COORDINATING HUMAN SERVICES TRANSPORTATION

JOINT HEARING

BEFORE THE

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

AND THE

COMMITTEE ON EDUCATION AND THE WORKFORCE

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

MAY 1, 2003

Committee on Transportation
Serial No. 108–22
Committee on Education and the Workforce
Serial No. 108–13

Printed for the use of the Committees on Transportation and Education and the Workforce

U.S. GOVERNMENT PRINTING OFFICE

87–469 PS WASHINGTON : 2003

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: (202) 512–1800 Fax: (202) 512–2250
Mail: Stop SSOP, Washington, DC 20402–0001

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

DON YOUNG, Alaska, *Chairman*

THOMAS E. PETRI, Wisconsin, *Vice-Chair*
SHERWOOD L. BOEHLERT, New York
HOWARD COBLE, North Carolina
JOHN J. DUNCAN, JR., Tennessee
WAYNE T. GILCHREST, Maryland
JOHN L. MICA, Florida
PETER HOEKSTRA, Michigan
JACK QUINN, New York
VERNON J. EHLERS, Michigan
SPENCER BACHUS, Alabama
STEVEN C. LATOURETTE, Ohio
SUE W. KELLY, New York
RICHARD H. BAKER, Louisiana
ROBERT W. NEY, Ohio
FRANK A. LOBIONDO, New Jersey
JERRY MORAN, Kansas
GARY G. MILLER, California
JIM DEMINT, South Carolina
DOUG BEREUTER, Nebraska
JOHNNY ISAKSON, Georgia
ROBIN HAYES, North Carolina
ROB SIMMONS, Connecticut
SHELLEY MOORE CAPITO, West Virginia
HENRY E. BROWN, JR., South Carolina
TIMOTHY V. JOHNSON, Illinois
DENNIS R. REHBERG, Montana
TODD RUSSELL PLATTS, Pennsylvania
SAM GRAVES, Missouri
MARK R. KENNEDY, Minnesota
BILL SHUSTER, Pennsylvania
JOHN BOOZMAN, Arkansas
JOHN SULLIVAN, Oklahoma
CHRIS CHOCOLA, Indiana
BOB BEAUPREZ, Colorado
MICHAEL C. BURGESS, Texas
MAX BURNS, Georgia
STEVAN PEARCE, New Mexico
JIM GERLACH, Pennsylvania
MARIO DIAZ-BALART, Florida
JON C. PORTER, Nevada

JAMES L. OBERSTAR, Minnesota
NICK J. RAHALL, II, West Virginia
WILLIAM O. LIPINSKI, Illinois
PETER A. DEFAZIO, Oregon
JERRY F. COSTELLO, Illinois
ELEANOR HOLMES NORTON, District of Columbia
JERROLD NADLER, New York
ROBERT MENENDEZ, New Jersey
CORRINE BROWN, Florida
BOB FILNER, California
EDDIE BERNICE JOHNSON, Texas
GENE TAYLOR, Mississippi
JUANITA MILLENDER-MCDONALD, California
ELIJAH E. CUMMINGS, Maryland
EARL BLUMENAUER, Oregon
ELLEN O. TAUSCHER, California
BILL PASCRELL, JR., New Jersey
LEONARD L. BOSWELL, Iowa
TIM HOLDEN, Pennsylvania
NICK LAMPSON, Texas
BRIAN BAIRD, Washington
SHELLEY BERKLEY, Nevada
BRAD CARSON, Oklahoma
JIM MATHESON, Utah
MICHAEL M. HONDA, California
RICK LARSEN, Washington
MICHAEL E. CAPUANO, Massachusetts
ANTHONY D. WEINER, New York
JULIA CARSON, Indiana
JOSEPH M. HOEFFEL, Pennsylvania
MIKE THOMPSON, California
TIMOTHY H. BISHOP, New York
MICHAEL H. MICHAUD, Maine
LINCOLN DAVIS, Tennessee

COMMITTEE ON EDUCATION AND THE WORKFORCE

JOHN A. BOEHNER, Ohio, *Chairman*

THOMAS E. PETRI, Wisconsin, *Vice-Chair*
CASS BALLENGER, North Carolina
PETER HOEKSTRA, Michigan
HOWARD P. 'BUCK' MCKEON, CALIFORNIA
MICHAEL N. CASTLE, Deleware
SAM JOHNSON, Texas
JAMES C. GREENWOOD, Pennsylvania
CHARLIE NORWOOD, Georgia
FRED UPTON, Michigan
VERNON J. EHLERS, Michigan
JIM DEMINT, South Carolina
JOHNNY ISAKSON, Georgia
JUDY BIGGERT, Illinois
TODD RUSSELL PLATTS, Pennsylvania
PATRICK J. TIBERI, Ohio
RIC KELLER, Florida
TOM OSBORNE, Nebraska
JOE WILSON, South Carolina
TOM COLE, Oklahoma
JON C. PORTER, Nevada
JOHN KLINE, Minnesota
JOHN R. CARTER, Texas
MARILYN N. MUSGRAVE, Colorado
MARSHA BLACKBURN, Tennessee
PHIL GINGREY, Georgia
MAX BURNS, Georgia

GEORGE MILLER, California
DALE E. KILDEE, Michigan
MAJOR R. OWENS, New York
DONALD M. PAYNE, New Jersey
ROBERT E. ANDREWS, New Jersey
LYNN C. WOOLSEY, California
RUBEN HINOJOSA, Texas
CAROLYN MCCARTHY, NEW YORK
JOHN F. TIERNEY, Massachusetts
RON KIND, Wisconsin
DENNIS J. KUCINICH, Ohio
DAVID WU, Oregon
RUSH D. HOLT, New Jersey
SUSAN A. DAVIS, California
BETTY MCCOLLUM, MINNESOTA
DANNY K. DAVIS, Illinois
ED CASE, Hawaii
RAUL M. GRIJALVA, Arizona
DENISE L. MAJETTE, Georgia
CHRIS VAN HOLLEN, Maryland
TIMOTHY J. RYAN, Ohio
TIMOTHY H. BISHOP, New York

PAULA NOWAKOWSKI, *Chief of Staff*
JOHN LAWRENCE, *Minority Staff Director*

CONTENTS

TESTIMONY

PREPARED STATEMENTS SUBMITTED BY MEMBERS OF CONGRESS

PREPARED STATEMENTS SUBMITTED BY WITNESSES

SUBMISSIONS FOR THE RECORD

Page

ADDITIONS TO THE RECORD

COORDINATING HUMAN SERVICES TRANSPORTATION

Thursday, May 1, 2003

HOUSE OF REPRESENTATIVES, COMMITTEES ON TRANSPORTATION AND INFRASTRUCTURE, AND EDUCATION AND THE WORKFORCE, WASHINGTON, D.C.

The committees met, pursuant to notice, at 10:00 a.m., in room 2167, Rayburn House Office Building, Hon. Thomas Petri [acting Chairman of the Committee on Transportation and Infrastructure] presiding.

Mr. PETRI. According to the prepared statement, a quorum is present. The joint hearing of the Committee on Transportation and Infrastructure and the Committee on Education and the Workforce will come to order.

I would like to thank my colleague from Ohio, Chairman of the Committee on Education and the Workforce, Mr. Boehner, for agreeing to hold this joint hearing on "Coordinating Human Services Transportation."

So that we get to our witnesses, we have agreed to limit the opening statements to the Chairmen and the Ranking Minority Members of each committee. With that, I would ask unanimous consent that the record remain open 14 days to allow members to insert exchange material into the official hearing record. Without objection, so ordered.

The subject of today's hearing of the Committee on Transportation and Infrastructure and the Committee on Education and the Workforce is coordinating human services transportation. I would like to extend my sincere gratitude to the governmental witnesses from the Departments of Labor, Education, Health and Human Services and Transportation who have made time in their busy schedules to appear before the committees this morning. Also, I am very grateful to our witnesses who have traveled from Florida, Pennsylvania and Alaska to participate in today's hearing.

The General Accounting Office has identified 62 different Federal programs that provide funds for specialized transportation services for special needs populations. In most cases, transportation services are not an end in itself but provide access to other services, health and medical services, education, job training, elderly nutrition and employment opportunities.

These multiple Federal programs each have unique requirements and criteria but share a common goal of transportation for their eligible clients. Coordinating these transportation services would encourage efficiency, reduced costs through the shared use of personnel, equipment and facilities, and thereby improving the level of

services for current clients and making an expansion of services possible.

We spend a lot of money on providing transportation services at the Federal, State and local levels. It is not possible to put an exact dollar amount on the Federal investment in human services transportation expenditures because 34 of the 62 programs that provide transportation services do not require that data be kept on transportation expenses.

Just the 28 Federal programs that do track transportation expenses spend a total of $2.4 billion each year. Most of these programs require a State or local match for the Federal funds, many of them at 50 percent. So the best we can estimate is that the combined Federal, State and local annual investment in human services transportation is at least $4 billion a year and probably much more.

The Transportation and Infrastructure Committee has been concerned for some time about the need for coordination of transportation services for special needs populations. In fact, the House Public Works and Transportation Committee, our predecessor committee, held hearings in March 1977 on improving transportation services for the elderly and the disabled. At that hearing, then Secretary of Transportation, Brock Adams, testified that "Any program addressing transportation needs of the elderly and disabled should include some mechanism for coordinating the wide variety of federally assisted transportation services currently provided under a number of social service programs."

Part of the reason we are still talking about the need for greater coordination 26 years later is that coordination can't be done alone. In the 1998 Transportation Equity Act for the 21st Century, TEA-21, Congress directed the Department of Transportation to coordinate with other human service transportation providers. However, if that same message is not sent to other Federal agencies that provide transportation services, who will DOT coordinate with? A single department trying to coordinate alone is like playing a game of catch with yourself.

Many States have agreed that coordination is a desirable goal. Approximately one-half of all U.S. States have a coordinating body of some kind, though the level of support for such coordination and the degree to which coordination is required varies widely. So the potential benefits of coordination are eliminating inefficiencies, achieving economies of scale, stretching limited funds and personnel resources, reducing the operating costs for transportation providers, expanding services to people not currently being served, improving customer service and simplifying the process of getting transportation services.

I hope that when we complete this hearing we will all have a clear picture of what is meant by coordination of human services transportation, why it is a desirable goal, what some of the obstacles are that impede a more coordinated transportation system and what some potential options might be to improved coordination.

As the second Ranking Republican Member on both these committees I look forward to working with the Department of Transportation, Health and Human Services, Labor and Education, and

with my colleagues to make this a higher level issue for everyone involved.

I would now recognize Mr. Ruben Hinojosa for an opening statement.

Mr. HINOJOSA. Thank you very much, Chairman Petri.

I want to address something very important and speak on a critical issue that is of great concern to my constituents. My Congressional District in south Texas is very diverse. It is both urban and rural. While Hidalgo County is the poorest urban county in the Nation, it leads the great State of Texas in job creation. Despite this job growth, we still have double digit unemployment rates. Many of the poorest residents live in Colones which are unincorporated areas with limited or no services like water, electricity and paved roads. These residents have great difficulty in finding work because of the limited transportation options available to them. They also have little access to health care and other social services.

Hidalgo County with a more than 600,000 population has an urban and rural bus transit system operated by the State's legislatively created Council of Governments, known as the COG. The COG works hard to meet the needs of the residents with the limited funding it has. It is the fiscal agent for Department of Transportation transit funding.

However, at the same time, transportation services are being provided by a number of other entities. For example, Region I Education Service Center provides transportation for Head Start students; the VA provides limited transportation for our veterans, and we have approximately 75,000 veterans in my congressional district. The State provides transportation through Medicaid and State welfare services and the Federal Government is providing transportation through TEMF and other programs.

This patchwork of services is duplicative and wasteful. It is also confusing for people who need the transportation service. I will be interested to hear what the panelists recommend to better coordinate Federal transportation services. However, I hope we will also consider ways to allow more coordination at the local and regional level.

In Texas, there are 24 councils of government who could serve this function and be the conduit for information about every available transportation service through Federal or State programs. A one cost source for referrals would allow people for these programs are designed to actually get the help they need. I am sure other States have similar entities that could serve this coordinating function.

Again, thank you for holding this important hearing and I look forward to hearing from the witnesses.

Mr. PETRI. Thank you.

As I indicated, statements by the Ranking Democrat, Mr. Oberstar and the Chairmen of our respective committees, will be made a part of the record when submitted.

The first panel consists of The Honorable Jennifer L. Dorn, Administrator, Federal Transit Administration, U.S. Department of Transportation; The Honorable William F. Raub, Acting Assistant Secretary, Planning and Evaluation, U.S. Department of Health and Human Services; The Honorable David Dye, Deputy Assistant

Secretary, Employment and Training, U.S. Department of Labor; and The Honorable Loretta Petty Chittum, Deputy Assistant Secretary, Office of Special Education and Rehabilitative Services, U.S. Department of Education.

We welcome you all. As I indicated in my opening statement, we are grateful for your attendance and appreciate the effort you and your staffs have put into your full written statements. We would invite you to summarize in approximately five minutes beginning with Ms. Dorn.

TESTIMONY OF HON. JENNIFER L. DORN, ADMINISTRATOR, FEDERAL TRANSIT ADMINISTRATION, U.S. DEPARTMENT OF TRANSPORTATION; HON. WILLIAM F. RAUB, ACTING ASSISTANT SECRETARY, PLANNING AND EVALUATION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; HON. DAVID DYE, DEPUTY ASSISTANT SECRETARY OF LABOR, EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR; AND HON. LORETTA PETTY CHITTUM, DEPUTY ASSISTANT SECRETARY, OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES, U.S. DEPARTMENT OF EDUCATION

Ms. DORN. Thank you, Mr. Chairman, and a sincere note of gratitude for your leadership in this very important and complex issue. As reflected in the opening statements, it is important because transportation is indeed the lifeline for all of us, particularly for those most vulnerable. The elderly, persons with disabilities, the low income populations desperately need the means to get to critical services, to education, to work, to health care.

As you indicated, more than 60 Federal programs in 8 Federal departments provide funding to meet these transportation needs of individuals. Each program has unique eligibility requirements, unique administrative requirements and unique funding streams, which is not a bad thing. However, these programs growing as they have over the past years have given rise to a myriad of human service transportation models in our communities. I liken it to a jigsaw puzzle of services and providers, not just a jigsaw puzzle at the national level but it is duplicated and replicated in very different ways at the local level. Even within each local community, fitting those jigsaw puzzles together making sure there aren't gaps, there aren't overlaps is a very, very complicated system that needs to be developed.

It involves in each local area local transit agencies funded by the public, funded by private sector that provide both fixed route and paratransit services, non-profit agencies operate transportation exclusively for their own clients, human service agencies provide funds to individual clients to purchase transportation services.

FTA alone funds more than 600 transit agencies and through State agencies over 1,200 non-profit organizations. That is a good thing because that means locally they are planned and developed to meet the local needs. If you multiply that number by 60 other Federal programs that fund some aspect of human service transportation and you end up with a 10,000 piece, 3-D puzzle that our elderly, people with disabilities and low income customers are expected to put together themselves. Those barriers as well as solutions exist and we are making progress, I am pleased to say.

At the Federal level, the two agencies that represent the largest source of funding are the Department of Health and Human Services for transportation and the Department of Transportation. I am pleased to say with my sister agency, HHS, we have worked together through the Coordinating Council on Access and Mobility and we have made some substantial progress.

I have two notes on this that my colleagues will describe further. The use of Medicaid passes for public transportation to serve the Medicaid population is a growing utilization amongst 23 of our States, and the aspect the Ranking Member mentioned about brokerage services where scheduling can occur on a combined effort. We have also made some real breakthroughs on that.

With respect to our Local Jobs Access Program which was mentioned earlier, we have forged partnerships with the Department of Labor and an important system of sharing funding and so forth so we can get those critical welfare to work populations to work and to other important services.

In the future, we think it is terribly important to not only continue our efforts at the Coordinating Council but also to step up our activities. I am very pleased that under this Administration that has focused on customer orientation and results, that level of effort that is shared by my colleagues has already shown some important advancements.

Two other quick comments. We do have some opportunities that I think are very important with the Surface Transportation Reauthorization effort that is coming before your Committee on Transportation and Infrastructure and there are a number of proposals that the President has given to Congress we believe would substantially improve our ability to coordinate.

First and foremost is to encourage partnerships and coordination with other State level human and health service programs by making the new Freedom Program for Disabilities and the Job Access Program State administered and funded by formula. We believe to put those programs along with the elderly and disabled in a single arena run by the State administered programs gives many opportunities for funding partnerships with Health and Human Services. So that is a very important piece of the President's proposal.

We also have under the proposal required coordination, mandates, if you will. We have said if you want to get the Federal money from Transportation, you need to have local coordinated plans in place. We feel that is where the Federal Government and the customer will get the most bang for the buck.

With the understanding that coordination is not cheap, it is not free, it is difficult, we have made eligibility by increasing the funds for planning purposes, for coordination and also allowed technical assistance to be an eligible expense.

Finally, I would just like to make a comment about coordination and how it happens. Effective coordination, in our view and I believe our stakeholders who have been very active in this would agree, will only happen if local communities make it happen. That doesn't absolve the feds from responsibility for clearing the way so that kind of thing can happen. Ultimately, coordination is a political process, not a partisan process but a small political process. It requires building trust, building relationships, building partner-

ships. Otherwise people and organizations will be unwilling to share vehicles, to broker schedules with their partners, to develop common billing policies, all of which serve to be an impediment.

An important prerequisite of that is that all provider groups sit down at the table locally, transit, human service, not for profits, private businesses, local government leaders, and they need to put the jigsaw puzzle pieces together. In many communities across the country, and you will hear from them today, they have already done that. I am very proud that locally generated spirit has really been working. I would commend the stakeholders for their strong interest in this.

The Council at the Federal level has helped make some real progress as well. I hope with encouragement from this Congress and with my colleagues, I hope we can make better and faster progress because I think it will make a difference for hundreds of thousands, if not millions of these vulnerable populations.

Thank you very much. I look forward to answering questions at a later point.

Mr. PETRI. Thank you.

Mr. Raub?

Mr. RAUB. Good morning. Thank you for the opportunity to present testimony on behalf of the Department of Health and Human Services.

In accord with your request, Mr. Chairman, I will now present a summary statement and with your permission, submit my full statement for the record.

Mr. PETRI. It will be a part of the record.

Mr. RAUB. HHS administers over 300 programs which collectively touch the lives of almost every American almost every day. Medicaid, Head Start and senior centers are three examples. For the vast majority of HHS programs, participants must travel to a designated location to receive the health or human services for which they are eligible. Thus, transportation is often an indispensable means to achieving the ends we seek. Expenditures for transportation typically are eligible costs under our awards.

Ensuring appropriate transportation is a continuing challenge for awardees and program managers alike. First, the transport offered must be tailored to the specific mobility needs of individual clients. Diverse requirements require diverse approaches.

Second, to be fully effective, transportation must enable clients to arrive at and depart from the service site in a timely manner. For some clients, access to services is a daily necessity.

Third, the requisite transportation must be acquired at reasonable cost, otherwise imprudent transportation expenditures will diminish the resources available for the health or human services that the transport is meant to serve.

HHS recognizes the critical need to coordinate transportation services. To that end, HHS staff collaborates actively with their counterparts in the Department of Transportation and in the Coordinating Council on Access and Mobility. Since its formation in 1987, the Council has met many times to share information, provide direction and oversight to the technical assistance resource network and address real or apparent impediments to coordination. HHS also contributes to the work of the National Consortium on

the Coordination of Human Services Transportation which consists of representatives from State and local government associations, human services organizations and public transportation providers.

HHS funds the Community Transportation Association of America to provide training and technical assistance to States and localities on transportation and coordination issues. Now in its 13th year of funding, CTAA receives $1 million annually to assist HHS in enhancing transportation coordination across the Nation.

Our experience working with States and localities on transportation coordination strategies has demonstrated that the relationships developed through coordination efforts can extend far beyond work on transportation.

In the President's plan to strengthen welfare reform, the Administration has proposed new authority for States to seek waivers for integrating funding and program rules across the broad range of public assistance and work force development programs. Increasing the efficiency and administration of multiple programs under this new authority will greatly enhance the States' ability to coordinate transportation services for low income clients.

We have provided the committees copies of the action plans for the Coordinating Council and Access and Mobility for fiscal years 2002 and 2003. Working with the Federal Transit Administration as well as with the National Consortium on the Coordination of Human Services Transportation, HHS looks forward to increasingly productive outcomes from the coordination efforts. In particular, we feel confident the Council will continue to enhance communication to the field through our individual programs, through the Council website, and through the relationships developed within the Consortium.

We applaud your leadership, Mr. Chairman, in highlight the importance of transportation coordination and in encouraging us to make our investments as productive as possible.

I would be pleased to respond as best I can to your questions or comments.

Thank you.

Mr. PETRI. Mr. Dye?

Mr. DYE. Good morning. I too would like to thank you for inviting our department to this joint oversight hearing.

We agree with the committees that access to transportation is extremely important for Federal program participants. This is particularly true for recipients of employment training services since training and job opportunities often are not located where participants reside.

The Department of Labor employment and training programs provide transportation assistance to its clientele and includes 12 programs administered by the Employment and Training Administration under various laws such as the Work Investment Act, the Older Americans Act, and the Trade Act. It also includes the Homeless Veterans Reintegration Program and the Veterans Workforce Investment Program administered by DOL's Veterans Employment and Training Service.

Of the 12 ETA programs, only the Job Corps is administered directly by ETA. All the other programs are formula funded grants to States and localities or discretionary grants to not for profit enti-

ties. Many of these programs make funds available to cover the cost of transportation services most often in the form of mileage reimbursement and/or public transportation fares but also through a variety of other mechanisms.

Although many of the employment and training related laws permit transportation services, funds are generally disbursed to State and local areas that exercise a high degree of discretion in designing transportation policies to meet the needs of their communities. Consequently, the amount and type of coordination varies from community to community.

Although we do not collect data nationally, there is undoubtedly more informal, unreported coordination going on at the local level than has been recently documented. We need to build on those efforts.

I would like to briefly describe a couple of coordination efforts in which we have been involved most recently. We have been finding ways to partner with other Federal agencies, including the departments sitting at the table, as well as service providers to enhance local coordination for transportation services.

In addition to the previously mentioned programs, for many years, ETA and the Federal Transit Administration have jointly provided grant funds to the Community Transportation Association of America for Job Links, a program designed to help communities overcome transportation barriers that prevent low income people from getting and keeping jobs.

With these funds, CTAA addresses vital employment transportation issues through demonstration projects, technical assistance and conferences. The demonstration projects are aimed at integrating transportation services into the DOL funded, one-stop career centers operated by States and local boards.

Speaking of technical assistance, I brought with me today and hopefully the Clerk distributed to you this CD ROM which we funded with CTAA. It is essentially a tool kit to help local work force agencies understand and respond to their transportation challenges. The tool kit includes sections describing the relationship between jobs and the transportation they need. I hope you and your staff get a chance to take a look at that.

In addition, the President's new Freedom Initiative demonstrates the Administration's commitment to the full inclusion of people with disabilities into the American work force. Once again, the Department of Labor and the Department of Transportation have partnered to help implement this initiative. Last summer, the Department's new Office of Disability Employment Policy and FTA cosponsored a national summit on employment transportation for people with disabilities. The purpose of the summit was to explore strategies for integrating transportation into local employment networks and to identify opportunities for Federal transportation programs to be more responsive to the employment needs of people with disabilities.

The overarching conclusion of the summit was that there was a critical need for increased coordination of efforts at all levels and not surprisingly beginning with our own agencies.

One of the most important activities of this Administration and one of the areas in which we have had the most success is to pro-

mote interagency collaboration at the Federal level that can be transferred to the State and local levels. To this end, the Departments of Labor, Transportation and HHS issued a Joint Interagency Guidance on Transportation Services funded by TANF, Welfare to Work and DOT's Job Access and Reverse Commute Program.

Through the Joint Interagency Guidance, we encouraged our respective agencies to jointly plan and develop systemic transportation solutions and provide guidance to State and local areas to establish collaborative regional approaches to job access challenges. Ongoing collaboration and coordination among multiple agencies at all levels of service, Federal, State and local, is essential. We simply cannot expect local agencies and providers to coordinate their services if we do not do the same at the Federal level. A number of Federal agencies obviously have already begun to work cooperatively including DOL.

By way of conclusion, let me say through coordination, it is possible to leverage resources by realizing cost savings and eliminating duplication for the efficient delivery of services for all of our customers. The Department of Labor is committed to working with all of our Federal, State, local and not for profit partners to improve the coordination of transportation services.

We recognize that accessible and affordable transportation is a critical component of the successful employment of people with disabilities and age related conditions or an income constraint.

That concludes my remarks. I would be happy to answer any of your questions.

Mr. PETRI. Thank you.

Ms. Petty?

Ms. PETTY. Thank you also for the opportunity to appear before you today to discuss the issue of transportation coordination for human services programs.

The Office of Special Education and Rehabilitative Services within the U.S. Department of Education is responsible for administering several vital Federal programs dedicated to improving the lives of individuals with disabilities from birth through adulthood. Our programs range from early intervention services for infants and toddlers and special education services for pre-school and school age children to employment and independent living programs for adults with disabilities.

Transportation for individuals with disabilities is important across the life spectrum. Without transportation services, including specialized services tailored to their needs, children with certain disabilities would not have access to crucial medical care and would not be able to participate in school and in the community. Without adequate means of transportation, many adults with disabilities would never be able to achieve competitive, integrated, meaningful employment or to fully participate in the community.

For many individuals with disabilities, reliable, appropriate, accessible and timely transportation is not just a luxury, it is a vital link to education, employment, independent living, health care and community integration.

Some of the programs we administer within OSERS allow for the provision of limited transportation services consistent with the

goals and purposes of the program. For example, the Individuals with Disabilities Education Act requires that transportation and other related services be provided if necessary to assist children with disabilities to benefit from special education. Students with disabilities are regularly provided transportation services by school districts and other transportation entities.

Also, under the Rehabilitation Act of 1973, transportation expenses or services are an allowable expense in order to allow vocational rehabilitation consumers to access the rehabilitation and training services listed in their individualized plan for employment.

The provision of transportation services under programs administered by OSERS varies from contract for services arrangements to referral assistance and training for individuals with disabilities on the use of public transportation. Through efforts such as referral and training, our programs help individuals with disabilities learn how to access existing transportation resources or how to obtain necessary special transportation services. In some instances, these services mean the difference between leading a life with few options for personal and professional growth and leading a life of meaningful and significant integration within the community.

For children with disabilities, transportation is often a key factor in ensuring that a free, appropriate public education is provided to them. The IDEA is based on the premise that children with disabilities should be able to participate fully in the educational experience along with their non-disabled peers.

School districts may use any one or a combination of methods to provide services to children with disabilities. These methods include using the district's existing school transportation program, contracting for special transportation services, or using the public transportation systems. A child with a disability receives transportation as a part of their individualized education program.

Regardless of the means of providing transportation services, we know that without these services, many children with disabilities would not be able to participate in either the educational or social experiences of school.

Because of the nature and variety of the programs we administer within OSERS, it is difficult to determine with specificity the cost of transportation services. In many instances, school districts include the cost of transportation for students with disabilities within the general cost for transportation for all students and do not report these costs separately to the Federal Government.

However, we do have transportation cost data for special education from a national study of transportation costs for school year 1999 through 2000 conducted by an OSERS contractor as part of the Special Education Expenditure Project. This project found that during that time, school districts spent nearly $3.7 billion on special transportation services.

For other programs such as the Vocational Rehabilitation Program, States provide some data on transportation costs. For example, in 2001, State vocational rehabilitation agencies reported spending $69.4 million on transportation to assist customers.

Many children with disabilities in their families and many adults with disabilities need and receive services through multiple programs funded by the Federal Government. It is not uncommon, for

example, for a child with a disability to not only receive special education services but also Medicaid services, SSI payments, community mental health services, or other services sponsored in part by the Federal Government.

In some instances, there may be strong collaboration at the local or State level to ensure that transportation services are coordinated or even provided through a central source. In many cases, coordination may be difficult. For example, coordination of transportation services for both children and adults with disabilities in rural settings is likely more difficult than in urban settings.

Also, a person with a disability who uses multiple transportation service providers for different purposes may be compelled to deal with different policies and procedures. Nonetheless, given the importance transportation plays in the lives of millions of individuals with disabilities, both children and adults, it is important that those of us who are responsible for developing policy and providing those services cooperate and collaborate in ways that will ensure that needed transportation services are provided in the safest, most reliable, appropriate and timely manner and that those services are accessible to the individuals who need them.

Although coordination and collaboration for the provision of transportation services for individuals with disabilities is most effectively done at the local level where the need exists, it is clearly important that we at the Federal level ensure that our programs recognize this important need.

We at the Department of Education look forward to achieving these goals by working with our Federal partners in any way we can.

Thank you for having me here today and I look forward to answering any questions.

Mr. PETRI. Are there any questions? Mr. Oberstar?

Mr. OBERSTAR. Thank you.

First of all, I want to congratulate you on launching this hearing in your dual role as Vice Chair of our committee and the Committee on Education.

I would like to say that this is a new subject and new ground we are exploring, but it is an old subject and old ground that we are plowing once again. It was first explored in this committee in 1977 as the Chairman may have pointed out, I regret having missed the opening, with then Secretary of Transportation, Brock Adams who said, we need to have a coordinating mechanism to bring together all these several Federal Government programs that provide transportation to people in various categories.

That lumbered along for quite some time and a few years later, I chaired the Investigations and Oversight Subcommittee and with our former colleague, Bill Clinger, as the Ranking Republican on the subcommittee, we looked into that matter in May 1985 and brought together the same assemblage of agencies to give us pretty much the same testimony, a plethora of Federal Government programs. At the time, there were 137 different Federal programs that provided transportation services and they weren't talking to each other in performance of their duties and the cost collectively was some $980 million. Eighteen years later and it is $2.5 billion, 62 million people affected, 62 separate programs, 8 departments, 23

programs in Health and Human Services, 15 in the Labor Department, 8 in Education, 6 in DOT.

Then I said at the opening of our hearing, "Federal Government operates 32,000 vans and small buses to serve a population group dependent upon transit. Yet no safety or driver training is provided for those who do the driving. There is no coordination among those who are providing the services."

The witness from Urban Mass Transit Administration said, "Clearly, we need to coordinate activities of the several agencies. We need to coordinate rural programs with those of Health and Human Services, with those of the Department of Education and our own Department of Transportation."

The Coordinating Council was set up as a consequence of those hearings.

It doesn't seem to me that much has improved in the years since we launched those first hearings. I would like to know, do you folks meet regularly? Do you ever get together and talk to each other about performance and delivery of transportation services and coordinate and have common values and common standards for delivery of services, and training of personnel to deliver those services?

Ms. DORN. I would like to respond on behalf of the Transit Administration with respect to your very good points. Certainly this has been a continuing problem but there is good news and bad news in that respect. Because the Congress and the Executive Branch has increased its commitment towards these vulnerable populations, the growth in the number of programs has grown exponentially. So each time we make progress in coordination, another branch of the government creates another program for very good reasons. So this is going to be a continuing problem as we grow the number of programs.

We share part of that responsibility in the Federal Transit Administration. We have three or four different pots of money through various pressures from our own Administration or through stakeholders we continue to create specific requirements for eligibility, for reimbursement, for tracking, for billing. So we all share in the creation of the problem, yes. I can say by the data that we do have, we have also substantially improved the transportation services to the eligible population over the years.

Yes, a short answer in terms of our meeting together across the agencies. I think there is a renewed commitment towards that and with the Coordinating Council, we have specific action plans with specific outcomes that will help clear the way so that at the State and local levels, they will be freer to coordinate.

I mentioned earlier this is a very, very tough and complicated nut to crack, not only on the Federal level, we can provide as much technical assistance and best practices for the States and the communities that are doing it, but ultimately there also has to be a political will at the local level amongst all these agencies whether the Alzheimer's Association, the Medicaid transportation provider, the public transportation provider, that they want to share resources.

Mr. OBERSTAR. Thank you. I appreciate your enthusiasm. You always bring a great deal of energy and enthusiasm to your service in the public sector. I welcome that.

In TEA-21, we directed the establishment of an assistant secretary position for intermodalism. That would be the appropriate place it seems to me to start with coordination. Maybe we ought to put you in that position because you have that energy and enthusiasm and excitement about your work.

I would suggest you go back and all of you coordinate with Jeff Shane who understands this issue and who was the first intermodalist in a previous Administration, in the first Bush Administration and find some ways through perhaps his intercession all of you can come together, bring together these three departments of Government.

It has grown from the cost of the service and the investment we are making in rural America has grown from $980 million 18 years ago to $2.5 billion today. There ought to be common standards, we ought to be able to eliminate overlapping authorities and see who can deliver services the best.

A great deal of good has been accomplished and some of it by accident. It ought to be done on purpose. I think you will achieve that goal if you do as was promised this committee 18 years ago, the Coordinating Council would be set up, we will meet regularly, we will establish standards, see that everybody has common training, safety and delivery of services, not only at the Federal level but to the State and local levels as you just said, Ms. Dorn.

That would be my message and my urging to this panel and to the DOT and several departments of Government.

Mr. PETRI. Thank you.

Mr. Pearce?

Mr. PEARCE. Thank you for having this hearing. My question is for Mr. Raub.

In your transcript, you talked about checking the cost of services. Don't you have a couple of large either regional or national contracts for providing services?

Mr. RAUB. I am not sure which you are referring to.

Mr. PEARCE. I am asking don't you have a couple, it is not scattered taxi services around the country but you have providers that you contract with?

Mr. RAUB. Not to my knowledge, sir.

Mr. PEARCE. My question would be how do you provide those services?

Mr. RAUB. Typically they are provided through either the States or the local agency that is the recipient of our funding and arrangements are worked out in the community. One of the challenges for coordination as Ms. Dorn indicated is to take advantage of the local transit planning in a way of ensuring that our funded activities are not entering into transport services that duplicate what might be provided by fixed route transportation, for example. The Medicaid Program is a special example of that.

Generally, these decisions are at the State or local level in association with carrying out whatever particular block grant or activity there might be.

Mr. PEARCE. My question would be if you have providers, how do you cross check that cost because I hear some extreme costs?

Mr. RAUB. Each of the programs differ in terms of its reporting requirements. As a general rule, one of the concepts around the

block grants has been to keep to the minimum necessary the reporting burden for the particular recipient States. Often the transportation cost is included in a larger aggregate such as supporting services. We in the States then have to work to tease out what subset of that is actually a transportation specific cost.

One of the needs in improved coordination is finding better ways not only to simplify reporting burden but to standardize it such that we can capture this kind of information consistently not only across HHS programs but with our colleagues in the other departments.

Mr. PEARCE. My final question would be if you could provide me some of the cost detail structure, if you put that as one of your objectives to be able to identify the costs are definitely not too high for a give service and if you have that, I would appreciate it.

Mr. RAUB. Yes, sir. We would be happy to provide it.

Mr. PETRI. Mr. Hinojosa?

Mr. HINOJOSA. I would like to ask Ms. Dorn how often does the Coordination Council meet?

Ms. DORN. Up to this point in this Administration, we have had one meeting. I would like to emphasize, however, that the number of meetings is really not reflective of the continued and aggressive activities that we have undertaken as a group and individually, particularly with our colleagues at HHS.

Under the Administration on Aging, we have a very refined outcome oriented action plan for 2002 which we have already accomplished a number of things which we would be happy to provide to you. We have done a number of other coordinating efforts on a bilateral basis.

Mr. HINOJOSA. Let me interrupt you because my time is going to get away from me.

If you have only met once in two years, I understand that only HHS and the Department of Transportation have been meeting. When are the other organizations going to be invited to the table?

