

Coordinated Planning & Services

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OVERVIEW

The coordination of specialized transportation, which includes Federal Transit Administration (FTA)-funded services and human service agency transportation, has been an issue for more than 30 years. The federal government has increasingly focused on coordination through various provisions in transportation legislation over the years.ⁱ With the 2005 legislation, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFTEA-LU),ⁱⁱ the FTA now requires a *locally developed, coordinated public transit-human services transportation plan* as a prerequisite for receiving federal Section 5310, Job Access and Reverse Commute (JARC), and New Freedom funding. (For details on these programs, see **Table 1 in the Introduction paper**).

This discussion paper reviews these coordinated planning requirements, describes the experiences of state transportation agencies with the requirements, and raises several key questions to help focus discussion on improvements that could be considered with reauthorization of the federal transportation bill.

BACKGROUND ON TRANSPORTATION COORDINATION

Over the past decades, federal, state, and even local governments have developed many different specialized transportation programs. For human service agencies, these transportation programs support the agency's primary mission, such as healthcare, rehabilitation, or job training. Additionally, the human service transportation programs typically provide transportation only to eligible program participants and only to access the services of the sponsoring agency.

Funds for these programs are provided in what is called a “silo” or “stovepipe” manner, flowing down from the originating federal agency to the state and local level with their own individual prescriptive rules and regulations. In some cases, states may also impact programs regulations; the Medicaid non-emergency transportation program is a good example here. This “silo” funding constrains the ability of the programs to work together, even if the agencies have the same clients with similar or the same needs.

The U.S. General Accounting Office (GAO) has identified more than 60 different federal programs that fund specialized and human service transportation, with the majority of the programs provided by four agencies: Health and Human Services (HHS - 23), Department of Labor (25), Department of Education (8), and the Department of Transportation (DOT), FTA's parent agency.ⁱⁱⁱ

Available data from FY 2001 estimated that the identified federal programs^{iv} spent at least \$2.4 billion that year on transportation for older adults, persons with disabilities, and individuals with low income, with perhaps up to \$0.5 billion more spent by state and local governments. The Medicaid program's transportation spending far exceeded that of any other program — roughly 40 percent of the total federal funds identified for specialized human service transportation.^v

This multiplicity of transportation programs has been called “a complex web of providers and services,”^{vi} resulting in inefficient delivery of services:

- Numerous transportation providers that duplicate services and expenditures,
- Vehicles and related resources that are under-utilized,
- Significant variation in service quality and safety from program to program, and
- Lack of information about available services, particularly for those who seek the information and the transportation.^{vii}

While the transportation industry and government agencies recognize that coordination can be key to improving the effectiveness and efficiency of transportation programs for vulnerable populations, achieving coordination is difficult for several reasons:

- Categorical federal grant programs have been developed to serve distinct and specific population groups with different needs.
- The DOT and HHS (as well as other human service agencies) have different missions and organizational cultures. HHS and other federal departments provide transportation as a support service to their primary mission, with transportation restricted to groups of individuals eligible to receive the specific social or health services of the sponsoring agency. For DOT, transportation *is* the mission.
- Real structural differences exist among the different transportation programs in regard to eligible activities, funding availability and rules (such as match requirements and funding cycles), and data and reporting requirements.
- Uncertainty exists about the federal roles and responsibilities for transportation. Significantly, such uncertainty can lead to cost-shifting when individuals are clients of multiple programs.^{viii} One program may shift costs for its clients’ transportation to another program, reducing its own transportation costs but increasing costs for the second.
- Coordination can be very challenging at the local level, requiring resources of money and time that are often in short supply. It may be fair to ask why local entities should shoulder the major responsibility for coordination, given that the “complex web of providers and services” originates at the federal and state levels.

FTA COORDINATION REQUIREMENTS

Starting in 2007, the FTA has required the development of a *coordinated public transit-human services transportation plan*, from which all projects funded by the three FTA programs for specialized transportation – S. 5310, JARC, and New Freedom – must be derived. This is not to be confused with a *plan for coordination*, but rather is a plan created by a coordinated process. A *plan for coordination* would design strategies for various providers of specialized transportation to work together. A *coordinated plan* focuses on the planning process, with requirements for collaboration to identify needs and strategies to meet those needs. The plan *might* include a specific strategy or strategies to improve coordination among specialized transportation providers, but that is not a requirement.

