

Introduction

Good morning, I want to thank the City Council for having us here today to discuss our paratransit program, particularly Chair Brooks-Powers, Chair Hudson, and Chair Lee, and for the opportunity to discuss how we are making improvements to the service for our customers with disabilities. This is my second time appearing in front of the City Council and I am pleased to be back with you today.

I am joined by our Vice President of Paratransit, Chris Pangilinan and MTA Deputy Chief Financial Officer Jai Patel to help answer any questions you may have. I want to emphasize how important we feel our Access-A-Ride (AAR) program is – we consider it equal to our Bus and Subways services, and as a result the head of Paratransit now reports directly to me just like the other operating department heads. We moved it out of the Bus group because we feel it should have equal attention and its customers deserve our equal consideration.

While I am thrilled to be here today, I am not the man you want to hear from. Before I pass it over to him, let me tell you a little bit more about Chris who has been the driving force behind some much positive change at AAR since he arrived.

Chris Pangilinan came back to the MTA to oversee Paratransit last year, leading the team that provides nearly 30,000 rides per day to people who have difficulty using the bus or subway system due to a disability.

Chris has dedicated an 18-year career in public transportation to enable people, especially those with disabilities, to live their fullest lives. In his previous role, Chris was leading public transportation and accessibility policy at Uber. He has also held several roles at TransitCenter, New York City Transit, the San Francisco Municipal Transportation Agency, and the U.S. Department of Transportation.

Chris will get into the details, but I want to emphasize that we are growing ridership while improving our key performance metrics across the board – including customer satisfaction. Now let me turn it over to Chris, who has led these extraordinary improvements in service these last few months, to provide an update on all things AAR.

Overview

Thank you, Rich, for the introduction, and thank you Councilmembers for inviting us to share with you some of our successes and challenges in administering the AAR program, with the hope that we will be able provide the best experience for our customers together moving forward.

Here in New York, AAR is the lifeblood for many of our fellow New Yorkers, including myself, enabling all of us to access all the great opportunities that the city has to offer. I am honored to be before you today because I can confidently share that the team at AAR has made monumental improvements to the services we deliver during a

tumultuous time for public transportation, and we have several initiatives we are taking on to address longstanding issues with our service.

I am also honored to speak to you today because not only am I the Vice President for AAR, but I am also a regular customer and a disability advocate, and I believe the first one to be leading this great organization. As such, I know firsthand how frustrating it can be to have a late pickup, the vehicle does not show up, or to go on a long, shared ride. But I also know how magical it is having this service available, to be able to get anywhere in the 5 boroughs with a few clicks of the MYmta app. And I am excited about our future.

To begin, I would like to start with an overview of what paratransit is, discuss how we are doing today, and then end on where I see us going in the future.

So first, what is ADA Paratransit, and why does it exist?

With the passage of the Americans with Disabilities Act of 1990, Congress created the mandate for Paratransit as a "safety net" for individuals who are unable to use the fixed-route transit system due to disability. Paratransit is governed by regulations of the US Department of Transportation implementing the ADA. These regulations strictly define who is eligible for paratransit service, and how the service should function, including reservation windows, service levels, service area, fare structure, and many other aspects of the service. Like all transit agencies across the country, our mission has historically been to develop and operate a paratransit service that meets these regulatory requirements.

Our Paratransit service, better known as AAR, provides transportation for 170,000 customers within the five boroughs and within a ¾ mile corridor beyond fixed-route service into bordering Nassau and Westchester counties. Customers may book their trips online, on our app, or call in before 5 pm to schedule their trips for the next day. Although the ADA and USDOT allow transit agencies to charge double the fixed-route fare, Access-A-Ride fare is \$2.75, the same as a bus or subway ride. We operate without regard to trip purpose and will take you anywhere in the five boroughs to go to work, go to the bar, go shopping, or make a medical appointment.

Our monthly performance goals meet or exceed industry standards including measures such as 94% on-time performance for a 30-minute pickup window, 95% of calls answered within 60 seconds.

Now that I've covered the paratransit basics, I'd like to dive into where we are today, including successes and challenges.

Successes

Over the past 3 years, the onset of and continuing recovery from the COVID-19 pandemic led to much upheaval for transit in New York City, including Access-A-Ride.

The associated shocks of stay-at-home orders created a multi-year period of adjustment for Access-A-Ride customers, employees, and service providers alike. This was especially true towards the end of 2021, when driver shortages and surging demand for travel within the city combined to produce subpar service for our customers.

However, thanks to the hard work of the Access-A-Ride team to increase the pace of hiring for primary carrier operators, bring on more TLC taxi and for-hire vehicle drivers into our non-dedicated broker program, and increase capacity in the call center, we saw a significant increase in performance throughout 2022.

The result is that despite ridership up over 26% from November 2021 to today, AAR service was far more reliable. On-time performance increased from a low of 86% in November 2021 to 96% in January 2023. Customers calling in to reserve their trips also saw much better service over the phone with 95% of calls answered vs 86% a year ago, and call answer speed reduced from nearly 4 minutes to 44 seconds.

All of these improvements led to a 32-point increase in customer satisfaction, from 44% in fall 2021 to 76% in January 2023.

Although we are happy with the results of our hard work in 2022, we are excited to continue our work to improve further. In 2023, we will maintain our push for expanded capacity in anticipation of travel demand growth to pre-COVID levels. We will strive to improve efficiency by getting the recently updated MY AAR website and MYmta app into more of our customer's hands. We will also be seeking to harness the latest technology to streamline our shared ride travel times and improve reliability.

Challenges

Of course, in addition to our recent successes, we have challenges that we are taking head on. On the technology front, we recently ended a contract to upgrade the software that powers the booking, scheduling, and dispatching of our 29,000 daily trips. The project was unfortunately 2+ years behind schedule with little hope of finishing with the intended benefits. While it was disappointing to end work that began before my tenure, I did so to ensure that our technology investment was going to bring the most benefits possible to our customers in a reasonable amount of time. Although in the near-term we will continue working with our existing software, I am excited at the opportunity before us to explore a technology marketplace that has changed drastically in the intervening 5 years, and to bring on the right tools to enable us to serve our customers more effectively and efficiently.

Our other main challenge is similar to what other paratransit providers across the country are facing – ensuring we continue to have enough capacity to meet growing demand. To do so, we will keep up the momentum on hiring, pushing our dedicated primary carriers to reduce vacancies to zero. We will also continue to onboard taxi and FHV drivers as part of our non-dedicated broker service.

Looking forward to the Future

My vision for AAR is a one where customers can conveniently book their trips online or over the phone, can count on their rides arriving on time every day, and can be assured that when their rides are shared, they are efficient and streamlined.

The good news is that we have made significant progress towards this vision, and that we should be able to realize in the next couple of years.

Two weeks ago, we announced an exciting new update to the MYmta app and MY AAR website. These improvements provide a more user-friendly, intuitive experience, making the app more accessible to all 170,000 AAR customers. The updates also make it easier to find paratransit information and track trips, including banner alerts and notifications about canceled trips. The app is now more screen reader friendly, increasing usability for the many AAR customers who are blind or have low vision. These enhancements respond specifically to feedback from customers using the app and are designed to allow the MTA to greatly scale up usage across the AAR customer base. What was even more exciting is that we were able to do this using in-house MTA IT resources, and I want to express my gratitude to Josh Gee and the team under Raf Portnoy our CIO at MTA for their partnership on this project which will improve the customer experience of so many of our customers.

By September of this year, we will tighten our on-time performance window from the industry standard of 30-minutes to a more customer friendly 20-minutes to reflect the needs of our most active riders.

And as I mentioned earlier, technology and transportation capacity will be the cornerstones of making this vision a reality. The technology to enable us to develop more reliable and streamlined schedules on a daily basis, and the transportation capacity – in other words the thousands of taxi drivers, FHV drivers, and primary carrier operators – to facilitate the trips for our customers.

Conclusion

We have made significant strides in recent months and years with AAR service, but our work is not yet done. The recent customer service and on-time performance numbers are encouraging but we will continue to work to modernize AAR through the latest technologies, increase transportation capacity, and improve our reliability and shared-ride travel times. We appreciate the Council's partnership and oversight and with that, are happy to take any questions you may have.



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Jean Ryan's Verbal testimony at 2-24-2023 AAR Oversight Hearing

My name is Jean Ryan and I am president of Disabled In Action of Metropolitan NY, DIA for short. I've been an AAR rider since 1994. Right now, we are going back to the Nineties in the way AAR is working since drivers of the primary blue and white vans are filling out paperwork for each ride with literal paper and pencils.

I submitted longer testimony online and in my printed remarks but now I will focus on 3 problems that AAR has.

1. When we have a problem getting a ride or with a ride, there is almost nothing we can do at the time, and we can only complain about it after the fact or maybe call the same day trip people, but not much happens in a timely manner. Access-A-Ride needs to be much more nimble and have dedicated floaters and people who listen to our plight and immediately send someone to come and pick us up. No one should be waiting for 45 minutes or more for a ride. Ever. No one should have someone forcefully telling them to get out of the car when they are sitting quietly and riding.

2. We need on demand, spontaneous service for everyone who has Access-A-Ride. Our lives are rich and varied and busy. Sometimes we have emergencies. There is no reason that we should be dependent on a system that still uses manifests, even for brokers, and requires that we schedule rides 1 or 2 days in advance. Yes, it is better than the 90's when we had to call 4 to 7 days in advance and then 1 to 4 days in advance some years after that. But we need to be able to get a ride today, now. For example, no one knows how long this hearing is going to last, but we had to book our rides yesterday and try to guess when the hearing will be over or risk having to leave early or wait around afterwards for our scheduled ride.

3. We need more and better funding, preferably partly from the federal government. This is a federally mandated service that local government and state government is struggling to fund. But why are people with disabilities being singled out so that the City will have to pay the whole amount for AAR while the state continues to run it? Will the state want to give up AAR completely since they never wanted it in the first place? No one ever wanted to fund AAR, either, or make subways accessible so we had a viable option for traveling our city. Now we are stuck with this. Let's think of creative funding sources as well as reimagine AAR to be the first class paratransit service that people with disabilities want and deserve.

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Disabled In Action is a civil rights, non-profit, tax exempt organization



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**Testimony of Disabled In Action of Metropolitan NY given by Jean Ryan, President
 For City Council AAR Oversight Hearing with the Transportation, Aging, and Disability Committees,
 February 24, 2023**

Back to the Nineties (1990's)

Here we are again. I almost feel that I could give the same testimony every year that these oversight hearings on Access-A-Ride (AAR) are held because the problems persist and the actual solutions are few. The MTA likes to talk about numbers, but they do not usually address the serious problems of quality and of people actually getting rides. They like surveys, too, but who takes the surveys? We also see the reaction of people accepting bad service, not because they like bad service, but because they have no other choice to get places, so they compare bad service to no service. That is not much of a choice and makes surveys kind of meaningless.

Once we seem to have some progress on Access-A-Ride, something happens to backslide and we are almost back to square one. It is so disconcerting to the many people with disabilities who depend on Access-A-Ride, whose lives have been and continue to be upended in many ways.

Overview:

To get Access-A-Ride, you have to be unable to take fixed route buses or subways, at least some of the time. You can have a temporary or a permanent disability. There may be no accessible subways near you or the trips to your destinations would be too long and cumbersome to manage. You might not be able to be guaranteed a seat so you can keep your balance on a bus or subway or you might not be able to walk up or down stairs or manage the gap in your wheelchair. Or you might not have the cognitive ability or stamina to travel on fixed routes. There are many reasons. You could have COPD or bad asthma that causes shortness of breath when you travel. You could have heart disease. You could be blind or have low vision. You could have cancer and be on chemotherapy. You could have Long Covid. You could easily have more than one disability, especially as you age.

There is an application and AAR requires an in-person assessment at one of a few contracted AAR Assessment Centers in NYC. Then a different group evaluates the application according to Federal Guidelines in the Americans with Disabilities Act (ADA). AAR has 21 days to evaluate an application after the assessment was done.

There are different kinds of Access-a-Ride approvals which are summarized in the Americans with Disabilities Act as well as on the MTA website= <https://new.mta.info/accessibility/access-a-ride>. In brief, you could be allowed AAR trips within your borough, only to other boroughs, or all over NYC. You could be restricted to trips only during cold, hot, or inclement weather. You could have intermittent eligibility based on where your trip originated or where it ends. You could only be brought to or picked up from a subway station instead of origin to destination. You could have full eligibility.

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People cannot get AAR just because they are old or tired. They must have a disability that affects travel.

Children can get AAR, too, but if they are young enough or disabled enough to need adult supervision or assistance, they must have an adult traveling with them.

To take a ride on AAR, you must book the trip one or two days in advance. Who among us always knows what they are doing that far ahead in their life? Who knows when the meeting or doctor appointment or visit with family will be over? What if it finishes very early? What if it runs over past the return trip time? What if something spontaneously comes up that you need to go to or want to do? There is no availability of spontaneous rides in AAR. Everything must be booked a day or two in advance. Get asked to babysit your grandchild because of a family emergency? You will not be taking AAR for that. I experienced that when my daughter had a baby and when my husband was hospitalized for a serious life-threatening emergency. I was stuck at home. Your boss asks you to stay later for a meeting or to finish a project? How will you get home after staying late if you do not take your AAR ride? Your friends invite you over tonight for pizza? You will not be taking AAR to get there, and even if you did have advance notice, would you know in advance when you would be finishing?

Access-A-Ride has 30 minutes from the scheduled pick-up time to pick you up, but in actuality, they have as long as it takes because what choice do you have? What are your other options to get somewhere, especially when you use a wheelchair or really cannot walk very far? Once the AAR vehicle arrives, you must be outside within 5 minutes of the pick-up time. When should you book your trip? How do you know how long you will be driven around for picking up and dropping off other passengers. When AAR sends an alternate vehicle to pick you up, it can take hours of waiting for that vehicle. If they offer you taxi authorization, you have to get your taxi or car service yourself and pay up front and be reimbursed about a month later after you send in receipts and information. Not everyone can find a taxi or car service or lay out the money for that.

One of the biggest and ongoing problems with Access-A-Ride is the inability to do anything when something goes wrong. Complaining afterward does not change the problems that happen when you are supposed to leave or while you are in the vehicle or exiting the vehicle. Making a complaint only records the problem and does nothing to solve it. This is critical to good service that is not stressful. We need timely and quick solutions to a same day trip problem.

Compared to taking fixed route transportation of buses and subways, with AAR, you do not know the route you will take nor the stops you will make. There are so many unknowns with Access-A-Ride. You only know that you will likely be picked up and you will eventually be dropped off at your destination.

Besides the need to book your trips in advance, the uncertainty and stress of taking Access-A-Ride makes people not want to do things and go places in their lives that they would otherwise do. The DOJ talks about this in their letter of October 17, 2022. It is not called Stress-A-Ride for nothing. If people can afford it, they buy their own cars and travel independently or ask their adult children, spouses, friends, or parents to take them places. Or they travel by car service or Uber if they can afford it, but that adds up and most people cannot afford to pay for their own nonpublic transportation.

AAR during the first 2 years of Covid:

Access-A-Ride continued to operate during the lockdown and during Covid but it was sometimes hard to get rides and wheelchair users were often not properly secured if they were given broker service (cabs and For Hire Vehicles) which sends independent contractors to you. App users could ask for a time to be somewhere but anyone who called in their request for a trip had to say when they wanted to leave. How can you say when you want to leave when you have no idea how much meandering you will be doing picking up and dropping off other people? It made for very long days.

No cooperation or working together of MTA, AAR, and TLC even though 70% of AAR rides are in TLC licensed vehicles (cabs and For Hire Vehicles):

DIA and Taxis For All Campaign (which DIA is part of) have been pushing AAR and the TLC for many years to work together to solve problems that involve both entities. AAR needs WAVs – wheelchair accessible vehicles. The public needs WAVs, too. WAV drivers often do not speak English so that passengers and drivers cannot have necessary communication about addresses and locations and securements. This can be dangerous. We totally accept that immigrants need and benefit from jobs. Our society benefits, too. We are not against that, but when we cannot communicate with our drivers about safety issues, it is not beneficial to us, to the drivers, or to the brokers or car services or app companies.

We have been trying to work with the TLC on putting a poster in the back of WAVs so we could point to the poster to tell the driver that we need to be safely secured and they can see how to do it (even though they are supposed to learn this in Taxi Schools). For many years, we have been trying to get the TLC and AAR to regularly meet and work together. It seems logical that it would lead to safer and better service, but the 2 agencies have been reluctant to meet and work together. We understand that one is a state agency and one is a city agency. To us, they still need to regularly cooperate to solve problems such as drivers not properly securing wheelchair passengers or not securing us at all and not doing call out and assist for blind and low vision passengers. There have been horrific instances where TLC licensed drivers dragged an elderly passenger out onto the street and where drivers insisted that passengers get out because the app cancelled the trip for some unknown reason. It is very upsetting when you are blind and are already riding in the TLC vehicle sent by AAR and the driver stops and yells at you to “Get out!” but otherwise cannot communicate enough in English to tell you what has happened or to communicate with the dispatcher to find out why the ride was cancelled or to explain they have a passenger in the car. It is very upsetting when the non-English speaking driver takes you to another part of the city and then ends up dropping you at home and not at your destination so you can go to your appointment! It is very upsetting when the broker does not send a car after 2 hours of the pick-up time and you are on the sidewalk at 1 a.m. on the phone with Access-A-Ride, trying to get picked up by a vehicle and someone comes by and mugs you, steals the phone you are calling AAR from, and gives you a black eye. I get told by the MTA that these are anecdotal. Yes, they are, and I know the people these things happened to. They should never happen no matter how many people AAR is transporting or not transporting.

AAR needs to have a rule that all drivers must have a working knowledge of English and must be proficient in and understand the need to safely secure wheelchair users. All AAR drivers must also be proficient in and understand the need to use call out and assist for blind passengers so they can safely enter and exit the vehicle and get to their destination, not be ignored at pick-up time or dropped off in the street at their destination. It is irresponsible to subject us to unsafe conditions day after day.

DOJ Report

The DOJ wrote AAR on October 17, 2022 about AAR's failure to provide rides that were comparable to the time that a bus or subway would take to get to the destination, whichever way is fastest. The DOJ report also complained about untimely drop-offs of too early or too late, untimely pick-ups, and long meandering rides for the people with disabilities who take Access-A-Ride. Activists and Access-A-Ride Paratransit Advisory Committee (AARPAC) members are upset that we happened to find out about the letter months after it was sent. We were kept in the dark by the MTA and by NYCT and by AAR. That is not right. How can we work together if there is no transparency by these agencies and departments? Even MTA Board Members did not know about this letter until activists strongly mentioned it in late January, 2023. Now that we know about the letter, we do not know what steps AAR is taking or will be taking to stop the problems from happening, and we wonder if we will know in the future.

Untimely drop-offs

There are 2 kinds of untimely drop-offs: arriving way too early and arriving to one's destination too late. Neither one is good. The DOJ and riders are concerned about early drop-offs because in an effort to get us to our destination by the time we requested, we are sometimes dropped off an hour or more early. Sometimes the building isn't open yet. Sometimes it is very cold or rainy or very hot outside. Sometimes it is a dangerous neighborhood. It means we just have to be there or find a place to go until we can get into the building. When I worked, I used to be driven around South Brooklyn for an hour to pick up other people before we headed to the City to drop them off very early in the morning. I was the last to be dropped off and still I would arrive very early at work at Hunter College and have to go into a dark building, take an elevator, and arrive on my dark, unlit floor because no one else went to work more than an hour early. I turned on the lights and headed to the locked teacher's room, entered, and locked myself in for safety until other people started arriving an hour later.

Late drop-offs mean we miss meetings, get to work late, get to classes late, miss Broadway shows we have tickets to, and miss appointments, among other things. The sinking feeling that you are going to be late and there is absolutely nothing you can do about it as the vehicle continues to go pick up other people is devastating.

Untimely pick-ups

We are given a specific pick-up time by AAR and we must be outside to get the vehicle anywhere from the pick-up time to 5 minutes afterwards. But the vehicles can be 30 minutes or more late. I know someone who uses a wheelchair who recently had to wait outside for 2 and ½ hours in the cold for her pick-up to go back home. I know people who have never been picked up. If you don't have a cellphone (and there are people who do not have one), if you forgot your cellphone that day, if you do not have a smart cellphone, if your batteries died, or if you do not have the dexterity or vision to use your cellphone very well, you are guaranteed to have bad AAR experiences. What do you do when the vehicle does not arrive?

Sometimes vehicles arrive way too early and demand that we get in, but what if we aren't ready yet? What if we have something else we have to do in the meantime? Often, the drivers drive off and we have no idea if they or someone else will be picking us up on time. This is more likely to happen with broker vehicles.

Long meandering rides

This is definitely a problem when the vehicle is shared with other people. On my way to Manhattan, I used to often be picked up in Bay Ridge by a blue and white vehicle and be driven to Sheepshead Bay, Marine Park, or Howard Beach to pick up and drop off other people. I don't mind sharing rides and I know that AAR is a shared ride system, but going east to go west is not on the way. It is out of the way. When I took my grandchildren to the Bronx Zoo, we would usually be picked up at the zoo an hour late, then driven all over the Bronx picking up and dropping off people, and finally, after an hour of doing that, we would start heading towards Brooklyn and maybe drop off other people. It was exhausting and I felt taken advantage of because of the scheduling system.

Trip Denials –

The ADA does not allow paratransit (Access-A-Ride) to deny people trips. Every trip we ask for within the boundaries of NYC 1 or 2 days in advance, has to be offered and scheduled. Before 1999, AAR was outright denying trips but the MTA was sued by DIA and other groups and ultimately agreed to schedule every request. However, when you are not picked up in a timely manner, not picked up at all, or driven all around and you miss what you were going for or are exhausted from driving around or having to leave too early and/or arrive at your destination way too early or way too late, isn't that in actuality a trip denial? What about when you are told to get out of the car before you get to your destination? The DOJ letter addresses this and says that these bad experiences discourage people from taking AAR or make them think twice before they try again.

Cancellations of rides

Years ago, if we had to cancel a ride, we had to do it by 5 p.m. the day before we were going to take the ride! After activists complained to the Civil Rights unit of the FTA twenty years ago, AAR had to shorten the allowed cancellation time to 2 or 3 hours. If we have to cancel on shorter notice, especially if it is something beyond our control like an emergency or a longer doctor appointment or if we are ill or injured, we do not get penalized for it, but if these add up, which can happen when someone is in frail or unpredictable health, we will get punished for having too many late cancellations. For example, when someone is doing dialysis, they might have to cancel or late cancel more often than someone else.

Cancellation of Stratagen Contract

The Stratagen GPS contract for the blue and white dedicated carriers (which carry about 30% of the AAR riders) was recently abruptly cancelled and now AAR is scrambling to try to provide service through the carriers. The program that has provided scheduling has been outdated for years. It is so frustrating to have bad scheduling. It affects everything. For example, we often ask for a pick-up time that is approximate to or not before or not after a certain time, say, for example 3 p.m.. The scheduling system will give us a pick-up time that is about 55 minutes earlier or later than the time we asked for. That is allowed by the ADA but in reality, it is way too inconvenient. We end up hanging around endlessly for our scheduled ride or cutting short whatever we planned to do. Now drivers have gone back to the 90's and are using pencil and paper to record rides and are calling their base to say where they are, who they picked up, and where they are going.

