MERCER COUNTY

HUMAN SERVICE • TRANSPORTATION

COORDINATION PLAN

JUNE 2007

Hopewell

PRINCETON

Princeton

HOPEWELL

Pennington

LAWRENCE

WEST WINDSOR

EWING

EAST

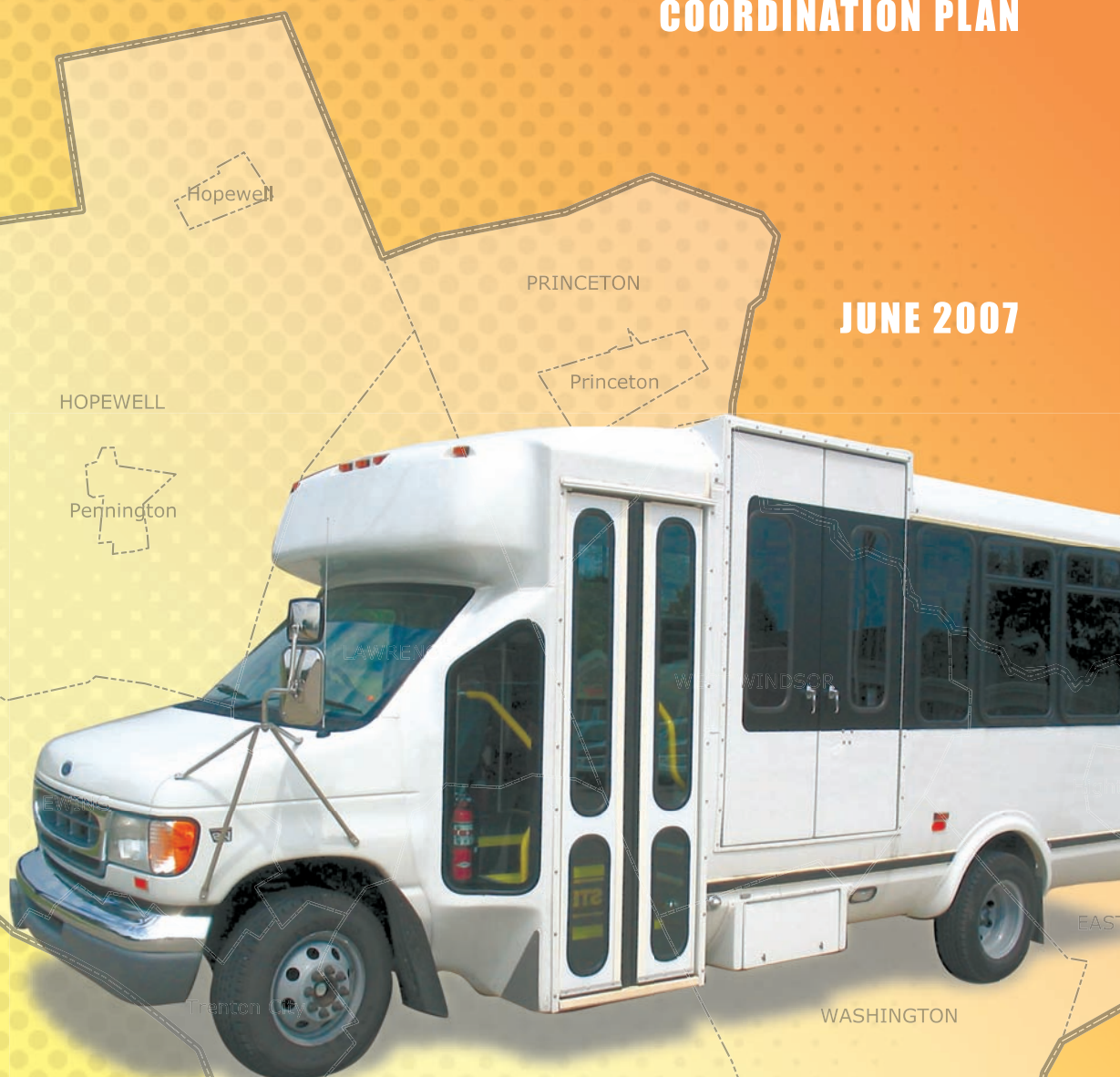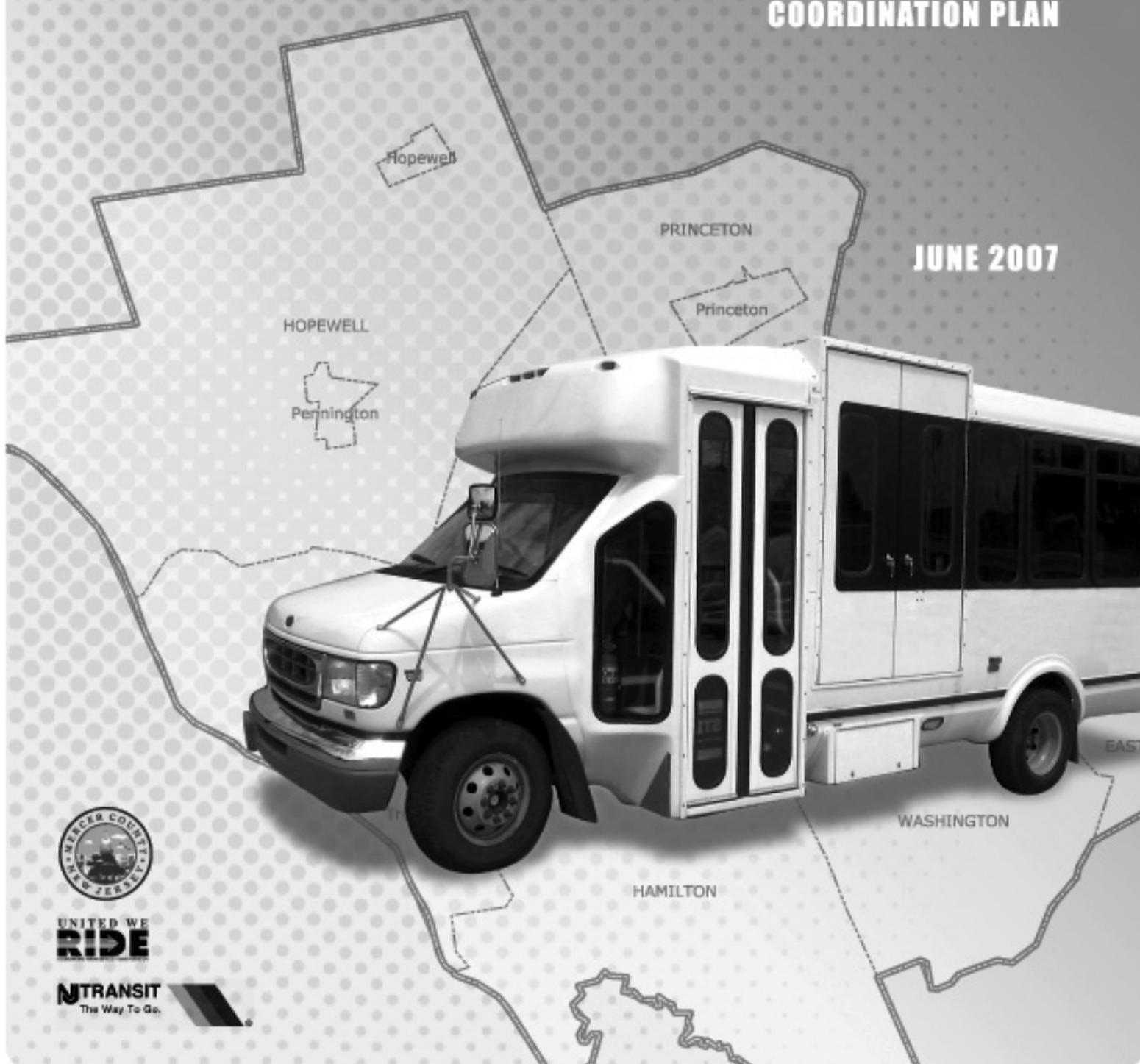Trenton City

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DELAWARE VALLEY
REGIONAL PLANNING
COMMISSION

MERCER COUNTY
HUMAN SERVICE • TRANSPORTATION
COORDINATION PLAN

JUNE 2007

Hopewell

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UNITED WE
RIDE

NJTRANSIT
The Way To Go.

Created in 1965, the Delaware Valley Regional Planning Commission (DVRPC) is an interstate, intercounty and intercity agency that provides continuing, comprehensive and coordinated planning to shape a vision for the future growth of the Delaware Valley region. The region includes Bucks, Chester, Delaware, and Montgomery counties, as well as the City of Philadelphia, in Pennsylvania; and Burlington, Camden, Gloucester and Mercer counties in New Jersey.

DVRPC provides technical assistance and services; conducts high priority studies that respond to the requests and demands of member state and local governments; fosters cooperation among various constituents to forge a consensus on diverse regional issues; determines and meets the needs of the private sector; and practices public outreach efforts to promote two-way communication and public awareness of regional issues and the Commission.

Our logo is adapted from the official DVRPC seal, and is designed as a stylized image of the Delaware Valley. The outer ring symbolizes the region as a whole, while the diagonal bar signifies the Delaware River. The two adjoining crescents represent the Commonwealth of Pennsylvania and the State of New Jersey.

DVRPC is funded by a variety of funding sources including federal grants from the U.S. Department of Transportation's Federal Highway Administration (FHWA) and Federal Transit Administration (FTA), the Pennsylvania and New Jersey departments of transportation, as well as by DVRPC's state and local member governments. The authors, however, are solely responsible for its findings and conclusions, which may not represent the official views or policies of the funding agencies.

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Though Mercer County is integral to American history, it actually did not exist until 1838 when it was created from portions of Burlington, Hunterdon, Middlesex and Somerset Counties and named in honor of General Hugh Mercer, who died during the January 1777 Battle of Princeton. More than 350,000 people reside here. In all, Mercer County has 13 municipalities. Trenton is the only municipality with a city form of government. The other municipalities are Hightstown, Hopewell, Pennington, and Princeton boroughs; and East Windsor, Ewing, Hamilton, Lawrence, Princeton, Washington and West Windsor townships. A County Executive, elected at-large once every four years, performs the major executive functions of government in the County; Democrat Brian M. Hughes has served in this position since 2004. The Board of Chosen Freeholders—composed of seven elected, part-time legislators—conducts legislative business for the County. Freeholders are elected at-large to three year staggered terms. County officials work cooperatively with State, Regional and Municipal elected officials to ensure efficient, cost-effective provision of essential services such as recycling and mass transit. This emphasis on sharing of services and resources between different levels of government makes Mercer unique among New Jersey counties.

Brian M. Hughes
County Executive
Mercer County

Mercer County Board of Chosen Freeholders
Ann M. Cannon
Anthony P. Carabelli
Pasquale Colavita
Keith V. Hamilton
Tony Mack
Elizabeth Maher Muoio
Lucylle R. S. Walter

**Department of Transportation
and Infrastructure**
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Martin J. DeNero, Director Of Trade

Trade Advisory Council
Arthur J. Ball, Chairperson
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Ottilie Lucas
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Steve Ronin
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Summary

Human service transportation has been the subject of considerable review and study nationwide over the course of the last 20 years, notably for the maze of the service provider networks and the lack of easy access by persons who need mobility options. Shuttle and paratransit services are provided by a variety of public agencies, private companies, and non-profit organizations, often duplicating services for different disadvantaged populations, sometimes on similar routes and schedules. Opportunities for service coordination clearly exist, and have been called for by the US General Accounting Office and by Executive Order. Subsequent to these calls for action, the Federal Transit Administration (FTA) "United We Ride" program granted funds to NJ Transit to examine service coordination at the state level.

The purpose of this plan is to establish a strategy and action plan to enhance service coordination among local human service transportation providers and to maintain eligibility for local organizations for specific grant programs established by the Federal Transit Administration and NJ Transit. Additionally, this plan documents short-term and long-term strategies to expand and enhance services through cooperation and coordination that may create a more efficient and effective human service transportation system.

The *Mercer County Human Service Transportation Coordination Plan* facilitates the development of a human transportation service coordination plan for Mercer County, including facilitating stakeholder meetings; collecting, analyzing and reporting demographic and existing service data, and producing a service directory for use by providers and referral agencies.

Background

The 2005 federal transportation act - the "Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users" (SAFETEA-LU) - and NJ Transit require participation in a local transportation service coordination plan for agencies to remain eligible for funding under the following grant programs: Job Access and Reverse Commute (JARC) program, Elderly and Individuals with Disabilities (Section 5310) program, the New Freedom Program, and the NJ Senior Citizen and Disabled Resident Transportation Assistance Program (SCDRTAP). These grant programs are geared to support transportation services provided to senior citizens, people with disabilities, and people with low incomes.

The new federal requirements established through regulatory processes are intended to address service gaps and to reduce duplication of services through coordination, resulting in a more efficient and accessible service system. In Mercer County, the Mercer County Department of Transportation and

Infrastructure has been designated as the lead entity to facilitate development of the Coordination Plan. The Delaware Valley Regional Planning Commission (DVRPC) has provided significant support through a planning grant for development of the Coordination Plan. As the Metropolitan Planning Organization (MPO) for the Philadelphia – Camden – Trenton region, DVRPC is also responsible for programming a regional Coordinated Human Services Transportation Plan (CHSTP). The plan enables the region, including Mercer County, to be eligible for federal funding in support of proposed routes and services that meet local and regional needs and goals.

Study Approach

The partnership between Mercer County and DVRPC was supplemented by the creation of a steering committee to guide the development of the Coordination Plan. Also, a primary element of the Coordination Plan was to obtain the involvement of community agencies and consumers as stakeholders in the creation of the plan. A series of four community meetings were held as participatory events with the goals as follows: to assess the levels of existing coordination in Mercer County; to identify service gaps and needs; and to develop recommendations for a strategy, action steps, and priorities to enhance service coordination and system development.

One goal was to be able to compare where service is provided with census population statistics to identify areas where service supply may fall short of demand. To accomplish this, 2000 US Census data was analyzed using a variation on the DVRPC's Environmental Justice methodology, along with an analysis of population densities, to identify specific populations that may be more in need of human service transportation. Existing transit services within Mercer County were inventoried and analyzed. Areas of the county with significant transportation options and those with limited services available were also identified.

Throughout the process of completing the Coordination Plan, a planning tool entitled, "Framework for Action," developed by the FTA, was utilized as a blueprint for building a coordinated system. Stakeholders were invited to participate directly by completing two surveys: the *New Jersey Statewide, County and Community Transportation Planning Questionnaire* gathered detailed local inventories of transportation providers' organizational and operational capacity, while a supplemental questionnaire focused specifically on where transportation services are provided in Mercer County.

Findings and Recommendations

It was generally recognized by the community stakeholders that the existing level of coordination in Mercer County has room for improvement and needs to begin. Many recommendations are documented in the Coordination Plan to improve the service system in Mercer County, ranging from establishment of a "council" or "committee" to begin coordination, to identifying strategies for the marketing of information to the public about existing services. The Coordination Plan includes recommendations for a series of short-term and long-term action steps to enhance coordination. A critical recommendation is to ensure the involvement of customers and advocates in the implementation process.

A key result of the planning process is that stakeholders identified significant and fairly specific service gaps and mobility needs of our customers. While intensive efforts to obtain this information directly from customers and potential customers must be planned as a longer-term goal, stakeholders did identify and prioritize service gaps. The following types of service gaps may be suitable for new projects in the future if grant funds are available: Expand Service Area, Expand the Level of Service Generally, Expand Service Available During Evenings and Weekends, Expand the Availability of Service for Non-medical trips, Expand the Availability of Service for employees, and Expand the Availability of Service for youth.

Another gap that stakeholders identified and prioritized highly is a lack of knowledge on the part of the public about what services are available and how to access them. It was hoped that a comprehensive service directory could be one product of this first round of coordination planning, but more follow-up and a more systematic collection of key information for the transportation inventory is required before that is possible. A more comprehensive public outreach campaign would necessarily be a longer-term goal, incumbent on the formation of an effective governing coalition and a complete inventory of available services.

It is worth commenting on a set of "service gaps" having to do with resource allocation. While resource *limits* were rated as a service issue to be addressed, the problem of *underutilized* resources was also noted. Vehicles sit in yards during evenings, weekends, and even workdays. Effective service coordination would seek ways to use capital equipment most efficiently. A willingness to coordinate service with other providers, in ways to be determined collectively by a "council," should be a prerequisite for access to federal funds.

Several recommendations are made that present considerable long-term challenges, likely requiring a dramatic shift in the service system and which would involve a transformation of the existing system.

Two of these recommendations - establishing a central call location for customers and developing a unified scheduling and dispatching system - will require extensive research and planning, and an extreme level of cooperation by the organizations involved.

The Coordination Plan does include a policy statement providing that any grant application submitted by a local organization to the Federal Transit Administration or NJ Transit under the regulations established by SAFETEA-LU shall address recommendations and be consistent with recommendations documented in this Coordination Plan and/or subsequent studies or updates of this Coordination Plan. Also, that it is consistent with this Coordination Plan that sustainability of existing services is a critical aspect of human service transportation and that local organizations - serving seniors, people with disabilities or people with low incomes - that are seeking to replace aging vehicles, are in conformity with this Coordination Plan, subject to all requirements included in these criteria.

There are limits to how far existing resources can be stretched, even with trade-offs and increased efficiencies among service providers. Expanding service hours, providing service on more days of the week, providing service to a quantum growth in eligible customers, and providing a comprehensive range of services to current customers expand the demands on current or future service providers. Simply put, expanding service to create a more effective human service transportation system will require more than realizing greater efficiency. It will mean expanding the fiscal base on which the system rests.

The need for additional financial resources in the future, especially given the expected explosion in the number of seniors residing in Mercer County, should not deter the community from becoming as efficient as possible in the present time. Having the community involved in the future of local transportation through this Coordination Plan, a stronger and more effective voice for Human Service Transportation will be created.

Finally, the Coordination Plan is presented as a vehicle to begin the short and long-term work required for development of a fully coordinated human service transportation system in Mercer County.

CHAPTER 1

• INTRODUCTION

Introduction

Human Service Transportation is generally defined as transportation for senior citizens, people with disabilities and other transportation-disadvantaged individuals, including those with low incomes. Human Service Transportation has been the subject of considerable review and study over the course of the last 20 years, notably for the maze of the service provider network and the lack of easy access by persons who need transportation options. Efforts to coordinate services have often been stalemated by turf issues, regulatory barriers and other issues. However, requirements for coordination of transportation services have recently become more focused at both the federal and state levels.

In 2004, President Bush issued Executive Order #13330, directing federal agencies to begin coordinating funding for Human Service Transportation. This resulted in the creation of a federal Interagency Transportation Coordinating Council on Access and Mobility (CCAM), to promote interagency coordination and minimize duplication and overlap of services and programs, to result in more efficient and improved transportation services for the public. The Federal Department of Transportation (DOT) has named this initiative to restructure the human service transportation system "United We Ride."

Consequently, the 2005 federal transportation bill - the "Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU) - requires participation in a local transportation service coordination plan for agencies to remain eligible for funding under the following Federal Transit Administration (FTA) grant programs:

- Job Access and Reverse Commute (JARC) program

- Elderly and Individuals with Disabilities program (Section 5310)

- The New Freedom Program

Under the Federal Coordinating Council on Access and Mobility's United We Ride program (*www.unitedweride.gov*), other federally funded human service transportation providers (e.g., Health and Human Services, Labor, etc.) may also be required to participate in a local coordination plan in the future.

In New Jersey, responsibility for developing local transportation coordination plans has been assigned by NJ Transit to counties. In Mercer County, a lead contact has been designated by the county to facilitate the coordination planning process. In addition, New Jersey law requires Mercer County to maintain a

coordination plan to remain eligible for funds through the Senior Citizens and Disabled Resident Transportation Assistance Program (SCDRTAP), which is administered by NJ Transit.

The value of uninterrupted funding through federal sources for transportation services for county residents is obvious. Enhanced service coordination should provide even more value. An updated local coordination plan to meet both federal and state requirements will preserve funding streams and enhance services for county residents.

Human Service Transportation Coordination Plan Requirements

Coordination requirements, per the SAFETEA-LU act, are detailed in proposed regulations published in the Federal Register by FTA. The essential components of a Coordination Plan include:

- Convene a team of Local Stakeholders to develop a local Plan, using the "Framework for Action Self-Assessment for Communities," developed through United We Ride

- Conduct an analysis of transportation needs for individuals with disabilities, older adults and persons with limited incomes

- Compile an inventory of available services and resources that identifies areas of redundant services and gaps in services

- Identify coordination actions to eliminate or reduce duplication in services

- Develop strategies for more efficient utilization of resources

- Prioritize implementation strategies

The need for increased planning and coordination for human services transportation is underscored by radically changing demographics. The 2000 US Census documented a population in New Jersey of 299,749 residents aged 65 and older: 27% of whom, - constituting nearly 81,000 people - do not drive.[1] By 2030, the number of people over 65 is expected to double.[2] By all accounts, transportation services for older Americans and other transportation-disadvantaged groups is a significant and growing problem.

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[1] Linda Bailey, "Aging Americans: Stranded without Options." Surface Transportation Policy Project, Washington, DC, April 2004, p. 16.
[2] Transit Cooperative Research Project, "Improving Public Transit Options for Older Persons, Volume 1: Handbook." TCRP Report #82, Washington DC, 2002, p. 1.

Mercer County's Approach to the Development of a Coordination Plan

Planning Project with Delaware Valley Regional Planning Commission

Anticipating the need to develop a Coordination Plan, in October 2005, staff from Mercer County submitted a planning project for consideration in the Unified Planning Work Program of the regional Metropolitan Planning Organization (MPO) - the Delaware Valley Regional Planning Commission (DVRPC). The project was subsequently approved by the DVRPC Board, and staff members from DVRPC have worked with Mercer County to develop a local Coordination Plan. The scope of work for the planning project follows:

Goals:

To assist Mercer County in developing a strategic plan to coordinate service provision and funding for paratransit shuttle services offered by agencies and organizations in Mercer County, New Jersey.

Description:

Shuttle and paratransit services are provided by a variety of public agencies and nonprofit organizations, often duplicating services for different disadvantaged populations, sometimes on similar routes and schedules. Opportunities for service coordination clearly exist, and have been called for by the US General Accounting Office and by Executive Order. Subsequent to these calls for action, the FTA's "United We Ride" program granted funds to NJ Transit to examine service coordination at the state level. The statewide study will recommend similar coordination studies at the local level.

This project will facilitate development of a service Coordination Plan for Mercer County, including facilitating meetings; collecting, analyzing and reporting demographic and existing service data; and producing a service directory for use by providers and referral agencies.

Tasks:

1. Collaborate with the Mercer County Transportation Resources to Aid the Disadvantaged and Elderly (TRADE), the NJ Transit Coordination Plan Primary Contact, and planning divisions, as well as the key stakeholder steering committee, to design planning workshops with service providers
2. Assist the county staff and steering committee in facilitating workshops and reaching a consensus on the Coordination Plan among service providers
3. Collect and analyze baseline data, including:

a. Local demographics and markets

b. Service and funding data from service providers

4. Draft analytic report on service provision and service needs/gaps

5. Revise analytic report based on comments by the county staff and steering committee for inclusion in the Coordination Plan

6. Review and comment on prioritized goals, strategies, implementation plan, and outcome measures drafted by Mercer County and the steering committee

7. Provide annotated service directory for inclusion in the Coordination Plan and for distribution to local agencies providing community human service transportation services or referral to such services

Products:

1. Minutes/summaries from workshop planning meetings and service provider workshops

2. Interim and final reports on workshop planning, goals, processes, and outcomes

3. Interim and final service-provider survey forms

4. Electronic database with service provider survey responses

5. Interim and final analytic reports on local area community human service transportation demands/needs, services currently provided, and service gaps, including:

a. Methodology and brief summary of findings

b. Maps showing:

    i. service areas of current providers, by service type

    ii. service demands/needs based on demographic data

c. Narrative descriptions (and tables if appropriate) of services, populations served, current and projected ridership, service areas and gaps, key destinations, typical scheduling and routing procedures

6. Printed annotated service provider directory for dissemination to service providers and referral agencies

Beneficiaries:

Disadvantaged populations and others who rely on community human service transportation services in Mercer County, as well as various paratransit and shuttle service providers, including Mercer County TRADE, Mercer County Board of Social Services, Greater Mercer Transportation Management Association (TMA), NJ Transit, and other public and private service providers.

Creation of a Local Steering Committee

A key approach for development of a Coordination Plan was the formation of a Steering Committee to help guide County and DVRPC staff through the process. With assistance from DVRPC, New Jersey Transit, the Greater Mercer TMA, the United Way of Greater Mercer County, the Progressive Center for Independent Living, the TRADE Advisory Council, and staff from several county departments, a highly interactive process was developed for local human service transportation providers to cooperatively develop a Coordination Plan. The primary roles for the Steering Committee were:

1. To assist with the identification of key community stakeholders to be invited to attend community meetings
2. To provide input on the approach for development of the Coordination Plan
3. To review and provide input on working documents developed during the planning process
4. To become expert in the process and assist with facilitation during the community stakeholder meetings

Stakeholder Meetings

With the advice, support, and active involvement of the Steering Committee, DVRPC hosted four meetings of community stakeholders on the campus of The College of New Jersey. Invitees included current human service transportation system users, service providers, social service agencies, and government officials from interested municipal, county, and state agencies. A list of invitees and attendance lists for each meeting can be found in Appendix A.

Stakeholder Meeting #1. January 23, 2007. Orientation and Community Self Assessment

- Opening remarks by Martin DeNero (director of Mercer County TRADE, and county designated lead for local coordination planning process)
- Keynote address orienting stakeholders to planning context and goals by Robert Koska (NJ Transit director of the Division of Local Programs and Minibus Support, co-chair of the NJ Council on Access and Mobility)
- Overview of local plan development process, including service provider inventory by M. Lawson (principal planner for Mercer County Planning Division)
- Small group activity completing Framework for Action Community Self-Assessment (results presented in later section of this report)
- Closing by Martin DeNero

Stakeholder Meeting #2. March 1, 2007. Prioritize Service Gaps, Brainstorm Action Steps

- Open and close by Martin DeNero
- Presentation on Mercer County demographics (Census 2000) with particular focus on ridership populations by Eric Grugel (regional planner for DVRPC)
- Small group activity to brainstorm population needs and service gaps and rank importance of each item (results presented in later section)
- Summarize results of Community Self-Assessment
- Small group activity brainstorming action steps toward service coordination

Stakeholder Meeting #3. March 13, 2007. Prioritize Action Steps toward Service Coordination.

- Open and close by Martin DeNero
- Preliminary results of custom provider inventory tool (service area mapping) by Eric Grugel
- Presentation by Matt Lawson on process and results of condensing lists of service gaps prioritized by each small group, as a model for how brainstormed action steps were categorized and condensed in preparation for stakeholders prioritization
- Open discussion (facilitated by Martin DeNero) on implications of prioritizing action steps
- Prioritizing short- and long-term action steps toward service coordination

Stakeholder Meeting #4. May 22, 2007. Review Draft Coordination Plan.

- Stakeholders discuss and comment on a draft coordination plan, previously revised in response to comments by steering committee

Organization of the Coordination Plan Document

The Mercer County Coordination Plan is organized to follow guidelines and requirements established by the Federal Transit Administration and NJ Transit. The Coordination Plan will also include appendices that compile key documents developed during the planning process. The report contains the following key elements identified by NJ Transit that must be included in the Coordination Plan:

- Inventory of Local Transportation Resources
- Identification of Unmet Needs and Service Gaps
- Framework for Action "Community Self-Assessment"
- Identification of Actions to Implement a Coordinated Transportation System
- Priorities and Strategies to Build a Coordinated Transportation System

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CHAPTER 2

- ## COUNTY OVERVIEW

Using a variety of data sources, this chapter explores the existing conditions in which human service transportation is provided in Mercer County. Beyond merely enumerating population parameters, statistics from the 2000 US Census are analyzed using a variation on the DVRPC's Environmental Justice (EJ) methodology to identify specific populations that may be more in need of human service transportation. The distribution of institutional facilities' contributing trips are then analyzed using a questionnaire filled out by service providers in the county as well as independent data collection. Public information on existing transit services within Mercer County is also inventoried and analyzed. Additionally, two new surveys have been distributed to county human service transportation providers, the results of which are discussed in later sections.

Demographic Information

The US Census Bureau's 2000 decennial census found Mercer County's population to be 350,700 residents. Estimates for 2006 have Mercer County gaining 16,800 residents, an increase of 4.8 percent, slightly higher than New Jersey's growth of 3.7 percent. Among the 13 municipalities in Mercer County, Trenton City and Hamilton Township have the largest populations with roughly 85,000 residents, while Hightstown Borough, Pennington Borough, and Hopewell Borough each have less than 6,000 residents. Population density within the county is also diverse, ranging from 16.4 residents per acre in Trenton City and 12.2 residents per acre in Princeton Borough to Washington Township and Hopewell Township where each municipality contains less than one resident per acre.

Table 2.1: Estimated Municipal Population and Number of Housing Units

Municipality	Population	Population per Acre	Units	Units / Acre
Hopewell Borough	2035	4.5	836	1.8
Pennington Borough	2696	4.3	1040	1.7
Hightstown Borough	5216	6.6	2081	2.6
Washington Township	10275	0.8	4163	0.3
Princeton Borough	14203	12.2	3495	3.0
Princeton Township	16027	1.5	6224	0.6
Hopewell Township	16105	0.4	5629	0.2
West Windsor Township	21907	1.3	7450	0.4
East Windsor Township	24919	2.5	9880	1.0
Lawrence Township	29159	2.1	11180	0.8
Ewing Township	35707	3.6	12924	1.3
Trenton City	85258	16.4	33908	6.5
Hamilton Township	87254	3.4	34470	1.3

Source: US Census 2000 and DVRPC 2007

While there is large variation in population size and population density among municipalities, there is also considerable variation within. To capture this variation, census block groups were selected from among available smaller units of analysis because census tracts subsume smaller municipalities and the block level is too small for reliable aggregation of population statistics of interest. Mercer County contains 237 block groups, which range in size from 10 to almost 11,000 acres (.02 to 17 square miles). Block group population density ranges from 0.2 to 40.2 residents per acre (excluding the outlier of tract 24, block group 1 in Trenton which has 176 residents per acre.)

Potential Rider Analysis

To identify gaps in transportation services, a "potential ridership" model has been incorporated into the study. This model is adapted from DVRPC's environmental justice methodology, developed in response to the 1964 Civil Rights Act and the 1994 President's Executive Order on Environmental Justice. The DVRPC EJ methodology outlined in the 2001 report "… and Justice for All" and subsequent updates, focuses on traditionally disadvantaged populations, only some of which are appropriate for this analysis. The population groups analyzed here are those that may have greater transportation needs. These include Seniors (over 65 years of age), Physically Disabled, Sensory Disabled, and Mentally Disabled individuals. (Note that aggregation at the block group level means that individuals with more than one of these conditions are counted multiple times.) Other factors that may affect the need for transportation are enumerated at the household level. For this analysis, these include households that report owning zero automobiles (see section on "Carless Households"), and households below the federal poverty line given their household income and size (see "Households in Poverty").

DVRPC's EJ methodology is based on variations in population size among census tracts within its nine-county metropolitan area. Applied to a single county, with the block group unit of analysis, it seemed advisable to also control for population density. Thus, in the following tables and maps, separate analyses are offered for variations among block groups in both total population and population density per acre. For mapping purposes, differences among block groups are symbolized by what quartile they fall into. In other words, for each population statistic, block groups in the county range along a quantitative scale. Quartiles break that scale into four groups, each with equal numbers of block groups. So, with 237 block groups in the county, each quartile contains 59 block groups, and we can classify quartiles as having "high," "medium high," "medium low," and "low" density or population statistics. While other ways of demarcating statistical differences may capture more information (e.g., standard deviation units), quartiles have the advantage of being intuitively simple and easy to symbolize. They may also be assigned a numerical score (one for the "low" quartile, four for the "high" quartile) that can be simply added with

scores on other populations to create a single scale of "ridership potential" across all populations of interest in each block group.