The FTA provides flexibility in regard to the entity responsible for the planning. Referred to as a *local* plan, it may be developed at the local, regional, or statewide level. The lead planning entity does not have to be the state or the specific agency that serves as the designated recipient of FTA funds. The lead planning agency is decided locally, and can include a Metropolitan Planning Organization (MPO), regional planning organization, a county or city, or the local transportation provider, as well as the state.

While flexible on the lead planning entity and planning process, the federal agency is quite prescriptive regarding the actual plan. The relevant FTA circulars^{ix} stipulate not only the specific elements that must be in the plan but also who should be invited to participate in the planning process. The participants should include, for example, the area's transportation planning agencies, public and private transportation providers, passengers and advocates, human service agencies, and "others" such as emergency management agencies, faith-based organizations, and school districts. It is important that representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes be at the table.

The local coordinated plan plays an important role when the FTA considers funding decisions for the agency's three specialized transportation programs (but is not a factor for other FTA programs such as Section 5311 funding for rural areas). For example, in the information they provide, funding applicants must include the *page number* of the specific coordinated plan from which the project was taken.

However, the FTA cannot mandate its coordinated planning requirements on other federal agencies even though it has structured those requirements to include transportation services provided by human services agencies. The FTA can only encourage the designated lead planning agencies to include human services transportation into the coordinated planning mix, as it does with the following language in its guidance material: "a coordinated plan *should* also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact."^x

DEVELOPMENT OF COORDINATED PLANS

The agency that leads the planning process does not have to be the state or the agency that serves as the designated recipient of the grant funds. However, that designated recipient must certify that the projects selected for funding come from a plan that meets FTA requirements.

A July 2008 survey of state departments of transportation (DOTs) found that while the vast majority of those agencies were the designated recipients for transportation funds, only half of the agencies were responsible for developing the mandated coordination plan.^{xi} Responsibility for coordinated plan development has gone to other agencies such as metropolitan planning organizations (MPOs) and regional planning organizations, counties and municipalities, and local transportation providers and human service agencies.^{xii}

Whether this shift in plan responsibility is intentional is not known. But state DOTs are on record with concerns about administering FTA public transportation programs given increasing state responsibility for program administration. A 2007 study examined

states' ability to administer existing FTA programs adequately and also to manage the then-emerging JARC and New Freedom programs along with the coordinated planning requirements. The study documented the complexity of transit program management and staff resource constraints,^{xiii} describing how state program administrators are required to manage parallel and often identical, overlapping, or concurrent elements, including rules and regulations related to funding flow, separate and discrete application processes and documents, necessary "certifications," fund tracking for obligations and payments, project review and evaluation processes, and ongoing program oversight and reports.

The study found that most states do not have the staff resources they need for the federal transit programs (even *before* SAFETEA-LU implementation of JARC, New Freedom and coordinated planning requirements), that their ability to hire new staff and even fill vacancies is limited, and that some have difficulty in attracting qualified people to transit positions.^{xiv}

EXPERIENCE WITH THE COORDINATED PLANNING REQUIREMENTS

The 2008 survey of state DOTs to obtain information on coordinated plans documented some positive outcomes of the planning process:^{xv}

- A number of state DOTs have "embraced" the planning requirements. In states where this has happened, coordinated planning "continues to evolve and mature."
- Several state DOTs have provided strong technical support that allows other entities to develop the plans.
- The process has been beneficial in identifying transit service needs and gaps by bringing together stakeholders with different perspectives and resources.

