Accessible Parking Policy Advisory Committee

Policy options evaluation

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SFMTA
Municipal Transportation Agency

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Introduction

At the January 22, 2013, Accessible Parking Policy Advisory Committee meeting, the committee identified potential policies and practices that they felt were worthy of further evaluation. This document contains an analysis of each idea according to the effectiveness and feasibility criteria approved by the committee at its meeting on December 18, 2012.

Committee-approved effectiveness criteria:

Effectiveness criteria	Measure	Desired results
Makes it easier for people with disabilities to find parking in blue zones	Change in parking availability in blue zones	Improved parking availability in blue zones
Makes it easier for people, especially those with disabilities, to find parking in general metered spaces	Change in parking availability at general metered on-street parking spaces	Sufficient parking availability at metered on-street spaces (improved in congested areas)
Reduces placard misuse	Expected change in placard misuse	Reduction in placard misuse
Recognizes diverse needs/requirements of the disabled community	Whether or not policy is suitable for people with disabilities who are low income vs. not low income, and for different types of mobility impairments	Policy designed to be suitable for some variability in income and disability type

Committee-approved feasibility criteria:

Feasibility criteria	Measure	Desired results
Approval feasibility	Policy/legal change requirements Likelihood of support Ease of explanation to policymakers	Sufficient comprehension and support to achieve approval
Ease of user interface	Whether it meets ADA requirements Whether policy is easy to understand	Fulfills ADA, and existing communications channels are sufficient to make outside visitors understand changes.

Feasibility criteria	Measure	Desired results
Implementation and operational feasibility	Capability (ability + resources + technology) of relevant agency/agencies to implement and operate solution Feasibility in other CA jurisdictions	Relevant agency/agencies have sufficient capability Feasible in other jurisdictions
Financial feasibility	Fiscal impact to City	No adverse fiscal impact to City
Time needed to get new policy approved and implemented	Anticipated year of implementation	A mix of near- and far-term solutions

Notes about the document

This document uses the term “placard” to include both disabled-placards and disabled-license plates.

In the approval feasibility criteria related to likelihood of support, SFMTA staff inserted “TBD” in all cases. While we have gained insights on this from a number of sources, we felt that members of the committee would be better equipped to provide this analysis. This report uses the term “advocates” to indicate disability rights advocates and “general public” to refer to the majority public viewpoint that is mostly non-disabled.

Effectiveness evaluation summary chart

Option	Makes it easier to find parking in blue zones	Makes it easier to find parking in general metered spaces	Reduces placard misuse	Recognizes diverse needs of people with disabilities: disability type	Recognizes diverse needs of people with disabilities: income	Jurisdiction with similar policy	Notes
1. Increase the number of blue zones to 4% of metered spaces	Slight improvement	Worsen slightly	No change	No change	No change	Philadelphia Arlington Winnipeg Boulder St. Louis Houston Raleigh	Additional blue zones have the potential to increase access significantly, but only if placard misuse is addressed. Otherwise, spaces will be full. None of the jurisdictions listed here have implemented a 4% blue zone program, but all have installed more blue zones.
2. Place one blue zone per metered blockface	Slight improvement	Worsen slightly	No change	No change	No change	Philadelphia	Philadelphia has implemented this policy, but only in two downtown neighborhoods, not citywide as is proposed here.
3. Clarify placard certifiers	Negligible	Negligible	Slight reduction	No change	No change		Research has not shown a correlation between cities with successful placard programs and those with shorter lists of allowed placard certifiers.
4. Clarify placard eligibility requirements	No change	No change	Negligible	No change	No change		Research has not shown a correlation between cities with successful placard programs and those with tighter eligibility criteria.
5. All permanent placard applicants approved by a state-certified doctor	Slight improvement	Slight improvement	Slight reduction	No change	No change	New York City	This would reduce the number of placards issued, but it wouldn't slow down misuse and abuse of placards after issuance.

Option	Makes it easier to find parking in blue zones	Makes it easier to find parking in general metered spaces	Reduces placard misuse	Recognizes diverse needs of people with disabilities: disability type	Recognizes diverse needs of people with disabilities: income	Jurisdiction with similar policy	Notes
6. Applicant review system similar to paratransit	Slight improvement	Slight improvement	Moderate reduction	No change	No change	New York City St. Louis	This would reduce the number of placards issued, but it wouldn't slow down misuse and abuse of placards after issuance.
7. State database overhaul and certifier verification program (RTC model)	Slight improvement	Slight improvement	Moderate reduction	No change	No change		Based on the success of the Bay Area's RTC program, could result in up to 30% reduction in placard applications.
8. Four-hour meter time limits for placard holders (unless posted time limit is longer)	Slight improvement	Slight improvement	Slight improvement	No change	No change	Philadelphia Arlington Winnipeg Houston Phoenix	Assumes that time limits are imposed without any other policies. Only Winnipeg has a four-hour specific policy, the time-limit policies of the other cities vary.
9. Placard holders observe posted time limits in green zones	No change	No change	No change	No change	No change	Chicago	Green zones are meant to support small businesses, prevent double-parking, and provide short-term access for everyone. Loading and unloading time does not count towards the time limit. Should be implemented with an increase in the number of blue zones.

Option	Makes it easier to find parking in blue zones	Makes it easier to find parking in general metered spaces	Reduces placard misuse	Recognizes diverse needs of people with disabilities: disability type	Recognizes diverse needs of people with disabilities: income	Jurisdiction with similar policy	Notes
10. All placard holders pay regular rate at meters	Large improvement	Large improvement	Large reduction	No change	No change	Philadelphia Arlington, VA Winnipeg, Canada Boulder Raleigh Phoenix	Free parking creates a big incentive to cheat. In our research, all cities with successful placard programs (with lower levels of abuse and better parking access) had some form of meter payment for placard holders.
11. Placard holders pay at meters except for those who physically cannot pay (two-tiered program)	Large improvement	Large improvement	Large reduction	Yes	No change	St. Louis Houston Michigan New York State	In our research, all cities with successful placard programs had some form of meter payment for placard holders. Meter exemption based on dexterity/physical ability to pay for parking.
12. Placard holders pay a discounted rate at all meters	Moderate improvement	Moderate improvement	Moderate reduction	No change	No change		
13. Discounted rate in metered blue zones	Moderate improvement	Large improvement	Large reduction	No change	No change		
14. Low-income placard holders pay a discounted rate at meters, all other placard holders pay the regular rate	*Large improvement*	*Large improvement*	*Large reduction*	*No change*	*Yes*		*Subcommittee recommends removing this item from the list.*

Option	Makes it easier to find parking in blue zones	Makes it easier to find parking in general metered spaces	Reduces placard misuse	Recognizes diverse needs of people with disabilities: disability type	Recognizes diverse needs of people with disabilities: income	Jurisdiction with similar policy	Notes
15. Improve enforcement	No change	No change	Negligible	No change	No change	Chicago Houston	In our peer review, cities that focused on enforcement-only have had little success in protecting access for placard holders.
16. Conduct enforcement on those who certify placards	No change	No change	Negligible	No change	No change		Difficult to catch sufficient fraud to make a difference on the street, especially given the DMV's current data collection. DMV should collect certifier data.

