

June 2003

TRANSPORTATION- DISADVANTAGED POPULATIONS

Some Coordination
Efforts Among
Programs Providing
Transportation
Services, but
Obstacles Persist



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Highlights

Highlights of [GAO-03-697](#), a report to congressional requesters

Why GAO Did This Study

Millions of Americans are unable to provide their own transportation—or even use public transportation—for Medicaid appointments, Head Start classes, job training, or other services. Such “transportation-disadvantaged” persons are often disabled, elderly, or low income. Various federal programs are authorized to provide transportation services to them. GAO was asked to (1) identify the federal programs that fund such transportation services and the amount spent on them, (2) assess the extent of coordination among the various programs, and (3) identify any obstacles to coordination and potential ways to overcome such obstacles.

What GAO Recommends

GAO recommends that the Departments of Labor and Education join the Coordinating Council on Access and Mobility. GAO also recommends that the Departments of Health and Human Services, Labor, Education, and Transportation (1) strengthen the Coordinating Council’s strategic plan, (2) include long-term goals and measures for coordination in their agencies’ strategic and annual performance plans, and (3) develop and distribute additional guidance and information to encourage coordination.

The Departments of Health and Human Services, Labor, Education, and Transportation generally concurred with the findings and recommendations in this report.

www.gao.gov/cgi-bin/getrpt?GAO-03-697.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Katherine Siggerud at (202) 512-2834.

TRANSPORTATION-DISADVANTAGED POPULATIONS

Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist

What GAO Found

Sixty-two federal programs—most of which are administered by the Departments of Health and Human Services, Labor, Education, and Transportation—fund transportation services for the transportation-disadvantaged. The full amount these programs spend on transportation is unknown because transportation is not always tracked separately from other spending. However, available information (i.e., estimated or actual outlays or obligations) on 29 of the programs shows that federal agencies spent at least an estimated \$2.4 billion on these services in fiscal year 2001. Additional spending by states and localities is also not fully known but is at least in the hundreds of millions of dollars.

Efforts to improve services and achieve cost savings through coordination of transportation activities (through sharing resources or information or consolidating services under a single agency) among federal agencies vary. The Coordinating Council on Access and Mobility—a body with representation from the Departments of Transportation and Health and Human Services—has undertaken some activities to improve coordination. However, other agencies that administer a substantial number of programs for the transportation-disadvantaged, such as the Departments of Labor and Education, are not part of the Council. In addition, the Coordinating Council’s strategic plan is not linked to its action plan and contains few measurable performance goals. The strategic and annual performance plans of the Departments of Transportation and Health and Human Services contain few references to coordination relating to their subagencies and programs that fund transportation services for the transportation-disadvantaged, and the plans of the Departments of Labor and Education do not mention coordinating these services.

Obstacles impeding coordination include concern among administrators that their own participants might be negatively affected, program rules that limit use by others, and limited guidance and information on coordination. To mitigate these obstacles, officials and experts suggested making federal standards more consistent, creating a clearinghouse or better Web site to facilitate interagency communication and provide better guidance on coordination, and providing financial incentives or instituting mandates to coordinate.

Examples of Vehicles Used to Serve the Transportation-Disadvantaged



Source: Florida Commission for the Transportation Disadvantaged (reprinted with permission).

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Abbreviations

ADA	Americans with Disabilities Act of 1990
CTAA	Community Transportation Association of America
CTAP	Community Transportation Assistance Project
DOL	U.S. Department of Labor
DOT	U.S. Department of Transportation
FTA	Federal Transit Administration
GPRA	Government Performance and Results Act of 1993
HHS	U.S. Department of Health and Human Services
HUD	U.S. Department of Housing and Urban Development
JARC	Job Access and Reverse Commute
MOE	maintenance of effort
P.L.	public law
RTAP	Rural Transit Assistance Program
TANF	Temporary Assistance for Needy Families
TEA-21	Transportation Equity Act for the 21 st Century
TCRP	Transit Cooperative Research Program
U.S.C.	U.S. Code
VA	U.S. Department of Veterans Affairs
VR	Vocational Rehabilitation
WETAP	Wisconsin Employment Transportation Assistance Program

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United States General Accounting Office
Washington, DC 20548

June 30, 2003

The Honorable Don Young
Chairman
The Honorable James L. Oberstar
Ranking Democratic Member
Committee on Transportation and Infrastructure
House of Representatives

The Honorable Thomas E. Petri
Chairman
The Honorable William O. Lipinski
Ranking Democratic Member
Subcommittee on Highways, Transit, and Pipelines
Committee on Transportation and Infrastructure
House of Representatives

The ability to access personal or public transportation is fundamental for people to connect with employment opportunities, health and medical services, educational services, and the community at large. However, certain populations in the United States lack the ability to provide their own transportation or have difficulty accessing whatever conventional public transportation may be available. These “transportation-disadvantaged” persons may have an age-related condition, a disability, or income constraints. This is potentially a sizeable group. For example, according to the 2000 U.S. Census, 35.1 million people were over age 65, 44.5 million people were over age 21 and disabled, and 33.9 million people were living below the poverty line. Many within these populations face significant problems in accessing transportation.

Many federal programs authorize use of funds to provide transportation for transportation-disadvantaged people so they can access government programs. Programs that provide incidental transportation include health and medical programs, job-training programs, or programs for the aging. The coordination of these transportation services—through pooling resources, consolidating trips provided by various agencies under a single agency, or sharing information between programs—has been found to improve the quality and cost-effectiveness of service. At the federal level, the Coordinating Council on Access and Mobility—a body consisting of representatives from the Departments of Health and Human Services and Transportation—is charged with coordinating transportation services provided by federal programs and promoting the maximum feasible

coordination at the state and local levels. In a 1999 report,¹ we found that these coordination efforts needed strengthening. We have also issued other reports raising concerns about service coordination.²

You asked that we study the extent to which government agencies and programs are currently providing transportation services to the transportation-disadvantaged and coordinating the provision of these transportation services and that we update you on actions taken by the Coordinating Council since our 1999 report. This report addresses (1) the federal programs that provide transportation services for transportation-disadvantaged populations and the types of services they provide; (2) federal, state, and local government spending for transportation services through these federal programs;³ (3) the extent of coordination among state, local, and federal agencies in delivering transportation services for the transportation-disadvantaged, including actions taken by the Coordinating Council; and (4) any obstacles that may impede effective coordination and potential options for overcoming such obstacles.

Our overall approach was to (1) review federal laws and regulations governing the use of federal funds for services for transportation-disadvantaged populations; (2) analyze spending data where available; (3) review federal and other governmental activities and the research literature related to the coordination of transportation services; and (4) obtain the views of more than 100 officials from federal, state, and local government agencies, industry and client advocacy groups, and other experts involved with or affected by the coordination process on the obstacles and options for improving coordination. Many of these interviews were part of case studies that we conducted in five states—Arizona, Florida, New York, South Dakota, and Wisconsin—to understand how these various federal programs were implemented and coordinated at the state and local level. We chose these states to include a cross section

¹U.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).