More challenging aspects of the process include:^{xvi}

- The state DOTs face staffing constraints in meeting the planning requirements, and they question the level of effort needed to meet the requirements when compared to funding levels of the specialized transportation programs.
- Some states that used the allowable percentage of their FTA funds for administration said the amount was insufficient to cover the cost of planning.^{xvii}
- State DOTs are looking for information, resources, and technology that could help facilitate the planning process, such as Geographic Information System (GIS) technology to analyze census data and create maps.
- Development of coordinated plans can be particularly problematic in rural areas because of limited resources in those areas.
- In some cases, state DOTs find it difficult to involve human service agencies in the planning process. While federal guidance requires that these parties be invited to the table, there is no requirement for these entities to participate. Recipients suggested that the parent federal departments, such as HHS, should require their human service agencies to participate in the process.

Despite difficulties in involving human service agencies in some areas, the research found evidence that the coordinated planning requirements can serve as a catalyst to pursue coordination with human services transportation (non-DOT) programs. As one example, the research credited a “unique feature” of South Carolina’s planning process, which is the inclusion of non-DOT specialized transportation funding programs — Medicaid, Temporary Assistance for Needy Families, Workforce Investment Act, Community Action programs, independent living centers, and Area on Aging (AoA) programs – in the coordinated plans.^{xviii}

Another outcome of South Carolina’s coordination planning^{xix} has been the establishment of the Travel Management and Coordination Center by the Lower Savannah Council of Government (COG). With FTA funding assistance, the Lower Savannah COG is implementing technology to support its one-call center that helps coordinate specialized and human services transportation in its region.^{xx}

The TRB report (2009) provides detailed information about the various steps that states have taken to implement a coordinated planning process. The report also documents useful practices, such as including local elected officials as stakeholders or endorsers of the planning effort, which encourages others, particularly human service agencies, to participate.^{xxi}

States are required to update their coordinated plans at a minimum every four or five years, depending on the area’s status relative to air quality attainment. According to the research, the state DOTs anticipate a number of modifications to enhance the planning process, including:^{xxii}

- Emphasizing different types of transportation services among proposed strategies;
- Providing a plan template for communities in developing their local plans;
- Turning more planning responsibility over to large urbanized areas;
- Developing a more robust needs assessment process; and
- Improving the process for prioritizing projects.

TECHNOLOGY’S ROLE IN COORDINATED PLANNING

Technology has played a supporting role in the coordinated planning process. Many states and other organizations leading the coordinated planning effort have provided various resources for the planning process on their websites for easy access by others involved in the process. These resources include, for example, relevant FTA guidance, checklists to help lead agencies organize the process and ensure inclusion of all plan elements and adherence to all planning requirements, and coordinated plans developed by others in the state or region to serve as models or samples for others.

Technology has also streamlined the application process for entities applying for funding for projects in the coordinated plan. The TRB report (2008) cited Alaska DOT’s online application process as particularly useful.^{xxiii} This state streamlined its application process with an electronic system borrowed from the Colorado DOT. When applying online, applicants “copy and paste” information directly from the coordinated plan onto

the online application. This allows the project selection committee members to see that the applicant has met coordination requirements without needing to read the entire coordinated plan.

Additionally, GIS mapping facilitates the coordinated planning process by enabling production of maps and other visual aids, which illustrate, for example, locations of population groups with unmet needs juxtaposed with existing transit. Such visual aids can strengthen the participation process, making the discussion of needs, available services, and service gaps more relevant to participants in the process, particularly those less familiar with transportation planning.

The planning process can be a way to identify and prioritize technology needed to pursue coordinated transportation. Eligible capital expenses through the three FTA programs include such technology as coordinated vehicle scheduling, dispatching and monitoring technology, single smart customer payment systems, and technologies to track costs and billing in a coordinated system. Eligible capital expenses under the programs also include expenses needed to develop operational plans to purchase such technology.^{xxiv}

COORDINATION OF THE COORDINATED PLAN: A CHALLENGE

The coordinated planning process overlaps to some extent with transportation planning processes required for metropolitan areas and states. The FTA provides guidance in its circulars, allowing the coordinated plan to be developed as part of already-required metropolitan and statewide transportation planning processes.^{xxv} Or, the coordinated plan can be developed separately and then incorporated into the broader transportation plans. States have taken different approaches. Oregon, for example, incorporated the new FTA coordinated planning process into an existing planning process for a state-funded specialized transportation program^{xxvi} (which presumably is congruent with required metropolitan and statewide planning processes).