Ms. DORN. From my perspective, I am very pleased to include other agencies. I would hope you and your colleagues would judge our efforts by the outcome rather than whether or not we have had a meeting. I can sincerely ascribe to the fact there have been very aggressive efforts on this coordination effort and we made a conscious decision a year and a half ago with some of the senior leadership at HHS that we would not have a meeting amongst all these partners until we had some solid accomplishments and models to demonstrate so that we could motivate all partners at the table. I feel we had a very successful meeting, it was very motivating to all partners.

We are not going to make progress on a group grope kind of basis, it has to be targeted to each of these programs. I feel that with the firm commitment of my colleagues, we will continue to make progress and we are eager to show you what we have done to date and our action plans for 2003.

Mr. HINOJOSA. If all due respect, I come from the world of business and when something is not working, I think we need to try something different.

Let me tell you about the region of South Texas from Brownsville to McAllen to Laredo. That area has almost 1.5 million people. We

have been neglected so long, we have never been to the table, we have never had transportation addressed for so many of the Colonias and so many of the people who are unemployed and they can't even get to the training much less get a job.

If some of my constituents need service, who are they supposed to call?

Ms. DORN. That is part of the problem. I would like to say it depends on the agency. That is why the working groups that are subgroups of this Federal Council have been meeting regularly over two years. We would be very pleased to provide for your area technical assistance and plans and models about how they can coordinate. This has to be the level of effort at every different agency.

Mr. HINOJOSA. These areas that I am talking about are growing faster than most other regions of the country because of NAFTA, so we need for areas like ours that have been neglected for three decades where we have had double digit unemployment rates compared to the State of Texas or nationally, we need them in higher priority and have some meetings with the five Congressmen who represent that area and see if we can bring some solutions to this problem like you have given other regions of the country.

Neglect is something that needs to go into the record because let me tell you, there is a lot of potential if they would just be given an opportunity to get to the training and to their jobs.

Ms. DORN. I totally agree with you, Congressman, and that need is recognized by this President and that is precisely why he supported a 20 percent increase in rural transportation funds because of those very important unmet needs in rural areas. I completely agree with you.

Mr. HINOJOSA. Thank you.

Mr. PETRI. Thank you.

Mr. Boozman?

Mr. BOOZMAN. I guess I share similar concerns. We have 62 Federal programs that perform these types of functions. Only 32 of them, we actually know how much they spend, so it appears we really don't know how much money we are spending on this. Does the Council have any authority?

Ms. DORN. It has no statutory authority.

Mr. BOOZMAN. I guess I am saying is there anybody with any real authority that is trying to coordinate this thing?

Ms. DORN. Not from a 30,000 foot perspective. Each congressional committee and each departmental agency has its own statutory mandates and regulations.

Mr. BOOZMAN. Do we need to change that?

Ms. DORN. Speaking from the Department of Transportation perspective, there are several things the President and the Secretary have proposed in our reauthorization.

Mr. BOOZMAN. Like what?

Ms. DORN. One of which would be the mandate to a local community that if in fact you want Federal money that players at the local area need to sit down and coordinate a plan. We believe fundamentally the more flexibility we can give to the local agencies too coordinate, and there are some regulatory barriers we are working through, but from the Department of Transportation perspective, we don't see any statutory impediment.

Mr. BOOZMAN. That is the local level. What about coordination between the 62 Federal entities providing transportation?

Ms. DORN. I think we need to take on those problems as we have program buy program. That is the kind of progress we are making.

Mr. BOOZMAN. But if there is nobody with any authority to do that, how do you do it with the turf battles?

Ms. DORN. You do it by focusing on the customer and the outcome. That is what each of my colleagues and their agencies have been doing. When we sit down in the working group with the Administration on Aging, we ask what is preventing more service for more riders? It doesn't take a rocket scientist to see when you have billing requirements that seem to be different, we can sort them through.

Mr. BOOZMAN. The council only meets with a small group. You only represent a small group of the 62 entities providing this, correct?

Ms. DORN. Yes, sir.

Mr. BOOZMAN. My question is how do you get those 62? I am sure the areas you are visiting, you are doing some good. I don't disagree at all. My question is how do we get those 62 we have created, I am not saying it is your problem, but since we have this problem being in the situation you are in, how do we fix that? I think you would agree there is duplication of services. We don't even know how much money we are spending on this. How do you coordinate that?

Ms. DORN. In this case, creation of a Department of Homeland Coordination would not do the trick. We have so many different missions that are appropriate. Transportation is an important component and if we can get all to recognize on a one by one basis as we continue to do.

Mr. BOOZMAN. I didn't say we needed to create a department, you said that. I guess I am saying give me some help, what do you think is the answer? You have the Council that represents just a little bit. The vast majority of these people aren't even represented. How do we change that? What do we do?

Ms. DORN. First of all, the major programs that would yield the biggest bang for the buck for our customer are at the table. We are happy to make that a broader group. There is no substitute for an individual Secretary making this a priority. I can speak for Secretary Mineta who has made it a priority. Each Secretary in turn, if and when they do, and I feel confident in my working relationship with many of these program leaders, it is a priority. I don't see any short circuit way to make this problem go away. It requires goodwill from the stakeholders which we have and the National Governors Association, AARP. That is the only way you can crack the nut.

Mr. BOOZMAN. The other side of that is Mr. Oberstar said basically this has been going on since he can remember. Do the rest of you have any comments?

Mr. RAUB. Picking up on the earlier comments, the Council has spawned activities in four areas for special emphasis recognizing that one size doesn't fit all and one has to hone in on the specifics. The collaboration with the Administration on Aging and the Department of Transportation is proving to be very valuable in terms

of understanding the opportunities for coordination and making sure that not only the agencies but in the community levels there is the right information and the right kind of technical assistance being provided.

A similar story plays out in the Medicaid Program of making sure of fixed route transportation. In one community alone, getting only one percent of the Medicaid eligible individuals covered by a transit pass produced a $6-$7 million per year savings. We think that can be replicated and extended in other areas but one needs to have the specific knowledge and specific involvement of those program leaders. These are all high priorities for Secretary Thompson.

An emerging area in the disability community, the new Freedom Initiative, involves a number of activities including the opportunity for waivers that would allow greater discretion and flexibility among the recipients of the awards and how they spend them for transportation.

Last but not least, the Department has identified a number of the special needs in the rural area, health and human services and the special subset of those problems that are transportation dependent.

I am optimistic that there are a number of ongoing efforts that have the strong support of the two Cabinet officers and you will see some action and there doesn't need to be new legislative authority for that to occur.

Mr. BOOZMAN. Thank you.

Mr. PETRI. Ms. Norton, any questions?

Ms. NORTON. No, thank you.

Mr. PETRI. Mr. Van Hollen, any questions?

Mr. VAN HOLLEN. No.

Mr. PETRI. Mr. Porter?

Mr. PORTER. Thank you and I reiterate the comments from earlier that this is a great meeting to have to coordinate the efforts. Being one of the members that serves on both committees, Transportation and Education, it is an opportunity for me to talk a bit about some of our challenges in Nevada.

As you may know, Nevada is one of the fastest growing States in the country. In some areas in Nevada we can grow 5,000 or 6,000 people a month. To add to that fact we are one of the fastest growing school districts in the country being the sixth largest in Clark County. We need to hire about 2,000 plus new teachers a year, which is a challenge, believe me. We need to build one and a half to two new schools a month to stay in front of the massive growth.

We are proud of what we have done in Nevada. However, from a key perspective of funding education, including transportation, for a fast growing State, and I know one of my colleagues from Texas mentioned it earlier, a lot of the Federal funding takes three to five years to follow the child. In fairness to my colleagues in the northeast, in Iowa or the midwest, as children are moving to Nevada and California and Texas, their funding remains in those States. So it creates a major challenge for us. If you were to take 27,000 new students a year, which is what we have, times three

or four years, that is 100,000 plus kids that Federal funding is remaining in other States.

Having said all that, we also have some very, very small school districts. We have a total of 17 school districts in Nevada, one per county, somewhat over 1,000 kids and some with almost 300,000 kids. So imagine the frustration of some of our school board members whether in White Pine County or in Humbolt County, Iowa trying to chart their course.

I know we have talked about coordination this morning, but I know how difficult it is with 62 programs in 8 Federal departments. However, I would ask if maybe we could have one of those departments or one of those agencies help facilitate for these districts as they try to chart a course to get help with their transportation needs. I know it was in your testimony and I appreciate it. I see moms and dads here today and we could talk about individual children that need transportation, but can't we just find one of these agencies to help be a one-stop shop for one call by a school board member from Humbolt, Iowa or White Pine, Nevada who is struggling? Some of these school board members are the chief cook and bottle washer, they do everything. If you mention the Federal Government, they panic because they have no clue who to call. Can't we find one of these 62 agencies to at least be the contact point to make it easier for our moms and dads and school boards to take care of transporting these children that desperately need our help?

Ms. DORN. If I may, I think it is an excellent point. The concept of one-stop shopping has become a very important one in I think at least 18 States where instead of having the parent or the customer have to sort through the many varied approaches of locally driven transportation, which I think is a good thing because it can be community-based, they have set up transportation brokerages where you as a parent, consumer or Medicaid recipient can call a specific number and indicate your need. All of the behind the scenes sort of what are the needs, what are the billing requirements are done behind the scenes, so it is more customer friendly.

Those brokerages, as Mr. Raub indicated, the Medicaid Transit Pass Program, the Brokerage Program are two very prominent success stories we would be eager to model throughout the country. It is nothing that we believe is appropriate to mandate, nor is it possible but if there are ways we can give to local communities and to States permission and eagerness to do this, that would be a good thing.

Mr. PORTER. How many employees are there at the Department of Transportation? Thousands?

Ms. DORN. Yes, thousands. There are 700 in the Federal Transit Administration.

Mr. PORTER. Can we find one department in the Administration without legislative mandate to coordinate and at least be a one-stop for transportation?

Ms. DORN. Speaking for Transportation, the fundamental principle of locally driven transportation needs is imperative. If we start layering the Federal solution, I just don't think that would work.

Mr. PORTER. I think the local governments should take care of it. I don't know the last time you were all sitting in a small school district in rural United States of America and trying to chart a course through the Federal bureaucracy - it is a nightmare. I agree they should do it on the local level but they don't know who to talk to, who to ask or they may not get a phone call. Can't we find someone in the Department administratively just to help coordinate this so that Mary Bescow, a school board trustee from Nevada can call one number and that person can help point her to the agency to call? Can't you find ten people?

Ms. DORN. Certainly we make every effort to do that in the Department of Transportation. I am sure we can be a resource but where the rubber hits the road literally is the local transportation where it is provided. If we can make it easy for the customer to find out where that is and be responsive, we are all about that. Our stakeholders have helped us do that.

Mr. PORTER. Who do I need to talk to?

Ms. DORN. We are talking now and I would be very happy to follow up personally with anyone you suggest.

Mr. PORTER. I appreciate that. Please understand, I am not trying to be adversarial, I am trying to make it simple. I appreciate your comments this morning and I know you are responsible for a huge agency, but Mary Bescow, the school board trustee in Nevada, is worried about those kids, as you are, but they don't know who to call. If maybe you could put together a plan or a few of your folks could spend a little bit of time just being a clearinghouse telling people where to call, I would appreciate that.

Ms. DORN. I would be happy to work with my colleagues from the Education Department.

Mr. PORTER. I appreciate that.

Mr. PETRI. I think you are trying to help in that area somewhat with the idea of having coordination at the State level with the locals in this bill. I have a specific question of all of you which you don't need to respond to at this point but I have repeatedly been urged to ask it by our staff because as we work on this legislation, we need some specific assistance in a number of areas.

We would ask you to review the General Accounting Office's testimony from today and determine of the recommendations and obstacles to coordination, which can be implemented or overcome under your current regulatory authority and which require a change in law? That is our department here.

Please send this analysis to both committees. Upon issuance of the final report by GAO in June, if any new or additional obstacles or recommendations are made, please update your analysis accordingly. We are trying to do our job and we need your help. We would appreciate your making this a priority within the congressional schedule.

Thank you all for appearing before us today and we look forward to working with you.

Mr. PETRI. The second panel consists of Ms. Kate Siggerud, the Acting Director, Physical Infrastructure Issues, U.S. General Accounting Office to which I just referred.

We appreciate the effort that went into your prepared statement and we look forward to your summarizing it in approximately 10 minutes.

TESTIMONY OF KATHERINE SIGGERUD, ACTING DIRECTOR, PHYSICAL INFRASTRUCTURE ISSUES, U.S. GENERAL ACCOUNTING OFFICE

Ms. SIGGERUD. I would like to start today by thanking the Chairmen and members of both committees for holding this hearing. I was very pleased to see so much quoting of our research and our statement. I feel like I may be repeating a bit of what you heard but I will try to reinforce it.

As the other witnesses have emphasized, certain segments of the American population have limited mobility because of difficulties they face in providing their own transportation or in accessing transportation provided by others. The Federal Government has a long history of improving mobility for these populations but has faced a challenge in coordinating transportation services the Federal agencies provide even when these services are similar in nature.

Accordingly, my statement today will address three questions. First, which Federal programs provide transportation services; what type of services do they provide; and how much is spent on them? Secondly, what are the effects of coordination or lack of coordination on programs and their clients. Third, are there any obstacles to effective coordination and if so, what are some options for overcoming them?

I would like to start with some context before answering these questions. We focused our work on the transportation disadvantaged, those who have difficulty providing their own transportation usually due to a disability or an income or age related constraint. These populations are sizable and growing, especially the elderly population.

For example, in 2001, there were 35 million people over the age of 65, 45 million adults with a disability and 34 million below the poverty line. Coordination of transportation services is a growing focus among human service agencies because the aging population coupled with Federal and State budget constraints are challenges for these agencies. As a result, it is important to ensure that transportation services are provided in a high quality and efficient manner so that these program resources can be focused on their primary mission.

Coordination of transportation services across Federal programs through approving resources, consolidating transportation services under a single agency or provider or sharing information among these programs can increase the quality and cost effectiveness of transportation services.

Starting with my first question, we found that 62 Federal programs located in 8 Federal agencies can fund transportation services for the transportation disadvantaged. These have their origin in more than 20 Federal statutes. The Department of Health and Human Services has the greatest number of programs with 23, Labor has 15, Education has 8 and Transportation has 6 such programs. The other programs that have transportation services as a

component include Agriculture, HUD, Interior and Veterans Affairs.

The Federal programs we reviewed funded transportation services provided in several different ways. Typically, these services were provided through State or local governments using a combination of Federal, State and local funds. Some Federal programs simply enable clients to use existing systems through providing transit passes or taxi vouchers. Others contract for service with transit systems or private companies who own appropriately equipped vehicles such as vans or small buses.

Finally, some programs provided funds to directly purchase, modify and/or operate vehicles for their clients. Several programs, such as TANF, provide a considerable leeway for States to use any of these options.

The cost of providing these services can be substantial but the data on costs are poor. Twenty-eight of the 62 programs we identified spent a total of at least $2.4 billion on transportation in 2001. Even for these 28 programs, we believe this is a low estimate because several of the programs provided only partial estimates. However, the primary reason these estimates are low is that 34 other programs do not distinguish spending on transportation from other spending. This is mainly because the recipients or grantees are not required to report such information to the Federal Government.

Several of these programs, such as the Department of Labor's Work Force Investment Act Program, are known to have transportation as an important component but could provide no information to us.

The amount of State and local spending is also unknown but likely significant. For example, most of the programs we reviewed require States and local governments to match from 5 to 50 percent of program expenditures, including for transportation.

Turning to my second question, we identified several States and localities that had taken steps to coordinate the transportation services provided by at least a portion of the Federal programs we reviewed. These include activities such as sharing vehicles, consolidating some services under one provider, using a brokering service or simply sharing information about overlapping services.

Several localities we visited had experienced significant benefits. Starting with quality improvements, in a New York county collaboration and cost sharing led to service improvements for clients of Medicaid and elderly programs, including being able to transport additional clients for the same number of resources.

With regard to financial benefits, a South Dakota transit agency reduced average cost per trip by approximately 20 percent by coordinating and as a result was able to extend its hours of service.

We also found that States or localities that have not implemented a coordinated system sometimes experienced problems. Let me start with overlapping services. We found that multiple vehicles operated on similar routes at nearly the same time as shown in this map of South Falls, South Dakota. Among the seven agencies portrayed on this map are two vocational rehab programs, as well as agencies serving low income clients and clients with disabilities.

Based on these findings, the local agencies hired a consultant to recommend opportunities for collaboration and how to improve service.

With regard to fragmentation, providers must often establish separate accounting and dispatch systems to comply with different Federal reporting and eligibility requirements, even though clients are receiving similar services.

Finally, with regard to confusion, users can be overwhelmed by the sheer number of programs. For example, a senior citizen faces the prospect of making different arrangements for medical, senior center and personal trips. In addition, providers sometimes have difficulty knowing who is eligible for which kind of service.

Turning now to my final topic, we identified a number of obstacles to improved coordination. Starting with eligibility, Federal program rules specify the eligible populations that each program can serve. Therefore, there may be liability issues when a vehicle transports individuals from other programs. In addition, there are differing safety standards. These differences hinder schools, human service agencies, and public transit providers that have an interest in sharing vehicles.

With regard to funding streams, some Federal program funds flow through the State, others to local government and others directly to grantees, causing difficulties in coordination. In addition, funding cycles differ among these programs.

Finally, I will cover accounting and reporting requirements. Federal agencies require grantees to report different types of information. The paperwork can be considerable. For example, a provider may be required to provide many different types of documentation.

Program administrators also expressed concern about losing control over the quality and convenience of transportation services they provide. In addition, some clients fear having to change providers or type of service. There are also concerns over mixing populations such as sick and healthy clients. Officials and experts also noted that coordinating transportation requires time, effort and resources but also noted it can result in savings.

Limited guidance and information on coordination at the Federal and State level is available. The Coordinating Council on Access and Mobility, which the previous witness referred to, is expected to coordinate among Federal programs including guidance and information to States and localities. However, it has limited visibility and includes only two of the eight agencies we identified that provide transportation services. For example, State officials said they sometimes had difficulty finding the Council's guidance.

At the State level, only about half the States have any kind of counselor organization for sharing information and working through problems. Officials in many of the local areas we visited said a lack of State leadership was the major obstacle.

Finally, I will wrap up on a more positive note with some options for improving coordination. We identified several options that might be appropriate at the Federal, State or local levels, some combination of these options may be appropriate depending on the program in question.

Harmonizing standards for eligibility, reporting and safety and establishing compatible funding cycles would make a difference.

Any changes in standards has to be balanced against the needs of the specific populations these programs serve.

With regard to communication and guidance, options include expanding the membership of the Coordinating Council to include other agencies, linking the Council's website to additional agency web pages and providing guidance to States and other grantees regarding allowable use of funds.

Finally, incentives and mandates are an option that conclude providing funding incentives that give priority to agencies that take steps to coordinate their transportation services, requirements to coordinate transportation service could also be built into program guidance and rules.

Mr. Chairman, that concludes my statement. As you know, we plan to issue a report with additional information and recommendations at the end of next month through this committee.

I would be happy to answer any questions.

Let me also introduce Rita Grieco sitting next to me who so kindly operated my slides today and may in fact help me answer some questions.

Mr. PETRI. Thank you.

Are there questions? Ms. Millender-McDonald.

Ms. MILLENDER-MCDONALD. Thank you, Mr. Chairman. I am sorry that I am late but I am leaving another committee coming here.

Let me first complement you on the importance of this issue, Mr. Chairman, because I just left a group of educators talking about transportation. It is so critical when we talk about transportation and the reauthorization of TEA-21 or TEA-3 that we look at the educational aspects of transportation. That was one that was really not a part of my physic until I read the material here today.

I appreciate the testimony of Ms. Siggerud and physical infrastructure issues because it is so critical to this whole thrust of transportation infrastructure. When we see the veterans, getting veterans from their homes to rehabilitation, community centers and as we look at councils of governments who are left with the whole notion of trying to transport the disabled, and parents leaving work to come to schools for a visit with the teachers and that type of thing, and even more critical, the welfare to work. I have said often that we need to look at transportation with reference to that.

I suppose it is not so much a question but just agreeing with what the lady has said in terms of the physical infrastructure and all of the human service aspects of it as we move into this whole notion of reauthorization of TEA-21. Coordinating those human services along with all other aspects of this issue is very critical to the well being of communities that make up regions that make up States that make up this country.

I am very pleased to be here to hear at least the testimony of our witnesses and look forward to the other testimony. I do have a written statement for the record.

Mr. PETRI. Thank you.

Mr. Boozman?

Mr. BOOZMAN. You gave examples of how things are done a bit better and there was a direct correlation between providing better

service and also some monetary rewards. My question is, is there room for a lot of savings out there, a lot of efficiency or does this need to be tweaked a little bit?

Ms. SIGGERUD. I think there are really two issues. There is the issue of efficiency and the issue of quality of service. In most of the localities that we visited, we did visit five States and a number of localities in those areas. We found agencies were able to eventually provide more efficient transportation through coordination of the variety of services they provide at a local level. In most cases, they had used that savings to provide additional or better service for example to additional clients or to offer longer hours or additional types of service.

We were not able to quantify a specific savings, a particular amount. In one county we visited, we did see a 20 percent drop in the per trip cost after a coordinated system was in fact implemented.

Mr. BOOZMAN. Are the monies given to the States block granted? Like Leave No Child Behind, we have done that and said here is the money but we want some accountability and some results. Do we do that with these programs for the most part or is the accountability not there as much as you would like to see?

Ms. SIGGERUD. There are a variety of ways these monies are provided. There are block grants as you noted, there are also grants specifically to transit agencies for the purpose of improving transportation and providing paratransit improvements. So it is hard to generalize about the way the Federal funds are provided. In fact, that is one of the issues we raised. We see them provided to State levels, local levels, to area administration on aging, to workforce investment boards, that type of thing. So it is difficult to generalize.

With regard to accountability, I did note that we were only able to obtain any useful cost information from 28 of these agencies. Therefore, it is fairly difficult for the Federal Government to have a good understanding of how the money is being spent or if it is being spent inefficiently in terms of provision of these services.

Mr. BOOZMAN. Thank you.

Mr. PETRI. Other questions? Mr. Isakson?

Mr. ISAKSON. No thank you.

Mr. PETRI. I am going to ask not that you do a lot of paperwork and use a lot of peoples' time but if you could supply us with sort of a best estimate. We can't find hard numbers for a lot of the programs for transportation. If you could give us the best estimate of the total spent at the Federal, State and local levels on human services transportation, I think it would help us to draw attention to the opportunities for better quality, better communication, better coordination and more actual provision of services on the ground to real people and less overhead.

I suspect if we were to divide one number into another, we would say, these people are not getting this much in terms of bus trips, taxi help and you name it, so what are we doing? We are feeding some large entity that is not very well coordinated and as a result it is somewhat dysfunctional. Maybe that is wrong but if that is true, this figure would help us to make that case and might help drive some better coordination and improvement in quality of services for real people in the real world.

The actual specific number is less important than the order of magnitude and the range and some confidence that it is roughly in the ballpark. Do you think you could do that for us?

Ms. SIGGERUD. Let me make two responses to your question. You raised the issue of whether in fact this is an important amount of money. I think regardless of the amount of money we are talking about here, in fact it can be fairly large. In Medicaid it is $1 billion alone in a year. However, as you pointed out when you sort of add all that together across the Nation, you end up with a pretty big number that I can't put a number on right now but we are willing to work with you on one.

The second issue is that the provision of transportation services for the purpose of accessing human services is one of the most important points and one of the most important areas that everyone talked to us about when we went out and did our case study. The provision of the service itself is extremely important regardless of the amount of money.

With regard to your request for sort of a ballpark figure, my staff has already done a fair amount of inquiry at the Federal level. We have some information on general ranges that human service agencies have typically spent, even though these human service agencies couldn't tell us the actual amount they have spent, so I can share that with your staff at a later time.

Mr. PETRI. Thank you.

One last question. As you have reviewed the Federal programs with some care, which Federal programs among the 62 you have identified do you think could most easily be coordinated? Are there obvious programs that serve similar populations where the transportation services could be combined? If you don't want to do it off the top of your head.

Ms. SIGGERUD. I think I can do it off the top of my head. There are really two answers to that question.

All of the witnesses who came before me talked about the importance of local situations in terms of dictating the type of coordination that is provided. Each regional government or local agency may be facing a different type of situation with regard to its geography, with regard to the type of clients it serves. To some extent the actual coordination needs to be driven by local needs.

However, if you look at the Federal Government programs we have provided, there are several programs we know have substantial expenditures that also serve similar client populations. Starting with the unemployed or low income, the TANF Program, the Job Access Program and the Work Force Investment Act Program have similar clients and are attempting to provide some similar types of transportation services. I think that is an obvious place to start.

There is also the Medicaid Program along with the elderly programs who are serving some similar types of clients and also providing similar types of human services, for example, medical trips and nutrition trips. That is another obvious place for coordination.

Finally, there is the service to persons with disabilities, provided for example through the vocational rehabilitation programs and the Department of Education as well as the Department of Transportation. For example, its 5310 Program provides funds specifically

for the purpose of transporting persons with disabilities. I think that is another group of programs that could obviously be looked at for coordination.

Mr. PETRI. Thank you very much. I think we will proceed to do that.

With that, we thank you for the testimony and look forward to your final report.

Mr. PETRI. I would now like to call the final panel which consists of Mr. David Winzel, Council Member, National Council on Disability; Joann Hutchinson, Director, Florida Commission for the Transportation Disadvantaged, Florida Department of Transportation; Patrick Reinhart, Executive Director, Alaska State Independent Living Council; and Jon Burkhardt, Senior Study Director, Westat.

We will begin with Mr. Winzel.

TESTIMONY OF DAVID WENZEL, COUNCIL MEMBER, NATIONAL COUNCIL ON DISABILITY; JOANN HUTCHINSON, EXECUTIVE DIRECTOR, FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED, FLORIDA DEPARTMENT OF TRANSPORTATION; PATRICK REINHART, EXECUTIVE DIRECTOR, ALASKA STATE INDEPENDENT LIVING COUNCIL; AND JON E. BURKHARDT, SENIOR STUDY DIRECTOR, WESTAT

Mr. WINZEL. Good morning.

My name is David Winzel. I live in Scranton, Pennsylvania. From 1986 to 1990, I served as Mayor of the City of Scranton. Before then, I served in the United States Army as a platoon leader in Vietnam. In 1971, I stepped on a land mine and lost both my legs and left hand. I have been disabled for the last 32 years.

Last year, I was appointed by President Bush to the National Council on Disability. I am here as a spokesman for that organization.

The National Council on Disability is an independent agency charged with making recommendations to the President, Congress and Federal agencies on issues involving equal opportunity for disabled Americans. We welcome the opportunity to share our recommendations with you on the reauthorization of the Transportation Equity Act.

Access to transportation is critical for Americans with disabilities in order to participate in the job market and community activities that most of us take for granted. According to a Harris poll funded by the National Organization of Disability, approximately 30 percent of Americans with disabilities have a problem with adequate transportation compared with only 10 percent for the general population.

Also, the National Center for Health Statistics reports that 5.5 million Americans never drive and automobile because of impairment or health problems, one or the other.

For America to achieve the goals of the Americans with Disability Act, the United States must expand its investment in comprehensive, accessible and affordable transportation systems. To this end, the National Council on Disability offers the following recommendations.

The Bush Administration under the new Freedom Initiative included $145 million for innovative transportation solutions for peo-

ple with disabilities in its fiscal year 2002 and 2003 budgets. The funding did not survive the appropriations process. NCD asks that Congress authorize the funding for fiscal year 2004 to remove transportation barriers.

Two, set aside 5 percent of service transportation program funds and congestion mitigation air quality known as CMAQ funds for implementation for the recommendations of the Public Rights of Way Access Advisory Committee. Despite the availability of STP and CMAG funds, many States expend little funding for improving sidewalks, crosswalks, signals and curb cuts for people with disabilities just to be able to get to the bus stop.

Third, authorize significant funding increases for rural and small rural transportation services to address the serious lack of transportation options for disabled Americans in rural communities. One of our previous members of Congress mentioned the problems he was having with rural communities receiving transportation.

Approximately 12.5 million Americans in rural areas have disabilities and 6 million have severe disabilities. People with disabilities make up 25 percent of non-metropolitan population centers compared to 18 percent in metropolitan areas. There are more people with disabilities in the non-metropolitan population centers.

In conclusion, let me leave you with one last statistic. On January 1, 2011, 10,000 baby boomers will cross the threshold of retirement. That is, they will turn 65 years of age and every day for the next 10 years, 10,000 people a day will continue to turn 65. Over those 10 years, 80 million Americans will reach retirement age and with old age comes increased disability. When you add to that the children who are burn with disabilities and accident victims, we will need a comprehensive State and accessible transportation system and have to build on what we have right now.

Thank you very much.

Mr. PETRI. Thank you, sir.

Ms. Hutchinson, would it be all right if we asked Mr. Reinhart to seat because his Representative is here and I know he wants to hear the testimony and ask a question.

Mr. REINHART. My name is Patrick Reinhart. I am the Executive Director of the State Independent Living Council in Alaska.

Briefly, all of our States and U.S. Territories have State Independent Living Councils that are responsible under the Rehabilitation Act to develop a network of centers for independent living and to promote independent living services for people with disabilities in our respective States.

We are counting on you guys to help us deliver our mobility needs. When organizations and programs such as ours work with individuals with disabilities in ways to gain independence, we run against a lot of obstacles such as access to personal attendant care, lack of accessible housing, public attitudes and few employment opportunities.

The lack of transportation is consistently among the top barriers reported by people with disabilities and those that serve them. Reliable, accessible, public transportation is necessary if people with disabilities are going to go to work and participate in the community.

We believe our Nation's investment in transportation services for people with disabilities is still inadequate and as the previous speaker mentioned, it is going to grow with the issue of more and more services needed.

You have made some great strides with TEA-21 in the last six years and we need to continue in the efforts to improve services. We need to not forget the millions of seniors who do not, cannot and in some cases, probably should not be driving and the additional 50 million people with disabilities that identified themselves in the last census.

We know you plan on spending hundreds of billions of dollars on roads, bridges and other infrastructure in this next reauthorization and we ask you not to forget this. I think it is important you have recognized the human service transportation side of the ledger. We need to improve our public and coordinated transportation systems in this country if we are going to meet the growing need.

For someone with a disability to get around in this country, it is difficult in our most well endowed transportation systems. You have fully accessible buses or subway systems, you have paratransit services that go door to door for people who can't make it to the bus system, you also have 24-hour accessible cab service but that is not most of America right now.

Most of rural America, States like Alaska which as Congressman Young knows, there is a whole new definition of rural when you come to Alaska. We don't have the advantages of huge public transit systems, so we do rely on the fact we have to build coordinated systems wherever we can. We have done that in a number of our communities in our States. We have cobbled together different funding sources, getting through the myriad of Federal requirements and reporting requirements and literally adding them to one pot to get a system going in a number of different communities.

It has worked and it is a headache in terms of the paperwork that we have to fill out but it can be done and we have done it in a number of communities.

In our State we feel we have dozens more to go to develop in some of our smaller rural areas. We need the funding streams in place to do that. The bottom line is we are not spending enough on public transit. I have attached to my testimony a policy brief by the Association of Programs for Rural Independent Living which are councils across the country voted to support.

We also need more flexibility in the use of Federal funds. For example, buying a lift equipped van for a village on the Yukon River is absolutely useless to us but giving a grant to that village so they can buy a landing craft style boat to get somebody with a wheelchair on or off that boat and down the river to where they might have a fish camp is important. So we need to have some local control to define what transportation means for us using these Federal programs.

We believe these new coordinated systems take time to develop, take subsidies, take years. We have had some programs that would start and fail but after several attempts, we have been able to get them going.

We think there are some real problems with the current rules with the 5311 Program. This comes from my friends in Wisconsin

that rural transportation services. They say it caps the population that the rural transit program can serve to 25,000 and discourages multijurisdictional collaboration, this despite the fact the program envisions an integrated cost effective transit system for small to medium size rural areas. We need to take off the caps and encourage close group communities to pool applications and allow funding for rural planning organizations kind of analogous with the municipal planning organizations funded currently.

We believe Congress should demand that State and city governments who are getting the bulk of these billions in highway and transit dollars begin including people with disabilities, seniors and other stakeholders in the planning process. For the most part, our experience has been they are not involved, they are not at the table at those MPOs and we need to get them involved.

Finally, I want to say that transportation is one of those major dilemma issues. Without it, independence fails. With it, the freedom to participate in America's dream becomes a real possibility.

Thank you, Mr. Chairman.

Mr. PETRI. Thank you.

Mr. Young?

Mr. YOUNG. Thank you for having these hearings. I think they are very, very important. As mentioned, we addressed this in the last TEA-21 and we will probably be addressing it this time also. I think you bring out some very good points.

I do want to thank you for coming all the way from Anchorage to participate in the hearing.

What is the status of Alaska Mobility Coalition efforts to establish coordinated community transportation systems in Alaska? You mentioned it in your testimony but what is happening there?

Mr. REINHART. The Alaska Mobility Coalition is really a starting organization. We just developed it after having a summit of getting all the disability and senior transportation service providers together in our attempt for coordination and we decided we needed a statewide organization to help promote coordination. We are really getting started and recently received some JARC funding to do that and that is going to be partially to do some of the planning efforts to get some of these new coordinated systems going in communities that don't have them. That will be the emphasis of the Alaska Mobility Coalition in the next couple of years.

Mr. YOUNG. What is the response from those communities? Are they with you, for you, akin you or what are they doing?

Mr. REINHART. As far as the human service transportation providers in those communities, they are all for it. I think the thing we run up against is the fact that local officials, municipal officials don't really look at transit issues as importance as the new road they need developed or the bridge they need across a river, so that is part of the Alaska Mobility Coalition's plan, to raise the status of human surface transportation needs in each one of these communities to the point of getting their local support as well as State support to fund some of these things.

Mr. YOUNG. The flexibility you are asking for, would that flexibility go through your organization or how would that work? I like your concept because you are absolutely right. I have watched the chairlifts being delivered to some of the villages and they are not

really of any value. Would that money go directly to the village or how would that work and who would supervise it?

Mr. REINHART. We talked about the 5310 and 5311 programs where it comes to the State DOT. That money gets put out in grants that local governments as well as local nonprofit organizations can apply for and they do but there are a lot of rules and restrictions as to some of those funding sources.

I bring up this example because I was on a review team for 5310 grants and we couldn't fund a village request for a boat I was describing. We couldn't do it with the existing funding source.

Mr. YOUNG. Can you do us a favor and give us some suggestions? Not right now but in writing about what flexibility would curtail and what we could do with it because I know what you are talking about. A lot of times we try to do what is right and because of regulations and positions, we don't achieve the goals we are seeking. We probably need some suggestions in writing from yourself so we can make this program work in the rural areas of Alaska because you are right.

For the rest of those on the panel, I know there are other rural areas in America but we are about as rural as you can get other than the fact we all fly somewhere but there are very few roads and those we do have are quite dusty. We are going to try to take care of that.

I think you can give us some good advice.

Mr. REINHART. I would be happy to do that.

Mr. YOUNG. I want to thank you for your testimony and I appreciate the panel.

Again, thanks for having this hearing.

Mr. PETRI. Thank you.

Ms. Hutchinson?

Ms. HUTCHINSON. Thank you so much for the invitation to come here and talk to you about my favorite subject, coordination in the State of Florida.

I am Joann Hutchinson, Executive Director of the Commission for the Transportation Disadvantaged. We are housed in the Florida Department of Transportation for the sole purpose mandated by our legislature to coordinate all the human services transportation. We are one of the few States charged to do that at the State level.

Serving on our commission to help us do our job at the local level are consumers that use the transportation, all the different agencies that fund the transportation services, providers who provide and coordinate the transportation and others who represent statewide organizations. So we have a diverse group of people helping us set the policies and procedures to move coordinated transportation forward.