Feasibility evaluation summary chart

Option	Where change occurs	Likelihood of support	Policy is easy to understand for users	Meets ADA physical requirements	Feasibility of relevant agencies' implementation	Feasibility of other jurisdictions' implementation	Financial feasibility	Implementation time line	Notes
1. Increase the number of blue zones to 4% of metered spaces	City policy changes	Advocates: TBD Policymakers: High Public: Low	Yes	Yes	Moderate	Moderate	Moderate to large adverse impact	Begin 2014, continue for a number of years	Possible logistical difficulties with finding enough eligible spaces per ADA and City guidelines.
2. Place one blue zone per metered blockface	City policy changes	Advocates: TBD Policymakers: Low Public: Low	Yes	No	Low	Low	Large adverse impact	Begins 2014, continue for a number of years	Many blocks will not be eligible per ADA and City guidelines.
3. Clarify placard certifiers	State law changes	Advocates: TBD Policymakers: Moderate Public: Moderate	No change	n/a	High	n/a	No impact Slight state impact	2016	Creates an additional hurdle for people who see physician's assistants and nurse practitioners.
4. Clarify placard eligibility requirements	State law changes	Advocates: TBD Policymakers: Moderate Public: High	No change	n/a	High	n/a	No impact Moderate state impact	2018 for full recertification	
5. All permanent placard applicants approved by a state-certified doctor	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	n/a	Low	n/a	No impact Large state impact	implemented 2016, all placards recertified 2018	May impact people in smaller jurisdictions who do not have easy local access to a state-certified doctor.
6. Applicant review system similar to paratransit	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	n/a	Low	Low	Large adverse impact	2019	Biggest expense is paying for the doctor visits.
7. State database overhaul and certifier verification program (RTC model)	State DMV	Advocates: TBD Policymakers: Moderate Public: High	Yes	n/a	Moderate	n/a	No impact Large negative state financial impact	2015	

Option	Where change occurs	Likelihood of support	Policy is easy to understand for users	Meets ADA physical requirements	Feasibility of relevant agencies' implementation	Feasibility of other jurisdictions' implementation	Financial feasibility	Implementation time line	Notes
8. Four-hour meter time limits for placard holders (unless posted time limit is longer)	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	n/a	High	High	Slight positive impact	2016	Could be implemented locally or state-wide. Local variation hasn't caused significant confusion elsewhere.
9. Placard holders observe posted time limits in green zones	State law changes	Advocates: TBD Policymakers: High Public: High	Yes	n/a	High	High	No impact	2015	
10. All placard holders pay regular rate at meters	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	Depends on implementation	High	High	Positive impact	2016	Could be implemented locally or state-wide. Local variation hasn't caused significant confusion elsewhere.
11. Placard holders pay at meters except for those who physically cannot pay (two-tiered program)	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	Yes	High	High	Positive impact	2016	
12. All placard holders pay a discounted rate at meters	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	Depends on implementation	Low	Low	Positive impact	2017	Logistically difficult to implement.
13. Discounted rate in metered blue zones	State law changes	Advocates: TBD Policymakers: Moderate Public: High	Yes	Depends on implementation	High	High	Positive impact	2016	Much easier to implement than #12. Blue zone meters would simply be programmed with a different rate structure.
14. Low-income placard holders pay a discounted rate at meters, all other placard holders pay the regular rate	*State law changes*	*Advocates: TBD* *Policymakers: Moderate* *Public: Moderate*	*Yes*	*Depends on implementation*	*Low*	*Low*	*Positive impact*	*2017*	*Subcommittee recommends removing this item from the list.*
15. Improve enforcement	City policy changes	Advocates: TBD Policymakers: Moderate Public: High	n/a	n/a	Depends on tactics	Unknown	Depends on tactics	Depends on tactics	All PCOs currently cite for ramps, blue zones, and expired placards.

Option	Where change occurs	Likelihood of support	Policy is easy to understand for users	Meets ADA physical requirements	Feasibility of relevant agencies' implementation	Feasibility of other jurisdictions' implementation	Financial feasibility	Implementation time line	Notes
16. Conduct enforcement on those who certify placards	City and state policy changes	Advocates: TBD Policymakers: Low Public: High	n/a	n/a	Moderate	Moderate	Moderate adverse impact	TBD	

Accessible parking policy options evaluation

Blue zones

1. Increase the number of blue zones to 4% of metered spaces

Policy overview

Blue zones are intended to ensure that people with disabilities can park close to public destinations, and only those with valid disabled parking placards can park in blue zones. San Francisco currently has approximately 700 on-street blue zones. It also has 29,200 metered spaces installed on 1,480 blocks. The SFMTA will need to install 470 new blue zones to achieve a four percent requirement.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **slight improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **worsen slightly**

Reduces placard misuse – **no change**

Creating more blue zones has the potential to significantly increase access for people with mobility disabilities.

However, increasing the number of blue zones without taking action to decrease placard abuse would significantly diminish this positive effect. There are over 514,000 placards in the nine-county Bay Area (60,750 in San Francisco alone);[1] and in some San Francisco neighborhoods, one in four vehicles parked on street displays a placard.[2] With such high rates of placard issuance, use, and probable abuse, we can expect new blue zones to fill rapidly. We can also expect parking availability in general metered spaces to decrease slightly because new blue zones will decrease the number of spaces available to all drivers.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

This policy doesn't vary based on disability type or income.

Approval feasibility – advocates: **TBD,** policymakers: **high**, public: **low**

The policy is clear and the likelihood of support is high among politicians and advocates. The SFMTA Board can implement this policy with no changes to state law. Many San Francisco residents and business owners will likely oppose specific blue zone locations if they desire to keep those spaces open for the general public.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **yes**

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[1] CA DMV, November 2012

[2] SFMTA survey 2012

Blue zones are well understood and cannot be put into place unless they meet ADA standards.

Implementation and operational feasibility – Relevant agency capability: **moderate;** other jurisdictions feasibility**: moderate**

The SFMTA installs blue zones, and the agency has the expertise to install more. This policy will, however, require increased staffing and resources. The SFMTA currently installs blue zones by request only, so pro-actively identifying 470 new blue zone locations represents a new level of effort. DPW data on street grade, curb ramps, and street furniture will need to be combined with SFMTA parking inventory data. All sites will need to be surveyed and subject to public hearing before painting curbs and posting signs. The DPW may need to install new curb ramps.

In our hilly, dense city, it will be difficult to find sufficient locations that meet ADA and City blue zone standards. Under current guidelines, many locations in need of blue zones will not be eligible. If a final committee recommendation includes increasing blue zones, a next step in the process should look at whether it makes sense to change the following city guidelines in order to ensure adequate feasible space for blue zones:

- **Blue zones cannot currently be in a tow-away zone** (e.g., parking converted to a traffic lane during rush hour). Lifting this guideline would result in some disabled people having their vehicles towed, but would enable more blue zones, particularly downtown.
- **The ramp must currently be behind the blue zone.** In circumstances where this isn't possible, shall blue zones be allowed with ramps in front? This would require wheelchair users in vehicles with back lifts to travel around the vehicle to reach the ramp, but would enable more blue zones.

Financial feasibility – **moderate to large adverse impact**

Each blue zone implementation will cost $1,000-50,000 depending on the requirements of the site.

Time needed to get new policy approved and implemented **– Begin 2014, continue for a number of years**

The SFMTA can begin installing some new blue zones within six months; but planning, funding, and constructing all these sites would occur in phases over a number of years and likely take five years to complete.

2. Place one blue zone per metered blockface

Policy Overview

This policy would require that each metered blockface provide at least one on-street accessible parking zone (a blockface is one side of the street for one block). San Francisco currently has approximately 700 on-street blue zones, and there is at least one meter on 2,656 blockfaces. The SFMTA would need to install 1,876 new blue zones to meet this policy goal, 1,466 more than the four percent goal in policy #1.

Evaluation

The above evaluation of policy #1 applies to this policy option as well, with the variations below.

Makes it easier for people with disabilities to find parking in blue zones – **slight improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **worsen slightly**

Reduces placard misuse – **no change**

See evaluation of policy #1.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

This policy doesn't vary based on disability type or income.

Approval feasibility – advocates: **TBD,** policymakers: **low**, public: **low**

Disability rights advocates are likely to be highly supportive of this policy, as it aims to provide blue zones in a more consistent, regular placement pattern that would help placard holders know whether to expect on-street blue zones at most of their destinations.

In Philadelphia, where they have implemented a blue zone policy similar to this in two downtown neighborhoods, the city received complaints from business owners saying that 25-50% of blue zones were unused much of the time.[3]

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **no**

Blue zones are well understood and cannot be put into place unless they meet ADA standards. However, many San Francisco blocks are too steep or are otherwise not eligible for blue zones per ADA standards.

Implementation and operational feasibility – relevant agency capability: **low;** other jurisdictions feasibility**: low**

[3] January 2013 interview with Richard Dickson, Deputy Executive Director, Philadelphia Parking Authority

Many blocks in San Francisco will not be eligible for blue zones according to ADA and City guidelines, so it will be impossible to meet this policy's goal.

