. The Point-in-Time estimate for New Jersey indicates there may be less than a thousand homeless veterans, perhaps as few as 540, in the state. These data indicate that the homeless veteran population declined from seven percent of the state’s homeless in 2012 to four percent in 2013.

**Table 6. US and NJ Homeless, Total and Veteran, 2007 to 2013, Point-in-Time Count**

	US			NJ		
	Total	Veteran	Percent	Total	Veteran	Percent
2007	671,888	61,754	9%	17,314	618	4%
2008	664,414	62,989	9%	13,832	847	6%
2009	643,067	59,390	9%	13,169	367	3%
2010	649,917	76,329	12%	13,737	435	3%
2011	636,017	67,795	11%	14,137	811	6%
2012	633,782	62,619	10%	8,847	592	7%
2013	610,042	57,849	9%	12,002	540	4%

Note: US Department of Housing and Urban Development, 2007 – 2013 Point-in-Time (PIT) Counts by State.

However, homelessness among veterans remains a serious problem. While illustrative, the US HUD point-in-time data may underrepresent the extent of the problem. Not all homeless individuals can be identified in any single-night count. Furthermore, individuals and families who live in inadequate or marginal housing are not counted. Using a more comprehensive definition, the NJ Department of Military and Veterans Affairs (NJ DMVA) estimates that between 7,000 and 8,000 veterans in the state are homeless (NJ Department of Military and Veterans Affairs 2013).

Reasons for homelessness are many. Veterans often confront a host of post-service challenges that affect their ability to find and maintain housing. Some veterans face mental illness or substance abuse and require significant support in order to become stable. Other veterans experience homelessness due to economic or familial distress. A still larger group of veterans face other forms of housing insecurity—high costs relative to income, poor housing quality, unstable neighborhoods, and/or overcrowding. Barrett et al (2010) classify the factors leading to homeless into three categories:

1. Individual factors—issues idiosyncratic to each homeless person such as socio-economic status, gender/family issues, mental health and substance use disorders, criminal justice interactions;
2. Structural factors—issues that affect the general population, such as housing availability and affordability, job status (security, unemployment, and underemployment), health insurance, economic conditions (such as the recent recession) and rising healthcare costs; and
3. Veterans issues—issues that pertain solely to this specific population, such as establishing and maintaining housing and employment between and after combat deployments, trauma experiences, PTSD and other clinical issues, need for continuity of care with VA services, and factors that facilitate and/or interfere with the receiving of benefits (Barrett et al 2010).

Stable housing can both result from and contribute to a veteran's mental, physical and financial well-being (Bossarte et al. 2013, S213-S216). Housing insecurity may contribute to physical and mental illness (Bossarte et al. 2013, S213-S216).

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## Rise of Housing Insecurity among Veterans

Homelessness among veterans gained notice as a national emergency in the years following the Vietnam War. A variety of factors contributed to this situation, including lack of public support for veterans as a group. This unintended consequence of the antiwar movement resulted in increased social isolation for some veterans, which, coupled with more commonplace postwar-related illnesses, such as mental illness (PTSD), contributed to the rise in homelessness (Rosenheck, Frisman, and Chung 1994, 466-469). In total, high levels of mental and physical illness as well as other negative factors such as substance abuse among Vietnam veterans all played a role in the rise of veteran homelessness (Rosenheck and Fontana 1994, 421-427). One recent study found that male veterans age 45 to 54 years old comprise 41% of homeless veterans and were at the highest risk of homelessness. This cohort has been that with the highest risk of homelessness over the past two decades (Fargo J et al. 2012).

## Housing Issues for OIF, OEF, and OND Veterans

More recent veterans have also experienced homelessness, though not to the degree seen after the Vietnam War. Unlike Vietnam-era veterans, most veterans of the Gulf Wars and the OIF, OEF, and OND conflicts have been welcomed home warmly or at least without hostility. The ongoing nature of these conflicts has contributed in some cases to diminished attention paid by the press and the public on the needs of returning veterans, with the issue of homelessness still occurring among our newest veterans.

For many returning from service living independently has proven difficult. In addition to facing physical and mental health issues, these veterans must transition to civilian life during a weak economy. Similar to veterans of earlier conflicts, recent veterans face both physical and mental illnesses—primarily PTSD and TBI—coupled with a jobless recovery (Eckholm 2007, A22). Together these conditions have contributed to homelessness and housing insecurity for younger veterans. Since 2007, the economic downturn (the “Great Recession”) has limited the number and quality of employment opportunities for many, including returning veterans. These conditions have resulted in large numbers of young veterans returning to their parents’ homes following service.

Little research has documented this nationally, though scholarly attention has begun to examine this in more limited geographies. Worthen et al. found that 27 percent of young Californian veterans (age 30 or younger) live with their parents and that nearly half (49%) of unmarried young veterans live with their parents. Given a lackluster economy, reduced job prospects, and challenges of transitioning from military service to civilian life, this condition is somewhat expected (Worthen, Moos, and Ahern 2012, 362-375). The choice to live with parents and other relatives is not unlike that made by other millennials who have opted to delay household formation, extend education and remain in or return to their childhood home, a well-documented phenomenon (Fry 2013; Worthen, Moos, and Ahern 2012, 362-375; Mitchell 2006).



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## **Housing Readiness (Continuum of Care) vs. Housing First Models**

Organizations that shelter the homeless often operate under one of two housing models—the Continuum of Care or Housing First models, though some combine aspects of each. The Continuum of Care or “housing readiness” model operates on the principle that a homeless individual needs to gain a degree of health and/or skills that would allow him/her to live independently and/or to maintain that independence. This model requires the homeless to achieve this level of independence by participating in a “step-by-step progression of services that begins with outreach, includes treatment, and ends with permanent housing” (Tsemberis and Eisenberg 2000, 487-93). Generally, housing organizations operating under this model utilize a system of housing facilities that require progressively greater degrees of independent living and self-determination. Individuals participating in these programs “graduate” to progressively more independent housing situations—from shelter to transitional housing and finally to permanent housing. Compliance with treatment is a condition of continuing housing and of gaining more independence in housing (Tsemberis 2010, 37-56).

Increasingly, advocates for the homeless have supported the use of the Housing First model to address the needs of this population. The main directive of the Housing First model is to provide permanent, supportive housing to those in need immediately, without requiring medical or mental health treatment as a pre-condition. This model arises from a philosophy that defines housing as a basic need and, as such, a prerequisite to achieving and maintaining physical and mental health. Unlike the Housing Readiness model, homeless individuals are moved directly from the street or shelters to permanent housing. The achievement of wellness by the formerly homeless is encouraged through the provision of “wraparound” services—a set of social, physical, and/or mental health services integrated into the new housing location. Supporters of the Housing First model acknowledge that the homeless often have entrenched problems that require multiple services, but denial of housing is not based on previous participation in treatment programs or compliance with treatment (Tsemberis 2010, 37-56).

## **Federal Efforts to Address Homelessness**

The most significant federal program to address the needs of homeless veterans is the HUD-VASH program, a cooperative effort between HUD and the VA that generally adheres to the Housing First model. Designed as a voucher program, akin to the HUD Housing Choice Voucher rental assistance, or “Section 8,” the program combines housing vouchers administered by HUD with supportive services provided by the VA. Veterans eligible for HUD-VASH vouchers have 70% of their rental costs covered by vouchers paid directly to a local public housing authority (PHA).

According to HUD, 58,799 vouchers have been awarded since the program began in 2008. Using data collected by each agency, HUD and the VA determine communities of need where vouchers are made available. To date, New Jersey has received 1,015 vouchers for use by veterans. While the VA determines veteran eligibility for vouchers, the vouchers are distributed locally by five public housing agencies (PHA) and the NJ Department of Community Affairs (DCA), which manages three-quarters of all vouchers in the state. While most vouchers are not tied to a specific location, their use is limited



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to their availability at a specific agency and to the housing available within that agency's jurisdiction. A small number of vouchers are considered "place-based" in that they are tied to a specific project that has been developed in whole or in part to serve the housing needs of veterans.

## **TRANSPORTATION NEEDS OF VETERANS**

Veterans may have complex transportation needs as a result of their medical and social circumstances. Limited mobility and physical and emotional isolation can make transportation considerations central to veteran reintegration (Community Transportation 2012). But transportation is a crucial issue even for those who are not dealing with a service-related disability. Reliable personal and/or public transportation is critical to accessing employment, housing, and health care, all necessities needed to make a successful transition from military to civilian life (Wehman et al. 1999, 21-30; Kiernan and others 1991; West et al. 1998).

Many factors contribute to the degree to which veterans are able to provide for their own transportation, including but not limited to short-term and long-term physical and mental impairments, financial constraints, and legal limitations. The overall rate of disability among veterans is well documented and briefly reviewed above. More important for this discussion is the degree to which inadequate transportation impedes one's ability to fulfill one's own needs.

The rate of physical and mental injuries among veterans is on the rise, including the incidence of PTSD and depression. The veteran suicide rate is the highest it has been since 1980 when the US Army began keeping tracking it. Addressing these often-complex medical conditions requires frequent health care visits (Burkhardt, Rubino, and Yum 2011). In addition the high proportion of poverty and homelessness among veterans discussed earlier further limits their transportation options.

Generally, among the population with disability, lack of access to reliable public transportation limits the ability to meet general needs. Research undertaken by the Kessler Foundation and the National Organization on Disability found that 34 percent of persons with disability consider lack of transportation to be a problem compared to 16 percent of persons without disability (Kessler Foundation and National Organization on Disability 2010).

Lack of transportation is also a primary factor in employment for persons with disability. Loprest and Maag concluded that 29 percent of non-working adults with disabilities in the US considered lack of transportation a significant problem when accessing jobs (Loprest and Maag 2001). Survey research conducted in New Jersey in 2010/11 of persons with disability actively seeking employment found that almost 80 percent of respondents felt strongly that transportation was important for their job search and 40 percent cited refusing a job offer due to travel difficulties (Lubin and Deka 2012, 90-97).

In addition to disability-related barriers to transportation, veterans often reside in rural areas. Rural and non-metropolitan counties have the highest concentration of veterans in the civilian population. In 2004, 12.7 percent of rural residents nationwide were veterans

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and 40 percent of veterans lived in rural areas (Burkhardt, Rubino, and Yum 2011). Rural and small-town veterans do not have the same access to comprehensive care through the Department of Veterans' Affairs (DVA) as other veterans because of their isolation (Heady 2007), and veterans who live in rural areas use fewer VA and Medicare services than their urban counterparts, live farther away from private and VA hospital care, and report lower health-related quality-of-life scores (Weeks et al. 2004, 1762-1767). Access to public transit is often limited in these areas and medical and social services may be located far from veterans' homes, making travel long and challenging. Furthermore, isolation in rural areas can exacerbate mental injuries (Community Transportation 2008).

Though transportation to access medical care is a priority for veterans and veterans with disabilities, other needs are also crucial. These include transportation for education; vocational training, such as internships; and transportation for job searches. Additionally, transportation for the purpose of independently accomplishing domestic, social, and family tasks is important for veterans' rehabilitation (Community Transportation 2012). Insufficient access to transportation can lead to inadequate medical care, decline in health, increased costs of health care, isolation, withdrawal, suicide or depression, lost independence, lowered quality of life, and unnecessary hardship and expense (Community Transportation 2009). In total, transportation is a focal point for the rehabilitation and reintegration of veterans.

Typically, veterans use transportation options available to the general public as well as solutions targeted toward veterans specifically. Transportation options used by the general public and veterans include personal vehicles, transportation provided by public transit agencies, county and or municipal transportation services, taxi/livery service, and/or transportation provided by general social service providers. Transportation options specific to veterans that are sometimes available include vehicles operated by Veterans Affairs Medical Centers (VAMC) or vehicles operated by VAMC-contracted vendors, and transportation through veteran-focused nonprofits such as Disabled American Veterans (DAV). These veteran-focused transportation options are limited. For example, DAV transportation options are only available to veterans for trips to VAMCs or other veteran facilities. Volunteer driver programs often cannot provide accessible transportation for veterans (Burkhardt, Rubino, and Yum 2011). In 2004 the DVA spent \$170 million on veterans' transportation to and from its medical facilities. Coordination between DVA services, public transportation networks, and community transportation opportunities is largely nonexistent and offers an opportunity to provide a higher level of service to veterans (Community Transportation n.d.).

In total, officials are often unaware of the varied transportation issues facing veterans (Community Transportation 2008). More input is necessary from veterans to improve transportation strategies, and particular attention should also be given to the needs of special groups such as women and tribal veterans (Burkhardt, Rubino, and Yum 2011). It should also be noted that availability of transportation service is not the only concern; ensuring that transportation information is also easily accessible and understandable must also be a priority.

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## CONCLUSIONS

The US is home to more than 21 million veterans, a quarter of whom served since September 1990. A significant number of veterans must cope with service-related disability. While the ACS reports about a quarter of all veterans have one or more disabilities, reports suggest that Iraq and Afghanistan veterans are seeking disability compensation at higher rates. Contributing to this is the increase in the number and the length of deployments, changes in battlefield armaments and improvements in battlefield medicine. More and longer deployments place additional emotional and mental stress upon servicemen and are likely factors leading to a rise in PTSD and other mental disorders. Advancements in protective battle gear and field medicine have increased the survival rate among service members, resulting in increases of those living with disability(s).

All separating service members must address a host of basic needs while making the transition from military to civilian life, including securing adequate medical care, finding gainful employment, and locating suitable housing. Veterans with disability similarly need to contend with these needs while also facing the many challenges added by their emotional, mental, and/or physical disabilities. It is likely that these veterans will require considerable time, effort, and support to successfully reintegrate into civilian life. For many veterans with disability, this transition is successfully negotiated. For others, lack of financial support, unemployment, lack of access to medical services, and/or housing insecurity adversely affect their mental well-being or physical health. An inability to address these needs too often results in poverty, extended periods of homelessness, ongoing mental illness, and myriad other difficulties.

A great many forces have been marshalled to address these concerns for veterans. Acknowledging weaknesses in its employment transition program and the challenges presented by a lackluster job market, the US DOL has been moving to a life-cycle model program called the Transitional Goals Planning Service to promote post-service employment readiness. Facing a homeless crisis lasting more than three decades, US HUD and US VA have joined efforts and implemented a number of programs, the most significant of which is the HUD-VASH voucher program. Utilizing the Housing First model, the program seeks to house veterans in permanent locations as soon as possible while also providing supportive services.

In the end, however, transportation is the lynchpin of these various spheres of need—medical care, employment, and housing. For veterans with disability, the question of transportation becomes all the more significant. Mobility limitations may adversely affect veterans' ability to reach medical services and employment. Isolation, both physical and emotional, can make reintegration more difficult. Adequately addressing transportation concerns can allow veterans with disability to more easily meet their needs. Promoting transportation independence, through access to public transportation and locational efficiency, is one way to meet these needs.

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### III. EXPLORING ISSUES WITH KEY STAKEHOLDERS

From June through October 2013 the research team conducted a series of structured interviews/listening sessions with a diverse array of public and private stakeholders in New Jersey and beyond related to the US veteran community. Specific attention was given to identifying and interviewing entities that assist working-age veterans with disability.

The study interview design focused on identifying stakeholders in the fields of transportation, employment, and housing. Given the study's constraints, the researchers limited the universe of potential interviewees primarily to New Jersey-based entities. A decision was made to expand the scope of interviewees to a select number of nationwide representatives in the veteran housing sector because few examples were available in New Jersey. All efforts were made to obtain representation from stakeholders representing a variety of opinions and experiences on the issues under investigation.

Interviewees included representatives from five organizations involved in veteran housing, including Center for Veterans Issues (WI); Veterans First LTD. (AZ); Family Service Association of Howard County, Inc. (IN); Reformed Church of Highland Park Affordable Housing Corporation (NJ); and Community Hope (NJ). Also interviewed were representatives from two transitional housing facilities operated by the New Jersey Department of Military and Veterans Affairs (NJDMAVA) designed to support homeless New Jersey veterans, and New Jersey staff from the US Department of Housing and Urban Development.

Transportation issues were the focus of interviews conducted with the Logistic Services/Transportation Department of the US Department of Veterans Affairs New Jersey Health Care System and the Morris County, NJ human services division. New Jersey staff from the US Department of Labor – Veterans Employment and Training Services and the US Department of Veterans Affairs, Vocational Rehabilitation and Employment program shared information on employment concerns. Finally, a variety of topics related to community reintegration were highlighted in interviews held with the Rutgers University Office of Veteran and Military Programs and Services, the New Jersey Department of Military and Veterans Affairs, and the Ocean County, NJ Veterans Service Bureau.

The primary purpose of the interviews was to acquire a better understanding of the transportation, employment, and housing issues veterans with disability encounter; the resources (and their limitations) currently used to address these issues; and feedback on whether and how transit and transit-oriented development housing opportunities might help the working-age, veteran with disability population meet their needs. A key topic was the nexus of housing, employment, and transportation required to optimize the reintegration of returning veterans.

Interviews were convened with 21 individuals representing 15 organizations/programs focused on US veterans. Members of the research team facilitated each interview session, which lasted from one to one-and-a-half hours, either in person or via telephone. It should be noted that one interviewee was prohibited from participating in a telephone/in-person interview, but was permitted to respond to a written interview questionnaire. Detailed

individual interview reports for each of the 15 interview sessions were prepared and are included in the report appendix.

**Table 7. Key Informant Interviews**

<b>Organization Interviewed</b>	<b>Date</b>
Morris County Human Services on One-Click/One-Call Transportation Resource Center (Morris Plains, NJ)	6/6/13
Rutgers University Office of Veteran and Military Programs and Services (New Brunswick, NJ)	6/10/13
Veterans Haven North (Glen Gardner, NJ)	6/13/13
New Jersey Department of Military and Veterans Affairs (Trenton, NJ)	6/20/13
US Department of Labor, Veterans Employment and Training Services (Trenton, NJ)	6/20/13
Veterans Haven South (Winslow, NJ)	6/25/13
US Department of Veterans Affairs New Jersey Health Care System, Logistic Services/ Transportation Department (Lyons, NJ)	7/23/13
Ocean County Veterans Service Bureau (Toms River, NJ)	8/15/13
US Department of Housing and Urban Development, Newark Field Office (Newark, NJ)	8/29/13
US Department of Veterans Affairs, Vocational Rehabilitation and Employment Service (Newark, NJ)	9/9/13
Center for Veterans Issues on Veterans Manor (Milwaukee, WI)	9/12/13
Veterans First LTD. on Mary Ellen's Place (Phoenix, AZ)	9/12/13
Family Service Association of Howard County, Inc. on Jackson Street Commons (Kokomo, IN)	9/17/13
Reformed Church of Highland Park, Affordable Housing Corporation on All Saints Apartments (Highland Park, NJ)	9/17/13
Community Hope on Valley Brook Village (Lyons, NJ)	10/1/13

## SUMMARY OF INTERVIEWS BY TOPIC

### General Reintegration Challenges to Veteran Community

Interviewees expressed consensus that issues related to transportation, employment, and housing play a major role in community reintegration success for returning veterans, both with and without disability. It was also agreed by all that these three factors are most often interconnected. For example, a veteran experiencing difficulty securing employment will likely face difficulty in maintaining or securing affordable housing. Similarly, a veteran who resides in a locale with limited public transportation options may not be able to access employment opportunities in a neighboring community. A representative from NJDMAVA explained that veterans facing difficulty coping with employment, housing, and/or transportation concerns often experience a “snowball effect,” whereby the stress associated with these issues can lead to additional problems, including depression/mental health problems.

One interviewee opined that working-age veterans returning from recent conflicts are different from their predecessors who fought in past wars for several reasons. For one, more recent veterans have typically experienced several tours of service and have had to adjust to the difficulties of transitioning in and out of civilian and military life on a regular basis. Several interviewees reported, however, that the desires and needs of veterans



returning from service have not altered significantly across time—they want to return home safely to their families, secure gainful employment and adequate housing, and cope with any disability they may have incurred while in service.

Interviewees reported that transition to civilian life for many veterans involves learning to address a range of physical and/or mental/emotional illnesses or conditions. Several noted that more than one-third of veterans who have returned from the wars in Afghanistan and Iraq have sought disability benefits. This represents an increase from those seeking such benefits from previous military conflicts. The interviewee with Veterans First LTD in Arizona offered that many recently returning veterans may not be immediately ready for work when they arrive home, especially those coping with service-related disabilities. Many of the female veterans supported by her organization are also coping with military sexual trauma. These veterans need to “take a breath” before they can adequately tackle reintegration issues related to employment, housing, transportation, and other concerns.

The interviewee with the US Department of Labor Veterans Employment and Training Services (VETS) reported that one of the main challenges facing New Jersey’s working-age veterans with disability is a widespread misunderstanding among veterans and the general population of the term “disability.” For example, many younger veterans returning from recent conflicts are coping with hidden disabilities, including PTSD and brain injury, among others. These conditions may necessitate reasonable accommodations by employers but many veterans fear that requesting such accommodations will hinder their ability to secure employment. In addition, some veterans with disability are unaware of their rights with respect to employment, and thus fail to advocate for themselves. The VA Vocational Rehabilitation and Employment interviewee opined that veterans with disability who build and maintain a support network around their families, communities, VA medical services, and VA benefits are the most successful in adjusting not only to their lives as civilians but also to their lives as a person with a new disability.

Contemporary veterans may also face legal issues. Several interviewees involved in veteran housing reported that some of their residents are facing legal charges stemming from various matters, such as unresolved child support claims and violations that affect their driving privileges. Most, if not all, do not have the financial means to secure legal advice or representation, and this can complicate their ability to secure employment and reintegrate fully into civilian life.

### **Addressing Veteran Reintegration Challenges**

Both public and private sector organizations supporting American veterans are fully aware of many of these core reintegration challenges that face the veteran community nationwide. Numerous programs and support services were mentioned by interviewees, including but not limited to, veteran preference for civil service positions; veteran property tax deductions and in some cases exemption; and availability of veteran employment assistance from various government departments/agencies. There are also a host of private nonprofit organizations throughout the country that focus on addressing veteran needs, as well as public entities, such as local veteran service bureaus/organizations. Veteran service bureaus available in 21 New Jersey counties are an example of the latter.

These entities typically assist veterans and their families with referrals for health/medical care, educational programs, and social services. They also assist veterans in filing claims for benefits and entitlements and obtaining copies of military records and honors.

Veterans interested in pursuing higher education may apply for veteran educational benefits, primarily focused on the Post-9/11 Veterans Educational Assistance Improvements Act of 2010—commonly referred to as the new GI Bill or the GI Bill 2.0. This newer GI Bill offers expanded benefits that include the full cost of any public college for an in-state veteran student, a housing allowance, and a stipend for books. In addition, eligible veteran students can use the bill for non-degree programs and on-the-job and apprenticeship training.

