



# Five-Year Transportation Plan for the New Jersey Division of Disability Services

## Phase I Findings and Proposed Phase II Work Program

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Prepared for: **Division of Disability Services**  
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Prepared by: **Alan M. Voorhees Transportation Center**  
Edward J. Bloustein School of Planning and  
Public Policy  
Rutgers, The State University of New Jersey

# TABLE OF CONTENTS

<b>Introduction</b>	<b>1</b>
<b>Summary of Findings</b>	<b>1</b>
<b>Proposed Work Plan</b>	<b>8</b>
<b>Appendices</b>	<b>12</b>
National Program Review	12
Summary of New Jersey Paratransit Services	17
Summary of Key Informant Interviews	24
Focus Group Meeting Reports	26
Review of Workfirst NJ Community Transportation Planning Process and Plans	40

## **INTRODUCTION**

In February 2002, the New Jersey Division of Disability Services contracted with the Voorhees Transportation Policy Institute to prepare a work program for developing a five-year transportation plan for the Division. The five-year transportation plan is one element of a federal Medicaid Infrastructure grant obtained by the Division in July 2000. The plan is intended to address transportation barriers for individuals with disabilities desiring to find competitive employment.

The exploratory investigation (hereinafter referred to as Phase I investigation) undertaken in support of developing the work program was intended to assess the planning and policy environment in which the five-year plan will be developed. Phase I tasks included: a preliminary review of national literature on employment transportation of individuals with disabilities, structured interviews, focus groups, a preliminary inventory of paratransit services available in New Jersey, and a data needs assessment. Section 1 of this report summarizes the key findings of the Phase I investigation. Section 2 presents a proposed work program for developing the five-year transportation plan. Detailed documentation in support of the findings is included in Appendices A-E.

The reader should note that the word “paratransit” is used extensively throughout the report and appendices. For the purpose of this report the word paratransit is used both narrowly to refer to New Jersey’s system of county-operated transportation services for seniors and the disabled and more broadly to refer to the larger universe of non-traditional public transportation services.

## **SUMMARY OF FINDINGS**

As previously described, our Phase I investigation involved a variety of tasks, including,

- interviews with sixteen individuals with knowledge of New Jersey’s paratransit system;
- three focus groups – one each with clients, drivers, and vocational rehabilitation counselors;
- a preliminary review of national literature on best practices in paratransit service;
- a preliminary inventory of New Jersey’s county paratransit systems; and
- a preliminary investigation to assess the data resources available to support the planning process.

Our investigation revealed a complex and varied transportation system serving New Jersey’s disabled population. It also revealed a number of intriguing paratransit service models and some interesting insights into the challenges facing clients, operators, planners and administrators involved with the state’s paratransit systems. The following is a summary of key findings from our investigation:

**Existing transit and paratransit services:**

- Transportation services and needs in rural, suburban and urban areas vary widely. At the same time, the transportation needs of clients vary greatly based on disability. Some clients have physical mobility constraints, while others don't. For example, the needs of clients recovering from drug/alcohol addiction is very different from those of an individual who requires a mobility aid such as a wheelchair.
- Expectations relative to the level of service possible from existing paratransit services differ and sometimes conflict. For instance, most county paratransit services and Access Link are curb to curb service, not door-to-door. Disabled clients desire and sometimes expect the system to operate more like a door-to-door taxi service.
- NJ TRANSIT's Access Link provides an important service that promotes independence for individuals with disabilities; however, according to clients, some aspects of the service could be improved. Specific suggestions include:
  - Increase scheduling flexibility and relax cancellation policies/penalties in cases of emergency or unexpected change in circumstances.
  - Permit regular scheduling if services are to be used for a daily commute.
  - Expand the service beyond a shadow route service in places where traditional transit coverage is light (e.g., the southern parts of the state).
  - Expand the ¾ mile service radius and shorten the 40 minute wait time window.
  - Regionalize the reservation system because statewide reservationists do not have an appropriate knowledge of localities.
- Coordination of traditional transit and paratransit services, including NJ TRANSIT bus and rail services, Access Link, county paratransit, municipal services, and private transport options, is severely lacking.
- County-based paratransit systems vary in quality and quantity of service, but are adequate for one-time or infrequent trips (doctors appointments, grocery shopping, etc.). County systems also play a role in providing transportation to sheltered workshops; however, with few exceptions, they are not well-suited to meet the daily transport needs of individuals engaged in competitive employment. Exceptions include Monmouth and Ocean counties which have programs specifically designed to bring disabled individuals to competitive employment. In most counties, however, paratransit systems only operate between the hours of 9 and 3. This makes use of the systems for employment trips very difficult.
- Much of the county-to-county variation in paratransit service relates to the type and amount of funding counties receive. Counties use a variety of funding methods, and these monies often come with conditions as to how they can be spent. The most common source of funding is from casino revenue. Many counties also use Medicaid transportation funds to support paratransit services; however, these funds must be used for non-emergency medical trips. Some counties use federal grants or other external funding sources to support services. Fare box revenue is collected in only a few counties. Where it is, it generally accounts for a very small portion of funding.

- Given the widespread use of Medicaid transportation funds, non-emergency medical trips (generally for seniors) represent the vast majority of all trips taken on county paratransit systems. Most county paratransit systems give priority to medical trips over work trips.
- Perceived and real restrictions on the use of funding for services is a problem especially with municipal services. In addition, inter-jurisdictional cooperation related to providing transportation service across jurisdictional lines is limited. Most county-run services will not cross county lines, making travel difficult.
- Some county paratransit systems have age requirements for travel. This is an impediment to travel for those under 21 years of age and individuals needing to travel with young children to access day-care facilities as part of the trip.
- The personal energy needed to plan trip logistics within the constraints of the current system and the uncertainty of having a way home in case of mid-day emergency discourages some individuals from seeking work and is an impediment to productive work for those who are employed.
- Perceived and real personal safety issues are often cited as an impediment to the use of traditional public transit services; however, this depends largely on the nature of an individual's disability.

**Training and Education:**

- The availability of appropriately trained personnel to assist in the use of accessibility equipment is a problem. In addition, training and education programs for transit and paratransit personnel are needed to increase uniform knowledge of operational procedures.
- Employer education to foster greater employer buy-in to accessibility is needed. For example, employers could provide accessible van pools. It was noted, for illustrative purposes, that the State does not have a lift-equipped van in the motor pool to accommodate business-related travel during the work day. In addition, employer flexibility regarding work-from-home arrangements and flex hours would be helpful.
- More extensive travel training is needed for clients and employment counselors.

**Information exchange and use of technology:**

- There is no central source for transportation information and trip planning assistance for clients, employment counselors or employers. Knowledge of various elements of the transportation system is fragmented. This is true for users and those that counsel users on trip planning. Since there is no single source of information, success in finding transportation often rests with the personal knowledge and contacts of individual counselors.
- A central repository of transportation information is needed. It should encompass both public and private services and could take the form of a website or transportation broker model.

- The use of technology should be expanded. Smart card technology should be utilized to monitor usage and facilitate fare payment. Voice activated ticketing/validating machines and schedules should be available.
- Many scheduling and dispatch systems in use today are outdated and inefficient.

**Best practices and promising models:**

- The national literature on paratransit is wide ranging, covering many different topics and programs. Examples of best practices in paratransit that may have particular relevance in New Jersey include:

Travel Training for clients – People Accessing Community Transportation (PACT), run by the Kennedy Center in Bridgeport, Connecticut, trains individuals with a variety of disabilities to use traditional public transit routes. They offer a hands-on, step-by-step training program. The objective is to transition trainees from paratransit to public transit and give them a greater sense of mobility and independence. The trainees work with a counselor on a one-on-one basis. Trainers assess an individual's travel needs (such as distance traveled, available bus services, and distance from bus stop to destination/origin) and then work with trainees to prepare them to use traditional transit services. In addition, part of the training includes a review of individuals rights under the Americans with Disabilities Act and when and how to advocate for themselves (Easter Seals Project ACTION, 2002).

One-Stop Transportation Centers – In 2001, The Institution For Community Inclusion published a report, entitled *Access for All: A Resource Manual for Meeting the Needs of One-Stop Customers with Disabilities*. The report recommends that One-Stop centers take a lead role in identifying all available transportation options for their clients while also exploring potential sources of funding to support existing and new transportation services. The one-stop center serves as a clearinghouse for transportation information.

Integrating transit and paratransit services – In the mid-1990's, the Suburban Mobility Authority for Transportation (SMART) in Detroit, Michigan developed a sophisticated new system for coordinating fixed-route bus and demand-responsive paratransit services. The new system relies on smaller 28-foot transit vehicles and demand responsive routes, operated by a variety of providers on a contract basis. Local paratransit services are operated to coordinate with and complement fixed-route services that use full-size buses. Using a real-time demand-responsive computer scheduling and dispatching system, clients can book trips more easily and paratransit vehicles can be dispatched more efficiently. The SMART model relies on technology that allows 50 local transportation providers to link up to a centralized computer system and to add their transportation services to the list of options available to potential riders.

Integrating transit and paratransit services – Another example is Tri-Met, the regional transit agency in Portland, Oregon. Tri-Met operates an ADA paratransit service that also serves social service agency trips, including Medicaid non-emergency transportation. They use a brokerage model of coordinated

transportation and multi-modal trip planning, with the objective of minimizing trip cost. Trips can still be tailored to the individual's needs and door-to-door service (instead of curb-to-curb) is available at an extra charge.

- In New Jersey, Monmouth, Hunterdon, Warren and Sussex counties provide innovative paratransit services.

Monmouth County offers a transportation brokerage service that matches client needs with the most appropriate available service and assist with trip planning and scheduling.

Hunterdon County has an internal bus loop called the "Link," which provides service to key employment centers in the county, including Flemington. In addition, the county is in the process of implementing a "buses to business" pilot program, which will use off-duty school buses, equipped with advancing tracking technology to provide paratransit service and hopefully fill in gaps in the existing county system.

Warren and Sussex counties operate a number of new services funded through the federal Job Access Reverse Commute program. These services provide shuttle buses to a variety of employment destinations. The counties also operate a modified fixed route shuttle serving employment destinations in and around Phillipsburg. The shuttle operates from 6 a.m. to 6 p.m. on weekdays.

#### **Workfirst New Jersey (WFNJ) Community Transportation Planning Project:**

- The WFNJ planning effort undertaken by NJ TRANSIT, DHS and sister agencies in the late 1990's was perceived by many as a success, especially for bringing transportation providers, human service providers, employment counselors, and community organizations to the table to discuss transportation issues.
- The WFNJ planning approach can serve as a model for developing the five-year transportation plan. Furthermore the integration of plans with the current effort can be used as a building block for moving toward a more holistic and seamless transportation system.
- While the WFNJ community transportation plans will provide a sound foundation on which to build, if the plans are to be used to support the DDS transportation planning process, a number of issues will need to be addressed,
  1. The basic demographic information contained in the plans is drawn from the 1990 Census. This data should be updated as Census 2000 data becomes available.
  2. The mapping of the "transit dependent population" is based on Census data. Such data are drawn from a sampling of the population, not an actual enumeration. To the extent feasible address data should be used to map client locations.
  3. The evaluation of available transit services is fairly comprehensive, and can be used as a starting point for the five-year plan. Fixed-route service is mapped, but other transportation is only described in the report narrative. At

some point, all possible transportation services should be mapped, so we can clearly illustrate service gaps.

