

**PLANNING GUIDELINES FOR
COORDINATED
STATE AND LOCAL SPECIALIZED
TRANSPORTATION SERVICES**

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Prepared by the

Coordinating Council on Access and Mobility

**The Office of the Secretary
U. S. Department of Health and Human Services**

And the

**The Federal Transit Administration
U. S. Department of Transportation**

PLANNING GUIDELINES FOR COORDINATED STATE AND LOCAL SPECIALIZED TRANSPORTATION SERVICES

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EXECUTIVE SUMMARY

The Coordinating Council on Access and Mobility defines the **coordination of specialized transportation** services in the following way:

"Coordination is a process through which representatives of different agencies and client groups work together to achieve any one or all of the following goals: more cost-effective service delivery; increased capacity to serve unmet needs; improved quality of service; and, services which are more easily understood and accessed by riders."

Experience and research have shown that coordinating program resources for transportation services can lead to increased service availability and more cost-effective transportation services for persons with limited access and special needs. The U.S. Department of Transportation (DOT) and U.S. Department of Health and Human Services (HHS) are jointly developing a coordination resource, the **Transportation Coordination Toolkit**, to assist states and communities in their efforts to improve access to transportation services for persons with special mobility needs. The initial piece in the **Transportation Coordination Toolkit** is this guide to coordinating transportation planning for programs in DOT and HHS. However, the Departments recognize that there are over 70 federal programs in which some aspect of transportation services is an allowable use of funds. An additional document in the **Transportation Coordination Toolkit** will be a compilation of these Federal-funding sources, "**Building Mobility Partnerships.**"

This guide to coordinated transportation planning addresses the information and actions necessary to coordinate the transportation resources of various programs of DOT and HHS. While each community's needs, skills, and resources will differ, leading to unique transportation service designs for each community, coordinating the resources of human service and transit agencies will usually create substantial benefits. In this document, you will find program information, advice, and encouragement for persons and agencies interested in increasing the amount and quality of transportation services provided to persons who have special transportation needs.

COMMITMENT AND EXPECTATIONS

Understanding the critical role that transportation plays in providing access to health and human services, the Secretaries of the Department of Health and Human Services (HHS) and Department of Transportation (DOT) are committed to the maximum feasible coordination of the transportation activities of their respective grantees. Grantees are expected to work together to achieve the greatest cost-effectiveness in delivering high-quality transportation services to persons who need them. Through the Coordinating Council of Access and Mobility, HHS and DOT will continue to encourage state and local efforts to coordinate transportation services by providing technical assistance and guidance throughout their respective networks of grantees and service providers. Both Secretaries encourage all their grantees, where appropriate, to become more involved in coordinated transportation planning efforts, to meet regularly with each other, and to fully consider the needs and services offered by the others.

COORDINATION BEGINS WITH PLANNING

Better coordination between the programs of HHS and DOT that fund specialized transportation services begins with the planning process. Coordinating early in the planning phase demonstrably creates more benefits, as shown by state and local experiences. The result is enhanced and improved transportation services. This guide demonstrates how to plan coordinated transportation services, identifies Federal sources of funds for specialized transportation, and outlines the steps that should be taken to develop a coordinated planning process. Detailed information on program requirements, contacts, technical assistance resources, and other sources of information will be found separately in the **Resource Guide for Coordinated Transportation Planning, which is also contained in the Transportation Coordination Toolkit.** Case studies demonstrating the techniques offered here are also included in the **Transportation Coordination Toolkit.**

Because the individual programs of HHS and DOT were created by Congress to address the distinct needs of specific constituencies, these programs have unique purposes, regulations, funding cycles, and procedures. Understanding and operating with these differences can be a complex undertaking. Serious coordination efforts often constitute a new way of doing business, outside of the traditional programmatic boundaries of service delivery. Although challenging, these differences also present opportunities to promote creativity and develop new approaches not seen in the existing service design.

The Federal Highway Administration (FHWA) and Federal Transit Administration (FTA) field staff in cooperation with HHS will work with states to monitor the progress of coordination efforts and to provide technical assistance and identify "promising" practices to publicize and disseminate as guidance. Metropolitan Planning Organizations (MPOs) and state departments of transportation (DOTs) will be expected to demonstrate progress in sponsoring and coordinating planning activities for specialized transportation services. HHS and FTA will also assist HHS funded agencies to monitor progress toward coordination. For areas where progress has not been made, FTA, FHWA and HHS will work with state and local agencies to identify where barriers do exist and work to solve them.

COORDINATION REALITIES

The potential benefits from coordinating transportation services can be significant. Benefits include increased service levels, increased mobility for all consumers, better quality of service for riders, cost savings (especially on a unit cost basis), upgraded maintenance programs, better reporting and record keeping, more equitable cost sharing between participating agencies and individuals, more professional delivery of transportation services, and safer transportation services. An absence of coordinated planning processes has resulted in duplicated services, gaps in service, and greater expenditures for transportation operations.

Coordination does entail financial and political commitment, and should not be viewed as the solution for all transportation problems. It may be initially more expensive, more difficult, and more time-consuming to achieve than most agency representatives expect. Coordination may increase overall cost-effectiveness or reduce unit costs but the significant unmet need in most communities will mean that these savings may not necessarily be available for other activities.

Coordination depends on mutual trust among all parties involved, so that constant attention is necessary to maintain the relationships and ensure that all parties keep working together. Coordination is often

a fluid, evolving process that requires constant reinforcement as persons and institutions change. Flexibility is the key to successful coordination in planning and in operations.

PLANNING STEPS

Recognizing the diversity of issues and resources challenging those wishing to coordinate, planning for coordination is presented through an 11-step outline in Chapter 5. Whether at the state or local level, these guidelines provide a practical tool for human services and transportation planners seeking to implement coordinated transportation services.

Using the resources described and the information provided in this guide, it is possible to plan and implement high quality services, set specific goals and objectives, consult with the broadest possible range of community interests and representatives, and monitor the services to ensure their effectiveness and quality. Coordination is a management strategy that can help you get the most cost-effective results.

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FEDERAL POLICY SUPPORTS COORDINATION

PURPOSE OF THESE GUIDELINES

These coordinated planning guidelines are intended to assist states and localities in their efforts to increase the amount and quality of transportation services available to persons who have special transportation needs. Such improvements are possible by coordinating funds from the programs of U. S. Department of Health and Human Services (HHS), and the U. S. Department of Transportation (DOT). These Guidelines are one of a series of documents to be included in a **Transportation Coordination Toolkit** that is described in more detail later in this chapter.

Those who have extensive experience in the area of transportation coordination may wish to skip Chapters 1 through 4, which contain information on the background and history of coordination, and review Chapter 5.

The Secretaries of Health and Human Services and Transportation are committed to the maximum feasible coordination of the transportation activities of their respective grantees, including but not limited to human services transportation, Americans With Disabilities Act (ADA) paratransit and fixed-route public transit. This commitment is detailed in the transmittal letter for this document signed by both Secretaries. Grantees are expected to work together to achieve the greatest cost-effectiveness in delivering high-quality transportation services to persons who need them. HHS and DOT will support state and local efforts to coordinate transportation services by providing technical assistance and guidance throughout their respective networks of offices to their grantees. Both Secretaries encourage all their grantees to become more involved in coordinated transportation planning efforts, to meet regularly with each other, and to consider fully the needs and services offered by the others.

BACKGROUND

When human service agencies realized that many of their clients had no means of accessing needed services that were otherwise available to them, many agencies started their own transportation systems. Agencies with transportation as their primary mission (such as public transit agencies) and agencies with other primary missions (such as human service agencies) are now both involved in offering what have come to be known as *specialized transportation services*.

Coordination became an important management strategy when we found that agencies dealing with human service transportation needs were doing so in a “silo” or “stovepipe” fashion: dollars and rules came down from above in a narrow and constrained manner, and the perspective was one of a closed system from

the top to the bottom. The transportation needs of one agency's clients could be served without coordination, but often at considerable expense and with some service quality problems. Many agencies had similar client travel needs, but fiercely guarded the rights and interests of their own clients against competing interests and the prerogatives of their own turf from outsiders. Few of these agencies were working with public transit agencies to secure transportation services for their clients and few public transit agencies were attempting to serve human service clients.

The longstanding commitments of HHS and DOT are represented by their joint efforts on the Coordinating Council for Access and Mobility (formerly the Joint HHS/DOT Coordinating Council on Access and Mobility), which was formed in 1986 to encourage and support the coordination of community transportation resources. The members of the Coordinating Council consist of the relevant Agency heads in HHS and FTA. The Coordinating Council has worked with states and localities to identify successful coordination practices and the technical assistance that is needed to support the development of these activities. The **Resource Guide of the Transportation Coordination Toolkit** provides information on technical assistance available to states and localities wishing to improve the coordination of their transportation resources.

