

**WEST VIRGINIA
COORDINATION STUDY**

Final Report and Action Plan

PREPARED FOR:

**WEST VIRGINIA TRANSPORTATION
COORDINATING COUNCIL**



November 25, 2005

TABLE OF CONTENTS

Table of Contents

INTRODUCTION..... 1

 Project Background 1

 The *United We Ride* National Initiative 1

 Organization of this Report 3

SURVEY OF TRANSPORTATION PROVIDERS..... 5

 Overview 5

 Survey Design, Development and Implementation..... 5

Survey Instrument Design..... 5

Sampling Plan and Response Rate 6

Survey Tabulation..... 6

 Survey Results..... 7

Type of Organizations Responding to the Survey..... 7

Major Functions of the Organization..... 7

Organizational Status..... 8

Restrictions on Service 8

Direct Operation of Service..... 9

Purchased Transportation..... 9

Mode and Allowable Trip Purposes 10

Vehicle Types..... 11

Two-Way Radio Communication..... 11

Days of Service 12

Level of Customer Assistance 12

Reservation Requirements 13

Ridership..... 14

Fares..... 14

Transportation Revenues..... 15

Sources of Funds..... 15

 Local Coordination Arrangements 17

Existing Governing Board or Advisory Framework for Coordination..... 17

Sustained Support for Coordinated Transportation Planning..... 18

Is There Positive Momentum or Waning Interest and Commitment to Coordinating Human Service Transportation..... 19

On-Going Process for Identifying Duplication of Transportation Services..... 19

Plans to Coordinate Service 20

Issues in Billing and Accounting 21

Barriers to Coordination..... 21

Most Useful Elements of the Existing Transportation Network..... 22

 Most Useful Elements of the Existing Transportation Network 22

Needed Enhancements That Could Improve Coordination 23

 West Virginia Questions in the UWR Framework..... 23

Coordination with Other Transportation Providers in Your Area..... 23

Obstacles to Coordination..... 24

 Coordination Focus Groups..... 25

Dates, Locations, and Participation..... 25

Strengths of Local Human Service Agencies and Public Transit Providers..... 26

Table of Contents

<i>Weaknesses of Local Human Service Organizations and Public Transit Providers</i>	26
<i>Opportunities to Coordinate</i>	27
<i>Potential or Perceived Obstacles to Coordinate</i>	28
<i>Recommendations for the State’s Role in Coordination</i>	28
<i>Recommended Action Items</i>	29
Summary	31
FUNDING SOURCES USED TO SUPPORT PASSENGER AND CLIENT	
TRANSPORTATION IN WEST VIRGINIA	32
Introduction	32
General Accountability Office (GAO)	32
Surveys of State Agencies	33
<i>WorkForce West Virginia</i>	33
<i>West Virginia Department of Education and the Arts, Division of Rehabilitation Services</i>	34
<i>West Virginia Department of Education, Office of School Transportation</i>	34
<i>West Virginia Department of Health and Human Resources, Bureau of Behavioral Health and Health Facilities, Office of Behavioral Health Services</i>	35
<i>West Virginia Bureau of Senior Services</i>	35
<i>West Virginia Department of Transportation, Division of Public Transit</i>	35
<i>WorkForce West Virginia – Unemployment Compensation</i>	36
<i>West Virginia Department of Health and Human Resources, Bureau of Behavioral Health and Health Facilities, Division on Alcoholism and Drug Abuse</i>	36
Summary	37
BEST PRACTICES IN COORDINATION.....	38
Introduction	38
Best Practices in: State Funding Programs, Legislation, and Service Delivery ...	38
<i>Best Practice: Pennsylvania – Innovative Funding</i>	39
<i>Best Practice: State Legislation and Coordinated Delivery Systems – Florida</i>	39
<i>Best Practice: Legislation – Iowa</i>	41
<i>Best Practice: Coordination Planning and Plans – Washington State</i>	41
Best Practices in: Insurance.....	42
<i>Best Practice: Licking County, Ohio</i>	43
<i>Best Practice: North Carolina</i>	43
<i>Best Practice: Washington State</i>	43
<i>Best Practice: Iowa</i>	44
<i>Best Practice: Washington State</i>	44
Best Practices in: Local Resource Utilization	45
<i>Best Practices in West Virginia – Using Local Transportation Resources: Cabell-Wayne Association of the Blind, Inc. (CWAB)</i>	45
<i>Best Practice in West Virginia – Using Local Transportation Resources: West Virginia Department of Rehabilitation Services</i>	46
Best Practice in: Volunteers	46
<i>Best Practice: Volunteer Program – Ride Connection, Portland, Oregon</i>	46
Best Practices in: Incentive Funding For Coordination	48

Table of Contents

Best Practice: North Carolina Department of Transportation (NCDOT)..... 48
Best Practice: Ohio Department of Transportation (ODOT)..... 49
Best Practice: Cuyahoga County, Ohio..... 50
 Best Practice in: Maintenance 50
 Best Practice: Illinois DOT Regional Maintenance Center Program.....51
 Best Practices in: Cost Allocation 52
 Best Practice: Kansas Department of Transportation..... 52
 Best Practice: Maryland Transit Administration 53
 Best Practice: Alabama Department of Transportation (ADOT)..... 53
 Best Practice in: Non-Traditional Management Strategies for Public
 Transportation 54
 Winston-Salem Transit Authority (WSTA)/Trans-AID..... 55
 Best Practice in: Local Cooperation 56
 *Best Practice in West Virginia – Fuel Consortium: Kanawha Valley Regional
 Transit Authority (KRT)*..... 57
 *Best Practice in West Virginia – Education/In-Service Presentations: Mountain
 State, Inc.* 57
 *Best Practice in West Virginia – Information and Referral: Committee on Aging
 of Randolph County; Here and There Transit; Mountain State, Inc.* 58
 *Best Practice – Local Cooperation: Agency Name: Mountain Line Transit
 Authority (MLTA), Morgantown, West Virginia*..... 59
 Best Practices in: Consolidation of Services 60
 *Best Practice in West Virginia – Consolidation: Buckwheat Express (operated
 by Preston County Seniors)* 60
 Best Practice in West Virginia -- Consolidation: Here and There Transit.....61
 Best Practice in West Virginia -- Consolidation: Wayne X-press.....61
 Best Practice in: Utilization of the Private Sector 61
 Best Practice: Voyageur Bus Company, Duluth, MN..... 61

OBSTACLES TO COORDINATION 63
 Process for Identifying Obstacles to Coordination..... 63
 National Literature Review..... 64

TOWARDS A COORDINATION MODEL FOR WEST VIRGINIA 67
 Framework 67
 Building State Level Cooperation: Recommendations and Action Plan 67

WHERE YOU CAN OBTAIN THIS REPORT71

Appendix A: West Virginia Transportation Coordinating Council
 Membership

Appendix B: Transportation Provider Survey

Appendix C: Focus Group Session Agenda and Summaries

Appendix D: GAO Federal Programs Listing

INTRODUCTION**PROJECT BACKGROUND**

The West Virginia Department of Transportation, Division of Public Transit, seeks to identify transportation resources and procedures with greatest potential for success in implementing coordination projects within the State of West Virginia. Work under this project was undertaken on behalf of the West Virginia Transportation Coordinating Council (WVTCC), a state level Council appointed by the Governor to study issues pertaining to the effective and efficient use of transportation resources in the state. A listing of members on the Council is found in Appendix A.

This coordination study is being performed in stages. The first phase of work involved collecting information relating to current transportation resources available in West Virginia, assessing the inventory information, compiling the work into a working document, and comparing the information to various structural models of coordination being used in other states. After consideration of the models, a coordination model(s) that best fits the needs of West Virginia will be selected.

A second phase of the project will utilize the coordination model(s) to develop an action plan for implementation of coordinated transportation service delivery throughout the state and establish a method to monitor and improve the quality of those services.

THE UNITED WE RIDE NATIONAL INITIATIVE

The U.S. Department of Transportation, with its partners at the U.S. Departments of Health and Human Services, Labor, and Education, has launched a new program designed to enhance coordination. The *United We Ride* campaign is a five-part initiative to improve the coordination of human services transportation, to break down the barriers between programs, and set the stage for local partnerships that generate common sense solutions.

United We Ride (UWR) is an outgrowth of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), established by President George W. Bush under the Executive Order on Human Service Transportation Coordination. The CCAM includes eleven Federal Departments working together to simplify access; reduce duplication; and enhance cost efficiencies within existing resources.

The Congress and the Executive Branch are interested in ensuring that various human service transportation activities funded by various Federal programs

**Project
Background****The *United We
Ride* National
Initiative**

are better coordinated. In one recent study, it was estimated that no less than sixty-two (62) different Federal programs administered by eight (8) different Federal agencies provide funding that may be used to support passenger/client transportation.¹

GAO points out that there may be multiple public and private agencies that provide human service transportation in any one community, and services vary greatly in terms of eligibility requirements, hours or scope of operation, specific destinations, and quality of service. Given the multiplicity of programs and the significant dollar amounts spent, more effective coordination is needed to ensure better service to more people.

In 2005, the CCAM submitted a report to the President outlining five overarching recommendations.² As such, most of the recommendations represent interim, coordination-based solutions that the CCAM believes will strengthen existing transportation services to be more cost-effective and accountable and help providers become more responsive to consumers. The five recommendations include:

- (1) **Coordinated Transportation Planning.** In order to effectively promote the development and delivery of coordinated transportation services, the CCAM recommends that the Administration seek mechanisms (statutory, regulatory, or administrative) to require participation in a community transportation planning process for human service transportation programs.*
- (2) **Vehicle Sharing.** In order to reduce duplicative transportation services, as well as idle time for drivers and vehicles, the CCAM recommends that vehicles used in human service transportation be made available to other federally-funded programs, consistent with the Common Grant Rule. Within the next year, each Federal Department should review and modify its policies and procedures to proactively promote the sharing of vehicles with recipients and sub-recipients of other Federal programs.*
- (3) **Cost Allocation.** In order to ensure that adequate resources are available for transportation services for persons with disabilities, older adults and individuals with lower incomes, and to encourage the shared use of vehicles and existing public transportation services, the CCAM recommends where statutorily permitted that standard cost*

¹ *Transportation Disadvantaged Populations*, prepared by the General Accountability Office (GAO) GAO-03-697, June 2003.

² *Report to the President: Human Service Transportation Coordination Executive Order 13330*, prepared by the Federal Interagency Coordinating Council on Access and Mobility (CCAM), 2005.

allocation principles for transportation be developed and endorsed by Federal human service and transportation agencies.

- (4) **Reporting and Evaluation.** *The Council recommends the development of a method to permit cross agency analysis of the effectiveness, efficiency, and progress of States, communities, and tribes toward improved coordination of transportation programs, as evidenced by improvements in the overall quality and cost-effectiveness of human service transportation.*
- (5) **Consolidated Access Transportation Demonstration Program.** *In order to test the feasibility and cost-effectiveness of a new approach to meeting the full range of transportation needs of persons with disabilities, older adults and individuals with lower incomes, the CCAM recommends that statutory authority be sought to permit the development of demonstration projects in metropolitan, rural and/or tribal areas. In these demonstration projects a single transportation system—not necessarily a single provider-- financed through a consolidated federally funded stream would meet the total mobility needs of transportation-disadvantaged populations.*

These five (5) subject areas are important, as the Federal Transit Administration administers a grant program that seeks competitive proposals under the *United We Ride* program that can fund projects that implement these and other coordination activities.

ORGANIZATION OF THIS REPORT

This report represents the final report of the work under the WVTCC's efforts to promote coordination in West Virginia. The report is designed as a first step; it is not intended as a blueprint or mandate.

In the sections that follow, the consultant presents information on:

- ◆ **Section 2: Survey Information For Available Transportation Services In West Virginia.**

Based on information from the Transportation Providers Directory, prepared by the Division of Public Transit and information provided by other members of the Council, a survey was sent to all existing transportation agencies in the state to gather data and opinions on coordination.

The United We Ride National Initiative

Organization of this Report

Additionally, the consultant conducted three (3) focus groups on coordination throughout the state. The results of these sessions are included in this section.

◆ **Section 3: Funding Sources Used to Support Passenger and Client Transportation in West Virginia**

Based on both original research (a second survey to state agencies) and existing Federal studies, this section reviews the major funding sources used in West Virginia to support passenger and client transportation.

◆ **Section 4: Best Practices in Coordination**

Selected examples of “best” practices at the state and local level are highlighted in this section to provide examples for possible consideration in West Virginia.

◆ **Section 5: Potential Obstacles to Coordination**

National research, the results of the focus groups, and state agency and provider questionnaires were used to identify potential obstacles to coordination that should be brought to the attention of the WVTCC.

◆ **Section 6: Potential Coordination Models for West Virginia**

In this final section, the consultant recommends various coordination models for consideration by the WVTCC which will form the basis for the State’s Action Plan for coordination.

SURVEY OF TRANSPORTATION PROVIDERS

OVERVIEW

In order to determine the level of, and commitment to, existing coordination activities throughout West Virginia, a survey was developed and administered based on the assessment tool developed by the Federal Transit Administration under the *United We Ride* initiative:

- ◆ Transportation providers included, but not limited to, the following organizations:
 - Public and specialized transit providers (*e.g.*, public transit systems, for-profit operators, nonprofit operators, FTA Section 5310 operators, etc.);
 - Human service agency provider organizations (*e.g.*, agencies on aging, preschools, county departments of human services, Head Start programs, hospitals/nursing homes, workforce centers, etc.);
 - Other private, for-profit organizations that provide transportation services (*e.g.*, taxicabs).

All transportation providers were identified by the West Virginia Department of Transportation, Division of Public Transit. The Division's *Transportation Providers Directory* served as the basis for survey agency identification. In addition, Council members supplied agency lists that were used in the survey process.

SURVEY DESIGN, DEVELOPMENT AND IMPLEMENTATION

Survey Instrument Design

FTA's *Framework for Action* "Self Assessment Tool for Communities," was used as a basis for the development of the two separate survey instruments.

This 26-question document, along with an assessment rating process, provides questions for documenting perceived coordination efforts in five (5) basic areas of local coordination:

- ◆ Existing interagency coordination;
- ◆ Inventory of transportation resources;
- ◆ Customer amenities and service policies;
- ◆ Funding and billing policies; and
- ◆ Internal practices and practices that enhance efficiency of transportation services.

Overview

Survey Design, Development, and Implementation

The *Framework*, however, was not used in its entirety. Other data was collected about provider characteristics (*e.g.*, vehicle fleet and composition, service span, transportation expenses and revenues, etc.). Core questions from the *Framework*, however, were retained.

A draft of the survey instrument was submitted to WVDOT/Division of Public Transit and the WVTCC for review and approval. Following approval, the final version of the questionnaire was produced (Appendix B).

Surveys were mailed to both groups in late May. A response date of June 3, 2005 was established. While the initial response rate was adequate, a higher response rate was sought by the WVDOT/Division of Public Transit from public and specialized transportation agencies. WVDOT/Division of Public Transit solicited response a second time and, in concert with the WVTCC, established a final survey submittal date of September 28, 2005.

Sampling Plan and Response Rate

A total of 340 surveys were distributed based on a mailing list/labels generated, in part, by WVDOT/Division of Public Transit. A total of 154 surveys were returned and deemed usable for the initial analysis, resulting in a response rate of 45.3 percent.

Total Sent	Returned	Response Rate
340	154	45.3%

Additional surveys were received after the established cutoff. Although data from those surveys were entered into the database for historical purposes, the written analysis for the final report was not revised since a review of the additional information revealed no significant change to the conclusions and findings previously drawn. Therefore, the graphs and charts presented in the final report reflect the original 154 surveys.)

Survey Tabulation

All completed surveys were entered into a Microsoft Access® database for tabulation. Frequency distributions were prepared for all closed questions. Open-ended questions were entered into the database and analyzed. Based on the responses, all open-ended questions were tabulated as to the category of the response given.

In all cases, survey response are provided in terms of the number of respondents who indicated a specific response. In some instance where the percent of respondents is shown, we have used graphic means, rather than data tables, to present the results.

SURVEY RESULTS

Type of Organizations Responding to the Survey

Respondents were asked to indicate from a list what type of agency best described their organization. While the respondents were instructed to check only one answer, many did, in fact, check multiple responses. There were 154 completed surveys, yet 187 responses to this question.

Survey Results

<u>N</u>	<u>Response</u>	<u>N</u>	<u>Response</u>
7	Adult Day Care	0	Church/Synagogue
2	Sheltered Workshops	0	Other Faith Based Organization
1	Hospital	14*	Publicly Sponsored Transit Agency
0	Medical Center	7	Private Transportation Company
7	Nursing Home	2	Ambulance Company
13	Head Start	3	Private School
31	Senior Center	0	Neighborhood Center
8	Nutrition Site	0	YMCA/YWCA
5	Taxi	26	Senior Center/County Senior Program
2	Social Service Agency – Public	23	Other
36	Social Service Agency - Nonprofit		

**Note: There are actually 17 publicly sponsored transit agencies and although all 17 did respond and are included in the final database, only 14 had been received at the time of the initial analysis, and are reflected in the above table.*

Major Functions of the Organization

Respondents were asked to check all major functions performed by the organization. Transportation was (as expected) the top cited business purpose, but responses suggest that a range of public transit and human service agencies are providing general public and client transportation services in West Virginia.

<u>N</u>	<u>Response</u>	<u>N</u>	<u>Response</u>
103	Transportation	14	Diagnosis/Evaluation
44	Health Care	14	Job Placement
65	Social Services	23	Residential Facilities
61	Nutrition	6	Income Assistance
37	Counseling	16	Screening
23	Day Treatment	64	Information/Referral
28	Job Training	45	Recreation/Social
23	Employment	50	Homemaker/Chore
14	Rehabilitation Services	31	Other

Organizational Status

This question did not yield meaningful results. The question was designed to determine the organizational status of the respondent (*e.g.*, government agency, private, nonprofit organization, etc.). However, respondents mistook the question to mean under whose direction they operated when providing transportation services. Thus, a nonprofit senior organization responded that they operated under the Authority of the Bureau of Senior Services and checked their status as a government agency. Therefore, we have not reported results here for this question.

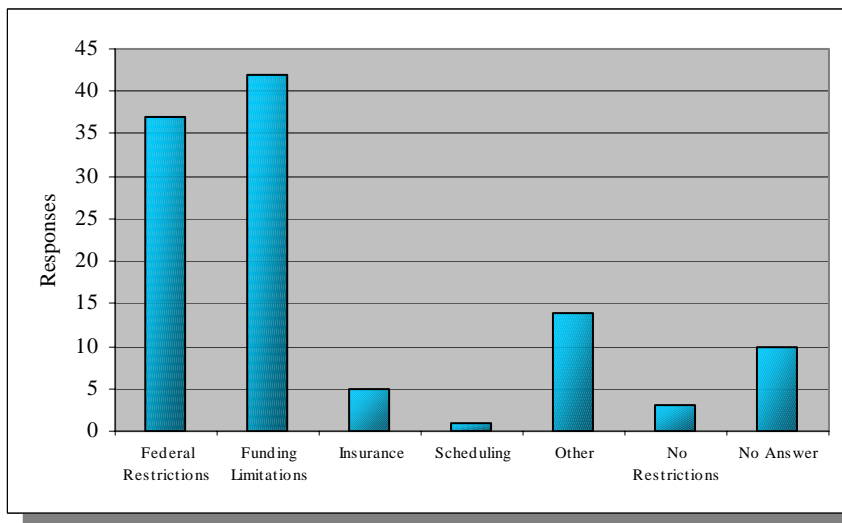
Restrictions on Service

Respondents were asked if they restricted service in any manner. Any number of restrictions were imposed, most predominantly that the organization transports only clients of their programs.

Restriction	Yes	No
Clients Only?	76	57
Trip Purposes?	50	58
No. of Rides Per Month?	9	89
Advance Reservations?	36	54
Other	15	57

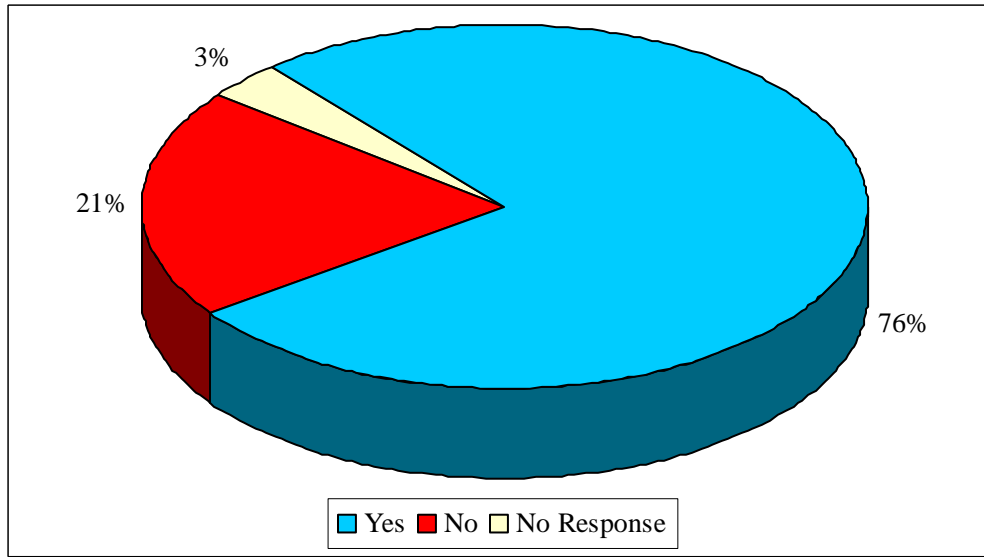
A follow-up question was asked about the nature of the restriction imposed. This open-ended question was tabulated, with 112 responses, as follows. Overwhelmingly, respondents cited funding limitations and regulatory restrictions as the factor influencing the imposition of restrictions.

Why Are Your Transportation Services Restricted?



Direct Operation of Service

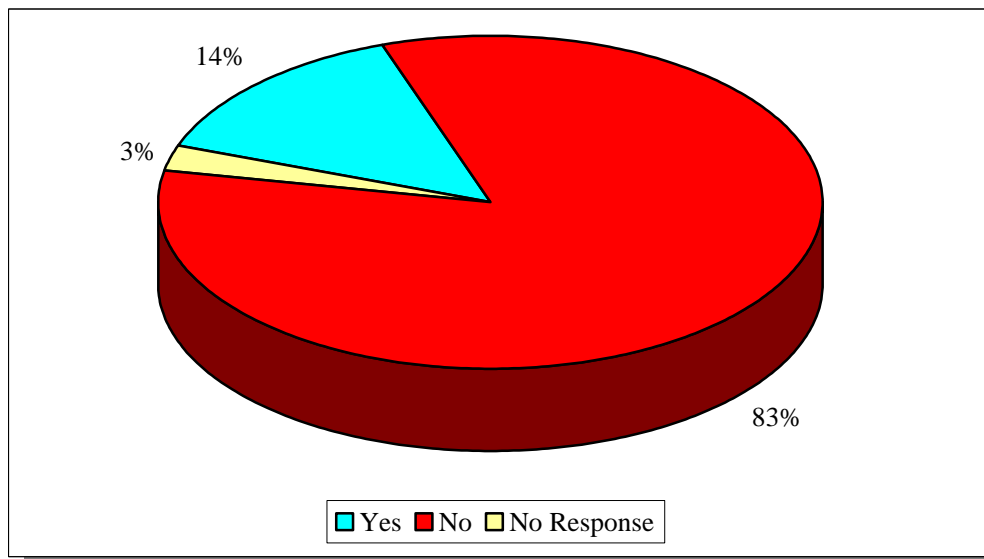
Respondents were asked if their organization directly operated transportation:



Survey Results

Purchased Transportation

A follow-up question was posed as to whether the organization purchased transportation on behalf of their clients.



The next series of questions were addressed to only those organizations that provided or purchased transportation.

Survey Results

Mode and Allowable Trip Purposes

The first series of questions of transportation providers concerned the methods used to deliver client transportation or public transit services. As an organization may use multiple methods of service delivery, respondents were asked to check modes that applied. The number of responding organizations that provide client only services is anticipated, as there are typically more agency providers than public transit provider organizations.

Mode of Transportation	Services for the General Public	Client Only Services
	<i>(Check All That Apply)</i>	
a) Personal vehicles of agency staff	2	45
b) Agency staff using agency owned fleet vehicles	29	67
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit	16	13
d) Reimbursement of mileage or auto expenses paid to clients, families, or friends	3	17
e) Volunteers	6	20
f) Information and referral about other community transportation resources	30	38
g) Operate own transportation program using agency owned vehicles and staff	37	71
h) Other (Describe in space provided below)	2	3

With respect to allowable trip purposes, respondents were asked to complete a matrix indicating all allowable trip purposes provided by the organization. Health related transportation was the single largest trip purpose.