Many higher education institutions recognize that veteran students may need specific support mechanisms to thrive in an academic environment and consequently offer a robust array of support services targeted to this population. For example, the Office of Veteran and Military Programs and Services (OVMPS) at Rutgers, The State University of New Jersey, provides support to an estimated 2,000 student veterans and members of their families. The OVMPS works closely with all units of the University to address the diverse transition needs of students who are veterans. The Rutgers Office of Disability Services, for example, provides a staff member specifically dedicated to addressing the needs of student veterans. This is similarly true for most other critical offices at the University. The OVMPS works diligently to cultivate this single point of contact with a senior staff member of each office or unit to help resolve a variety of issues unique to veterans or their families. Veterans with disability are offered several accommodations, including supplemental transportation, supportive counseling, and assistive hardware, such as smart pens/pads (funded by the VA and expedited through the OVMPS).

Innovative strategies have been explored. For example, interviewees from Community Hope, the largest NJ nonprofit serving homeless veterans and their families, told of a local community bank that established a fund to provide local veterans with small loans to assist with their daily living costs, including transportation. These loans also help participating veterans build credit, which is beneficial to their community reintegration and their ability to achieve financial stability. Community Hope also discussed a veteran justice initiative that involves private law firms offering pro bono legal aid to residents of Community Hope's transitional housing property in Lyons, NJ that has greatly helped veterans address their legal issues.

Notably many of those interviewed said that some veterans do not readily take advantage of the many programs and services available to them. Other interviewees said that many veterans do not know how to secure assistance. They are overwhelmed with options yet lack what is needed most: a one-stop portal for access. The interviewee with the Center for Veterans Issues in Wisconsin reported estimates that approximately one-third of veterans who qualify for VA health care do not utilize these services for reasons that include lack of clarity about benefits and confusion in navigating the available services. The unfortunate result is that many struggling with disabilities, including PTSD, often opt to self-medicate with drugs or alcohol instead of obtaining the assistance they are entitled to receive. The VA Vocational Rehabilitation and Employment interviewee reported that veterans need the best information possible so they can fully benefit from the programs available to them.

The remainder of this section focuses on providing more detail on the transportation, housing, and employment challenges discussed during the interview sessions and strategies for ameliorating those challenges.

## **TRANSPORTATION**

Interviewees providing services to veterans both with and without disability conveyed the integral role transportation availability has on successful veteran reintegration. One interviewee summed it up simply: “Transportation is the pinnacle part of everything.” The Ocean County Veterans Service Bureau interviewee remarked that lack of access to transportation is often the “hump” that makes securing and retaining employment difficult for veterans. US HUD staff reported that when transportation is not considered in the planning of veteran open houses and other outreach events managed by stakeholder groups, veteran attendance is negligible. The interviewee representing Veterans Haven South, one of two New Jersey transitional housing centers for homeless veterans directed by NJDMAVA, reported that transportation is the most significant challenge faced by their residents seeking employment and continues to be a problem once employment has been secured and during the resident discharge planning process. She added that some residents currently travel two hours one way to access employment.

Many interviewees explained that a great number of veterans are fortunate and have access to a personal motor vehicle. However, many others cannot secure or utilize a motor vehicle due to factors including financial limitations, legal barriers that impact their driver’s license standing, and/or disability issues. Interviewees offering veteran housing and other services/programs lamented the enormous obstacles these veterans face in seeking to access employment and medical services or to satisfy other needs of daily living.

### **Public & Community Transportation**

The tremendous role that public and community transportation can have in opening doors to veterans was recognized by all interviewees. The Ocean County Veterans Service Bureau is currently investigating options for securing public transportation vouchers for veterans to use during job searches, up until they receive their first paycheck. The bureau also works closely with the county paratransit service provider, Ocean Ride, to help veterans access medical services both within and beyond the county. Interestingly, the bureau also relies on an informal network of volunteer drivers to help veterans gain access to dialysis services when Ocean Ride cannot meet those needs. In addition, a local nonprofit called Vetwork recently received a grant from the county to help provide veteran transportation to veteran facilities on an as-needed basis. Community Hope reported that their organization is trying to secure funds to purchase NJ Transit passes for residents of their new permanent, supportive housing complex, Valley Brook Village, in Lyons, NJ.

Many interviewees emphasized that limited or nonexistent public transit negatively impacts the veteran community seeking to transition to civilian life. The Ocean County Veterans Service Bureau interviewee said that New Jersey needs to allocate increased funding for public transportation, especially in the central and southern regions of the state where public transit services and routes are more limited. The VETS program interviewee



remarked that limited service hours/days often pose insurmountable obstacles to using public transit. The advanced reservation requirement of many county demand-response services also imposes difficulties for job seekers and stifles independence among those dependent on such services.

Interviewees from Veterans Haven North and Veterans Haven South, both located in primarily rural communities, said that identifying public transportation options to meet night, weekend, and off-shift employment has been extremely difficult. They said transportation is a major concern and that residents' unmet travel needs affect all aspects of daily living. Speaking about Veterans Haven South residents, the interviewee explained that if available jobs are not located along the Route 30 corridor or in locales accessible via that corridor's bus service, such as Camden and Atlantic City, residents simply cannot avail themselves of those opportunities. In addition, jobs located in industrial parks are not accessible because the second and third shifts typically required by such employers are not supported by public transit schedules. The VA Vocational Rehabilitation and Employment interviewee echoed these sentiments, reporting that his veteran clients residing in rural or suburban transitional housing for the homeless need viable transportation alternatives. Similar sentiments were expressed by interviewees from other states, such as the interviewee from the Center for Veterans Issues in Wisconsin, who noted that limited or nonexistent public transit options in Wisconsin suburbs and rural areas make it difficult and sometimes impossible for veterans to obtain work or needed services.

The USHUD staff said that veterans should consider the availability of public transportation when selecting housing. Notably, each of the five organizations interviewed indicated that transportation was a significant consideration when siting their permanent supportive housing and all acknowledged its importance to residents. For example, the Center for Veterans Issues in Wisconsin reported that the decision was made to construct their Veterans Manor property in a section of town that is considered a "transit crossroads." Three bus lines are available at the front of the building and a large percentage of residents utilize public transit to access employment, medical care, educational opportunities, and other daily living needs. Veterans First LTD reported that their veteran property, Mary Ellen's Place, is located in a commercial area of northern Phoenix, AZ. A bus stop is one block away, and the main bus terminal is several blocks from the property. Two bus routes provide access to two light rail routes, each approximately five miles from the residence. Similarly, the All Saints Apartments for veterans in Highland Park, New Jersey is located one block from a NJ Transit bus stop.

### **Other Transportation Modes**

In addition to public transit, many residents of permanent supportive housing access services on foot. For example, common destinations for residents of Mary Ellen's Place, such as the grocery store, pharmacy, post office, employment office, and bank, are within a five- to ten-minute walk of the residence. The interviewee from All Saints Apartments remarked that many residents walk or bike to desired destinations. The interviewee from the transitional housing center Veterans Haven South located in NJ remarked that the facility recently received donated bicycles that residents are using to access employment.

Several of these sites operate a van that residents can use for various purposes. The Center for Veterans Issues provides recreational outing opportunities for residents of Veterans Manor. All Saints uses a church van or the van of their casework provider, when needed, to give residents access to the VA hospital. Similarly, the Jackson Street Commons property in Indiana will make a van available to future residents for health care trips. The Valley Brook Village site will have a driver transport residents to the local train station as well as on recreational outings.

It must be noted that interviewees from the five permanent supportive housing properties indicated that many residents who are capable of driving do seek to acquire a motor vehicle. The interviewee from All Saints Apartments reported that five residents own automobiles and frequently transport car-less residents. That sentiment was reiterated by the interviewee from Veterans First LTD who noted that residents develop camaraderie and tend to “take care of each other.” To capitalize on the desire of many veterans to drive, Community Hope is exploring the possibility of partnering with a carshare vendor, such as Zipcar, as a strategy to help meet Valley Brook Village resident transportation needs.

Other transportation options beyond those provided by the interviewed housing providers were identified during these discussions. In fact, many programs that serve the veteran community offer some level of transportation to assist veterans with disabilities. Representatives from the Ocean County Veterans Service Bureau make house calls to area veterans who are non-ambulatory and cannot access the office. Both NJDMAVA transitional housing centers for homeless veterans in New Jersey offer some transportation to residents; Veterans Haven North has a six-passenger van used for medical trips and to access paratransit stops. Veterans Haven South has five or six vehicles that provide access to bus stops and medical offices, and are also used for occasional group outings.

The US Department of Veterans Affairs New Jersey Health Care System on the Lyons campus offers substantial transportation options, including both fixed-route shuttles and demand-response trips. The department currently makes approximately 1,200 trips per week statewide. The fleet encompasses approximately 240 vehicles, including sedans, small and large vans, buses, and mobile care units. Services include trips for a compensated work therapy program; a shuttle to the nearby rail station; and employment trips, primarily to allow homeless veterans residing at transitional housing sites in central NJ access to employment opportunities on the Lyons campus.

## **Transportation Costs**

The high costs of providing transportation were lamented by many interviewees. The NJ DMAVA interviewee reported that the state includes an annual budgeted line-item that is paid as a stipend to 16 counties to help defray their veteran transportation costs. In 2012 the stipend total was about \$335,000, which other interviewees noted was not nearly adequate to meet demand. Interviewees from some agencies expressed willingness to partner with other entities to reduce costs. For example, the Lyons transportation department partners with the Lyons VA fire and emergency services departments to meet the former agency’s demand for special-mode transportation that requires life support services. Interviewees reported the savings garnered from this collaborative approach are substantial; the

transportation department had been charged over \$600 per one-way trip from the Lyons to East Orange campus by Mobility Access Vehicle (MAV) providers. By utilizing the fire department for these trips instead, the transportation department has realized savings (cost avoidance) of \$70,000 to 100,000 per month. Similarly, the fire department has achieved savings through its relationship with the transportation department.

Transportation department representatives from the Lyons VA campus expressed eagerness to partner with other community transportation providers and stakeholders to improve efficiencies and increase access to VA health care. The department joined the US Department of Veterans Affairs Veterans Transportation Service (VTS) initiative approximately two years ago. They have met with several New Jersey's county paratransit providers and NJ Transit to discuss ways in which the agencies could collaborate to better meet the transportation needs of veterans. These talks are ongoing.

A strategy that has been discussed is to leverage technologies that can help optimize scheduling and routing efficiencies. The Morris County One-Call/One-Click initiative is one example. The program is funded with a half-million dollar grant from the US Department of Transportation. To expand ridership opportunities for veterans, the goals of the project are two-fold: (1) to improve the delivery of transportation services; and (2) to increase ridership on the Morris County paratransit system (MAPS) through outreach and information. To achieve the first goal, Morris County will purchase and implement hardware and software to help automate reservations and route planning. The interviewees believe that most veterans who use the MAPS service are using it to access VA facilities, particularly Lyons Hospital. The county hopes that the increased efficiencies will allow them to provide more frequent trips to such destinations to serve a greater number of local veterans.

## **HOUSING**

The topic of housing has been integral to this exploratory study, particularly the potential benefits of housing located close to public transportation. All interviewees strongly agreed that access to safe and affordable permanent housing is critical to the reintegration process for veterans. In particular, those who are coping with disabilities and/or other obstacles including addiction and homelessness, need supportive housing to successfully adjust to civilian life. Overall, interviewees in New Jersey and beyond opined that affordable housing options are limited and there does not seem to be a holistic approach to creating such options for the veteran population. For example, interviewees from the two New Jersey transitional housing facilities that support homeless veterans indicated that veterans leaving their program must seek housing options outside the county due to insufficient affordable housing within their counties.

### **Housing Models**

Interviewees acknowledged that support for veteran affordable housing has come from the federal government, primarily targeted at veterans who are at risk of homelessness or are currently homeless. They mentioned efforts by government agencies and communities to create more affordable housing options for the veteran population following President Obama's 2009 announcement calling for an end to veteran homelessness by 2015.

When discussing housing for homeless populations, a frequent subject of debate is the issue of which approach provides the best results: the “housing first” model or the continuum of care (or housing readiness) model. The housing first model places the homeless directly into permanent housing, supplemented with on- and off-site social services. The theory behind this model is that a stable environment is an essential component of mental health, and that by removing this stressful concern from the equation, people are better able to focus on the skills needed for independent living. The housing readiness model, by contrast, introduces more gradual change: an individual moves through a series of housing facilities that require increasing levels of independence, “graduating” from shelter (or domiciliary, in the case of veterans) to transitional housing to permanent housing.

USHUD interviewees noted that various efforts indicate that the housing first approach is successful (e.g., research reported by Dennis Culhane); however, the interviewees acknowledged the results of this model are mixed, as not all who have been placed have the skills to live independently, even with supportive services. An unfortunate situation occurs when such individuals are unable to meet the demands of living independently and return to homelessness.

Mixed feelings for each model were also expressed by the five interviewees representing affordable, permanent supportive housing properties. For example, the Center for Veterans Issues explained that the housing first model is a cost-effective approach to addressing the problems of homelessness, and Community Hope added that resident relapse can be a part of the recovery process and should not eliminate permanent supportive housing opportunities for those who encounter recovery challenges. By contrast, The Veterans First LTD interviewee expressed support for the housing readiness model, explaining that most of the problems experienced at their veterans’ residence—Mary’s Ellen’s Place—involved individuals who could not follow the rules and/or were coping with alcohol or drug issues that should have been identified and addressed prior to providing permanent housing.

Regardless of their positions on housing models, all five interviewees agreed that supportive housing is a critical and necessary element for residences focused on meeting the reintegration needs of this vulnerable population.

## **Housing Vouchers**

The NJDMAVA interviewee and USHUD interviewees discussed the HUD-Veterans Affairs Supportive Housing (VASH) program, a joint effort between HUD and the US Department of Veterans Affairs to house homeless veterans and their families. HUD-VASH uses the housing first model though many recipients of HUD-VASH vouchers have spent some time living in preparatory housing accommodations such as shelters or transitional housing. The effort combines aspects of the HUD Section 8 program with clinical and supportive services provided by the VA. A designated number of “Housing Choice” vouchers are issued to each state and then made available to qualified homeless veterans and their families; the subsidy is paid to the landlord by local public housing authorities (PHAs). Veterans receiving HUD-VASH vouchers participate in case management activities as determined by the VA to help to maintain their recovery and permanent housing. HUD-VASH vouchers cover 70% of the cost of housing; participants are responsible for 30%

of the rent. These funds come from participant employment and/or other cash benefits. It must also be noted that while these vouchers are typically tenant based (i.e., follow the tenant from rental to rental), they can also be project based (i.e., associated with a particular property), which several interviewees sought and received for their respective affordable, permanent supportive housing property.

While interviewees generally expressed support for the HUD-VASH program, several stressed that a limitation of the program is that veterans may exceed the income eligibility requirements yet still be homeless or at risk of becoming homeless. For example, many veterans are working and/or collecting benefits and/or entitlements that may place them over the income limits for HUD-VASH vouchers. Another criticism shared by several interviewees was that the case management support provided through HUD-VASH was too sporadic and does not fulfill the needs of veterans coping with a variety of chronic illnesses or mental health conditions.

### **Affordable, Permanent Supportive Housing for Veterans**

The study team identified several examples of affordable, permanent, supportive housing properties nationwide and, as noted previously, interviewed the five organizations responsible for their development (Table 8). Each of those interviewed emphasized the need to replicate this type of housing throughout the nation to meet veteran needs. Several specifically called attention to the needs of female veterans, whose reintegration difficulties are often overlooked.

**Table 8. Permanent Supportive Veteran Housing Interviewees**

<b>Housing Provider</b>	<b>Property name</b>
Center for Veterans Issues – Wisconsin	Veteran’s Manor
Veterans First LTD. – Arizona	Mary Ellen’s Place
Family Service Association of Howard County, Inc. – Indiana	Jackson Street Commons <sup>a</sup>
Reformed Church of Highland Park Affordable Housing Corporation – New Jersey	All Saints Apartments
Community Hope – New Jersey	Valley Brook Village

<sup>a</sup> Jackson Street Commons is currently under construction.

### *Common Themes among Properties*

Each of these properties varies in size, with the smallest (All Saints Apartments) offering ten studios and a single one-bedroom unit, and the largest (Valley Brook Village) offering 62 one- and two-bedroom apartment units. All five properties are intended for veterans who are homeless or at risk for homelessness, with Mary Ellen’s Place dedicated exclusively to female veterans. At least some if not all units are ADA accessible to benefit residents with disability. Two of the properties—All Saints Apartments and Veterans Manor—are considered mixed-use facilities, with All Saints offering office space to a nonprofit environmental organization, and Veterans Manor offering a commercial kitchen and food café.



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The interviewees reported remarkably similar, facilities, services and development considerations. For example, each developer:

- Gave consideration to public transportation access.
- All five housing providers acknowledged their tenants' need for public transportation and said their properties' location near public transportation was an asset that helped to support veteran reintegration. Several considered public transportation access when siting their project. In some cases, land for development was identified based on other criteria, but access to public transportation was highly valued.
- Included utilities and sometimes furnishings in the monthly rent.
- Rent payment at these properties typically includes utilities and Internet access. Often, furnishings are included as well. One respondent reported a flat rent of \$350, while all others indicated that residents pay 30 percent of their income in rent, with HUD-VASH, Section 8, or other housing program vouchers covering the remaining obligation.
- Planned for long-term occupancy.

Most of the properties maintain resident waiting lists; typically unit turnover is low.

- Offered case management services.

As supportive housing properties, all offer assistive services to their tenants. In many instances, caseworkers double as information agents, offering residents guidance not only on medical issues but also on how to handle everyday needs, such as buying a bus ticket or accessing other community offerings.

- Included communal spaces.

Typical elements of these properties are a large community room, a community kitchen, a library or business center with computers, and a laundry room. Some also offer on-site fitness facilities, gardens, and backyard gathering areas.

- Promoted environmentally friendly design and practices.

Several of the properties indicated a commitment to pursuing an environmentally friendly, green building approach. As one interviewee remarked, "green" building is not only environmentally responsible, it is associated with long-term savings that benefit the property owner.

- Pursued diverse funding sources to support development.

Each housing provider pursued a diverse array of funding strategies, typically using a mix of local, state, federal, and private funding. Some pursued tax credits, grants,



forgivable loans, and in-kind support. The Family Service Association of Howard County Inc. has thus far sold naming rights to twenty rooms at Jackson Street Commons. Veterans First LTD received in-kind support including furniture and computer donations from private entities, such as Home Depot, Behr Paints, and various motorcycle organizations. Those who donated were recognized on a tribute wall at Mary Ellen's Place dubbed "Tags of Love."

- Prepared for community opposition but received little.

Community opposition to these housing projects (the "not-in-my-backyard" or "NIMBY" objection, for example) was not significant in any case and was not evident at all in some. For example, no opposition by area residents was encountered in siting Veterans Manor. In fact, the local community and project partners focused on how Veterans Manor could be a catalyst for community revitalization. Jackson Commons is being constructed in what the interviewee described as a "blighted area," so no opposition has been experienced. Interviewees responsible for Valley Brook Village said they met regularly with local stakeholders, including town officials and neighbors, in an effort to avoid any project opposition. They reported success with that approach. The Reformed Church of Highland Park Affordable Housing Corporation did experience resistance from some local residents that focused on a variety of fears, including that the project would increase traffic and/or destroy the character of the property under renovation (the property is the adaptive reuse of a former Episcopal church). Those objections dissipated with time. Similarly, Veterans First LTD encountered some resistance from one area resident who expressed a fear of "transients" living in the neighborhood, but once the objector was informed of the purpose and need for the apartments, he ultimately attended the open house.

### *Common Elements of Success and Recommendations*

The five housing provider interviewees discussed factors that have contributed to the success of their projects and offered recommendations for those interested in developing similar housing for the veteran community:

- Develop a diverse array of strong project supporters early in the project.

Pursuing such effort will contribute to buy-in and commitment from both the community and prospective funders. Most said they derived tremendous benefit from pursuing bipartisan support at all levels of government (i.e., city, county, regional, state, and federal). The Family Service Association of Howard County Inc. noted that preparing formal Memorandums of Understanding (MOUs) with various partners helped expedite the Jackson Commons project. The Reformed Church of Highland Park Affordable Housing Corporation interviewee added that collaborating specifically with veteran-focused partners was useful. For example, working closely with the US Department of Veterans Affairs chief of homeless services was beneficial to the All Saints Apartment project, as it contributed to the legitimacy and support of the effort among the veteran community.

- Foster relations with community residents and local businesses to prevent and/or limit NIMBY-related opposition.

In addition to anticipating NIMBYism, each of the interviewees stressed that helping veteran residents achieve reintegration requires providing them with opportunities to meet and interact with the larger community beyond the confines of the housing property. Thus, efforts to encourage such engagement are extremely valuable.

- Determine reliable partners who will engage collaboratively in project development, including design, construction, and/or site management.

Community Hope emphasized that their close working partnership with Peabody Properties, the developer and site manager of Valley Brook Village, contributed greatly to the project's success.

- Provide space and opportunities for residents to engage with one another, and build natural supports.

As one interviewee remarked, "our goal is to provide for residents' mind, body, and soul." Thus, attractive common spaces, such as living rooms, kitchens, libraries, and outdoor recreational areas, were considered invaluable. One interviewee explained that many veterans miss the camaraderie of service and benefit from convening formally or informally with one another to discuss the challenges they face in reintegrating with their community post-service.

- Seek input at the outset from prospective residents.

Engaging prospective residents helps not only to foster socialization among residents, it also encourages them to develop a level of responsibility toward their new home. The Family Service Association of Howard County, Inc. stressed the importance of this action and reported the value of conveying to residents that "This is their place, not ours."

- Case management is a critical component of these supportive housing properties.

Several interviewees stressed that providing space for case managers on-site to conduct office hours was extremely beneficial to residents who often seek their guidance on many issues related to community reintegration. Notably, Valley Brook Village indicated that in addition to case management support, they will be offering on-site vocational training with an employment specialist who will assist residents in pursuing both paid and volunteer employment and educational opportunities. The Reformed Church of Highland Park Affordable Housing Corporation interviewee said that more involvement from local mental health service providers would be most helpful to veterans.

- Develop uniform resident eligibility criteria and implement a thorough intake process to identify the most appropriate candidates.

Intake processes varied among the properties but often included a written application, an in-person interview, and background screening. One interviewee explained that their initial intake process was not well developed, and several veterans who were not motivated to participate in supportive housing programs were admitted and ultimately asked to leave due to non-compliance with property rules. The Family Service Association reported that they have organized a committee to design the prospective resident application process for Jackson Street Commons, and once residents have moved into the property, a resident council will be established to address any resident issues/problems that arise.