The history of our program started in the late 1970s even before there was a State law that required it with concern over duplication and fragmentation of services, so they created a coordinating council and you can see on the chart that it has grown. We have dedicated funding at the State level for more transportation to be provided to those transportation disadvantaged in our State who are the elderly, persons with disabilities, low income and children at risk. We have quite a bit of history.

Coordination is defined in our State law as the arrangement for the provision of transportation services to the transportation disadvantaged in a manner that is cost effective, efficient and reduces fragmentation of services.

You asked in your letter for the benefits of coordination. It can increase service levels. We have done that in every year except for last year and I will explain that in a bit. You can reduce expenditures in many areas, increase efficiency, reduce duplication and fragmentation of services. By doing all that, you stretch limited tax dollars. You build community support by bringing all the different groups together and provide good public awareness.

There is tax dollar accountability which is very important for all of us who want to make sure our tax dollars are spent wisely. You also eliminate the fraud and abuse by having a gatekeeper concept. It is very important you ensure safety and welfare of our most vulnerable citizens. You save dollars in other programs. Nursing home care in Florida is approaching $40,000 on average a year. Certainly if you can keep someone healthy by giving them that transportation to go to the doctor on a regular basis, you save a lot of money and it goes on and on in the employment, health care and other areas. It is very important.

You asked for the barriers of transportation. I like to call them the challenges to coordination. There is inadequate budgeting for transportation across many funding programs. Medicaid does have a line item in our budget. Some of the other programs do not, so there is a need to show your support as the previous speaker mentioned of why transportation is so important. How good is a program if you can't get there and help these people get what they need to maintain an acceptable quality of life.

Funding is not consolidated in one entity. In areas like our State where there is a commission that is responsible, we could save more money by consolidating some of the funding sources. I think that could be done in a lot of other areas.

There is often conflict in purchasing agency policies that create a lack of uniformity in safety and operating standards. There is duplicative monitoring and reporting by several agencies and we are working on some of those solutions.

Also, the Federal Medicaid law requires that transportation shall be provided. However, there is not necessarily the available budget to go along with that requirement. At our State level, we have a Medicaid co-pay that is required but yet the recipient is not required to pay that co-pay, putting the burden on our transportation businesses which results in higher cost.

This slide shows the accountability and the money spent in the State of Florida, State, Federal and local dollars. We know how much we are spending in Florida. We didn't know 23 years ago when I got involved in the program but now we are spending close to $300 million a year of actual expenditures.

You will see a five year trend from 1998 to 2002 of the average trip cost and you see it has pretty much stayed the same. It did go up last year and there is a good reason. It wasn't because of coordination. Insurance costs in Florida and gasoline, insurance alone went up in many Florida counties as much as 400 percent, something outside anyone's control. This is a growing problem and a

process for transportation. We are working with our insurance department on that.

For cost savings, from 1995 to 1998 our coordinators reported a savings of over $154 million by maximizing coordination through these different methods, the bus pass programs, multiloading, changing schedules. Florida was given two awards for this progress, so we are very pleased with that.

In Miami Dade County, the bus pass program diverting people from door to door expense of transportation to a bus ticket on a monthly basis is saving Dade County alone over $600,000 a month. I caution though there is only 23 of the 67 counties in Florida that have a bus system, so those savings are limited to those areas. The other counties are small urban and rural counties.

In Florida, we also show you who is being served. This was a big issue in our State. You can see the types of trips and types of individuals being served. This is part of our accountability of having a coordinated transportation system.

Is the program perfect? By no means. We are always looking for ways to improve and here are some examples of what we would like to do. We plan to modify our coordination statutes to require all the agencies to request budget authority for this type of transportation, we are also going to allow, not mandate the transfer or contracting with our commission to do their transportation services for them reducing administrative costs, also some consolidation of monitoring of all the purchasing agencies for transportation instead of eight or nine agencies monitoring and asking the same questions, we can do it with no additional personnel.

We also want to go outside the box and implement some alternative delivery methods like use of faith-based organizations, volunteer programs and provide more customer choice within our coordinated transportation system. We want to eliminate the co-pay for Medicaid I mentioned that has to be done at the State level, and we want to continue to look for funding opportunities to increase the million trips that are documented as not being provided. Even with all these wonderful savings and the dedicated revenues, we still have significant unmet trips.

We also want to look at developing a methodology for improved rate structure.

This is what Florida is doing and we are very proud of it. I will be available for questions.

Mr. PETRI. Thank you.

Mr. Burkhardt?

Mr. BURKHARDT. My name is Jon Burkhardt. I work for Westat, an employee-owned research company in Rockville, Maryland. I have been looking at transportation issues for many years.

I have two points I would like to make today for the committee. One is that coordinated transportation has very significant economic benefits. The second point is that we need congressional help just to maintain but also to increase this level of benefits.

In many communities, transportation services are not perfect. They sometimes overlap and duplicate each other. They don't run cost effectively. Better vehicles are needed, better customer services are needed, services customers want to use are needed, and transportation providers could cooperate more. Coordination can help.

We need to understand coordination if it is really going to work for us. We have been working to achieve greater coordination for more than 25 years and are not finished yet. We should understand that coordination is a resource management strategy that involves shared power. This means no one person is in control, but people together work on quality issues, funding issues and management. Indeed, coordination is about power and control of resources, so some of the issues that Congress deals with daily are really important.

It is also important to understand coordination's significant economic benefits because when these benefits are understood, coordination will be recognized as more attractive. Access to more funds from more sources, more efficiency, such as lower cost per mile or lower cost per hour, increased productivity, which means more passengers per hour or more passengers per mile, greater economic development in communities, and improved service quality, are among the very significant economic benefits of coordination.

How do you achieve these benefits? You need strategic approaches. We have looked at five major strategies. The benefits of these five major strategies could add up to $700 million per year. That is a conservative estimate. If transit agencies could provide trips for Medicaid as being done in the Miami area, that would be a significant strategy. Non-transit agencies providing ADA services could help considerably. Shifting paratransit riders to fixed route services, human service agencies coordinating and expanding transportation services through coordination, all could add up to $700 million or more.

If we are going to improve our transportation services, there are many ways to do that. As you see, coordination is one of them, but not the only one. Others are customer orientation, consumer choice and technologies. Coordination is a very important transportation service improvement strategy.

On the next several slides, the green lines indicate specific strategies. For example, the generation of new revenues in the Miami area, Dade County, Florida, led to an additional $2.3 million per year for the transit authority. Saving costs by contracting with school districts provided $100,000 a year in Mason County, Washington which is a small area. Saving costs when non-transit agencies provide ADA paratransit services in Pittsburgh, Pennsylvania, created savings of about $26 million a year. In Minnesota in Dakota County, benefits of almost $400,000 a year were created through their coordination efforts.

Saving costs by shifting ADA riders to fixed route services, both Charlottesville and Sacramento, saved $1 million a year in each community, evan though they had different strategies. When human service agencies coordinated in Kearney, Nebraska, their brokerage system saved $400,000 a year.

Coordinated dispatching and vehicle sharing in Seattle, a demonstration program which is no longer operating, they coordinated ADA services with Medicaid and saved $100,000 a year. Also, looking at increasing mobility, in California, Riverside County, they used volunteer drivers for the frail elderly. Outside of Detroit, they saved $2 million a year in a regional property tax program.

How can Congress help? There are a variety of ways. I have listed four in my written testimony: Medicaid and Medicare are really the big issues because they are the large dollar programs. I didn't list number five: number five is to give the USDHHS/USDOT Coordinating Council on Access and Mobility some real status. This could be done through a line item with specific dollars for the Coordinating Council to give them real staff and real capabilities.

I would like to talk a bit more about Medicaid and Medicare. Medicaid is the largest non-emergency transportation program in the United States. In fiscal 2001, Federal expenditures were nearly $1 billion. This is a State run program, so there is great variability in program administration. On average, States spend almost 1 percent of their Medicaid budgets on transportation services.

There has been good coordination to date with the Medicaid program, but some of this coordination is now in jeopardy and Congress needs to understand this problem. There are activities in terms of capitated rates and managed care organizations which will get in the way of coordinated transportation services. This is already happening in several States. I just came from California and the Governor there is talking about eliminating transportation as an allowable medical expense entirely.

We haven't been talking about Medicare today because it is not a non-emergency transportation program: Medicare transportation is supposed to be an emergency program provided by ambulances. Medicare spends about $2.2 billion a year transporting clients. We know that Medicare transports many people who are not in an immediate medical emergency situation. These trips can be provided more cost effectively.

Community transportation providers could offer the trips and the Medicare Program would save millions of dollars and community transportation would benefit. The initial estimate of cost savings is $300 million a year by not using ambulances and not using emergency departments.

The real benefits would be in better health care. Just two illnesses, heart disease and kidney failure, cost the United States of America $375 billion a year. If we had a medical transportation partnership, coordinated, transportation could improve access to primary medical care. If this created one tenth of one percent in annual savings, $375 million would be saved. Savings of $3.8 billion could be realized on a 1 percent savings.

If Congress would look at Medicare and open up the ambulance transportation to non-emergency services, we could get much better health care and substantial long run savings for the United States.

There are many tasks before us and we hope Congress will help us with some of these challenges. We are counting on it.

I would be happy to answer questions.

Mr. PETRI. Thank you all.

Mr. McCarthy, any questions?

Mr. MCCARTHY. No.

Mr. PETRI. Mr. Boozman?

Mr. BOOZMAN. Want to thank all of you for coming.

I have a question for the whole panel. The GAO tells us that we have 62 programs that provide transportation services. Some are small, some are much larger. If we had to concentrate and focus

on a few of the programs, I would like to know where you recommend we begin?

Ms. HUTCHINSON. I would think with the largest funding programs like Medicaid and I do think Medicare needs to be looked at as well, dealing with the ambulance transportation. This is something that is being discussed more and more, the misuse of ambulance transportation when it could be performed by our community transportation and transportation providers. Medicaid and Medicare transportation would be probably the top one within human services and the Federal Transit Administration funding which puts in substantial dollars as well.

I personally think you have to look at all of it because you need more than just a piece for it to work effectively. That is why we have everyone at the table from all the different agencies at the State and local level. They learn from each other even though they may have a small pot of money. They may have some resources the big agency might be able to take advantage of.

I would urge you not to piecemeal it if you can, to try to do it for all.

Mr. BURKHARDT. I would also like to mention TANF as a specific program that would be very good to coordinate and all the programs of the Federal Transit Administration.

Mr. WINZEL. I was going to mention in my testimony I mentioned the $145 million that the Bush Administration put forward for the new Freedom Initiative. The whole idea of that is to come up with new pilot projects and new ways of looking at how we can transport disabled. Through that you would save money and also maybe combine some of the programs you talked about.

Mr. BOOZMAN. You mentioned Medicare transportation. I am an optometrist, an eye doctor, so I have a lot of friends in various professions in health care. It did happen occasionally that Medicare people were transported by ambulance when that just didn't need to be the case at all and were billed subsequently. Are you saying that happened somewhat or hearing reports of those kinds of things?

Ms. HUTCHINSON. We hear reports of it and we read the GAO report on that particular issue and felt it was going on probably in most every State. I think with some better coordination, especially having people like in our area where we have local coordinating boards. We just added to the board a member of the medical community. By having those people at the table, we will probably learn more about that. That way we can get into it.

A lot of our counties who used to contract with the ambulances are now using the community transportation coordinator to do some of that ambulance transportation. So it could work both ways but it needs to be brought to the table.

Mr. BURKHARDT. One of the issues we are dealing with is something like 40 percent of rural America has either very poor or no transportation services at all. An ambulance may be the only opportunity to travel. Particularly for conditions requiring dialysis, if someone misses three or four appointments, then it really becomes a medical emergency. So the doctors have been certifying ambulance transportation for dialysis and sometimes the ambulance providers don't get paid for these trips because they are not really sup-

posed to be reimbursed unless the trip is for a medical emergency. This is a key issue that needs to be looked at.

Mr. BOOZMAN. Thank you.

Mr. PETRI. Mr. Winzel, I think your presence here today indicates the answer to this question but I thought I would ask anyway. The National Council on Disability obviously has the authority and responsibility to make recommendations to the Congress and the White House on issues affecting the disabled community. Does the Council consider the transportation challenges of the disabled Americans an issue worthy of recommendations for improvement?

Mr. WINZEL. Definitely. As a matter of fact, we had our new council just get together about two months ago and we set our initiatives we are going to concentrate on in the future and transportation was right among the top five. Naturally the chief programming of the National Council on Disability is we are kind of the overseers of the Americans with Disabilities Act. We monitor and see what is going on both in the Supreme Court and also in the Government and throughout the entire United States. Transportation is really a big portion of that.

Mr. PETRI. Thank you all very much. We appreciate your testimony and look forward to continuing to work with you on making our transportation more accessible and useful to our country.

This hearing is adjourned.

[Whereupon, at 12:12 p.m., the committees were adjourned, to reconvene at the call of the Chair.]

SHELLEY BERKLEY
1ST DISTRICT, NEVADA

439 CANNON BUILDING
WASHINGTON, DC 20515
202-225-5965

2340 PASEO DEL PRADO
SUITE D106
LAS VEGAS, NEVADA 89102
702-220-9823

Congress of the United States
House of Representatives
Washington, DC 20515-2801

COMMITTEES:
TRANSPORTATION
AND INFRASTRUCTURE
VETERANS' AFFAIRS
INTERNATIONAL RELATIONS
CAUCUS TASK FORCES:
EDUCATION
HEALTHCARE

Opening Statement of Congresswoman Shelley Berkley
Joint Transportation and Infrastructure / Education and Workforce
Committee Hearing on: Coordinating Human Services Transportation

May 1, 2003

PETRI

Thank you, Chairman ~~Young and Chairman~~ Boehner, for holding this joint hearing and giving us the opportunity to address the important issue of human services transportation.

Transportation services for persons who are somehow disadvantaged in terms of their ability to obtain their own transportation is a tremendously important community issue. Such persons may include the elderly, persons with disabilities or with low or limited incomes, the young, and others without access to private automobiles. Many federal and state agencies serve persons who need specialized transportation to access important educational, developmental and health or medical programs, among others.

Today we will examine the coordination of human services transportation. Coordination can improve overall mobility within a community, particularly when human service agencies are each providing transportation to their own clients. It works to correct inefficiencies caused by disparate operations and service patterns that often result from a multiplicity of providers. Greater efficiency helps to stretch the limited (and often insufficient) funding and personnel resources of these agencies. Coordination can lead to significant reductions in operating costs for transportation providers. People in need of transportation often benefit from the greater transportation available plus higher quality services when transportation providers coordinate

PRINTED ON RECYCLED PAPER

their operations.

The Regional Transportation Commission of Southern Nevada is the transit provider servicing the rapidly growing communities of the Las Vegas Valley. The RTC had made great strides in coordinating its regional human services transportation options. The RTC has utilized its Citizens Area Transit, or CAT, bus services in combination with local cab companies to create a Consolidated Call Center to provide human services transportation. This coordinated program provides transportation for a variety of services such as Opportunity Village and Endeavor, who afford the cognitively disabled the opportunity to perform a daily job in the Las Vegas gaming and tourist industries such as packaging playing cards for the casinos or gifts for the tourist shops. The coordinated efforts of the RTC are providing the transportation disadvantaged of Southern Nevada with access to the vital services they need.

Again, I thank the Chairmen of the two Committees. I look forward to the testimonies of the panel members.

1650 Research Boulevard • Rockville, Maryland 20850-3195
tel. 301-251-1500 • fax 301-294-2040 • www.westat.com

ECONOMIC BENEFITS OF COORDINATING HUMAN SERVICE TRANSPORTATION AND TRANSIT SERVICES

Jon E. Burkhardt
Senior Study Director
WESTAT
Rockville, Maryland

June 1, 2003

Testimony prepared for the

Joint Oversight Hearing: Coordinating Human Services Transportation
Committee on Transportation and Infrastructure
Committee on Education and the Workforce
U. S. House of Representatives

ECONOMIC BENEFITS OF COORDINATING HUMAN SERVICE TRANSPORTATION AND TRANSIT SERVICES

INTRODUCTION

Since the 1960s, mobility problems have been recognized as substantial obstacles to achieving the goals of many social programs. Almost as soon as specialized transportation programs were developed for persons in need, people began to ask "Wouldn't these programs work better if they were coordinated with each other?"

Coordinating transportation services has been called "the best way to stretch scarce resources and improve mobility for everyone."

Typical goals for coordinated transportation services are reduced unit costs, increased ridership, and improved cost-effectiveness. Coordination is effective in reducing service duplication and improving resource utilization.

Why haven't we achieved greater levels of coordination in our transportation services? Some observers trace the lack of coordination to not understanding the potential economic benefits of coordination. I appear before these Committees today to present information about the economic benefits of coordinating human service transportation and public transit services.

Significant economic benefits — including increased funding, decreased costs, and increased productivity — can be obtained by coordinating human service transportation and transit services. Implementing successful coordination programs could generate combined economic impacts of about $700 million per year to human service and transit agencies in the United States. Particularly successful coordination strategies would probably include

- Transit agencies provide trips for Medicaid clients: industry benefits of up to $50 million per year;
- Nontransit agencies provide Americans with Disabilities Act (ADA) and other paratransit services: up to $148 million;
- Transportation providers shift paratransit riders to fixed route services: up to $300 million;
- Local human service agencies coordinate their trips: up to $60 million; and

- Communities expanding transit services to areas not now served: up to $132 million.

This presentation describes basic coordination concepts, typical economic benefits of coordination, strategies that enable transportation operators to achieve significant economic benefits from coordinating their operations, and potential overall industry impacts. Additional details will be available later this year from the Transportation Research Board in TCRP Report 91.

WHAT IS COORDINATION?

Coordination is often touted but often misunderstood, thus lessening its potential benefits. **Coordination is a technique for better resource management.** It means working together with people from different agencies and backgrounds. It requires **shared power: shared responsibility, management, and funding.** Many transportation functions, including planning, purchasing, vehicle operations, maintenance, and marketing, can be coordinated.

Coordinating transportation services offers substantial benefits to many communities, but significant investments of time and energy may be required before the desired results are achieved. Coordinating transportation functions is best understood as **a political process** which, like many other political processes, may involve changing environments, conflicts regarding power and control over resources, and competing goals or personalities. Effective transportation coordination requires a focus on the entire community (even on multiple communities and levels of government). Individuals who may not be used to talking to or working with each other will need to develop the increased levels of trust, respect, and confidence that will permit them to share responsibilities. A willingness to be open-minded about changing long-standing operating procedures is often needed. Once these conditions are met, a wide range of coordinated transportation benefits is then possible.

EXPECTED BENEFITS OF COORDINATION

The largest and most frequent economic benefits of coordinating human service transportation and regular fixed route transit services often include:

- Additional funding — more total funding and a greater number of funding sources;
- Increased efficiency — reduced cost per vehicle hour or per mile;
- Increased productivity — more trips per month or passengers per vehicle hour;

- Enhanced mobility — increased access to jobs or health care, or trips provided to passengers at a lower cost per trip; and
- Additional economic benefits — increased levels of economic development in the community or employment benefits for those persons associated with the transportation service.

Other impacts of coordinating transportation services, not usually expressed in monetary terms but still important in their own right, include

- improving service quality (more on-time services, drivers with better training, better vehicles, more safety equipment),
- making transportation services available to more people (serving more than just one client group),
- having transportation services available to larger service areas (by expanding services to areas that previously had insufficient services),
- centralizing oversight and management (having one central mobility management office instead of many offices), and
- reporting costs and outputs more accurately (for better systems management and funding accountability).

STRATEGIES FOR ACHIEVING THE BENEFITS

The first step in achieving the potential benefits of coordinated transportation services is to analyze existing conditions in your own community to see if problems such as low vehicle utilization and high trip costs exist. If such problems are evident, the second step is to establish specific goals and strategies for achieving improvements. Having specific goals and strategies greatly enhances the probability of realizing significant results. Specific coordination goals and strategies that could provide significant economic benefits include:

- **Generate new revenues:** The transit authority provides Medicaid or other human service agency trips under contract to human service agencies.
- **Generate new revenues:** The transit authority provides trips to students under contracts with local school districts.
- **Save costs:** Human service agencies (or other low-cost operators) provide ADA or other paratransit services under contract to the transit authority.

- **Save costs:** Incentives or travel training programs are offered to shift paratransit riders to fixed route services.
- **Save costs:** Human service agencies coordinate some or all functions of their transportation programs.
- **Increase efficiency and productivity:** Transportation providers coordinate dispatching and promote ridesharing among cooperating agencies.
- **Increase mobility:** Cost savings from coordinated operations are used to expand transportation services to additional places, times, and persons.

Many communities have applied these and other coordination strategies; illustrative examples are shown below. Quite often, specific strategies generate many kinds of benefits. Additional information describing these cases and their benefits is available in ***TCRP Report 91***.

GENERATE NEW REVENUES: TRANSIT AGENCIES PROVIDE TRIPS FOR HUMAN SERVICE AGENCY CLIENTS

Large annual transportation cost increases have created concerns for human service program administrators, who have begun to find ways of shifting Medicaid and other human service clients away from expensive paratransit service in favor of less costly fixed route transit. Agencies may purchase bus passes to be distributed to clients, or the transit operator may bill agencies directly for services to designated, eligible clients. The potential benefits to the transit agency include increased ridership and revenues with few, if any, additional costs. The primary benefit to human service agencies is decreased cost. (Note that this strategy may reduce revenues for demand-responsive services, and some passengers may prefer demand responsive to fixed route services.)

Florida's **Miami-Dade Transit (MDT)** instituted a "bus pass" approach to moving about one percent of the region's Medicaid clients to less expensive fixed route trips from more expensive paratransit trips. This program saved the Medicaid program more than $9,285,000 per year, and MDT received more than $1,900,000 per year from the sale of bus passes.

Under **Tri-Met's** Medical Transportation Program (MTP) in **Portland, Oregon**, Tri-Met became the single point of access for non-emergency transportation for Medicaid program participants in Tri-Met's three-county service area. Through MTP, Medicaid non-emergency trips are now made more often than before on transit. The State of Oregon estimated total savings from this program of more than $2,670,000 in 2001-02 and 2002-03.

The Lane Transit District (LTD) in **Eugene, Oregon**, benefits from Oregon's Medicaid-funded supportive services program, which pays 60 percent of the trip costs of clients whose trip costs would otherwise be incurred by the transit agency's ADA program. Through this program, LTD is paying $112,100 for $280,000 worth of trips.

GENERATE NEW REVENUES: TRANSIT AGENCIES ESTABLISH CONTRACTS WITH LOCAL SCHOOL DISTRICTS

Although public transit agencies and school districts operate distinct and separate services in many communities, coordinating their services can be beneficial to all. Potential savings include savings from eliminating duplication in operating, capital, or administrative costs, as well as increased transportation through ridesharing and the use of savings to expand services to previously unserved areas or populations.

People for People (PfP) of **Yakima, Washington**, operated a successful School to Work program in Mabton, Washington. When not transporting students to and from various industry sites, the vehicle was made available to PfP for other trips, such as senior and Medicaid transportation. The program covered all its costs; the school district saved more than $15,000 per year in driver wages paid by PfP.

The **Mason County Transportation Authority** in rural **Mason County, Washington**, coordinates school district and public transit resources, saving Mason Transit and the Mason County School Bus Transportation Co-op over $20,000 per year in operating expenses, $120,000 in vehicle purchase costs, and $84,000 in annual fuel costs in 2001.

The **Dodger Area Rapid Transit System (DART)** in **Fort Dodge, Iowa**, operates the small urban transit system in Fort Dodge, the regional transit service in the six counties, and the school bus service. Being able to spread staff costs over multiple contracts reduces staff needs by about three-fourths of a full-time staff member (saving approximately $20,000 per year).

SAVE COSTS: NON-TRANSIT AGENCIES PROVIDE ADA AND OTHER PARATRANSIT SERVICES

Transit authorities can contract with human service agencies or others to provide ADA paratransit and demand-responsive transit service. These other agencies may have more freedom to combine trips or to use volunteers, and may provide service at lower cost. The primary benefits to the transit agency are reduced costs. The primary benefits to the other transportation providers are increased revenues. This

strategy may require increased quality control and monitoring by the transit agency. Detailed strategies include using brokers to coordinate services, using taxis for ADA trips, and contracting with volunteer organizations.

ACCESS is the name of the private nonprofit county-wide paratransit service brokerage in **Allegheny County, Pennsylvania** (including the City of Pittsburgh). Services are open to the public, but riders are primarily seniors and persons with disabilities. Providers are chosen through a competitive bidding process. Uncoordinated services would have cost about $26 million more for the trips the ACCESS coordinated brokerage provided in 2001. ACCESS has also made great improvements in service quality in Allegheny County.

The **Specialized Transit for Arlington Residents (STAR)** program in Arlington, Virginia, uses taxi services to provide a less costly demand-responsive service alternative to ADA paratransit service. STAR operates as a brokerage and provides annual benefits of at least $450,000 for its 60,000 annual trips.

Tri-Met, in Portland, Oregon, contracts with **Ride Connection, Inc.** to provide ADA paratransit and demand-responsive transportation service with volunteers as a supplement to Tri-Met's own ADA paratransit program. It would cost Tri-Met about $2,885,000 to take over all of the transportation now provided under the Ride Connection umbrella at the current cost per trip on Tri-Met's ADA paratransit system, about $2 million more than the amount paid to Ride Connection.

Dakota Area Resources and Transportation for Seniors (DARTS) in Dakota County, Minnesota, combines ADA trips with those provided for seniors and eliminates the need for the regional ADA paratransit provider (Metro Mobility) to extend its service to Dakota County. DARTS provides ADA paratransit trips and trips for seniors for approximately $230,000 a year less than Metro Mobility could; cost savings from reduced capital needs, centralized dispatching, and centralized maintenance total about $150,000 more.

SAVE COSTS: TRANSIT PROVIDERS SHIFT PARATRANSIT RIDERS TO FIXED ROUTE SERVICES

From a transit agency perspective, the principal benefit of shifting paratransit riders to fixed route services is reducing the demand for ADA complementary paratransit (which is expensive) and increasing fixed route ridership (which can often be accomplished for little or no additional cost). For human service agencies that provide or contract for transporting clients to their programs, or pay a portion of the cost of those trips on ADA paratransit, shifting clients to fixed route services can reduce their cost of

transportation too. For human service agencies, using regular buses can help meet a mandate to help their clients become more independent.

The **Charlottesville Transit System (CTS)** in **Charlottesville, Virginia**, provides free rides on fixed route transit for all paratransit-eligible persons. The annual cost of trips on the free ride program would have approached $1,000,000 if they had been made on paratransit services. This free ride program also allows an elderly or disabled passenger to take a spontaneous trip without advance notice.

Paratransit, Inc. (PI) is a nonprofit corporation that provides paratransit and other related services to a variety of agencies in its area, including ADA complementary paratransit service under contract to **Sacramento Regional Transit (RT)**. Depending on their abilities, people with disabilities and seniors are taught to ride transit to and from particular destinations or to ride throughout the community. In Sacramento, the trips shifted away from ADA paratransit services saved about $1,050,000 per year.

SAVE COSTS: HUMAN SERVICE AGENCIES COORDINATE TRANSPORTATION PROGRAMS

Human service agencies can coordinate or consolidate their separate transportation services to create larger transportation services, which form a "critical mass" of service that can qualify for general public transit funding and offer real travel options throughout the entire community. The coordination/consolidation process can be accomplished by a lead agency operating coordinated transportation services, by establishing a local transit body, or by establishing a brokerage system using current agency resources. (Many examples exist of combinations of the above administrative options, such as a lead agency acting as a broker.) Typical benefits to human service agencies include reduced unit costs, improved quality of service, and increased efficiency, effectiveness, and cost effectiveness. The potential for cost reduction depends heavily on the existing transportation infrastructure.

Martin County Transit in **North Carolina** employs a brokerage system with centralized dispatching and vehicle ownership. The 44,000 trips that Martin County Transit provided in 1999 for $156,000 would have cost an additional $178,000 if provided at the pre-coordination cost per trip of $7.60.

R.Y.D.E. (Reach Your Destination Easily) Transit in **Buffalo County** is the first brokered transit system to operate in **Nebraska**. R.Y.D.E. has expanded operating hours, abolished the waiting time requirements, and expanded transportation access in rural Buffalo County. Prior to coordination, public transportation provided 11,000 annual rides in Buffalo County; R.Y.D.E. planned to provide about 70,000 rides in 2002. R.Y.D.E.'s current operations cost Buffalo County $400,000 less than the same number of trips would have cost if provided at the pre-coordination costs.

INCREASE EFFICIENCY AND PRODUCTIVITY: TRANSPORTATION PROVIDERS COORDINATE DISPATCHING AND VEHICLE SHARING

Community-wide coordinated dispatching systems and vehicle sharing arrangements allow for all vehicles in use to accommodate all types of passengers at all times. Often referred to as "ridesharing," this technique ensures a highly cost-effective application of driver and vehicle resources. When properly applied, it can solve a number of the problems associated with non-coordinated transportation systems, such as overlapping routes, duplication of service, inefficient route design, and poorly timed schedules. In particular, a major benefit of providing trips for ADA paratransit clients at the same time and on the same vehicle as other human service clients is a much lower per trip cost. The primary benefit to transportation providers is increased productivity, which may lead to cost savings. The primary benefit to local communities is better service. Note that this strategy may require increased quality control and monitoring by the lead agency.

People for People (PfP) in **Yakima and Moses Lake, Washington**, generates economic benefits through coordination and ridesharing with Goodwill Industries. Using a PfP vehicle, Goodwill transports 10 people with developmental disabilities from their homes to a Goodwill job site. This arrangement costs PfP $9,360 per year less than the alternative of intercity bus service and saves the riders more than $2,000. Vehicle sharing with a local hospital saves nearly $3,700 per year in capital costs avoided. PfP's volunteer Medicaid program drivers generate cost savings of about $500,000 per year.

King County Metro (headquartered in **Seattle, Washington**) and the **Department of Social and Health Services (DSHS)** conducted a demonstration of sharing vehicles to save money on ADA and Medicaid transportation. DSHS brokered nearly 35,200 Metro ADA trips, Metro ACCESS brokered almost 5,100 DSHS Medicaid trips, and the overall annual program benefit from ridesharing was nearly $101,000.

INCREASE MOBILITY: COMMUNITIES EXPAND TRANSPORTATION SERVICES

Many communities need more transportation services than they now have but find it difficult to fund additional public transit services. Service expansions can be accomplished by coordinating with other agencies with different cost structures. By reducing per trip costs, coordinated transportation services can provide more trips for the same level of expenses.

The **Transportation Reimbursement and Information Project (TRIP)** complements public transportation services in **Riverside County, California** (east of Los Angeles), by reimbursing volunteers

to transport individuals where no transit service exists or when the individual is too frail to use other transportation. Public transit services would cost at least $1,000,000 more than transportation provided by TRIP's volunteers actually costs.

Enabling Transportation (ET) is a mileage reimbursement and taxi subsidy program for seniors and adults with disabilities in **Mesa, Arizona**. If the ET program were not available, the city would pay East Valley Dial-a-Ride for ADA paratransit trips now provided by the volunteer drivers. ET saved the City of Mesa more than $300,000 in FY 2001-02 while providing increased mobility to a transportation-dependent segment of the city's population.

Mountain Empire Transit in **southwest Virginia** is a private, nonprofit corporation that provides demand-responsive transportation to clients of multiple agencies and the general public in a large rural area. The system uses contract revenues from human service contracts to generate matching funds needed to establish and pay for general public transportation service. By coordinating funding, Mountain Empire has significantly expanded service; local governments could not support public transportation's costs. Alternative methods of providing Mountain Empire's transportation services would cost at least $854,000, plus the $30,000 in local matching funds.

The **Suburban Mobility Authority for Regional Transportation (SMART)** is the transit operator for three counties in **southeast Michigan** near Detroit. SMART helps fund transportation in 50 local communities through its Community Partnership Program; localities aid regional transportation by supporting tax referenda and working together for coordinated services. The $7,000,000 annual program would cost at least $2,700,000 more if SMART were to provide it without local involvement.

AGGREGATE POTENTIAL BENEFITS

Coordination can offer great benefits to human service agencies and transit authorities. By coordinating transportation services, additional revenues can be generated, cost savings can be obtained, and other economic benefits can be created. Actual benefit levels will depend upon the numbers of communities applying different coordination strategies and the levels of effort that they put into these strategies. Still, order of magnitude estimates of overall impacts can be made for each strategy by considering the numbers of communities adopting these strategies (impacts were calculated for 10 percent and 33 percent of U. S. communities receiving Federal Transit Administration (FTA) funds), the number of rides involved, the costs or value of those rides, and the costs of the coordination efforts.

Potential economic impacts are summarized in Table 1. Estimated benefits range from tens of millions to hundreds of millions of dollars per year, depending upon the strategy applied and conditions in the communities where the strategies are applied. These estimates have been conservatively generated:

specific programs may have created more than one kind of benefit, but only the primary benefit was estimated. Also, these estimates do not include other important economic benefits (such as the value of increased mobility in terms of employment or independent living, or the multiplier effects that transportation expenses generate in local areas).

Table 1:

AGGREGATE POTENTIAL INDUSTRY BENEFITS ASSOCIATED WITH VARIOUS TRANSPORTATION COORDINATION STRATEGIES

Strategy	*Potential Aggregate Benefits*
Additional revenues generated when transit authorities provide trips for Medicaid agency clients	$15,000,000 to $50,000,000
Cost savings realized when nontransit agencies provide ADA and other paratransit services	$30,000,000 to $148,000,000
Cost savings realized when paratransit riders are shifted to fixed route services	$90,000,000 to $300,000,000
Cost savings realized when local human service agencies coordinate their transportation services	$35,000,000 to $60,000,000
Economic benefits realized when transportation services are expanded to areas or populations not now served	$40,000,000 to $132,000,000

Based on these estimates, transportation planners and operators should seriously consider

- Shifting paratransit riders to fixed route services and having ADA paratransit services provided by nontransit agencies,
- Expanding transportation services into areas not now receiving public transit services through partnership arrangements with various agencies,
- Coordinating the transportation functions of multiple human service agencies, and

- Generating additional income for transit authorities through the provision of travel services to clients of human service agencies.

Economic benefits are often obtained from other coordination strategies as well.

CONSIDERATIONS FOR CONGRESS

Congress could provide significant assistance to coordinated transportation services in a number of ways. The Medicaid and Medicare programs are among the largest potential funding sources for local transportation services, yet some state-administered Medicaid programs have recently pulled out of local coordinated transportation operations. Congress should insist on a community-wide focus in transportation funding, encouraging all Federally-funded programs — such as Medicaid — to be part of coordinated transportation services instead of operating their own transportation services. The Medicare program does not provide for non-emergency medical transportation; the lack of access drives up transportation and health costs for the Medicare program. If Congress would change the Medicare legislation to specifically allow non-emergency transportation services, great benefits could be realized.

Congress should do more to support coordination. Legislation providing funds for planning coordinated transportation services should be provided. Legislation adopting uniform cross-program reporting and accounting standards should be adopted. Congress could issue specific guidelines — such as those promulgated by the Secretaries of the U. S. Department of Health and Human Services and the U. S. Department of Transportation in December 2000 — that coordinated transportation services are expected of all Federal grantees to the maximum extent possible. These actions could significantly contribute to the amount of coordinated transportation services and the benefits that they could achieve.

SUMMARY

Coordinating human service transportation services and public transit services can provide significant economic benefits. The coordinating agencies, the riders of the services, and local communities all can receive measurable benefits, including additional funding, more cost-effective operations, and increased mobility.

ADDITIONAL INFORMATION

Copies of the full report of this project, ***Economic Benefits of Coordinating Human Service Transportation and Transit Services,*** TCRP Report 91, will be available later in 2003 from the Transportation Research Board or the American Public Transportation Association. On-line requests may be placed at www.tcrponline.org or at www.trb.org.