4. Major employers in each county were identified and mapped. This data will need to be updated.
5. Specific solutions to meet transportation gaps were presented in the reports. Some of these proposals are specific to WFNJ clients' needs, but most seek to address a service gap for any transit-dependent population. The status of these recommendations in each county should be reviewed, tracked and supplemented as part of the planning process.

### **Employer and client location data:**

- Employer location data is available from a variety of sources. Each data source has limitations; however there appear to be three promising options for obtaining the data needed to support spatial analysis. The data sources and a brief description of data limitations are presented below.

Dun and Bradstreet “Million Dollar Database” This database includes all companies with more than 100 employees or sales greater than \$5 million. There are just over 12,000 firm records for the state of New Jersey. This database is currently licensed to Rutgers University for research purposes. A sample of the database, for Mercer County, was downloaded, and addresses geocoded using GIS software. On the first pass, 75 percent of the 567 firms in the county were successfully mapped. The remaining unmatched records could likely be matched with a moderate amount of additional effort. While the D&B database has good addresses, it only represents a subset of employers in the state.

Unemployment Insurance database (ES202) from NJ Department of Labor – The Department of Labor (ES202) database could be obtained at low or no cost. ES202 data is generated from records of unemployment insurance contributions. The database is assumed to provide data on most jobs in the state; however, ES202 data has some notable limitations. The most significant limitation is known problems with inaccurate or imprecise address data reported by employers and with the misallocation of employees from multiple branch locations to headquarters locations. There are ways to address these issues, but procedures are time consuming.

InfoUSA database – This private, for purchase database includes records for approximately 332,000 businesses in New Jersey. As such, the InfoUSA database would also contain data on all jobs within the state. The company claims to verify addresses for all their records on a regular basis, so address matching should be successful. Review of sample data indicates that the establishment / headquarters issues found in ES202 data have been resolved. InfoUSA currently provides the data for the New Jersey Department of Labor WNJPIN Employers web site, which suggests that the data would be sufficient for our analysis. The “retail” price quoted for acquiring the database was approximately \$46,000.



- There is no single, comprehensive data source for location information on individuals in the state qualifying as “disabled,” under state and federal laws. Despite the lack of a single comprehensive database, preliminary research revealed a number of promising datasets that could be used to support a spatial analysis of where individuals with disabilities reside in New Jersey in relation to jobs and existing transportation services. In addition, there are also a number of community-based organizations that maintain databases that could be used to supplement administrative data sources. The following table summarizes potential data sources.

**Table 1. Potential Administrative Data Sources**

Name of Data Base	Location/Owner	Content
Vocational Rehabilitation Management Information System	New Jersey Department of Labor/Division of Vocational Rehabilitation (DVR)	The primary source of data about clients of the DVR living in the State of New Jersey.
Commission for the Blind and Visually Impaired Management Information System	New Jersey Department of Human Services/Commission for the Blind and Visually Impaired (CBVI)	The primary source of data about clients of the CBVI living in the State of New Jersey
Medicaid Management Information System (MMIS) Medicaid General System Medicaid Eligibility Database	New Jersey Department of Human Services/Division of Medical Assistance and Health Services (DMAHS)	Provides data to monitor and administer various programs including Medicaid, Pharmaceutical Assistance to the Aged and Disabled. The NJ MMIS consists of a database depicting over 50,000 providers and over 1 million beneficiaries. The general description of data includes: case information, recipient information, eligibility information, claim information, provider information, and Medicaid extension information.
Client Management Information System (CMIS)	New Jersey Department of Human Services/Division of Developmental Disabilities (DDD)	The primary source of information about consumers of DDD services living in the community. Staff from the four DDD community services offices maintain the data.
New Jersey State Income Tax Taxation Database	New Jersey Department of Treasury/Division of Taxation	The primary source of data about New Jersey state income tax filers. NJ Tax Form 1040 gathers data on individuals who request an exemption for being age 65 or older (line 7) and for being blind and disabled (line 8).
Social Security Income (SSI) and Social Security Disability Income (SSDI) systems	US Government/Social Security Administration	The primary source of data about beneficiaries of SSI and SSDI. SSI is a federal income maintenance program for people with disabilities who have generally not participated in the workforce. SSDI is a federal benefit program to individuals who are unable to continue working as a result of a mental or physical disability. The federal 'Ticket to Work' program is designed for this population.

## **PROPOSED PHASE II WORK PLAN**

The following work plan was developed based on the findings of our Phase I investigation. It is intended as a starting point for discussions with Division of Disabilities Services staff.

### ***TASK 1: DEVELOP A TYPOLOGY OF TRANSPORTATION NEEDS***

The project team will perform a comprehensive transportation needs assessment. This assessment will be based on a variety of inputs, including, but not limited to, past planning efforts conducted by the NJDHS, NJTRANSIT and other agencies, focus groups and interviews conducted as part of Phase 1 activities, and survey research conducted by Rutgers University under separate contract with DD. The needs assessment will be organized into a multi-dimensional typology of trip needs, based on disability type, trip purpose, travel mode options, time of day and region of the state.

***Task 1.1: Regional Meetings.*** Building on the findings of Phase 1 activities and to facilitate a comprehensive understanding of transportation demand in different regions of the state, the project team will conduct a series of regional client focus groups. To the maximum extent feasible the regional meetings will be organized to coincide with the analysis regions assumed for survey research purposes (e.g., Primary Metropolitan Statistical Areas (PMSAs)). In addition, every effort will be made to ensure participant representation from each county and that individuals with a variety of disabilities are represented. The meetings will probe participants about modes of transportation utilized and trip characteristics such as trip purpose, time of travel and quality of experience.

***Task 1.2: Internet Outreach.*** As a supplement to the in-person focus group meetings, the project team will utilize one or more on-line bulletin boards to solicit input from clients, who are unable to attend the meetings. The on-line bulletin boards or virtual focus groups will be moderated, structured to solicit input on specific topics and time-limited (e.g., one topic a day for 4 days).

***Task 1.3: Coordination with survey research team.*** The project team will coordinate with the survey research team headed by Monroe Berkowitz, to ensure that appropriate transportation-related data and information is collected.

***Deliverables:*** Meeting documentation from each focus group and a report summarizing the results of the client outreach.

### ***TASK 2: INVENTORY TRANSPORTATION SERVICES AND DOCUMENT TRANSPORTATION DELIVERY SYSTEM***

Building on previous studies and the preliminary inventory of transportation services conducted as part of Phase 1 activities (see Appendix B), the project team will prepare a comprehensive inventory of transportation services available for individuals with disabilities in New Jersey. The inventory will be county-based and will include municipal, county, inter-county, regional, and statewide transportation services provided by the public, private and nonprofit sectors. To the maximum extent practicable, the inventory of services will be mapped spatially, to facilitate an understanding of service density and coverage. As stated above, previous studies, including WFNJ community transportation planning documents and databases will be utilized as a starting point for this effort (see Appendix E).

**Deliverable:** A database and summary matrix of available services and detailed maps depicting the variety and extent of transport options in each county.

### ***TASK 3: PREPARE DATA FOR SPATIAL ANALYSIS***

The project team will utilize existing data sources to compile a client address and employer address database to support an analysis of the geographic relationships between where individuals with disabilities reside, the location of employment opportunities, and available transportation services, as described in Task 4. Strict confidentiality procedures will be utilized throughout database development and analysis to ensure individual privacy.

**Task 3.1: Client data.** The project team will compile client address data from a variety of existing sources, including but not limited to those described in Table 1 above (see Summary of Findings). Individual datasets will be compiled into a single client database, duplicate records will be eliminated and the data will be mapped using geographic information system (GIS) software.

**Task 3.2: Employer Data.** The project team will obtain/compile address data for New Jersey employers. In consultation with the DDS staff, the project team will select from one of the following three options for obtaining employer data: 1) Dun and Bradstreet “Million Dollar Database,” Unemployment Insurance database (ES202); or InfoUSA database. The specific limitations of each data source are explained above (see Summary of Findings).

**Deliverable:** Client database, employer database, employer and client maps for each county.

### ***TASK 4: CONDUCT SERVICE GAPS AND DEFICIENCY ASSESSMENT***

Using the findings and data products from Tasks 1-3 the project team will perform a critical assessment of available transportation services for individuals with disabilities in the context of client and employer locations. While the emphasis of the assessment will be on employment transportation, transportation services for other daily needs will also be considered. The purpose of this assessment is to identify service gaps, including overall access to transportation by mode, hours of operation, scheduling requirements and service quality.

**Task 4.1: Spatial Analysis.** A spatial analysis of employment locations, transportation service, and client locations will be performed. This spatial analysis, similar to the assessment done for the WFNJ community transportation planning initiative, will spatially illustrate gaps in transportation service.

**Task 4.2: Qualitative Analysis.** The spatial analysis will be supplemented with a service quality assessment from the client perspective. Phase I input and input received from the regional focus groups will be used to document service quality issues.

**Deliverable:** Composite maps illustrating the spatial relationship between employment locations, transportation services and client locations for each county, and a detailed written report on service gaps and deficiencies.

***TASK 5: CONDUCT LEGISLATIVE, PROGRAMMATIC, AND INSTITUTIONAL BARRIERS ANALYSIS***

The project team will conduct an analysis of legislative, programmatic, and institutional barriers to service changes and/or reform. The analysis will include, at a minimum, a review of the following:

- Eligibility requirements/restrictions for using various services (e.g., age restrictions);
- Policies and procedures guiding the operation of services (e.g., priority for certain trips); and
- Real and perceived restrictions on the use of transportation funds and vehicles for exclusive or narrowly defined purposes.

***Deliverable:*** Report summarizing findings from the barriers analysis.

***TASK 6: EXPLORE NEW SERVICE DELIVERY MODELS***

The project team will critically assess the current systems used to deliver paratransit services in New Jersey. In addition, the team will perform a comprehensive national literature review of best practices in paratransit service delivery. From this review, the team will identify up to five models that hold promise for application in the New Jersey Context. These five models will be investigated and documented in detail. Examples of best practices might include: systems for better integrating paratransit and transit services such as the SMART model in suburban Detroit; more widespread use of taxi infrastructure; equity-based fare structures that support expansion of available services; and real-time vehicle tracking, trip scheduling and dispatching.

***Deliverable:*** Report summarizing findings from the investigation and case-study documentation of the 5 models selected for detailed investigation.

***TASK 7: PREPARE FIVE-YEAR TRANSPORTATION ACTION AGENDA***

Using the work products from Tasks 1-8, the project team will work with DDS staff and the Transportation Work Group to develop a Five-year Transportation Action Agenda for the Division. The action agenda will include recommendations regarding legislative, programmatic and policy changes needed to enhance and expand transportation services for individuals with disabilities seeking to gain competitive employment. In addition, all work products will be integrated into a summary document to accompany the action agenda.

***OPTIONAL TASKS FOR DISCUSSION:***

1. Create a web-based information clearinghouse
2. Develop a training and education program for transit personnel, clients and employment counselors.