- Assist residents who are coping with outstanding legal issues.

Two interviewees suggested residents would benefit from help with legal issues, as these may negatively impact their reintegration with the community. The Community Hope pro bono legal program has been extremely successful in helping secure driver privilege restoration for many veteran residents, and the interviewees emphasized the benefits of implementing similar pro bono social justice programs for veterans statewide.

- When developing a mixed-use veteran property, consider the role that could be played by other tenants in successful reintegration of veterans.

The Milwaukee Center for Independence (MCFI), for example, operates the full commercial kitchen in Veterans Manor. Meals are prepared in the kitchen for residents of Veterans Manor, and over 5,000 meals a day are prepared for children in the Milwaukee public school system. MCFI operates a food service training program that enjoys participation from many veteran residents and other local residents with disability. Participants learn food service and hospitality skills and are then placed in jobs located throughout the community through partner employers. Attached to the kitchen is a storefront café called Troop Café that is open to the public. The café is operated by the Center for Veterans Issues, and all staff members are veterans. The interviewee remarked that the commercial kitchen program and the Troop Cafe demonstrate the benefits Veterans Manor offers not only to residents but also to the local community.

- Investigate the use of project-based housing vouchers.

Three of the five permanent supportive housing interviewees emphasized that pursuing project-based housing vouchers was crucial to the success of their projects. Community Hope explained that 50 of Valley Brook Village's units have project-based HUD-VASH vouchers. Securing project-based HUD-VASH vouchers played a critical role in the success of this project because, once secured, the vouchers demonstrated commitment to prospective funders. The Center for Veterans Issues echoed these sentiments and explained that securing project-based HUD-VASH and Section 8 vouchers was necessary for the development partners to sell the tax credits used for project funding. The Reformed Church of Highland Park Affordable Housing Corporation interviewee added that All Saints Apartments would not have

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been constructed without project-based Section 8/State Rental Assistance Program (SRAP) housing vouchers.

### *The Role of Transportation in Housing*

The relationship between transportation and housing was discussed by all interviewees. As noted earlier, each of the five interviewees representing affordable, permanent supportive veteran housing properties indicated that access to public transportation was a consideration in siting those projects, and all other interviewees agreed that veterans benefit when transportation factors, specifically, the availability of public transit, is given consideration when making location decisions for veteran housing.

The study team also engaged interviewees in a discussion on the topic of transit-oriented development (TOD). All agreed on the potential benefits such land use could hold for veterans with disability seeking to benefit from housing that afforded easy access to public transportation and community resources. The VA Vocational Rehabilitation and Employment interviewee added that the TOD model in accessible communities would be a benefit to all persons with disabilities, not only veterans.

Each of the five permanent veteran housing properties fall along what could be considered a spectrum of TOD—from minimal public transportation access to well-integrated access. In addition, although it is not an example of permanent supportive housing nor ostensibly a TOD project, the study team observed that the student veterans residing on the Rutgers University campus and utilizing support services provided by the Rutgers Office of Veterans and Military Programs and Services are, in a sense, benefiting from aspects of both supportive housing and a TOD “community” environment. For example, most of the student veterans served by the OVMPS live on campus and utilize campus housing, transportation, and other supportive services. Students at the New Brunswick campus can utilize the services of what amounts to a self-contained small city. Transportation, housing, and dietary needs can be fulfilled through the offices of transportation, student housing, and dining; thus, many of these concerns, such as transportation, are not often raised as obstacles by the Rutgers veteran student population. Rutgers University operates one of the largest student transit systems in the nation. It should also be noted that all three Rutgers’ campuses are served by NJ Transit services.

It must be recognized that while interviewees were interested in and supportive of how the concept of TOD could be implemented on a wider scale to benefit the veteran population, the caveat was raised that TODs are often located in urban locales that do not necessarily appeal to all veterans. A few interviewees commented that many younger veterans seem to be opting to move in with their parents residing in suburban locales for financial reasons. Other interviewees added that better transportation infrastructure and TODs are needed in non-urban locales, especially because many veterans do not wish to reside in urban areas despite their transit options. In New Jersey, where support for TOD at suburban commuter rail locations has been slower to take hold than in urban locations, TOD geared toward veterans may not only provide improved housing options for veterans, it may also support increased development in transportation-accessible locations.

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## EMPLOYMENT

A final topic critical to veteran reintegration discussed by interviewees was employment. Many stated that securing and maintaining employment is the most significant hurdle faced by returning veterans, especially those coping with one or more disabilities. The VA Vocational Rehabilitation and Employment interviewee explained that chronic mental health conditions and addiction are the largest barriers to sustainable suitable employment because veterans coping with these conditions are often the least compliant with medical treatment. The NJDMAVA interviewee emphasized that without employment veterans cannot afford adequate housing nor can they afford to purchase and/or maintain an automobile. The Ocean County Veterans Service Bureau interviewee expressed concern that more than twenty percent of the unemployed in the central and southern region of New Jersey are veterans, and many are young and working age—19 to 34 years old.

As noted earlier, various federal, state, and local governmental entities do offer employment-related assistance to veterans. For example, the US Department of Labor Veterans' Employment and Training Services manages a non-competitive staffing grant, called Jobs for Veterans State Grant, with funds given yearly to the state DOL in direct proportion to the number of veterans seeking employment within that state. These grants support two kinds of staff positions: veterans with disability outreach program specialists and local veterans' employment representatives. Also, veterans with disability who meet eligibility criteria are entitled to assistance from the US Department of Veterans Affairs Vocational Rehabilitation and Employment officer located in their state. Support from this officer can include assistance with seeking reemployment with a previous employer, direct job placement services for new employment, assistance with self-employment goals, and employment through long-term services that may include on-the-job training, apprenticeships, post-secondary education such as college, vocational or technical school, internships, job shadowing, work monitoring, work study, and public-private job partnering. At the state and local levels, veterans can also seek employment assistance from their state or local Workforce Investment Boards, one-stop career centers, vocational rehabilitation offices, and/or independent living centers.

All interviewees agreed that working-age veterans with and without disability are seeking employment in a wide variety of fields and professions, most often dependent on their education level, professional experience/employment history, and/or possession of certain licensing (e.g., commercial driver's license). The interviewee from the New Jersey transitional housing program, Veterans Haven North, explained that many of their residents are coping with addiction and/or mental health concerns and are seeking job opportunities as one step in their recovery and reintegration plan. Veterans Haven North residents who are motivated have had success accessing employment opportunities at local retail stores, such as Lowe's Home Improvement, ShopRite, Walmart, and Target stores, using the county transportation service to access these jobs. Some veterans have sought employment at local hospitals as lab technicians. Often these jobs are stepping-stones to more lucrative employment opportunities. It is critical to emphasize that jobs located beyond the county transportation route are most often not viable options for these residents, once again illustrating the critical role of transportation to veterans' employment prospects.



Some interviewees offered that younger veterans are reaching beyond the sectors traditionally tapped by veterans—law enforcement, social services, construction, and retail—to include such sectors as healthcare and business. The VETS interviewee explained that as jobs within the military are far ranging, veterans seeking employment post-service possess a wider variety of skills and experiences than ever before. They also face a wide range of challenges. Many veterans are highly skilled professionals who have no significant barriers to post-deployment employment. Others need intensive services in order to prepare for non-military employment.

Interviewees stressed the particularly difficult employment market created by the economic recession. Others voiced concern that many veterans do not possess the skill sets demanded by the contemporary labor market. The US Department of Veterans Affairs New Jersey HealthCare System interviewee remarked that returning veterans must focus on acquiring the appropriate advanced skill sets needed to be competitive in today's difficult job market so they can attain employment opportunities beyond minimum-wage jobs. Other interviewees reiterated that minimum-wage jobs do not permit veterans to progress to or maintain independent living, let alone support dependents.

Education was discussed by several interviewees as a vital component of reintegration to reduce or eliminate employment barriers. The Ocean County Veterans Service Bureau interviewee offered that the opportunities presented through the Post-9/11 GI Bill are helping to realign veteran skill sets for today's job market. He felt the new GI Bill was superior to the previous version because it offers a longer benefit period and includes a housing allowance akin to that of active service members. He further stated that education is the key to expanding employment opportunities and that the pursuit of education demonstrates to prospective employers a candidate's discipline and commitment. The Rutgers University Office of Veteran and Military Programs and Services reported that more than 1,500 Rutgers students pay for their education in whole or in part with veteran educational benefits (the new GI Bill).

It must be noted that all of the topics critical to successful employment outcomes discussed by interviewees—skills attainment, continuing education, access to a diverse range of employment sectors—could be addressed more readily with these working-age veterans living in TOD housing and/or in communities with land uses that offer public transportation access. Access to ready, reliable transportation is key to pursuing these opportunities. Interviewees at locations where public transportation was remote or infrequent lamented the constant struggle residents face in securing and maintaining employment.

With regard to disability and employment, interviewees explained that the physical and/or mental/emotional disabilities many veterans must face can impact their employment search. Veterans coping with disability are often not aware of the protections from employment discrimination that is available to them through the Uniformed Services Employment and Reemployment Rights Act (USERRA) and Title I of the Americans with Disabilities Act (ADA). For example, many veterans are unaware of their right to seek and receive reasonable accommodations for their disability from employers. Some interviewees added that in many cases, particularly for those whose disabilities are invisible, such as with PTSD, even after they have been made aware of their rights, they still do not advocate



for them out of shame and/or fear of stigmatization. The Ocean County Veterans Service Bureau interviewee explained that his office strongly encourages any veterans with disability to know the law and their rights related to employment. He added that veterans with disability should be encouraged to take advantage of any services/programs designed to aid their search for employment. For example, his office recommends that veterans who test ten percent or higher for a service-related disability according to the US Department of Veterans Affairs utilize the employment services offered to such candidates by the county vocational rehabilitation office.

## **CONCLUSION**

The interview and listening sessions convened for this study presented invaluable insights and information related to the issues facing working-age veterans coping with disability and other challenges. In total, interviews were conducted with 21 individuals representing 15 organizations from four states, with the majority of interviewees from New Jersey. Discussion topics varied somewhat among interviewees, but each session primarily focused on discussing the degree to which transportation, housing, and employment interconnect and affect veteran community reintegration. The potential benefits of TOD for working-age veterans with disability were also discussed.

Access to transportation was cited by all interviewees as a major factor impacting the working-age veteran community with disability. All interviewees indicated that access to reliable transportation impacts all sectors of one's life—ability to reach employment; medical services; social opportunities; and to meet daily living needs. Interviewees reported that while returning veterans often would like to be able to use driving as their main mode of transportation, many cannot secure or utilize a motor vehicle due to factors such as financial limitations, legal issues that impact their ability to obtain or restore driving privileges, and/or disability issues.

Those interviewees representing affordable, permanent supportive veteran housing properties unanimously agreed that transportation issues were considered when siting their respective projects, particularly access to public transportation. Interviewees reported that residents of the properties that have access to public transportation are using and benefiting from these services, which enable them to meet many of their needs independently. Interviewees representing entities/programs located in rural or suburban locales expressed the enormous transportation difficulties their veteran consumers face due to the lack of available public transit in these low-density locales. It was added that even when public transit services exist in these locales, services are most often extremely limited.

Housing is another major factor in successful veteran reintegration. All interviewees strongly agreed that having access to safe and affordable, permanent housing is critical to the reintegration process. In addition, many veterans coping with disabilities and/or other obstacles, such as addiction and homelessness, need supportive housing to successfully adjust to civilian life. The study team discussed the topic of TOD with interviewees, and all of the permanent veteran housing properties they represent fall along the spectrum of TOD. All agreed on the potential benefits of such land use for veterans with disability; however, it was noted that TODs are most often created in urban locales, which do not necessarily appeal to all veterans.

Finally, employment was the third major topical area covered in the stakeholder interview sessions. Despite employment-related assistance available from various federal, state, and local governmental entities, many acknowledged that securing and maintaining employment is the most significant hurdle faced by returning veterans, especially those coping with one or more disabilities. Some interviewees lamented the difficult employment market due to the slowly recovering economy. Others reported that some veterans do not possess skill sets currently in demand. Veterans coping with disability are often unaware of their employment rights and/or feel uncomfortable advocating for their rights.

Interviewees proposed that working-age veterans with and without disability are seeking employment in a wide variety of fields and professions, including law enforcement, social service, construction, retail, healthcare and business. Education was discussed by several interviewees as a vital component of reintegration for many veterans and as a key to addressing employment barriers, such as skill deficiencies. Several interviewees highlighted the benefits of the post-9/11 GI Bill and lauded the possibilities it offers returning veterans seeking work opportunity. Going forward, it is also valuable to understand that the employment issues facing veterans impact not only those who are considered typical working age (18-64). As explained by the VA Vocational Rehabilitation and Employment interviewee, the definition of “working age” is rapidly changing in the United States. His office assists veterans that are seeking part-time and full-time employment at all ages, including older veterans. Factors such as increased life expectancy and escalating costs of living will most likely contribute to the escalation of this trend as the nation progresses through the twenty-first century.

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## IV. EXPLORING ISSUES WITH VETERANS

A single focus group session with 13 veteran participants was convened for this study. The research team strived to organize several such sessions, but encountered tremendous difficulty in securing the requisite cooperation and assistance from partner agencies to identify and recruit prospective veteran participants. The research team was successful in partnering with the Reformed Church of Highland Park, Affordable Housing Corporation to identify and recruit veteran focus group participants primarily from among their affordable, permanent, supportive housing property, All Saints Apartments, located in Highland Park, New Jersey.

The session was designed to gain a qualitative understanding of participant attitudes, perceptions, and experiences as they relate to their transportation, housing, and employment needs and how the ability to meet those needs impacts veteran reintegration success. The research team also sought input on participant familiarity with and thoughts on TODs and if/how this type of housing could help to meet the diverse needs of veterans, including those related to transportation and employment.

Focus group participants were chosen based on their self-identification as US veterans with a disability. Due to findings from the interview sessions indicating that veterans, like other Americans, are continuing to seek employment into their later years, the research team opted not to restrict participation by age. The session was convened on October 3, 2013 and was held at the Reformed Church of Highland Park, which is located one block from All Saints Apartments. The session was co-moderated by research team leaders Andrea Lubin and Stephanie DiPetrillo and lasted approximately two hours. This section presents highlights of the information gathered from the focus group session organized by topic area and provides qualitative information that adds richness to our understanding of the issues facing veterans with disability. This information is illustrative and not representative.

### PARTICIPANT DEMOGRAPHIC PROFILE

Each focus group participant completed a brief questionnaire prior to the onset of the moderated discussion. A variety of demographic data was collected as presented in Table 9.

The overwhelming majority of participants reported they were Caucasian, male, had served in the Army, and had a household income below \$25,000, with the largest number indicating an annual household income of below \$15,000. Ten participants reported they were single/never married, separated/divorced, or widowed, while eight participants reported they resided alone. Nine participants reported having Internet access in their households.

All but one of the participants were 45 years old or older. Only two of the participants were employed at the time of the focus group, although several were seeking employment. All participants had served in the military for at least one year, with the majority serving two to four years. Nine participants owned or had some access to a personal vehicle, though two of these individuals did not feel that their vehicles were reliable for daily commuting nor did they have the financial means to correct this situation.

The study team diligently attempted to convene a focus group with more working-age participants; however, we were not able to secure cooperation from organizations supporting that age cohort of veterans. Frequently, privacy issues were cited as a potential hindrance to participation. Despite these challenges, research team leaders were able to facilitate a robust discussion related to employment, housing, and transportation issues post-service.

The questionnaire also documented participant disability regarding functional limitations utilizing questions based on those presented in the 2000 U.S. Census. The most common disability-related health conditions reported were mental health impairment (6 participants) and a condition or conditions limiting physical activities (5 participants). Seven of participants reported having a health condition that caused them to have difficulty with either mental cognizance, being self-sufficient around the house, running errands alone, or working at a job.

Finally, eight of the thirteen participants reside at All Saints Apartments, with the others residing in neighboring communities. All Saints Apartments is a mixed-use, affordable, permanent, supportive rental housing complex that includes 10 studio units and a single one-bedroom unit. The property was completed in November 2010, with the first residents moving into the property in January 2011. All Saints Apartments offer two small community lobby areas, a laundry room, and a backyard area with a picnic table.

**Table 9. Focus Group Participant Characteristics**

Variable	Category	Count
Gender	Female	2
	Male	11
Marital Status	Single – never married	5
	Married/civil union	3
	Separated or divorced	4
	Widowed	1
	Living with partner	0
Age	<25	0
	25-34	0
	35-44	1
	45-54	1
	55-64	7
	>=65	4
Household Income	<\$15,000	6
	\$15,000-\$24,999	3
	\$25,000-\$34,999	3
	\$35,000-\$49,999	0
	>=\$50,000	1
Service	Air Force	8
	Army	3
	Coast Guard	0
	Marines	0
	Navy	5

Note: Some respondents served in more than one military branch.

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## GENERAL TRAVEL EXPERIENCES

Veteran participants reported using a variety of travel modes to meet their trip needs. Several reported driving their own automobiles to meet trip needs for themselves and often for some of their fellow veteran residents. Many residing at All Saints and in other neighboring communities reported walking frequently to access services. Several reported using NJ Transit bus service, county shuttle services, county demand-response curb-to-curb service, Medicaid transportation, taxi service, and rides/carpools from friends and/or family. One participant noted he is eligible to use NJ Transit's ADA complementary paratransit service, Access Link, but he does not use the service because it does not travel where he needs to go. Participants explained that typically rail and taxi service are too expensive to use on a regular basis but some do use these services when there are no other options available. Several Highland Park residents commented that the taxi service they use is limited to in-town rides, which cost a set reasonable fare of \$2.25 one-way.

Participants reported that the caseworkers supporting residents of All Saints Apartments will sometimes drive them to medical appointments when possible and that this service is greatly appreciated. Regarding medical trips, participants explained they travel to the US Department of Veterans Affairs New Jersey HealthCare System medical campuses located in Lyons or East Orange and to the Piscataway VA outpatient clinic. Accessing the East Orange facility by bus or train is feasible, but participants noted the "impossibility" of accessing the suburban Piscataway medical clinic without a car or a ride from their caseworker, friend, or family member. A few participants lamented that their income slightly exceeds Medicaid eligibility and thus they cannot utilize Medicaid transportation to access non-emergency medical appointments.

One participant reported that after his naval service, his driver's license was suspended. He consequently made the decision to relocate his residence to the township where his job was located so he could walk to work. However, because he lives in a low-density suburban community, he cannot access other trip needs by walking and so must rely on his elderly father to drive him when possible. He emphasized that the lack of transportation options available near his place of residence has contributed to a poor quality of life.

Participants named a variety of obstacles in using the transportation services that are available. Several complained about the county demand-response service and county modified-fixed-route shuttles. Regarding the former, complaints focused on their impracticality due to advance reservation requirements, a lengthy service window that often demands long wait times, and negative experiences in which short distance trips took a tremendously long time to complete due to vehicle routing decisions. Regarding county shuttle service, riders complained the schedules and available destinations were too limited (in-county service only) to meet their trip needs. Those residing in All Saints Apartments also reported they often do not consider using the county shuttles because they have to walk to the neighboring city of New Brunswick to access the shuttles. In contrast, users of the NJ Transit bus services reported no complaints about the service. Those residing at All Saints Apartments added they felt fortunate that a NJ Transit bus stop was located one block from their residence.

For participants who did not drive, the main concern with the public and community transportation modes available to them was the potential for system failure, whereby they would either miss an appointment or be late to work. One participant explained that missing a VA medical appointment could necessitate waiting up to ninety days for a rescheduled appointment and result in a major setback for addressing any medical need. Another participant shared her concerns relating to the safety and security, of using public transportation, particularly regarding fellow passengers.

To address transportation obstacles, several participants residing at All Saints Apartments recommended that these permanent, supportive housing properties should all include at least one communal vehicle that can be used by residents to meet trip needs.

Participants were also asked how they determine the transportation options available to them in their area. Common responses were word of mouth, using a paper map, and contacting potential transit providers by phone. A few indicated they used their smartphones to access transportation information. Several expressed that they had limited knowledge of the county shuttle services and wanted to learn more about this service. Only a few reported knowledge of NJ Transit's reduce fare program for persons with disabilities and senior customers.

## **EMPLOYMENT ISSUES**

Another main topic of discussion was post-service employment. Two of the participants were currently employed. One maintained two part-time jobs in the community; he would walk a short distance to one of the jobs and drive to the other. Another participant residing in a suburban community reported he must walk seven miles to reach his job because there are no public or community transportation options available. A younger participant indicated she is currently searching for a new job and is prepared to drive or use public transit to access employment opportunity.

The participants who were not currently working reported that when they were seeking post-service employment and did not have access to a motor vehicle, the scope of their job search was restricted to locales served by NJ Transit. One such individual said that he had great difficulty finding suitable employment after serving, and when he secured a position he could only access by driving, he made the decision to drive to and from work illegally because his license was not in good standing.

Veteran participants also shared obstacles other than transportation-related issues to post-service employment. Many served in the Vietnam War and explained that their transition to civilian life was made particularly difficult because of the general public opposition to the war and lack of services available to veterans upon their return home. Younger veterans in the group noted that contemporary community support for the veteran community is positive, but those seeking employment are facing difficulties due to the lingering effects of an economy recovering from recession. Several noted that the vast majority of available jobs are seasonal or part-time and there is substantial competition for all jobs because of the limited supply. They mentioned state and federal government-led efforts to improve employment opportunity for veterans, such as offering tax credits for hiring veterans, but lamented that such efforts are not sufficient.



Several stressed that when they returned from service they felt they had “come back to a different world,” where they feared they did not possess the employment skills desired by employers. Others reported they knew that the skills acquired during military service could be useful to civilian jobs, but were not sure how to market their military skill set. Younger participants added that their generation often serves in the military for multiple years, unlike some of their older peers who were drafted for two-year periods. These younger veterans may not possess any employment experience outside of their military service; therefore, it is critical that they acquire the resources to market the skills obtained during their military experience. One veteran reported that his employment options were expanded because the VA paid for a welding skills training program. Thoughts shared on the opportunities available through the GI Bill were mixed.