Congress has indicated a growing interest in the issue of the coordination of transportation services through language in the appropriation legislation of the Departments of Transportation and Health and Human Services. In part, such language stimulated the development of this document and the **Transportation Coordination Toolkit**.

TRANSPORTATION COORDINATION TOOLKIT

The **Transportation Coordination Toolkit** is designed to provide detailed resource and practical experience information for use by individuals and organizations wishing to improve the coordination of transportation planning and service delivery.

The **Transportation Coordination Toolkit** will include the following resources:

- **Planning Guidelines for State and Local Specialized Transportation Services** – a guide that provides specific information on the planning for coordination of transportation services in HHS - and DOT-funded state and local programs
- **Resources for Transportation Coordination** – a compilation of information on funding sources, terminology, research and demonstration reports, and state and local agency contacts
- **Innovative State And Local Practices In Planning For Coordinated Transportation** – a detailed report of 15 case studies of successful state and local coordination efforts
- **Overcoming Coordination Challenges** – a compilation of frequently asked questions about coordination impediments with responses from practitioners
- **Building Mobility Partnerships** – a resource guide of over 70 federal programs providing funding for some aspect of community transportation
- **A Pocket Guide to Coordination Planning** – an easy reference card summary of the eleven steps to planning transportation coordination.

ISSUES FOR FEDERAL CONSIDERATION

The Coordinating Council on Access and Mobility will continue to support the coordination of federal agencies that fund and oversee transportation and human services programs. A number of concerns and ideas were identified through outreach sessions and the comment period as these Guidelines were developed. Among these are the following issues that will be explored by the Coordinating Council:

- Develop incentives for the development and/or enhancement of coordination activities at the State and local level
- Expand the membership of the Coordinating Council on Access and Mobility to include other relevant federal agencies.
- Improve HHS and DOT communication with State and local programs on coordination issues.
- Institutionalize coordination of transportation planning and resources at the federal level
- Work with states to develop criteria for evaluation of state-level consolidation efforts to identify benefits and challenges.
- Provide ongoing forum for raising state and local impacts of regulatory inconsistencies.
- Develop partnerships with states to encourage coordination and identify appropriate criteria for evaluating coordination efforts.

2

COORDINATION BASICS: THE WHATS AND THE WHYS

WHAT IS TRANSPORTATION COORDINATION?

The coordination of specialized transportation services is a **process** in which two or more organizations interact to jointly accomplish their transportation objectives. For the purposes of this document, coordination is defined as *“a process through which representatives of different agencies and client groups work together to achieve any one or all of the following goals: more cost-effective service delivery; increased capacity to serve unmet needs; improved quality of service; and, services which are more easily understood and accessed by riders.”*

Coordinating transportation means obtaining more results with your existing resources through working with others from different agencies with unique perspectives. Coordination is also an intensely local activity. The best plans for coordinating transportation services will need to be tailored closely to each community's unique needs, skills, and resources.

Most of the agencies or programs that will participate in coordinated transportation services must account to state and/or federal funding sources regarding the expenditure of program funds. Thus, it is essential to clearly define and communicate what is meant by coordinated transportation to all parties who are potential participants.

Three terms are often used interchangeably in discussions about coordination: cooperation, coordination and consolidation. These terms have different meanings and are more clearly understood in the context of working relationships and organizational commitments:

- **Cooperation:** Working together in some loose association, perhaps focusing primarily on information sharing, in which all agencies retain their separate identities and authorities, including control over the vehicles that they own.
- **Coordination:** Joint decision and actions of a group of agencies with formal arrangements to provide for the management of the resources of a distinct system.
- **Consolidation:** Vesting all operational authority in one agency that then provides services according to purchase of service agreements or other contractual relationships.

Each of the phases implies different levels of involvement and commitment. Cooperation is integral to coordination and consolidation. Coordination is usually as far as the process progresses. Consolidation is rare. Although often providing a high degree of efficiency and monetary benefit, the loss of control inherent in consolidation proves too threatening to many agencies.

Whatever level of coordination is ultimately achieved, the coordination process entails joint efforts in converting perspectives of narrow self-interest into broader community-wide activities. Individuals who may not be used to talking or working with each other will need to develop levels of trust, respect, and shared responsibilities. A willingness to be open-minded about changing long-standing operating procedures will be required. This can include the blending of travel purposes, client types, travel modes, funding sources, vehicle types, and the needs of different political jurisdictions, as well as philosophies and perspectives.

WHY COORDINATE TRANSPORTATION SERVICES?

To meet national objectives for human service programs, whether they focus on education, job training, welfare reform, elderly nutrition, health and medical care, or many other services, the programs' intended recipients must have access to those services. But the intended recipients of such programs are often individuals with the most limited means of access and mobility.

Years of research, demonstrations, and evaluations have shown that coordinating transportation services is a management strategy that can generate significant benefits for participating agencies and consumers. Coordination efforts can work effectively at either the state or local level. The stakeholders and activities at the state and local levels will differ. At the state level, the benefits of coordination efforts are realized in "good government" improvements. State level transportation and human service agencies are able to do more effective service planning and project implementation in transportation. The potential benefits of transportation coordination at the local level include greater service levels, increased mobility for all consumers, better quality of service for riders, cost savings (especially on a unit cost basis), upgraded maintenance programs, better reporting and record keeping, more equitable cost sharing between participating agencies and individuals, more professional delivery of transportation services, and safer transportation services.

In communities a variety of public and private agencies provide transportation services to persons who are disadvantaged in their ability to obtain transportation. These agencies and organizations often include:

- Departments of Social Services, which arrange Medicaid transportation as well as transportation for low-income persons; Departments of Health and Mental Health, which provide medical trips;
- Area Agencies on Aging, which transport elderly clients to senior centers and other service destinations;
- Vocational and or developmental disabilities departments, which transport clients to sheltered workshops for employment and training;
- Departments of Employment, which are responsible for implementing U. S. Department of Labor funded programs, such as those serving individuals who are moving from welfare to work;
- Departments of Education, which transport many students and provide specialized transportation for vocational rehabilitation students;
- Public transportation agencies, which provide general public transportation services as well as complementary paratransit services to transport persons with certified disabilities wherever the public transit agency provides fixed-route transportation; public transit agencies sometimes also offer special services for the elderly; and

- Many different private non-profit organizations, such as the Red Cross and faith-based organizations, which provide transportation to a variety of persons for different purposes.

Each of these agencies and organizations may receive funding for transportation services from one or many sources, including Federal, state, local and non-profit programs. Such funds are accompanied by specific objectives for serving limited clientele and by specific rules and operating requirements.

At the state level, coordination efforts might include a broad range of public agencies and organizations representing providers and consumers of transportation services. The participants may include:

- State transportation agency
- State Medicaid agency
- State agency on aging
- State social services agency
- State health agency
- State economic development agency
- State workforce development agency
- State mental health agency
- State Developmental Disabilities Council
- State consumer organizations
- State associations of public transit providers
- State association of paratransit providers
- State associations of private for profit transportation operators
- Appropriate local officials
- Business and civic leaders.

WHY ISN'T IT EASIER TO COORDINATE THESE RESOURCES?

It is very important to recognize the **basic categorical nature of federal grant programs**: these grant programs originate from separate congressional sources and are supported by distinct national constituencies. Federal funds reaching the localities come from many categorical programs developed to serve distinct and specific target groups with different needs.

Successful coordination means finding ways to reconcile the relevant funding and programmatic differences in these programs, a significant challenge. Part of that challenge will involve dealing with persons who are unfamiliar with the missions, objectives, terminology, rules, and regulations of agencies other than their own. For example, the use of the term “client” is indicative of the differences between human services and transportation agencies. Individuals are “clients” in the human services agency and “riders or consumers” in the transportation agency. Such basic differences may seem trivial, but can be the source of misunderstanding. Serious coordination efforts constitute a new way of doing business, outside of the traditional programmatic boundaries of service delivery. It requires a clear understanding that there are many different federal programs that are interested in transporting individuals in need of human services.

The large number of programs poses a challenge and an opportunity. Underlying all the work necessary to coordinate transportation services is the complexity of working with multiple administrative entities, each with their own requirements and procedures.

The basic missions and organizational cultures of DOT and HHS are different. DOT/Federal Transit Administration (FTA) programs support state and local agencies that are providing transportation services for all members of the general public (except for services provided under the ADA, which are restricted to a specific segment of the general public). HHS programs support state and local agencies providing a variety of specified social or health services to specific, restricted groups of individuals whose receipt of such services is often tightly controlled by programmatic eligibility requirements. **The transportation services provided to human services clients are not primary but secondary services:** they are provided solely for the purpose of accessing targeted services or achieving other stated objectives.