Safety Issue - Erratic Call Out and Assist for blind people and people with low vision

People who are blind or who have low vision need Call Out and Assist. That means that when the driver arrives to pick up someone, the driver makes an active effort to find their passenger, call out that they are Access-A-Ride, and help the person safely get to the vehicle and get inside. If the passenger asks where they are during the ride, the driver should tell the passenger that information, but the drivers often do not speak English. The person might ask to be dropped off right in front of the destination or ask to be guided onto the safety of the sidewalk to be guided to the door of the destination. That is the safe way. What often happens is that the blind person is waiting on the sidewalk trying to figure out if the vehicle is there yet and listening. The driver pulls up and just sits there and never gets out or says anything. In a busy place, it is impossible to know if the vehicle is yours. Or if the blind person gets in and takes the ride, they are dropped off wherever and get out of the car in the street and have no idea where they have to go or how to get to the sidewalk in a safe manner. The driver is supposed to help, but many do not. Some do. Drivers need to be trained better and they need to consistently help blind people into and out of the car and to and from their destination. They also need to be able to communicate in English.

Safety issue - Broker drivers do not always secure a passenger and their wheelchair

This is a huge safety problem. Drivers often do not have the correct straps to secure a wheelchair and the person in the wheelchair. If the cab or For Hire Vehicle stops short or is in an accident, the wheelchair will move and the person in the wheelchair could fly out and get severely injured. NYS law now requires everyone riding in a vehicle to be restrained by a safety seat belt. But drivers either don't have the straps or don't know if they have the straps or do not know how to apply them or do not want to take the time. They think it will take too much time to secure us. Yes, it does take like 20 minutes if a driver doesn't know what they are doing and we have to teach them how. But if a driver knows what to do, they can secure us in 5 minutes or less, and they are paid extra for taking wheelchair passengers. We want the TLC to make a poster showing the proper way to secure a wheelchair and a passenger in the wheelchair and have the poster in every cab and For Hire Vehicle so that we can point to the poster and say we want to be secured. It is taking too long to get this poster. So far, the process has gone on for about 2 years. Training by the TLC as well as the brokers needs to be stepped up and improved and enforced. Only the broker vehicles and independent cabs and For Hire Vehicles are lacking in wheelchair securement. The training for the dedicated primary blue and white vehicles is ok. It is dangerous for us to ride in vehicles without being properly secured.

How the language issue affects drivers and passengers and brokers

As mentioned in various places in this document, when passengers and drivers cannot communicate because they do not speak the same language, safety is often compromised. Wheelchair users need to communicate with the driver that they need their wheelchairs and their persons to be secured. We need to be able to ask a question relating to the trip, and we need to be able to be request to be dropped off in a certain location such as the corner or right in front of an address. We need to be able to tell the driver something unique about the route such as it will be easier and faster to go straight instead of turning right. If the app cancels the trip (we don't know why this happens), the driver needs to be able to contact the base or the dispatcher and ask why and say that they have the passenger in the car already. The dispatcher or base needs to be able to tell the driver they will pay the driver anyway and to take the passenger where they are going. What happens now sometimes is that AAR passengers are told to get out of the vehicle!

There probably are no stats on how often this happens, but I personally know 3 people whom this has happened to recently, so it is not rare. And it is always very upsetting. A person with a disability is going to willingly get out of the vehicle en route to their destination and then try to figure out how to get there? I don't think so, but the drivers are yelling and ordering us out. It defies common sense and human consideration. Riders and drivers need to be able to communicate with each other.

Taxi Authorization and Reimbursement

People can call AAR and request taxi authorization for rides within their boroughs only. Why not rides to another borough? People in the outer boroughs often go to Manhattan or a different borough. It may be cheaper to have taxi authorization than to route all trips through AAR's bad scheduling program. For years, people who got taxi authorizations were suddenly blocked from all taxi authorizations for 30 days, even if they were offered taxi authorizations and did not ask for them. This baffling practice seems to have stopped. When someone gets a taxi authorization, they must pay up front and then send the original receipt to AAR along with details of the date and trip. They usually get reimbursed about a month later, someone way longer and sometimes shorter. A trip to another borough is only given taxi authorization if there is a problem like the vehicle does not show up or the person is stranded. The beauty of taxi authorization is that you can bypass the archaic scheduling system of AAR.

Ways to complain to or about AAR

One way to really capture AAR complaints would be to require the people who answer the phone about same day trip problems (#5) to count the complaints they hear over the phone. AAR has never done this because complaints would skyrocket, but it would be more accurate. Now, we can complain by postal mail, by email to AAR staff or through the MTA email system, by calling or emailing the few people who work in AAR customer service, or by calling the AAR complaint line (#8) M-F between 9 and 5, waiting interminably on hold, and only making 2 complaints per person. It seems that the MTA wants to limit our complaints and we soon learn that most complaints are useless to make so why waste our time? Some people also complain to public officials.

Pilots that AAR had before and has now

A few years ago, AAR had a wildly successful pilot that many people used and loved. It was called e-hail. People still booked a ride the day before but they could get a ride from a cab or For Hire Vehicle and were not limited to a certain minute of pick-up. It gave people flexibility and freedom to live their lives in a way better way than traditional AAR did, but it was popular and AAR did not like that. Find a program that works and fits people's needs? No way. About 2018, AAR abruptly stopped giving out a lot of rides starting March 1st without telling anyone or announcing it ahead of time. People complained because all of a sudden their lives changed for the worse. Finally, after we complained at an MTA Board Meeting, they belatedly announced on March 17th that the program was being discontinued.

A little later, in 2019?, a pilot that AAR has now was instituted. It is called the On Demand program or e-hail on demand. 1200 people are in it and they can take unlimited cab or For Hire Vehicle rides through 3 apps. At first, it was very unwieldy, especially for people who lived in the outer boroughs or who were wheelchair users, but now it is easier to get rides. One disadvantage for wheelchair users is that often the drivers will not secure our wheelchairs or us with seatbelts. I do not feel safe when my chair or I am not secured, and I seldom

use the on demand program because of that. Is it worth my safety? Again, better training and enforcement needs to happen.

There was talk before Covid about seriously limiting the On Demand program but those plans were scuttled when Covid hit. Now there is talk that the program will add 1200 random AAR users and will be limited in some way but we do not know what the plans are. The time that we hear the changes will happen has gone from the end of last year to later this spring.

Using AAR for emergency evacuation

AAR is designated as an emergency evacuation provider by the Office of Emergency Management (OEM) in case of any major emergency in NYC. That would be for floods, hurricanes, explosions, fires, wherever many people need to be moved from one place to another in an emergency and have disabilities. AAR was used during Hurricane Sandy. The blue and white buses (AAR big vans) have spaces for 3 wheelchairs in an emergency, but 2 in regular use because it is difficult to get 3 wheelchairs safely into the buses. Are there enough straps in the vans to secure 3 wheelchairs? I only see 2 sets when I am in those vehicles. Would one wheelchair user be unsecured? Or am I missing something? Are there enough big buses like this to be effective in an emergency since not that many people are being carried by the blue and white vehicles? This needs to be looked into.

Expensive Assessment Centers and Assessment Process

People hate the assessment centers and the process to get Access-A-Ride. Does it really do anything besides keep people out of the Access-A-Ride system? The application wants us to have a letter from a doctor. I don't know if it is required but there is that bias that you cannot be the judge of your own disability and your ability to travel. If you've had a disability your whole life or most of it, chances are you no longer need to see a doctor for that problem. Let's say you were born blind. Unless you are having a new problem, why would you go see an ophthalmologist for your blindness? Or your polio or cerebral palsy? Other doctors are not going to feel qualified to write to Access-A-Ride about your disability. And, usually, when we ask a doctor to write something, their staff just says something like: "Mrs. X needs Access-A-Ride and cannot take the bus or subway." That is not detailed enough for AAR but that is usually all we can get. People have had AAR for many years and then been turned down with assessment, even though they have good letters but have an unusual problem like orthostatic hypotension that AAR does not seem to understand. People are made to walk in the hallway to see if they can get to a bus stop or take public transportation but often people with disabilities cannot take public transportation because they cannot safely stand on a moving vehicle. The assessment does nothing to assess this problem by walking in the hall or climbing a few steps. The whole assessment process is demeaning and anxiety producing. The last time I went for an assessment, it was not private. The assessor wanted to interview me in a public area because the interview room was impossible to get into with a wheelchair. I refused to be interviewed in a public area but I wondered if that would be held against me. There were no accessible subways within miles of where I live, I use a wheelchair out of the house, and I cannot walk very far at all, and yet there I was being evaluated to see if I was going to get AAR again. At first, they required assessments every 3 years, but that turned out to be too expensive. For an assessment, AAR pays for transportation both ways and they pay for the contract with the assessment people to take our photos and assess us. Then they switched to assessing every 5 years. We kept asking them why they were assessing us since we had permanent disabilities. Were blind people going to have a miracle cure? Were people with mobility disabilities going to get our mobility back and get out of their wheelchairs or stop using a cane or

crutches as we aged? Finally, they started giving some people continual eligibility as the ADA allows, so now AAR is not assessing everyone every 5 years because they have permanent disabilities.

Is assessment even necessary? That money could be put to good use by providing service to people with disabilities!

Thank you for having this Access-A-Ride Oversight Hearing. I do not think the City should have to pay for all of Access-A-Ride. I am fearful that it will lead to AAR being completely separated from the MTA and that service will deteriorate even further and people with disabilities will be further marginalized.

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Testimony to the New York City Council Committee on Transportation – Access-A-Ride

February 24, 2023

Testimony by:

Sharon McLennon Wier, Ph.D., MEd., CRC, LMHC

Executive Director

Center for Independence of the Disabled, NY

Access-A-Ride is a service that has been around for over 20 years. While it is very convenient for disabled people to have rides that take them to and from their destinations, there are things about the service that are not all up to par. For one thing, a service that requires consumers to call 24-48 hours in advance can be frustrating. People with disabilities should be able to access transportation in the same way as their non-disabled peers. We are fighting for the rights of the disabled.

The purpose of this program is to provide transportation to people who are disabled, yet when the driver arrives the passenger only has five minutes to get to the vehicle. Otherwise, they are marked as “no shows.” This is not realistic. Not all disabled passengers can be outside in five minutes. The disabled community deserves to have a service that gets them to their destinations on time, just like other transportation services. One common issue that is never taken into consideration is outdoor temperatures. Not all passengers can handle humid temperatures, and not all can handle cold temperatures. Imagine waiting outdoors for your ride for an hour or more. That is a common story I have heard from consumers and their families.

Another common issue I hear from consumers is their losing faith when it comes to filing complaints. They feel their voices are not heard. All they receive is a letter with an apology, but no notification as to what action was taken. Another common issue is being marked as a no-show by drivers when in reality the drivers were not present. I have heard that story quite a few times and have helped consumers who have had this issue.

Another difficult issue is shared rides. During the pandemic, shared rides were suspended. We advocated for it to remain that way, but shared rides were reinstated, without a mask mandate. However, due to the “You do you” campaign that the MTA started when Gov. Hochul suspended the mask mandate, not all drivers or passengers wear masks. There are people with immunocompromised disabilities who are still at risk. When seated in the blue and white vehicles, there is some space between the passengers and the driver, but when seated in a broker service vehicle, there is barely any space between them. Immunocompromised consumers do not know if the person next to them is vaccinated or not. Their health may be at risk.

The On-Demand Pilot program was, and still is, a life-changing experience for the 1,200 consumers who use it, because it takes them to their destinations the same-day they request it. The struggle to expand the service without rationing the number of rides per month has been a major challenge. There are consumers who are fine with using the blue and white vehicles instead of On-Demand and there are consumers who prefer using the pilot program. CIDNY has been and is still advocating to have On-Demand expanded without rationing.

Access-A-Ride users are often dropped off too early which results in not being able to enter the building or too late which results in not being seen for an event or appointment. Just because they are disabled does not mean they deserve anything less.

Thank you!

DeafBlind Inclusion
Help Create New York's
Funded Statewide DeafBlind CoNavigator Program S2503

S2503 will create New York's Funded Statewide DeafBlind CoNavigator Program. Sen. Cordell Cleare (SD30) is sponsor. Assemblymember Stefani Zinerman (AD56) is sponsoring Same As. The Assembly Bill number is pending.

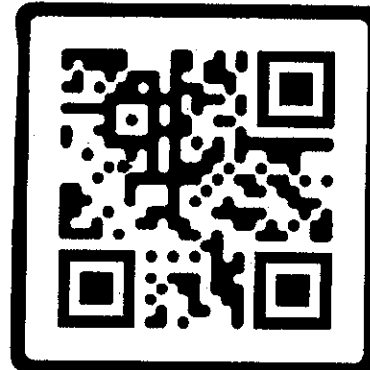
New York is one of America's wealthiest states. Surprisingly, DeafBlind New Yorkers lack what exists in neighboring states Pennsylvania, New Jersey, Connecticut, or smaller states like Alabama or Louisiana. This critical program will help DeafBlind New Yorkers live independently. By investing in the CoNavigator Program, state revenues will increase from creation of good paying jobs and increased economic activity by our community. Sustainable economic growth that lifts everyone up!

Please contact your Senator or Assemblymember. Ask them to 1) Sponsor S2503 or Assembly Same As. 2) Support \$5M program funding in the Budget. Tell your electeds, it is time to let DeafBlind New Yorkers pursue their dreams!

Watch CoNavigator in Action



Support DeafBlind Advocacy



Report on Support Service Providers (SSPs)/CoNavigators (CNs)



Texas Governor's Committee on People with Disabilities

December 2020

Contents

The Committee on People with Disabilities	3
Members	3
Staff	3
Executive Summary	4
Background	5
Definition of DeafBlindness	5
Research Summary on SSPs/CNs	6
How do SSPs/CNs differ from Interveners?	7
Medicaid and the DBMD Waiver	9
Policy Recommendations	10
Appendix A: Bill Language from Past Legislative Sessions	12
Appendix B: Service Roles within a Diverse Texas DeafBlind Community	19
Appendix C: SSP/CN Program Participation Methodology	22
Appendix D: Active SSP programs, May 2020	23

The Committee on People with Disabilities Members

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Executive Summary

People who are DeafBlind are valued members of society, ready to contribute to and participate in their communities, but they face many challenges that can make their participation extremely difficult. Barriers exist in their day-to-day routines and activities, such as raising a family, attending community events, managing and maintaining a household, running errands like grocery shopping, participating in workplace activities, getting medical care and maintaining a healthy lifestyle, and many more. Texas does not currently meet the support needs of people who are DeafBlind. Support Service Providers (SSPs), also called CoNavigators (CNs), can provide services to overcome these barriers. SSPs/CNs are one vital tool available for people who are DeafBlind and provide support and information for them to lead independent, productive, and quality lives. Based on research from states that already provide SSP/CN services, the Texas Governor's Committee on People with Disabilities (GCPD) estimates that approximately five percent of the Texas DeafBlind population will use these services.¹

An SSP/CN is an individual trained to act as a link between persons who are DeafBlind and their environment. They typically work with a single individual and serve as a guide and communication facilitator, relaying visual and environmental information. Although advocates have worked towards a paid program for over a decade, Texas does not currently have an SSP/CN program. This leads to the use of untrained volunteer SSPs/CNs, increasing the risk of safety issues, lack of reliability, isolation, and unhealthy reliance on family members and friends.

Establishing services throughout Texas would significantly and positively impact the lives of people who are DeafBlind by providing formalized SSP/CN services, enabling them to lead lives of greater independence and self-determination. This is especially true in small and rural communities with very limited services, including no means of transportation. GCPD recommends the 87th Texas Legislature establish an SSP/CN program to serve Texans who are DeafBlind.

¹ See Appendix C for research methodology.

Background

People who are DeafBlind² face challenges in all aspects of their lives. Tasks like grocery shopping, maintaining a home, reading mail, and getting an education can be difficult for someone who has hearing and vision limitations. The support offered by trained SSPs/CNs is one valuable tool to help people who are DeafBlind overcome these barriers. Members of the American Association of the DeafBlind (AADB), a national organization by and for people with combined vision and hearing loss, in 2010 voted SSP/CN services as the number one need for their community.³

Advocates continue to work towards establishing an SSP/CN program in Texas. The DeafBlind Coalition of Texas (formerly called the SSP Bill Coalition), a group of advocates from across Texas, has been working to establish an SSP/CN program in the state for over a decade. Advocates from the Texas Association of the Deaf (TAD) have expressed concerns about the lack of support available to Texans who are DeafBlind, and in August 2020 TAD adopted the establishment of an SSP/CN program as one of their top policy priorities for the 87th Legislature. GCPD voted unanimously to recommend the establishment of an SSP/CN program to the 85th and 86th Legislatures. Bills were filed in both the 85th and 86th Legislative Sessions to establish the program; however, they were not passed. GCPD has reaffirmed this recommendation for the 87th Legislature.

Definition of DeafBlindness

According to HHSC, "DeafBlindness" is a chronic condition in which a person:

- a) has deafness, which is a hearing impairment severe enough that most speech cannot be understood with amplification; and
- b) has legal blindness, which results from a central visual acuity of 20/200 or less in the person's better eye, with correction, or a visual field of 20 degrees or less.

In other words, DeafBlindness is a combination of sight and hearing loss that not only affects a person's ability to communicate or access information, but may also require significant adaptive strategies in order for the individual to

² DeafBlind is the spelling adopted by the American Association of the DeafBlind (AADB) to reflect the dual disability of hearing and vision loss for the cultural community of the DeafBlind.

³ The American Association of the DeafBlind (April 2010), "Brief on Support Service Providers (SSPs)." Retrieved from http://aadb.org/information/ssp/ssp_brief.html on May 8, 2020.

maintain independence. DeafBlindness is a diverse condition that encompasses a wide array of sensory impairments, and may include the presence of other disabilities. Additionally, the age of onset for vision and hearing loss can vary; they do not have to occur concurrently. According to the Helen Keller National Center (HKNC), approximately 70,000 people in the United States are DeafBlind. In Texas, the estimated DeafBlind population over the age of 18 is 2,446.⁴

Research Summary on SSPs/CNs

SSPs/CNs are specially trained professionals who provide individuals who are DeafBlind with visual and environmental information, sighted guide services, and communication accessibility. Texas does not currently have a mechanism to fund SSP/CN services, meaning the people who provide these services are generally working as unpaid volunteers. This lack of funding leads to an unsustainable service model, often resulting in unskilled volunteers, and denies DeafBlind people of their privacy, autonomy, and access.

Data collected by the HKNC in May 2020 on SSP/CN programs from across the country shows the following:⁵

- A total of 30 states have an active SSP/CN program providing services either statewide or in specific local metropolitan areas;
- SSP/CN services are funded primarily either through grants and donations, on a temporary basis through vocational rehabilitation programs run by the state, or through state appropriation;
- The number of people served per year by each state varies from five to 100;
- SSP/CN services were most commonly requested for grocery shopping, running errands, reading mail, attending community events, employment-related tasks, attending appointments, and transportation to events;
- About half of the states allow for SSPs/CNs to provide transportation as part of the service;
- The number of service hours provided per month varies tremendously, with some states providing five hours and some providing as many as 80; and

⁴ Beth Jordan, Helen Keller National Center, data prepared June 9, 2020.

⁵ For a detailed list of SSP/CN programs, see Appendix D.

- Nearby states, including Louisiana, Arkansas, and Arizona, have funded paid SSP/CN services, while other states rely on volunteers, though several are actively seeking ongoing funding.

GCPD surveyed the DeafBlind community of Texas with the goal of better understanding their lived experience and service needs. A total of 62 individuals responded, providing the following insights:

- People who are DeafBlind live all over the state.
- People who are DeafBlind use English, American Sign Language (ASL), protactile sign language,⁶ and Spanish to communicate;
 - 80 percent identified English as their primary language, 40 percent identified ASL, 7.5 percent protactile sign language, and 5 percent Spanish. Individuals were able to select multiple languages; therefore, the sum of the percentages is greater than 100.
- The SSP/CN services identified as most needed were grocery shopping, attending community and workplace events, and traveling through the community; and
- Because Texas does not have an SSP/CN program, the survey asked how individuals are receiving services currently. Respondents identified various informal networks of support or stated they **do not** receive any services at all.

How do SSPs/CNs differ from Interveners?

Interveners are a different type of service provider than SSPs/CNs; and unlike SSPs/CNs, they are trained to provide education and direct care to achieve functional daily living to individuals who are DeafBlind and who may have additional developmental disabilities. Individuals who use Interveners often rely on life-long parental or guardianship support, and do not have the same level of autonomy in decision-making and community involvement as do individuals served by SSPs/CNs.⁷

According to Texas Administrative Code (TAC) §42.103, an Intervener is:

A service provider with specialized training and skills in deafblindness who, working with one individual at a time, serves as a facilitator to involve an individual in home and community

⁶ Protactile sign language is sign language developed by and for people who are DeafBlind based on touch.

⁷ See Appendix B for an illustration of the differences between SSP/CNs and Interveners.

services and activities, and who is classified as an "Intervener", "Intervener I", "Intervener II", or "Intervener III" in accordance with Texas Government Code, §531.0973.

The Intervener works intimately with people of all ages who are DeafBlind to understand their needs and help them connect with the broader community. The role of the Intervener is to provide specific intervention in three areas: access to information, access to communication, and access to social and emotional development. Interveners primarily serve in educational settings. The Intervener's personal connection with a person who is DeafBlind reduces the sense of isolation and helps build a bond of trust. The Intervener may be the one person in the individual's life who can help them interact with others, express preferences, make choices, solve problems, and develop self-esteem. Additionally, an Intervener is a paid position with a defined occupational career ladder.

An SSP/CN generally acts as a sighted guide and communication facilitator, and has a less intimate relationship with the individual than an Intervener. According to AADB:

An important aspect of the relationship between the person who is DeafBlind and an SSP/CN is that the former makes all decisions [...] The professional SSP/CN strives to be helpful but objective, supportive yet empowering, and sparing in expressing their personal preferences while providing services.

Services provided by SSPs/CNs include transportation to the store, communication in a social setting, serving as a human guide while walking, etc. Many SSPs/CNs are themselves deaf, and paid SSP/CN positions could create employment opportunities for the Deaf community. Hayley Broadway of the DeafBlind Coalition of Texas offers the following insights.⁸

SSPs/CNs can:

- Serve as a guide when escorting a person to or from a meeting room, a restroom, an unfamiliar building, through a lunch line, or when attending appointments and conducting business;
- Provide visual and environmental information, which can take several forms: describing the activity, mood, or people in a room; reading the menu and relaying that information; or co-navigating together to find desired or needed items in a store or other locations; and

⁸ See Appendix B for an illustration of the differences between SSPs/CNs and Interveners.

5 hours per week or 20 hours per month equals 240 service hours per year per person.

- b. 5 percent of the estimated 2,000 people who are DeafBlind, and not receiving services through Medicaid, will use SSP/CN services¹³ equates to 100 individuals served.
 - c. Calculation for annual cost of program is \$528,000.
 - d. Administrative costs for the program (approximately 10 percent) are \$56,400.
 - e. Total annual program cost is \$584,400.
7. Establish the fee for service by rule to facilitate future changes.
8. Create an initial advisory committee to create the program, including individuals who are DeafBlind, SSPs/CNs, GCPD, and other organizations that serve individuals who are DeafBlind.

¹³ See methodology in Appendix C.