**LIST OF APPENDICES:**

Appendix A – National Program Review

Appendix B – Summary of New Jersey Paratransit Services

Appendix C – Documentation of key informant interviews

Appendix D – Focus Group Meeting Reports

Appendix E – Review of Workfirst New Jersey community transportation planning initiative

## **APPENDIX A**

### **NATIONAL PROGRAM REVIEW**

#### **Introduction**

The national literature on paratransit is wide ranging, covering many different topics and programs. We have selected the studies below to illustrate a range of issues faced in the provision of paratransit services. The first two studies address important current topics, the role of Medicaid funding and the need for travel training. The third study focuses on the provision of one-stop consultation about the availability of transportation services, while the fourth and fifth argue for service integration. These studies were selected to illuminate specific techniques and general recommendations about the provision of paratransit services and are drawn from experiences around the nation.

#### **The Medicaid Perspective**

Non-emergency medical trips are one of the most extensive uses of the paratransit system, so adequately accommodating and paying for them has become a primary focus for providers. Medicaid pays for many such trips. A 1998 report, *Designing and Operating Cost-Effective Medicaid Non-Emergency Transportation Systems: A Guide for State Medicaid Agencies*, suggests strategies for effective Medicaid Non-Emergency Transportation (NET) program management (American Public Welfare Association, 1998). These include:

- Use of transportation brokers -- States should contract with brokers statewide or for certain areas. These brokers will enroll and pay providers, determine and authorize the most appropriate type of transportation service for each client, including notifying the client of the scheduling of rides, and will then contract out the actual services to other companies.
- Restriction on the number of providers -- Limiting the number of providers competing for state contracts lowers administrative costs and makes the individual providers more accountable.
- Coordination among human services providers -- Agencies can cut costs if they coordinate public transit and paratransit with transportation services offered by Medicaid, Head Start programs, services for the aging, and others. (American Public Welfare Association, 1998, p. 4)

The report notes that Medicaid cannot fund welfare-to-work needs, but vehicles provided for Medicaid trips could be used for both work and medical purposes. For transportation to and from Medicaid covered services, some states now restrict Medicaid NET coverage to services that the agency actually funds. Other states allow for provision of transportation to services that could be paid for by the agency, even when they are aware that another agency will cover the costs (American Public Welfare Association, 1998, p. 8).

#### **Travel Training and Project ACTION**

To deliver more effective transportation resources to consumers, providers must not only make their services work better, but should also instruct passengers on how to use the system to their greatest advantage. Easter Seals Project ACTION, a federally sponsored research

organization focusing on issues of paratransit services for people with disabilities, has proposed travel training as an important program for integrating paratransit users into the mainstream public transit system (Easter Seals Project ACTION, 2002).

People Accessing Community Transportation (PACT), run by the Kennedy Center in Bridgeport, trains people with a variety of disabilities on the use of regular public transit routes with a hands-on step-by-step method. The objective is to transition these trainees from paratransit to public transit and give them a greater sense of mobility and independence. The trainees work with a counselor on a one-on-one basis. The trainer first assesses the individual's travel needs (such as distance traveled, available bus services, and distance from bus stop to destination/origin) and then works with the trainee to prepare them to use the bus service. On average, 12 hours of training are required for the average candidate and 90 percent of trainees reported they are still riding the bus independently three months after training. Formal follow-up of these trainees initially occurs at one and three-month intervals in order to ensure that individuals are using the system properly. As part of their training, participants learn about their rights under the ADA and when they need to advocate for themselves. "The PACT training goal is self-sufficiency." (Easter Seals Project ACTION, 2002) The program was developed with Project ACTION funding and is still in operation today.

Easter Seals Project ACTION also published a Mobility Planning Services Toolkit (MPS) designed to guide local authorities in understanding ADA regulations and developing local paratransit operations. The full document is available on the Project ACTION website. MPS attempts to improve accessible transportation and mobility for people with disabilities "through a philosophy that empowers these individuals to maximize their use of all appropriate transportation options." (Easter Seals Project ACTION, 2002, *Mobility Planning Services Toolkit*, p. 3) The MPS system can be administered jointly by transportation providers, disability advocacy and service organizations, and individuals with disabilities (Easter Seals Project ACTION, 2002, *Mobility Planning Services Toolkit*, p. 3).

Project ACTION reports focus on the provision of paratransit services to the individual. For paratransit to be more effective, the users of the system should be comfortable with the system and willing to depend on it for their daily transportation. This human element of individual training is often missed in studies that focus on the efficiencies of various paratransit options.

#### One-Stop Transportation Centers

Much paratransit provision and counseling does not occur in isolation, but happens in conjunction with training and advice on employment and many other life activities. The Institution For Community Inclusion published a report, called *Access for All: A Resource Manual for Meeting the Needs of One-Stop Customers with Disabilities* (2001). This wide-ranging report includes a section on transportation issues, suggesting that transportation as "one of the most significant barriers to employment for people with disabilities who don't drive." (Institution For Community Inclusion, 2001, p. 284) "One-Stop" centers are proposed that would provide many varied services to people with disabilities.

The report recommends that One-Stop centers take a lead role in identifying all available transportation options for their clients while also exploring potential sources of funding. Two examples are the creation of joint disabilities/welfare-to-work transit services or the use

of Social Security Work Incentives to help offset the costs of transportation. Two specific Social Security incentives are identified as potential sources (Institution For Community Inclusion, 2001, p. 287).

- Plan for Achieving Self-Support (PASS)-- These incentives can be used by people receiving Supplemental Security Income to subsidize:
  - Hiring of private or commercial carriers
  - Lease, rental, or purchase of private vehicle and related fees
  - Public transit and common carriers
- Impairment Related Work Expense (IRWE)- These funds can be used to subsidize:
  - Cost of structural or operational modifications to a vehicle that the person needs to drive to work, even if the vehicle is also used for non-work purposes
  - Cost of driver assistance or taxicabs where unimpaired individuals in the community do not generally require such special transportation
  - Mileage expenses for an approved vehicle at a rate determined by the Social Security Administration. Only travel related to employment can be reimbursed

By reviewing and using available fiscal and transportation resources, agencies and One-Stop centers can serve as a clearinghouse of paratransit information.

#### Integrating Systems – The SMART Case Study

Paratransit systems should strive for integration into the general transportation system of the region. Systems need to be regional to effectively serve clients, and while paratransit serves a specific niche in the region, there is also significant overlap with traditional transit roles. In the mid-1990's, the Suburban Mobility Authority for Transportation (SMART) in the Detroit area developed a sophisticated new system for coordinating fixed-route bus and demand-responsive paratransit services (Bogren, 1995). The new system relies on smaller 28-foot transit vehicles and demand responsive routes to complement fixed-route services that use full-sized buses. Using a real-time demand-responsive computer scheduling and dispatching system, clients could book trips and paratransit vehicles could be dispatched more easily. This system offers a technology that allows 50 remote transportation providers to link up to the computer system and to add their private transportation services to the list of options available to each client. Transit users looking to schedule a trip can see a complete description of all transportation options available to them instead of just the services offered by one transit provider.

The routes that were converted to demand-response have also been popular and are run like a dial-a-ride service, except that there is no advanced notice deadline for reservations. Some routes maintain a time schedule, to the degree possible, across a highly flexible route, while others simply operate door-to-door as needed. Employers have worked with SMART on issues such as schedule adjustments to get employees to work at the correct times. The agency has also taken the lead in working with job placement organizations to promote the transit system to potential employees.

SMART also launched separate programs designed to help people find jobs along fixed-route bus lines and to help the newly employed get to work using transit. Fixed routes were



adjusted to better serve new suburban job centers. Ridership improved dramatically as a result. A large marketing campaign accompanied these service improvements and Detroit's largest radio station even began announcing job openings and the bus line that an employee would use to access these jobs (Community Transportation Association of America, 2001).

SMART, as a transit provider, is largely concerned with improving the supply of transportation services. Their approach has been to look at the services they provide, and to determine how to alter them to serve their passengers more effectively. SMART realized that only through a broad multiphase effort -- coordination, better information, and restructured routes -- could the system be improved. Their innovative changes serve as an intriguing model for other paratransit providers.

#### Integrating Systems- An Overview

The transit system in this country is quite fragmented, and paratransit is no less so. Often separated among health services providers, transit systems, non-profits and many other varieties of agencies, the paratransit system is often less than the sum of its parts. By reintegrating these varied services, through increased coordination and communication, similar needs can be met, while the system becomes more understandable for both the clients and the providers. In April 1997, the Transit Cooperative Research Program published an article called "Integrating Americans with Disabilities Act Paratransit Services and Health and Human Services (HHS) Transportation" (*Research Results Digest*, 1997). The article explores the impacts of ADA paratransit requirements on public and human services transit operations and analyzes several coordination models. Many seniors who formerly used paratransit services in great numbers in the pre-ADA era were no longer eligible under ADA. This is due in part to strict ADA eligibility requirements, but is chiefly caused by a lack of federal ADA transportation funding resources (*Research Results Digest*, 1997, p. 3).

The article discusses the potential for coordinating paratransit and HHS services, and defines coordination as "cooperative arrangements between transportation providers and organizations needing transportation services, which improves mobility by improving the effectiveness and efficiency of community transportation." (*Research Results Digest*, 1997, p. 4) Coordination benefits transit providers in that it "reduces duplication and fragmentation of services, improves program oversight and administration, service quality, and reduces costs." (*Research Results Digest*, 1997, p. 4)

In 1997, most states had voluntary coordination agreements in the HHS arena while only 16 (including New Jersey) mandated coordination through state legislation or gubernatorial executive orders. One example of state-level coordination is Florida where a state commission was created to fully coordinate the transportation funds and services of all 67 counties. Costs are reduced by expense pooling and grouping of trips, and a variety of participating agencies contribute to the commission's operating budget. The commission is also financed by a percentage of all public sector block grants and by revenue from the sale of handicapped parking permits and automobile license fees (*Research Results Digest*, 1997, p. 7).

Tri-Met, in Portland, Oregon, operates an ADA paratransit service that also serves social service agency trips, including Medicaid non-emergency transportation. They use a brokerage model of coordinated transportation and multi-modal trip planning, with the objective of minimizing trip cost. Trips can still be tailored to the individual's needs and

door-to-door service (instead of curb-to-curb) is available at an extra charge. Tidewater Transportation District in Norfolk, Virginia, also has used a successful brokerage coordination model. One-third of all trips, formerly handled by the District, were being provided through local agency contracts (*Research Results Digest*, 1997, p. 8).

## Conclusion

This report on selected paratransit systems and issues highlights the complexity of the problems facing human services agencies dealing with the provision of transportation services. For any system, there are choices to be made from a menu of types of service options, such as fixed route, door-to-door, etc., as well as days and hours of operation, service areas, and integration levels with other providers. There are a variety of user needs in terms of mobility limitations, trip purposes and destinations, and times of travel. Early paratransit systems often were ad hoc, created in isolation with corollary inefficiencies. Today increased coordination among systems is essential. Beyond coordination there is also the need to focus on more traditional transportation planning endeavors, such as revising routes and headways and assessing vehicle needs. Finally, the central focus must be on the consumers of transportation services, providing the highest level of care possible.