Projects selected for funding, which must come from the coordinated plan, must also be incorporated in the Transportation Improvement Program,^{xxvii} and the Statewide Transportation Improvement Program.^{xxviii} The FTA also requires that, at a minimum, the coordinated plan follow the same plan update cycle of the metropolitan transportation plan.^{xxix}

FTA guidance for the three FTA specialized transportation funding programs through its circulars notes that the state and other agencies involved in the planning process should consider where resources and activities (e.g., developing inventories of transportation providers/resources) can be shared between the new coordinated planning requirements and those established through other, long-standing planning requirements to avoid duplicative efforts and additional costs.

Ironically, however, coordination of the new FTA coordinated planning requirements with other required transportation planning has been a challenge in some states.^{xxx} To mitigate this, the research identifies several suggestions, including:^{xxxi}

- Using identical timelines for preparing coordinated plans and other transportation plans, and

- Synchronizing the grant application and award cycles of all transportation grant programs. This further allows grant applicants to pursue needed funding from all available sources concurrently.

SUMMARY

State and local governments and other entities have had limited experience with the coordinated planning requirements to-date. Some positive outcomes have been noted, although research indicates that the challenges of the requirements appear to outnumber the positive results. Most of the challenges relate to administrative issues, such as staffing constraints faced by state DOTs in meeting the planning requirements, and funding constraints where states have found that federal dollars allowed for administration were insufficient to meet planning costs.

The more significant challenges relate to the fundamental objective of transportation coordination, which is better management of the many specialized transportation programs at the local level including those provided by human services agencies and funded by HHS and other non-DOT federal agencies. Some areas are finding it difficult to involve the human service agencies in the planning process. Recipients in a number of these areas suggested that HHS and other federal agencies require the participation of their local agencies in the planning process to improve transportation coordination. While the FTA might not be able to implement such a recommendation, the reauthorization of the federal transportation legislation may allow for consideration of other options that will encourage not just better coordinated planning but greater transportation coordination.

KEY QUESTIONS FOR DISCUSSION

- What recommendations can we offer Congress and FTA in structuring coordination under these programs?
- How are coordinated plans moving to actual coordinated services?
- Should coordinated plans be required to include specific coordinated service strategies?
- What incentives or regulatory requirements are appropriate to ensure human service entities and others participate in the development of the coordinated plan?
- Currently, any government entity at the state or local level may serve as the lead planning agency. Is this flexibility appropriate? Some have said that a conflict of interest may exist when designated recipients lead the coordinated planning as they may be apt to fund their own services. Others wonder what incentive an agency would have to manage the plan or, as the designated recipient, manage federal dollars for other agencies. Please comment.

SPEAKERS

Patti Monahan is a Senior Transportation Planner in the Boston office of TranSystems Corporation, formerly Multisystems. Since joining Multisystems in 1996, Patti has concentrated on paratransit and community transportation projects, particularly the planning and implementation of coordinated paratransit services. Patti was recently the Principal Investigator for NCHRP Project 20-65, Task 14, which reviewed the development of coordinated public transit—human services plans by state DOTs (NCHRP Research Results Digest 331). Patti also served as the Principal Investigator for TCRP Project H-30, which focused on strategies for increasing coordination of transportation services for transportation disadvantaged individuals (TCRP Report 105), and conducted a study of the transportation coordination barriers for the National Consortium on the Coordination of Human Services Transportation.

Cathy Brown is the Executive Director of the St. Johns Council on Aging in St. Augustine Florida. The St. Johns Council on Aging (COA) is the lead agency for elder services and the Community Transportation Coordinator (CTC), designated by the Florida Department of Transportation. Ms. Brown is a Member of the National Steering Committee for Human Services Transportation Coordination, CTAA and of the Transportation Research Board's Rural and Intercity Bus Committee. She serves on the RTAP Advisory Board for the State of Florida. Ms. Brown was a Speaker at the Florida AARP Mobility Conference and a Congressional delegate to White House Conference on Aging. Ms. Brown is a recipient of the FTA Administrator's award for Outstanding Public Service. Her transportation program has been awarded the CTAA *2008 System of the Year* and the Florida Commission for Transportation Disadvantaged *Rural System of the Year*.