This work was sponsored by the Federal Transit Administration and was prepared by WESTAT for the Transit Cooperative Research Program, which is administered by the Transportation Research Board of the National Academies. Jon Burkhardt was the Project Director and Principal Investigator for this research effort; other key authors included David Koffman and Gail Murray of Nelson/Nygaard Consulting Associates, Inc.

Department of Education

Statement by Loretta Petty Chittum

Deputy Assistant Secretary

Office of Special Education and Rehabilitative Services

On

Coordinating Human Services Transportation

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to appear before you today to discuss the issue of transportation coordination for human services programs. The Office of Special Education and Rehabilitative Services (OSERS) within the Department of Education is responsible for administering several vital Federal programs dedicated to improving the lives of individuals with disabilities from birth through adulthood. Our programs range from early intervention services for infants and toddlers and special education services for preschool and school-aged children to employment and independent living programs for adults with disabilities.

Transportation for individuals with disabilities is important across the life spectrum. Without transportation services, including specialized services tailored to their individual needs, children with certain disabilities would not have access to crucial medical care and

would not be able to participate in school and the community. Without adequate means of transportation, many adults with disabilities would never be able to achieve meaningful, integrated employment in today's workforce or to fully participate in their communities as involved, active citizens. For many individuals with disabilities, reliable, appropriate, accessible, and timely transportation is not just a luxury; it is a vital link to education, employment, independent living, health care, and community integration.

Some of the programs that we administer within OSERS allow for the provision of limited transportation services consistent with the goals and purposes of the program. For example, the Individuals with Disabilities Education Act (IDEA) requires that transportation and other related services be provided, if necessary, to assist children with disabilities to benefit from special education. Students with disabilities are regularly provided transportation services by school districts and other transportation entities within communities. Also, under the Rehabilitation Act of 1973, transportation services are an allowable expense in order to allow vocational rehabilitation consumers to access the rehabilitation and training services listed in their individualized plan for employment. It is also possible for State vocational rehabilitation agencies to assist individuals with the purchase and modification of vehicles that are necessary for the individual to return, or to maintain, work.

The provision of transportation services under programs administered by OSERS varies from contract-for-services arrangements to referral, assistance, and training for individuals with disabilities on the use of public transportation. Through efforts such as

referral and training, our programs help individuals learn how to access existing transportation resources in their communities or how to obtain necessary special transportation services. In some instances, these services mean the difference between leading a life with few options for personal and professional growth and leading a life of meaningful and significant integration within the community.

For children with disabilities, transportation is often a key factor in ensuring that a free appropriate public education (FAPE) is provided to them. The IDEA is based on the premise that children with disabilities should be able to participate fully in the education experience along with their non-disabled peers. Transportation is critical to that participation for many children with disabilities. School districts may use any one or a combination of methods to provide services to children with disabilities. These methods include using the district's existing school transportation program, contracting for special transportation services, or using the public transportation systems. A child with a disability receives transportation as a related service only if the individualized education program (IEP) team determines that it is necessary and transportation is included in the child's IEP. These services must be designed to meet that child's needs. Regardless of the means of providing transportation services, we know that, without those services, many children with disabilities would not be able to participate in either the educational or social experiences of school.

Transportation Costs

Because of the nature and variety of the programs we administer within OSERS, it is difficult to determine with specificity the costs of transportation services. As I mentioned, in many instances school districts include the costs of transportation for students with disabilities within the general costs for transportation for all students and do not report these costs separately to the Federal government. However, we do have transportation cost data for special education from a national study of transportation costs for school year 1999-2000 that was conducted by an OSERS' contractor as part of the Special Education Expenditure Project (SEEP). The SEEP project found that, in school year 1999-2000, school districts spent nearly $3.7 billion on special transportation services, or an average of $4,418 per special education student that received these services. This represents about 28 percent of the total spending on transportation ($13.1 billion) for all students in the U.S. That study showed that special transportation is almost ten times as expensive as regular transportation.

For other programs, such as the Vocational Rehabilitation program, States provide some data on transportation costs. For example, in 2001, State Vocational Rehabilitation agencies reported spending $69.4 million on transportation to assist VR customers. Transportation is a supportive service provided to allow VR customers to access and participate in various rehabilitation employment and training services.

Federal Collaboration

Many children with disabilities and their families, and many adults with disabilities, need and receive services through multiple programs funded by the Federal government. It is

not uncommon, for example, for a child with a disability to not only receive special education services, but also Medicaid services, SSI payments, community mental health services, or other services sponsored in part by the Federal government. In some instances, to receive those services means obtaining needed transportation from a variety of sources. In some instances, there may be strong collaboration at the local or State level to ensure that transportation services are coordinated or even provided through a central source. However, we know that, in many cases, it is difficult or impossible to provide centralized or coordinated transportation services. For example, coordination for transportation services for both children and adults with disabilities in rural settings is likely more difficult than in urban settings, where transportation providers are more available. We are also aware that transportation services for different program purposes may vary or have different requirements, thus making coordination of services difficult if not impossible. For example, laws and regulations governing the transportation of children in school buses are often different from rules and regulations governing general transportation. Therefore, the parent of a child with a disability who uses multiple transportation service providers for different purposes may be compelled to deal with differing policies and procedures. The difficulty in maneuvering across differing systems can become a barrier to effective and efficient transportation for individuals with disabilities.

Nonetheless, given the importance that transportation plays in the lives of millions of individuals with disabilities, both children and adults, it is important that those of us who are responsible for providing those services cooperate and collaborate in ways that will

ensure that needed transportation services are provided in the safest, most reliable, appropriate, and timely manner, and that those services are accessible to the individuals who need them. Although coordination and collaboration for the provision of transportation services for individuals with disabilities is most effectively done at the local level where the needs exist, it is clearly important that we at the Federal level ensure that our programs recognize this important need and that we, too, collaborate to ensure that we facilitate transportation needs as permitted by the statutes we implement. We at the Department of Education look forward to achieving those goals by working with our Federal partners in any way we can.

Again, thank you for the opportunity to testify today and I will be happy to answer any questions you may have.

QUESTION:
This is a follow-up question, for all four panel members: We ask you to review the General Accounting Office's testimony from today, and determine of the recommendations and obstacles to coordination, which can be implemented or overcome under your current regulatory authority, and which require a change in law. Please send this analysis to both Committees. Upon issuance of the Final report by GAO in June, if any new or additional obstacles or recommendations are made, please update your analysis accordingly.

ANSWER:
The GAO testimony presents several recommendations that the Department of Education supports. However, the Department of Education recognizes that programs and issues relating to transportation are primarily a function of the Department of Transportation and, secondly, that even in the context of transportation of children, transportation is a function carried out and governed by local and State requirements. In general, the Department of Education believes that it can increase coordination on transportation issues under current regulatory and administrative authority.

Responses to the GAO recommendations follow:

The Departments of Labor and Education officially join the Coordinating Council on Access and Mobility.

ED welcomes the opportunity to participate in the Coordinating Council on Access and Mobility, the existing high-level mechanism for facilitating interdepartmental consideration of mutual transportation issues. ED believes that the Coordinating Council is an important vehicle for improving Federal coordination on access and mobility and looks forwarded to inclusion in the work of the Council.

Ensuring that the long-term goals in the Council's strategic plan have clear links to the individual tasks in its action plan, and that these actions are tied to measurable annual performance goals.

ED supports the recommendation to link the work of the Council to a strategic plan that has clearly defined and measurable goals and objectives. ED believes that by broadening the involvement of the Council to include other key Federal agencies such as the Department of Education, the further development and implementation of the Council's strategic plan would benefit from the perspectives of those agencies.

Ensuring that each agency's strategic and annual performance plans incorporate long-term goals and performance measures

that address the need for coordination among programs for the transportation-disadvantaged.

The Department of Education's Strategic Plan does not contain specific reference to the coordination among programs for the transportation of the disadvantaged. However, ED's strategic plan does contain a major objective to "Ensure that our nation's schools are safe and drug free and that students are free of alcohol, tobacco, and other drugs."

It should also be noted that the Vocational Rehabilitation program that is funded under the Rehabilitation Act does allow for the provision of services relating to the employment training and employment of persons with disabilities, including transportation needed to obtain or benefit from services.

Providing additional guidance to states and other grantees that encourages coordinated transportation by clearly defining allowable uses of funds, explaining how to develop cost-sharing arrangements for transporting common clientele, and clarifying whether funds can be used to serve individuals other than the program's target population.

ED agrees with the general principles of the this recommendation in that technical assistance to States regarding the appropriate provision of transportation services to disadvantaged individuals should be made available through programs such as the Special Education and Vocational Rehabilitation programs within the Department of Education. These and other programs that require transportation services should encourage greater coordination at the local and State level to ensure that such services are being provided in accordance with the requirements of the program.

Link the Web sites of agencies providing services for the transportation-disadvantaged to the Coordinating Council's Web site, and promote the site in agency correspondence and during conferences or other outreach opportunities.

ED agrees with this recommendation and believes that it can be accomplished through its participation as a member of the Coordination Council. Further, the ED could add the Coordinating Council's web site as a resource link on the web pages of appropriate ED program offices.

In summary, as previously noted, ED stands ready to participate in the Coordinating Council on Access and Mobility, the existing high-level mechanism for facilitating interdepartmental consideration of mutual transportation issues. GAO's recommended planning and goal-setting activities would follow. Both the Individuals with Disabilities Education Act and the Rehabilitation Act are in the process of being reauthorized. ED will give careful attention to transportation-related issues, particularly those of transportation coordination for disadvantaged populations, when the reauthorizations are completed. In the post-reauthorization implementation activities for these two statutes, ED plans to cross link-web based resources with other Departments as appropriate and with the website of the Coordinating Council.

Committee on Transportation and Infrastructure
Committee on Education and Workforce
Joint Hearing
Coordinating Human Services Transportation
Congressman Elijah Cummings
May 1, 2003

Mr. Chairman:

The events of September 11, brought both the limitations and the potential of our transportation into sharp focus. We, as a nation, were forced to take a closer look at our country and the many components that enable it to function efficiently and safely. Transportation is one such component. A viable transportation system is essential to the economic and social health of our nation.

Transportation has a direct effect on our quality of life. As Members of Congress, it is our duty to protect the quality of life of our constituents. Americans are looking for transportation solutions that better fit their needs and lifestyles. The link between home and community and the goods and services necessary for a healthy, productive lifestyle must be maintained and improved.

Polls show that many Americans list transportations problems among their top concerns. An analysis of Bureau of Labor Statistics consumer-spending data shows that a car-based transportation system is expensive for families, and this burden falls heaviest on households that are struggling to make ends meet. Statistics also show that households in

the lowest income bracket spend 39 percent of their income on transportation, most of it on vehicles. Places with few travel choices can spend $1,200 to $6,000 more per year on transportation than comparable households in places where there are more opportunities to take transit, bike, or walk.

It is our responsibility to address the transportation needs of our nation including the needs of low-income individuals who are "transportation disadvantaged". Transportation disadvantaged by definition means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk.

America is the home to more than 54 million people with disabilities. We must assess the needs of people with disabilities in our communities, and provide the necessary research technologies that will help eliminate barriers to transportation accessibility. Transportation also provides the link between home and community and serves as the bridge to the goods, services, and opportunities for social engagement so crucial to successful and happy aging.

Around the country, various community-related initiatives address some of the problems that confront those who are transportation disadvantaged. The most successful transportation systems provide easy access links within and among all forms of travel. According to a recent study, savings to social programs from transit use may be as high as $1.3

billion to $2 billion per year. This is step in the right direction, but I still think that we can do more. All citizens in our nation are entitled to accessible safe and reliable transportation no matter what their needs are.

Thank you Mr. Chairman. I look forward to hearing from our witnesses.

Statement of
Jennifer L. Dorn
Administrator
Federal Transit Administration
United States Department of Transportation
Before the
Committee on Transportation and Infrastructure
and the
Committee on Education and the Workforce
United States House of Representatives
Joint Hearing on Coordinating Human Services Transportation
May 1, 2003

Mr. Chairmen and Members of the Committees, I appear before you today on behalf of Secretary Mineta and the Department of Transportation. We very much appreciate this opportunity to discuss the successes and continuing challenges of coordinating the human service transportation programs sponsored by Federal departments and agencies.

Effective coordination of human service transportation programs among Federal, State, and local agencies is important to providing economic opportunity and access to community services for many of our Nation's citizens. We know that the full benefits of human service programs cannot be attained if the people who need these programs lack the transportation necessary to reach them.

In many ways, the growing complexity of coordinating human service transportation is a reflection of the increasing attention that Congress, the Executive branch, and community stakeholders have placed on meeting the needs of our Nation's most vulnerable citizens. As the needs of these populations have been identified, new programs have been created throughout government – some of which are transportation programs, and many of which are human service programs that fund transportation services for their clients. Transportation programs include the Elderly and Disabled program and Job Access and Reverse Commute program; human service or health care programs with transportation components include Medicaid, vocational rehabilitation, Administration on Aging, and employment training programs.

Today, more than 60 programs in 8 Federal departments provide funding to help meet the transportation needs of individuals, client groups, and communities, and each program has unique eligibility requirements, administrative requirements, and funding streams. These programs have given rise to a myriad of human service transportation models in our communities, which to varying degrees involve transit agencies that provide fixed route public transportation and paratransit services, non-profit agencies that operate transportation exclusively for use by their own clients, and human service agencies that provide funds to individual clients to purchase transportation services. FTA

alone funds more than 600 transit agencies and, through State agencies, over 1,200 non-profit organizations.

President Bush has directed this Administration to become more customer-focused and outcome-oriented, and we in the Department of Transportation are committed to this goal. The coordination of human service and public transportation programs provides us with an opportunity to implement commonsense solutions to better meet the needs of our customers, and we are vigorously pursuing this end. Secretary Mineta and I have made transportation coordination one of the highest priorities for the Federal Transit Administration (FTA), and I am pleased to have the opportunity today to discuss our progress and our plans.

DOT/FTA Grant Programs

FTA provides nearly $7 billion annually to States and communities for capital investments in public transportation systems in urbanized and rural communities. Since the passage of the Americans with Disabilities Act in 1990, all new vehicles and facilities must be accessible for people with disabilities. FTA grant recipients serve many transit dependent individuals, including low-income individuals, older adults, and persons with disabilities. We estimate that transit-dependent persons comprise at least 40 percent of the ridership on public transportation systems in urbanized areas.

Currently, FTA administers three programs that focus more specifically on the needs of transit-dependent populations. First, the Section 5311 non-urbanized area formula program makes Federal funding available for public transportation in communities with less than 50,000 in population. While serving the general public, the Section 5311 program also supports a variety of human service transportation programs in rural areas. Second, the Job Access and Reverse Commute (JARC) program assists low-income persons in reaching jobs and employment-related programs. The third is the Section 5310 program, which provides capital assistance to non-profit organizations to address the needs of elderly persons and persons with disabilities. The Fiscal Year 2003 budget provides approximately $500 million in Federal assistance through these three programs, and the President has proposed an increase that will bring total funding for these programs to approximately $700 million in Fiscal Year 2004.

Additionally, in the President's Budget for Fiscal Year 2004, the Administration is proposing that FTA provide $145 million in Federal assistance through the New Freedom Initiative. The New Freedom Initiative program will provide formula grants to States for new transportation services and transportation alternatives for individuals with disabilities. These transportation services will go beyond those that are required by the Americans with Disabilities Act (ADA). While the ADA requires that existing public transportation be accessible, it does not address the significant gaps that exist in transportation services for persons with disabilities. For example, ADA requires that paratransit services to fixed-route public transportation be provided within three-quarters of a mile from that route; there is no requirement to provide paratransit to individuals with disabilities who may live further than three-quarters of a mile from a fixed route

transportation system. The New Freedom Initiative will help communities address these and other gaps in service. Thus, it will help persons with disabilities integrate themselves more fully in the American workforce and the lives of their communities.

Benefits of Human Services Coordination

In addition to DOT/FTA grant programs, the Department of Health and Human Services (HHS) and other Federal agencies expend several billion dollars helping their clients travel to the services supported by their programs. Based on available service usage and expenditure data, HHS-funded programs spend approximately 2 billion dollars per year on special transportation services.

The coordination of health and human service transportation offers several important public benefits. These include, most notably, reducing the cost of such transportation by coordinating vehicle use and combining resources to more efficiently and effectively provide transportation. Not only can these savings be used to provide additional transportation services to those in need, but also to make additional health and human services available. A recent study by the National Academy of Sciences estimated that over $700 million could be saved each year by coordinating public transportation and human service transportation services.

For some time now, both Congress and the Executive branch have been working to ensure that the human service transportation activities funded by various Federal programs become better coordinated. We have made progress in this regard; opening the door for Medicaid funds to be used to purchase public transportation passes, for example, and forging funding relationships between employment-related transportation programs funded by the Department of Labor (DOL) with similar programs funded by the Department of Transportation. Unfortunately, barriers to effective coordination still exist. For example, human service agencies that use Federal funds to purchase vehicles sometimes limit the use of those vehicles to their own clients in order to comply with Federal eligibility requirements. This can result in inefficient and ineffective service for people who need transportation in a community. It is, in fact, possible to see an Older Americans program van arrive in a neighborhood to picks up a single senior client, followed later by an ADA paratransit vehicle serving an individual with a disability. At a time when every level of government is looking to improve efficiency and stretch limited dollars, human service transportation coordination offers an important opportunity to provide more service at lower cost.

Federal Strategies for Coordination

The DOT/HHS Coordinating Council on Access and Mobility provides an important forum for the two Departments to identify and discuss the challenges of coordination, and take action to promote coordination among Federal transportation programs. The Council has been critical to identifying and reducing impediments to human services coordination. For example, under Council leadership, the Medicaid program has clarified that Medicaid funds can be used to purchase transit passes for

Medicaid clients when that is the most cost-effective strategy for getting to medical appointments. This makes it possible for a Medicaid client to use fixed-route public transit systems instead of more expensive paratransit services, when both the client and the medical facility are close to transit lines and fixed-route public transit is appropriate for the individual.

The members of the Coordinating Council have also been vigorous in sponsoring technical assistance for States and communities that seek to improve the coordination of their human service transportation systems. HHS and DOT jointly fund the National Transit Resource Center that makes available experts and peer-to-peer assistance on human service coordination, and disseminates best practices and other resource materials. Recently, HHS and DOT published guidance on coordinated human service planning practices.

The Council has also recognized the important leadership role that State governments must take in promoting and requiring coordinated transportation services. Through its members, the Coordinating Council is working with the National Governors Association and the National Conference of State Legislators to encourage and assist States in promoting human service transportation coordination. The National Governors Association recently released a best practices document for its members, and is currently developing performance measures to help States and communities assess their progress and measure the benefits of coordinating their transportation systems and programs.

Achieving Results

Tangible progress has already been achieved. At the Federal level, considerable progress has been made in the coordination of the Nation's welfare-to-work initiative. To support this important initiative, the Departments of Labor, Transportation, and Health and Human Services collaborated to ensure that their programs could work with one another to solve transportation problems. The three Departments issued Joint Interagency Guidance that brought Federal programs together to fund welfare-to-work transportation services, making it easier for clients to get and keep jobs.

The JARC Program, enacted in 1998 as part of the Transportation Equity Act for the 21st Century (TEA-21), has instituted the most extensive institutional requirements regarding coordination of any Federal human service transportation program. As a condition of grant assistance, JARC recipients must develop a coordinated transportation/human services plan. New transportation services are closely coordinated with existing services, and these relationships lead, in turn, to strong financial partnerships. The General Accounting Office reports that almost 60 percent of JARC grant recipients are using HHS Temporary Assistance to Needy Families (TANF) funds to match FTA's JARC funding. The result is that millions of low-income individuals have gained new means of transportation that enable them to get jobs, keep jobs, and reach employment-related support services, such as child care, education, and health care. The program has fostered planning, financial, and operating partnerships across the country, and provided a model for effective transportation coordination.

Similar progress is being made at the State level. A recent survey by the American Public Human Services Association (APHSA) found that Medicaid transit pass programs are being implemented in 23 States, and significant benefits are being seen. In metropolitan Miami, for example, with only one percent of the eligible Medicaid clients using transit passes, the Dade County Medicaid agency is saving approximately $600,000 per month, or an estimated $7 million a year, on transportation for Medicaid clients. These savings give the agency the ability to purchase transportation for more clients or fund additional medical services.

A number of States and localities have established brokerage programs to coordinate human service transportation. The APHSA survey also found that 18 States had instituted Medicaid brokerage programs, and in some States, several human services programs are being brokered. In Kentucky, for example, the governor combined the resources of four of the State's major human services transportation programs, including Medicaid and TANF. The State was divided into 15 districts, and a provider/broker was selected to meet the transportation needs of clients from all four programs. Within two years, ridership increased by 58 percent and the cost-per-rider was reduced by almost 18 percent.

New Federal Coordination Initiatives

President Bush, Secretary Mineta and I want to build on these successes. Consistent with the current Non-urbanized Formula program and the Elderly and Disabled program, we propose to fund the Job Access program and the New Freedom Initiative programs by formula and have them administered by the States. This will give State transportation agencies additional flexibility and leverage to coordinate funding and services with State-administered human service programs.

Today, States and communities face the unpredictability of Federal discretionary grants and Congressional earmarks. The absence of predictable funding for the Job Access program has frustrated many States that want to leverage other transportation resources provided at the State level through such health and human service programs as TANF. In one Northeastern State, for example, the State Department of Transportation knew it had a solution to helping thousands of welfare recipients who could work, if they could just *get to* work. The State could make its program funds go twice as far if it got a Job Access grant from FTA and match it with State TANF funds for transportation services. But could the State transportation officials assure their human services colleagues that the Job Access funds were really coming? Last year, almost all of the Federal Job Access funds were earmarked, and that State was not among those lucky enough to get an earmark. What if the State did not get funding through the earmark process again this year? The uncertainty made it too risky; without the assurance of predictable Job Access funding, the State Department of Human Services put its money into other services.

Even with predictable funding, we know that finding solutions that work is not always easy. So, to help ensure that communities can make informed decisions about priorities and needs, we are also increasing the funds available for planning, administration, and technical assistance. We want the coordinated health, human service and transportation planning that has been so successful in the Job Access program to become a common practice in every community. Therefore, we are also proposing that communities establish community-wide funding priorities and a coordinated plan for services to the elderly, persons with disabilities, and low-income populations. We believe these plans are critical to maximizing public resources, while maximizing independence and economic opportunity for individuals. We recognize that there is no single solution that will be right for every community, but every community can benefit from a holistic look at how they provide human service transportation, how to reduce overlapping services, close gaps in services, and share resources. In fact, with the panoply of non-profit providers serving a wide spectrum of clients, the most important place for coordination to occur is at the local level.

We believe these changes will enable the States to more effectively coordinate all of the current State-administered human service transportation programs with the FTA-funded public transportation programs for these populations. This is particularly important with respect to funding, as the proposal will also give States the flexibility to count other Federal program funds, such as TANF, as matching funds for these State-administered FTA programs.

In addition to these legislative and funding changes, the Administration is working diligently to respond to the recommendations made by the General Accounting Office in 2000 with regard to Federal human service transportation coordination efforts, including the development of an action plan, an annual report, regional working groups, and improved website information.

On April 22, the Coordinating Council met to review progress on its Action Plan, including new publications and the status of our agency partnerships. The Council members remain committed to achieving results to help meet the growing transportation needs among the Nation's most transit-dependent citizens.

The joint FTA-HHS Action Plan, prepared in 2002, continues the information dissemination and outreach efforts that have been successful in the past, but it also calls for more specific agency partnerships and the formation of working groups. As a result of this plan, FTA and the Administration on Aging signed a Memorandum of Understanding (MOU) in January 2003 that focuses on the transportation needs of people over age 65, a segment of the population that is growing faster than any other age group and is expected to double to 70 million people by the year 2030. The MOU calls for the development of new local transportation plans and services to respond to the unique needs of this burgeoning population group.

FTA and the Centers for Medicare and Medicaid Services (CMS) have also established a working group to find ways to build upon the early success of Medicaid

transit pass programs. CMS spends an estimated one billion dollars annually on transportation services. We believe there are many opportunities to work together to increase the productivity and reach of our respective programs. Similarly, we have been working with the DOL's Office of Disability and Employment Policy and are beginning discussions with the HHS's new Office of Disability Programs to determine how we can work together to effectively implement the President's New Freedom Initiative.

Over the last year, FTA and HHS have also supported the formation of a National Consortium on the Transportation of Human Services Coordination to establish means for collaboration among the State and local organizations that administer and deliver human service transportation programs. The Consortium includes State organizations, such as the National Governors Association and the National Conference of State Legislators; associations of transportation providers, such as the American Public Transportation Association, the Community Transportation Association of America, and the Taxicab, Limousine and Paratransit Association; human service organizations, such as the American Public Human Services Association and the National Association of Area Agencies on Aging; and several human service advocacy groups, such as the American Association of Retired Persons, the National Easter Seals Project Action, and the Children's Health Fund. The Consortium is working with the DOT/HHS Coordinating Council to accomplish particular components of the Council's Action Plan, and reaching out to its own constituents to promote further efforts to coordinate human service transportation at the local level.

Recognizing that Intelligent Transportation System (ITS) communication technologies can have significant pay-offs in advancing human service transportation, DOT and HHS are also conducting a series of demonstration projects to test and document the impact of coordinated human service transportation. ITS technology is making it possible to coordinate several transportation providers and services more efficiently, track various client groups, bill the appropriate agencies, and provide trip planning and information services to program customers. The initial results are promising. In St. John's County, Florida, for example, the St. John's Council on Aging's transportation efforts were floundering, and the agency was on the verge of ceasing its transportation services entirely. With an ITS grant from FTA, the agency improved its efficiency and increased the number of passengers served by its transportation program. In fact, the agency became so successful that it began to serve clients of other programs, and ultimately, became the primary public transportation provider in the county. In 2001 the St. John's Council on Aging was named Florida's rural community transportation coordinator of the year.

Finally, FTA and HHS are joining forces with State agencies to develop a series of regional workshops to assist them in identifying opportunities and develop action plans to coordinate transportation services funded by FTA, Medicaid, Older Americans Act, and TANF programs. These workshops will also explore how ITS can be used to help improve the coordination and delivery of transportation services. If possible, we will make resources available to assist States in the successful implementation of their action plans.

The Challenges Ahead

In recent years we have made a good deal of progress with our Federal, State, and local partners in improving coordination in the area of human service transportation. There is much we can do, however, to provide expanded and more cost-effective transportation for people who rely on public transportation as a lifeline to their community and the human service programs they depend upon.

We believe that the changes proposed in the President's Fiscal Year 2004 Budget to support our surface transportation reauthorization proposal will go far to reduce unnecessary barriers to resource sharing, encourage joint financing, and support coordination efforts at the State and local level. Additional work is necessary to identify ways to reduce the administrative burdens associated with multiple, often duplicative Federal reporting requirements. And, while significant human service transportation resources are represented by the Department of Transportation, the Department of Health and Human Services, and the Department of Labor, we must continue to systematically examine the potential for collaboration with other Federal departments in order to comprehensively address the challenges of transportation coordination across the Federal sector.

Fundamentally, however, coordination is both a grass-roots process and a local resource-sharing endeavor. Even with the proposed changes in Federal policy and administrative requirements, effective coordination will require hard work at the local level to change traditions, attitudes, and relationships among the many community organizations and agencies that provide human service transportation. Fortunately, there are a growing number of States and local communities who have embraced this notion. The Department of Transportation is committed to working with our partners at every level to share these best practices and to help break down the remaining barriers to effective coordination. We want to maximize independence and economic opportunity by providing the least expensive, most appropriate ride for those in need.

Thank you again for the opportunity to discuss this important issue, particularly as we move toward reauthorization of the Federal surface transportation programs. I would be pleased to respond to questions from the Committees.

STATEMENT OF DAVID DYE
DEPUTY ASSISTANT SECRETARY OF LABOR
FOR EMPLOYMENT AND TRAINING
BEFORE THE
COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
AND THE
COMMITTEE ON EDUCATION AND WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

May 1, 2003

Good morning, Mr. Chairman and members of the Committees. I thank you for inviting the Department of Labor to this joint oversight hearing on coordinating human services transportation.

We agree with the Committees that access to transportation is extremely important for federal program participants. This is particularly true for recipients of employment and training services, since training and job opportunities may not be located where the participant resides. Our major programs, authorized under the Workforce Investment Act of 1998, are administered through a state and local network of One-Stop Career Centers. The idea behind the One-Stop Career Center system is to bring together a wide array of employment-related services at a centralized location or locations in communities across the country. The programs and services that may be accessed at One-Stop Career Centers are administered by a variety of federal agencies, including the Departments of Health and Human Services, Education, Housing and Urban Development, and in some cases, Transportation. State and Local Workforce Investment Boards set policies on and make decisions about the types of services that will be provided with available funds.

Transportation is identified as an allowable supportive service under title I of the Workforce Investment Act. It is provided to youth, adults and dislocated workers to enable them to take part in core, intensive and training services, and where transportation assistance is not otherwise available. Typically, transportation support is provided through vouchers and tokens and is made available to those who need this type of assistance.

The Department of Labor employment and training-related programs that provide transportation assistance to their clientele include 12 programs that are administered by the Employment and Training Administration under various laws, such as the Workforce Investment Act, the Older Americans Act and the Trade Act, and the Homeless Veterans' Reintegration program and the Veterans' Workforce Investment Program that are administered by the Veterans' Employment and Training Service.

I will briefly review the programs administered by ETA and the types of transportation assistance provided. Of these programs, only the Job Corps is operated directly by DOL. All of the others are formula funded grants to states and localities or are discretionary grants to not-for-profit entities.

ETA Programs authorized under WIA

Job Corps, a residential job training program for disadvantaged youth, provides commercial bus or, where appropriate, airplane tickets to low income youth between the ages of 16 and 25 to travel to and from the 118 Job Corps centers located around the country. Each center also operates a small fleet of vans and buses to transport students to off-center vocational training, job interviews, recreational opportunities, and a variety of other activities.

Transportation activities are coordinated on the local level by each center. Approximately $21,612,000 was spent on transportation services in FY 2001.

The National Farmworker Jobs Program (NFJP) assists low-income migrant and other seasonally-employed farmworkers and their families achieve economic self-sufficiency through job training and other related services. NFJP provides mileage reimbursement to its participants. Some of our not-for-profit grantees operate small vans purchased with non-DOL funds and even occasionally use employee owned vehicles to transport program participants. Grantees sometimes also pay for participant's car repairs and for gas to drive between jobs.

The Native American Employment and Training program assists Indian and Native Americans achieve economic self-sufficiency through employment and job training. The program provides bus tokens and/or transit passes to unemployed Native Americans to access employment placements and employment services. Some larger tribal grantees donate the use of tribally owned vehicles. Many grantees offer mileage reimbursement, fuel and vehicle maintenance if needed by participants. Other grantees share transportation expenses with other federal programs or purchase vans for their own use.

Under WIA there are three major funding streams: the Dislocated Worker program, which provides employment and training assistance for workers affected by shutdowns or downsizing; the Adult program, which provides labor exchange, training and supportive services for job seekers and employed adults; and the Youth program, which assists economically disadvantaged youth between the ages of 14 and 21 by providing employment and training services. All three of these programs make available funds to cover the costs of transportation services such as mileage reimbursement and/or public transportation fares. The WIA does not

require state and local areas to collect and report data on the extent to which transportation services are provided, or the amount of funds that is spent on transportation assistance.

It should also be noted that the Personal Reemployment Accounts included in the President's economic growth and jobs package will provide certain unemployed workers up to $3,000 that can be used for reemployment services, including transportation services needed to find work.

ETA Programs authorized under the Older Americans Act

The Senior Community Service Employment Program (SCSEP), a part-time subsidized employment program for low-income persons age 55 or over, provides mileage reimbursement for travel to and from work. Approximately, $4,400,000 was spent in FY 2001 on these transportation services. The not-for-profit grantees have a variety of formal and informal cost sharing and coordination practices, including ride sharing and use of vehicles operated by state offices on aging.

As a work opportunity for participants, SCSEP grantees often provide drivers for other government and community service programs, such as Meals-On-Wheels, at little or no cost to the host programs. I would like to take this opportunity to encourage all of the departments and agencies here to consider taking greater advantage of these cost saving opportunities.

ETA Programs authorized under the Trade Act

The Trade Adjustment Assistance (TAA) program assists individuals who have become unemployed as a result of increased imports from, or shifts in production to, foreign countries. The program provides mileage reimbursement and/or transit fares to its participants.

ETA Programs authorized under other Legislation

The Welfare-to-Work program assists hard-to-employ welfare recipients and non-custodial parents to get and keep jobs that will lead to self-sufficiency. The program provides a variety of transportation services to participants.

The Work Incentive program provides additional funding to One-Stop Career Centers to develop better ways to serve persons with disabilities and has been used to plan and coordinate transportation services.

Although many of the employment and training-related laws permit transportation services, funds are generally disbursed to state and local areas that exercise a high degree of discretion in designing transportation policies to meet the need of their communities. Consequently, the amount and type of coordination varies from community to community. Although we do not collect data nationally, there is undoubtedly more informal, unreported coordination going on at the local level than has been documented. We need to build on those efforts.

Coordination Efforts

We at the Department of Labor are finding ways to partner with other federal agencies and service providers to enhance local coordination for transportation services. In addition to the above mentioned programs, for many years, the Employment and Training Administration and the Department of Transportation's Federal Transit Administration have jointly provided grant funds to the Community Transportation Association of America (CTAA) for "JobLinks" – a program designed to help communities overcome transportation barriers that prevent low-income people from getting and keeping jobs. With these funds, CTAA addresses vital employment

transportation issues through demonstration projects, technical assistance and conferences. The demonstration projects are aimed at integrating transportation services into the One-Stop Career Centers.

In addition, the President's New Freedom Initiative demonstrates the Administration's commitment to the full inclusion of people with disabilities into the American workforce. Once again, the Department of Labor and the Department of Transportation have partnered to help implement this Initiative. Last summer, the Department's new Office of Disability Employment Policy and DOT's Federal Transit Administration co-sponsored a national Summit on Employment and Transportation for People with Disabilities. The purpose of the Summit was to explore strategies for integrating transportation into local employment networks and to identify opportunities for federal transportation programs to be more responsive to the employment needs of people with disabilities. The Summit included strong statements of support for expanding the Department's role in local coordination from both Secretary Chao and Deputy Secretary Findlay, both of whom were present. In fact, the overarching conclusion of the Summit was that there was a critical need for increased coordination of efforts at all levels – beginning with our own agencies.

One of the most important activities of this Administration, and one of the areas in which we have had the most success, is to promote interagency collaboration at the federal level that can be transferred to the state and local levels. To this end, in a previous effort designed to foster coordination and the best use of resources, the Departments of Labor, Transportation and Health and Human Services issued a joint interagency guidance on the use of HHS's Temporary Assistance to Needy Families (TANF) block grants, DOL's Welfare-to-Work Program funds, and DOT's Job Access and Reverse Commute (JARC) funds for transportation services.

Through the joint interagency guidance, we encouraged our respective agencies to jointly plan and develop systemic transportation solutions and provided guidance to state and local areas to establish collaborative regional approaches to job access challenges.

Ongoing collaboration and coordination among multiple agencies at all levels of service – federal, state and local – is essential. We simply cannot expect local agencies and providers to coordinate their services if we do not do the same at the federal level. A number of federal agencies have already begun to work cooperatively, including DOL.

The move toward local coordination of transportation services is clearly a positive trend. The emphasis on local coordination has increased alongside our own emphasis toward putting greater workforce development decision-making in the hands of local and State administrators rather than federal policymakers.

In addition to our sister agencies present here today, the Department of Labor sees another valuable partner in this coordination effort: the end users of our services. Hopefully, we have all come to appreciate that the services provided by the federal government will simply not be as responsive to the needs and capacities of our customers if we do not include significant and meaningful input from them.