Trip Purpose	Organization is Authorized to Provide This Trip Purpose
a) Health/medical (<i>e.g.</i> , single or periodic trips to doctor, clinic, drug store, treatment center)	110
b) Health maintenance (<i>e.g.</i> , dialysis or other recurring and frequent trips that require regular transport)	65
c) Nutrition (<i>e.g.</i> , trips to a congregate meal site)	63
d) Income maintenance (<i>e.g.</i> , trips to food stamp or social security office)	55
e) Social (<i>e.g.</i> , visit to friends/relatives)	48
f) Recreation (<i>e.g.</i> , trips to cultural, athletic events, etc.)	78
g) Education/training (<i>e.g.</i> , trips to schools, adult education centers, continuing education, etc.)	46
h) Employment (<i>e.g.</i> , trips to work, including job interviews, welfare-to-work trips, etc.)	39
i) Shopping	82
j) Social services (<i>e.g.</i> , trips to meet with counselors, social workers, and other staff related to the receipt of social services (except nutrition)	72
k) Residential (<i>e.g.</i> , trips supporting activities of group residences and group home residents)	34
l) Day Care	21
m) Adult Day Care	30
n) Mental Health (Day Treatment)	45
o) Bank	55
p) Sheltered Workshop	26
q) TANF	9
r) Other (specify)	18

Survey Results

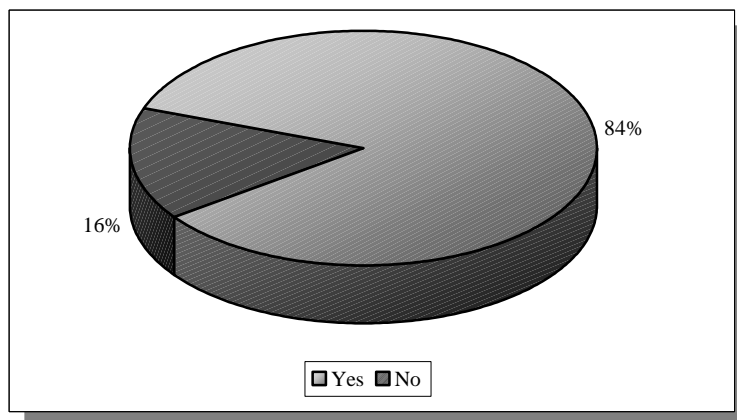
Vehicle Types

Respondents were asked to report the number of vehicles they either owned or leased to provide their transportation services. Respondents made number errors in the definition of “accessible.” The question was intended to identify the number of vehicles deemed accessible by persons with disabilities, including wheelchair users. Some organization interpreted the question otherwise; we have not reported the results here. The 154 respondents indicated they owned or leased 1,129 vehicles. Minivans were the most common vehicle used.

Vehicle Type	Number of Vehicles			No. Accessible
	Number	Owned	Leased	
Sedans		95	24	
Station wagons		14	0	
Minivans		214	7	
Standard 15-passenger vans		103	4	
Converted 15-passenger vans		153	10	
Light-duty bus		40	30	
Medium duty bus		21	0	
Small school bus		81	0	
Large school bus		34	0	
Four Wheel Drive Vehicles		55	4	
12-Passenger Vans		42	5	
Trolleys		11	0	
30-Ft. Transit Bus		10	23	
35 Ft. Transit Bus		4	27	
Other (Describe):		106	12	
Total		983	146	

Two-Way Radio Communication

Respondents were asked if they had two-way communication capability in their vehicles. The vast majority indicated they did have communication with their vehicles.



Survey Results

Those organizations that responded “yes” to this question were asked a follow-up question to determine the type of two-way communication used. The majority of respondents indicated that communication was maintained using cellular telephones.

<u>N</u>	<u>Response</u>
73	Cellular phones
48	Two-way mobile radios requiring FCC license
11	Pagers
2	Mobile data terminals
9	Other

Days of Service

The vast majority of transportation providers operate during weekdays (Monday through Friday).

<u>N</u>	<u>Response</u>
128	Weekdays
46	Saturday
36	Sunday
32	Holiday

Level of Customer Assistance

Human service agency clients often require driver assistance as part of their travel journey. The Americans with Disabilities Act requires the driver to render a specified level of passenger assistance, however, organizations can exceed these requirements. Respondents were asked what level of assistance was provided.

<u>N</u>	<u>Response</u>
71	Curb-to-curb (<i>i.e.</i> , drivers will assist passengers in and out of vehicle only).
73	Door-to-door (<i>i.e.</i> , drivers will assist passengers to the entrance of their origin or destination).
39	Drivers are permitted to assist passengers with a limited number of packages.
40	Drivers are permitted to assist passengers with an unlimited number of packages.
39	Provide personal care attendants or escorts to those passengers who require such services.
74	Passengers are permitted to travel with personal care attendants or escorts.

Reservation Requirements

Providers were asked about organization policies regarding advance reservation policies. Most organizations do require at least some advance notice requirement.

N	Response
58	There are no advance reservation requirements.
81	Clients/customers must make an advance reservations (<i>e.g.</i> , by telephone, facsimile, internet, arrangements through a third party, etc.)

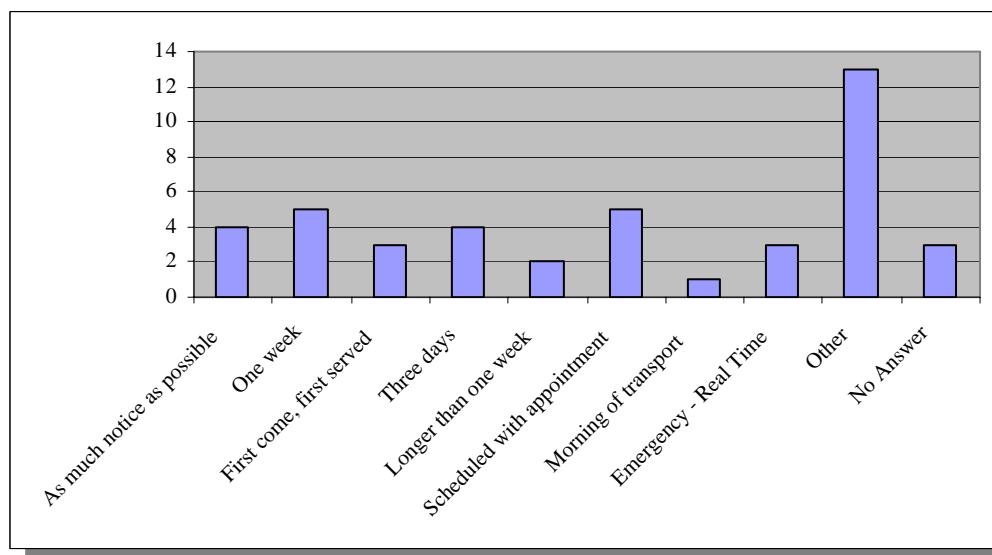
To further clarify reservation requirements, provider organizations were asked what the requested reservation window was.

N	Response
10	We use a real-time reservation policy.
25	Customers/clients must call for a reservation the day before travel.
22	Customers/clients must call for a reservation 24 hours before travel.
12	Customers/clients must call for a reservation two days before travel.
43	Other
112	Total

“Other” was the most frequent response. To further delve into common practices, a tabulation of the open-ended, other responses was made.

As can be seen, no single practice emerges from this more detailed analysis.

“Other” Reservation Policies



Survey Results

Ridership

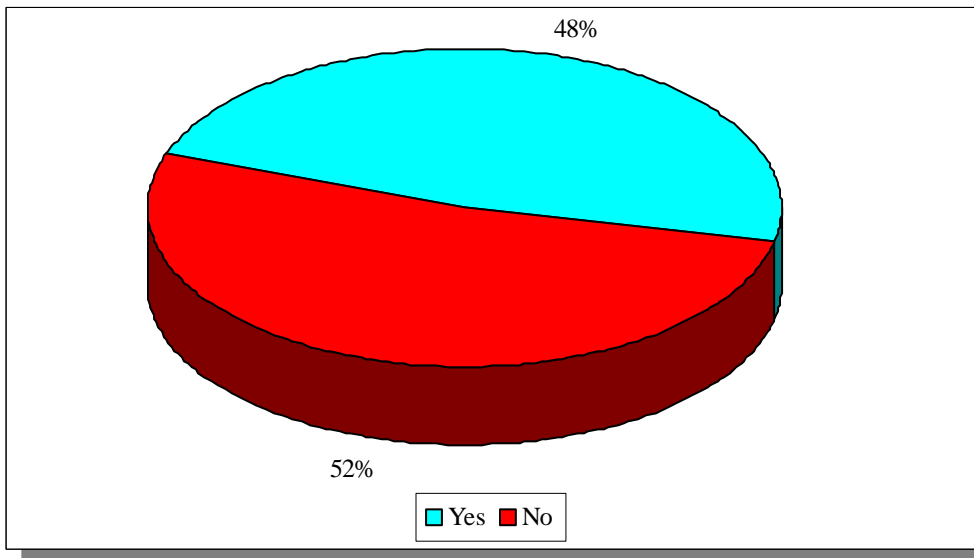
Respondents were asked to indicate the number of individuals, passengers, and wheelchair passengers for the most recent 12-month period for which data were available. Survey respondents provided more than 5.3 million passenger trips and almost 800,000 wheelchair trips.

	Services for the General Public	Client Only Transportation Services
a) Total number of persons provided transportation	416,673	69,958
b) Total number of passenger trips (most recent fiscal year)	4,343,281	960,402
c) Estimated number of trips which the riders use a wheelchair	738,795	57,168

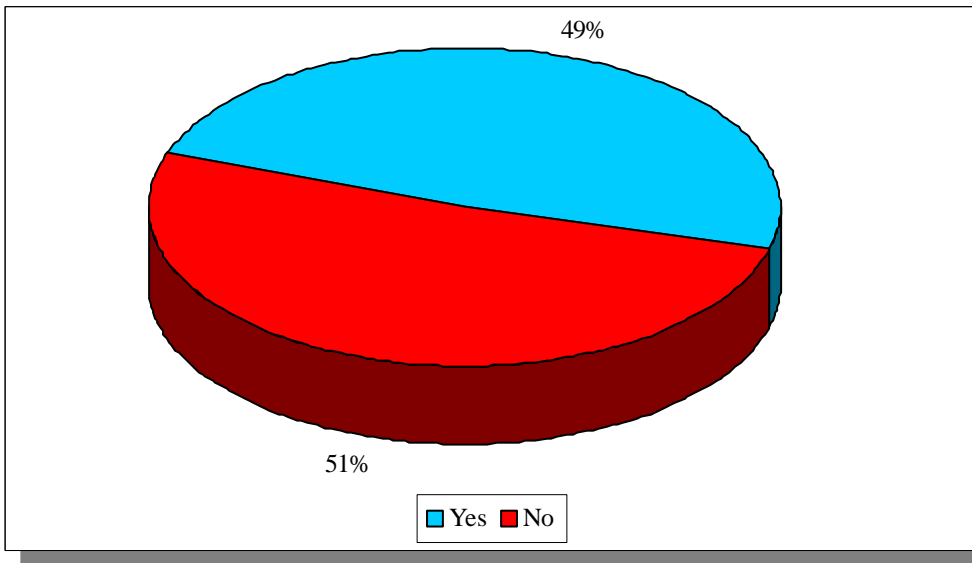
Fares

Respondents were asked if a fare or fee was charged to customers or clients to provide transportation services. The survey revealed a close to even split on this subject. Respondents were also asked about customer donations.

Do You Charge a Fee or Fare?



Do You Accept Donations from Clients to Cover a Portion of the Cost of Transit Service?



Survey Results

Again, about half of the organizations responded that they do accept client donations.

Transportation Revenues

Respondents were asked to provide expense and revenue data for the time periods indicated in the table below. Many respondents who reported revenues failed to report expenses, thus, for comparative purposes (expense vs. revenues) expense data were not meaningful.

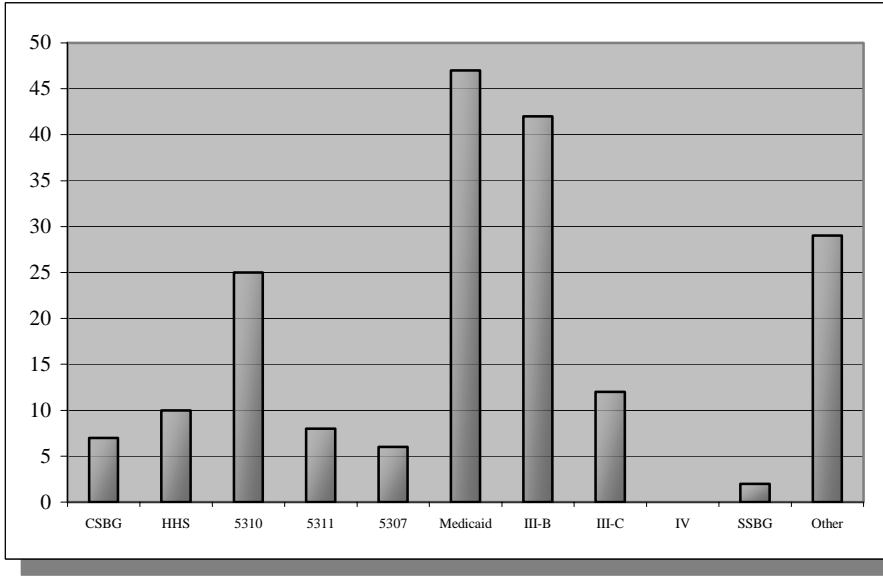
Category	Actual, FY 2004	Projected, FY 2005
Transportation Revenues - List Individually		
a. Fares Collected from Passengers Through Cash, or Tickets/Tokens Purchased by Passengers (Include Client Fees and/or General Public Fares Here)	\$3,912,174.61	\$3,514,830.93
b. Revenues Collected From Cash or Ticket/Tokens Purchased by Third Parties on Behalf of Passengers	\$3,415,731.69	\$3,973,190.81
c. Reimbursements for Services Obtained from Third Parties (e.g., Medicaid Reimbursements)	\$3,973,190.81	\$2,855,690.28
d. Local Government Appropriations	\$13,424,396.65	\$12,628,997.20
e. Grants Directly Received by the Organization	\$7,204,669.97	8,575,157.62
f. Other: Explain:	\$3,885,240.09	\$3,800,302.25
Total Transportation Revenues - Total	\$35,815,403.82	\$35,348,169.09

Sources of Funds

Respondents were asked what sources of funds (Federal, state, and local) they used to support their transportation programs. At the Federal level, Medicaid

and Title III-B of the Older Americans Act were the most frequently cited Federal programs used to finance transportation services.

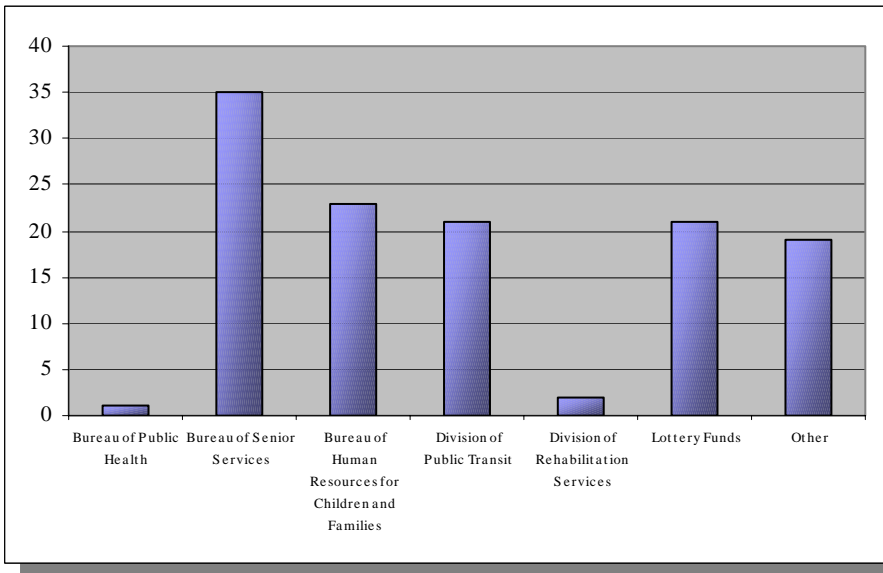
Sources of Federal Revenues



Survey Results

Responses to the same question regarding state financial assistance mirror those found for Federal funds.

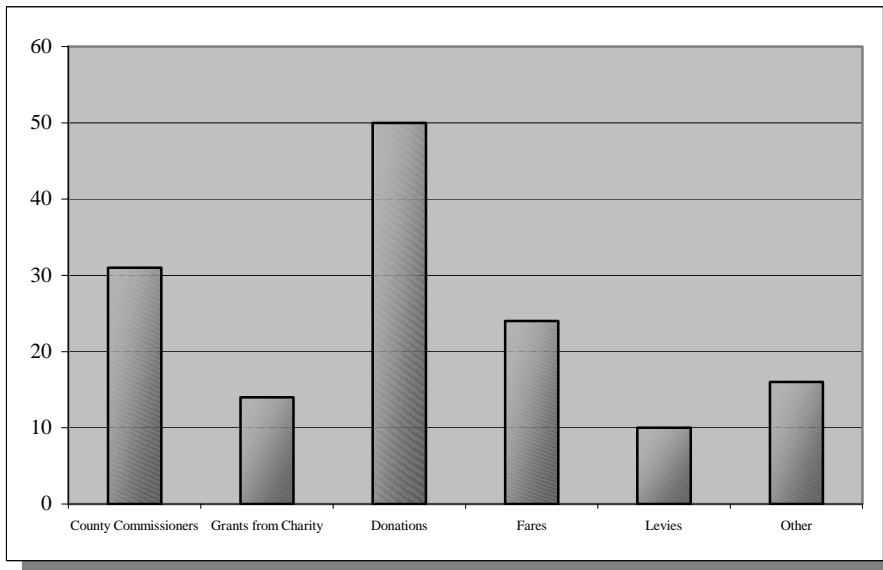
Sources of State Revenues



Donations and local government contributions were the most frequently cited sources of “local” revenues used to support transit services.

Survey Results

Sources of Local Revenues



LOCAL COORDINATION ARRANGEMENTS

The next component of the survey focused on the UWR community assessment framework. Data are collected in the following five (5) areas (with the United We Ride title in parentheses):

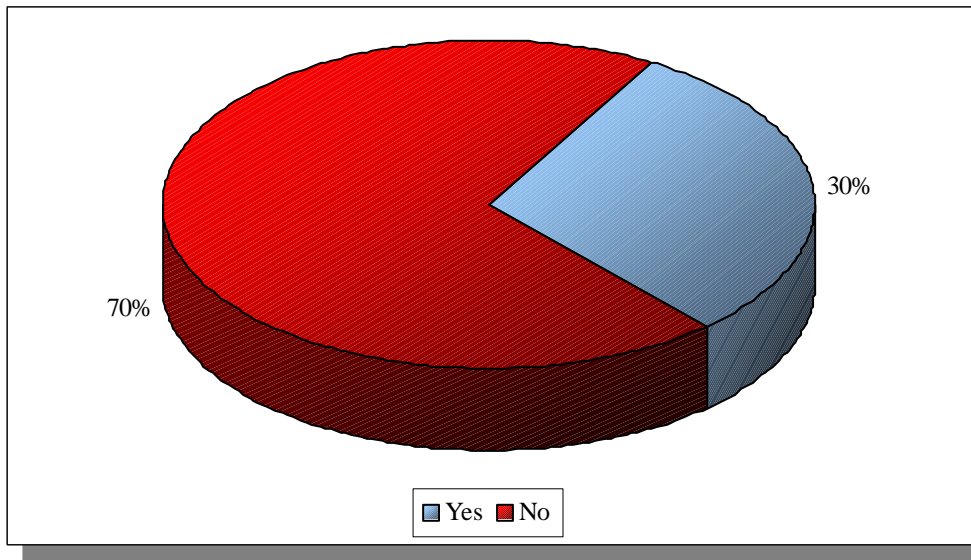
- ◆ Establishment of existing cooperative arrangements (Making Things Happen by Working Together)
- ◆ Assessing community needs (Taking Stock of Community Needs and Moving Forward)
- ◆ Establishing customer service and satisfaction indices (Putting Customers First)
- ◆ Establishing existing funding streams and billing/invoicing arrangements (Adapting Funding for Greater Mobility)
- ◆ Assessing service coordination/efficiency/effectiveness (Moving People Efficiently)

Existing Governing Board or Advisory Framework for Coordination

The first UWR question asks if a governing or advisory framework has been established in the community that brings together providers, agencies, and consumers.

Survey Results

Existing Advisory or Governing Board for Coordination?

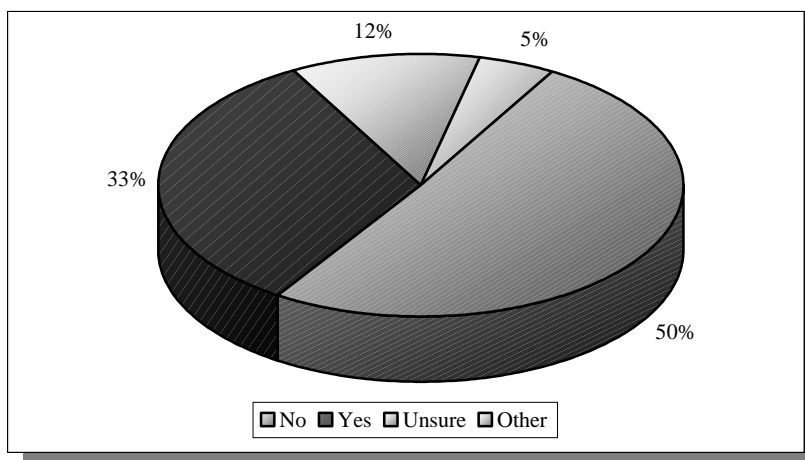


Seventy (70%) of the respondents said that no such governance structure exists within their communities.

Sustained Support for Coordinated Transportation Planning

About one-third of the respondents indicated there was sustained support for transportation coordination planning in their communities.

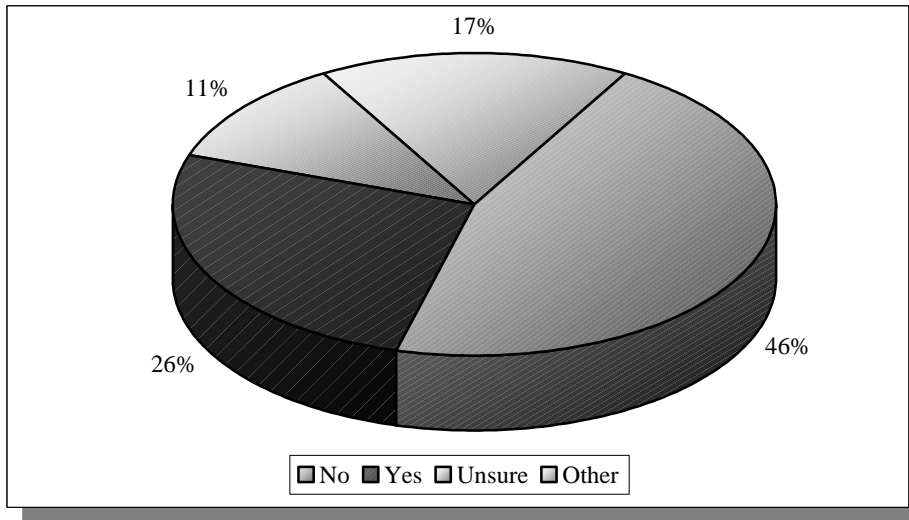
Sustained Support for Coordination Transportation Planning



Is There Positive Momentum or Waning Interest and Commitment to Coordinating Human Service Transportation?

Only about one-quarter of the respondents indicated positive momentum for coordination in their communities.

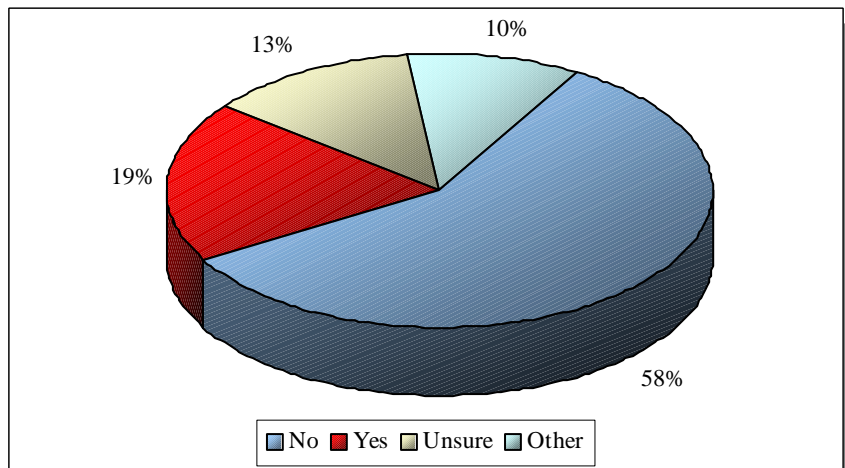
Positive Momentum for Coordination?



On-Going Process for Identifying Duplication of Transportation Services

Even fewer respondents thought that there was an on-going process in their community to evaluate potential duplication of transportation services, identify under-utilized assets, and service gaps.

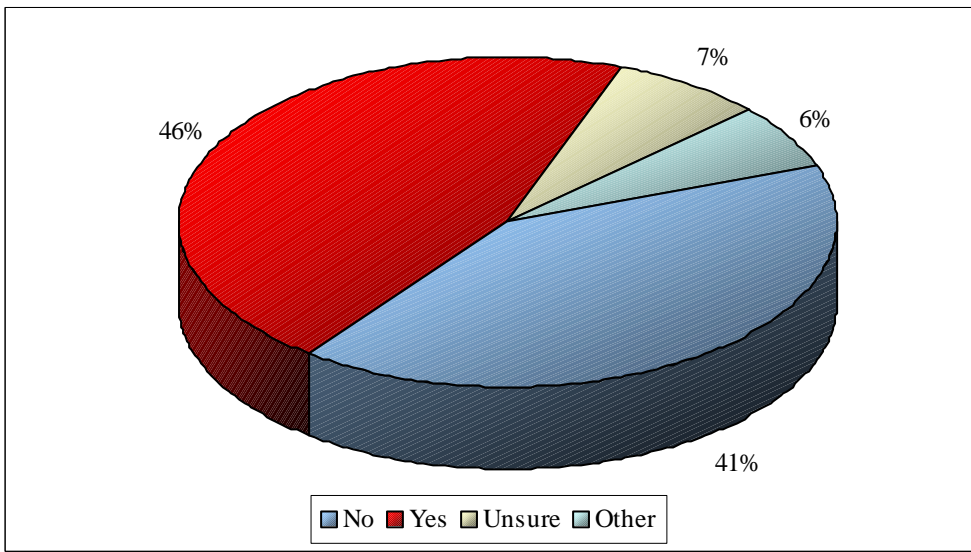
Process for Identifying Duplication?