ENDNOTES

ⁱ Over the years, the federal government has increasingly focused on specialized transportation coordination. The 1991 federal transportation act, ISTEA, introduced the eligibility of public agencies under limited circumstances through the S. 5310 program to facilitate and encourage the coordination of human service transportation. Increasingly, FTA guidance encouraged and required coordination of the program with federal human service transportation programs. For example, instead of purchasing vehicles, acquisition of service in order to promote use of private sector providers and coordination with other human service agencies and public transit providers was made an eligible expense under ISTEA. The 1998 transportation act, TEA-21, included several provisions that support coordinated transportation planning though no significant program changes were made. The 2005 act, SAFETEA-LU, took a big step towards coordination with requirements for coordinated public transit-human services transportation plans.

In addition to the legislative history, the federal government addressed coordination in the 1980's with establishment in 1986 of the Coordinating Council on Human Services Transportation (re-named in 1998 the Coordinating Council on Access and Mobility), created through a Memorandum of Understanding (MOU) between the Dept. of Health and Human Services (HHS) and Dept. of Transportation (DOT). This council was established to improve the effectiveness and efficiency of specialized and human services transportation through coordination of related programs at the federal level. This council continued to work on coordination through the early 2000's, including launching the United We Ride initiative in 2003, and was expanded through a presidential executive order signed in 2004 to become the Federal Interagency Coordinating Council on Access and Mobility (CCAM). Representation was broadened to include, among others, appointees from the Depts. of Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, and the Interior, in addition to the original agencies DOT and HHS.

ⁱⁱ This six-year program authorized a total of \$52.6 billion for transit through FY 2009.

ⁱⁱⁱ "Transportation-Disadvantaged Populations-Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist," U.S. General Accounting Office (GAO) report to Congress, June 2003.

^{iv} Data were available for only about half of the programs.

^v June 2003 GAO report, pages 12-13. This report found that the full extent of spending on specialized transportation is not known because complete spending information is not available for some federal programs. Spending information provided in the report is based on information available for 29 of the 62 programs identified. According to the available data, HHS programs together spent the most on specialized transportation in FY 2001.

^{vi} Report to the President-Human Service Transportation Coordination Executive Order 13330, 2005, available http://www.unitedweride.gov/1_866_ENG_HTML.htm

^{vii} TCRP Report 91, "Economic Benefits of Coordinating Human Service Transportation and Transit Services," prepared by J. Burhardt, et. al, Transportation Research Board, Washington, D.C., 2003.

^{viii} Cost-shifting has become an issue for ADA paratransit, as one example. In a growing number of communities, Medicaid-eligible riders are being “transferred” to the local ADA paratransit program, which shifts transportation funding from federal and state dollars to local transit dollars. See, for example, TCRP Synthesis 65, Transit Agency Participation in Medicaid Transportation Programs, Transportation Research Board, Washington, DC, 2006.

^{ix} FTA guidance is typically issued in the form of circulars that provide direction on program issues and statutory requirements.

^x FTA C 9070.1F, Elderly Individuals and Individuals With Disabilities Program Guidance And Application Instructions, 5/1/2007, page IV-3 (**emphasis added**).

^{xi} “Preparing Coordinated Transportation Plans: A Guidebook for State Departments of Transportation,” Research Results Digest 331, prepared through National Cooperative Highway Research Program (NCHRP) Project 20-65, Task 14, by TranSystems under contract to AECOM Consult, Transportation Research Board of the National Academies, April 2009. This research surveyed state DOTs to obtain information on coordinated plans for which they are directly responsible, on plans covering funds typically apportioned to states that are prepared by other entities (i.e., not the state DOT), and the DOT’s role in coordinated plans developed for large urbanized areas.

^{xii} NCHRP Research Results 331, page 2. According to the research, about two-thirds of the state DOTs are also involved in coordinated planning in large urbanized areas (although they are not the designated recipients for JARC or New Freedom funds in those areas) by providing policy guidance, serving on advisory groups, funding coordination efforts, and giving technical assistance for the planning process.