²U.S. General Accounting Office, *Welfare Reform: Job Access Program Improves Local Service Coordination, but Evaluation Should Be Completed*, GAO-03-204 (Washington, D.C.: Dec. 6, 2002); *Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs: Volume I*, [GAO/RCED-77-119](#) (Washington, D.C.: Oct. 17, 1977).

³For the purposes of this report, spending refers to estimated or actual outlays or obligations, depending on what information was available from the agency.

of characteristics including urban/rural mix, geographic area of the country, and presence or absence of a state council or other coordinating body. Appendix I contains more information about our scope and methodology.

Results in Brief

We identified 62 federal programs—most of which are administered by the Departments of Health and Human Services, Labor, Education, and Transportation—that are used to fund transportation services for transportation-disadvantaged populations. Sixteen of these seem particularly relevant in that the Community Transportation Association of America⁴ identified them as being regularly used to fund transportation services. In addition, based on available information, we identified 11 other programs that are notable, in that transportation spending under each one was at least \$4 million in fiscal year 2001. While the remaining programs also fund transportation services, they do so minimally, or the extent of transportation services funded is unknown, according to program officials. Most programs purchase transportation services from existing private or public providers. For example, several programs in the Department of Labor typically provide bus tokens, and Medicaid providers often contract with local transportation providers.⁵ In contrast, Department of Transportation programs and several others such as Head Start in the Department of Health and Human Services typically purchase and operate vehicles or modify them for use by individuals with disabilities. Several of these 62 programs are required to coordinate services they provide with other agencies providing similar services, which can include transportation.

Federal, state, and local spending for these transportation services is in the billions of dollars, although the full extent of spending is unknown because transportation spending is not always tracked separately from other program spending. In the 29 programs for which we could obtain actual spending amounts or estimates from program officials, federal

⁴The Community Transportation Association of America is a national, professional membership association that conducts research and provides technical assistance for community transportation providers. See Community Transportation Association of America, *Building Mobility Partnerships: Opportunities for Federal Investment* (Washington, D.C.: March 2002).

⁵Medicaid is a joint federal-state program to finance health care coverage for certain categories of low-income individuals, including families with children, persons with disabilities, and elderly individuals.

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

Efforts to improve services and achieve cost savings through coordination of transportation activities among agencies at all levels of government vary; however, in some areas we visited, close coordination among providers has shown promising results. Some local agencies have realized substantial benefits by coordinating their transportation services through sharing vehicles, consolidating services under a single agency, or sharing information about available services. 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 expand its service hours and increase the number of trips provided while reducing the average cost of providing each trip by about 20 percent. We found instances, however, in which there were overlapping, fragmented, or confusing services among programs that did not coordinate. For example, a local official said that the vans delivering clients to the local job center are owned by many different programs, but because the programs do not coordinate, only a few people ride in each van. At the federal level, agencies have taken some limited steps to coordinate their transportation programs since our 1999 report.⁶ For example, the Coordinating Council on Access and Mobility has finalized a strategic plan and issued guidelines for coordinating transportation services. However, the long-term goals and objectives in its strategic plan are generally not measurable, and they are not linked to the activities in the Council's action plan. Also, the strategic and annual performance plans of the Departments of Transportation and Health and Human Services contain few references to coordination of programs for the transportation-disadvantaged, and the plans of the Departments of Labor, Education, and the other federal agencies contain

⁶[GAO/RCED-00-1](#).

no such references. In addition, the Coordinating Council only includes officials from two federal departments (Transportation and Health and Human Services), representing less than half of the 62 federal programs that can be used to fund services for the transportation-disadvantaged, while the Departments of Labor and Education, which administer one-third of the programs, are not members of the Council. Furthermore, while the Coordinating Council is working to improve its Web site, the site is not linked to the Web site of the Department of Health and Human Services, making it more difficult for human service agencies at all government levels to be aware of and access the site.

Although decision makers face numerous obstacles in trying to coordinate transportation services for the transportation-disadvantaged, officials and experts that we consulted also offered several potential options to mitigate these obstacles and enhance coordination among federal, state, and local agencies. We grouped the obstacles into three categories: (1) reluctance to share vehicles and fund coordination activities due to concerns about possible adverse effects on clients; (2) different eligibility requirements, safety standards, and other programmatic requirements that can limit programs' ability to share transportation resources; and (3) lack of leadership and commitment to coordinate, as evidenced by the limited guidance and information provided by federal and state agencies on the possible techniques for coordinating services. To mitigate these obstacles, officials and experts suggested three potential options. 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 programs can serve additional populations or better share transportation resources. Another option is to expand interagency forums that would facilitate communication among agencies involved in coordination efforts 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 or mandates that would give priority in federal funding to those grant applicants that show a strong commitment to coordinate or require specific coordination efforts among grant recipients as a condition of receiving federal funding. We did not assess the costs and benefits of these options; however, some would require extensive statutory or regulatory changes and could cause agencies to incur significant costs.

Given the multiplicity of federal programs that can fund transportation services for the transportation-disadvantaged, and the significant amounts spent on those services, effective coordination efforts are needed to ensure that transportation services reach the greatest number of

recipients. Accordingly, our report contains several recommendations designed to strengthen and enhance coordination activities in the four federal departments that administer most of the programs that fund transportation services—Health and Human Services, Labor, Education, and Transportation. In commenting on the draft of this report, those four departments generally concurred with the findings and recommendations. In addition, we provided the draft report to two other departments that provide services to the transportation-disadvantaged—Housing and Urban Development and Veterans Affairs—and those departments also agreed with the findings. In some cases, these departments also provided technical clarifications, which were incorporated as appropriate to ensure accuracy.

Background

Many elderly, disabled, and low-income individuals face significant challenges in accessing transportation. For example, some of these challenges are as follows:

- Sixteen percent of respondents over age 75 reported not having a driver's license in 2001, and 25 percent of the respondents had not driven at least once in the last month according to an AARP survey.⁷ Elderly people are also more likely to have difficulty accessing traditional public transportation due to physical ailments.
- Thirty percent of respondents with disabilities reported difficulty in accessing transportation, compared to 10 percent of respondents without a disability, according to a 2000 survey by the National Organization on Disabilities.
- Low-income households are less likely to own a car than other households due to the prohibitive cost of purchasing, insuring, and maintaining a car, and public transportation may not provide sufficient options for their needs. Over 90 percent of public assistance recipients do not own a car.⁸

⁷Anita Stowell Ritter, Audrey Straight, Ed Evans, *Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+* (Washington, D.C.: AARP Public Policy Institute, 2002).