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## **APPENDIX B**

### **SUMMARY OF NEW JERSEY PARATRANSIT SERVICES**

#### ***Introduction***

Transportation service across New Jersey varies greatly. Fixed route rail and bus service is extensive in northern urban and suburban regions, with less overall service in the southern and rural parts of the state. Outside urbanized areas, county paratransit systems meet some, but clearly not all, transportation needs. However, paratransit in New Jersey is decentralized, with widely varying levels and quality depending on location. In addition, the level of service coordination between statewide paratransit services (Access Link), county paratransit systems, and municipal systems varies widely. Each component of existing paratransit services is discussed in more detail below, with a focus on the needs of the disabled community engaged in competitive employment.

#### ***New Jersey Transit***

New Jersey Transit is the nation's only statewide transit provider. Created by the New Jersey State Legislature in 1979 to "acquire, operate and contract for transportation service in the public interest," the public corporation began operation in 1980 with the acquisition of Transport of New Jersey, the state's largest private bus operator. NJ TRANSIT currently operates approximately 150 bus routes. Private companies operate an additional 24 public bus routes. These routes are divided into two major types – local and commuter. All local buses operated by NJ TRANSIT are accessible to passengers with mobility limitations. The commuter routes, which travel to New York, Philadelphia or Newark, require advance reservations for an accessible vehicle to be provided.

NJ TRANSIT has been operating passenger rail service since 1983. The rail system consists of eight commuter routes with 151 stations. Approximately 1/3 of the stations are accessible to individuals with disabilities (NJ TRANSIT Guide to Accessible Services, 1). In addition, NJ TRANSIT's Hudson-Bergen Light Rail line is fully accessible and its South Jersey Light Rail line, currently under construction between Camden and Trenton, will also be fully accessible.

#### ***Access Link***

New Jersey Transit, like most transportation providers across the nation, has made significant progress in complying with the Americans with Disabilities Act of 1990 (ADA). This task was accomplished largely through the purchase of more accessible vehicles, equipped with wheelchair lifts and kneeling devices, modifications to station facilities, as well as, improved training for employees that placed increased emphasis on equipment usage, public address announcements, and sensitivity.

ADA requires public transportation systems to provide comparable paratransit service for passengers who cannot use traditional vehicles. To meet this requirement, NJ TRANSIT created Access Link, a statewide paratransit service that operates as a "shadow" service for NJ TRANSIT's fixed-route buses. The system operates on a paid basis, with routes, hours of operation, and fares comparable to the standard bus network.

Eligibility for Access Link is restricted and requires an in-person interview at a designated “Assessment Agency” office. To be eligible passengers must have a disability of a nature that precludes use of the public bus network. Certification is based on the following factors:

- Impact of a disability on the passenger’s ability to navigate the bus system independently;
- Availability of appropriate accessible features on the existing bus system; and
- Impact of the passenger’s disability combined with the environment that prevents the passenger from getting to and from a bus stop.

Assessment also includes completion of a medical verification form. NJ TRANSIT must make a decision as to eligibility within 21 days of receipt of this information or a person is “presumed eligible.” Visitors to the state who are ADA eligible must apply for a temporary 21-day Access Link pass to be able to use the system. Also eligible are personal assistants of certified passengers, who ride at no charge.

Access Link operates within designated route shadows, picking up and dropping off passengers in areas no greater than  $\frac{3}{4}$  of a mile from traditional bus routes. There are over one hundred designated routes in total, operating in every county in the state. The system operates on an appointment basis, with reservations required at least one day in advance. Vehicles may arrive at a pick-up point as much as twenty minutes before or after the desired pick-up time, creating a forty-minute window within which the vehicle might arrive. There is no restriction or prioritization on the types of trips that can be made as long as they are within a  $\frac{3}{4}$  mile radius of regular bus routes. Since the system is based on traditional bus routes, transfers between vehicles may be required. Passengers must make reservations in both directions and the pick-up time for return trip must be at least 90 minutes after initial pick-up time. Standing orders—requests made once for trips that will be repeated at least once a week, but not more than once daily—are allowed.

### ***County Transportation Systems***

Each county in New Jersey operates its own paratransit system. Service varies widely across counties in terms of area covered, hours of service, types of service and reservation requirements. The paratransit operators in each of New Jersey’s twenty-one counties was surveyed regarding types of service provided, funding sources used, and service availability at different times of day. The results of this investigation are presented below. Use of the county systems for work trips is highlighted.

### **Types of Service**

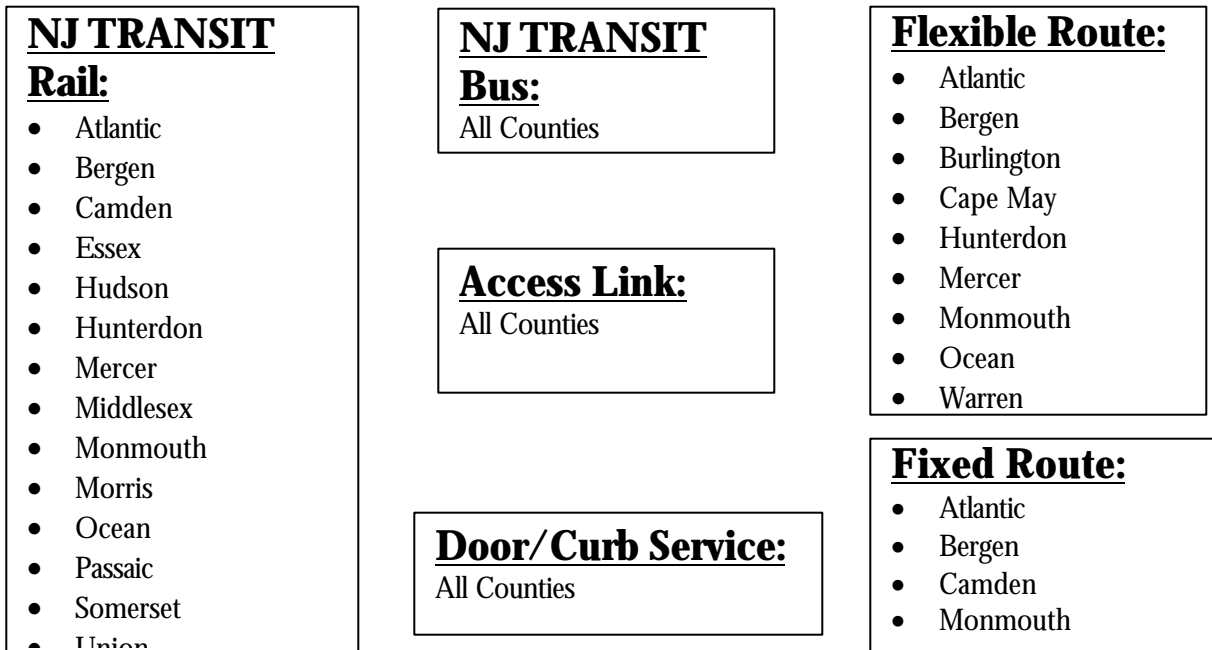
County paratransit systems provide a variety of services to passengers with disabilities. Each county in the state provides some type of door-to-door or curb-to-curb transportation by appointment. The systems generally require an advance appointment, and trip purposes may be limited. While not common, some counties offer fixed or flexible route systems, comparable to NJ TRANSIT bus service or Access Link.

Most county systems operating demand-response services require advance reservations, and a scheduling and dispatching procedure. Demand-responsive systems respond well to occasional requests, serving a dispersed population traveling to a variety of different locations; however, variation in routing, trip times and scheduling requirements can make these systems inappropriate for regularly scheduled daily work trips. County demand-

responsive systems may not allow or encourage scheduled work trips. Fixed and flexible route systems running on published schedules are more structurally appropriate for work trips, but the limited geographic coverage of such systems limit their use for accessing jobs not proximate to a transit route. Thus, for work trips on paratransit, consumers often are dependent on NJ TRANSIT's various options, be it traditional bus, rail or Access Link, though these options often have many of the same problems as the county's fixed or flexible route systems.

Even when users can use paratransit to travel to work, there are issues that limit the use and effectiveness of the systems. The variety of locations that can be reached is often constrained, and systems often stop at county boundaries. This causes critical physical and information disconnects in the overall system from a users' perspective. Often there is no single place users can go to get information about all available transportation options. Unfortunately some service limitations are characteristics of the type of paratransit being offered. For example, any demand-responsive system requires a time window for pick up, and it is inevitable that sometimes the vehicle will not arrive in the given window. However, other issues affecting demand-responsive services are solvable. Problems such as the fear of being left stranded in case of a family emergency, or being unable to travel with children, can be mitigated by means of a guaranteed ride home program or changing the eligibility requirements.

Figure 1 outlines the variety of paratransit services offered by county. The reader is cautioned that this is preliminary information gathered from interviews and is subject to change.