Appendix A: Bill Language from Past Legislative Sessions

From the 85th Texas Legislature, Regular Session, 2017

By: Watson

S.B. No. 1997

A BILL TO BE ENTITLED

AN ACT

Relating to establishing a pilot program for professional support service provider services for persons who are deaf-blind.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 81.001, Human Resources Code, is amended by adding Subsection (6) to read as follows:

(6) "Support service provider" means a person who is specially trained to enable persons who are deaf-blind to access their environments and make informed decisions by providing visual and environmental information, sighted guide services, and communication accessibility in the person's preferred language and communication mode. Preferred communication modes include auditory amplification with a personal FM system, visible Signed English, visible American Sign Language, or tactile sign language. A support service provider does not provide personal care, run errands alone for, or make decisions for a person who is deaf-blind, teach or instruct a person who is deaf-blind, or interpret for a person who is deaf-blind in formal settings, such as medical, legal, or business appointments.

- Provide support to persons who are DeafBlind in their homes, at their place of employment, in their community, or elsewhere, such as sight-reading mail, bills, locating expiration dates on food items, and more.

SSPs/CNs do not:

- Provide personal care (e.g. bathing and grooming);
- Run errands alone for the person who is DeafBlind;
- Make decisions for the person who is DeafBlind;
- Teach or instruct; and
- Interpret in medical, legal, business, or similar settings.

Medicaid and the DBMD Waiver

The HHSC Deaf-Blind Multiple Disabilities (DBMD) Waiver program “provides home and community-based services to people who are deaf-blind with multiple disabilities as a cost-effective alternative to institutional placement. The program focuses on increasing opportunities for consumers to communicate and interact with their environment.”⁹ The program provides services that enhance, rather than replace, existing supports and resources for individuals. Services include residential habilitation, respite, Intervener, supported employment, employment assistance, and support consultation.

To qualify for the DBMD Waiver, an individual needs to be DeafBlind and have an additional disability, such as an intellectual disability. The diagnosis of the related condition has to occur before age 22, and the individual must meet the income eligibility criteria, meaning they have a monthly income no greater than 300 percent of the federal poverty level.¹⁰ Individuals receiving services through this program are provided Intervener services.

In addition to the DBMD Waiver, people who are DeafBlind and who may have an additional disability may be eligible to receive services through other Medicaid programs. Both the Community Living Assistance and Support Services (CLASS) and Home and Community-Based Services (HCS) waivers may provide Intervener services. However, no Texas Medicaid waiver program provides or reimburses for SSP/CN services. The waiver programs require an individual have an additional disability, usually an intellectual or

⁹ Texas Health and Human Services Commission (2019), “Deaf-Blind Multiple Disabilities Waiver (DBMD).” Retrieved on June 30, 2020, from <https://rad.hhs.texas.gov/long-term-services-supports/deaf-blind-multiple-disabilities-waiver-dbmd>.

¹⁰ Texas Administrative Code Title 40, Part 1, Chapter 42: [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=42](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=42)

developmental disability, to qualify, which exclude the DeafBlind population from being served by SSP/CN services.

Policy Recommendations

The State of Texas would significantly impact the lives of people who are DeafBlind by providing formalized SSP/CN services, enabling them to lead lives of greater independence and self-determination. This is especially true in small and rural communities with very limited services. GCPD proposes the 87th Legislature implement the following recommendations:

1. Establish a formalized SSP/CN program within HHSC, including training for providers. This will ensure services are provided in a standard, consistent manner.
2. Establish the following eligibility criteria for the program:
 - a. Individuals who meet the definition of DeafBlind as defined by HHSC.
 - b. Individuals who meet the income guidelines of a monthly income not greater than 300 percent of the federal poverty level, matching the financial criteria required for the DBMD Waiver.
3. Establish a pay rate for SSP/CN providers by rule. Pay should be based on SSP-level training requirements and ASL fluency. GCPD recommends a starting wage of \$20 per hour based on the national average.¹¹ This is comparable to the 2019-2020 State of Texas Salary Schedule for an Interpreter I position.¹²
4. Establish a voucher program to pay for SSP/CN services administered by HHSC. The Specialized Telecommunications Assistance Program (STAP) may serve as a model.
5. Appropriate ongoing funding for the SSP/CN program.
6. Establish an initial proposed annual budget of \$584,400. This cost is derived as follows:
 - a. Estimated maximum number of hours per month for services to one individual (e.g. grocery shopping, attendance at a community event):

¹¹ See Appendix D for active national SSP/CN programs.

¹² Texas State Auditor's office, 2019, "State Classification Job Description: Interpreter I." Retrieved from <http://www.hr.sao.texas.gov/Compensation/JobDescriptions/R5616.pdf>.

SECTION 2. Chapter 81, Human Resources Code, is amended by adding Section 81.002 to read as follows:

Sec. 81.022. Support Service Provider Program Pilot. (a)
Out of funds provided for this program, the Department shall develop a pilot program for the provision of support service providers for persons who are deaf-blind.

(b) This pilot shall be located in two counties in the State where a significant deaf-blind population resides.

(c) The Department has the authority to develop rules to:

(1) administer the pilot program in a manner that balances maximum efficiency, serving the most people as possible, and how to best serve the deaf-blind community; and

(2) ensure those receiving compensation for service as a support service provider have a proper level of training.

(d) The Department shall establish a pay rate for the support service providers that utilizes a tiered wage scale based on a support service provider's:

(1) level of training;

(2) fluency in the deaf-blind person's preferred communication mode; and

(3) other skills in deaf-blind communication modalities.

(e) The agency shall begin planning for the implementation of this pilot during the year proceeding the starting date.

(f) This pilot is to begin September 1, 2018.

SECTION 3. This Act takes effect September 1, 2017.

By: Watson

S.B. No. 704

A BILL TO BE ENTITLED

AN ACT

relating to the provision of certain support services to persons who are deaf-blind.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 81.001, Human Resources Code, is amended by adding Subdivision (1) to read as follows:

(1) "Commission" means the Health and Human Services Commission.

SECTION 2. Chapter 81, Human Resources Code, is amended by adding Section 81.014 to read as follows:

Sec. 81.014. SUPPORT SERVICES PROGRAM FOR PERSONS WHO ARE DEAF-BLIND. (a) In this section:

(1) "Communication mode" includes communication through:

(A) auditory amplification, such as through a personal hearing aid or assistive listening device;

(B) American Sign Language or Signed English; and

(C) tactile American Sign Language.

(2) "Deaf-blind support services" means services provided to a person who is deaf-blind that assist the person with

accessing the person's environment and allow the person to make informed decisions. The term includes providing visual and environmental information or sighted guide services and assisting with communication accessibility by communicating in the preferred language and communication mode of the person who is deaf-blind. The term does not include performing any of the following for the person:

(A) providing personal care services to the person;

(B) completing ordinary errands for the person;

(C) making decisions for the person;

(D) teaching or otherwise instructing the person;

or

(E) interpreting for the person in a formal setting, including a medical, legal, or business setting.

(3) "Program" means the deaf-blind support services program.

(4) "Provider of deaf-blind support services" means a person who is specially trained to provide deaf-blind support services.

(b) The commission shall operate a statewide deaf-blind support services program through which:

(1) deaf-blind support services are provided by providers of deaf-blind support services; and

(2) the commission reimburses the providers for the provision of the services.

(c) The executive commissioner by rule shall establish reimbursement rates to be paid to a provider of deaf-blind support services under the program. The reimbursement rates must use a tiered wage scale that is based on the provider's:

(1) level of training in communication modes for persons who are deaf-blind and in sighted guide-mobility techniques; and

(2) fluency in communication modes for persons who are deaf-blind.

(d) The commission shall ensure that quality deaf-blind support services are provided under the program by:

(1) monitoring the compliance of providers of deaf-blind support services with program rules;

(2) developing funding sources for the program that are in addition to state sources and will reduce reliance on the state sources for continuation of the program; and

(3) providing funding and technical assistance for training programs for:

(A) providers of deaf-blind support services under the program; and

(B) persons who are deaf-blind to enable those persons to effectively use the services offered under the program.

(e) The executive commissioner may establish an advisory committee to advise the commission in developing and operating the program, including operating the program in a manner that ensures the efficient use of state money. Subject to Section 2110.002, Government Code, the executive commissioner shall determine the number of members serving on the advisory committee, which must include persons who are deaf-blind and other stakeholders.

(f) The executive commissioner may adopt rules necessary to:

(1) operate the program in a manner that is efficient and maximizes the number of persons served; and

(2) ensure that providers of deaf-blind support services receiving reimbursement under the program have adequate training to provide those services.

SECTION 3. Not later than September 1, 2020:

(1) the executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement Section 81.014, Human Resources Code, as added by this Act; and

(2) the commission shall begin operating the program required by that section.

SECTION 4. This Act takes effect September 1, 2019.

Appendix B: Service Roles within a Diverse Texas DeafBlind Community

DeafBlind adults want to navigate their environment, participate in their community, make autonomous decisions, and live independently with greater quality of life, safety, and community access.

There is a gap in existing services for the estimated 2,446 DeafBlind adult Texans, who face barriers in addressing basic needs such as shopping, running errands, reading mail, and safely traveling to and attending events, including business, and health services. Professional Support Service Providers (SSPs) fill the gaps that sign language interpreters and interveners do not cover.

People who are DeafBlind have a wide range of individualized needs, depending on the impact on their hearing and vision, onset of DeafBlindness, and communication modes used. DeafBlind children receive services while in school, and those with an additional disability can receive lifelong intervener services through a Medicaid waiver program. Language-proficient, autonomous DeafBlind adults living in their own homes are not eligible for these services.

Interpreters provide language access for certain scheduled events, but that alone does not create true access due to mobility and information-gathering barriers. SSPs cover a range of situations that sign language interpreters do not.

The chart below further highlights the varying roles of these three professions.

	SSP	Intervener	Interpreter
Works with autonomous DeafBlind individuals who do not need guardians.	X		X
As a primary job duty, describes visual environmental information, including area layout, non-verbal responses, movements, and actions of people, to the autonomous DeafBlind person using his/her preferred mode of communication.	X	X	
Offers professionally trained human guide services to DeafBlind individuals.	X	X	

Accompanies autonomous DeafBlind individuals to access basic services such as shopping, business, errands, and health services.	X		
Briefly facilitates unscheduled communication needs (e.g.: cost of groceries, travel delays, inquiring the location of something).	X	X	
Interprets for autonomous DeafBlind individuals in scheduled community events (e.g.: religious, social, and life events; public presentations; medical settings; appointments and meetings).			X
Interprets in educational settings for DeafBlind individuals who use conventional* language.			X
Provides customized services to DeafBlind individuals who have developmental delays and/or additional disabilities.		X	
Facilitates learning and development of concepts, social skills, emotional awareness, sensory efficiency, self-determination, functional communication, and independent living.		X	
Is part of the IEP/ARD team, communicates with all team members, including parents, and provides input for IEP/ARD meetings.		X	
Are paid for their services.	X (Not in Texas)	X	X
Keeps all information confidential according to laws, agency standards, and ethics.	X	X	X
National certification available for this professional role.		X	X
Certification and licensure required for this professional role			X

*** Note:** Conventional language includes spoken English, visual or tactile sign language.

Compiled by Heather Pavey, Nancy Riley, Heather Withrow, and members of the Texas SSP Coalition, March 2019 (www.txssp.info).

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Appendix C: SSP/CN Program Participation Methodology

- HKNC has identified 2,446 people who are DeafBlind over the age of 18 in Texas. *Note: This number is an estimate. HKNC counts those individuals who register with them; the total population may be greater.*
- 362 individuals who are DeafBlind over the age of 18 receive services through the Medicaid DBMD Waiver.¹⁴
- 85 individuals between the ages of 18 and 21 receive services through the Texas School for the Blind and Visually Impaired (TSBVI).¹⁵
- The total number of people who are DeafBlind who could receive services from an SSP/CN program is 2,000.
- Assumptions:
 - An estimate of 5 percent to 10 percent of the total 2,000 individuals who are DeafBlind will participate in the SSP/CN program once it is established.
- Reasoning:
 - An analysis of the 30 states with an active SSP/CN program shows (from the states that were able to share the information) that between 5 percent and 10 percent of the state's total DeafBlind population participate in the program.
 - Alabama: 5 percent
 - Arizona: 8 percent
 - Colorado: 3 percent
 - Massachusetts: 10 percent
 - New Jersey: 9 percent
- GCPD believes 5 percent of the Texas DeafBlind population, or 100 people, would participate in an SSP/CN program if one existed.

¹⁴ Texas Health and Human Services Commission, data current through May 1, 2020. Report prepared June 16, 2020.

¹⁵ Texas School for the Blind and Visually Impaired, Texas DeafBlind Project, data current through May 2020. Report prepared June 11, 2020.

Appendix D: Active SSP programs, May 2020

Source: Helen Keller National Center¹⁶

State	Program Name	Funding sources	Eligibility	Consumers Served	Types of Service Requests	Training Requirements	Transportation
AL	Alabama Institute for Deaf and Blind Statewide	State Appropriation	Dual Sensory Loss (vision and hearing)	105 consumers annually, approx. eight consumers per week	SSP support to and from medical appts., surgical procedures, pharmacy (after medical or surgical appt.), therapy (short-term), transportation (bus, train, and airport), social service agencies, AIDB functions, classes, community activities, consumer organization conferences and workshops	Providers are trained by staff who hold certification as SSPs and/or in the area of DeafBlindness. Consumer training is currently being developed.	SSPs are able to provide transportation for consumers using a vehicle from the agency motorpool, or using their personal vehicle (reimbursed mileage).
AZ	Arizona Commission for the	\$192,000/yr. from the Arizona	Arizona residents who are over 18	[Is this cell intentionally blank?]	20 hours/monthly of SSP services outside of the home such	SSPs and Deaf-Blind individuals must complete	SSPs are not allowed to provide

¹⁶ Compiled by Beth Jordan, May 2020, Helen Keller National Center. *Note: Services listed do not imply endorsement by HKNC. Information listed is self-reported by the program. Terminology used in this document is unique to each program (for example, the spelling of the word "deaf-blind" or use of the term SSP or CoNavigator). This program listing is provided for informational purposes only. These are the known SSP programs in the United States. A number of other states/metropolitan communities have active committees or task forces investigating the possibility of establishing SSP services. Several additional states provide training for SSPs in conjunction with a workshop/retreat or periodic event.*

	Deaf and the Hard of Hearing Statewide	legislature for SSP services	years old and meet the definition of "deaf-blind" as defined by the organization		as grocery shopping, medical appts., and community events	the ACDHH SSP training or similar approved training	transportation to consumers; they use public transportation options such as bus, light rail, taxi, and ride share services such as Uber and Lyft.
AR	Arkansas Rehab Services (ARS) Central Arkansas	ARS funds the program, which pays for SSPs who work on contract with the state program.	Allowed up to 10 hrs./week; have an SSP plan with consumer goals identified. Primary goals are socialization, independent living, and access to the community.	30	Reading mail, shopping, errands (drug store), exercise classes, monthly social group, and occasionally weddings or funerals	Many of the SSPs attend classes at the University of Arkansas at Little Rock, interpreting program; SSP workshops are also provided with collaboration with UALR interpreting instructors and local consumers; an annual training workshop is provided to allow SSPs to brush up on their skills. Anyone interested in becoming an SSP must first provide 100	SSPs do provide transportation but it is only for the purpose of getting to the place they will provide SSP services; they do not provide transportation services alone. When transportation is the only need, options recommended include public transportation, local Deaf Uber drivers, or contact family, friends, or someone willing to volunteer.

						volunteer hours working as a SSP before they are eligible to be paid. They must also maintain yearly CEU requirements.	
CA	Deaf and Hard of Hearing Service Center an eight-county region in Central CA	The services provided specifically for the deaf-blind community include case management, SSP services, SSP training, and DBSG monthly socials. The Deaf Blind Services Program received a one-year, non-renewable grant from the Department of Rehabilitation in 2005 to provide paid SSP services. The SSP	There are no set criteria but those receiving services. Those who provide SSP services are required to participate in SSP trainings.	average 5-10 consumers per month	Transportation, shopping, reading mail, making phone calls, exercising, travel out-of-town to DB events, computer assistance, independent living assistance, and assistance at recreational and social events.	Training is provided for all people interested in working with the deaf-blind community, including interpreters, ASL students, interpreting students, and family members. Training occurs in a workshop format and topics include causes of deaf-blindness, safe guiding, etiquette, communication techniques, and deaf-blind protocol.	SSPs can drive deaf-blind clients in their own vehicles and they sign a waiver with DHHSC.

program is currently operating on a volunteer basis. SSPs are recruited from several sources: the Interpreter Training Program at California State University Fresno, Certified Deaf Interpreters, Community Interpreters, ASL students, and family members of those who are Deaf-Blind. Tools used for recruitment include the DHHSC newsletter, DHHSCemail, class presentations at the local colleges, word-of-mouth, and

CA	Interpret THAT, Inc. Primarily Southern CA	annual workshops. No source of community funding/donations. Paid work is through California Department of Rehabilitation	Must be a client of the CA Dept. of Rehabilitation or paid by other means (HKNC, employer, community donations, and volunteer work by provider)	20-25 Locally	Related to vocational goals, medical appts., some for leisure/pleasure. Services for personal needs difficult to provide without funding source.	Through community organizational partnerships (Southern California Association of the DeafBlind). In 2019, Interpret THAT hosted a DeafBlind Community Forum on CoNavigators to ask the DeafBlind community what their preferences/concerns with this service are locally.	Interpret THAT works with independent contractors who provide their own transportation. Occasionally, CNS/SSPs have used public transportation as an option for transportation. There is not a heavy demand for SSP/CN work, which prevents us from hiring W2 employees. It is our hope to hire regular employees for this type of work so we have more control and oversight in the transportation arrangements and regulation.
CA	DeafBlind Access	We are currently unfunded,	Must be Deaf or Hard of Hearing AND	26	It is entirely up to the consumer, and includes shopping,	SSPs/CNs are either graduates from the College	We try to have the SSP/CN meet consumers

	<p>The counties of Los Angeles, San Bernardino, Riverside, and Orange</p>	<p>relying on individual donations. We are a non-profit 501(c)3 organization and we are currently searching for a grant writer.</p>	<p>Blind or low-vision, 18 years and older</p>		<p>hair appointments, doctor visits (CN only, no interpreting services provided), family events, parties, reading and sorting mail and recipes, food labeling, Deaf social events, etc.</p>	<p>of the Canyons' SSP/CN program or have received training through other orgs or the community. Many of our SSPs/CNs have worked in the DeafBlind community for many years, and we allow for them to waive the formal training requirement with proof of competency as evidenced by the support of DeafBlind individuals as well as an assessment of their skills. SSPs/CNs require three sets of references from DB consumers. We are happy to adapt to the consumer's level of training and would suggest</p>	<p>at the destination, but there are situations like doctor visits and grocery shopping where the consumer needs a ride. Some SSPs/CNs use their vehicles to drive, others use public transport, or meet DeafBlind at the location.</p>
CA	<p>Mind Your Language, Inc. (dba Kemilyen) Greater LA and neighboring cities</p>	<p>California Dept. of Rehabilitation 80 percent, private donations 20 percent</p>	<p>Participants must be clients of the California Dept. of Rehabilitation. Otherwise, we would need additional time to provide</p>	<p>Over 30</p>	<p>Medical appts., job interviews, errands related to employment, and emergencies; other activities require pre-approval</p>	<p>SSPs/CNs require three sets of references from DB consumers. We are happy to adapt to the consumer's level of training and would suggest</p>	<p>It depends on the funding source. Most likely, it would be covered by state funding or donations. If the DeafBlind consumer has an issue with</p>

			<p>funding. However, we are not known for turning down consumers.</p>			<p>any training we would see fit.</p>	<p>the CN providing transportation, the CN can meet the client at a predetermined destination.</p>
CO	<p>Colorado Commission for the Deaf and Hard of Hearing</p> <p>Statewide</p>	<p>State and government department funding</p>	<p>[Is this cell intentionally blank?]</p>	60	<p>General services to include reading mail, attending DB social events and task force meetings, shopping, doctor appointments, legislative meetings, etc. Each consumer is allowed 25 hours per month. SSPs are paid at \$25.00 per hour, additional \$5 during the evening hours on the weekdays and \$10 on the weekends (\$25/\$30/\$35).</p>	<p>SSPs must obtain a certification and meet the requirements to sign on as an independent contractor with the Commission. The Commission is not responsible for SSP training because SSPs are independent contractors, and to offer training they must be state employees. For now, HKNC is working with CCDHH and Colorado DB Task Force to identify a funding source to provide training until a national or state</p>	<p>Transportation is provided as part of the SSP's duties.</p>

CT	<p>Communication Advocacy Network (CAN)</p> <p>Statewide</p>	<p>State Dept. of Rehabilitation Services with Bureau of Education and Services for the Blind; and some grants and fundraising events</p>	<p>Legally blind and deaf, including low vision</p>	15	<p>Support Service Providers (SSPs) and deaf-blind services including monthly deaf-blind support group with guest speakers</p>	<p>certification can be developed. Knowledge of ASL is preferred but not required; be familiar in the area of deaf-blind services; and to be able to work with hard of hearing deaf-blind consumers by using oral communication or other modes of communication.</p>	<p>Transportation is provided by SSPs.</p>
DC	<p>Gallaudet Interpreting Service Paraprofessional Program</p>	<p>Gallaudet University</p>	<p>Services are only for current Gallaudet-sponsored events for students, staff, and faculty</p>	To be determined	<p>Services are only for Gallaudet-sponsored events. Also see Columbia Lighthouse for the Blind in MD who also serves the District of Columbia</p>	<p>16 hours of program orientation training (including SSP and Tactile ASL workshops) and one semester of coursework as provided by the Department of Interpretation.</p>	N/A
GA	<p>Georgia Vocational Rehabilitation Agency (GVRA)</p>	<p>GVRA state funded for clients of VR working toward their VR goals.</p>	<p>VR clients with dual sensory loss</p>	80+	<p>Only for services conducted through the scope of VR</p>	<p>Completion of SSP training from Georgia Association of the Deaf-Blind</p>	<p>SSPs do provide transportation and are reimbursed for time and mileage.</p>

HI	<p>Statewide Comprehensive Service Center (CSC) for People who are Deaf, Hard-of-Hearing or Deaf-Blind</p> <p>Statewide</p>	<p>State Appropriation in HI Dept. of Human Services/HI Div. of VR executive budget. CDS (CSC) funded via DVR Memo of Agreement/Request for Proposal SSP Project funded by CDS (CSC)/DVR Agreement. Private donations accepted. The program has a pay scale ranging from \$25 - \$40 an hour.</p>	<p>1) Any consumer referred to the program as "Deaf-Blind" by a recognized agency, or 2) individual application with support docs (from a doctor, DOE, DVR, etc.) documenting both vision and hearing loss.</p>	12	<p>Transportation, shopping, reading mail, making phone calls, job search, independent living assistance, and assistance at recreational and social events.</p>	<p>Multiple SSP/consumer training sessions have been conducted over the years. Recent O&M training to recruit more SSPs. SSP-related materials shared. Topics for additional training are being considered.</p>	<p>SSPs are allowed but are not required to drive consumers.</p>
KY	<p>KY Office of Vocational Rehabilitation</p>	<p>Vocational Rehabilitation Funds</p>	<p>Consumers in an employment setting or receiving training in an in-state</p>	<p>0; identifying qualified SSPs</p>	<p>Orientation on a job site or rehabilitation skills training</p>	<p>Completion of SSP approved training, reference letter, at least 50 hours experience</p>	<p>SSPs are not allowed to provide transportation to consumers. SSPs are paid to get to the</p>

	Statewide		rehabilitation facility				consumer to provide services. Transportation for consumers can be done by paying for transportation to either the job site or rehabilitation facility through public transportation vouchers, mileage to an individual who has been approved as a vendor in our system, or by VR counselors assisting the consumer to network with family, friends, co-workers, or other available community supports.
LA	Affiliated Blind of Louisiana (ABL) Statewide	Telecommunications tax funded through legislation and managed	The Louisiana Commission for the Deaf (LCD) provides SSP services to Louisiana	82	A Service Support Provider (SSP) is a trained guide who works one-on-one with a person who is DeafBlind to	SSP will engage in at least one 8-hour orientation to receive Deaf-Blindness training, which	SSPs are allowed to provide transportation as part of the assignment but

by Louisiana Commission for the Deaf

residents who are DeafBlind as defined by US Congress. Eligible participants will have:
Central visual acuity of 20/200 or less in their better eye with corrective lenses or a visual field defect (such as Usher's Syndrome);
Chronic hearing loss so severe that most speech cannot be understood;
Extreme difficulty in doing daily life activities, participating in social activities, or getting a job on their own.
If an individual cannot have their hearing

communicate information. They act as a sighted guide to help their client perform everyday activities. SSPs provide information about a person's physical and social environmental via tactile sign language or other methods of communication. This empowers DeafBlind individuals to fully participate in activities in their community and live with more self-confidence.
Examples:
• Driving to and from the grocery store with you and helping you purchase items;
• Providing information about your physical surroundings, such as where you are;
• Providing social information, such as describing the mood of people around you;
• Communicating

includes: policies/procedures, topics of DeafBlind related information, and SSP code of ethics. New hires will have an opportunity to observe approved DeafBlind instructor classes and volunteer with three different DeafBlind individuals prior to starting employment. Individual training for DB clients can be provided by DB teachers upon request.

may not provide transportation as the only service.

			and vision properly measured, but they have severe hearing and visual disabilities that make it extremely difficult to be independent, they may still be eligible for the program.		with people using the DeafBlind person's preferred mode of communication (sign language, tactile communication, speech, etc.); and · Additional support such as shopping, visiting friends/family, eating at restaurants, looking around, mail reading, paying bills, phone calls, any medical/legal appointments, and/or exercising.		
MD	Columbia Lighthouse for the Blind Maryland statewide and metropolitan Washington, DC area - specifically Arlington County, VA, and	Various limited city and county grants; state Vocational Rehabilitation agencies	Certifiable/documented dual sensory disability (deafness and blindness) and resident of specific county, city; other criteria based on grant requirements	5-15 (rolling based on grant criteria)	CLB SSPs support clients with grocery shopping and medical appts.	Certified or qualified based on CLB established criteria	CLB SSPs provides transportation with mileage reimbursement at the federal rate.