Documentation of Special Populations Needs

While respondents did not express strong sentiment for on-going support, the survey sample did express stronger opinions that needs assessments for specialized populations did exist in their community, with almost 46 saying such assessments had been done.

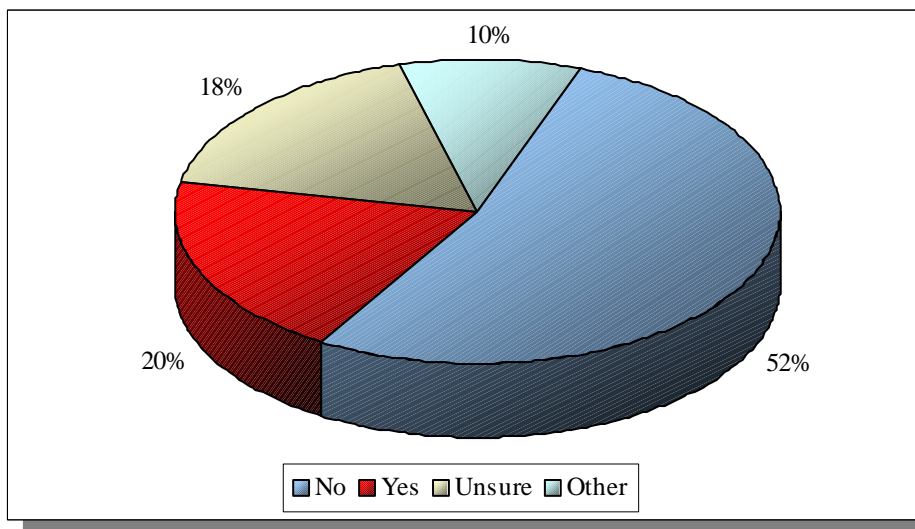
Are Needs of Special Populations Well Documented?



Plans to Coordinate Service

Only about 20 percent of the respondents indicated that there was a local plan for human services coordination linked to state and other local plans.

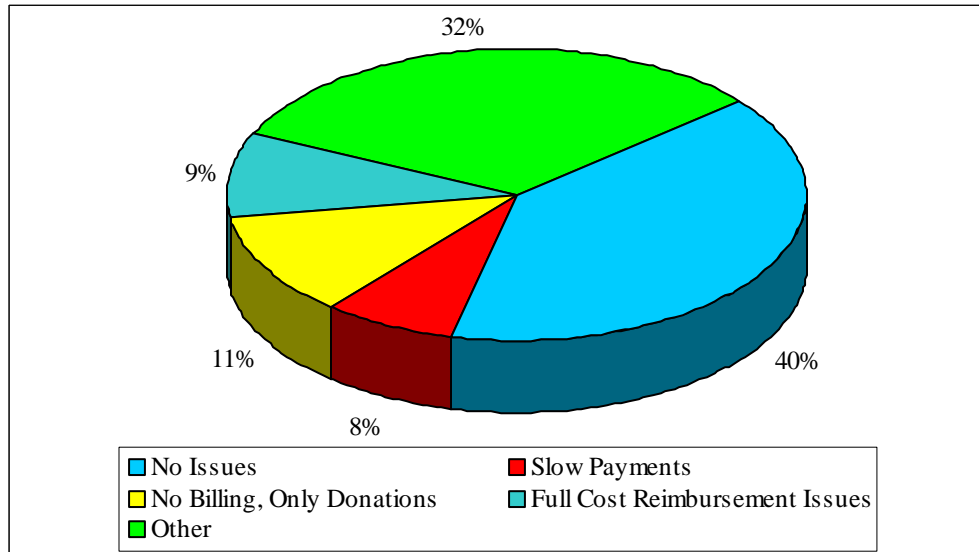
Local Plan for Coordination?



Issues in Billing and Accounting

Billing and accounting issues are often cited as obstacles to coordination. However, a surprising number (about 40 percent of the survey respondents) indicated that they encountered no billing and accounting issues in their coordination efforts. Medicaid reimbursement rates and slow payments from state agencies were singled out as problems.

Billing and Accounting Issues in Coordination?



Barriers to Coordination

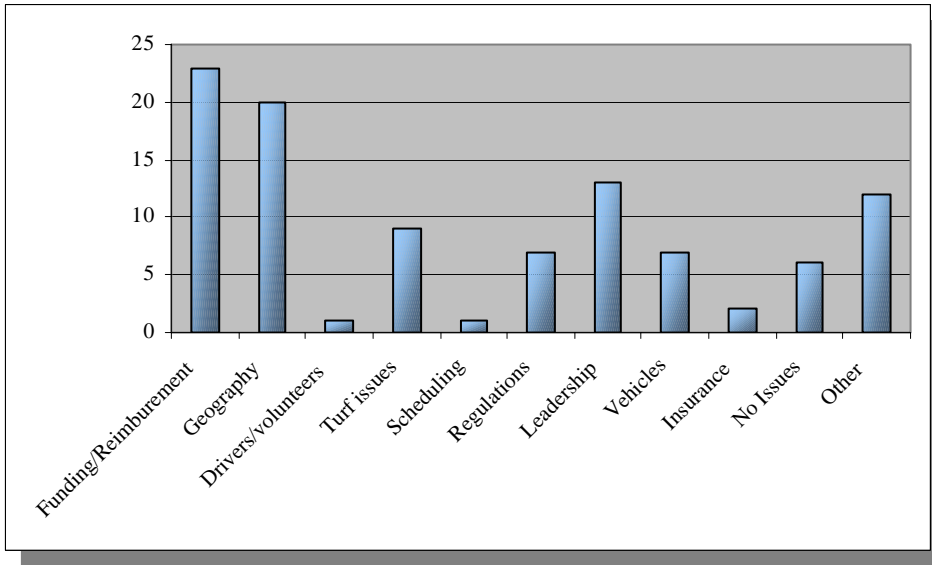
Respondents cited a number of obstacles that, in their opinion, represent potential obstacles to successful coordination in West Virginia. Available funding resources to support the costs of coordination was the most frequently cited obstacle.

“Geography” was the second obstacle noted by respondents. This category includes issues of isolated rural areas, low population densities, limited number of service providers in a region, and the sometimes large geographic service areas that are found in nonurbanized areas.

Importantly, the third most frequently cited obstacle is “leadership.” Finding a lead agency or local support for planning and implementation was seen as a problem.

Survey Results

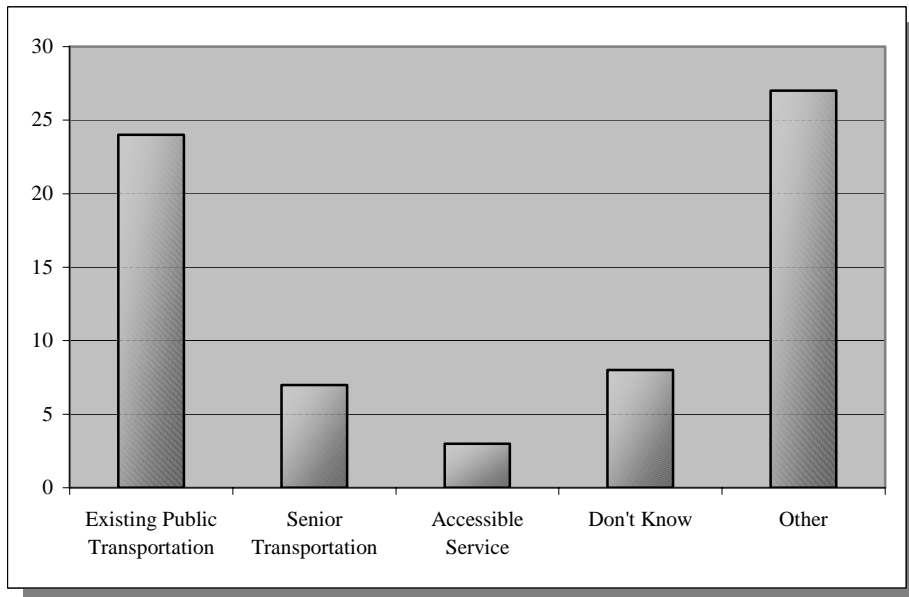
Obstacles to Coordination



Most Useful Elements of the Existing Transportation Network

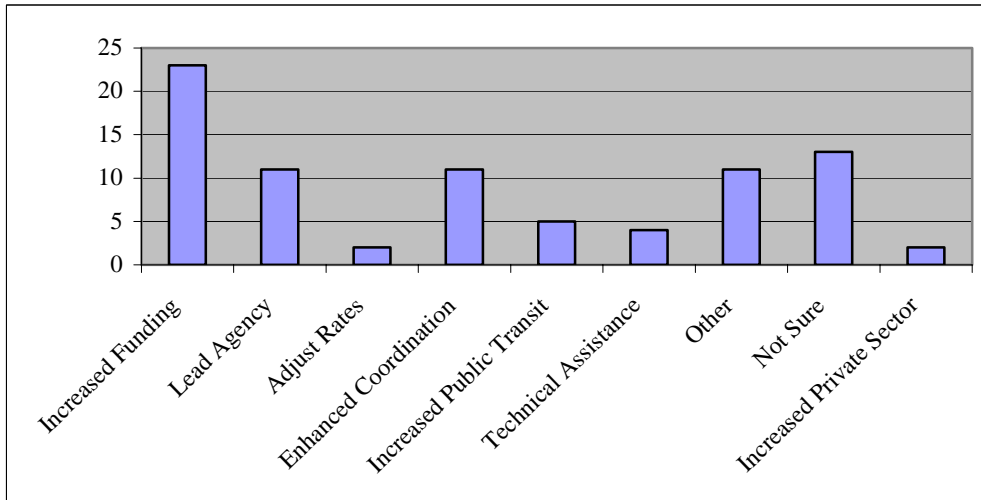
Survey respondents offered a wide range of response to the question what are the most useful elements of the existing transportation network that provide mobility options for the public and clients of human service agencies. Respondents clearly felt that existing public transit services and, to a lesser extent, the senior transportation network, to be the two most useful options.

Most Useful Elements of the Existing Transportation Network



Needed Enhancements That Could Improve Coordination

Increased funding is the usual response to this UWR question. Uncertainty as to what actions would be most useful (the second highest response) is a key finding.



Needed Enhancements to Promote Coordination

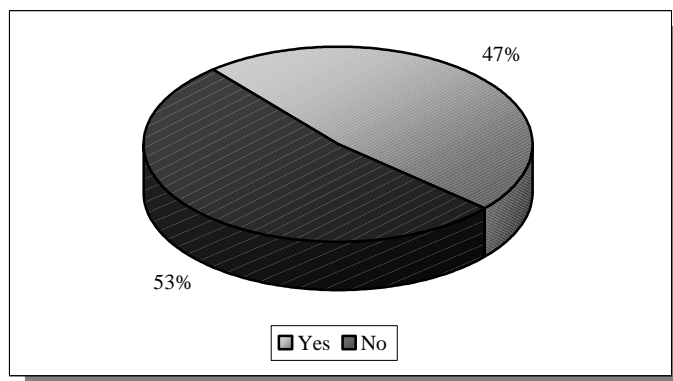
WEST VIRGINIA QUESTIONS IN THE UWR FRAMEWORK

The final section of the survey questionnaire added several specific questions about coordination.

Coordination with Other Transportation Providers in Your Area

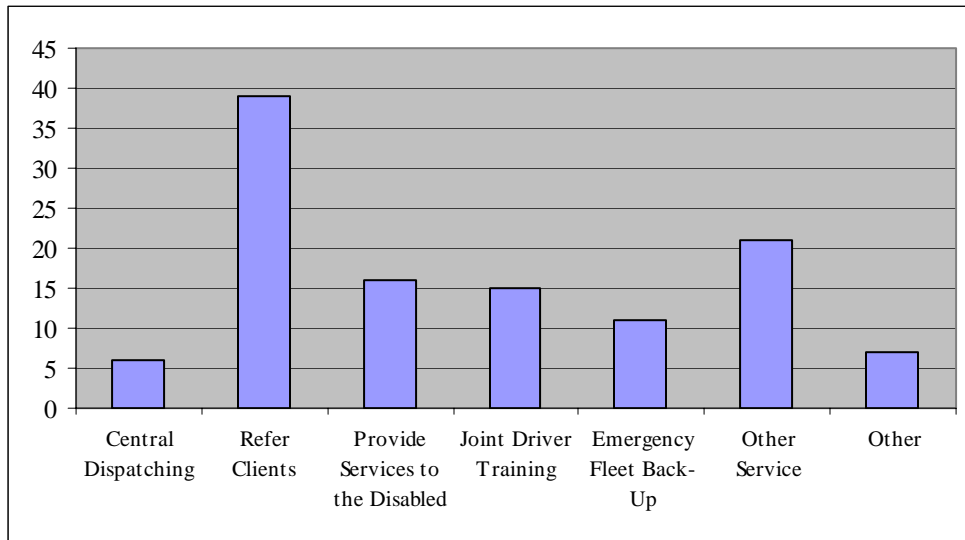
More than half of all respondents reported no coordination with other service providers within their service areas.

Coordinate with Other Transportation Providers in Your Service Area?



The 54 respondents who said “yes” to the question were then asked what was the nature of coordination among the service providers in the service area.

What Coordination Strategy Do You Employ?

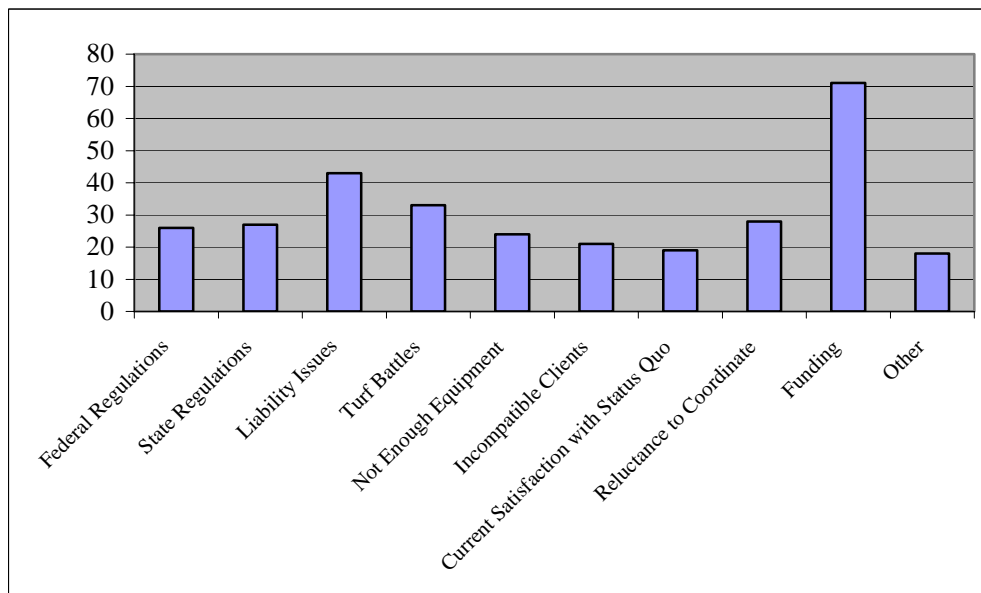


Survey Results

Obstacles to Coordination

Lastly, respondents were asked to evaluate, from a list of 10 pre-specified items, what were the biggest obstacles to coordination based on their experience. Again, funding for coordination activities was the highest ranked answer.

Greatest Obstacles to Coordination



COORDINATION FOCUS GROUPS

Dates, Locations, and Participation

To gain a better understanding of existing coordination practices and to solicit stakeholder input into the potential strategies as part of the West Virginia Coordination Study, a series of focus groups were conducted across the state. A total of three (3) sessions were held, as follows:

<u>Date</u>	<u>No. Participants</u>	<u>Location</u>
September 15, 2005	6	Martinsburg
September 22, 2005	17	Charleston
September 23, 2005	28	Clarksburg

Fifty-one (51) transportation professionals participated in the three focus groups, representing public transit providers, human service agencies, private for profit providers, cities, counties, state agencies, metropolitan planning organizations, and advocacy groups representing various consumer groups. Following a presentation of the background and purpose of the coordination project, participants were invited to share their thoughts and perceptions regarding transportation and coordination in their particular community or region. The brainstorming session was structured to gather input in the following areas:

- ◆ Strengths of local human service agencies and public transit providers;
- ◆ Weakness of local human service agencies and public transit providers;
- ◆ Opportunities to coordinate;
- ◆ Potential or perceived obstacles to coordination; and
- ◆ Recommended action items.

Although the focus groups were scheduled primarily to gain additional input into the development of the State Coordination Plan, participants took advantage of the opportunity to exchange information, and in some cases, business cards, and agreed to meet again to discuss coordination in their respective area.

Hundreds of comments were recorded from these three sessions, attesting to the interest in the project and the participants' commitment to improving transportation in West Virginia. These comments were then reviewed, and the most cited comments from the three sessions were summarized and are discussed below. (Note: the list of attendees and the complete transcript of each session are included to this report as Appendix C.)

**Coordination Focus
Groups**

Strengths of Local Human Service Agencies and Public Transit Providers

The responses and comments varied by the area in which the focus group was conducted, however, there were also many consistencies among the areas. For example, strengths included the existing transportation network made up of public transit, human service organizations, and private providers; a desire for coordination evidenced by agencies at the State and local levels that are already focusing on transportation coordination; excellent resources which include well-trained and committed employees, and a network of well-maintained vehicles and equipment. Stakeholders readily shared examples of existing coordination that is already occurring across the state, best practices that can be replicated in other areas. Examples cited were the sharing of information and referral of trips among providers, coordination of back-up vehicles, joint training, and fuel consortiums. It is important to note that these activities include cooperation and coordination among public, private nonprofit, and private for profit providers. Further, two state models were cited: the West Virginia Department of Rehabilitation Services use of local providers to meet the transportation needs of its consumers, and the West Virginia Department of Transportation (WVDOT) Division of Public Transit's (DPT) Provider Directory.

Weaknesses of Local Human Service Organizations and Public Transit Providers

While some characteristics are viewed as strengths, others perceive those same attributes as weaknesses. For example, although "well-trained employees" was cited as a strength, participants expressed concerns with the effort needed to find, and maintain, a staff of qualified drivers. Additionally, the Division's Provider Directory, cited as a best practice and valuable resource, should be, in the opinion of the participants, be expanded to include additional providers and distributed more widely to, and used by, other entities, such as the Department of Health and Human Resources (DHHR) staff and medical and hospital staff.

Other weaknesses included lack of funding; the need for education of, and communication with State agency staff (such as DHHR), local medical staff (in particular hospital discharge planners), and the public regarding the transportation services that are already available; the need to bring private providers to the table at the state and local level; limited service areas and service hours, especially late evening, early morning, and weekend service which are typically much needed hours for employment trips; the need for additional funding and incentives to coordinate, Medicaid billing restrictions which effectively prevent coordination of some trips between providers; West Virginia's large, primarily rural geographic area and mountainous terrain which makes cell phone and radio use difficult, if not impossible; turf; lack of involvement and/or inability to incorporate private sector providers into

coordinated delivery systems; and “client dumping,” especially for the longer, more expensive trips. Concern was also expressed with the lack of standard accountability and record keeping among the State agency programs and with the lack of coordination among state programs that provide funds, State and Federal, to purchase vehicles. Finally, some participants noted the rapid influx of population from the Washington, D.C. area and questioned the ability of public transit to keep pace with this in-migration.

Opportunities to Coordinate

Stakeholders were creative and enthusiastic when brainstorming opportunities to coordinate, pointing to models where coordination is already being practiced.

As previously mentioned, examples cited included service providers coordinating to provide back-up vehicles; shared training and contracted maintenance; human service agencies purchasing service from public transit systems (e.g., sheltered workshops); and information and referral. Participants also believed that:

- ◆ Coordination could be a tool to cover hours (evenings and weekends) that are either underserved or not served at all;
- ◆ The time is right for a local transportation contact to be established in each county, possibly the establishment of one number that could be called to access transportation information;
- ◆ Local coordination committees should be formed to build on existing coordination efforts, or in areas where no coordination exists, develop coordination;
- ◆ The current high fuel prices as an incentive to coordinate;
- ◆ Providers should be encouraged to share schedules and where possible, centralize dispatching;
- ◆ The use of technology to support coordination should be explored, e.g. computerized billing and scheduling;
- ◆ Private providers should be incorporated into the process, both at the state and local levels; and
- ◆ Efforts should be made to improve communications among providers, with the public, and with state agency staff.

Specific opportunities for State agencies included:

- ◆ Offering existing training programs to private for profit providers;
- ◆ Coordinating the provision of state and Federal funds used for vehicle purchases (e.g., state lottery dollars and FTA Section 5310 funds);
- ◆ Using the Rehabilitation Services model by other state agencies; and

- ◆ Establish “511” clearinghouse sites for central information points for all transportation service information.

Potential or Perceived Obstacles to Coordinate

There are often challenges or obstacles that, at first glance, may seem to stifle, deter, or actually become a barrier to coordination. Because barriers are often perceived as insurmountable, participants were encouraged to look at each of these issues as an obstacle that, with adequate information and perseverance, could be successfully removed. With this in mind, participants identified the following obstacles:

- ◆ Individuals most likely to be the leaders in a coordination effort already have “full plates” and do not have the time to commit to coordination;
- ◆ The perception by [some] agencies that they are “client only” and thus could not participate in a coordination effort, and related to this, turf, or the reluctance to allow another entity to provide even a portion of service to its clients;
- ◆ Coordinated systems would not provide the same level and/or quality of service to clients;
- ◆ Liability that could lead to increased insurance costs, or in some cases, the loss of insurance coverage;
- ◆ Turfism or the resistance to give up ownership and control;
- ◆ Additional funding needed for coordination;
- ◆ The large geographic area of the state with scattered populations, and the cost prohibitive nature to serve these areas;
- ◆ Although high fuel prices was previously cited as an opportunity to coordinate, some providers might feel that coordination could increase their fuel costs;
- ◆ The frailty of some clients who could not tolerate additional wait time;
- ◆ Multiple dispatchers with perhaps different procedures and priorities;
- ◆ The lack of existing communication among existing providers; and
- ◆ Drug and alcohol testing requirements, which may have to be passed on to providers who either are not currently required to comply, or have lesser requirements.

Recommendations for the State’s Role in Coordination

Participants were clear that while a State “mandate” to coordinate might get everyone’s attention, the best way to encourage and facilitate coordination was to make sure that the climate and environment for coordination at the local level was conducive to coordinate. The State can best do this by:

**Coordination Focus
Groups**

**Coordination Focus
Groups**

- ◆ Providing a state clearinghouse for disseminating information, both particular to coordination and transportation in general;
- ◆ Providing funding to support coordination;
- ◆ Offering incentives and rewards for coordination, e.g., increased funding for increased capacity, additional points (and funds) awarded on grants for coordination, decreased local match for increased coordination, providing financial assistance to private providers for purchase of vehicles, etc.
- ◆ Identifying, and disseminating information on, coordination best practices;
- ◆ Developing an education and awareness program for State agency staff, local hospital and medical staff and any other entities identified as consumers of transportation;
- ◆ Educating transportation providers, and the public, on the benefits of coordination and provide assistance and guidance on how to coordinate;
- ◆ Developing accounting, reporting, and funding standards among the State agencies;
- ◆ Regulating the award of vehicles among state agencies and requiring accountability, e.g., requiring proof of vehicle need, etc.
- ◆ Placing transportation under one agency;
- ◆ Expanding the DPT's Provider Directory to include all transportation providers, or as many as possible, including private for profit providers and faith-based organizations; and
- ◆ Expanding distribution of the Provider Directory to include appropriate State Agency staff and local consumers of transportation (hospitals, medical facilities, homemaker agencies, etc.).

Recommended Action Items

Finally, following the identification of the strengths and weaknesses of the existing transportation network, the opportunities available, and the potential obstacles that may be encountered, participants were asked to make a list of the action items they would recommend to facilitate transportation coordination in the State of West Virginia. A key recommendation resulting from the focus groups was to appoint a designated body at the state level to oversee coordination. The existing Governor's Transportation Coordinating Council seemed to be the logical choice. If this is indeed accepted, then the participants felt that the Council, originally created by Governor's Executive Order, should be formalized by legislation. This recommendation is further explained below.

In some groups recommendations were prioritized and the list reduced to a few; in others, as many as 10 recommendations were developed and all

**Coordination Focus
Groups**

thought to be vital to the development and implementation of coordination. Recommendations from all three sessions have been consolidated and are summarized as follows:

1. Establish the Governor's Council as the State entity, and give it the requisite authority, to oversee and coordinate transportation coordination, and
 - a. eliminate the Public Transit Advisory Council that is currently required by legislation; and
 - b. expand the membership of the Council or establish a subcommittee to gain private provider representation (Council needs to have policy makers but also has to have representation to provide real life information).
2. Identify a transportation contact in each State agency (that is informed about the transportation programs that are available) and include this information in the DPT's Provider Directory;
3. Disseminate best practice examples of coordination efforts currently underway;
4. Identify areas and entities interested in forming local coordination groups (*e.g.*, MPOs, Regional Planning and Development Councils, etc.) and facilitate the formation of these groups;
5. Develop and fund pilot projects to demonstrate coordination;
6. Provide incentives to coordinate (additional or increased funding; additional points in grant applications, etc.);
7. Expand the providers included in DPT's Provider Directory; expand the actual distribution of the Directory to include State agency staff, medical and hospital staff, etc.;
8. Develop a plan for educating the public (general public, providers, purchasers of service, funding agencies, etc.);
9. Streamline State and Federal funding sources and billing procedures (pool transportation funds, potentially under one State agency);
10. Develop enforcement/accountability guidelines among State Agency programs;
11. Review current Public Service Commission requirements for private providers for possible revision to better reflect requirements (or lack of) for private non profits;

12. Explore how technology can be used to coordinate the provision of services and reimbursement;
13. Address Medicaid reimbursement rules (to allow two transportation systems to share a long trip—currently cannot do that because Medicaid will only reimburse loaded miles);
14. Develop a training program to educate non-transportation personnel (hospital discharge planners, DHHR workers, etc.) about transportation; and
15. Address the misuse (or overuse) of appointments by some clients (HMO model of capping the number of appointments within a certain period).