A major theme of the discussion on employment and other integration-related obstacles involved the difficulty participants have faced in navigating the overwhelming quantity and disparate types of information on the options available to them, and the dizzying number and variety of actions required to access these benefits. To address this issue, the group suggested that a comprehensive one-stop support and information program should be developed for the veteran community. After much discussion, all agreed that this transition program should be structured so that military personnel meet with a caseworker prior to exiting service so that an individualized reintegration plan can be developed. At this point, the caseworker would assist the candidate to determine how the skills acquired during his/her military career could translate successfully to the civilian workforce. Once out of the service, the veteran would continue to meet with the caseworker to learn more about his/her benefits and to address any problems. For example, several participants explained that there are veterans coping with conditions such as PTSD who refuse to access treatment because they fear doing so “on the record” will limit their employment options. A caseworker could help a veteran coping with such an issue by informing him/her of treatment options and providing strategies to help reduce the likelihood that treatment will impact the veterans’ employment. It was emphasized that these ongoing “check-in” meetings with the caseworker would offer a type of “preventative maintenance” for the veteran to help him/her achieve successful community reintegration.

## HOUSING

The group discussed housing-related issues and challenges they had experienced as veterans. Two reported they resided at a shelter facility at some point following their military service. Five participants reported they had resided at transitional housing properties at some point post-service. Difficulties encountered in securing post-service housing focused on lack of income because they could not secure employment, credit issues, and absence of a support system to help them navigate community reintegration challenges.

As noted earlier, eight of the participants reported they currently reside at the affordable, permanent, supportive All Saints Apartments, located in Highland Park, New Jersey. Those participants all acknowledged that All Saints is a model for permanent veteran housing, as it reflects a true community partnership, offers residents supportive services, and enables full resident integration with the civilian population in a safe community. One participant explained that living in All Saints Apartments has given her a “leg up” in

reintegration, as it has provided her with a comfortable and stable home in which to reside while addressing her emotional issues resulting from service. Another said sincerely, “If not for here [All Saints Apartments], I would be dead.” The informal camaraderie that has developed among many residents was also discussed, with one participant noting that several residents often convene in his apartment and in others’ to eat dinner and watch television together.

In addition to the benefits of the facility itself, participants uniformly espoused the benefits of living in a community where they have easy access to public transportation and the opportunity to walk to a town center to meet their daily living needs, such as food shopping, banking, and postal services. A younger veteran participant explained that she had previously resided in transitional housing for veterans at one of the Veterans Haven facilities located in New Jersey. While she appreciated the supportive services available at the site, she lamented that the rural location made access to employment and other services unrealistic. She added that while the intent of placing such facilities in rural locales may be to reduce access to drugs and alcohol for residents coping with substance abuse issues, that good intention is for naught because substance abusers will “always find a way.” Several agreed with this statement and relayed various ways in which residents of remote facilities access drugs and alcohol.

Participating All Saints’ residents emphasized that they particularly enjoyed living in the town of Highland Park because it is what they consider a safe and accessible community. When discussing transit-oriented developments, all agreed such sites could be instrumental in assisting veterans achieve reintegration. However, many emphasized that they would not want to live in what they considered an “unsafe” TOD community. In this regard, several discussed negative experiences they had encountered while residing in temporary housing in urban areas such as East Orange, NJ, and reported that housing veterans in unsafe neighborhoods negatively impacts their ability to reintegrate. The group also discussed the potential difficulty in siting veteran housing in certain communities due to prevailing NIMBY attitudes in those communities regarding congregant housing for specific populations. As one participant explained, some towns do not want places like All Saints Apartments to be “visible” to the community. Another added that he was aware of a local neighbor who moved as soon as All Saints was opened. However, the group indicated they feel on the whole that the neighborhood now accepts their residence as part of the community.

Each of the All Saints’ participating residents expressed agreement that, overall, the property’s resident rules/restrictions are fair. Complaints regarding the All Saints apartments were few—several remarked they would have preferred if the units included bathtubs. Others commented that living in a mixed-use housing project could pose obstacles if those using office space were not courteous to the needs of residents. Several also reported keen interest in more recreation-related offerings on-site, such as a pool table.

One participant remarked that because of the success of All Saints Apartments, several neighboring communities including New Brunswick, South River, and Old Bridge are now interested in exploring the feasibility of constructing similar permanent housing to benefit the veteran population. Other participants agreed that additional permanent housing for

veterans is definitely needed in the state. When asked to think about the feasibility of these other locations for a similar facility and whether these locations would provide access to public transportation and/or the ability to walk to nearby stores and services, participants noted these needs were paramount and that sites would have to be carefully chosen to meet them.

## **CONCLUSION**

Observations from the focus group session provided insights into the transportation, employment, and housing challenges veterans, particularly those with disability, have encountered in their quest to successfully reintegrate into civilian life post military service. The majority of participants reported they reside in the affordable, permanent supportive housing veteran property called All Saints Apartments, with the other participants residing in neighboring communities. All expressed that transportation issues were a significant factor to successful community reintegration. Several reported owning automobiles but using a variety of other modes as well, including county services, NJ Transit; public bus; walking; and carpooling with friends, family and others. Rail and out of town taxi usage were limited due to their prohibitive cost. Despite having noted the drawbacks of public transportation, such as inconvenient schedules and limited destinations, participants residing at All Saints Apartments discussed the benefits of living in a facility and community that offers easy access to public transit and many walkable destinations that help meet daily living needs.

In discussing employment challenges, many participants reiterated the critical role of reliable and easily accessible transportation in achieving successful employment outcomes. Several participants noted that in an effort to obtain or retain employment, a lack of transportation, or difficulty accessing transportation, required them to make decisions that lowered the quality of life for them and their families. One such participant accepted a job he could access only by walking seven miles each way. Another noted that he made the decision to drive illegally to his job (his license was suspended) because he needed the income and could not find other employment opportunities.

Transportation issues were not the only challenge discussed in relation to employment. Some expressed the sentiment that they lacked skills demanded by today's labor market, while others felt confident in the skills they acquired during service but did not know how to market those skills outside the service. Other issues were also highlighted, such as the difficulty of obtaining work in an enormously competitive market and other issues related to the recession and slow economic recovery.

Housing was the final main issue discussed by the group. All participants residing at All Saints Apartments lauded the virtues of their home and said that having an affordable, permanent, supportive residence with easy access to transportation and services has greatly contributed to their continued successful post-service reintegration. The topic of TODs was discussed and all were supportive of the benefits TODs could offer veterans but emphasized such housing opportunities need to be developed in safe neighborhoods to attract veterans and their families.

One particularly noteworthy recommendation was generated through the focus group discussion. If implemented, it could potentially multiply the number of veterans participating in reintegration programs for relatively little cost. It would do this not by introducing a new program but by increasing veterans' ability to understand and access the programs and benefits already in place. The group was unanimous in saying they are overwhelmed and confused by the volume and variety of information presented to them regarding available benefits and programs for reintegration. Collectively brainstorming, they came up with a concept for a comprehensive, one-stop veteran support and information system that would be introduced to individuals prior to their exit from the military.

However, a single access point alone is not enough. To prevent information overload, program and benefit information should be to some degree standardized across all agencies and levels of government, allowing potential participants to more easily understand and compare programs to determine which are worth pursuing and what to do next. This information could be presented in a consistently styled table format, similar to those used in "spec sheets." Concise information in standardized categories, such as purpose, targeted group(s), eligibility qualification/disqualifications, restrictions, how to apply, timeframes, etc., would allow veterans to more easily understand the benefits of each program and to help them evaluate whether a program is worth pursuing.

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## V. CONCLUSIONS

Reintegration with civilian society is daunting for all veterans and can easily be overwhelming without appropriate information and supports in place. Veterans coping with the additional strain of service-related disability(s) must address and overcome even more obstacles. Critical components of reintegration include employment, housing, and medical care, with transportation the critical link between them. Unfortunately, because transportation is seen merely as the means to an end and not an end in itself, it is often overlooked or addressed too late to influence policy and/or implementation decisions.

The main intent of this exploratory study was to explore the role and importance of transportation in meeting the employment, housing, and medical care needs of New Jersey working-age veterans with disability. This was achieved through two qualitative research tasks—a series of key informant interviews with stakeholders in the veteran community and focus group work with veterans living with disability. The findings are presented here. In addition, this research sought to explore the topic of how the pursuit of housing locational efficiency models, such as TOD, could perhaps benefit this population to achieve optimum community reintegration outcomes.

The population studied for this research was primarily working-age veterans with disability. These are men and women who have served in military conflicts including OIF, OEF, OND, The Gulf War, and to a lesser extent, earlier conflicts, including the Vietnam War. As reported, veterans of these more recent US military conflicts are coping with a variety of both visible and invisible disabilities and conditions, including but not limited to PTSD, TBI, and Gulf War Syndrome. These conditions and their accompanying symptoms can severely impede reintegration, including the ability to secure and/or maintain employment, housing, and transportation needed for daily living and as well as medical care.

Stakeholder interviews were conducted with 21 individuals representing 15 diverse organizations/programs focused on US veterans. The prime purpose of the interviews was to provide researchers with a more comprehensive understanding of the transportation, employment, and housing issues impacting the veteran community, with an emphasis on New Jersey working-age veterans with disability. To examine how housing locational efficiency models could support successful veteran reintegration, the research team identified and interviewed individuals responsible for developing and/or managing five permanent, supportive veteran housing properties. Two such properties were located in New Jersey, while the other three were located in Arizona, Indiana, and Wisconsin.

The interviewees strongly recognized the vital role of transportation in veteran reintegration, the common sentiment being that transportation is the lynchpin to meeting daily living needs related to employment, housing, access to health care, continuing education opportunities, and the ability to reconnect with family, friends, and community. All interviewees reported that transportation was a major consideration in siting their respective projects, and that the availability of public transit has contributed to the success of their residents in numerous ways, including the ability to sustain employment. Most interviewees supported the benefits of developing additional permanent, supportive veteran housing sites throughout the country pursuing a TOD model; however, several reported that urban locales would



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not appeal to all veterans. Instead, seeking TOD opportunities in suburban communities with public transit access should be explored as well.

Interviewees also explained that the working-age veteran community is seeking employment in a wide variety of fields and professions, including social service, construction, law enforcement, healthcare and business. Several emphasized the important role of education in achieving positive employment outcomes and added that the provisions of the post-9/11 GI Bill are affording many veterans opportunities to initiate, continue, and/or expand their education. It was emphasized, however, that veterans must be aware of these opportunities in order to pursue them. Interviewees noted that many veterans have difficulty navigating the myriad veteran-related information resources available.

In the focus group session, 13 New Jersey veteran participants with disability, provided the study team with direct input as to the critical role of transportation in their post-service lives. They described its impact on their ability to meet daily living needs and its impact in determining their employment opportunities. The majority of focus group participants resided in All Saints Apartments, a mixed-use, affordable, permanent, supportive housing complex for veterans that has access to NJ Transit public transit bus service. In addition, the housing facility is located within walking distance of a vibrant town center, which residents said allows them to meet many of their daily living needs locally. The overwhelming feedback from these residents echoed sentiments expressed in the stakeholder interviews with representatives from similar veteran housing properties throughout the nation: The decision to site these supportive housing properties in locales with access to public transportation has greatly contributed to the successful reintegration of residents. Other factors relating to participant satisfaction with the All Saints property focused on its location in what several described as a “safe” community, the quality of support services offered to residents, and the camaraderie congregating living offers.

Our report provides relevant and current information on a topic of national significance: how to support community reintegration for working-age veterans with disability. Different stakeholder audiences can extract pertinent information to advance their veteran-supportive mission. Ultimately, however, the purpose of this comprehensive approach was to understand the interplay between housing needs, employment issues, and transportation for the population of concern.

We anticipate that the information imparted here will be used to advance strategies to address and ameliorate reintegration obstacles faced by veterans with disability related to the nexus of housing, employment, and transportation. It is with this intent that we support action on the following next steps.

- **Create a one-stop resource center to support veterans reintegration**

Focus group discussion generated a recommendation for the creation of one-stop centers to provide support and information to veterans during their reintegration process. The main intent of such a resource would be to guide a veteran through the discharge process and continue to provide consistent support from a single point



of contact for the extended period of transition experienced by many veterans. The Transition Goals Planning Success (Transition GPS) program currently being put into place by the US DOL is aimed at providing similar support. However this program is geared only toward current military personnel, whereas our recommendation is focused on veterans and would provide extended support beneficial for successful reintegration among vulnerable veteran populations.

A caseworker would develop an individualized reintegration plan for the exiting service member that could focus on determining how to best translate the skills acquired during service to the civilian workforce. Once discharged, the veteran would continue to meet with the caseworker periodically and as needed to learn more about his/her benefits and to address any problems. One of the most valuable components of this ongoing “one-stop” assistance approach is that by regularly checking in with a caseworker, the veteran consumer could benefit from having a professional help him/her proactively address potential reintegration challenges before they arise.

A major finding of this study is the need for access to public transportation for this population. Thus, it is vital to consider access to public transportation in the siting of these centers. Co-location of one-stop centers in a veteran TOD housing property could be ideal for those on-site and residing nearby and would be accessible to others. Other locations, such as county veterans’ offices or veteran medical facilities, are other options to consider.

An immediate next step would be to investigate pursuing the creation of such a facility as a pilot program in one or two states. Potential implementation partners for this approach could include US VA, US DOL, and US HUD, as well as state officials and other community partners.

- **Establish an exploratory task force at the state level to discuss holistic approaches to veteran housing that can support multiple needs, including housing, employment, and transportation**

A task force should be convened to explore how locational efficiency and TOD could benefit the working-age veteran population with disability. Representatives of local organizations would evaluate the viability of TOD for this population and consider opportunities in both urban and suburban locations that are well served by transit and would appeal to a large number of veterans with disability. In New Jersey, VTC researchers could serve as resources to and establish connections between these entities and actors. Potential implementation partners for this approach in New Jersey could include NJDMVA, NJDOT, NJ Transit, US HUD Newark Field Office, and US VA New Jersey Health Care System, as well as potential TOD developers and local partners.

- **Develop a media strategy to inform and help advance study findings and recommendations**

It is important to foster an interest within the state and throughout the nation about

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holistic approaches serving veterans seeking reintegration. VTC will develop a media strategy to disseminate this final report and advance the issues raised during this research. To accomplish this goal, VTC will utilize social media tools and other outlets, work collaboratively with potential implementation partners, and present findings at appropriate venues, including the Transportation Research Board Annual Meeting. These actions will help to increase awareness of the potential for TOD to serve the needs of veterans and help build connections between researchers, policy makers, the TOD development community, and the veteran community.

It is generally accepted that two populations are typical users of TOD—older individuals looking to downsize and young professionals establishing their first households. One goal of this media strategy would be to expand the conversation about the potential market for TOD. As this study attempted to demonstrate, the benefits afforded to both seniors and young professionals could also serve the needs of veterans. This population is just starting to be recognized as potential users of TOD. This should be demonstrated more emphatically to those TOD developers.

Expanding the conversation about how TOD could serve the needs of the veteran population could help to generate support for such projects and secure funding for additional research in this area.

- **Pursue additional research, gathering data on the transportation and siting characteristics of successful veteran TOD**

The study team proposes that case study and/or survey research should be pursued to identify the characteristics of TOD that could benefit veteran residents. It would be useful to gather more detailed data on the availability, service quality, features, and usage of public transportation near TOD properties. For example, are certain modes more desirable to veteran residents? Are service hours and frequency adequate for veteran needs? Do transportation services provide both local and regional connectivity for veteran residents? How does the location of TOD, and its integration with public transportation, affect ridership?

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## APPENDIX

### STRUCTURED INTERVIEW QUESTIONNAIRE (GENERIC)

(Note: This is a sample interview questionnaire.  
Each questionnaire was customized for the targeted entity interviewed.)

#### Introduction

The Alan M. Voorhees Transportation Center at Rutgers, The State University of New Jersey is conducting a study funded by the U.S. Department of Transportation to explore and better understand the transportation, housing, and employment needs of the working-age New Jersey veteran community who have disability(ies), with an emphasis on determining how access to transit and transit-oriented development housing opportunities could improve community reintegration outcomes.

#### General

- Introductions: Interviewee Name, Organization, Title, Role

#### *Veteran Services General*

- Please tell us about your organization's mission and core services.
- Do the services or programs you offer serve the general public, or do you serve veterans exclusively?
- Please describe the [transportation/housing/employment] services or programs you offer to veterans.

#### *Transportation Services*

(Ask these questions of those who offer transport services.)

- What transportation services do you offer specifically targeted to veterans with disabilities?
  - If you operate services for the general public, what percent of your passengers are veterans with disabilities?
  - Do you serve employment destinations?
    - Are there key employment destinations you are aware of that you are not currently serving? Are you aware of any transit serving these locations?
  - What type of service do you provide...
    - Curb-to-curb? Door-to-door? Door-through-door?

- Demand-response? Subscription trips? Fixed route? Modified fixed route? Group trips?
- What type of geographic areas do you serve? Urban? Suburban? Rural?
- Do you provide transportation to doctor offices or hospitals? To Veteran Affairs Medical Centers (VAMCs)?
- What are some of the challenges you are encountering in serving veterans with disabilities (i.e. service expansion, finding volunteers or employees)?
- Do you feel vets with disabilities who you provide transportation to face any unique challenges compared to other persons with disabilities whom you provide transportation for? If yes, what are those challenges?
- What is the largest unmet transportation need for veterans with disabilities in your area?
- How does the residential location of your clients affect your ability to provide transportation services?
- Do your clients have transportation options other than those that you provide?
- Might your clients be better served living where they had access to “regular” public transportation?
  - Are you aware of the concept of transit-oriented development? (Transit-oriented development is a type of development in which housing is concentrated near a transit stop, such as a train station. It typically provides residents with the option of walking to the stop/station so they can use transit for their trip needs, and sometimes reduces the need for a car. TOD buildings often (and TOD neighborhoods usually) have a mix of uses—stores, offices, restaurants, as well as housing. Examples of places in NJ that function as TODs include... parts of Jersey City, Morristown, Cranford, and Collingswood.
- Might the TOD model serve some of your clients’ needs?

### *Housing Services*

(Ask these questions of those who offer housing services)

- What housing services/programs do you offer specifically targeted to veterans with disabilities?
  - What percentage of your total housing services/programs serve veterans with disabilities?
  - Do you provide services for homeless veterans?
- What are the specific needs of veterans with disabilities that your organization addresses (i.e. wheelchair access, mental and physical healthcare services, low-income housing, etc.)?

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- Does your organization's work involve providing for the physical housing needs of veterans with disabilities? If so...
    - Is the housing you provide for veterans with disabilities, all veterans, anyone considered low-income, or the general public?
    - Is transportation between your veterans housing complex and employment destinations available? What about for medical trips?
    - If so, what type of transportation?
  - What are the other transportation needs of the veterans living in your facility (i.e. to healthcare services, employment, dining, shopping, recreation, etc.)?
    - What percentage of these needs does public transit meet?
  - Do you feel vets with disabilities face any unique challenges in terms of their housing needs compared to other persons with disabilities? If yes, what are those challenges?
  - Do you feel the services/programs you offer meet the housing needs of the veterans in the area?
  - What is the largest unmet housing need for veterans with disabilities in your area? Is transportation an unmet need of veterans with disabilities in your area?
  - When exploring the development of a new housing location, are the transportation needs of residents considered? Is access to public transportation considered?
    - Are you aware of the concept of transit-oriented development? (Transit-oriented development is a type of development in which housing is concentrated near a transit stop, such as a train station. It typically provides residents with the option of walking to the stop/station so they can use transit for their trip needs, and sometimes reduces the need for a car. TOD buildings often (and TOD neighborhoods usually) have a mix of uses—stores, offices, restaurants, as well as housing. Examples of places in NJ that function as TODs include... parts of Jersey City, Morristown, Cranford, and Collingswood.
    - Might the TOD model serve some of your clients' needs?

### *Employment Services*

(Ask these questions of those who offer employment services.)

- What employment services do you offer specifically targeting veterans with disabilities seeking employment?
- What are the specific needs of veterans with disabilities that your organization addresses? (i.e. job training, reintegration services, other)
- Based on your experiences, are there certain job fields working-age veterans are seeking in NJ more so than others? (e.g. law enforcement; retail; education)

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- Is transportation between where your vets live and popular employment destinations typically available?
    - If so, what type of transportation (i.e. train, bus, volunteer ride service, etc.)?
    - Have any of the veterans with disabilities you've served had difficulty securing transportation to or from work? Is transportation a barrier to finding/keeping work?
  - Do you feel the services/programs you offer meet the employment needs of the veterans in the area?
  - What services/programs would you like to offer that you do not currently offer?
  - What are the largest barriers to employment for veterans with disabilities in your area (e.g. transportation, job training, reintegration services, other)?
    - Do you feel vets with disabilities seeking work face any unique challenges compared to other persons with disabilities seeking work? If yes, what are those challenges?
  - Do your clients ever consider moving to a different location in order to better access jobs and other services (either out of frustration or in an effort to simplify their lives)?
    - Is access to transportation one of their criteria when considering a new location?
    - Are you aware of the concept of transit-oriented development? (Transit-oriented development is a type of development in which housing is concentrated near a transit stop, such as a train station. It typically provides residents with the option of walking to the stop/station so they can use transit for their trip needs, and sometimes reduces the need for a car. TOD buildings often (and TOD neighborhoods usually) have a mix of uses—stores, offices, restaurants, as well as housing. Examples of places in NJ that function as TODs include... parts of Jersey City, Morristown, Cranford, and Collingswood.
    - Might the TOD model serve some of your clients' needs?

### **Closing Questions**

- Based on your experience, what are the most pressing needs of working-age veterans with disabilities?
- Are there any questions that we didn't ask that you feel would help us understand the transportation, housing, and/or employment needs of veterans with disabilities?

Thank you so much for your time today. We really appreciate your assistance.



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## KEY INFORMANT INTERVIEW REPORTS

### **Morris County Human Services (Morris County One-Click/One-Call Transportation Resource Center)**

**Date:** June 6, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

#### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed Morris County Human Services. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes. The prime purpose of this interview was to learn about Morris County's new effort to create and implement a virtual "one-call/one-click" center for transportation information for veterans of any age in the county. The goal is for the center to begin functioning by December 2013.

The Morris County One-Call/One-Click project is funded with a half-million dollar grant from the US Department of Transportation. To expand ridership opportunities for veterans the goals of the project are two-fold: (1) to improve the delivery of transportation services through the use of scheduling and routing technology; and (2) to increase ridership on the Morris County paratransit system, MAPS, through outreach and information. To improve the service provided, Morris County will purchase and implement hardware and software that will help automate reservation systems and route-planning tasks. When implemented, the new technology should allow customers to reserve rides online and provide auto-callback to confirm trips. The second goal will be encouraged through the use of the One-Call/One-Click Center by veterans and others seeking information.

Relying on onboard GPS data, routing software, will permit real-time routing alteration and reduce costs by allowing vehicles to be housed closer to route locations. Currently all vehicles return to a central location for dispatch (routes and schedules) and service. The agency intends to distribute vehicles to three locations in the county so as to make better use of these assets. Changes to routes and schedules can be made "on-the-fly."