A policy requiring a certain number or percentage per block perimeter, as done in the Proposed Accessibility Guidelines for Pedestrian Facilities in the Public Right-of-Way, would be more workable (see Appendix I).

Financial feasibility – **large adverse impact**

Each blue zone implementation will cost $1,000-50,000 depending on the requirements of the site. Because this policy is more prescriptive than policy #1, the average cost per space is likely to be higher than in policy #1..

Time needed to get new policy approved and implemented **– Begins 2014, continue for a number of years**

The SFMTA can begin installing some new blue zones within six months; but planning, funding, and constructing all these sites would occur in phases with completion of all feasible locations likely in about ten years. .

Disabled placard issuance

3. Clarify placard certifiers

Policy Overview

The Department of Motor Vehicles (DMV) relies on medical professionals to certify that individuals are qualified to receive disabled parking placards or license plates. This policy would aim to reduce the number of placards that are provided to people who do not qualify for them by limiting the number of professionals that can approve placards.

Under this proposed policy, only a physician, surgeon, or optometrist could approve placards. The following professionals would no longer be able to qualify individuals for placards: physician assistants, nurse practitioners, certified nurse midwives, and chiropractors.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **negligible**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **negligible**

Reduces placard misuse – **slight reduction**

The reduction in placards that result from this policy may have a small impact on accessibility of blue zones and general metered spaces, but the net result will likely be insignificant.

Medical providers have stated that there is a lot of pressure on them to provide placard certification and that they fear losing business to others who are more lenient. Reducing the number of certifiers may reduce the number of people seeking certification, but will not remove the pressure to provide certification among the remaining pool of approved medical providers.

Philadelphia, Arlington, St. Louis, and Winnipeg have similar qualified certifiers as California. For instance, all allow chiropractors to certify for placards. Yet all of these cities have reduced their placard abuse and access issues without limiting the list of certifiers. See appendix III for a comparison of California's certifier lists to cities with successful placard programs.

Recognizes diverse needs/requirements of the disabled community (policy designed to be suitable for some variability in income and disability type) – disability type: **no change** income: **no change**

This policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **moderate**

Because of the perception that many unqualified people have received placards, it is likely that the public would be supportive of most policy changes that tighten the certification process.

Additionally, state policymakers, who would be required to amend existing laws to implement these changes, would probably face pressure from practitioners who are proposed to be removed from the list. Without

significant support from the disabled rights community, it is unlikely that policymakers would support such a change.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **no change**, meets ADA physical requirements: **n/a**

This policy will place a large burden on some disabled people seeking placards. Many people rarely see doctors, relying on nurse practitioners and physician assistants, both of whom are empowered to diagnose illness and prescribe medications. Many states allow both professions to certify for placards. There does not appear to be a correlation between placard abuse and states allow either profession to do so.

Similarly, many pregnant women exclusively see certified nurse midwives during their pregnancies, which in some cases may require temporary placards. However, removing the ability for certified nurse midwives to approve permanent placards would not create an extra burden.

This policy would not directly impact people who already have placards.

Implementation and operational feasibility – relevant agency capability: **high;** other jurisdictions feasibility: **n/a**

Once approved by policymakers, the implementation of this policy would be limited to changes at the state level. DMV forms for placard applicants would need to be edited and reprinted. Educational materials to inform those medical providers whose status as a certifier had changed would need to be sent to alert them to the change. Other materials that the state currently has produced about qualifying for a placard and who can do the certification would need to be edited and reprinted.

This is state-level change with no direct impact on local agencies.

Financial feasibility (No adverse fiscal impact to City) – **no impact, some cost to state**

This is state level change with no financial impact for the City of San Francisco.

The State of California would be responsible for the costs associated with reprinting materials and informing former certifiers of the change in the law.

Time needed to get new policy approved and implemented *(a mix of near- and far-term solutions)* **– 2016**

State legislation could be in place and implemented by 2015; implementation may take about a year.

4. Clarify placard eligibility requirements

Policy overview

California's disabled parking placard requirements are similar to most states, but there is some variation in how states identify who qualifies as having a mobility-related disability.

The current eligibility list for California is:

- Lung disease (with specific metrics)
- Cardiovascular disease (class III or IV as defined by the American Heart Assoc.)
- Disease or disorder which substantially impairs or interferes with mobility
- Disability such that assistive device is required for movement
- Significant limitation in the use of lower extremities
- Loss of, or loss of the use of, lower extremities
- Loss of, or loss of the use of, both hands
- Blindness (central visual acuity no greater than 20/200)

Some on the committee felt that "disease or disorder which substantially impairs or interferes with mobility" may leave too much judgment to interpretation and therefore be intentionally or unintentionally used to issue placards to people who should not qualify.

The criteria vary from state to state, but many states have more specific criteria for defining functional mobility disabilities. These include:

- "Cannot walk 200 feet without stopping to rest"[4]
- "Uses portable oxygen"[5]

Missouri is even more prescriptive: "The person cannot ambulate or walk 50 feet without stopping to rest due to a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling condition."[6] However some states, like North Carolina, are less specific: "unable to walk without assistance or who have restrictions caused by lung disease, defective vision, or cardiac, arthritic, neurological, or orthopedic conditions"[7]

In California, permanent placards are only issued to people with permanent disabilities and once issued, the state reissues them bi-annually without recertification. Temporary placards are good for six months and can

[4] Pennsylvania, Virginia, New York, Illinois, and Arizona placard applications

[5] Pennsylvania, Virginia, New York, Colorado, Illinois, Missouri, and Arizona placard applications

[6] State of Missouri placard application

[7] State of North Carolina placard application

be reissued up to four times consecutively with recertification for each renewal. Over 95% of CA placards are permanent, so temporary placards are only a small part of this program.[8]

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **no change**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **no change**

Reduces placard misuse *(reduction in placard misuse)* – **negligible**

Medical professionals have reported that they often feel pressure to certify individuals out of a fear of losing patients to a different, more lenient provider. California's qualification criteria could be written more clearly, likely in line with Pennsylvania, Virginia, New York, Illinois and others. Doing so would provide better direction to medical providers and it is likely that there would be some reduction in the number of placards that were issued to people who were not meant to qualify for them.

However, we found no correlation between cities with strict eligibility criteria and cities that have successfully decreased placard abuse. For instance, Manitoba's eligibility requirements are exceptionally loosely defined, yet in Winnipeg placard abuse has declined and access increased. The key seems to be meter payment rather than eligibility criteria. The city has an all-must-pay policy but waives time limits for placard holders; as a result, placard abuse and parking access increased in metered areas while non-metered areas continue to show signs of placard misuse. See appendix II for a comparison of California's eligibility criteria to cities with successful placard programs.

If implemented, this policy would likely result in a slight reduction in placard issuance, but only a negligible decrease in placard misuse.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

Policymakers are enthusiastic about reducing misuse and clarifying the eligibility list would likely be popular, though tempered by concerns from some advocates. Public perception of widespread placard abuse would likely lead to high levels of support for limiting the eligibility list.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **no change**, meets ADA physical requirements: **n/a**

This policy would not directly impact placard holders. Those seeking placards would have more specific criteria, so it would be easier to know whether they qualify.

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[8] CA DMV, November 2012

Implementation and operational feasibility – relevant agency capability: **high** other jurisdictions feasibility **n/a**

Once approved by state policymakers, the list of approved qualifications would need to be updated wherever they are listed, including the placard application.

The DMV would need to communicate its changes to the medical community. Additionally, policymakers may decide to require placard recertification to ensure that all placard holders are eligible under the updated criteria.

This policy would be a statewide change and would not impact the work of local jurisdictions.

Financial feasibility (no adverse fiscal impact to City) – **no impact**

This is state level change with no financial impact for the City of San Francisco.

There would be a moderate cost to the state if it requires placard recertification.

Time needed to get new policy approved and implemented **– 2018 for full recertification**

State legislation could be in place by 2015; begin implementation in 2016, full recertification would likely be reached in 2018.