⁸U.S. Federal Highway Administration and U.S. Federal Transit Administration, *2002 Status of the Nation's Highways, Bridges, and Transit: Conditions and Performance* (Washington, D.C.: Department of Transportation, 2003).

The importance of coordinating transportation services for transportation-disadvantaged populations has been evident since the 1970s. In 1977, we issued a report on transportation coordination,⁹ 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, which was created under a memorandum of understanding between the Department of Health and Human Services (HHS) and the Department of Transportation (DOT). This body is composed of representatives from program offices within these departments, and employees of the two departments meet its staffing needs, on a part-time basis.

More recent reviews have continued to identify a need for stronger efforts in this area. In a 1999 report on transportation coordination,¹⁰ we found that coordination efforts of the Coordinating Council, DOT, and HHS were ongoing but still 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),¹¹ and significant financial benefits had been realized through coordination. In addition, reports by advocacy groups and transportation researchers have raised concerns over continuing duplication of effort among federal programs and certain sub-populations still not being served effectively.¹²

⁹[GAO/RCED-77-119](#).

¹⁰[GAO/RCED-00-1](#).

¹¹P.L. 105-178.

¹²For example, a report prepared for AARP found that transportation resources for the elderly, disabled, and other groups were often not coordinated, leading 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* (Washington, D.C.: AARP, September 2000).

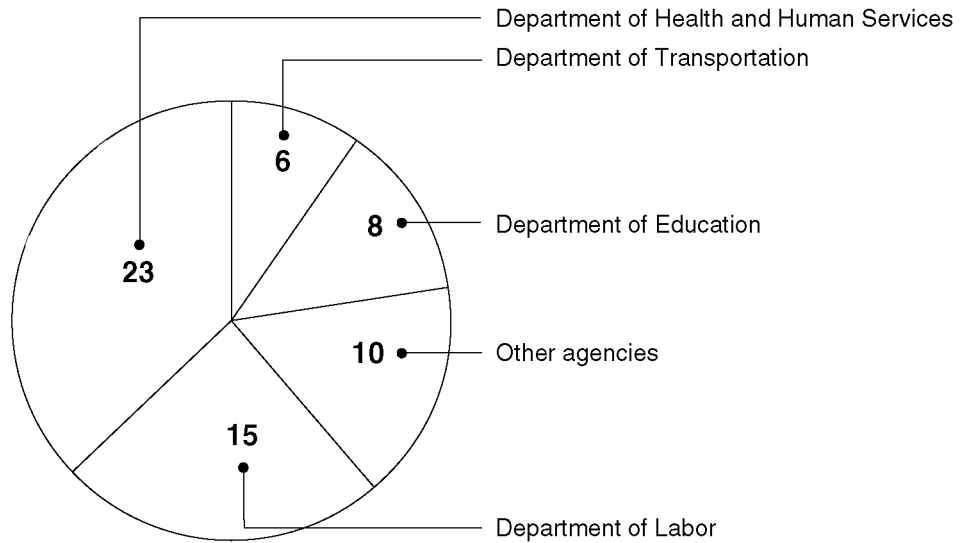
Sixty-Two Federal Programs Fund Transportation Services to Transportation-Disadvantaged Populations

We identified 62 federal programs that fund transportation services to populations that are transportation-disadvantaged.¹³ As shown in figure 1, the bulk of these programs are administered by four 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.¹⁴ 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, their authorizing legislation, typical uses, types of trips provided, target populations, and spending information is found in appendix II.

¹³In addition to these 62 programs, it is likely that there 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. See *Building Mobility Partnerships: Opportunities for Federal Investment*.

¹⁴Two 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) of 1990 (42 U.S.C. 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.

Figure 1: Number of Programs Providing Transportation Services to the Transportation-Disadvantaged, by Agency



Source: GAO.

Many of the 62 programs are significantly involved in providing transportation services to their recipients. These include 16 programs identified by the Community Transportation Association of America (CTAA)¹⁵ as being routinely used to provide transportation and an additional 11 programs that we identified as spending at least \$4 million for transportation services to transportation-disadvantaged populations in fiscal year 2001 on the basis of funding data or estimates that were available. The remaining programs also fund transportation services, but do so minimally, or the extent of transportation services funded is unknown, according to program officials. Table 1 shows the 16 programs identified by CTAA and how they provide transportation. These 16 programs are administered by DOT, HHS, Education, and DOL. As the table shows, transportation is not the primary purpose of most of these programs. For example, Medicaid provides payments for medical services, and the Vocational Rehabilitation Grants Program provides training and employment services to individuals with disabilities.

¹⁵*Building Mobility Partnerships: Opportunities for Federal Investment.*

Table 1: Sixteen Programs Identified by CTAA as Regularly Providing Funding for Transportation

Agency	Program	Description
Department of Education	Vocational Rehabilitation Grants	Assists states in operating programs that provide vocational rehabilitation services for individuals with disabilities. Services include counseling, training, job placement, and other supportive services, including transportation.
Department of Health and Human Services	Grants for Supportive Services and Senior Centers	Assists states in developing a community-based system of services for older individuals. Services provided include nutrition services, caregiver support services, senior centers, and transportation services.
	Program for American Indian, Alaskan Native, and Native Hawaiian Elders	Assists tribal organizations in the delivery of supportive services to older Native Americans. Services provided include nutrition services, caregiver support services, senior centers, and transportation services.
	Head Start	Assists local grantees in providing a program of comprehensive health, educational, and other services to promote school readiness for low-income children. Transportation to and from program services is generally provided.
	Medicaid	Assists states in payments for medical assistance to populations that meet categorical eligibility (such as families with children or persons who are elderly or disabled) as well as income and resource requirements. States are required to assure transportation to medical services.
	Temporary Assistance for Needy Families	Provides grants to states or tribes to assist needy families with children. Grantees have the flexibility to use funds in any manner that meets the purposes of the program, which can include transportation to services.
Department of Labor	Senior Community Service Employment Program	Assists states and other grantees in providing work opportunities in community service activities for low-income individuals 55 years of age and older. Transportation to training and job placements can be provided.
	Workforce Investment Act Adult Services Program	Assists states in providing workforce investment activities. "Intensive" services provided to low-income participants include occupational and basic skills training, and transportation can be provided to access such services.
	Workforce Investment Act Dislocated Worker Program	Assists states in providing workforce investment activities. "Intensive" services provided to low-income participants include occupational and basic skills training, and transportation can be provided to access such services.
	Workforce Investment Act Youth Activities	Assists states in providing workforce investment activities that will help low-income youth acquire the skills, training, and support needed to achieve employment success. Transportation can be provided to access services.
Department of Transportation	Capital Investment Grants	Assists states in financing facilities for use in mass public transportation service. Projects can include those that are designed to meet the special needs of elderly or disabled individuals.
	Urbanized Area Formula Program	Assists urbanized areas in financing capital projects for use in mass transportation service. Ten percent of funds may be used to pay for ADA paratransit operating costs. ^a
	Nonurbanized Area Formula Program	Assists nonurbanized areas with capital and operating expenses needed to provide public transportation service. Ten percent of funds may be used to pay for ADA paratransit operating costs.
	Job Access and Reverse Commute	Provides grants to develop transportation services to connect low-income persons to employment and support services. Funds can be used for capital and operating costs associated with new or expanded service.
	Capital and Training Assistance for Over-the-Road Bus Accessibility	Assists private operators of over-the-road buses with financing capital and training costs associated with making buses accessible to individuals with disabilities.