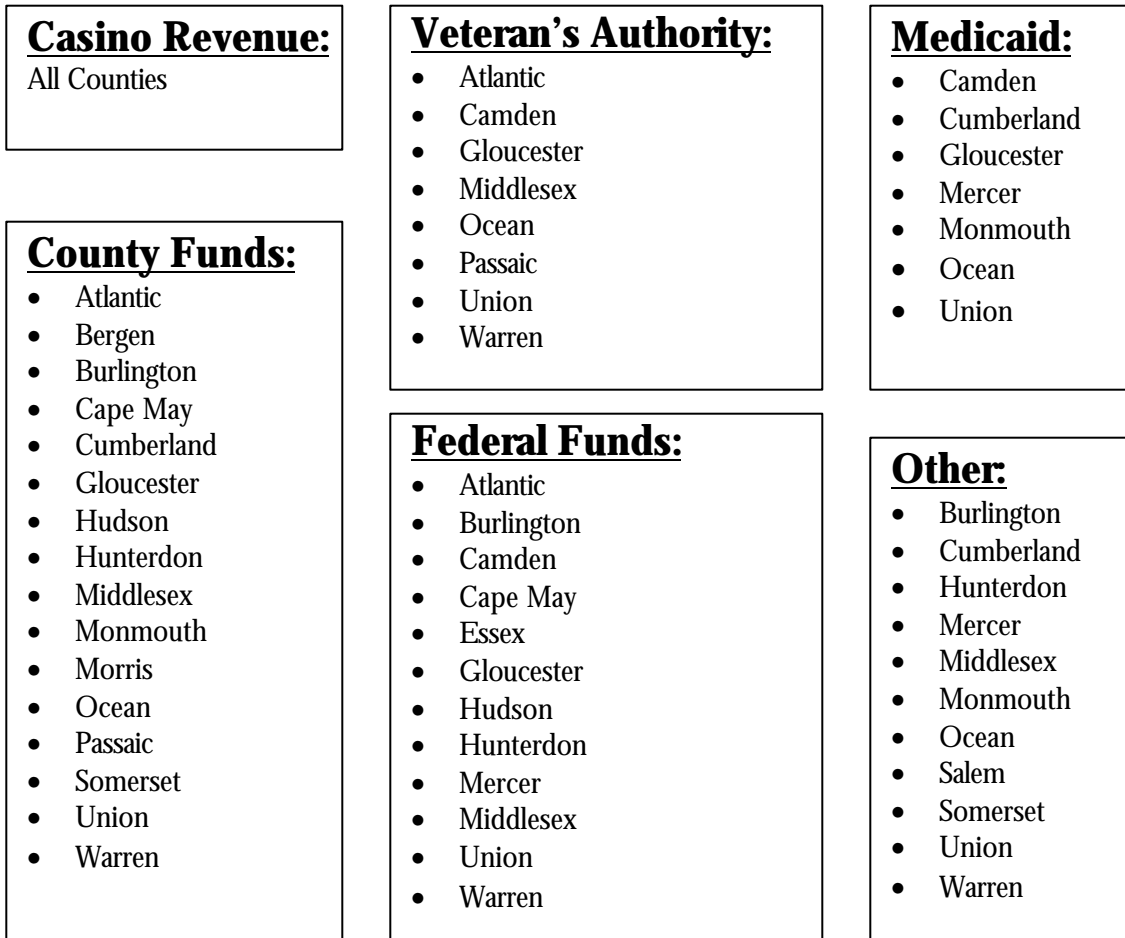


**Figure 1 – Paratransit and Transit Services by County (Preliminary Data)**

Funding

Much of the county-to-county variation in paratransit service relates to the type and amount of funding counties receive. Counties use a variety of funding methods, and these monies often come with conditions as to how they can be spent (Figure 2). The most common source of funding is casino revenue. Currently, each casino is taxed 8 percent of its gross revenue, which goes into the Casino Revenue Fund. The fund is administered by the state. Six percent of Casino Revenue funds is earmarked for transportation programs for the elderly and disabled. Currently this totals nearly \$25 million dollars a year. These set-aside funds are allocated to counties based on a formula. While these funds must be spent to provide transportation services to seniors and the disabled, there are few other restrictions on how the funds can be used. Unfortunately, these monies alone are insufficient to support viable county systems, and other funding sources typically are sought.

Many counties also use Medicaid transportation funds to support paratransit services. These monies must be used for non-emergency medical or dialysis trips, leaving work trips to be funded out of other county sources. While the nature and extent of employment transportation funding varies by county, Medicaid funded non-emergency medical trips are regulated strictly by the state. Medicaid only pays for trips to services



**Figure 2 – Sources of Revenue, County Paratransit Systems (Preliminary Data)**

for which it is fiscally responsible, and even then, is the payer of last resort. In 19 of the 21 counties in New Jersey, there is a hierarchy of preferred modes for Medicaid trips, from the most preferred option of public transit to mileage reimbursement, private services, and finally county-owned vehicles. In the urban counties of Essex and Hudson, however, the state permits the utilization of curb-to-curb van or livery service with approved operators.

Counties vary in the levels of funding to paratransit and transportation in general, and can choose to allocate casino revenue funds for a variety of different services. Federal grants, or other external funding sources, provide additional funding in some counties. Fare box revenue is collected in only a few counties. Where it is, it generally accounts for a very small portion of total revenues.

Service Availability

One of the major limitations of paratransit service is the generally limited times in which it operates (Figure 3). Every county provides service during weekday business hours, but beyond that, service is infrequent if at all. Counties in italics offer only limited service in the given time frame. Only Middlesex County offers some service in all of the possible time frames, and most counties offer service in only one or two.

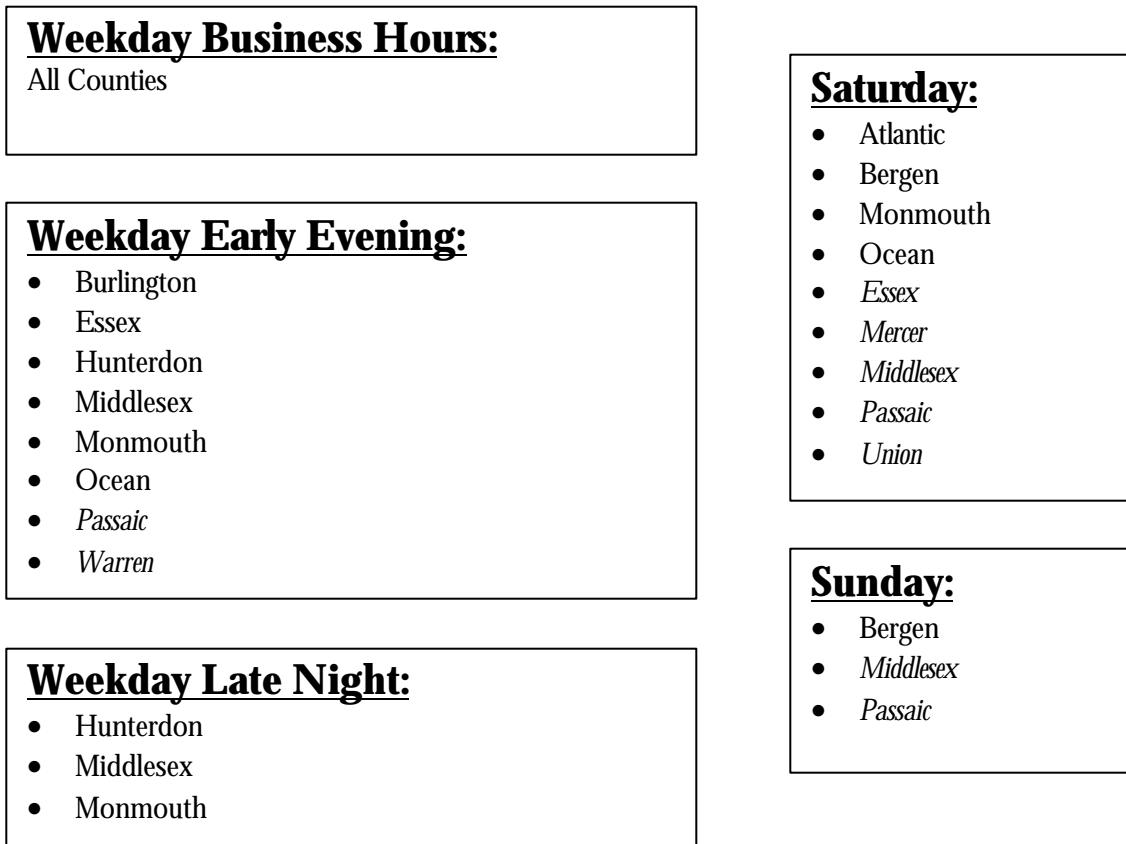


Figure 3 – Hours of Operation, County Paratransit Systems (Preliminary Data)

### Profile of Monmouth County

Some counties have been quite successful at offering a variety of transportation services to their residents, making travel simpler and more flexible. Among the most successful of these counties is Monmouth. In addition to NJ TRANSIT-operated Access Link, the county provides five separate paratransit services.

- SCAT- The county's own transit service which operates mid-day fixed-route services between Aberdeen and the bay shore communities. It also provides complimentary ADA-compliant paratransit service for these routes and routes operated under contract to Jamison and Son Bus Company. The system operates with a transfer hub in the county seat of Freehold.
- Monmouth County Brokered Employment Transportation Services (MCBETS)- Established for people with disabilities who are engaging in first time or new competitive employment. It complements existing transit service by providing feeder service to existing systems, or where existing service is not available, provides rides from work to home within a reasonable distance. This service operates across county lines and serves destinations in Monmouth, Atlantic, and Middlesex counties. The service operates from 6 a.m. to midnight and eligible trips include employment training, and work trips after employment begins, with a subsidy that decreases each year a person is employed.
- Medicaid - The county provides service for two divisions of the Medicaid service area, including the Long Branch and Freehold areas. Service is provided for AIDS patients, dialysis, and other non-emergency medical treatments. Reservations must be made twenty four hours in advance.
- Work First NJ- This service operates in a similar fashion to the MCBETS service. Available to participants in the Work First New Jersey program employed or in eligible work activities. Service is available twenty four hours a day Monday-Sunday.
- Shared Ride- Available to seniors and people with disabilities, this service requires reservations twenty four hours in advance and provides multiple-destination service within the service area. It is available from 8 a.m. to 4 p.m. four days a week and evenings one day a week.

In addition to providing extensive paratransit service, Monmouth County has also made transportation for the elderly and disabled a high priority in the planning process. Several efforts recently have been initiated to make the traditional transit and paratransit systems work better for disabled and elderly users. The goal is to improve routing, payment, and eligibility requirements to better serve those who utilize the system for both work and non-work trips.

### **Conclusion**

Access Link and county systems are the key components of New Jersey's public paratransit system. While both are critical elements of the overall system, they serve fundamentally different purposes. Access Link operates similar to a traditional transit service providing for



curb-to-curb service within  $\frac{3}{4}$  mile of an existing bus route. Because NJ TRANSIT operates its bus routes based on economic, population and ridership considerations, some areas of the state will be underserved or not served at all. Access Link coverage is limited by economic consideration related to traditional transit services, not demand for paratransit service. The system operates on a paid basis, with the standard NJ TRANSIT bus fare paid for each trip taken.

County paratransit systems function more as a social service than a transit service. They generally operate door-to-door or curb-to-curb, ensuring that all consumers regardless of mobility limitations can be accommodated. Most services are provided fare-free. Since county systems were created for specific purposes, and funded by agencies with specific needs, some trip types, such as non-emergency medical trips, tend to get priority. Also, since the systems are operated by county governments, they often do not provide trips across county lines.

Access Link and county-run paratransit systems have advantages and disadvantages. Ideally, coordination between these systems would maximize mobility for consumers. Coordination is often difficult however, because counties often act autonomously, providing widely varying service levels fueled by a variety of funding sources.

## **APPENDIX C**

### **SUMMARY OF KEY INFORMANT INTERVIEWS**

The project team conducted a series of interviews with key individuals, as a means to understand the policy environment in which the five-year plan will be developed. Attached to this summary of findings are the notes from these 12 meetings, in which 16 key informants were interviewed. In these interviews, a standardized interview instrument was utilized.

#### Transportation service for the disabled community

Most of those interviewed said that the current transportation system met some, but not all, of the needs of the disabled community. The county-based paratransit systems vary in quality and quantity of service, but generally are adequate for single trips (doctors appointments, grocery shopping, etc.). Additionally, county systems play a role in providing transportation to sheltered workshops.

Employment trips, however, are far more difficult. Some counties (in particular Monmouth and Ocean) have programs specifically designed to bring disabled individuals to competitive employment. In most counties, however, paratransit systems only operate between the hours of 9 and 3. This makes employment trips very difficult<sup>1</sup>.

What was clearly expressed in our interviews was the fact that the existing paratransit system favors medical trips (generally for seniors) over employment trips. We spoke with four county transportation providers (Gloucester, Middlesex, Monmouth, Ocean counties) who all noted that medical calls dominate the paratransit system. Where a separate transportation option exists for competitive employment, it is funded through county appropriations. One county provider said that the only way he could afford to make those trips would be outside funds.

A number of those interviewed felt that those using the transportation system for employment trips should be charged a fare. Currently Access Link does charge a fare, as well as some of the counties, but not all. In Gloucester County, there is evidence that those who could take Access Link are opting to ride on the county system, to save the cost of the fare.

Access Link has certainly met a gap in providing transportation to this disabled community. We discuss Access Link in greater detail in Appendix B, but most of those interviewed felt that Access Link has gone a long way to promote independence in the disabled community. We observed some complaints with the system, primarily with the 40-minute scheduling window and the ¾-mile rule.