DOT and HHS-funded programs differ structurally regarding eligible recipients, eligible activities, appropriations, allocations, requirements for matching Federal funds, funding availability, funding cycles, planning procedures, and reporting requirements. Program-by-program requirements are summarized in the *Resource Guide for Coordinated Transportation Planning*.

DOT-funded public transportation agencies **have specific, comprehensive and relatively uniform Federal requirements for planning while HHS-funded programs meet varied federal planning or performance monitoring requirements reflecting different legislative origins.** DOT grantees generally have specific requirements to monitor and to report the results of their transportation efforts to their Federal funding sources. Data on transportation expenses and outcomes are more readily available from DOT's grantees, whose primary missions are to provide public transportation. HHS grantees, whose primary missions are to provide human services, are generally not required to monitor and report on transportation efforts, making data on transportation in human services programs less readily available at the Federal level. HHS-funded programs have legislative mandates, regulations, administrative structures, program funding flows, administrative oversight, and planning procedures that differ from each other as well as from those of transit agencies. A significant policy issue is **where to insert a coordinated planning process in the chain of command.** For many programs, the obvious answer would be within the departments in State governments that administer the Federal funds, but significant HHS and DOT programs bypass States altogether; they either establish a direct Federal-local linkage, or they work through a Federal-regional-local model.

More detailed information on the specific differences between HHS and DOT funded programs and the practical implications of those differences can be found in the **Overcoming Coordination Challenges** booklet of the **Transportation Coordination Toolkit**.

THE BENEFITS OF COORDINATION

Coordination strategies can improve the performance of various individual transportation services as well as the overall mobility within a community. It wrings inefficiencies out of the disparate operations and service patterns of a multiplicity of providers. Coordinated services can achieve economies of scale not available to smaller providers and can result in higher quality services. Greater efficiency helps to stretch the limited funding and personnel resources of these agencies. Coordination helps to control fraudulent activities associated with financial accountability. Coordination can also lead to significant reductions in per trip operating costs allowing communities to use these savings to expand services to persons or areas not previously

served. Persons with special transportation needs benefit from the greater amount of transportation and higher quality services when transportation providers coordinate their operations. Organizations participating in coordinated efforts often find that they have access to a greater number of sources for matching funds when applying for transportation funding. Lastly, when there is a well-organized local coordinated planning effort, elected officials, agencies, consumers and others become aware and educated about the planning processes of a wide range of community services.

The following kinds of inefficiencies and problems are often observed in the absence of efforts to coordinate:

- A multiplicity of operators, each with its own mission, equipment, eligibility requirements, funding sources, and institutional objectives; the absence of a formal mechanism for cooperation or communication among these operators;
- A total level of service well below the total level of need;
- Inefficient use of vehicles;
- Significant variations in services available during particular times of day or days of the week and to specific groups of persons, and duplicative services in some neighborhoods but substantial gaps where no service is available in other areas;
- Substantial variations in service quality, including safety standards, from provider to provider;
- A lack of reliable information for consumers, planners, and service operators, describing the services being provided and their costs;
- The absence of an overall compendium of services available or of the funds being used to provide them; and
- The absence of a reliable mechanism to quantify overall service needs and create a comprehensive plan to address these problems.

Coordination isn't always easy to achieve, and it won't solve all transportation problems in all communities. Coordination will be effective in communities where there is substantial unused vehicle time, substantial unused vehicle capacity; or a lack of economies of scale in planning, administration, operations, purchasing, or maintenance. Thus, **coordination has its most visible impact in communities where transportation efficiency is low.** However, in communities where persons who need services are not being served but there is little or no inefficiency, coordination by itself will not be an effective strategy: in these cases, additional resources are needed. For a more extensive discussion of the challenges to coordination, see **Overcoming Coordination Challenges** in the **Transportation Coordination Toolkit**.

THE COSTS OF COORDINATION

Coordination has its costs. It may be initially more expensive, more difficult, and more time-consuming to achieve than most agency representatives initially perceive. Coordination may increase overall cost-effectiveness or reduce unit costs (for example, costs per trip) but coordination may not necessarily free up transportation dollars for other activities. Some agencies have hoped to see money returned to them. This has seldom happened because any cost savings realized are most often devoted to addressing unmet travel needs. Also, coordination agreements can unravel over time, so that constant work is necessary to ensure that all parties keep working together.

3

FEDERAL RESOURCES FOR SPECIALIZED TRANSPORTATION SERVICES

Over 70 Federal programs have been identified that might provide funding for community transportation. In order for coordinated transportation services to obtain the benefits of broad-based funding, it is necessary to understand which funds are available and what are the requirements of the agencies that make the funds available. Although not addressing the universe of federal funding available for transportation services, this guide provides details on 12 HHS programs and 10 DOT programs. Together, these 22 programs provide almost \$10 billion annually to assist transportation systems to provide access for persons with special transportation needs. This chapter reviews the major HHS and DOT Federal funding programs for specialized transportation services and some of the issues involved in coordinating the resources of these programs. The **Transportation Coordination Toolkit** includes additional information on these Federal programs in “**Building Mobility Partnerships.**”

THE KEY DOT AND HHS PROGRAMS

The programs listed below are the major DOT and HHS sources of funding for specialized transportation services. Persons interested in specialized transportation should consider all of these programs as potential funding sources and potential grantees as partners.

U.S. DEPARTMENT OF TRANSPORTATION

The DOT programs that have the most effect on services for persons with special transportation needs are administered by DOT's Federal Transit Administration (FTA). FTA, one of the eleven operating administrations or agencies of the DOT, is the principal source of federal financial assistance to America's urban, suburban, and rural communities for the planning, development, and improvement of public transit systems. Transit planning efforts are required to be integrated with highway planning activities, which are funded through the Federal Highway Administration (FHWA).

FHWA funds should be considered for specialized transportation needs in addition to funds from FTA. The legislation currently authorizing DOT expenditures, the Transportation Equity Act for the 21st Century, known as TEA-21, continues the prior legislative opportunity for flexible funding. If states and localities so desire, some funds from FHWA-administered programs may be used for transit rather than highway purposes. This ability to flexibly apply DOT funds for local needs can be a major resource for localities responding to specific mobility needs.

Within DOT, the programs that support specialized transportation efforts are administered by the FTA. Some FHWA programs are also relevant in that transit initiatives are eligible expenses for certain FHWA funds. FTA and FHWA use identical planning and programming requirements for use of their funds, and FHWA has joint oversight responsibilities with FTA regarding metropolitan and statewide planning.

The majority of FTA's recipients are transportation service providers. Providing the general public with transportation services is their primary mission except the Section 5310 program that provides transportation services to the elderly and individuals with disabilities. Public agencies that have been approved by an individual state to coordinate services for older persons and persons with disabilities may receive Section 5310 funds from FTA to implement service delivery programs.

FTA has a formal process for planning, program development, review, and approval. Federal funds (from the Highway Trust Fund monies and general revenues) are dispensed through federal procedures. There are distinct federal, regional, State, and local components and responsibilities in the grant process; the intent is to facilitate a collaborative process of achieving a consensus on transportation investment priorities. FTA, through its headquarters and regional offices, provides a substantial amount of instruction to its grantees as to procedures and products required for the receipt of federal assistance for locally developed plans. FTA has established review processes under which the activities of all grantees are to be reviewed and evaluated according to federal standards. One of FTA's administrative requirements is that for all of its' urbanized area formula program, grantees are required to submit financial and performance information that is compiled as the National Transit Database. In addition, information is collected through state and local sources to support management of their programs for elderly and disabled individuals, for non-urbanized areas, and for transportation planning.

DOT has oversight responsibility for ensuring the implementation of paratransit services as required by the Americans with Disability Act (ADA) of 1990. ADA requires that communities with fixed route transit services provide comparable complementary paratransit services for those individuals who are unable to access the fixed route service because of a disability. Experience and research has indicated that communities including their ADA paratransit services in a coordinated transportation effort achieve lower per trip costs and higher quality service for ADA paratransit users. When ADA paratransit resources are included in coordination efforts, they increase the availability of vehicles, personnel, and expertise to the larger effort.

The key DOT programs for specialized transportation services are shown in Table 3-1 and reviewed in detail in the *Resource Guide for Coordinated Transportation Planning* in the **Transportation Coordination Toolkit**.