	Montgomery County, MD						
MA	DeafBlind Community Access Network (DBCAN) Statewide	The program is grant funded by MCB and overseen by MCB and MCDHH and operated by D.E.A.F. Inc.	Up to 16 hours/month; and up to 8 hours/month additional with director approval	80 consumers with 55 DBCAN providers	Errands/appts., reading mail, clothes or food shopping, going to the gym, transportation and guidance to medical appointments, and social/recreational activities	Providers must complete a 45-hour training program with certificate provided upon completion	DBCAN providers can transport DBCAN consumers in their cars, with their own car insurance. Occasionally, consumers use public transportation but primarily depend on the DBCAN providers who are paid \$0.45/mile for travel.
MN	DeafBlind Services Minnesota (DBSM) Statewide	Minnesota State Dept. of Human Services-Deaf and Hard of Hearing Services Division; Hennepin County through Human Services and	Deafblind adults (age 21 or older, 18 if no longer covered by an IEP) must have a medically verifiable combined hearing loss and vision loss, which	Approx. 55 deafblind adults with the majority residing in the Twin Cities metropolitan area. Approx. 10 deafblind adults receive	SSP: grocery shopping, post office, reading mail, assisting with online work, errands of daily living, guiding to health appointments, community events access, and communication assistance for community groups	DBSM prefers to have staff who have sign language skills. However, not all participants use sign language. DBSM currently employs around 35 part-time, hourly SSP and Adult Intervener staff—around	SSPs and Interveners can provide transportation to consumers.

<p>Public Health-Children, Family and Adult Services Division; Medical Assistance (Medicaid) Waiver Program-Community Access for Disability Inclusion (CADI). CADI services are considered "independent living skills" and must meet the requirements for CADI and be referred by CADI case manager.</p>	<p>interferes with individual's ability to independently maintain their independence or access their community. The SSP program provides an average of 20 hrs./mo. to participants; may vary based on available funding and program size. The Adult Intervener program provides an average number of hours to participants consistent with the Children, Youth and Family Services (CYFS) Intervener program. All participants</p>	<p>DBSM services in greater Minnesota.</p>	<p>such as beading craft class. Adult Intervener: provide consistent Deafblind Intervener services to adults who benefit from assistance with: language or concept development; planning or initiating activities; socialization or strengthening peer networks; integrating into their home or community; personal autonomy and independence; and/or successful transition to adulthood.</p>	<p>half of staff are Deaf or hard-of-hearing. Staff receive paid training on the basics of deaf-blindness, including simulation activities, sighted-guide techniques, and the basics of Pro-Tactile communication. Adult Intervener staff receive additional training on Deafblind Intervention strategies and techniques. New hires are also trained to use the DBSM portal for submitting reports/time cards. When possible, new staff are offered "on-the-job" training (mentoring) and they shadow an experienced SSP</p>
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			<p>must demonstrate no other funding sources available for SSP or Intervener supports.</p>			<p>or Adult Intervener before taking assignments. SSP staff pay range for new hires is around \$15 to \$16 an hour depending on experience; for Adult Intervener staff around \$16 to \$17 an hour depending on experience. Staff also earn the Federal Reimbursement rate for mileage; in 2020, \$0.545 per mile for any mileage while working with participant.</p>	
MN	<p>Minnesota Department of Human Services - Deaf and Hard of Hearing Services Division DeafBlind</p>	<p>The state DeafBlind Consumer Directed Services grant funding was a direct appropriation from the Minnesota State</p>	<p>Individuals of any age who have a medically verifiable hearing loss and vision loss that interferes with acquiring information or interacting in</p>	<p>35 (in fiscal year 2019)</p>	<p>SSP, interveners, transportation, equipment, training, and communication skills instruction (Note: this funding allows the consumer to determine which service they need. Not all consumers accessing this</p>	<p>Each deaf-blind consumer decides what kind and how much training they want their SSP or other service provider to have.</p>	<p>SSPs are allowed to provide transportation.</p>

	Consumer Directed Services Grant Program Statewide	Legislature. The purpose is to serve more DeafBlind Minnesotans to access supports and services to live independently, interact with their families and communities, and develop knowledge and skills.	the environment; applicants are considered to be deaf-blind if their hearing cannot compensate for their vision loss and their vision loss cannot compensate for their hearing loss.		program will need/desire SSP support, but that is one option.)	
MO	Beyond Interpreting Statewide	Funded through legislation enacted by the Missouri Legislature and managed by the Missouri Commission for the Deaf and Hard of Hearing (MCDHH)	Service recipients must have varying levels of combined vision and hearing loss: 1) Vision - vision acuity of 20/200 or less in the better eye with corrective lenses, or a field loss such that the peripheral diameter of	50	Errands, business, entertainment, medical, educational, and other activities that create access for the DeafBlind service recipient	DeafBlind participants and SSPs must attend a Missouri SSP Program training session that includes the following: DeafBlind culture, state standards, requesting and providing services, professionalism and mutual respect, as well as guiding Public and private transportation funding is available for DeafBlind participants to access the community while utilizing state SSP services.

visual field subtends an angular distance of no greater than 20 degrees, or progressive visual loss with a prognosis leading to one or both of the above conditions;

and 2) Hearing - chronic hearing disabilities so severe that most speech cannot be understood with optimum amplification, or progressive hearing loss having a prognosis leading to the above condition; the confirmation of vision and hearing loss must be provided in

techniques. One-on-one DeafBlind training as well as large or small group SSP training sessions are available to those interested; training can last anywhere from 4-8 hours.

writing from a professional. In addition, the DeafBlind participant must have the capacity in giving instructions and making decisions independently when utilizing SSP services. DeafBlind participants must provide a Missouri photo ID, which will prove if they have been a Missouri resident for at least one year and are age 15 or older - anyone under the age of 18 will require parental consent to use SSP services.

NC	North Carolina Deaf-	All the services provided are	Consumers send in a request via	At this time, there has been at	The services range from transportation to and from doctor	The SSPs who agree to be on the volunteer	SSPs provide transportation to consumers.
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<p>Blind Associates (NCDBA) Statewide</p>	<p>done by volunteers. A statewide fundraiser, the Southeast Helen's Run/Walk is coordinated by the Southeast HKNC office, NCDBA, and state agencies who serve deaf, hard of hearing, and deaf-blind to raise funds for the program to eventually pay the volunteers for their services. Currently, the Communication Access Committee is working on setting up the paid service now by developing policies and procedures.</p>	<p>email or contact their State Deaf & Deaf-Blind Specialists to assist with sending in a request, which then goes out to a statewide database of approximately 200 volunteers. Those who can assist will then contact the consumer, agree on the services needed, and make the needed arrangements.</p>	<p>least one consumer a month getting services in the community. Approximately 25-45 consumers are served during the local conference, camp, and various DB events across the state all year.</p>	<p>appointments, family functions, and sporting activities to attending local conferences, camp, and other DB events. Informal communication is facilitated for social functions, sighted guide, and transportation.</p>	<p>database have gone through six to 10 hours of training provided by the NCDBA Communication committee in partnership with the Services for the Deaf and Hard of Hearing and the Services for the Blind. Proof of completing training in this area will be required.</p>
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		Until this is completed, the organization is still sending out volunteer requests.					
NC	NC Dept. Health and Human Services (DHHS) NC Driver/Support Service Provider Vendor List (DSSPVL) Statewide	DHHS hiring agency/facility is responsible for the payment of DSSP vendor's services rendered.	[Is this cell intentionally blank?]	No limit, it is an ADA accommodation for staff, consumers, and clients of DHHS programs/facilities.	The NC DHHS Driver/Support Service Provider Vendor List (DSSPVL) is a list of qualified individuals approved to provide driver and support services for Deaf-Blind clients, staff, and consumers of the NC Department of Health and Human Services (DHHS) on an as-needed basis. NC DHHS has developed the vendor list to satisfy the demands of state and federal laws, the ADA, as well as the NC DHHS Communication Accessibility Provision to benefit their clients, consumers, and staff in providing reasonable	Applicant must be 18 years or older and possess a valid driver's license for a minimum of two years, and possess a good driving record as verified through the N.C. Department of Motor Vehicles. Applicant possesses necessary skills to perform services for Deaf-Blind individuals as stated in the scope of work, which includes: a) Provide transportation, b) Serve as Human Guide, c) Assist with communication	SSPs can provide transportation but a statement from their insurance company is required indicating the SSP has minimum coverage as requires by the application and acknowledgment that the vehicle is used for business/for hire.

					accommodations, which include drivers and support services. Each NC DHHS div. office can utilize the DSSPVL list to easily identify and secure qualified services for Deaf-Blind consumers, clients, staff, and/or mixed group meetings, trainings, community forums, or public hearings and other division or office events, in the shortest amount of time possible at a standard hourly rate.	in informal settings if vision is an issue, d) Provide access to printed materials, and e) Provide visual, environmental, and social feedback information.	
NH	Northeast Deaf & Hard of Hearing Services, Inc.	Part B	Deaf-Blind/low vision NH residents	7	Guides for shopping, social events, errands, etc.	SSP training course by the Coordinator	The SSPs do provide transportation as part of their services.
NJ	Statewide DeafBlind Community Access Network of New Jersey, Inc.	Donations, volunteer providers	Adults 18 and older who are deafblind and can provide leadership, direction, and decision-making	Approx. 25 annually	Educational, recreational, training, community service/education, social, and shopping programs sponsored by DB CAN NJ	Access Providers: Each candidate is evaluated as to their knowledge and experience. Individual, online, and small	On their own time, Access Providers may drive deafblind people ONLY (not their partners, family, or friends)

Statewide

regarding
services/activities

group trainings are provided by DB CAN NJ as needed. Content categories include roles/responsibilities of the provider and deafblind person, deafblind community and culture, communication, human guide, environmental information, skills of touch, confidentiality/ethics, and boundaries. All candidates undergo a 1:1 training in community settings and functional evaluation by deafblind trainers. All must sign an agreement regarding the provision and use of services. Deafblind: 1:1

to/from our activities; they are not paid during the driving time. In addition to walking, APs may ride with deafblind people on ride services such as Uber and Lyft, taxis, paratransit, and any mode of public transportation.

						training content includes roles/responsibilities of the provider and deafblind person; sharing preferences for communication; information access and guiding; confidentiality/ethics; and boundaries. All must sign an agreement regarding the provision and use of services.	
NJ	Support Service Providers of New Jersey (SSPNJ) Statewide	NJ Department of Human Services, Commission for the Blind and Visually Impaired	Must be a client of the NJ Commission for the Blind and Visually Impaired with a vocational rehabilitation or independent living goal	100	Our Approved Activities list includes the following categories: post-secondary education/training, employment, health/well-being, household management, and community integration	SSPs must satisfactorily complete our three-module, 10-hour training program as well as three probationary assignments; deaf-blind individuals must complete individualized training program	SSPs are not able to provide transportation. However, SSPs can support consumers utilizing public transportation. The consumer is responsible for arranging their transportation, but they can opt to have the SSP meet them at home and

NM	<p>Community Outreach Program for the Deaf – New Mexico (COPD-NM) Deafblind and Special Services</p> <p>Statewide</p>	<p>From the State of New Mexico’s legislature through the New Mexico Commission for the Deaf and Hard of Hearing, from contracts with the New Mexico Centennial Care Medicaid Waiver Program, and FCC’s National Deaf-Blind Equipment Distribution Program</p>	<p>Must meet the Program definition of deaf-blindness (combined auditory and visual losses) or deaf-plus (deaf or hard of hearing with a significant disability)</p>	70+	<p>Advocacy and support at appointments with doctors, the Social Security Administration, Human Services and Case Management Services, referrals to other sources such as Representative Payee Services, and vocational services. SSP requests include text-translating and transportation. Access technology through the FCC’s National Deaf-Blind Equipment Distribution Program (iCanConnect). Personnel development training to other service providers in the state.</p>	<p>Three and a half days of initial training (SSP Basic Training), six hours of defensive driving class, one day-long supplemental training every six months, two-hour meeting/training once a month</p>	<p>accompany them using public transportation.</p> <p>The program does allow SSPs to provide transportation to consumers.</p>
NY	<p>Center for Disability Rights, Inc.</p>	<p>Currently under Wegman’s grant. Will try</p>	<p>Individuals with documented hearing and vision loss,</p>	<p>20; expecting to accept 3-5 more by Fall 2020</p>	<p>Grocery shopping, medical/legal appointments, and social events;</p>	<p>1-1 instruction and peer mentoring is provided by SSP personnel and</p>	<p>SSPs provide transportation to consumers.</p>

	Rochester, NY (Monroe County)	to renew for another year.	age 18 and older		community-based meetings	Deaf-Blind consumers who utilize SSP services.	
OH	Columbus Speech & Hearing Center Columbus, OH (Franklin County)	Senior Options is Franklin County's tax-levy program for senior citizens. Funds support programs that serve older adults, including Meals-on-Wheels, hearing aids, transportation, and minor home improvements.	Adults 60 years and older who meet income guidelines through the tax-levy program and can receive between 10-15 hrs./mo. The SSP program is just one of many services provided by Columbus Speech & Hearing Center.	2-6	Grocery shopping, trips to the bank, eating out at restaurants, reading mail, making telephone calls, searching the web at the library, recreation, with some folks getting really creative such as using an SSP to watch sporting events on television or playing table games. Each consumer develops a routine and requests SSP support to achieve it.	The coordinator provides informal training to new SSPs in sighted guide and some ASL (for those consumers who sign); additional training is provided as needed.	SSPs do provide transportation.
OK	Sight-Hearing Encouragement Program (S.H.E.P.) Statewide	Donations, state funded by providing contracted services with Department of Rehabilitation Services of Oklahoma	Must be Deaf, DeafBlind, Hard of Hearing, or Blind	46 DeafBlind individuals served	Errands, paperwork assistance, reading mail, checking voicemails, making phone calls, social events, training events, and workshops.	Two-day training for SSPs on how to interact with DB, empathy, assertiveness, safety, guiding, communication, and testing for appropriate skill level in ASL. Consumers receive a one-	SSPs provide transportation to consumers but if transportation is not wanted by the deaf-blind participant per their consent, our program makes sure to communicate

						on-one consultation on do's and don'ts of how to use an SSP and how to properly interact with their guide.	what transportation method the consumer prefers and arrange for SSPs to meet them at the designated areas.
OR	Avamere at Chestnut Lane Residents of Avamere Chestnut Lane Assisted Living for Deaf & DeafBlind in Gresham, OR	Medicaid reimbursement	Deaf-Blind residents of Chestnut Lane, an Assisted Living Facility	13	Shopping, activities, video and phone calls, reading mail, sending emails, escorts, and accompany to doctor appointments	Paid full-time, with SSP coordination as one of the many job responsibilities	SSPs can provide transportation to residents.
PA	DeafBlind Living Well Services Center for Independent Living of Central Pennsylvania	The current grant is funded by the PA Statewide Independent Living Council (PA SILC) and is administered	Must be at least 18 years old and completed K to 12 school-age system, complete an application, demonstrate	50 and steadily increasing	Individuals who are deafblind request SSP services to do everyday tasks, such as grocery shopping, reading mail, hobbies, and leisure activities.	SSPs: Individuals who want to contract with the CILCP to provide SSP services, must: · participate in DBLWS's SSP training	SSPs do not provide transportation services. DBLWS works with each individual who is deafblind to explore

	<p>nia (CILCP) Statewide</p> <p>by the PA Office of Vocational Rehabilitation . The current grant started on October 1, 2019, and ends on September 30, 2020. It may be renewed four times (max of five years).</p>	<p>the combined hearing and vision loss causes difficulty with daily living activities, manage their SSP services independently or with the assistance of another individual, and actively participate and complete an individualized orientation with the DBLWS' Education & Outreach Coordinator</p>			<ul style="list-style-type: none"> • take the required mandatory reporter trainings • undergo three background checks • review/sign documents 	<p>transportation options in their area.</p>
<p>PA</p>	<p>DeafCAN! – Deaf Community Action Network - A Human Services Program of Christ the King Deaf Church</p> <p>Grants and other donations</p>	<p>Verify deaf-blindness and be able to direct the services of an SSP</p>	<p>20; also provide volunteer SSPs at social events for consumers not registered with the service</p>	<p>Each consumer can have up to 10 hours of SSP service each month and can use SSPs at their own discretion.</p>	<p>Each candidate is evaluated as to their knowledge and experience and must pass a functional evaluation of the basic skills of being an SSP.</p>	<p>The SSP's role is during the actual assignment, not the transportation. Consumers negotiate their own agreements for transportation with the SSP</p>

	Seven counties in SE PA (Philadelphia, Delaware, Chester, Montgomery, Bucks, Berks, and Lancaster)						which can include their personal car or public transportation. DeafCAN cannot pay for driving due to insurance regulations.
SC	South Carolina Commission for the Blind Statewide	Vocational Rehabilitation general funds	Must be an active Vocational Rehabilitation consumer, classified as deaf-blind, with the service required to achieve a vocational outcome	Less than five	Work readiness, independence enhancement, and job training	SSP vendors must have completed an official SSP training workshop sponsored by SCCB, SC Association of the Deaf (SCAD), or HKNC.	SSPs can transport consumers for VR authorized activities.
TN	Knoxville Center of the Deaf (KCD) Knoxville, TN and 20	KCD is funded in part by the Tennessee Department of Human Services. The KCD Annual Golf	There are no formal eligibility guidelines; consumers are self-identified.	Approx. 13 consumers	SSPs are contracted to provide services for shopping and deaf senior citizen social group activities; assistance getting to/from doctor appointments	Training is provided to interested SSPs and interpreters, with emphasis on self-advocacy by deaf-blind persons.	Transportation can be provided to consumers by SSPs.

	surrounding areas	Tournament provides the funding and ongoing financial support for the SSP program. SSPs are paid an hourly rate to provide services to deaf-blind individuals.			where an interpreter is used for the actual appointment, but an SSP helps with transportation, guiding to and within the building, and provides environmental information while waiting for the appointment.		
UT	Div. of Services for the Blind and Visually Impaired (DSBVI) Statewide	DSBVI is allocated \$238,000 each fiscal year by the state of Utah	Adults out of the public school system; consumers must be able to independently make choices and give directions to SSPs; Legally Blind and Pure Tone Average of 40 or worse in both ears.	Approx. 45-55 consumers; DB individuals receive 10 hours per week for a variety of activities to assist them with their vocational rehabilitation case, independent living goals, and inclusion in the community.	Shopping, mail reading, paying bills, legislative participation, looking for jobs/filling out job applications, personal activities (attending a child's school activity, scrapbooking, gardening, skiing), religious activities, meetings, writing Christmas cards, exercising, socialization, keeping up-to-date with local and national news, and searching the Internet. Involvement in the community is	Provided as needed; not formalized; exception: State of Utah safe driving and sexual harassment prevention training must be completed before an SSP may begin working with consumers and are required again at three year intervals. Background checks are required before hire.	SSPs can provide transportation.

					encouraged. No personal medical or self-care services are provided (e.g., help with blood testing for diabetics, bathing, etc.), however, help getting to an appointment and during an appt. at a facility providing those services is allowed (i.e. doctor's appointment).		
WA	DeafBlind Service Center (DBSC) Statewide	Office of Deaf and Hard of Hearing, City of Seattle, private donations, fundraising events, and foundation grants	DeafBlind Washington residents, ages 18 and older receive up to 20 hours a month. New DeafBlind persons must be a Washington resident before receiving any SSP services and once they become a resident, the person will then go through intake screening to	Approx. 80 consumers	Grocery shopping, errands, material reading, basic banking, self-care activities such as exercise and attending social activities, and transportation to airport, train, or bus station.	SSPs - 15 hours of training and must already be fluent in ASL (minimum ASL 3). Exemption from ASL skills depends on the need for hearing SSPs to work with non-ASL hard of hearing consumers preferring oral communication. DBSC provides training on guiding, how to convey visual and environmental information to	SSPs provide transportation.

			determine eligibility. Guidelines are reviewed with all new consumers. New DeafBlind participants with no experience of using an SSP are required to take "How to Use SSP Service" training.			DeafBlind participants, and includes some basic Protactile techniques. DBSC also provides workshops about DeafBlind culture and other workshops.	
WI	The Center for Deaf-Blind Persons, Inc. Metro. Milwaukee; attempting to address SSP needs statewide	Foundations, civic orgs, churches, businesses, individuals, memorials and service agreements, DVR, county adult service, and county older adult services. In 2016, the Wisconsin Department of Health Services, Office for the Deaf and	Youth and adults (of any age) with combined hearing-vision impairments	11 by paid SSPs	Mail reading, bill paying, copy signing, VP calls, exercising, apartment search, labeling, home organization, medical appointments, airport assistance, and clothing, grocery, and gift shopping	Paid staff members participate in ongoing staff development sessions. The Center offers in-service training and workshops on etiquette, safe guide techniques, communication methods, relaying visual information, eye diseases, use of assistive listening devices, and simulation	The consumer is responsible for transportation. The SSP can meet the consumer at the home and ride to and from a location. The SSP coordinating agency or SSP can provide information to locate public transportation services.