In the subsections that follow, each population group is discussed in turn, including tables and maps for both population size and population density. In addition, each subsection includes a table showing the 10 block groups with the largest populations in absolute numbers. Following analyses for each population group is a separate analysis that combines all six population density quartile scores into a single scale of "ridership potential."

Over 65 Years

The age threshold for what age defines a Senior fluctuates from agency to agency. Seniors are defined in this analysis as being over 65 years, as all the agencies within Mercer County that have a minimum age requirement are no greater then 65 years.

Within Mercer County, 44,140 residents, or 12.6 percent, are 65 years or older, which is the most prevalent population group analyzed. Block groups range from 4 to 855 residents in this category while the percentages range from 0.4 percent to 37.9 percent. Thirteen block groups contain concentrations over twice the county threshold, (over 25 percent) and can be found in six municipalities. Density for this population group ranges from .02 to 9.59 residents per acre.   The highest quartile block group densities are located in Trenton, Hamilton, East Windsor and Princeton.

Block groups with the 10 ten greatest actual numbers of over-65 residents are located in six different municipalities, as shown on Table 2.2. Exploring this table may help with the interpretation of the maps that follow. First, the purpose of the table is to identify those census block groups with high absolute numbers of individuals in a given population category as a means of identifying where people live who have a high probability of needing human service transportation. While the US Census Bureau intends block groups to be relatively consistent in population size, rates of residential development and abandonment lead to skewing, as a glance down the block group Total Population column will show. The block groups with the fourth and fifth highest numbers of seniors achieve that ranking based mostly on the total population size of the block group; the proportion of seniors relative to the entire population in both of these block groups is relatively low (see Percent of Total Population column). A similar point can be made about block groups that are geographically large. In this instance, there may be a relatively large number of individuals in a block group, but they are dispersed over a large area (compare columns for Area and 65+ Population Density per Acre). Block group area and population size may play out in other

ways that are hard to make out with maps alone. For instance, in a geographically small block group, with a small population, a single housing development for seniors may skew the density statistics, as may be the case in two block groups in Trenton.

Since no single map and no single analysis can elucidate all these details, two sets of maps are provided for each population group of interest. Figure 1A shows the relative numbers of seniors in each block group, with the 59 block groups with the highest absolute numbers of seniors (including the 10 block groups in Table 2.2) being shown in the darkest color. Likewise, the 59 block groups with the smallest absolute numbers of seniors are shown in the lightest color.

In similar fashion, Figure 1B breaks block groups into quartiles based on the population density per acre. The logic here is that if it is important to know where large numbers of individuals live who might need service, it is also important to know where they live in high enough densities that frequent service may be called for.

Table 2.2: Over-65 Years Population and Population Density for
Top Ten Block Groups in Actual Numbers

Municipality	Census Tract & Block Group		Over 65 Years Population	Total Population	Percent of Total Population	Area (In Acres)	Over 65 Years Population Density per Acre
Hamilton	CT 30.08	BG 2	855	2451	35%	342.2	2.50
Ewing	CT 37.05	BG 1	590	1993	30%	1069.4	0.55
Hopewell T	CT 39.01	BG 8	548	5805	9%	6173.0	0.09
Washington	CT 43.08	BG 7	503	5628	9%	3133.9	0.16
Trenton	CT 1	BG 5	496	2311	21%	79.5	6.24
Hamilton	CT 30.06	BG 1	477	2946	16%	725.1	0.66
Hamilton	CT 30.04	BG 4	471	2137	22%	323.4	1.46
Trenton	CT 21	BG 6	449	1564	29%	54.1	8.30
Hamilton	CT 30.09	BG 1	448	2848	16%	474.8	0.94
Ewing	CT 44.05	BG 8	428	3058	14%	4525.0	0.09

Source: US Census 2000 and DVRPC 2007

Figure 1A

Persons Over 65 Years
Per Block Group

Population

- 0 - 124
- 125 - 224
- 225 - 374
- 375 - 855

Source: U.S. Census Bureau

0 1 2 Miles
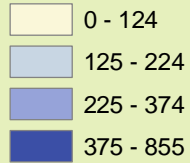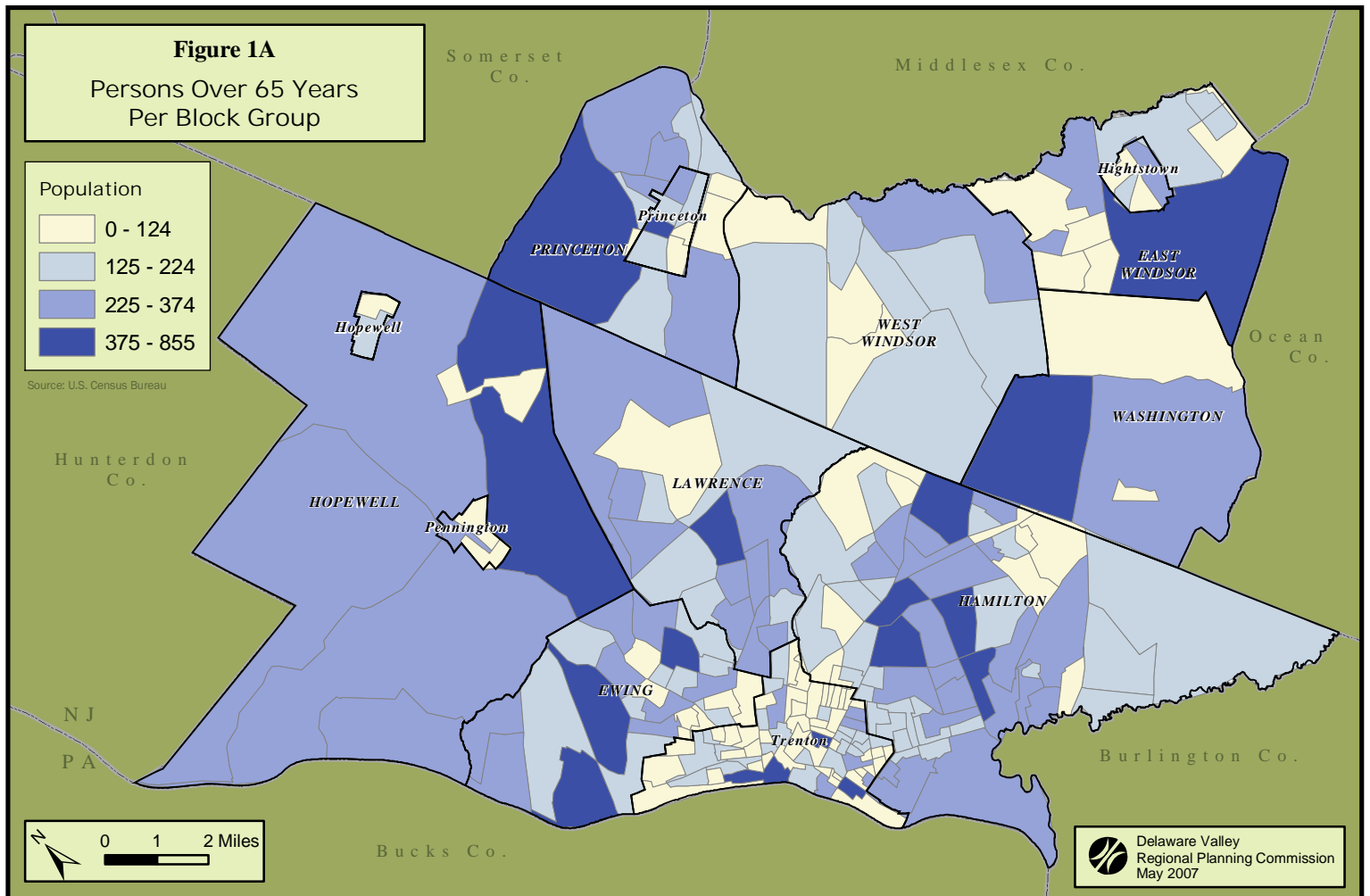
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Figure 1B

Persons Over 65 Years
Density Per Block Group
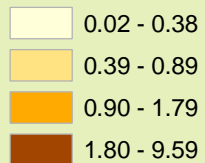
Persons per Acre

- 0.02 - 0.38
- 0.39 - 0.89
- 0.90 - 1.79
- 1.80 - 9.59

Source: U.S. Census Bureau

0 1 2 Miles
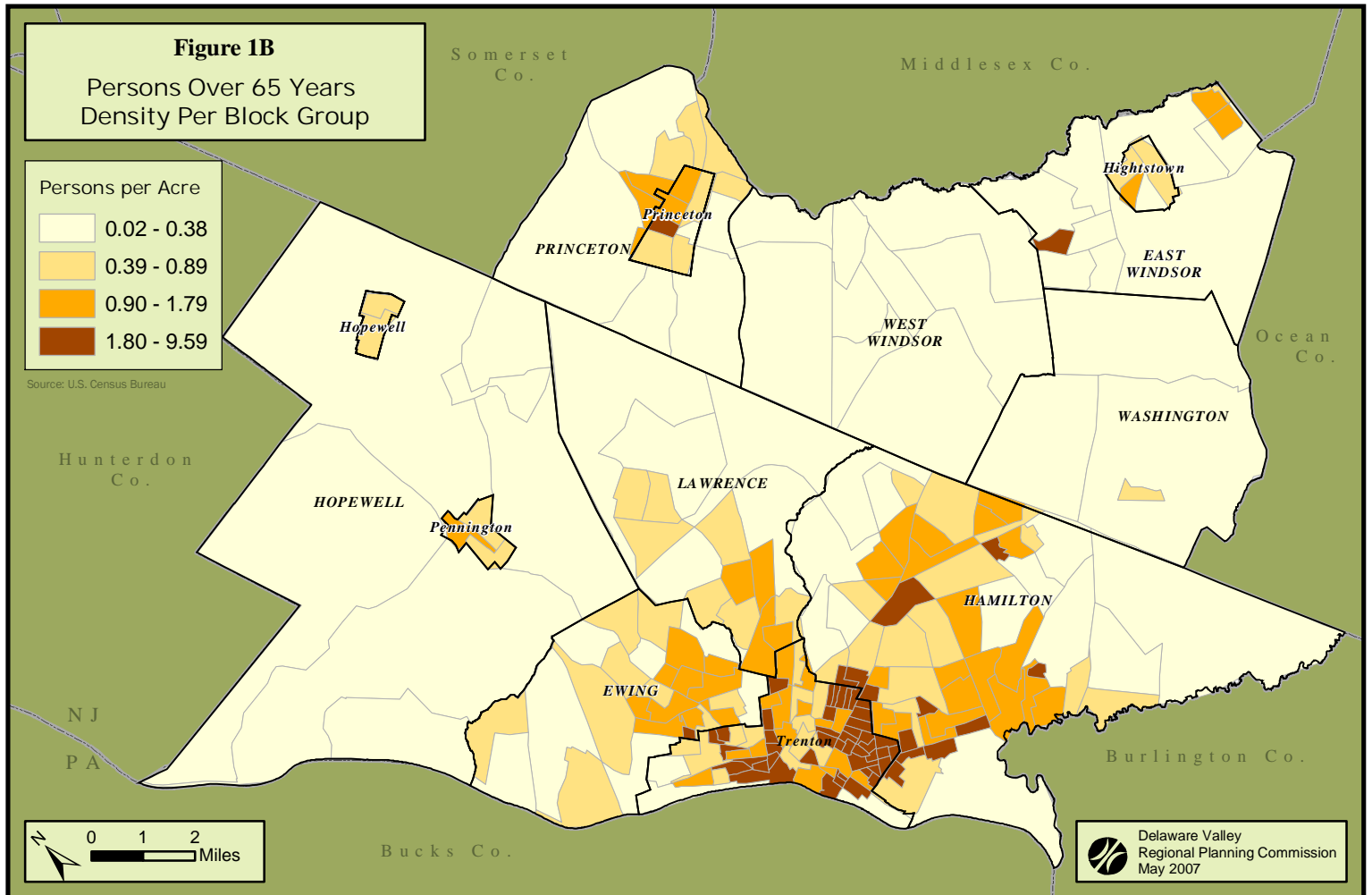
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Persons with Physical Disabilities

Definitions of "people with disabilities", and therefore eligibility for services, varies from agency to agency. The US Census identifies six disability categories: sensory, physical, mental, going outside of the home, self-care, and employment. The Americans with Disabilities Act provides comprehensive civil rights protection for 'qualified individuals with disabilities.' An individual with a disability, according to the ADA, is a person who has: (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

People with physical disabilities, as defined by Mercer County's Office on Disability Services, may be born with or acquire a physical condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying. Sensory conditions such as blindness, deafness, or severe vision or hearing impairments that substantially limit a person's active participation in the community are people with physical disabilities.

Recognizing that each agency may have slightly different definitions, this analysis of the distribution of persons with physical disabilities relies on data from the US Census, which defines a physical disability as "a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying." In 2000, Mercer County contained 22,294 residents with a physical disability, with block group numbers ranging from 0 and 394 residents. Proportions of residents with physical disabilities relative to the entire population ranged from 0.0 to 20.5 percent. Three block groups did not contain any persons with physical disabilities and only Hopewell Borough, West Windsor and East Windsor had proportions above the county average. Density for this population group ranges from 0.0 to 6.98 residents per acre. The highest quartile densities are located in Trenton and Hamilton. Block groups with the top 10 actual numbers of persons with physical disabilities are located in four different municipalities.

Figure 2A illustrates persons with physical disabilities in actual numbers while Figure 2B illustrates persons with physical disabilities density. Table 2.3 illustrates the top 10 block groups with the highest total number of persons with physical disabilities, the area of the block group in acres, and population with physical disabilities density.

Table 2.3: Persons with Physical Disabilities and Persons with Physical Disabilities Density for Top Ten Block Groups in Actual Numbers

Municipality	Census Tract & Block Group		Persons with Physical Disabilities	Total Population	Percent of Total Population	Area (In Acres)	Persons with Physical Disabilities Density per Acre
Washington	CT 43.08	BG 7	394	5583	7%	3133.9	0.13
Trenton	CT 21	BG 6	324	1395	23%	54.1	5.99
Trenton	CT 11	BG 5	307	2911	11%	219.6	1.40
Trenton	CT 1	BG 5	299	2291	13%	79.5	3.76
Trenton	CT 10	BG 2	290	1021	28%	141.9	2.04
Trenton	CT 17	BG 4	262	1688	16%	53.3	4.91
Hamilton	CT 30.08	BG 2	256	2506	10%	342.2	0.75
Ewing	CT 35	BG 3	250	1801	14%	231.5	1.08
Hamilton	CT 30.04	BG 3	243	1823	13%	369.4	0.66
Trenton	CT 11	BG 2	226	1817	12%	75.7	2.99

Source: US Census 2000 and DVRPC 2007

Figure 2A

Persons with Physical Disabilities Per Block Group

Population

- 0 - 49
- 50 - 99
- 100 - 199
- 200 - 394

Source: U.S. Census Bureau

0   1   2 Miles

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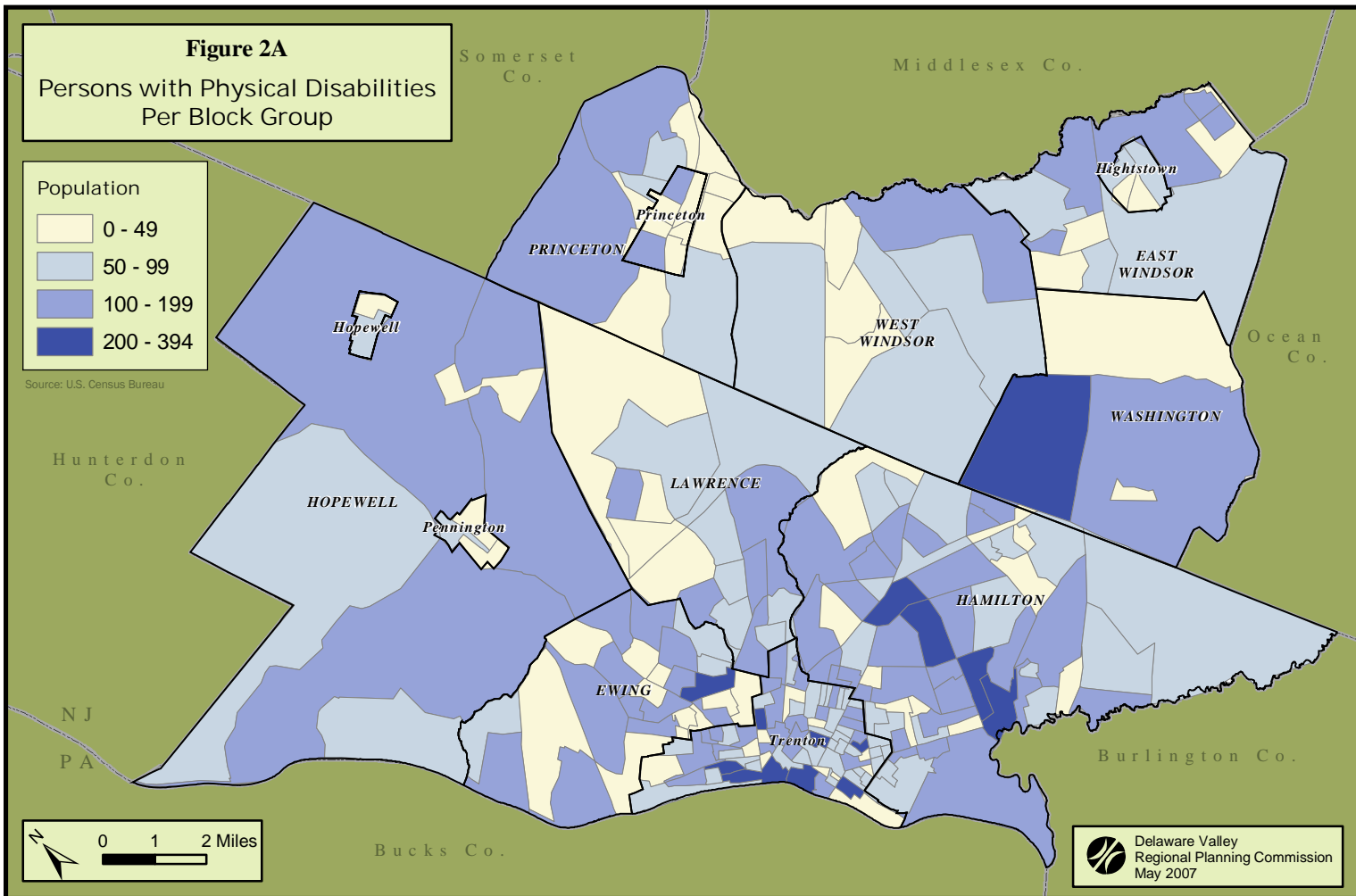
Figure 2B

Persons with Physical Disabilities Density Per Block Group

Persons per Acre

- 0.00 - 0.12
- 0.13 - 0.43
- 0.44 - 1.34
- 1.35 - 6.98

Source: U.S. Census Bureau

0   1   2 Miles

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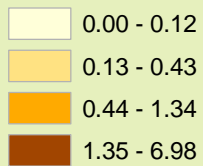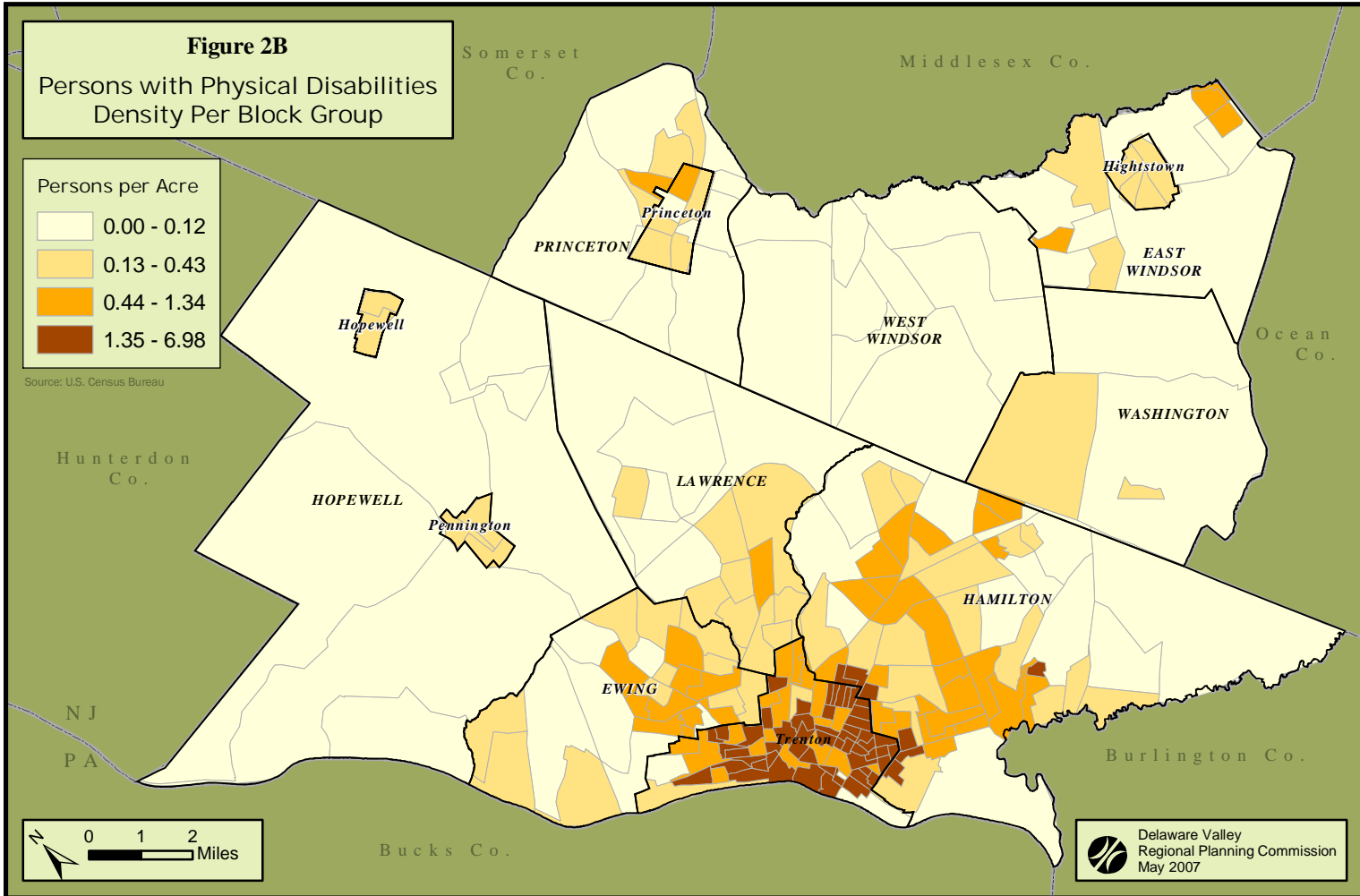
Persons with a Sensory Disability

The US Census Bureau defines a sensory disability as "blindness, deafness, or a severe vision or hearing impairment." While this population group is the smallest in terms of overall numbers, Mercer County contained 9,127 residents with sensory disabilities. Block groups individually contained between 0 and 151 persons with sensory disabilities, while proportions relative to the entire population ranged from 0.0 to 12.3 percent. Fifteen block groups did not contain any persons with sensory disabilities while West Windsor is the only municipality that does not contain any block groups above the mean, again indicating that this population group is more evenly distributed throughout the county. Density for this population group ranges from 0.0 to 2.42 residents per acre. The highest quartile densities are located in Trenton and Hamilton. Block groups with the top 10 actual numbers of persons with sensory disabilities are located in six different municipalities.

Figure 3A illustrates persons with sensory disabilities in actual numbers while figure 3B illustrates persons with sensory disabilities density. Table 2.4 below illustrates the top 10 block groups that contain the highest total number of persons with sensory disabilities, the area of the block group in acres, and persons with sensory disabilities density.

Table 2.4: Persons with a Sensory Disability and Persons with a Sensory Disability Density for Top Ten Block Groups in Actual Numbers

Municipality	Census Tract & Block Group		Persons with Sensory Disabilities	Total Population	Percent of Total Population	Area (In Acres)	Persons with Sensory Disabilities Density per Acre
Trenton	CT 11	BG 5	151	2911	5%	219.6	0.69
Washington	CT 43.08	BG 9	136	3653	4%	6178.4	0.02
Trenton	CT 17	BG 4	129	1688	8%	53.3	2.42
Trenton	CT 1	BG 5	126	2291	5%	79.5	1.58
Hamilton	CT 27.02	BG 6	111	935	12%	472.9	0.23
Trenton	CT 18	BG 2	111	1393	8%	132.0	0.84
Hamilton	CT 27.01	BG 4	104	1463	7%	467.0	0.22
Hopewell T	CT 39.01	BG 8	103	5789	2%	6173.0	0.02
Hightstown	CT 44.05	BG 9	98	2296	4%	1476.1	0.07
Ewing	CT 37.05	BG 2	97	1983	5%	880.3	0.11

Source: US Census 2000 and DVRPC 2007

Figure 3A

Persons with Sensory Disabilities
Per Block Group

Population

- 0 - 24
- 25 - 49
- 50 - 74
- 75 - 151

Source: U.S. Census Bureau

0   1   2 Miles
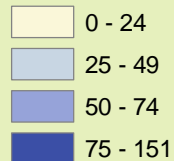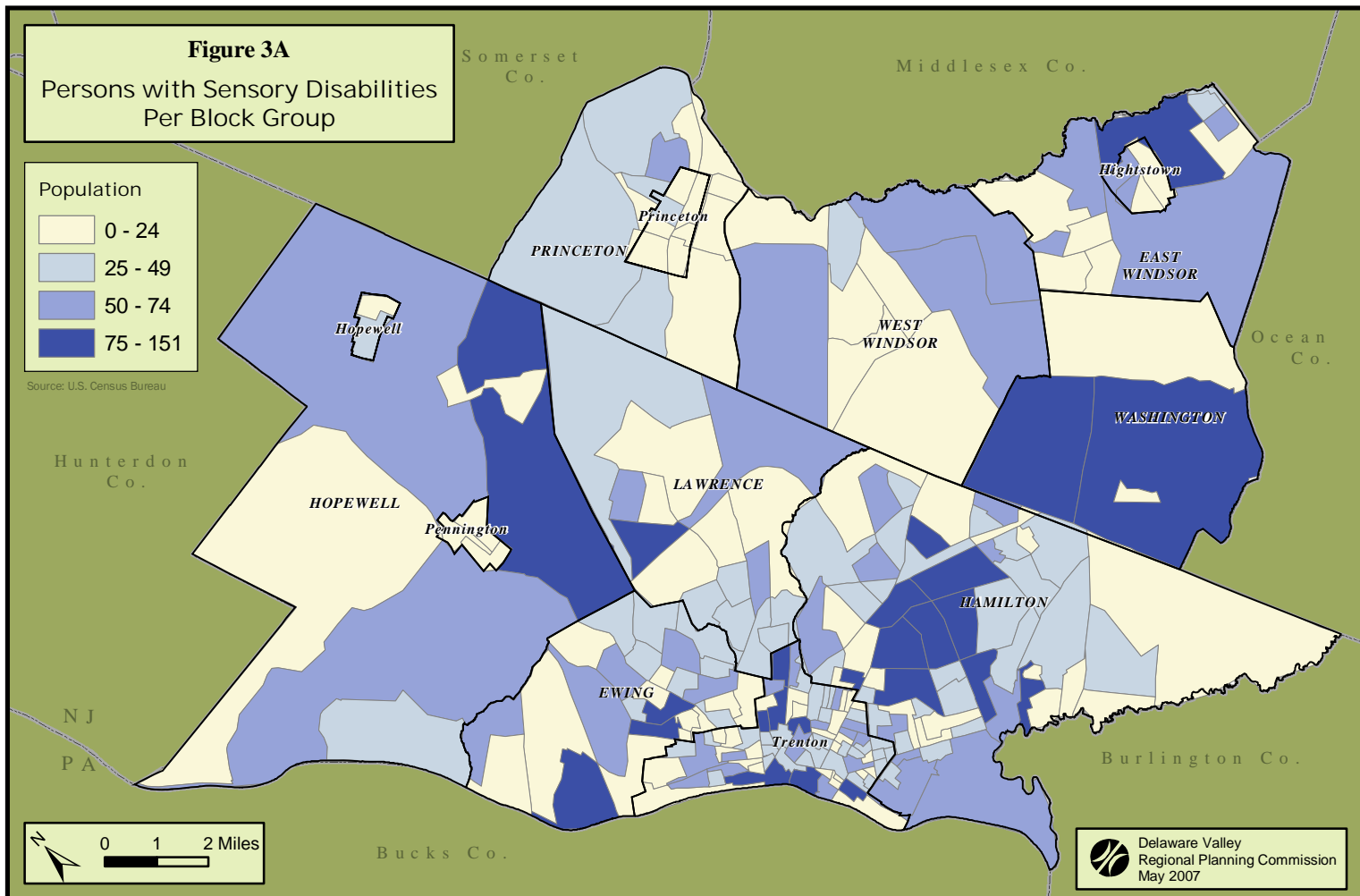
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Figure 3B

Persons with Sensory Disabilities
Density Per Block Group
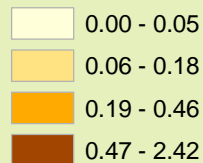
Persons per Acre

- 0.00 - 0.05
- 0.06 - 0.18
- 0.19 - 0.46
- 0.47 - 2.42

Source: U.S. Census Bureau

0   1   2
          Miles
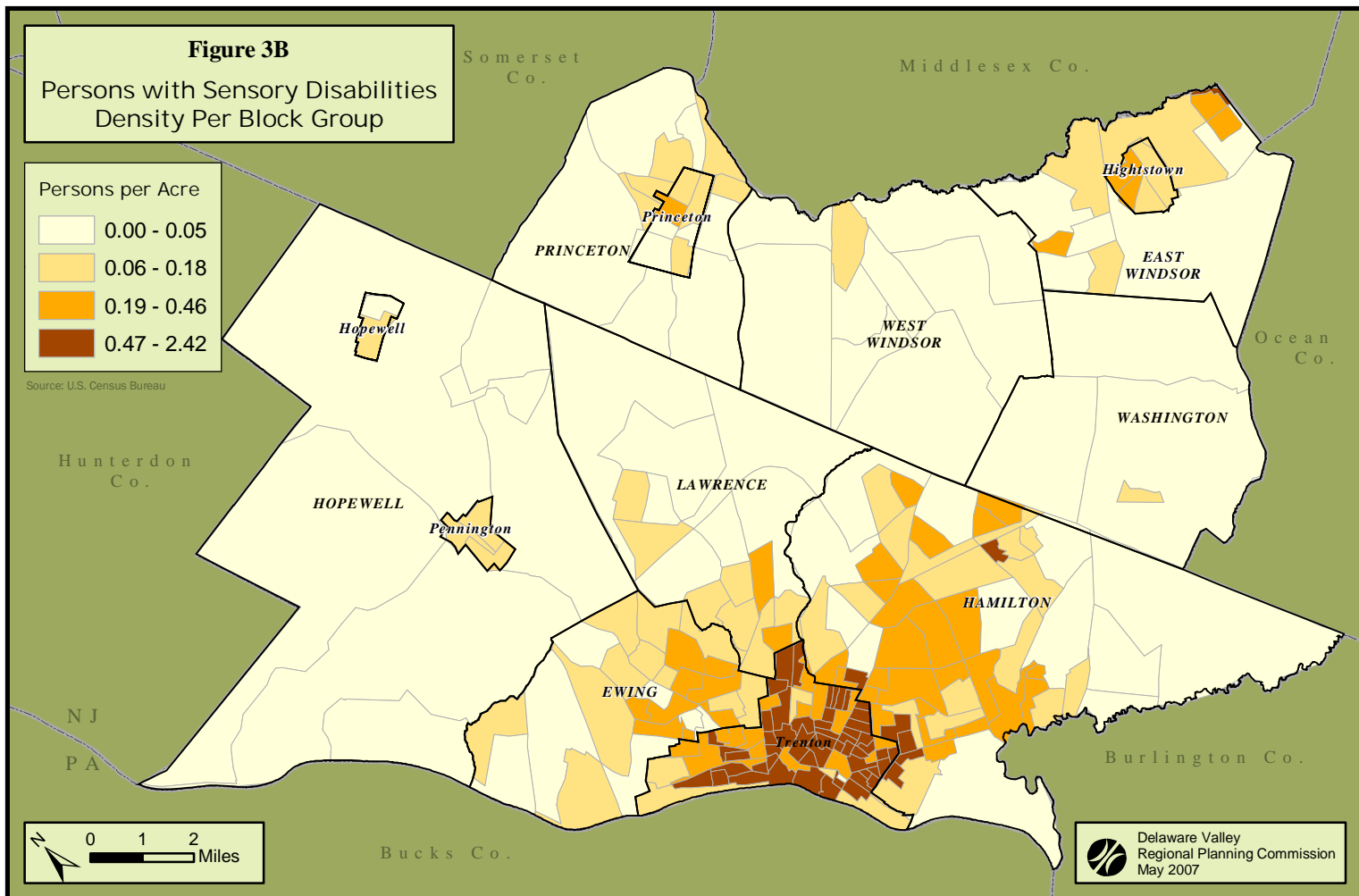
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Persons with a Mental Disability

The US Census Bureau defines a mental disability as having "a learning, remembering, or concentrating condition lasting 6 months or more that made it difficult to perform certain activities." This information is gathered for the population ages 5 years old or older. Again, the US Census will be used to gather demographic data for persons with developmental or mental disabilities, recognizing that agencies may have slightly different definitions.