Through coordination it is possible to leverage resources by realizing cost savings and eliminating duplication for the efficient delivery of services to all our customers. The Department of Labor is committed to working with all our federal, state, local, and not-for-profit partners to improve the coordination of transportation services. We recognize that accessible and affordable transportation is a critical component for the successful employment of Americans with disabilities, an age-related condition or an income constraint.

Mr. Chairman, this concludes my remarks. We look forward to continuing to work with the Congress on this issue. I will be pleased to respond to any questions you may have.

Coordinating Human Services Transportation in Florida

Presented to:
Committee on Transportation and Infrastructure
U.S. House of Representatives
May 1, 2003

Presented by:
Jo Ann Hutchinson, Executive Director
Commission for the Transportation Disadvantaged
605 Suwannee Street, MS 49
Tallahassee, FL 32399-0450
Phone: (850) 410-5715, Fax: (850) 410-5751
(800) 983-2435, (800) 648-6084 TDD
www11.myflorida.com/ctd

Florida Commission for the Transportation Disadvantaged

Commission for the Transportation Disadvantaged

An independent state agency authorized by the Florida Legislature consisting of agencies, consumers, and others whose mission is to ensure the availability of efficient, cost-effective and quality transportation services for transportation disadvantaged persons.

Florida Commission for the Transportation Disadvantaged

History of TD Program

- *1974-79 - Recognition of problem/Dialogue began*
- *1979 – Law Enacted/Coordinating Council Created*
- *1980-84 – Rules adopted and implemented; data gathered; coordination began statewide; statute re-enacted in 1984*
- *1984-89 – Progress continued; unmet needs identified; independent state focus identified; funding for more services limited*
- *1989 – Legislature upgraded the coordination statute; created independent Commission and first-time dedicated trust fund; created local oversight coordinating boards and staffing requirements and assigned roles to community transportation coordinators*
- *1990 –2003 – Commission obtained additional dedicated funding sources and continued to implement effective coordination program*

Definition of Coordination

Coordination means....."the arrangement for the provision of transportation services to the transportation disadvantaged in a manner that is cost-effective, efficient and reduces fragmentation and duplication of services." (427.011 (11), F.S.)

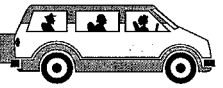
Florida Commission for the Transportation Disadvantaged

Benefits of Coordination

- *Increase service*
- *Reduce expenditures*
- *Improve efficiency*
- *Reduce duplication/fragmentation*
- *Stretch limited tax dollars*
- *Build community support and awareness*
- *Tax dollar accountability*
- *Eliminate fraud and abuse*
- *Ensure safety and welfare of the most vulnerable*

Florida Commission for the Transportation Disadvantaged

Challenges to Coordination

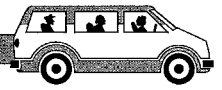


- *Inadequate budgeting of transportation funding available for services (no line item budget requirement for purchasing agencies).*
- *Funding is not consolidated in one entity creating less opportunities for cost savings.*
- *Conflicting purchasing agency policies creating lack of uniformity in safety and operating standards.*
- *Duplicative monitoring and reporting by each agency.*
- *Federal Medicaid requirement that transportation must be provided, but available budget is not available.*
- *Mandated Medicaid copayment set by the State, yet no requirement for collection by Medicaid recipient, thereby, transportation businesses are penalized.*

Florida Commission for the
Transportation
Disadvantaged

Agency and Local Revenue Participation

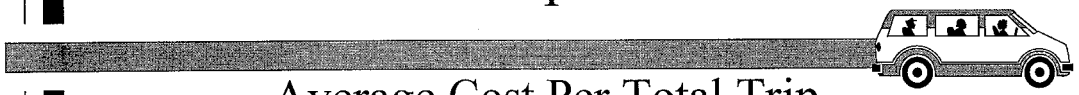
As reported in the 2002 Annual Performance Report

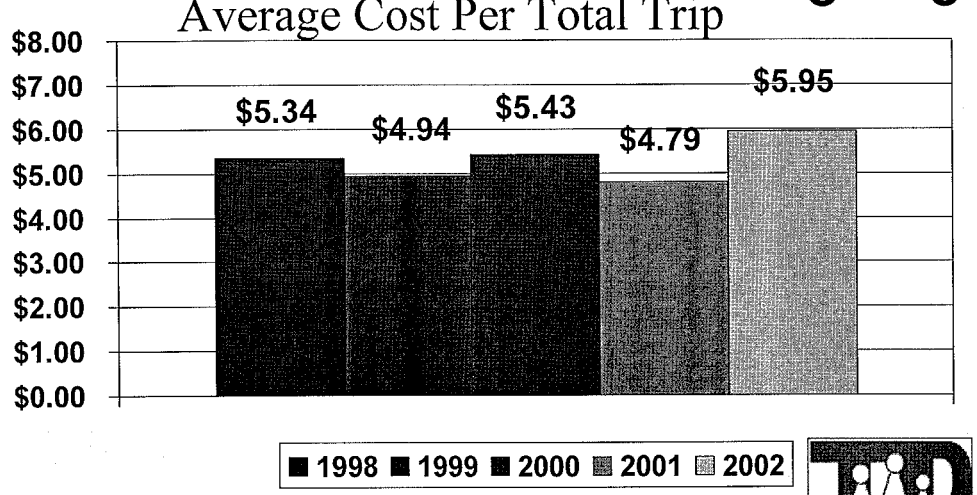


CTD (Commission for the Transp. Dis.)	21,617,591
USDOT (Dept. of Transportation)	11,887,632
DCF (Children and Families)	28,514,788
AHCA (Health Care Administration)	78,186,651
DOE (Education)	1,366,648
DOEA (Elderly Affairs)	8,526,128
DOH/DCA/DJJ/DLES (Health, Community Affairs, Juvenile Justice, Labor and Empl. Services)	2,376,913
Other Federal Programs	10,014,058
Local Government	101,961,462
Local Non-Government	28,429,183
2002 Total Revenues	**$292,881,054**

Florida Commission for the **Transportation Disadvantaged**

Florida Performance Record Due to Coordinated Transportation





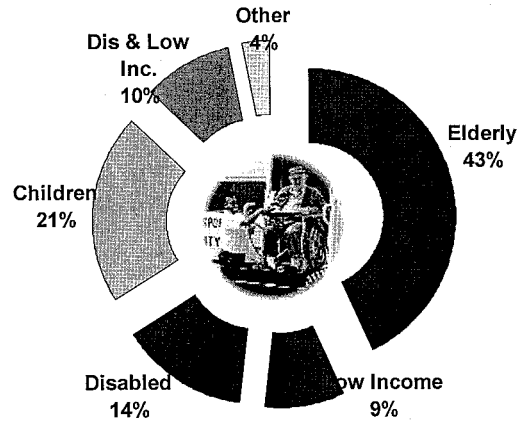
Note: Costs have been steady or lower in some years, due to coordination. In 2002, significant rises in gasoline and insurance have caused an overall increase.

Florida Commission for the Transportation Disadvantaged

Cost Savings Realized in Florida due to Coordinated Transportation

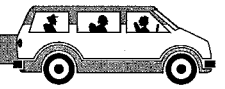
- ***From 1995-1998, community transportation coordinators reported a savings of $154.0 million using such technologies as multi-loading, limited days of travel, bus pass programs, inter-county coordination arrangements, more stringent eligibility criteria, no show policies, improved reservation and scheduling systems, advance reservations, shuttle services, and prior authorization.***
- ***Miami-Dade County- Bus Pass Program has saved over $54 million since 1993, and currently saves $600,000 a month.***

Types of Passengers Served and Trip Purposes in Florida's Coordinated System



Trip Purpose	*Number of Trips, 2002*
Medical	***18,395,279***
Employment	***4,867,033***
Education/Training	***11,031,242***
Nutritional	***7,365,756***
Life-Sustaining/ Other	***6,503,261***
Total	***48,162,571***

Planned Future Improvements for Florida's Coordination Program



- ***Modify Chapter 427, F.S. to improve, streamline and enhance Florida's coordinated transportation program for the transportation disadvantaged.***
  - ***Require all agencies to request budget authority for transportation services to transportation disadvantaged clients.***
  - ***Allow for the authorization of funding from other agencies to be transferred or contracted with the Commission for administration.***
  - ***Require the monitoring efforts of all purchasing agencies to be coordinated with the Commission's monitoring program.***
  - ***Implement alternative delivery methods within the coordinated system to include various modes and consumer choice.***
- ***Amend Chapter 409, F.S. to eliminate the co-payment for Medicaid non-emergency transportation services.***
- ***Support opportunities to continue to increase revenue to the Transportation Disadvantaged Trust Fund to assist with unmet needs.***
- ***Develop methodology for improving rate structure development statewide and improve the competitive procurement process.***

Thank You!

- ***Thank you for the opportunity to allow us to educate you about Florida's coordinated transportation program. More detailed program information is available upon request.***

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
AVIATION
HIGHWAYS & TRANSIT
WATER RESOURCES & ENVIRONMENT
SCIENCE
SUBCOMMITTEE:
RESEARCH
RANKING MEMBER
DEMOCRATIC DEPUTY WHIP
CONGRESSIONAL BLACK CAUCUS
CHAIR

Eddie Bernice Johnson
Congress of the United States
30th District, Texas

PLEASE RESPOND TO:
☐ WASHINGTON OFFICE:
1511 LONGWORTH BUILDING
WASHINGTON, DC 20515-4330
(202) 225-8885
☐ DALLAS OFFICE:
CEDAR SPRINGS PLAZA
2501 CEDAR SPRINGS ROAD
SUITE 550
DALLAS, TX 75201
(214) 922-8885
☐ IRVING OFFICE:
1634 B WEST IRVING BOULEVARD
IRVING, TX 75061
(972) 253-8885
www.house.gov/ebjohnson/

Congresswoman Eddie Bernice Johnson
Joint T &I / EW Hearing on
Coordinating Human Services Transportation
5-1-03

Thank you Mr. Chairman – Eddie Bernice Johnson

I appreciate you holding this hearing today.

I believe that proper human services transportation coordination will improve customer access for transit-dependent groups such as low-income communities, students, people with disabilities, and the elderly, in both urban and rural areas. However, I must stress that we must do it properly because these are the populations that can least afford for us to make any mistakes.

In my home state of Texas, the state legislature has produced legislation that looks to overcome "turf" and "budget" battles between departments. By pooling resources, the state will have the opportunity to make service more seamless and providers more accountable to consumers. I'd like to see concerted efforts to do the same at the federal level.

I look forward to hearing from our witnesses today how we can overcome "turf" battles between federal departments. I would also like to see strong leadership from the DOT –

HHS Coordinating Council on Access and Mobility and the Center for Medicare and Medicaid Services. We must develop investment-sharing and equipment-sharing agreements. We need to look at shared scheduling and cooperative purchasing in order to serve an agreed upon customer base.

I do not believe that increased coordination will necessarily result in short term cost savings. Nor do I believe that this should be the main reason we should work towards coordination. The man power and additional resources needed to make coordination a reality almost always consume any initial cost savings. We should view coordination as a means of providing better customer access, not purely as a cost-savings. The real benefit of coordination will come in the long term. This is where the real efficiencies can be gained, and it is also where we can start holding providers more accountable for standards and performance.

Thank you.

Congressman William O. Lipinski
Ranking Democrat
Subcommittee on Highways, Transit, and Pipelines

Joint Transportation and
Infrastructure/Education and Workforce Committee
Hearing on "Coordinating Human Services
Transportation"

Thursday, May 1, 2003 @ 10:00 AM

Mr. Chairman, thank you for calling today's hearing on such an important topic.

The statistics paint an important picture. In the U.S., there are 35 million Americans who are over 65 years of age, 44.5 million disabled Americans, and 34 million Americans who live in poverty. There is a real need out there for human services transportation.

Access to job training, medical care facilities, education and other such services is vitally important for many Americans. Unfortunately, some Americans just cannot access those vital services. By providing mobility and access, human services transportation programs are

important quality of life issues for millions and millions of Americans with special needs, and as the Nation's population continues to grow, the needs of the transportation disadvantaged will grow, too.

Currently the Federal government administers over 60 different and separate human services transportation programs. These programs are spread out across eight different Federal agencies. This is a serious obstacle to effectively administering those programs in an efficient manner. It seems to me that we ought to do more to coordinate these programs, so we can maximize their effectiveness, and so we can truly spend funds where they are needed the most.

While steps have been taken to improve coordination, I believe that more can be done. In 1986, DOT and HHS formed a joint Coordinating Council on Access and Mobility. It was an important step and an important initiative, but it only partly addressed the coordination

problems. We still have human services transportation programs in six other Federal agencies that do not have adequate coordination mechanisms and organizations in place. So, I think it is obvious that more needs to be done.

It is important to note that this Committee held hearings over 25 years ago on this very topic. Spearheaded by Mr. Oberstar, the same concern expressed then is the same concern expressed in 2003. We need better coordination, and in today's world, with a growing population as well as the reauthorization of TEA 21, we probably need to do something about this sooner rather than later.

This hearing can provide a much-needed shot in the arm to this issue by shining the spotlight on an area of transportation that is vital to millions of Americans yet not often the hot issue of the day, so I commend Chairman Petri on his leadership and commitment to this area of need.

I look forward to hearing from the witnesses and their testimonies on the human services transportation programs.

Statement of Congressman Michael H. Michaud
On Coordinating Human Services Transportation
Before the Joint Committee on Transportation and Infrastructure and the Committee on Education and Workforce
May 1, 2003

Thank you Mr. Chairman. Today, we are discussing human services transportation, which is a vital issue in many rural areas, including my own state of Maine. From the rural perspective, access to critical aspects of life—such as jobs, health care, and education—is even more difficult. Rural areas frequently lack the infrastructure to overcome the transportation hurdles that arise with covering large areas.

While we are focusing today on some of the obstacles and challenges to making these programs work more effectively among federal agencies, it is worth noting that there are tremendous successes in this area. I would like to offer one brief example from Maine.

The northern tip of Maine is Aroostook County, which is extremely rural, and covers over 6000 square miles. There, the Aroostook Agency on Aging has been working in partnership with other service providers to assist diverse populations with transportation needs. All the way back in 1975, programs that served the aging, mentally and physically challenged children, and those in need of medical care, combined forces to offer transportation services. In 1978, they formed a separate corporation called Aroostook Regional Transportation Systems.

The system gives priority to elderly and medically needful people, but is open to public transportation as well. It remains successful today. In the last nine months, it has served 697 individuals over the age of 60 with 26,964 one-way trips. Many of these are for medical appointments for lifesaving kidney dialysis or chemotherapy for cancer. The system maintains 175 volunteer medical drivers who served people on 1,656 trips.

Mr. Chairman, I cannot emphasize enough how critical these services are—especially with only two major hospitals at the center of the county providing these vital medical services, and with a 68 mile one-way trip from many areas. This kind of transportation is truly vital.

There have been several keys to this program's success in coordinating different services. The parties recognized that their differences could be a strength—they realized that school populations and elderly populations needed service at different times of day, which helped them economize on vehicles. They believed that participation was important, with each agency represented by two people on their Board, and with three slots for community representatives. And they saw that coordination was essential—in a rural area with limited resources, they knew they had to cooperate in order to prosper.

So I hope that this kind of service can be a model for other organizations, and that other federal programs will experience similar success by working collaboratively. Thank you.

Testimony of

William Raub, Ph.D.
Acting Assistant Secretary for Planning and Evaluation
U. S. Department of Health and Human Services

Before the

Committee on Transportation and Infrastructure, and the
Committee on Education and the Workforce
U.S. House of Representatives

May 1, 2003

Good morning Chairman Young, Chairman Boehner, Congressman Petri, and members of the committees. I am pleased to be able to testify on behalf of Secretary Tommy G. Thompson, who sends his regrets that he is unable to be with you today.

The Secretary did ask me to convey to you his strong interest in, and concern about the issue of access to the services funded by the Department of Health and Human Services (HHS) and his commitment to working with Transportation Secretary Mineta to continue the progress we have made in coordinating transportation resources and services.

I am the Acting Assistant Secretary for Planning and Evaluation. It is particularly appropriate that I represent the Secretary at this hearing, as the Office of the Assistant Secretary for Planning and Evaluation has been charged with overseeing and encouraging various crosscutting efforts at HHS. As you might imagine, bridging program boundaries in a Department as large as HHS presents challenges. However, Secretary Thompson has challenged us to do exactly that, and we continue to find new ways to collaborate and move towards the "One Department" that the Secretary envisions.

Access to services, as represented by transportation, presents us with several challenging issues but also with opportunities to address this very important issue in innovative ways.

Before I begin describing those challenges and opportunities, I would like to define what the term transportation means to us at HHS in reference to our programs, and to give you a little background on HHS involvement in this issue.

HHS administers over 300 programs, which touch every American throughout their lifetime. The majority of our health and human services programs depend on participants physically presenting themselves at a location to receive the services. So, from our perspective, transportation is a means to an end – it provides timely and appropriate access to the physical site where specific treatments or services are provided. Our concerns are not with the mode of transportation – be it private automobile, agency van or public transportation – but rather that the transportation service meets the specific mobility needs of individual clients, that the cost of the transportation service is reasonable, and that the clients arrive for the service and depart from the service in a timely manner.

Often, the circumstances that bring individuals and families to HHS-funded social and health services also limit their ability to access those needed services. For example, one of the biggest barriers facing people who move from welfare to work -- in cities and in rural areas -- is finding transportation to jobs, training programs and child care centers. Less than 6 percent of the recipients of the Temporary Assistance for Needy Families program (TANF) had access to a private automobile in 1998. Existing mass transit often does not provide adequate links to many suburban jobs at all, or within a reasonable commute time, and many jobs require evening or weekend hours that are poorly served by existing transit routes. Congress acted to address these problems in 1998 through the Transportation Equity Act for the 21st Century (TEA-21). This law authorized competitive Job Access and reverse commute grants to assist States and localities in developing flexible transportation alternatives, such as van services, for welfare recipients and

other low-income workers. In addition, TANF funds may be used to match Job Access grant funds for new or expanded transportation services that help welfare and former welfare recipients engage in work activities.

Historically, human services and health care agencies developed client-specific transportation systems to provide this critical link to needed services, in large part because public transportation services could not accommodate the special needs of human services clients. The public transportation services often did not go where human services clients needed to go, nor could many of the clients negotiate the physical challenges of accessing public transportation facilities. Over time, public transportation has become more responsive to the needs of human services clients. Many factors contributed to this evolution, including the passage of the Americans with Disabilities Act (ADA), awareness of changing transportation needs of the general public ridership, and responsiveness to public/private partnerships moving welfare recipients into employment. As a result, public transportation agencies have made great strides in accommodating the transportation needs of special populations, and the coordination of transportation resources and services has become increasingly achievable and effective.

At the community level, the HHS expenditure on transportation represents a significant funding resource to public transportation agencies through contracts with human services agencies. Recent analysis estimates HHS–funded programs spend approximately $2 billion annually on transportation services to provide access to programs and services funded by HHS. This estimate is a conservative figure, as the majority of HHS-funded programs do not track transportation expenditures separately but as part of "support or enabling services" costs. Exact information on how much of that transportation is contracted and how much human service agencies provide in-house is not available. However, all of the HHS funds for transportation follow categorical program lines.

As early as 1977, HHS began exploring the role of transportation and the need for coordination of transportation services through a series of demonstration projects. The results of those projects were mixed. In some communities, coordination efforts resulted in increased service – more rides to more individuals over a larger service area. However, what also became clear was that coordination was neither easy nor inexpensive to achieve, and it was not always the answer to a community's access problems – particularly in rural areas with limited resources.

Substantive HHS/Department of Transportation (DOT) interdepartmental efforts began in 1985, with encouragement from Congress and constituent interest groups to address the issues of service overlap and under-served areas. Through a congressional hearing, States and localities cited federal HHS and DOT regulations as presenting significant barriers to coordinating HHS and DOT transportation resources. In response, HHS and DOT signed a Memorandum of Understanding (MOU) pledging Federal coordination to improve the efficiency and effectiveness of transportation services through the Joint DHHS/DOT Coordinating Council on Human Services Transportation, now known as the Coordinating Council on Access and Mobility (the Council).

The Council is comprised of representatives from several HHS staff and operating divisions, as well as from DOT's Office of the Secretary, Federal Transit Administration (FTA), Federal Highway Administration, and National Highway Traffic Safety Administration (NHTSA). The Director of the HHS Office of Intergovernmental Affairs co-chairs the Council with the Administrator of FTA. Since 1987, the Council has met many times to share information, provide direction and oversight to the technical assistance resource network and to address identified impediments to coordination. HHS also contributes to the work of the National Consortium on the Coordination of Human Services Transportation, which consists of representatives from State and local government associations, human services organizations and public transportation providers.

I spoke earlier of challenges and opportunities represented by health and human services client transportation needs. I would like to elaborate on these.

Many of the challenges are rooted in the fragmented, categorical nature of the health and human services programs and the transportation programs. The health and social services delivery system in this country is structured around individuals' specific physical or social needs. It is only in more recent years that we have come to recognize that a systematic approach to these needs can yield certain efficiencies and more effective solutions.

Over the years, our coordination efforts have addressed the majority of the specific regulatory impediments to coordination. Several related problems still remain. One of the most frustrating is persistent perceptions of regulatory barriers in our ongoing communication with State and local agencies and grantees.

A related challenge is presented by the specific reporting requirements of individual programs. In an effort to assure accountability for taxpayer dollars, reporting requirements follow the categorical lines of the programs. Transportation coordination, by its nature, requires the transportation providers to obtain, maintain and report data in the myriad of formats each program requires. Simplification and standardization of reporting requirements remains a primary goal of every coordination effort.

There is also the challenge of cost. Coordination efforts represent a cost to the programs that participate. Coordination takes staff time, resources, and information before one even gets to the capital costs of facilities and vehicles and the operating costs. Coordination is a special type of planning, requiring resources to design. Most health and human services programs have specific limits on their administrative and planning costs. Historically, these limits have not taken transportation planning into account.

A related cost challenge has been the allocation of transportation costs between human services and transportation agencies when clients are served are eligible for service under both programs. This is a particular concern when both agencies are trying to reduce service costs.

The greatest challenge we face, however, is recognition and acceptance of the integral role that transportation plays in providing health and social services. Everyone involved in our health and

social services programs, from overseeing programs to drafting program guidance, needs to understand an important lesson learned by program operators – carrying out the missions of these programs often requires transportation to ensure eligible clients have access to these services.

Our efforts to coordinate transportation planning at the federal level and to encourage the coordination of transportation resources and services at the State and local level offer HHS some exciting opportunities.

- Research has clearly demonstrated that improved coordination can reduce costs per trip, improve service quality and provide more concise information on community needs. For HHS, this translates to increased self-sufficiency for healthier, more productive clients. For States, in this time of significant budget constraints, client needs can be met at lower cost. For communities, increased access can be translated into increased opportunity to contribute to the life of the community.

- The President's Management Agenda calls for crosscutting efforts to improve the efficiency and effectiveness of federal government programs. Renewing our commitment to transportation coordination highlights the results oriented, citizen centered and customer responsive approach to human services.

- As part of the Administration's New Freedom Initiative, our Department has been committed to removing barriers to community integration for people with disabilities. Transportation programs and their coordination with health care, income support, and education services are critical to making community integration and employment a reality for millions of Americans with disabilities. Not only is access to reliable transportation services necessary to maintain employment; it is a critical element of independence, self-sufficiency, and freedom for Americans with disabilities.

- Transportation is integral to the success of several of Secretary Thompson's priorities. Transportation to primary health care is critical to achieving his goal of closing the gap in health disparities among minority populations. Similarly, lifestyle changes and access to regular primary health care are vital to his chronic disease prevention agenda to reduce the effects of heart disease, asthma, diabetes, obesity and high blood pressure.

- The Federal Working Group on Child Passenger Safety for Families has been charged by the Secretaries of Transportation and HHS, and the Administrator of the National Transportation Safety Board to review the evidence related to car safety seats and to explore program options to help achieve the goal that every child be correctly restrained in an appropriate child restraining device on every trip.

- The Administration on Aging is partnering with the Federal Transit Administration (FTA) to increase coordination of planning and funding for transportation services. Data shows that one-third of elders receiving transportation services rely on it for virtually all of their transportation needs. This equates to roughly one million elders who in all

likelihood would become homebound were it not for this service. AoA and FTA will work to disseminate information on promising practices and conduct regional technical assistance sessions to promote models and new approaches for coordinating transportation resources.

- Recently, the Centers for Medicare and Medicaid Services (CMS) has also formed a working group with the FTA to coordinate efforts to improve access to health care services through transportation. This workgroup is developing an action plan including identified objectives and an agenda of work activities and products over a specified timeframe.

HHS continues to fund the Community Transportation Association of America (CTAA) to provide training and technical assistance to States and localities on transportation coordination issues. Now in its 13th year of funding, CTAA receives $1 million annually to assist HHS in enhancing transportation coordination across the nation. Our experience working with States and localities on transportation coordination strategies has demonstrated that the relationships developed through coordination efforts can extend far beyond work on transportation. Once agencies and individuals begin learning of each other's work and building trust, more crosscutting work becomes possible.

Our work with communities has revealed amazing creativity at the local level, as well as many promising practices. One unique approach can be found in Westbrook, Maine, where the newly created Independent Transportation Network provides transportation services 24 hours a day, seven days a week. Local residents can choose the level of service they desire and can afford. If a resident wants service immediately, and wants to travel alone, that is available. However, it will be more costly than if they are willing to wait and ride with others. The system is built on a series of transportation credits. Merchants, human services agencies, and families can all contribute to the ride account for an individual. All transportation is provided in vehicles that were donated to the system — for transportation credits — and the rides are provided by volunteers — many of who earn ride credits. We encourage and support creative approaches such as this, to solving local transportation challenges.

We have provided you copies of the Coordinating Council on Access and Mobility Action plans for fiscal years 2002 and 2003. Working with the Federal Transit Administration as well as with the National Consortium on the Coordination of Human Services Transportation, HHS anticipates increasing success among the coordination efforts. The Council will continue to improve our communication to the field through our individual programs, through the Council website, and through the relationships developed within the Consortium.

I want to thank the members of the Transportation and Infrastructure Committee and the Education and the Workforce Committee for the opportunity to share with you today the Department's commitment to human services transportation coordination, and I look forward to working with you to find improved ways of making these services more affordable and available.
I would be pleased to answer any questions you may have.

Department of Health and Human Services
Follow up from May 1, 2003 Joint House Committee Hearing on
Coordinating Human Services Transportation

Question from Congressman Petri:
This is a follow-up question, for all four panel members: We ask you to review the General Accounting Office's testimony from today, and determine of the recommendations and obstacles to coordination, which can be implemented or overcome under your current regulatory authority, and which require a change in law. Please send this analysis to both Committees. Upon issuance of the Final report by GAO in June, if any new or additional obstacles or recommendations are made, please update your analysis accordingly.

Answer:
The GAO testimony, and the draft GAO report subsequently sent for comment on May 12, 2003, offered the following recommendations:

1. Bring more uniformity to the funding processes and the reporting requirements of the 62 programs that currently permit the use of funds for transportation services.

2. Create some type of requirement and/or financial incentive for states and localities to put coordination mechanisms in place.

3. Increase communication and collaboration among the major federal agencies funding transportation services for the transportation-disadvantaged through the expansion of membership in the Coordination Council on Access and Mobility, to include Department of Labor and Department of Education.

4. Ensure a clear linkage between the long-term goals of the Coordinating Council on Access and Mobility and the individual tasks in the Council Action Plan as well as tying the indicated actions to measurable annual performance goals.

5. Within individual Departments, ensure that strategic and annual performance plans reflect transportation coordination efforts and incorporate long-term goals and performance measures that address coordination efforts.

6. Develop and distribute additional guidance to states and other grantees that encourage the use of coordination strategies through clear definitions of allowable uses of funds, technical assistance on the development of cost-sharing arrangements and clarifying uses of funds beyond serving the programs's target population.

7. Link the Web sites of funding federal agencies to the Coordinating Council on Access and Mobility Web site and implement an outreach strategy for distributing information about the Web site.

The Department of Health and Human Services (HHS) agrees with the GAO that recommendations #1 and #2 would require legislative action for implementation.

HHS accepts the GAO finding that recommendations #3 through #7 can be accomplished through administrative action. HHS has already undertaken steps to address recommendations #4 through #7, including the following:

- The Coordinating Council on Access and Mobility's Action Plan is undergoing review and updating for 2003 and preliminary planning for 2004. Aligning the tasks of the Action Plan to the longer-term goals of the Council is a part of that review. The Council is also developing measurable annual performance goals to enhance the planning process.

- The HHS Office of the Assistant Secretary for Planning and Evaluation is currently reviewing the draft HHS 2003-2008 Strategic Plan in light of these recommendations.

- The Coordinating Council workgroups are working with various program offices in HHS to develop additional guidance (and promote use of the guidance that has already been provided) to states and other grantees to encourage participation in transportation coordination efforts.

- An enhanced Web presence for the Coordinating Council is in development and will include the recommended linkages.

HHS appreciates the opportunity to provide the Transportation and Infrastructure Committee, and the Education and Workforce Committee with additional information on our efforts to improve access to transportation services for the transportation-disadvantaged.

Question from Congressman Pearce:
Congressman Pearce requested further information on the annual HHS expenditures on human services transportation.

Answer:
At the community level, the HHS expenditure on transportation represents a significant funding resource to public transportation agencies. The majority of health and human services funded by HHS require the client to travel to the site of service. The circumstances that lead individuals and families to eligibility for HHS-funded services also frequently result in limited access to transportation resources. Therefore, many health and social service agencies find that they must assist service recipients with transportation in order to ensure access to the primary services.

Several HHS programs collect data on transportation services, including those provided through Head Start, Temporary Assistance for Needy Families, and under the auspices of the Older Americans Act. These figures were reported as a part of the GAO testimony on May 1 and are provided again as an attachment (See Appendix II).

Data from other programs are limited by efforts to reduce unnecessary reporting burdens on public and private agencies. Because of this concern, we do not have the authority in many programs to collect exact expenditure data on specific secondary services – such as transportation – that support the provision of our primary services.

In 2000, HHS made an effort to estimate Departmental expenditures on transportation services in specific programs. By examining those programs where expenditure amounts were available, the Coordinating Council on Access and Mobility determined that approximately 5% of the program expenditures could be expected to be spent on transportation services. Once the calculations had been completed, HHS program offices reviewed the estimates, and revised where needed.

Through this effort, the total HHS expenditure for FY 2000 was estimated to be $2.7 billion. The breakout of these figures by program is available in the "Planning Guidelines for Coordinated State and Local Specialized Transportation Services," released by the Coordinating Council on Access and Mobility on December 20, 2000. The Guidelines are available at: http://www.fta.dot.gov//library/policy/guide/

Although, these data are only broad estimates, they have provided us with a working knowledge of resource levels that can support State and local coordination efforts. These estimates will continue to be important and helpful in efforts to promote coordination strategies, planning methodologies and improved management practices at the State and local levels.

Testimony of Patrick Reinhart, Executive Director,
Alaska State Independent Living Council
1016 West Sixth Ave, Suite 205
Anchorage, AK 99501/ Tel. 907-269-3571

Before the House Committee on Transportation and Infrastructure and the Committee on Education and the Workforce, "Coordinating Human Services Transportation"

May 1, 2003

Chairman Young, Chairman Boehner, Chairman Petri, members of the committees, my name is Patrick Reinhart. I am the Director of the Alaska State Independent Living Council, or SILC, as we are sometimes called, and a founding member of the Alaska Mobility Coalition. Briefly, all states and U.S. territories have SILC's, responsible under the Rehabilitation Act to develop a network of Centers for Independent Living and promote independent living services for persons with disabilities in their respective states. (Also, see the attached summary of our position on the Reauthorization of the Rehabilitation Act, as amended).

Congressmen and women, Americans with disabilities are counting on your action to support their mobility needs. When organizations and programs such as ours work with individuals with disabilities in ways to gain independence and live freely in the community of choice, we run up against many obstacles, such as access to personal attendant care, lack of accessible housing, public attitudes and few employment opportunities.

The lack of transportation is consistently among the top barriers reported by people with disabilities and those who serve them. Reliable, accessible, public transportation is necessary if people with disabilities are going to work and participate in the community.

Our nation's investment in transportation services for people with disabilities is still far too inadequate. You made some great strides with TEA-21 the past six years and we need to keep going in the directions outlined in TEA-21. And let us not forget the millions and millions of seniors who do not, cannot, or in some cases, should not drive. The rapid aging of America and the 50 million Americans that identified themselves as having a disability in the 2000 Census demand you act now, and continue to invest more of our tax dollars in public transit and coordinated transportation systems. I know you plan on spending hundreds of billions on roads, highways and other infrastructure to support a car-loving public, but it is time to put the "Equity" back into the "Act" and dramatically increase the transit or community transportation side of the ledger, even if it means adding a few additional cents per gallon to the federal fuel tax to meet this ever growing need.

Do you know what it is like for someone with a significant disability to get around in this country? The most fortunate live in a community with a fully accessible bus, subway, and/or light rail system, complimented by a paratransit service that is reliable, and have 24 hour accessible cab service. That is not most of America right now.

Most of rural America, states like Alaska, which give a whole new meaning to the term "rural", lack these advantages. In our state we have a few woefully under funded public transit systems in our larger cities and towns, and we have managed to cobble together a few coordinated transportation systems in some of our smaller towns and rural areas. Using JARC funds, 5310 and 5311 funds, Medicaid, state and local contributions, private foundations, and user fees, these new coordinated systems have become essential elements

to regional economic development plans. These coordinated transportation systems get the non-auto-using public, including persons with disabilities, to and from work. They get seniors to the local senior center, their volunteer jobs, or to the doctor. Headstart kids get to their pre-schools so their parents can go to their jobs. But in our state, we have dozens of coordinated systems left to develop, and we are counting on you to improve on the funding streams so we can leverage our way into each community and get working systems in place.

The bottom line is that we are not spending enough on public transit and community transportation services, period. Nor are we spending enough on transit in rural America through the 5311 program, or on disabled and senior transportation services through the 5310 program. Our Council and the SILC in your state support increases in both programs, as outlined in the attached policy brief prepared by my good friends at the Association of Programs for Rural Independent Living (APRIL). We also support a higher minimum allotment for each state, such as was proposed by Senator Max Baucus, $5 million for the 5311 program and $1 million for the 5310 program.

We also need more flexibility on how we can use these funds. For example, buying a lift equipped van for a village along the Yukon River is absolutely useless to us. But giving a grant to that village to buy a landing craft style boat so a wheelchair user can get on or off might be useful. It is transportation, but give us the local control to broaden the definition. Flexibility also needs to include the ability to use federal funding for operating costs and not just capital purchases during the start-up phase of a service. Starting a brand new coordinated transportation system in a small town or rural county takes time and sometimes several years of subsidies before they catch on and gain enough local support to continue without subsidies.

In addition, there are some real problems with the current rules for the Section 5311 program. It caps the population the rural transit program can serve to 25,000, and discourages multi-jurisdictional collaborations. This, despite the fact the program envisions an integrated, cost-effective transit system for small to medium size rural areas. Take the caps off and encourage closely grouped communities to pool applications and allow for funding of Rural Planning Organizations, analogous with MPO's. Each state DOT should develop plans to implement Rural Transit Systems in all rural areas, or at the very least, introduce voucher programs that put the resources directly in the hands of consumers and let them choose their transportation options.

Also, Congress must demand that state and city governments, who are getting the bulk of these billions in highway and transit dollars, begin including people with disabilities, seniors, and other stakeholders in the planning process and reward states and cities with more funding if they do it in a meaningful way.