Agency	Program	Description
	Capital Assistance Program for Elderly Persons and Persons with Disabilities	Provides financial assistance to nonprofit organizations in meeting the transportation needs of elderly persons and persons with disabilities where public transportation services are unavailable, insufficient, or inappropriate. Funds may be used for eligible capital expenses, such as purchasing vehicles, or to contract for service.

Sources: CTAA and Catalog of Federal Domestic Assistance.

^aThe ADA required that all fixed route transportation services and facilities be accessible to individuals with disabilities, including wheelchair users. While the ADA gave priority to providing such transportation in the same vehicles used by the general riding public, it also required complimentary paratransit systems as a “safety net” for individuals whose disabilities prevent them from using accessible fixed-route services.

Table 2 shows the 11 programs we identified as spending at least \$4 million on transportation for the transportation-disadvantaged in fiscal year 2001.

Table 2: Eleven Programs Spending at Least \$4 Million in Fiscal Year 2001

Agency	Program
Department of Agriculture	Food Stamp Employment and Training Program
Department of Education	21st-Century Community Learning Centers
Department of Labor	Job Corps
Department of Health and Human Services	Community Health Centers
	HIV Care Grants
	Social Services Block Grants
	State Children’s Health Insurance Program
Department of Housing and Urban Development	Community Development Block Grant
	Supportive Housing Program
Department of Veterans Affairs	Automobiles and Adaptive Equipment for Certain Disabled Veterans
	Veterans Medical Care

Source: GAO.

Under most of the federal programs providing transportation services, funding recipients typically purchase the services from existing sources, according to program officials. This includes contracting for services with private transportation providers or providing bus tokens, transit passes, taxi vouchers, mileage reimbursement to volunteers or program participants, or some combination of these methods. For example, recipients of funds from DOL’s Workforce Investment Act Adult Services Program typically provide bus tokens or mileage reimbursement for participants to access training, while recipients of HHS’s Grants for Supportive Services and Senior Centers most often contract with local transportation providers to provide client transportation. The funding recipients of several programs, however, typically purchase and operate

vehicles, or modify existing vehicles for use by individuals with disabilities. These programs include Head Start and the Program for American Indian, Alaskan Native, and Hawaiian Elders in HHS; the Vocational Rehabilitation Grants Program in the Department of Education; and the six programs within DOT.

Several of these programs have requirements for grantees to coordinate their services with other agencies providing similar services, which would include transportation, among other services. For example, Head Start grantees are required to make every reasonable effort to coordinate transportation services they provide with other human service transportation in their communities. Similarly, DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities, Job Access and Reverse Commute, and Nonurbanized Area Formula Program have requirements for grantees to coordinate their transportation services. In addition, some programs have provisions designed to avoid duplication of effort and encourage the use of existing community resources. For example, Workforce Investment Act programs may use funds to support those who are participating in the program only if those individuals are unable to obtain services through other programs, according to program officials. Also, the Veterans' Workforce Investment Program requires grantees to provide information on the linkages this program will have with other providers of services to benefit veterans.

Extent of Spending on Services for the Transportation-Disadvantaged Is Not Fully Known but Is in the Billions of Dollars

Available information shows that federal programs spent an estimated \$2.4 billion on transportation services for transportation-disadvantaged populations in fiscal year 2001, and additional state and local spending for these populations was several hundred million dollars more. Complete spending information is not available because many federal funding recipients are not required to distinguish transportation from other spending when reporting spending information to federal agencies.

Spending by 29 Federal Programs Is Estimated at \$2.4 billion in Fiscal Year 2001

Information on federal spending for transportation is available for 29 of the 62 programs we identified.¹⁶ These programs spent an estimated \$2.4 billion on transportation services in fiscal year 2001. (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 3 shows estimated transportation spending by the eight federal agencies that fund services for the transportation-disadvantaged.

Table 3: Estimated Spending on Transportation Services for the Transportation-Disadvantaged by Eight Federal Agencies in Fiscal Year 2001

Agency	Amount spent on transportation for transportation-disadvantaged (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	72.4%	10	23
Department of Transportation	\$317.3	13.0%	6	6
Department of Veterans Affairs	\$160.8	6.6%	3	3
Department of Education	\$135.3	5.5%	2	8
Department of Labor	\$26.4	1.1%	3	15
Department of Housing and Urban Development	\$21.7	0.9%	4	4
Department of Agriculture	\$13.0	0.5%	1	1
Department of the Interior	Not available	0.0%	0	2
Total (for 8 agencies)	\$2,445.5	100.0%	29	62

Sources: GAO summary of HHS, DOT, VA, Education, DOL, Agriculture, HUD, and Interior data and estimates.

More than three-quarters of our estimate is based on spending for transportation in five programs. Of the five, Medicaid and Head Start, both in HHS, spent the most on transportation in fiscal year 2001—an estimated \$976.2 million and \$514.5 million, respectively. The three other programs, all of which spent more than \$100 million on services for the transportation-disadvantaged in fiscal year 2001, were DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities,

¹⁶Of these 29 programs, 17 provided actual spending data for fiscal year 2001. Program officials for the remaining 12 programs provided an estimate of transportation spending for 2001.

HHS's Temporary Assistance for Needy Families (TANF), and VA's Veterans Medical Care Benefits.

The amount spent on transportation services by the remaining 33 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.¹⁷

State and Local Transportation Spending Is Unknown, but Is Likely Significant

Total state and local spending for transportation services, which supplements federal spending for such programs, is likely significant—at least in the hundreds of millions of dollars—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. About half of the 62 programs have matching requirements that generally require states and localities to contribute between 5 and 50 percent of total costs.¹⁸ Additionally, limited information from officials in the five states we visited indicates that total

¹⁷Total program obligations for these 33 programs were about \$14.8 billion in fiscal year 2001. While information was not available on the portion of the \$14.8 billion devoted to providing transportation services, we were able to analyze data on other human services programs which indicate that, on average, about 3 percent of total spending on those programs was devoted to transportation. We do not know whether this 3 percent is an appropriate estimate of transportation spending for these 33 programs because grantees are not required to report transportation spending information to the federal agency. Furthermore, several officials who administer programs that had no spending data told us that transportation services probably represented less than 1 percent of their total program spending.