#### Other planning initiatives, including WFNJ

Several of those interviewed were involved in some stage of the planning effort for WorkFirst New Jersey, the welfare reform program for former TANF recipients. Early on, transportation was cited as a key barrier for WFNJ participants to get work. As a result,

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<sup>1</sup> See our summary of local transportation in New Jersey (Appendix B) for more detail.

stakeholders in each county were required to meet, and to develop a transportation plan for the transit dependent population.

Those interviewed felt that the WFNJ effort was a success for bringing everyone to the table – transportation, human services, employment, and community organizations. Kathleen Edmond (Ocean County) saw the welfare reform programs as a catalyst for changes in transportation. Robert Koska (NJ TRANSIT) added that what made the process work was the funding available to implement the transportation proposal made.

#### Community transportation planning and best practices

Many of those interviewed felt that transportation was not coordinated at the local level. NJ TRANSIT, Access Link, county paratransit, municipal systems, and private transportation resources serve different needs, but the disabled community can utilize all – if they were aware of all the service available. In several interviews it was clear that local systems need to coordinate all their available resources. Nancy Nicola (president of NJ COST) wanted to see the disparate transportation systems in New Jersey work together in a community transportation system that served all people – not just seniors or the disabled. She also added that partnerships between private destinations (employers or dialysis centers) and public transportation should be explored.

One informant wanted to ensure that assessment was included in any future transportation program. He noted that the system used by Access Link / NJ TRANSIT was a good start, and guaranteed that those who truly need the service will be able to use it.

#### Geographic concentrations, client demand, and employment

Our informants indicated that there is generally no concentration of the disabled community in particular regions of the state, with a few exceptions. Florence Blume (NJ Commission for the Blind) noted that blind or visually impaired individuals, who have had vision problems all their lives, would live where there is transportation, if they want to live independently. We also heard that independent living centers are now taking transportation concerns into account when planning new facilities. However, no clear aggregation of the disabled population emerged.

In several interviews, it was clear that work schedules and paratransit systems do not match. Henry Nicholson (Monmouth County) noted that the overwhelming number of riders in the MCBETS program suffered from mental or cognitive disabilities, not mobility impairments. These individuals are generally working less than 8-hour shifts, and less than 5-days per week, and in the service sector. They are also working evenings and weekends, which places additional burdens on the system.

Dr. Deborah Spitalnik (UMDNJ) notes that the current system places an undue burden on the disabled community to “compartmentalize their lives”, since they must make trips that fit the transportation schedule.

## **APPENDIX D**

### **FOCUS GROUP MEETING REPORTS**

**Meeting Description:** NJDHS Division of Disabilities Services  
Five-year Transportation Plan  
Client Focus Group

**Date:** May 16, 2002

**Location:**

NJ Division of Disabilities  
Services Office  
Trenton, New Jersey

**Prepared by:** Voorhees Transportation Policy Institute  
Rutgers, The State University of New Jersey

### **NOTES:**

- This focus group was the first of three conducted by the Voorhees Transportation Policy Institute under contract with the NJ Division of Disabilities Services to prepare a detailed work plan for the development of a Five-year Transportation Plan as part of a Federal Medicaid Infrastructure grant. The 5-year transportation plan will be designed to help individuals with disabilities get to work better, and reduce transportation-related barriers to finding and keeping employment.
- Fourteen clients attended the session. They resided in the following counties: Atlantic, Burlington, Cumberland, Mercer, Middlesex, Monmouth, and Somerset.

### **DISCUSSION:**

Meeting participants were engaged in a discussion related to the following general questions:

1. How do you get to/from work and how/why did you select that means of transport?
2. Is your selected means of transport effective and reliable and why?
3. What positive and negative experiences have you had?
4. What are your transportation expectations and needs?
5. What are your ideas for eliminating barriers and improving travel options for people with disabilities?

### **How do you get to and from your work location?**

- |   |                                   |
|---|-----------------------------------|
| ▪ Access Link (7)                           | ▪ Work at home (1)                |
| ▪ Existing traditional transit services (5) | ▪ Walk (4)                        |
| ▪ Drive- personal transport (8)             | ▪ Taxis/car service (6)           |
| ▪ County paratransit (5)                    | ▪ Aid/personal care attendant (2) |
| ▪ Family drive (4)                          |                                   |

*Note: Participants were asked to list any and all options they use to get to and from their work locations. Numbers in parentheses represent the frequency of response.*

### **How did you select this means of transportation?**

Most participants reported that there are a variety of factors that affect their choice of transportation mode to and from work. Most also indicated that their mode choice varied depending on a variety of factors. In addition they indicated that mode choice decisions vary depending on the disability. The following factors were cited as having affected participants' past mode choice decisions:

- Access Link scheduling constraints – While Access Link was an effective means for some, the time and inconvenience related to trip planning and the inflexibility of the scheduling window made it a difficult mode for others, especially when faced with unexpected needs and changing circumstances related to daily life.
- The availability of an appropriate personal transport vehicle was a factor for those who share a vehicle with other family members.
- The availability of appropriate parking at the destination end of the trip was a factor for those required to report to multiple locations or attend frequent off-site meetings.
- For those able to use traditional transit services, the ease of access to those services at both the origin and destination of the trip was a factor. For instance, if an individual must drive to a bus stop or train station, then they may as well continue to drive to their ultimate destination.
- All agreed that personal safety, both during the trip and at wait locations was a significant factor with regard to selecting traditional public transit services. Personal safety concerns ranged from tie-down procedures for individuals in wheelchairs to vulnerability to crime at isolated or un-staffed bus stop locations and rail stations.
- The cost of services was cited as an important determinant of mode choice, especially for low-wage earners. In this regard, it was noted that the NJ TRANSIT fare increase institute in April 2002 diminished available services because peak period services are no longer available at reduced fares for those that qualify.
- Service schedules, reliability and prescribed wait times (e.g., 40 +/- minutes wait window for Access Link) were cited as a factor in selecting a transport mode.

### **Is your selected mode of transportation reliable and effective?**

The following comments and issues of concern were articulated:

- There is a need to address/accommodate business-related travel during the work day.
- Additional and regular driver education is needed to increase uniform knowledge of procedures for wheelchair tie-down and bridge plate operation.
- Many participants indicated that the sequence of events related to employment and transportation is to get a job first, then figure out how to get there later; however, they also acknowledged that self-regulation occurs as part of the job search process. Transportation issues related to location does have an influence on the job-search.

- Transportation logistics are a factor in hiring choices. Often employers will pre-judge transportation as an impediment to work performance for an individual with disabilities. While transportation may be difficult, it should not be a criteria in hiring. Employer education is needed in this regard.
- The personal energy needed to plan trip logistics within the constraints of the current system should not be underestimated. This sometimes affects an individual's decision whether to seek work in the first place.
- The uncertainty of having a way home in case of mid-day emergency discourages some from seeking work. A guaranteed ride home service could assist in this regard.
- Trip planning, uncertainty and irregularity of service is stressful and an impediment to productive work.
- Knowledge of various elements of the transportation system is fragmented. This is true for users and those that counsel users on trip planning. In particular, cross-jurisdiction use of county paratransit systems is a problem. There is not one-stop contact point for transportation information and trip planning.
- County paratransit systems do not give priority to work trips.
- There is little or no coordination between different services and service providers.
- From a users perspective, the impression is that transport providers are providing service because it is mandated by law.
- Maintenance of elevators and other assistance facilities (e.g., bridge plates, etc.) is an on-going problem. Recurrent vandalism of equipment is also an issue. Camera surveillance could help the situation.
- Availability of appropriately trained personnel to assist in the use of accessibility equipment is also a problem. Union issues related to carrying and storage of bridge plates on trains should be addressed.
- Regarding traditional transit, driver training is needed:
  - stop announcements are not consistently made;
  - greater sensitivity is needed, in general (e.g., don't move vehicle until an individual has been seated)
  - procedures for wheelchair tie down should be universally known for accommodating a variety of wheelchair types
- Signage directing transit users to accessibility assistance is non-existent or poor.
- Greater employer buy-in to accessibility is needed. For example, employers could provide accessible van pools. It was also noted, for illustrative purposes, that the State does not have a lift-equipped van in the motor pool to accommodate business-related travel during the work day. In addition, employer flexibility regarding work-from-home arrangements and flex hours would be helpful.

**What are the positive and negative aspects of your transportation experience?**

- While there are some problems, overall, NJ TRANSIT employees are knowledgeable and sensitive to needs.
- While Access Link provides a much needed service options and services is provided well overall, there are still a number of issues/problems that need to be addressed.
- Advanced scheduling procedures related to county paratransit service is difficult. Restrictions on kids riding and an outdated mindset regarding the disabled community are also problems.
- Abiding by the principle of universal access would improve things overall. In many circumstances, even the basics of access are not provided.
- The Disney transportation experience was described. It was asserted that this should be the standard for transportation systems provided by the public sector.
- County paratransit is moving closer to complying with the spirit of the law instead of the letter of the law. For instance, some counties are utilizing staggered shift times to provide longer operating hours.
- Restrictions on the use of county paratransit for childcare transportation should be addressed.
- Some counties are beginning to require fare-support from wage earning riders. This expands the resources available to provide more and better services.
- Perceived and real restrictions on the use of funding for services is a problem especially with municipal services and service across county lines (e.g. trips for volunteer work are often prohibited). Uniformity in services across county lines is needed.

**What expectations do you have for transportation services?**

- Greater employer buy-in to accessibility and transportation (in general) should be the norm. An analogous policy area might be employer provided day care services.
- Guaranteed ride home services should be available.
- Transportation providers, managers and operators should have to use the system to gain first hand knowledge of what users face.
- Transportation services should be run like a consumer system, not an entitlement program.
- Smart Card technology should be utilized.
- More extensive travel training should be provided for users and employment counselors.
- Voice activated ticketing/validating machines and schedules should be available.
- The trend toward un-staffed systems (e.g., Hudson Bergen LRT) discourages use of transit services because of perceived/real security issues and the need for personal assistance in some circumstances.

- Existing laws need to be enforced and better education is needed. For instance, handicapped parking spots are often designed improperly and use enforcement is lax. In addition, a minimum of 8 foot vertical clearance is needed in parking garages to accommodate wheelchair lift vans. Many public and private garages do not meet this requirement.
- Consider the idea of promoting the Wheelchair “walkabout” concept, to expand knowledge and understanding of the mobility impediments faced by the disabled community.
- Services should be coordinated better.
- Inter-county transport options should be expanded.
- Medical trip priority policies should be revisited.
- With regard specifically to Access Link:
  - There should be more flexibility with regard to scheduling requirements and cancellation policies and penalties in the case of emergency or change in circumstances.
  - Service should not be limited to a shadow route service in places where traditional transit service coverage is light.
  - Schedules should be coordinated better with traditional employment times as well as shift work.
  - ¾ mile rule should be expanded.
  - 40 minute wait time should be reduced.
  - The reservation system should be regionalized. Statewide reservationists do not have an appropriate knowledge of localities. It was noted that scheduling is presently done on a regional basis.
  - Drivers should be required to honk the horn on arrival. Users should not have to request this service.
  - Regular scheduling should be permitted, if services are to be used for a daily commute.
- New Jersey should require that companies licensed to provide taxi service provide a certain number of accessible vehicles.
- NJ TRANSIT should offer a transit user start-up package which includes travel training and information, and free rides for a designated period of time.
- NJ TRANSIT facilities should have cameras to promote security and prevent vandalism.
- Service providers should use telephone calls or some other way to alert riders when there will be a delay.
- Private transportation providers offering public transit services should have to provide accessible services.