**Coordination Focus
Groups**

SUMMARY

Three focus groups were conducted across West Virginia to gain a better understanding of existing coordination practices and to solicit input into the potential strategies to be incorporated into the West Virginia Coordination Study and Action Plan. Not all recommendations can be incorporated into the initial Plan, however, all comments have been documented and will be revisited as the plan is implemented. These recommendations will also be reviewed by the Governor’s Transportation Coordinating Council which will take them into account as it begins implementation of the Coordination Plan.

Copies of the workshop agenda and individual workshop summaries are contained in Appendix C.

Summary

FUNDING SOURCES USED TO SUPPORT PASSENGER AND CLIENT TRANSPORTATION IN WEST VIRGINIA

INTRODUCTION

This section addresses one of the most difficult challenges in the implementation of coordination: documenting the amount and extent of human service agency funding used to support client transportation.

For this project, the consultant relied on the most recent authoritative Federal guidance on available funding from the U.S. Government. Second, a survey of state agencies was conducted to determine their administration of various funding programs and the amounts of those funds allocated to passenger transportation. Finally, questions in the previous survey of transportation providers were used to identify major sources of passenger transportation funding in West Virginia.

GENERAL ACCOUNTABILITY OFFICE (GAO)

In 2003, the General Accountability Office released a study that examined the Federal government's role in providing support for human service agency programs that enable mobility for the nation's transportation disadvantaged population.

As part of this study, GAO tried to identify all Federal programs that sponsor transportation services. GAO reported:

We identified 62 federal programs—most of which are administered by the Departments of Health and Human Services, Labor, Education, and Transportation—that are used to fund transportation services for transportation-disadvantaged populations. Sixteen of these seem particularly relevant in that the Community Transportation Association of America identified them as being regularly used to fund transportation services. In addition, based on available information, we identified 11 other programs that are notable, in that transportation spending under each one was at least \$4 million in fiscal year 2001. While the remaining programs also fund transportation services, they do so minimally, or the extent of transportation services funded is unknown, according to program officials. Most programs purchase transportation services from existing private or public providers. For example, several programs in the Department of Labor typically provide bus tokens, and Medicaid providers often contract with local transportation providers. In contrast, Department of Transportation programs and several others

Introduction

General Accountability Office (GAO)

such as Head Start in the Department of Health and Human Services typically purchase and operate vehicles or modify them for use by individuals with disabilities. Several of these 62 programs are required to coordinate services they provide with other agencies providing similar services, which can include transportation.

Federal, state, and local spending for these transportation services is in the billions of dollars, although the full extent of spending is unknown because transportation spending is not always tracked separately from other program spending. In the 29 programs for which we could obtain actual spending amounts or estimates from program officials, federal spending on transportation services for transportation-disadvantaged populations was at least \$2.4 billion in fiscal year 2001. Department of Health and Human Services programs spent about three-quarters of this amount. State and local agencies also provide funding for many of these programs, often to fulfill matching requirements, which generally range from 5 to 50 percent of total program costs for these programs. Estimates of state and local spending are generally not available because few agencies track such information at the federal or state level. However, based on available information, it is evident that state and local contributions for these services are significant—at least several hundred million dollars.

GAO published a listing of these 62 programs, included in Appendix D to this report.

SURVEYS OF STATE AGENCIES

The consultant administered a survey to key state agencies as identified by WVDOT and WVTCC members. The results of the survey are presented below.

WorkForce West Virginia

This state agency reported that they administer two programs that can be used to support passenger transportation:

- ◆ Workforce Investment Act (WIA); and
- ◆ Trade Adjustment Assistance.

In both cases, the programs can be used to reimburse participating clients for automobile mileage for travel to/from job training classes.

**General
Accountability
Office (GAO)**

**State Agency
Surveys**

The agency reports that WIA fund are distributed to regional boards based on a Federally prescribed formula. These agencies are responsible for tracking expenditures. Workforce West Virginia does track TAA funds and reports that \$282,028 was expended through September 30, 2005 on client transportation.

West Virginia Department of Education and the Arts, Division of Rehabilitation Services

**State Agency
Surveys**

Transportation service is an eligible activity under programs that are designed to support vocational rehabilitation and independent living, pursuant to the Rehabilitation Action of 1973, as amended. The agency is not authorized to directly operate services and no funds were expended for direct service provision.

Existing transportation organizations may service as a provider to the Division as long as they are willing to accept established reimbursement rates. The Division only tracks transportation expenditures for purchased transportation in the vocational rehabilitation program. The agency reports that during FY 2004, a total of \$24,766 was expended on behalf of 170 clients.

The Division reports that there is no reliable information regarding payments made to support client transportation under other programs and services.

West Virginia Department of Education, Office of School Transportation

The Department of Education is responsible for school transportation, grades K through 12 for 55 county school systems and the West Virginia School for the Deaf & Blind. Service may be provided only to/from school, extra-curricular activities that are school related, and then only to eligible students. The Department reports that it expended \$43,629,000 for school transportation last year.

School transportation is not considered public or specialized transportation under Federal statutes. However, one program that may be operated by local school systems, the Head Start program, is not considered school transportation. School systems are permitted to coordinate their services and funding with Head Start program activities. However, no separate accounting or reports are submitted by the local school systems to the Department to document these expenditures.

West Virginia Department of Health and Human Resources, Bureau of Behavioral Health and Health Facilities, Office of Behavioral Health Services

This state agency is responsible for administration of the West Virginia Mental Health Consumers Association. Grants are provided on an announced basis to mental health service providers. Client transportation may be an eligible activity under this program. However, funds are allocated to community mental health service block grant funding. The agency collects data and maintains some statistics on units of client transportation service provided, however, this information was not disclosed in the survey process.

**State Agency
Surveys**

West Virginia Bureau of Senior Services

The Bureau of Senior Services administers two primary funding programs that can be used to support human services transportation.

- ◆ Older Americans Act funding; and
- ◆ LIFE – Legislative Initiatives for the Elderly.

Older Americans Act funding is traditionally used to fund a network of existing senior service providers based at the county level. Senior centers must abide by standards and conditions in the delivery of services established by the Bureau. Funds are allocated to the existing network via a federally mandated and approved formula allocation. LIFE funds are allocated to each county equally. The Bureau reports eligibility is limited to persons 60 years of age or greater and that recreation trips are not permitted under Administration on Aging guidelines. Reportedly, \$3,352,846 was expended on human services transportation in FY 2004.

Capital purchases are permitted with the prior approval of the Bureau. Coordination is a component of the program, however, this coordination is primarily between the Title III-B provider (social support) and the Title III-C provider (nutrition). The Bureau reports that broader or expanded coordination is due to limited resources, however, nothing would preclude a county senior center from participating in local coordination efforts.

West Virginia Department of Transportation, Division of Public Transit

The Division of Public Transit is the organization named by the Governor to administer various Federal Transportation Administration grants provided to the states.

Programs administered by the Division include:

- ◆ Section 5310, Capital Program for the Elderly and Persons with Disabilities Program – This discretionary, competitive grant program provides for capital equipment for organizations that serve the elderly and persons with disabilities. Approximately \$947,876 is available annually through this program.
- ◆ Section 5311 Nonurbanized Area Formula Program – This program provides Federal financial assistance for rural general public transportation projects. Eligible uses of the funds include operating assistance, project administrative expenses, and capital equipment. Approximately \$5,654,835 is made available annually on a discretionary basis.
- ◆ Job Access and Reverse Commute (JARC) – This program, soon to transition from a discretionary to a formula program, is targeted at low-income individuals requiring employment transportation. Approximately \$1m is anticipated to be available, however, this number, based on a preliminary estimate from FTA, could change.
- ◆ New Freedom Program – This is a newly established program created in the recent transit/highway reauthorization bill. This program will be established as a formula program with urban, small urban, and nonurbanized areas receiving assistance. Service must be provided on behalf of persons with disabilities. West Virginia anticipates that it will receive approximately \$525,000 under this program on an annual basis, however, as for the JARC program, this figure is preliminary and could change in the final allocation.

**State Agency
Surveys**

WorkForce West Virginia – Unemployment Compensation

This unit does not provide transportation on behalf of clients.

West Virginia Department of Health and Human Resources, Bureau of Behavioral Health and Health Facilities, Division on Alcoholism and Drug Abuse

Two programs are administered by this agency where the transportation of clients may occur. First, through the general network of community mental health centers, clients may receive transportation services. Second, there is a Peer Services program where transportation may be provided. The Division maintains some data on the specific amounts spent on transportation, primarily costs associated with auto expense payments, etc. This data,

however, was not submitted with the survey. All service delivery occurs at the local level.

SUMMARY

To date, initial efforts under the West Virginia Coordination Study has estimated approximate annual expenditures for rural public, specialized, and human service transportation to be \$11,857,944 per year.

It should be noted that this preliminary estimated does not include known program expenditures for transportation from the following sources:

- ◆ Social Services Block Grant (SSBG)
- ◆ Community Develop Block Grant (CDBG)
- ◆ Head Start
- ◆ Medicaid

**FUNDING SOURCES
USED TO SUPPORT
PASSENGER AND
CLIENT
TRANSPORTATION IN
WEST VIRGINIA**

**State Agency
Surveys**

Summary

BEST PRACTICES IN COORDINATION

INTRODUCTION

In this section, transportation agencies that have found successful means to overcome various obstacles to coordination are showcased. Many of the obstacles cited by the respondents to the transportation survey or noted in the three (3) focus groups are addressed in this summary of “best practices” in coordination. The consultant has drawn examples from both West Virginia and the remainder of the United States. While these national examples may not have applicability to West Virginia due to various institutional factors, concepts presented herein are designed to educate and promote thought and discussion among state agencies and transportation providers regarding potential future action for the state.

In this section, we have addressed:

- ◆ State Funding Programs, Legislation, and Service Delivery Insurance
- ◆ Insurance
- ◆ Local Resource Utilization
- ◆ Volunteers
- ◆ Incentive funding/urban coordination
- ◆ Volunteer programs
- ◆ Maintenance
- ◆ Cost allocation
- ◆ Non-traditional management strategies for public transportation
- ◆ Local cooperation
- ◆ Consolidation of Services
- ◆ Utilization of the Private Sector

BEST PRACTICES – STATE FUNDING PROGRAMS, LEGISLATION, AND SERVICE DELIVERY

There is no “one size fits all” solution or approach to transportation coordination. For as long as the phrase “transportation coordination” or “coordination of resources” have been around (30 or more years), there have been hundreds, maybe thousands, of attempts and approaches to solving the coordination dilemma. Still, no one has totally solved the issue, although progress has been made.

Today the Federal Transit Administration’s initiative, *United We Ride*, has renewed interest in coordination, and the Federal government along with

Introduction

Coordination Best Practices – Innovative Funding, Legislation, and Service Delivery

many State governments have for years applauded, encouraged, recommended and, in some cases, mandated coordination.

In FTA's transit grant programs, there has always been a requirement to coordinate, and a prohibition against "duplication of services and resources." The language has been strengthened over time and States have tried a number of different approaches to meet this Federal requirement.

Each state has its own view and approach to coordination. Some take a hands off, grass roots approach, others use funding incentives, while others have employed state level task forces or commissions, legislation and mandates to further coordination in their States.

Best Practice: Pennsylvania – Innovative Funding

Pennsylvania's statutes require the Department of Transportation to coordinate transportation services for senior citizens. These statutes also broadly require coordination of other programs and services to disadvantaged populations at the local level.

Other legislation establishes funding for rural public transportation, again, with a requirement for local coordination as well as a free transit and shared ride program for seniors. Like other states, Pennsylvania uses general revenue funds to support transportation services, however, their use of State lottery funds to support fixed route and shared-ride transportation to make public transportation affordable for seniors is unique.

An example of local coordination using PennDOT funding is the ACCESS Program operated by the Port Authority of Allegheny County. The program, started in 1979, serves as a broker, arranges transportation services throughout Allegheny County, Pennsylvania. ACCESS contracts with transportation service providers through a competitive process. ACCESS is also the PennDOT designated shared-ride provider in Allegheny County and has helped to improve transportation service while keeping costs down. ACCESS provides public transportation, human services paratransit and paratransit for people with disabilities.

Best Practice: State Legislation and Coordinated Delivery Systems – Florida

The Florida Legislature created the Coordinating Council on the Transportation Disadvantaged in 1979 to foster coordination. The program was amended in 1989 with the establishment of the Commission for the

Coordination Best Practices – Innovative Funding, Legislation, and Service Delivery

Coordination Best Practices – Innovative Funding, Legislation, and Service Delivery

Transportation Disadvantaged to improve coordination for the cost-effective provision of transportation for the transportation-disadvantaged population. The Commission is housed within the Florida Department of Transportation but is a separate entity to oversee the provision of transportation to the Florida transportation disadvantaged population. The Legislature included 27 specific tasks in the statute for the Commission. Some of these tasks include acting as an information clearinghouse, developing coordination policies and procedures, determining performance standards and liability insurance requirements, and designing and developing training programs. Representation on the Commission included seven state departments, statewide organizations that represent disadvantaged populations, private for profit and nonprofit transportation service providers, state transportation associations, and business community representatives. The role of these representatives is defined in the statute. The Commission established a Community Transportation Coordinator (CTC), in cooperation with local officials and agencies, for each county to coordinate transportation services. Although each county has a CTC, some CTCs serve more than one county.

Currently there are 51 coordinators for the 67 Florida counties. These coordinators vary from private nonprofit agencies, to private for profit operators, to counties and transit systems. Of Florida's 23 transit systems, 13 are CTCs. CTCs have full authority for the delivery of services to the transportation-disadvantaged, and oversee coordination of transportation services by providing transportation directly, by contracting with providers for services, or by brokering the services to other organizations. The Transportation Disadvantaged Commission estimates that \$300 million is spent on transportation services in Florida each year. Approximately \$110 million of this amount flows through the Transportation Disadvantaged Commission.

The Commission administers approximately \$72 million each year in Medicaid funding for transportation which is block granted to each Community Transportation Coordinator. Within this block grant program, each CTC receives a set annual allocation with which they can choose how to best provide transportation to Medicaid recipients: bus passes, brokering, direct provision of service, car repairs or rentals, gas vouchers, etc. All but four of the 67 counties accepted the block grant. In those remaining four counties, the TDC issued an RFP and chose a separate provider of the Medicaid services, although these providers are required by the Commission to enter into a contract with the local CTC. The TDC also oversees \$36 million annually from the Transportation Disadvantaged Trust Fund which is allocated to the CTCs for services to the transportation disadvantaged.

Additionally, FTA funding for Section 5310 and 5311, administered by the Florida DOT, flows through the CTCs in each county. In 2004, Florida's Medicaid Department was considering issuing a separate request for proposals

for a statewide Medicaid transportation broker, a step which could have had a tremendously negative impact on the existing coordinated services. Fortunately, the RFP was not taken forward, and the coordinated delivery of Medicaid services remained with the CTCs. The achievements of Florida's system of coordinated service delivery are many, but possibly its greatest achievement is the increased service provided (the number of trips continue to increase each year) with same or fewer dollars available.

Best Practice: Legislation – Iowa

The State of Iowa enacted legislation to mandate the coordination and/or consolidation of transportation services for the elderly and disabled. Head Start Programs were also covered under the legislation. Required under the legislation are several different actions of the Iowa Department of Transportation and other state agencies. The DOT is required to compile and coordinate information about program funding, and to include in its annual report to the state legislature information about the coordination of planning for transportation services at the urban and regional levels by all agencies or organizations that receive public funds and that are purchasing or providing transportation services. It also compels the DOT to analyze human service transportation programs and recommend methods to avoid duplication and increase the efficiency of services.

State agencies and other organizations are required to apply for funding through a clearinghouse and to coordinate and consolidate funding and services with regional transit systems. Cost comparisons are made, however, between the human service agency and the public transit system, based on the fully allocated, and unsubsidized, costs of each agency. If it is more cost effective for the agency to operate the service directly, they are permitted to do so. Also, the Department of Human Services and the Department of Elder Affairs are specifically required to coordinate with the DOT in the provision of transportation services.

The DOT chairs the State Level Transportation Coordination Council which assists the state coordination effort. Council members include representatives from the Iowa State Association of Counties, Iowa Workforce Development, the Department of Human Services, the League of Cities, the Department of Elder Affairs, the Department of Education, and the Department of Public Health.

Best Practice: Coordination Planning and Plans – Washington State

The Agency Council on Coordinated Transportation (ACCT) is a partnership of members from the legislature, state agencies, transportation providers, and

consumer advocates. ACCT's mission is to direct and promote activities that efficiently use all available state and community resources for special needs transportation across the state of Washington.

ACCT's vision is to remove transportation as a barrier to participation in community activities; its mission is to facilitate a statewide approach to coordinated transportation to fulfill this vision. ACCT activities focus on increasing service to special needs populations by removing barriers to transportation coordination between agencies. Coordinated transportation can increase service availability and quality without increasing costs for the state. One of ACCT's first goals was to develop a plan of action to guide their activities and insure that their vision and mission were realized. The result is the ACCT Strategic Plan. Plan goals included:

- ◆ Efficiency: Increase the cost efficiency of publicly funded transportation.
- ◆ Effectiveness: Meet customer and community transportation needs.
- ◆ Coordination: The state investment in transportation will be coordinated with customers and communities.
- ◆ Information: Providers and passengers will have the information they need to use the transportation system.
- ◆ Accountability: Agencies and the public will understand the value of the state investment in coordinated transportation.

Plan strategies are to identify and address barriers; focus on results; and increase advocacy.

INSURANCE

When two or more agencies decide to work together cooperatively to transport their mutual clients, inevitably one of the first questions asked is, "*Will coordinating transportation services affect my insurance coverage?*" If you have done your homework with your agency's insurance coverage and policy, then the effects on your coverage as well as that on the other coordination participants can be minimized. However, it will take planning, patience, and perseverance to achieve this goal. Your insurance carrier(s) can be a resource as you put together your coordination effort and address the various insurance issues. Establishing a good working relationship with your agent can be an advantage. However, be prepared before you make the first contact. Know what your coordination program will be and how you plan to operate so that you can communicate clearly and knowledgeably about what it is you intend to do.

Coordination Best Practices – Innovative Funding, Legislation, and Service Delivery

Insurance

Below are some of the most common issues that arise regarding insurance, a few of the most frequently asked questions, and the steps you can take to meet the challenge of providing insurance for your coordinated services.

Please note that this document deals with the possible impact to an agency's insurance as a result of coordinating the transportation of passengers with other transportation providers.

Best Practice: Licking County, Ohio

The Licking County Transit Board Coordination Project in Newark, Ohio, is a coordinated effort of Licking County social service agencies that work together to provide transportation services for member agency clients. Member agencies have developed a Service Brochure as well as a Transportation Policy and Procedure Manual that describes their coordination effort and the policies followed by all members. The existence of uniform procedures, developed in concert with a transit board, has demonstrated enhanced risk management capabilities and has assisted member agencies obtain competitively priced insurance coverage.

Best Practice: North Carolina

To help facilitate the coordination of human service transportation in North Carolina, a statute was enacted. The North Carolina Act to Remove Barriers to Coordinating Human Service and Volunteer Transportation recognizes human service and volunteer transportation as separate but contributing components of the North Carolina transportation system and removes barriers to low-cost human service transportation. The law clarifies that transportation services cannot be regulated as commercial transportation and allows human service agencies to purchase insurance for people who provide volunteer transportation. It also exempts specialized transportation services from special taxes or licenses imposed by local governments

Best Practice – Washington State

The Agency Council on Coordinated Transportation (ACCT) is a partnership of members from the legislature, state agencies, transportation providers, and consumer advocates. ACCT's mission is to direct and promote activities that efficiently use all available state and community resources for special needs transportation across the state of Washington.

ACCT's vision is to remove transportation as a barrier to participation in community activities. One barrier identified was the lack of insurance and/or high insurance premiums faced by nonprofit corporations. As a result, the

Insurance

ACCT Council supported Senate Bill 5869 which passed overwhelmingly. The bill allows nonprofit corporations to form a self-insurance risk pool with other nonprofit corporations or a local government entity for property or liability risk. The Non-Profit Insurance Program (NPIP) was formed in August 2004 and administers a Joint Insurance Purchasing Program wherein members pool their losses and claims. NPIP members also jointly purchase insurance, administrative and other services through the program including claims adjustment, risk management consulting, and loss prevention. The primary benefits to nonprofit organizations participating in the insurance pool are lower insurance premiums; stable access to the insurance market; and increased availability of risk management and loss prevention services.

Best Practice: Iowa

In response to skyrocketing insurance rates, a group of transit systems in Western Iowa banded together to obtain fleet insurance through an insurance consortium. A total of 300-500 vehicles were insured through the consortium. The consortium's success is attributed to the perseverance of an independent insurance broker who negotiated with a variety of insurance companies on behalf of the transit system consortium.

Best Practice: Washington State

On January 1, 1989, eight public transit systems united to form a self-funded liability only pool: the Washington State Transit Insurance Pool (WSTIP). The initial combined contribution was \$1,204,205. At the outset, the Pool offered \$10 million in limits per occurrence on a first dollar basis with a \$250,000 self-insured layer. Members were assessed based on their exposure of miles and boardings. The actuarial expected losses were \$460,000 and the administrative expenses were \$168,500.

Today, WSTIP's membership has increased to 18 public transit organization, and three associate members. The current annual budget is approximately \$7.6 million. WSTIP provides auto liability, general liability, public officials (errors and omissions), all risk property, crime, and boiler and machinery. Members may select deductibles from \$0 to \$10,000. WSTIP provides optional Auto Physical Damage up to \$500,000 (ACV) and UM/UIM to \$60,000/occurrence. The current loss fund is actuarially set at \$3,550,000 and the administrative expenses are \$1,350,000. Current member equity is in excess of \$7.2 million. WSTIP is accredited by the Association of Governmental Risk Pools.

LOCAL RESOURCE UTILIZATION

Best Practice in West Virginia – Using Local Transportation Resources: Cabell-Wayne Association of the Blind, Inc. (CWAB)

Cabell-Wayne Association of the Blind, Inc., (CWAB) is a non-profit service organization which has, since its 1975 inception, been dedicated to promoting the economic, educational and social welfare of visually impaired residents of Cabell and Wayne Counties, West Virginia. As part of its mission, CWAB provides needed equipment, adaptive aids, and services to ensure that its consumers can achieve maximum independence. Realizing that the lack of transportation could be a major barrier to the access of services by its consumers, CWAB implemented its transportation program in 1989. Today, it offers a full complement of transportation options to its more than 500 consumers:

1. CWAB annually sets aside funds to purchase taxi tickets and bus passes from local transportation providers. These coupons, etc. are provided directly to CWAB consumers for their use. Typically, each consumer will receive \$60 in taxi tickets each year. The number of and amount of bus passes each consumer receives is set based on individual need.
 - a. Bus passes are purchased from The Transit Authority (TTA) in Huntington, WV. Consumers living on bus routes use TTA to travel to work, doctor's appointments, etc.
 - b. Passes are also purchased from TTA for its Dial-A-Ride service for those consumers who cannot access TTA's fixed route service.
 - c. Tickets are purchased from local taxi operators.
 - d. CWAB coordinates with the Wayne County Express to transport consumers in Wayne County to the CWAB facility. Mutual drop off and pick up points are established by the CWAB and Express schedulers depending upon where the consumer lives and is traveling to.
2. Sometimes because of its consumers needs, options other than public transit are needed. In these cases, CWAB provides the following transportation services with its own vehicles and staff:
 - a. With a 24 hour notice, consumers are picked up at home and taken to medical-related appointments. CWAB operates five vehicles, 3 leased shuttles and 2 agency-owned mid-sized vans. Shortly before the vans are to arrive, consumers are telephoned to let them know that the vehicle will be arriving.
 - b. CWAB also transports visually impaired students to and from classes at the local university(ies).
 - c. The third piece of CWAB's service is the provision of employment trips to its consumers.

Local Resource Utilization

- d. Service is also provided to the local YMCA for recreational programs. The “Y” applies for the grants to operate the programs and CWAB provides the transportation.
- e. Finally, CWAB provides transportation to and from social and recreational events.

CWAB receives no Federal or State funds, supported entirely by private foundation grants and donations. There is no charge to CWAB’s consumers for each of its services. For the most recent year, CWAB reports that 153 [unduplicated] consumers were transported by CWAB staff for a total of 13,422 one-way trips. Additionally, 248 individuals were provided with bus passes, tickets, and/or coupons.

Best Practice in West Virginia – Using Local Transportation Resources: West Virginia Department of Rehabilitation Services

The West Virginia Department of Rehabilitation Services (DRS) provides a variety of services to West Virginia citizens with disabilities through its 29 Field Offices located throughout the state. Transportation is key for these individuals to access services for determining eligibility, employment placement, etc., and DRS provides this transportation in a number of ways. First, if local transportation providers are available, DRS will purchase tokens, tickets, bus passes, or reimburse cab fares. By utilizing existing transportation services, DRS assures there is no duplication of services on their part. If public transportation (either public transit or taxi) is not available, or not appropriate because of the trip distance, type of service, etc., DRS also has the ability to reimburse mileage costs to the individual or a third party. In all of these cases, it is the responsibility of the local DRS Counselor to be familiar with the local community and the resources available so that the best transportation option is chosen for the consumer.

VOLUNTEERS

Volunteers play a critical role in the deliver of human services transportation. Projects throughout the nation utilize volunteers to provide mobility where publicly delivered transportation service may not be economical or feasible.