Congressmen and women, our friends and colleagues at our Centers for Independent Living, most of them people with disabilities themselves, work very hard to get people out of nursing homes and other institutions. But transportation is often one of those major dilemma issues. Without it ...independence fails. With it... the freedom to participate in the American dream becomes a real possibility.

Thank you for the opportunity to provide this testimony.

Respectfully,

Patrick Reinhart
Executive Director, Alaska State Independent Living Council

Summary Points

- Public transit and coordinated transportation services for persons with disabilities are extremely important to their ability to work and participate in the community, and contribute to savings in other public funding arenas.
- Funding for public transit and coordinated transportation services needs to grow, and both the 5310 and 5311 programs need to grow even more. Some rules can be fixed and some flexibility needs to be worked into the programs.
- Coordination and collaboration efforts can be and should be improved.
- People with disabilities need to be part of the transportation planning process.

Patrick Reinhart
Executive Director
Alaska State Independent Living Council
1016 W. 6th Ave, Suite 205
Anchorage, AK 99501

907-269-3571
Email: Patrick_Reinhart@labor.state.ak.us

Attachments:

- Rural Policy Brief, Association of Programs for Rural Independent Living
- Alaska Mobility Coalition White Paper
- Executive Summary --Position on the Reauthorization of The Rehabilitation Act of 1973, As Amended, National Council on Independent Living

RURAL POLICY BRIEF

Rural Transportation for People with Disabilities
Transportation Equity Act of the 21st Century
(TEA 21) 2003 Reauthorization

Preamble

The lack of public transportation is one of the most serious, persistent problems reported by people with disabilities who live in rural areas. Compared to the resources allocated to rural areas, those allocated for rural public transportation are significantly inequitable. Statistically, 25% of the U.S. population lives in rural areas, but only 6% of federal transit service dollars are allocated to serve them.

Current TEA 21 language encourages organizations receiving Section 5310 funds to cooperate and coordinate with other entities to provide more comprehensive transportation services in rural communities. These efforts have been minimal and/or largely ineffective. In addition, accessibility and safety have not been universally ensured, although many local systems and programs – especially in rural or small communities – work hard to achieve them. More training is needed on the safety concerns of riders with disabilities.

The Americans with Disabilities Act (ADA) only covers paratransit systems that complement a fixed route system, which leaves out most rural transit programs. Many other artificial barriers and inefficient state and federal policies must be addressed in order to improve general rural transportation.

People with disabilities living in rural areas must use their own resources to create flexible alternatives. Successful models of rural transportation services for people with disabilities exist, but they are not widely known and resources are inadequate for broad implementation.

For two years, the members of the **Association of Programs for Rural Independent Living (APRIL)** have worked with the **Research and Training Center on Rural Rehabilitation Services at the Rural Institute on Disabilities - The University of Montana** and the **World Institute on Disability (WID)** in Oakland, California to highlight rural transportation issues for people with disabilities. The 2003 re-authorization of TEA 21 provides an opportunity to influence significant change. The National Council on Independent Living and the National Congress on Statewide Councils on Independent Living support us. The task is huge, but working together we can make a difference.

Proposed Areas of Change to TEA 21:

- γ **Funding**
- γ **Policy**
- γ **Coordination**
- γ **Consumer involvement and representation**
- γ **Innovative programs**
- γ**Research and development**

Funding:

Equitable funding for rural public transportation:

Require annual monitoring, reporting and evaluation of the allocation of resources between urban and rural areas by states. To achieve equity increase overall funding – do not simply reallocate funds from urban to rural areas.

Section 5311:

By 2008, achieve equity by increasing funding for Section 5311 rural public transportation by $523 million to $764 million.

Section 5310:

By 2008, achieve equity by increasing funding for Section 5310 rural public transportation by $90 million to $180 million.

Vouchers:

Put resources into the hands of riders by creating separate "voucher" programs and other related alternatives to rural public transportation. Fund at $180 million annually.

Policy:

Section 5310:

Enhance rural "public" systems by requiring that organizations which purchase vehicles with Section 5310 funds plan, develop and coordinate with other transportation providers to provide cooperative systems or to use alternative resources such as community inclusion drivers or other model voucher programs.

Rural Planning Districts:
Require and guide development of Rural Planning Districts which might include rural and sub-urban cooperative zones or districts that could expand "urban-based" para-transit requirements into surrounding rural areas.

Purchase of Accessible Vehicles:

Require any organization or agency not already covered under ADA to assure that the percentage of accessible vehicles being purchased is equal to or exceeds percentages outlined in ADA. Provide either a tax incentive or loan pool similar to the intercity bus program to promote the purchase of accessible vans by hotel chains, rental companies and other transportation purveyors.

Flexible Matching Requirements:

Expand and encourage flexible matching requirements to accommodate non-traditional rural providers' ability to successfully compete for transportation funds.

Taxi Lease Companies:

Require that a percentage of vehicles bought by taxi lease companies meet definable accessibility standards. This could parallel the Title II provision of ADA that holds employers with more than15 employees accountable.

Coordination:

Coordinate and integrate the transportation components of all federal disability-related legislation (i.e. Social Security Act, ADA, Welfare Reform, Ticket to Work) across agencies so they are consistent with and complement existing TEA 21 transportation programs.

Promote linkages among transportation systems and municipalities to overcome artificial barriers such as transportation that stops at a county line, service duplication and overlap. A mandate requiring community coordination (see "Policy") would address many of these barriers.

Consumer Involvement and Representation:

Require inclusion of rural people with disabilities, including those who use the transportation system, on state and local planning committees and boards.

Innovative Programs:

γ Sponsor no-cost/low cost loans to public/private partnerships of groups or individuals for establishing rural public transportation services.

γ Allocate innovative program funds to support tribal transportation programs.

γ Encourage and fund innovative private sector models that address inadequate rural transportation. Solutions might include accessible taxi services; using private drivers, including those with disabilities; vehicle pools similar to those used by intercity bus programs; and voucher models administered by centers for independent living or other rural human services agencies.

Research, Development, and Training:

γ Fund research and development to identify, create, and demonstrate best rural practice models and to provide training and technical assistance for rural communities to establish such programs during the transition to equitable funding and rural transportation restructuring. This may involve a set-aside of .5 to 1% of rural transportation funds.

γ Explore and develop the ***Ride/Ability*** concept, including developing technology, purchasing equipment and providing services.

γ Create a training and technical assistance program conducted by a national disability program (such as APRIL) that helps rural communities develop accessible transportation systems.

APRIL, the Association of Programs for Rural Independent Living
Linda Gonzales, National Coordinator
5903 Powdermill Road
Kent, Ohio 44240
330-678-7648 330-678-7658 fax
LGonz21800@aol.com http://april.umt.edu

Research & Training Center on Rural Rehabilitation Services
RTC RURAL
Tom Seekins, Director of RTC: Rural ruraldoc@selway.umt.edu
Rural Institute on Disabilities
52 Corbin Hall, The University of Montana
Missoula, MT 59812-7056
888-268-2743 406-243-2654 406-243-2349 fax
muarid@selway.umt.edu http://ruralinstitute.umt.edu/rtcrural

WID WORLD INSTITUTE-DISABILITY
World Institute on Disabilities
Devva Kasnitz devva@earthlink.net
510 16th St., Ste. 100
Oakland, CA 94612
510-251-4348 510-763-4109 fax 510-913-5791 (H.)
http://www.wid.org

ALASKA MOBILITY COALITION
White Paper

The Alaska Mobility Coalition is a statewide coalition of individuals and organizations formed to achieve mobility through community public transportation systems for residents and visitors of Alaska. The Coalition's goals are to ensure:

- Improved and stable operating and capital funding for existing community transportation systems and services available to the public
- Safe and cost-effective rides to meet local, regional and state mobility needs
- New sustainable, coordinated community transportation

Need to Expand Community Transportation Systems

Alaska has serious community transportation needs, which prevent many Alaskans with disabilities, low-income individuals, seniors, youth and members of the general public from being employed and participating in their communities. Capital spending on transit is a small fraction of the $500 million statewide transportation budget, and most of that money goes to ferry and rail improvements. Most local transit systems are so under-funded that their service levels are not keeping up with population increases. In Anchorage, for instance, population has increased 25 percent in the last ten years, while transit services have decreased by 33 percent.

Traditional public transit systems exist in several Alaskan communities, including Anchorage, Fairbanks, Juneau, Ketchikan, Barrow, and Metlakatla. Three Alaskan communities have relatively new coordinated community transportation systems (Kodiak, Mat-Su, Sitka, and Central Kenai Peninsula). No other Alaska community has a public transportation system. Although individual agencies may have accessible vehicles, the agencies restrict eligible clientele and hours of services. Services are seldom coordinated among the various agencies due to a fear of loss of control and real or perceived liability concerns, insurance policy restrictions and staffing issues. In other communities, no accessible vehicles are available at all. Communities with traditional public transportation systems (buses and ADA paratransit service) generally have limited hours of service due to a lack of resources, funding restrictions and lack of coordination with agencies who own accessible vehicles.

Overview of Existing Community Transportation Systems

Alaska is in the beginning stages of building coordinated community transportation systems in communities across the state to address these problems. The new systems in Kodiak, Mat-Su, and the Central Kenai Peninsula have resulted from these efforts. Coordinated systems take existing publicly funded vehicles owned by provider agencies, centralize dispatch, increase filled seats and increase vehicle usage. Not only is efficiency increased, individual riders can have access to a full menu of options such as voucher programs or travel training. In rural areas with no public transportation, public-private partnerships are sometimes created through the use of taxi voucher programs.

The benefits to the state of Alaska include more trips for more people to go to work, participate in the community and receive medical services; lower cost per ride; improved geographic coverage; lengthened hours or days of operation through increased dispatching efficiencies; and better use of funds agencies already spend to provide transportation services.

In the coordinated transportation programs in Alaska: Anchorage, central Kenai Peninsula, Kodiak and Mat-Su (see Appendix A), 294,462 individual rides were provided in January, 2002, with an additional 155 individuals receiving services through a taxi voucher program on the central Kenai Peninsula and Homer. The demand for these services is much higher than anticipated. The central Kenai Peninsula, Kodiak and Mat-Su transit programs exceeded their monthly ridership projections by 55 percent. Sitka just started its program in September, 2002.

Fairbanks is also in the process of expanding its current fixed-route bus service and complementary paratransit service to a fully coordinated system. Other areas where services are being coordinated or will be coordinated to some degree include Homer, Seward, Dillingham and Juneau. Other areas with expressed interest in developing coordinated transportation systems include Copper Valley, Craig and Hollis, Cordova and Ketchikan.

Future State and Federal Funding

The Alaska Mobility Coalition is exploring ways to increase state and federal funding options for public transportation and coordinated transportation systems. Some of the options currently being explored by AMC members now include:

- Increase share of federal Job Access Reverse Commute (JARC) funds to Alaska.
- Increase share of funds from the federal "Transit for Non-Urbanized Areas" and "Elderly and Disabled Transit" programs.
- Dedicate a percentage of federal highway funds received by the state for public transportation and coordinated transportation systems;
- Institute new motor fuel taxes;
- Institute new vehicle registration fees;
- Institute a statewide rental vehicle tax;
- Dedicate portion of TANF Funds for transportation programs; and
- Seek new state general fund appropriations

Future Local Funding

The Alaska Mobility Coalition is also exploring ways to gain additional support from local governments for public transportation and coordinated transportation services. Some of the options currently being explored by AMC members include:

- Institute local sales, rental vehicle, cruise ship or hotel bed tax supports for public transportation and/or coordinated transportation systems;
- Improve fee collection strategies including third party payer collections;
- Improve local communities and non-profit organization's ability to garner private support through foundations and corporate giving;
- Increase efficiencies of transportation services provided by local programs through coordinated vehicle maintenance, bulk fuel purchases, insurance pools, and increased use of volunteers.

THE NATIONAL COUNCIL ON INDEPENDENT LIVING (NCIL)

Position on the Reauthorization of
The Rehabilitation Act of 1973, As Amended

Executive Summary

The National Council on Independent Living and the Rehabilitation Act Subcommittee are proud to present the NCIL Position Paper on the Reauthorization of the Rehabilitation Act. The following is a summary of our recommendations:

Workforce Investment Act

- Include Independent Living Centers as a required One-Stop Partner
- Include accessible transportation to people with disabilities as a required intensive service
- Assure that two members of local Workforce Investment Boards will be people with disabilities
- Assure a consistent level of quality services with youth programs
- Assure that the designated state unit will serve as an advocate for people with disabilities
- Establish a Rehabilitation Services Administration Council to direct the activities and oversee the operations of the RSA

The Rehabilitation Act of 1973, as amended

Section 17

- Allow the opportunity to carryover Title VII C funds from one fiscal year to the next

Title I

- Give the State Rehabilitation Council (SRC) full authority for developing and overseeing the implementation of the state plan for vocational rehabilitation
- Clearly identify all VR services that are available
- Determination eligibility for VR services within 30 days
- Educate VR staff on consumer choice and control
- Require that a majority of VR staff, including management and VR counselors be qualified individuals with disabilities
- Require state compliance with federal mandates
- Require all CAPs to be independent agencies or non-profit organizations
- Change closure period indicating successful job placement to 180 days

Title II

- Assure that NIDRR disseminates research information to stakeholders
- Upgrade NIDRR 's research on satisfaction with VR services
- Maintain NIDRR's coordinating responsibilities related to the ADA and hire or promote people with disabilities to administer its ADA-focused programs
- Upgrade NIDRR 's recruitment of peer reviewers
- Institute a policy for appeal of NIDRR's grant decisions
- Clarify NIDRR 's procedures for obtaining input
- Define accessibility when assuring the provision of materials in accessible formats
- Specify how NIDRR will obtain input from the Interagency Committee on Disability Research
- Seek assistance from consumer-based organizations in order to obtain input on past performance
- Assure that at least 51 percent of the Rehabilitation Research Advisory Council are people with disabilities

Title III

- Establish a minimum annual number of training programs targeted to personnel employed by CILS and SILCS
- Assure that grants to train rehabilitation personnel include a requirement to recruit trainees with disabilities
- Specify that a CIL or SILC may serve as a nonprofit rehabilitation agency under RSA's scholarship program
- Explain procedures used to collect information on training needs and identify shortages of qualified personnel
- Give highest priority consideration to Olmstead-focused demonstration programs
- Extend the Recreation Program grant cycle to five years.

Title IV

- Inform people with disabilities about the National Council on Disability

Title V

- Streamline regulations, write clear technical assistance manuals, do public awareness to covered entities, and withhold funding from noncompliant agencies
- Develop standards of accessibility which address the needs of people with multiple chemical sensitivity/electrical sensitivity, and withhold funding

TAKE THE INITIATIVE
INVEST IN FREEDOM

Title VII

- Allow CIL use of Title VII funds for independent audits and enhance ability to attract diverse sources of funding
- Eliminate authority of vocational rehabilitation agencies to deliver independent living services with Part B funds
- Require that Chapter 2 applications are consistent with State Plans for Independent Living
- Assure that directors of centers have the authority to choose their representative on the SILC
- Assure that the priorities identified in the State Plan for Independent Living are followed
- Allow entities created by the SILC to develop into CILs to receive Part C funding
- Give SILCs sole sign-off authority over the development of the SPIL
- Include a process for appealing the State Plan
- Assure that all CILs currently receiving funding continue to receive it in subsequent years
- Amend the four core services of CILs
- Replace the current eligibility process with self-declaration
- Remove the term "significantly disabled"
- Require SPIL outreach provisions to address age and type of disability
- Improve the review process for CILs
- Clarify language regarding appointment of SILC chairs
- Directly fund the SILCs and State Rehabilitation Council
- Assure appointments to SILC are timely
- Develop standards and indicators to evaluate the SILC
- Revise list of IL services in SPIL to be consistent with IL philosophy
- Increase funding for CILS and change the formula for distribution

Flexibility Ideas for Rep. Don Young
May 9, 2003

1. **Provide funding for expanded transit capital investment and services for rural Alaska.**
   Include multi-function paratransit vehicles, hybrid buses, river boats, snow machines, all-terrain-vehicles, and portable shelters. Multi-function vehicles could be used as a school bus, health clinic transport, and for transporting elders and people with disabilities within the community.

2. **Revise the allocation of the federal formula grant program for rural transit (5311) to:**
   60% to large urban areas (more than 200,000 population)
   20% to small urban areas (50,000-200,000)
   20% to rural areas.
   This replaces the current allocation of 83%, 9%, and 6% respectively.
   The proposed new allocation comes directly from the formula adopted by Congress for the Jobs Access and Reverse Commute (JARC) program.

3. **Guarantee each state a higher minimum allocation in formula grant programs**
   $5 million for rural transit investment (5311)
   $1 million for elderly and persons with disabilities (5310)

4. **Allow administrative flexibility for transportation providers at the local level.**
   Provide the Secretary of Transportation with the authority to develop and implement a waiver system for various aspects of current federal transit regulations. This encourages development of services that are adapted to the unique local community environment.

5. **Allow 5310 grant funds to be used for operating costs of new coordinated systems.**
   Go beyond the currently allowed purchase of services. The lack of sufficient operating funds is the #1 challenge for community transportation systems.

6. **Revise match requirement for the Jobs Access and Reverse Commute (JARC) program.**
   Reduce the onerous 50% match requirement to 20% in line with other federal transit grant programs. Allow USDOT funds to be used as match.

7. **Remove the requirement that 15% of the 5311 grant monies go to providers of inter-city transportation.**
   Allocation to inter-city transportation providers should be at the state's discretion.

United States General Accounting Office

GAO

Testimony
Before the Committees on Transportation and Infrastructure and Education and the Workforce
House of Representatives

For Release on Delivery
Expected at 10 a.m. EDT
Thursday, May 1, 2003

TRANSPORTATION-DISADVANTAGED POPULATIONS

Many Federal Programs Fund Transportation Services, but Obstacles to Coordination Persist

Statement of Katherine Siggerud, Acting Director
Physical Infrastructure Issues

GAO-03-698T

GAO
Accountability · Integrity · Reliability

Highlights

Highlights of GAO-03-698T, a testimony before the Committee on Transportation and Infrastructure and the Committee on Education and the Workforce, House of Representatives

May 1, 2003

TRANSPORTATION-DISADVANTAGED POPULATIONS

Many Federal Programs Fund Transportation Services, but Obstacles to Coordination Persist

Why GAO Did This Study

Numerous federal government programs provide assistance to "transportation-disadvantaged" individuals—those who are unable to provide their own transportation as a result of a disability, an age-related condition, or an income constraint. The assistance is provided to help these populations connect with services such as health and medical care, employment and training activities, and education programs. Coordination of this assistance—through such steps as pooling resources, consolidating transportation services under a single state or local agency, and sharing information about available services—has been found to improve the cost-effectiveness and quality of service. GAO was asked to identify (1) the federal programs that provide these transportation services and the amount spent on these programs; (2) the effect of coordination—or lack of coordination—on the delivery of transportation services for the transportation-disadvantaged; and (3) any obstacles that may impede effective coordination and potential ways to overcome such obstacles.

What GAO Recommends

This testimony is based on ongoing work being done for the Transportation and Infrastructure Committee. GAO expects to issue a report in June 2003, at which time there may be recommendations.

www.gao.gov/cgi-bin/getrpt?GAO-03-698T.

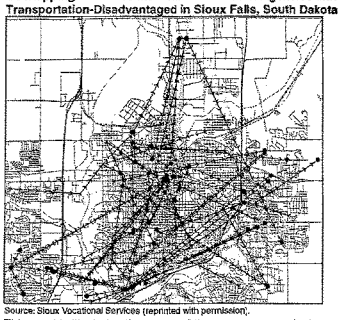
To view the full testimony, including the scope and methodology, click on the link above. For more information, contact Katherine Siggerud at (202) 512-2834 or siggerudk@gao.gov.

What GAO Found

GAO found 62 federal programs—most of which are administered by the Departments of Health and Human Services, Labor, Education, and Transportation—that currently fund a variety of transportation services for the transportation-disadvantaged. The full amount of spending for these programs is unknown because transportation expenditures are not always tracked separately from other program expenditures. However, available information (i.e., estimated or actual outlays or obligations) on 28 of the programs shows that federal agencies spent at least an estimated $2.4 billion in fiscal year 2001 on these services.

Effective coordination can help avoid duplication of effort and inefficiency in providing transportation services. GAO's preliminary results indicate that some jurisdictions have realized significant benefits, such as improved customer service and lower unit costs, and through coordination efforts such as sharing vehicles, consolidating services under one provider, or sharing information among programs. By contrast, GAO found several examples of overlapping, fragmented, or confusing services resulting from a lack of coordination.

Overlapping Routes of the Vehicles of Seven Agencies that Separately Serve the Transportation-Disadvantaged in Sioux Falls, South Dakota



Source: Sioux Vocational Services (reprinted with permission).

This graphic illustrates that many of these seven agencies' routes have similar starting and ending points. Many of these routes represent trips serving similar populations and occurring within 30 minutes of each other.

GAO identified numerous obstacles impeding coordination, including: (1) reluctance to share vehicles and fund coordination; (2) differences in federal program standards and requirements; and (3) limited guidance and information on coordination. To mitigate these obstacles, officials and experts suggested harmonizing standards among federal programs to better share resources and serve additional populations, expanding forums to facilitate communication among agencies, providing and disseminating additional guidance, and providing financial incentives or instituting mandates to coordinate.

Messrs. Chairmen and Members of the Committees:

We appreciate the opportunity to testify on the coordination of transportation services for people with limited access to transportation. At the request of the Transportation and Infrastructure Committee, we have been examining transportation assistance that the federal government funds to benefit these individuals. Our work focuses on a population we call "transportation-disadvantaged"—that is, people who are unable to provide their own transportation as a result of a disability, an age-related condition, or an income constraint. This is a sizeable group. For example, according to the 2000 U.S. Census, 35.1 million people were over age 65, 44.5 million people over age 21 were disabled, and 33.9 million people were living below the poverty line. We have been studying the assistance available to help such people connect with the services provided through government programs, such as health and medical care, employment and training activities, and education programs. For many people in this group, traditional public transportation may not be an option to access such services.

Providing transportation services to these populations and coordinating them across program lines are becoming more critical issues as the transportation-disadvantaged populations grow and financial constraints on the federal government and other government levels increase due to budget deficits. With these trends, it will become more important to maximize efficiency wherever possible to avoid having to reduce services. The coordination of transportation services—through pooling resources, consolidating transportation services under a single state or local agency, or sharing information about available services—has been found to improve the cost-effectiveness and quality of service.

My statement today, which is based on the preliminary results of our ongoing work for the Transportation and Infrastructure Committee, addresses (1) the federal programs that provide transportation services for transportation-disadvantaged populations; the types of services they provide; and federal, state, and local government spending for transportation through these federal programs; (2) the effect of coordination—or lack of coordination—on the delivery of transportation services for the transportation-disadvantaged; and (3) any obstacles that may impede effective coordination and potential options for overcoming such obstacles. We are continuing to examine these issues and expect to report on the final results of our work in June 2003.

Our work is based on an analysis of pertinent federal laws and regulations, available data on federal and state spending, and the research literature on coordination of transportation services. We also conducted an in-depth study of coordination efforts in five states—Arizona, Florida, New York, South Dakota, and Wisconsin. We selected these five states to include a cross-section of characteristics including the presence or absence of a state-level coordinating body and geographic dispersion. Appendix I contains more information about our scope and methodology.

In summary:

- Sixty-two federal programs—most of which are administered by the Departments of Health and Human Services, Labor, Education, and Transportation—fund a variety of transportation services for the transportation-disadvantaged, and spending for these programs is estimated to be in the billions of dollars.[1] Most of these programs purchase transportation from existing public or private sources, such as providing bus tokens or passes, or contracting for service from private providers. Also, several programs fund the purchase or modification of vehicles for agencies to provide transportation for their clients. The full amount of spending for these programs is unknown because transportation is not always tracked separately from other program spending. Available information on actual or estimated spending shows that federal agencies spent at least an estimated $2.4 billion in fiscal year 2001 on various transportation services. Department of Health and Human Services programs spent about three-quarters of this amount. State and local agencies also provide significant 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. However, estimates of state and local spending are not available because few agencies track such information at the federal or state level.

- We found some agencies that have realized substantial benefits by coordinating their transportation services through sharing vehicles, consolidating services under a single agency, or sharing information about available services, while others that do not coordinate have experienced overlapping, fragmented, or confusing services. In locations where coordination among programs has occurred, agencies and users are realizing significant benefits, such as improved customer service and

[1]In this testimony, spending refers to actual or estimated outlays or obligations, depending on what information was available from the agency.

lower unit costs. For example, a transit agency in South Dakota consolidated the transportation services previously provided by both senior and medical centers as well as other federal, state, and local programs. This consolidation allowed the agency to increase the number of trips provided while reducing the average cost of providing each trip by more than 20 percent. The agency has also improved its services by coordinating with local taxi companies to provide night and weekend trips. In areas without coordination, local officials reported some examples of (1) overlapping services, such as the transportation provider who often runs two vehicles on the same route at nearly the same time to accommodate different paperwork requirements; (2) fragmented services, when transportation services provided by different counties or programs do not connect and riders have difficulty scheduling complete trips; and (3) confusion, when both providers and users are overwhelmed by the sheer number of programs and their different requirements.

- Decision makers face numerous obstacles in trying to coordinate services for the transportation-disadvantaged; officials and experts that we consulted offered several potential options to mitigate these obstacles and enhance coordination among federal, state, and local agencies. We grouped the obstacles that impede coordination into three categories: (1) reluctance to share vehicles and fund coordination activities; (2) programmatic differences, including fragmented administration and distinct reporting requirements among programs; and (3) limited guidance and information on coordination, as shown by the limited technical assistance provided by federal and state agencies on the possible techniques for coordinating services. To mitigate these obstacles, some officials and experts have suggested three potential options that may be undertaken to improve coordination. One option is to harmonize standards among federal programs—such as safety standards related to types of seat belts and driver training requirements—so that they may serve additional populations or better share transportation resources. Another option is to expand forums that would facilitate communication among agencies involved in coordination and to share additional technical guidance and information on coordination among federal and state agencies through a central clearinghouse or improved Web site. The third option is to provide financial incentives and mandates that would give priority in federal funding to those applicants that show a strong commitment to coordinate. Some of these options, however, would require extensive statutory or regulatory changes and may cause agencies to incur significant costs.

Background

Concern over coordinating transportation services for transportation-disadvantaged populations has been evident since the 1970s. In 1977, we issued a report on transportation coordination,[2] which concluded that the most significant hindrance to the coordination of transportation services under these programs was confusion at all levels of government as to how much coordination federally funded projects could engage in.

Since 1986, responsibility for coordinating transportation programs at the federal level has rested in the Coordinating Council on Access and Mobility. This body is composed of representatives from program offices within the Department of Health and Human Services (HHS) and Department of Transportation (DOT), and its staffing needs are met, on a part-time basis, by employees of these agencies.

In a 1999 report on transportation coordination,[3] we found that coordination efforts of the Coordinating Council, DOT, and HHS were ongoing but needed strengthening. This report also noted that the Congress had endorsed increased coordination as evidenced by several provisions in the Transportation Equity Act for the 21st Century (TEA-21),[4] and significant financial benefits had been realized through coordination. More recently, reports and agency officials have raised concerns over continuing duplication of effort among federal programs and certain sub-populations still not being served effectively.[5]

[2]U.S. General Accounting Office, *Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs: Volume I*, GAO/RCED-77-119 (Washington, D.C.: Oct. 17, 1977).

[3]U.S. General Accounting Office, *Transportation Coordination: Benefits and Barriers Exist, and Planning Efforts Progress Slowly*, GAO/RCED-00-1 (Washington, D.C.: Oct. 22, 1999).

[4]P.L. 105-178 (June 9, 1998).

[5]For example, a report prepared for the AARP found that transportation resources for the elderly, disabled, and other groups were often not coordinated and led to duplication of services. The services were also found to vary in quality and to fail to address the needs of individuals who did not meet specific agency or program eligibility requirements. See Jon E. Burkhardt, *Coordinated Transportation Systems* (AARP, Washington, D.C.: September 2000).

Sixty-two Federal Programs Fund Transportation Services for the Transportation-Disadvantaged, and Spending on Them Is in the Billions of Dollars

We identified 62 federal programs that fund a variety of transportation services to populations that are transportation-disadvantaged.[6] The bulk of these programs are administered by 4 federal agencies—23 programs in HHS, 15 programs in the Department of Labor (DOL), 8 programs in the Department of Education, and 6 programs in DOT.[7] The remaining 10 programs are administered by the Departments of Housing and Urban Development (HUD), Veterans Affairs (VA), Agriculture, and the Interior. A full listing of programs with their authorizing statutes, typical uses, types of trips provided, target populations, and available spending information is found in appendix II.

According to program officials, most of these 62 programs typically use existing public or private transportation services through such methods as contracting for services with private transportation providers, or through providing bus tokens, transit passes, taxi vouchers, or mileage reimbursement to volunteers or program participants. For example, DOL's Workforce Investment Act Adult Program typically provides participants with bus tokens, while HHS's Grants for Supportive Services and Senior Centers program most often contracts with local transportation providers to provide client transportation. Several programs, however, are typically used to purchase, modify, or operate vehicles. These include Head Start

[6]In addition to these 62 programs, it is likely that there are other federal programs that could be used to fund transportation improvements or other transportation services. Our scope included programs that provide nonemergency, nonmilitary, surface transportation services, targeted to transportation-disadvantaged populations. We excluded most programs that were strictly for research or demonstration activities or provided strictly cash assistance with no restrictions on use, as well as some economic development programs that benefit the general public and are not targeted to transportation-disadvantaged populations. Efforts by other researchers to inventory all federal programs that could conceivably provide transportation yielded additional programs not found in our inventory due to differing selection criteria. Community Transportation Association of America, *Building Mobility Partnerships: Opportunities for Federal Investment* (Washington, D.C.: March 2002).

[7]Two DOT programs that are included here, the Urbanized Area and Nonurbanized Area Formula Programs, are used to support mass transit intended for the general public, many of whom could conceivably provide their own transportation. We include them because the Americans with Disabilities Act (ADA, 42 U.S.C. Chapter 126) requires that transit operators provide accessible paratransit service that is comparable to their regular service for disabled individuals who are unable to provide their own transportation or access the regular transit system, and TEA-21 allows a portion of these transit formula grants to be used to offset paratransit operating costs. Because it is impossible to determine the amount these programs spend to provide transportation to transportation-disadvantaged populations, who are among the general population that is served by these programs, we only report on the portion of these funds used for ADA paratransit.

and the Program for American Indian, Alaskan Native, and Native Hawaiian Elders in HHS; the Vocational Rehabilitation Grants program in the Department of Education; and the Capital Assistance Program for Elderly Persons and Persons with Disabilities, the Urbanized and Nonurbanized Area Formula Programs, and the Job Access and Reverse Commute program in DOT.

Spending by 28 Federal Programs Is Estimated at $2.4 billion in Fiscal Year 2001

Information on federal spending for transportation is available for 28 of the 62 programs we identified.[8] These programs spent an estimated $2.4 billion on transportation services in fiscal year 2001.[9] (Appendix II lists available spending data for each federal program.) Based on available information, HHS programs as a whole spent the most on transportation for transportation-disadvantaged populations in 2001—an estimated $1.8 billion. Table 1 shows estimated transportation spending by the eight federal agencies that fund services for the transportation-disadvantaged.

[8]Of these 28 programs, 16 provided actual spending data for fiscal year 2001. Program officials for the remaining 12 programs provided an estimate of transportation spending for 2001.

[9]There was no spending information available on four programs viewed as important providers of transportation services. These programs included HHS's Program for American Indian, Alaskan Native, and Native Hawaiian Elders and DOL's Workforce Investment Act Adult Program, Workforce Investment Act Dislocated Worker Program, and Workforce Investment Act Youth Activities. The Community Transportation Association of America, a national, professional membership association that conducts research and provides technical assistance for community transportation providers, identified the four programs, whose total obligations were $3.7 billion in fiscal year 2001, as routinely used to provide transportation. While information was not available on the portion of the $3.7 billion devoted to providing transportation services, we were able to analyze data on other human services programs which indicates that, on average, about 3 percent of total spending on those programs was devoted to transportation.

Table 1: Estimated Spending on Transportation Services for the Transportation-Disadvantaged by Eight Federal Agencies in Fiscal Year 2001

Agency	Amount spent on transportation (in millions)	Percent of total estimate	Number of programs included in estimate	Total number of programs that provide transportation
Department of Health and Human Services	$1,771.0	72.9%	10	23
Department of Transportation	$317.3	13.1%	6	6
Department of Veterans Affairs	$160.8	6.6%	3	3
Department of Education	$133.8	5.5%	2	8
Department of Labor	$26.4	1.1%	3	15
Department of Agriculture	$13.0	0.5%	1	1
Department of Housing and Urban Development	$7.5	0.3%	3	4
Department of the Interior	Not available	0.0%	0	2
Total for 8 agencies	**$2,429.8**	**100.0%**	**28**	**62**

Source: GAO analysis of HHS, DOT, VA, Education, DOL, Agriculture, HUD, and Interior data.

The amount spent on transportation services by the remaining 34 federal programs is unknown, mainly because the majority of programs do not require recipients of federal funds to report transportation spending information to the federal agency.

Total State and Local Transportation Spending Is Unknown, but May Be Significant

Total state and local spending for transportation services, which supplements federal spending for such programs, is likely significant—reaching into the hundreds of millions of dollars at least—although the total is unknown because most programs do not require grantees to report these data. Matching requirements, which represent the nonfederal contributions to the program's costs that come from state, local, or private funds, provide some information on state and local spending on transportation for the transportation-disadvantaged. For example, according to state officials, state and local spending for one program—Medicaid—made up between 32 and 50 percent of the total spending on nonemergency medical transportation in the five states that we visited,

totaling $188.9 million in 2001 in those five states.[15] Thirty-two of the programs that we identified have matching requirements that generally require states and localities to contribute between 5 and 50 percent of total program costs.

Coordination Has Led to Improvements, while Lack of Coordination Can Result in Overlap

Coordination Has Financial Benefits and Can Lead to Improved Service

Through coordination, some local agencies have realized both improved levels of service and financial benefits, such as reduced costs of providing each trip, as follows:

Improved customer service:

- A coordinated system in central Florida provides transportation for Medicaid, vocational rehabilitation, and other programs. According to local officials, vans used to show up late, if at all, and clients had difficulty finding out the status of their ride. Since consolidating services under a single provider and bringing scheduling and dispatch services in-house, officials report service improvement.
- Through collaboration, information-sharing, and cost-sharing among county agencies, the Clinton County transit system in New York serves both Medicaid and elderly populations, making it easier for those populations to access medical and community services because they only have to be familiar with one system.

[15]The amount that states are required to contribute depends on how states claim transportation under Medicaid. If states claim transportation as an optional medical expense, the state or local portion ranges from 17 to 50 percent of total costs, based on a measure known as the Federal Medical Assistance Percentage. If states claim transportation as an administrative expense, the state or local portion is 50 percent of total costs.

- A federal regional official said that coordination can remove the stigma of specialized transportation because all recipients use the same service and are treated equally.

Financial benefits:

- Three New York counties joined in a transportation brokering service[11] that saved an estimated $92,000 in 2001 by identifying a lower-cost alternative means of transportation, that is, moving groups of clients in buses rather than transporting individual clients in taxis. This brokerage service provides transportation to Medicaid patients, the disabled, veterans, and other client groups.

- In Aberdeen, South Dakota, the local transit agency consolidated the transportation services previously provided by both senior and medical centers as well as other federal, state, and local programs. This consolidation allowed the agency to increase the number of trips provided while reducing the average cost of providing each trip by more than 20 percent—from about $5 to $4. The agency has also improved its services by coordinating with local taxi companies to provide night and weekend trips.