5. All permanent placards approved by a state-certified doctor

Policy Overview

This policy is an expansion on policy #3 and further reduces the number of doctors who are allowed to certify individuals for permanent placards. It aims to eliminate the pressure on medical providers to provide placards to people who may not qualify for them.

All qualified placard applicants would receive a six-month temporary placard certified by the current process. Within six months, those seeking permanent placards must visit a state-certified doctor to determine eligibility. As envisioned, the participating doctors would be those who already have contracts with the state to perform exams for other state programs, such as workers' compensation or disability insurance. As this second assessment would require a second medical visit, the state would likely need to cover the cost of the visit.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **slight improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **slight improvement**

Reduces placard misuse – **slight reduction**

This program would reduce the number of placards that are distributed to people who do not qualify for them, but will not address the larger issue of individuals misusing placards that are not theirs. The reduction in placards may make a slight improvement on access to blue zones and general metered spaces.

New York City has a city-approved list of certifiers for their parking placard. The city issued 28,000 placards in FY2012[9] while the San Francisco Bay Area has 515,000 (60,750 in San Francisco).[10] However, New York's program also includes significantly limited criteria that include the inability to utilize transit.

Recognizes diverse needs/requirements of the disabled community (policy designed to be suitable for some variability in income and disability type) – disability type: **no change** income: **no change**

The changes in this policy would not limit the ability of any qualified placard holder to be certified and therefore would continue to recognize the diverse needs and requirements of the disabled community. This policy doesn't vary based on income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

Because of the perception that many unqualified people have received placards, it is likely that the public would be supportive of most policy changes that tighten the certification process.

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[9] Guillermo Leiva, Assistant Commissioner, New York City Department of Transportation Bureau of Parking. New York City placards only function in that city, but any resident of New York State can receive one.

[10] CA DMV, November 2012

State policymakers, would likely face significant pressure from the disability rights community because of the increased hurdles created for valid placard applicants. Additionally, such a system would require a large annual operating budget and oversight to ensure it performed well. It is unlikely that policymakers would support such a change.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **n/a**

While the process would be easy to understand, the limit on which medical professionals could certify placards would create a significant hurdle on many valid placard users.

This policy would not directly impact those who already have placards.

Implementation and operational feasibility – relevant agency capability: **low** other jurisdictions feasibility **n/a**

Initially, implementing this policy would require legal work at state level in determining "state certification" and changing agreements with doctors currently certified for other processes. The DMV would need additional staff to oversee and verify the certified doctors list, and would need new funding to cover costs. It is likely the state would need to cover costs for the doctor visits, as is done in New York City. New York City's program certifies around 28,000 placards annually and costs "millions and millions" every year for that city alone.[11]

This is state level change with no impact on local agencies.

Financial feasibility (No adverse fiscal impact to City) – **no impact, large cost to state**

This is state level change with no financial impact for the City of San Francisco, except for a slight increase in meter revenue due to the slight decrease in placard abuse. It would, however, be costly for the state (see above).

Time needed to get new policy approved and implemented ***– implemented 2016, all placards recertified 2018***

The state could change the current law by 2015 and begin implementing in 2016. Realistically, all placards would not be recertified until 2018. Costs for the state would be very high and could be estimated if requested.

[11] Guillermo Leiva

6. Applicant review system similar to paratransit

Policy Overview

Modeled on the local paratransit process, this policy envisions a process whereby applicants submit an application and then undergo a review based on functional ability. Depending on the application content, that review could be on the phone, in-person, and/or conducted by an eligibility analys. If the application was rejected, the applicant could appeal to regional panel of stakeholders.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **slight improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **slight improvement**

Reduces placard misuse *(reduction in placard misuse)* – **moderate reduction**

This policy is a variation on policy #4, with a secondary certification visit for placard issuance and the analysis is the same.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

While policymakers are enthusiastic about reducing fraud, the increased bureaucracy and costs for a statewide program would likely temper that enthusiasm. Public perception of widespread abuse would likely lead to high levels of support for a secondary certification program.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **n/a**

While the process would be easy to understand, it places a significant hurdle on many valid placard users by requiring an in-person interview for the majority of applicants.

This policy would not directly impact placard holders.

Implementation and operational feasibility – relevant agency capability: **low**, other jurisdictions feasibility **low**

In order for this system to work, the state would need to set up a huge verification program, or empower each county to do so. Given these costs, it is unlikely that such a system could be implemented effectively across the state.

Financial feasibility (No adverse fiscal impact to City) – **large adverse impact**

This is state-level change with significant costs; based on paratransit review costs, the state or county would need to spend an average of $100 per applicant. The DMV receives an average of 202,800 new permanent

placard applications each year. If this program resulted a 30% decrease in annual applications, visit costs throughout the state would be over $14 million per year. This does not include costs to set up new administrative processes.

If counties were required to cover the cost of visits, San Francisco would be responsible for $327,500 a year for a projected 3,275 new placards per year (assumes a 30% decrease in applications). The cost of this service to the nine-county Bay Area would be $3 million annually for over 30,000 placards a year.

Furthermore, counties or regions would need staff and resources to set up appeal panels.

Time needed to get new policy approved and implemented **– 2019**

State legislation could be in place by 2015. Setting up the program would take five to six years.

7. State database overhaul and certifier verification program (RTC model)

Policy Overview

This policy would require the state to implement a database based on the Bay Area Regional Transit Connection (RTC) Discount Card Program. It would digitally collect information about placard applicants and certifying professionals, including a scan of the certifiers' signatures. First-time certifiers would be verified over the phone utilizing state medical licensing databases. Subsequent certifications by the same professional would be verified using the provider's previously scanned signature. If the program finds discrepancies between the new application and the scanned signature, verification would occur via phone. Recertifying existing placards could occur over two to three renewal cycles (about four to six years) in order to manage the burden placed on the DMV and on large medical certifiers who might be inundated by application recertification.

Utilizing the database, a periodic review of applications could identify providers who are certifying significant numbers of placards. Unless there is a clear reason for particular providers to certify placards in high numbers, they would be targeted for educational outreach. Using this system, certifiers become aware that there actions are being audited and misunderstandings about eligibility can be cleared up quickly. In the RTC program, no enforcement action has been required.

Implementing a new database would allow the DMV to better fulfill information requests from local governments who have statutory authority to request any information in the placard application. Currently, the application information is unable to collect this information in digital form.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **slight improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **slight improvement**

Reduces placard misuse – **moderate reduction**

Before the RTC implemented their system, many Bay Area transit agencies used a trust-the-certifier system similar to the current placard system, and there appeared to be fraud in issuance. After the new system was implemented, the number of RTC applications dropped 30% in the first year.[12]

This program would reduce the number of placards that are distributed to people who do not qualify for them, but will not address the larger issue of individuals misusing placards that are not theirs.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

[12] Interview with Carol Walb, Manager of Customer Services, BART. Project manager for RTC program

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **n/a**

This policy does not have direct impacts on applicants and only ensures that those who are certifying compliance with the placard program are eligible to do so.

The RTC program has an application rejection rate of 2%, mostly because the cited disability does not qualify for the RTC program. Over 14 years of implementation, only one person appealed a rejected application. This suggests that there is no hardship imposed on applicants through the additional verification process.

Implementation and operational feasibility – relevant agency capability: **moderate;** other jurisdictions feasibility **n/a**

The DMV uses a database that is based on outdated technology that has many limitations on how much information can be collected. In order to implement this project, the DMV would need to create a separate database just for the placard program.

Additionally, the first years of operations on this project would involve a large number of provider verifications, as all medical providers would be new to the system and would require verification phone calls.

The RTC program runs on a budget of $410,000 a year and receives 40,000 applications a year. The DMV currently receives an average of 202,800 new permanent placard applications per year. Assuming that a new certification program would result in a 25% reduction in applications, the DMV would receive around 152,100 permanent placard applications each year. A mature placard program would cost about $1.6 million a year to run.

This would be a state-level change with no local implementation.

Financial feasibility (no adverse fiscal impact to City) – **no impact**

No local fiscal impact

Large impact to the state (see above).