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHS programs fund a wide variety of research and service provision programs. HHS programs funding the provision of health or human services do permit expenditures of funds for transportation services with a few exceptions. The most notable exception is the Medicare program, which provides funds for medical services and equipment for persons 65 years or older and persons with disabilities. Medicare does not pay for non-emergency transportation, but does pay for appropriate emergency ambulance service. However, as stated previously, most of the HHS-funded programs may choose to purchase or provide transportation as a supportive service to their primary mission.

The Older Americans Act directs Area Agencies on Aging (AAA) to consider transportation as a priority service as the AAA is developing its service plan. The Head Start Program encourages but does not require grantees to provide for the transportation of children participating in the program. The Medicaid program requires that States include in their state Medicaid plan an assurance that program recipients will have access to medical services. The states have significant discretion on how they fulfill the assurance of access commitment. In the Temporary Assistance for Needy Families program (TANF), transportation is an allowable expenditure of TANF funds. However, the states have significant discretion in the specific use of the funds from purchase of vehicles and payment of insurance costs to payments to transit providers to assist in extending routes or service hours.

Most of HHS's agencies conduct human service transportation activities in a fashion far different from FTA's vertical integration of program development, review, approval, and oversight. Much of the legislation authorizing HHS programs provides general revenue funding through block grants or formula grants to states. HHS programs reserve significant operating decisions and reviews for state and local officials. Transportation is rarely mentioned in legislation and generally appears in regulation only as one of a series of support services. Reflecting congressional direction in the individual programs, most (but not all) of HHS's programs have limited Federal guidelines regarding transportation in their planning, federal program review, and federal oversight.

Many of the recipients of HHS funding are multi-service organizations. Transportation is seen as an ancillary service enabling them to accomplish their key missions, and transportation is only one of many services offered to their clients. While transportation is not required in statute or regulation for most HHS programs, it often must be provided through HHS-funded services or through public transit in order for program goals to be achieved

The key HHS programs for specialized transportation services are shown in Table 3-2 and reviewed in detail in the *Resource Guide for Coordinated Transportation Planning in the Transportation Coordination Toolkit*. Funding levels indicated in Table 3-2 are estimates with the exception of the programs of the Administration on Aging, the Head Start Program in the Administration for Children and Families and the Medicaid program of the Health Care Financing Administration. These estimates represent 5% of the program funding. This percentage reflects a conservative estimate based on the known percentage of funding in programs with purchase of vehicles or purchase of transportation services identified as allowable costs. The SAMHSA funding level is based on a 1% estimate of program funding. Total agency funding levels may include programs not listed on the table.

**Table 3-1
MAJOR DOT FUNDING PROGRAMS
FOR SPECIALIZED TRANSPORTATION SERVICES**

<i>Notes</i>	<i>FY 2000 funding (millions of \$)</i>	
	<i>Total</i>	<i>For transit services</i>
*Provides funding for planning, not for direct services.		
**These funding sources could leverage transportation programs for the coordination of specialized transportation services but only under particular kinds of efforts and in partnership with certain agencies. Application for the use of these funds is useful only when an existing agency receiving the funds agrees to partner in a project. CMAQ funds are to be used in air quality non-attainment areas only. These funds can be transferred or "flexed" to fund transit projects. See Resource Guide for more details.		
<hr/>		
<i>Program</i>		
U. S. DEPARTMENT OF TRANSPORTATION	\$ 50,472	\$ 6,985
<hr/>		
<i>Federal Transit Administration</i>	\$ 6,088	\$ 6,028
Urbanized Area Formula Program (Section 5307 of the transportation section of the U. S. Code, Title 49)	\$ 3,420	\$ 3,420
Transit Capital Investment Grants (Section 5309)	\$ 2,962	\$ 2,962
Non-Urbanized Area Formula Program (Section 5311)	\$ 203.2	\$ 203.2
Elderly and Persons with Disabilities Program (Section 5310)	\$ 76.9	\$ 76.9
Metropolitan Planning Program (Section 5303)	\$ 49.6	---*
State Planning and Research (Section 5313)	\$ 10.4	---*
Job Access and Reverse Commute Program (Section 5320)	\$ 75	\$ 75
Over-the-Road Bus Accessibility (Rural Transportation Accessibility Incentive Program (Section 3038 of TEA-21))	\$ 3.7	\$ 3.7
<hr/>		
<i>Federal Highway Administration (FHWA)</i>	\$ 31,035	\$ 957.4
Surface Transportation Program (STP)**	\$ 5,592	384.4*
Congestion Mitigation and Air Quality Improvement Program (CMAQ)**	\$1,358	573*

**Table 3-2
MAJOR HHS FUNDING PROGRAMS
FOR SPECIALIZED TRANSPORTATION SERVICES**

<i>Note:</i>	<i>FY 2000 funding (millions of \$)</i>	
	<i>Total</i>	<i>For client transportation services*</i>
Most HHS-funded health and human services permit the use of funds for access services, however there are no requirements for providing transportation. *Amounts for client transportation estimated. See the Resource Guide for Coordinated Transportation Planning for details.		
U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$ 404,699.6	\$ 2,687.5
<i>Program</i>		
<i>Administration on Aging</i>	<i>\$ 932.8</i>	<i>\$ 66.1</i>
Grants for State & Community Programs on Aging (Title III)	\$ 310.1	\$ 65.2
Grants for Native Americans (Title VI)	\$ 18.5	\$ 0.93
<i>Administration for Children and Families</i>	<i>\$ 38,059</i>	<i>\$ 1,580.9</i>
Child Care and Development Block Grant	\$ 3,550	\$ 177.5
Developmental Disabilities	\$ 91.5	\$ 4.6
Head Start	\$ 5,267	\$ 525
Community Services Block Grant (CSBG)	\$ 500	\$ 25
Social Services Block Grant (SSBG)	\$ 2,380	\$ 23.8
Temporary Assistance to Needy Families (TANF)	\$ 16,500	\$ 825
<i>Health Care Financing Administration</i>	<i>\$ 360,000</i>	<i>\$ 838.8</i>
Medicaid	\$114,900	\$ 838.8
<i>Health Resources and Services Administration</i>	<i>\$ 3,833</i>	<i>\$ 183</i>
Community and Migrant Health Centers	\$ 1,830	\$ 183
<i>Substance Abuse and Mental Health Services Administration</i>	<i>\$ 1,874.8</i>	<i>\$ 18.7</i>
Community Mental Health Services Block Grant	\$ 340.8	\$ 3.4
Substance Abuse Prevention and Treatment Block Grant	\$ 1,534	\$ 15.3

4

PLANNING OVERVIEW: INSTITUTIONS, STRUCTURES AND OPPORTUNITIES

SETTING A CONTEXT FOR TRANSPORTATION PLANNING

Funding effective coordinated transportation services requires a process that melds service needs, available resources, and agency commitments. Planning for transportation services can typically take two forms. The first is **long-range comprehensive planning**. For DOT programs, long-range planning is part of the regional metropolitan planning process (that includes a 20-year time horizon) and facility development.

For HHS-funded programs, long-range planning usually reflects a five-year time horizon and varies significantly from program to program. Increasing emphasis on strategic planning processes in human services has encouraged longer term planning, but rarely beyond the five-year horizon.

The second type of planning is **service or operations planning**, which looks at service changes on a continuing basis over short time spans. Successful coordination planning entails both long-range and service planning. Understanding and implementing both are essential to the implementation of specialized transportation services.

Long-range planning is required by federal statute and DOT regulation. It examines the need for communities to expand its existing transportation system or develop a new capital facility. High rates of population and employment growth normally underlie these efforts. Procedures typically used in long range planning are the traditional comprehensive, cooperative, continuing transportation planning process. (This is known as the Federal Comprehensive Planning Process as required by the Federal-Aid Highway Act of 1965). **Service or operations planning** is an ongoing activity — often on transit routes, intersections or corridors — to improve service efficiency and effectiveness as well as to respond to immediate community concerns. Transportation planners should be involved in both aspects of planning in both urban and rural areas.

HHS-funded programs respond to planning requirements based on the individual health or social service missions of those programs. The planning period, scope and structure of the planning process, and plan review/approval process will vary significantly from program to program. This variation in planning processes reflects the differing statutes authorizing these programs and the wide range of health and social needs addressed by the programs. For example, Head Start agencies submit program reports each year that address their program intentions for subsequent years. The state agencies funded under the Older Americans Act choose a planning period of 3 to 5 years for their service planning process. A number of health agencies participate in a 10-year planning process targeting health outcomes for the general population and for specific target populations.

DOT and HHS program requirements provide states and localities with the flexibility to design transportation systems to meet unique state and local needs. Each state determines how the coordination planning will be administered and which public agencies will be responsible for program development, implementation, and evaluation. Responsibilities for leading or participating in plan development will vary from state to state and community to community with each selecting participant agencies and service delivery options.