**Meeting Description:** NJDHS Division of Disabilities Services  
Five-year Transportation Plan  
Vocational Rehabilitation Counselor Focus Group

**Date:** June 4, 2002

**Location:**  
Vocational Rehabilitation Office  
New Brunswick, New Jersey

**Prepared by:** Voorhees Transportation Policy Institute  
Rutgers, The State University of New Jersey

**NOTES:**

- This focus group was the second of three conducted by the Voorhees Transportation Policy Institute under contract with the NJ Division of Disabilities Services to prepare a detailed work plan for the development of a Five-year Transportation Plan as part of a Federal Medicaid Infrastructure grant. The five-year plan will be designed to help individuals with disabilities get to work better and reduce transportation-related barriers to finding and keeping employment.
- Participants represented Atlantic, Burlington, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Passaic, Somerset, Sussex, and Warren counties.

**DISCUSSION:**

Meeting participants were engaged in a discussion related to the following general questions:

1. What have been your experiences with regard to finding transportation to support job placement for your clients? What are the challenges and major issues you face?
2. What modes of transportation do your clients use to get to work, and how are these arranged?
3. What are your ideas about eliminating barriers and improving New Jersey's transportation network?

**What have been your experiences with regard to finding transportation to support job placement? What are the challenges and major issues you face?**

Participant discussion focused on the fragmented nature of transportation services throughout the state. The following comments were made during the discussion:

- An already difficult task of finding appropriate job placement for clients is made more difficult by a lack of appropriate transportation options.
- The transportation needs of vocational rehabilitation clients vary greatly based on disability. Some client have mobility constraints, while others don't. For example, the needs of clients recovering from drug/alcohol addiction is very different from those of an individual who requires a mobility aid such as a wheelchair.

- Paratransit services are still stigmatized. Agencies need to try to de-stigmatize them to expand numbers of users and levels of service.
- There are three New Jerseys – rural, urban and suburban. Transportation services and needs in each area are very different.
- There is no central source for transportation information and trip planning assistance for clients, employment counselors or employers.
- Transportation in southern NJ is often difficult since traditional transit service is very limited. Even the concentration of casino jobs in Atlantic City are not well served.
- Standard paratransit work trips tend to be multi-modal. Most destinations require a transfer between different vehicles.
- Work incentive programs are underutilized.
- High insurance costs for service providers limits the numbers of providers.
- When counseling a client, transportation options are usually one of the first considerations in the job search because it is such a major impediment to employment.
- Employer sensitivity to the transportation needs of disabled employees is lacking.
- County paratransit systems are not well-suited for work trips. Most systems are designed to serve both seniors and the disabled for non-emergency medical, social and recreational trips. They are overburdened by demand for these services and often do not have space for work-related trips. In addition, the limited operating hours of county systems often force clients to use other transportation options, or discourage working all together.
- Most transportation services are geared toward the central city commute to New York or Newark. The suburb-to-suburb commute is ill served by traditional transit. However, most paratransit needs are located between the suburbs, where most part-time and flexible hour jobs are located.
- Many part-time jobs have non-traditional hours that make the county paratransit systems inappropriate because of their service restrictions and limited hours of operation. In such cases, work trips are largely limited to Access Link or private transport options (e.g., family, friends, and in some cases taxis).
- Trip-planning and scheduling, long commute times, and dealing with the stress of inconsistent and unreliable service is exhausting and sometimes costly for clients. This limits employment options and often prevents clients from gaining tenure at a job.
- Inter-jurisdictional cooperation related to providing transportation service across jurisdictional lines is limited. Most county-run services will not cross county lines, making travel difficult.
- Some county paratransit systems have age requirements for travel. This is particularly frustrating for those under 21 years of age seeking a first job and

individuals needing to travel with young children to access day-care facilities as part of the trip.

- Perceived and real personal safety issues are often cited by clients reluctant to use traditional public transit services; however, this depends largely on the nature of an individual's disability.

**What modes of transportation do your clients use to get to work?**

- In general, when seeking to place a client in a job, counselors will contact the county paratransit providers first to see if the system can accommodate the client.
- Since there is no single source of information, success in finding transportation often rests with the personal knowledge and contacts of individual counselors. Transportation options commonly explored include: Access Link, county paratransit, traditional transit, private transportation including automobile, walking and bicycling, grant funded transportation, taxi/car companies, and family or friends.
- In most cases, taxis are not practical for daily commuting because of the high cost. They are really only practical where groups of individuals can share a ride to keep down expenses. In addition, taxis are sometimes unwilling to take disabled passengers, or client irresponsibility, such as not waiting for the taxi, makes this mode difficult.
- In some urban areas, such as Hudson County, informal gypsy cabs/vans are also used as a transport option.

The following comments were made in reference to specific counties:

- Counselors have had positive experiences working with paratransit in Monmouth, Hunterdon, Warren and Sussex counties.
- Monmouth County has several complementary services that enhance transportation services available to clients (e.g., transportation brokerage service).
- Hunterdon County has an internal bus loop (the "Link") that services key employment centers in the county, including Flemington. In addition, the county is in the process of implementing a "buses to business" pilot program, which will use off-duty school buses, equipped with advanced tracking technology to provide paratransit service and hopefully fill in gaps in the existing county system.
- In Warren and Sussex counties, new services funded through the Federal Job Access Reverse Commute program are providing shuttle buses to employment destinations. Warren and Sussex also operate a modified fixed route shuttle in serving employment destinations in and around Phillipsburg. The shuttle operates from 6AM to 6PM on weekdays.
- The Division of Mental Health Services in Burlington County has a door-to-door system that appears to be working well.
- Atlantic County's paratransit system is rather poor. Counselors often have to rely on personal connections and private vehicles to find transportation for clients.

**What are your ideas about eliminating barriers and improving New Jersey's transportation network?**

- It may be worthwhile to charge a fee for transportation services. This could generate revenue which could be used to expand service levels. Equity issues could be addressed with a means-tested sliding fee schedule.
- Car donation programs would be valuable for the portion of the client base that is able to drive.
- Services should operate on a door-to-hub model, such as airport limos. This could increase the flexibility of the system.
- Travel and trip-planning training for clients is needed.
- Services provided by Transportation Management Associations, such as the guaranteed ride home program, should be better utilized by employment counselors, employers and paratransit providers.
- Offer tax rebates for clients who use transit a certain percentage of the time.
- A central repository of transportation information would be very useful. It should encompass both public and private services and could take the form of a website or transportation broker.
- Bike racks should be provided on all NJT vehicles.

**Meeting Description:** NJDHS Division of Disabilities Services  
Five-year Transportation Plan  
Vocational Rehabilitation Counselor Focus Group

**Date:** June 12, 2002

**Location:**

Middlesex County Area Wide  
Transportation Services Office  
New Brunswick, New Jersey

**Prepared by:** Voorhees Transportation Policy Institute  
Rutgers, The State University of New Jersey

**NOTES:**

- This focus group was the last of three conducted by the Voorhees Transportation Policy Institute under contract with the NJ Division of Disabilities Services.
- The individuals present at the focus group were six drivers of paratransit vehicles serving elderly and disabled residents of Middlesex County, as well as the operations manager and director of the Middlesex County Area Wide Transportation Services facility.

**DISCUSSION:**

Focus group participants were engaged in a discussion related to the following general questions:

- What challenges have you faced serving disabled clients? What challenges face your clients?
- What positive and negative experiences have you and your clients encountered?
- From your perspective, what things do your clients want most from transportation? What do they most depend on?
- How can transportation services and the delivery of those services be improved for your clients?

**What challenges have you faced serving disabled clients? What challenges face your clients?**

Challenges as expressed by the drivers:

- Some aspects of paratransit vehicle design can be a problem:
  - Not all clients readily adapt to some of the vehicles in use. For example, different wheelchairs fit better in different vehicles. In many instances the vehicles used to pick up clients don't match the clients' special needs.
  - Vehicle interiors should be more washable because it is common for clients to become ill during the ride.
  - Vehicle height is sometimes a problem relative to fitting under building overhangs (e.g., at some hospitals).

- Some aspects of vehicle design compromise driver safety. For example, the internal configuration of the driver compartment on many vehicles requires drivers to exit on the traffic side of the vehicle in order to assist clients. This situation is made worse by the height of the step to/from the driver compartment.

For these reasons, they suggested that management consult with drivers prior to purchasing new vehicles.

- Vehicle maintenance is an important factor in providing efficient and safe service; however participants expressed frustration about what they believed to be poor maintenance of vehicles. They indicated that there are not enough (working) vehicles for every driver and there is very little back up.
- There is a need for basic courtesy. Participants suggested that some drivers need to be more sensitive to their clients. At the same time, clients need to be more respectful of the drivers. Participants indicated that there is a marked difference in attitude and level of courtesy between disabled clients and seniors. They described disabled clients as more demanding, aggressive, assertive and arrogant. While they understood that perhaps this was a survival technique, the disrespectful attitude exhibited by some disabled clients was cited as a challenge for both the drivers and management.
- There are differing/conflicting expectations related to the level of service possible from the county paratransit system. By law/regulation, paratransit is a curb to curb service, not door-to-door. The county paratransit system was described as a glorified bus service, rather than a taxi service. Participants felt that disabled clients wanted (and expected) the system to operate more like a door-to-door taxi service. Management participants asserted that liability issues dictate that drivers are only permitted to assist clients to enter/exit the vehicle, not to assist from the door to the curb/vehicle. Clients who need assistance are supposed to have aides, but many do not. Some drivers adhere to this protocol and others do not. This discontinuity in service is frustrating for both clients and drivers and perpetuates conflicting expectations.
- Demand for services exceeds available resources to provide service. In some cases there seem to be inefficiencies. For instances, drivers expressed frustration that some disabled clients, who have their own vehicles, use the paratransit system (at no charge). Because resources are limited, they felt that the system should give priority to those with no other means of transportation. Drivers felt that stricter eligibility criteria and a more rigorous screening process could address this issue. Some expressed a desire to impose a means test on who can use the system (i.e., those of lower income) or perhaps charge a fee to disabled clients who are working or who have income above a certain threshold. This could provide revenue to expand/enhance existing services.
- There is a mismatch between what disabled clients want/expect, and what the paratransit system has been designed to do. The service was set up to take disabled individuals and the elderly at predictable and planned times to set destinations. It works for most people who are in noncompetitive employment (going to a sheltered workshop), but works less efficiently for those in competitive employment and whose

schedules are less predicable. (It was noted that the majority of the 'to work' disabled clients that they serve are in noncompetitive employment - out of 100 clients who work, only 2 are in competitive employment).

- Drivers need better training.

