

# United We Ride: Coordinating Human Transportation Services in Gloucester County, New Jersey

## Background

In 2013, Gloucester County updated its Human Service Transportation United We Ride Coordination Plan. It was originally adopted in 2007 in response to federal legislation that mandated development of local human services transportation coordination plans to maintain eligibility for future federal funding allocations. Gloucester County's 2013 plan update presents a profile of the county, identifies the transit-dependent population and their needs, inventories existing transportation services and resources, prioritizes transportation gaps, estimates unmet needs, and prioritizes strategies to address those needs. The 2013 plan update provided an opportunity for local transit providers to meet and together reassess the unmet needs of the transit-dependent population and align transportation services accordingly.

## Process

The Delaware Valley Regional Planning Commission participated in Gloucester County's plan update process as a regional advisor and data provider and was therefore able to observe and learn about how human services transportation coordination happens at a local level. It was evident how important the coordinated human services planning process

is and how it is absolutely critical to have all of the service providers represented in the process. Gloucester County's land development pattern varies from rural to developed suburb and is not dense enough to warrant a robust public transit network everywhere. This increases the importance of alternative local transportation services, so that disabled and low-income people in the county with limited personal vehicle access have options.

However, while the local service providers are all working hard to meet people's needs, there is a need to consolidate both the services provided and the funding sources to increase the overall efficiency of the local network. Currently, there are so many providers it is nearly impossible to guarantee the same quality transportation experience for all users. In addition, while funding sources are numerous, they are too narrowly defined to accommodate the diversity of users' needs on consolidated routes, leading to both service gaps and duplications. For example, it is not uncommon for a local transportation vehicle to travel only partially full to its destination, passing by other people who also need transportation assistance to that same destination. This occurs when different service populations (elderly, disabled, poor, etc.) need to access the same destinations, but their transportation is not paid for through the same funding stream or provided by the same agency.

Because the local transit network cannot meet all the needs of the transit-dependent population, county officials have prioritized transportation for medical appointments above transportation to other destinations. However, even transportation to medical appointments can be stressful to schedule due to the long wait times for transportation service and the limited hours of transportation service available. In many cases, the transportation service window available does not align with common appointment times. For example, the hours available to transport local veterans to the VA Hospital in Philadelphia are limited and do not match the hospitals' appointment hours. That has led to instances when local service providers have transported veterans to the VA Hospital and then had to take them home before they received services because their appointment wait time would have pushed them past the available transportation window and left them without transportation home from the hospital.

### Associated Gaps and Bridges:

#### Gaps:

- Existing routes and schedules are not always coordinated, flexible, or convenient.
- Shared services for riders with different needs are inhibited by rules and licensing developed by the services' individual funding sources.
- There is inadequate funding to meet overall service demand among vulnerable populations.

#### Bridges:

- Strengthen and coordinate partnerships between health care systems and transportation providers, recognizing that different types of health appointments...may require different and/or flexible transportation and scheduling options.
- Encourage creativity in the mixing of funding sources to break down funding silos (such as those separated by trip purpose) and increase transit options for vulnerable populations.

Other significant gaps for the transit-dependent population exist in accessing shopping and/or social destinations. Those needs are largely unmet and, unfortunately, because the county's local transportation provisions cannot meet all of the identified needs in Gloucester County, the service providers often feel that they are forced to pit the needs of one population against another. This situation causes a lot of stress for the local providers, as well as for their clients.

## Actions

Because there are inefficiencies within Gloucester County's current transportation services system, there are actions that can be taken—even without increasing funding—that would allow more of the needs of the transportation-dependent population to be met by local transportation providers.

- Funding streams should be merged, and counties (or transportation management associations) should be given greater prerogative in the allocation of funding. This would enable transportation providers to consolidate routes and combine service populations on trips to shared destinations.
- Transportation funding allocations should follow the transit-dependent person's entire trip rather than being divvied up between the service providers. That would provide the flexibility needed to allow any service provider to provide transportation to any qualified client.
- Hours of transportation service should be provided in conjunction with the hours of service at trip destinations like hospitals. This would require fewer overall trips because appointments would not need to be rescheduled on days when the hospital is running behind and cannot see patients exactly at their scheduled appointment times.
- Shopping and social destinations should be added to existing routes wherever possible. It would be much more efficient to add these destinations to existing routes than to create new routes.

## Lessons Learned

Several best practices emerged from Gloucester County's plan update process. First, it is imperative that all of the local transportation service providers convene together to revisit the Human Services Transportation United We Ride Coordination Plan periodically. Without regularly reviewing the overall needs of the county and without the participation of the provider network, it would be quite easy for the quality of the services provided and the amount of needs met to deteriorate simply due to the complicated nature of the funding streams and the large number of providers involved in the delivery of transportation services. It is also very important to reduce the barriers to access faced by the transportation-dependent population, including their lack of knowledge about how to navigate the complex transportation system. Having the delivery of all transportation services managed by the county is a good example of how Gloucester County addresses this issue. Regardless of which service provider eventually provides the transportation, clients need only contact the county to be linked with the appropriate provider, reducing their stress and the number of calls needed to schedule rides. Overall, it is apparent that more funding is needed to meet the needs of the transit-dependent population, especially in more rural locations where public transit is limited or unavailable.