PLANNING COORDINATED TRANSPORTATION SERVICES IN RURAL AREAS

Transportation can be a special challenge in rural areas, especially for persons without access to private automobiles. Long distances are a hallmark of rural travel, due to low population densities and the relative isolation of small communities. In addition, the wide variety of economic and social types of rural communities suggests that a variety of transportation solutions are needed.

Despite the difficulties, there are now more than 1,200 federally funded rural public transportation systems in the United States. Other services in rural communities transport human service agency clients and persons with special needs, such as those who are elderly or have disabilities. Almost 60 percent of all non-metropolitan counties have some public transportation services, but many of these operations are small and offer services to limited geographic areas during limited times.

Partly because their resources are so scarce, their needs are so large, and their local officials often know each other, many rural communities have coordinated their transportation services more successfully than their larger more urban counterparts. Human service agencies have often been the leaders in rural communities, first providing trips for their own clients, then helping to meet the needs of other agencies, and then offering services to the general public.

Transportation planning processes are similar in urban and rural areas, but rural transportation more often involves local human service agencies working in conjunction with state agencies, such as Departments of Transportation and inter-agency coordinating councils. A number of states have established multi-year (often, four- to five-year) local transportation development planning procedures that identify travel needs and resources, design and assess alternative delivery systems, and prepare implementation plans for the duration of the planning period. Other states do not offer planning guidance or assistance. The state-to-state variations in rural transportation planning are likely to be larger than the differences in urban areas.

Rural communities may have more need for specialized technical assistance than their urban counterparts, where planning institutions and procedures are more established. State departments and regional agencies may more often need to assist rural communities in quantitatively assessing needs and identifying resources (such as the Federal programs discussed in Chapter 3) and in obtaining expert evaluations of alternative transportation programs. Once such issues are resolved, prospects for implementing new transportation services in rural communities are excellent.

IMPACTS OF CURRENT PROCEDURES ON COORDINATED TRANSPORTATION PLANNING

IMPLICATIONS OF DOT PROCEDURES FOR COORDINATION PLANNING

The planning and coordination requirements for FTA transit programs in DOT are specified by statute. The 1998 reauthorization of highway and transit legislation, the Transportation Equity Act for the Twenty-first Century (known as TEA-21), creates a context for establishing FTA's procedures at the state and metropolitan level for planning, designing, and delivering transportation services that are coordinated with services provided by non-DOT agencies.

The new provisions in TEA-21 create a much stronger basis for coordinated planning and service delivery between recipients of DOT and HHS funds. DOT-funded recipients must include "the non-DOT agencies with planning functions to the maximum extent practicable," and non-DOT-funded transportation providers are "to participate and coordinate with DOT recipients to the extent feasible." Such language is the clearest expression to date of Congressional interest in the coordination in the planning and delivery of specialized transportation services.

The Federal legislative requirements in the planning programs (prior to TEA-21) are supported by regulations (for example, the FTA/FHWA Joint Planning Regulations). Operating and reporting procedures are transmitted to funding recipients and operating agencies through FTA Circulars (for example, the grant procedures for the Section 5307 program).

The requirement for DOT-funded transportation projects to be included in local Transportation Improvement Plans (TIPs) and State Transportation Improvement Programs (STIPs) carries with it the implication that these projects will be planned and coordinated with related programs on a metropolitan area or statewide basis, as applicable. The focus of these programs is the provision of transportation services. They are all authorized by statute, and the planning and operating procedures of the recipients of Federal funds are all well developed in FTA/FHWA Joint Planning Regulations and FTA Circulars. These features — statutory authorization, regulations, and circulars — help to reinforce the concept and practice of comprehensive and consistent planning.

IMPLICATIONS OF HHS PROCEDURES FOR COORDINATED PLANNING

Applications for funding for eight of the 12 HHS programs that fund transportation services are submitted to federal officials at the regional or headquarters level from the state level. For grants for Native Americans, Head Start, Community Services Block Grants, and Community Health Centers, the local agency or tribe is the recipient and is responsible for detailed program planning. The Administration on Aging uses a more detailed planning process that begins with the local area agencies on aging, feeds into a state plan and ends with submission to the Federal office.

In contrast, the actual delivery of transportation services (and their coordination, when practiced) occurs at the local level. Usually, coordination for human service agencies requires local agencies to plan together to find ways to meet their transportation needs using the full range of transportation resources available in the community, not just those resources that they control. To be able to link planning to delivery and coordination of services at the local level, then, depends upon:

- Local agency or community planning and operations,
- The ability of local human service and community agencies to coordinate to better allocate their scarce transportation resources,
- Accurate data on available services and needs,
- The planning and operational support provided by the state, and
- The conditions and constraints under which the programs and agencies operate.

The state agencies, in turn, exercise their planning, program management, and oversight responsibilities over local agencies either supporting or hindering local transportation coordination. Experience has shown that states generally support coordinating transportation services, but that financial assistance to plan and implement coordinated human service transportation may be difficult to obtain. With the recent pressures on transportation services that have been created by welfare reform (including pressures on states to meet Temporary Assistance for Needy Families (TANF) participation rates), some states are becoming more proactive in providing planning support.

ROLES AND RESPONSIBILITIES

METROPOLITAN PLANNING ORGANIZATIONS

Metropolitan Planning Organizations (MPOs) and Councils of Governments (COGs) often have responsibility for regional transportation planning. An MPO is an organizational entity with lead responsibility for developing long-range transportation plans and programs for Transportation Management Areas (TMAs) in urbanized areas of 200,000 or more in population. In some states, MPOs provide technical assistance to small urban areas (populations of 50,000 –100,000) and rural communities on transportation planning. In some areas, MPOs also lead other types of planning such as human services and housing.

MPOs and COGs are appropriate organizations to prepare plans, collect and analyze data, develop strategies, and allocate funds. MPOs participate in the prioritization of projects that span over a variety of highway, transit, mobility and coordination needs in a given region. They can play a significant role in stimulating regional cooperation among agencies and help minimize the fragmentation of services provided in a community or region. MPOs and COGs often take a multi-jurisdictional approach to coordination planning and problem solving, engaging a wide range of groups including human service and transit providers. Therefore, MPOs play lead roles in coordinating specialized transportation services in a metropolitan area.

LOCAL TRANSIT AGENCIES

The public transit operator or public transportation authority provides fixed-route transit services. The transit operator may be responsible for "special efforts services" and may have a demand-responsive system that could be included in the coordination plan. The operator may work with other agencies to develop interim accessible services leading to program accessibility.

STATEWIDE TRANSPORTATION PLANNING ORGANIZATIONS

State DOTs play a role in the delivery of specialized transportation services and/or program funding for specific areas. DOT staff provides knowledge of the industry and assist in partnering activities. State DOTs are considered stakeholders in coordination planning.

TEA-21 statewide planning provisions assist state DOT planners in organizing, gathering input, and presenting information about transportation needs, impacts, and investment choices. In doing so, stakeholders can influence their State's decision-makers about coordinated specialized transportation needs, impacts and investment choices. State DOTs must balance urban and rural coordinated transportation needs and differing demands of the various other forms of transportation. This is important because most transportation funding is provided by State governments or (in the case of Federal funds) through them.

The statewide planning process produces two products: statewide transportation plans and statewide transportation improvement programs (STIPs). Statewide transportation plans present a future vision for mobility that considers those factors that may impact or be impacted by transportation investments. STIPs are short-term documents that list the projects to be advanced in the next three years with Federal Transit Administration or Federal Highway Administration funding. The selection of projects for inclusion in the STIP is based upon a cooperative decision-making process between the state and MPOs in metropolitan areas, and the state and local officials in non-metropolitan areas.

In non-metropolitan areas, the implementing agency (usually the state or transit operator) is responsible for scheduling projects for implementation once included in the STIP. Therefore, it is important that the relevant stakeholders involved in coordinated transportation planning provide input at this stage to ensure that coordinated service plans are included in the prioritization process.

In coordinated transportation planning, statewide transportation planning is a cooperative venture in which those responsible for the performance of the transportation system and the stakeholders in coordinated specialized transportation services work together to define the best solution for human services transportation needs in the State.

The role of the state DOT staff is to ensure that the transportation plan is coordinated with planning undertaken by MPOs, transit agencies, private-and public-sector groups, and others that have or could have an impact on the transportation system. Furthermore, state DOT staff should consider public input and involvement in the decisions public officials make on future investments. This includes planning done at the local level for coordinated specialized transportation services. Lastly, DOT staff should provide technical assistance in rural areas. They play a significant role in stimulating cooperation among agencies and help minimize the fragmentation of services provided in a community.