Lack of Coordination Can Lead to Overlapping Services and Confusion

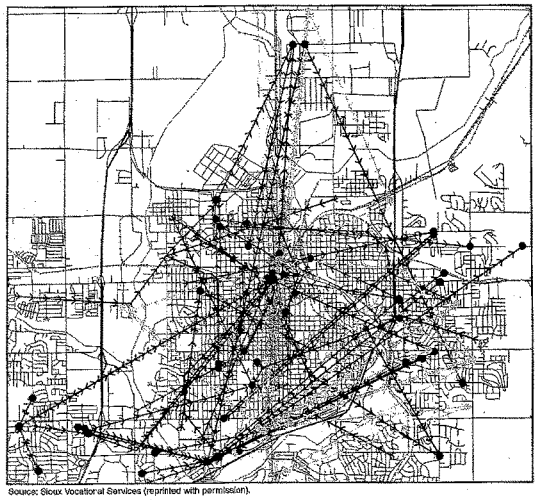
Although the various programs we reviewed target specific populations, some populations are eligible to receive transportation services from multiple programs, resulting in duplication and inefficiency in some cases. In our visits with state and local transportation and human service agencies and providers, we found examples of areas or programs that were not coordinating, resulting in overlapping services. A for-profit transportation provider in one state told us that he often has two vehicles overlap on the same route at the same time, one for medical trips and one for paratransit,[12] because it is too difficult to mix clients due to complicated fee structures and paperwork requirements imposed by the

[11]The Community Transportation Association of America defines brokerage as a method of providing transportation where riders are matched with appropriate transportation providers through a central trip-request and administration facility. The transportation broker may centralize vehicle dispatch, record keeping, vehicle maintenance, and other functions under contractual arrangements with agencies, municipalities, and other organizations. Actual trips are provided by a number of different vendors.

[12]Paratransit most often refers to wheelchair-accessible, demand-response van service, according to the Community Transportation Association of America, and is more flexible than fixed route transit but more structured than the use of a private automobile.

state for the two programs. An official from a workforce development program in another state told us that many programs in his county use their own vans to deliver clients to the job center, but because the programs do not coordinate, only a few people ride in each van. In another area that has had difficulty coordinating, several human service providers hired a consultant to study the extent to which various agencies provide similar transportation services within a geographic region. This research showed substantial overlap in local services for the transportation-disadvantaged, as shown in figure 1. The consultant identified ways in which the number of routes could be substantially reduced through better coordination.

Figure 1: Overlapping Daily Routes of Vehicles Serving the Transportation-Disadvantaged in Sioux Falls, South Dakota



Source: Sioux Vocational Services (reprinted with permission).

This picture shows the daily routes of vehicles operated by seven different agencies in the same region of Sioux Falls, South Dakota. Overlap occurs when routes have the same or nearby starting and ending points and are transporting similar clients at similar times. This graphic illustrates that many of these agencies have similar starting and ending points. Among the agencies shown in this graphic are two vocational rehabilitation agencies (serving the same general population) as well as agencies that serve low-income clients or clients with disabilities. While the graphic cannot show the time element, many of these routes represent trips occurring within 30 minutes of each other in the morning and afternoon.

We also found examples of fragmented services and confusion among users as a result of uncoordinated programs. One official said that a lack of coordination results in fragmented services, placing a burden on people who receive transportation through many different programs, depending on trip purpose, because they must be familiar with multiple systems, rules, and requirements. Fragmentation also occurs when adjoining counties do not coordinate their public transportation routes, leaving

riders stranded due to unconnected transit systems. For example, a local transit administrator said that a 62-year old woman regularly walks 1.5 miles from the northern border of the county to her job in the next county, along roads with no sidewalks, because the counties do not coordinate and the bus service does not connect across county lines. Another provider in the same state has contracts to provide transportation services for clients in multiple human service programs. Because of a lack of coordination among those programs, the transportation provider has to maintain two separate dispatching and reservation systems for its vehicles to comply with differing reporting and eligibility requirements. Vehicles can only operate under one dispatching system at a time, so the drivers cannot provide rides to more than one type of client at a time. In addition, the provider said that clients who call for rides are confused by the sheer number of programs, and the agents who make their reservations do not know for which program the clients are eligible.

Officials Cited Numerous Obstacles to Successfully Coordinating Services and Provided Potential Options to Mitigate Them

Although some federal, state, and local agencies encourage the coordination of services for the transportation-disadvantaged and some coordination efforts have been established, officials representing these agencies and experts in the area cited numerous obstacles that impede more effective coordination of transportation services among agencies, as well as potential ways for overcoming these obstacles.

Obstacles Related to Sharing Vehicles and Providing Financial Resources for Coordination

Officials pointed out that agencies may be reluctant to share vehicles or may give low priority to funding coordination activities. In addition, some areas have limited transportation services available, thus limiting any opportunities to benefit from coordination.

Apprehension About Sharing Available Financial Resources and Vehicles

Administrators of federal programs may be apprehensive about sharing vehicles for coordination due, in part, to their concerns about a loss of control over the quality of client services or their concerns about mixing frail, sick, and healthy populations in one coordinated system. According to a report on coordinated transportation systems, this reluctance among

providers to cooperate can lead to an underutilization of vehicles.[13] Likewise, some human service clients may be apprehensive about using coordinated transportation because they may be uncomfortable mixing with members of other populations with whom they are unfamiliar or they may fear a loss of accommodation or convenience, such as having to adjust from door-to-door service to curb-to-curb service or public transit.

Low Priority Given to Funding Coordination Activities

Despite the per unit cost-savings that some agencies have experienced through coordinating, the overall cost of coordination can be significant. For example, a transportation brokerage firm in one state faced substantial added costs when it began providing transportation to human service programs due to requirements to meet more stringent state and federal safety standards. However, some officials stated that the low priority given to funding coordination activities could impede coordination efforts. For example, according to officials in one state, although recipients of funds from DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities are required to coordinate with other local transportation services provided from federal sources, DOT does not currently encourage the use of these funds for administration of the program and, thus, the current allotment for administrative expenses would not support any staff to work on coordination activities.

Limited Availability of Transportation Services

Coordination may not be an effective strategy in those communities that have limited transportation services available, particularly in those communities that are not served by public transportation. For example, in some remote areas—such as the northwestern part of South Dakota where services available to many communities are 40 to 60 miles away—there are few transportation services available to transport individuals to hospitals or other services. In these areas, coordination may not be a workable or cost-effective option.

Obstacles Related to Programmatic Differences

Coordinating multiple programs administered at various levels of government is complicated because the programs have different requirements with respect to eligibility, funding, reporting, and safety; and they differ in their programmatic goals and missions.

[13]Moss Adams LLP, Community Transportation Association of America, *The Coordination Challenge* (Seattle, WA: June 2000).

Different Eligibility Rules

Federal program rules that specify the eligible populations that each program can serve may limit opportunities for collaboration. For example, DOT officials in one region stated that they were unable to combine DOL and DOT funds for a DOT transportation program for migrant farm workers because DOL funds are designated for U.S. citizens, while there is no such restriction on the use of DOT funds. In addition, some liability insurance policies specify that a program's vehicles may serve only a certain population, thus those programs face additional insurance costs to transport individuals other than program clients. Such restrictions can lead to inefficient transportation services within a community. For example, an official in one state we visited commented that one federal agency's vehicle provided medically related trips three times per week to that agency's clients, but would not transport other individuals seeking similar medical services provided under other federal programs due, in part, to liability insurance restrictions. Safety requirements also vary by program and jurisdiction, thus complicating efforts to transport multiple client groups. For instance, different standards for roof strength, types of seat belts, and driver qualifications pose problems for schools, human service agencies, and public transit providers interested in sharing vehicles. Some areas have been able to overcome specific program rules to share vehicles. For example, a Head Start grantee in one state we visited was able to transport students using vehicles supplied by the local public transit provider because these vehicles met the same safety standards as school buses.

Varying Funding Streams and Cycles

Funding streams and cycles vary across federal programs, making coordination more difficult. For example, DOT funds generally flow from the state to counties or cities, while DOL funds flow through the states to local workforce investment boards. In addition, funding for programs such as Head Start flows directly to grantees rather than going through states, making it more difficult for the states to directly manage the coordination activities of local grantees, according to an official in one state. There is also complexity in working with different funding time frames and cycles under multiple federal programs. For example, although DOT's Job Access and Reverse Commute (JARC) program encourages grantees to use other federal funds to provide the local "match" required to obtain JARC funds, the funding time frames and cycles of these other funding sources are different, complicating efforts to combine financial resources.

Lack of Uniform Data Collection and Reporting Requirements Among Programs

Different reporting requirements among programs can create excessive paperwork in a coordinated system and may make it difficult for agencies to determine their true transportation costs and the benefits that may be realized from coordination. For example, one report commented that a

transit provider was required to give each of several human service agencies a separate type of bill for services provided, which reflected the unique requirements imposed by each of those agencies.[14] In addition, human service agencies and providers may not be required or accustomed to collecting complete and uniform transportation data for their programs, even though such information may enable administrators to estimate their transportation-related costs and re-evaluate how best to provide transportation. For example, when Florida's statewide coordination program was established, state and local agencies in Florida reported their total estimated annual transportation-related expenditures at $8 million. However, once reporting requirements were in place for all agencies providing services to the transportation-disadvantaged, actual expenditures were estimated to total $224.9 million—much higher than the initial estimate. Such information has helped human service agencies in Florida understand their true transportation costs, which has encouraged some of these agencies to be more interested in coordination as they realize the potential for cost savings.

Distinct Purposes and Goals Among Agencies

Unlike transportation agencies, human service agencies provide transportation as a secondary service so that their clients may access primary human services. Therefore, while DOT-funded transportation agencies have specific and relatively uniform federal requirements for transportation planning, human service agencies do not typically conduct transportation planning or collect transportation-related data for their programs, making the planning of coordinated transportation services between transportation and human service agencies challenging.[15] In addition, human service, transportation, medical, and workforce agencies all have distinct technical languages and cultures, which may inhibit collaboration among these agencies. In one state we visited, the labor and transportation departments experienced difficulty collaborating because some common terms have completely different meanings within each agency. For example, transportation officials interpreted the term "cost-allocation" as an accounting methodology to estimate the overall cost of operating transportation services in order to determine the appropriate rate to charge for these services, while state labor officials interpreted the

[14]Ecosometrics, Inc., *Recommended Framework for Developing State and Local Human Services Transportation Planning Guidance* (Bethesda, MD: Sept. 22, 1998).

[15]Volpe National Transportation Systems Center, *Innovative State and Local Planning for Coordinated Transportation* (Washington, D.C.: February 2002).

term as a way to determine what proportion of overall costs will be funded by each agency.

Obstacles Related to Limited Federal and State Guidance and Information on Coordination

Although some federal and state agencies have recognized the potential offered by coordination and provided some assistance toward this end, some state officials we interviewed expressed concerns about the amount and effectiveness of the guidance they have received on coordination. In addition, the absence of interagency forums or other mechanisms to develop and share information about initiatives to coordinate services limits the support that local providers receive to effectively coordinate.

Limited Federal Guidance and Information on Coordination

Officials in some states we visited said that they receive little federal guidance on potential strategies to coordinate services. As a result, they develop their own approaches without the benefit of guidance on the most effective way to coordinate services. For example, officials in one state said that there was insufficient guidance on how to share costs among programs for projects funded jointly by DOT's JARC grants, HHS's Temporary Assistance for Needy Families, and DOL's Welfare-to-Work program funds. Instead, they had to seek advice from other states. In addition, the Coordinating Council on Access and Mobility is not directly funded and has limited visibility for agencies actually involved in implementing coordination efforts. For example, although the Council has developed a Web site[16] that is accessible through a link on the Federal Transit Administration's section of DOT's Web site, there is no similar link from HHS's Web site, possibly limiting human service agencies' awareness of and ability to access the site. In several states, human service program administrators with whom we spoke were not aware of the Council or its Web site.

Limited State Guidance and Information on Coordination

In the five states we visited—even in those states with a coordinating body—there was limited state guidance to help local areas implement coordination, and some officials stated that the lack of leadership and commitment at the state level was a major obstacle to local coordination. In addition, while some states have established coordinating councils or bodies or have designated a lead agency for coordination, nearly one-half of the states have no coordinating body, according to one report.[17] Officials

[16]www.fta.dot.gov/CCAM/www.index.html

[17]Westat, *Toolkit for Rural Community Coordinated Transportation Services*, Transit Cooperative Research Project of the Transportation Research Board, Project B-24, Interim Report (Rockville, MD: March 2002).

in one state explained that the lack of a coordinating body that requires various agencies to discuss and resolve transportation issues is the main obstacle toward a more coordinated system.

Potential Options to Improve Coordination

Federal, state, and local officials, as well as experts in the area, have suggested a number of potential ways to improve coordination of transportation services among federal programs. We are still in the process of collecting additional information and reviewing it with stakeholders, but three key options have emerged thus far.

Harmonizing Program Standards and Requirements

Officials and experts expressed a need to harmonize requirements among federal programs, such as providing more flexible regulatory language that would allow providers to serve additional client groups, creating consistent cost accounting methods, and adopting common safety standards. For example, one official commented that federal program regulations could include language permitting other client groups to make use of available transportation options. Also, some officials believed that adopting standard accounting procedures could provide a consistent measure for comparing services, allowing administrators to evaluate how best to provide transportation services and determine the savings they could achieve through coordination. Likewise, making standards for safety (e.g., types of seat belts) and driver training uniform among federal human service programs, as appropriate, may facilitate the shared use of vehicles and drivers in one coordinated system, according to some officials. Finally, some officials suggested that federal grant programs that allow the use of funds from multiple sources should be under the same funding cycle or time frame so that these funds may be combined more easily. However, differing program standards exist to ensure that the distinct needs of specific target populations are adequately served and that agencies maintain accountability for providing these services. Thus, the benefits from any change in standards or requirements would need to be balanced against continuing to properly meet client needs and sufficiently control funds distributed to grantees. In addition, harmonizing program standards and requirements among 62 federal programs authorized by more than 20 pieces of legislation would necessitate extensive legislative changes and could impose additional costs for agencies to meet new requirements.

Expanding Forums and Providing and Disseminating Additional Guidance and Information on Coordination

Some officials advocated expanding the number of agencies involved in coordination, establishing interagency forums, and improving central clearinghouses as ways to better develop and disseminate guidance on coordination. To enhance coordination efforts at the federal level, some

officials suggested expanding the membership of the Coordinating Council on Access and Mobility to include additional agencies so that a broader array of agencies that serve the transportation-disadvantaged are represented. This could include agencies such as DOL and the Department of Education that we identified as being significant because a large number of their programs authorize the funding of transportation services for the transportation-disadvantaged. In addition, establishing state-level forums may also facilitate communication among agencies involved in coordination and can lead to benefits. For example, one state has established an interagency task force on transportation coordination, which has resulted in a number of benefits—including the pooling of vehicles and the expansion of services—in some areas of the state. Some officials and experts suggested that federal agencies provide additional guidance and other information that result from forums or other sources to clearly define the allowable uses of funds, assist agencies in developing cost-sharing arrangements for transporting common clientele, and encourage the establishment and participation in interagency forums. This additional guidance and information could be better disseminated through a central clearinghouse, such as the Coordinating Council's Web site.

Providing Financial Incentives or Mandates

Some officials and experts believed that incentives or mandates could help improve coordination, although others expressed concerns that such actions would have negative effects on the ability of local agencies to respond to community needs. Officials provided several examples, including the following:

- Federal grant applications could contain provisions giving priority in funding to those grantees committed to coordination efforts.
- Current funds allotted by multiple federal sources could be combined into one state or local fund for transportation services for the transportation-disadvantaged.
- Funding opportunities could be tied to federal or state coordination mandates so that there are financial consequences for a failure to coordinate.

However, officials pointed out that these options also had some potential downsides that would need to be carefully considered. For example, combining funds into a single source could result in some populations being unfairly overlooked because smaller agencies would be at a disadvantage in competing for funding with larger agencies serving larger numbers of clients. In addition, several officials also raised concerns about

mandates to coordinate. For example, some officials said that mandates might reduce the flexibility of agencies to design and deliver transportation services that specifically address their communities' needs. In addition, some officials noted that state efforts or mandates might not guarantee successful local coordination. For example, a city in one state we visited was unsuccessful in coordinating its multiple transportation services despite state encouragement to do so and despite losing some federal funding as a result.

Messrs. Chairmen, this concludes my prepared statement. I would be happy to respond to any questions you or Members of the Committees may have at this time.

Contact and Acknowledgments

For further information on this testimony, please contact Katherine Siggerud at (202) 512-2834 or siggerudk@gao.gov. Individuals making key contributions to this testimony include Christine Bonham, Rita Grieco, Bradley Hunt, Susan Irving, Jessica Lucas-Judy, Sara Ann Moessbauer, Hilary Murrish, Ryan Petitte, Stanley Stenersen, Andrew Von Ah, and Randall Williamson.

Appendix I: Scope and Methodology

Our scope of work included federal programs that provide transportation services to the transportation-disadvantaged. To provide information on the purposes and types of such federal programs, we first determined the universe of programs by reviewing an existing inventory produced by the Community Transportation Association of America[1] and a report prepared for the Coordinating Council on Access and Mobility.[2] We then supplemented and modified this inventory of programs based on interviews with agency officials and searches of the Catalog of Federal Domestic Assistance. We included only those programs that provide nonemergency, nonmilitary, surface transportation services of any kind, targeted to transportation-disadvantaged populations. We interviewed program administrators to identify the general target population and the types of transportation services and trips that are typically provided under each program.

To address the issues related to program funding, effects of coordination, and coordination obstacles and strategies, we: (1) conducted interviews and document reviews in the pertinent federal agencies; (2) conducted five case studies in Arizona, Florida, New York, South Dakota, and Wisconsin; (3) reviewed the literature on the challenges encountered in providing and coordinating services to the transportation-disadvantaged; and (4) interviewed industry representatives and advocacy groups representing elderly and disabled populations. We did not verify spending data or estimates received from federal agencies for accuracy.

At the federal level, we interviewed officials from the headquarters of the Federal Transit Administration in the Department of Transportation; the Administration on Aging, the Administration for Children and Families, the Centers for Medicare and Medicaid Services, the Health Resources Services Administration, and the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services; the Employment and Training Administration in the Department of Labor; the Department of Agriculture; the Department of Education; the Department of Housing and Urban Development; the Department of the Interior; and the Department of Veterans Affairs. We also interviewed federal officials from the 10 regional offices of the Federal Transit

[1]Community Transportation Association of America, *Building Mobility Partnerships: Opportunities for Federal Investment* (Washington, D.C.: March 2002).

[2]Coordinating Council on Access and Mobility, *Planning Guidelines for State and Local Coordination* (Washington, D.C.: Dec. 20, 2000).

Administration and some regional officials in the departments of Health and Human Services and Labor. The federal officials we met with included representatives of the Coordinating Council on Access and Mobility from the Federal Transit Administration and the Department of Health and Human Services.

In conducting our case studies in the five states, we reviewed documentation and interviewed officials from state and local transportation and human service agencies and service providers, as well as consumers of transportation services. We judgmentally chose the states to include three states without a state mandate or state coordinating body and two states with such conditions. We also chose states on the basis of relative concentrations of elderly, disabled, and low-income populations, and for some, geographic dispersion.

Finally, we interviewed representatives of professional, industry, and advocacy organizations that are part of the National Consortium on the Coordination of Human Services Transportation, a group that represents a broad spectrum of stakeholders involved with coordination of transportation for the disadvantaged. We conducted our work from July 2002 through April 2003 in accordance with generally accepted government auditing standards.

Appendix II: Inventory of Federal Programs

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]	FY 2001 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)(I)(i)(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 & 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
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

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]	FY 2001 spending on transportation[b]
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 Severe Disabilities	Workforce Investment Act of 1998	29 U.S.C. §§ 795g and 705(36)	Vehicle modifications, bus tokens	To access employment placements, employment services, and vocational rehabilitation services	Persons with a significant disability	No actual data or estimate available from the federal agency[c]
Vocational Rehabilitation Grants	Rehabilitation Act of 1973, as amended	29 U.S.C. § 723(a)(8)	Vehicle modifications, bus tokens	To access employment placements, employment services, and vocational rehabilitation services	Persons with physical or mental impairments	$49,200,000 (estimate)[d]
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)[e]
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
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[f]
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)[g]

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]	FY 2001 spending on transportation[b]
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
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	States are encouraged to provide transportation services instead of vehicles	Attendance at meetings, conferences, trainings	Persons with developmental disabilities and family members	$786,605 (partial outlay)[c]
Temporary Assistance for Needy Families	Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended	42 U.S.C. §§ 604(a), (k)	Any transportation-related use, 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)[c]
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	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]	FY 2001 spending on transportation[b]
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
Department of Health and Human Services, Centers for Medicare and 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)[c]
State Children's Health Insurance Program	Medicare, Medicaid, and SCHIP Benefits Improvement Act of 2000	42 U.S.C. §§ 1397jj(a)(26), (27)	Any transportation-related use	To access health care services	Beneficiaries are 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)(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

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]	FY 2001 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)[c]
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	$73,000 (estimate)[c]
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	No actual data or estimate available from the federal agency[d]
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)[c]
Department of 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

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]	FY 2001 spending on transportation[b]
Indian Employment, Training and Related Services[i]	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 Farmworkers	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	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)[j]
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[i]	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

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]	FY 2001 spending on transportation[b]
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 under WIA	No actual data or estimate available from the federal agency
Workforce Investment Act Adult 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 public 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
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)[d]
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[e]

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]	FY 2001 spending on transportation[b]
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
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)[c]
Job Access and Reverse Commute	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309	Expand exisiting 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)[c]

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]	FY 2001 spending on transportation[b]
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)[c]
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
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 spending on transportation services for the transportation-disadvantaged						**$2,429,835,887**

Source: GAO analysis of information from the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, 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.

[a]A supplemental source for the target populations was the Catalog of Federal Domestic Assistance.

[b]Actual 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.

[c]According 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.

[g]A program official said that 10 percent of total program outlays would be a conservative estimate of transportation outlays.

[h]According to a program official, grantees report total transportation outlays for Vocational Rehabilitation Grants, Supported Employment Services for Individuals with Severe Disabilities, and other rehabilitation sources together. The program official reports that transportation outlays for Vocational Rehabilitation Grants are approximately 90 percent of the total amount reported, but did not provide a similar estimate for Supported Employment Services for Individuals with Severe Disabilities.

[i]A 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.

[j]Fiscal 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.

[k]A program official estimated that transportation outlays were 8.3 percent of total outlays.

[l]This 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.

[m]This 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.

[n]Program 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.

[o]According 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.

[p]Estimate of transportation outlays is based on data from grantee's budget allocations, as suggested by an agency official.

[q]This 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.

[r]This is a partial estimate because, according to a program official, data on transportation outlays are only available from competitive grantees; formula grantees are not required to report outlays for transportation. The program official could not provide an estimate of outlays for transportation through the formula grant program. The program official said that fiscal year 2001 data for the competitive grant program are incomplete and the agency is still collecting fiscal year 2001 data from approximately one-third of its competitive grantees, due to differing reporting schedules. As of March 2003, competitive grantees reported outlays of approximately $60,000 on transportation, and the program official expects total outlays for transportation to reach the level of outlays on transportation in fiscal year 1999 (approximately $73,000) or more after all competitive grantees report data.

[s]Data on outlays for transportation are not available. The agency does collect data on the amount that grantees request for various supportive services, including transportation. These requests may cover 1, 2, or 3 years; a program official said that they could not easily determine for how many years grantees are requesting money. In fiscal year 2001, grantees requested $12,973,992 for transportation.

[t]Estimate 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.

[1]Public Law 102-477 allows 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's 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 can provide transportation assistance separately from 102-477.

[k]A program official estimated that transportation outlays were approximately 1 percent of total program outlays.

[l]Program funding from FY 1998 and 1999 may still be spent, but the program no longer receives funding.

[m]Estimate of transportation outlays is based on a program official's review of grantee obligations.

[n]According 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.

[o]According 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.

[p]The 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.

[q]According 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.

QUESTIONS FOR THE RECORD
May 1, 2003 Joint Hearing
Joint Hearing Before the House Transportation and Infrastructure Committee and the House Education and Workforce Committee

"Coordinating Human Services Transportation"

CHAIRMAN PETRI

GAO TESTIMONY

QUESTION: The Department of Transportation is to respond to the recommendations and obstacles set forth in the GAO testimony on human service transportation coordination by specifically identifying those areas where changes could be made under current law with administrative guidance and those that would require a legislative change to implement.

ANSWER:

Below are the list of obstacles, recommendations, and areas that can be addressed administratively or legislatively. However, with more time, an interagency approach to addressing obstacles and recommendations will be required.

OBSTACLES:

Vehicle and Financial Resource Sharing –Attitudinal Barriers

POINTS:

- Loss of Control over service quality
- Reluctance to mixing client groups
- Low budget priorities

In each of these cases, DOT believes that there are both administrative and legislative requirements that can be addressed. The agency does believe that proactive consistent education and technical assistance is essential in changing attitudes, behaviors, and practice of collaboration. The legislative action in this area includes the SAFETEA proposal submitted by DOT which includes a 15% eligibility for planning, technical assistance or administrative activities in programs related to older adults, individuals with disabilities, and low income riders (i.e., JARC, NFI, and 5310).

POINTS:

- Limited availability of transportation resources.

Unfortunately, many communities do not have transportation resources because of limited funding resources.

Program Differences

POINT:

- Eligibility differences

FTA programs are geared to the provision of service, not eligibility of individuals. Where there are specific target markets or programs identified for a specific purpose, FTA has the ability, through administrative changes, to integrate language into program guidance that allows for the provision of "incidental service". This would allow transportation providers to offer rides to other passengers if and when there is available capacity after all targeted purposes are met.

POINT:

- Varying funding streams and cycles

Because the dates for program guidance and deadlines for submission, and grant awards are set from within a given agency, DOT believes that they can work administratively with their partners in other agencies to facilitate streamlining in this area. Another challenge is related to the level of predictability of funding with each program. Formula programs offer greater predictability than those programs that are earmarked. Thus formula programs provide more predictable resources and opportunities to plan and coordinate with other program areas (i.e., TANF, Head Start, etc).

POINT:

- Lack of uniform data collection and reporting requirements between various Federal agencies.

FTA currently collects data from urban areas, which includes the tracking of passenger miles, vehicle capacity, and ridership. FTA does not require data collection based on rider demographics or trip purpose. DOT believes that this effort can be addressed by administrative changes, such as through altering existing data collection requirements. Imposing an additional reporting requirement to collect new data in these areas, as well as any new effort to collect data from rural areas, would require approval of the Office of Management and Budget (OMB) consistent with the Paperwork Reduction Act. Administratively, program guidance can be strengthened to ensure that programs have consistent reporting requirements within DOT. Also, legislative changes could facilitate a single unified reporting system of federal and state data.

POINT:
- Distinct Program Purposes and Goals

DOT believes that it can facilitate the development of program purposes and goals through the administrative process.

Limited Federal and State Guidance on Coordination

POINT:
- Lack of Federal Guidance

DOT can provide changes in this area through administrative processes by strengthening the current guidance to encourage efforts in coordination. DOT can also accomplish this through proactive outreach with states and local communities in the area of technical assistance, planning, and education.

POINT:
- Lack of State Guidance

DOT can develop guidance to states in the area of interagency coordination; however, a legislative mandate requiring coordination would facilitate greater implementation in this area. The DOT's SAFETEA proposal includes a requirement for local and state coordination.

RECOMMENDATIONS:

Harmonize Program Standards and Requirements

POINTS:
- Ability to serve additional clients

This area can be addressed through administrative changes. As stated in the obstacles portion of this document, DOT is addressing eligibility through language that provides "incidental service" providing an opportunity to serve multiple client groups.

POINT:
- Consistent cost accounting methodology

DOT can address this through administrative changes and through collaboration with the Office of Management and Budget.

POINT:

- Common safety standards

DOT can address this change administratively by offering consistent guidance on vehicle safety standards.

Expand Coordination Forums and Guidance

POINT:
- Expand federal coordination council membership

The expansion of the coordinating council can be addressed through administrative action.

POINT:
- Establish State level coordination forums

DOT and HHS are in the process of bringing state leadership together through regional forums to address human service transportation coordination. Proactive technical assistance will also facilitate and expedite this effort.

POINT:
- Improve information dissemination

DOT can address this through its current operations and administration capacity. DOT currently supports several dissemination centers, such as the Rural Transportation Assistance Program (RTAP), Transportation Resource Centers (TRC), and Project ACTION, that provide information and resources in this area.

Provide Financial Incentives or Mandates

POINT:
- Federal investments for coordination commitments

Legislative action would be required to achieve this effort.

POINT:
- Combine funding programs from multiple Federal sources into a single state fund

This effort would require a legislative action in order to implement this recommendation.

POINT:
- Federal Funding tied to federal and state coordination mandates

Legislative action would be required to achieve this effort. DOT's SAFETEA proposal includes a legislative provision that would include coordination as a requirement for human service transportation programs, in particular, the New Freedom Initiative (NFI), Job Access Reverse Commute (JARC), and the Elderly and Persons with Disabilities (section 5310) Programs.

Rep. Ellen O. Tauscher's Statement before
Joint Hearing of the Transportation and Infrastructure and Education and Workforce Committees
Coordinating Human Services and Transportation
May 1, 2003

Mr. Chairmen and Ranking Members,

Thank you for convening this joint hearing today to explore ways the federal government can better coordinate delivery of its human service programs to the "transportation disadvantaged" individuals who most need to access them.

As the Transportation Committee begins to develop legislation to reauthorize our surface transportation law, it is imperative that we maximize our resources across all our human services agencies by continuing to make smart investments in transportation services that provide access to other federal and state programs.

I am looking forward to hearing from today's distinguished panelists and want to quickly cite two success stories from my district in the San Francisco Bay Area.

The first is the Department of Transportation's Job Access and Reverse Commute grant program.

Active citizens in the city of El Cerrito in my District and the city of Richmond in Ranking Member Miller's District used funding under this program to provide transportation to unemployed people in their cities to cities in Marin, where there were plenty of jobs but no one to fill them.

This is a success story of TEA-21 and we need to build on this during reauthorization.

The second story is not complete, but I hope it will be one of the many success stories of this next surface transportation bill.

The Ed Robert's Campus is the vision of nine state-of-the art disability organizations in the Bay Area, which have joined together to develop a multi-tenant facility that will serve as an intermodal transit and services center and information hub for people with disabilities.

This center would maximize Bay Area human services and by locating at a BART station, reduce the need for costly and sometimes unreliable paratransit services.

Ed Roberts was one of the pioneers of the Independent Living Movement and I am hopeful that we can provide funding in this legislation to make this vision a reality that will honor his life's work and serve as a national model.

Thank you, Mr. Chairman and I yield back the balance of my time.

TESTIMONY OF DAVID WENZEL
MEMBER
NATIONAL COUNCIL ON DISABILITY
before the
U.S. House of Representatives
Committee on Transportation and Infrastructure and
House Committee on Education and the Workforce
"Coordination of Human Services Transportation"
Washington, DC, May 1, 2003

Good morning, Chairman Young, Chairman Boehner, and distinguished members of the Committees. Thank you for inviting me to participate in this hearing on the coordination of human services transportation. My name is David Wenzel. I live in Scranton, Pennsylvania where I teach at the University of Scranton. I am a retired veteran of the United States Army and am a former mayor of Scranton. I have been a person with a disability since 1971, when a land mine accident in Viet Nam resulted in the loss of my legs, my left hand, and the vision in my left eye. I was appointed by the President to serve on the National Council on Disability. It is on the Council's behalf that I offer these comments today.

The National Council on Disability (NCD) is an independent federal agency charged with making recommendations to the President, Congress and Federal agencies on equal opportunity for all individuals with disabilities. We welcome the opportunity to share our recommendations with you this morning that we hope will assist you as you work to reauthorize the Transportation Equity Act (TEA-21).

The reauthorization of the Transportation Equity Act presents a unique opportunity to improve access to transportation for the fifty-six million individuals with disabilities and their families. The Transportation Equity Act contains several provisions that improve mobility for people with disabilities:

- TEA-21 authorizes Project Action, which for twelve years has provided valuable technical assistance to transportation providers and people with disabilities that has contributed to making transportation one of the most accessible sectors of our society;

- As a result of TEA-21, states can use federal surface transportation funds for the modification of public sidewalks to comply with the Americans with Disabilities Act. Without accessible sidewalks, many people with disabilities are stranded, still on the outside looking in, unable to take advantage of the investments we have made in the accessibility of our transportation system;

- The most recent reauthorization of TEA-21 added a requirement that transportation plans and projects provide due consideration for safety and contiguous routes for ... pedestrians, including the installation, where appropriate, and maintenance of audible traffic signals and audible signs at street crossings. As a result, states, cities, and counties are beginning to take advantage of assistance from the U.S. Federal Highway Administration and the U.S. Access Board on how to make their pedestrian environments accessible for people who are blind, visually impaired, or deaf/blind;

- Grants to assist over-the-road bus operators in complying with the ADA have contributed to more accessible intercity bus transportation for people with disabilities; and

- Transit enhancement funds include a set-aside of funds for certain transit improvements, including enhanced access for persons with disabilities to mass transportation.

NCD would like to commend Congress for these past efforts to enhance transportation options for people with disabilities.

Although there has been significant progress in the accessibility of public transportation systems since the enactment of the Americans with Disabilities Act (ADA), and the supporting provisions of the Transportation Equity Act, a substantial portion of the disability population continues to be barred from participating in many aspects of community life as a result of inadequate accessible transportation. Moreover, users of public transportation often fall victim to strict eligibility criteria and funding stream restrictions that create inconsistencies between the realities of daily life and the ability of public transportation providers to meet the needs of its passengers. This often causes those who rely on public transportation to be forced to use a taxicab for many destinations - - an option that is often neither accessible nor affordable.

Access to transportation is critical for Americans with disabilities to participate fully in basic activities such as education, employment, worship, job training, commerce, recreation, and other activities of community life that most people take for granted. According to a population-based survey conducted in 2000 by the Harris Poll and funded by the National Organization on Disability, approximately 30 percent of Americans with disabilities have a problem with inadequate transportation, compared to approximately 10 percent of the general population. Moreover, according to a 1994-95 survey by the National Center for Health Statistics, almost 5.5 million Americans report that they never drive because of an "impairment or health problem." Thus, Americans with disabilities are key stakeholders for transportation providers around the country. For America to achieve the goals of the ADA -- equality of opportunity, full participation, economic self-sufficiency, and independent living -- America must expand its investment in a comprehensive, accessible, and affordable transportation infrastructure.

To continue the progress experienced to date in the growth and accessibility of the nation's transportation system, to address the problems and barriers remaining for people with disabilities

in access to transportation, and to meet the transportation challenges of the future, NCD offers the following recommendations:

1. Support the development of innovative transportation initiatives to facilitate partnerships between transportation providers, people with disabilities, and human service providers that promote access to alternate methods of transportation.

The Bush Administration proposed the New Freedom Initiative (NFI) in March 2001, and included $145 million for innovative transportation solutions for people with disabilities in its budget for FY 2002 and FY 2003. This funding did not survive the appropriations process. NCD asks that Congress authorize $145 million to fund programs to promote integrated accessible (non-ADA) transportation and to remove transportation barriers to integrate people with disabilities into the workforce and community. To achieve the broadest use of this funding, we ask that NFI transportation projects be coordinated with existing transportation services.

2. Increase funding for public transportation.

Increased funding is essential to maintain and improve traditional transit and paratransit services to meet the transportation needs of people with disabilities. Currently, less than one-third of one percent of the entire federal budget goes to transit programs. The Community Transportation Association of America estimates it will take at least several billion additional dollars before the transit program will be able to offer a seamless national network of public and community transportation. According to a new national poll conducted by Wirthlin Worldwide, 81 percent of Americans believe that increased investment in public transportation strengthens the economy, creates jobs, reduces traffic congestion and air pollution, and saves energy. The survey found that almost three-quarters (72 percent) support the use of public funds for the expansion and improvement of public transportation. Interestingly, the findings cut across all geographic locations: urban, suburban, rural and small town areas.