Hard of
Hearing made
Universal
Service Funds
available to
cover costs of
some SSP
services.

experiences to
individuals
interested in
providing SSP
services.



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GREG ABBOTT**

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Diane Rose Ministries
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February 24th 2023

Via Online Submission

Attn: Transportation - Aging - Mental Health Committees
New York City Council
250:Broadway
New York, NY 10007

Re: Oversight of Access A Ride

To All Concerned:

My name is Dr. Diane Rose and I am writing on behalf of Diane Rose Ministries Aging Gracefully in the City Program. My background, now retired, includes writing policy and procedures for Senate Offices in compliance with FMLA, Academic Research in the field of Mental Health and Substance Abuse, as well as Non Profit Oversight for Families and Seniors at risk of displacement in communities. In addition, I've contracted with NYC & State providing leadership development and guidance on several Health & Human Service Programs while ending my Career as a Private Psychotherapist in NYC. This Ministry brings together all this experience while enabling participants to engage in a Christian experience that offers a deeper consolation and meaning of life as they grow older. As such, please accept this written document in addition to my verbal testimony given on 2/24/23 at the Subject Hearing. Although some of what I touch upon is my own personal experience, I write on behalf of all Aging (50+) populations in the five boroughs of NYC who have need of and/or have applied and receive transportation from MTAs Mobility Program. Our concerns with the operational and delivery of this program are as follows:

It is my understanding that the purpose of providing paratransportation services is in accordance with Federal Regulatory Statutes in compliance with the Americans With Disabilities Act of 1990. The ADA requires the provision of accessible transport and entry into buildings, transportation, and business establishments and to accommodate those in need of such access. The term transit, for our purposes means: **Automated**

guideway transit system or AGT means a fixed-guideway transit system which operates with automated (driverless) individual vehicles or multi-car trains. Service may be on a fixed schedule or in response to a passenger-activated call button. Provided to a person with a documented disability defined as Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

I am confident you are well aware of these regulations and my expertise speaks to the import of a wholistic approach to determining same. As a medical professional, we diagnose and treat areas of need for a variety of diseases. Some of these diagnosis results in impairment with a number of daily activities to include functional limitations with such things as travel. No limitation is the same with everyone and as such, it is our practice, in accordance with needs, that a treatment plan is devised to address those needs and followup is done accordingly. Based upon a persons report, and further examination, our plan either remains the same or adjustments are made.

MTA-AAR ASSESSMENT

Our first concern is with the assessment process. The assessment process, as observed and experienced, utilizes a cookie cutter approach towards inducting a physical impairment assessment. Does little, if anything, to explore functional limitations for Mental Health Disability, nor considers the trauma experienced and resultant disabling conditions of women who experienced some form of iolence domestic or otherwise. No one can determine the impact of same by asking them to walk three feet down a hall, climb four steps on a simulated bus, nor ask what the psychiatric disability is and medication taken while ignoring a Doctors support for providing transport services. Let me further explain:

Disabilities that impact physical functioning, such as those that are invisible, ie Fibromyalgia, Neuralgia, Peripheral Neuropathy, Sciatica, and other wide spread painful conditions are experienced on a day to day basis rendering an individual, in some cases, unable to move at all or movement is experienced with great limitations impacting strength and mobility. These are not assessed via such examinations.

Disabilities involving Mental Health, to include trauma related violence exacted on a person, is not captured in your assessment process. The process fails to assess functional limitations when traveling and in particular, completely ignores limitations related trauma related violence.

Goals of the ADA:

We fought hard in the 90's for the sweeping changes the ADA would create for individuals. The challenges, from our lens, were that the ADA and its associated FMLA legislation would enable people with disabilities and older persons to do the most basic things like Work and/or Secure Employment, Attend Medical Appts, and Go Shopping AND Carry Groceries, Reside in or Secure Housing, let alone Recreation and Entertainment. The latter of which we have less concern as relates to the disabilities described herein. We also fought hard to remove the stereotypes of "handicap" from the language as it failed to capture all persons with disabilities, especially those with invisible disabling conditions. Thus, though one may be able to walk several blocks does not equate to carry groceries that same distance. Though one may be able to travel a bus on a fixed route, as a resident of Queens, there is no such thing for most activities requiring at minimum two-three bus routes getting on and off buses, and the absence of accessible subways let alone climbing the number of stairs from street to platform. Where someone has been traumatized by violence, traveling or being in settings that trigger safety concerns cannot be underestimated. Where travel to perform any of these activities require multiple trips per day and travel between boroughs render pain and exhaustion for anyone let alone someone with functional limitations or fear safety.

In closing, Aging Gracefully means an ability to live, work and play in places where people live. New York City is a wonderful place to do so within. Yet, a disability that limit travel for those older persons and or those with disabilities does the reverse of what the ADAs intent meant to do. That was to enable people to go beyond the walls of their homes to live full and productive lives. That's what Aging Gracefully means at any age and we intend to ensure this one's into being.

Finally, we do support and recommend Rideshare programs like Uber and Lyft, they just make sense. We also recommend, like some one would do with a Drivers License, that one could transfer their Paratransit Services across states since this is a federal program. Other Cities, such as Atlanta, Ga., utilizes a Disability Focused Assessment Approach and places high regard for Doctors Recommendations. They also have one card that is used both on para transit as well as regular bus and rail systems so that exact fare is unnecessary. Drivers must speak English or have a translation system (ie phone app) to communicate with riders and go through a rigorous training process. Sadly, drivers view, I am told, this program as a poverty program not a disability related services and therefore treat, in many cases the elderly, in ways that can be discriminatory- though they are least likely to file a complaint. Also, it's been reported, that many older persons fear non compliance with this egregious behavior results in

retaliation of some sort or complaints are recorded with no followup. As mentioned during the hearing, rising treatment to the level of a DOJ investigation. Now that's NOT the image for New York City. As such, my final recommendation is to remove the program from under a "transportation" umbrella or focus and make it a Health and Human Service category so that Determinations and ongoing provision of services are made by professionals with greater understanding of the needs of Older Persons and Disabled Populations.

Thank you for receiving this testimony. I look forward to hearing that a Revamping and Reassignment of this service is underway and welcome the opportunity to assist in defining what this could and would ultimately look like.

Always

Minister Dr. Diane Rose
Diane Rose Ministries'
National Center for Economic
and Enterprise Development

To: New York City Council's Committee on Transportation and Infrastructure, The Committee on Mental Health, Disability and Addiction, and The Committee on Aging

From: Michael Ring

Subject: Written Comments in Response to the New York City Council's Committee on Transportation and Infrastructure's Oversight Hearing on Friday February 24, 2023, at 10:00 a.m. Held Jointly With The Committee on Mental Health, Disability and Addiction, and The Committee on Aging – T2023-2970 Oversight – Access-A-Ride

Date: February 24, 2023

Thank you Chair Selvena N. Brooks-Powers, Chair Linda Lee and Chair Crystal Hudson for the opportunity to testify today before the New York City Council's Committee on Transportation and Infrastructure, the Committee on Mental Health, Disability and Addiction, and the Committee on Aging.

My name is Michael Ring, And I am a board member of Disabled In Action of Metropolitan New York and a member of the Transportation Committee for the Downstate New York ADAPT, a chapter of national ADAPT. I would like to ask everyone in this room to play a little mind game with me. Today is Friday. So, imagine if you had to decide on Wednesday or yesterday before 5:00 p.m. what time you wanted to get to work here and at what time you wanted to be picked up so you could go home. Doesn't that sound like it would be a little frustrating? You probably wouldn't be able to get your job done, because no one really knows what time they're going to finish up. Well, that's what Access-A-Ride users have to put up with if they want to go to work.

So, no. That doesn't work. That's why you don't see many people with disabilities in the workplace in New York City. You all know what happens when you're at work at 1 minute to 5:00 and you're in the middle of something important. You stay a little late. But that cannot happen if your Access-A-Ride vehicle is waiting for you outside; an inflexible system like Access-A-Ride means that New Yorkers with disabilities don't leave their houses to go to work.

But a few years ago, I got lucky and I was picked to be in a pilot program where I was able to book my rides in real time, similar to a system you're all familiar with, Uber. I could press a button on my phone when I'm ready to leave my house and I can be taken to work in an accessible vehicle. But more importantly when I'm ready to go home I can press the same button and get picked up. I don't have to decide 24 hours in advance when I want to go home. Just like everyone else in this room I can go home when I'm ready to go home. Also, I don't always know where I'm going to be when I'm ready to go home. It's not unusual for people to have an off-site meeting or go out for a drink after work. I'm sure everyone in this room has done something like that. That's what makes you a good employee. New Yorkers who rely on Access-A-Ride cannot do that.

But wait, did I say I was lucky to get in this program? Luck had nothing to do with this. I was not randomly selected. I was told about this program by a friend of mine who was actually a paralympian. Not your run-of-the-mill person with a disability. Other people in this room are also in the program. They are disability rights activists, self-advocacy specialists, and MTA staff. We are the movers and shakers of the disability rights community. People that already have full-time jobs. I didn't get this because I was lucky. I got it because I asked for it and so did some of the other people who got into this program.

So, just before Covid, we were told this program would be changed because we were using it too much and it cost too much money. Well of course we use it. It works. We get to go to work. We get to go home when it's time to go home instead of when we decided the day before. Just like everyone else who goes to work. We were told the program was going to change to limit the amount of money a ride could cost and the quantity of rides we can take in a month. These limits would have made it useless for anyone who worked 5 days a week. Also, our rides save the MTA money compared to regular Access-A-Ride. We get picked up by TLC vehicles that are already driving around anyway and we get picked up by the nearest vehicle when we request one as opposed to Access-A-Ride that sends out vehicles with a predetermined manifest that leads them to drive all over the city

Now we are hearing again that the pilot program is going to go into phase B and we are all hoping it will not become something useless. Putting caps on the distance of a ride and the quantity of rides one could take will make this program useless.

I urge the people in this room to direct the MTA to add people to the pilot program. And not the people who've been banging down their door asking to be put into it because it works great. But they should add a random sample of Access-A-Ride users. That would give them actual data on how an on-demand program works and how much it would cost.

Thank you.

Very truly yours,

Michael Ring
Board Member of Disabled In Action
Member, Transportation Committee, Downstate New York ADAPT
Email address: michaelring26.2@gmail.com

To: New York City Council's Committee on Transportation and Infrastructure, The Committee on Mental Health, Disability and Addiction, and The Committee on Aging

From: Kathleen M. Collins

Subject: Written Comments in Response to the New York City Council's Committee on Transportation and Infrastructure's, Oversight Hearing on Friday February 24, 2023, at 10:00 a.m. Held Jointly With The Committee on Mental Health, Disability and Addiction, and The Committee on Aging – T2023-2970 Oversight – Access-A-Ride

Date: February 24, 2023

Thank you Chair Selvena N. Brooks-Powers, Chair Linda Lee and Chair Crystal Hudson for the opportunity to testify today before the New York City Council's Committee on Transportation and Infrastructure, the Committee on Mental Health, Disability and Addiction, and the Committee on Aging. My name is Kathleen Collins and I am a Co-Coordinator for Downstate New York ADAPT, and on the Board of Disabled In Action of Metropolitan, New York. Both organizations are composed of people with all types of disabilities advocating for the civil rights of all New Yorkers with disabilities, including, but not limited to, the right to live and fully participate in the larger community. I reside in Manhattan and have lived my entire life in New York City as a New Yorker with a disability.

Under the law, New Yorkers with disabilities are required to be provided with paratransit¹ service comparable to the level of service provided to individuals without disabilities who use the fixed route system. 49 C.F.R. 37.121. Let's do a comparison.

First, let's address flexibility in scheduling a trip. Most New Yorkers can decide to take a bus or subway a few minutes before they take a trip. In contrast, Access-A-Ride is not flexible - you must book your trip no later than 5 p.m. the day before. Thus, you cannot use it if your work hours change from day to day, if you get sick at 7 p.m. and need to see a doctor the next day, or if your friends call up today and say let's go out to dinner tonight.

Second, let's examine reliability. Yes, there are times there are delays in the subway and yes, buses do go out of service, but the majority of the time you can get to your appointment on time using a bus or subway. In contrast, with Access-A-Ride, you can be picked up earlier than you scheduled pickup time, later than your pickup time or not at all. Thus, I never used Access-A-Ride while working because Access-A-Ride was not reliable nor flexible, two things I needed to work as a lawyer. I calculated that it cost me about \$400,000 to travel only to and from work over 20 years. I lived and worked in Manhattan.

¹ "Paratransit means comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems." 49 C.F.R. §37.3.

The last eleven years of my working career, my office changed to somewhere close enough to my apartment that I was fortunate enough to have someone push me to and from my office which saved me about \$100,000.

Third, let's examine safety. Bus drivers and subway personnel must be able to understand and be understood in English to perform the duties and responsibilities of the position. Additionally, bus drivers and subway engineers receive training from the MTA. Further, they are New York City Transit Authority employees. In comparison, Access-A-Ride drivers are not employees of the New York City Transit Authority and do not receive the same training, if any training.

Riding with Access-A-Ride is unsafe for many customers since you can be dropped off in the street and in traffic. If you are a customer with low vision or who are blind, your driver may leave without you knowing he was there because the driver did not call out to you and assist you to the vehicle. If you are a customer who uses a wheelchair, and a black car or taxi picks you up, you more than likely will not be provided with a seatbelt, and shoulder belt and sometimes not all the wheelchair securement devices will be operational.

Before the pandemic I specifically testified at an MTA meeting about the systemic lack of seatbelts and shoulder belts in broker vehicles. However, there has been very little improvement despite the fact that in New York State every occupant in a vehicle must wear a seatbelt and shoulder belt. N.Y.S. Vehicle & Traffic Law §1229-c.

Further, unlike the direct employees of the New York City Transit Authority, the drivers who are working for the black cars and taxis, which provide approximately 70% of the rides to Access-A-Ride customers do not need to speak or understand English which is putting my and other Access-A-Ride customers' safety in jeopardy when we cannot communicate with the driver. In my case, I cannot even resort to hand gestures. This is unacceptable.

In sum, my testimony and the testimony of many others demonstrate that we, New York voters and taxpayers with disabilities are not receiving transportation services comparable to New Yorkers without disabilities. This needs to be corrected NOW. Please review the testimony submitted by Disabled In Action, Downstate New York ADAPT and other disability organizations. Thank you.

Very truly yours,
Kathleen M. Collins,
Email address: kclawprof2@gmail.com

Downstate New York



Downstate New York ADAPT
Website: dnyadapt.com



To: New York City Council's Committee on Transportation and Infrastructure, The Committee on Mental Health, Disability and Addiction, and The Committee on Aging

From: Downstate New York ADAPT & the Greater New York Council of the Blind, a Chapter of the American Council of the Blind of New York State

Subject: Written Comments in Response to the New York City Council's Committee on Transportation and Infrastructure's, Oversight Hearing on Friday February 24, 2023, at 10:00 a.m. Held Jointly With The Committee on Mental Health, Disability and Addiction, and The Committee on Aging – T2023-2970 Oversight – Access-A-Ride

Date: February 24, 2023

Downstate New York ADAPT ("DNY ADAPT") is a grass roots, non-hierarchical community of people with all types of disabilities advocating for the civil rights of people with disabilities, including, but not limited to, the right to live and fully participate in the larger community. Downstate New York ADAPT covers the five counties in New York City, the two counties on Long Island as well as Westchester, Dutchess, Orange, Rockland, Putnam, Ulster and Sullivan counties in New York State.

The Greater New York Council of the Blind ("GNYCB") is a chapter of the American Council of the Blind of New York State ("ACBNY") which is a nationwide member - driven advocacy organization that strives to increase the security, independence, economic opportunity, and quality of life for people who are blind and experiencing vision loss.

Downstate New York ADAPT and the Greater New York Council of the Blind submit these comments in response to the New York City Council's Committee on Transportation and Infrastructure's, Committee on Mental Health, Disabilities and Addiction's and the Committee on Aging's Oversight Hearing on Access-A-Ride that is being held at 10:00 a.m. on Friday, February 24, 2023.

Everyone agrees that accessible, affordable, reliable, and safe transportation that a New Yorker can use 24 hours a day, seven days a week, with little or no pre-planning is essential to live a full life in New York City. Here we are again, many of us here today spoke to members of a

previous City Council about Access-A-Ride either in 2018 or 2019. Unlike our fellow New Yorkers, New Yorkers with disabilities who must rely on Access-A-Ride and who are not on the demand pilot program¹ cannot decide anytime during the day to change their scheduled pickup time to do anything, such as to get to a hospital, go out to a business dinner with a client, meet up with a friend, work past their pickup time scheduled before 5 p.m. the day before, or do anything requiring the services of Access-A-Ride that was not scheduled by 5 p.m. the previous day. Besides not being flexible, Access-A-Ride customers also encounter uncertainty with respect to their safety and their ability to even get to their destination at all, let alone on time.

Addressing safety, Access-A-Ride customers who use wheelchairs are not guaranteed that the vehicle sent has working securement devices at all four points for their wheelchairs, nor lap safety belts and shoulder harness belts available to wear, a clear violation of law. Moreover, Access-A-Ride customers who have low vision or who are blind are placed at risk of being injured or killed since drivers assigned to pick them up consistently fail to call out to the customer and assist them to the vehicle even though they are required to do this. Further, many times the drivers drop off customers who are blind or have low vision anywhere in the street instead of escorting the customer to the sidewalk and their actual drop off location.

¹ Those who are part of the demand pilot program experience a long wait for vehicles during peak demand times for vehicles and can end up being forced to scramble for another alternative or wait.

Significantly, to work for the MTA "[y]ou must [at least] be able to understand and be understood in English" and for some positions "[y]ou must be able to understand and be understood in English to perform the duties and responsibilities of the position. See, <https://new.mta.info/careers/upcoming-exam-dates> and <https://new.mta.info/careers> In stark contrast, the people who drive 70 percent of New Yorkers with disabilities are taxi drivers and black car brokers who are **not** required to speak English, despite the fact that the need by customers of Access-A-Ride to communicate quickly safety issues to a driver can mean the difference between being injured or not. So too, we cannot ask a driver to drop us off at the location closest to our destination or near a crosswalk when the driver does not understand what we are requesting. This has resulted in our being dropped off in dangerous areas such as in traffic and on busy avenues, placing us in danger of being injured or killed. Further, Access-A-Ride customers with speech and/or hearing disabilities are further disadvantaged when the driver cannot speak or understand English.

Apparently, the MTA's position is that its Access-A-Ride customer does not deserve the same caliber of driver that other New Yorkers who travel on MTA's buses, subways and trains deserve even though the law requires "[e]ach public entity operating a fixed route system² shall

² *Fixed route system* means a system of transporting individuals (other than by aircraft), including the provision of designated public transportation service by public entities and the provision of transportation service by private entities, including, but not limited to, specified public transportation service, on which

provide paratransit³ or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system. 49 C.F.R. 37.121. Significantly, it is "considered discrimination" for a public entity which operates⁴ a fixed route system, such as the New York City Transit Authority:

"[T]o fail to provide with respect to the operations of its fixed route system, in accordance with this section, paratransit and other special transportation services to individuals with disabilities, including individuals who use wheelchairs, that are sufficient to provide to such individuals a level of service (1) which is comparable to the level of designated public transportation⁵ services provided to individuals without disabilities using such

a vehicle is operated along a prescribed route according to a fixed schedule. 49 C.F.R. §37.3.

³ "Paratransit means comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems." 49 C.F.R. §37.3.

⁴ "The term 'operates' as used with respect to a fixed route or demand responsive system, includes operation of such system by a person under a contractual or other arrangement or relationship with a public entity. 42 U.S.C. §12141(4).

⁵ "The term 'designated public transportation' means transportation (other than public school transportation) by bus, rail, or any other conveyance (other than transportation by aircraft or intercity or commuter rail transportation (as defined in section 12161 of this title)) that provides the general public with general or special service (including charter service) on a regular and continuing basis." 42 U.S.C. §12141(2).

system; or (2) in the case of response time, which is comparable, to the extent practicable, to the level of designated public transportation services provided to individuals without disabilities using such system." 42 U.S.C. §12143(a).

In the case of Access-A-Ride customers, we are picked up at times twenty minutes, thirty minutes or an hour before our scheduled pickup time. There are times when this has occurred, and the driver refuses to wait to the designated scheduled time and decides to leave despite the fact that the Access-A-Ride rules state that the customer does not have to be ready until the designated scheduled pickup time. Other times, we are picked up on time, but then driven to several locations and dropped off late, missing important appointments and events. Then, There are times we are picked up at the scheduled pickup time, but the time scheduled by Access-A-Ride is so early that we arrive at the destination more than 30 minutes before our appointment. The scheduling of rides is very poor and does result in customers arriving an hour before the time requested to arrive. If the destination is not open yet, the Access-A-Ride customer is literally left out in the cold and having to find a place to stay warm until the appointment time when the location opens.

Similarly, other Access-A-Ride customers worry about the ride coming so late that the place where they are waiting to be picked up from will close and they will have to wait outside. In this case, the Access-A-Ride customer cannot leave the location and must remain outside until the vehicle shows up.

Additionally, there are the times that the driver or dispatcher claim we are a "no show" even though we have been sitting and waiting past the scheduled pickup time for Access-A-Ride to arrive. Additionally, there are times when thirty minutes after our scheduled pickups, we call and are told by Access-A-Ride or the contractor they are still "looking" for a car to pick us up even though they had more than twenty-four hours' notice of our pickup time even though Access-A-Ride chose the time for our pickup. Access-A-Ride nor the contractor reach out to let us know there is a delay; instead, we are required to be proactive and contact Access-A-Ride, the contractor or both to inquiry about the vehicle now late. Moreover, after we contact and inform them of their delay, most times, neither Access-A-Ride nor the contractor are proactive in giving us updates on what is happening, instead we have to continue contacting them for updates.

Another problem Access-A-Ride customers' face is that they cannot receive a taxi authorization to go between boroughs in advance. An Access-A-Ride customer can only receive a taxi authorization to go between boroughs when an Access-A-Ride vehicle does not show up.

In sum, we, New Yorkers with disabilities who unfortunately have to rely on Access-A-Ride have no control over our commute even though we pay taxes and vote. We live in fear of being stranded, missing important health appointments, once in a life-time family events, and even being injured or killed. We weigh how necessary is this trip to my physical and mental health

and try to avoid taking Access-A-Ride. This is no way to make any New Yorker live.

The MTA's and the New York City Transit Authority's complete failure to provide New Yorkers with disabilities the same level of service that is safe, reliable, affordable and spontaneous as that available to other New Yorkers is discrimination and a violation of our civil rights and can no longer be tolerated. Now is time for you, our representatives that we have supported and voted into office, represent us, New Yorkers with disabilities, the largest minority so we do not have to be rehashing this again next year.

Thank you for this opportunity to submit comments on this very important matter.