**What positive and negative experiences have you and your clients encountered?**

Negative experiences:

- Drivers felt that they don't have (but need) the right resources and tools to do their job right. They cited a lack of manpower, proper and well maintained vehicles and number of vehicles as particular barriers to being able to provide better service.
- Scheduling systems are a large barrier to providing better service:
  - The current scheduling system does not allow an appropriate amount of time to get from point A to point B given unpredictable travel conditions. It does not take into account possible road problems such as traffic congestion, road work, etc. Real time tracking information would be useful.
  - Client provided information such as address, phone number, destination, cross street information, common sites, and special instructions such as type of wheelchair and number of people riding is sometime unreliable and schedulers/dispatchers are not always familiar with the geography of the different parts of the county.
  - More attentiveness by clients and the places they visit (e.g., doctors) regarding the need to be timely at scheduled pick-up times is needed. For instance, a 15 minute delay (a client is late, a doctor keeps someone waiting) throws off the whole schedule. This problem was cited as a regular occurrence.

Positive experiences:

- Most disabled and elderly clients are very nice and appreciate the service provided.
- The drivers felt pride that they served a lot of people and were able to transport them to many destinations.
- The drivers also felt pride that they provide their service with a keen eye on safety and that they are, for the most part, very careful in their service to the disabled and elderly populations.

**From your perspective, what things do your clients want most from transportation?**

**What do they most depend on?**

- Disabled clients want independence, but the current county paratransit system was never designed to provide maximum flexibility.
- Disabled clients want a limousine service. They want 100% efficiency, without having to pay for it. They want 100% flexibility on the part of the transportation system, but they do not want to be flexible themselves.

- Clients want to be able to make appointments with shorter planning timeframes. They also want a smoother ride (i.e., more efficient, modern and well maintained vehicles) and they do not really want to share rides.
- While clients want independence and flexibility, drivers are most concerned about safety (for clients, driver and vehicles). There is an apparent disconnect between what is most important to the disabled clients – flexibility/independence, and what the priority of the drivers/paratransit operators, which is safety.

**How can transportation services and the delivery of those services be improved for your clients?**

- Intake procedures need to be improved. Better information needs to be gathered from the clients (i.e., correct address, phone number, destination, needs, etc.) when rides are scheduled. Better information will result in better service.
- Transportation needs to become a public priority. There needs to be greater interest from high level individuals in the county (freeholders, other elected officials, county management) that transportation requires an investment in resources. Insufficient resources result in poor service. Attendees felt that there needs to be a better understanding on the part of elected officials on what transportation service is about, and what is needed. If they understood the system, and clients' needs (and they actually experienced the system for themselves), they might be more willing to better fund the system. Policy makers should be encouraged to ride the system.
- Differing expectations with regard to the paratransit system must be addressed. There needs to be dialogue with disabled clients regarding what the system does and/or can be realistically expected to do. That is, if a client is seeking employment, they need to think about how they can get to work. This should be a factor in their job search. In addition, there needs to be better coordination and cooperation between mobility providers and the workforce/employment system. Employment counselors and those assisting the disabled to find work need to understand the limits and constraints of the public transportation system, if public transportation is what clients have to use to get to work.
- Job coaches should be more widely used. Drivers noted that they were seeing more disabled clients who do not have a physical disability, but have a mental disability. They felt that this population needs help in accessing transportation and keeping employment.
- Client feedback should be used to improve the system. Attendees felt that clients need an improved method for voicing complaints and in communicating with the mobility providers in general. The drivers said they hear complaints, and see problems, but in many instances the clients (mostly the elderly) are too afraid to complain for fear that they will lose their ride. Clients are also intimidated by the phone system (in Middlesex County) and find it confusing and frustrating.
- The complexity of providing transportation services needs to be better understood. Attendees expressed a sentiment that transportation is a complex service to provide, and many people do not understand this complexity. To be successful, mobility



providers need resources, support from clients and elected officials, adequate planning, and the public's understanding that thousands of people depend on the public transportation system to meet the needs of daily life.

- The current model for providing paratransit services should be revisited. There needs to be a thorough review of existing policies, procedures and service models to ensure that they coincide with the needs, demands and expectations of today's clients.

## **APPENDIX E**

### **REVIEW OF WORKFIRST NEW JERSEY COMMUNITY TRANSPORTATION PLANNING PROCESS AND PLANS**

Our preliminary literature review included a critical assessment of the county-based community transportation planning initiative undertaken in support of the WorkFirst New Jersey (WFNJ) program in the late 1990's. The principal reason for this assessment was to determine what elements of the planning process and county-based community transportation plans could be used to support the development of a five-year transportation plan for the Division of Disability Services. The WFNJ county community transportation plans for all 21 counties were reviewed.

#### **Summary findings:**

- The WFNJ planning effort undertaken by NJ TRANSIT, DHS and sister agencies in the late 1990's was perceived by many as a success, especially for bringing transportation providers, human service providers, employment counselors, and community organizations to the table to discuss transportation issues.
- The WFNJ planning approach can serve as a model for developing the five-year transportation plan. Furthermore, the integration of plans with the current effort can be used as a building block for moving toward a more holistic and seamless transportation system.
- While the WFNJ community transportation plans will provide a sound foundation on which to build, if the plans are to be used to support the DDS transportation planning process, a number of issues will need to be addressed:
  1. The basic demographic information contained in the plans is drawn from the 1990 Census. This data should be updated as Census 2000 data becomes available.
  2. The mapping of the "transit dependent population" is based on Census data. Such data are drawn from a **sampling** of the population, not an actual enumeration. To the extent feasible address data should be used to map client locations.
  3. The evaluation of available transit services is fairly comprehensive, and can be used as a starting point for the five-year plan. Fixed-route service is mapped, but other transportation is only described in the report narrative. At some point, all possible transportation services should be mapped, so we can clearly illustrate service gaps.
  4. Major employers in each county were identified and mapped. This data will need to be updated.
  5. Specific solutions to meet transportation gaps were presented in the reports. Some of these proposals are specific to WFNJ clients' needs, but most seek to address a service gap for any transit-dependent population. The status of these recommendations in each county should be reviewed, tracked and supplemented as part of the planning process.

## **Background**

In the spring of 1997, the New Jersey Department of Human Services (DHS) contracted with Rutgers University to conduct research examining the transportation opportunities for former welfare recipients. Dr. Richard Brail was principal investigator for this project. The fundamental research question was: Could former welfare clients utilize the state's existing transportation network to get to work. To answer this question, approximately 100,000 WFNJ client addresses, 200,000 job locations, as well as licensed childcare centers, job training centers, and the state's bus routes were mapped and analyzed. The study found that while nearly 90 percent of clients and 90 percent of employers were within ½ mile of a bus route, the odds of having a client within walking distance of the bus, **and** having a job, **and** a training center, **and** childcare within that same distance was substantially lower. In Ocean County, for example, the study found this conditional probability to be about 50 percent. The analysis was intended to be the starting point for further planning effort.

In July 1997, the New Jersey Departments of Transportation and Human Services and NJ TRANSIT hosted a Transportation Summit at Rutgers University to kick-off a statewide county and community transportation planning process. The goal of this process was to develop plans for more coordinated and integrated local and regional transportation services in each county. Multisystems, Inc., a nationally known and respected transportation planning firm, was hired to facilitate the development of plans in each of New Jersey's twenty-one counties. Over the course of eighteen months, steering committees in each county were convened, research was conducted, and plans were prepared. The county planning process concluded in the fall of 1998.

## **Content of the County Community Transportation Plans**

The county community transportation plans generally contain the same information, in roughly the same format. Section 1 of the plan describes the planning process, presents transportation goals and objectives, and briefly summarizes the findings and plan recommendations. Section 2 presents basic demographic data for the county, drawn from the 1990 Census of Population and Housing and provides additional detail regarding WFNJ participants; the number of seniors, persons with mobility limitations, low-income households, and households without an automobile.

Taken together, these five groups are used as a surrogate for the "transit dependent population" in the county. With the exception of data related to WFNJ participants, information on other target populations is presented in aggregate form, based primarily on census geography. Section 2 presents a "composite measure of transit need," for each census block group in the county and includes a density map(s) depicting the number of transit dependent persons per square mile. These maps are used to illustrate where the need for transit service is greatest.

The analysis provides an excellent snapshot of conditions; however, its usefulness for target populations other than WFNJ participants is somewhat limited. As previously described, information on seniors, persons with mobility limitations, low-income households, and households without an automobile is derived from aggregate Census data, which is based on **sampling**, not an actual count of the "transit dependent population." Only a small number of households are given the extended questionnaire (commonly referred to as the Census 'long

form'), and a complex statistical algorithm is applied to estimate the numbers of such individuals in the overall population.

In addition to a profile of transit dependent populations, major employers and activity centers are mapped and an inventory of available transportation services, including interstate, regional, and local bus and rail services, Access Link, county-provided services, municipal services, private demand-response services, and ridesharing services (where applicable) is presented. Only services operated by NJ TRANSIT are mapped. In all of the reports, major employers in the county are identified, located, and evaluated for their proximity to fixed-route transit. According to the plan narratives, particular attention was given to employment sectors where WFNJ counselors felt clients could most easily find a job.

Section 3 of the county plans identify transportation gaps and service deficiencies. Findings in this area are inconsistent across plans; however, in most of the plans, a significant effort was made to look beyond the fixed-route service provided by NJ TRANSIT. Some plans note the schedule of transportation services in relation to the job times in the county. For example, the Atlantic County Plan notes that casinos are the primary employers in the county. The casinos operate 24-hours a day, but transportation in the county does not. Some plans examined the capacity of other service providers to meet gaps both in routes and in scheduling.

The fourth section of the county plans set forth detailed recommendations and proposes service strategies for addressing identified gaps. Again, there is significant variability between county plans. Some are particularly vague, "Develop flexible and demand responsive services to accommodate welfare-related and community-based transportation needs," (Atlantic). Others are very precise, create a "Newark Night Owl Feeder Service," (Essex). Demand projections, cost estimates, and funding sources and implementation issues are presented for each recommended action. In most plans, a very short 5<sup>th</sup> section prioritizes recommendations and establishes a timetable for implementation.

## **Conclusions**

Clearly, a significant work has already been completed on the county level. Based on our analysis, it appears that the plans can provide a sound foundation for the development of a five-year plan for DDS; however additional work is needed to adapt the plans to the special needs of the disabled population. The following issues should be addressed to adapt the WFNJ planning products for use in conjunction with the development of DDS five-year transportation plan:

1. The basic demographic information contained in the plans is drawn from the 1990 Census. This data should be updated as Census 2000 data becomes available.
2. The mapping of the "transit dependent population" is based on Census data. Such data are drawn from a **sampling** of the population, not an actual enumeration. To the extent feasible address data should be used to map client locations.
3. The evaluation of available transit services is fairly comprehensive, and can be used as a starting point for the five-year plan. Fixed-route service is mapped, but other transportation is only described in the report narrative. At some point, all possible transportation services should be mapped, so we can clearly illustrate service gaps.

4. Major employers in each county were identified and mapped. This data will need to be updated.
5. Specific solutions to meet transportation gaps were presented in the reports. Some of these proposals are specific to WFNJ clients' needs, but most seek to address a service gap for any transit-dependent population. The status of these recommendations in each county should be reviewed, tracked and supplemented as part of the planning process.