FTA AND FHWA FIELD OFFICES

There are ten FTA Regional offices: Boston, New York, Philadelphia, Atlanta, Chicago, Fort Worth, Kansas City, Denver, San Francisco and Seattle. As a part of ongoing oversight and assistance, FTA Regional Office staff provides leadership, financial and technical assistance to FTA grantees.

FHWA Division Offices are located in every state, including Puerto Rico. FHWA Division Office staff provides technical assistance and education, support transportation infrastructure through investments, and strives to achieve technological advances in transportation systems.

Both FTA and FHWA field staff look for opportunities for local agencies to partner with human service providers. They also look for opportunities for including funding to support coordination planning at the local level.

States and MPOs engage in legislatively required program reviews. Both of these entities have regularly conducted Federal certifications to demonstrate that they are meeting Federal planning requirements. Every other year a state's planning efforts are reviewed jointly by FHWA and FTA in the "State Planning Findings." Every third year an MPO's planning activities are reviewed in the "Certification Review."

Within the context of the above oversight activities, FHWA and FTA field staff (DOT "Certification Review" Team), in cooperation with HHS, will work to monitor the planning process to encourage the following activities:

- Organizing meetings with State and local agencies
- Establishing task forces or other committees to implement the coordination plan
- Developing a memorandum of agreement or similar formal agreement among participating parties
- Partnering with an MPO, in urban and some rural areas
- Developing a joint service plan outlining goals, objectives and constraints
- Establishing an analytical process for identifying transportation service markets
- Designing a detailed service and financial operation plan to include service characteristics, operational system characteristics, and administrative features
- Establishing an evaluation criteria for choosing best service design
- Developing an implementation and funding plan
- Establishing a process for participant agencies to identify individual budget expenditures on transportation

In addition, FHWA and FTA will work together with HHS to provide future technical assistance and identify "good" practices to publicize and disseminate as guidance. Metropolitan and Statewide planning processes will be expected to demonstrate progress in sponsoring and coordinating planning through the above activities. For areas where progress has not been made, DOT will work with HHS to work with State and local agencies to identify and eliminate impediments to coordination.

LOCAL HEALTH AND HUMAN SERVICES AGENCIES

Local health services providers and human services agencies often become involved in arranging transportation services to ensure that clients have access to these services. These agencies obtain transportation services in several ways, including purchasing of transportation services through vouchers or tokens, contracting for services on an individual or bulk basis or, less frequently, actually providing the service themselves with agency-owned vehicles. In each of these situations, the health or human service agency brings several roles to the coordination effort. The primary role is as a funder of services, and the agency has resources to expend in order to secure access for their clients. However, the amount of funding available for transportation is usually driven by state and local priorities, not federal direction.

Another important role is, as a source of information on transportation needs in the community. The health or human service agency clients are frequently transportation disadvantaged due to lack of resources, physical or mental disability, or illness. As these agencies prepare service plans and reports on services provided, they aggregate information on the numbers of clients served, types of services provided, frequency of service, and, sometimes, the barriers that exist to providing appropriate service. In estimating the demand for transportation services, much of the information compiled by these agencies can assist local and state transportation planners to create more accurate estimates as a greater range of potential users and their needs are identified.

Health and human service agencies may also be a source of existing vehicles, drivers and equipment if these agencies have been providing their own transportation in the past and then choose to join a coordinated community transportation effort.

It is important to remember that these agencies are funded through different legislative authorities with differing reporting requirements and eligibility criteria. There are few, if any, requirements for coordination. Congress has increasingly stressed that grantees of HHS-funded programs not be burdened with reporting requirements beyond those indicated in legislation.

STATE HEALTH AND HUMAN SERVICES AGENCIES

Most local health and human service agencies participate in some type of planning process to identify resources and services to be needed for the coming year. This information is most often aggregated to the state level. Head Start programs, Community Action Agencies, and certain Native American programs report directly to the federal level with no state level agency involved. State-level health and human service agencies represent significant resources for data on services usage and need. Most of these programs do not have federal requirements to report specific information related to transportation expenditures and usage. However, research indicates that state health and human service agencies frequently compile data on program service-related transportation that is maintained and used at the state level. With few federal requirements for reporting this information, there is little consistency across states on the data compiled or its usage. Establishing state-level coordination mechanisms that involve health and human service agencies provides the opportunity to further enhance state transportation planning.

State health and human service agencies set priorities and identify statewide or sub-state regional initiatives. These agencies can have significant influence in the participation of local health and human service agency in the development, implementation and continuation of coordinated services.

REGIONAL HHS OFFICES

There are ten HHS Departmental regional offices: Boston, New York, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco and Seattle. They each provide leadership and guidance to HHS grantees in between four and eight states and territories. However, some of the HHS operating divisions use a hub-concept of regional representation, resulting in offices in bi-regional settings. The Indian Health Services organizes their efforts through service areas that do not overlap the HHS regions. The programs of the Substance Abuse and Mental Health Services Administration (SAMHSA), which include community drug and alcohol treatment programs as well as state and local mental health agencies, are primarily funded through block grants overseen from federal headquarters rather than the regional offices.

Each HHS Regional Office, led by a Regional Director, participates in a regional transportation work group with regional FTA representatives and, often, other federal agencies.

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HOW TO COORDINATE THE PLANNING PROCESS

Successful coordination depends on effective planning. To start the coordinated planning process, review the sequence of transportation planning steps outlined in the checklist below. Pay close attention to the following section about working through specific goals and objectives, because establishing these goals and objectives early in the planning process will greatly increase your chances of success. Finally, if you run into problems, ask for help. Technical assistance resources are listed in the **Resource Guide for Coordinated Transportation Planning** of the **Transportation Coordination Toolkit**.

The coordination-planning checklist below provides a representative synthesis of a coordinated guidance from states and localities around the country. In recognition of these guidelines and the wide variation of needs from community to community, DOT and HHS recommend that the checklist outlined in the next section be used as an overall framework. Those who are interested in implementing or enhancing coordination in states and communities would be well advised to review the list and the resource guide included in the **Transportation Coordination Toolkit** to fine tune their approaches.

CHECKLIST OF TRANSPORTATION PLANNING STEPS

Following the 11 steps below can help create successfully coordinated transportation services. It is important to remember that coordination takes place at both the state and local level. Use this checklist to make sure that you have covered all the bases. Come back and review it from time to time for a clear perspective on the planning process and its linkage to operations. Remember that the best plans for coordinated transportation services will be closely tailored to each community's unique needs, skills, and resources.

DOT and HHS encourage communities to include the following steps in coordinating their specialized transportation planning activities:

- ❑ 1. **IDENTIFY STAKEHOLDERS**
- ❑ 2. **ORGANIZE INITIAL MEETING**
- ❑ 3. **ESTABLISH COMMITMENTS AND FORM PARTNERSHIPS**
- ❑ 4. **SPECIFY GOALS, OBJECTIVES AND CONSTRAINTS**

- 5. **JOINTLY IDENTIFY CLIENT NEEDS**
- 6. **IDENTIFY TRANSPORTATION RESOURCES**
- 7. **DESIGN DETAILED SERVICE AND FINANCIAL OPTIONS**
- 8. **SELECT AND RECOMMEND A PLAN OF ACTION**
- 9. **CONFIRM AGENCY AND COMMUNITY COMMITMENTS**
- 10. **DEVELOP IMPLEMENTATION AND FUNDING PLAN FOR SELECTED ALTERNATIVE**
- 11. **MEASURE PERFORMANCE, MONITOR AND EVALUATE**

At each of these steps, it is vital to **include as broad a range of participants as possible**, such as the different transportation operators in the community, agencies that have responsibility for assisting clients with special needs in employment, education, health care, and a variety of other human services, members of the general public, members of the local political establishment (the representatives of the general public), and representatives of the local, State, and federal funding sources for transportation and human services.

All of these planning steps are crucial to success in the operational phases of transportation service. The planning process needs to be seen as continuous and iterative: plans are made, tested, refined, and retested in a repetitive cycle until they meet the systems goals and objectives in an efficient manner before operations begin. Nevertheless, operating procedures may need to be evaluated and modified several times before goals and objectives can be met most effectively.

Transportation systems must continuously plan for the efficient and effective delivery of services. Existing systems must decide whether services should remain the same or whether new or adjusted services will be offered. New systems must determine what services will be provided, how they will be delivered, when services will be offered, and what price will be charged to passengers or their sponsors. Service planning determines the operations, maintenance, administrative, and capital requirements of the transportation system according to the system's adopted goals and objectives. The seven key elements of a transportation service plan are:

- Service modes,
- Service availability,
- Organizational and institutional context,
- Service pricing,
- Personnel and labor requirements,
- Rolling stock, and
- Other capital requirements.