The NJ State Division of Developmental Disabilities defines a developmental disability as a disability which begins during the developmental years, before the age of 22, and which creates lifelong conditions that affect the individual's ability to live without some assistance. Developmental disabilities substantially limit the individual in at least three of the following areas; self-care, learning, mobility, communication, self-direction, economic self-suffiency, and the ability to live independently.

In 2000, Mercer County contained 12,861 persons with a mental disability, with block groups ranging from 0 to 226 residents. Proportions of persons with a mental disability relative to the entire population ranged from 0.0 to 15.6 percent. Seven block groups did not contain any persons with a mental disability. Density for this population group ranges from 0.0 to 3.58 residents per acre. The highest quartile densities are located in Trenton, Hamilton, Ewing and East Windsor. Block groups with the top 10 actual numbers of persons with a mental disability are located in four different municipalities.

Figure 4A illustrates persons with mental disabilities in actual numbers while Figure 4B illustrates persons with mental disabilities density. Table 2.5 below illustrates the top 10 block groups that contain the highest total number persons with mental disabilities, the area of the block group in acres, and persons with a mental disability density.

Figure 4A

Persons with Mental Disabilities Per Block Group

Population

- 0 - 24
- 25 - 49
- 50 - 99
- 100 - 226

Source: U.S. Census Bureau

0 1 2 Miles

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Somerset Co.

Middlesex Co.

Hightstown

PRINCETON

Princeton

EAST WINDSOR

WEST WINDSOR

Ocean Co.

Hopewell

WASHINGTON

Hunterdon Co.

HOPEWELL

Pennington

LAWRENCE

HAMILTON

NJ
PA

EWING

Trenton

Burlington Co.

Bucks Co.
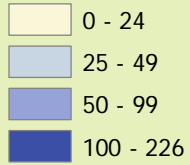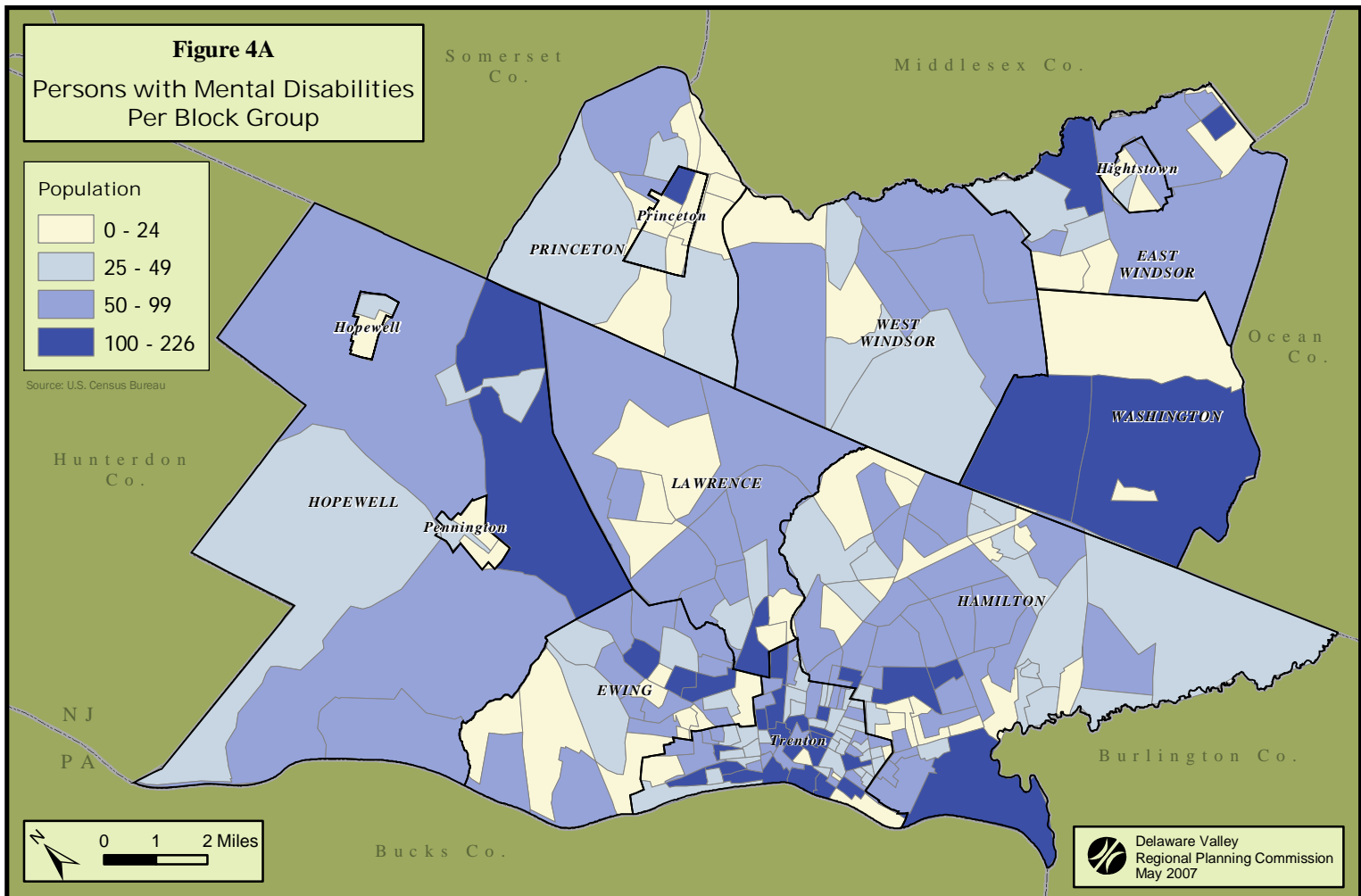
Figure 4B

Persons with Mental Disabilities Density Per Block Group

Persons per Acre

- 0.00 - 0.07
- 0.08 - 0.20
- 0.21 - 0.85
- 0.86 - 3.58

Source: U.S. Census Bureau

0 1 2 Miles

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Somerset Co.

Middlesex Co.

Hightstown

PRINCETON

Princeton

EAST WINDSOR

WEST WINDSOR

Ocean Co.

Hopewell

WASHINGTON

Hunterdon Co.

HOPEWELL

Pennington

LAWRENCE

HAMILTON

NJ
PA

EWING

Trenton

Burlington Co.

Bucks Co.
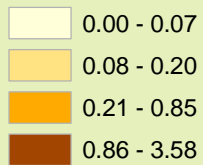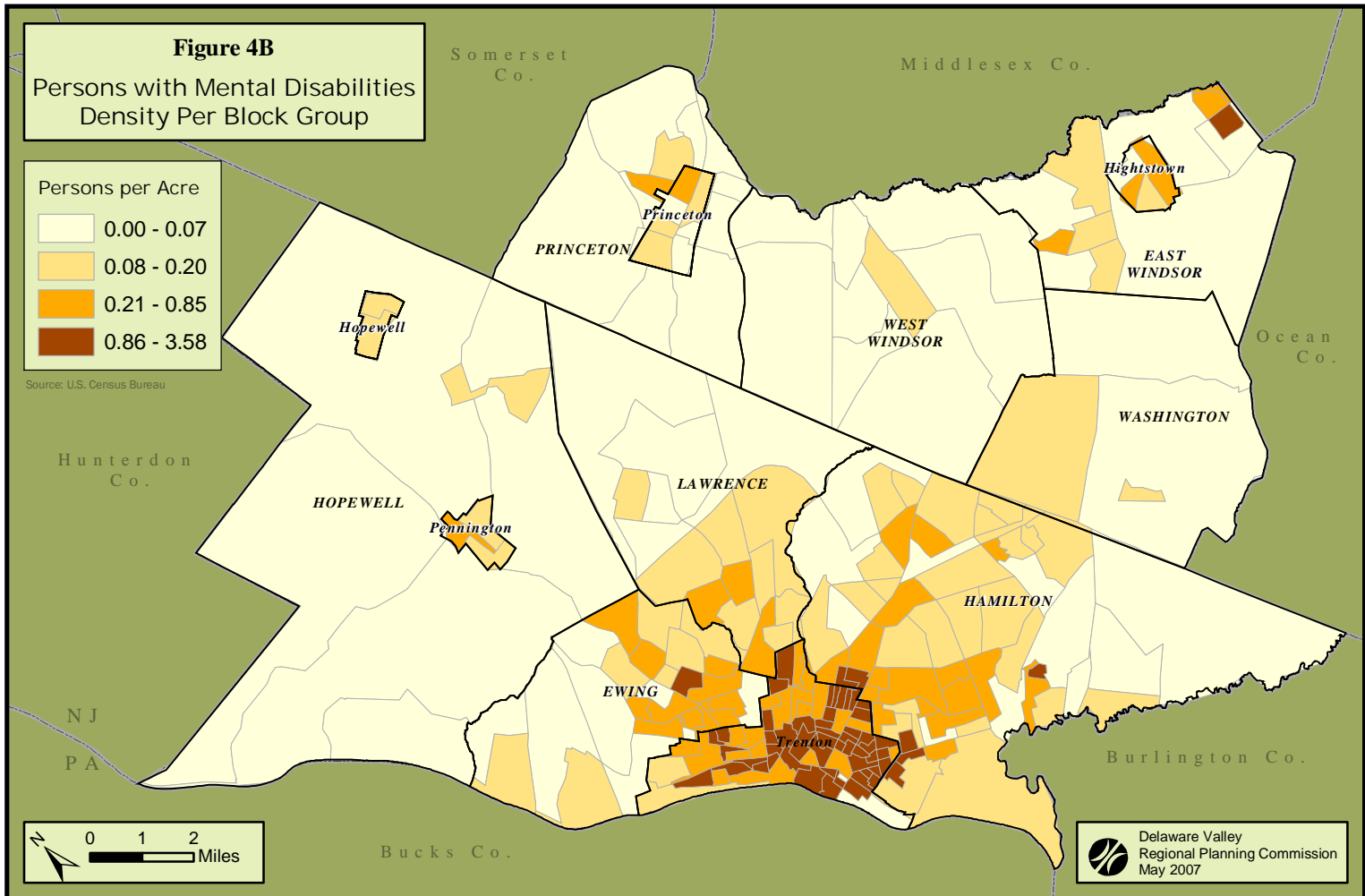
Table 2.5: Persons with Mental Disabilities and Persons with Mental Disabilities Density for

Top Ten Block Groups in Actual Numbers

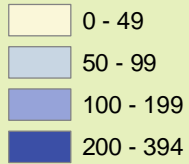| Municipality	Census Tract & Block Group		Persons with a Mental Disability	Total Population	Percent of Total Population	Area (In Acres)	Persons with a Mental Disability Density per Acre
Washington	CT 43.08	BG 7	226	5583	4%	3133.9	0.07
East Windsor	CT 44.04	BG 6	195	2655	7%	158.0	1.23
Trenton	CT 21	BG 6	186	1395	13%	54.1	3.44
Trenton	CT 9	BG 7	162	1388	12%	59.6	2.72
Hamilton	CT 25	BG 9	150	1759	9%	2135.4	0.07
Trenton	CT 10	BG 2	149	1021	15%	141.9	1.05
Trenton	CT 12	BG 4	140	1723	8%	100.7	1.39
Trenton	CT 11	BG 5	140	2911	5%	219.6	0.64
Trenton	CT 1	BG 5	134	2291	6%	79.5	1.69
Trenton	CT 11	BG 2	132	1817	7%	75.7	1.74

Source: US Census 2000 and DVRPC 2007

When considering physical, sensory, and developmental disability, it is worth noting again a methodological drawback of multiple correlations within aggregated census data, which are the only data available for this purpose. In this case, a person's developmental disability may be sensory or physical, or both, and will be counted separately in each category. Without individual-level data, there is no way to disaggregate and refine the analysis.

Carless Households

Carless households are defined by the US Census as households with zero car availability. Many residents in this population group therefore must rely on someone else or transit services for mobility. Mercer County contains 14,675 carless households, suggesting many more actual residents that are transit-dependent. Thirty-five block groups do not have *any* households without cars while seventeen block groups in Trenton show greater than 40 percent of households that did not own a car. Block group numbers range from 0 to 442 households while the percentages range from 0.0 percent to 75.2 percent. Density for this group ranges from 0.0 to 8.17 carless households per acre. The highest quartile densities, with one exception in Hamilton, are all located in Trenton. Block groups with the top 10 actual numbers of carless households are all located in Trenton.

Figure 5A

Carless Households
Per Block Group

Population

	0 - 49
	50 - 99
	100 - 199
	200 - 442

Source: U.S. Census Bureau

0   1   2 Miles
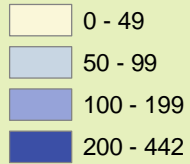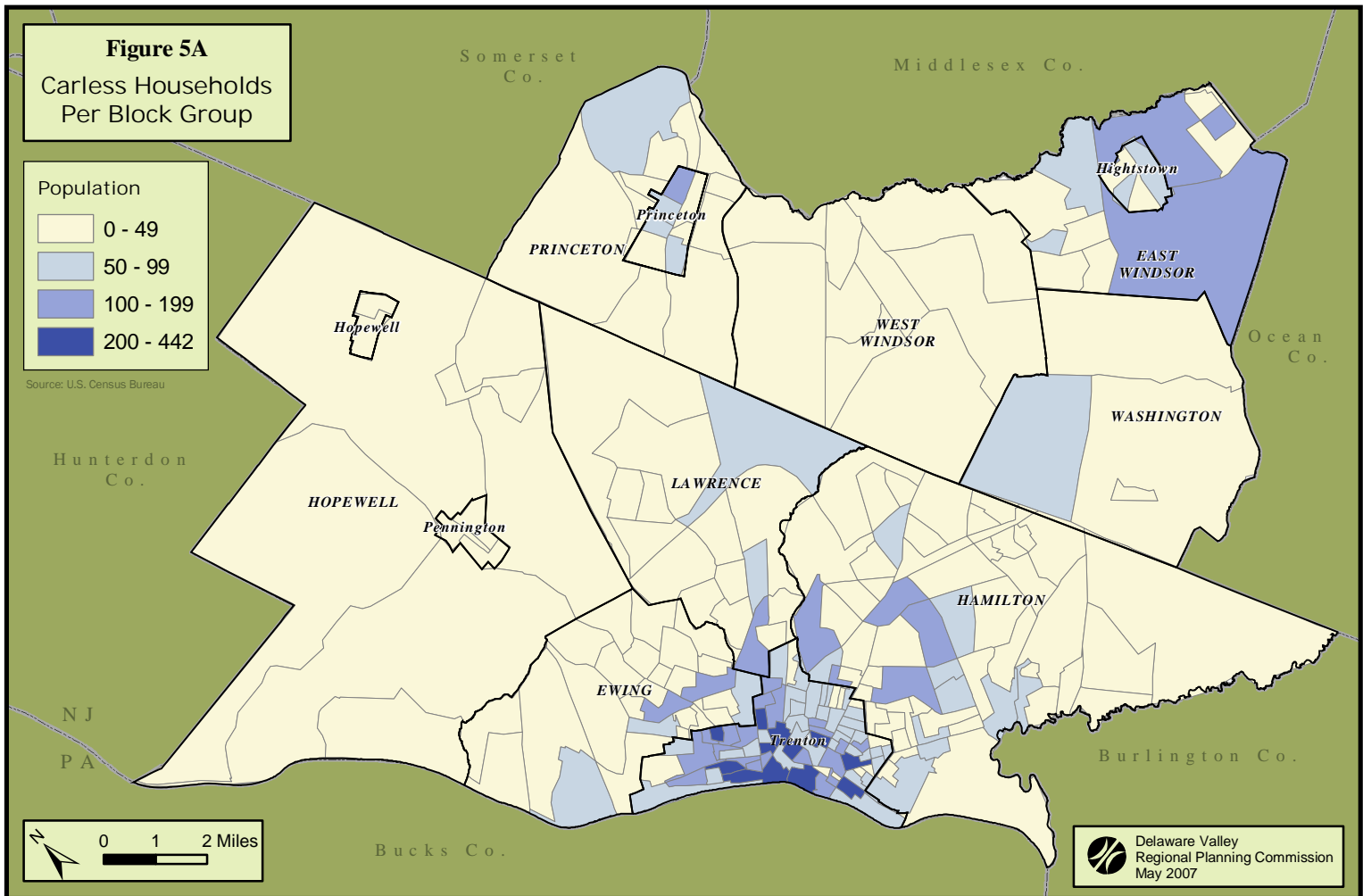
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Figure 5B

Carless Household
Density Per Block Group

Persons per Acre

	0.00 - 0.02
	0.03 - 0.18
	0.19 - 1.03
	1.04 - 8.17

Source: U.S. Census Bureau

0   1   2 Miles
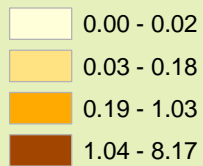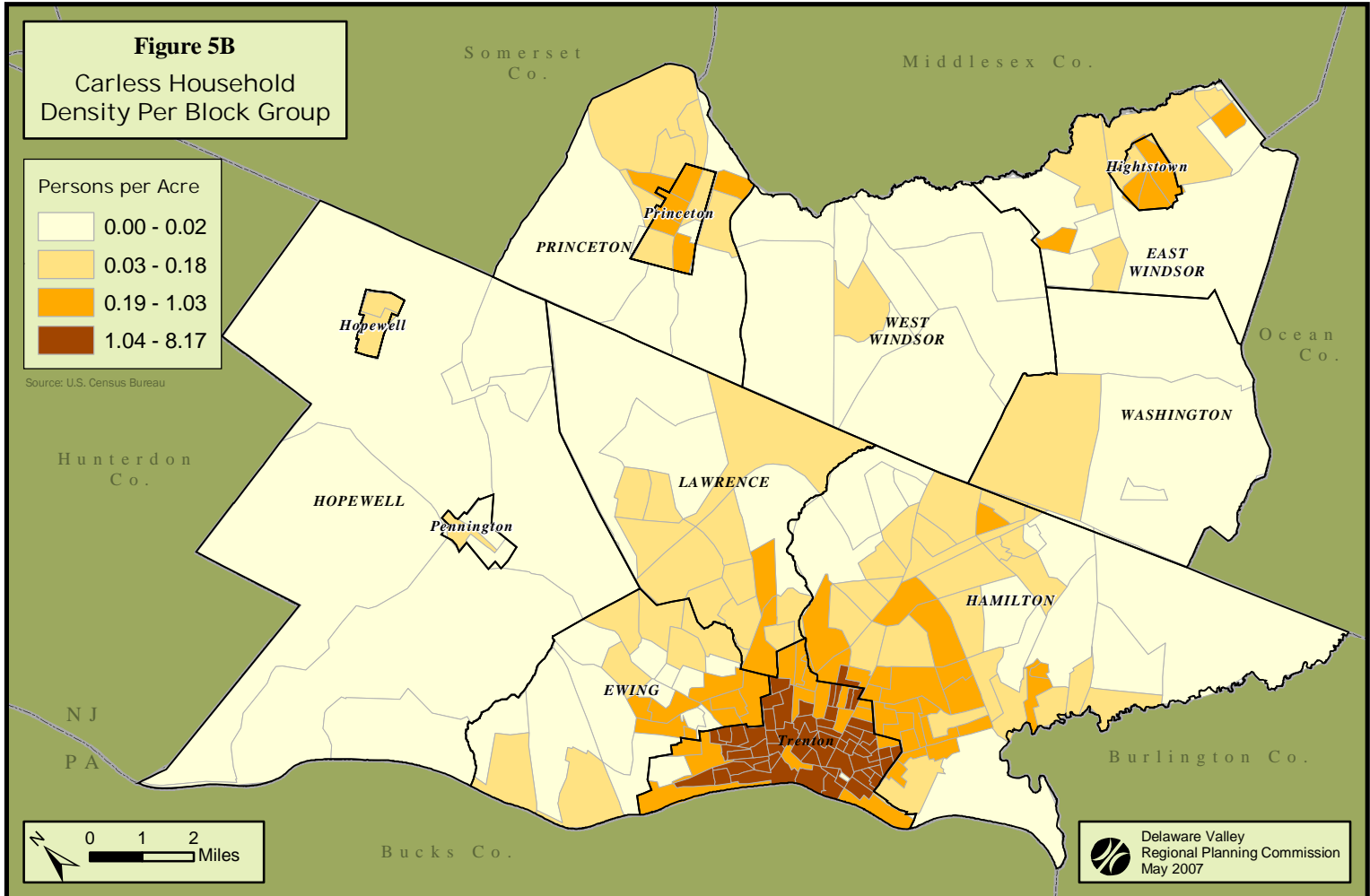
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Figure 5A illustrates carless households in actual numbers while Figure 5B illustrates carless household density. Table 2.6 below illustrates the top 10 block groups that contain the highest total number of carless households, the area of the block group in acres, and the carless household density.

Table 2.6: Carless Households and Household Density for

Top Ten Block Groups in Actual Numbers

Municipality	Census Tract & Block Group		Carless Households	Total Households	Percent of Total Households	Area (In Acres)	Carless Household Density per Acre
Trenton	CT 10	BG 2	327	590	55%	141.9	2.30
Trenton	CT 21	BG 6	301	718	42%	54.1	5.56
Trenton	CT 11	BG 2	283	805	35%	75.7	3.74
Trenton	CT 17	BG 4	247	638	39%	53.3	4.63
Trenton	CT 10	BG 4	200	404	50%	82.6	2.42
Trenton	CT 1	BG 5	194	935	21%	79.5	2.44
Trenton	CT 11	BG 5	190	1224	16%	219.6	0.87
Trenton	CT 14.01	BG 7	160	451	35%	42.1	3.80
Trenton	CT 16	BG 1	151	478	32%	89.2	1.69
Trenton	CT 9	BG 7	147	486	30%	59.6	2.47

Source: US Census 2000 and DVRPC 2007

Poverty

Poverty, or Low Income, is defined as personal or household income at or below the US Department of Health and Human Services poverty guidelines, established as a relationship between income and the size of the family unit. While guidelines are adjusted annually, the 2001 guidelines are approximately equal to the 2000 US Census figures and will be used for this analysis. In 2001, a family of four qualified for poverty status if their household income was at or below $17,650. By 2007, poverty status income for a family of four had risen to $20,650.

Table 2.7: Poverty Guidelines

Size of Family Unit	2001 Household Income	2007 Household Income
1	$8,590	$10,210
2	$11,610	$13,690
3	$14,630	$17,170
4	$17,650	$20,650
5	$20,670	$24,130
6	$23,690	$27,610
7	$26,710	$31,090
8	$29,730	$34,570
Each Additional Person	$3,020	$3,480

Source: US Department of Health and Human Services, 2006

Figure 6A

Households in Poverty Per Block Group

Population

0 - 24
25 - 49
50 - 99
100 - 327

Source: U.S. Census Bureau

0 1 2 Miles

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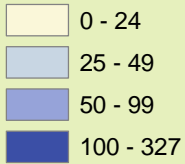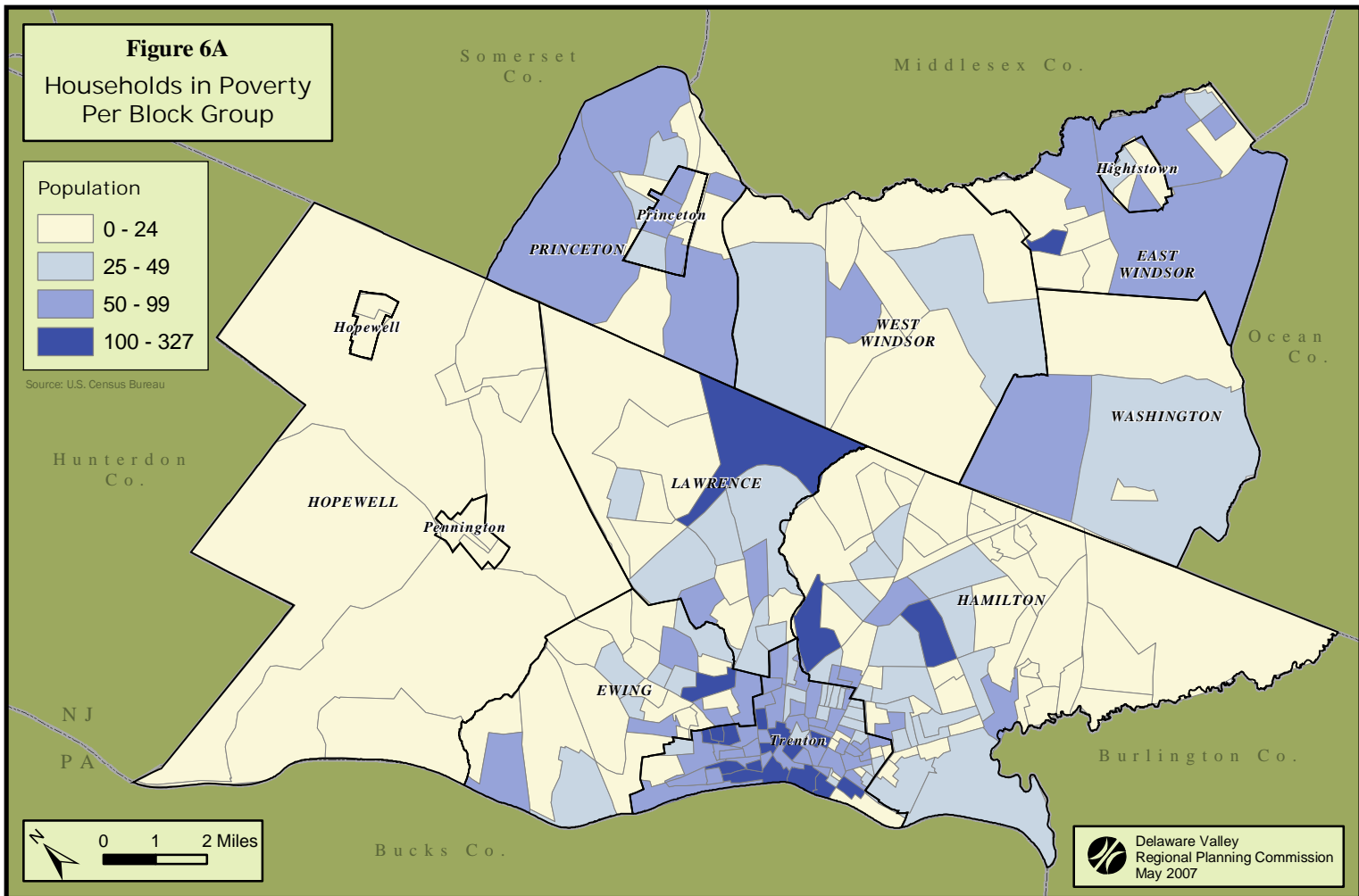
Figure 6B

Households in Poverty Density Per Block Group

Persons per Acre

0.00 - 0.02
0.03 - 0.14
0.15 - 0.73
0.74 - 5.56

Source: U.S. Census Bureau

0 1 2 Miles

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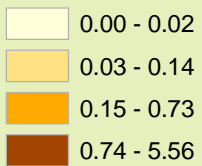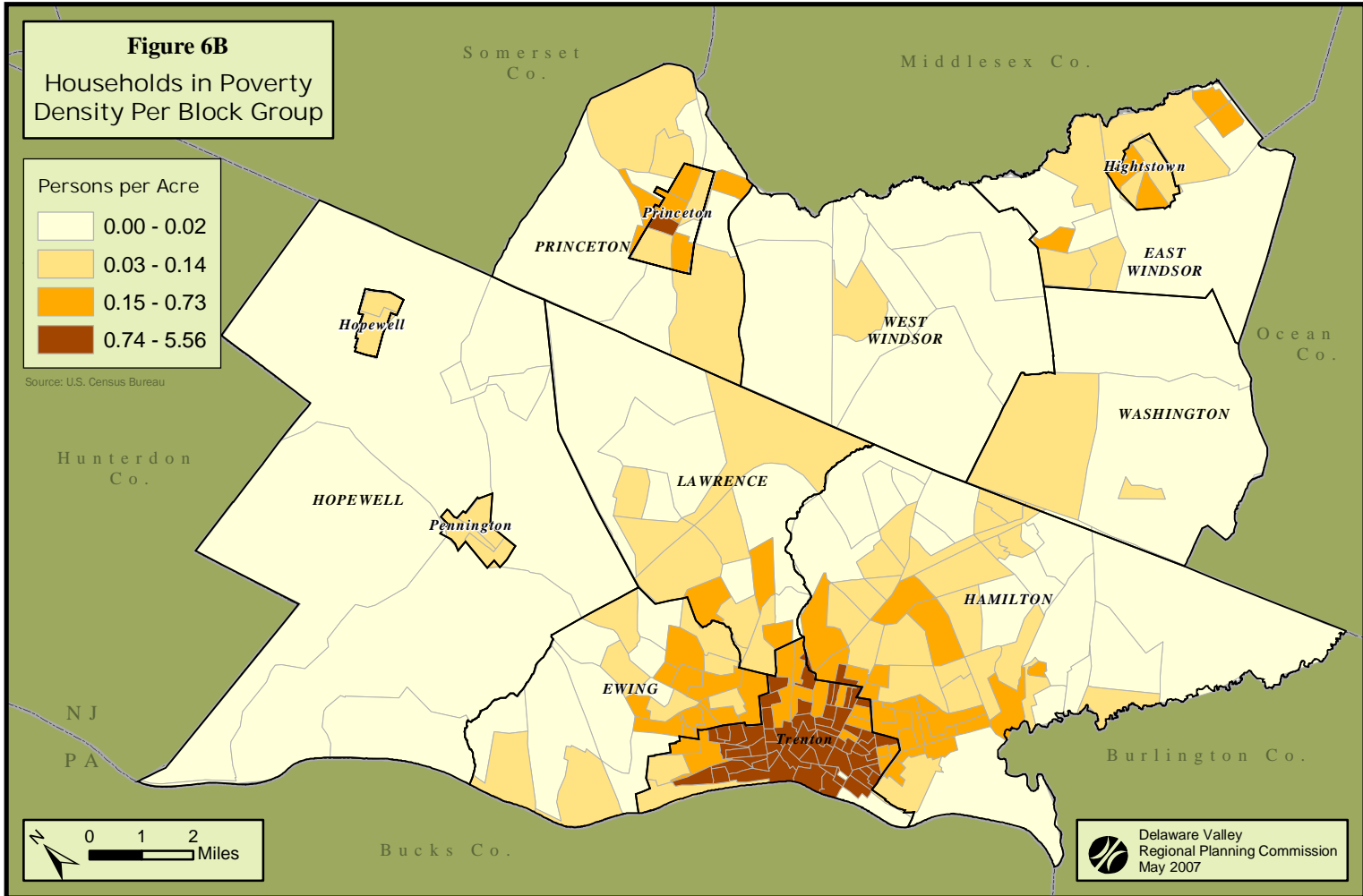
Mercer County contains 10,825 households in poverty, or 8 percent of all households in the county. Block group concentrations range from 0 to 327 households while percentages range from 0.0 to 55.4 percent. Twenty-four block groups in eight municipalities do not contain any households in poverty while five municipalities have block groups with proportions greater than 17 percent, or twice the county average. Density for this population group ranges from 0.0 to 5.56 residents per acre. The highest quartile densities, except for two block groups in Hamilton Township and Princeton Borough, are all located in Trenton. Like carless households, block groups with the top 10 actual numbers of households in poverty are all located in Trenton. Like for seniors and people with disabilities, there is a correlation between poverty status and car ownership that is impossible to disaggregate with census data.