Time needed to get new policy approved and implemented **– 2015**

Implementation of a system that does not require replacing the entire DMV database could be completed quickly.

Time limits

8. Four-hour meter time limits for placard holders (unless posted time limit is longer)

Policy Overview

For placard holders, meter time limits would be four hours citywide, except for in locations with longer or no time limits. Blue zones could still have no time limits. Currently, most San Francisco meters have a time limit of two hours or less. In SF*park* pilot areas, which cover about a quarter of the City's meters, most meters have four-hour time limits, although some have no limit at all.

People with disabilities often need more time to carry out their activities than people without disabilities, so short time limits can impose hardships. Based on experiences in other jurisdictions, four hours should be sufficient. In Philadelphia and Arlington, two cities with time limits for placard holders are effectively three to four hours, advocates interviewed did not think that time limits were a significant issue for people with disabilities.[13]

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **slight improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **slight improvement**

Reduces placard misuse– **slight reduction**

A 2012 SFMTA parking survey found that vehicles with placards stayed an average of 39% longer than those without placards, across all types of parking spaces.[14] Setting a reasonable time limit for placard holders should help improve turnover in regular metered spaces. This is important, given that the same survey found that vehicles displaying placards occupied 15% of all spaces.[15]

Unlimited parking is one of the incentives to abuse placards, so adding time limits will likely reduce placard misuse somewhat. However, placard abuse did not diminish when almost a quarter of San Francisco's meters switched to four hour time limits in 2010: placard usage continued to increase[16] and Disabled Placard Detail PCOs didn't see any changes by neighborhood.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

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[13] Rocco Iacullo, staff attorney, Disability Rights Network of Pennsylvania; and Doris Ray, director of advocacy and outreach, Endependence Center of Northern Virginia.

[14] The survey analysis did not separate length of stay by type of parking space, so we do not have the length of stay in blue zones vs. regular metered zones.

[15] Vehicles surveyed included commercial vehicles in loading zones; the proportion of parked cars with placards would be higher if these vehicles were omitted. In some neighborhoods, one in four cars had a placard.

[16] SFMTA parking surveys. In 2009, 13% of vehicles citywide displayed placards; in 2011, it was 14%; and in 2012, it was 15%.

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **n/a**

This policy is fairly easy to understand, and ADA does not proscribe meter time limits.

Implementation and operational feasibility – relevant agency capability: **high;** other jurisdictions feasibility **high**

Requires change in state law. This policy can be implemented either as a state mandate, or in the state allowing cities the flexibility to set their own time limit rules.

Time limits are not difficult to implement, but time limits without meter payment are harder to enforce because they require PCOs to conduct two passes.

Financial feasibility (no adverse fiscal impact to City) – **slight positive impact**

Local implementation costs would not be high: the SFMTA would need to implement new signage, conduct communications, and train PCOs. The slight reduction in placard abuse may result in a minor increase in meter revenue.

Time needed to get new policy approved and implemented **– 2016**

State law will need to be changed, which could occur by 2015. An education program for placard holders would need to take place explaining the new rules, implementation would likely occur in late 2015 or early 2016.

9. Placard holders observe posted time limits in green zones

Policy Overview

Green zones are for short-term parking, with time limits of 10 to 30 minutes. They are intended to support local merchants and reduce double-parking by opening up spaces in front of businesses like dry cleaners, florists, and small neighborhood grocery/deli convenience stores. Currently, vehicles bearing disabled placards or plates are exempt from the time limits in green zones; with this policy, those vehicles would no longer be exempted from the time limit. Loading and unloading time does not count towards time limits, so people with disabilities could take the time they need to get in and out of their vehicles. Green zones are generally directly in front of the relevant business.

There are currently 1,200 metered and 360 unmetered green zones. Qualified merchants pay to establish both types of green zones, but only the unmetered zones require annual payment for re-painting. Over the years, many businesses in unmetered areas have chosen not to renew their green zones because spaces are so often occupied by vehicles with placards that park for long periods of time. Last year, 13% of the unmetered green zones weren't renewed, and the reason cited most often was disabled placard usage.[17]

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **no change**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **no change**

Reduces placard misuse *(Reduction in placard misuse)* – **no change**

This policy would have no meaningful impact on parking availability outside of green zones, but would open up spaces in green zones. It would make it easier for everyone, including those with disabilities, to pick up their dry cleaning or conduct similar short-term activities. It would also reduce double-parking in front of such establishments, reducing congestion and allowing Muni to run more efficiently.

With current policy, placard holders are more likely to find open spaces in green zones because of the short time limits in green zones, and then they can park for an unlimited time. It would be important to combine this time limit policy change with an increase in blue zones.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **high**, public: **high**

This would require state policy change. Business and merchant groups would most likely support it.

[17] Color curb program manager, SFMTA.

Ease of user interface – policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **n/a**

The SFMTA would need to conduct a communications campaign and use meter decals or signage to make sure visitors understand.

Implementation and operational feasibility – relevant agency capability: **high** other jurisdictions feasibility **high**

This would not be a difficult policy for the SFMTA or other jurisdictions to implement.

Financial feasibility (no adverse fiscal impact to City) – **no impact**

Implementation costs would include communications, new meter decals, and PCO training. SFMTA would receive a small amount of revenue from increased fees from businesses renewing green zones,[18] but the Agency would also have to incur costs repainting the renewed green curbs.

Time needed to get new policy approved and implemented **– 2015**

After state law change by January 2015, this could be implemented by the end of 2015.

[18] If all merchants had renewed in 2012, the SFMTA would have received approximately $15,000 more in fees.

Meter payment

10. All placard holders pay regular rate at meters

Policy overview

Disabled parking placards and license plates are intended to improve access for people with mobility impairments by enabling them to park close to their destination. However, disabled parking placards are not currently providing sufficient access to people with disabilities, in part because blue zones and regular parking spaces are often filled by vehicles displaying placards. At the November 27, 2012, Accessible Parking Policy Advisory Committee meeting, all members agreed that under current circumstances, people with disabilities can't find sufficient parking.

When parking is free for a subset of drivers, there is a significant incentive to abuse the system. By introducing a pricing component, San Francisco would eliminate this financial incentive and join most areas in the country in charging placard holders to park at meters. 35 states already have some form of meter payment policy for vehicles with placards.[19] California is one of only eight states in the U.S. that provides both meter and time limit exemption to vehicles with disabled placards.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **large improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **large improvement**

Reduces placard misuse *(Reduction in placard misuse)* – **large reduction**

Research into best practices of placard parking programs finds those cities that provide the greatest access to accessible parking zones and meters include pricing in their toolbox. Philadelphia, Houston, Phoenix, Arlington, Winnipeg, Boulder, and Raleigh all have successful programs that include payment at the meter. SFMTA staff were unable to find any programs that reduced placard abuse and provided meaningful access to blue zones and general parking meters without including some form of meter payment by placard holders.

Cities that have lifted payment exemptions for placard holders report a significant reduction in placard misuse. In downtown Philadelphia, the proportion of metered spaces with vehicles displaying placards dropped from 65% to 2% in the first year of pricing. This resulted in on-street parking availability increasing from 2% to 13%.[20]

Most cities where placard holders pay at the meter also have accessible meters in their blue zones.[21] Phoenix has meters in some but not all blue zones, and access is poor in those that do not have meters.

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[19] October 16, 2012, Memo from the California Senate Office of Research

[20] Philadelphia Parking Authority

[21] Confirmed that Arlington, Phoenix, Philadelphia, Boulder, and Raleigh place meters in blue zones that are within metered areas.

Jennifer Longdon, Chair of the Phoenix Mayor's Commission on Disability Issues, said, "whatever you do, make sure you meter your blue zone" to improve access.