Coordination is applicable to all of these key elements. Sharing information, facilities, and resources across this broad spectrum of activities can lead to the kinds of coordination benefits described in Chapter 2,

including access to more funding sources, higher quality and more cost-effective transportation services, and transportation services that are more visible to consumers.

THE TRANSPORTATION PLANNING CHECKLIST IN DETAIL

1. IDENTIFY STAKEHOLDERS

The first step in coordinating specialized transportation service planning is to identify which individuals and organizations should be represented in the activity. Whether the coordination effort is to take place at the State or local level, it is important to reach across a broad spectrum of the relevant stakeholders. These stakeholders should include, but not be limited, to representatives of:

- Transportation consumers,
- Transportation disadvantaged constituencies,
- Public transit providers,
- ADA paratransit providers,
- State and local human services transportation providers,
- Private transportation providers,
- State and local human service agencies,
- Tribal representatives
- State and local welfare and workforce development agencies,
- State and local transportation planning agencies,
- Community-based organizations,
- Business community,
- Economic development agencies,
- Elected officials

These organizations represent different existing services, service providers, needed services and strategies to deliver and pay for coordinated specialized transportation services. Additional participants should include organizations responsible for regional planning functions. Participants may include local units of government or state agencies if they have responsibility for transportation service delivery or financial assistance.

2. ORGANIZE INITIAL MEETING

Once the stakeholders have been identified, the second step in the coordination process is to organize the initial meeting and establish open lines of communication. While this may seem all too obvious, many transportation professionals feel that this step is the most critical. In fact, prior to efforts at coordination, many transit and health and human service agency officials may never have had contact with one another.

Communities come together around transportation for different reasons. It could be that several agencies or consumer groups are experiencing a similar problem and in the course of trying to solve it discover that others are encountering comparable experiences. In other cases, agencies may come together to mutually maximize the use of constrained separate financial resources or under utilized equipment. Getting different service providers together could be the result of an effort at regional coordination, as led by either a regional

body like an MPO or regional planning agency; or it could be the result of interagency coordination at the statewide level, as led by a state body.

Whatever the reason for initial contact, it is important to bring a comprehensive group of transportation service providers and consumers together so that all services and resources can be identified at the same time that the full dimensions of service needs are being considered.

3. ESTABLISH COMMITMENTS AND FORM PARTNERSHIPS

A key element to successful stakeholder participation is the level of interest and commitment of each stakeholder. Forming partnerships is a primary step in the development of a cooperative relationship and in the maintenance of an effective team. Partnerships contribute to a coordinated approach to transportation service delivery in a number of ways. Members should be focused on identifying specific transportation challenges and finding solutions to those challenges. Without the establishment of working partnerships, none of the planning steps discussed would be possible because these steps depend on staff working together, sharing information and resources, and developing cooperative agreements. Consequently, the key stakeholders often lack a complete understanding of the current transportation services provided by their counterparts and opportunities to enhance services to their clients and the possibilities of realizing operating efficiencies through collaboration.

The formation of a coordinating forum can be such a step. Planning coordination forums should include the following agencies:

- Transportation brokerage agencies
- Area transportation planning and funding agencies
- Public transit and paratransit operators
- Human service transportation providers
- Private for profit transportation operators
- Tribal organizations
- Medicaid agencies
- Head Start agencies
- Area Agencies on Aging
- Developmental Disability Agencies
- Citizens
- Appropriate local officials
- Non-profit organizations
- Business representatives
- Civic organizations.

One key to these new partnerships is the establishment of a Memorandum of Understanding (MOU) or similar formal agreement among participants. MOUs help to define the roles and responsibilities of each participating organization.

It is important to note that coordination is a primary role of the MPO. If the MPO resources are available, the coordination process can be conducted jointly with other agencies. If not, an organization can undertake the coordination project using these guidelines and available staff resources, technical assistance,

and transportation data available from the MPO.

In some states, such as California for example, MPOs provide technical assistance to small urbanized areas. In other small urbanized and rural areas, technical assistance may not be available from an MPO. In these areas, assistance may be available from one of the following:

- Existing Section 5311 (FTA's Non-urbanized Formula Grant Program) providers
- Regional planning agencies
- Economic development districts
- County government
- Local Temporary Assistance For Needy Families (TANF) agencies
- State and local HHS agencies

In rural and small urban areas, the State DOT is the often the provider of technical assistance.

The Section 5311 public transportation provider, which is required to make coordination efforts a part of that program, may be a primary source of technical assistance. In rural areas, the coordinated planning effort will likely be the result of cooperative efforts between local human service agencies and this provider. Essentially, the planning process itself is similar to that required in an urban area, but it may be simpler because of fewer participants.

4. SPECIFY GOALS, OBJECTIVES, AND CONSTRAINTS

Goal setting is the process of establishing priorities for transportation service in the community. Specific goals and objectives permit informed decisions about the most appropriate use of transportation resources. Desired changes in current transportation services should be discussed with local stakeholders up front, prior to developing alternatives to the existing services. Once set, the goals will be used in developing and assessing the possible options for improvements. This step should include an open discussion among all stakeholders of both the goals and constraints that will apply to the transportation issues being examined. Both goals for the current transportation improvement process and for overall transportation conditions in the community need to be reviewed.

Transportation goals and objectives will usually be expressed in terms of service priorities in three areas of emphasis; service levels and types of trips (which are critical, serious, and optional travel needs), geographic areas within the community, and types of users/passengers/population deserving priority treatment. Other typical goals often include how services should be funded and priced to riders and how to involve the entire community in the transportation improvement process.

Transportation coordination is conducted on a community-wide, metropolitan, or statewide basis and should consider the needs of an entire region within the context of the area's overall mobility needs. Coordinated planning should be a part of the multi-modal, intergovernmental plan and program development decision-making process. Effective coordination planning yields consensus-based strategies for near and long-term transportation investments. Any agency or operator may initiate service coordination efforts, but it is important that their work be coordinated with overall community-wide transportation planning processes.

Constraints, including fiscal, political, administrative, and even "people" aspects, need to be understood at the very beginning of the process: there is no point planning a system that cannot be implemented. Potential

constraints on transportation services often focus on funding and existing institutional structures.

5. JOINTLY IDENTIFY CLIENT NEEDS

A coordinated transportation system will seek to maximize the efficiency of operations. To realize these efficiencies, participating agencies need to examine the passenger base of the coordinated transportation system as a whole. This examination can be achieved through the joint identification of the participating agencies' client needs. This process is an outcome of transit and health and human service agencies coming together to share planning resources.

The joint identification of client needs could contribute to a coordinated approach to transportation service delivery in a number of ways. When each agency's client needs are regarded collectively, the participants are then able to take the first step in scoping the size and breadth of the coordinated system. The client needs include the type of transportation needed, the origins and destinations of trips, and the timing and frequency of required trips. After participating agencies have this information, they will be able to adjust existing paratransit services or create new services as needed while achieving efficiencies through co-mingling of clientele or coordinated dispatching of services. These improvements would not be possible without coordination.

6. IDENTIFY TRANSPORTATION RESOURCES

The sharing of transportation resources can contribute to a coordinated approach to transportation service delivery in a number of ways. Many agencies possess transportation resources that can be contributed to a coordination effort. Transportation and human services agencies may have vehicles, maintenance facilities, dispatching capabilities, drivers, planning staff and facilities. Coordinated planning maximizes planning staff, tools, and data from various agencies. Through sharing expertise, individual agencies can leverage other agency's insight, data, and experience in solving transportation challenges. Working with shared information, planners can develop more responsive yet less redundant transportation systems, identify and fill service gaps, and maximize the number of constituents served in a cost-effective manner. Coordinated planning can also lead to implementation of standardized dispatch and other technologies used in delivering transportation services that could enable agencies to integrate and expand services through enhanced communications.

The mechanisms for sharing resources can take any number of approaches-- sharing staff, analytical tools, technical capabilities, hardware and software, or facilities. In areas where transportation coordinating councils have been established, member agencies typically make technical staff available to work together for the council or at a more detailed sub-group level. Each staff person's knowledge of their own organization, its existing transportation resources and services, and the clientele they serve is brought to the table. This allows the first and most vital step to occur: information exchange. Staff from transit and health and human service agencies reported that once they were brought together with other agency staff, solutions to individual transportation problems were often rapidly addressed when staff from one agency discovered that another agency has a service in place to meet their needs.