Figure 6A illustrates households in poverty in actual numbers while Figure 6B illustrates the households in poverty density. Table 2.8 below illustrates the top ten block groups that contain the highest total number of households in poverty, the area of the block group in acres, and the households in poverty density.

Table 2.8: Households in Poverty and Households in Poverty Density for

Top Ten Block Groups in Actual Numbers

Municipality	Census Tract & Block Group		Households in Poverty	Total Households	Percent of Total Households	Area (In Acres)	Households in Poverty Density per Acre
Trenton	CT 10	BG 2	327	590	55%	141.9	2.30
Trenton	CT 21	BG 6	301	718	42%	54.1	5.56
Trenton	CT 11	BG 2	283	805	35%	75.7	3.74
Trenton	CT 17	BG 4	247	638	39%	53.3	4.63
Trenton	CT 10	BG 4	200	404	50%	82.6	2.42
Trenton	CT 1	BG 5	194	935	21%	79.5	2.44
Trenton	CT 11	BG 5	190	1224	16%	219.6	0.87
Trenton	CT 14.01	BG 7	160	451	35%	42.1	3.80
Trenton	CT 16	BG 1	151	478	32%	89.2	1.69
Trenton	CT 9	BG 7	147	486	30%	59.6	2.47

Source: US Census 2000 and DVRPC 2007

Point Total Analysis

While some service providers only serve one group, such as elderly or residents with a disability, many agencies provide services to several populations. Additionally, areas that have higher concentrations for each category may indicate places where regular transportation services should be further analyzed for expansion or inclusion.

The analysis of the distribution of individual population groups in previous subsections lends itself to simple combination. This can be done by assigning scores of 1-4 to each quartile and adding the scores for each block group. A block group in the bottom quartile for each of the six individual measures would receive the lowest possible score of six on the combined index. A block group in the highest quartile on each of the measures would have the highest possible score of 24. Most block groups will fall in the middle range. Thus, block groups with higher numbers indicate areas of greater concentrations of people who may need transportation services. Figure 7 illustrates potential riders. For a reference, Figure 8 illustrating the road network in Mercer County has been included.

For mapping purposes, the point system can be broken down into three categories:

Low potential	6 to 9 points
Medium potential	10 to 18 points
High potential	19 to 24 points

Table 2.9 shows each municipality with the point totals per block group. The majority of the municipalities contain a mix of block groups in both the low and medium potential categories. There are no municipalities that contain the lowest possible number of points. Hopewell Township and West Windsor Township are the only municipalities that contain nine or fewer points, or in other terms, all of the block groups here have a very low potential for service.

As expected, 11 out of 14 municipalities have block groups with medium point totals. Block groups with medium potential indicate areas where one or more population groups have points in the upper quartiles. These block groups are located in smaller older communities (such as Hopewell Borough, Pennington, and Hightstown) and the older suburbs near Trenton. While still in the medium potential category, seven municipalities contain block groups with upper-medium point totals (16 to 18 points). High potential block groups are located in East Windsor, Hamilton, and Trenton. All of the highest point total block groups (12 to 24 points) are located in Trenton and Hamilton.

Table 2.9: Potential Rider Point Totals by Municipality

Municipality	Number of Block Groups	Total Points						
		6	7 to 9	10 to 12	13 to 15	16 to 18	19 to 21	22 to 24
East Windsor T	12	3	3	2	1	1	2	0
Ewing T	27	3	4	6	6	8	0	0
Hamilton T	60	5	7	11	13	14	5	5
Hightstown B	4	0	0	0	3	1	0	0
Hopewell B	2	0	0	2	0	0	0	0
Hopewell T	6	5	1	0	0	0	0	0
Lawrence T	16	2	4	5	4	1	0	0
Pennington B	3	0	0	2	1	0	0	0
Princeton B	7	1	0	2	2	2	0	0
Princeton T	12	2	5	3	2	0	0	0
Trenton C	75	0	3	1	1	4	14	52
Washington T	4	2	0	2	0	0	0	0
West Windsor T	9	6	3	0	0	0	0	0
Grand Total	**237**	**29**	**30**	**36**	**33**	**31**	**21**	**57**

Source: DVRPC 2007

It should be noted that even though there is low potential for service in some area (ie the population densities are low among all of the categories,) there still exist many residents who need transportation services here. Providing service to these residents who are more thinly dispersed within the county is a challenge, but may also be an opportunity for innovative service coordination.

While this analysis of available census data is useful, it is far from perfect. Because density is the primary control, the densest residential areas receive the highest scores. The other problem arises from multiple correlations. Not only are carlessness and poverty correlated, but age and poverty are correlated, and age is correlated with disabilities. Moreover, dense urban residential areas tend to be lower income. Thankfully, later sections of this chapter show that the dense residential areas of Mercer County are relatively well-served by human service transportation providers. At this early stage of service coordination, this analysis can only call attention to the most glaring service gaps. A more thorough data collection effort will require more careful outreach to populations in need and analysis of their self-identified needs.

Figure 7
Potential Rider Index

Population
- 6
- 7 - 9
- 10 - 12
- 13 - 15
- 16 - 18
- 19 - 21
- 22 - 24

Source: DVRPC

0 1 2 Miles

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Figure 8
Mercer County
Road Network

0 1 2 Miles

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May 2007
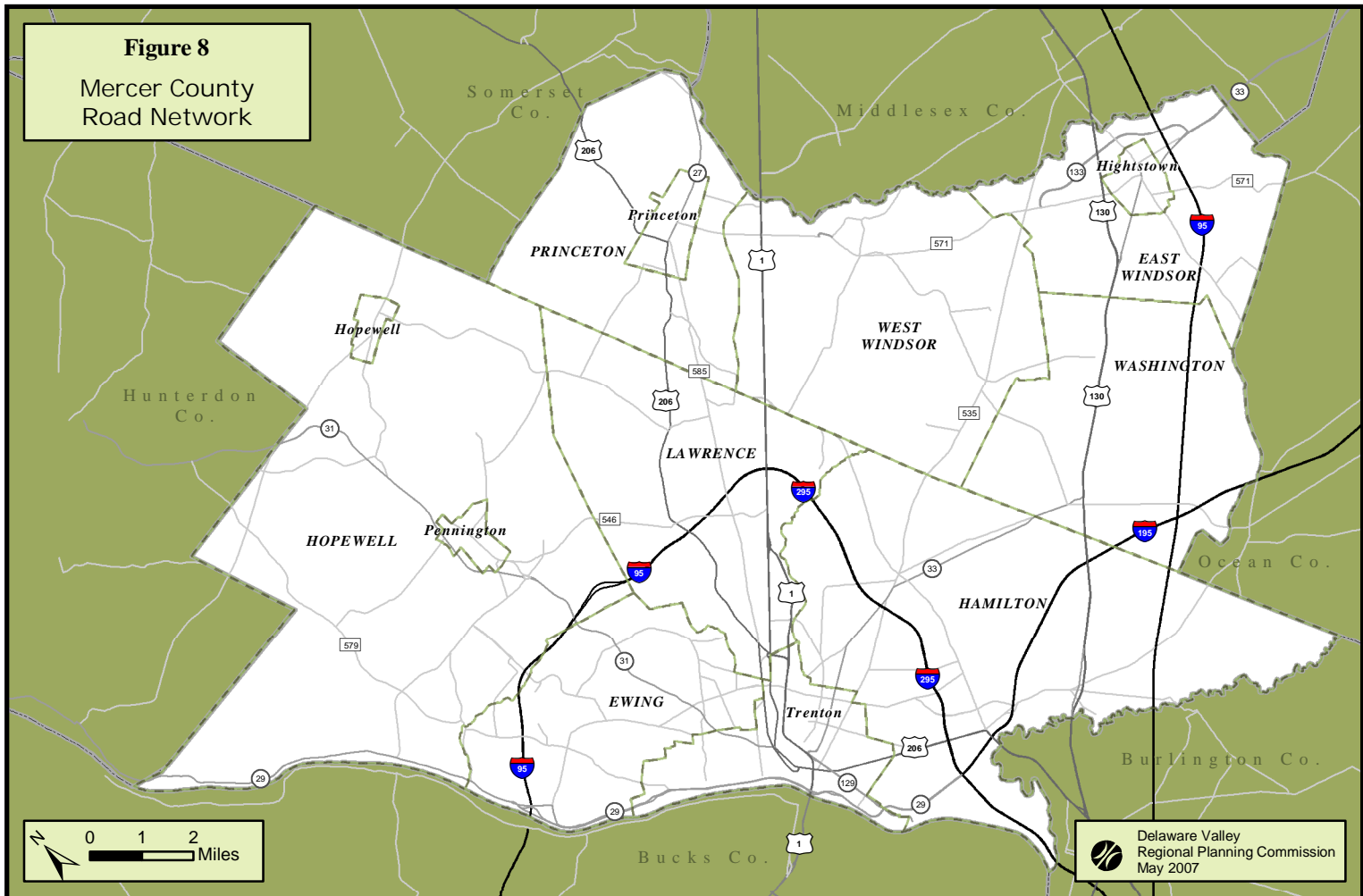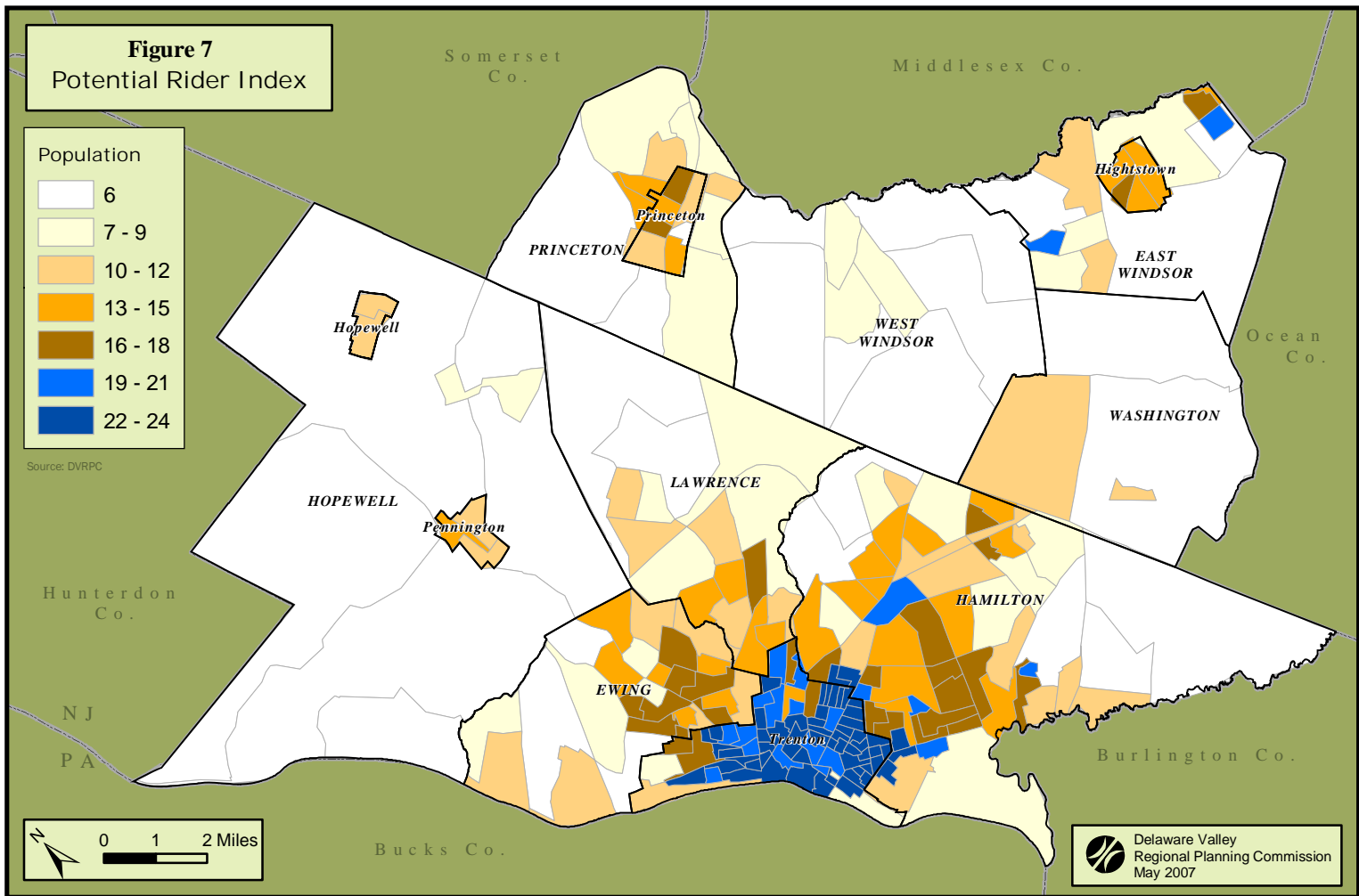
Agency Facility Locations

As part of the coordination plan development process, New Jersey Transit developed a *New Jersey Statewide, County and Community Transportation Planning Questionnaire* to gather detailed local inventories of transportation providers' organizational and operational capacity. To administer this survey, Mercer County requested the assistance of Cross County Connection, the TMA serving seven counties in southern New Jersey, which had converted the statewide questionnaire into an electronic online form. Mercer County responses to this questionnaire are discussed in the last section of this chapter.

To supplement the NJ Transit Statewide Questionnaire, DVRPC and Mercer County staff collaborated on another brief questionnaire focused on where transportation services are actually provided in Mercer County. The goal was to be able to compare where service is provided with census population statistics to identify areas where service supply may fall short of demand. The ideal method for this analysis would be to obtain customer address lists from every service provider and compare customer densities with census densities. Confidentiality and technical concerns suggested a less precise method. Therefore, in the Mercer County supplemental questionnaire, service providers were asked to sketch on a paper map the areas where they pick up the majority of their clients (13 out of 15 did so). This information was digitized in a geographic information system and illustrated in Figure 9. Table 2.10 illustrates the agencies that responded to each survey.

Compared to the distribution of the Potential Rider Index in Table 2.9, the majority customer base shows coverage of most of the significant concentrations of potential riders. The exceptions to this are Hopewell Borough, with only one very small, volunteer-driven ride service, and East Windsor, Washington and West Windsor townships, which are served by single-purpose providers (hospitals, commuter shuttles) or not at all. While TRADE and ARC Mercer identified concentrations of riders in Hightstown, these two providers alone cannot meet the full range of service demand.

Figure 9
Mercer County Human Services
Transportation Coordination Plan
Customer Base Majority

Source: U.S. Census Bureau

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Miles
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Agencies

	Princeton Senior Resource Center	Interfaith Caregivers Trenton/Faith in Action
	ARC Mercer	Greater Mercer TMA/ITN Greater Mercer
	F.I.S.H	N.J. Division of Vocational Rehabilitation Services
	Mercer County Trade	City of Trenton Office on Aging
	St. Francis Medical Center	Stouts
	Capital Health System	West Windsor Township
		Mercer County Board of Social Services

Middlesex Co.
Somerset Co.
Hunterdon Co.
Ocean Co.
Burlington Co.
Bucks Co.

EAST WINDSOR
Hightstown
WASHINGTON
WEST WINDSOR
HAMILTON
LAWRENCE
PRINCETON
Princeton
Trenton
EWING
HOPEWELL
Hopewell
Pennington

Table 2.10: Completed Surveys by Agency and Type

Agency	Statewide Questionnaire	Supplemental Survey
ACCESS LINK	Yes	Yes
ARC Mercer	No	Yes
Big Brother Big Sisters of Mercer County	Yes	No
Capital Health System	Yes	Yes
City of Trenton Office on Aging	No	Yes
City of Trenton, Division of Community Relations & Social Services	Yes	No
Corner House Counseling Center	Yes	No
East Windsor Township	Yes	No
F.I.S.H	Yes	Yes
Family Guidance Center Corporation	Yes	No
Greater Mercer TMA / RideProvide	No	Yes
Hamilton Township Senior Center	No	Yes
Hopewell Valley Senior Services	Yes	No
Interfaith Caregivers Trenton / Faith in Action	No	Yes
Mercer County Board of Social Services	Yes	Yes
Mercer County TRADE	Yes	Yes
Mercer County Workforce Investment Board	Yes	No
Mercer County Youth Advocate Program	Yes	No
New Jersey Division of Vocational Rehabilitation Services - Trenton	No	Yes
Princeton Borough	No	Yes
Princeton Human Services Dept.	Yes	No
Princeton Senior Resource Center	Yes	Yes
St Francis Medical Center	Yes	Yes
Stout's Charter Service	Yes	Yes
Township of Hamilton	Yes	No
West Windsor Township	Yes	Yes

Source: DVRPC and Cross County Connection, 2007

Service Locations

Two other questions in the supplemental questionnaire asked providers to identify the top 10 residential facilities from which they pick up riders and the 10 highest frequency destinations, like malls, libraries, senior centers and medical facilities. Almost 100 separate locations were identified as being top locations. Agencies were also asked to estimate average weekly ridership for each location. Across all locations, ridership was estimated at about 1,700 trips per week, but this figure cannot be used to estimate

ridership county-wide. Service providers were asked only about their highest-frequency locations; and several agencies were not comfortable estimating their weekly ridership at particular locations. NJ Transit's Access Link provided ridership data for every location they serve but only the top 10 locations for Access Link were included in this analysis. Table 2.11 below shows the 15 locations with the highest ridership. Appendix B contains every location that providers identified, with ridership information

Table 2.11: Top 15 Total Rider Locations

	Location	Street	City	Origin Riders / week	Destination Riders / week	Total Riders
	ARC Mercer (2)	600 NY Ave	Trenton	26	0	265
	ARC Mercer (1)	801 NY Ave	Trenton	59	59	118
	MUHA Senior Center	409 Cypress Lane	Hamilton	0	107	107
	East Windsor Senior Center	40 Lanning Blvd	East Windsor	0	92	92
	Shop Rite of Hamilton	Route 33	Trenton	0	75	75
	Ewing Senior Center	320 Hollowbrook Dr	Ewing	0	61	61
	Lawrence Senior Center	30 Darrah Lane	Lawrence	0	54	54
	Step Ahead	1015 Fairmont Ave	Trenton	24	24	48
	Belmont Court Dialysis Center	1962 N. Olden Ave	Ewing	0	44	44
	Washington Senior Center	1117 US Hwy. 130	Robbinsville	0	43	43
	Hamilton Belmont Dialysis	2 Hamilton Pl	Hamilton	0	42	42
x	Capital Health System (Mercer)	446 Bellview Ave	Trenton	0	37	37
x	Alvin E Gershen Sr. High Rise	1655 Knockler Road	Hamilton	33	1	34
	ARC Mercer (3)	180 Ewingville Rd	Ewing	2	24	26
	Park Place	1460 Parkside Ave	Ewing	25	0	25

x = At least one agency did not provide ridership information

Source: DVRPC 2007

While the locations are spread across the county, the distribution is not even. Trenton City (29 locations) and Hamilton Township (21 locations) combine for 52 percent of the locations served in the county. Three municipalities did not contain any locations: Hopewell Borough, Hightstown Borough, and Pennington Borough. Service locations by municipality are illustrated in Table 2.12.

Each location listed can be further classified into a general category. Table 2.13 illustrates the number of each location type. Medical facilities - including hospitals, dialysis centers, doctor offices, and physical therapy centers - are the most common type at 32 percent of all locations. Six out of the 13 municipalities contain a medical facility, also the highest when comparing types within different municipalities. Trenton, Lawrence Township and Hamilton Township contain the majority of the medical services (62 percent) with 19 of the 31 medical services locations.

Table 2.12: Locations by Municipality

Municipality	Number of Locations	Percent of Total
Trenton City	29	30%
Hamilton Township	21	22%
Ewing Township	9	9%
LawrenceTownship	9	9%
Princeton Township	7	7%
West Windsor Township	7	7%
Washington Township	3	3%
East Windsor Township	1	1%
Hopewell Township	1	1%
Princeton Borough	1	1%
Hopewell Borough	0	0%
Hightstown Borough	0	0%
Pennington Borough	0	0%
Out of County or not mapped	9	9%
Grand Total	97	100%

Source: DVRPC 2007

Table 2.13: Number of Locations by Type

Type	Total
Medical Service	31
Housing	29
Senior Center or Service	10
Commercial Facility	5
Adult Community	4
MRDD Services	4
Other	4
Education Center	2
Government or other service	2
Housing Service	2
Employment Center	1
Community Center	1
Transportation	1
Grand Total	96

Source: DVRPC 2007

Housing, including subsidized housing, combine for another 30 percent of the locations. Here, Trenton and Hamilton Township combine for 19 out of the 29 housing locations, or 65 percent.

The "senior centers or services" category also contains congregate nutrition centers and adult day care facilities. This category is represented in six of the thirteen municipalities. Other types include active adult communities, mental retardation or developmentally disabled (MRDD) services, commercial facilities such as shopping centers, educational centers, and government centers. These locations are also spread more evenly through the entire county. It should be noted that Trenton, with 29 locations, did not contain any general commercial facilities.

Looking at these locations both by type and location leads to the following question: Are other locations not being served in the community? To answer this question, other locations not listed by a service

provider were researched. The location database was expanded with additional aging facilities, various housing types, and medical facilities using lists from the Mercer County Board of Social Services and the entire Access Link location database. Additional educational and commercial centers were incorporated and new categories included, such as elderly housing (containing nursing homes, assisted living facilities, and extended care facilities). In total, an additional 100 locations have been added to the inventory to arrive at 214 total locations that could be served by human service providers.

Expanding the inventory changes the location breakdowns slightly. Every municipality except Hopewell Borough is now represented. Trenton and Hamilton Township still contain the highest number of locations, totaling 100 locations, or 46 percent. With additional housing categories, Ewing Township and Lawrence Township now total 50 locations, an increase from 18 to 24 percent. Table 2.14 illustrates expanded locations within Mercer County while Table 2.15 illustrates the expanded locations by type. Figure 10 illustrates the expanded locations. A 1/8-mile buffer (or two blocks) from the fixed-line transportation services and stops, as well as the Access Link service area, has been added to illustrate which locations are within a short distance from existing services. Figure 11 illustrates additional points of interest by type included in the combined location database.

Table 2.14: Expanded Number of Locations by Type

TYPE	Total	Percent of Total
Housing	42	20%
Commercial Facility	34	16%
Medical Service	31	14%
Senior Center or Service	25	12%
Elderly Housing	21	10%
Adult Community	15	7%
Education Center	13	6%
Government or other service	11	5%
Other	6	3%
MRDD Services	5	2%
Transportation	4	2%
Community Center	2	1%
Employment Center	2	1%
Housing Service	2	1%
Visually Disabled Services	1	0%
Grand Total	**214**	**100%**

Source: DVRPC 2007

Figure 10
Mercer County Human Services
Transportation Coordination Plan
Locations

Legend:
- Amenity / Resource
- Rail Station
- AccessLink
- NJ Transit Bus / Shuttle Stop
- NJ Transit Bus / Shuttle Route

Source: DVRPC, NJ Transit

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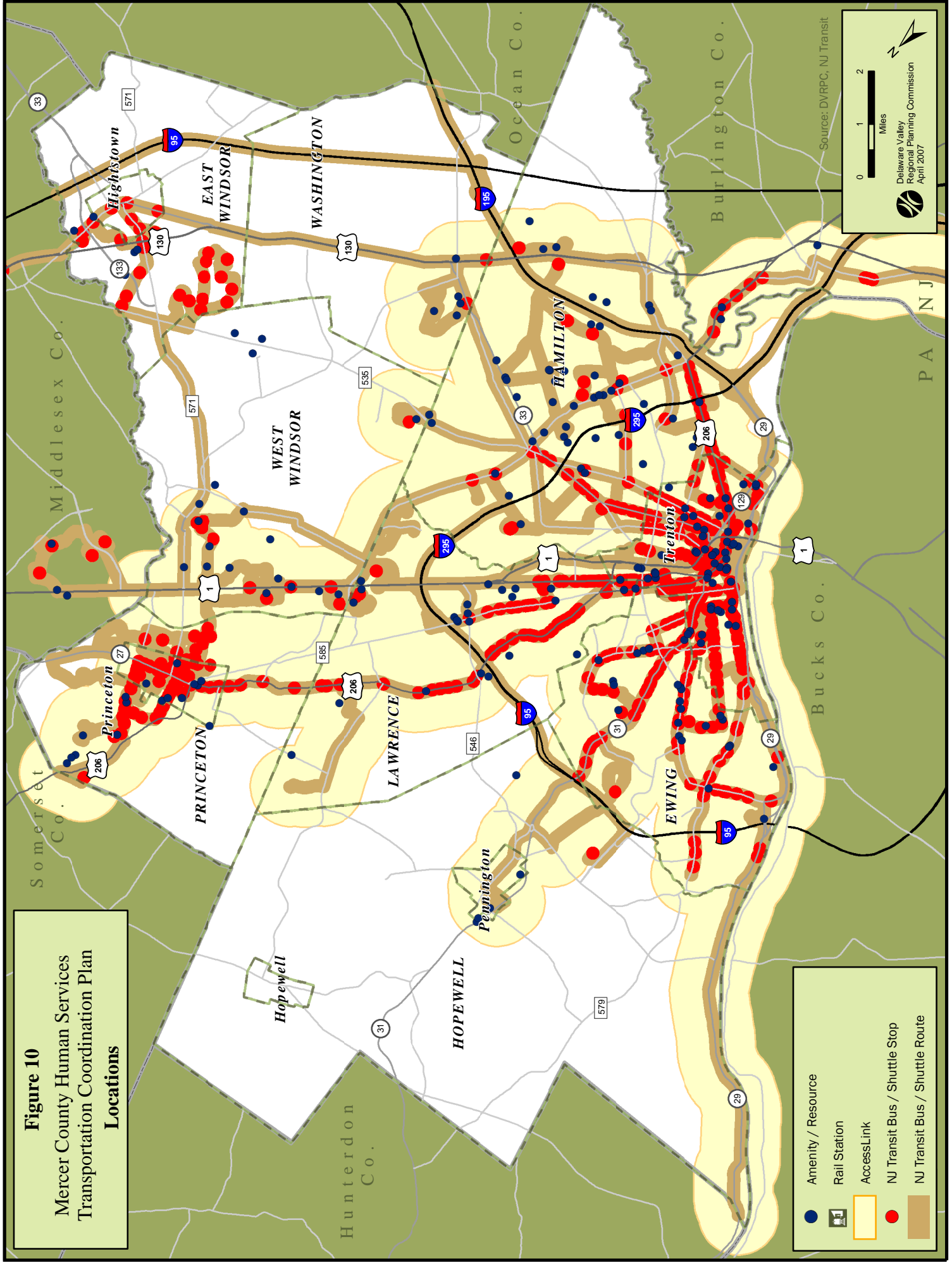
Figure 11
Mercer County Human Services
Transportation Coordination Plan
Points of Interest

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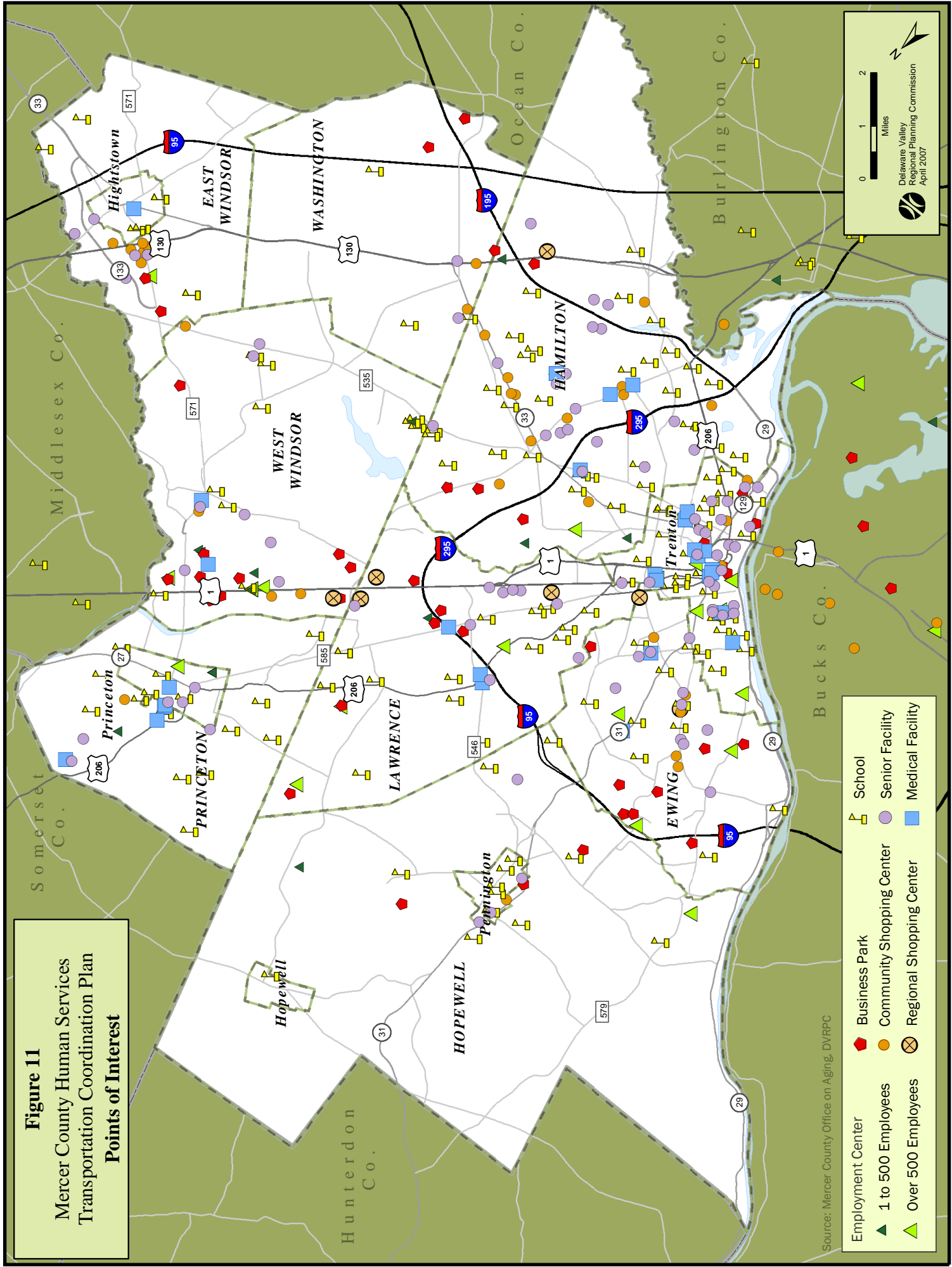
Source: Mercer County Office on Aging, DVRPC

Employment Center

- ⬟ Business Park
- ● 1 to 500 Employees
- ⊗ Over 500 Employees

- ◢ 1 to 500 Employees
- ◁ Community Shopping Center
- ◁ Regional Shopping Center

- School
- Senior Facility
- Medical Facility

East Windsor
Highstown
Washington
West Windsor
Hamilton
Trenton
Princeton
Lawrence
Ewing
Pennington
Hopewell

Middlesex Co.
Somerset Co.
Hunterdon Co.
Ocean Co.
Burlington Co.
Bucks Co.