Recognizes diverse needs/requirements of the disabled community (policy designed to be suitable for some variability in income and disability type) – disability type: **no change** income: **no change**

Like San Francisco's current policies, this new policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

This policy requires state law change and will require strong support from some advocates. Many cities in California are interested in this policy change. The public's concern about placard misuse and parking access could provide support for proposals that require payment at the meter.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **depends on implementation**

If the policy is implemented statewide, this policy is very simple and easy to understand. If implemented in specific cities, user comprehension will require good signage and communication. However, advocates and staff in Philadelphia, Phoenix, and Arlington, where not all neighboring cities charge placard holders for parking, report that by and large placard holders are aware of the rules. All three cities report some citation complaints by people from out of town, but not significant numbers.

Most of San Francisco's meters are not ADA compliant; therefore accessible payment options will need to be provided. Different jurisdictions have achieved this in different ways.

Implementation and operational feasibility – Relevant agency capability: **high,** other jurisdictions feasibility: **high**

The biggest logistical challenge for the SFMTA and other jurisdictions is ensuring payment accessibility, but the Agency has the capacity to solve this challenge. The SFMTA already has PayByPhone at its meters and is planning to install "smart", credit card enabled meters across the city by 2014.

Financial feasibility *(no adverse fiscal impact to City)* – **positive impact**

The SFMTA would incur costs setting up accessible payment options. For instance, it would cost approximately $50,000 to $100,000 to program the PayByPhone system to waive transaction fees for placard holders only. However, this policy would result in increased meter revenue. For instance, Philadelphia experienced a $1.6 million increase in revenues after it started requiring disabled placard holders to pay for the posted time limit (they then get a one-hour free grace period).[22]

Time needed to get new policy approved and implemented **– 2016**

Would require changes to state law. Could be passed by 2015 and implemented by 2016.

[22] https://www.wral.com/news/local/wral_investigates/story/7587736/

11. Placard holders pay at meters except for those who physically cannot pay

Policy overview

This policy is a variation on policy #10, with the addition of an exemption (or "second tier") from parking payments for individuals with dexterity or physical disabilities that make meter payment difficult. Often called a "two-tier" system, this is currently the policy in a number of states and cities, including: St. Louis, Houston, Michigan, and New York State (except for New York City). Illinois passed legislation to implement such a system in 2014.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **large improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **large improvement**

Reduces placard misuse *(Reduction in placard misuse)* – **large reduction**

See analysis above. Providing this narrow exemption has not been found to diminish the increased access achieved in policy #9. The exception is St. Louis, where for a number of years large numbers of ineligible people received meter payment exemption placards. They changed their issuance strategies and re-certified all meter exemption placards, and placard abuse dropped significantly.

Recognizes diverse needs/requirements of the disabled community (policy designed to be suitable for some variability in income and disability type) – disability type: **yes** income: **no change**

By providing an exemption for those who cannot physically pay at the meter, this policy accommodates the diverse needs of the disabled community. It doesn't vary based on income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

This policy requires state law change, and will require strong support from some advocates.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **yes**

Exemptions would be applied for and given during the initial placard application period. Written with clear guidelines, the policy would be easily understood. The meter exemption would require issuance of either a differently-colored placard or a sticker that could be affixed to the standard placard.

Since exemptions would be based specifically on a physical inability to pay at the meter, this policy would be consistent with ADA.

Implementation and operational feasibility – relevant agency capability: **high**, other jurisdictions feasibility **high**

This policy would require additional documentation be developed at the state level in order to allow individuals to apply for an exemption. Additionally, educational materials for both medical professionals who

certify and current placard holders, who will need to apply for the exemption, will need to be created to alert them to the changes. There would not be any significant feasibility issues on local jurisdictions unless the exemption policy is implemented on the local level.

Financial feasibility (No adverse fiscal impact to City) – **positive impact**

As with policy #10, this policy would result in increased meter revenue. The SFMTA would not need to incur costs setting up accessible payment options.

Time needed to get new policy approved and implemented ***– 2016***

This policy would require changes to state law. It could be signed into law in 2015 and implemented by 2016.

12. Placard holders pay a discounted rate at all meters

Policy Overview

This policy is the same as policy #10, except that all placard holders would pay a reduced rate at meters.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **moderate improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **moderate improvement**

Reduces placard misuse *(Reduction in placard misuse)* – **moderate reduction**

As discussed in policy #9, introducing pricing would reduce placard abuse and open up spaces in blue zones and general metered parking. By allowing placard holders to pay a discounted rate at all meters, this policy would continue to provide an incentive for fraud and misuse, but at a reduced level.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

This policy requires state law change, and will require strong support from some advocates.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **depends on implementation**

Discounted parking policy is simple to explain to users. It is likely that in order to receive the discount, placard holders would be required to utilize a special payment system such as PayByPhone.

Most of San Francisco's meters are not ADA compliant; therefore accessible payment options will need to be provided. Different jurisdictions have achieved this in different ways.

Implementation and operational feasibility – relevant agency capability: **low,** other jurisdictions feasibility **low**

Implementing a discount for disabled placard holders is logistically complicated. The PayByPhone system could be programmed to allow disabled placard holders to set up accounts that allow them to receive the discount.

Providing discounts for placard holders who do not have cell phones would be more difficult. The SFMTA would have to explore a pre-paid parking permit program along the lines of Arlington's iPark or Boulder's prepaid parking coupons, both of which would involve new bureaucratic processes to implement and oversee.

Financial feasibility (No adverse fiscal impact to City) – **slight to moderate positive impact**

Enabling PayByPhone to recognize valid disabled placard holders and provide them with a discounted rate would cost $50,000-$100,000. Updating the parking enforcement handheld systems so that PCOs could verify that the vehicle paying a discounted rate has a placard would cost an additional $50,000.

The SFMTA would need to hire additional staff to run the discount program and ensure that the system operated successfully. Additional payment options, like coupons or iPark, would add further costs to the program.

The SFMTA would gain additional meter revenue, potentially a bit more than the costs.

Time needed to get new policy approved and implemented **– 2017**

This policy would require changes to state law. It could be passed in 2015 and implemented by 2016 or 2017.

13. Discounted rate in metered blue zones

Policy Overview

This policy is the same as policy #10, except that meters in blue zones would have a discounted rate.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **moderate improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **large improvement**

Reduces placard misuse *(Reduction in placard misuse)* – **large reduction**

As discussed in policy #10, introducing pricing would reduce placard abuse and open up spaces in blue zones and general metered parking. Having a discounted rate only in blue zones would create just a small incentive to cheat.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **high**

This policy requires state law change, and will require strong support from some advocates.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **depends on implementation**

Meters in blue zones would simply be programmed with a lower rate, so this policy would be very clear for users.

Most of San Francisco's meters are not ADA compliant; therefore accessible payment options will need to be provided. Different jurisdictions have achieved this in different ways.

Implementation and operational feasibility – relevant agency capability: **high,** other jurisdictions feasibility **high**

Implementing a discount in blue zones would be easy to implement.

Financial feasibility (No adverse fiscal impact to City) –**positive impact**

The SFMTA would gain additional meter revenue.

Time needed to get new policy approved and implemented **– 2016**

This policy would require changes to state law. It could be passed in 2015 and implemented by 2016.

14. Low income placard holders pay a discounted rate at meters

Policy overview

This policy is the same as policy #9, except that low-income placard holders would pay a reduced rate at all meters. All other placard holders would pay the posted rate.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **large improvement**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **large improvement**

Reduces placard misuse *(Reduction in placard misuse)* – **large reduction**

As discussed in policy #9, introducing pricing would reduce placard misuse and increase access.

By allowing low-income placard holders to pay a discounted rate at all meters, this policy would continue to provide an incentive for fraud and misuse, but at a significantly reduced level.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **yes**

This policy does not vary based on disability type, but provides a discount based on income.

Approval feasibility – advocates: **TBD**, policymakers: **moderate**, public: **moderate**

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **yes**, meets ADA physical requirements: **depends on implementation**

A discounted parking policy for low-income individuals is simple to explain to users.

Most of San Francisco's meters are not ADA compliant; therefore accessible payment options will need to be provided. Different jurisdictions have achieved this in different ways.

Implementation and operational feasibility – relevant agency capability: **low** other jurisdictions feasibility **low**

Beyond the issues presented in policy #11, a needs-based discount requires that an agency (likely local, not state) certify that placard holders are low income. The SFMTA runs a needs-based discounted Muni pass program[23] in conjunction with the San Francisco Human Services Agency. This program requires administrative staff, and people have to purchase them in person.