Best Practice: Volunteer Program – Ride Connection, Portland, Oregon

Ride Connection is a non-profit, community service organization established to link accessible, responsive transportation with community need by:

- ◆ Serving those without viable transportation alternative giving priority to elderly and persons with disabilities;

Local Resource Utilization

Volunteers

Volunteers

- ◆ Coordinating transportation services in Clackamas, Clark, Multnomah, and Washington Counties; Coordinating system-wide training and safety programs;
- ◆ Developing and securing financial, volunteer and equipment resources for Ride Connection's network; and
- ◆ Developing and maintaining provider programs.

Service is provided to persons with disabilities and senior citizens without alternative transportation in Clackamas, Clark, Multnomah and Washington Counties, Oregon.

The Ride Connection was incorporated as a private nonprofit organization in May of 1988 after the need for transportation for the elderly and persons with disabilities was recognized by the local communities. There was a vision to serve this frail population with a more adaptable, accessible service than traditional public transit allows. Through a citizen committee's recommendation and with the support of Tri-Met, it was decided that a volunteer program, Ride Connection, could meet these special needs. From that start seventeen years ago, Ride Connection has grown to include a network of over 30 agencies and over 370 volunteers providing 248,000 rides annually.

Ride Connection is the lead agency for a number of other private non-profit agencies, referred to as partners. Ride Connection itself does not provide any rides but is an umbrella through which TriMet and the Oregon Department of Transportation (ODOT) distribute funds. Ride Connection also:

- ◆ Applies for a variety of foundation and other grants;
- ◆ Administer a volunteer recruitment program that is available to all of the partners;
- ◆ Buys and distributes buses, provides insurance, driver training, central dispatch, maintenance, etc. to the extent that each partner chooses to use and needs the service. Each partner agrees, when they join, to a certain high quality of driver training, program management, etc. Ride Connection provides training and technical assistance as needed; and
- ◆ Assists the community in identifying and filling service gaps. For example, the eastern part of one of the counties had no service. Ride Connection obtained a grant and, working with that community, prepared a service plan and obtained a provider.

Ride Connection has over 30 partners representing chambers of commerce, American Red Cross, adult day centers, senior, mental health, and community centers, and more. For a complete list of their partners, go to the Ride Connection website at www.rideconnection.org.

Strengths of the Ride Connection are:

- ◆ Involvement of volunteers and using collaborative techniques to maximize cost savings and community support;
- ◆ Availability of funding not available to a public agency, i.e. foundations, corporations, businesses, individuals, and fundraising events; and
- ◆ Reduction of management/administrative responsibilities in working with a large network of community agencies.

These strengths are realized because of an embodiment of Ride Connection's values:

- ◆ Recognizing, nurture, & appreciate volunteers;
- ◆ Maintaining collaborative relationships with Network Providers;
- ◆ Delivering safe, personalized, and accessible door-to-door services;
- ◆ Assuring honest, reliable, and accountable business relationships; and
- ◆ Leading by example.

INCENTIVE FUNDING FOR COORDINATION

Coordination does not typically occur without the investment of time and energy of local participants. This process can be facilitated with investment in the necessary planning and start-up expenses associated with the implementation of coordination. Other projects in the United States have recognized this need and have established incentive funding programs for newly initiated coordination project.

The lack of sufficient resources to invest in coordination can be a formidable obstacle. Even if an agency director believes in and supports coordination, without adequate resources, *e.g.*, time, staff, and money, coordination often stalls at the discussion step.

Best Practice: North Carolina Department of Transportation (NCDOT)

The North Carolina Department of Transportation has long been regarded as a leading state in the area of public transit and human service agency transportation coordination. Over a period extending more than 25 years, the state has encouraged the development of coordinated systems at the local level. As few counties had existing public transportation when this process was started, NCDOT encouraged localities to first coordinate human service agency transportation. Once coordinated, NCDOT then provided planning funds for local governments to explore the desirability to expand coordinated transportation systems to begin public transit service. To support this goal, NCDOT consolidates Section 5310, Section 5311, and several state funded programs into one community transportation services block grant. Known as

Volunteers

Incentive Funding for Coordination

the Community Transportation Program (CTP), this block grant supports capital and project administration activities for local projects.

Not all counties (or groups of counties) elect to participate in the CTP program (*e.g.*, elect to provide public transportation). In these instances, NCDOT still encourages the coordination of human services transportation as a means to promote mobility among transit disadvantaged populations. These counties may still receive capital funding, and are also eligible for coordination incentive grants known as the Human Service Transportation Management (HSTM) Program. HSTM is a state funded program to help assist local agencies interested in coordination hire a transportation coordinator or manager to direct planning and implementation activities. HSTM funds can be used to pay for staff to support human service transportation systems in their coordination efforts. Lead agencies identified by locally adopted transportation development plans are the designated recipients for HSTM funds.

Lead agencies play an important role in coordinating services, implementing plans, and submitting grant applications on behalf of other participating local agencies. Only human service transportation systems which do not receive Community Transportation Program funds but which demonstrate a high level of coordination with human service agencies in their counties are eligible to receive HSTM funds.

HSTM funds can be used for up to 75 percent of the cost of the salary and benefits of a full-time transportation coordinator, not to exceed \$18,750 annually. Part-time coordinators can be approved for smaller transportation systems where a full-time coordinator is not needed.

Best Practice: Ohio Department of Transportation (ODOT)

ODOT's Ohio Coordination Program provides state funds to cities and counties working to coordinate transportation services. Major requirements of the program include:

- ◆ hiring a fulltime project coordinator,
- ◆ the money cannot be used for capital or planning,
- ◆ the project must be up and running within 90 days of grant execution, and
- ◆ all projects must demonstrate some level of interagency coordination in their local area.

Programs goals are to improve and expand transportation services in Ohio counties with no public transportation system; increase efficiency and effectiveness of transportation service delivery; and develop interagency coordination models which can be applied to other communities.

**Incentive Funding
for Coordination**

**Incentive Funding
for Coordination**

In addition, ODOT sets aside approximately \$300,000 each year of its Section 5310 allocation for coordination projects. In addition to meeting all other Section 5310 requirements, applicants must document their collaborative efforts with other agencies and how this project will further those efforts. Consequently, Section 5310 applicants that aggressively pursue coordination are in a position to compete for additional vehicles.

While not all projects have been successful, most of the projects move on to expand to include services for the general public at the conclusion of the period of performance of the coordination projects.

Applicants can apply for up to 75% of a project, not to exceed \$80,000 per year for the first three years. For year four and beyond, applicants may apply for up to 50% of their project, not to exceed \$60,000.

Best Practice: Cuyahoga County, Ohio

As part of the United Way of Greater Cleveland's visioning process, senior mobility was identified as a major issue facing Cleveland's senior population. In response, Mt. Sinai Health Care Foundation funded a study of senior mobility and transportation and from this planning study, a major transportation coordination project has evolved. Working together in this private-public partnership along with United Way and the Foundation, are the Cleveland Jewish Federation a consortium of Cleveland hospitals, Cuyahoga County, the Greater Cleveland Regional Transit Authority, Western Reserve Area Agency on Aging, and the Ohio Department of Transportation. Funding for the project includes a combination of three local foundation grants, Section 5307 earmark, and an Ohio Coordination Program grant. Future plans include folding in Section 5310 program funding and local aging funds.

The organization was officially incorporated and began operation on May 5, 2005. An incremental implementation program calls for coordination to occur in five separate zones in the county over a three year period. Coordination initiatives in two of the zones will commence operations on July 1, 2005.

MAINTENANCE

Coordination of vehicle maintenance activities can achieve multiple benefits for participating agencies. First, vehicle service reliability can be enhanced (more days in service, intervals between non-planned maintenance events, fewer road calls, etc.). Second, the useful life of valuable capital resources

Maintenance

can be extended. Third, a formal coordinated maintenance program increases the accuracy of maintenance records. Finally, prudent coordinated maintenance programs can reduce costs through bulk purchase of parts and can be successful negotiating lower labor rates from third party maintenance vendors.

Illinois Department of Transportation (IDOT) – Regional Maintenance Center Program

IDOT created the Regional Maintenance Center Program in response to obstacles transit agencies were experiencing, such as

- Small agencies being unfairly taken advantage of by local repair centers,
- Repairs not getting properly diagnosed and fixed correctly the first or second or third time,
- Local vendors not interested in warranty work,
- Vendors with no in-depth knowledge of paratransit vehicles.

The goals of the program were to have

- The state's paratransit fleet operate under the highest possible safety and maintenance standards, and
- Every part of the state within 60 miles of a RMC.

Two Centers were established initially; a third center has been added. Non-routine maintenance is provided to agencies within a 60 mile radius of the center. Other assistance provided includes:

- Toll free help line
- In Springfield, a loaner vehicle for agencies to use while theirs is in being repaired,
- Warranty claim assistance, and
- Quality service performed correctly the first time at a reasonable cost

The top five maintenance repairs over the history of the program are

1. Wheelchair lifts,
2. Brakes,
3. Electrical and interlocks,
4. Air Conditioning, and
5. Transmissions.

Obstacles that have been encountered include (solutions provided in parentheses):

- Legal authority for RMC to work in non-RMC vehicles (RMC's persevered with the necessary authorities and this did not become a barrier to coordination),
- Use of federally-funded facilities and equipment for either non-federally funded agency vehicles or vehicles purchased and used by other federal programs (expenses and revenues are all tracked separately; facility must be primarily used for the purpose for which it was built, i.e. transit purposes),
- Insurance on loaner vehicle (agency using the loaner vehicle must show proof of insurance),
- Union mechanics working on non-agency vehicles (project was promoted as way to provide assistance to agencies without the necessary expertise), and
- Excessive use of loaner vehicle by an agency (continues to be an issue on a case by case basis, but has not proven to be a barrier to coordination).

All of the above obstacles have been worked through and have not been a barrier to coordination.

Both Section 5310 and 5311 systems are tremendously supportive of this program, which has continued to grow from its inception. A total of 32 agencies participated in 2003; 44 in 2004. A third center has been added, and the program has received the 2002 APTA Innovation Award and the 2002 National RTAP Outstanding Achievement Award.

For more information, contact David Spacek, Illinois DOT, Division of Public Transportation, 310 South Michigan, Room 1608, Chicago, Illinois 60604; 312-793-2154 or spacekDT@dot.il.gov

COST ALLOCATION

The Federal Coordinating Council on Access and Mobility (CCAM) identified cost allocation as one of five broad topical areas in which to make recommendations to simplify and coordinate the delivery of transportation programs. CCAM recommends where statutorily permitted that standard cost allocation principles for transportation be developed and endorsed by Federal human service and transportation agencies.

Best Practice: Kansas Department of Transportation

When the Kansas Department of Social and Rehabilitation Services (SRS) modified its rules to allow federally-funded vehicles to be used in the transportation of Medicaid clients, the door was opened for increased funding and ridership for Kansas transit systems. Developing a contract to provide these services, however, required careful allocation of funding resources.

Maintenance

Cost Allocation

Cost Allocation

The Kansas Department of Transportation (KDOT), SRS, and the University of Kansas Transportation Center worked together to provide guidance to Kansas transit agencies and area SRS managers to develop valid cost allocated contracts. The procedures developed can be used in developing rates for any fee-for-service contract, subject to specific rules or regulations of the funding agency. The basis for the Kansas model can be found in *Comprehensive Financial Management Guidelines for Rural and Small Urban Public Transportation Providers*, developed by the American Association of State Highway and Transportation Officials (AASHTO) Multi-State Technical Assistance Program (MTAP). The MTAP procedures represent a fully allocated cost model, which accounts for all costs of providing transportation service using a simple equation of hours and miles as the two service variables.

In addition to the MTAP manual, additional assistance is available to Kansas transportation providers via the KDOT Section 5311 program coordinator, SRS area Medicaid managers, and through the Kansas Rural Transit Assistance Program (RTAP).

Best Practice: Maryland Transit Administration

The Maryland Transit Administration requires that its rural and small urban transit systems have an approved plan for allocating costs among funding programs and services. The objective of requiring cost allocation is to fairly represent the actual cost of providing the service. The MTA provides each rural and small urban transit system the cost allocation model in Microsoft Excel, along with instructions for its use. The model requires two inputs: (1) expenses by cost category and (2) miles and hours of each route or service.

The model employs a straightforward process to group costs into three categories: fixed costs, variable costs dependent upon hours of service, or variable costs dependent on miles of service. The model can then be used to allocate costs to various routes/services/grants, offering some control by jurisdictions over services operated on their behalf. The state provides training on the use of the cost allocation model and tailoring the best application to the particular system or organization. Supplemental training is also provided via RTAP training sessions and within the state's annual transit association conference when additional support is necessary.

Best Practice: Alabama Department of Transportation (ADOT)

Since the State of Alabama provides no state match to Federal transit grant funding, the burden for providing the non-Federal match relies solely on the local transit operators. The "life blood" for these operators has been third

party contract revenue, which in turn, requires the development of uniform allocation of costs, billing, and recordkeeping.

In order to facilitate the use of fully allocated rates in their third party contracts, the Alabama Department of Transportation provided training to their Section 5311 providers to assist them in the development of a unit cost rate that allowed them to fully recoup the cost of their service provided to third parties. This unit cost rate and pricing structure, developed approximately fifteen years ago, is still in effect and working successfully. Like Kansas, the procedures adopted can be found in *Comprehensive Financial Management Guidelines for Rural and Small Urban Public Transportation Providers*, developed by the American Association of State Highway and Transportation Officials (AASHTO) Multi-State Technical Assistance Program (MTAP).

NON-TRADITIONAL MANAGEMENT STRATEGIES FOR PUBLIC TRANSPORTATION

In 1997, a group of transit industry professionals met to discuss a shared concern that the role and future potential of public transportation in the United States was in serious jeopardy due, in large part, to the increasing inability of traditional public transportation agencies to adapt to deep-seated, fundamental socioeconomic changes taking place in the United States, the emergence of a global economy, and the arrival of the Internet era. The group concluded that despite these changes, the transit industry has remained essentially unchanged over the past 40 years.³

Among the societal changes cited:

- ◆ Increasing threats to our quality of life from sprawling development, rising congestion, declining air quality, and the increasing cost of public services whose performance is often declining;
- ◆ Work and life-style trends that tend to diminish the usefulness and attractiveness of traditional public transportation services;
- ◆ An institutional environment that limits the ability of transit agencies to adapt because of fragmented responsibilities, regulatory constraints, conflicting policies and goals, and restrictive “stove-piped” funding mechanisms;
- ◆ Organizational cultures and dynamics that are resistant to change and that are reinforced by outmoded policies, programs, regulations, and attitudes;

³ Cambridge Systematics, Inc., *et al.*, TCRP Report 97: *New Paradigms for Local Public Transportation Organizations*, Transportation Research Board, National Research Council, Washington, D.C., Washington, D.C., 2000.

Cost Allocation

Non-Traditional Management Strategies for Public Transportation

- ◆ Continuing subordination of residents' needs for overall mobility and quality of the customer's travel experience to operational concerns; and
- ◆ Lagging progress in the deployment of state-of-the-art information systems and other emerging technologies that have become essential in today's Internet age.⁴

Some transit systems have recognized these changes and have instituted fundamental change in the way transit services are managed, organized, and delivered. These systems have recognized one or more of the six fundamental dimensions of change necessary to address transit's role in the 21st century

- ◆ Mission Shift – Core mission shift from simply providing a form of capacity with assets you own to a broader responsibility for managing mobility, managing a wide range of assets;
- ◆ Obsession for the Customer – Measures of success and performance are increasingly focused on the quality of the customer experience;
- ◆ Collaboration – Collaboration across modes, organizations, and jurisdictions has become a fundamental strategy;
- ◆ Integration – Integration of assets, services, and business functions is a common feature of emerging business models;
- ◆ Information Technology – Effective links to customers and partners are dependent on deployment of state-of-the-art information technologies like universal fare systems; real-time, on-street customer information; and unified scheduling and dispatching systems; and
- ◆ Organizational Structure Change – New business units, functions, skills, and business processes are inevitable with change in these other dimensions.

Implementation of coordination strategies in local communities often involves one or more of these six dimensions of organization change. These non-traditional approaches to transit service delivery may involve a range of service models, from full service provider and mobility manager, to unique collaborations with other organizations, to extensive use of service contractors.

Winston-Salem Transit Authority (WSTA)/Trans-AID

Trans-AID is one of the longest, continuously operated paratransit systems in North Carolina. Moreover, the system has successfully coordinated urban and rural paratransit needs in Forsyth County throughout its history, one of the few examples of such integrated service delivery that is now a high priority with the North Carolina Department of Transportation, Public Transportation Division.

⁴ *Ibid.*, page S-1.

Trans-AID was established in 1978 to transport elderly and disabled citizens in Winston-Salem and Forsyth County. Trans-AID was operated as a division of the Winston-Salem Transit Authority that provided advance reservation, cur-to-curb demand response transportation to eligible individuals in the service area. The system has grown from providing a few thousand trips per year to over 100,000 unlinked passenger trips per year today.

With the passage of the Americans with Disabilities Act in 1990, Trans-AID assumed responsibility for providing complementary paratransit services to qualified disabled persons who cannot use or independently navigate an otherwise accessible fixed route system. The system continues to provide services to other individuals, primarily under contract to various community agencies in Forsyth County.

Trans-AID operates from a “mobility management” center located on the second floor of the downtown transit center in the heart of Winston-Salem. All customer service functions are provided at this center including, but not necessarily limited to:

- ◆ Reservations for ADA service
- ◆ Information on WSTA fixed route services
- ◆ Information on all other paratransit services
- ◆ Information regarding ADA eligibility certification
- ◆ Paratransit trip information and trip cancellation

Trans-AID coordinates virtually all human service agency transportation. It is a direct recipient of Title III transportation funds for older adults and provides most of the Medicaid transportation in the county. The organization has service contracts with more than 15 other social service agencies, operating a non-dedicated fleet of vehicles to serve all paratransit needs. State-of-the-art computerized scheduling and dispatching technology is an integral component of the Trans-AID program.

LOCAL COOPERATION

Cooperation involves low-key linkages between organizations to promote coordination. Agreements between the parties may be formal or informal, and may entail only a limited integration of organizational services and goals. Nevertheless, such arrangement can result in cost saving in transportation service delivery.

Non-Traditional Management Strategies for Public Transportation

Local Cooperation

Best Practice in West Virginia – Fuel Consortium: Kanawha Valley Regional Transit Authority (KRT)

KRT, located in Charleston, West Virginia, provides regularly scheduled, fixed route transit service and ADA complementary paratransit service within the City of Charleston and Kanawha County. After opening two satellite facilities several years ago in Nitro and Marmet, KRT implemented a bulk purchase fuel program that allowed city and county entities as well as private and public nonprofit entities receiving FTA funds to purchase fuel from KRT. All participants must be tax exempt.

By buying in bulk, KRT can offer a cost per gallon substantially lower than what participants would typically pay at the pump. KRT, the administrator of the program, pays the state tax on all fuel purchased, then files the requisite forms for the fuel tax refund, (which normally takes about 60 days); qualifies eligible recipients, prepares monthly invoices, and if required, delivers the fuel. For these services KRT charges \$0.05 per gallon on all fuel purchased at a KRT facility, and \$0.075 per gallon on all delivered fuel. Even with the current high fuel prices, participants are experiencing cost savings of approximately \$0.30 per gallon.

KRT's small administrative fee covers application processing, accounting and invoicing, facility depreciation (the two satellite facilities were built with all local dollars), and delivery costs. Each new applicant to the program must file an application with KRT, who then petitions the West Virginia Department of Taxation to add the applicant to the program. Currently, 40 individual entities are purchasing fuel through this program, including the West Virginia State Police. KRT also assists the City of Charleston with the coordination of its fuel program.

KRT views this program as a service to the City, County and State, estimating that approximately 700,000 gallons of fuel are purchased each year by program participants for an annual cost savings of approximately \$250,000.

Best Practice in West Virginia – Education/In-Service Presentations: Mountain State, Inc.

Mountain State, Inc., a private for profit transportation provider with offices in Clarksburg and Elkins, West Virginia, provides non-emergency transportation in Barbour, Harrison, Lewis, Randolph, Upshur, and Tucker Counties, with limited service in Marion, Pendleton, Pocohontas, and Preston Counties. Mountain State has contracts with the WV Department of Health and Human Resources as well as local contracts with sheltered workshops and dialysis centers. The majority of Mountain State's service is Medicaid-reimbursed, although a small percentage (less than 2%) are self pay. For these individuals,

Local Cooperation

Mountain State will bill the person's insurance, if applicable, and accepts the amount the insurance reimburses.

Mountain State works well with local agencies conducting regular in service presentations to inform agencies and clients about Mountain State's services. Topics covered include who to call and how to schedule service; the hours service is available; any applicable rules, e.g., no show policies and its "three strikes" rule, what drivers can and cannot do to assist passengers, etc. Because at least 75% of Mountain State's service is scheduled by the passenger, it is vital that the agencies have accurate information to convey to their clients. In addition, Mountain State also makes presentations to homemaker agencies so that they are aware of the services that are available to the individuals with whom they work.

Best Practice in West Virginia – Information and Referral: Committee on Aging of Randolph County; Here and There Transit; Mountain State, Inc.

Although no formal agreements exist, the Committee on Aging of Randolph County (COA), a private nonprofit corporation serving Seniors in Randolph County; Here and There Transit, a Section 5311 system operated by the Barbour County Senior Center, providing general public transportation in Barbour County; and Mountain State, Inc., a private for profit provider serving both of these counties, work together cooperatively to ensure that residents within Randolph and Barbour Counties get where they need to go. Both the COA and Here and There provide demand response transportation, including nonemergency transportation, in their respective counties. Mountain State, Inc., also operates these types of service. All three providers share information about their respective services, and refer clients when their agency cannot accommodate a trip. At first glance, this arrangement may seem to be just a common sense approach, and not depict anything special to be modeled. However, there can be a competitive and sometimes antagonistic relationship between private for profit and nonprofit providers. Fortunately, this is not the case in Randolph and Barbour Counties. All three providers share a common goal: make sure their passengers have access to needed services. It would also be easy to only refer the least desirable trips, e.g., long trips to the outer parts of the counties, however, all three providers assure us that this is not the case. If a trip is referred, it's because there is no capacity at that particular time or the system does not provide the service. For instance, Here and There does not provide any service out of state, but works with Mountain State to coordinate any requests for trips outside West Virginia. Passengers also recognize the cooperative relationship among the providers, often volunteering that they have already contact one of the other providers and could not be accommodated.

Local Cooperation

Best Practice – Local Cooperation: Agency Name: Mountain Line Transit Authority (MLTA), Morgantown, West Virginia

Mountain Line Transit Authority (MLTA) is a route deviation transit system operating in Morgantown, West Virginia. When the MLTA recently remodeled its facility, it included in its plans opportunities for its passengers to connect far outside Morgantown. By including the station for Greyhound Lines, Inc., the intercity carrier, and space for In Touch and Concerned, a door to door demand response transportation provider, the MLTA, a route deviation system, provided connections to its passengers with other needed services as well as other parts of West Virginia. Greyhound passengers are delivered to its door. In Touch and Concerned has access to quality maintenance services, back up vehicles, bus washing facilities and more. In this situation, everyone wins, especially the passengers.

The team at MLTA is constantly looking for opportunities to serve its passengers and community. Partnerships with Fairmont Marion County Transit Authority and Buckwheat Express result in connections at MLTA's downtown hub. Schedules for both of these transit systems are included on MLTA's website. Area businesses and agencies, including the United Way, the Department of Health and Human Resources, and local grocery stores, purchase passes and tokens from MLTA for their respective consumers. MLTA provides the majority of service for the local sheltered workshops and has in the past established shuttles for area senior centers.

Students at West Virginia University (WVU) can ride MLTA by just showing their student ID, thanks to an agreement between WVU and MLTA. Last year, over 200,000 boardings were by WVU students, faculty, and staff. Another opportunity presented itself when a private housing developer approached MLTA about sponsoring a route for the housing development. The route was designed for the development with 20-minute headways but is open to anyone. Residents of the development ride the route free with ID provided by the development. All other passengers pay the regular fare of \$0.75 (transfers and route deviations an additional charge). For this route, the development contributes \$100,000 annually.

In addition to the route deviation service, MLTA also offers two additional services, WorkerMAT and MEDMAT. Both are funded with Job Access and Reverse Commute funds and are provided as dial a ride and subscription.

Another major coordination opportunity may also be on MLTA's horizon. If Greyhound, as has been indicated, leaves Morgantown, Clarksburg, and Cumberland, that entire region will be without intercity passenger service. To fill this gap, MLTA is working on plans to provide inter-and intra-city connections along Interstate Route 79, connecting as many as seven transit systems and 21 counties. MLTA's goal is to provide the opportunity for West

Local Cooperation

Virginia's transit systems in these counties to join together for a seamless transit network that would provide not only employment and training opportunities, but would also connect the two major medical centers in the region.

CONSOLIDATION OF SERVICES

Consolidation of transit service is an action on the upper end of the coordination continuum. Consolidation involves one organization assuming a lead role in the administration and operation of transit services. Other service providers cease providing service and enter into formal agreements with the lead entity to purchase service. Consolidation is the strategy that can yield the most potential cost savings among coordination strategies.

Best Practice in West Virginia – Consolidation: Buckwheat Express (operated by Preston County Seniors)

In 1989, the Preston County Commissioners decided it could no longer afford to operate the county transit system. The board of Preston County Seniors, knowing this would be a huge step backward for not only the senior population of Preston County, but all citizens, stepped forward. Now over 15 years later, Preston County Seniors, d/b/a Buckwheat Express, provides route deviation, general public service within Preston County with 19 vehicles. Fares are \$0.75 plus \$0.25 per zone.

At the time, the senior organization took over the transit system, the local sheltered workshop was providing a portion of its own service, and Valley Mental Health was operating its own system. Today, these services are entirely consolidated under Buckwheat Express, which also provides service for all seven senior centers in the County. Sources of funding for Buckwheat Express include the Older American's Act, Section 5311, Medicaid (for non-emergency transportation), contract and fare box revenue, as well as local agency funds.

Buckwheat Express also opens its drivers training programs to transportation providers in adjacent counties.