7. DESIGN DETAILED SERVICE AND FINANCIAL OPTIONS

Several alternative service improvements should be designed, and their financial consequences identified. These options should specifically address the local goals, the understanding of unmet needs, and the detailed knowledge of the community's transportation resources. The alternatives developed for consideration should also reflect Federal and state policy guidelines, including improved resource use through enhanced coordination and other means. Each detailed service design should specify:

- **Service characteristics directly related to users**, such as type of service (door-to-door; door-through-door, fixed route, etc.), method of user activation (demand responsive, fixed schedule), assistance on vehicles, reservation time, routes, headways (if fixed routes), special equipment on vehicles, hours of operation, and fares.
- **Operational system characteristics**, such as number of vehicles and their condition, age or number of miles on each, radio dispatched, vehicle miles, passengers carried (including any data on the number with specific handicaps), and number of personnel, including paid transportation personnel, paid staff used primarily for other duties, and volunteers.
- **Administrative features**, such as asking who will manage the service, who will supervise the manager, and how services will be funded.

The product of this task should be a set of service options for consideration by the coordination forum. One objective in laying out the proposed options is to have enough information for subsequent predictions of impacts on ridership, revenues, and costs. The alternatives to be developed should reflect several possible levels of revenue. For example, they may include alternative systems of different sizes with and without state funding and with or without additional local funds.

8. SELECT AND RECOMMEND A PLAN OF ACTION

One service plan needs to be selected from among the alternative service improvements designed in the previous task. This selection and decision process can be accomplished by general consensus, by detailed mathematical evaluations, or through a combination of these techniques. Of key importance is the participation of a comprehensive cross section of the community, its leaders and representatives in the decision-making process, such as through an advisory group. Government agencies, service organizations, citizens groups, and the business community should be represented.

To evaluate the potential options, it is necessary to specify a set of evaluation criteria for choosing the best service design. These evaluation criteria can vary from community to community, but they will probably include:

- The numbers and types of riders served,
- The extent to which local goals and objectives are achieved by each service option,
- The operating, capital, and administrative costs of each option,
- The anticipated revenues associated with each option and their sources, and
- Particular implementation issues associated with each option (if any).

These factors can be weighted based on the local determination of service needs and resources. Each member of the advisory committee should make their own assessments using criteria such as those mentioned

above, and then the results could be combined to create a consensus among all parties.

It is possible that some service options may have superior program effectiveness but will be too expensive to fund, while others might fall within budget guidelines but not serve many community travel needs. These discrepancies should be adjusted: the community may have to reassess its goals and objectives to make them more realistic; alternatively, a more realistic approach to funding the actual costs of transportation services may be needed.

Lastly, if the coordination planning project is in a metropolitan area, the transportation service plan should be included in the MPO's project prioritization process or Transportation Improvement Program (TIP). If the coordination planning program is not in a metropolitan area it should be included in the Statewide Transportation Improvement Program (STIP).

9. CONFIRM AGENCY AND COMMUNITY COMMITMENTS

Local decision-makers should have been kept aware of the deliberations throughout the planning process so that the recommended plan presented to them at this time is not a surprise. Having created a recommendation, it is now time to explain its benefits to garner as much community support as possible. Work on this task will build on earlier efforts that identified coordinated transportation proponents within the community and their reasons for support, assessed the support of local media and key political and business leaders, and identified individuals that might not support expanded transportation services.

A steering or citizens advisory committee of local elected officials, service agency representatives, transportation providers, and the general public should make presentations to local decision-makers and the general public. Public meetings can be useful at this point in time. It will also be useful to begin drafting formal agreements (contracts) for funding and cost sharing among various parties.

10. DEVELOP IMPLEMENTATION AND FUNDING PLAN FOR SELECTED ALTERNATIVE

An implementation and funding plan will be needed to ensure a smooth transition to the new service program and to enhance agency and consumer acceptance. The implementation plan will involve:

- Detailing service, operational, and administrative characteristics,
- Developing a work plan and schedule to implement the service option selected,
- Detailing administrative and operational procedures,
- Specifying personnel requirements,
- Identifying implementation responsibilities by agency and organization, and
- Identifying funds to be used for implementation.

The projected budget is obviously of primary importance. It involves not only calculating costs and revenues, allocating costs to participants, and assigning fiscal responsibility, but also establishing funding sources (including policies and procedures for obtaining funds from various sources). Once a capital program is developed, a funding plan will also be provided to indicate which federal and state programs will be the funding source, and how much local funding will be required. Similarly, an operating budget for the next four or five years should also be developed, based on the costs, ridership, and revenues already projected in previous tasks. This budget will also include a funding plan, showing needed assistance by source through

the period. States and communities with successful coordination efforts have found it important to designate one agency to provide leadership and task management during this process. As noted earlier, MPOs can play this role, but other agencies do effectively provide this support.

11. MEASURE PERFORMANCE, MONITOR AND EVALUATE

As agencies cooperate to develop coordinated transportation services, the development and adoption of appropriate performance measures, and the data to support them, are key to their ability to evaluate services and the benefits of coordination. Such measures provide useful information in the improvement of service, as well as in the development of support for further collaboration.

Benefits become apparent when measures are put in place that gauge system performance and cost as well as compare the costs of providing services before and after coordination. Transit operators typically use such measures as operating cost per revenue vehicle hour, operating cost per passenger boarding, fare box revenue per operating cost, passenger boarding per revenue vehicle mile, and passenger boarding per revenue vehicle hour. These measures allow transit operators to assess for management purposes the effectiveness of individual routes by volume, time of day, and day of the week. An investment analysis may also provide further information on the economic benefits of coordination, such as identifying prevention savings in accessing health care, employment and nutrition services.

KEYS TO SUCCESS: HOW TO MAKE THE COORDINATION OF TRANSPORTATION SERVICES WORK

Coordination starts with:

- Working to understand each other's programs.
- Realizing there are mutual benefits to be gained by working together.
- Jointly establishing workable goals and objectives.
- Developing a comprehensive understanding of the user markets, travel patterns, and mobility needs, overlaying existing services, and identifying redundancies and gaps in those service areas - over time and geography.
- Planning, consensus building, negotiating, and agreeing to develop a shared service plan.

Coordination involves an understanding of these major objectives:

- **Coordinate and focus community planning on decision-making for specialized transportation** in order to centralize control of funding, which provides more dollars to work with for the coordinated service, centralize operational control, thereby achieving greater service efficiency and effectiveness, and make transportation services more visible in the community and less confusing for consumers;
- **Reduce expenditures** on capital equipment, administration and overhead, and direct operating costs;
- **Increase the amount of service** through more trip-making, providing service to larger areas, providing service to more persons, and providing service to more population groups;

- **Improve the use of resources** (efficiency) through lower unit costs, improved labor productivity, and improved vehicle utilization; and
- **Improve the provision of services** (effectiveness) through productivity and accessibility increases, increased service quality, better financial management, greater local political support, increased provision of social services, and greater non-transportation benefits.

The choice of objectives is dependent on the needs that have been identified in the service area.

Successful coordination partners:

- ***Establish mutually acceptable goals and objectives*** that guide the allocation of transportation resources in their community.
- ***Understand and document*** in detail the transportation needs and resources in their area.
- ***Involve the local community*** at all stages in the planning process.
- ***Understand the grant application processes, requirements and schedules***, including all Federal, State, and local program options of potential funding sources.
- ***Develop transportation service options*** that address community identified needs in the most cost-effective manner possible.
- ***Structure an implementation plan*** that allows for a smooth, steady progression toward full system service.
- ***Monitor the results of their services*** and make changes, if needed, to more cost-effectively meet the established goals and objectives.
- ***Maintain good community relationships***, and actively market services to the public.

The benefit of identifying specific strategies to achieve particular objectives is that this act changes transportation coordination from a general concept into a specific plan. When someone says, “I want to reduce direct costs by lowering maintenance costs,” it is very easy to see if this specific plan has been accomplished or not. By making the objectives specific, they become measurable and therefore easier to address and monitor.

FOR FURTHER ASSISTANCE . . .

Many people have been involved in this area for a long time, and are available to help. A list of coordination resources is provided in the *Resource Guide for Coordinated Transportation Planning* of the *Transportation Coordination Toolkit*.

The National Transit Resource Center includes a wide range of materials on transportation coordination strategies and experiences. The Resource Center may be contacted at 1 (800) 527-8279 or on the web at: www.ctaa.org/ntrc.

The Office of Family Assistance/HHS has published and disseminated joint guidance on the use of TANF, Welfare-to-Work (Department of Labor) and Job Access (FTA) funds to provide transportation services that is available on the following website: www.acf.dhhs.gov/news/welfare/pa002.htm.

Also, you may find answers to your questions on the web page for the Coordinating Council on Access and Mobility on the Internet. If you don't find the question directly, there are discussion groups on that web page to which you may post your particular question. The address for the Council's web page is

www.ccamweb.org.