[23] For more information, see http://www.munilifeline.org/index.cfm.

Providing the discount could be achieved with a discounted parking card (i.e., purchase a $50 value for $25), but there would be no way to stop a person without a disabled placard from using such a card. The SFMTA might have to explore a pre-paid parking permit program along the lines of Arlington's iPark or Boulder's prepaid parking coupons, both of which would involve new bureaucratic processes to implement and oversee.

Financial feasibility (no adverse fiscal impact to City) – **positive impact**

The SFMTA would need to hire additional staff to run the discount program and ensure that the system operated successfully. However, the SFMTA would gain additional meter revenue, resulting in an overall positive financial impact.

Time needed to get new policy approved and implemented **– 2017**

This policy would require changes to state law. It could be passed in 2015 and implemented by 2016 or 2017.

Enforcement

15. Improve enforcement

Policy overview

The SFMTA has a team of 11 PCOs plus one supervisor that dedicates all of its time to enforcing placard abuse. This team conducts stakeouts and twice-weekly stings, confiscating roughly 1,800 placards per year. They conduct their work and reporting carefully. Although almost 60% of placard-related citations are contested (and 12% of those protests go all the way to the CA Superior Court), nearly 90% of all citations are eventually held up. In contrast, a recent news article claimed that 74% of recent placard citations in Chicago had been reversed.

Because of the high protest rate on citations, as well as concerns for the safety of PCOs, Disabled Placard Detail PCOs work in teams of two. This enables one person to provide eyewitness testimony for future hearings which results in the high success rate for the department. Additionally, Placard Detail PCOs spend 25-30% of their time writing extensive reports that will provide the required details for court hearings.

All officers currently help enforce accessible parking, issuing citations for blue zone infractions, ramp obstructions, and expired placards. They do not confiscate placards or attempt to catch misuse. When PCOs cite for expired placards, they then call the Disabled Placard Detail, which will attempt to confiscate the placard.

Under this proposal, the SFMTA would explore the feasibility and effectiveness of various actions to improve enforcement, such as increasing stings, increasing the number of PCOs who can enforce placard misuse, beginning a volunteer program, and adding a photo to placards.

INCREASE STINGS

Stings are an effective way to catch placard misuse: over 90% of the placard confiscations in the first half of 2012 were the result of stings. The Disabled Placard Detail currently conducts two stings per week. The SFMTA could explore increasing that number, perhaps by reducing the number of stakeouts.

CONDUCT OUTREACH REGARDING PLACARD ENFORCEMENT

Many people do not know how to send in tips regarding potential placard misuse. The SFMTA could conduct press and outreach activities to alert the public about the enforcement hotline and 311. Members of the public could also be encouraged to submit complaints and pictures via any of the various 311 smartphone apps.[24] See Appendix IV for a description of Phoenix's placard enforcement outreach campaign.

[24] There are many apps that send reports directly to 311. See http://www.sf311.org/index.aspx?page=733

INCREASE THE NUMBER OF PCOS WHO CAN ENFORCE PLACARD MISUSE

Because of the time-intensive and sensitive nature of placard enforcement, it is infeasible for all PCOs to be trained and empowered to confiscate placards and cite for misuse. A PCO enforcing placard misuse needs to catch the person in action, sometimes walk a few blocks to find a placard-holder passenger, and prepare a lengthy report. A PCO cannot undertake these activities and do the rest of her job. Taking the time away from other enforcement activities, such as meter enforcement, would result in reductions in overall parking citations. It is unlikely that increases in placard confiscation and citation rates would outweigh the reductions in all other citations. Furthermore, placard misuse enforcement is safer and more effective in teams of two, and most PCOs work on their own.

ADD A PHOTO TO PLACARDS

Adding a photo to placards would help PCOs identify who a placard belongs to more quickly, but PCOs would still need to talk to a driver before writing a citation. If the placard obviously doesn't belong to the driver, the PCO must find out if it belongs to a passenger who is somewhere nearby.

In Charleston, South Carolina, the recent addition of photos on placards has not caused major privacy issues, but neither has it changed placard use or misuse. Robert Somerville, Assistant Director of the City of Charleston Department of Traffic and Transportation said that according to both the City's ADA Coordinator and the Director of Parking Enforcement, there hasn't been any noticeable change in placard use since the institution of photos. At least two other states require photos on placards: New Mexico and Massachusetts. Chicago placards include gender and birth year.

The CA DMV would need to implement new processes in order to add photos to placards.

BEGIN A VOLUNTEER PROGRAM

Houston and Phoenix both have volunteer enforcement programs. The Phoenix program, which employs ten volunteers, focuses largely on off-street lots in outlying areas where the police department does not regularly enforce parking regulations. Appendix IV includes a full description of Phoenix's program. The Houston program focuses on citing vehicles without placards parked in accessible parking zones.

Evaluation

The evaluation below relates to improving enforcement in general, and not to the specific ideas above.

Makes it easier for people with disabilities to find parking in blue zones – **no change**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **no change**

Reduces placard misuse *(Reduction in placard misuse)* – **negligible**

In isolation, increased and intensive parking placard enforcement has not been shown to be an effective tool to increase access to blue zone or general meters. Both Chicago and Houston have had large, proactive enforcement efforts and both cities continued to have access issues. After years of intensive enforcement, Houston added a pricing component to their placard parking policies and has since seen access for people with disabilities increase.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

As with current policies, this policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD,** policymakers: **moderate**, public: **high**

Policymakers are likely to support a program that enforces placard rules, but will be less interested in supporting a program that increases costs significantly without large success. The public would fully support pursuing placard abusers and would not be aware of the effectiveness of this particular proposal.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **n/a**, meets ADA physical requirements: **n/a**

This policy would not require placard users to understand new rules or policies and would not impact the physical ability of people with disabilities to access parking.

Implementation and operational feasibility – relevant agency capability: **depends on tactics** other jurisdictions feasibility **unknown**

Financial feasibility (no adverse fiscal impact to City) – **depends on tactics**

The Disabled Placard Detail costs the city $1,850,000 per year but citations only bring in a bit more than $1,085,000 in revenue, resulting in a net cost to SFMTA of $768,000 a year for placard enforcement.

Time needed to get new policy approved and implemented **– depends on tactics**

16. Conduct enforcement on those who certify placards

Policy overview

Under this policy, police officers would target offices that certify placards to determine if they are doing so in violation of the law. This would be an attempt to reduce the amount of abuse.

Evaluation

Makes it easier for people with disabilities to find parking in blue zones – **no change**

Makes it easier to find parking in general metered spaces, esp. those with disabilities – **no change**

Reduces placard misuse *(Reduction in placard misuse)* – **negligible**

With over 514,000 placards in the nine-county Bay Area alone, it would be very difficult to catch enough fraudulent placard certification to meaningfully reduce placard fraud or help open up parking spaces in blue zones and at general meters. The DMV placard database does not currently keep track of certifiers, so there is no data to target those who might be selling fraudulent placards. This data might help target a few obvious offenders.

Recognizes diverse needs/requirements of the disabled community *(policy designed to be suitable for some variability in income and disability type)* – disability type: **no change** income: **no change**

This policy does not vary based on disability type or income.

Approval feasibility – advocates: **TBD**, policymakers: **low**, public: **high**

All the stakeholders who are impacted by parking placard fraud are likely to support enforcement efforts in order to reduce misuse and fraud. Policymakers, on the other hand, are likely to be lobbied by medical professionals and their advocacy organizations because of the intrusion into their practices and the low efficacy of this policy.

Ease of user interface – if implemented, policy will be easy for placard holders to understand: **n/a**, meets ADA physical requirements: **n/a**

Implementation and operational feasibility – relevant agency capability: **moderate** other jurisdictions feasibility **moderate**

In order to provide effective enforcement on medical certifiers, the DMV would need to change their parking placard database to track information on certifiers and medical practices so that law enforcement officers could target their efforts at practices that have a high rate of issuance.