Best Practice in West Virginia – Consolidation: Here and There Transit (operated by Barbour County Seniors)

Here and There Transit provides general public transportation service to the residents of Barbour County; the service began in July, 2000. Transportation is provided to work, shopping, medical appointments, banks, drug stores, and a variety of other places. Here and There Transit is wheelchair-accessible and

Local Cooperation

Consolidation of Services

is certified for non-emergency medical transportation through Medicaid. It is the only transit service in the county. Here and There coordinates with the Committee on Aging of Randolph County and the Mountain State, Inc. to provide transportation in both Barbour and Randolph Counties.

Best Practice in West Virginia – Consolidation: Wayne X-press (operated by Wayne County Community Service Organization)

Public transportation in Wayne County emerged to meet a need, and Wayne County residents with no other means of transportation are grateful. The Wayne X-Press is a rural public transportation system operating five deviated fixed routes and six non-emergency medical routes. Wayne X-Press operates five days a week, transporting residents of Wayne County to multi-purpose senior centers and nutrition sites, medical appointments, jobs and employment-related appointments. Limited advance reservation service for medical appointments is provided to Cabell County, WV, and Lawrence and Boyd Counties, KY. Transportation is also provided to employment job training, medical care, and day care for DHHR clients involved in welfare reform. Wayne X-press is a nonemergency transportation provider.

UTILIZATION OF THE PRIVATE SECTOR

While the Federal Transit Administration (FTA) no longer prescribes a specific private sector policy under its grant programs, past experience has shown that involvement of the private sector in coordination activities can be successful in augmenting publicly owned vehicle fleets to meet increased demand for services, work to reduce overall operating costs, and bring specialized management expertise to local coordination projects.

Best Practice: Voyageur Bus Company, Duluth, MN

Voyageur Bus Company is a full service private for profit transportation company serving the Duluth, Minnesota area since 1971. In addition to school and charter transportation service, Voyageur provides daily transportation services for UDAC, Inc., a day activity center in Duluth, Minnesota. UDAC provides a variety of services for people with disabilities in the Duluth area, including community-based employment, vocational training, senior programs, recreation and leisure activities, and transportation. As part of UDAC's transportation program, Voyageur provides management services and drivers for seven UDAC vehicles, purchased with Section 5310 funding, to transport UDAC clients daily to and from the UDAC center. In addition to operating the seven routes, Voyageur maintains the passenger listing and route data, adding and deleting riders, revising stops, etc. as needed. Voyageur uses Edulog, a computerized routing system jointly purchased by UDAC and Voyageur, to assist with the routing. Voyageur and

Consolidation of Services

Private Sector

UDAC work together well and meet regularly to discuss the service, problem solve, and institute changes to improve service quality and efficiency.

Private Sector

OBSTACLES TO COORDINATION

PROCESS FOR IDENTIFYING OBSTACLES TO COORDINATION

Obstacles to coordination are policies, procedures, regulations, or even laws that impede or hinder, either through direct interpretation or misinterpretation, efforts to integrate the delivery of passenger/client transportation services among two or more programs. Note the use of the terms “impede” and “hinder” rather than such terms as “preclude” or “block.” Obstacles to coordination do not necessarily stop a local coordination initiative. Obstacles typically are overcome through diligence, investigation, and/or adoption of alternative methods of business. In some instances, obstacles are created due to a local misinterpretation of a Federal or state regulation. It may be necessary to enlist the support of Federal or state officials, or even peers in other districts or regions, to assist in making the case before a county or state agency.

It is important to note that not every obstacle identified through this participatory process will represent a hindrance to coordination that is of statewide significance. Indeed, often an obstacle in one community has been successfully addressed and/or resolved in many other Minnesota communities. In some cases, merely presenting a tried and proven practice employed elsewhere in the state is sufficient to address local concerns.

Second, it is often useful to note that obstacles to coordination, perceived or real, are often rooted in the mere fact that local communities in Minnesota are the recipients of Federal funding under one or more of the 62 programs recently identified by the General Accountability Office (GAO).⁵ A detailed regulatory review of these programs reports that due to little uniformity in program delivery, report, and eligibility requirements, coordination obstacles arise.⁶ Thus mere use of Federal funds, and the associated program rules and regulations, may present obstacles to coordination that are not rooted at the local or the state level.

Elsewhere in this report, the best coordination practices in various topical areas are presented. These “best practices” are a culmination of successful experiences throughout the United States, including West Virginia.

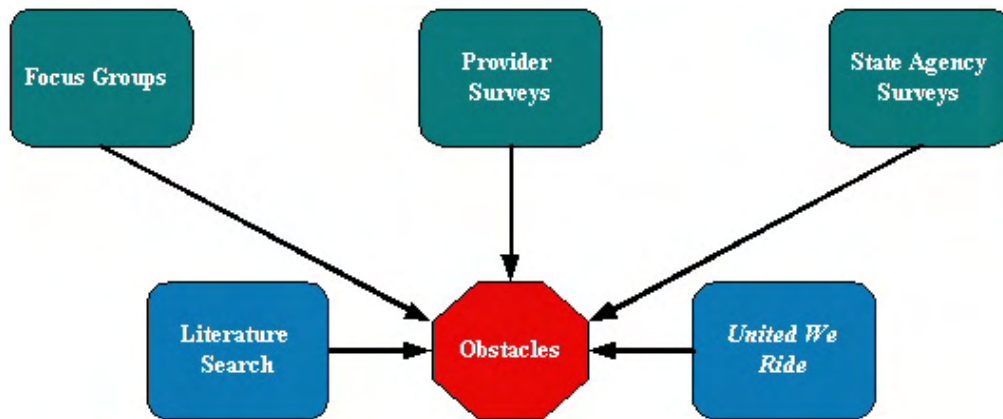
⁵ *Transportation Disadvantaged Populations – Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, General Accountability Office, GAO-03-697, June 2003.

⁶ *Report to the President, Human Service Transportation Coordination, Executive Order 13330*, May 24, 2005, prepared by the Coordinating Council on Access and Mobility.

Process for Identifying Obstacles to Coordination

Additionally, current *United We Ride* materials and a literature search were used to identify issues identified on the national scene that may have some impact on West Virginia.

Process for Identifying Obstacles to Coordination in Minnesota



**Process for
Identifying
Obstacles to
Coordination**

National Literature Review

The National Consortium on the Coordination of Human Services Transportation is a group of non-profit organizations representing public and private transportation providers, human services agencies, units of government, and advocacy organizations. Support for the Consortium comes primarily from Federal Transit Administration (FTA) of the U.S. Department of Transportation (DOT).

As one of its recent activities, the Consortium designed a research project to explore barriers to coordination in detail. The Consortium issued a white paper earlier this year on the project.⁷ Obstacles to coordination were identified in seven (broad categories):

- ◆ Organizational/Structural
 - Federal program differences
 - Transportation, human services infrastructure does not encourage coordination
 - Lack of state leadership
 - Policies, procedures, for implementing federal programs established at state/local level

⁷ *White Paper: Overcoming Coordination Barriers - Barriers and Obstacles to Coordination of Public and Human Services Transportation*, prepared for the National Consortium on the Coordination of Human Services Transportation, prepared by Transystems, Inc., January 3, 2005.

- Absence of centralized structure at state level
- Lack of support structures and functions
- ◆ Funding
 - Federal assistance is categorical or designated for specific purpose
 - Uncertainty about cost allocation between participants and funding agencies
 - Need for start-up funding
 - Lack of financial incentives
 - Inadequate funding for transportation
 - Differing matching requirements among federal programs
- ◆ Policy/Regulatory
 - Agencies use independent systems to authorize, track and pay for transportation
 - Differing eligibility criteria
 - Restrictions on use of vehicles
 - Reauthorization schedules
 - State/local regulations or policies
 - Differing planning requirements
 - Restrictions on fares
 - FTA regulations regarding provision of student transportation
 - Limited federal and state guidance
- ◆ Attitudinal
 - Public perceptions
 - Reluctance to mix client groups
 - Turfism
 - Skepticism about benefits
 - Concerns over loss of riders and revenue
 - Perceived decline in service quality
 - Unrealistic expectations
 - Lack of local support
 - Need to develop trust among partners
 - Fear about tracking rides
 - Coordination viewed as “short term” project
 - Institutional differences
 - Fear of taking risk
- ◆ Operations
 - Insurance and liability issues
 - Incompatibility of client needs and characteristics
 - Differing service standards
 - Vehicle specifications
 - Vehicle availability

**Process for
Identifying
Obstacles to
Coordination**

- Safety concerns
- Labor arrangements
- Driver qualifications, screening, and training
- Incompatible communications equipment
- Geographic service area boundaries

- ◆ Communication
 - Uncertainty about authority to coordinate
 - Uncertainty about DHHS vs. DOT roles in transportation
 - Uncertainty about shared use of resources
 - Lack of information about matching fund requirements
 - Misinterpretation, disregard of federal regulations at state/local level
 - “Language” barrier

- ◆ Information/Data
 - Lack of data about amount of federal and state human service funds available
 - Insufficient data about unmet needs
 - Transit providers are not aware of contracting opportunities with HHS agencies
 - Lack of awareness of available transportation services
 - Lack of baseline data to measure performance and quantify benefits
 - Client and data confidentiality issues
 - Lack of uniform data collection, reporting, and accounting
 - Cost allocation among federal programs requires data that is burdensome to collect

**Process for
Identifying
Obstacles to
Coordination**

As can be seen from the review of this national list, virtually all obstacles identified in the provider survey are included in the national list.

TOWARDS A COORDINATION MODEL FOR WEST VIRGINIA

FRAMEWORK

Coordination is not a single strategy, but a range of options from relatively simplistic actions to complex implementation strategies. This “coordination continuum” ranges from information sharing to the consolidation of services under the auspices of a single provider. The continuum begins with simple networking and progresses to consolidation,

- ◆ **Networking** – the simplest form of partnerships where participants share a common interest but with no significant action other than information exchange.
- ◆ **Cooperation** – involves low-level linkages, informal agreements, and some possible resource sharing.
- ◆ **Coordination** – more intense linkages that include resource sharing to pursue common goals.
- ◆ **Collaboration** – the most sophisticated partnership form with strong, formal linkages among partners and complex goals implemented over longer periods of time.
- ◆ **Consolidation** – one organization assumes responsibility for service delivery of other participant organizations.

In reviewing the survey data from West Virginia transportation providers and based on input from the Coordinating Council, it was clear that existing collaborations or coordination at the state level is relatively rare and that collaboration or consolidation at the local level for more than one-half of the state’s transit providers is non-existent.

In building a framework for coordination in West Virginia, strategies must incorporate stronger institutional cooperation among state agencies prior to setting in motion any program of incentives to promote coordination at the local level.

RECOMMENDATIONS AND ACTION PLAN

Building State Level Cooperation

A multi-faceted strategy should be considered by the State of West Virginia. Key recommendations in this framework include:

Framework

Recommendations and Action Plan

◆ **Formalize, by Legislation, the Governor’s Transportation Coordination Council, and designate the Council as the Entity to Oversee and Implement Transportation Coordination**

Focus group participants were adamant that, for transportation coordination to become a reality in West Virginia, an entity must be designated with the requisite responsibility and authority to carry it out. The existing Council seemed to be the logical choice. Participants also believed that, for the Council to be effective, the following actions must also be taken:

- The Council must be formalized by State Legislation;
- The Public Transit Advisory Council, required by legislation but currently inactive, should be dissolved;
- Council membership should be expanded to add representative of the Division of Rehabilitation Services and a private for profit transportation provider representative. (Note: expansion of the Council should not exceed twenty members to ensure that the size does not become detrimental to the Council’s mission).

◆ **Education of Public and Human Service Transportation Service Providers**

It was evident from the survey results that many transportation providers are unaware or are unsure of the benefits of coordination. As a first priority, West Virginia should undertake a cooperative effort among all key state agencies that would disseminate information on the benefits of coordination.

◆ **Technical Assistance/Peer-to-Peer Assistance**

Simple distribution of brochures, etc. will not be sufficient to raise the level of understanding among human service agency transportation provider on the benefits of coordination. A concerted effort should be undertaken to ensure that where local interest increases in development of more coordinated transportation system, a program of technical assistance is in place so that technical experts are available to assist local officials.

◆ **Develop Statewide Strategic Approach to Better Utilize Federal Funds**

Many states have developed statewide strategies to maximize utilization of Federal funds that flow to the state prior to spending state or local funds. West Virginia has no strategy in place. The Coordinating Council should work on developing a statewide

policy wherein various state departments, such as the Bureau of Senior Services and the Division of Public Transit, develop a more strategic approach to funding local services. Both agencies often provide funding to the same provider with little coordination or clearinghouse functions occurring at the state level.

Many states for example look to the state transit agency (i.e. typically the State DOT) as the source of capital funding for vehicles used in specialized and human service transportation. In these scenarios, state human service agencies do not fund capital, but prefer to invest limited funds in direct service provision (purchase of service, direct service operation, etc.)

Moreover, projections of available transit funding in the state under SAFETEA-LU will come with statutory provisions that will permit the recipient of Federal transit funds to meet their local matching requirements with funds earned from purchase of service agreements with human service agencies, even if the source of those funds is another Federal program. This is a powerful local funding tool where generation of local match from local governments is an issue. The state should work in cooperation with county and city associations to ensure that maximum leverage of Federal funding is utilized.

◆ **Develop Coordination Demonstration Programs**

West Virginia should encourage and reward local initiative by awarding special coordination demonstration grants that provide funding for a multi-year period to allow for the start-up, implementation, and monitoring of a local coordination project. To initiate this program, we suggest that one or two regions be identified as potential sites and that a Mobility Manager be hired to facilitate transportation coordination in the region(s). Funding for this program could come from Federal and State sources (United We Ride grants, for example), which could be identified as a result of partnerships between and among key state agencies. These demonstrations could go far in seeking the more efficient delivery of Federally supported transportation services and should be a priority of the Council. As the demonstrations progress, they could be used to address such issues as streamlining funding sources, billing and reimbursement procedures used by different human service agencies and exploring how technology can be used to facilitate the coordination of transportation services.

Because many of the coordination activities identified in West Virginia to date are primarily informal information and referral

efforts, some education and/or technical assistance may be necessary to assist local communities with the planning for, and development of, a local coordination project. One means which has proven useful in other states in developing and encouraging transportation coordination is the development of a coordination “tool kit.” The tool kit would consist of a series of short discussions on different aspects of coordination, e.g., planning, implementation, overcoming specific obstacles, such as insurance and liability issues, developing joint efforts on grantswriting, training, etc. The tool kit might also contain examples of forms and other documents that are ready to customize and use by local groups.

◆ **Promote and Financially Participate in Local Coordination Studies**

A model planning process for counties and regions to undertake local coordination studies should be developed and, if possible, funds provided to cover 100 percent of the cost, or participation at an amount that would require only a nominal match level.

◆ **Procedures Should be Adopted to Ensure Better Coordination of Funding Decisions by State Agencies on Local Grants**

In order to facilitate transportation coordination at the local level, State agencies should better coordinate funding decisions at the state level to prevent or institutionalize duplicative and under-utilized services. The Council would be the logical choice to initiate this activity.

◆ **State Agencies Should Form a Working Group to Establish Uniform Approaches to Local Project Reporting on Transportation Service Delivery**

Program reporting burdens have been identified as obstacles to transportation coordination both in the surveys and focus groups. A state agency working group could be an effective mechanism in addressing, if not eliminating altogether, this obstacle to coordination.

◆ **The West Virginia Transportation Coordinating Council Should Support the WV DOT Division of Public Transit’s Efforts in the Development of the Required FTA Coordination Plans, and Strongly Encourage, to the Extent Feasible, the Participation of Key Local Agencies in the Planning Process**

Local coordination plans are now required (beginning with FY 2007) as part of the FTA's Section 5310, Job Access and Reverse Commute, and New Freedom programs. In order for these plans to be meaningful, cooperation of key local agencies, beyond the affected transportation providers, in the development of these plans is imperative. The WVDOT Division of Public Transit, as the administrator of the program on behalf of FTA, will be the lead in overseeing the development of the plans, however, the Council's support and encouragement can go a long way to promote local participation.

WHERE YOU CAN OBTAIN THIS REPORT

This report and/or the Executive Summary are available through the West Virginia Department of Transportation, Division of Public Transit. For a copy or further information, contact the Division at (304) 558-0428.

**Recommendations
and Action Plan**

**Where You Can
Obtain This Report**

Appendix A

MEMBERS

WV Transportation Coordinating Council

As appointed by Governor Bob Wise, July 15, 2004

Executive Order No. 5-04

Adkins, Tommy representing NEMT Providers
Community

Director, TriRiver Transit

P. O. Box 800

West Hamlin, WV 25571

PH: (304) 824-2944

E-mail: trttommy@zoominternet.net

Baston, Shelley, Director
Office of Healthcare Policy &
Managed Care Coordination

Bureau for Medical Services
WV DHHR

350 Capitol Street, Room 251

Charleston, WV 25301

PH: (304) 558-5978

E-mail: shelleybaston@wvdhhr.org

Bowling, Mary Jane
Governor's Workforce Investment Div.
WV Development Office
Bldg 6, Rm. 617

1900 Kanawha Blvd., E.

Charleston, WV 25305

PH: (304) 558-7024, Ext. 204

E-mail: mbowling@wvdo.org

Bruffy, David representing Public Transportation
Community

Manager, Mountain Line Transit

420 DuPont Road

Morgantown, WV 26501

PH: (304) 291-7433

E-mail: bus@busride.org

Chellew, Jackie
Office of Behavioral Health
WV DHHR
Rm. 350 / 350 Capitol St
Charleston, WV 25301

PH: (304) 558-6179

E-mail: jackiechellew@wvdhhr.org

Edwards, Phil, Director
Bureau for Public Health/OMCFH/ICAH
WV DHHR

Rm. 427 / 350 Capitol St

Charleston, WV 25301

PH: (304) 558-7176

E-mail: philedwards@wvdhhr.org

Hall, Penney, APR
State ADA Coordinator
Department of Administration
Bldg. 1, Rm. 127-E
1900 Kanawha Blvd., E.
Charleston, WV 25305
PH: (304) 558-1783

E-mail: phall@wvadmin.gov

Hartwell, Dan, Program Manager

Division of Family Assistance
WV DHHR

Rm. B-18 / 350 Capitol St.

Charleston, WV 25301

PH: (304) 558-2357

E-mail: danhartwell@wvdhhr.org

Murphy, Kim representing Public Transportation
Consumers with Disabilities

WV Mental Health Consumer's
Association

Suite 419

910 Quarrier St.

P.O. Box 11000

Charleston, WV 25301

PH: (304) 345-7312

E-mail: kjmurph2000@aol.com

Updated 10/14/2005

Murphy, Sidney representing Public
Transportation Community
Buckwheat Express
P. O. Box 10
Kingwood, WV 26537
PH: (304) 329-0464
E-mail: prestonseniors@atlanticbb.net

Building 10, Holly Grove
1900 Kanawha Blvd., E.
Charleston, WV 25305
PH: (304) 558-3317, Ext. 19
E-Mail:
dwilder@mail.boss.state.wv.us

O'Connell, Susan, Chairperson
Director, Division of Public Transit
Bldg. 5, Rm. 830
1900 Kanawha Blvd., E.
Charleston, WV 25305-0432
PH: (304) 558-0428
E-mail: soconnell@dot.state.wv.us

Paxton, Larry, representing Public Transportation
Consumers w/disabilities
Appalachian Center for Independent
Living
Suite C, Elk Office Center
4710 Chimney Dr.
Charleston, WV 25302-4804
PH: (304) 965-0376
E-mail: paxacil@yahoo.com

Shew, Ben, Executive Director
School Transportation
WV Dept of Education
Bldg. 6, Rm. 215
1900 Kanawha Blvd., E.
Charleston, WV 25305
PH: (304) 558-2711
E-mail: bsheew@access.k12.wv.us

Smith, Debra representing Perdidos
105 Valley View Dr.
Beckley, WV 25801
Ph: (304) 253-9560
E-mail: debesmith@yahoo.com

VanGilder, Venessa Fair Shake Network
P.O. Box 354
Institute, WV 25112-0354
PH: (304) 766-0061
E-mail: wvfn@charter.net

Wilder, Deloris
Bureau of Senior Services

**West Virginia Coordination Action Plan
Survey Questionnaire – Project Stakeholders**

Instructions to Survey Respondent – The West Virginia Department of Transportation, Division of Public Transit and the WV Transportation Coordinating Council are conducting a survey of local public transportation providers and human service agencies to better understand the level of coordination that has been achieved at the local level. Your assistance in responding to this survey will directly influence recommendations and ultimately result in an Action Plan designed to enhance local efforts to better coordinate transportation services between public transit agencies and local human service organizations.

Your participation in the West Virginia Coordination Action Plan is appreciated.

Please direct questions to Jeff Halstead at (937) 299-5007. Return the completed survey questionnaire by June 3, 2005 to:

Mr. Jeffrey Halstead
RLS & Associates, Inc.
3131 South Dixie Highway, Suite 545
Dayton, OH 45439
Phone: (937) 299-5007 FAX: (937) 299-1055
E-mail: rlsasc@mindspring.com

I. ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

- a. Name: _____
- b. Address: _____
- c. Telephone: _____ Fax: _____
- d. E-mail: _____
- e. Name of Individual Who Can Answer or Respond to Questions Posed in the Survey:

- f. Title: _____
- g. Agency Website: _____

West Virginia Coordination Action Plan

Local Stakeholder Survey

Page 2

2. Please check the box that best describes your organization. (Check only one.)

- | | |
|---|---|
| <input type="checkbox"/> a. Adult Day Care | <input type="checkbox"/> l. Church/Synagogue |
| <input type="checkbox"/> b. MR/DD Board | <input type="checkbox"/> m. Other Faith Based Organization |
| <input type="checkbox"/> c. Hospital | <input type="checkbox"/> n. Publicly Sponsored Transit Agency |
| <input type="checkbox"/> d. Medical Center | <input type="checkbox"/> o. Private Transportation Company |
| <input type="checkbox"/> e. Nursing Home | <input type="checkbox"/> p. Ambulance Company |
| <input type="checkbox"/> f. Head Start | <input type="checkbox"/> q. Private School |
| <input type="checkbox"/> g. Senior Center | <input type="checkbox"/> r. Neighborhood Center |
| <input type="checkbox"/> h. Nutrition Site | <input type="checkbox"/> s. YMCA/YWCA |
| <input type="checkbox"/> i. Taxi | <input type="checkbox"/> t. Senior Center/County Senior Prgm |
| <input type="checkbox"/> j. Social Service Agency – Public | <input type="checkbox"/> u. Other: _____ |
| <input type="checkbox"/> k. Social Service Agency – Nonprofit | |

3. What are the major functions/services of your organization? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> j. Diagnosis/Evaluation |
| <input type="checkbox"/> b. Health Care | <input type="checkbox"/> k. Job Placement |
| <input type="checkbox"/> c. Social Services | <input type="checkbox"/> l. Residential Facilities |
| <input type="checkbox"/> d. Nutrition | <input type="checkbox"/> m. Income Assistance |
| <input type="checkbox"/> e. Counseling | <input type="checkbox"/> n. Screening |
| <input type="checkbox"/> f. Day Treatment | <input type="checkbox"/> o. Information/Referral |
| <input type="checkbox"/> g. Job Training | <input type="checkbox"/> p. Recreation/Social |
| <input type="checkbox"/> h. Employment | <input type="checkbox"/> q. Homemaker/Chore |
| <input type="checkbox"/> i. Rehabilitation Services | <input type="checkbox"/> r. Other _____ |

4. Under what legal authority does your organization operate?

- a. Local government department or unit
- b. Private nonprofit organization
- c. Transportation authority
- e. Other (Specify) _____

5. What is the geographic service area for the organization? If you have a map of the service area, please attach a copy to this survey.

- Countywide
- Specific Municipalities (Specify): _____
- Other (Specify): _____
-

West Virginia Coordination Action Plan

Local Stakeholder Survey

Page 3

6. Does your transportation program restrict service? (Check those that apply)

- Clients only Yes No
- Trip Purpose Yes No
- No. of Rides per Month Yes No
- Advanced Reservations Yes No
- Other (please specify _____)

7. Why are these services limited (For example, funding, federal regulations, state regulations, etc. _____)

8. Is your organization involved in the direct operation of transportation services for clients or the general public? (Check only one.)

- Yes No

9. Does your organization purchase transportation on behalf of clients or the general public from other service providers?

- Yes No

If the answer to both Questions 7 and 8 is “No,” skip to Question 23 and continue the survey.

II. MODES OF TRANSPORTATION SERVICES PROVIDED

Service Providers Only. In this section, explain the various types of transportation services that your organization directly provides on behalf of clients or for the general public. Exclude meal deliveries or other non-passenger transportation services that may be provided.

10. In what manner does your organization directly provide, purchase, operate, or arrange transportation for seniors or the general public (that may include seniors, disabled)? (Check all that apply.)

Mode of Transportation	Services for the General Public	Client Only Services
	<i>(Check All That Apply)</i>	
a) Personal vehicles of agency staff		
b) Agency staff using agency owned fleet vehicles		
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
d) Reimbursement of mileage or auto expenses paid to clients, families, or friends		
e) Volunteers		
f) Information and referral about other community transportation resources		
g) Operate own transportation program using agency owned vehicles and staff		

h) Other (Describe in space provided on Page 4)		
---	--	--

Please describe any other methods in which your organization delivers transportation services not previously checked in Question 9a through 9h.

III. TRANSPORTATION SERVICES

The following questions seek information about your organization’s transportation services.

11. Indicate the following trip purposes your organization is authorized to provide to clients or members of the general public.