^{xiii} “State DOT Staff Resources for Administering Federal Public Transportation Programs,” Research Results Digest 314, prepared through National Cooperative Highway Research Program (NCHRP) Project 20-65 (7), by the KFH Group, Inc, in association with Cambridge Systematics, April 2007. Research Results Digest 314 reports that over the past 20 years the FTA has been transferring administrative responsibility for many of its programs to the states at the same time as funding for transit has greatly increased with states expected to administer more and more of these funds.

^{xiv} NCHRP Research Results Digest 314. Staffing levels were at their highest in 2000, according to the 29 states that responded to the study, with funding increases through TEA-21. But the states then experienced a steady decline in staffing over the next six years, with the low point in 2006, although federal funding continued to increase each year.

^{xv} NCHRP Research Results Digest 331 documents some positive outcomes of the coordinated planning process as part of its objective to review state DOTs and their role in the coordinated transportation planning process, page 2. Positive outcomes of the coordinated planning process are also included in “Progress and Challenges in Implementing and Evaluating the Job Access and Reverse Commute Program, U.S. Government Accountability Office, Report to Congressional Committees, May 2009, page 24.

^{xvi} NCHRP Research Results Digest 331, pages 2, 3, and 45; and 2009 GAO report, pages 24-28.

^{xvii} Allowable percentages for administration are the same for S. 5310, JARC and New Freedom. Up to 10% of the total FY apportionment may be used to fund program administration, which includes administration, planning and technical assistance, with costs funded at 100% federal share.

^{xviii} NCHRP Research Results Digest 331, page 31.

^{xix} The state's coordination planning includes not only the new FTA requirements but efforts that pre-date SAFETEA-LU.

^{xx} The Lower Savannah Council of Governments was one of eight sites nationwide that undertook systems planning and design under a FTA Intelligent Transportation Systems (ITS) project through Mobility Services for All Americans (MSAA) to demonstrate how ITS can simplify accessibility to human service transportation. MSAA is an FTA initiative related to the United We Ride initiative that aims to increase mobility and accessibility for specialized transportation users and the general public, and to achieve more efficient use of federal transportation funding resources through technology integration and service coordination.

^{xxi} NCHRP Research Results Digest 331.

^{xxii} NCHRP Research Results Digest 331, page 7.

^{xxiii} NCHRP Research Results Digest 331, page 16.

^{xxiv} FTA C 9070.1f Elderly Individuals and Individuals with Disabilities Program Guidance and Application Instructions, May 1, 2007; FTA C 9050.1 The Job Access and Reverse Commute (JARC) Program Guidance and Application Instructions, May 1, 2007; FTA C 9045.1 New Freedom Program Guidance and Application Instructions, May 1, 2007.

^{xxv} For information on required metropolitan and statewide planning requirements, see for example, The Transportation Planning Process Key Issue, a publication of the Transportation Planning Capacity Building Program, Federal Highway Administration and Federal Transit Administration, available at <http://www.planning.dot.gov/documents/briefingbook/bbook.htm>

^{xxvi} NCHRP Research Results Digest 331, page 28.

^{xxvii} The Transportation Improvement Program or TIP is the four-year prioritized listing of projects developed by the MPO and consistent with the metropolitan transportation plan,

^{xxviii} The Statewide Transportation Improvement Program or STIP is the statewide four-year prioritized listing of projects that is consistent with the long-range state transportation plan, metropolitan transportation plans, and transportation improvement plans, and incorporated in this plan for rural areas.

^{xxix} These planning requirements are detailed in the three FTA circulars: FTA C 9070.1f, FTA C 9050.1, and FTA C 9045.1. At a minimum, the plans must follow the update cycle required for metropolitan

transportation plans, which is every four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas.

^{xxx} NCHRP Research Results Digest 331 includes findings from mini-case studies of state DOT involvement in the coordinated planning process which identified key features and challenges for each case study state. The 2009 GAO report notes problems integrating required planning requirements for JARC with other existing state and metropolitan planning requirements, page 28.

^{xxxi} NCHRP Research Results Digest 331, page 57.