Interviewees related experience of using MAPS vehicles for emergency management during Hurricane Sandy to delivery evacuees to shelters, medical and support personnel to hospitals and nursing homes, and supplies to various locations. This extraordinary event demonstrated to Morris County Human Services and the County Office of Emergency Management how much more could be done with the MAPS system with the benefit of additional technology.

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Morris County Human Services reported that it maintains a good working relationship with the US Department of Veterans Affairs (VA), one of the stakeholders in the One-Call/One-Click project. The VA operates a clinic in one of the county buildings, has other service facilities in the county, and several close by in adjoining counties. The Lyons Campus of the VA New Jersey Health Care System is located in Bernards Township, Somerset County, adjacent to Morris County.

Morris County will be meeting with Lyons Hospital personnel in July 2013 to determine their specific needs and schedules.

### *Discussion of Transportation, Housing and Employment*

Morris County was described as a suburban location, making transportation provision difficult and costly.

The interviewees believe that most veterans utilizing the MAPS service are using it to get to VA facilities, particularly Lyons Hospital. As Morris County is able to expand its services, they hope to increase the number of trips provided to the county's veterans for medical and other purposes.

The interviewees reported that Morris County provides no additional transportation specifically for veterans, and data on the number of veterans served by MAPS is not collected. Any user of MAPS has to be qualified by disability or senior status. Priority is given to medical trips; employment trips are secondary. MAPS receives funding from several grants administered by NJ Transit. Transportation in the rural parts of the county are delivered on demand; those in more populated areas are deviated route.

## **Rutgers Office of Veterans and Military Programs and Services**

**Date:** June 10, 2013

**Location:** Office of Veterans and Military Programs and Services, Rutgers, The State University of New Jersey, 14 Lafayette St, New Brunswick, NJ

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

The staff of the Rutgers Office of Veterans and Military Programs and Services (OVMPS) welcomed Andrea Lubin and Stephanie DiPetrillo. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

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Established in July 2009, the Rutgers OVMPs serves the needs of veterans attending the university and their families. The office defines these needs broadly, as it will address any and all needs that affect a student veteran's ability to complete his/her course of study. Services needed by veteran students have been diverse. The office works to address these needs by providing an assortment of services that include, among others, academic, housing, financial, physical, and psychological demands.

In 2010 the office identified a total of 446 veterans attending the university's three campuses in Newark, New Brunswick, and Camden. Before 2010, the university did not ask for veteran status during the admission process, and thus collected no data on its student veterans. The population of student veterans has grown tremendously over the past three years. The office currently provides support to an estimated 2,000 student veterans and members of their families. More than 1,500 Rutgers students pay for their education in whole or in part with veteran educational benefits (the new GI bill). In 2011 and again in 2012, Military Times magazine (Edge Media) named Rutgers as the third best university among four-year institutions in the US for veterans seeking higher education, rising from #21 in 2010.

Personnel at the Rutgers OVMPs recognize that their success is made possible by the support they receive from the highest levels within the university. Only about a year's time passed from the Board of Governors meeting where student veterans voiced their concerns about a lack of services designed to meet their needs to the decision to create the office, and, finally, to the implementation of the program. The primary goals of the program are to increase the number of student veterans and eligible family at the university, improve the retention rate among this population, and to maximize graduation rates. Approximately half of the veterans at the University are transfer students.

### *Discussion of Transportation, Housing and Employment*

Most of the student veterans served by the OVMPs live on campus and utilize campus housing and transportation. In this way, these veterans are fortunate. Students at the New Brunswick campus can utilize the services of what amounts to a self-contained small city. Transportation, housing, and dietary needs can be fulfilled through the offices of transportation, student housing, and dining and thus, many of these concerns, such as transportation, are not often raised as obstacles by the Rutgers veteran student population.

Rutgers University operates one of the largest student transit systems in the nation, with 11 routes connecting all points of the dispersed main New Brunswick campus. Newark and Camden campuses are more compact and do not require supplemental transportation systems. All three campuses are served by NJ Transit—commuter rail and bus in New Brunswick and light rail and bus in Newark and Camden. The cities of Newark and Camden are also well served by commuter rail. Newark is a commuter rail hub for northern New Jersey and is connected to New York City by both commuter rail and the PATH system. Camden is connected to Philadelphia via the PATCO, a heavy rail system.

Befitting their life experiences, all student veterans are entitled to graduate housing even if they are enrolled in undergraduate programs. Housing on campus is convenient and often

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superior to off-campus housing. The interviewee related a story of a student who chose to move into short-term campus housing and use campus transportation while recovering from post-deployment surgery. Student veterans often room together, some with those they who served with them in the armed forces.

The OVMPS works closely with all units of the university to address the diverse transition needs of student veterans, including the Rutgers Office of Disability Services, as many student veterans are coping with physical and/or mental health issues. A staff member from that office, as well as most other critical offices, is assigned to specifically address the needs of student veterans. The OVMPS works diligently to cultivate this single point of contact with a senior staff member of University offices/units to help resolve a variety of issues a veteran student and/or family member may experience. Student veterans with disability are accommodated in several ways, including supplemental transportation, supportive counseling, and assistive hardware such as smart pens/pads (paid for by the VA and expedited through the OVMPS). Counselors from the Rutgers Office of Disability Services also maintain office hours at the OVMPS building.

Establishing external partnerships are also important to achieving their mission and the OVMPS has created an emergency grant fund with foundation support to help student veterans. One other important task undertaken by the OVMPS is the training of Rutgers faculty and staff. The office works with and trains university personnel so that they might be better able to serve the needs of student veterans.

The first student veterans who have benefited from the services provided by the OVMPS will be graduating from the university in the coming year. With the assistance they received through the OVMPS, it is hoped that these student veterans will be prepared to enter the civilian working world.

## **Veterans Haven North**

**Date:** June 13, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed Veterans Haven North to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of the New Jersey working-age veteran community who have disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

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Veterans Haven North was described as one of two state-run boarding homes/transitional centers designed to support homeless New Jersey veterans. The facility is directed by the New Jersey Department of Military and Veterans Affairs (NJDMAVA). The second NJDMAVA transitional center is called Veterans Haven South and is located in Camden County. This center has been in existence for several decades, whereas Veterans Haven North opened in fall 2012. The interviewee explained both centers are programmatically similar.

The current age range of residents at Veterans Haven North is 21 - 92 years. Veterans Haven North is located in Hunterdon County, NJ, in the borough of Glen Gardner. The facility manages two programs: (1) transitional housing and (2) emergency shelter and treatment. Veterans struggling with homelessness who are accepted into the transitional housing program are permitted to reside at Veterans Haven North for up to a two-year period. Many residents are coping with mental health concerns and/or addiction issues and Veterans Haven helps residents to become stable and assists with securing entitlement benefits when appropriate. The interviewee stressed that Veterans Haven is not a shelter but rather a program that requires residents to work with staff to develop and implement a treatment plan focused on achieving specified goals and community reintegration. Residents who are unwilling to work to meet their goals and/or who exhibit behavioral problems or use alcohol or drugs must leave the facility.

Veterans Haven North emergency shelter and treatment program is called the Shield program and provides services for up to 30 people who are sent to the facility by the US Department of Veterans Affairs. Most of these individuals are at an acute stage in their illness. These residents are entitled to the same services as those in the transitional housing program. Currently, the Shield program has approximately nine residents. As this is a new program, the interviewee expects additional residents will be directed to the facility in the coming months. By contrast, the transitional program currently has about 50 residents, with licensing capability for up to 100.

### *Discussion of Transportation, Housing and Employment*

Veterans Haven North is located in a rural locale in Hunterdon County on a ridge, approximately one mile from Route 31. The facility borders Warren County. In terms of transportation options, it was reported that there is a NJ Transit rail station located in the vicinity but it operates with a limited schedule and service is not accessible. There is no NJ Transit bus service available in the area. Residents use the Hunterdon County LINK service, which requires the customer to make an appointment one day prior to one's desired trip. Veterans Haven pays the LINK fare for residents. Residents show the driver their identification card and the facility is billed accordingly for the trip. Almost all residents are struggling with some type of disability, with the majority having an Axis I and/or Axis III diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), thus, they qualify to use the LINK. While the LINK also runs a shuttle in Flemington, Veterans Haven North residents do not utilize this service as Flemington is located too far from their facility (approximately 25 minutes).

Veterans Haven North has one six-passenger van used for medical trips only. The van makes three daily loops to the Lyons Veterans Hospital at 6am, noon, and 4:30 pm. Sometimes an



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additional run to the hospital is also made between 5-6 pm. The facility should be getting an additional van in the near future that they hope will help alleviate some of the unmet transportation needs of residents, including those seeking to access the East Orange Veterans Hospital to receive substance abuse treatment (this treatment is not available at Lyons Hospital). They also use the van to drop residents at the closest LINK pickup point. There, residents can travel to other locations in Hunterdon and Warren counties.

The interviewee explained that transportation is a major concern for residents, and their unmet travel needs relate to all aspects of daily living. Very few residents have their own motor vehicles and those that do often do not have the necessary insurance to legally operate them. Demand-response transportation services such as the LINK are not ideal for meeting daily living needs due to limited service hours, the fifteen-minute schedule window, and the need to schedule trips in advance.

The interviewee explained that the decision to locate Veterans Haven North in a rural setting was intentional, as the goal was to reduce access to “city life” and other elements of high-population, urban environments that may have contributed to the substance abuse many are struggling to overcome. However, it was acknowledged that the location of the facility limits access to transportation and other opportunities. Both housing and employment are also limited in the area. Regarding the latter concern, the facility works with the Hunterdon County Vocational Rehabilitation field office that is located in Somerville and also serves Somerset County residents. The Warren County office has also indicated they would be willing to assist the facility’s veterans seeking employment.

Residents who are motivated have had success using the LINK service to access employment opportunities at local retail stores, such as Lowe’s Home Improvement, ShopRite, Walmart, and Target stores. The interviewee noted that some veterans have sought jobs at local hospitals as lab technicians. Often these jobs are stepping-stones to more lucrative employment opportunities. In general, veterans are seeking employment in a wide variety of fields depending on their work history. Securing transportation to meet night, weekend, and off-shift needs has been difficult for residents. It is also important to recognize that some of the residents are not employable and Veterans Haven North helps these individuals to identify other sources of income, including VA benefits and/or social security.

Low-income housing in the county is limited; therefore, almost all veterans seek housing outside the county. Many apply for and receive HUD vouchers for VA housing. Once approved, these individuals are matched with a VA caseworker who helps them conduct a housing search. The interviewee noted that most veterans do consider transportation options in their housing decisions when they are seeking to leave Veterans Haven North. For example, one veteran selected a housing option in East Orange so that she could access the East Orange VA hospital easily using public transit. The interviewee also reported that the Lyons VA hospital is currently building permanent housing on their campus.



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## **New Jersey Department of Military and Veterans Affairs (NJ DMAVA)**

**Date:** June 20, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed NJ DMAVA to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

The NJ DMAVA interviewee explained that her unit oversees a variety of veteran-related services, including military service awards, overseeing state grants and veteran preference for civil service positions, and convening outreach campaigns targeted to veterans. The interviewee reported that the state includes an annual budgeted line item for veteran transportation that is given as a stipend to 16 counties to help cover transportation costs for veterans. This past year the stipend total was \$335,000. If additional transportation funding becomes available, the interviewee explained, the Department will seek to offer the funds to additional counties.

It was reported that there are 442,000 veterans in New Jersey. Approximately 172,000 receive a property tax deduction and 8,475 veterans receive full exemption from property taxes. For detail on the number of working-age NJ veterans with disability the interviewee suggested accessing the US Department of Veterans Affairs online database.

### *Discussion of Transportation, Housing and Employment*

The interviewee opined that the two most pressing issues for NJ working-age veterans are (1) securing and maintaining employment and (2) finding affordable housing. Without employment, these individuals cannot afford to purchase and/or maintain an automobile, which also makes transportation an obstacle. Transportation is typically a significant concern for working-age veterans with physical disability. The interviewee emphasized that veterans coping with employment, housing and/or transportation concerns often experience a “snowball effect,” whereby the stress associated with these issues lead to additional dilemmas, including depression/mental health problems.

The study team discussed transit-oriented development and the interviewee noted that such options could be helpful to working-age veterans with disability, but the reality is that many of these younger veterans are opting to move in with their parents in suburban locales following after completing their military service, most often for financial reasons.

The interviewee acknowledged that affordable housing options are limited in the state and there does not seem to be a holistic approach to creating such options for the veteran population. She noted one affordable housing complex in Ocean County targeted to female veterans with children and also reported on the emergency housing available at the Veterans Haven North facility in Hunterdon County.

The interviewee discussed the HUD Veterans Affairs Supportive Housing (HUD-VASH) program, a joint effort between US Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) to house homeless veterans and their families. The effort combines aspects of the HUD Section 8 program with clinic and supportive services provided by the VA. "Housing Choice" vouchers are available to qualified homeless veterans and their families; the subsidy is paid to the landlord by local public housing agencies (PHAs). Veterans pay the difference and participate in case management activities as determined by the VA.

### **US Department of Labor Veterans' Employment and Training Services (VETS) – NJ Representative**

**Date:** June 20, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

#### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed VETS to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

The US Department of Labor Veterans' Employment and Training Services (VETS) has a representative located in each state. The interviewee reported that the NJ office for the USDOL VETS program is located in the NJ state labor department, officially known as the NJ Department of Labor and Workforce Development, with headquarters in Trenton. Their prime function is to provide grant oversight and ensure compliance with the Uniformed Services Employment and Reemployment Rights Act (USERRA). The USERRA Act protects the reemployment rights of US service members after return from a period of service in the uniformed services and prohibits employer discrimination based on military service.

The interviewee's office oversees a non-competitive staffing grant called Jobs for Veterans State Grant (JVSG), with funds given yearly to the state DOL in direct proportion to the

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number of veterans seeking employment within their state. These grants support two kinds of staff positions: Disabled Veterans' Outreach Program Specialists and Local Veterans' Employment Representatives. In addition to sharing information on the larger VETS program, the interviewee also offered experiences related to her tenure as a Disabled Veterans' outreach coordinator.

### *Discussion of Transportation, Housing and Employment*

Working-age veterans with disability are seeking employment in a wide variety of fields and professions. The interviewee reported that one of the main challenges facing the state's working-age veterans with disability is a general misunderstanding among the veterans and the general population of the term "disability." For example, many younger veterans returning from recent conflicts are coping with hidden disabilities, including post-traumatic stress disorder (PTSD) and brain injury, among others. For example, many Vietnam veterans exposed to the chemical defoliant Agent Orange during their service are encountering a high incidence of Type II diabetes. Additionally, some conditions, such as PTSD, have been overdramatized in the media to the point where some veterans feel they may be stigmatized. All of these conditions may necessitate reasonable accommodations by employers, but veterans fear that requesting such accommodations will hinder their ability to secure employment.

The interviewee remarked that as jobs within the military are far ranging, veterans seeking employment possess a wide variety of skills and experiences. They also face a wide range of challenges. Many veterans are highly skilled professionals who have no significant barriers to post-deployment employment. Others need extensive services in order to prepare for non-military employment. USDOL VETS is constantly working to identify significant barriers to employment and find ways to address them.

Transportation issues are a consistent barrier to securing and retaining employment for many veterans. With regard to public transportation and county services, limited service hours/days often pose insurmountable obstacles. The advanced reservation requirement for many county services also imposes difficulties for job seekers and often stifles independence among those dependent on such services.

Transit-oriented development was discussed, particularly the potential benefits such land use could hold for veterans with disability seeking to access employment opportunity. The interviewee remarked that better transportation infrastructure is needed throughout the state so that more transportation options are available beyond cities, especially because many New Jerseyans do not wish to reside in urban areas where transit options are plentiful. The interviewee also commented that the VA Lyons hospital is located in a beautiful suburban setting and offers veterans many services; however transportation options in the area are limited. The discussion touched upon the veteran housing that is currently being constructed on the Lyons grounds and whether it might be served by transit. She agreed it would be beneficial to the veteran community to consider transportation when making location decisions for such facilities.

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## Veterans Haven South

**Date:** June 25, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed Veterans Haven South to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

Veterans Haven South was described as one of two state-run boarding homes/transitional centers directed by the New Jersey Department of Military and Veterans Affairs (NJDMVA) designed to support homeless New Jersey veterans. The second NJDMVA transitional center is called Veterans Haven North and was interviewed by the study team on June 13, 2013. Veterans Haven South has been operating since 1995 and the interviewee reported that the decision to establish Veterans Haven North (which opened in fall 2012) was due in large part to the success of the program at this facility. The interviewee explained that both centers are programmatically similar, the distinction being that Veterans Haven North manages an emergency shelter and treatment program in addition to offering transitional housing, whereas Veterans Haven South offers only the transitional housing program.

Residents at Veterans Haven South currently range in age from 20's to late 60's. Four of the current residents are female. Veterans Haven South is located in Camden County, NJ, in Winslow Township. The facility's transitional housing includes 94 beds that are made available to veterans struggling with homelessness. Those accepted to the program are permitted to stay for a two-year period. The facility has staff supervision 24 hours per day/7 days per week. There is a 30-day orientation period for residents that allows for assessments and development of a treatment plan that focuses on identifying employment and other related community reintegration goals. Many residents are coping with mental health concerns and/or addiction issues. Veterans Haven helps residents to become stable and assists with securing entitlement benefits when appropriate. Residents who are unwilling to work to meet their goals and/or who exhibit behavioral problems or use alcohol or drugs must leave the facility.

The interviewee reported that the main challenges the veteran population at their facility face with community reintegration are focused on overcoming a range of physical and/or mental disabilities/illnesses, transportation concerns, and in some cases overcoming legal obstacles. The interviewee explained that some of their residents face legal issues when they arrive at the facility stemming from various matters, including unresolved child support

claims. They do not have the monetary means to secure legal advice/representation and the inability to resolve these legal issues often complicates their ability to secure employment.

### *Discussion of Transportation, Housing and Employment*

Veterans Haven South is located in Winslow Township, which is primarily a rural community on the border of Atlantic and Camden counties. The facility is located on the Route 30 corridor. Generally they have five or six vehicles available to transport residents. Those vehicles are primarily used to transport residents to area bus stops (e.g. Avandale and Winslow stops), to transport them for medical trips to the VA hospital located in Philadelphia or to the VA outpatient clinic located adjacent to Cooper University Hospital in Camden, and to transport residents for various other purposes, including occasional group recreation. The medical trips to the VA facilities occur twice daily.

Residents do not use county transportation services; however, they do make use of NJ Transit bus and rail. In addition, the facility recently received some donated bicycles that residents are using to access employment. For example, some residents seeking to work at the local ShopRite food store use the bikes to travel the four miles from the bus stop to the ShopRite location. The interviewee reported that transportation is the most significant challenge to those seeking employment and continues to be a problem once employment has been secured and during the resident discharge planning process. If available jobs are not located along the Route 30 corridor or in locales accessible via the corridor's bus service, such as Camden and Atlantic City, then residents simply cannot take advantage of those opportunities. For example, jobs located in area industrial parks, such as those in Salem County, are not accessible via public transit because of the second and third shifts typically required by such employers. Some residents currently travel two hours one-way to access employment.

The interviewee reported that residents are seeking employment in a variety of fields, with some possessing substantial education, skills, and/or licensing (e.g. Commercial Driver's License) and others with less education/skills. Many residents take minimum wage jobs as a hope that these are a stepping-stone to better opportunities. It was acknowledged that minimum-wage jobs do not permit residents to advance to an independent living situation whereby they can support themselves and meet living costs, which include housing.

It was noted that some residents secure housing through the HUD Veterans Affairs Supportive Housing (HUD-VASH) program, a joint effort between US Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) to house homeless veterans and their families. The effort combines aspects of the HUD Section 8 program with clinic and supportive services provided by the VA.



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## US Department of Veterans Affairs New Jersey HealthCare System – Logistic Services/Transportation Department

**Date:** July 23, 2013

**Location:** NJ HealthCare System - Lyons Campus, Lyons, New Jersey

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed the VA New Jersey Health Care System (VANJHCS) Transportation Department representatives to the interview session. The study team explained that the Voorhees Transportation Center (VTC) is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

The main facilities of the VANJHCS are located on two main campuses: one in East Orange (Essex County), which is focused on tertiary care, and one in Lyons (Somerset County), which provides long-term care, palliative care, mental health services, and primary and specialty care. The VANJHCS system also includes ten community-based outpatient clinics (CBOCs) located throughout the state. In fiscal year 2012 (*October 2011 – September 2012*), the system maintained an operating budget of over \$400 million and served nearly 60,000 unique veterans through its medical center, community living center, domiciliary (for homeless veterans), and *Psychosocial Residential Rehabilitation Treatment Program*. *The VANJHCS is staffed by more than 3,000 employees, while volunteers contribute over 80,000 hours of support each year.*

### *Discussion of Transportation, Housing and Employment*

The Lyons campus encompasses 30 buildings; the Logistics Services (transportation department) is headquartered in one. Patient Transportation focuses on non-emergency medical trips, with some special mode services offered, as well as community-based transportation to take veterans to employment and recreation/events. In recent years oversight of the transportation department was realigned to the medical operations unit; previously it had been part of the engineering department. Interviewees reported that the transition has contributed to more efficient transportation scheduling.

As a cost savings measure, the transportation department partners with another Lyons department, fire and emergency services, to meet its demand for special mode transportation, that which requires life support services. The savings garnered from this collaborative approach are substantial; the transportation department had been charged over \$600 per one-way trip from the Lyons to East Orange campus by Mobility Access Vehicle (MAV) providers. By utilizing the fire department for these trips instead, the



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transportation department has realized savings (cost avoidance) of between \$70,000-100,000 per month. Similarly the fire department saves approximately \$50,000 per month through its relationship with the transportation department.

The transportation department operates substantial services for the community it serves, which include both fixed-route shuttles and demand-response trips. Currently, the department makes approximately 1,200 trips per week statewide. To receive transportation services, veterans typically need to meet certain criteria related to factors including income, disability, and years and type of service.

The transportation department trains its staff to deal with sensitive populations as many passengers are coping with severe physical and/or mental disabilities. It was reported complaints from passengers are extremely low.

The department's fleet includes approximately 240 vehicles including sedans, small and large vans, buses, and mobile care units. The majority of vehicles are leased. Most vehicles are accessible and some are dual purpose, meaning they offer non-emergency passenger transport as well as emergency transport. Most vehicles are housed on the Lyons campus. Due to funding constraints, GPS is only currently available on vehicles operating fixed-route services.