Trip Purpose	Organization is Authorized to Provide This Trip Purpose (Check All That Apply) Include percentage of trips.
a) Health/medical (e.g., single or periodic trips to doctor, clinic, drug store, treatment center)	
b) Health maintenance (e.g., dialysis or other recurring and frequent trips that require regular transport)	
c) Nutrition (e.g., trips to a congregate meal site)	
d) Income maintenance (e.g., trips to food stamp or social security office)	
e) Social (e.g., visit to friends/relatives)	
f) Recreation (e.g., trips to cultural, athletic events, etc.)	
g) Education/training (e.g., trips to schools, adult education centers, continuing education, etc.)	
h) Employment (e.g., trips to work, including job interviews, welfare-to-work trips, etc.)	
i) Shopping	
j) Social services (e.g., trips to meet with counselors, social workers, and other staff related to the receipt of social services (except nutrition)	
k) Residential (e.g., trips supporting activities of group residences and group home residents)	
l) Day Care	
m) Adult Day Care	
n) Mental Health (Day Treatment)	

o) Bank	
p) Sheltered workshop	
q) TANIFF	
r) Other (specify)	
Total Percent (must equal 100)	

12. Please provide the following information regarding the vehicle fleet used in the provision of transportation services provided directly by your agency. The vehicle type(s) used include the following:

Vehicle Type	Number	Owned	Leased	Number Accessible
a) Sedans				
b) Station wagons				
c) Minivans				
d) Standard 15-passenger vans				
e) Converted 15-passenger vans (<i>e.g.</i> , raised roof, wheelchair lift)				
f) Light-duty bus (body-on-chassis type construction seating between 16-24 passengers)				
g) Medium duty bus (body-on-chassis type construction seating over 22 passengers with dual rear wheel axle)				
h) Small school bus (yellow school bus seating between 9 and 24 students)				
i) Large school bus (yellow school bus seating between 25 and 60 students)				
j) Four Wheel Drive Vehicles				
k) 12 passenger plain vans				
l) Trolleys				
m) 30 Foot transit vehicle (27-32 passenger vehicle)				
n) 35 foot transit vehicle (34-37 passenger vehicle)				
o) Other (Describe):				

13. Are your vehicles equipped with two-way radio communications or do your drivers carry any type of communication device?

Yes No

If “Yes,” what type of communications system is used? (*Check all that apply.*)

West Virginia Coordination Action Plan

Local Stakeholder Survey

Page 6

- Cellular phones
- Two-way mobile radios requiring FCC license
- Pagers
- Mobile data terminals
- Other (describe): _____

14. What are the daily hours and days of operation for your transportation services? Check days and list hours of operation in the space provided.

- Weekdays _____
- Saturday _____
- Sunday _____
- Holidays _____

15. Define the level of passenger assistance provided for users of your transportation service. (Check all that apply.)

- Curb-to-curb (*i.e.*, drivers will assist passengers in and out of vehicle only).
- Door-to-door (*i.e.*, drivers will assist passengers to the entrance of their origin or destination).
- Drivers are permitted to assist passengers with a limited number of packages.
- Drivers are permitted to assist passengers with an unlimited number of packages.
- Provide personal care attendants or escorts to those passengers who require such services.
- Passengers are permitted to travel with personal care attendants or escorts.

16. How do clients/customers access your transportation services?

- There are no advance reservation requirements.
- Clients/customers must make an advance reservation (*e.g.*, by telephone, facsimile internet, arrangement through a third party, etc).

17. If advance reservations are required, what notice must be provided?

- We use a real-time reservation policy.
- Customers/clients must call for a reservation the day before travel.
- Customers/clients must call for a reservation 24 hours before travel.
- Customers/clients must call for a reservation two days before travel.
- Other (Define): _____

IV. RIDERSHIP

The following questions have to do with client/patron caseload and/or client ridership.

18. Please provide your organization’s annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available. Complete questions (a) through (f).

Unduplicated Persons/Passenger Trips	Services for the General Public	Client Only Transportation Services
a) Total number of persons ¹ provided transportation		
b) Total number of passenger trips ² (most recent fiscal year)		
c) Estimated number of trips ² which the riders use a wheelchair		

In the above table, use the following definitions:

¹ A "person" is an unduplicated count of individuals receiving service (a person riding the vehicle 200 trips per year is counted as one person).

² A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

Answer the following questions about figures provided in the table above:

- d) Are ridership figures exact? _____
- e) Are ridership figures estimates? _____
- f) Time period for counts or estimates: _____

V. ANNUAL EXPENDITURES AND REVENUES

The following questions concern your **transportation** funding sources and annual revenues and expenditures.

19. Does your organization charge a fare or fee for providing transportation services?

- Yes
- No

If yes, what is the fare structure? _____

20. Does your organization accept any donations from clients to offset the cost of providing transportation services?

Yes No

If yes, what is the suggested donation amount? _____

21. What are the beginning and ending dates of your organization's fiscal year?

Beginning: _____ Ending: _____

22. What are your transportation expenses and revenues? Please complete the two (2) columns: Actual FY 2004 and Projected or Year-to-Date FY 2005. This figure should include costs for Salaries and Fringe Benefits, Overhead (rent and other) Fuel, Lubricants and Tires, Maintenance, Insurance, Contract Service, Administrative and Reporting Costs, and Other transportation related expenses.

Transportation Operating Expenses and Revenues		
Category	Actual, FY 2004	Projected, FY 2005
Transportation Expenses – Total		
Transportation Revenues		
a. Fares Collected from Passengers Through Cash, or Tickets/Tokens Purchased by Passengers (Include Client Fees and/or General Public Fares Here)		
b. Revenues Collected From Cash or Ticket/Tokens Purchased by Third Parties on Behalf of Passengers		
c. Reimbursements for Services Obtained from Third Parties (e.g., Medicaid Reimbursements)		
d. Local Government Appropriations		
e. Grants Directly Received by the Organization		
f. Other: Explain:		
Total Transportation Revenues		

VI. PURCHASED TRANSPORTATION SERVICES

22. If your agency purchases client transportation services from third parties, please complete the following table. If the third party or parties are private individuals, do not list individual names; sum all such entries in one line labeled as “private individuals.”

- Donations
- Fares

- Organizations
- Levy
 - Other _____

VII. LOCAL COORDINATION EFFORTS

25. Is a governing or advisory framework in place in your community that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace?

- Yes No

26. If yes to Question 23, please describe this framework? Has your organization actively participated in the planning, development, and implementation of this framework?

27. Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?

28. Is there positive momentum? Is there growing or waning interest and commitment to coordinating human service transportation trips and maximizing resources?

29. Is there an on-going process for identifying duplication of transportation services, underused assets, and service gaps? If yes, describe this process.

30. In your opinion, are the specific transportation needs of various target populations (e.g., low income, elderly, etc.) well documented?

31. Is there a plan to provide coordinated transportation? Does the plan have clear mission and goals? Are the assessment results used to develop a set of realistic actions that improve coordination?

32. If “yes” to Question 29, is the plan for human services transportation coordination linked to and supported by other state and local plans?

33. What issues, if any, have your coordination efforts encountered with respect to billing and payment?

34. What do you see as the greatest barrier to coordination and mobility in your service area?

35. What elements of the existing transportation network provide the most useful mobility options for the public and clients of human service agencies in your service area?

36. In your assessment, what enhancements are most needed to improve the coordination of public and human service transportation in your service area?

37. If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.

38. Are your agency's transportation services coordinated with other transportation providers in your area?

Yes If yes, to what extent? (Check all that apply) No

- | | |
|--|---|
| <input type="checkbox"/> Central Dispatching | <input type="checkbox"/> Emergency Back-up (Shared Vehicles) |
| <input type="checkbox"/> Refer Clients | <input type="checkbox"/> Provide Transportation Service for
Other Agency |
| <input type="checkbox"/> Provide Disabled Services | <input type="checkbox"/> Other (Please Specify)
_____ |
| <input type="checkbox"/> Joint Driver Training | |

39. Who do you coordinate with? (Please list specific agencies and refer to the previous question)

40. Based on your experience, what are the barriers to coordination?
(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Federal Regulations | <input type="checkbox"/> Incompatible Clients |
| <input type="checkbox"/> State Regulations | <input type="checkbox"/> Satisfied with present
transportation program; do not see
need to coordinate |
| <input type="checkbox"/> Liability Issues | <input type="checkbox"/> Reluctance of area transportation
providers to coordinate |
| <input type="checkbox"/> Turf Battles | <input type="checkbox"/> Funding |
| <input type="checkbox"/> Not enough equipment | <input type="checkbox"/> Other (Please Specify)
_____ |

41. Given the greater emphasis on coordinated services by such federal grantors as the Federal Transit Administration and the Administration on Aging, what would make a coordinated transportation program more attractive to your agency?

Thank you for your cooperation. Please submit your completed survey to the address listed on page 1 of this questionnaire.

If enclosed, please review the Profile, for your respective agency, from the 2004 Transportation Providers Directory and make any corrections or additions under Description of Services.

APPENDIX C – FOCUS GROUP SUMMARIES
FOCUS GROUP #1

West Virginia Coordination Action Plan
Martinsburg Focus Group – County Government Center
September 15, 2005, 1 p.m.

Name	Agency	Telephone	E-mail
Linda Ruppert	Senior Life Services of Morgan County	304-258-3096	sismci@verizon.net
Lynn Weiger	Eastern Panhandle Transit Authority	304-263-0876	lweiger@pantran.com
Juleh Hadavan	Patient Transportation	304-264-0119	patienttrans@hotmail.com
Sherry Bartgis	West Virginia Division of Rehabilitation Services	304-267-0005	sharonbartgis@yahoo.com
Robert Gordon	Eastern Panhandle Regional Planning and Development Council	304-263-1743	rgordon@region9wv.org
Stephen Montoney	Laborers District Council	304-227-4461	vern.laborers@frontier.net.net

Strengths

- Some agencies serve entire counties, e.g. Senior Life Services of Morgan County
- State-provided (DOT) driver training through trainers at Eastern Panhandle Transit Authority, e.g., Passenger Assistance, evacuation.
- Dedicated local providers who are genuinely interested in meeting clients needs

Weaknesses

- There are enough local providers, but insufficient funding to meet the needs of communities and counties. There has been a growth explosion that is expected to continue as more “outsiders” move in, particularly those from the Washington, DC area who are retiring.
- Lack of awareness of other service providers. Business cards were exchanged at the meeting among Senior Life Services, Eastern Panhandle, and Patient Transportation.
- Lack of coordination among providers. Able-bodied people using the non-emergency medical services provided by Patient Transportation at a cost of \$9 per trip could ride Eastern Panhandle for \$1 per trip.
- Lack of communication with private providers (getting them to the table). There are more providers that should have attended the meeting.
- No means of communicating to the public what transportation is available

- No coordination at the State level regarding the number of vehicles purchased or the service provided.
- The State does not require 5310 grantees to operate wheel-chair equipped vans and, therefore, some residents are not served.

Opportunities

- Build on the interest that is started at the Federal and State levels (e.g., United We Ride Initiative, Governor’s Council activities, WV Coordination Action Plan, Workforce Invest Program)
- Coordinate the provision of State and Federal funds for vehicles. Consider the Ohio DOT model in which special priority is given to projects which are coordinated.
- The State should require service coordination including, potentially, coordinated dispatch.
- Identify local points of contact for all agencies
- Current high fuel prices may entice agencies to consider coordination
- Need a 511 telephone number and web site for residents to do one-stop shopping for transportation.

Obstacles

- People who would need to engage and lead coordination may already have “full plates” (e.g., additional Medicaid Rx requirements are overwhelming some agencies)
- Lack of funding to support coordination.
- Some agencies may fear their funding may be lost if there is coordination
- Turf — *our agency would be a good lead coordinating agency, but I would not trust another agency to do it.*
- Control — coordinated service may not give the same service priorities to an agency’s clients.
- Some large rural areas with scattered populations only have one provider so coordination opportunities are limited.
- Some agencies do not have the equipment to handle all types of clients.

Best Practices

- State and Eastern Panhandle — the provision of driver training.
- Ohio DOT model in which special priority is given to projects which are coordinated.

The Role of the State

- Provide a clearinghouse for information
- Provide a funding mechanism for coordination and more funding for transportation.
- Offer incentives and rewards for coordination
- Regulate award of vehicles among the state agencies and require accountability (e.g., proof of vehicle need)

- The State should implement a gradual, “stepped” program of coordination that would stop at the step when good coordination is reached. The gradual steps are: 1) voluntary coordination through information dissemination and training; 2) provision of financial incentives for coordination; and 3) State mandate of coordination.

Recommendations (in order by priority)

1. The State should provide more money for transportation. The needs are great and cannot be addressed fully only with coordination.
2. Implement the gradual, “stepped” program of coordination that would stop at the step when good coordination is reached.
3. Provide on-site technical assistance for coordination.
4. Establish a 511 telephone number and web site for people to access information on the availability of transportation.

Meeting Recap

- There was definitely a presence of cooperation in the room and desire to know how coordination could be implemented for the greater good of clients and the taxpayers.
- Need State to support coordination via
 - Funding
 - Providing incentives
 - Implementing requirements
 - Providing technical assistance
- A large proportion of the population isn’t aware of what transportation is available and how it can be accessed
- Agencies need to have a good reason for coordinating, either incentives or rewards, and probably are not willing to do it on their own
- Need to showcase models and best practices to show agencies it can be done

APPENDIX C – FOCUS GROUP SUMMARIES

FOCUS GROUP #2

West Virginia Coordination Action Plan Charleston Focus Group - Town Mall Center

September 22, 2005, 1 p.m.

Name	Agency	Telephone	E-mail
Susan O'Connell	WV DOT Division of Public Transit	304-558-0428	soconnell@dot.state.wv.us
Toni Boyd	WV DOT Division of Public Transit	304-558-0428	tboyd@dot.state.wv.us
Holly Williams	Mingo CAP	304-235-1701	hwilliams@mingocap.org
Robin Righter	Raleigh County CAA	304-252-6396	robiner@ccaa.org
Carl Pennington	Southern Highlands	304-425-9541	carlpennington67@msn.com
Doug Rice	KYOVA Interstate Planning Comm.	304-523-7434	dougrice@citynet.net
Saleem Salameh	KYOVA Interstate Planning Comm.	304-523-7434	ssalameh@citynet.net
Janet Johnson	Department of Rehab. Services	304-766-4687	janetj@mail.state.drsvw.us
Nancy Daugherty	Department of Rehab. Services	304-766-2497	nancyd@mail.state.drsvw.us
Laura Lou Harbert	Department of Health & Human Resources	304-558-4303	lauraharbert@wvdhhr.org
Angela Vance	AARP	304-340-4603	avance@aarp.org
Delores Wilder	Bureau of Senior Services	304-558-3317	dwilder@boss.state.wv.us
Betty Whittaker	Mercer County Council on Aging	304-425-7111	
Beth Byrd	Mercer County Council on Aging	304-425-7111	
Deborah Smith	Perdidos	304-573-0797	perdidosinc@yahoo.com
Dean Abner	Ambassador Taxi	304-673-1876	
Mary Jane Bowling	Workforce West Virginia	304-558-7317	mbowling@workforcwv.org

Strengths

- [Some] Agencies serve entire county(ies), e.g. Rehab. Services, Seniors)
- Decisions as to how dollars are spent can be made locally (Seniors)

- MPOs can coordinate within their region, i.e. across county lines
- DOT has a comprehensive Provider Directory that is available (on-line) to all agencies and providers to see what transportation is available within an area
- State-provided (DOT), e.g., Passenger Assistance, maintenance, driver training, dispatch/scheduling, etc.
- Required 5310 sign-off that has forced providers to be aware of other providers/agencies in the area
- Rehabilitation Services uses existing transportation providers in the area to provide transportation to their consumers (model)
- Vehicles (5310 and other)
- 5310 maintenance requirements that ensure that vehicles are well-maintained
- a private provider network that is available 24/7
- an existing public transit and human service transportation network
- State organizations which are already focusing on coordination, e.g., the Governor's Transportation Coordinating Council, WV Transportation Alliance
- AARP's Legislative expertise and connections

Weaknesses

- [Lack of qualified] Drivers
- Lack of flexibility among agencies (i.e. perception that they can only serve their own clientele)
- Passenger dumping by some agencies (i.e. only taking shorter, less expensive trips and referring longer trips to other providers)
- Lack of accountability and standard reporting requirements, i.e. most State agencies have no requirements to know how their dollars are spent and who is being served
- Lack of standard maintenance requirements
- No means of communicating to the public what transportation is available
- People falling through the cracks, i.e. potential passengers that are not agency sponsored
- [Perceived] liability and insurance issues from sharing vehicles, drivers, coordinating passenger trips, etc.
- No coordination at the State level regarding the number of vehicles purchased
- Lack of communication with private providers (getting them to the table)
- Limited hours and service area for public transit and human service agencies (e.g., no service after 4-6 p.m. and weekends)
- Possibility of no longer being able to operate 15-passenger vans because of insurance agencies reluctance to insure them
- Rising vehicle insurance costs
- No 911 limiting the use of computerized scheduling software
- WV terrain makes cell phone and radio use difficult

Opportunities

- Coordinate service to cover hours in which public transit and human service agencies do not operate

- Build on the interest that is started at the Federal and State levels (United We Ride Initiative, Governor’s Council activities, WV Coordination Action Plan, etc.)
- Coordinate the provision of State and Federal funds for vehicles (e.g., Lottery dollars currently being used to purchase vehicles that could be purchased with Federal funds, freeing up the State funds to be used to coordinate and or purchase services)
- Identify local points of contact for all agencies
- Expand State training programs to other entities, e.g., to private for profits (would need to identify sources of funding to pay for the training)
- Use the Rehabilitation Service model of utilizing existing providers
- Current high fuel prices may entice agencies to consider coordination

Obstacles

- People who would need to engage and lead coordination may already have “full plates” (e.g., additional Medicaid Rx requirements are overwhelming some agencies)
- Lack of funding to support coordination
- Perception by some agencies that they are client-only
- Turf
- Insurance (higher costs to cover coordination; general high costs of transportation insurance)
- Not being able to access dollars from other agencies
- Geographics (large rural areas with scattered populations)
- Cost prohibitive to serve some areas
- High fuel prices may be perceived as an obstacle to prevent agencies from picking up another agency’s clients, etc.
- Legislative restrictions

Opportunities

- Dissemination of information re: available transportation services, coordination, etc. via Governor’s Council, Transportation Alliance
- Development pilot projects to demonstrate transportation coordination
- Development of fuel consortiums
- Bring in other partners to provide additional funding for transportation, e.g., physician’s offices, hospitals, etc.

Best Practices

- Cabell/Wayne Association of the Blind – voucher system
- Rehabilitation Services – voucher system
- Fuel consortium – TTA/KRT
- Preston, Wayne, and Barbour Counties – Senior Centers

The Role of the State

- No Mandate
- Have a state designated body, such as the Governor's Council, to oversee coordination (current Executive Order should be solidified by Legislation)
- Provide a clearinghouse (and mechanism) for information
- Provide a funding mechanism for coordination
- Offer incentives and rewards for coordination (e.g., increased funding for increasing capacity, etc.)
- Regulate award of vehicles among the state agencies and require accountability (e.g., proof of vehicle need)
- Educate the public on benefits of coordination
- Identifying best practices and disseminating the information

Recommendations (in order by priority)

1. Develop a plan for educating the public (general public, providers, purchasers of service, funding agencies, etc.)
2. Develop and fund a pilot project to demonstrate the provision of after hour/weekend service (use Raleigh County information)
3. Develop enforcement/accountability guidelines (coordinate with Federal initiative)
4. Identify areas interested in forming local coordination groups (MPOs, Regional Planning Commissions, etc.)
5. Streamline funding sources and billing procedures (pool of transportation funds)
6. Disseminate best practice examples

Meeting Recap

- Need State to support coordination via
 - Funding
 - Disseminating information
 - Providing incentives
 - Development of pilot projects
 - Ensuring accountability of providers receiving State/Federal funds
 - Development of local coordination councils
- 7. A large proportion of the population isn't aware of what transportation is available and how it can be accessed
- 8. Agencies will need to have a good reason for coordinating, i.e. incentive or rewards....may not be willing to do it on their own
- 9. Need to showcase models and best practices to show agencies it can be done

APPENDIX C – FOCUS GROUP SUMMARIES
FOCUS GROUP #3

West Virginia Coordination Action Plan
Clarksburg, WV – Centra Transit System Training Room
September 23, 2005, 9:30 a.m.

Name	Agency	E-mail
Joyce Adams	InTouch and Concerned	jaawy@hotmail.com
Shawn Price	Brooke-Hancock-Jefferson MPO	sprice@bhjmpc.org
Rebecca Poe	COA for Randolph Co.	randolphcountyseniorcenter@yahoo.com
Brenda Wilmath	Barbour County Sr. Center	bcsc@bcnetmail.org
Sid Murphy	Preston County Sr. Citizens/Buckwheat Express	prestonseniors@atlanticbb.net
Sharon Sharp	Pocahontas Co. Senior Centers	pocahontasseniors@hotmail.com
Dinah Mills	Lewis Co. Senior Center	campmccoy@msn.com
Franklin R. Mayle	Taylor County Senior Citizens, Inc.	-
Bob Muransky	Bel-O-Mar MPO	bmuransky@belomar.org
Jerry Fields	Hancock Senior Center	-
Vincent Post	Wood-Washington-Wirt Interstate Planning Commission	vince.post@movrc.org
Melina Danko	WVUCED	msissum@hsc.wvu.edu
Regina Mayolo	WVATS	rmayolo@wvu.edu
Bobby King	Morgantown Cab Co./WV Taxi Association	morgantowncab@aol.com
Mike Bond	MT State	Michaelbond@cebridge.net
George Levitsky	Fairmont-Marion Co. Transit Authority	fmcta@wvdsi.net
J. Douglas Carter	Potomac Valley Transit Authority	PVTA@citlink.net
Jennifer Welch	Harrison Co. FSE&T	jenifrw@yahoo.com
Cheryl Smith	Harrison Co. FSE&T	csmith9415@yahoo.com
Jeannie Richards	Harrison Co. FSE&T	Jeannierich8@yahoo.com
Linda Linville	Central WV Community Action	lindaslinville@yahoo.com
Cindy Freeman	Harrison Co. Senior Center	hsc@clarksburg.com
Darlene Harris	Calhoun Co.	lkbc@frontiernet.net
John Lee Ayr	Rt. 19 Taxi--Lewis County	
Eric Harris	Rt. 19 Taxi--Lewis County	esharris22@aol.com
Corinne Full	Workforce WV Region 4	cfull@rosslearning.com
Bill Monterosso	Workforce WV Region 4	bmonterosso@rosslearning.com
Rhonda Lanham	Kanawha Co. Ambulance	blondmedic64@yahoo.com

Strengths

- Ability to group riders on like schedules
- Well-trained and committed employees
- Excellent resources (vehicles and equipment)
- Good working relationships
- A desire for coordination (by some)
- Local funding (local levies; donations)
- Ability to use volunteers/volunteer network (in some areas)

Weaknesses

- Funding
- Lack of desire for coordination (by some)
- Lack of time to coordinate
- Lack of agencies to coordinate with
- Rural territory—large geographic areas, sparse population
- Restrictions on vehicles (how they can be used)
- Restrictions on service areas (where trips can be provided, e.g., across county lines, etc.)
- Medicaid restrictions on billing
- Misinformation (from riders to providers; from medical facilities to riders, etc.)
- Clients scheduling the same trip with multiple providers (no shows)
- Hours of operation
- Days of operation
- Inability to coordinate appointments with doctors and clinics
- Weather and geographic conditions
- Slow reimbursement (from state agencies)
- Drug and alcohol regulations (issue for volunteers and private providers)
- Insurance costs
- Potential liability (of carrying different passengers, coordinating vehicles, etc.)
- Client/customer restrictions (what passengers can be carried together, etc.)

Opportunities

- Establish local coordination groups and meetings
- Expand fuel sharing to private providers
- Use Public Transit Directory to disseminate information about the transportation that is available
- Education (consumers and State agency staffs)
- Sharing schedules
- Involving hospital and other agency staff in planning and scheduling of trips
- Centralized dispatching

Obstacles

- Frailty of clients, requiring
 - Additional wait time
 - Aides (capacity issues)
- Liability and Insurance
- Inaccurate information (from clients and agencies)
- Multiple dispatchers
- Communication between/among providers
- Office staff

Best Practices

- Mountain State working well with nonprofits
 - Providing inservice and other education
 - Contracting with sheltered workshops
- Potomac Valley transit
 - Contracting with sheltered workshops
 - Joint training
- Preston County Senior Center
 - Consolidated system providing trips for sheltered workshops, seniors, etc.
 - Contracted maintenance
- InTouch/Mountain Line
 - Sharing office space
 - Providing back up vehicles

The State's Role

- Decide the existence of the State Council, then define its responsibilities; expand community representation (private providers)
- Provide funding
- Payment of invoices on time
- Utilize existing legislation to its potential; change legislation that inhibits coordination
- Regulate and control client accountability regarding number of trips, appointments, etc. (HMO model)
- All transportation should be placed under one agency
- Provide a centralized provider directory that is comprehensive; ensure wide distribution (include hospitals, clinics, state agency staff, etc.)
- Provide incentives to coordinate (especially for private providers)
 - Funding
 - Decreased local match for increased coordination
 - Help with insurance (coverage and the cost), fuel costs (primarily private providers)
 - Financial assistance with purchasing vehicles for private providers

- Provide guidance to the locals regarding how to coordinate

Recommendations

1. Formalize the Governor's Council into an on-going body, and
 - a. Establish a Director or Chair that will be responsible for oversight, achieving objectives, etc.
 - b. Eliminate the old council that is currently required by legislation (paratransit committee?)
 - c. Expand the membership of the Council or establish a subcommittee to gain private provider representation (Council needs to have policy makers but also has to have representation to provide real life information)
2. Review current Public Service Commission requirements for private providers for possible revision to better reflect requirements (or lack of) for private non profits.
3. Develop a comprehensive provider directory with a wide distribution.
4. Identify a contact for each county for transportation.
5. Look at how technology can be used to coordinate the provision of services and reimbursement.
6. Address Medicaid reimbursement rules (to allow two transit systems to share a long trip—currently cannot do that because Medicaid will only reimburse loaded miles)
7. Identify a transportation contact in each State agency that is informed about the programs that are available (include this information in the provider directory)
8. Develop a training program to educate non-transportation personnel (hospital discharge planners, DHHR workers, etc.) about transportation.
9. Address the misuse (or overuse) of appointments by some clients (HMO model of capping the number of appointments within a certain period)

Meeting Recap

- There was definitely a presence of cooperation in the room and desire to know how coordination could be implemented (in those areas where there presently were no coordination efforts).
- Private providers desire to coordinate, but some were not sure of their role; some expressed fear of losing their position in the community.
- Several examples of coordination already occurring in the areas represented at this meeting.
- Participants were unanimous in their belief that the Governor's Council needed to be formalized and permanent; needs to somehow represent private providers (could be through a subcommittee).
- Governor's Council should act as lead and provide support to locals.
- Much of the concern expressed over coordination had to do with more of passenger issues (large numbers of no shows, passengers providing incorrect trip information, hospitals/doctors office uncooperative with scheduling, etc.).
- Several attendees expressed their concern with the lack of knowledge about DHHR programs by DHHR staff.
- DPT provider inventory was applauded; there is interest in ensuring that all transportation providers are represented, and in a wider distribution (DHHR staff, hospital and drs. Offices, etc.)
- The majority of participants support additional funding for coordination and other incentives to entice agencies to coordinate.
- Insurance and liability were felt to be potential issues for coordination.