¹⁸It is difficult to determine the amount of nonfederal contributions to transportation services on the basis of matching requirements because grantees are generally required to match total program spending rather than spending for a particular service, such as transportation. To illustrate, Head Start grantees are required to contribute 20 percent of total program costs, not necessarily 20 percent of transportation costs. Transportation under the program could be entirely funded from federal dollars while the local share is used to fund teachers or other program costs. The issue is further complicated because some of these programs have maintenance of effort (MOE) requirements (which require states and localities to maintain their contributions to a program at some pre-determined level) rather than matching requirements. Under the TANF program, for example, the state's MOE requirement is determined through an index against the amount the state spent for fiscal year 1994 under the Aid to Families with Dependent Children program. MOE funds will, therefore, constitute a different percentage of total program spending for each state in each year.

state and local spending on transportation runs into the hundreds of millions of dollars. For example:

- Nonfederal contributions for Medicaid nonemergency transportation ranged from 32 to 50 percent of the total spending on this service in the five states that we visited.¹⁹ In New York, 50 percent, or an estimated \$139.4 million, of the state's total spending on Medicaid funded transportation in 2001 was from nonfederal sources. In Florida and Wisconsin approximately 40 percent of the total amount spent on nonemergency medical transportation in the state was from nonfederal sources; state contributions in those states were \$28.6 million and \$13.4 million, respectively, in 2001. In Arizona and South Dakota, approximately one-third of the total amount spent on Medicaid transportation was from nonfederal sources in those states in 2001, approximately \$7.0 million and \$490,000, respectively.
- In Wisconsin nearly 38 percent, or \$922,000, of the funding to provide transportation services through DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities in 2001 was from nonfederal sources. The program requires grantees to provide 20 percent of total program funding.
- In New York, about 30 percent of the spending on transportation under the Department of Education's Vocational Rehabilitation Program in 2002, or \$2.6 million, was from nonfederal sources.²⁰ Similarly, about 27 percent or \$673,000 of Florida's funding was from nonfederal sources in 2001. The program requires states to contribute 21.3 percent of total costs.

Although some states and localities currently spend a significant amount for transportation through federal programs, many now face budget deficits that could diminish their future contribution to these programs. In a 2003 survey by the National Conference of State Legislatures,²¹ 36 states

¹⁹The amount that states are required to contribute depends on how states claim transportation under Medicaid. If states claim Medicaid 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.

²⁰Data for state fiscal year 2001 were not available. Program officials indicate that there should not be significant differences in 2001 and 2002 spending information.

²¹National Conference of State Legislatures, *State Budget Update: February 2003* (Washington, D.C.: February 2003).

reported budget deficits midway through their fiscal year. Fifteen of these states reported deficits in excess of 5 percent of the state budget, and four states are facing deficits greater than 10 percent of the state budget. Because 49 states have balanced budget requirements, such large deficits could lead to a decrease in the amount of funds available to states for programmatic spending, including transportation programs. For example, according to the National Conference of State Legislatures report, 29 states have imposed across-the-board cuts in response to budget deficits.

State budget deficits have affected state transportation spending differently in the five states that we visited. For example:

- Two of the states have cut their state programs that local grantees used to fund services for the transportation-disadvantaged, according to transportation officials in those states. In one state, the state legislature eliminated the state's transportation assistance program to help deal with the state's budget deficit; as a result, the state official and the director of a senior center in the state said that some of the projects funded through the program will likely be discontinued because grantees cannot find replacement funds. In the other state, the state legislature cut a state fund that grantees used to supplement federal transportation funding. According to an official, the loss of this fund, combined with the increasing costs of fuel and insurance, may lead providers to cut service to transportation-disadvantaged populations by as much as 40 percent.
- In another state, the Governor's plan for closing the state's budget gap includes reducing spending on Medicaid nonemergency medical transportation by \$5 million, or 7.6 percent; however, the state's fund dedicated to providing other services for the transportation-disadvantaged was not recommended for cuts.
- Transportation officials in two states told us that they had not yet experienced cuts in state funding for services for the transportation-disadvantaged. In one of the states, local grantees rely on a state transportation fund and a large set-aside of TANF funds to provide services to transportation-disadvantaged populations. Without these two funds, local grantees would have difficulty financing services for the transportation-disadvantaged, according to an official. The other state is not currently anticipating cuts in state funding for services for transportation-disadvantaged populations, however, according to an official, the full impact of the fiscal situation in that state will not be known until local governments develop program budgets for 2004 because the local governments—which are also facing budget constraints—play a key role in determining what services will be provided.

While some states are not currently experiencing reductions in their transportation programs, many states are anticipating that budget deficits will continue into 2004. According to the National Conference of State Legislatures report, 36 states are anticipating budget gaps for 2004; nearly all of these states anticipate gaps greater than 5 percent of their state budget and half of these states expect gaps greater than 10 percent.²²

Coordination Efforts Vary, but Some Successful Efforts Show Promising Results

Efforts to improve services and achieve cost savings through coordination of transportation activities among agencies at all levels of government vary. At the state and local levels, the extent and the type of coordination activities differ, ranging from one state body providing guidance and overseeing coordination efforts for most of its programs to two local agencies sharing vehicles. In some areas within the five states we visited, coordination among providers has resulted in significant benefits, such as improved customer service and lower unit costs. However, we also found some examples of overlapping, fragmented, or confusing services resulting from a lack of coordination. At the federal level, DOT, HHS, and—to some extent—DOL have undertaken some activities aimed at improving coordination among their programs. DOT and HHS implement many of their activities through the Coordinating Council on Access and Mobility. However, DOT and HHS make only a few mentions of coordinating services for the transportation-disadvantaged in their strategic and annual performance plans, and other agencies do not mention such activities at all. Also, several federal agencies that provide services to the transportation-disadvantaged are not involved in coordination efforts at the national level.

Extent of State and Local Transportation Coordination Varies

While agencies within each state we visited were involved in some form of coordination, the extent of coordination of transportation services varies widely. For example, Florida has a state organization that oversees the coordination of most of the transportation services for the transportation-disadvantaged, while some other states we visited had no statewide coordination body. Even in states without such a coordinating body, however, some state and local agencies are engaged in coordination efforts. This variation also occurred in the nation as a whole, according to data from a preliminary report by the National Academy of Sciences' Transportation Research Board, which found that roughly half of U.S.

²²Eleven states and the District of Columbia did not report 2004 budget deficit information.

states have a state transportation coordinating body.²³ (See appendix III for information on the type of coordination in the five states we visited and the state agencies involved.)

Within each state, local efforts also varied. Examples of coordination activities include the following:

Coordinated planning: In this type of coordination, some combination of human service and transportation agencies and providers work together to plan transportation services for their clients. For example, in northwestern Wisconsin, at the initiative of staff from a center for independent living, the Area Consortium on Transportation was formed in 2001 to improve the planning and provision of transportation for the disabled and others who are transit-dependent. The council—which consists of consumers, transit providers, county and city officials, disability organizations, and aging groups—is instituting several pilot programs to test various methods of coordination.