33
571
95
195
130
133
535
206
29
129
27
585
546
31
579
1

Table 2.15: Expanded Locations by Municipality

Municipality	Locations	Percent of Total
Trenton City	54	25%
Hamilton Township	46	21%
Ewing Township	25	12%
Lawrence Township	25	12%
West Windsor Township	18	8%
Princeton Township	9	4%
Princeton Borough	6	3%
Washington Township	5	2%
East Windsor Township	4	2%
Pennington Borough	3	1%
Hopewell Township	2	1%
Hightstown Borough	1	0%
Outside of Region	16	7%
Grand Total	**214**	**100%**

Source: DVRPC 2007

Duplicated Services

Several locations were indicated by multiple agencies. While each agency works with different populations, identifying locations served by multiple agencies may shed light on potential synergies, including coordinated services or combined services. At least four agencies serve St. Francis Medical Center, including Stouts Charter Service, City of Trenton Office on Aging, Mercer County Board of Social Services, and Access Link. Table 2.16 below lists seven agencies locations that are served by three or four agencies. An additional 15 locations are served by two agencies. Appendix B includes a "Number of Agencies" column indicating how many agencies list the location as a top 10 origin or destination.

Table 2.16: Duplicated Services

Location	Number of Agencies
St. Francis Medical Center	4
Alvin E Gershen Sr. High Rise	3
ARC Mercer (2)	3
Capital Health System (Fuld)	3
Capital Health System (Mercer)	3
Trenton Center East	3
University Medical Center at Princeton	3

Source: DVRPC 2007

Another way to identify opportunities for reducing duplicated services is to re-examine the majority ridership location map at the beginning of this section. While some areas were not identified as sources of many customers, some areas were served by almost every provider in the county. Nine of 13 providers who supplied this information identified Trenton as an area where many of their customers reside, followed by Hamilton Township with 8 providers and Ewing township with 7 providers. Table 2.17 shows the number of agencies showing concentrations of riders in each municipality.

Table 2.17: Rider Concentrations by Municipality

Municipality	Number of Agencies
Trenton City	9
Hamilton Township	8
Ewing Township	7
Hopewell Township	6
Lawrence Township	5
Pennington Borough	4
Princeton Township and Borough	3
Hightstown Borough and East Windsor Township	2
West Windsor Township	2
Washington Township	1
Hopewell Borough	1

Source: DVRPC 2007

Existing Transportation Services

To this point, the focus has been on transportation services provided on demand or individually scheduled trips. While this is the focus of the human service transportation coordination effort, it accounts for a very small proportion of the total investment in public transportation, which, by virtue of the Americans with Disabilities Act, is available to these populations. A complete analysis of the human service transportation system must include other modes as well. To maintain a local focus, however, this report does not explore regional trips using existing heavy and light commuter rail. And exploring means of coordinating with neighboring localities must await investigation of the local service coordination plans amalgamated by the MPO and NJ Transit.

Transportation services that are not specifically focused on "human service" populations in need exist in several forms, but the most fall within the following categories:

- Fixed Routes – service that operates over a specified route and follows an established schedule. Established stops for boarding and un-boarding are located along the route
- Modified Fixed Route – similar to a fixed route, but the driver may deviate from the route at times in order to pick up passengers. Another variation is a point deviation route, where points are fixed but the actual route may vary
- Demand Responsive – service where pick-up and drop-off locations and vehicle routes will vary depending upon rider requests

Fixed Routes

Twenty-four fixed bus transit services exist in Mercer County. Seventeen lines are NJ Transit bus routes within and through Mercer County, while several agencies operate additional fixed-route lines for multiple types of riders. Figure 12 illustrates fixed route transportation services in Mercer County. The following NJ Transit lines provide services in Mercer County, including:

409 / 418: Trenton - Philadelphia

600: Trenton - Princeton

601: Hamilton - College of New Jersey

602: Trenton - Pennington

603: Lawrence Township - Hamilton Township

604: Trenton - East Trenton

605: Montgomery Township - Lawrence Township

606: Hamilton/Mercerville/Foxmoor - Princeton

607: Ewing - Trenton

608: Hamilton - West Trenton

609: Quaker Bridge Mall / Hamilton - Ewing

610: Trenton - Princeton

611: Trenton - Perry Street Shuttle

308: New York/Newark Penn Station - Six Flags Great Adventure

318: Philadelphia/Camden - Six Flags Great Adventure

976: Lawrence - West Windsor

The following are additional fixed-route services within Mercer County:

East Windsor / Hightstown Shuttle

This shuttle connects East Windsor and Hightstown with the Princeton Junction Rail Station. Service runs Monday through Friday and is $1 each way. One-way morning service runs from 5:00 to 7:45 AM to Princeton Junction station while afternoon service runs from 6:15 and again at 7:00 PM from the station. Afternoon service stops only where passengers need to be dropped off.

Hamilton Community Shuttle

Operated by Hamilton Township, the Hamilton Community Shuttle connects the Hamilton Train Station with various locations in Hamilton Township. One-way weekday morning service runs from 5:20 to 7:40 AM to Hamilton Station while evening service runs from 5:20 to 7:15 PM from the station. This shuttle is wheelchair accessible.

Princeton University Campus Shuttles

Princeton University manages three shuttles - the Orange, Green, and Blue lines - in and around Princeton University. This service is free and available to all university employees, students, or visitors; but paid for by private entities. The shuttles operate Monday through Friday. The Green line operates from 7:35 AM to 11:30 PM, while the Orange and Blue lines run from 5:00 AM to 9:00 PM. In April of 2007, a new shuttle plan scheduled to take effect in January 2008 was announced, expanding the service from three to six lines, changing routes, and making new stops.

Route 130 Connection

This shuttle is run by the Mercer County Workforce Investment Board with partial JARC funding. Fixed-route service connects Hamilton Station to worksites and neighborhoods along Route 130, such as

Hamilton, Washington, East Windsor. Service runs Monday through Friday from 5:30 AM to 7:29 PM and Saturdays 7:00 AM to 3:45 PM. The fare for the general public is $1 each way, while customers receiving assistance ride for free.

Merrill Lynch Hopewell Shuttle

The Merrill Lynch Hopewell Shuttle managed by the Greater Mercer TMA provides free service between the Hamilton Rail Station to the Merrill Lynch Campus in Hopewell Township for exclusive use by Merrill Lynch employees. This service is funded through private entities. One-way morning service runs from 6:55 to 10:10 AM from Hamilton Station while afternoon service runs from 3:40 to 9:05 PM to the station.

Train Link

Also operated by the Greater Mercer TMA, this service provides free shuttle service between the Princeton Junction Rail Station and businesses in the Princeton Forrestal Center for exclusive use by their employees. This service is funded through private entities. Morning service runs from 7:00 to 10:00 AM while afternoon service runs from 3:30 to 6:30 PM.

Princeton Shuttle / Jitney

While not yet in operation, the Borough of Princeton is designing a shuttle to link the DINKY station to key facilities in Princeton. The goal of this service is to operate seven days a week with a small service fee.

Figure 12
Mercer County Human Services
Transportation Coordination Plan
Transit Routes

NJ Transit BBus Routes
- 308
- 318
- 409
- 418
- 600
- 601
- 602
- 603
- 604
- 605
- 606
- 607
- 611
- 608
- 609
- 610
- 976

OOther Routes
- East Windsor / Hightstown Shuttle
- Hamilton Community Shuttle
- Princeton Shuttle
- Princeton University
- Route 130

- Southfields
- Trainlink
- Rail Station
- AccessLink
- Rail Line

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Miles
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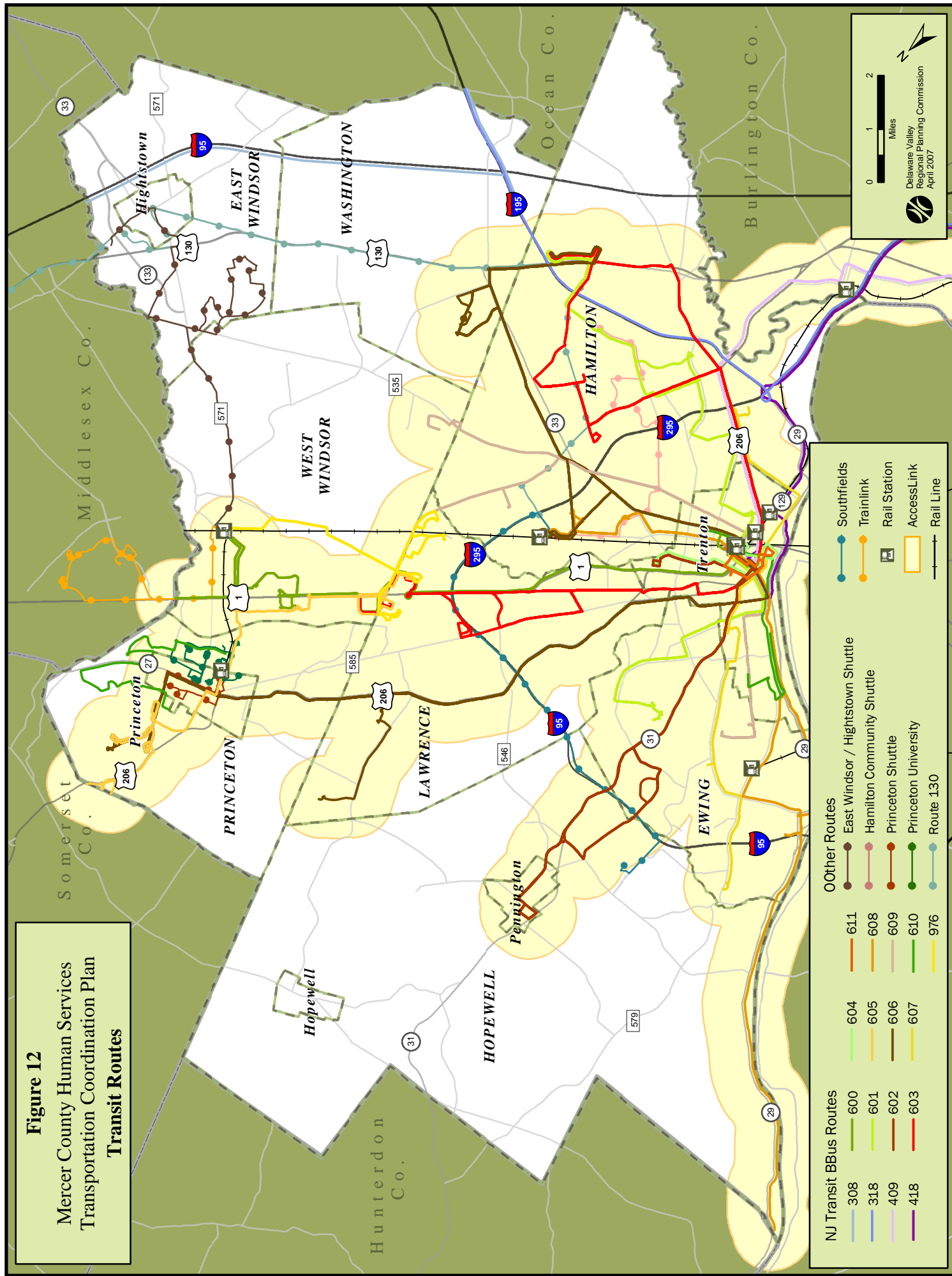
United We Ride Survey Responses

The primary service provider survey fielded for this planning project was developed specifically for this purpose for statewide distribution by New Jersey Transit.   With hundreds of data points, the types of questions asked of service providers included:

- General contact information
- Types of service
- Service eligibility and population segments
- Geographic boundaries of service
- Agency and service hours of operation
- Detailed information on physical facilities and staffing

- Detailed vehicle inventories
- Annual vehicle miles traveled
- Annual number of one-way trips
- Annual budget and detailed funding information

Nineteen different human service agencies within Mercer County completed this survey, which was available both online as well as in print form copy, with 14 agencies providing some sort of transportation services. While these responses are greatly appreciated, there are human service transportation providers that did not participate in the coordination planning process, who participated in the process but who did not fill out a survey, or participated and only partially filled out the survey. Consequently, this section can provide a fragmentary picture of the scope of on-demand and scheduled human service transportation available in Mercer County. The following are answers to select questions, also provided in Appendix C. (It should be noted that some answers in Appendix C are blank, as this appendix accurately portrays actual responses.)

Which of the following best describes your organization?

Roughly half of all agencies completing the survey are government agencies, with 40 percent municipal and 11 percent county government. Private, nonprofit human service agencies comprise 22 percent of the agencies.

Types of Organizations

11%
36%
20%
11%
11%
11%

- ☐ Municipal Government
- ☐ County Government
- ☐ Private, non-profit Human Service Agency
- ☐ Private or Public Transportation Company
- ☐ Hospital Related
- ☐ Other (specify below)
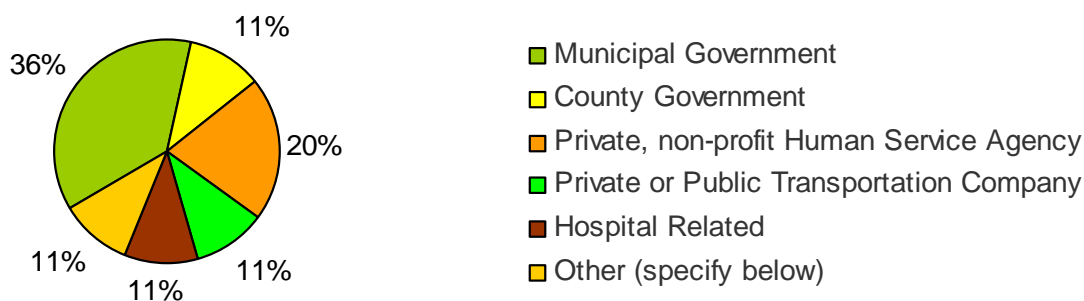
Which services does your agency provide?

The multiple answers in this category illustrate agency diversity in Mercer County. Out of the 14 possible answers, including an "other" catch all, eight agencies (42 percent) indicated that they provide transportation services, followed by five agencies (26 percent) providing some sort of welfare or public assistance. Other common types of services include senior services (21 percent), recreation (21 percent), and medical/dental (15 percent). Agencies could choose from more than one category. A complete list of service types are illustrated in Table 2.18.

Table 2.18: Number of Agencies by Type

Type of Services	Number of Agencies
Transportation	8
Welfare/Public Assistance	5
Recreation	4
Senior Services	4
Medical/Dental	3
Child Mentoring	2
Counseling	2
Nutrition/Meals	2
Rehabilitation Services	2
Adult Day Care	1
Child Day Care	1
Job/Employment	1
Prevention Programs	1
Psychiatric Services	1
Social Services	1
Veterans Services	1

Source: DVRPC 2007

What are the geographic boundaries of your agency's overall service area?

(Includes answers from the Supplemental Survey)

Twenty-six agencies provided answers to this question. Nine agencies (35 percent) indicated that they served all of Mercer County. An additional nine agencies (35 percent) indicated that their agency served one or more municipalities. At the municipal level, four agencies serve Hopewell Borough, Hopewell Township, and Pennington while the remaining municipalities are served by one to two agencies. The remaining 10 agencies have a more specific service area, for example:

- Capital Health System and St. Francis Medical Center have service areas that cover specific distances from their hospital sites.
- Customers eligible for Access Link have to be picked up from within ¾ of a mile from specific NJ Transit bus routes and light rail service. They may reside outside of this buffer, but the actual pickup has to be within the ¾-mile buffer.

How many customers does your agency service in a year?

Eighteen agencies provided answers to this question. Overall, the agencies in the county each serve between 500 and 20,000 customers. Two agencies, Mercer County Board of Social Services and Mercer County TRADE, indicated that they serve approximately 120,000 customers in the year, while five agencies serve fewer than 500 customers.

Hours of Operation

Twelve agencies provided answers to this question. Every agency that responded is open between 10:00 AM and 4:00 PM. Eight agencies are open by 8:30 AM, but only two agencies are open by 7:00 AM. The TMA begins some operations at 4:00 AM. Afternoon service tends to drop off after 4:00 PM, with only six agencies operating until 7:00 PM and two agencies operating until 9:00 PM. The TMA operates some services until midnight. Data for Saturday and Sunday programs is incomplete. Three agencies indicated that they are open at some point on Saturday or Sunday and four agencies indicated that they do not operate on Saturday or Sunday.

Who is eligible to receive the transportation services your organization provides?

All nineteen agencies answered this question, with agencies being able to choose from six different answers. Responses were diverse. The most common answer was "Elderly" at seven agencies. These agencies have different minimum age requirements, between 55 and 65 years, depending on the agency. One agency requires the customer to be receiving social security. Seven agencies indicated service for disabled customers. Four agencies were open to the general public. Two social service agencies offer services only to their clients. Both of these agencies, Mercer County Youth Advocate Program and Family Guidance Center Corporation, offer services to children or youth. To be eligible for Access Link, NJ TRANSIT's ADA Paratransit service, a customer's disability or disability when combined with the environment must prevent him or her from using the local bus.

Several agencies also have specific requirements for services. West Windsor Township services are available only to their residents. TRADE also offers services to veterans while Stouts Charter offers services to Medicaid, Jersey Assistance for Community Caregiving (JACC), and CAPP recipients.

Conclusion

The information gathered through the demographic analysis identifies areas of Mercer County where a demand for transportation services may exceed existing supply. The supplemental survey designed for this project, with additional data collection, allowed existing and likely high-frequency service locations to be mapped. The surveys also provided the types of services available in various areas of the county, eligibility for riders, and estimates of the number of riders.

By combining data on potential demand (census, facility locations) with service information (rider locations, service areas, existing transit lines), it is clear that at least one form of transportation service is available to most residents of the county. Existing service is strong, with many organizations providing transportation services. Many facilities are currently being served by NJ Transit or Access Link. Additionally, the areas of the county with higher potential riders are being served by several agencies. The location inventory clearly illustrates that the majority of the locations are in urban areas with existing transportation services.

On one hand, the analysis sheds light on several challenges. Pockets of potential riders exist that may be underserved by transportation services, such as Hopewell Borough, Hightstown and East Windsor, which all are without NJ Transit or Access Link Service. Similarly, areas may not be served by agencies due to lower population density levels. On the other hand, there are instances where two or more service providers serve the same location. Eligibility may also be a challenge, with elderly services available in some municipalities for clients who are at least 55 years old, but 65 years in others. Several locations in the expanded database may be underserved. Opportunities clearly exist for service coordination. Even without coordination, the analysis provides information on the existing human service transportation system that should be taken into account by any service agency considering siting new facilities to optimize access and mobility for populations in need.

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CHAPTER 3

- ## IDENTIFICATION OF UNMET NEEDS AND SERVICE GAPS
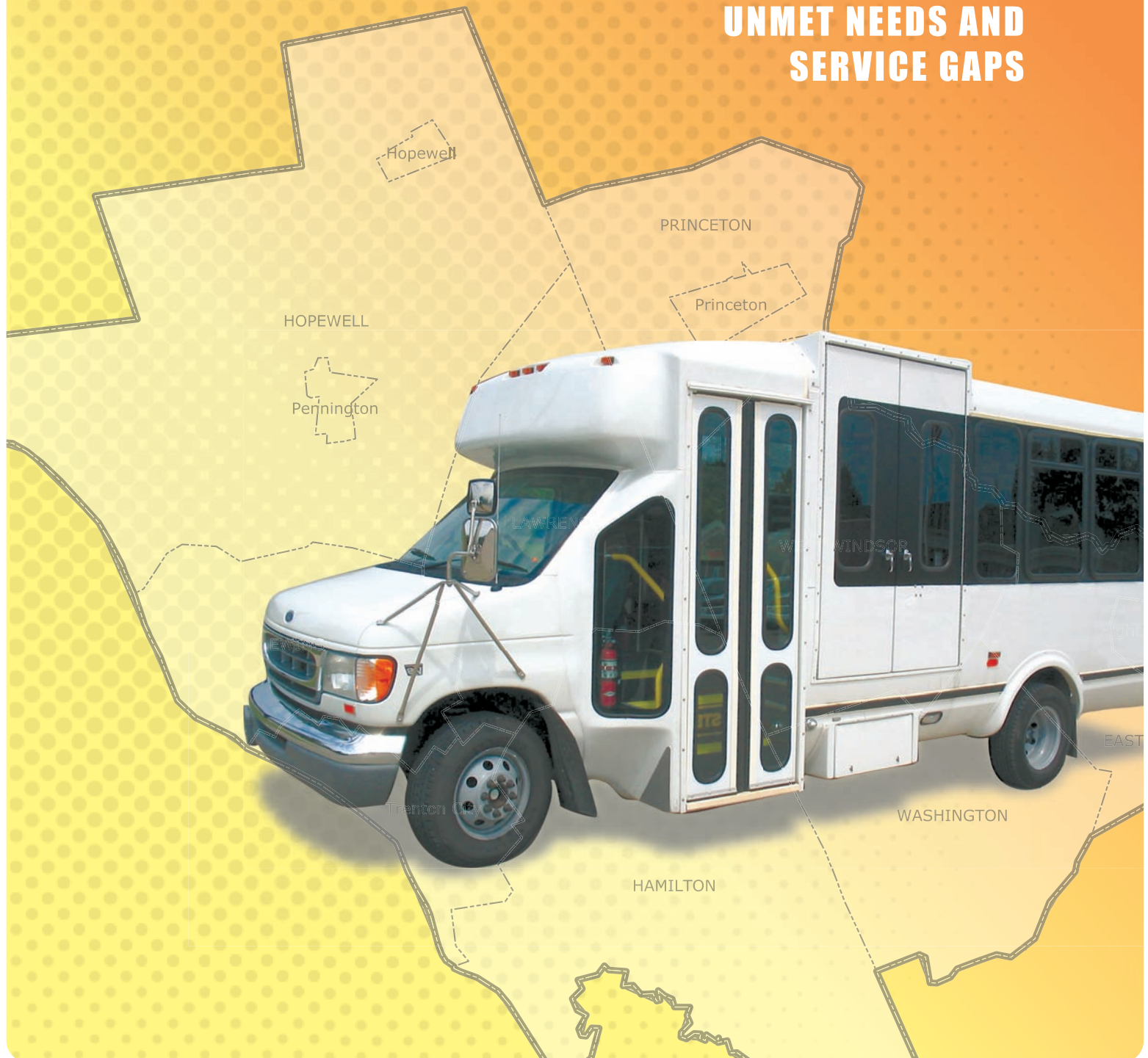
The previous chapter reported on information gathered systematically, either through the US Census or through survey tools developed specifically for this planning process. With this information, it is possible to identify ways in which target populations are apparently not receiving adequate service. The most significant example of this is the dense, moderate-income neighborhood of Twin Rivers at the far northeast corner of the county, in East Windsor Township, as well as the nearby Borough of Hightstown. Fixed-route bus transit in this area is ineffective from a human service perspective because it consists almost entirely of long-distance commuter buses to New York City and municipal shuttles serving commuters to the Princeton Junction train station (to New York and Philadelphia). The exception to this is the Route 130 Shuttle operated by the Mercer County Workforce Improvement Board with JARC funding. Service to Hightstown and Twin Rivers could immediately be served at a much higher level if New Jersey Transit would replace the JARC shuttle with regular bus service, as originally intended in the county's JARC plan, which would make Access Link service available in Hightstown. This new service would have the added benefit of making JARC funding available for other human service transportation needs. In addition, NJ Transit should create a new route along County Route 571 toward Princeton and the Route 1 commercial corridor. This route has already been identified as an important feeder service for the Route 1 Bus Rapid Transit system now in its early planning stages.

In addition to identifying concentrated populations of potential riders, census data clearly shows that elderly individuals reside in the relatively rural areas of the county, which are not covered by any of the areas drawn on the survey map by service providers showing where their riders are concentrated.

It makes sense that the areas where providers showed their highest concentrations of riders do not include the least densely populated (rural) areas of the county. (In the questions that request formal service area information, however, most areas of the county are served by multiple providers.) On the other hand, not every service provider responded to one or both survey instruments, so we cannot know whether some areas of the county are really being served. Systematic knowledge is lacking.

These methodological problems in accurately identifying service gaps will require a more persistent and thorough approach to information-gathering. As noted in subsequent chapters, stakeholders who attended the planning meetings were well aware of this fact, and place a high priority on systematic information-gathering as part of the service coordination process. Early discussions about how to gather this information include the creation of an interactive database accessible over the Internet so that providers can enter and update their service information. As another step, service area mapping can be improved dramatically if service providers share their customers' actual addresses (no other personal information is

necessary), so that all locations where service is provided—and where service is not provided—can be mapped and compared to census population data at the block or block group level. This much can be done relatively easily, and, while it does not lead to the system changes necessary to actually fill the service gaps so identified, it may provide a step along the path toward a unified customer database for scheduling and dispatching trips. To truly identify service gaps, it will be necessary to reach beyond census data and find ways to identify the full range of needs of current and *potential* customers who are not yet receiving services or are even aware that services may be available to them. Like the creation of a unified customer database for trip scheduling, the public outreach campaign or survey strategy to find unreached customers will require significant financial and organizational resources.

Process

While systematic, high-quality, quantitative data is very difficult to come by, the service providers and customers attending the stakeholder meetings carried with them a wealth of subjective knowledge about where there are service gaps and unmet customer needs. In Stakeholder Meeting #2, a facilitated process was used to identify service gaps and to prioritize which gaps are most critical to begin to bridge.

The facilitated process followed a presentation by DVRPC staff on preliminary results of the systematic data collection efforts then underway (presented in more refined form in Chapter 2), as well as a review of the cumulative scores awarded by stakeholders on items in the Framework for Action Self Assessment (Chapter 4). These presentation items raised stakeholders' awareness of how far we are from providing coordinated transportation services and the extent to which some areas of the county receive disproportionately less service than others. In other words, the presentations emphasized service gaps.

The facilitated process involved (1) randomly assigning individuals to separate tables in the meeting room, (2) having each table identify service gaps in a formal brainstorming process, then (3) "voting" on which gaps the table had identified were of highest priority to bridge. In the voting, each participant was given three colored sticky dots indicating first, second, and third priority gaps to address, which they applied beside items on their table's brainstorming sheets. In assessing overall priorities, highest priority dots were scored with three points, second priority with two points, and the third priority dots with one point. At a break in the meeting, each table's sheets were posted for other tables to review. Between the second and third stakeholder meetings, brainstormed and prioritized items were tallied, categorized, and subcategorized to arrive at a summary of stakeholder-identified service gaps, broken down into the five areas of coordination in the UWR Framework for Action and prioritized by votes received. The specific items are listed in several tables in Appendix C, which were returned to stakeholders as handouts in

Stakeholder Meeting #3. From that handout, Table 3.1 below shows the vote tallies on the gap categories and subcategories.

Stakeholder-Identified Service Gaps

As shown on Table 3.1, service gaps were categorized into each of the five Framework for Action sub-areas. For instance, in Section 1, "Making Things Happen by Working Together" (a section that we summarized with the label "governance"), items brainstormed at tables included "poor civic planning" (one priority vote out of 171 votes total) and "home rule/municipal silos" (no priority votes). Thus "governance" issues received only one priority vote as a service gap to be bridged. While this may seem surprising, given the high priority stakeholders gave to governance issues as action steps, described in the next chapter, it is not surprising when you consider that the purpose of this facilitated process was to identify service gaps.

The single service gap to receive the highest number of priority votes was the *limits of our human service transportation system to provide scheduled trips for low-income workers*. Mercer County's Workforce Investment Board provides trips to job seekers and low-income workers, but service is limited. The root problem is that fixed-route mass transit is inadequate to deliver workers from areas of concentrated poverty to workplaces dispersed in auto-dependent suburbs. From a federal funding perspective, this problem is addressed by the JARC program, but the county's JARC shuttle travels a fixed route. Fixed-route transit, whether in buses or vans, is grossly inadequate to meet the demand. Human service programs and transportation providers among our stakeholders are aware of this gap from the number of callers they must refuse as ineligible for transportation services.

Two other items with high numbers of priority votes were related to service eligibility issues. Another group in need of transportation services but ineligible to receive them is *young people with limited transportation to employment or to after-school activities provided by human service agencies*. Even for seniors and people with disabilities, who are eligible for special transportation services, there are particular trips that are ineligible for particular providers, creating undue complexity and difficulty meeting those transportation needs. These gaps could be partly bridged with more flexible financing, cost sharing, and/or trip fares, all of which will take the creation of an effective governing coalition. And of course expanded program funding will help providers fill these unmet needs. But to the extent that these unmet transportation needs are the product of *policy* regarding eligible trip purposes and eligible populations, bridging these gaps will require significant change on the part of funders, human service programs, and transportation service providers. Both changes in policy and the creation of an effective

Table 3.1 Stakeholder-Identified Gaps, Summarized by Category

UWR Section	Subcategory	Sub-subcategory	Votes
1 Governance	Leadership	Intergovernment cooperation	0
	Planning	Planning	1
1 Governance Total			1
3 Customers	Marketing	Knowledge gap, public	13
		Outreach	0
		Lack of multilingual info.	0
3 Customers Total			13
4 Costs/Funding	Billing	Affordability	2
		Mixed Rides	0
		Special Services	0
	Resources	Limited	3
		Limited, insurance	1
		Limited, staff	5
		Limited, vehicles/equipment	1
		Underutilized	7
		Underutilized, vehicles	6
4 Costs/Funding Total			25
5 Service	Areas	Expand	21
	Hours	Evening	9
		Evening/Weekend	16
	Hours/Area	(general availability)	22
	Quality	Multiple trips per day	0
		Next day demand response	8
		Trip prioritizing	1
		Trip scheduling	3
		Wait times	4
	Types	Un(der)served Pop: disabled	0
		Un(der)served Pop: other trips	11
		Un(der)served Pop: workers	27
		Un(der)served Pop: youth	10
5 Service Total			132

governing coalition are necessarily long-term goals that must be struggled toward incrementally. Clearly, however, the needs of transit-dependent populations are not being met by current policies or funding

strategies. If this report can stimulate any movement toward policy change at the federal and state level, then our time will have been well spent.

Direct service issues, including limited service areas, limited hours and days of operation, or some combination of these, received 68 priority votes (40 percent) out of 171 votes total. Of these, the second highest priority service gap that stakeholders saw the ***need to bridge is geographic limits to service areas*** (21 priority votes). This relates to the "home rule/municipal silos" governance issue mentioned previously, so that, for example, a municipal senior service transportation provider cannot give rides outside the municipality. Moreover, the problem is not confined to the municipal level, as some riders need trips to specialty hospitals in adjacent counties or in Philadelphia or New York. Mercer County TRADE and NJ Transit Access Link can partly overcome these problems, at least within the county, but do not have the resources by themselves to solve it. To even begin to do so, we must closely coordinate service among many providers, not only at the county level, but at the regional level. Beyond mere service coordination, this gap is rooted in policy. Access Link's service area is limited by the relative sparsity of scheduled service bus routes. Mercer TRADE and other providers have other geographic limits rooted in organizational and jurisdictional policy at the state and local levels. Changing these policy parameters will not be easy, partly because doing so will change the environment in which service providers exist, but at root, policy change is a prerequisite for evolution to a more efficient, effective multimodal human service transportation system.

Like expanding geographic service areas, ***expanding hours and days of service*** received a high number of priority votes. In contrast to geographic limits (or limits on eligible populations or trips), expanding service hours depends less on federal and state policy, and more on coordination among providers. To be sure, this will still require changes in policy and practice, but at the organizational level, which is much more achievable as a mid-term goal. Despite organizational trade-offs and growing the system efficiently, however, it may become apparent that expanding service - whether expanding service hours and days, geographic areas, or expanding service to new populations - simply requires that providers also have expanded real resources to work with.