A Lyons campus circulator van runs continuously Mon-Fri. Transport of patients from Newark airport to Lyons or East Orange is also available on-call. Other transportation services offered include, but are not limited to, the following:

- *Compensated Work Therapy (CWT)* – Service for veterans coping with mental health issues residing at Bound Brook facility and other nearby locations which provides transport to work site in Hillsborough called Somerville Depot and other companies in the area that work cooperatively with Lyons; Fixed route; Mon-Fri.
- *Dialysis trips to East Orange* – Service is statewide; Door-to-door; Mon-Sat.
- *Community residence shuttle* – Service is statewide and provides rides to those seeking mental health services on the Lyons campus; Door-to-door; Weekday service with schedule dependent on residence location.
- *CORE* – Service that transports MICA (mentally ill chemically addicted) patients from Lyons to a day program in East Orange; Mon-Fri.
- *Jersey City; Brick; Hamilton shuttles* – Services that transport veterans between East Orange and/or Lyons to/from the CBOCs at these sites; the Brick shuttle also serves a CWT site; Door-to-door; Weekday service with schedule dependent upon shuttle route.
- *Veterans Haven North* – Service that transports residents of Veterans Haven North to substance abuse treatment at the East Orange facility. Veterans Haven North handles one leg of the journey by taking these residents to the Lyons campus.

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The VA transportation department then transports these persons to/from the Lyons campus to East Orange.

- *Lyons intra-campus shuttle* – Service between Lyons and East Orange campuses; Fixed-route; Mon-Fri.
- *Lyons Train station* – Shuttle service that operates three times daily that transports residents, patients, family, and employees to/from the Lyons campus; Mon-Fri.
- *AA/NA* – Transports patients traveling from Plainfield to Lyons for this treatment; Mon & Wed.

The transportation department handles about 30 employment trips—primarily supporting homeless veterans—in addition to the Somerville Depot shuttle described above. Typically, these persons travel from transitional housing in Bound Brook, Somerville, or Plainfield to work opportunities located on the Lyons campus. Those seeking this service meet at a hub location in Bound Brook.

In discussing other transportation needs of the veteran population the department serves, it was reported that those residents in the domiciliary program who progress through that initiative into residential housing on Lyons campus typically make use of the transport services offered on campus but also seek to become more independent by securing funds to purchase a car or opt to use public transit via the Lyons Train station. It was emphasized that counselors for these residents do discuss strategies to meet transportation needs with their patients.

The transportation department is open and eager to partner with other community transportation providers and stakeholders to improve access to VA health care and seeks to explore the establishment of a network of such providers to achieve that goal. To help advance that effort, the department joined the US Department of Veterans Affairs Veterans Transportation Service (VTS) initiative approximately two years ago with the goal of seeking to better incorporate community-based resources with the VA. In June 2012 the department met with NJ's county paratransit providers who serve veterans and with NJ Transit to explore partnership options to help better meet the transportation needs of veterans. Talks are ongoing in this regard.

A component of that effort involves utilizing technologies to maximize the efficiency of scheduling and routing. One avenue that might move this effort forward is the FTA-supported Morris County one-call-one-click initiative (see Morris County interview summary). The interviewees reported familiarity with the project and are interested in expanding discussions with those stakeholders to identify the transportation needs of area veterans and opportunities to pursue collaboration to best meet these needs.

The interviewees discussed Valley Brook Village, the 66-unit permanent housing facility on the Lyons campus to benefit the homeless veteran population scheduled to open in fall 2013. This project arose following a determination by Lyons management of a need for additional housing for this population on its campus. Support for new construction

came when it was found that the cost of abatement and repair of older campus buildings would be more costly. Peabody Properties, Inc., working in conjunction with Community Hope (a nonprofit housing and mental health organization), was selected as developer via a competitive bid process. The interviewees agreed that transportation would be an important element in assisting these residents in making the successful transition to civilian life but that plans to address those needs were not yet determined and were not considered while planning the project.

In closing, interviewees also shared what they felt are the most pressing obstacles confronting working-age NJ veterans with disability and reported that securing employment was the most significant obstacle. They stressed that returning veterans must focus on acquiring the appropriate advanced skill sets needed to be competitive in today's difficult job market so they can attain employment opportunities beyond minimum wage jobs.

## **Ocean County Veterans Service Bureau**

**Date:** August 15, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Stephanie DiPetrillo and Andrea Lubin welcomed the Ocean County Veterans Service Bureau to the interview. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities could improve community reintegration outcomes.

There are 21 county veteran service bureaus located in New Jersey, with the Ocean County office the oldest. A representative from each of the bureaus also serves on the New Jersey Association of Veteran Service Officers. These county veteran service bureaus typically assist veterans and their families with referrals for health/medical, educational, and social service agencies as well as provide support with filing claims for benefits and entitlements. They offer support for veterans seeking copies of their military records and any service-related medals/awards. They provide information on free burial opportunities available to veterans and some bureaus, such as Ocean County, partner to raise funds to feed veterans in need at Thanksgiving and to provide toys to children of military families during the holiday season.

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Ocean County has the most veteran residents of all New Jersey counties and the greatest number of veteran residents over age 65 in the nation. The Ocean County Veterans Service Bureau is located in Toms River, New Jersey in the county's one-stop center. The interviewee explained that the county's Veterans Bureau is the only one in the nation that is co-located with a federal job bank and vocational rehabilitation services and he emphasized that the county is extremely supportive of its veteran population. In a given year, the Ocean County Veterans Service Bureau serves 42,000-50,000 veterans with the issues described above. Some veterans make appointments to receive assistance while others are walk-ins. The bureau also conducts outreach at other locales including local counseling centers and at the Southern Ocean County Resource Center. The bureau assists veterans from neighboring counties on a limited basis.

### *Discussion of Transportation, Housing and Employment*

The interviewee explained that transportation, employment, and housing are the main challenges facing the veterans served by the bureau, including working-age veterans with disability. He noted transportation is a particular concern in central and southern New Jersey where there are limited NJ Transit services available. The bureau does not provide transportation to its office; about 99 percent of veterans seeking to access the office either drive to the bureau, get a ride from a family member/friend, or take a bus. The bureau will travel to the homes of veterans who are non-ambulatory and cannot access the office. The bureau works very closely with the county paratransit service Ocean Ride to help veterans to access medical services both within and beyond the county. Regarding the latter, Ocean Ride offers free weekly transport to veteran medical facilities located at Lyons, East Orange, Fort Dix, and Philadelphia. In addition, a local nonprofit called Vetwork recently received a grant from the County to help provide veteran transportation to veteran facilities on an as needed basis.

The interviewee reported that transportation is often the "hump" that makes securing and retaining employment difficult for veterans. The bureau is currently exploring options for securing transportation vouchers they could offer to veterans who are seeking employment to use for their job search/ employment trip until they receive their first paycheck. He opined that the state should allocate more funding for public transportation, especially in the southern region of NJ where more services and routes are desperately needed. Currently the bureau does rely on an informal network of volunteer drivers to help veterans gain access to dialysis services when Ocean Ride cannot meet those needs. Regarding his experience with volunteer drivers, the interviewee explained that it is easy to secure the drivers but much more difficult to secure vehicles.

Regarding employment, the interviewee said veterans were suffering from a lack of work opportunities due to the recession and also because their skills did not match the skills valued by employers. The interviewee reported that more than 20 percent of the unemployed in Central and South Jersey region are veterans and that many are within the age range of 19 to 34. He offered that the new post-9/11 GI Bill is helping to address this skill set mismatch and is superior to the previous GI Bill because it offers longer benefit periods and includes a housing allowance akin to that of active service members. He explained that education is a key to expanding one's employment opportunities and

it reveals to prospective employers a candidate's discipline and commitment. He also noted veterans often search for employment in fields such as law enforcement, service, construction, and retail. The Ocean County Bureau strongly encourages any veterans who test ten percent or higher for a service-related disability to take advantage of the employment services offered by the county vocational rehabilitation office.

Veterans in Ocean County who need assistance with housing sometimes receive that support through Vetwork or may opt to seek housing with the Veterans Haven South facility. The interviewee also discussed a new housing opportunity for female veterans with or without children through a transitional housing facility located in the County called Dottie's House. This 17-unit facility targets women coping with domestic violence. A four-unit addition specifically for female veterans needing housing assistance was scheduled for completion in September 2013. These additional units had not yet been assigned at the time of this writing, and the project has experienced difficulty identifying veteran residents. The complex is located within five miles of the local VA clinic, and residents can access the clinic via Ocean Ride. The interviewee was not certain if the complex was near NJ Transit services but opined that housing targeted to veteran populations should be constructed close to public transit; however, he acknowledged that achieving this goal is often difficult in suburban and rural locales. He added that siting veteran-specific housing also often involves surmounting challenges by local residents who take a "Not in My Backyard" (NIMBY) stance on such projects and question the need for and benefits of such facilities.

In closing, the interviewee opined that, in many ways, the desires of veterans returning from service have not changed through the years—they want to get home safely, enjoy their families, and acquire gainful employment. He added that many miss the camaraderie of service and benefit from convening formally or informally with one another to discuss the challenges they face in reintegrating with their community. He also suggested that veterans often do not readily avail themselves of services that can help them achieve successful reintegration.

## **US Department of Housing and Urban Development: Newark Field Office**

**Date:** August 29, 2013

**Location:** US Department of Housing and Urban Development (HUD) – Newark Field Office, Newark, New Jersey

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Stephanie DiPetrillo and Andrea Lubin welcomed the representatives of the US Department of Housing and Urban Development (HUD) – Newark Field Office to the interview session. The study team explained that the Voorhees Transportation Center is conducting a study



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funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of New Jersey working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes.

HUD administers the HUD-VASH program together with the US Department of Veterans Affairs Supported Housing (VASH). This formula program is dedicated to reducing homelessness among the nation's veterans and represents a collaborative effort by the two agencies to address the housing and social service needs of veterans. HUD provides Housing Choice vouchers to qualified veterans; the VA provides case management and supportive services that promote and help to main veterans in recovery and permanent housing. Prospective program recipients are often identified and initially screened for eligibility through the local VA and then referred to a designated local public housing authority for evaluation of income eligibility, citizenship verification, and for lifetime sex-offender registrant screening. Veteran participants must meet VA health care eligibility, which includes enrollment in the VA health care system. In essence, VA VASH case managers determine clinical eligibility for the program, while the public housing agency determines whether a candidate meets HUD program criteria. Veterans often gain valuable information during the screening process regarding other benefits for which they may be eligible. A large number of homeless veterans served by the program suffer from mental health and addiction disorders. However, the program also serves other homeless veteran populations, including veterans with children, OEF-OIF-era veterans, female veterans, and veterans with other medical conditions.

HUD's role in the HUD-VASH program is to administer the effort, provide financial and operational oversight, and determine local housing authorities and other housing partners that can provide or facilitate the provision of housing. The agency also conducts outreach to the veteran community that helps to broaden awareness of the program and to identify veterans who might benefit. The agency conducts periodic job fairs and other large-scale outreach events to find potential beneficiaries. Additionally, the agency has developed relationships with local homeless advocacy and veterans organizations and with low-income-housing providers to increase awareness about this and other HUD programs. The agency works with these partners to provide newly housed veterans with furniture and other necessities to outfit their new homes.

The US HUD Newark Field Office oversees the HUD-VASH program for the entire state of New Jersey. It maintains a direct relationship with five urban housing authorities (Jersey City, Paterson, Camden, New Brunswick, and Long Branch) as well as with the NJ Department of Community Affairs (NJ DCA), which oversees the distribution of vouchers in other NJ communities.

HUD measures success in terms of "lease-up," i.e. the number of veterans who have met medical and other requirements and have been accepted into the program; have received vouchers; and, finally, have secured housing with those vouchers. In other words, the acquisition of permanent housing by a veteran is the pertinent measure. All VASH vouchers allocated within a given year must be utilized within a specified time period. The current allotment (FY2012) of 250 vouchers is to be utilized by the end of 2013. The majority of



this allotment (200 vouchers) is allocated to NJ DCA; all of these vouchers have been distributed to end-users and have reached lease-up. The remaining FY 2012 vouchers have been allocated to the Camden Housing Authority, resulting in a total of 135 vouchers assigned to the agency since 2008. As of June 2013 the Camden Housing Authority had 48 vouchers that had not yet reached lease-up. Addressing this condition was a chief concern of the US HUD Newark Field Office staff.

HUD-VASH vouchers cover 70% of the cost of housing; participants are responsible for the other 30% of the rent. These funds come from participant employment and/or other cash benefits. Property landlords, rather than program recipients, receive payment from the HUD-VASH program. There is no time limit for participation in the HUD-VASH program.

When recipients of HUD-VASH vouchers have successfully rehabilitated, such that they no longer require the case management services provided by the VA, they become eligible for the Section 8 Housing Choice Voucher Program and their HUD-VASH voucher is made available to another veteran.

### *Discussion of Housing, Transportation and Employment*

#### Housing

HUD-VASH works along the “housing first” model rather than a “continuum of care” model. The housing first model places the homeless directly into permanent housing rather than into a program of housing readiness whereby the homeless person “graduate” to progressively more independent housing situations—from shelter to transitional housing and finally to permanent housing. The housing first concept focuses on providing recipients with a stable environment as soon as possible and bringing needed social services to them. HUD interviewees noted that various efforts indicate that the housing first approach is successful (e.g., research reported by Dennis Culhane); however, the interviewees acknowledged the results of this model are mixed, as not all who have been placed have the skills to live independently, even with supportive services. An unfortunate situation occurs when such individuals are unable to meet the demands of independent living and return to homelessness.

Other veteran housing locations in New Jersey include sites in Paterson, Jersey City, Long Branch, and Highland Park. These are not VASH-related locations, but do provide housing to veterans.

The 60 VASH vouchers to be used in the Lyons, New Jersey project are being allocated from the NJDCA allotment. US HUD has not provided vouchers specifically for this project. That said, US HUD has been working collaboratively with NJDCA to create additional housing units for veterans.

One limitation of the HUD-VASH program is that veterans may be over the income limits and yet be homeless or at risk of becoming homeless. Many veterans are working and/or collecting benefits/entitlements that may place them over the income limits for HUD-VASH vouchers.

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## Transportation

US HUD does not explicitly consider transportation in its decisions about HUD-VASH voucher distribution. However the individual communities receiving vouchers are nearly all urban centers and all are served by fixed route (commuter rail or light rail) and bus service. The locations of designated housing units are, however, at the purview of the local public housing agency (PHA).

When asked, the US HUD staff offered that public transportation should be a consideration when selecting housing locations. This is despite the fact that many veterans, including veterans with disabilities, have access to private vehicles as well as dedicated transportation for medical purposes. Access to public transportation has the potential to increase veterans' accessibility to services and employment.

Interviewees also discussed the issue of transportation with regard to their public outreach effort. US HUD staff reported that when transportation was not explicitly considered in the planning of open house and other outreach events managed by other key stakeholder groups, veteran attendance was negligible.

## Employment

US HUD acts as the administrator of the HUD-VASH program but not its implementer. Thus it is not directly involved in case management issues such as employment. Documentation provided by the interview subjects detailed that seeking employment is one of the activities to be undertaken by case management personnel. Employment opportunities to be explored include mainstream job avenues as well as compensated work therapy (CWT) and vocational rehabilitation offered by the Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), state agencies, and the US Department of Labor, which offers special veterans' programs.

## **US Department of Veterans Affairs, Vocational Rehabilitation and Employment Service (VR&E), Newark, NJ**

**Date:** September 9, 2013

**Location:** Responses to Questionnaire

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

A representative from the Vocational Rehabilitation and Employment (VR&E) requested that we submit our questions in writing. Below is an abridged account of the response we received.

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## *General*

The main office of the Vocational Rehabilitation and Employment Service (VR&E) is located in Newark NJ. Permanent satellites are located in Lyons VAMC, Trenton, Toms River, and Manahawkin. In addition the county Veterans Services Offices although us to use space in Asbury Park, Sewell, and Burlington. We will be expanding to Rutgers/Middlesex and the Joint Base McGuire by October 1, 2013. The VR&E serves roughly 1700 veterans who are seeking employment.

The following statistics refer to New Jersey working-age veterans with disability: Total Peacetime 122,156, Gulf War 83,725, Vietnam Era 146,230, Female 33,167, and Male 408,654.

42,211 Veterans are served through the Newark office. It is important to note this does not include the Southern counties, which are serviced out of Philadelphia. VR&E is the exception to this. The majority of the Veterans served are receiving compensation, which implies some form of disability incurred during service. Philadelphia accounts for 40 PA counties and Southern Jersey with 173,655 Veterans receiving awards from that office.

This data comes from the National Center for Veterans Analysis and Statistics.

Of the 1700 Veterans we see 65 percent are considered to have Serious Employment Handicaps; A significant impairment of a veteran's ability to prepare for, obtain or retain employment consistent with his or her abilities, aptitudes and interests. The SEH must result in substantial part from a service-connected disability. For veterans rated at 10 percent and veterans beyond their 12-year basic period of eligibility, the finding of an SEH is necessary to establish entitlement to VR&E services.

For further data requests we would need to request information from the Office of Performance Analysis and integrity. Anecdotally however we can say that orthopedic conditions, tinnitus, and Post-Traumatic Stress Disorder are the most common disabilities that we see.

The unemployment rate for Veterans has improved since the fallout of the economic crisis. In 2010 the overall rate was 11.5% for those Veterans who served Post 09/11, this rate has improved to its current 7.7%. There are certain age groups where there are areas of concern. Those youngest Veterans who separate (18-24) tend to face employment prospects similar to their non-veteran counterparts. In 2012 the rate was 20.4%. On a local level there has been improvement in positive program completion in VR&E. Data is from BLS (Bureau of Labor Statistics).

## *Employment*

The VR&E program starts with establishing entitlement to the program. Counseling and referral services are available to any service-connected veteran with disability who applies. Counseling proceeds for those entitled to find the best fit. There are five different tracks defined below.

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### Reemployment with Previous Employer

This option is designed for those individuals who wish to return to work with a former employer. Services under this option may include advice about reemployment rights, consultation with the employer, work adjustment services, job accommodations, job modifications, short-term training, licensure and certifications.

### Direct Job Placement Services for New Employment (Rapid Access)

This option is designed for those veterans who already possess most of the necessary skills to compete for suitable employment opportunities and wish to obtain employment as soon as possible. Services under this option may include short-term training, licensure, certifications, job readiness preparation, resume development, job search assistance, job accommodations, and post-employment follow up.

### Self-Employment

This option is designed for individuals who have limited access to traditional employment, need flexible work schedules, or need a more accommodating work environment due to their disabling conditions or other life circumstances. Services under this option may include analysis of the viability of a business concept, development of a business plan, and training in the operation of a small business, marketing and financial assistance, and guidance on obtaining adequate resources to implement the plan.

### Employment through Long Term Services

This option is designed for those individuals who need specialized training and/or education to obtain and maintain suitable employment. Services under this option may include on-the-job training (OJT), apprenticeships, post-secondary education such as college, vocational or technical school, internships, job shadowing, work monitoring, work study, and public-private job partnering.

### Independent Living Services

This option is designed for individuals whose disabilities are so severe that they are currently unable to pursue an employment goal. These individuals may need rehabilitation services to live more independently and to increase their potential to return to work. Services under this option may include independent living skills training, assistive technology, services at special rehabilitation facilities, and connection to community-based support services.

### Specific Needs of Veterans with Disabilities

The needs of each our Veterans are individualized. VR&E is a comprehensive program meant to address a multitude of concerns. During their time with VR&E, Veterans have full access to health care through the Veterans Health Administration, this allows for the gambit of issues Veterans face adjusting to disability and return from service to be addressed.

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## Job Fields

I do not really have a comparative analysis to the general population, but the Veterans in the VR&E program goals in NJ are a diverse range of professions; key sectors tend to be business, health care, social services, and security/police work.

## Barriers

The VR&E program has full access to the range of job training at whatever a Veteran's skill level is. Housing is a key concern early in a Veteran's program, to be successful in training stable housing is necessary. Chronic mental health conditions and addiction are the largest barriers to sustainable suitable employment. These Veterans tend to be the least compliant with medical treatment. Those that are compliant, show more success. Our partners in VHA play a key role in supporting these Veterans.

## *Transportation*

Regarding transportation to VR&E offices—anytime counseling occurs in a meeting we are able to reimburse Veteran's for transit costs that are in the Chapter 31 VR&E program.

More generally, transportation is considered with a host of other factors including occupational objective, educational/salary requirements, disability, and social supports.

The majority of Veterans that want to return to work are able to find transportation within immediate urban areas. Those Veterans who are in rural areas supply their own vehicles most frequently. There are Veterans who are independent living programs that have severe mobility concerns and are often using home health aides through the medical center.

The veterans we serve utilize NJ Transit & Access link most frequently.

The most significant unmet need concerns veterans living outside urban areas. Veterans in rural or suburban areas who are residents in domiciliary for homeless services are in need of viable transportation alternatives. Although many of these programs have some sort of transportation, it is limited in capacity. This limits the Veterans ability to participate in other programs outside of the immediate area.

Many of our Veterans are moving not only within the state for viable employment but across the country. Our offices coordinate transfers to help the Veterans continue with VR&E services. Those Veterans who are the most mobile are successful in finding work.

In any urban setting the model of TOD is important. Our Veterans consider a host of factors when they make mobility decisions. Often family and other support networks are a primary factor. The TOD model in accessible communities would be a benefit to all people with disability.

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### *Closing Remarks*

Those Veterans who maintain and build a support network around their family, community, VHA medical services, and VBA benefits are the most successful in transitioning not only to civilian life but adjusting to their disability. VR&E is a great program that really supports Veterans in programs to the best of their abilities. Veterans need to make informed decisions about their benefits to utilize to their maximization. The counseling services that VR&E provides to all Veterans eligible for VA education benefits is key in finding the best schools, and programs to fit with a Veterans goals.

The demographics of what is considering working age is rapidly changing. There are Veterans in our programs that are looking for part-time and full-time work at all ages.

### **Center for Veterans Issues on Veterans Manor – Milwaukee, Wisconsin**

**Date:** September 12, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed the Center for Veterans Issues (CVI) to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes. VTC sought to interview CVI because of the latter's veteran housing facility, the Thomas H. Wynn, Sr. Memorial Veterans Manor (a.k.a. Veterans Manor).

CVI is based in Milwaukee, Wisconsin and is the state's largest community-based nonprofit organization serving veterans. CVI's mission is to serve as a one-stop resource for veterans to facilitate their access to needed services, and many CVI staff are themselves veterans. CVI provides information, resources, identification of funding sources, technical assistance, and organizational development to veteran service organizations. CVI supports veterans directly by also providing housing and offering many services to help veterans transition back into the community including vocational and peer training opportunities. They currently provide housing for 300 homeless veterans, many of whom have disabilities and serve another 1,200 veterans with comprehensive, wraparound programs and services. They offer a transitional housing program that veterans can take advantage of for a maximum of a two-year period as well as more permanent housing opportunities through Veterans Manor.