Very truly yours,

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Making New York a better place to age

New York City Council
Committee on Transportation and Infrastructure
Chair, Selvena Brooks-Powers
Committee on Aging
Chair, Crystal Hudson
Committee on Mental Health, Disabilities and Addiction
Chair, Linda Lee
February 24, 2023
Oversight - Access-A-Ride

My name is Brianna Paden-Williams and I am the Communications and Policy Associate at LiveOn NY. Thank you for the opportunity to testify.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, such as older adult centers, home-delivered meals, affordable senior housing, NORCs, and home care. LiveOn NY is also home to the Reframing Aging NYC Initiative, part of the national Reframing Aging Initiative aimed to counteract ageism and improve the way policymakers, stakeholders, and the public think about aging and older people. With our members, we work to make New York a better place to age.

Background

Age friendly transportation is a key element of allowing older adults to age in community and thrive in our city. With a 65% customer satisfaction rating in the most recent MTA customer satisfaction survey, Access-A-Ride is not meeting the needs of its users. We have also heard complaints from our providers whose clients rely on Access-A-Ride to get to and from their centers. Through our network, we've seen the importance of transportation as a top concern for older New Yorkers and one's ability to access reliable and safe transit. And yet, we know that for many older adults who live in transit deserts getting to doctors' appointments, going grocery shopping, or taking advantage of the City's resources including Older Adult Centers is a constant challenge.

Furthermore, our members have reported fundamental issues with Access-A-Ride program reliability, timeliness, and ease of use. We have heard reports that older adults have arrived hours late to programming at older adult centers, fully missing the programs that they intended on attending. We have also heard that cars did not arrive when called and required multiple calls from the older adult and center staff to book another car, which stranded the older adult at the center with no way to return home until hours later. Issues like these undermine the purpose of a program meant to reliably transport people who cannot access traditional public transportation.

Creating a robust and completely accessible public transportation system is just one part of turning NYC into an age friendly city. Looking ahead we should incorporate universal design principles in all



Making New York a better place to age

elements of our built environment to remove travel barriers to those with limited mobility.

Recommendations

Firstly, we invite the City to utilize our aging policy agenda, [*Aging is Everyone's Business*](#), released by LiveOn NY in partnership with Hunter College Brookdale Center for Healthy Aging, which is a bold policy agenda that provides actionable policy solutions, including transportation, to make New York a better, more equitable place to age.

Second, in order to address these challenges and created long-term solutions to improve access to transportation for older adults, LiveOn NY recommends the following:

The City should partner with the state to make our public transit system truly accessible for all New Yorkers through the installation of elevators and ramps at all subway stations throughout the city. We applaud the recent announcement by the MTA to install new elevators and ADA enhancements at MTA stations. Currently, only one in four New York City subway stations have elevators, ramps, or other accessible entrances, rendering most inaccessible for people who use assistive devices. The expansion of new elevators and enhancements is a step forward to ensure transportation is accessible for all New Yorkers including older adults and people living with a disability. Nonetheless, we know there is more work to be done. We encourage the City to continue to work with the State and agencies to remove one of the largest barriers of use for many older adults and New Yorkers with limited mobility.

Increase investments in the reliability and speed of bus services. The city's bus service is already accessible and reaches every corner of the city, however reliability issues and slow bus service times can discourage use. The city must invest in reducing bus headways and creating reliable routes free of traffic.

Expand and increase investment for the Metropolitan Transit Authority's Paratransit E-Hail program, which uses the city's fleet of taxis to allow older adults and others with mobility impairments to get around. Given the divergent experiences between traditional Access-A-Ride and the E-hail program, expanding on-demand E-hail, and establishing its permanency, should be a priority for the City and the agency.

Improve real time reporting of elevator and escalator outages and prioritizing timely repair. Reliably planning travel is a key component of effective public transportation. Without clear notifications of outages and adequate confidence that elevators and escalators will be repaired in a timely manner, public transit can become a non-option for people who would otherwise choose to use it.

LiveOn NY encourages the City to adopt universal design principles in all repairs and reconstructions of streets and other public spaces. Universal design makes the city a better place for everyone. For example, curb cuts not only help people who move around using a walker, but also parents pushing strollers and tourists pulling wheeled suitcases.



Making New York a better place to age

Thank you for the opportunity to testify.

Testimony provided by Brianna Paden-Williams, Communications and Policy Associate at LiveOn NY For questions, please email bpaden-williams@liveon-ny.org

LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.

LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.



TESTIMONY FOR A HEARING ON:

ACCESS-A-RIDE OVERSIGHT

PRESENTED BEFORE:

THE NEW YORK CITY COUNCIL COMMITTEE ON TRANSPORTATION AND
INFRASTRUCTURE
SELVENA N. BROOKS-POWERS, CHAIR

THE NEW YORK CITY COUNCIL COMMITTEE ON MENTAL HEALTH, DISABILITIES,
AND ADDICTION
LINDA LEE, CHAIR

THE NEW YORK CITY COUNCIL COMMITTEE ON AGING
CRYSTAL HUDSON, CHAIR

PRESENTED BY:

DANIEL A. ROSS
SENIOR STAFF ATTORNEY
MOBILIZATION FOR JUSTICE, INC.

FEBRUARY 24, 2023

MOBILIZATION FOR JUSTICE, INC.

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I. Introduction

Mobilization for Justice’s (MFJ) mission is to achieve justice for all. MFJ prioritizes the needs of people who are low-income, disenfranchised, or have disabilities as they struggle to overcome the effects of social injustice and systemic racism. We provide the highest-quality free, direct civil legal assistance, conduct community education and build partnerships, engage in policy advocacy, and bring impact litigation. MFJ also promotes diversity, equity, and inclusion in our workplace, and understands the need to eliminate all racial disparities to achieve justice for all.

Since 2012, Mobilization for Justice has advised and represented in administrative appeals hearings and Article 78 proceedings individuals who have applied for and been denied Access-A-Ride (AAR) service. Based on clients’ experiences challenging improper eligibility determinations, we filed a class action lawsuit against the New York City Transit Authority (NYCTA) for denying due process to Access-A-Ride applicants and recipients. In 2016, we settled that case with NYCTA agreeing to revise its application denial and appeal process, providing case-specific rationale for its decisions, providing access to individuals’ records to help them correct assessors’ mistakes, and providing continuing eligibility to people whose AAR was terminated, pending the appeal decision. In 2020, we, with New York Lawyers for the Public Interest, worked with NYCTA and the Human Resources Administration to enable low-income New Yorkers to use Fair Fares on Access-A-Ride. We currently represent plaintiffs in a putative class action challenging NYCTA’s exclusion of AAR riders from its fare discount programs. If successful, this lawsuit would allow people with disabilities to have access to the discount programs people use on subways and buses, such as the 30-day unlimited and senior reduced fare discounts, when they use AAR.

MFJ also participates in non-litigation advocacy to improve AAR with its partners—Brooklyn Center for Independence of the Disabled, Center for Independence of the Disabled – New York, and New York Lawyers for the Public Interest—in AARRG!, the Access-A-Ride Reform Group.

II. Key Recommendations

MFJ suggests the following measures to improve paratransit service for New York City residents, as more fully set forth below:

- 1. Fund Access-A-Ride’s on-demand service.** NYCTA’s pilot for 1,200 AAR users demonstrates that on-demand service changes lives. The program allows participants to get around the city with the same flexibility as all other transit riders have always enjoyed. On average, on-demand service costs half what traditional AAR trips cost, so it’s an efficient use of funds. But because traditional AAR’s bad service suppressed demand and this program allows people who are excluded from the bus and subway to get where they need to go, riders use it more. The City should contribute to save and expand this life-changing program.
- 2. Demand accountability for poor performance.** NYCTA sets unreasonably low performance metrics for its paratransit service, and then touts its “success.” The City

should require meaningful and transparent data reporting that acknowledges the reality AAR users experience.

III. On-Demand service changes lives and must be funded

AAR requires passengers to make trip reservations at least a day in advance. That means riders have no way to make same-day plans. If a rider plans a trip in advance and then those plans change, the rider is penalized for a late cancellation (less than two hours prior to pick-up). Decades ago, when paratransit vehicle dispatch routing was planned by hand, that inflexibility was a necessary evil. It's now an archaic barrier to inclusion in the life of the city.

The roughly 170,000 people with disabilities who must rely on AAR for transportation—including tens of thousands of seniors—cannot get everywhere they need to go relying on AAR as it is. Pick-ups are scheduled unreasonably early, actual pick-ups are generally late, trips are circuitous and often result in a tour-of-the-boroughs. The unemployment rate for people with disabilities is almost 30 percent, and transportation is cited as one of the main barriers to employment. AAR's unreliability and inefficiency robs New Yorkers of their livelihood and reduces the City's tax revenue.

The on-demand program has revolutionized travel for 1,200 pilot participants who are excluded from buses and subways because of their disabilities. The pilot allows these riders to work late without advance planning, to accept a last-minute social invitation, or to make an emergency medical appointment. On-demand service provides flexibility and independence to AAR riders. And it's not just good for riders: the average cost per trip is half what traditional AAR service costs. The pilot, which relies primarily on medallion taxis to provide the service, has also provided needed income for taxi drivers when that industry has been hurt by companies like Uber and Lyft and the pandemic-era reduction in taxi riders in Manhattan's Central Business District.

The on-demand program began slowly at the end of 2017 and ridership increased over the course of 2018 before reaching its peak in the summer of 2019, when riders averaged 28 rides per month—still less than one ride per day. That year—the year of the highest ridership—the program cost less than \$16.5 million, including thousands of “on demand” rescue trips for non-pilot participants who were stranded by traditional AAR service.

The unqualified success of the on-demand pilot must be expanded. It is a life-changer for individuals and a game-changer for the City, improving access to employment, education, health care, and social and cultural integration for people with disabilities. But the future of that pilot is uncertain. NYCTA is concerned that, if it made on-demand service available to all AAR users, those riders might start taking as many trips as other transit riders. Before the pandemic, NYCTA announced changes that would have essentially ended the pilot's usefulness by drastically restricting the number of rides and the distance of those rides so that it could only be used rarely, mostly for trips within a neighborhood.¹ Thankfully, that plan has not been implemented, but NYCTA has signaled that a new plan for “phase two” is coming this spring.

¹ The proposed restrictions limited pilot participants to only 16 one-way trips per month, with a cost to the MTA of up to only \$15 on the meter for each of those trips, limiting a trip length to only two or three miles.

We support a second phase of the pilot that expands the number of participants, both so that more riders can experience life-changing service and so that NYCTA can learn how a true cross-section of AAR riders would use the on-demand service. That means adding users in neighborhoods across the city, of different ages and with different travel needs. However, we oppose rationing this life-changing service. The second phase of a pilot without limits will allow NYCTA and State and City officials to make accurate cost projections for future expansions of this life-changing service. Imposing restrictions on the number of trips and their cost at this stage will only measure how people with disabilities choose to navigate artificial transit scarcity not imposed on other New Yorkers.

We think NYCTA's cost fears are overblown. The original 1,200 pilot participants were first-in-line, highly motivated users. That means the cost of the current pilot per user is probably higher than the cost per user for a representative sample of users. While we expect current high users' demand to stay relatively constant, we expect the new, representative sample of pilot participants will use the program less, because it will include many low-ridership users.

NYCTA agrees with us that the future of paratransit is primarily on-demand. Our proposal is an affordable step toward that better, more equitable future in which New Yorkers with disabilities have equal access to employment, education, health care, and social and civic life. We urge the City to fund the continuation of on-demand service without NYCTA's proposed trip rationing. We do not ration the use of the subways and buses, and we should not treat people with disabilities differently than other transit users.

IV. NYCTA must provide accurate and meaningful performance data

NYCTA has recently touted its on-time performance and customer satisfaction. When we look at AAR's performance, we do not see cause for celebration. We see a system that fails to get customers where they need to go when they need to be there, that causes lost employment opportunities for customers, wasted appointment slots at medical and other offices, and lost tax revenue for the City and State as a result, and more broadly, we see a system designed to discourage use of this essential service. Indeed, that design is so successful that in a given year, roughly half of people approved for AAR do not use the service. To obfuscate its poor performance, the MTA grades AAR on a special scale, far more generous than the metrics the agency uses for bus and subway service.

On-Time Performance

On the subway, the MTA measures on-time performance as the percent of trains that reach their terminus within five minutes of their scheduled arrival. On AAR, the MTA measures on-time performance by picking up or dropping off customers within a half hour of the scheduled time. The extra 25-minute cushion unreasonably inflates AAR's on-time performance. Even with the 30-minute window, AAR does not strive to meet 100% on-time performance. Instead, the agency sets the bar lower, at 94 percent. Amazingly, even then, it regularly falls short. Broker service, which provides nearly 65 percent of AAR trips, failed to meet that monthly benchmark more than half the time in 2022. The poor performance is even more stark when measuring on-time

performance with a 15-minute grace period. NYCTA reduces the goal to only 85 percent of trips being less than 15 minutes late and it consistently misses the mark. In fact, broker service failed to meet that lackluster goal in every month of 2022. The traditional blue-and-white AAR vehicles performed a little better, but reached 90 percent of trips within the 15-minute grace period for only one month in 2022.

Some AAR customers choose to schedule their travel based on drop-off time rather than pickup time, in hopes that they will not miss important appointments. Yet, roughly one in 10 appointment-time trips are still late. But that does not measure the full picture of poor performance. Roughly one in five appointment-time trips drop off passengers more than 45 minutes early. Sometimes this means AAR users get up before dawn for the privilege of being left out in the cold, or the heat, or the rain, long before the place they are going to has opened. This is not merely a gross inconvenience, but is a risk to the person’s health and safety.

Trip Length

NYCTA is also generous to itself when measuring trip length. On buses and subways, NYCTA measures how many riders experience trips more than 5 minutes longer than scheduled. On AAR, NYCTA measures how many riders experienced trips 25, 50, 200, and more than 200 percent longer than anticipated. NYCTA has also generously inflated its maximum allowable trip length. Federal law requires transit authorities to offer paratransit service comparable to its fixed route service. That means total trip times must also be comparable. But they aren’t. NYCTA set its maximum acceptable trip length for AAR several times longer than a comparable trip on the subway. Below are the benchmarks for maximum trip length AAR uses:

Trip distance (in miles)	Maximum scheduled time
Up to 3	50 minutes
>3 to 6	1 hour and 5 minutes
>6 to 9	1 hour and 35 minutes
>9 to 12	1 hour and 55 minutes
>12 to 14	2 hours and 15 minutes
>14	2 hours and 35 minutes

If NYCTA President Richard Davey wanted to watch a Yankees-Red Sox game after work one night this spring, his trip from MTA headquarters at 2 Broadway to Yankee Stadium would take 32 minutes door-to-door on the train. On AAR, NYCTA would allow two hours and 15 minutes—more than four times as long. Even then, on trips of that length, NYCTA is missing its target once in every 50 trips. AAR maximum trip times are excessive even on much longer trips without direct subway connections. For example, a trip from the Queens Public Library branch in Rosedale to Times Square takes unreasonably longer on AAR than using fixed-route service. That trip would take about an hour and a half using a combination of the bus and subway. On AAR, it could take more than two and half hours.

The bottom line is that AAR is failing to deliver comparable service. NYCTA's performance benchmarks for AAR demonstrate what AAR customers already know: they are second-class citizens in our transit system.

V. Conclusion

Mobilization for Justice thanks the Committee on Transportation and Infrastructure, the Committee on Mental Health, Disabilities, and Addiction, and the Committee on Aging for holding this hearing. We are committed to helping the City and the New York City Transit Authority improve AAR, which provides critical transportation services to disabled and older New Yorkers that allows them to live healthy, rewarding lives integrated into the social fabric of the city we all call home.

New York City Council
Oversight Hearing Access A Ride (AAR)
February 24, 2023
Jointly Held by:
Committees on Transportation and Infrastructure
Committee on Aging
Committee on Mental Health, Disabilities and Addiction

Written Testimony of Marc Safman, CoFounder New York DeafBlind Advocates

1. As Is, Access A Ride (AAR) is ineffective, inefficient and supports institutionalized casual discrimination against DeafBlind New Yorkers.
2. My name is Marc Safman. I am DeafBlind. I reside in D22, CM Tiffany Caban. In 2021, I helped start New York DeafBlind Advocates. We are an informal group of New Yorkers living with deafblindness. The New York City area has one of the state's largest concentrations of deafblind. Blind groups do not represent our community. They are afraid of us because we don't hear. Deaf groups do not represent our community. They are afraid of us because we can't see. Deafblindness is a combined hearing and vision challenge. A 2020 Texas Governor's Commission on People with Disabilities report indicated there are approximately 70000 DeafBlind in America.¹
3. I thank you for the opportunity to present my own experiences with the Access A Ride (AAR) program. I will also add a few things that I have learned from members of our community.
4. I was declared legally blind in 2011. I went out to Helen Keller and they told me about the MTA reduced fare card. They did not mention Access A Ride. Getting a reduced farecard based on disability was easy. All I had to do was walk into the MTA customer service center at Stone Street, take a number and wait for my turn. I filled out the application on the spot. I showed them my legally blind document. I waited some more. They took my snap and then gave me a temporary card. MTA staff told me I would receive my card in a few weeks. No appointment. I picked a date and just walked in. MTA staff took all of five minutes to review the document. Hand it back to me.
5. I contrast this simple incredibly pleasant experience with the nightmare that is Access A Ride. Using the phone is really hard with speech to text services, especially when you have a voice menu to deal with. Once I finally got to a human, I had to repeat I was deafblind multiple times. The person kept asking if I meant blind. Once over that hurdle, they refused to tell me when the appointment was scheduled for. They said it would be mailed to me. I looked at the paper when it finally arrived. I was amazed they needed all that documentation and expected me to drop everything in order to meet their schedule. I did not bother keeping the appointment. It was set well into the future. In short it seemed

¹ According to the Helen Keller National Center (HKNC), approximately 70,000 people in the United States are DeafBlind. | <https://gov.texas.gov/uploads/files/organization/disabilities/GCPD-SSP-CN-Report-2020.pdf> , Page 6

like a big hassle. When someone mentioned the Access A Ride MetroCard provided free rides, I decided to try again. I experienced the same appointment will be mailed to you. It was again well into the future.

6. Key takeaway is that AAR onboarding should be merged with the MTA operations. If MTA staff can process disability related reduced fare cards on a walk up basis with simple documentation –why is AAR so complicated and lacks a customer friendly approach? Why am I made to feel like a criminal? Given the MTA’s budget problems, merging AAR with MTA’s reduced fare card operations would save a lot of money and improve customer experience.
7. AAR’s recertification process sounds offensive. Why haven’t they been able to set out guidelines that identifies from day 1 permanent disabilities versus temporary challenges that a person is expected to recover from. Why do programs meant to help disabled persons end up making them feel like criminals?
8. I have become more familiar with AAR problems being involved with the deafblind community. After a great 2021 Deafblind social event, I learned a few days later that AAR had stranded a group of our senior citizens on the streets for hours.
9. These are comments from people in our community about AAR:
10. drivers not being able to effectively communicate in English-- many times drivers don't write English. People have presented notes for a driver and they give non-verbal response, e.g., nodding their head when I ask a question and expect the answer.
11. Even though people requested the AAR van that has distinctive shape and markings that make them easier to identify, AAR sends vehicles lacking distinct markings.
12. drivers are not aware a person is deafblind and they drive away because the person doesn't see or hear the van.
13. When we had to show up at AAR place. They didn't provide an interpreter. I told the front desk we were here to please approach us when our names were called. I think we had to wait for an hour. I notice people who came in later went first. I had to approach the front desk to ask why we were cut off. They never told us what happened and all sudden we were brought in and do the interview process.
14. Many times AAR drivers never show up at JFK or LGA. They frequently show up at wrong gate. It gets confusing because they run late.
15. AAR drivers routinely don’t understand how to communicate with deafblind. Voice calls to our community members instead of texts.

16. The problems with timeliness are well known. Last October someone nearly missed a flight because AAR had the date wrong. Only because there was a CoNavigator present did the person get it resolved.

Marc Safman
CoFounder New York DeafBlind Advocates
Astoria, NY.
February 26, 2023



**Jackson Chabot, Open Plans' Director of Advocacy and Organizing,
Access-A-Ride Hearing Testimony**

Feb. 24th, 2022

Good afternoon, my name is Jackson Chabot, and I am the Director of Advocacy and Organizing at Open Plans, an over 20-year-old non-profit dedicated to safe and livable streets. Part of having safe and livable streets is a dignified way to get around. For too long, New Yorkers with mobility impairments have been treated with substandard service and inhumanely by the MTA, NYCT, and Access-A-Ride.

Ahead of this hearing, advocates shared several universal concerns with me that I want to elevate:

1. In the current two-part Access-A-Ride system, the MTA doesn't want to talk about the **broker experience, which carries about 70% of riders, because it's so unpredictable and bad**. Many drivers do not know how to or want to secure wheelchairs and/or the person. It's NYS law that riders must use a seatbelt and shoulder harness, and some drivers don't want to help people.
2. **Riders have to arrange their trips one or two days in advance**. How do people know that they won't have to stay later at work, or how long a meeting or doctor's appointment or errand or shopping trip, or fun activity will last? They don't, but AAR will leave if passengers are more than 5 minutes late.
3. Drivers are required to call out and assist people who are blind and people with low vision. They must get out of their car and tell the person they are there and help them to and from the car. **They often do not call out and then drive off**.
4. Riders **have to endure long rides when they are frequently taken way out of their way to drop off and pick up other people**. For example, one advocate lives in Bay Ridge, and AAR would pick them up and take them to Sheepshead Bay, Marine Park, or Howard Beach on the way to Manhattan. Entirely out of the way.

All of these aspects are frustrating, discriminatory, and demeaning for passengers. On top of all that, riders report the complaint line is always backed up, only open from 9-5 M-F, and just takes 2 complaints at a time. People are too tired and too busy to complain about all the problems. Accountability is impossible if the systems in place do not facilitate it.

One advocate told me, "why is it ok to outsource transportation services for people with disabilities? They don't do that for the buses and subways. All transportation for people with disabilities except buses and subways are private, not NYCT."

In addition to the customer service issues noted above, we want to raise design, infrastructure, and enforcement points that could improve AAR. AAR vehicles can and should use dedicated bus lanes whenever they are available in order to speed up the aforementioned long rides. But

too often bus lanes are blocked by illegally parked vehicles, meaning that the benefits are erased. The City Council should pass a home rule resolution supporting state bill [S153](#) which would make the bus lane enforcement program more effective. Improving bus services through better bus lane enforcement is an equity issue and should be a priority for this Council.

Similarly, AAR users report issues with accessing the curb. When cars are parked bumper to bumper all along a block, users are forced to board and exit vehicles at the ends of blocks, often in the middle of the street meaning their experience is unsafe and difficult to access their actual location. Designated pick-up/drop-off zones would help to alleviate this issue. But those zones will not be effective if they are not enforced (and therefore become parking spots for private vehicles). This Council should support automated enforcement of the curb lane, something for which we will need permission from Albany.

We appreciate this hearing and urge you to take immediate action to ensure New Yorkers with mobility impairments can access mobility options.