Several service quality issues (15 priority votes overall) can be addressed in the relatively near term and with fewer resources.   These include such items as ***next-day demand response scheduling, shorter wait times, and simplifying the process for customers to schedule trips***. Bridging these gaps would partly require better public outreach and better coordination between providers, but it would also be helpful to have consistent, standardized data collection on quality outputs by service providers, such as the number

and percentage of trips "on time" (within a specified window) and the number of eligible service requests that could not be satisfied.

Another gap that stakeholders identified and prioritized highly can be overcome yet more easily and quickly, and that is a **lack of knowledge on the part of the public about what services are available and how to engage them**. It was hoped that a comprehensive service directory could be one product of this first round of coordination planning, but nonresponse to the provider inventory means that more follow-up and more systematic prompting for key information is required before that is possible. With a complete inventory of providers, (including eligibility criteria, contact information, etc.), social workers, job counselors, and even service provider intake workers and dispatchers could help citizens find the services they require. A more comprehensive public outreach campaign would necessarily be a longer-term goal, incumbent on the formation of an effective governing coalition and a complete inventory of available services.

Lastly, it is worth commenting on a set of "service gaps" having to do with resource allocation under the "costs/funding" category. While resource *limits* were rated as a service issue to be addressed, receiving 10 priority votes, the **problem of underutilized resources** received 13 priority votes. Vehicles sit in yards evenings, weekends, and even workdays. Effective service coordination would seek ways to use capital equipment most efficiently. A willingness to coordinate service with other providers, in ways to be determined collectively by a provider consortium, should be a pre-requisite for access to federal funds.

Organizational changes to expand and enhance services through cooperation may create a more efficient and effective human service transportation system. But there are limits to how far existing resources can be stretched, even with trade-offs and increased efficiencies among service providers. Expanding service hours, providing service on more days of the week, providing service to a quantum growth in eligible customers, and providing a comprehensive range of services to help current customers would expand current services. Additionally, they expand the demands on current or future service providers. Simply put, expanding services to create a more effective human service transportation system will require more than realizing greater efficiency. It will mean expanding the fiscal base on which the system rests.

Conclusion

Stakeholder-identified and prioritized service gaps fell into the following areas that are amenable to intervention at different levels.

Inefficiently Served Transit Dependent Populations

At the highest and perhaps most critical level are gaps related to transit-dependent populations that are not effectively served by the human service transportation system, including low-income workers and youths, and gaps for eligible populations with trip needs that are not being served because those trips are ineligible, such as for shopping and travel to social and cultural events. Bridging these gaps must start at the policy level, allowing providers more flexibility in the kinds of riders they can serve, the purposes of trips, and in the way they bill for trips. More flexibility may come through new and increased funding streams in response to these trip needs, from cost sharing between existing program funding streams, or from fare systems that do not place undue financial or administrative burdens on providers. Whatever the mechanisms, these high-priority failures of the existing human service transportation system cannot be solved by local coordination alone. Higher level policy change is required and fiscal resources may need to be increased.

Increased Local Coordination

Another group of high-priority service gaps are also policy related but may be partly bridged by better local coordination. These are gaps in service areas, which result from organizational and jurisdictional limits, such as Access Link's ¾-mile service area around scheduled fixed-route bus lines. Municipal and county boundaries also present obstacles for riders when service providers operate only within them. Policy changes to correct these service area issues would transform the funding and operating environment, with strong implications for existing providers. Ways to address these policies should be explored exhaustively. Short of major policy changes, better coordination between service providers will make travel easier (in some cases possible) within the existing organizational environment. Scheduled stops by multiple providers at key human service facilities (e.g., hospitals, senior centers) would create transfer points between jurisdictions. This would require policy change, to be sure, but more at the level of local transportation service providers and human service agencies, who would have to agree to temporarily host the non-senior disabled, for example, in the waiting room or common area of a senior center. These are issues to be worked out, but they stand a chance of being worked out locally.

Hours and Days of Operation Modifications

Service gaps related to hours and days of operation also require both changes in high-level policy and local coordination to be addressed effectively. Loosening policy on eligible populations and trips would allow providers to respond to demand for trips before and after work hours for wage workers and for seniors wishing for evening activities at senior centers. Better coordination alone might result in something like a "trip exchange" program between transportation service providers, where one provider offers weekday trips in an area and another covers evenings and weekends. Vehicle exchanges, where one service uses another provider's vehicles in off hours, would be difficult to work out in the current policy environment, where vehicles purchased with one program's funds may not be used for other purposes. Creative funding options should be explored, however, such as human service programs financially supporting the expansion of existing transportation providers' service hours and days with subscription fees for service at off-peak times. Mechanisms like this could also go some way to alleviate the highest priority 'resource' issue that stakeholders identified, which is underutilized vehicles and service capacity.

Existing and Potential Customer Communication

One final gap that stakeholders identified and prioritized highly is the need for transportation providers and human service agencies to do a better job communicating with customers and potential customers. Unlike the other gaps identified, this area has fewer policy constraints and thus can be accomplished at a strictly local level, although an effective public outreach program will require additional funding. An early step that will help bridge this gap is compiling a comprehensive provider inventory that will help citizens and case managers find the transportation service that fits a potential rider's needs. This is a near-term, relatively low cost improvement. An effective public relations campaign will require more time and money to mount, and requires preparation so that new demand can be satisfied. Relations with existing and new customers could be improved, further down the road and with more resources, with a unified customer database used by all providers creating customer records and scheduling trips: and still further with technology to support a unified trip scheduling and vehicle routing system. When this has been achieved it might be possible to differentially bill trips or parts of trips depending on a rider's eligibility and trip purposes, or implement a smart fare card that can be used across transit modes. While perhaps such advances are currently technically feasible (though perhaps "conceivable" could be a better word), they depend on a coordinated organizational capacity that does not yet exist, as the next chapter shows.

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CHAPTER 4

- **TRANSPORTATION SERVICES AND OPTIONS**
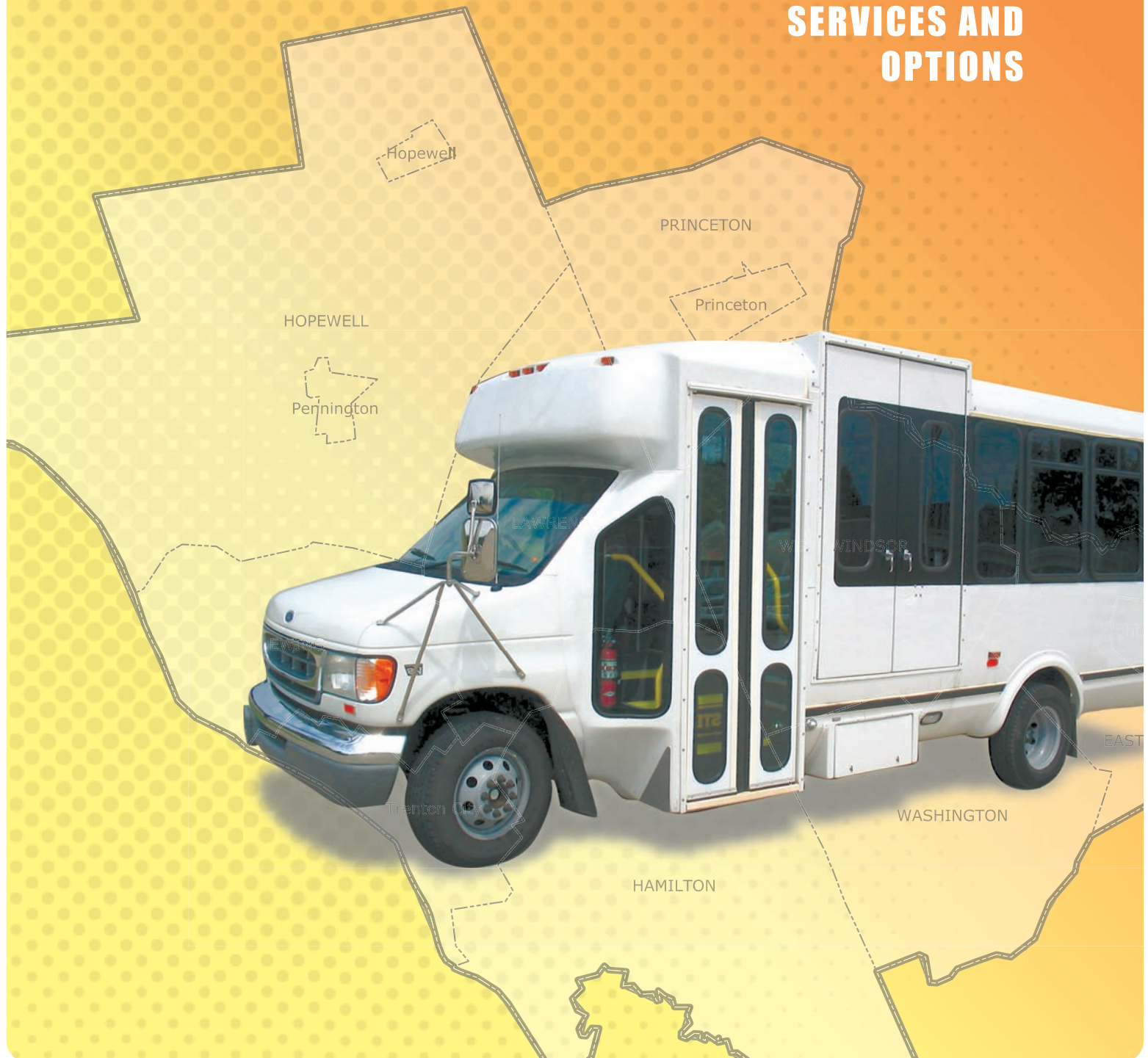
This chapter presents results from three separate group activities in the stakeholder meetings. Results are presented from the Framework for Action Self-Assessment from the first meeting. In the second meeting, stakeholders worked in small groups at tables to brainstorm 257 separate action steps to achieve coordinated services. In the third meeting, for nearly three hours as a whole group, they discussed the results of the process so far and implications of various categorized/consolidated action steps they had previously brainstormed. Participants then placed five priority votes for short- term action steps, and five votes for long-term action steps. A later section of this chapter discusses the tallied priority votes. Chapter 5 organizes prioritized action steps into a strategic implementation plan.

Framework for Action Self-Assessment

Working through the United We Ride "Framework for Action Self-Assessment Tool for Communities" was the dominant activity of the first three-hour stakeholder meeting. Stakeholders were carefully assigned to five tables to achieve diversity within small groups while steering committee members served as facilitators and recorders. To allow time for discussion of each item, all tables were instructed to work through sections 1 and 2 of the Self-Assessment, with later sections covered by one or two tables. At the end of the meeting, each table reported their findings to the entire group, and table notes and averaged ratings were distributed as a handout in the second stakeholder meeting. The content of that handout is reproduced on the next few pages.

Following the outline of the Self-Assessment Tool, items below convey the progress rating for each Self-Assessment question as an 'overall score,' including the 'evaluation' rating for each of the five sections. For averaging purposes, the progress rating scale has been translated into numeric scores as follows:

1 = Needs to Begin
2 = Needs Significant Action
3 = Needs Action
4 = Done Well

Below each question are bulleted notes recorded by each table's facilitators, reflecting common themes and differences among tables.

Section 1: Making Things Happen by Working Together

1. **Have leaders** and organizations defined the need for change and **articulated a new vision** for the delivery of coordinated transportation services? **Overall Score: 1.6**

- There was an acknowledgement of the gaps that exist regarding transportation because (the table felt that) transportation is available in the community but there is no coordination from one organization to another.

- There is a realization that transportation is currently problematic in Mercer County, however there is currently no coordinated effort.

- Individual agencies reach out to other transportation providers, particularly TRADE, and make interagency referrals for complementary services, but there is no umbrella agency and no knowledge base of the entire range of providers. ARC said, "We have frequently discussed the NEED to coordinate services, but we haven't actually done anything about it."

2. **Is a governing framework in place** that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace? **Overall Score: 1.2**

- WIB, TRADE, RideProvide, other "boards" who have met and discussed transportation problems.
- No framework yet - today is the beginning phase.
- In the planning yes, but not in the implementation, informal dialogue among the organizations.
- Individual agencies might have established leadership, but again there is no overall coordinated effort.

3. **Does the governing framework cover the entire community** and maintain strong relationships with neighboring communities and state agencies? **Overall Score: 1.3**

- Overwhelming no.
- Problems with boundaries.
- No established framework and no jurisdictional coordination.

4. Is there sustained **support for coordinated transportation planning** among elected officials, agency administrators, and other community leaders? **Overall Score: 2.0**

- Elected officials are aware of problems regarding transportation in the county. However, to date no action has been taken. There are shared services within the township, but none are regarding transportation.
- Not with funding or project specific reporting
- Staff? Budget?
- There is verbal support for coordination by officials and agency heads.

5. **Is there positive momentum?** Is there growing interest and commitment to coordinating human service transportation trips and maximizing resources? **Overall Score: 2.2**

- There is an awareness of the transportation problem......

- Some momentum with municipalities, but depends on the government.

- "First call for help." Some organizations know what each other offers in services.

- Agencies are representing the needs but we need municipalities on board.

- Momentum is being shown here, now. "Need significant action.''

Section Evaluation: After reviewing each of the questions and assessing our progress, the overall evaluation of how well we are doing in the area of *Making Things Happen by Working Together* is: **Overall Score: 1.64**

Section 2: Taking Stock of Community Needs and Moving Forward

6. **Is there an inventory of community transportation resources** and programs that fund transportation services? **Overall Score: 1.4**

- Information is available but there is no overall coordination throughout the county.

- Resource inventory is spotty - not sure of different funding sources.

- Every provider has some sort of inventory. They agreed we need to get this into one database.

- Inventory begins here. Agencies might already maintain this information but it needs to be shared.

- No inventory of services exists.

7. **Is there a process for identifying duplication of services**, underused assets, and service gaps? **Overall Score: 1.2**

- Overwhelming no

- Logistics are quite difficult; doctors visits are unpredictable

- Identification process begins here.

- No process exists to identify service duplication or gaps

8. **Are the specific transportation needs of various target populations well documented? Overall Score: 1.9**

- There is existing documentation, but transportation services are still not always available.

- Technology is piecemeal and not shared - should also consider a projection of needs.

- Some keep records but the volume is huge; some do ridership counts.

- Transportation needs might be identified for specific populations, but findings are not shared with other providers.

- Target population needs are pretty well identified at the agency level (note that municipal senior services and ARC were representatives at the table), but not at the inter-agency level. Agency registration processes and databases exist, but confidentiality issues may prevent sharing. Anonymity protections may lower confidentiality fears so we can actually map customer densities.

9. **Has the use of technology in the transportation system been assessed** to determine whether investment in transportation technology may improve services and/or reduce costs?

Overall Score: 1.2

- No one (at the table) knew of any type of technology available.
- Some GPS, digital payment records

10. **Are transportation line items included in the annual budgets** for all human service programs that provide transportation services? **Overall Score: 1.6**

- No one (at the table) had a specific budget line for transportation.
- No cost assessments have been done.
- Some municipalities' documents do not even have a budget line item.
- All agencies (at the table) have itemized transportation budgets.

11. **Have transportation users** and other stakeholders **participated in the** community transportation **assessment process? Overall Score: 2.0**

- "That's what today is all about."
- Very small outreach.
- Stakeholder participation begins here today
- Users and stakeholders have participated in needs assessments at all these particular agencies.

12. **Is there a strategic plan** with a clear mission and goals? Are the assessment results used to develop a set of realistic actions that improve coordination? **Overall Score: 1.6**

- "To be completed by June 15th."
- Organizations have NOT been invited to participate in transportation plans.
- NJ Transit has tried and there is an overall understanding.
- Strategic plan will be based on the meetings, beginning today.

- Strategic plans are universal at the agency level, but action relative to them is variable.

13. **Is clear data systematically gathered on core performance issues** such as cost per delivered trip, ridership, and on-time performance? Is the data systematically analyzed to determine how costs can be lowered and performance improved? **Overall Score: 2.3**

- Statistics are kept at the different organizations, but, as far as cost efficiency the only agency that has a plan to reduce costs is Access Link.
- Depends on the agency - some larger ones gather performance information.
- Some monitoring by some of the organizations.
- Data is probably maintained within the provider agency, but it is not currently shared.
- Data collection on program outputs is routine (such as number of trips, total cost), but quality of outputs is not routinely measured (such as number of trips on time, number of customers disqualified for requested service or referred elsewhere).

14. **Is the plan** for human services transportation coordination **linked to and supported by other state and local plans** such as the Regional Transportation Plan or State Transportation Improvement Plan? **Overall Score: 1.0**

- No coordination at all.
- Through the TMAs maybe.
- Not sure of the link to other plans.
- Not much tie-in to other agencies.
- Did not have time to complete.

15. **Is data being collected on the benefits of coordination?** Are the results communicated strategically? **Overall Score: 1.5**

- This answer is split - some groups gather coordination information - others do not.
- No.
- Did not have time to complete.

Section Evaluation: After reviewing each of the questions and assessing our progress, the overall evaluation of how well we are doing in the area of *Taking Stock of Community Needs and Moving Forward* is: **Overall Score: 1.44**

- Heading in the right direction overall and these actions are beginning here.

Section 3: Putting Customers First

16. Does the transportation system have an **array of user-friendly and accessible information sources?**
Overall Score: 3.0

17. **Are travel training and consumer education programs available** on an ongoing basis? **Overall Score: 2.0**

18. Is there a **seamless payment system** that supports user-friendly services and promotes customer choice of the most cost-effective service? **Overall Score: 1.0**

19. **Are customer ideas and concerns gathered** at each step of the coordination process? Is customer satisfaction data collected regularly? **Overall Score: 2.0**

- Through customer feedback.

20. **Are marketing and communications programs used** to build awareness and encourage greater use of the services? **Overall Score: 3.0**

- Larger budgets and a surplus of riders can correlate into not having to advertise.

Section Evaluation: After reviewing each of the questions and assessing our progress, the overall evaluation of how well we are doing in the area of *Putting Customers First* is: **Overall Score: 2.0**

Section 4: Adapting Funding for Greater Mobility

21. Is there a **strategy for systematic tracking of financial data** across programs?
Overall Score: 1.0

- There is nothing systematically available anywhere in the county that the table knew of.

22. **Is there an automated billing system** in place that supports the seamless payment system and other contracting mechanisms? **Overall Score: 1.5**

- For some local programs it is either cash, voucher or free. Bare minimum technology available.

Section Evaluation: After reviewing each of the questions and assessing our progress, the overall evaluation of how well we are doing in the area of *Adapting Funding for Greater Mobility* is:
Overall Score: 1.0

- Many smaller agencies may require technical assistance in using an integrated accounting program. Accounting and fiscal processes may not be strong in those providers that do not provide only transportation services.

Section 5: Moving People Efficiently

23. Has an arrangement among diverse transportation providers been created to offer **flexible services that are seamless to customers? Overall Score: 1.0**

- No, no, no. Service is not seamless to customers.

24. **Are support services coordinated to lower costs** and ease management burdens?
Overall Score: 1.0

- There are no coordinated support services to ease management burdens.

25. **Is there a centralized dispatch system** to handle requests for transportation services from agencies and individuals? **Overall Score: 1.0**

- There is no centralized dispatch system.

26. **Have facilities been located** to promote safe, seamless, and cost-effective transportation services?
Overall Score: 2.0

- AGENCY facilities are located, to the extent feasible, central to customer base, but not located with reference to whole range of other facilities that contribute to quality of life for target populations (e.g., library branch in shopping mall).

Section Evaluation: After reviewing each of the questions and assessing our progress, the overall evaluation of how well we are doing in the area of *Moving People Efficiently* is: **Overall Score: 1.0**

Self-Assessment: Discussion

Of the 26 individual items and five section evaluations in the Framework for Action Self-Assessment, at each table, the modal score on each item was one: "needs to begin." If we count all the scores generated by all the tables, there are 101 measurement points (not all tables did all sections). Of these 101 scores, 63 were one, "needs to begin"; only 42 items were scored by any table above a one. Of these, 34 were two, or "need significant action" and seven scores were 3, or "needs action." Only one group gave only one item a score of 4, or "done well" (for question #11, "Have transportation users and other stakeholders

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participated in the community transportation assessment process?" for which the average table score was 2.0).

The picture that these numbers paint of the state of interagency coordination for human service transportation in Mercer County is that what coordination exists is ad hoc, agency to agency, and there is little of that. Some agencies have engaged customers in developing strategic plans, have clear missions, budget well, measure outcomes, employ enhanced technology, and do a good job marketing their services to target populations. But these best practices are not directed at coordinating service with other agencies. **In short, there is a great deal of opportunity in Mercer County to enhance coordination of human service transportation.**

Action Steps toward Coordinated Services

With summary results of the Self-Assessment in hand, and having spent an hour identifying and prioritizing service gaps (see Chapter 3), stakeholders in meeting #2 spent about 90 minutes brainstorming action steps, working through each section of the Self-Assessment for inspiration. During the brainstorming session, stakeholders in small groups at separate tables were discouraged from evaluating or discussing brainstormed items and repeatedly urged to come up with more action ideas. The result was a list of 257 separate action steps, which each table presented to stakeholders at other tables at the end of the meeting.

Between the second and third meetings, three members of the Steering Committee (Kastrenakes, DeNero, Lawson) typed each brainstormed item into a database, then sorted and re-sorted action steps into categories and subcategories so that, in meeting #3, stakeholders would be able to place their priority votes on a reasonable number of action categories. The total list of action steps, by category, may be found in Appendix E. A summary table with priority rankings is discussed below.

Table 4.1 shows priority vote tallies for the summarized action steps. The two items that garnered the most "early action" votes were to "form a committee" and "inventory service providers," each with 16 votes. While these summary items show stakeholders' highest priorities for early action, it is also useful to consider the actual brainstormed action steps, which can be arranged almost as a narrative to guide implementation of this plan. For example, compare the edited text below to the detailed list of action steps under "form committee" in Appendix E:

- get decision makers together
- create a council

- have a lead agency to record and direct services

- formalize by giving name

- include consumers on governing body

- get all (small & large) to table to plan for seamless services

Potential actions for the committee can also be spelled out by arranging and editing brainstormed action items:

- meet more in beginning, monthly

- face-to-face meetings

- keep it simple to start

- get something done to get momentum going

- report quarterly

- develop vision and mission statement

- set priorities

- assign target dates

- look at models that have worked in other states/countries – do not reinvent the wheel

- reach out to all state leaders

- appropriate funding for committee

- reach out to all federal leaders

- get commitment to appropriately fund transportation

The point here is not that the brainstormed items, in their totality, constitute a detailed roadmap for implementing this plan. For this plan, prioritized action *categories* establish the goals to be achieved. Given that Mercer County "needs to begin" the coordination process, one of the key early goals is to create a coordinating committee that can achieve some early successes and formulate a realistic strategic plan for coordinating services. In this context, a committee must be created, with a governance structure to be determined, to devise a strategic implementation plan. The detailed list of brainstormed action steps offer a fount of creativity from which the committee may draw specific goals, as well as strategies for achieving them.

Strategies to Build a Coordinated Transportation System

As a first step toward a strategic plan, the priority vote tallies on Table 4.1 provide a general road map toward service coordination. Short term actions, in priority order. include:

1. Form a committee
2. Inventory service providers
3. Coordinate within and outside the county
4. Develop a strategic plan
5. Inventory customer needs and service gaps
6. Establish overall marketing strategy
7. Publish advertising brochures
8. Research funding best practices and
9. Pool resources to create efficiencies

The high priority long-term action steps suggest the stakeholders' willingness to go quite far toward service coordination:

1. Establish central call location
2. Centralize funding/billing
3. Create trip scheduling computer system
4. Coordinate within and outside the county
5. Extend service hours, areas, etc.
6. Create seamless fare system.

The priority order of short-term and long-term action steps constitute a plan for creating a fully coordinated human service transportation system for Mercer County, New Jersey. The next chapter describes these action steps in relation to the driving factors in each section of the Framework for Action Self-Assessment.

Table 4.1 Stakeholder-Suggested Actions, Summary, Prioritized

Self-Assessment Section	Subcategory	Detail Items Count	Priority Votes		
			Short Term	Long Term	Total
1 Governance	1 Form Committee	13	16	0	16
	2 Committee members & structure	13	3	2	5
	3 Committee strategic plan/actions	22	7	8	15
	4 Committee reporting	4	1	1	2
	5 Committee outreach-local agencies	9	4	1	5
	6 Committee outreach-elected officials	12	2	4	6
1 Governance Total		**73**	**33**	**16**	**49**
2 Information	1 Inventory service providers	26	16	2	18
	2 Inventory customer needs/service gaps	12	7	5	12
	3 Research best practices	3	3	2	5
	4 Create customer information website	7	2	4	6
	5 Create trip scheduling computer system	6	1	11	12
2 Information Total		**54**	**29**	**24**	**53**
3 Customers	1 Establish central call location	17	6	13	19
	2 Establish overall marketing strategy	10	6	7	13
	3 Publish advertising brochures	5	6	2	8
	4 Establish advertising kiosks	4	2	1	3
	5 Educate case managers	3	5	1	6
	6 Train across cultural divides	5	0	1	1
	7 Educate customers	6	3	3	6
3 Customers Total		**50**	**28**	**28**	**56**
4 Billing/Funding	1 Centralize billing/funding	11	0	12	12
	2 Create seamless fare system	10	1	7	8
	3 Increase funding flexibility	9	0	4	4
	4 Research funding, best practices	7	6	3	9
	5 Pool resources to create efficiencies	7	6	6	12
4 Billing/Funding Total		**44**	**13**	**32**	**45**
5 Service	1 Coordinate within & outside county	9	11	11	22
	2 Extend service hours, areas, etc.	9	5	8	13
	3 Unify driver training	6	0	0	0
	4 Share vehicles & drivers	5	3	5	8
	5 Assure vehicles & site accessibility	4	1	0	1
	6 Consider other service ideas	3	1	0	1
5 Service Total		**36**	**21**	**24**	**45**
Grand Total		**257**			

Source: Stakeholder Meeting #3, March 2007

CHAPTER 5

- ## RECOMMENDATIONS AND PRIORITIES FOR PROJECTS
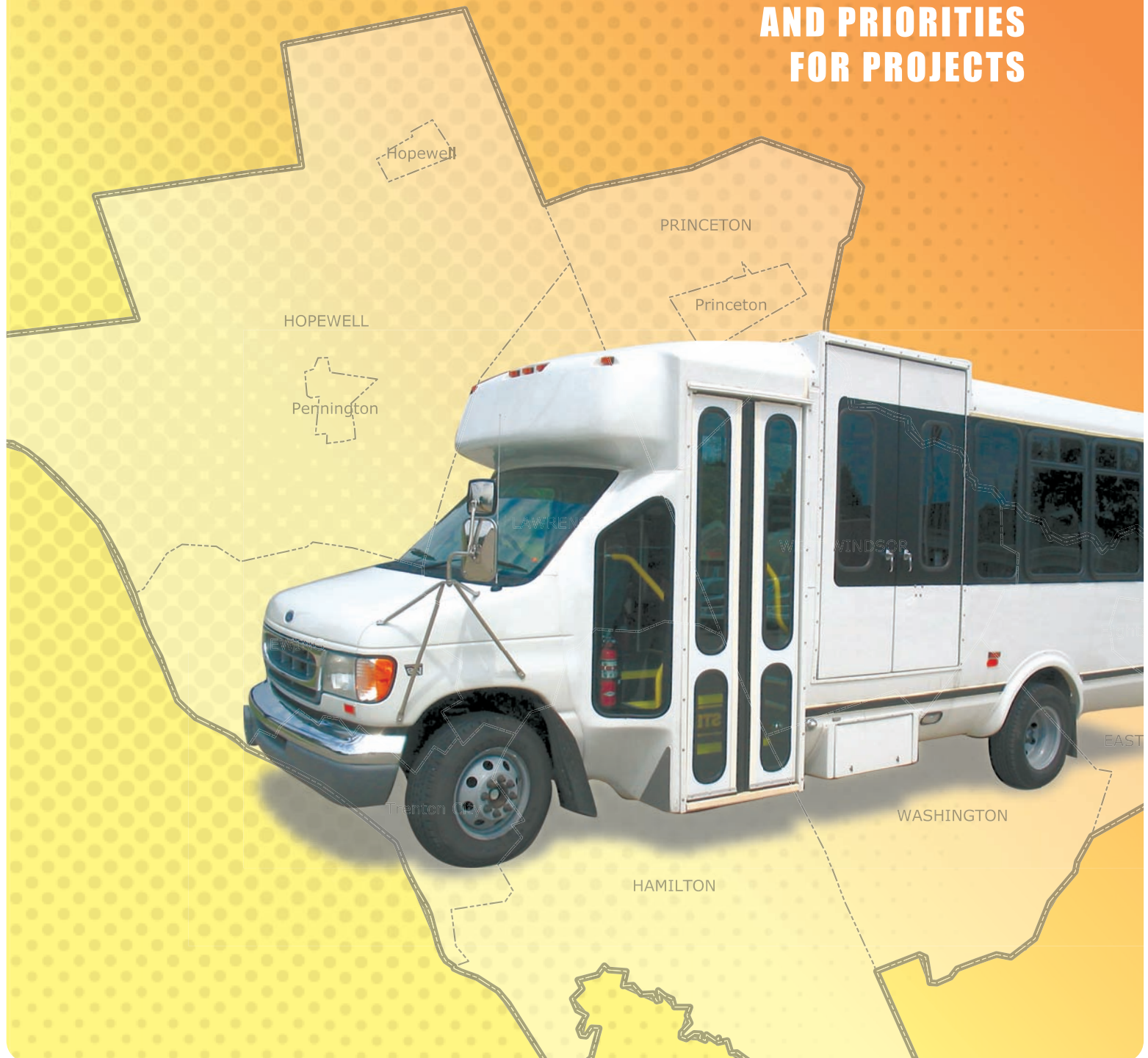
The development of the Mercer County Human Service Transportation Coordination Plan has been based upon a participatory process involving community stakeholders who freely offered their time, experience and insight about the state of transportation in Mercer County. At each step in the process, described fully in the preceding sections of this Coordination Plan, stakeholder perceptions, opinions and recommendations were documented and utilized to form the structure for the Coordination Plan. There was a notable consistency and a general consensus achieved regarding the primary actions that are required to build a coordinated human service transportation system.

Throughout the process of completing the Coordination Plan, the "Framework for Action," developed by the Federal Transportation Administration, was utilized as a blueprint for building a coordinated system. The Framework for Action provides a comprehensive structure for assessing readiness to implement a coordinated system and also provides a planning structure for building a system. Accordingly, this section of the Coordination Plan adheres to the Framework for Action's structure.

While the community stakeholders worked diligently to develop action steps and establish priorities for building a coordinated system, it is necessary to refine their recommendations in this section, to account for realities and complexities involved in making such significant system changes. Also, while action steps and priorities developed by the stakeholders were comprehensive and well-organized, there is an attempt made in this section to tie recommendations together to develop a strategy for system change.

The following sections are organized according to the Framework for Action, and recommendations for short-term and long-term strategies for system change are presented.

Section 1 – Making Things Happen by Working Together

This section under the Framework for Action seeks to address a fundamental system requirement, namely, "Individuals and organizations are catalysts for envisioning, organizing and sustaining a coordinated system that provides mobility and access to transportation for all." Participants generally believed that there is a need to begin work in this area, though development of this Coordination Plan is a good first step. Stakeholders identified a total of 73 action steps in this section, with considerable detail as described previously. It should be noted that there has not been an organized forum in Mercer County for community stakeholders to discuss and deliberate about transportation needs of customers and potential customers, with most providers generally operating in isolation.