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### *Discussion of Working-Age Veterans with Disability*

The interviewee reported that many of the veterans returning from recent conflicts are different from their predecessors for several reasons. For one, these more recent veterans have experienced many tours of service and have had to accordingly adjust to the difficulties of transitioning in and out of civilian and military life on a regular basis.

When they arrive home, they are concerned with securing employment and housing, and with coping with any disability they may have incurred while in service. Many have difficulty identifying resources that could assist them with meeting their needs, as there is a saturation of veteran resources but no one-stop portal. It is estimated that approximately one-third of veterans who qualify for VA healthcare do not utilize these services for reasons including confusion in navigating the available services. The unfortunate result is that many struggling with disabilities, including PTSD, often opt to self-medicate with drugs or alcohol instead of obtaining the assistance they are entitled to receive.

The interviewee emphasized that one of the keys to successful veteran community reintegration involves providing opportunities for veterans to socialize with their peers so they can benefit from the camaraderie such relationships foster.

### *Discussion of Veterans Manor*

#### The Facility

Veterans Manor opened in May 2011 and was constructed as a mixed-use, affordable, permanent, supportive rental housing development that includes 52 one-bedroom units. The building is four-stories. All units are partially accessible, and some are fully accessible for residents with vision, hearing, or physical disability. With the goal of providing for residents' "mind, body, and soul," Veterans Manor offers an open lobby area, community room, fitness center, business lab, and laundry facilities. The interviewee noted these open community areas foster the camaraderie that facilitates successful community reintegration.

The rental fee covers utilities, high-speed Internet, and free underground parking for those with cars. Community partners also helped to provide some furnishings for the project. As a mixed-use project, Veterans Manor also includes a commercial kitchen as well as office space for nurses and case managers who support residents.

The Milwaukee Center for Independence (MCFI) operates the full commercial kitchen in Veterans Manor. Meals are prepared in the kitchen for residents of Veterans Manor, and over 5,000 meals a day are prepared for children in the Milwaukee public school system. MCFI operates a food service training program that enjoys participation from many veteran residents and other local residents with disability. These participants learn food service and hospitality skills and are then placed in jobs located throughout the community through partner employers. Attached to the kitchen is a storefront café called Troop Café that opened in May 2013 and is open to the public. The café is operated by CVI. All staff members are veterans. The interviewee remarked that the commercial kitchen program and the Troop Café demonstrate the benefits Veterans Manor offers not only to residents, but also to the local community.

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As a supportive housing project, Veterans Manor offers case management services to residents and, as noted above, case manager offices are located in the building. Residents are not required to partake of these services, but many do, especially when they need assistance accessing information and resources. In many instances, the caseworkers serve as information navigators for residents, offering them guidance on not only medical concerns but also on everyday tasks, such as purchasing bus tickets and accessing other community offerings.

Each of the 52 units at Veterans Place is currently occupied, with some residents living alone and others with a partner/spouse. Children are not permitted. Residents range from 24 to 70 years old, with the median resident age range in the 40s. There are 60-80 people on the waiting list, and unit turnover is very low. Reasons for low turnover likely include resident satisfaction with the quality of the new and modern facility, as well as the support services available. In addition, rental subsidies attached to the building may also reduce incentive to leave.

Veterans Manor is a certified green building. The interviewee explained that their development partner led the effort in this regard, and CVI recognizes the value in pursuing this approach, as they will benefit from associated green building cost savings as the building's long-term operators. She added pursuing a green approach was also the right path to follow in terms of being environmentally responsible.

### Transportation

The interviewee reported that during development, securing a site that offered transit access was imperative. Originally Veterans Manor was to be constructed in a more industrial area, but the decision was made to move to a more vibrant section of town that is considered a transit crossroads. She indicated that three bus lines are available at the corner of the street in front of the building. A large percentage of residents utilize public transit to access employment, medical care, educational opportunities, and other daily living needs. Many also walk, with a smaller percent possessing and using motor vehicles. The local Milwaukee VA medical center is located three blocks from Veterans Manor. CVI also uses their organization's vans to provide recreational outing opportunities for residents.

One negative of the area is that it is considered a food "desert," but the Troop Café is helping to improve available food options. In terms of unmet transportation needs, residents do have difficulty accessing employment opportunities located in the suburbs—such as manufacturing jobs—where public transit is limited or nonexistent. She added that veterans residing in rural areas of Wisconsin face extreme difficulty accessing employment and other needed services.

### Development and Finance of Veterans Manor

In 2009 President Obama announced plans to end veteran homelessness by 2015. To achieve that goal, it is recognized that more affordable housing options are needed for the veteran population. CVI's initial idea for Veterans Manor was that it would offer permanent, supportive housing for area veterans. The design for Veterans Manor is not based on

any particular model. CVI joined with Cardinal Capital Management as co-development partners for the project. Cardinal focused on construction. They also serve as property manager. CVI is the nonprofit sponsor for the project and provides supportive services to residents. As the nonprofit project sponsor, CVI was able to secure tax credits from the government that will allow them, after 15 years, to have first right of refusal to purchase the property for the cost of the remaining debt.

The total project cost was \$11.3 million. The project partners utilized a mix of local, state, federal, and private funding. For example, a Community Development Block grant was secured from Milwaukee. However, the 2008 housing market crash and economic recession posed challenges, as the economic conditions favored banks and tax credit syndicators. Thus, CVI and Cardinal sought to identify a veteran-friendly tax credit syndicator and were fortunate to achieve that goal with the Royal Bank of Canada. The project partners also faced challenges in working with the Veterans Affairs Supportive Housing (VASH) partners that included the Department of Veterans Affairs (VA), HUD, and the local public housing authority to secure approval for project-based VASH and Section 8 vouchers, which was necessary for the partners to sell the tax credits. The interviewee reported that this process was successful because all of the city, county, and other government stakeholders were supportive of the project and did not focus on partisan interests.

Regarding private partners, the interviewee explained that several were identified, including the Harley Davidson Company, who put up a challenge grant that helped to raise funds for the commercial kitchen and the Troop Café. Efforts to identify private and other partners were aided by CVI's strong presence in the community since 1969. In siting Veterans Manor, no opposition ("NIMBYism") was encountered from the community. In fact, the local community and project partners focused on how Veterans Manor could be a catalyst for community revitalization and continued area growth.

Upon project completion, prospective residents were identified through a variety of means, including from CVI's transitional housing project. A wait list was also utilized. Interested veterans were directed to complete an application and were informed that housing decisions would be made on a first-come, first-served basis. Eligibility screening criteria were utilized to select residents.

Residents pay approximately 30 percent of their income for rent; the remaining rent costs are subsidized by HUD-VASH (17 units) or City of Milwaukee Housing Authority Section 8 vouchers (35 units).

### Lessons Learned and Next Steps

Veterans Manor is considered a success by the project partners as well as by the local and national community. The project has been cited as a best practice by HUD and has received several awards, including a Mayor's Design Award, a Milwaukee Neighborhood Development Innovation (MANDI) Award, and an award from the Wisconsin Fair Housing Network.

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The interviewee advised that those interested in pursuing a similar housing project for veterans should identify and seek stakeholder buy-in and commitment first and foremost, which includes all levels of government. This is especially true if pursuing project-based VASH and Section 8 vouchers.

Nonprofit organizations seeking to develop such properties should consider incorporating funding some percent of their supportive services out of the self-generated revenue.

The interviewee also emphasized the importance of any such project including common spaces that foster opportunities for residents to develop camaraderie with one another as a critical component of supportive services.

She also commented that the national trend of pursuing a housing first model—which focuses on rapid rehousing for homeless persons combined with supportive services instead of a housing readiness model—is a positive, more cost effective approach to addressing the problem of homelessness.

To meet the demand among veterans for housing like Veterans Manor, CVI is currently constructing another similar facility called Veterans Garden.

### **Veterans First LTD. on Mary Ellen’s Place – Phoenix, Arizona**

**Date:** September 12, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

#### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed Veterans First LTD. to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities could improve community reintegration outcomes. VTC sought to interview Veterans First because of their veteran housing facility, Mary Ellen’s Place.

Veterans First is based in Phoenix, Arizona and is a nonprofit organization with a mission to enhance the lives of veterans, their families, and caregivers. The organization concentrates efforts on enhancing awareness for and offering programs to benefit female veterans. However, they also serve as an information resource for male veterans. Veterans First collaborates with many other veterans organizations and one of their core areas of focus is on offering affordable housing for female veterans.

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### *Discussion of Working-Age Veterans with Disability*

The interviewee reported that while employment is a major concern for working-age veterans, many recently returning veterans may not be immediately ready for work when they arrive home. Some are coping with service-related disabilities including PTSD. Many of the female veterans her organization supports are also coping with military sexual trauma. These veterans need to “take a breath” before they can adequately tackle reintegration issues such as employment, housing, and transportation.

She offered an example of a veteran residing at Mary Ellen’s Place who had served three deployments in Iraq. When her service period concluded and she arrived home she lost her job and consequently, could not maintain her residence or car. She was informed by various agencies that because she was not yet homeless she could not receive their support. Veterans First placed her in Mary Ellen’s Place and paid her rent for a one month period so she could “take a breath” and safely plan her next steps. During this time period she enrolled in school and is now actively seeking a new job. The interviewee emphasized that having safe, supportive housing allowed this veteran to begin the process of successful community reintegration.

### *Discussion of Mary Ellen’s Place*

#### The Facility

Mary Ellen’s Place opened in May 2011 and was constructed as an affordable, permanent, supportive rental housing development that includes 15 studio apartment units (each with a kitchenette) for female veterans who are homeless or at risk for homelessness. One unit includes a hospital bed and is accessible for a wheelchair-user. The interviewee emphasized that the facility is drug and alcohol free.

Mary Ellen’s Place offers a multitude of community spaces including a library with computers and a printer, a laundry room that doubles as a space for residents to make crafts, a kitchen, a living room with television, and a backyard.

Rent payment includes utilities, internet, cable television in the common living room and furniture. Residents are also given items for their unit such as hot plates and linens. Various toiletries are also made available upon request.

As a supportive housing project, residents are required to be engaged with the VA for their healthcare needs and all must register with the local Department of Economic Security (DES) for job search assistance. Veterans First maintains a strong relationship with area VA medical centers and their staff is responsive and intervenes to assist residents as needed.

There are currently ten veterans residing at Mary Ellen’s Place. All are single, and children are not permitted. Residents range from 21 to 81 years old, with most in their forties and fifties. Five of the current residents are pursuing their education online, through the local community college or with Arizona State University. There has been some turnover at Mary Ellen’s Place since its opening. In some cases, this resulted from evictions due to



drug or alcohol abuse and/or behavioral issues. In other cases, residents have relocated to other housing opportunities, using Mary Ellen's Place as a "stepping-stone" in their post-service community reintegration.

### Transportation

Access to transportation was a consideration when determining the appropriate site for Mary Ellen's Place. Mary Ellen's Place is located in a commercial area of northern Phoenix. The interviewee reported that a bus stop is located one block away from Mary Ellen's Place and the main bus terminal is located several blocks from the property. A light rail stop is approximately four-five miles from Mary Ellen's Place. Many common destinations residents seek to access including the local grocery store, pharmacy, post office, DES office, and bank are within a five to ten minute walking distance of Mary Ellen's Place.

Veterans First does not provide transportation for residents. Disabled American Veterans (DAV) offers transportation to residents seeking to access VA medical centers in nearby locations including Phoenix and Prescott. Most residents use the local bus to meet their travel needs and some use their own automobiles. Those with autos often give rides to their fellow residents as they typically develop camaraderie with one another and tend to "take care of each other."

### Development and Finance of Mary Ellen's Place

The interviewee reported that the idea for Mary Ellen's Place took shape during a meeting she had with the state director of housing and director of veteran services a few years ago. At that time she learned about the Community Housing Partnership (CHP) of Phoenix, and she reached out to them to discuss opportunities to partner in creating affordable housing for female veterans. CHP and Veterans First collaborated to convert a former medical office building owned by CHP into the Mary Ellen's Place apartment complex. CHP performed the building renovation and they own and manage the property, while Veterans First provides support to the residents.

CHP received a CBG forgivable loan to purchase the property and some smaller grants to conduct the property renovation. Veterans First helped secure \$65,000 to complete the renovation work and also successfully collaborated with various private partners, including Home Depot, Behr Paints, various motorcycle groups, and other community stakeholders who offered in-kind support. The interviewee noted that both she and Veterans First are well known in the community, which made raising funds and securing donations easier. She often gave tours of the property to prospective donors to encourage their support. All of the common area furniture and computers for Mary Ellen's Place were donated. Those who donated were recognized on a tribute wall dubbed 'Tags of Love.'

Since Mary Ellen's Place is located in a commercial area, there was little resistance encountered for the project. However, one area resident did vocalize a fear of "transients" living in the neighborhood; however once he was informed of the purpose and need for the apartments, he was mollified and ultimately attended the open house.



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Upon project completion, prospective residents were identified through a variety of means, including referrals from the VA, DES, area shelters and through word of mouth. Eligibility screening criteria are utilized to select residents. Interested residents must first complete a telephone intake during which time a set of apartment rules are presented that include no overnight visitors and no alcohol or drug use. Those who agree to the rules and meet certain other criteria are then invited to meet at the site for a tour and to complete an in-person application. Then an Arizona background check is performed. Evidence of a criminal record does not alone disqualify a prospective resident. The final step is preparation of a lease agreement. The entire application process often occurs over the span of a few days.

Residents pay \$350 per month in rent. HUD-VASH vouchers or Section 8 subsidies are not used.

### Lessons Learned and Next Steps

Veterans Manor is considered a success by the project partners and is the first affordable housing complex for female veterans in Arizona. In terms of lessons learned, the interviewee reported that a thorough intake process is critical to identifying appropriate residents. She emphasized that her experiences with Mary Ellen's Place have demonstrated that the housing readiness model—whereby prospective residents first receive evaluation and assistance through shelters and transitional housing prior to being placed in permanent housing like Mary Ellen's Place—is preferable to the housing first approach advocated by the federal government. She explained that most of the problems experienced at Mary's Ellen's Place have involved residents who could not follow the apartment rules and/or were coping with alcohol or drug issues that should have been identified and addressed prior to receipt of permanent housing. The housing first model is a core component of the HUD-VASH program and the reason why VASH vouchers were not pursued for Mary Ellen's Place. The interviewee remarked that the sporadic case management offered through the program does not fulfill the needs of veterans coping with a variety of chronic illnesses.

In terms of next steps, Veterans First is currently working on a second housing project for female veterans and their children called Sallie's Place. They have identified the location, which is owned by CHP. The property needs to be renovated and the project, estimated to cost \$400,000, will offer eight two-bedroom units. Fundraising work to conduct the project will begin soon. The property is located across from a local elementary school, which is ideal for prospective residents with children and is also close to local bus stops.

The interviewee concluded by strongly recommending that projects like Mary Ellen's Place and Sallie's Place need to be replicated throughout the nation to meet the need of America's veterans, including female veterans, whose reintegration plights are often not considered.

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## **Family Service Association (FSA) of Howard County, Inc. on Jackson Street Commons – Kokomo, Indiana**

**Date:** September 18, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed the Family Service Association (FSA) to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities could improve community reintegration outcomes. VTC sought to interview FSA because of their veteran housing facility under construction, Jackson Street Commons.

FSA is a nonprofit organization located in Kokomo, Indiana that promotes healthy families and works to empower vulnerable populations throughout their lifespan (prenatal through elder years) with education, prevention, and crisis intervention programs. FSA serves residents of four counties through 18 different programs that include domestic violence initiatives, shelters, transitional housing, and a variety of healthy family focused programs. These efforts reach several thousand persons per year. The organization began focusing more on veteran needs over the past three years, as their home county has the highest per capita number of veteran residents in the state.

### *Discussion of Jackson Street Commons*

#### The Facility

Ground was broken on Jackson Street Commons in summer 2012. The property is designed as an affordable, permanent, supportive rental housing development for homeless veterans that will include 27 one-bedroom apartments in a three-story facility. Construction began in spring 2013. All units will be accessible and five will be completely equipped for residents using a wheelchair. It is also currently anticipated that five units will be designated for double occupancy and the remainder will be for single residents. Children will not be permitted. (Note: The first residents arrived in May 2014.)

Upon completion, Jackson Street Commons will offer a large community room, a community kitchen, a library with five computers, and a laundry room. A fitness room will not be offered on-site; however, FSA has a MOU with the local YMCA offering free membership to residents. The YMCA is located one block from the property. The interviewee noted that plans are also under consideration for an on-site community garden, and a community fire pit will be located in the backyard.

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Rent payment includes utilities, Internet access, and furnishings. Funding had already been secured for 20 of the 27 units. Upon completion, a building manager will be hired for the property.

As a supportive housing project, residents will be offered optional support services. FSA has a MOU with local social service hospitals to provide these services at Jackson Street Commons. Specifically, two social workers will have offices in the complex, one with a master's degree in social work and the other with a bachelor's degree in the discipline.

### Transportation

Jackson Street Commons is located in downtown Kokomo, close to the City's Veterans Affairs office. Kokomo has a free public transit trolley system that has a stop near Jackson Street Commons. The trolley has three routes and travels to local shopping destinations as well as the local university. The closest veteran hospital is located 25 miles from the property and an accessible van will be available to residents seeking access to that facility. A VA clinic is located ten miles from the property, and the van will likely be used to provide transportation to that facility as well. In addition, FSA is working with the local Veterans of Foreign Wars (VFW) office to help provide transportation to the clinic. The VFW may try to use volunteer drivers to meet this trip need.

### Development and Finance of Jackson Street Commons

The interviewee reported that FSA became involved in permanent supportive housing after learning and receiving training about it through the Indiana Housing and Community Development Authority (IHCDA). To develop Jackson Street Commons, FSA visited several sites in Indiana and Ohio and modeled Jackson Street after one of those sites called Lucas Place Apartments, located in Evansville, Indiana. Lucas Place offers supportive housing to homeless families with children.

FSA is the owner and developer of Jackson Street Commons. Lee & Ryan is the construction company that is building the site. To identify the project site, FSA worked with city officials who have been extremely supportive of the project and the goal of meeting veteran needs. FSA focused on selecting a site that would be close to both transportation options and support system resources.

The property, a neglected lot, was donated by the county, and the city gave FSA block grants for sidewalk construction and to meet other surrounding area infrastructure needs. It is anticipated the project will cost \$3.5 million dollars to complete. FSA has received \$2.5 million in federal home funds from IHCDA thus far. They have also applied for a \$500,000 forgivable loan from a federal home loan bank. FSA has also applied to the county and city for other grants to help complete the project. They also received \$100,000 grant from the Sisters of Charity organization.

They have received in-kind support from various veteran organizations and have sold naming rights to twenty of the Commons' rooms thus far. They are also selling naming rights for bricks surrounding the project. FSA has sought support from large area private corporations but have not yet been successful in that regard.

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FSA has not experienced any major negative feedback from area residents on the project (e.g., NIMBYism) as the downtown area is under revitalization, with many areas blighted.

FSA has organized a committee to design the prospective resident application process. Eligibility criteria will include the following: candidate must be homeless, a veteran, and must have a VA disability rating of a minimum of ten percent. A criminal background check will be performed on prospective applicants, with the intent of disqualifying those who have committed a violent crime(s) and/or sexual offenses. Once residents have moved into the property, a resident council will be established to address any resident issues/problems that arise.

Resident rent will be subsidized through a state-sponsored rental assistance program. They did not pursue HUD-VASH vouchers for this project or its prospective residents but instead they directed the fourteen VASH vouchers they secured to veteran families with children.

### Lessons Learned and Next Steps

The interviewee explained that the Jackson Street Commons project has benefited a great deal from overall community support for the effort. If they could start the planning and development process over knowing what they know now, the interviewee acknowledged they would have explored more diverse funding sources.

A major obstacle with the project has been coping with building costs that increased by twenty percent during the span of the project. Another obstacle was that in order to receive the \$2.5 million grant from IHADA, FSA needed all project parties/partners in place, with MOUs prepared. To help achieve that difficult task, FSA regularly participated in a monthly meeting facilitated by United Way that brought together over seventy local nonprofit organizations to discuss community collaboration opportunities.

The interviewee stressed the importance of seeking input on projects such as Jackson Street Commons from prospective residents. For example, FSA sought input from veterans during the project design process to make sure that the project included elements that would appeal to veterans and help create a strong sense of community among them. One of the many suggestions incorporated that came from the project design committee was to include a community fire pit in the backyard. The interviewee stressed the importance of conveying to residents that “This is their place, not ours.”

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## **Reformed Church of Highland Park, Affordable Housing Corporation on All Saints Apartments – Highland Park, New Jersey**

**Date:** September 17, 2013

**Location:** Reformed Church of Highland Park, 19-21 2<sup>nd</sup> Avenue, Highland Park, New Jersey

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Stephanie DiPetrillo and Andrea Lubin welcomed the Reformed Church of Highland Park – Affordable Housing Corporation (RCHP-AHC) to the interview session. Ms. DiPetrillo explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes. VTC sought to interview RCHP-AHC because of the latter's veteran housing facility, All Saints Apartments.

RCHP-AHC is a nonprofit organization created by the Reformed Church of Highland Park. The focus of RCHP-AHC is to build new housing, renovate existing properties, and purchase functioning homes in order to help create permanent, supportive housing for persons in need throughout New Jersey. The organization focuses on serving as an equitable landlord to residents as well as functioning as a professional service provider. RCHP-AHC is led by a board of directors comprised of the Reformed Church of Highland Park's reverend, several church members, and other area residents. The interviewee explained that the mission of the Church and its community work is focused on pursuing social justice and offering mercy to struggling populations and persons (i.e. "making the last first"). This social justice mission and commitment to functioning as an "intentional community" have been key factors in the successful revitalization of the Church and its increased parishioner base as experienced in recent years.

Currently RCHP-AHC has eleven permanent, supportive housing programs but will soon have nine because two are being transferred to another nonprofit organization. Populations served by RCHP-AHC housing includes youths who have aged out of foster care, youths leaving juvenile confinement systems, those coping with chronic mental illness, and those who are homeless. All of RCHP-AHC properties receive supportive services from the University Behavioral HealthCare (UBHC), which is a division of Rutgers, The State University of New Jersey.

The idea of offering housing specifically for veterans came from church parishioners, who expressed concern for friends and family members serving in Iraq and other recent military conflicts. These parishioners were concerned with how to best support military persons in need upon their return home and to demonstrate the community's deep appreciation for their service.