PCAC

PERMANENT CITIZENS
ADVISORY COMMITTEE TO THE MTA

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**Testimony on Behalf of
Permanent Citizens Advisory Committee to the MTA (PCAC) to
NYC Council – Joint Committees
Oversight – Access-A-Ride
February 24, 2023**

Good morning Honorable Chairpersons and Members of the Committees:

My name is Liam Blank, and I am the Associate Director of the Permanent Citizens Advisory Committee to the MTA, an independent organization established by the State Legislature in 1981. As the coordinating body for three rider councils, our mission is to give subway, bus, and commuter rail riders a voice in the formulation and implementation of MTA policy, to hold the MTA Board and MTA management accountable to riders, and to advocate on their behalf, as we are doing today.

I am here to urge you to increase New York City's contribution to Access-A-Ride (AAR), a vital service for fellow New Yorkers with disabilities or health conditions that prevent them from using public buses and subways. AAR operates 24/7/365 within NYC's five boroughs and nearby areas of Nassau and Westchester counties, enabling disabled individuals to travel safely and reliably around the city, while also providing access to employment, education, and recreational opportunities, as well as critical health care and other appointments.

In recent years, the MTA has made several improvements to the program, such as introducing an on-demand e-hail service, expanding same-day and advanced reservation options, adding a mobile app reservation system, and reducing trip denials and no-shows. These efforts, along with better customer service and communication, and expanding the use of accessible taxis and for-hire vehicles, have increased customer satisfaction, reduced costs per trip, and enhanced mobility and independence for users. However, as its riders will tell you, the system is still far from perfect.

Therefore, it is crucial that AAR receives the funding it needs to provide safe and reliable transportation to our fellow New Yorkers with disabilities. Governor Hochul's proposed \$1.6 billion Executive Budget, which calls for the city to pay for the net operating expenses of the program—\$273 million in 2024—is a necessary step to ensure the continued operation of this vital service. Paratransit riders need your support to make this funding a reality.

We also urge you to support a proposed bill ([S20/A00923](#)) in the state legislature to add a paratransit user as a voting member on the MTA Board, in addition to giving votes to our three rider representatives. This will ensure that the needs of riders and people with disabilities are better represented in the MTA's decision-making processes, giving them not just a voice, but a vote.

As we collectively work to improve Access-A-Ride, we must also continue to make our entire transit system more accessible. The MTA's commitment to making 95% of subway stations accessible by 2055 is a good start, but it's not enough. We urge the city to provide additional funding and zoning incentives, like Zoning for Accessibility, to deliver accessibility upgrades on a faster timeline. We also believe there may be an opportunity to expand the ZfA program to consider bus stops and other bus-related improvements; it's something we're exploring in-depth and will come back to you and the city with more detailed recommendations.

You have an opportunity to make a real difference in the lives of our fellow New Yorkers and a chance to create a more just and inclusive city. We strongly encourage each of you to seize this opportunity.

Thank you for the opportunity to testify before you today.

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Alan Levine
President

Twyla Carter
*Attorney-in-Chief
Chief Executive Officer*

Aдриene L. Holder
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Civil Practice*

Testimony of
The Legal Aid Society

on

Oversight: Access-A-Ride

presented before

The New York City Council's Committee on Aging
And
Committee on Transportation and Infrastructure

Jeannine R. Cahill-Jackson
Supervising Attorney – Assigned Counsel Project
Bronx Neighborhood Office
Civil Practice
The Legal Aid Society

February 24, 2023

The Legal Aid Society appreciates the opportunity to comment on the subject of Access-A-Ride and thanks the Committees on Aging and Transportation and Infrastructure for convening this hearing.

WHO WE ARE

The Legal Aid Society is the oldest and largest not-for-profit public interest law firm in the United States, working on more than 300,000 individual legal matters annually for low-income New Yorkers with civil, criminal, and juvenile rights problems in addition to law reform representation that benefits all two million low-income children and adults in New York City. The Society delivers a full range of comprehensive legal services to low-income families and individuals in the City. Our Civil Practice has local neighborhood offices in all five boroughs, which include robust eviction defense practices with designated attorneys representing seniors in housing court in our Brooklyn and Bronx offices, along with centralized city-wide law reform, employment law, immigration law, health law, and homeless rights practices.

ACCESS-A-RIDE IS A VALUABLE RESOURCE AND SHOULD BE MADE MORE ACCESSIBLE FOR THOSE WHO NEED IT MOST

In our work with seniors and others living with disabilities (the riders), many are not able to travel via bus and subway and rely upon the services of Access-A-Ride. In our experience the individuals whom this service seeks to assist often struggle to access and utilize this form of transportation, leaving some of the most vulnerable and isolated New Yorkers unable to travel to access the services and assistance they need.

Through speaking with our clients, it has come to light that there are several issues which present great challenges to obtaining safe and accessible transportation. First, there can be long periods of the riders having to wait for the ride to pick them up causing them to have to wait outside for extended periods of time, exposed to the weather and possibly putting them at risk of crime, depending on the time of day and location they may need to

wait. It can also be very challenging for seniors, many of whom have a multitude of health challenges, to wait the hours it often takes for a ride to come after their appointment or court appearance. An outing can be mentally and physically draining on the senior and this effect is then compounded by the arduous wait and worry regarding how they can get home.

Even if the senior has somewhere they would wait indoors, this is often not advisable as it can be difficult for riders to get to the vehicle quickly enough, resulting in the driver leaving without them. There are additional time gaps created by the way the communication is handled between the rider, driver, and Access-A-Ride. Specifically, it is Access-a-Ride, not the driver that communicates timing and whereabouts to the senior leading to a delay in the relay of information, causing further challenge to the senior knowing when the ride will be there and getting down to the sidewalk in the allowable window of time.

This entire process is heavily reliant on phone communication, which is a source of stress for many seniors to ensure the phone is working properly, can hold a charge long enough and so on, as without a working phone, they may not be able to obtain their ride. Lastly, if they are not able to get to the ride in the allowable window or the driver makes a mistake on the address, there is no accommodation made such as the ride returning to pick up the senior or going to the proper address, rather the senior must restart the process of requesting a ride, which often results in an additional hour long wait period.

We recommend that the system is revisited to be more accessible to the population which it seeks to serve. The initial recommendations include shorter waiting times for pickup and more flexibility in the way the driver provides the senior with full opportunity to get to the ride through waiting longer for them and more direct communication between driver and rider. Lastly, the system should provide more support for the most vulnerable riders including adjustments should a mistake in address or timing occur.

Conclusion

Thank you very much for your review of our testimony and for the opportunity to comment as part of this oversight hearing and for considering how the Access-A-Ride service can best serve New York City's seniors and those living with disabilities.

For more information, please contact Jeannine Cahill-Jackson at
jcahilljackson@legal-aid.org.

From: Hans Anggraito <hanggraito@adaptcommunitynetwork.org>
Sent: Thursday, February 23, 2023 2:57 PM
To: Testimony
Cc: Peter Cobb; Shaniece Frank; Natasha Bryant; Hazel Barrow
Subject: [EXTERNAL] Written Testimony by Ms. Yshevia Sessoms for Joint Committee Meeting on AAR 2/24

To whom it may concern,

My name is Hans Anggraito, I'm a community specialist at ADAPT Community Network, a service provider organization for people with IDD. I'm writing on behalf of a person I support, Ms. Yshevia Sessoms. The following is her testimony for the Joint Committee Meeting on Access-a-Ride service to be held Friday, 2/24, at 10AM. Thank you for your consideration.

My name is Yshevia Sessoms from Brooklyn. I'm an Access-a-Ride user and I've been riding AAR since 2005. The main issue I'd like to bring up is lateness. Since the beginning of taking AAR, the driver is often times late by more than 30 minutes and they do not provide a courtesy call informing me of their lateness. In my experience, for every other pick-up time the driver had been late by more than 30 minutes. I can count about 5 times in recent years where the driver is significantly late that I had to miss my medical appointment. This is unacceptable because this means that my health could be affected by these missed appointments. Another issue related to the lateness is the lack of courtesy calls. In the wintertime, when the van is late and the agency would give me no warning, that means that I would have to wait in the cold to look out for the van, thus putting my health and safety at risk. I understand that there could be traffic and other unforeseen issues, but at the very least they should always provide courtesy calls, so I don't have to constantly be waiting outside during bad weather. Because of the lack of public transportation options for a motorized wheelchair user like myself, I depend on AAR for my daily transportation needs. Thank you for listening.

Hans Anggraito (he/him/his)
Community Specialist, Self-Advocacy.
5030 Broadway | New York, NY 10034

hanggraito@adaptcommunitynetwork.org
www.adaptcommunitynetwork.org
(formerly United Cerebral Palsy of New York City)



The mission of ADAPT Community Network is empowering people through innovative solutions, one person at a time.

From: aitisme2@aol.com
Sent: Thursday, February 23, 2023 2:24 PM
To: Testimony
Cc: Sandy11271@yahoo.com; Martin, William
Subject: [EXTERNAL] Accessoride/ Proposed Changes

The proposed changes do not take into account that some of the suggested locations are in the midst being of no where near a location that has shelter from the elements. (So-called safe street locations). Ofttimes there are just trees (which is where you don't want to stand in a serious storm). Additionally standing there, away from the security of the building that is structured with shelter means the use of an umbrella, cane, purse, and maybe a package because the accessoride vehicle can't enter thereby making the disabled more vulnerable .or easy prey. The city belongs to everyone, not just the young or able-body individuals.

Respectfully submitted,

Alfrieda Thompson

From: Anna Pakman <annapakman@gmail.com>
Sent: Tuesday, February 28, 2023 12:12 PM
To: Testimony
Subject: [EXTERNAL] NYC Council 2-24 Access-a-Ride Transportation Committee Hearing
Testimony

Dear Council Members,

I am writing to ask you to put in a requirement that Access-a-Ride offer a masks-required option for all riders who need it due to COVID-risk, and to bring back taxi reimbursements for all rides regardless of the origin and destination. Creating masked options would be akin to one's ability to request a vehicle with a lift, and would still give other riders who cannot or do not wish to mask the ability to book mask-optional rides.

People with disabilities have been one of the groups that have borne the disproportional cost of the ongoing COVID-19 pandemic. While it's the #3 cause of death for the general population, COVID has been the #1 cause of death for people with intellectual & developmental disabilities. Many of us in the disability community also have higher incidences of other secondary health conditions that further put us at higher risk of COVID.

As someone living with Cerebral Palsy, I have had to be exceptionally careful as COVID is not only the #1 cause of death but also comes with a 50% risk of developing Long COVID from each infection. Since the mask mandate was removed from transit, I have not been able to visit family and friends in other boroughs because traveling in a vehicle where others aren't masking is a major health risk for me. This should be considered a reasonable accommodation under the ADA and would be easy for NYCT to execute as they already provide other disability related modifications and accommodations.

I have been able to get around thanks only to individual Uber and Lyft drivers who agree to mask for my rides, made manageable by the ability to get a taxi reimbursement for same borough rides from Access-a-Ride. In 2020 and 2021, I was able to get taxi authorizations for rides between boroughs, though this option inexplicably went away last year. The average cost of these rides was lower still than what it costs the MTA to execute the same ride using main line Access-a-Ride service. Even with the privilege of being able to wait for reimbursements for several months, this requires a lot of legwork on my end to call Access-a-Ride to put in reservations and to submit paperwork for reimbursement after each ride. Can you imagine having to tell the MTA exactly where you're going by 5pm the day before and then have zero flexibility to travel somewhere else if same day plans change and you need to take the bus or subway? That is the reality disabled New Yorkers who rely on Access-a-Ride face, even in the best case.

Thank you,
Anna Pakman

From: Arturo Valbuena-M. <arjbvmc@gmail.com>
Sent: Thursday, February 23, 2023 8:26 AM
To: Testimony
Subject: [EXTERNAL] Oversight: Access-A-Ride

To Whom It May Cocern:

Please consider these impact factors by OpenStreets on disabled people like me.

1. Disabled people cannot enjoy the park in Jackson Heights because neither Access-A-Ride or private vehicles can access it because it is blocked by barricades.
2. I cannot visit my daughter easily because OS blocks the front of the building on 34th St where the access is along with one of the side streets, where there is not even "No standing" that would allow me to use my NYC HP tag.
3. OS makes it impossible for me to walk to my car because it is too far due to the reduction of parking spaces. If it was to be continued, perhaps dedicated HP parking should be provided on wasted space at the end of every block.

Thank you very much for listening to my plight and the plight of many others.

Arturo Valbuena-M.

From: Chris O'Brien <obrienc1963@yahoo.com>
Sent: Sunday, February 26, 2023 1:27 AM
To: Testimony
Subject: [EXTERNAL] Negative Impacts of Open Streets Program and their Barricades. d

The Open Streets program negatively, effects seniors and the disabled. Barricades are extremely, difficult for them to move to get to their homes and impede services for them. The Open Streets program is a hindrance to the Police, Ambulance, and Fire Department response times during emergencies. Additionally, Sanitation trucks have a difficult time maneuvering on Open streets.. The term Open Streets is misleading. This program impedes emergency vehicles and should be scaled back. A compromise should be made. Perhaps, only have Open Streets on a summer holiday. City government should focus more on making affordable housing not Open street programs. Thank you.

From: debperrin <debperrin@nyc.rr.com>
Sent: Wednesday, February 22, 2023 5:51 PM
To: Testimony
Subject: [EXTERNAL] Access-A-Ride on Open Street

I reside in Jackson Heights on 34th Avenue, one of the so-called "Open Streets". I am 72 and a dialysis patient. When I take Access-A-Ride to my dialysis center or to a doctor's appointment, I cannot get picked up in front of my building. If it is during the 7am to 8pm hours, on any day of the year, Access-A-Ride drivers will not move the barricades out of the way to get to my front door. I can only get picked up on the corner. Several times, I have come out on the 86th Street side of my building, where I live, only to find that the driver has stopped on the 87th Street side of the building and will not come around the block to get me because they have to go up to Northern Boulevard to get me. I use a cane to get around as I have neuropathy in my feet, so there are days when walking is painful. The Open Street isn't very open for me.

Regards,
Deborah Perrin

Jackson Heights, NY 11372

From: Stewart, Diana (ACS) <Diana.Stewart@acs.nyc.gov>

Sent: Sunday, February 26, 2023 5:34 PM

Subject: Testimony on Access-A-Ride

Testimony on Access-A-Ride

By Diana Stewart, dstewartlmsw@gmail.com,

Facts: It's the Law in the State of New York to "provide opportunities for the transportation disabled to participate fully in the economic, educational, recreational and cultural activities available to the rest of the population".

The current system of Access-A-Ride needs to enable the passenger to communicate clearly and respectfully with the driver. This is difficult when the driver does not clearly speak or understand English. Also, when during a courtesy call the driver says he is 1 minute away and then hangs up as the passenger attempts to determine exactly where he is, then twenty or 30 minutes go by and he does not pick up his phone, this undermines the communication. We users of Access-A-Ride often have a very difficult time waiting on the sidewalk for extended periods of time for vehicles that may not show up as indicated by the driver. Then there was the driver who locked me into the vehicle without informing me where he was going or when he would be back. This occurred near my surgeon's office on a hot day at 1 pm in the afternoon. I was unable to reach the front door to open it or even a window. I banged on the window and a passer by came over and was able to manipulate the front door lock through a tiny opening in order to let me out. I leaned against the vehicle to cool off. Eventually when the driver returned his first words to me were "How did you get out?" This is totally unacceptable. This driver should have been fired. I believe he may have been fined for his behavior but he should never be allowed to put future disabled persons at risk.

Thank you for the opportunity to express this concern. Diana Stewart, dstewartlmsw@gmail.com,

To: Transportation Infrastructure Committee

February 24, 2023

Good morning, Councilwoman Selvena Brooks-Powers

other councilpersons and the entire Committee:

Thanks for allowing to testify at this very important session.

My name is Fay D. Hill, I am a District Leader 31st Assembly District, Part B. The 31st Council District is part of my representation but I am here to testify on a personal and community basis.

I have been living in Springfield Gardens for over 46 years, I have seen our neighborhood being neglected for so long and treated as a stepchild. It has been a cry of disparity and injustice that are overwhelming. Living here in Springfield Gardens I had the hope of seeing improvement but no avail nothing has been done.

I am also here to testify on behalf of our seniors and retirees (which I am) who are now suffering from the lack of transportation wherein they are unable to drive, (if they use to drive) and are now depending on public transportation

which has been a disaster for so long. Most of the elder depend on public transportation, e.g., Access Ride and buses to take them to doctor's appointments, shopping for groceries and even to the senior centers to interact with others to keep their sanity.

From several surveys as well as discussions with other Access Riders the system is a total disgrace. Oftentimes riders are left waiting for several hours for the transportation to arrive to take them to and forth to their specific destinations and there is a "NO SHOW" they have to either make last minutes arrangements to get transportation to their homes or destinations with no apology from the system that they are or were depending on. THERE NEEDS TO MAKE A TOTAL RESTRUCTURE OF THIS SYSTEM.

To give an account of my personal testimony. As an elderly I have applied four times for Access Ride to assist me in attending meetings (pre COV19) in representing my district on various issues at City Hall. My application was turned down on four occasions even though my doctor had written several medical letters recommending on my health conditions should have service from Access Ride but was turned down by a decision from someone sitting behind a desk to decide whether or not I should have access to Access Ride not

knowing my conditions and pain in walking long distance and climbing several staircases and out of breath. This is not a FREE availability there is a fee and I pay taxes for several years and should be able to apply the dignity to receive service as a New Yorker and senior. I suffer from asthma and shorten of breath and is unable to climb those steps in the subways.

I am not here to abuse the system in using Access Ride only for long distance travels. So far, I am able to use my vehicle to do short trips independently, e.g., shopping, visit friends, volunteering my time to have my neighborhood a better place and improve the quality of life.

I have petition on various times to have a route in the community more accessible to seniors, students, etc. to connect to buses and subway have less time commuting. That was ignore by MTA.

YOU NEED TO CHANGE AND RESTRUCTURE THIS SYSTEM.

Respectfully submitted,

Fay D. Hill

The Council of the City of New York Joint Hearing of the Committee On Transportation and Infrastructure; Committee on Aging; Committee On Mental Health, Disabilities & Addiction on February 24, 2023

To: The Honorable City Councilmember Selvena Brooks-Powers

From: Florence Ferguson, Far Rockaway, NY

Re: Access-A-Ride

Dear Councilmember Brooks-Powers,

Good afternoon, and thank you for the opportunity to address this joint hearing regarding the services provided by the paratransit system known as Access-A-Ride.

I am a retired insurance executive from Arverne, New York on the Rockaway Peninsula in the County of Queens. As one of the approximately 170,000 users of the Access-A-Ride service for more than 10 years, I am deeply concerned with the continued lack of secure, timely and efficient services provided to those of us with physical and mental disabilities and mobility issues.

The ADA of 1990 required that the paratransit system provide a level of service comparable to the public transportation services made available to non-disabled users. It has been my experience that the MTA continues to fail the disabled public in violation of this requirement on a daily basis. The nondisabled public are able to access bus and subway at will. However, Access-A-Ride users must continue to schedule trips in advance and are denied the convenience and critical necessity of on-demand service extended to over 1200 of the programs current users. Plans to extend on demand service to a total of 2400 users, is woefully inadequate. An unscheduled doctors visit or an impromptu outing for any reason remain impossible for many of us who depend on this service. At the mercy of seemingly unregulated blue bus carriers, broker services and the patchwork of yellow cabs, green cabs and livery drivers, riders are forced to schedule rides in advance, pray that the drivers show up at the appointed time and accept long travel times to accommodate built in "shared" ride pickups. Such rides can see a direct 1 hour trip turn into 3 or 4 hours if the ride is split between passengers with unreasonable pickup points and destinations that are far apart. System monitoring is manual and antiquated costing huge amounts of lost time. Add poor communications because of language barriers between drivers and passengers and a lack of enough interpreters/dispatchers to bridge the gap, and you have a horrendous level of frustration for disabled passengers. It is worth mentioning here that many times broker drivers avoid more direct routes because they want to avoid paying tolls or ask that passengers pay the toll in order to get a shorter route. This was especially true for trips coming and going between the Peninsula and the City highlighting some of the glaring inequities riders throughout various sections of the city face daily.

The pandemic showed us that the nightmare scenarios described above do not have to be the norm. Pandemic restrictions limited the number of passenger pickups per ride and therefore increased the number of on-time Drop-offs and pickups. While clearly a result of low ridership, it gave us an inkling of what is possible.

As we resume near prepandemic levels of travel, It is time to pull the entire Access-A-Ride system into the 21st century so that true equity for disabled passengers can be achieved. We cannot continue the slow crawl to parity with the nondisabled as proposed public transportation improvements project almost full accessibility 30 years into the future.

The disabled and those with mobility issues continue to depend on Access-A-Ride services in the here and now and have suffered enough. The funding for such an overhaul is not a political football to be tossed back and forth between various levels of government. A successful overhaul of the system will require collaboration in funding from federal as well as state and local sources to deliver the kind of transportation service parity needed and deserved. At the very least, it should begin by pledging to:

- Immediately implement same day/on-demand service for all users of Access-A-Ride. If Uber and Lyft can dispatch same day service it proves that the technology already exists.
- Develop/enforce carrier and driver standards and accountability protocols with incentives for those who meet or exceed performance standards.
- Commit to funding a central fleet of modern, wheelchair accessible buses, cars and livery cabs with standardized training program for all drivers and dispatchers on how to deal with the elderly and disabled.

These are the basic changes the disabled ridership need to have in order to begin to achieve minimum levels of transportation equity. I know they can be attained with the appropriate funding from every level of government and appeal to you to advocate accordingly.

I thank you and the committee for convening this hearing and for listening and hope that you will use all the resources at your collective disposal to move forward with consideration and implementation of these improvements. The time is now.

Best,

Florence Ferguson

Access-A-Ride Testimony for Feb 24 2023

My father when he was alive used Access-A-Ride. He was confined to a wheelchair. He used Access-A-Ride or the city buses. He preferred the city's buses. Access-A-Ride required scheduling pickup times on both ends of a trip. If you were a bit late the Access-A-Ride would leave. You could be picked up and dropped off mid street because there was often no room to pull over due to parked cars. The Access-A-Ride was at the mercy of car traffic. The buses were too. I traveled with him using both modes so I experienced this all first hand.

Access A Ride Testimony

February 24, 2023

Good afternoon, my name is Jessica Tambor and I am a long time access a ride user. Access a ride is an amazing service but it does need improvement. First the ride times need to be shorter. On February 14th I requested an appointment time and was given a pickup time 2 and a half hours before the appointment time. This means they were probably going to be driving me all over to different boroughs before dropping me at my destination. I had to cancel the ride because I can't be traveling for that long. It doesn't take 2 and a half hours to get from my home to the city. On February 10th I was supposed to go to dinner but my Access A Ride came an hour late and I wound up missing the dinner. They are only supposed wait 5 minutes for us but we have to wait an unknown amount of time for them. They had the driver come all the way from Staten Island to pick me up in Whitestone, Queens. Staten Island is very far from Whitestone, Queens. They only gave him a half hour to get to me which is impossible from Staten Island. Access a ride should expand their ON DEMAND service for everyone. They can use the buses they already have to increase the capacity of the ON DEMAND program. Also, I hope OMNY comes to Access A Ride soon because it is hard to always have exact change all the time.

From: Ioana J. Cabanos <auntyio@yahoo.com>
Sent: Thursday, February 23, 2023 11:43 AM
To: Testimony
Subject: [EXTERNAL] Access-A-Ride

Open Streets program has created a burden for those who need Access-A-Ride , their only affordable mode of transportation , often to keep doctor appointments.