*Brokerage:*²⁴ In this type of coordination, one agency or provider serves as the central point of contact for providing ride and eligibility information or actually arranging transportation services for clients of multiple programs. For example, officials in several New York counties wanted to maximize residents' mobility by coordinating transportation services offered by various federal and state programs, but lacked the expertise or start-up costs to do so. With a grant from the state Departments of Transportation and Health, the counties instituted a coordination demonstration project whereby one agency arranges an average of 2,500 daily trips for clients from a number of populations—such as the disabled, senior citizens, former welfare recipients, and others—served by different federal and state programs.

²³Westat, *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).

²⁴The 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.

Shared use of vehicles among multiple programs: In this type of coordination, one agency may provide transportation for clients of multiple programs, or each program may own its own vehicles but allow them to be used by other programs. For example, in Arizona, vans from one county’s vocational rehabilitation center travel to a neighboring county to pick up program clients. While there, they also transport clients of Jobs Administration programs. The two programs split the cost of transportation equally.

Appendix IV contains a list of some informational resources available for agencies interested in coordinating.

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

In some areas we visited, coordination among providers—through sharing vehicles, consolidating services under a single agency, or sharing information about available services—has resulted in significant benefits, such as improved customer service and lower unit costs. State and local agencies providing transportation under the 62 federal programs often serve similar client groups, provide similar services, and operate in similar geographic areas, so there can be duplication of effort and inefficiency in providing transportation when those agencies do not coordinate. In our site visits, we found several examples of overlapping, fragmented, or confusing services in places where agencies were not coordinating.

Benefits of Coordination

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.

-
- A federal regional official said that coordination could 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 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 about 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.

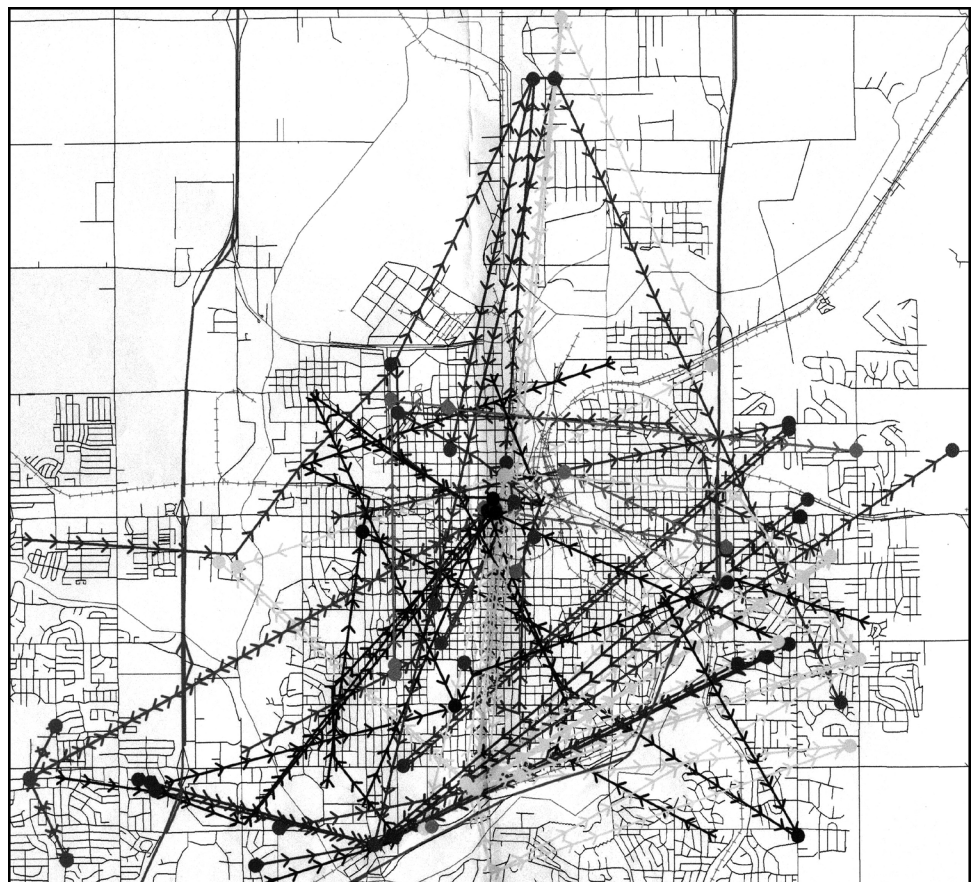
Effects of a Lack of Coordination

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, officials we interviewed identified several examples of overlapping services in areas or programs that were not coordinating. 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,²⁵ because it is too difficult to mix clients due to complicated fee structures and paperwork requirements imposed by the 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 locality that state and local officials said has had difficulty coordinating, several human service providers hired a consultant to study

²⁵Paratransit 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.

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 2. The consultant identified ways in which the number of routes could be substantially reduced through better coordination, which are being considered by the agencies involved.

Figure 2: Overlapping Daily Routes of Vehicles Serving the Transportation-Disadvantaged in Sioux Falls, South Dakota



Source: Sioux Vocational Services (reprinted with permission).

Note: 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.

State and local officials also provided examples of fragmented services and confusion in localities without coordinated programs. One official in an uncoordinated area 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. In one state, local officials told us that paratransit services do not extend beyond county lines, so people have to schedule two separate trips to get from their homes in one county to medical services in an adjoining county. When the first paratransit ride is behind schedule, a passenger sometimes has to wait for hours for the connecting ride. A provider in another 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 said that his company 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. The provider also 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 programs the clients are eligible.

Federal Progress toward Improved Coordination Varies

Some Prior Recommendations to the Coordinating Council Have Been Implemented

Although the Coordinating Council on Access and Mobility and various federal agencies have taken a number of steps to improve coordination, these efforts have had mixed results.

As shown in table 4, the Coordinating Council on Access and Mobility—a body consisting of representatives from DOT and HHS—has responded to three of the recommendations we made in our 1999 report²⁶ by adopting a strategic plan, developing an action plan, and helping to ensure that planned coordination efforts reinforce one another by issuing guidelines for coordinating transportation services. Goals and objectives in the strategic plan include such things as promoting interdepartmental collaboration at the federal level through the development of a joint agenda for transportation research that is of common use to multiple

²⁶ [GAO/RCED-00-1](#).

federal departments. According to the most recent action plan, the Council has completed some activities, such as producing a series of “how to” publications on using intelligent transportation systems to assist in the coordination of HHS programs with local transit agencies.