Public transportation is an even higher priority for people with disabilities. Many people with disabilities make major life decisions according to the availability of public transportation. Housing, employment, recreation, shopping, and learning options are all limited to the geographic areas where public transportation exists. Currently, this restricts their opportunities to a fraction of what they should be. People with disabilities look forward to the day when our country has a comprehensive, seamless, safe, and accessible transportation system.

3. Set aside 5 percent of Surface Transportation Program (STP) funds and Congestion Mitigation and Air Quality (CMAQ) funds for making the public rights-of-way accessible to people with disabilities.

The use of accessible public transportation by many people with disabilities is strictly limited by lack of an accessible pedestrian route to the transit stop. Despite the availability of STP and CMAQ funds for pedestrian walkways and transportation enhancements, many states expend little funding to improve sidewalks, crosswalks, signals and curbs for people with disabilities. When accessibility projects must compete with traditional highway projects during the planning process, accessibility is too often an after-thought – after all funds are allocated. People with disabilities comprise one-fifth of the American population. Yet, they are rarely considered in the transportation planning process. A 5 percent set aside for designing and constructing transportation projects to accommodate people with disabilities would introduce some equity for people with disabilities into the transportation planning process. An initial investment to improve the pedestrian environment is essential, and increases not only accessibility but also safety for all users and will increase mobility options for people with disabilities – making it possible for some to use alternatives less costly than paratransit services.

The Federal Highway Administration of the U.S. Department of Transportation funded a national project to assist states, cities, and counties in making their facilities accessible to people with disabilities. See, "Designing Sidewalks and Trails for Access: Review of Existing Guidelines and Practices (July 1999). The U.S. Access Board published "Accessible Rights-of-Way: A Design Guide" (Nov. 1999) www.access-board.gov/publications/prow%20guide/prowguide.htm. Most recently, the U.S. Access Board convened a national advisory committee of stakeholders, including state and local civil engineers, traffic engineers, highway officials, and people with disabilities, to develop detailed recommendations for accessibility standards for public rights-of-way. See, the Public Rights-of-Way Access Advisory Committee Final Report, "Building A True Community" (Jan. 2001) www.access-board.gov/prowac/commrept/index.htm. Additionally, the Manual on Uniform Traffic Control Devices now contains specifications for the installation of accessible pedestrian signals. Much of this information now available was achieved through federally funded research. Federal agencies, such as the Federal Highway Administration and the Access Board, have invested in turning the information into technical assistance and guidance. It is time to reap the benefits of the federal investment in pedestrian access and fund implementation so that people with disabilities can enjoy full access to the public rights-of-way.

4. Authorize significant funding increases for rural and small urban transportation services to address a serious lack of transportation options for people with disabilities in rural areas.

Many people with disabilities live in rural areas where little if any public transportation service is available. In fact, according to The Research and Training Center on Rural Rehabilitation Services, part of the University Affiliated Rural Institute on Disabilities at the University of Montana, the nation's non-metropolitan areas are home to a higher percentage of people with disabilities-including people with severe disabilities-than more densely populated areas.

- One-fifth of the U.S. population (about 53.3 million people) lives in the nation's 2,308 non-metropolitan counties-spread out over 75 percent of U.S. land area.

- Approximately 12.5 million of these rural Americans have disabilities, and six million have severe disabilities.

- People with disabilities make up 23 percent of the non-metropolitan population, compared to 18 percent in metropolitan areas.

- Approximately 11 percent of the non-metropolitan population reports a severe disability, slightly higher than the 9 percent reported for metropolitan areas.
  SOURCE: Demography of Disability and Rehabilitation in Rural America, RTC: Rural Institute on Disability, University of Montana.

Not surprisingly, people with disabilities in rural areas participate less in all aspects of community life. Yet, some communities have demonstrated that, with appropriate funding, rural transportation services can be operated successfully. The Association of Programs for Rural Independent Living www.april-rural.org/docs/mentoring.html has compiled many helpful resources on successful rural transportation programs serving people with disabilities. NCD requests that Congress authorize significant increases in funding for rural transportation so that people with disabilities can have the freedom to live and work independently in rural areas.

5. Establish Mechanisms and Incentives to Improve the Coordination of Transportation Services

The U.S. Department of Transportation, in conjunction with other relevant federal agencies such as the Department of Health and Human Services, the Department of Labor, the Department of Education, and the Social Security Administration, should develop a mechanism and a process to facilitate coordination of transportation resources at the federal, state and local levels.

Many human services agencies buy vans to transport clients, including those with disabilities, to and from services. These agencies rarely coordinate with transportation entities that provide related transportation services, such as paratransit. Human services vans can sit idly for extended periods of time, while people with disabilities in the same community have difficulty accessing public transportation. In addition, Section 9 and Section 18 transportation providers--generally urban and rural providers--are prohibited from picking up residents outside their designated areas, even though they may drive directly through adjacent areas while transporting someone. Coordination efforts should seek to enhance transportation services such as these in current transportation systems by promoting initiatives such as agreements between urban and rural providers to pick up passengers in each other's areas when logical to do so.

In addition, there are many people residing in "gray areas," or areas served by neither urban nor rural transit. These are most often communities in urbanized areas that have not signed on with the regional transit system. However, the regional transportation provider's funding allocation includes the population residing in the unserved areas. Coordination should ensure that these people are served by some public transit system.

The coordination of transportation services, while an important goal for purposes of maximizing limited resources to provide an essential public service that benefits all tax-payers, should not be used to promote cost-efficiencies at the expense of much-needed transportation services. NCD supports coordination that results in more comprehensive, reliable, on-time, life-enhancing public transportation services for people with disabilities, and we believe there are coordination measures that can be implemented to this end. However, NCD opposes any coordination efforts that create additional barriers to mobility options for people with disabilities, or which would result in reducing opportunities for integrated, inclusive, and independent living for people with disabilities.

In closing, I would like to suggest to the Committee members that improving transportation services for people with disabilities makes our environment better for everyone, and we need to plan now for the large numbers of individuals who are expected to need public transportation services in the future. In January 2011, 10,000 baby boomers will cross the threshold of retirement; they will become 65 years old. And every year after that, 10,000 baby boomers will cross that threshold every day, until, in the year 2020, there will be 80 million people over retirement age in the United States. The reality is that the longer we live, the more likely we are to experience a disability. As a function of the natural process of aging, people lose sensation, they have hearing loss, vision loss, they have difficulty with mobility as a result of arthritis and many other conditions. They are likely to experience memory loss and other kinds of cognitive impairment simply as a result of the natural effect of aging. If you add to that the numbers of us who will be injured through acts of violence, the number of people who at birth and younger ages have disabilities resulting from developmental issues, and the number of people who are injured and disabled as a result of accidents, a well-planned, comprehensive, seamless, safe and accessible transportation infrastructure is no longer merely beneficial, it is essential to the survival of our current way of life.

Thank you.

TESTIMONY OF THE

AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

BEFORE THE

HOUSE COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE AND THE HOUSE COMMITTEE ON EDUCATION AND WORKFORCE

ON COORDINATING TRANSPORTATION SERVICES AND SOCIAL SERVICE PROGRAMS

****

May 19, 2003

SUBMITTED BY

American Public Transportation Association
1666 K Street, N.W.
Washington, DC 20006
(202) 496-4800

APTA is a nonprofit international association of over 1,500 public and private member organizations including transit systems and commuter rail operators; planning, design, construction and finance firms; product and service providers; academic institutions; transit associations and state departments of transportation. APTA members serve the public interest by providing safe, efficient and economical transit services and products. Over ninety percent of persons using public transportation in the United States and Canada are served by APTA members.

Mr. Chairman and members of the House Committee on Transportation and Infrastructure and the Committee on Education and Workforce, on behalf of the American Public Transportation Association (APTA), I thank you for this opportunity to address the need to improve coordination between social service providers and public transportation agencies.

ABOUT APTA

APTA's 1,500 public and private member organizations serve the public by providing safe, efficient, and economical public transportation service, and by working to ensure that those services and products support the needs of all Americans.

APTA member organizations include public transit systems and commuter railroads; design, construction and finance firms; product and service providers; academic institutions; and state associations and departments of transportation. More than ninety percent of the people who use public transportation in the United States and Canada are served by APTA member systems.

BACKGROUND

Eight federal agencies currently offer programs that provide subsidized transportation services to clients in partnership with state and local governments. These programs serve America's vulnerable and disadvantaged populations, including low income workers and people who receive job training and assistance under the Temporary Assistance for Needy Families (TANF) program; and people with disabilities and the elderly. A General Accounting Office (GAO) report issued this past year stated that there are 62 federal programs, more specifically, and many others operated by state and local governments, that provide transportation subsidies to clients.

This wide variety of programs at federal, state, and local levels means that in many communities, transportation assistance is provided under multiple programs. At the same time, the federal government provides funding for public transportation systems in those same communities, often serving clients of human service programs. The result is that the federal government often funds duplicative, inefficient transportation services that are confusing to the populations they are supposed to be helping. Were these state and local service providers required to coordinate more closely with public transportation agencies, better service could be provided at less cost. Savings would benefit taxpayers who ultimately support such service without adversely impacting beneficiaries.

The cost of this duplication is immense. The GAO report suggests that of the 62 federal programs that provide transportation assistance, only 28 maintain cost data. The estimates for total spending on all programs ranges from $4 to $7 billion annually, close to the total annual federal investment in the public transportation systems that already serve these communities.

The provision regarding transportation services under the TANF program is a prime example of this problem. As part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, TANF required its clients to work and maintain personal responsibility in exchange for time-limited cash assistance. The program provides transportation assistance for low-income workers, under the broad discretion of the states. At the same time the Job Access and Reverse Commute (JARC) program under TEA 21 provides grants to public transportation providers to provide services to low-income

workers, including TANF clients. Several states took advantage of TANF and JARC by coordinating service and developing creative and expanded transportation services for its clients, while other states failed to make transportation coordination a priority. In many states, human service agencies pay high cost for transportation services. These include providing vouchers for private taxis, contracting with non-profit providers and even purchasing their own vehicles.

This duplication of funding and lack of coordination among human service programs such as TANF is not new. Hearings have been conducted in Congress since the late 1970s on this issue, and APTA and its members have worked with Congress since the late 1990s on legislation to alleviate this problem. Progress has been made, such as the formation of the Departments of Transportation (DOT) and Health and Human Services (HHS) Coordinating Council in the mid 1980s, which helped the states and the federal government to identify problems and make recommendations, but barriers remain. States and local governments are still not required to coordinate HHS transportation services with local transportation providers. The Coordinating Council has no statutory authority to back up its decisions, and coordination mandates apply to only the DOT and HHS, despite the fact that other federal agencies provide transportation assistance programs. Additionally, eligibility requirements for the transportation assistance programs vary so widely that many systems must purchase separate vehicles to meet them.

OVERVIEW

APTA recommends that Congress follow the recommendations of the 1999 GAO report on this issue, by requiring DOT and federal agencies that provide transportation assistance to better coordinate their activities with state and local service providers by:

1. Requiring the Coordinating Council to issue a prioritized strategic plan for service coordination by a specific date;
2. Directing the Council to develop an action plan with specific responsibilities; and
3. Requiring an annual report from the Council on major initiatives and accomplishments.

APTA further requests action to incorporate mechanisms into the TEA 21 and TANF reauthorizations this year to enable and encourage effective coordination of HHS-funded programs, and individual client transportation services with transit services. Such actions include amendments to TANF and JARC that would require states and/or local entities to coordinate such services utilizing whatever are the most effective state, local or regional mechanisms; and allowing TANF funds to be used to match the JARC program funds.

THE BENEFITS OF BETTER COORDINATION

APTA continues to stress the important benefits of coordinating public transportation service with human services programs for our vulnerable populations, including the potential savings at all levels of government. Existing public transportation systems have the expertise to serve clients of social service agencies in areas such as dispatching, route creation, and point-to-point service; and most significantly, the infrastructure to provide these services is already in place. The federal government spends $7 billion annually on public transportation. Let's not pay twice by building and paying for a redundant special purpose system.

PUBLIC TRANSPORTATION PROVIDES AFFORDABLE AND EFFICIENT ACCESS TO NON-EMERGENCY HEALTH CARE

Public transportation has already demonstrated its ability to effectively provide non-emergency transportation to health care services when given a chance. In Tompkins County, New York, a non-profit agency funded by the Federal Transit Administration provides transportation services for people over the age of 60, providing 49,000 rides on 20 buses in 1999. In Des Moines, the local transit agency provides point-to-point service for elderly residents or takes them to park-and-ride lots so they can ride the bus. The Rhode Island Public Transit Authority is national recognized for its paratransit service that coordinates with human and social service programs to provide a truly integrated service that enhances productivity and maximizes service delivery. In 1997, the Healthcare Financing Administration estimated it was losing $1.2 billion annually in non-emergency medical transportation; and states began to coordinate services with local transit systems and by 2000 twenty percent of the nation's Medicaid rides were on public transit.

While lack of coordination between providers of transportation assistance programs for the elderly and disabled and public transportation systems is not a new problem, the need for these services will continue to grow. According to a recent FTA study, 32 million senior citizens rely on transit as their driving ability decreases; 27 million Americans with disabilities depend on transit to maintain their independence; and 37 million people who live below the poverty line and cannot afford to drive rely on transit to get to work. The population of elderly transit users is expected to rise, growing nearly four times faster than the general population between 2010 and 2030; yet according to the AARP, more elderly people now live in suburban settings that lack transit options than ever before.

Public transportation has worked hard to improve its service. Between 1990 and 1999, the percentage of wheelchair accessible buses has increased dramatically. Systems continue to update their vehicles, including trains and buses, to ensure that individuals with disabilities can use their service. With access available to populations served by HHS and other social programs across the country, public transportation is clearly in a position to help these people and save taxpayer dollars right now.

PUBLIC TRANSPORTATION DELIVERS PEOPLE FROM WELFARE TO WORK

Similar to its success in helping the elderly and disabled, public transportation is already at work helping the population of low-income workers and job seekers such as TANF clients by providing low-cost, efficient transportation services.

A project in New Jersey provides passes and tickets to welfare recipients for work-related travel. In Myrtle Beach, South Carolina, the Pee Dee RTA coordinates with the county department of social services to run a 24 hour commuter service linking rural residents with jobs in the city.

Many welfare recipients do not own cars and must rely on public transportation to get to work. And while most welfare recipients live in central cities, most newly created jobs are in the suburbs. Public transportation has been successful in many cases in providing transportation options to these job-seekers, especially under the JARC program, but barriers remain. For instance, Fort Worth's

transportation authority, The T, has noted that it has difficulty coordinating various sources of funding to provide transportation service that gets workers from the central city to the suburbs because local service providers are required to track separate data from both the Department of Labor and the Department of Housing and Urban Development.

CONCLUSION

Mr. Chairman, the public transportation community stands ready to provide a cost efficient, easy-to-use and effective solution to the increased demand for transportation options for communities served by federal programs such as TANF. The U.S. Department of Transportation is already required to coordinate with HHS, but it needs to improve coordination with HHS as well as with other agencies at all levels of government. Many states and local governments are excelling at this process. Millions of additional federal dollars could be saved by requiring all states to follow their lead.

Enabling effective coordination between all federal agencies and the DOT requires statutory changes to provide the Coordinating Council with authority to require recipients of federal funds at all levels to work together. Taking advantage of the TEA 21 and TANF reauthorizations to require state and local governments which receive TANF and JARC funds to coordinate their services would be an excellent first step. This will put the experience and resources of transit to use to effectively serve our disadvantaged populations.

Mr. Chairman and members of the Committees, we look forward to continuing to work with you on this important transportation issue.

National School Transportation Association
625 Slaters Lane, Suite 205 • Alexandria, VA 22314
(703) 684-3200 • (703) 684-3212 FAX • www.schooltrans.com

The National School Transportation Association (NSTA) is the national trade association for private school bus companies that contract with school districts to provide pupil transportation. We offer a full range of services to our school district partners, including: routing; driver training; vehicle maintenance; student safety training; dispatching and operations; and transportation both to and from school and to extra-curricular activities. Our members range from small family-owned operations with fewer than five buses to large corporate entities operating thousands of buses in multiple states, all of which are committed to ensuring the safety of the students they transport.

Private school bus companies operate more than 150,000 yellow buses, of the nationwide fleet of 460,000 school buses and many of these companies operate in areas not served by public transit. These vehicles, and their drivers, are underutilized: they are idle for many hours of the weekday and weekends throughout the school year, and are available at most times during the summer. Contractors offer not only the vehicles and personnel to operate them, but expertise in safely and effectively transporting passengers day in and day out, including passengers with disabilities. Contractors also provide operations management and financial management capabilities, as well as planning, scheduling, routing, training, safety, and vehicle maintenance expertise.

Public transit agencies must meet the challenge of serving increasing numbers of people, particularly those who require transportation service on an as needed basis rather than through regularly scheduled fixed-route services. Human service agencies must provide transportation to their constituents that is only ancillary to the primary services they are mandated to deliver, yet this service is of such importance that these agencies must spend an ever-increasing portion of their limited resources allowing their clients to take advantage of those primary services. Many people fall through the cracks between available public transit service and human services agency transportation, remaining entirely without service. These individuals are not part of a constituency served by any particular human services agency in their community, and public transportation is either unavailable or cannot be expanded to accommodate them because of the financial constraints of either the public transit agency or the community. As a consequence, significant numbers of people requiring transportation services simply cannot access such service. Yet in communities throughout the United States, a valuable resource often sits idle while agencies look for new resources to meet their growing needs.

Many agencies have successfully subcontracted work to private school bus contractors with vehicles available during non-school service time, yet this is not a widespread practice. Neither public transit nor human service agencies are required to consider contracting for transportation services. Furthermore, agencies are offered no incentives to use available school buses as an option to save money and maximize resources while providing transportation to those not receiving it.

Public school districts throughout the nation utilize private school bus companies because they are able to provide a cost effective alternative or supplement to district-operated transportation systems, allowing school administrators to conserve scarce resources. Similarly, transit and human resource agency administrators could benefit from contracting with local private school bus operators to fill their unmet service needs without acquiring additional costly equipment or personnel.

Public policy rightly emphasizes mobility alternatives for the elderly and disabled citizens. In addition, improved mobility and greater access to jobs greatly improves the quality of life for all Americans. It is through the coordination of all transportation resources that we are able to enhance the transportation alternatives available to every citizen. Utilizing private school buses as part of a community transportation system makes good fiscal sense and is operationally practical; unfortunately, many agencies ignore the resources in their own back yard. We ask that Congress provide the necessary incentives or directives to encourage both public transit agencies and human resource agencies to consider contracting with school bus companies to provide needed services and maximize resources.

Thank you for the opportunity to testify before the Committees. If we can provide additional information or service, please do not hesitate to contact our Executive Director Jeff Kulick at 703-684-3200.

ED CASE
2ND DISTRICT, HAWAII

128 CANNON
HOUSE OFFICE BUILDING
202–225–4906

U.S. House of Representatives
Washington, DC 20515–1102

May 7, 2003

The Honorable Thomas E. Petri
Chairman
Subcommittee on Highways, Transit and Pipelines
Committee on Transportation & Infrastructure
B370A Rayburn HOB
U.S. House of Representatives
Washington, D.C. 20515-6263

Dear Representative Petri:

Thank you for holding the hearing on "Coordinating Human Services Transportation" before your committees last Thursday, May 1, 2003. I share the concerns that many members voiced regarding a severe lack of coordination of these transportation services.

This is a major issue for my Second Congressional District of Hawaii because of its rural geographic makeup. Accordingly, prior to the hearing, I contacted those responsible for providing these services and asked for comments or concerns from them.

Attached is a letter from the transportation administrator of one of my counties expressing the difficulties of providing adequate human services transportation to residents. The specific solution Mr. Yokoyama proposes would restrict and allocate funds specifically to transportation services targeting the transportation disadvantaged.

I believe the comments are a reflection of the sentiments all of the counties that make up my district. I hope to continue to work with you to craft a solution to ensure that there is improved coordination between the agencies responsible for funding transportation services and that those who need these services receive them.

With aloha,

Ed Case

ED CASE
United States Congressman
Hawaii, Second District

April 30, 2003

To: Congressman Ed Case
From: George Yokoyama
Re: Request for Comments on Joint Education/Transportation Committee Meeting

I read the information you sent on the Joint Committee Meeting scheduled for May 1, 2003. We are aware of the obstacles created at the Federal level, as well as obstacles we face at the local level, because of funding requirements or lack of funding specifically for transportation for low-income persons.

As an advocate for disadvantaged families, my comments are as follows:

Hawaii County is over 4,000 square miles in size with communities widely spread out. This broad geographical spread has resulted in: limited or non-existent transportation services off the main highway, serving isolated communities; low-income residents who experience isolation because they can not drive or afford to own, operate and maintain an automobile due to the high cost of auto insurance, gasoline and maintenance; elderly who reside in isolated rural communities; and low-income persons isolated from the day to day services, which contribute to their economic and social independency. These facts limit the mobility of many of these low-income residents, thus decreasing their ability to get vital services and resources they need.

One solution to help with the transportation problems faced here in Hawaii, as well as elsewhere, would be funding specifically for transportation services targeting the "transportation disadvantaged".

Thank you for the opportunity to make this short comment.

TAXICAB, LIMOUSINE &
PARATRANSIT ASSOCIATION

Representing taxicab, limousine, sedan, airport shuttle, paratransit, Medicaid & non-emergency medical fleets worldwide.

April 30, 2003

Honorable Thomas E. Petri
Chairman
House Highways and Transit Subcommittee
House Transportation and Infrastructure Committee
2462 Rayburn Office Building
Washington, D.C. 20515

Dear Chairman Petri:

On behalf on the Taxicab, Limousine & Paratransit Association, I am pleased to submit the following written testimony for the joint hearing on Human Service Coordination being held by the Transportation & Infrastructure Committee and the Committee on Education & the Workforce.

As noted in the attached testimony, the TLPA represents thousands of tax-paying transportation providers who meet the transportation needs of the public. Our members wish to supply efficient, convenient mobility for all individuals who are desirous of it, regardless of disabilities or resources.

This legislative cycle is an unprecedented opportunity for the Congress to improve the delivery of transportation services in this country through the enhanced coordination of human service transportation, thus increasing the demand/response availability of transportation and expanding the welfare-to-work options for those reentering the workforce.

We sincerely hope that our testimony will assist you in your colossal effort to write a TEA-21 reauthorization. If you have any questions, or if we can be of further assistance, please contact us.

Sincerely,

Gene Hauck

Gene Hauck
President

Taxicab Division • Limousine & Sedan Division • Paratransit & Contracting Division
3849 Farragut Avenue, Kensington, MD 20895 • 301.946.5700 • [fax] 301.946.4641 •
info@tlpa.org • www. tlpa.org

Testimony on the Coordination of Human Services Transportation

Presented to the

Transportation and Infrastructure Committee

and the

Committee on Education and the Workforce

of the

United States House of Representatives

by

Gene Hauck, President

Taxicab, Limousine & Paratransit Association

May 1, 2003

On behalf of our country's private taxicab, paratransit, and non-emergency medical transportation providers, we appreciate this opportunity to testify on how important the renewed emphasis on the coordination of human service transportation with public and private transportation services is to our industry. We believe there are legislative actions that Congress and the Bush Administration should take to facilitate coordinating transportation services. The pro-coordination actions are outlined in this testimony.

Industry Overview

The Taxicab, Limousine & Paratransit Association (TLPA), formed in 1917, is the national organization that represents the owners and managers of taxicab, limousine, sedan, airport shuttle, paratransit, and non-emergency medical fleets. TLPA has over 1,000 member companies that operate 124,000 passenger vehicles. TLPA member companies transport over 2 million passengers each day — more than 900 million passengers annually.

The taxicab, limousine, and paratransit industry is an essential part of public transportation that is vital to this country's commerce and mobility, to the relief of traffic congestion, and to improving the environment. The private taxicab, limousine, and paratransit industry transports 2 billion passengers annually, compared with the 9 billion passengers transported by public transit; provides half of all the specialized paratransit services furnished to persons with disabilities; serves as a feeder service to major transit stations and airports; and provides about half of its service to transportation disadvantaged people, such as the elderly, who are either not able to drive or do not have a car.

Background on Coordination

The issue of providing affordable, accessible, and safe transportation for human services clients has been extensively researched and promoted since the early 1970s. In October 1986, Secretary of the U.S. Department of Health and Human Services Otis Brown and Secretary of the U.S. Department of Transportation Elizabeth Dole signed an historic joint agreement on the coordination of transportation services funded by the two agencies. Every subsequent Administration has renewed this commitment to coordination. In the past 17 years, the scope and reach of coordinated transportation services has advanced to such an extent that one can find exemplary models of coordinated activities in virtually every state. However, recent changes in Federal social service programs principally the change from serving children's needs in the Aid to Families with Dependent Children program to serving the entire family's needs in the Temporary Assistance to Needy Families (TANF) program; difficulties in funding medical services, primarily the financial dilemmas states are facing with the Medicaid program; and changes in the demographics of our country, chiefly the increasing proportion of our population age sixty-five and over, have fostered a renewed need for and commitment to coordination at the Federal level.

Role of the Private Sector in the Coordination of Human Service Transportation
When Secretary Brown and Secretary Dole signed the historic agreement in 1986, it had six objectives. The sixth was "to encourage competition and consideration of the private sector." Following are a few examples of the varying ways private transportation providers can effectively participate in coordination activities.

- ACCESS is the name of the private nonprofit countywide paratransit brokerage in Allegheny County, PA (which includes the city of Pittsburgh). The ACCESS program serves a population of 1.7 million people spread out over an area of 778 square miles. The ACCESS program began in 1978 with the objective of demonstrating that it is possible for a transit agency to contract with existing service providers for paratransit services instead of developing in-house paratransit services. ACCESS serves as the broker using annual purchase of service contracts with seven private operators and three non-profit agencies. Services are open to the general public, but riders are primarily seniors and persons with disabilities. Users can chose from three or more providers for each trip, ensuring quality service is provided, because if a provider gives poor service, the user will not request that company again.

- The Specialized Transit for Arlington Residents (STAR) program in Arlington, VA, uses taxi services to provide a less costly demand-responsive service alternative to ADA paratransit service. Arlington County is a densely populated suburb (191,000 people located in an area of 25.9 square miles) of Washington, D.C. When the Americans with Disabilities Act became law in 1990, Arlington County officials opted not to have the Washington Metropolitan Area Transit Authority (WMATA) provide their complementary ADA service. In order to control costs, it hired a broker, who in turn contracts with two local private operators. Approximately two-thirds of the trips are provided in taxicabs operated by Red Top Cab Company. A local paratransit operator, Diamond Transportation Services, provides the other third of the trips. Diamond carries passengers whose disabilities require more specialized treatment. The STAR program

provides 60,000 annual trips and conservatively estimates that it saves at least $450,000 over what it would cost the county to contract with WMATA to provide their complementary ADA services.

- In Kentucky, there is a statewide coordinated human transportation delivery service network. The state was divided into 16 human service transportation regions based upon the number of Medicaid and TANF recipients, and the availability and capacity of local transportation providers. For each region, a single broker/provider was selected to be responsible for coordinating and/or providing all trips. Private taxicab operators were selected as the brokers/providers in two of the regions (Bowling Green[1] and Northern Kentucky[2]), across the river from Cincinnati, and have very close relationships with the brokers in two other regions (Ashland[3] and Lexington[4]). Using available cost data based on previous transportation operations by individual agencies, including receipts for past Medicaid transportation services, the state estimates that it had an annual cost avoidance of $3 million in 2002 through consolidation and coordination.

- The State of Florida's commitment to coordination of transportation services for the transportation disadvantaged began in 1979 with the passage of legislation requiring the coordination of transportation services at the county level. The state legislature created the Coordinating Council for the Transportation Disadvantaged (now called the Florida Commission for the Transportation Disadvantaged) in order to foster coordination. In Pinellas County (size 425 square miles, population 920,000) which includes the cities of St. Petersburg and Clearwater, coordination was provided by the county, which contracted with twelve local operators to meet the service needs. Transportation disadvantaged individuals had the right to choose among the providers, which had the dual effect of keeping costs under control and service levels high through competition. Approximately six years ago, Pinellas County shifted to a brokerage system to distribute the work in the county. The 12 existing private providers were concerned that a if a national firm came in as the broker, some or all of their business would be adversely affected. The 12 companies met and eventually four companies, two taxicab firms, and two wheelchair-accessible vehicle operators decided to form a separate management entity to bid on the brokerage business. This entity, the Greater Pinellas Transportation Management Services (GPTMS), won the brokerage contract because they were operators and understood the local needs; they knew the clients and the operators; and they promised to keep the existing operators and allow the clients the keep their right to chose their services provider. GPTMS has a separate manager and telephone call takers that are not employees of any of the transportation companies. There have been few transportation client complaints as they are using the same providers they've been using for years. The arms-length relationship between GPTMS and the four principals who

[1] Bowling Green is located in Warren County, KY. It is an area of 545 square with a population of 92,000.
[2] This Northern Kentucky region covers an area of 84 square miles with a population of 210,000.
[3] Ashland is located in Boyd County, which covers an area of 160 square miles with a population of 49,000.
[4] Lexington is located in Fayette County, which covers an area of 286 square miles with a population of 245,000.

have a financial interest in the company has eliminated any complaints of favoritism as far as the assignment of trips. Both Medicaid trips and Transportation Disadvantaged Commission trips are brokered by GPTMS. Currently, the brokerage is successfully routing 25,000 trips per month.

- In Pasco County, FL (size 733 square miles, population 325,000) located north of Pinellas County, a different type of coordination problem had to be resolved. The Pasco County Transportation Administrator was unable to work out a coordination agreement with the county's Medicaid Administrator. However, both the Pasco County Transportation Administration and the Pasco County Medicaid Administration entered into contracts with Paratransit Inc. to provide transportation services. [Paratransit Inc. is one of the four principals involved in the GPTMS brokerage in Pinellas County.] The result is that Pasco County has achieved de facto coordination. Paratransit Inc. takes all the calls and assigns trips using its own drivers and two small subcontractors. The company screens all calls, checks for Medicaid eligibility, assigns trips, and provides an efficient system of reporting to both county clients. The company uses computer software, which it has customized for scheduling and dispatching. The software prompts call-takers to check on client eligibility and provides customized reports and statistics to meet the needs of the two county clients. Paratransit Inc.'s dispatching and scheduling system has been enhanced by the addition of a satellite Global Positioning/Automatic Vehicle Location System (GPS/AVL). This system maximizes the efficiency of Paratransit Inc.'s operation resulting in dispatch control, enhanced driver performance, and documentation of performance. Paratransit Inc. successfully coordinates 14,000 total Medicaid and transportation disadvantaged trips a month in Pasco County.

As the case studies above indicate, many local private operators have the resources and expertise to provide coordinated transportation services. Many taxi/paratransit companies are currently enhancing their automated computer dispatch capabilities by adding GPS/AVL systems. Not only does GPS/AVL maximize operational efficiency in a transportation company, the advanced documentation and reporting capabilities of these systems drastically reduce the needs for real-time monitoring and waste, fraud, and other inefficiencies are easily detected, meeting the key expected benefits of coordination: increased efficiency, increased productivity, reduced expenses, and enhanced mobility.

TLPA believes the following legislative actions that could be taken in the reauthorization of TEA-21, will further facilitate the coordination of human services transportation services.

1. **Passage of President Bush's New Freedom Initiative Program and allow all private transportation operators to be eligible to participate directly in that program.** The President's proposed New Freedom Initiative will provide greater mobility for disabled persons. The program, which would be administered through the FTA, would authorize funding to qualified organizations (community groups or directly to taxicab and private paratransit companies) for use in enhancing local transportation services for disabled persons. This would be accomplished by working with private taxicab and paratransit

service providers to fund the purchase, promotion, and operation of taxi and paratransit vans that meet federal accessibility requirements. The service would enhance the ability of disabled persons to reach work, schools, and other places in the community. The program could mirror an existing program that provides federal funds used toward the purchase of accessible, privately owned, over-the-road buses and related accessibility expenses. Alternatively, the program could be modeled on FTA's Job Access and Reverse Commute Program (JARC). Under either approach, the program should employ a competitive application/grant procedure. The new HHS Office of Disability, established in October 2002, is working with FTA to seriously look at the transportation issues of people with disabilities, including where the gaps to providing full community access are and why the current system is not working. The Office of Disability has targeted the New Freedom Initiative as a key element in providing better-coordinated services to people with disabilities.

2. **Consolidation of the New Freedom Initiative (NFI), the Elderly and Persons with Disabilities program (Section 5310), and the Job Access and Reverse Commute program (JARC).** FTA Administrator Jennifer Dorn has announced that in the DOT's version of the transportation reauthorization bill, FTA is combining the New Freedom Initiative (NFI) program, the Job Access & Reverse Commute (JARC) program, and the FTA Section 5310 program for older adults and people with disabilities into a State Administered Program. Administrator Dorn has stated that any locality applying for funding for any of the three programs (NFI, 5310, & JARC) must demonstrate that they have a local, coordinated process that includes all the stakeholders: public and private operators, local governments, private non-profit organizations and riders. Having a seat at the table should give private operators an enhanced role in helping plan for and provide coordinated services. TLPA supports having one streamlined program that has uniform planning and operating requirements for recipient and subrecipient grantees.

3. **Repeal Section 5305(e)(3), the anti-private transportation operator Federal Transit Act planning provision that was inserted into ISTEA in 1991.** Section 5305(e)(3) discriminates specifically against private transportation operators. Under this section of the law, a Metropolitan Planning Organization (MPO) is required to be certified at least every two years by the Secretary of Transportation. The MPO must certify that it complies with all applicable laws and regulations **EXCEPT ONE.** That one exception, which MPOs are specifically permitted to ignore, is the requirement that plans or programs required by Sections 5303, 5304, and 5305 shall encourage to the maximum extent feasible the participation of private enterprise. This anti-competitive, anti-private sector provision should be repealed from the Federal Transit Act. At a time when the pivotal role that private operators have in planning and providing enhanced coordinated services is unquestioned, it is a contradiction that this anti-competitive provision that discourages utilization of the private sector is still included in the Federal Transit Act. It is our understanding that the President's TEA-21 Reauthorization bill will propose the repeal of this provision and we strongly urge the Committee to support that specific recommendation.

4. **Require an MPO to have an eligible private transportation operator be appointed as a voting member of the MPO if the public transit operator is a voting member.** Under President Bush's FY 2004 Federal Budget proposal, and, we understand, in his TEA-21 Reauthorization proposal, the local transit planning process will be greatly strengthened with more funding and with a clear mandate to reach a local consensus on issues. It is crucial that private transportation operators be included "at the table" and be allowed to participate effectively in that new decision-making process. It is our understanding that in many jurisdictions around the country, public transit authorities actively work against the membership of private transportation operators because they want to preserve their "monopoly" on speaking for the transit industry. That in effect freezes out the voice of many of the members of our association, who operate over 200,000 transportation vehicles and carry over 2 billion passengers annually. FTA is requesting a 25 percent increase in planning funds because it is requiring that there be more involvement from the major community stakeholders to MPO boards, including business leaders, transit operators, transit riders, private operators, civic and neighborhood groups. FTA is looking for the principal decision-making on how future transportation dollars are spent to be made by a consensus of local leaders. With these requirements and the enhanced role that transportation coordination is playing into local decisionmaking, it is essential for private operators to have a voting seat at the table.

At this time, we urge that Congress and the Bush Administration keep the very important role our industry has in the planning and provision of coordinated human services transportation and request these proposed policy initiatives be submitted to your Committee for the possible inclusion into your bill reauthorizing the transit portion of TEA-21.

Thank you for your consideration of our views.

○