Patients found that the restrictions for drive thru traffic, parking safely to disembark, & available parking for pick up made it impossible navigate; thus people were forced to change medical teams which then had impact on practices losing patients.

The OS program in our Jackson Hts community has effected negatively on the daily living , not only of seniors & disabled citizens , but on the general population & businesses as well.

It's imperative that the restrictions be reviewed so that residents, & businesses can be served by Access- A- Ride and the like with ease .

Yours truly,
Joan Cabanos

Sent from my iPhone

To Whom It May Concern:

Due to my visual disability, I have had to avail myself of the Access-A-Ride services for about sixteen years. These services are supposed to provide support to those citizens who have had to cope with the effects of extreme health concerns, but there have been instances where they did not live up to expectations.

The following list is comprised of adverse incidents and experiences I have had to deal with while using the Access-A-Ride broker services in the past, as well as recently, although I admit that there have been some good experiences as well.

- On the night before this past Thanksgiving (2022), I had to wait over 2 hours for transportation services; my job was closed down, and I was all alone waiting in the dark on W. 125th St.
- Due to delayed arrivals, I have been repeatedly late for medical appointments and for work. I don't assume that my experience is unique.
- On one occasion, I was in the vehicle for over 2 hours because the driver had to drive around, picking up and dropping off other passengers. This prolonged, cramped seated experience impacted my physical ability to finally get out of the cab.
- I live close to the Brooklyn and Manhattan Bridges. On more than one occasion, I was picked-up, driven farther into Brooklyn to pick-up someone else, and then driven back past my home to get back to the Brooklyn Bridge. I understand it's a shared ride, but to double the time in the car by doubling back is unfair to me, due to my physical needs, as well as any passenger.
- Appointment times are not always met by the drivers, impacting my ability to meet my own professional obligations.
- On several occasions, it was difficult to communicate with the driver since their fluency in English was limited. Passengers sometimes had to act as translators to facilitate the driver's ability to state the location and make of the car to another waiting passenger.

- Drivers often do not get out of the car to aid passengers when needed, if the passenger is on the side of oncoming traffic. The passengers have had to assist one another, and this needs to be addressed.
- Drivers sometimes talk on the phone while driving. Not all drivers will desist when requested to stop talking on the phone.
- If the driver is early for a pick-up time when you are at a work or at a medical location, they often insist that you come down to get into the car early and threaten to leave if you do not. Unfortunately, they sometimes do leave.
- I was once in the car when the police pulled over the driver for speeding. The driver got a ticket for speeding (88th Precinct). Obviously, speeding places the car occupants at risk.
- I've been in vehicles, both alone and with other passengers, when we have had to ask the driver to slow down when he is speeding on the bridge. Speed limit enforcement should not be the obligation of the car occupants.
- On one occasion, the driver backed into oncoming traffic on the Kent St. entrance to the BQE because he made an error in choosing that entrance, thus endangering the safety of the passengers.
- Reported incidents are accepted when reported. It would be advantageous if the community were apprised of the results of the investigations into these reports.
- Elderly passengers have been inconvenienced by being kept in the cab going past their destination to pick up another passenger. My 83-year-old mother called me at work while in the cab coming back from 14th St. (the NY Eye and Ear Infirmary). She stated that the driver went past her house to drop off another passenger, taking her all the way to Pitkin Ave. in Brooklyn, before returning to her home, which is close to the Brooklyn Bridge that he had initially crossed.
- The cleanliness of the vehicles can be called into question.
- I understand what a difficult job it is to be a driver for this broker service program that is contracted by Access-A-Ride. But respect is mutual, and this needs to be stressed to all of the drivers.

I am often afraid to advocate for myself and others, but I am compelled do so anyway. Others may not have that ability or willingness. I am, surely, not the only client with these issues regarding service. I urge you to reopen the Pilot Program so people will be able to call for service, at any time, when they have changes in their schedule which are beyond their control. Employing 2023 technology to improve routing and allow for more flexibility in scheduling would greatly improve the quality of life for New Yorkers with disabilities.

Your service is a blessing, but under adverse conditions, when things go wrong, can feel like a curse. I am legally blind from birth and currently declining in health. These issues alone can create enough stress for me, so that I should not have to frequently hear this statement from other passengers, that: "Access-A-Ride has become A-Stress-A-Ride."

The failure of your company to address and rectify these issues is not in the best interest of your company or its patrons and might be misinterpreted as complete indifference to your patrons' needs. It is in all of our interests to try to ameliorate these problems.

Thank you.

Respectfully submitted,

Latrel Mosso

From: Lucy Koteen <lucy.koteen@gmail.com>
Sent: Wednesday, February 22, 2023 11:25 PM
To: Testimony
Subject: [EXTERNAL] Open Streets are a disaster

For anyone who cares about the needs of older people and the disabled, they have to see the hardship that the Open street program has on them. Para transit riders are forced to walk to the corner as the driver will not move the barricades in order to pick up the passenger at the door. The driver is not allowed to leave the van to move barricades. Then the passenger is left at the corner on the return trip. At night they fear for their safety.

Older people or those who have a disability can not move the barricades. It is also a danger for them to get out of the car especially at night as car jackers are just waiting for an opportunity to steal their keys or to jump in the car which is often left with the motor running.

Ambulances are slowed down as they have to move the barricades to enter the streets. IThe delay can cost lives. It is hard for ambulances to navigate as there are large planters and sometimes big cement blocks in the way. We have seen cases where people are carried on stretchers to the corner because the ambulance can not access the street.

Fire hydrants are not available to fire engines where streets have been totally blocked with large planters creating a danger to all who live on the street.

Fire engines can not get down some of the streets because of the same large obstacles of large planters and cement blocks.

It is a danger for pregnant women to move those barricades as they should not be moving heavy objects.

To be clear, the residents on these streets never asked for the street to be closed to them and certainly no disabled or elderly people wants these streets to be closed. The closed street was forced on them by an outside group of people who have no connection to the street and clearly do not care about the needs of those who have disabilities or other needs.

--
Lucy Koteen

From: noenyy25 <noenyy25@aol.com>
Sent: Thursday, February 23, 2023 2:55 PM
To: Testimony
Subject: [EXTERNAL] Open Streets Not Safe

This Program on 34th Avenue in Jackson Heights is completely unsafe!

Over 2000 signatures have been collected from residents who oppose this program in front of their houses. DOT and the Coalition in charge disregard many of not all of our concerns, safety issues and complaints.

- Loud music outside co-op residents es and rental apartments
- Numerous thefts in our buildings from outsiders that do not live here
- Litter across our homes from coalition events, homeless that sleep on the rocks added by dot, no street cleaning and litter in summer from open alcohol
- No supervision, no crossing guards, no alerts on bad weather days
- Children are left to walk on green lights by parents and users who use the road as a means of walking when the sidewalk is unused. Cross streets have drivers who rush to exits the avenue intersections due to added delays
- More gridlocks added by delayed red lights and shorter green lights
- Sanitation back up and slowed due to barriers blocking ease of traffic
- Fire men and police response times have been slowed down and residents have witnessed an 8 alarm fire in which the Coalition responsible did not clear path to firemen who navigated over the barricades
- Music speakers right in front of elderly and disabled pushed in events by Jim Burke and Nuala O'Doherty who are NOT CONSIDERATE of the residents that pay high rents to live in peace acusing residents as haters
- drivers harrassed for simply looking for parking
- elderly and disabled not dropped off in front of residences facing the avenue
- children used for photo ops and videos to push Trabs Alt members agenda whom are in conflict of interest as members of our community board 3

This program was to be a COVID relief space. With COVID over and vaccine rollout many children are used to create hate towards vehicles but residents and elderly use and need transportation too. As a historic district many Ada violations, residential complaints and 311 complaints have gone unnoticed and left with no solution as our own councilman Krishnan is part of TA and gives Coalition in charge full support violating many of our rights including freedom of speech when demanding back our quality of life. Open Streets has got to go and DOT should be focusing on roads, bridges and transport instead of pushing everyone to ride a bicycle. Enough with the nonsense and political agenda pleasing TA as they shut the real community that lives here!

Noe Ciriaco

From: rmreid885@aol.com
Sent: Thursday, February 23, 2023 4:42 PM
To: Testimony
Subject: [EXTERNAL] Open Streets

Thank you for this opportunity to express concerns with Open streets. The open street plan has created a hardship. It is impossible to get door to door car service. Transportation for appointments, food deliveries and general day to day life necessities are not available with Open Streets. This program leaves many unable to enjoy a comfortable quality of life Serving all residents of the community is important not serving some residents of the community.

R. Rogers

RueZalia Watkins

850 Longwood Avenue 2C
718.415.5505
Bronx, N.Y. 10459

rzaliaw@gmail.com

Testimony

Before the New York City Council Committee on Transportation and
Infrastructure Committee on Mental Health,

Jointly with the, Disability and Addiction and
the Committee on Aging

Regarding the Oversight of New York City Access A Ride Program

February 24, 2023

Presented by Rue Zalia Watkins

Thank you so very much for holding this oversight hearing on the Access a Ride Services which provide transportation services to the disabled population in New York City under the Department of Transportation (DOT) Americans with **Disabilities Act (ADA)** regulations at 49 C.F.R. Section 37.125 (i),.

My name is RueZalia Watkins, and although I am the Chair of the NYC, Access a Ride, PAC Committee, this testimony does not reflect the combined view of said committee, but rather my own view as an Access a Ride passenger since the inception of the program under the Department of Transportation decades ago.

You will hear many comments on this program today good and bad. My objective is to present the current status from my perspective and to make recommendations for both improvement and sustainability.

In order for Access A Ride to provide its ridership with the services required by law, there is much that the MTA and New York City Transit must do to ensure AAR service are paralleled in delivery to the services delivered to our non-disabled New Yorkers. This equity must be ensured for all AAR passengers be they disabled and/or senior citizens. As MTA and New York City Transit are providing new routes, stations and vehicles for New York City passengers, so must they provide comparable enhanced services and enhancements to the Access A Ride passenger of New York City.

Although the recently disclosed Department of Justice letter to the MTA and New York City Transit was based upon old data, the identified problems of untimely pick up and drop off times and illegally long travel times still exist. The current AAR administration has inherited significant flaws in the service delivery that has existed for years if not decades.

To successfully change the experiences of Access a Ride passengers, who routinely experience excessively long trips or find themselves stranded or cannot meet the eligibility requirements for door to door services or face emergency situations while traveling without a driver who speaks adequate English, MTA and NYC Transit and the Taxi and Limousine Commission must make significant changes to support Access a Ride, including the current leadership of the Access a Ride department.

To ensure that the all para transit users in New York City have qualitative services that allows us to not only seek medical care, but to also go to work, worship, shop, visit our families and everything else that nondisabled New Yorkers are able to do, I humbly ask that you consider the following recommendations:

Protect the safety of Access a Ride passengers.

- Many AAR users, especially using Broker services are traveling with drivers who do not speak English;
- Imagine a NYCT bus driver or train operator that did not speak enough English to handle an emergency;
- There have been many incidents when visually impaired passengers and senior citizens, were almost dropped off at the wrong location and could not communicate with the driver or the dispatcher to resolve the issue;

Recommendation: Create a standard that ensures that all drivers and dispatchers that are providing Access a Ride services, including those under the TLC speak English just as the drivers and dispatchers providing services to the non disabled or aging communities.

Reduce trip length times.

- This is especially important to the many working people and passengers traveling from hospitals and treatment centers, who experience very long trips.

Recommendation: Although the Access a Ride unit is taking steps to remediate this through infrastructure updates and different types of services, this must remain a priority and receive the extra funding that may be necessary to hire extra vehicles and drivers in the future to reduce trip lengths system wide.

Mandate real training for all drivers.

- Very often passengers are riding with drivers who are not trained to secure their wheel chairs, or do not know how to provide specialized support for visually impaired passengers or do not know how to assist an elderly person who has to walk with a walker to meet the vehicle;

Recommendation: Create and mandate a stringent training for TLC drivers who provide broker services for AAR passengers and establish penalties when drivers do not adhere to the required activities necessary to support AAR passengers;

Expand options for AAR consumers to file a complaint and to receive an appropriate response

- Currently, the wait time to file a complaint exceeds a rational time for anyone who has anything to do in their life;
- Most passengers hang up before filing the complaint which gives a misleading reading of the number of complaints filed;
- There is no capacity for anyone to file a complaint after work hours or on the weekends;
- When a complaint is filed, usually a standard letter is sent that does not meet the passengers interest in having an explanation or apology or to meet the need of a passenger who may face a penalty due to a late or no show driver.

Recommendation: Provide funding to provide the staff needed to provide weekend hours for filing complaints and for processing the responses.

I am sure you will hear many other suggestions to improve services including expanding the same day pilot service, improving the app and more. What matters most is that this council continues to support this service for our para transit users.

It is also crucial that the council ensures that the MTA and NYCT provides the support, staff and resources to the Access A Ride Department under the leadership of Chris Pangilinan, to complete the tasks that they have just begun and to make the necessary changes and expansions necessary, to ensure that our future travels are just as effective and expansive as our non-disabled peers.

From: s. brevda <earbears@yahoo.com>
Sent: Thursday, February 23, 2023 12:55 PM
To: Testimony; Speaker Adams
Subject: [EXTERNAL] Statement for Oversight Hearing on Access-a-ride on feb. 24, 2023

As a retired hospital administrator (Rehabilitation Medicine Dept) of a HHC hospital, I wish to add my observations to this hearing. Please note at this time I am also an elderly and disabled resident.

Access-A-Ride handbook calls for door-to-door service for their clients (our disabled residents). However, because of the imposed Open Street & Plaza that has been imposed on 26 residential blocks, this does not happen. Our disabled residents have to get to the corners and wait for a pick-up or drop-off. This is a hardship which can result in much pain and fatigue. In many cases this is just not possible. Therefore, disabled residents are reluctant to go to their doctor, lab work or other vital appointments. It is also a major negative impact on their Quality of Life.

I have been told by the DOT that this is not a problem and not a denial of their civil rights. Yes, this was told to me by several employees of the DOT - including their ADA consultant. However, the regulations of the Americans with Disabilities Act (ADA), the Rehabilitation Act and various other federal, state and city regulation plainly discuss the reasons for paratransit (as Access-A-Ride). These accommodations are not optional. They are not over and above what is required. These accommodations are the legal civil rights that our disabled residents are guaranteed. They are the basic services that are required to give our disabled and elderly residents their freedom to live their lives.

The DOT partners, Transportation Alternatives - via their Queens representatives, have told people that the disabled residents can wait in the loading zones for their paratransit. How blatantly insulting! Our disabled residents are not packages to be loaded.

One of the co-founders of the DOT partners that run the Open Street in Jackson Heights admitted that AAR will not move the barricades. Also that they are blocked by the other barriers that have been placed by the DOT. He also admitted that since he does not live along the Open Street his mom and other residents of his building would not have an issue getting picked up at their home. The other co-founder denied being told that there was a problem despite the fact that this is made a fact at every Community Board meeting - she is a member of the Board. Just a total falsehood. As a lawyer, she should be held to the truth.

Disabled resident can also be elderly and this caused many more issues. They can be fraile, weak and unable to stand and wait for a car. Increased pain, fatigue and a just

overwhelming despiration is usually the result. This wait might - and usually is - a very long wait. Then the intermitable long drive with other pick-ups and drop-offs makes the journey a long, painful one.

If I had the power to improve the service, I would primarily enforce the reason for Access-a-Ride and the City's commintment to care for their disabled residents. The Federal government are watching what is being done - or not being done. The sorry fact is that this service is in violation of the law.

I call on this Committee to honor it's purpose in honoring our elderly and disabled residents' civil rights.

From: teri - <teriananda@hotmail.com>
Sent: Friday, February 24, 2023 5:21 PM
To: Testimony
Subject: [EXTERNAL] Testimony for Access-a-Ride Hearing 2-24-23

Please find my written testimony for today's hearing, Teriananda (Loonan)

February 24, 2023

TESTIMONY for NY CITY COUNCIL HEARING on MTA ACCESS-a-RIDE PROGRAM

Teriananda (Loonan) – East 5th St. ; New York, NY 10003 –

I am a 75 year old disabled woman who has been using Access-a-Ride for about 15 years. Even with Access-a-Ride I am not able to get around very well due to severe chronic pain throughout my body, therefore I am submitting only written testimony. I am organizing my comments into 2 sections:

1) Certification/Recertification: Ever since my initial certification for Access-a-Ride I have had problems with limitations and restrictions on my service level even though I have been disabled due to a back injury in my teens which was not treated properly due to limited diagnostic techniques and tendency to disbelieve a young woman back then.

When I finally found a surgeon to help in 1980, I was partially paralyzed in one leg. Ever since then I have had continual and progressively more severe pain, nerve damage and other associated problems. Finally in 2016, 2017 and in 2021 surgical techniques had improved and I was able to have a series of spinal reconstructions and now have 10 screws, 3 rods and 5 “cages” in my back. I have severe nerve damage in my legs and feet and also have disk problems in my neck.

As well I have had to have both knees replaced and have torn tendons in my shoulders, wrists and hands.

I am only able to go out a few times a week for a few hours due to pain when sitting upright and walking (with the aid of a rollator). The fact that I find it easier to take short bus rides in my neighborhood does not mean that I shouldn't have full Access-a-Ride coverage available to me when I am going a longer distance or am not feeling strong enough for the bus. (The free Access-a-Ride Metrocard is great!) Every time I have been re-certified I have presented doctors letters from both my Primary Dr. and Back Surgeon, as well as copies of x-ray, cat scan and MRI reports. Still I have been placed on partial coverage which doesn't match my physical situation and needs.

The Evaluation center near Wall St. was very difficult for Access-a-Ride vehicles to drop off and pick-up at and during the pandemic I understand one was required to ride for a lengthy period of time (more than ½ hr.) to the only centers that were open. I am in too much pain to sit in a vehicle that long and certainly not twice!

I believe that folks like myself that have only become more and more debilitated over decades should not have to recertify every 5 years, but perhaps just fill-out a form every so often attesting that their conditions have not improved. (Access-a-Ride insisted that my 85 year old mother, who was blind and deaf, as well as severely debilitated go in person for an hour's ride to and from for recertification.)

Booking Access-a-Ride Vehicles, Taxi Authorizations and Trips Themselves: The current booking system is very

limited, even when it works properly. The phone operators are usually very competent and polite. It's the system itself that needs modifications. Not being able to book or change a trip a few hours in advance is a real problem. I rarely know how I'm going to feel the day before a trip. There also is no way to consistently request a vehicle that matches one's physical needs. I cannot climb into a large taxi. I also have trouble sitting in the upright seats in the vans. I also cannot sit and ride for an extended period of time without really debilitating pain. This means that being taken to other riders locations, or to pick them up before being taken to my locations is untenable.

Therefore I almost always request a Taxi Authorization, which means that I have to try and hail one, which is also difficult and not ideal. If I could request a sedan (Access-a-Ride or taxi), have a bit of

- 2 -

scheduling flexibility, and be taken directly to my location, it would be much better. Also, it is my understanding that one can not get taxi authorization to go from one borough to another and this is quite limiting. I live in lower Manhattan and would occasionally like to be able visit downtown Brooklyn.

Lastly, I have encountered serious problems a few times when there was innocent address confusion, or GPS mis-information and the drivers are not permitted to use their common sense and have a hard time trying to explain the situation to the dispatchers while in traffic. Some discretion in the system would be a big improvements. (I can give specific examples if you'd like).

Conclusion: Although I understand the difficulties of a system as large as the Access-a-Ride system is trying to accommodate all the various wants and needs of its subscribers and potential subscribers, I do think that the limitations that I've encountered over the past decade an a half could be ameliorated. I think there generally are rigid ways of thinking about what disabilities are and how they should be evaluated. I have experienced this both in the medical field, the governmental bureaucratic world and in the world at large. I think there needs to be far more education by disabled folks with the full spectrum of conditions, to sensitize those who are charged with helping us, to really be able to do so effectively.

I hope that my comments, along with everyone else's will help improve Access-a-Ride for all its users.

Many thanks for holding these much needed hearings,

teriananda (Loonan)

From: Trish and Ethan Browning <browningtillman@gmail.com>
Sent: Friday, February 24, 2023 9:41 PM
To: Testimony
Subject: [EXTERNAL] Accessing cars from my home

Dear members of the council,

I am writing to express my concern about the Open Streets and how it prevents people like me who have occasional health emergencies getting to and from my home to the hospital. Because of the blockades, a car service or access-a-ride will not get out to move the barriers or even come to the closest corner near my home. They will not drop me off near my door either which is especially worrisome when coming home from a medical procedure and having to worry if I can walk down the street and inside safely. Many people do not understand that this isn't just an inconvenience, but it can be a life and death matter and has been detrimental to the health of many residents here.

Thank you for your time.

Trish Browning
Berry Street resident

To Whom May It Concerns:

My name is Tucker Salovaara and have been using AAR for almost 20 years. Throughout my time using this service, I have seen the highs and lows with AAR. I want you to urge the MTA to try to change the shared rides policy and make the rides more streamlined because COVID is still a thing. Also, I would like you to urge the MTA to keep the funding for the same day E-hail pilot program as the way it is, and hopefully add more people to this program because I think this is a cheaper option than a traditional AAR ride. For someone who has a lot anxiety about AAR, I think my suggestions are reasonable and I hope these changes can be implemented soon. Thank you so much for your time and your consideration!

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: YOLANNA ALLEYNE

Address: EAST 42ND ST BKLYN

I represent: SELF

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JUDY ORTIZ

Address: SUN OZON PLAZA NY 10020

I represent: NEW YORK COMMUNITIES FOR CHANGE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JEAN RYAN

Address: _____

I represent: DIA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: IRIS Kelly

Address: _____

I represent: DIA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: CCara Liebowitz

Address: Clarendon Rd

I represent: Brooklyn Center for Independence

Address: 25 Elm Pl of the Disabled

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/2023

(PLEASE PRINT)

Name: Raul Rivera

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2 24 2023

(PLEASE PRINT)

Name: Jessica Tambor

Address: Third Ave Bronx NY 10457

I represent: Bronx Independent Living Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/23

(PLEASE PRINT)

Name: Liam Blanke

Address: W 151st St

I represent: Permanent Citizens Advisory Committee
to the MTA

Address: 2 Broadway

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Khalia Hayslett

Address: _____

I represent: Executive Director / Travel Trainer

Address: Sunshine Network NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/23

(PLEASE PRINT)

Name: Michael Ring

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Emile Sweet, MOPD

Address: 100 Gold St

I represent: MOPD

Address: Q + A only

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/23

(PLEASE PRINT)

Name: Sharon Wier

Address: _____

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/23

(PLEASE PRINT)

Name: Daniel Ross

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Giancarlo Pedulla

Address: _____

I represent: NYC Dept of Ed.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Christina Curry, Commissioner

Address: 80 Maiden Lane

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Roe-Lelia Watkins

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/23

(PLEASE PRINT)

Name: Archana Patel

Address: _____

I represent: MTA

Address: 7 Broadway

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Marc Safman

Address: Astoria NY

I represent: New York Deaf Blind Advocates

Address: NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/24/23

(PLEASE PRINT)

Name: Richard Davery

Address: 2 Broadway NY, NY

I represent: MTA

Address: 2 Broadway NY, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Kathy Collins

Address: East 24th Street NY NY 10010

I represent: myself

Address: _____

Please complete this card and return to the Sergeant-at-Arms