Table 4: Status of Federal Responses to GAO’s Recommendations to Improve Coordination

Recommendations from 1999 GAO report	Completed	Under way
The DOT/ HHS Coordinating Council on Access and Mobility should adopt a prioritized strategic plan.	X	
The Coordinating Council should develop an action plan with specific responsibilities.	X	
The Coordinating Council should issue an annual report on its major initiatives and accomplishments to the Secretaries of DOT and HHS.		X
DOT and HHS should ensure that planned coordination efforts reinforce one another.	X	
DOT and HHS should direct their regional working groups to assess obstacles to transportation coordination.		X
The Coordinating Council should strengthen its Web site and make information available on obstacles to coordination and strategies to overcome them.		X

Source: GAO.

The Council’s responses to the other three recommendations are still ongoing. For example, Council representatives told us that they plan to issue their first annual report on coordination achievements in June 2003, although this report was originally due to be issued in October 2000, according to the Council’s strategic plan. With regard to the recommendation on regional working groups, the 10 DOT and HHS regional offices have been convening workshops with state transportation officials during 2003 to discuss obstacles to coordination and other issues.

Finally, the Council’s efforts to strengthen its Web site have had mixed results. One of the tasks listed in the Council’s strategic plan is to develop and maintain a Web site that would, among other things, enhance the exchange of coordination ideas, issues, and concerns. The Council has developed a Web site²⁷—operated by DOT in conjunction with CTAA—that is reachable through a link on the Federal Transit Administration’s section of DOT’s Web site. However, there is no similar link from HHS’s Web site

²⁷www.fta.dot.gov/CCAM/www.index.html.

(or the Web sites of other federal agencies that fund transportation services for the transportation-disadvantaged), possibly making it more difficult for human service and other agencies to be aware of and access the site. In addition, the site does not yet contain specific information on obstacles to coordination or strategies for overcoming them, which we recommended in 1999, though it does contain links to some reports on the subject. There is also a page from which viewers can E-mail the Council with questions or suggestions. The Council is working with CTAA to further strengthen the site.

DOT and HHS Have Sponsored Other Coordination Activities

Through the Council, DOT and HHS have sponsored a number of other efforts to enhance coordination. For example, as part of an item in the Council's action plan, DOT and HHS helped initiate a consortium of national professional organizations and interest groups²⁸ to conduct research and provide educational activities related to coordinating services for the transportation-disadvantaged. Among other tasks, the consortium has been asked to pursue several items from the Council's action plan, such as identifying promising practices and obstacles in transportation coordination and developing strategies for addressing the obstacles. Officials from the Council said that working with the consortium provides a depth of knowledge and experience because consortium members represent local as well as national interests so that issues are pursued "from both ends."

As part of the upcoming regional workshops sponsored by the DOT and HHS regional offices, participants will discuss expanded opportunities for achieving more coordinated delivery of transportation services in medical, aging, and other assistance programs, and technical assistance resources will be shared with participants. Intended audiences include state transportation coordinating councils; state agencies that administer medical, aging, and other assistance programs; and agencies serving individuals with disabilities. According to DOT and HHS, participants will be asked to develop state transportation coordination action plans for their home state, and resources will be made available to assist states in

²⁸To date, the consortium consists of the AARP, Amalgamated Transit Union, American Association of State Highway and Transportation Officials, American Public Transportation Association, American Public Human Services Association, American Public Works Association, American Red Cross, Association of Metropolitan Planning Organizations, Children's Health Fund, Community Transportation Association of America, Easter Seals Project Action, National Association of Area Agencies on Aging, National Conference of State Legislatures, National Governor's Association, and the Taxicab, Limousine, and Paratransit Association.

Coordination Remains Largely
Unaddressed in Strategic
Planning Efforts

implementing their plans following the workshop. (See appendix III for more information on federal coordination activities.)

Because it is not a federal executive branch agency, the Coordinating Council is not subject to the requirements of the Government Performance and Results Act (GPRA) of 1993²⁹ and, therefore, does not have to follow the act's guidance for producing strategic plans, annual performance plans, and annual reports. However, there are several best practices in strategic planning that could be useful guides for improving the Council's strategic plan when it is updated at the end of 2003 and the action plan when it is next updated. For example, the current strategic plan does not contain an overall mission statement for the Council or performance measures that clearly relate to its long-term goals and objectives, both of which are considered best practices in strategic planning.³⁰ In addition, there are no explicit links between the stated goals and objectives in the strategic plan and the activities in the action plan. For example, the current action plan includes seven tasks related to the use of information technology systems, but those tasks are not clearly linked to any of the Council's long-term goals or objectives.

Because the Council has no funding or full-time staff of its own, it is dependent on support from HHS and DOT. However, neither department currently highlights the coordination of services for the transportation-disadvantaged as a priority in its long-term strategic plan or annual performance plan. According to GPRA guidance, agencies are encouraged to identify programs with common purposes or crosscutting issues in their strategic plans. In addition, the agencies' annual performance plans should identify performance goals that reflect activities being undertaken to support programs of a crosscutting nature, and show evidence of coordination among crosscutting programs.³¹ DOT's most recent strategic plan and performance plan do not explicitly mention the Coordinating Council, although both briefly discuss coordinating special-needs transportation with other federal agencies under DOT's Job Access and Reverse Commute (JARC) program. However, there is no mention of coordination of DOT's Transit Capital Assistance Program for Elderly

²⁹P.L. 103-62.

³⁰U.S. General Accounting Office, *Agencies' Strategic Plans Under GPRA: Key Questions to Facilitate Congressional Review*, [GAO/GGD-10.1.16](#) (Washington, D.C.: May 1, 1997).

³¹U.S. General Accounting Office, *The Results Act: An Evaluator's Guide to Assessing Agency Annual Performance Plans*, [GAO/GGD-10.1.20](#) (Washington, D.C.: Apr. 1, 1998).

Persons and Persons with Disabilities with other programs for elderly or disabled populations.³² At the subagency level, the Federal Transit Administration's strategic plan includes the Coordinating Council in an appendix on coordination of crosscutting functions, under the strategic goal of promoting economic growth and trade, and its performance plan mentions working with the Council under a different goal—that of promoting mobility and accessibility.³³

HHS's current strategic plan does not discuss coordination of transportation services with other agencies, but its draft plan for 2003-2008 specifically lists DOT and state and local transportation and human service agencies as important partners in providing transportation to access services in distressed communities and for health care and employment and training programs elsewhere. Education, DOL, HUD, and VA are not listed, however.³⁴ The performance plans of individual HHS components vary widely in their treatment of transportation coordination. For example, the performance plan of the Centers for Medicare & Medicaid does not mention transportation at all, while the Administration on Aging's performance plan states that the agency works closely with HHS and DOT officials on the Coordinating Council in pursuit of improved transportation services.

The strategic and annual performance plans of the other federal agencies that fund transportation services for the transportation-disadvantaged generally do not mention coordination of such services.