There is considerable work to be done to organize a local "consortium" or "committee" which could be convened to address the matters documented through the Coordination Plan. A critical recommendation is to ensure the involvement of customers and advocates in the implementation process. Following is a table that seeks to identify the short-term and long-term recommendations relative to organizing a local transportation "committee." For purposes of the Coordination Plan, short-term recommendations are those recommendations that could likely be accomplished within one year. Long-term recommendations are assumed to require more than one year of action. Also, it is noted whether the activity required to implement a recommendation is likely to require additional funding. Accordingly, items indicating the need for financial support may be the subject of future grant projects or other funding requests.

Table 5.1: Section 1 Recommendation and Implementation Funding Time Frame

Recommendation Section 1	Time Frame	Funding Required to Implement – Priorities for Projects
Research Other Counties, Best Practices	Short-term	No
Form a Committee or Coalition	Short-term	No
Establish a Committee Vision	Short-term	No
Establish a Structure for Committee (Membership, Roles/Responsibilities)	Short-term	No
Involve Consumers in Committee	Short-term	No
Establish a Committee Strategic Plan	Short-term	No
Conduct Outreach with Community and Local Officials	Short-term and Long-term	No – Short-term Yes – Long-term
Link with Regional and State Plans	Long-term	Yes
Develop Staffing Resources for Planning	Long-term	Yes
Implement Strategic Plan	Long-term	Yes

Source: Stakeholder Meeting #3, March 2007

Section 2 – Taking Stock of Community Needs and Moving Forward

This section under the Framework for Action seeks to address a fundamental system requirement, namely, "A completed and regularly updated community transportation assessment process identifies assets, expenditures, services provided, duplication of services, specific mobility needs of the various target populations, and opportunities for improvement. It assesses the capacity of human service agencies to coordinate transportation services. The assessment process is used for planning and action."

These elements of a coordinated system detailed above require extensive information and data collection. While a substantial effort was made through this Coordination Plan to inventory existing transportation resources and to identify areas of duplication, important information remains unavailable. Also, while stakeholders identified significant service gaps and mobility needs of our customers, intensive efforts to obtain this information directly from customers and potential customers must be planned. Following is a summary of short-term and long-term projects for this section.

Table 5.2: Section 2 Recommendation and Implementation Funding Time Frame

Recommendation Section 2	Time Frame	Funding Required to Implement – Priorities for Projects
Complete Inventory of Providers	Short-term	No
Identify Customer Needs and Service Gaps	Long-term	Yes
Implement Projects to Address Service Gaps Identified through this Plan	Long-term	Yes
Research Best Practices	Short-term	No
Implement Pilot Project to Coordinate, Reduce Duplication	Short-term	No
Create Central Service Scheduling System	Long-term	Yes
Assess Ways to Coordinate Services	Long-term	Yes

Source: Stakeholder Meeting #3, March 2007

Service Gaps Identified through the Coordination Plan

While considerable work remains to obtain firsthand information from customers and potential customers about unmet needs and service gaps, community stakeholders did identify several significant service gaps through the process of developing the Coordination Plan. These service gaps were also prioritized by stakeholders and are listed below. These service gaps are identified as priority service gaps that may be suitable for new projects if grant funds are available.

- Expand Service Area
- Expand the Level of Service Generally
- Expand Service Available During Evenings and Weekends
- Expand the Availability of Service for Non-medical Trips
- Expand the Availability of Service for Employees
- Expand the Availability of Service for Youth

Section 3: Putting Customers First

This section under the Framework for Action seeks to address a fundamental system requirement, namely, "Customers, including people with disabilities, older adults, and low-income riders, have a convenient and accessible means of accessing information about transportation services. They are regularly engaged in the evaluating and identification of needs." Community stakeholders were clear in their assessment of this section and provided very specific recommendations for improvement. Following is a summary of short-term and long-term projects for this section.

Table 5.3: Section 3 Recommendation and Implementation Funding Time Frame

Recommendation Section 3	Time Frame	Funding Required to Implement – Priorities for Projects
Establish Central Call Location	Long-term	Yes
Establish Overall Marketing Strategy	Long-term	Yes
Create Customer Information Website	Long-term	Yes
Publish Transportation Brochure	Short-term	Yes
Customer Needs and Service Gaps Identified***	Long-term	Yes
Educate Case Managers, Mobility Managers	Short-term	No
Address Diversity, Cultural Competence	Short-term	Yes
Establish Customer Transit Training	Long-term	Yes
Outreach to Customer Groups	Short-term	No

Source: Stakeholder Meeting #3, March 2007

***Note**: This item is redundant, also included in Section 2.

Section 4 – Adapting Funding for Greater Mobility

This section under the Framework for Action seeks to address a fundamental system requirement, namely, "Innovative accounting procedures are often employed to support transportation services by combining various state, federal, and local funds. This strategy creates customer friendly payment systems while maintaining consistent reporting and accounting procedures across programs."

Generally, this section refers to systems that are closely coordinated and fairly sophisticated. While many providers in Mercer County are utilizing multiple funding sources within their own operations, accounting systems are not at all tied together among agencies. Also, providers have their own fare payment systems, while many providers do not charge a fare to customers. Following is a summary of short-term and long-term projects for this section. In this section please note that all projects are long-term.

Table 5.4: Section 4 Recommendation and Implementation Funding Time Frame

Recommendation Section 4	Time Frame	Funding Required to Implement – Priorities for Projects
Centralize Billing/Funding	Long-term	Yes
Create Seamless Fare System	Long-term	Yes
Increase Funding Flexibility	Long-term	Yes
Research Best Practices	Short-term	No
Pool Resources	Long-term	Yes

Source: Stakeholder Meeting #3, March 2007

Section 5 – Moving People Efficiently

This section under the Framework for Action seeks to address a fundamental system requirement, namely, "Multimodal and multi-provider transportation networks are being created that are seamless for the customer but operationally and organizationally sound for the providers."

As in Section 4, this section refers to systems that are closely coordinated and fairly sophisticated. Parameters of coordinated systems in this performance area examine ways in which providers can share support services (joint purchasing/leasing of equipment, supplies and facilities, training), use a single scheduling/dispatch system, or have a shared accounting system.

This section also makes references to ways in which entire systems can be transformed, through consolidation of providers into a single provider, or through the establishment of a brokerage. A brokerage receives trip requests and identifies the most cost-efficient trip through a network of providers. Inherently, implementations of these types of models are long-term projects, often involving a 3- to 5-year implementation plan. Following is a summary of short-term and long-term projects for this section. Stakeholders identified several action steps in this section. Of note, is the recommendation to coordinate services to facilitate travel outside of county limits, as well as within county borders, relating to a seamless service to customers.

Table 5.5: Section 5 Recommendation and Implementation Funding Time Frame

Recommendation Section 5	Time Frame	Funding Required to Implement – Priorities for Projects
Study Ways to Share Support Services	Short-term	No
Coordinate Within and Outside County	Short-term	No
	Long-term	Yes
Extend Service Hours and Areas	Long-term	Yes
Unify Driver Training	Long-term	No
Share Vehicles and Drivers	Long-term	Uncertain
Assure Vehicle and Site Accessibility	Long-term	Yes

Source: Stakeholder Meeting #3, March 2007

It is also worth noting that stakeholders recommended significant and bold actions in previous sections that would move the system forward toward a seamless system, including a centralized call center and a centralized scheduling/dispatch system. Both of these changes imply somewhat the development of a brokerage that would dispatch the ride to the most efficient transit option.

Sustainability

Sustainability of services is a high priority, as operating costs continue to escalate. While service improvements, expansions and enhancements may become possible through policy changes and coordination efforts, additional financial resources may be required to significantly expand services. Moreover, as operating costs continue to escalate, sustaining existing services at existing levels is critical. For example, an organization providing service with vehicles may face a situation where the vehicle has reached the end of its useful life and requires replacement. In such a situation, it is consistent with the assumptions of this Coordination Plan that replacement of a vehicle to maintain service at existing levels of service is a reasonable purpose for a grant application.

Criteria for Federal Program Participation

As a final element of this Coordination Plan, the following are criteria for participation of local organizations in the three federal grant programs established by SAFETEA-LU.

Any grant application submitted by a local organization to the Federal Transit Administration or NJ Transit under the regulations established by SAFETEA-LU shall address recommendations and be

consistent with recommendations documented in this Coordination Plan and/or subsequent studies or updates of this Coordination Plan.

It is consistent with this Coordination Plan that sustainability of existing service is a critical aspect of human service transportation and that local organizations - serving seniors, people with disabilities or people with low-incomes - that are seeking to replace aging vehicles, are in conformity with this Coordination Plan, subject to all requirements included in these criteria.

Conclusion

As described in this chapter and supported by demographic analysis and survey responses, the Coordination Plan recommendations have been developed to improve the service system in Mercer County for seniors, people with disabilities and people with low incomes. These recommendations range from establishment of a "council" or "committee" to begin implementation of coordination, to specific service gaps that require a resolution, to the marketing of information to inform the public about services available.

As required by SAFETEA-LU, organizations are required to be involved in a local coordination plan as a pre-requisite for eligibility for three federal grant funds: Section 5310 for Elderly and Disabled, Job Access and Reverse Commute and the New Freedom Initiative. Consistent with the requirements of SAFETEA-LU, the Mercer County Coordination Plan has developed recommendations for service to seniors, people with disabilities and people with low incomes.

References

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Transit Cooperative Research Project. *Improving Public Transit Options for Older Persons, Volume 1: Handbook.* TCRP Report #82, Washington DC, 2002, p. 1.

New Jersey Transit and Department of Human Services. *New Jersey Statewide, County, and Community Transportation Planning Questionnaire.*

Steering Committee

The Mercer County Department of Transportation and Infrastructure and DVRPC wish to acknowledge the advice and assistance of the following individuals who participated on the Coordination Plan steering committee:

Sandra Brillhart	Greater Mercer Transportation Management Association
Patrick Cacacie	United Way of Greater Mercer County
Marty DeNero	Mercer County TRADE
Scott Ellis	Progressive Center for Independent Living
Cheryl Kastrenakes	Greater Mercer Transportation Management Association
Matthew Lawson	Mercer County Planning Division
Ottilie Lucas	Mercer County TRADE Transportation Advisory Council
Pamela Mazzucca	Mercer County Office for the Disabled
Beverly Mills	Mercer County Workforce Investment Board
Erica Pennacchi	Mercer County Office on Aging
Tim Sharpe	NJ Transit

DVRPC Staff

Natalia Olson de Savyckyj	Transportation Planner
Eric Grugel	Regional Planner
Chris Pollard	GIS Application Specialist
Christina Manning	GIS Intern

List of Acronyms

ADA	Americans with Disabilities Act
CCAM	Coordinating Council on Access and Mobility
DVRPC	Delaware Valley Regional Planning Commission
EJ	Environmental Justice
FTA	Federal Transit Administration
MPO	Metropolitan Planning Organization
MRDD	Mental Retardation or Developmentally Disabled
JACC	Jersey Assistance for Community Caregiving
JARC	Job Access and Reverse Commute
SAFETEA-LU	Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users
SCDRTAP	Senior Citizens and Disabled Resident Transportation Assistance Program
TMA	Transportation Management Association
TRADE	Transportation Resources to Aid the Disadvantaged and Elderly

Mercer County
Human Service
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Appendix A

- **Stakeholder Invitation List**

Invitation List

Mercer County Human Service Transportation Cordination Plan

Organization	Contact NameAA		Title	Street	City	State	Zip
A-1 Limousine	Basil	Giletto		2 Emmons Drive	Princeton	NJ	8540
Allies, Inc.	Emad	Samad		1262 Whitehorse-Hamilton Sq Rd	Hamilton	NJ	8690
ARC of Mercer County	Steve	Ronin		600 New York Ave.	Trenton	NJ	8638
ARC of Mercer, Inc.	Marie	Gladney		180 Ewingville Road	Ewing	NJ	8638
Assoc. Advance. Of Mental Health	Stanley	Hosen		819 Ewingville Road	Princeton	NJ	8540
Brighter Day			Executive Director	P.O. Box 368	Oakhurst	NJ	8648
Capital Health Systems	John	Cammarata		65 Prospect Street	Trenton	NJ	8618
Capital Health Systems	Rick	Butler		65 Prospect St	Trenton	NJ	8618
Catholic Charities	Francis	Dolan	CEO	383 W. State Street	Trenton	NJ	8618
Christopher House	Jerome	Lindauer		10 Southard Street	Trenton	NJ	8608
Circle F Urban Renewal LLP	Patricia	Sample		720 Monmouth Street #020	Trenton	NJ	8609
City of Trenton-Aging Office	Lorene	Williams		16 East Hanover Street	Trenton	NJ	8608
Community Grants & Planning	Patricia	Loehl		569 Abbington Drive Suite E	E. Windsor	NJ	8520
Community Options	Robert	Stack	CEO	16 Farber Road	Princeton	NJ	8540
Community Options	Jessica	Guberman		707 Alexander Rd. Bldg 2, Ste 208	Princeton	NJ	8540
Community Options Inc.	Matt	Greller		200 W. State St	Trenton	NJ	8608
Concerned Citizens of Ewing	Herman	Kimbrough		320 Hollowbrook Dr., Box 5684	Trenton	NJ	8638
Dapper Bus Company			President	1020 Green Street	Iselin	NJ	8830
East Windsor Sr. Center	Amy	Bauman		40 Lanning Blvd.	East Windsor	NJ	8520
ECHO	Susan	Kugler		471 Parkway Avenue	Trenton	NJ	8618
Eden Institute, Inc.	Carol	Markowitz		1 Eden Way	Princeton	NJ	8540
Eden W.E.R.C.S.	Marta	Colon		1 Logan Drive	Princeton	NJ	8540
Eden W.E.R.C.S.	Noreen	Koval		1 Eden Way	Princeton	NJ	8540
Enable, Inc.	Kevin	Metzler		13 B Roszel Road	Princeton	NJ	8540
F.I.S.H of Hopewell			Executive Director	60 South Main Street	Pennington	NJ	8534
Family Service of Princeton	Mamie	Ballard		120 John Street	Princeton	NJ	8540
Greater Mercer TMA	Sandra	Brillhart		15 Roszel Road	Princeton	NJ	8540
Hamilton Township	Kathleen	Fitzgerald		2090 Greenwood Ave	Hamilton	NJ	8619
Hopewell Presbyterian	Robert	Beringer		80 West Broad Street	Hopewell	NJ	8525
Horizon Adult Day Center	Jerry	Fibane		80 West Upper Ferry Road	Trenton	NJ	8638
Interfaith Caregivers	Mary Ann	Isaac	Executive Dir.	207 Hillcrest Ave.	Trenton	NJ	8618
Isles Inc. Housing Programs	Martin	Johnson		10 Wood Street	Trenton	NJ	8608
Jewish Family & Childrens Service	Julie	Feibush	Senior Services Coordinator	707 Alexander Road, Ste 102	Princeton	NJ	8534
Luther Arms/Luther Towers			Administrator	323 S Broad St.	Trenton	NJ	8608
Luther Arms/Luther Towers			Transportation Administrator	489 West State Street	Trenton	NJ	8608
Lutheran Church of the Redeemer	Howard	Lever		189 S. Broad St.	Trenton	NJ	8608
Maurice Perilli Adult Daycare	MaryBeth	Stimpson		1059 Edinburg Road	Hamilton	NJ	8690
Medallion Care			Executive Director	957 Highway 33 West	Monroe	NJ	8831
MediTransport	Andy	Linardos		63 2nd Avenue	Hamilton	NJ	8619
Mercer Association of the Blind	J.	Sanders		P.O. Box 55042	Trenton	NJ	8638
Mercer County Social Services	Annette	Lartigue		200 Woolverton Street, PO Box 1450	Trenton	NJ	08650-2099
Mercer County Social Services	Frank A.	Cirillo	Director	200 Woolverton Street, PO Box 1450	Trenton	NJ	08650-2099
Mercer Medical Center				447 Bellevue Ave.	Trenton	NJ	8618
Mercer Street Friends	Dr. Barry	Cole		151 Mercer Street	Trenton	NJ	8611
Morris Hall/St Lawrence Rehab	Mark	Sorrento		2381 Lawrenceville Rd	Lawrenceville	NJ	8648
New Jersey Foundation for Aging	Brian	Duke	Executive Director	176 West State Street	Trenton	NJ	8608
NJ Dept. of Children & Families, Div. of Prevention & Partnerships	Darrell	Armstrong	M. Div.	222 South Warren St	Trenton	NJ	8625-0729
Nottingham Recreation Center			Director	27 Church Street, R.D. 2	Trenton	NJ	8620
Office on Aging	Lorene	Williams	Director	16 East Hanover Street	Trenton	NJ	8608
Presbyterian Homes			Director	13 Roszel Rd., #S-C 120	Princeton	NJ	8540
Princeton Child Development Center	Gregory	MacDuff	PhD	300 Cold Soil Road	Princeton	NJ	8540

Mercer County Human Service Transportation Cordination Plan

Organization	Contact Name	Title	Street	City	State	Zip
Princeton Deliverance Center	Bradley, Dr. Ordell		301 Southard Street	Trenton	NJ	8609
Princeton Health Care System	Hersh, Pam	Vice President	253 Witherspoon Street	Princeton	NJ	8540
Princeton Human Services	Mendez, Cynthia		380 Witherspoon Street	Princeton	NJ	8540
Princeton Sr. Resource Center		Director	Spruce Circle	Princeton	NJ	8540
Project Freedom	Doherty, Tim		223 Hutchinson Road	Robbinsville	NJ	8691
Project WERC, Inc.	Holmes, David		1 Logan Drive	Princeton	NJ	8540
Recording for the Blind		Director	20 Roszel Road	Princeton	NJ	8540
Red Cross of Central NJ	Selander, Bob		707 Alexander Road, Ste 101	Princeton	NJ	8540
Robert Wood Johnson University Hospital, Security Dept.	Gordon, David		1 Hamilton Health Place	Hamilton	NJ	8690
Samaritan Special Transportation	Wissel, Helen		45 Dawes Ave.	Trenton	NJ	8638
Senior Care of Trenton	Tedford, Ginger		1450 Parkside Ave. Suite 7	Trenton	NJ	8638
Senior Star Adult Care	Kipnis, Julia		1980 North Olden Avenue	Ewing	NJ	8618
St. Francis Medical Center, PACE Program	Viggiano Mueller, Jill		601 Hamilton Ave	Trenton	NJ	8629
St. Francis Medical Center	Bienkowski, Cindy		601 Hamilton Ave.	Trenton	NJ	8629
St. Francis Medical Center	Hodachok, Jean		601 Hamilton Ave.	Trenton	NJ	8629
St. George Greek Orthodox Church	Gogo, Greg		1200 Klockner Rd	Hamilton	NJ	8619
St. Paul AME Zion Church	Caldwell, Rev. Charlie		306 N. Willow St.	Trenton	NJ	8618
St. Phillips Baptist Church	Early, Jacob		Mary & Parkinson Avenue	Hamilton	NJ	8610
Starr Tours	Glickman, Alan	CEO	2531 East State Street	Trenton	NJ	08619-3388
Stouts Charter		President	20 Irven Street	Ewing	NJ	8638
The Gables at West Windsor	Berger, Alvin	Resident Services Coordinator	996 Alexander Road	Princeton Jct.	NJ	8550
Trenton Center			465 Greenwood Ave.	Trenton	NJ	8609
Trenton Vets Center		Executive Director	171 Jersey Street	Trenton	NJ	8611
West Windsor Human Services	Thornton, Lynn		271 Clarksville Road, P.O. Box 38	West Windsor	NJ	8550
Y.E.S.S. for Recreation	Veit-Harmening, Theresa		P.O. Box 8068	Trenton	NJ	8650
Township of East Windsor	Mironov, Janice S.	Mayor	16 Lanning Blvd.	East Windsor	NJ	8520
Township of East Windsor	Fisher, Alan M.	Township Manager	16 Lanning Blvd.	East Windsor	NJ	8520
Township of East Windsor	Ogren, Tom		16 Lanning Blvd.	East Windsor	NJ	8520
Ewing Township	Ball, Jack	Mayor	2 Jake Garzo Drive	Ewing	NJ	8628
Ewing Township	Watson, Jeanette C.		2 Jake Garzo Drive	Ewing	NJ	8628
Hamilton Township	Gilmore, Glen D.	Mayor	2090 Greenwood Ave.	Hamilton	NJ	08650-0150
Hightstown Borough	Patten, Robert F.	Mayor	148 No. Main Street	Hightstown	NJ	8520
Hightstown Borough	Gallagher, Candace	Administrator	148 No. Main Street	Hightstown	NJ	8520
Hopewell Borough	Nettles, David	Mayor	4 Columbia Ave.	Hopewell	NJ	8525
Hopewell Borough	Hovan, Michele	Administrator	4 Columbia Ave.	Hopewell	NJ	8525
Township of Lawrence	Powers, Michael	Mayor	2207 Lawrence Road	Lawrenceville	NJ	08648-6006
Township of Lawrence	Krawczun, Richard S.	Manager	2207 Lawrence Road	Lawrenceville	NJ	08648-6006
Pennington Borough	Persichilli, Anthony	Mayor	30 North Main Street	Pennington	NJ	08534-0095
Pennington Borough	Dunworth, Eugene, Jr	Administrator	30 North Main Street	Pennington	NJ	08534-0095
Princeton Borough	Trotman, Mildred T.	Mayor	1 Monument Drive	Princeton	NJ	8542
Princeton Borough	Bruschi, Robert W.	Administrator	1 Monument Dr.	Princeton	NJ	8542
Princeton Township	Marchand, Phyllis L.	Mayor	400 Witherspoon Street	Princeton	NJ	8540
Princeton Township	Pascale, James J.	Administrator	400 Witherspoon Street	Princeton	NJ	8540
City of Trenton	Palmer, Douglas H.	Mayor	319 East State Street	Trenton	NJ	8608
City of Trenton	Lewis-Spruill, Carolyn	Director HHS	319 East State Street	Trenton	NJ	8608
Township of Washington	Fried, David	Mayor	1 Washington Blvd., Suite 6	Robbinsville	NJ	8619
Township of Washington	Caffrey, Mary	Administrator	1 Washington Blvd., Suite 6	Robbinsville	NJ	8619
Township of West Windsor	Hsueh, Shing-Fu	Mayor	271 Clarksville Road	West Windsor	NJ	8550
Township of West Windsor	Marion, Christopher R.	Administrator	271 Clarksville Road	West Windsor	NJ	8550

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Appendix B

- **Location Database**

	Location	Street	City	Origin Riders /week	Destination Riders /week	Total Riders	Number of Agencies
	AAMH	819 Alexander Rd	Princeton	0	7	**7**	1
	Adapt Day Program	666 Plainsboro Rd	Plainsboro	0	4	**4**	1
x	Alvin E Gershen Sr. High Rise	1655 Knockler Road	Hamilton	33	1	**34**	3
	Amani House	518 MLK Blvd	Trenton	3	0	**3**	1
	Apartment house	341 Bellview Ave		3	0	**3**	1
	ARC Mercer (1)	801 NY Ave	Trenton	59	59	**118**	1
	ARC Mercer (2)	600 NY Ave	Trenton	26	59	**265**	3
	ARC Mercer (3)	180 Ewingville Rd	Ewing	2	24	**26**	2
	Barclay Village Apt	3400 S. Broad St	Trenton	3	0	**3**	1
	Belmont Court Dialysis Center	1962 N. Olden Ave	Ewing	0	44	**44**	2
x	Bio - Medical Association	40 Fuld Street	Trenton	0	20	**20**	1
	Brookshire Senior Apartments	100 Forest Ridge Dr	Lawrence	18	2	**20**	2
x	Capital Health System (Fuld)	750 Brunswick Ave	Trenton	0	22	**22**	3
x	Capital Health System (Mercer)	446 Bellview Ave	Trenton	0	37	**37**	3
	Cathedral Square	26 Hanover Place	Trenton	4	0	**4**	1
	Crestwood Square Apt	1600 Klockner Rd	Trenton	3	0	**3**	1
x	Currier Clinic	252 Rt 601	Belle Meade	0	1	**1**	1
	Daily Planet - Princeton	707 Alexander Rd	West Windsor	0	10	**10**	1
	Dover Manor Apt	4100 S. Broad St	Trenton	3	0	**3**	1
	Dr. Office (1)	123 Franklin Corner Rd	Lawrenceville	0	3	**3**	1
	Dr. Office (2)	140 Franklin Corner Rd	Lawrenceville	0	4	**4**	1
	Dr. Office (3)	3131 Princeton Pike	Lawrenceville	0	3	**3**	1
	Dr. Office (4)	4 Princess Rd	Lawrenceville	0	3	**3**	1
	East Windsor Senior Center	40 Lanning Blvd	East Windsor	0	92	**92**	1
	Elm Court	300 Elm Rd	Princeton	15	0	**15**	2
	Evergreen at Hamilton	1 Clubhouse Way	Trenton	4	0	**4**	1
	Ewing Senior Center	320 Hollowbrook Dr	Ewing	0	61	**61**	1
	FMC Dialysis	40 Fuld Street	Trenton	0	19	**19**	2
	Group Home	1001 Pennington Rd	Trenton	2	0	**2**	1
	GSA	1900 River Road	Burlington	0	9	**9**	1
	Hamilton Belmont Dialysis	2 Hamilton Pl	Hamilton	0	42	**42**	2
	Hamilton Boarding Home	1331 William St	Hamilton	3	0	**3**	1
	Hamilton Cardiology	Klockner Rd (3 locations)	Trenton	0	3	**3**	
	Hamilton Physical Therapy	1881 Nolden Ave	Hamilton	3	3	**6**	1
x	Henry J. Austin Health Center	112 Ewing St	Trenton	0	1	**1**	1
x	Highgate Apartments	1 Highgate Drive	Ewing	4	3	**7**	2
x	Homefront Family Preservation	320 Sullivan Way	Ewing	1	0	**1**	1
	Hughes Justice Complex	25 Market St	Trenton	0	9	**9**	1
	Jennye Stubbefield Senior Center	301 Prospect St	Trenton	0	8	**8**	1
x	Kingsbury Square	25 W. Market St	Trenton	7	1	**8**	2
	Kuser Village Apt	1210 Nottinghill Ln	Trenton	4	0	**4**	1
	LabCorp (1)	1225 Whitehorse Mercerville		0	5	**5**	1
	Lawrence Senior Center	30 Darrah Lane	Lawrence	0	54	**54**	1
	Lawrence Shopping Center	2495 Brunswick Pike	Lawrence	2	2	**4**	1
	Lipinski Senior Center	19 Heil Ave		0	18	**18**	1
x	Luther Arms	323 S. Broad St	Trenton	11	0	**11**	2
x	Luther Towers	439 W. State Street	Trenton	11	0	**11**	2
	McCorristin Sq. Sr. Complex	99 Leonard Ave	Trenton	10	0	**10**	1
	Mecical Facilities	Princeton Pk	Trenton	0	15	**15**	1
	Medical Facilities (2)	Whitehorse - Mercerville Rd	Trenton	0	15	**15**	1
	Mercer Bucks Cardiology (1)	Whitehorse Mercerville Rd	Lawrenceville	0	3	**3**	1
	Mercer Bucks Cardiology (2)	1 Union Street	Robbinsville	0	3	**3**	1
	Mercer County College	1200 Old Trenton Rd	West Windsor	0	8	**8**	1
	MUHA Senoir Center	409 Cypress Lane	Hamilton	0	107	**107**	1
	Organ for Recovery, Inc	519 North Ave	Plainfield	0	1	**1**	1
	Park Place	1460 Parkside Ave	Ewing	25	0	**25**	2
	Parkside Recovery	417 Broadway	Camden	0	2	**2**	1
	Pennington Market	25 Rt 31	Pennington	2	2	**4**	1
x	Pond Run Housing	9 Lamont Ave	Hamilton	21	1	**22**	2
	Princeton House (1)	741 Mt. Lucas Rd	Princeton	0	10	**10**	1

x = One agency did not provide ridership information   xx = Two agencies did not provide ridership information

	Location	Street	City	Origin Riders /week	Destination Riders /week	Total Riders	Number of Agencies
x	Princeton House (2)	905 Herrontown Rd	Princeton	0	3	**3**	2
	Princeton Junction Station	20 Wallace Rd	West Windsor	4	4	**8**	1
	Princeton Shopping Center	Harrison St	Princeton	0	4	**4**	1
	PSRC Suzzana Patterson Building	45 Stockton St	Princeton	0	4	**4**	1
	Quakerbridge Mall	Quakerbridge Rd	Lawrence	2	14	**16**	2
	Quest Diagnostics / Lab Corp	1225 Whitehorse Mercerville	Trenton	0	7	**7**	1
	Reading Senior Center	15 Ringold St	Trenton	0	22	**22**	1
	Redding Circle	201 Redding Circle	Princeton	4	4	**8**	1
	RWJ Health and Fitness Center	3100 Quakerbridge Rd	Hamilton	2	2	**4**	1
x	RWJ University Hospital	1 Hamilton Place	Hamilton	0	1	**1**	1
	Sam Naples Senior Center	611 Chestnut Ave	Trenton	0	14	**14**	1
x	Serivce Site 3	114 Country Lane	Ewing	1	0	**1**	1
x	Service Site 1	724 W. State Street	Trenton	1	0	**1**	1
x	Service Site 2	1001 Pennington Rd	Ewing	1	0	**1**	1
	Shop Right of Hamilton	Route 33	Trenton	0	75	**75**	1
	South Villge Apartments	312 Lalor St.	Trenton	5	0	**5**	1
	Southwand Senior Center	870 S. Broad St	Trenton	0	10	**10**	1
	Spruce Circle	Harrison St	Princeton	4	4	**8**	1
x	St. Francis Medical Center	601 Hamilton Ave	Trenton	0	24	**24**	4
	St. Lawrence Rehab Center	2831 Lawrenceville Rd	Lawrence	3	3	**6**	1
	Step Ahead	1015 Fairmont Ave	Trenton	24	24	**48**	1
	Sunnybrea Apt	4100 S. Broad St	Trenton	3	0	**3**	1
	Taxation Building - Trenton	50 Barrack St	Trenton	0	12	**12**	1
x	The Gables	996 Alexander Rd	Princeton	15	0	**15**	1
x	The Hamlet	Elsinore Ct	West Windsor	1	0	**1**	1
xx	Trenton Center East	511 Greenwood Ave	Trenton	6	1	**7**	3
xx	Trenton Center West	465 Greenwood Ave	Trenton	2	1	**3**	2
	Trenton Housing Authority (1)	630 West State St	Trenton	20	0	**20**	1
	Trenton Housing Authority (2)	490 Hoffman Ave	Trenton	20	0	**20**	1
	Trenton Housing Authority (3)	237 Oakland Ave	Trenton	20	0	**20**	1
	Trenton Treatment Center	50 Escher St	Trenton	5	0	**5**	1
xx	University Medical Center at	253 Witherspoon St	Princeton	2	4	**6**	3
	Urban Treatment Center	424 Market St	Camden	0	4	**4**	1
x	Village Grande at Bear Creek	270 Village Road East	West Windsor	1	0	**1**	1
	Washington Senior Center	1117 US Hwy. 130	Robbinsville	0	43	**43**	1
	Woodlands Adult Community	1 Mowat Cir	Trenton	13	0	**13**	1
	Total Riders			**56**	**152**	**1705**	

x = One agency did not provide ridership information   xx = Two agencies did not provide ridership information