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## *Discussion of All Saints Apartments*

### The Facility

All Saints Apartments was completed in November 2010, with residents moving into the property in January 2011. It is a mixed-use, affordable, permanent supportive rental housing complex that includes 10 studio units and a single one-bedroom unit. All units are ADA accessible, but wheelchair access was only available on the first floor until the recent installation of a third floor chair lift, which cost approximately \$14,000. Securing the additional funds to purchase and install the lift was led by RCHP-AHC. It is anticipated that both current and future residents will benefit from the addition of the chair lift, as two of the five residents residing on the second floor have developed ailments that impact their mobility since moving into All Saints Apartments.

All Saints Apartments offer two small community lobby areas, a laundry room, and a backyard area with a picnic table. The interviewee reported that the First Reformed Church of Highland Park located one block from the apartment complex also acts as a de facto “community room” for residents, with many visiting the church for social events and other programs and to dine or work at the Church’s café. Residents also pay their rent in-person at the Church. A number of residents have also secured employment through Church connections. Thus, in many ways, the Church community provides support and serves as a social network for residents.

Rent payment at All Saints Apartments includes Internet access, and all units were fully furnished through a fundraising effort that raised \$50,000 along with donated household items. Residents are responsible for their utilities, but they all receive assistance to help cover those costs from PSE&G. As a mixed-use project, All Saints Apartments also includes office space for an organization called GreenFaith, an interfaith coalition that works with houses of worship, religious schools, and people of all faiths to help them become better environmental stewards.

As a supportive housing project, All Saints Apartments offers case management services to residents through UBHC. Acceptance of supportive services is optional. Members of RCHP-AHC meet with UBHC staff weekly to check in on any issues residents are coping with where assistance is needed. To meet the ever-changing needs of residents, some UBHC counselors visit daily, others weekly. UBHC makes an effort to invite all residents to any and all events they convene. The relationship between UBHC and All Saints is mutually beneficial, as UBHC must serve a certain number of Middlesex County residents per the conditions of an umbrella grant the organizations receives.

Since opening in 2011, two of the 11 initial residents have relocated from All Saints Apartments. It was reported that the issues those two residents were coping with led to over twenty police visits during the residents’ tenure at All Saints. Both went to inpatient services after leaving All Saints Apartments. Currently, all studio units are occupied by solo dwellers, with a single mother and child residing in the one-bedroom unit. Residents are permitted to live with a partner if desired and most of the current residents are Vietnam veterans.



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All Saints Apartments is LEED-certified and the developer strived to make the building as energy efficient as possible.

### Transportation

The interviewee reported that five residents have automobiles and often transport fellow residents without cars to meet their travel needs. A NJ Transit bus stop is located one block away from the apartments. The interviewee noted that many residents walk or bike to desired destinations as they tend to seek local opportunities for employment, as well as to meet daily living needs (e.g. grocery shopping). UBHC or a church van provides transportation to VA hospitals when needed. In addition, residents needing rides to particular destinations are often successful in seeking and securing a volunteer driver from among the church membership.

### Development and Finance of All Saints Apartments

RCHP-AHC took the lead in pursuing this project based on input from church membership. The project was modeled on one of the organization's successful supportive housing projects called Irayna Court, which was developed for young women who have aged out of the foster care system. An organization called Building with Purpose is a nonprofit real estate development firm that worked with RCHP-AHC to coordinate the development of the property and to help secure financing.

RCHP-AHC did experience resistance from some local residents regarding the project that focused on a variety of fears including that the project would increase traffic and/or destroy the character of the property under renovation (Note: the property was a former episcopal church). Those objections dissipated with time.

The total project cost was \$3.1 million and it was financed with a \$1.1 million grant from the Middlesex County board of freeholders; a \$1.8 million loan from the NJ Housing Mortgage and Finance Agency; and a \$400,000 federal grant. The interviewee reported that the NJ Housing Mortgage and Finance loan does not have to be repaid, provided RCHP-AHC maintains its thirty year commitment to the project.

Residents pay approximately 30 percent of their income for rent and for ten of the studio units the remaining rent costs are subsidized by project-based Section 8/State Rental Assistance Program (SRAP) vouchers. The one-bedroom unit is subsidized with a HUD-VASH voucher.

### Lessons Learned and Next Steps

All Saints Apartments is considered a success by the project partners and the interviewee reported that to the best of his knowledge, the project is the state's only church-based housing complex for homeless veterans.

The interviewee explained that the project would not have been constructed without project-based housing vouchers. He added that a negative associated with transportable vouchers

is that in some cases they enable transiency by providing recipients with the ability to “take off” when they encounter difficulties or problems they are trying to avoid addressing.

The interviewee emphasized that his organization is committed to supportive as opposed to transitional housing, for the populations they serve. He recognizes that in some cases certain persons may not be ready for permanent supportive housing, but he opined that when those situations arise they can be handled on a case-by-case basis.

The interviewee also remarked that working closely with the US Department of Veterans Affairs chief of homeless services was beneficial to the project as it contributed to the legitimacy and support of the effort among the veteran community. Moving forward, the interviewee remarked that the involvement of more local mental health service providers in veterans care—as demonstrated by the relationship All Saints has with UBHC—would be helpful to the veteran community seeking supportive services.

## **Community Hope on Valley Brook Village – Lyons, New Jersey**

**Date:** October 1, 2013

**Location:** Telephone interview

**Prepared by:** Alan M. Voorhees Transportation Center, Rutgers, The State University of New Jersey

### *Introduction*

Andrea Lubin and Stephanie DiPetrillo welcomed Community Hope to the interview session. Ms. Lubin explained that the Voorhees Transportation Center is conducting a study funded by the US Department of Transportation to explore and better understand the transportation, housing, and employment needs of working-age veterans with disability, with an emphasis on determining how access to transit and transit-oriented development housing opportunities may improve community reintegration outcomes. VTC sought to interview Community Hope because of the latter’s new veteran housing facility, Valley Brook Village.

Community Hope is located in Parsippany, New Jersey and is the largest nonprofit in the state serving homeless veterans and veteran families struggling with issues including poverty and mental health concerns. Community Hope also provides housing and support services to young adults and others coping with mental health issues. They operate a total of 40 residential facilities.

Programs for veterans Community Hope offers include the following:

- A 95-bed supportive transitional housing property at the VA New Jersey Healthcare campus in Lyons, NJ called Hope for Veterans and an eight-bed property in Bergen

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County for homeless veterans. Many of these residents are also coping with mental illness and/or substance abuse problems;

- Supportive services for veterans and their families who are at risk for homelessness that reside in 11 NJ and 4 Pennsylvania counties. This homeless prevention program focuses on helping veterans maintain their housing and providing rapid rehousing for homeless veterans and their families;
- Veteran housing rehabilitation in partnership with Habitat for Humanity of Morris County;
- A veteran justice initiative that involves private law firms offering pro bono legal aid to residents of Community Hope's transitional housing property in Lyons; and
- Valley Brook Village, a new facility that offers permanent supportive housing to veterans in Lyons, NJ.

### *Discussion of Working-Age Veterans with Disability*

The interviewees reported that transportation, employment, and housing are all critical issues for veterans with and without disability and both transportation and employment are core components considered by Community Hope with their housing properties. One interviewee remarked that "transportation is the pinnacle part of everything," as access to transportation options affect all arenas of one's life and ability to reintegrate into one's community.

The universe of potential transportation options for veterans residing at Community Hope's two transitional properties varies, and it was noted that more public transit options are available at their Bergen County property than at their Lyons's facility. Transportation options are limited for some veteran residents because their driver's license is not in good standing due to issues including fines, child support arrears, and other violations. The Community Hope pro bono legal program has been extremely successful in helping secure driver restoration for many veteran residents and the interviewees emphasized that similar pro bono social justice programs should be implemented statewide for veterans.

### *Discussion of Valley Brook Village*

#### The Facility

Valley Brook Village's official grand opening will be on October 28, 2013. The first resident moved into the facility on September 1<sup>st</sup>. Valley Brook Village is an affordable, permanent supportive rental housing complex located on the Lyon's VA New Jersey Healthcare campus and includes 62 one- and two-bedroom apartment units for veterans who are homeless or at risk for homelessness.

The Village is comprised of a three-building complex on 16 acres. Building A has 50 efficiency style units and an elevator, making it accessible. There are three two-bedroom units located in Building A. Buildings B and C are townhouse style apartments, with

eight units located in each building. The second floor units in these two buildings are not accessible as there is no elevator in either structure.

All 62 units are currently slotted with prospective residents and a waiting list has been established. All residents will be single tenants residing alone except for the two-bedroom unit that may house a family. The typical resident will be in their 40s to 60s, with many veterans of the Vietnam War expected. Some residents will be younger, having served in more recent conflicts including Desert Storm.

Building A has a laundry room available on each floor. The Village's community room (with a television) is also located in Building A as is a gym and a computer lab. A patio with a barbecue grill is located in the backyard. Buildings B and C have a washer and dryer hook up available in each unit, porches attached to units, and residents are welcome to utilize the resources located in Building A. Community Hope and the developer were committed to pursuing a "village-like" atmosphere for the complex with ample community space as a means to enable camaraderie among residents.

Rent payment includes utilities and internet. All units are fully furnished and also include linens, curtains and dishware. Residents are responsible for paying their telephone and cable bills and must supply their own television if desired.

As a supportive housing project, Valley Brook Village will offer on-site case managers and on-site vocational training. Employment specialists will maintain office hours from 9:00-5:00pm weekdays and some evening hours to assist residents pursue both paid and volunteer employment and educational opportunities. Their office will be located next to the computer lab in Building A. In addition to HUD-VASH funded case management support, a peer assistant and a live in responder will also be a part of the complex's support unit.

Valley Brook Village is expected to receive LEED silver certification.

### Transportation

The interviewees reported that prospective residents were informed of the available area transportation options so they could make an informed decision regarding their housing choice. A driver will be employed by the property to help provide trips to the local train station as well as weekend recreational outings. Employment transportation will not pose an issue for many of the residents; some work on the Lyons campus and others on the East Orange VA campus; thus, they can use the existing shuttle service available between VA campuses. Some residents will be retired and therefore will not need transportation to employment.

Community Hope is trying to secure funds to purchase NJ Transit passes for residents. They are also exploring the possibility of partnering with a car share vendor such as Zipcars, which they think could help meet resident transportation needs. The interviewees also reported that a local bank called Millington Bank has established a fund that gives local veterans small loans which can help cover costs incurred during transition to permanent housing, such as transportation. The loans also help the veterans build credit, which is beneficial to their community reintegration and ability to achieve financial stability.

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## Development and Finance of Valley Brook Village

Valley Brook Village was developed by and is now under the management of Peabody Properties. Windover construction built the facilities and resident services are provided by Community Hope. Valley Brook Village was modeled on a similar property developed by Peabody Properties in the latter's home state of Massachusetts. Total project cost was \$15.5 million. Land for the project was donated by the VA. Project funding came from primarily two sources: tax credits and grants from the New Jersey Housing and Mortgage Finance Agency. Furniture for the units were purchased with grants and private donations helped to purchase other items, including exercise equipment.

The interviewees reported that they regularly met with local stakeholders including town officials and neighbors in an effort to avoid any project opposition (e.g., NIMBYism).

Upon project completion, residents have been identified through various means. Approximately 25 residents will come from Community Hope's Hope for Veterans transitional housing property also located on the Lyons campus. Interested residents have to complete an application and agree to an in-person interview and screening.

50 of Valley Brook Village's units have project-based US Department of Housing and Urban Development – Veterans Affairs Supportive Housing vouchers (HUD-VASH vouchers). The interviewees noted that until recently HUD-VASH vouchers were only portable, but now they can be project-based.

## Lessons Learned and Next Steps

The interviewees expressed excitement for and satisfaction with Valley Brook Village. Future plans call for an expansion of Valley Brook Village to 30 additional units.

Interviewees expressed support for the housing first approach advocated by the federal government, acknowledging that relapse can be a part of the recovery process and should not eliminate permanent, supportive housing opportunities for those who encounter recovery challenges. They also recognized that transitional housing is beneficial for some people and should be an available option.

The interviewees stated that one of the most difficult obstacles they faced involved working with various partners to secure the funding needed to realize the project. Securing project-based HUD-VASH vouchers played a critical role in the success of this project but this required diligent effort and advocacy on the part of all project partners. Once secured, the vouchers demonstrated commitment to other prospective funders.

Interviewees expressed full support for replication of similar projects nationwide to meet veteran needs. They reported that others interested in pursuing similar housing projects should make all efforts to seek reliable and collaborative partners. The interviewees emphasized that their partnership with Peabody Properties was critical to the success of the project. They added that building supportive housing on an existing VA campus that already offers medical and other services to veterans was also ideal. Finally, providing

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opportunities for residents to engage with one another and build natural supports should be a vital component of any veteran housing project.

## **FOCUS GROUP GUIDE**

### **Welcome and Introductions**

First, let me begin by saying thank you. We really appreciate your volunteering to participate in this discussion. My name is Andrea Lubin and this is my colleague Stephanie DiPetrillo. We both work at the Voorhees Transportation Center at Rutgers University in New Brunswick and we will be facilitating our conversation this afternoon.

In a few minutes, we will be asking you some questions about your transportation experiences. Before we get started, I will be passing out an **informed consent form** describing our study for us to read together and for you to sign and return to us.

### **Read Consent & All Sign & VTC Collects**

Let's start by taking a few minutes right now and introduce ourselves. Please tell us your first name; how long you have lived at All Saints apartments; and approximately how long ago you left the armed services.

Now that we all know each other a little better, let's begin our discussion.

### **Discussion Overview**

Stephanie and I have funding from the US Department of Transportation to examine the transportation, housing, and employment needs of veterans here in New Jersey and we are specifically focusing on those coping with some kind of disability. From past research, we know that returning veterans often face many challenges due to physical and emotional injuries sustained during service. Today, we're seeking to better understand and document your thoughts and experiences on how access to transportation, housing, and employment helps with community reintegration for working-age veterans in New Jersey, both with and without a disability. We would like to discuss not just transportation generally but how transportation can affect housing choice and employment opportunities.

To help us achieve that goal, today we want to hear from you about how you travel, to and from your home to work, to school, to doctors ... really, how you go about getting to the places you need to go in your daily lives. We also want to know any thoughts or suggestions you may have to improve services for veterans here in New Jersey.



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## Questions

### *Transportation*

Let's start by talking specifically about transportation.

1. How do you usually get around (to work, to doctor's offices, shopping for instance)?
  - a. What kind of difficulties do you face when making these trips?
2. What public transportation options (i.e. bus, train, Access Link, county paratransit - MCAT) are available near All Saints? Where is the closest train station to your home located? Closest bus stop?
3. Where or to whom do you go to for transportation information?
4. How many of you feel that you frequently can't get to where you want or need to travel to? How do you handle such situations?
5. What do you like most about the transportation you use? Why?
6. What do you like least? Why?
7. For those of you who don't currently use public transportation (for any trip purpose), tell us why: Let the participants answer.
8. What features of transportation are most important to you? What do you most depend on (i.e. timeliness, convenience, full-service, seamless, sensitive to customer needs, safe, economical, feeling of independence)?

### *Employment*

I know we talked a bit about how you get to work, but can I see a show of hands ...

1. How many of you are currently employed?
  - a. For the Employed:
    - i. How many full-time? How many part-time?
    - ii. Where do you work?
    - iii. How many of you are looking for work?
      1. How far from your home are you searching for a job?
2. Is anyone not working now because they can't find transportation?
  - a. In what ways are transportation issues a barrier to finding and keeping a job

(e.g. limited service hours; lack of options to destinations; other)?

3. Since returning from service, what have been the largest barriers to finding and retaining a job?
4. What services (e.g., transportation, job training, etc.) would make your job search easier and more successful?

### *Housing*

We want to make sure that we cover all of our topics today. Let's talk a bit about housing.

1. Since leaving active service, have you had difficulty finding a place to live?
  - a. Has anyone had to rely on shelters or temporary housing at some point?
  - b. What has made it difficult to find appropriate housing?

Questions 2 –7 are for those living in All Saints Apartments:

2. How did you find out about All Saints Apartments?
3. Right now you are all living in an apartment complex. Is there a residence type that you would prefer if you could change (like VA housing or a single family home)? Why or why not?
4. For those of you coping with a disability, does the design of All Saints meet the needs of your disability (i.e. layout, stairs/ramps, bathroom layout, etc.)?
  - a. If not, how might it be improved so that it does better meet your needs?  
(*Note: mention we know about the new chair lift*)
  - b. Would you consider moving to another home that would better meet your needs?
5. Does the location of All Saints meet your needs (i.e. can you get to where you need to go)?
  - a. Would you consider moving to another location that would better meet your needs?
6. What is the best part of living in a housing complex with fellow veterans?
7. We know that All Saints has several community living spaces such as open lobbies. Do you enjoy using those spaces? Why or why not?
  - a. Have those open spaces presented an opportunity for you to get to know one another and form a support network together?
  - b. We know UBHC offers support services. Have they been helpful? How?

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8. Do you make your housing decision alone, or do you have to consider the needs of others when making such decisions?

We want to tell you know about a type of community development called transit-oriented development. TOD is a type of development in which housing is concentrated near a transit stop, such as a train station. It typically provides residents with the option of walking to the stop/station so they can use transit for their trip needs, and sometimes reduces the need for a car. TOD buildings often (and TOD neighborhoods usually) have a mix of uses—stores, offices, restaurants, as well as housing. Examples of places in NJ that function as TODs include... parts of Jersey City, Morristown, Cranford, and Collingswood. Some of the new buildings in New Brunswick can be considered TOD. *(Include a north, central & south Jersey example. Include urban and suburban examples.)*

9. Do you think living in a community like this could help you meet your needs easier? Why or why not?
- a. Would you consider living in a TOD community? Why or why not?
  - b. In Texas, a TOD is being built solely for housing veterans. It is located adjacent a VA facility and a light rail station. Would a TOD serving primarily veterans be of interest to you? Why or why not?

### *Wrap-Up*

In closing, would anyone like to share any other thoughts or comments related to our discussion today?

Again, thanks so much for your participation.

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## ABBREVIATIONS AND ACRONYMS

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AA	Alcoholics Anonymous
ACS	American Community Survey
CBOC	Community-Based Outpatient Clinic
CWT	Compensated Work Therapy
DOD	US Department of Defense
DSM	Diagnostic and Statistical Manual of Mental Disorders
FTA	US Department of Transportation Federal Transit Administration
HUD-VASH	US Housing and Urban Development – Veterans Affairs Supportive Housing
JVSG	Jobs for Veterans State Grant
MAPS	Morris Area Paratransit System
MAV	Mobility Access Vehicle
MCAT	Middlesex County Area Transportation
MCFI	Milwaukee Center for Independence
MICA	Mentally Ill Chemically Addicted
NA	Narcotics Anonymous
NIMBY	Not in My Backyard (an attitude residents may take toward proposed developments)
NJDOL	NJ Department of Labor and Workforce Development
NJDMAVA	NJ Department of Military and Veterans Affairs
NJDOT	NJ Department of Transportation
NJHMFA	NJ Housing and Mortgage Finance Agency
NJT	NJ Transit
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
PATCO	Port Authority Transit Corporation
PHA	Public Housing Agency
PTSD	Post-Traumatic Stress Disorder
ROCMPS	Rutgers Office of Veterans and Military Programs and Services
SRAP	(NJ) State Rental Assistance Program
TOD	Transit-Oriented Development
USDOT	US Department of Transportation
USERRA	Uniformed Services Employment and Reemployment Rights Act
USHUD	US Department of Housing and Urban Development
VA	US Department of Veterans Affairs
VAMC	US VA Medical Centers
VANJHCS	VA New Jersey Health Care System
VETS	US Department of Labor Veterans' Employment and Training Services

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VTC	Alan M. Voorhees Transportation Center (at Rutgers University)
VTS	US Department of Veterans Affairs Transportation Service

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### STEPHANIE DIPETRILLO

Stephanie DiPetrillo is Senior Research Specialist at the Alan M. Voorhees Transportation Center, Rutgers University. She has more than ten years of experience in transportation and urban planning research, as well as in historic preservation, architecture, and urban design. Her current work combines quantitative and qualitative techniques and examines connections between transportation and land use, principally transit, community transportation, and transit-oriented development (TOD). Past works include: *Eliminating Barriers to TOD*, *Economic Development Benefits of New Transit Service: RiverLINE*, and *The Impact of Demographic Changes in Transit Patterns in New Jersey*, all funded by the NJ DOT Research Bureau; and *An Evaluation of Property Values in New Jersey Transit Villages* funded by the New Jersey Association of Realtors Governmental Research Foundation. She recently completed two projects that examined community transportation and its ability to serve people with disabilities in traveling to work. The first, *A Strategy for Getting People with Disabilities to Work: Supporting NJ County Transportation*, looked closely at the financial underpinnings of New Jersey's county transportation providers as well as national best practices for efficient and effective provision of community transportation. The second, *Connecting to Jobs by Connecting to Transit*, sought to develop, pilot, and refine a transportation orientation program for employment counselors working with people with disabilities. She is the editor of the online publication, NJTOD.org, home to the Transit-Friendly Development Newsletter, sponsored by NJ Transit, and is an advisor to The TOD Line, an online newsletter of TOD in New York and Connecticut. She has taught at Hofstra University, Rutgers University, and the New Jersey Institute of Technology (NJIT). Ms. DiPetrillo holds a BA in Economics and a Master of City and Regional Planning from Rutgers, as well as a Master of Architecture from the NJIT.

### ANDREA LUBIN

Andrea Lubin is a senior research specialist at the Alan M. Voorhees Transportation Center (VTC), Rutgers University, with more than ten years of experience in transportation policy analysis, research, and outreach. She is focused on designing and conducting qualitative and quantitative research that often incorporates primary data collection and analysis through consumer surveys, key informant interview sessions, focus groups, and case study analysis. Her research focuses on access to transportation for disadvantaged populations, including people with disabilities and the elderly. Recent examples of her transportation-equity focused projects include two studies funded by the New Jersey Division of Disability Services and Medicaid Infrastructure Grants (MIG). One effort involved co-creating a travel orientation program for vocational rehabilitation professionals to improve employment outcomes for people with disabilities. The second MIG study examined best practices to help county community transportation providers in New Jersey and beyond in meeting the travel needs of the transportation-disadvantaged. In the recent past, under a Federal Transit Administration grant, Ms. Lubin explored the barriers to transportation encountered by job-seeking New Jerseyans with disabilities. She also facilitated the creation and transfer of an online transportation information resource people with disabilities that has since become a component of the New Jersey human services resource NJ 2-1-1. In

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