APPENDIX C

West Virginia Transportation Coordination Study Regional Focus Groups

Agenda

Registration

Introductions and Welcome

- Purpose and Overview: WV Coordination Action Project
- Purpose of this Session

Defining Coordination

- Best Practices
- Perceived Benefits
- Adequacy of Existing Services to Address Needs Unmet Demand
- Adequacy of Existing Funding Resources to Meet Essential Demand
- Existing Successful Approaches to Coordination Adopted in the Region

Group Problem Solving

- Strengths/Weaknesses
- Opportunities/Obstacles
- Best practices of coordination currently occurring
- State's role
- Recommendations for Action

Adjourn

Appendix II: Inventory of Federal Programs Providing Transportation Services to the Transportation-Disadvantaged

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials ^a	Fiscal year 2001 federal spending on transportation ^b
Department of Agriculture, Food and Nutrition Service						
Food Stamp Employment and Training Program	Food Stamp Act of 1977, as amended	7 U.S.C. § 2015(d)(4)(l)(i)	Reimbursement or advanced payment for gasoline expenses or bus fare	To access education, training, employment services, and employment placements	Low-income persons between the ages of 16 and 59	\$12,952,956 ^c
Department of Education, Office of Elementary and Secondary Education						
21st-Century Community Learning Centers	No Child Left Behind Act of 2001	20 U.S.C. § 7173(a)(10)	Contract for service	To access educational services	Students from low-income families	\$84,600,000 (estimate) ^d
Department of Education, Office of Innovation and Improvement						
Voluntary Public School Choice	No Child Left Behind Act of 2001	20 U.S.C. § 7225a(a)	Contract for services, purchase and operate vehicles, hire bus drivers and transportation directors, purchase bus passes, redesign transportation plans including new routing systems, offer professional development for bus drivers	To access educational services and programs	Students from under-performing schools who choose to transfer to higher performing schools	New program, no actual data or estimate available from the federal agency
Department of Education, Office of Special Education and Rehabilitative Services						
Assistance for Education of All Children with Disabilities	Individuals with Disabilities Education Act	20 U.S.C. §§ 1401(a)(22), 1411(a)(1)	Purchase and operate vehicles, contract for service	To access educational services	Children with disabilities	No actual data or estimate available from the federal agency
Centers for Independent Living	Workforce Investment Act of 1998	29 U.S.C. §§ 796f-4(b)(3) and 705(18)(xi)	Referral, assistance, and training in the use of public transportation	To access program services	Persons with a significant disability	No actual data or estimate available from the federal agency

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Independent Living Services for Older Individuals Who Are Blind	Workforce Investment Act of 1998	29 U.S.C. § 796k(e)(5)	Referral, assistance, and training in the use of public transportation	To access program services, for general trips	Persons aged 55 or older who have significant visual impairment	No actual data or estimate available from the federal agency
Independent Living State Grants	Workforce Investment Act of 1998	29 U.S.C. §§ 796e-2(1) and 705(18)(xi)	Referral, assistance, and training in the use of public transportation	To access program services, employment opportunities	Persons with a significant disability	No actual data or estimate available from the federal agency
Supported Employment Services for Individuals with Most Significant Disabilities	Workforce Investment Act of 1998	29 U.S.C. §§ 795g and 705(36)	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation	To access employment placements, employment services, and vocational rehabilitation services	Persons with most significant disabilities	No actual data or estimate available from the federal agency ^e
Vocational Rehabilitation Grants	Rehabilitation Act of 1973, as amended	29 U.S.C. § 723(a)(8)	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation	To access employment placements, employment services, and vocational rehabilitation services	Persons with physical or mental impairments	\$50,700,000 (estimate) ^e
Department of Health and Human Services, Administration for Children and Families						
Child Care and Development Fund	Child Care and Development Block Grant Act of 1990, as amended	42 U.S.C. § 9858c	States rarely use CCDF funds for transportation and only under very restricted circumstances	To access child care services	Children from low-income families	\$0 (estimate) ^f
Community Services Block Grant Programs	Community Opportunities, Accountability, Training, and Educational Services Act of 1998	42 U.S.C. § 9904	Taxi vouchers, bus tokens	General trips	Low-income persons	No actual data or estimate available from the federal agency

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Developmental Disabilities Projects of National Significance	Developmental Disabilities Assistance and Bill of Rights Act of 2000	42 U.S.C. §§ 15002, 15081(2)(D)	Transportation information, feasibility studies, planning	General trips	Persons with developmental disabilities	No actual data or estimate available from the federal agency ^g
Head Start	Augustus F. Hawkins Human Services Reauthorization Act of 1990	42 USCA § 9835(a)(3)(C)(ii)	Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies	To access educational services	Children from low-income families	\$514,500,000 (estimate) ^h
Refugee and Entrant Assistance Discretionary Grants	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
Refugee and Entrant Assistance State Administered Programs	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
Refugee and Entrant Assistance Targeted Assistance	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
Refugee and Entrant Assistance Voluntary Agency Programs	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
Social Services Block Grants	Social Security Act, as amended	42 U.S.C. § 1397a(a)(2)(A)	Any transportation-related use	To access medical or social services	States determine what categories of families and children	\$18,459,393

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
State Councils on Developmental Disabilities and Protection and Advocacy Systems	Developmental Disabilities Assistance and Bill of Rights Act of 2000	42 U.S.C. §§ 15002, 15025	State Councils provide small grants and contracts to local organizations to establish transportation projects or collaborate in improving transportation for people with disabilities; Protection and Advocacy Systems ensure that people with disabilities have access to public transportation as required by law	All or general trips	Persons with developmental disabilities and family members	\$786,605 (partial outlay) ⁱ
Temporary Assistance for Needy Families	Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended	42 U.S.C. §§ 604(a), (k)	Any use that is reasonably calculated to accomplish a purpose of the TANF program and the allowable matching portion of JARC grants	General trips	No assistance is provided to families without a minor child, but states determine specific eligibility	\$160,462,214 (partial outlay) ^j
Department of Health and Human Services, Administration on Aging						
Grants for Supportive Services and Senior Centers	Older Americans Act of 1965, as amended	42 U.S.C. § 3030d (a)(2)	Contract for services	To access program services, medical, and for general trips	Program is targeted to persons aged 60 or over	\$72,496,003
Program for American Indian, Alaskan Native, and Native Hawaiian Elders	Older Americans Act of 1965, as amended	42 U.S.C. §§ 3057, 3030d(a)(2)	Purchase and operate vehicles	To access program services, medical, and for general trips	Program is for American Indian, Alaskan Native, and Native Hawaiian elders	No actual data or estimate available from the federal agency

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Department of Health and Human Services, Centers for Medicare & Medicaid Services						
Medicaid	Social Security Act, as amended	42 U.S.C. §§ 1396a, 1396n(e)(1)(A)	Bus tokens, subway passes, brokerage services	To access health care services	Recipients are generally low-income persons, but states determine specific eligibility	\$976,200,000 (estimate) ^k
State Children's Health Insurance Program	Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000	42 U.S.C. §§ 1397jj(a)(26), (27)	Any transportation-related use	To access health care services	Beneficiaries are primarily children from low-income families, but states determine eligibility	\$4,398,089
Department of Health and Human Services, Health Resources and Services Administration						
Community Health Centers	Public Health Service Act, as amended	42 U.S.C. § 254b(b)(1)(A)(iv)	Bus tokens, vouchers, transportation coordinators, and drivers	To access health care services	Medically underserved populations	\$4,200,000 (estimate) ^l
Healthy Communities Access Program	Public Health Service Act, as amended	42 U.S.C. § 256(e)(1)(B)(iii)	Improve coordination of transportation	To access health care services	Uninsured or underinsured populations	No actual data or estimate available from the federal agency
Healthy Start Initiative	Public Health Service Act, as amended	42 U.S.C. § 254c-8(e)(1)	Bus tokens, taxi vouchers, reimbursement for use of own vehicle	To access health care services	Residents of areas with significant perinatal health disparities	No actual data or estimate available from the federal agency
HIV Care Formula Grants	Ryan White Comprehensive AIDS Resources Emergency Act of 1990	42 U.S.C. §§ 300ff-21(a), 23(a)(2)(B)	Bus passes, tokens, taxis, vanpools, vehicle purchase by providers, mileage reimbursement	To access health care services	Persons with HIV or AIDS	\$19,500,000 (estimate) ^m
Maternal and Child Services Grants	Social Security Act, as amended	42 U.S.C. § 701(a)(1)(A)	Any transportation-related use	To access health care services	Mothers, infants and children, particularly from low-income families	No actual data or estimate available from the federal agency

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Rural Health Care, Rural Health Network, and Small Health Care Provider Programs	Health Centers Consolidation Act of 1996	42 U.S.C. § 254c	Purchase vehicles, bus passes	To access health care services	Medically underserved populations in rural areas	No actual data or estimate available from the federal agency
Department of Health and Human Services, Substance Abuse and Mental Health Services Administration						
Community Mental Health Services Block Grant	ADAMHA Reorganization Act, as amended	42 U.S.C. § 300x-1(b)(1)	Any transportation-related use	To access program services	Adults with mental illness and children with emotional disturbance	No actual data or estimate available from the federal agency
Substance Abuse Prevention and Treatment Block Grant	ADAMHA Reorganization Act, as amended	42 U.S.C. § 300x-32(b)	Any transportation-related use	To access program services	Persons with a substance related disorder and/or recovering from substance related disorder	No actual data or estimate available from the federal agency
Department of Housing and Urban Development, Office of Community Planning and Development						
Community Development Block Grant	Housing and Community Development Act of 1974	42 U.S.C. § 5305(a)(8)	Purchase and operate vehicles	General trips	Program must serve a majority of low-income persons	\$6,761,486 (partial outlay) ⁿ
Housing Opportunities for Persons with AIDS	AIDS Housing Opportunity Act	42 U.S.C. § 12907(a)(3)	Contract for services	To access health care and other services	Low-income persons with HIV or AIDS and their families	\$190,252 (partial outlay) ^o
Supportive Housing Program	McKinney-Vento Homeless Assistance Act of 1987, as amended	42 U.S.C. § 11385	Bus tokens, taxi vouchers, purchase and operate vehicles	To access supportive services	Homeless persons and families with children	\$14,000,000 (estimate) ^p
Department of Housing and Urban Development, Office of Public and Indian Housing						
Revitalization of Severely Distressed Public Housing	Housing and Community Development Act of 1992, as amended	42 U.S.C. § 1437v(l)(3)	Bus tokens, taxi vouchers, contract for services	Trips related to employment or obtaining necessary supportive services	Residents of the severely distressed housing and residents of the revitalized units	\$700,000 (estimate) ^q

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Department of the Interior, Bureau of Indian Affairs						
Indian Employment Assistance	Adult Indian Vocational Training Act, as amended	25 U.S.C. § 309	Gas vouchers	To access training	Native American persons between the ages of 18 and 35	No actual data or estimate available from the federal agency
Indian Employment, Training and Related Services ^c	Indian Employment, Training and Related Services Demonstration Act of 1992	25 U.S.C. § 3401	Gas vouchers	Employment-related	Low-income Native American persons	No actual data or estimate available from the federal agency
Department of Labor, Employment and Training Administration						
Job Corps	Workforce Investment Act of 1998	29 U.S.C. §§ 2888(a)(1), 2890	Bus tickets	To access Job Corps sites and employment services	Low-income youth	\$21,612,000
Migrant and Seasonal Farmworker ^d	Workforce Investment Act of 1998	29 U.S.C. §§ 2801(46), 2912(d)	Mileage reimbursement	To access employment placements or intensive and training services	Low-income persons and their dependents who are primarily employed in agricultural labor that is seasonal or migratory	No actual data or estimate available from the federal agency
Native American Employment and Training	Workforce Investment Act of 1998	29 U.S.C. § 2911(d)(2)	Bus tokens, transit passes, use of tribal vehicles and grantee staff vehicles, mileage reimbursement for participants operating "car pool" services	To access employment placements, employment services	Unemployed American Indians and other persons of Native American descent	No actual data or estimate available from the federal agency
Senior Community Service Employment Program	Older Americans Act of 1965	42 U.S.C. § 3056(c)(6)(A)(iv)	Mileage reimbursement, reimbursement for travel costs, and payment for cost of transportation	To access employment placements	Low-income persons aged 55 or over	\$4,400,000 (estimate) ^e

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Trade Adjustment Assistance - Workers	Trade Act of 1974, as amended	19 U.S.C. § 2296(b)	Mileage reimbursement, transit fares	To access training	Persons found to be impacted by foreign trade, increased imports, or shift in production	No actual data or estimate available from the federal agency
Welfare-to-Work Grants to Federally Recognized Tribes and Alaska Natives ^c	Personal Responsibility and Work Opportunity Reconciliation Act of 1996	42 U.S.C. § 612(a)(3)(C)	Any transportation-related use, though purchasing vehicles for individuals is not allowable	To access employment placements, employment services	American Indians and other persons of Native American descent who are long-term welfare recipients or are low-income	No actual data or estimate available from the federal agency
Welfare-to-Work Grants to States and Localities ^c	Personal Responsibility and Work Opportunity Reconciliation Act of 1996	42 U.S.C. § 603(a)(5)(C)	Any transportation-related use, though purchasing vehicles for individuals is not allowable	To access employment placements, employment services	Long-term welfare recipients or low-income individuals	No actual data or estimate available from the federal agency
Work Incentive Grants	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2864(d)(2)	Encourage collaboration with transportation providers	To access one-stop services	Persons with disabilities who are eligible for employment and training services	No actual data or estimate available from the federal agency
Workforce Investment Act Adult Services Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2864(e)(2)	Mileage reimbursement, bus tokens, vouchers	To access training	Priority must be given to people on assistance and low-income individuals	No actual data or estimate available from the federal agency
Workforce Investment Act Dislocated Worker Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2864(e)(2)	Transportation allowance or reimbursement, bus/subway tokens	To access transition assistance in order to find or qualify for new employment	Includes workers who have been laid off, or have received an individual notice of termination, or notice that a facility will close	No actual data or estimate available from the federal agency

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Workforce Investment Act Youth Activities	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2854(a)(4)	Public transportation	To access training and other support services	Youth with low individual or family income	No actual data or estimate available from the federal agency
Youth Opportunity Grants	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2914(b)	Bus tokens	To access program services	Youth from high poverty areas, empowerment zones, or enterprise communities	\$415,000 (estimate) ^u
Department of Labor, Employment Standards Administration						
Black Lung Benefits Program	Black Lung Benefits Reform Act of 1977	30 U.S.C. § 923	Mileage reimbursement, transit fares, taxi vouchers	To access health services	Disabled coal miners	No actual data or estimate available from the federal agency ^v
Department of Labor, Veterans Employment and Training Service						
Homeless Veterans' Reintegration Project	Homeless Veterans Comprehensive Assistance Act of 2001	38 USCA §§ 2011, 2021	Bus tokens	To access employment services	Homeless veterans	No actual data or estimate available from the federal agency
Veterans' Employment Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2913	Bus tokens, minor repairs to vehicles	To access employment services	Veterans	No actual data or estimate available from the federal agency
Department of Transportation, Federal Transit Administration						
Capital and Training Assistance Program for Over-the-Road Bus Accessibility	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5310	To make vehicles wheelchair accessible and training required by ADA	General trips	Persons with disabilities	\$2,877,818
Capital Assistance Program for Elderly Persons and Persons with Disabilities	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5310	Assistance in purchasing vehicles, contract for services	To serve the needs of the elderly and persons with disabilities	Elderly persons and persons with disabilities	\$174,982,628

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Capital Investment Grants	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309	Assistance for bus and bus-related capital projects	General trips	General public, although some projects are for the special needs of elderly persons and persons with disabilities	\$17,500,000 (estimate) ^w
Job Access and Reverse Commute	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309 note	Expand existing public transportation or initiate new service	To access employment and related services	Low income persons, including persons with disabilities	\$85,009,627
Nonurbanized Area Formula Program	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5311	Capital and operating assistance for public transportation service, including paratransit services, in nonurbanized areas	General trips	General public, although paratransit services are for the special needs of persons with disabilities	\$0 (partial obligation) ^x
Urbanized Area Formula Program	Title 49 Recodification, P.L. 103-272, as amended	49 U.S.C. § 5307	Capital assistance, and some operating assistance for public transit, including paratransit services, in urbanized areas	General trips	General public, although paratransit services are for the special needs of persons with disabilities	\$36,949,680 (partial obligation) ^y
Department of Veterans Affairs, Veterans Benefits Administration						
Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces	Disabled Veterans and Servicemen's Automobile Assistance Act of 1970	38 U.S.C. § 3902	Purchase of personal vehicles, modifications of vehicles	General trips	Veterans and service members with disabilities	\$33,639,000
Department of Veterans Affairs, Veterans Health Administration						
VA Homeless Providers Grant and Per Diem Program	Homeless Veterans Comprehensive Service Programs Act of 1992	38 U.S.C. § 7721 note	20 vans were purchased under this program	General trips	Homeless veterans	\$565,797

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Veterans Medical Care Benefits	Veterans' Benefits Improvements Act of 1994	38 U.S.C. § 111	Mileage reimbursement, contract for service	To access health care services	Veterans with disabilities or low incomes	\$126,594,591
Total (reported or estimated spending on transportation services for the transportation-disadvantaged)						\$2,445,453,139

Sources: GAO analysis of information from the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, the Interior, Labor, Transportation, and Veterans Affairs; the Coordinating Council on Access and Mobility; the Catalog of Federal Domestic Assistance; the U.S. Code; the Code of Federal Regulations; and the Community Transportation Association of America.

^aA supplemental source for the target populations was the Catalog of Federal Domestic Assistance.

^bActual outlays or obligations on transportation are given for programs that track this information. All data are outlays, except for the following programs, which are obligations: Capital Investment Grants, Urbanized Area Formula Program, Nonurbanized Area Formula Program, Job Access and Reverse Commute, Capital and Training Assistance for Over-the-Road Bus Accessibility, Capital Assistance Program for Elderly Persons and Persons with Disabilities, Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces, and Veterans Medical Care Benefits. Actual data and estimates are the total for the program, unless otherwise noted as partial outlays or obligations in the table. When actual information was not available, estimates are given based on information provided by program officials or the officials agreed with an estimate made by another source.

^cAccording to a program official, outlays for the Food Stamp Employment and Training Program have increased due to changes in the program from the 2002 Farm Bill. The 2002 Farm Bill eliminates the \$25 per month cap that the Department of Agriculture will reimburse the states for transportation and other work costs incurred by participants. In fiscal year 2002, federal outlays for transportation were \$18,523,535.

^dA program official said that 10 percent of total program outlays would be a conservative estimate of transportation outlays.

^eGrantees report total expenditures and unliquidated obligations made by the state Vocational Rehabilitation (VR) Agency for transportation services provided to individuals served under the State VR Services Program for a fiscal year. Total obligations include both federal and nonfederal funds under the State VR Services Program, the supplemental federal funds awarded to the State VR Agency for the cost of supported employment services under the Supported Employment Program, and funds from other rehabilitation sources. The Department of Education does not collect data on the specific sources of funds used for transportation obligations under the program. However, based on information available from total annual obligations on a national aggregate basis, a program official estimated that of the total amount reported for transportation, about 96 percent would be from the State VR Services Program, and of that amount approximately 76 percent would be federal funds. Similar estimates could not be made for the Supported Employment Program.

^fA program official said that, while transportation is an allowable use of funds, using funds for transportation is not encouraged. Program officials estimate that transportation expenditures are zero or close to zero for this program.

^gFiscal year 2001 data are not available because transportation was not an area of emphasis until fiscal year 2002. The preliminary fiscal year 2002 outlays for transportation projects totaled \$1,084,798.

^hA program official estimated that transportation outlays were 8.3 percent of total outlays.

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

^fThis is a partial outlay based on voluntary reporting by grantees. Full outlays are not available because, according to a program official, grantees were not required to report transportation outlays prior to fiscal year 2002. Fiscal year 2002 data are incomplete, however preliminary data on transportation outlays from 46 of the 51 grantees totaled \$2,215,498.

^gThis is a partial outlay based on the amount grantees reported as non-assistance outlays in a category exclusively for transportation. States reported an additional \$356.5 million as outlays on assistance in a category that includes transportation and supportive services, however program officials were unable to determine what percentage of the outlays on assistance were spent on transportation.

^hProgram officials indicate that federal data on nonemergency medical transportation are not available. Estimate assumes that transportation outlays are 0.73 percent of total program outlays, based on previous research, including a survey of state Medicaid programs.

ⁱAccording to a program official, grantees report total outlays for transportation and it is not possible to distinguish between federal and nonfederal funds. The official said 22 percent of total transportation outlays would be a good estimate of the federal portion of fiscal year 2001 transportation outlays.

^mEstimate of transportation outlays is based on data from grantee's budget allocations, as suggested by an agency official.

ⁿThis is a partial outlay for transportation through the Community Development Block Grant program. This figure includes transportation outlays for the Entitlement program, but excludes the State Administered program.

^oThis is a partial estimate because, according to a program official, data on transportation outlays are not available from all grantees. The program official could not provide an estimate of outlays for transportation for all grantees.

^pHUD provided data for transportation spending by 3,187 grantees in fiscal year 2001 that totaled \$7,221,569. According to HUD program officials, there are a total of 6,323 grantees, about twice as many as reported data. The officials therefore estimated that about \$14,000,000 would have been spent on transportation from all grantees in fiscal year 2001.

^qEstimate of outlays for transportation is based on a program official's review of the budgets from 15 grantees who renewed their grants in fiscal year 2001. The official projected total transportation outlays for the program based on these 15 grantees.

^rPublic Law 102-477 is applied to allow tribal governments to consolidate funding from several federal programs. These include: the Department of Health and Human Services's Temporary Assistance for Needy Families, and Child Care and Development Fund programs; the Department of Labor's Native American Employment and Training, and Welfare-to-Work Grants for Federally Recognized Tribes programs; and the Bureau of Indian Affairs' Employment Assistance, Indian Social Service and Welfare Assistance, Adult Basic Education, and Higher Education programs. The Indian Social Services and Welfare Assistance Program is not used for transportation outside 102-477. The Adult Basic Education and Higher Education programs do not target transportation-disadvantaged populations as defined in this study outside of 102-477. The Employment Assistance program and the HHS and DOL programs provide transportation assistance separately from 102-477.

^sA program official estimated that transportation outlays were approximately 1 percent of total program outlays.

^tProgram funding from fiscal year 1998 and 1999 may still be spent, but the program no longer receives funding.

^uEstimate of transportation outlays is based on a program official's review of grantee obligations.

^vAccording to a program official, fiscal year 2001 data are not available due to changes in the program's reporting system. The official reported that transportation outlays for fiscal year 2002 totaled \$478,408.

**Appendix II: Inventory of Federal Programs
Providing Transportation Services to the
Transportation-Disadvantaged**

^wAccording to a program official, there are three distinct allocations of funds under the Capital Investment Grants: the New Starts allocation, which funds new rail projects; the fixed-guideway modernization allocation, which provides funding to maintain and update aging rail systems; and the bus allocation, which provides funding for the purchase of buses, bus-related equipment and paratransit vehicles, and for the construction of bus-related facilities. Because the Capital Investment Grants fund projects that provide services for the general public, the transportation-disadvantaged likely benefit from many projects funded through each of the three allocations, but information was not available to estimate what portion of these funds for the general public benefit the transportation-disadvantaged. However, the program official said that the bus allocation would likely provide the most direct benefit for the transportation-disadvantaged and the obligation level could be estimated by totaling allocations to purchase vans, buses for the elderly or disabled, or paratransit vehicles and equipment.

^xThe Nonurbanized Area Formula Program funds projects that provide services for the general public, however grantees can use up to 10 percent of their funds to provide complementary ADA paratransit services. Although grantees did not report obligations for complementary ADA paratransit, a program official said that transportation-disadvantaged populations might benefit from other services provided through this grant, such as demand-responsive services. However, the program official could not identify the amount of spending that directly benefits the transportation-disadvantaged.

^yAccording to a program official, the Urbanized Area Formula Program funds projects that provide services for the general public, however grantees can use up to 10 percent of their funds to provide complementary ADA paratransit services. The figure listed in the table is the total obligations that grantees reported for providing complementary ADA paratransit services. Although grantees may benefit from other services provided through this grant, such as demand-responsive services, the amount spent on complementary ADA paratransit is the only portion that program officials could identify as directly benefiting the transportation-disadvantaged.