Financial feasibility (no adverse fiscal impact to City) – **moderate negative impact**

Time needed to get new policy approved and implemented **– TBD**

Fraud enforcement requires sworn police officers because it's a criminal investigation. This would make any investigation expensive.

Options not subject to full analysis

17. Conduct monthly stings on those displaying placards

The SFMTA's Disabled Placard Detail currently conducts placard stings twice a week. Between January and June of 2012, the Detail conducted 99 stings, and each sting resulted in an average of almost eight placard confiscations. In total, 759 of the 820 placards confiscated during that period were the result of stings.

18. Use traffic cameras to enhance enforcement

Enabling the city to use traffic cameras for this purpose would require changing state law, with limited benefits. Red light cameras are only legally allowed for use in red-light enforcement, and the SFMTA's SFgo traffic cameras and live image only and do not record. Given that looking through video can be time consuming, SFMTA staff were unable to identify efficiencies that would suggest that using cameras would increase placard citation issuance.

19. Require more frequent certification for people over 75

This idea aims to alleviate concerns about placards being used after a qualified placard holder passes away. The DMV already does a bi-annual purge of placards based on death certificates, which requires the reissuing of all placards. Additionally, the DMV also updates its placard records on more frequently so that PCOs have that information when checking placard use. More frequent certifications would not provide sufficient benefit to overcome the burden on the senior.

Appendices

Appendix I: Public Right of Way Accessibility Guidelines proposal excerpt

The U.S. Access Board completed their proposed Public Right of Way Accessibility Guidelines (PROWAG) on July 26, 2011, and accepted public comment until February 2012. They are currently analyzing over 600 public comments, and hope to publish final rules by the end of 2013. At that point, it will be up to the Department of Transportation and the Department of Justice to adopt it as an enforceable standard.[25]

The full document is available here: http://www.access-board.gov/D59CD636-9ED5-4A24-8C65-070517B46783/FinalDownload/DownloadId-7ACD47E1138A1E8493652291EC2B8A7B/D59CD636-9ED5-4A24-8C65-070517B46783/prowac/nprm.pdf.

Below is an excerpt from the document related to blue zone distribution, found in Chapter R2- Scoping Requirements, page 71.

R214 On-Street Parking Spaces

Where on-street parking is provided on the block perimeter and the parking is marked or metered, accessible parking spaces complying with R309 shall be provided in accordance with Table R214. Where parking pay stations are provided and the parking is not marked, each 6.1 m (20.0 ft) of block perimeter where parking is permitted shall be counted as one parking space.

Table R214 On-Street Parking Spaces	
Total Number of Marked or Metered Parking Spaces on the Block Perimeter	**Minimum Required Number of Accessible Parking Spaces**
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 and over	4% of total

[25] Melissa Anderson, Transportation Engineer, US Access Board.

Appendix II: Eligibility criteria comparison

State	Mobility	Vision / hearing	Use of arms, hands	Assisted mobility	Lung disease	Cardiovascular	Other
California	A diagnosed disease or disorder which substantially impairs or interferes with mobility A significant limitation in the use of lower extremities The loss, or loss of the use of one or more lower extremities	Visual acuity of 20/200 or less OR the widest diameter of the visual field subtends an angle of 20 degrees or less	The loss, or loss of the use of, both hands	Unable to move without the aid of an assistive device	Forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxy tension is less than 60 MM/HG on room air at rest	A cardiovascular class III or class IV based upon standards accepted by the American Heart Association	
Pennsylvania	Cannot walk 200 feet without stopping to rest Uses portable oxygen Is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition	Is blind	Does not have full use of an arm or both arms	Similar to CA	Same as CA	Same as CA	
Virginia	Cannot walk 200 feet without stopping to rest Uses portable oxygen Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition Debilitating condition that, limits or impairs ability to walk	Is legally blind or deaf		Similar to CA	Same as CA	Same as CA	Mental or developmental amentia or delay that impairs judgment, incl. autism Diagnosed with Alzheimer's disease or form of dementia Condition that creates a safety concern while walking because of impaired judgment or other physical, developmental, or mental limitations

State	Mobility	Vision / hearing	Use of arms, hands	Assisted mobility	Lung disease	Cardiovascular	Other
Texas	Cannot walk 200 feet without stopping to rest Uses portable oxygen Severely because of an arthritic, neurological, or orthopedic condition Has a disorder of the foot that limits or impairs the person's ability to walk Has another debilitating condition that, limits or impairs the person's ability to walk	Same as CA		Similar to CA	Same as CA	Same as CA	
Arizona	Unable to walk 200 feet without stopping to rest Uses portable oxygen Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition			Similar to CA	Same as CA	Same as CA	

Appendix III: Placard certifier comparison

	Physician	Optometrist	Podiatrist	Chiropractor	Physician's assistant	Nurse practitioner	Other
California	X	X		X	X	X	Surgeon Nurse-midwife
Pennsylvania	X		X	X	X	X	
Virginia	X		X	X	X	X	
Arizona	X		X	X		X	Hospital administrator Osteopathy
Texas	X	X	X		X	X	

Appendix IV: Phoenix's education and volunteer enforcement programs

Interview with Officer Walter Olsen, ACE & MAP Coordinator, Phoenix Police Department

ACCESSIBILITY COMPLIANCE ENFORCEMENT (ACE) VOLUNTEER PROGRAM

The Pheonix Accessibility Compliance Enforcement (ACE) program employs volunteers to write accessible parking citations. Volunteers focus on off-street parking lots (places like shopping centers and hospitals) in the outer areas of Phoenix, which is the second largest city in United States by area.

Volunteers are allowed to cite for on-street violations, but this isn't needed: the Phoenix Police Department enforces parking regulations in the downtown area, where all on-street accessible parking zones are located. Volunteers can theoretically cite for all placard violations, but they are instructed not to interact with the people they are citing. It's very rare for a volunteer to write a citation for placard fraud or misuse.

Initially volunteers were writing 3,000 citations a year, but now it's about 1,000. They write approximately one citation per hour. One third are dismissed, most because the vehicle owner has a placard that they forgot to display. The volunteer is required to go to court if the ticket is contested.

There are currently ten volunteers, but the program is authorized for up to 20 and has employed that many in the past. Most of the volunteers are in their seventies. Volunteers keep their own hours and are allowed to patrol anytime between 6 a.m. and 10 p.m. They must wear their uniform while patrolling and cannot write citations when not in uniform. They fill out worksheets for each day that they work which provides the hours worked, citations written, etc.

Volunteers must undergo a background check, attend two training meetings, and volunteer 43 hours every six months. If they put in a minimum of 16 hours a month, they receive an $84/month stipend meant to cover time and expenses for court appearances. Volunteers also receive $0.56 a mile (IRS rate) for mileage travelled while they work. They buy their own uniforms and use their own cameras to photograph violations. The program costs $24,000 a year for the volunteers, plus 25% of a police officer's time for oversight in addition to liability/workers comp insurance.

In Phoenix, placard holders must pay at the meter. Officer Olsen stated that he feels free parking for placards would have negative results for those who need access by creating "way too big" of an incentive to abuse placards.

SAVE OUR SPACES EDUCATIONAL PROGRAM

The Phoenix Police Department also runs the Save Our Spaces educational program in connection with the ACE program. It advertises its disabled parking hotline for reporting vehicles parked illegally in blue zones. People who call the hotline are asked to identify the location, make and model and license plate. This information is collected by police department staff and a warning letter is sent to the reported violator. If reports of a specific vehicle parking illegally in the same spot regularly, the police will send an officer to cite the vehicle. The hotline receives about 100 calls a month.

Additionally, the program conducts a public awareness campaign during the holiday shopping season, reminding people that it is illegal to park in blue zones without a placard, that citations are expensive, and that access is important to the people with disabilities. The campaign includes a press conference with ACE volunteers and morning radio show visits by the ACE coordinator.

The Phoenix Mayor's Committee on Disability Issues initially ran the program with a $10,000 annual budget. The Commission used this money predominantly for advertising in movie theaters, but that proved to be ineffective.