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Appendix C

- **United We Ride Survey Responses**

Organization Name:	Geographic Boundary	Description of Services	Eligibility Description	Provides transportation?
ARC Mercer	Mercer County	MRDD Services		
Big Brother Big Sisters of Mercer County	Mercer County, but volunteers can be from outside Mercer.	One -to-one mentoring		No
Capital Health System-EMS	10 mile radius from either campus.	CHS medical services, rehabilitation, adult day care		No
City of Trenton Office on Aging	City of Trenton		Elderly 60+	
City of Trenton, Division of Community Relations & Social Services	Trenton Area, but may transport youth to an event outside of Mercer County.	Recreation	Only agency clients - children ages 12-21	Contract for independent demand responsive route & demand responsive route with volunteer drivers
Corner House Counseling Center	Mercer County, Princeton, but can serve anyone from New Jersey	Prevention Program		No
East Windsor Township	East Windsor Township, Hightstown Borough	Senior Center	Elderly over 60, Physically Disabled, or any general public	Contract for independent fixed / modified route
F.I.S.H	Hopewell Borough and Township, Pennington, but we also take customers to Lawrenceville and Princeton	Transportation, nutrition / meals	Elderly	Coordinate volunteer driver programs
Family Guidance Center Corporation	Mercer County and portions of contiguous counties	Transportation, child day care, counseling, psychiatry, mental health nursing	Only agency clients - children ages 5-17	Operate own fixed-route and Contract for independent fixed / modified route
Greater Mercer TMA	Workers at TMA related businesses & Princeton University workers / visitors	Worker Transportation	General public / workers	Contract for independent fixed / modified route
Greater Mercer Ride Provide	Mercer County	Elderly & Visually impaired transportation	Elderly:65 & visually impaired / members of ITN organization	Operate demand responsive service using paid drivers and volunteers
Hopewell Valley Senior Services	Hopewell Township, Hopewell Borough, Pennington Borough	Recreation, Welfare / Public Assistance, Caregiver assistance, wellness programs, senior center activities	Elderly, Low Income, MCD, Veterans, Physically Disabled, Visually Impaired	No
Interfaith Caregivers Trenton / Faith in Action	Trenton, Ewing, Titusville, Pennington, Hopewell, Lawrenceville, Hamilton, Yardville, Bordentown, Robbinsville			
Mercer County Board of Social Services	Mercer County	Welfare / Public Assistance	Medical, Employment	independent demand responsive service

Mercer County Human Service Transportation Coordination Plan

Organization Name:	Geographic Boundary	Description of Services	Eligibility Description	Provides transportation?
Mercer County TRADE	Mercer County and up to 5 miles beyond County Borders. Travel to VA Hospitals in Lyons and East Orange once per week.	Transportation	Elderly over 60, disabled over 18, veterans	Operate demand responsive service using paid drivers
Mercer County Workforce Investment Board	Hamilton Train Station to Route 130 and Half Acre Road in East Windsor.			
Mercer County Youth Advocate Program	Mercer County.	Mentoring and Counseling	Youth ages 5-21, low income, MCD, Substance abuse	No
NJ Division of Vocational Rehabilitation Services - Trenton	Mercer County			
NJ Transit, Access Link	3/4 mile surrounding local fixed route bus and light rail service	ADA Paratransit	ADA Paratransit Eligible Public	independent demand responsive service
Princeton Human Services Dept.	Princeton Township and Princeton Borough.	Transportation, welfare / public assistance & social services	Elderly over 65 & physically disabled who does not drive	Operate demand responsive service using paid drivers & independent operator
Princeton Senior Resource Center	Greater Princeton: Boro & Twshp, E.& W.Windsor, N. Lawrenceville, Hopewell, Skillman. Kingston, Plainsboro	Senior Services, Recreation	Elderly over 55	Coordinate volunteer driver programs
St Francis Medical Center	12 mile radius from St. Francis	Medical, transportation for outpatient services	General public, elderly & disabled	Operate demand responsive service using paid drivers
Stout's Charter Service	From anywhere to anywhere	Transportation	Medicaid, JACC, CAPP	Operate demand responsive service using paid drivers
Township of Hamilton	Hamilton Township	Medical, transportation, recreation, welfare, vet services, rehabilitation, nutrition, rehab to PT appointments	Elderly, disabled if receiving SSI, or any person with a disability	Operate fixed route and demand responsive service using paid drivers
West Windsor Township	West Windsor Township	Welfare / Public Assistance & Senior Center	General Public & Elderly over 55	Coordinate volunteer driver programs

Mercer County Human Service Transportation Coordination Plan

Organization Name:	Type of Trips	# of one way passenger trips in annual year:	Number of customers served per year	What is the fare amount?	TOTAL annual budget for the Transportation Program ($):
ARC Mercer					
Big Brother Big Sisters of Mercer County			250	N.A.	N.A.
Capital Health System-EMS			7500 +	N.A.	N.A.
City of Trenton Office on Aging					
City of Trenton, Division of Community Relations & Social Services	any type, employment, recreation & social services				2,000.00 for bus tickets
Corner House Counseling Center			500	N.A.	N.A.
East Windsor Township	Health/medical, recreation and shopping needs	3,095	450- Bus Riders	$0.25 for local trips Friday: $3.00 Medicaid, PAAD: $1.50	75,000
F.I.S.H	Health/medical	100	150		800
Family Guidance Center Corporation	Social Service trips	480	7,228	Medicaid pays the charge	145,721
Greater Mercer TMA	Employment Related	551,692		Free to passengers - companies pay	1,207,000
Greater Mercer Ride Provide	All types	4,000	160	Zone based: $6, $10, $15 per ride / one way: ride sharing discount	200,000
Hopewell Valley Senior Services			2000	N.A.	N.A.
Interfaith Caregivers Trenton / Faith in Action					
Mercer County Board of Social Services	Health / medical, education, employment	120,000			1,388,000

UWR Survey Responses

Mercer County Human Service Transportation Coordination Plan

Organization Name:	Type of Trips	# of one way passenger trips in annual year:	Number of customers served per year	What is the fare amount?	TOTAL annual budget for the Transportation Program ($):
Mercer County TRADE	Any type of trip	124,712	1,500	Free - Donation	2,176,537
Mercer County Workforce Investment Board		18,777	18,777	$1.00 per trip	399,000
Mercer County Youth Advocate Program			45	N.A.	N.A.
NJ Division of Vocational Rehabilitation Services - Trenton					
NJ Transit, Access Link	All types	55,859	600,000 trips among 14,750 customers	Same as local fixed route bus & light rail service	28000000 - state wide
Princeton Human Services Dept.		4,000	700	$2	36,000.00
Princeton Senior Resource Center	Recreation or Shopping	150	300/wk /		
St Francis Medical Center	Health / medical & social	1,857	Transportation-+/-9,600 rides		
Stout's Charter Service	All types	28,000	500		
Township of Hamilton	Health, nutrition, recreation, shopping & Social services	11,427	22,425		
West Windsor Township	Health/medical	288	1500		

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Appendix D

- **Stakeholder – Identified Gaps**

Stakeholder-Identified Gaps, by Table

Table	Mention	Votes	CatText	SubCat	SubSubCat	Gap
1	1	0	5 Service	Hours	Evening	afternoon appointments (TRADE cutoffs)
1	2	0	5 Service	Quality	Multiple trips per day	difficult making multiple trips in one day (e.g., doctor & shopping)
1	3	1	3 Customers	Marketing	Knowledge gap, public	people who are not in system (Lack of knowledge)
1	4	6	4 Costs/Funding	Resources	Underutilized, vehicles	underutilized vehicles
1	5	2	5 Service	Types	Un(der)served Pop: workers	long term employment subscriber
1	6	3	5 Service	Areas	Expand	getting people to the service area
1	7	3	4 Costs/Funding	Resources	Limited	limited resources
1	8	4	4 Costs/Funding	Resources	Underutilized	unused resources
1	9	0	4 Costs/Funding	Resources	Limited, vehicles/equipment	vans not lift equipped
1	10	1	4 Costs/Funding	Resources	Limited, insurance	liability insurance
1	11	3	4 Costs/Funding	Resources	Underutilized	redundancy
1	12	2	5 Service	Types	Un(der)served Pop: youth	no youth transportation
1	13	5	4 Costs/Funding	Resources	Limited, staff	drivers to man vehicles/pay for drivers
1	14	0	4 Costs/Funding	Billing	Mixed Rides	barriers to mixed rides
2	1	9	5 Service	Hours/Area		limited service availability
2	3	7	5 Service	Types	Un(der)served Pop: youth	no youth transportation; many youth programs but not enough transportation
2	4	1	5 Service	Types	Un(der)served Pop: other trips	no T for education & training, health and mental health, recreation & social services in general, mentoring…
2	5	3	5 Service	Types	Un(der)served Pop: workers	very little Job Access Transportation services
2	6	0	5 Service	Types	Un(der)served Pop: other trips	services just focus on medical needs
2	7	0	3 Customers	Marketing	Outreach	more pro-active services rather than reactive
2	8	9	5 Service	Hours	Evening/Weekend	limited hours, evenings/weekends
2	9	3	5 Service	Areas	Expand	municipal boundaries
2	10	0	3 Customers	Marketing	Knowledge gap, public	better communication & access to existing services
2	11	3	5 Service	Hours/Area		connectivity!! & have access to services (make them available)
2	12	0	4 Costs/Funding	Billing	Special Services	special services - which have to be paid for out of pocket--$$$ expensive
2	13	1	4 Costs/Funding	Resources	Limited, vehicles/equipment	physical accessibility
3	1	6	5 Service	Areas	Expand	inter & intra [provider] routes & expanded service
3	2	2	5 Service	Types	Un(der)served Pop: other trips	daytime T to regional shopping & colleges
3	3	8	5 Service	Quality	Next day demand response	next day demand response service
3	4	3	5 Service	Types	Un(der)served Pop: workers	lack of T to remote job sites
3	5	10	5 Service	Hours/Area		limited service availability
3	6	1	5 Service	Hours	Evening	limited hours - weekends
3	7	5	3 Customers	Marketing	Knowledge gap, public	information about Transportation
3	8	4	5 Service	Quality	Wait times	pick-up times, waiting for T
3	9	1	5 Service	Quality	Trip prioritizing	no prioritizing of trips
3	10	2	4 Costs/Funding	Billing	Affordability	affordable Transportation
4	1	7	5 Service	Hours	Evening/Weekend	limited hours - evenings/weekends
4	2	11	5 Service	Types	Un(der)served Pop: workers	low income workers
4	3	0	5 Service	Areas	Expand	geographic limits
4	4	1	5 Service	Types	Un(der)served Pop: youth	youth transportation
4	5	3	5 Service	Types	Un(der)served Pop: other trips	non-medical appointments
4	6	0	4 Costs/Funding	Resources	Limited, vehicles/equipment	physical disability/non-ambulatory
4	7	0	5 Service	Quality	Wait times	scheduling/wait times
4	8	3	5 Service	Areas	Expand	county limits
4	9	2	5 Service	Areas	Expand	across 130/Hightstown
4	10	0	5 Service	Areas	Expand	lower pop density areas
4	11	2	3 Customers	Marketing	Knowledge gap, public	lack of knowledge
4	12	0	4 Costs/Funding	Resources	Limited, vehicles/equipment	lack of bus lines, lack of paratransit
4	13	1	1 Governance	Planning	Planning	poor civic planning
4	14	0	1 Governance	Leadership	Intergovernment cooperation	home rule/municipal silos
5	1	8	5 Service	Types	Un(der)served Pop: workers	transportation to get to jobs
5	2	0	5 Service	Types	Un(der)served Pop: other trips	transportation for socializing
5	3	0	5 Service	Types	Un(der)served Pop: youth	transportation for juvenile recreation
5	4	0	5 Service	Areas	Expand	need in Washington Twp to get to medical appts outside area and RWJ
5	5	0	5 Service	Types	Un(der)served Pop: other trips	transportationfor adults w/ dev disability to get to recreation
5	6	0	5 Service	Types	Un(der)served Pop: disabled	transportationto get to recreation
5	7	6	5 Service	Hours	Evening	transportation in the evening
5	8	3	5 Service	Types	Un(der)served Pop: other trip	transportationto daycare
5	9	2	5 Service	Hours	Evening	limited hours - weekend service
5	10	2	5 Service	Areas	Expand	transport outside of Trenton area
5	11	2	5 Service	Areas	Expand	transport past the county borders
5	12	2	5 Service	Types	Un(der)served Pop: other trips	transportation for errands
5	13	0	5 Service	Quality	Wait times	transportation for emergency "last minute" rides
5	14	0	5 Service	Hours	Evening	increase calling hours for TRADE
5	15	0	3 Customers	Marketing	Lack of multilingual info.	Multilingual info. and drivers

Stakeholder-Identified Gaps, by Category

Table	Mention	Votes	CatText	SubCat	SubSubCat	Gap
4	14	0	1 Governance	Leadership	Intergovernment cooperation	home rule/municipal silos
4	13	1	1 Governance	Planning	Planning	poor civic planning
1	3	1	3 Customers	Marketing	Knowledge gap, public	people who are not in system (Lack of knowledge)
2	10	0	3 Customers	Marketing	Knowledge gap, public	better communication & access to existing services
3	7	5	3 Customers	Marketing	Knowledge gap, public	Information about Transportation
4	11	2	3 Customers	Marketing	Knowledge gap, public	lack of knowledge
5	16	5	3 Customers	Marketing	Knowledge gap, public	provide more info. on Transport services
5	15	0	3 Customers	Marketing	Lack of multilingual info.	multilingual info. and drivers
2	7	0	3 Customers	Marketing	Outreach	more pro-active services rather than reactive
3	10	2	4 Costs/Funding	Billing	Affordability	affordable Transportation
1	14	0	4 Costs/Funding	Billing	Mixed Rides	barriers to mixed rides
2	12	0	4 Costs/Funding	Billing	Special Services	special services - which have to be paid for out of pocket--$$$ expensive
1	7	3	4 Costs/Funding	Resources	Limited	limited resources
1	10	1	4 Costs/Funding	Resources	Limited, insurance	liability insurance
1	13	5	4 Costs/Funding	Resources	Limited, staff	drivers to man vehicles/pay for drivers
1	9	0	4 Costs/Funding	Resources	Limited, vehicles/equipment	vans not lift equipped
2	13	1	4 Costs/Funding	Resources	Limited, vehicles/equipment	physical accessibility
4	6	0	4 Costs/Funding	Resources	Limited, vehicles/equipment	physical disability/non-ambulatory
4	12	0	4 Costs/Funding	Resources	Limited, vehicles/equipment	lack of bus lines, lack of paratransit
1	8	4	4 Costs/Funding	Resources	Underutilized	unused resources
1	11	3	4 Costs/Funding	Resources	Underutilized	redundancy
1	4	6	4 Costs/Funding	Resources	Underutilized, vehicles	underutilized vehicles
1	6	3	5 Service	Areas	Expand	getting people to the service area
2	9	3	5 Service	Areas	Expand	municipal boundaries
3	1	6	5 Service	Areas	Expand	inter & intra [provider] routes & expanded service
4	3	0	5 Service	Areas	Expand	geographic limits
4	8	3	5 Service	Areas	Expand	county limits
4	9	2	5 Service	Areas	Expand	across 130/Hightstown
4	10	0	5 Service	Areas	Expand	lower pop density areas
5	4	0	5 Service	Areas	Expand	need in Washington Twp to get to medical appts outside area and RWJ
5	10	2	5 Service	Areas	Expand	transport outside of Trenton area
5	11	2	5 Service	Areas	Expand	transport past the county borders
1	1	0	5 Service	Hours	Evening	afternoon appointments (TRADE cutoffs)
3	6	1	5 Service	Hours	Evening	limited hours - weekends
5	7	6	5 Service	Hours	Evening	transportation in the evening
5	9	2	5 Service	Hours	Evening	limited hours - weekend service
5	14	0	5 Service	Hours	Evening	increase calling hours for TRADE
2	8	9	5 Service	Hours	Evening/Weekend	limited hours, evenings/weekends
4	1	7	5 Service	Hours	Evening/Weekend	limited hours - evenings/weekends
2	1	9	5 Service	Hours/Area		limited service availability
2	11	3	5 Service	Hours/Area		connectivity!! & have access to services (make them available)
3	5	10	5 Service	Hours/Area		limited service availability
1	2	0	5 Service	Quality	Multiple trips per day	difficult making multiple trips in one day (e.g., doctor & shopping)
3	3	8	5 Service	Quality	Next day demand response	next day demand response service
3	9	1	5 Service	Quality	Trip prioritizing	no prioritizing of trips
5	17	3	5 Service	Quality	Trip scheduling	simplify process on how to get a ride
3	8	4	5 Service	Quality	Wait times	pick-up times, waiting for T
4	7	0	5 Service	Quality	Wait times	scheduling/wait times
5	13	0	5 Service	Quality	Wait times	transportation for emergency "last minute" rides
5	6	0	5 Service	Types	Un(der)served Pop: disabled	transportation to get to recreation
2	4	1	5 Service	Types	Un(der)served Pop: other trips	no T for education & training, health and mental health, recreation & social services, mentoring
2	6	0	5 Service	Types	Un(der)served Pop: other trips	services just focus on medical needs
3	2	2	5 Service	Types	Un(der)served Pop: other trips	daytime T to regional shopping & colleges
4	5	3	5 Service	Types	Un(der)served Pop: other trips	non-medical appointments
5	2	0	5 Service	Types	Un(der)served Pop: other trips	transportation for socializing
5	5	0	5 Service	Types	Un(der)served Pop: other trips	transportation for adults w/ dev disability to get to recreation
5	8	3	5 Service	Types	Un(der)served Pop: other trips	transportation to daycare
5	12	2	5 Service	Types	Un(der)served Pop: other trips	transportation for errands
1	5	2	5 Service	Types	Un(der)served Pop: workers	long term employment subscriber
2	5	3	5 Service	Types	Un(der)served Pop: workers	very little Job Access Transportation services
3	4	3	5 Service	Types	Un(der)served Pop: workers	lack of T to remote job sites
4	2	11	5 Service	Types	Un(der)served Pop: workers	low income workers
5	1	8	5 Service	Types	Un(der)served Pop: workers	transportation to get to jobs
1	12	2	5 Service	Types	Un(der)served Pop: youth	no youth transportation
2	3	7	5 Service	Types	Un(der)served Pop: youth	no youth transportation; many youth programs but not enough transportation
4	4	1	5 Service	Types	Un(der)served Pop: youth	youth transportation
5	3	0	5 Service	Types	Un(der)served Pop: youth	transportation for juvenile recreation

Stakeholder-Identified Gaps, Summarized by Category

UWR Section	Subcategory	Sub-subcategory	Votes
1 Governance	Leadership	Intergovernment cooperation	0
	Planning	Planning	1
1 Governance Total			**1**
3 Customers	Marketing	**Knowledge gap, public**	**13**
		Outreach	0
		Lack of multilingual info.	0
3 Customers Total			**13**
4 Costs/Funding	Billing	Affordability	2
		Mixed Rides	0
		Special Services	0
	Resources	Limited	3
		Limited, insurance	1
		Limited, staff	5
		Limited, vehicles/equipment	1
		Underutilized	7
		Underutilized, vehicles	6
4 Costs/Funding Total			**25**
5 Service	**Areas**	**Expand**	**21**
	Hours	**Evening**	**9**
		Evening/Weekend	**16**
	Hours/Area	**(general availability)**	**22**
	Quality	Multiple trips per day	0
		Next day demand response	8
		Trip prioritizing	1
		Trip scheduling	3
		Wait times	4
	Types	Un(der)served Pop: disabled	0
		Un(der)served Pop: other trips	**11**
		Un(der)served Pop: workers	**27**
		Un(der)served Pop: youth	**10**
5 Service Total			**132**

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Appendix E

- ## Action Steps

1 Governance			
	1 Form Committee	central "authority"	1
		create a council	1
		develop a committee countywide	1
		establish a transportation commission representing county	1
		formalize by giving name	1
		gather agencies together	1
		get all (small & large) to table to plan for seamless services	1
		get all transp employers together to establish a common goal	1
		get decision makers together	1
		have a lead agency to record and direct services	1
		one governing transportation body with authority (funding)	1
		ongoing coalition to establish needs	1
		organize volunteers to begin working together	1
	1 Form Committee Total		**13**
	2 Committee members & structure	be a cabinet level position within county	1
		bring together elected officials and human service reps.	1
		county should engage 1 rep. from each town, etc.	1
		human services advisory sub committee	1
		if you want federal $ you must participate in planning	1
		include consumers on governing body	1
		leaders who believe the most should lead	1
		members should be forced to send reps	1
		need clients on parts of committee	1
		rep. from each municipality and agencies	1
		require that all key stakeholders participate	1
		subcommittees for certain groups (eg. seniors)	1
		tie membership to funding source	1
	2 Committee members & structure Total		**13**
	3 Committee strategic plan/actions	assign target dates	1
		be realistic, don't try to do too much	1
		communicate among agencies and municipalities	1
		develop strategic transp. plan for county and state	1
		develop vision and mission statement	1
		face to face meetings	1
		get something done to get momentum going	1
		hire add agency for outreach	1
		hire lobbyist	1
		home rule examination to improve transp. Services	1
		keep it simple to start	1
		look at models that have worked in other states/countries-don't reinvent the wheel	1
		look at what doesn't work and why	1
		make coordination easier	1
		make transp. a priority	1
		make what exists better	1
		meet more in beginning, monthly	1
		present to league of municipalities	1
		reach out to other counties to see what they are doing	1
		set priorities	1
		strong federal mandates communicated and enforced	1
		tie this planning to priorities	1
	3 Committee strategic plan/actions Total		**22**
	4 Committee reporting	do survey every year-tie to annual report	1
		find consistent way to report	1
		report quarterly	1
		require annual report	1
	4 Committee reporting Total		**4**
	5 Committee outreach-local agencies	all municipal planning boards need to factor in public transp needs	1
		bring WIB into process more	1
		build transp. Into other areas/programs that are being started	1
		get all state, county and muni dept heads aware of initiative to coordinate system	1
		making existing providers aware	1
		need more staff for outreach	1
		reach out to community to get involved	1
		reach out to county, school board	1
		reach out to other agencies-language, schools, WIB	1
	5 Committee outreach-local agencies Total		**9**
	6 Committee outreach-elected officials	add a NJ constitutional amendment to accomplish the fully coordinated transp system	1
		appropriate funding for committee	1
		buy in at all levels	1
		buy in by all officials	1
		consumer input/communication with politicians	1
		get commitment to appropriately fund transportation	1
		get more agencies/gov't. to these meetings	1
		involve all levels of elected officials for study to regionalize service	1
		involve all of the elected officials	1
		reach out to all federal leaders	1
		reach out to all state leaders	1
		share info. with municipal leaders	1
	6 Committee outreach-elected officials Total		**12**
1 Governance Total			**73**

2 Information	**1 Inventory service providers**	access higher ed resources to compile comprehensive database or resources	1
		categorize the agencies	1
		centralized tracking of all	1
		collect all the data on all the available transp services	1
		collect insurance data and costs for vehicles, drivers, passengers (medical & liability)	1
		consolidate existing data collection systems with indiv agencies and gov't	1
		coordination of information/data	1
		create inventory of funding	1
		create inventory of services	1
		create master list of providers	1
		define what types of info is needed and who/what gathers it	1
		develop and implement a uniform data collection system to maintain standard of quality and performance	1
		don't collect data for the sake of collecting data	1
		eligibility, hours, assets, routes should be collected	1
		get non-responders to respond	1
		identify duplicated services and needs in each municipality	1
		identify info we want	1
		include times, vehicles, locations	1
		integrated "object oriented analysis" of all data sources and users (and maintained)	1
		lists of all agencies	1
		lists of transportation and funding	1
		need inventory of transp resources	1
		same central database w/up to date technology	1
		set up system to evaluate services and funding	1
		smaller survey of just duplicate services	1
		specific info. w/specific items, uniform and targeted	1
	1 Inventory service providers Total		**26**
	2 Inventory customer needs/service gaps	demographics database that is general	1
		do customer satisfaction survey	1
		do focus groups	1
		do survey-assessment of need	1
		establish a mechanism to identify where customers are and their destinations	1
		get customer ideas in surveys	1
		ongoing/periodic surveying of community needs	1
		standardized assessment (customer satisfaction) routinely tested w/ridership	1
		survey customers	1
		survey of consumers	1
		survey on transp needs-workers	1
		use census data for demographics	1
	2 Inventory customer needs/service gaps Total		**12**
	3 Research best practices	find best practice model used elsewhere	1
		research best practices implemented in other regions	1
		research other areas and what they are doing	1
	3 Research best practices Total		**3**
	4 Create customer information website	develop county transp website	1
		develop user friendly web site, esp. for seniors	1
		develop website	1
		have a website	1
		one county transp website (one stop shopping)	1
		put on line	1
		put website address on vehicles	1
	4 Create customer information website Total		**7**
	5 Create trip scheduling computer system	be able to use trapeze agency to agency	1
		computerized ride search system	1
		computerized service delivery	1
		Counties can use Trapeze (Access Link)	1
		design a special computer program to meet these transp. Needs	1
		one software system across the board, purchasing and billing	1
	5 Create trip scheduling computer system Total		**6**
2 Information Total			**54**
3 Customers	**1 Establish central call location**	access 211 system and promote through PR	1
		call one central location to request service	1
		central dispatch system, one number to call	1
		contact point should have list of options, times, location, etc.	1
		county dispatcher	1
		county hotline	1
		create clearinghouse	1
		establish and Information and Referral agency	1
		establish user friendly phone system (not automated or limited automation)	1
		have one 800 number or use 211 or 311	1
		knowledgble point of entry	1
		make ride reservations through the internet	1
		one point of access to all systems	1
		provide central response to customer needs	1
		put in phone book, other printed material	1
		set up central dispatch system	1
		system to easily /efficiently cancel rides	1
	1 Establish central call location Total		**17**

3 Customers			
	2 Establish overall marketing strategy	access community funding to use advertising services like announcements on TV and radio	1
		develop a marketing plan	1
		develop marketing campaign to educate consumers to services available-go to sites	1
		develop overall, ongoing communication strategy and advertising	1
		establish multiple ways to market survey	1
		market transportation needs/issues	1
		marketing campaign for transp needs	1
		present transportation as a resource	1
		public relations and communication strategies	1
		user friendly information	1
	2 Establish overall marketing strategy Total		**10**
	3 Publish advertising brochures	coordinated information brochure	1
		develop a plan to distribute brochure (hospital, medical, fed/state/muni offices)	1
		develop brochure on transp services available	1
		mass mailings	1
		user friendly brochure	1
	3 Publish advertising brochures Total		**5**
	4 Establish advertising kiosks	create one stop kiosks	1
		kiosks could be in public places and used for selling tickets (and info.)	1
		kiosks located at public places (supermarkets, banks, senior centers etc.) with info	1
		kiosks will have instant info.	1
	4 Establish advertising kiosks Total		**4**
	5 Educate case managers	case management services	1
		educate each agency	1
		train social workers on transportation	1
	5 Educate case managers Total		**3**
	6 Train across cultural divides	AT&T translation service	1
		be aware of cultural, multilingual and reading level issues	1
		cultural disability training	1
		multilingual customer service to handle calls	1
		well trained, knowledgable staff (cultural competency)	1
	6 Train across cultural divides Total		**5**
	7 Educate customers	consumer educ on transp rules, using fixed route	1
		educate community re: benefits	1
		more consumer education programs	1
		outreach and education to local communities, homebound, etc.	1
		training and consumer education through county venue-one stop center thru human services	1
		training program to teach seniors how to use public transp.	1
	7 Educate customers Total		**6**
3 Customers Total			**50**
4 Billing/Funding			
	1 Centralize billing/funding	assign funding bases on local needs ID'd thru assessment	1
		breakdown regulations governing funding	1
		centralized billing system	1
		centralized coordinated system for billing	1
		centralized coordination & tracking of all funding	1
		consolidate funding streams/silos	1
		coordinate among all state $-all state $ are the same	1
		digital billing for all	1
		programs should budget transp costs/need	1
		set up county automated billing system	1
		unified funding and distribution	1
	1 Centralize billing/funding Total		**11**
	2 Create seamless fare system	develop "swipe card" for all county residents, rich & poor	1
		inter-municipal rates established	1
		reduced fare cards	1
		seamless payment services	1
		set up a seamless payment system	1
		swipe card for all	1
		system like easy pass	1
		transp debit card, easy pass	1
		use smart cards-easy pass	1
		vouchers or a smartcard could be used	1
	2 Create seamless fare system Total		**10**
	3 Increase funding flexibility	create more flexible funding streams for individualized use by client	1
		develop contingency funding plan to ensure continuity of services	1
		include cabs and for profits in dispatch system	1
		innovative project funding for regional planning	1
		make system cheaper for smaller agencies	1
		medicare reimbursement for taxi services	1
		more flexible federal and state funding and rules/regs	1
		require that some fare be paid	1
		share funding	1
	3 Increase funding flexibility Total		**9**
	4 Research funding, best practices	document sources of federal funds use in Mercer and what requirements they have	1
		get technical assistance for this area	1
		identify new and innovative funding	1
		identify new and innovative funding sources	1
		investigate all resources that could potentially provide funding for transp. (grants, etc.)	1
		research federal funds available for transportation	1
		research other cities for payment options	1
	4 Research funding, best practices Total		**7**

4 Billing/Funding			
	5 Pool resources to create efficiencies	breakdown regulations regarding insurance barriers	1
		centralized planning to put services near each other	1
		gas cards	1
		get group insurance plan	1
		reduced costs for gas as as motivation for service integration	1
		service insurance plans for all system components, liability and medical	1
		set up transportation like a separate community service like police, fire etc.	1
	5 Pool resources to create efficiencies Total		**7**
4 Billing/Funding Total			**44**
5 Service			
	1 Coordinate within & outside county	coordinate into one model system-buy in	1
		coordination of transp providers	1
		develop interagency cooperation	1
		get counties to work together for coordination, build relationships	1
		have drop off - pick up nodes to get across county lines	1
		integrate intercounty service	1
		look at what exists now and expand upon it (look at NJEase)	1
		one point of contact per county	1
		regional issue-establish agreements from county to county	1
	1 Coordinate within & outside county Total		**9**
	2 Extend service hours, areas, etc.	coordinate service to cover all hours and days	1
		create better east-west transp system in county	1
		develop (expand) system for rider accomaniment to appts.	1
		need same day service	1
		no undue delays for pick-up	1
		provide 7 days/week service	1
		provide support for disabled consumers	1
		socialized transportation	1
		transp to municipal and county sports centers, parks, educ, theater and rec. facilities	1
	2 Extend service hours, areas, etc. Total		**9**
	3 Unify driver training	cross training of drivers on all routes	1
		develop driver training program for all drivers -coordinated training	1
		operations manual to unify providers	1
		outline regulations and usage criteria	1
		train drivers on client needs, like disabilities	1
		uniformity	1
	3 Unify driver training Total		**6**
	4 Share vehicles & drivers	condense agency locations	1
		have pool of drivers for substitutes	1
		identify 5 locations served by 3 transp. Agencies and work together	1
		identify important destinations on fixed route	1
		share vans and share drivers	1
	4 Share vehicles & drivers Total		**5**
	5 Assure vehicles & site accessibility	do site assessment for safety/accessibility	1
		need more accessible transp modes	1
		use accessible vehicles	1
		use TRB report "Safe Mobility at Any Age"	1
	5 Assure vehicles & site accessibility Total		**4**
	6 Consider other service ideas	develop back up system for rides	1
		expand use of volunteers	1
		explore informal transp, like neighbors	1
	6 Consider other service ideas Total		**3**
5 Service Total			**36**
Grand Total			**257**

Mercer County Human Service Transportation Coordination Plan

Abstract: The 2005 federal transportation act - the "Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users" (SAFETEA-LU) - and NJ Transit require participation in a local transportation service coordination plan for agencies to remain eligible for funding under the following grant programs: Job Access and Reverse Commute (JARC) program, Elderly and Individuals with Disabilities (Section 5310) program, the New Freedom Program, and the NJ Senior Citizen and Disabled Resident Transportation Assistance Program (SCDRTAP). These grant programs are geared to support transportation services provided to senior citizens, people with disabilities, and people with low incomes. This document provides an explanation of human service planning requirements; contains a demographic analysis of the county; establishes a strategy and action plan to enhance service coordination among local human service transportation providers; and documents short-term and long-term strategies to expand and enhance services; address service gaps, duplication of services and mobility needs. Several recommendations are made that present considerable long-term challenges, likely requiring a dramatic shift in the service system and which would involve a transformation of the existing system.

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