Other Federal Agencies Are Involved in Some Coordination Efforts

Other federal agencies are also involved in some coordination efforts outside the scope of the Council. For example, DOL is working with CTA and DOT to implement several rounds of pilot projects testing various transportation strategies in support of local one-stop employment and

³²U.S. Department of Transportation, *Strategic Plan 2000-2005* (September 2000) and U.S. Department of Transportation, *Performance Plan-FY 2004* (Washington, D.C.: February 2003).

³³U.S. Department of Transportation Federal Transit Administration, *Strategic Plan 1998-2002* (Washington, D.C.: March 1998) and U.S. Department of Transportation Federal Transit Administration *FY 2002 Performance Plan*.

³⁴U.S. Department of Health and Human Services, draft of *Strategic Plan Fiscal Years 2003-2008*, Appendix A (Washington, D.C.: July 2002).

training centers.³⁵ Officials from DOT and DOL are also in the process of developing guidelines for using Workforce Investment Act funds (a DOL program) for Job Access purposes (a DOT program). In addition, some of DOL's research studies and technical assistance materials provide examples of transportation coordination efforts.³⁶ However, we did not find examples of involvement in transportation coordination efforts at the national level at the Departments of Education, HUD, and VA, although some of these agencies are involved in transportation working groups in some of the federal regional offices. The membership of the Coordinating Council only consists of DOT and HHS officials, representing less than half of the 62 federal programs that can be used to fund services for the transportation-disadvantaged. Although these two agencies comprise the majority of funding for transportation that we were able to identify, the Departments of Labor and Education also have a significant number of programs—more than one-third of the total—that provide services to the transportation-disadvantaged. Officials from the Council said that other agencies had expressed interest in coordination activities and had been invited to observe Council meetings in the past, but only DOL sent a representative for a short time period.³⁷ Council officials said it would be very beneficial to have other agencies formally involved in their coordination efforts, which would require a renewal of the Council's charter and memorandums of understanding among all agencies involved as well as other formal mechanisms to ensure that the proper people are engaged in the effort.

³⁵In an effort to coordinate service delivery for employment and training programs, the Workforce Investment Act established one-stop centers in all states. Individuals seeking employment opportunities and training can receive services from more than a dozen federal programs that are required to offer their services through these one-stop centers.

³⁶See "One-Stop Innovations: Leading Change under the WIA One-Stop System," a report prepared for the U.S. Department of Labor by the John H. Heldrich Center for Workforce Development at Rutgers, the State University of New Jersey (Mar. 12, 2002).

³⁷In addition, one of DOL's divisions in 2001 had a liaison to the Council's Technical Committee—which focused on coordinating employment programs for low-income individuals. However, the DOL liaison indicated that little activity ensued after the liaison briefed the committee on the one-stop centers, and the committee later went dormant with the change in administration.

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, federal, state, and local officials, as well as representatives of national advocacy and industry organizations with whom we spoke, identified numerous obstacles that impede effective coordination. We clustered the wide range of identified obstacles into three categories related to (1) sharing vehicles and the low priority given to funding coordination activities; (2) programmatic differences; and (3) limited federal, state, and local leadership and commitment to undertake and sustain coordination efforts. To mitigate these obstacles, these officials and other experts suggested three potential options: harmonizing standards and requirements among federal programs with a transportation component, providing and disseminating additional guidance and information on coordination, and providing financial incentives or mandates to coordinate.

Officials May Be Reluctant to Share Vehicles and Provide Financial Resources for Coordination

One set of obstacles was related to officials' reluctance to share vehicles or their tendency to 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 Vehicles

In interviews in every state we visited, as well as with national advocacy and industry organizations, the unwillingness or inability to share vehicles was identified as a major obstacle. Administrators of some federal programs may be apprehensive about sharing vehicles for coordination due, in part, to their belief that only they understand their clients' needs and can provide the necessary personalized services. For example, program administrators reported being concerned about a loss of control over the quality and convenience of transportation services for their clients and wanted to maintain their discretion over how to serve their clients and which transportation resources to purchase. Program administrators also expressed concern over mixing vulnerable populations, such as the developmentally disabled and children, or 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.³⁸

³⁸Moss Adams, LLP, Community Transportation Association of America, *The Coordination Challenge* (Seattle, WA: June 2000).

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 switch from door-to-door service to curb-to-curb service or public transit.

Low Priority Given to Funding Coordination Activities

The overall costs of coordination, which can include additional staff members and staff time needed for maintaining and overseeing coordination efforts, can be significant. For example, a transportation brokerage firm in one state faced substantial added costs when it began coordinating transportation for human services 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, the program's current allotment for administrative expenses would not support any staff to work on coordination activities. In addition, some states invest in coordination, while others do not allocate funds specifically for coordination, and efforts to coordinate often become ancillary activities for those involved.

Limited Transportation Services Available to Realize Benefits from Coordination

Guidelines issued by the Coordinating Council state that coordination will not solve all transportation problems in all communities.³⁹ 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.

³⁹Coordinating Council on Access and Mobility, *Planning Guidelines for Coordinated State and Local Specialized Transportation Services* (Washington, D.C.: Dec. 20, 2000).

Differing Program Requirements Can Impede Coordination

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.

Different Eligibility Requirements

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 may lead to inefficient transportation services within a community. For example, an official in one state we visited commented that one 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 may also vary by program and jurisdiction, thus complicating efforts to transport multiple client groups. Some programs, such as Head Start, have specific vehicle standards that are often more stringent than those of other programs, making it difficult to share vehicles. 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 state to local designees. In addition, funding for programs such as Head Start flow directly to grantees rather than 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 JARC program allows 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 bill for services provided, which reflected the unique requirements imposed by each of those agencies.⁴⁰ Furthermore, according to officials, Medicaid requires the state Medicaid agency to demonstrate that individuals receiving transportation under Medicaid are not receiving transportation from any other source and that the transportation is medically necessary, complicating the determination of how to fund transportation services for each Medicaid recipient in a coordinated system in which costs are shared among agencies. In addition, human service agencies and providers may not be required or accustomed to collecting complete and uniform transportation data for their programs. A recent report concluded that such information was beneficial because it enabled administrators to re-evaluate how best to provide transportation services and the savings they could achieve through coordination.⁴¹ 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 for the transportation-disadvantaged, actual expenditures were estimated to total \$224.9 million statewide—much higher than the initial estimate. Such information has helped agencies in Florida understand the true costs of providing transportation and has encouraged some agencies to become 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

⁴⁰Ecosometrics, Inc., *Recommended Framework for Developing State and Local Human Services Transportation Planning Guidance* (Bethesda, MD: Sept. 22, 1998).

⁴¹Volpe National Transportation Systems Center, *Innovative State and Local Planning for Coordinated Transportation* (U.S. Department of Transportation, February 2002).

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 between transit and human service agencies challenging.⁴² 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 term as a way to determine what proportion of overall costs will be funded by each agency.

Program Officials May Not Know How to Coordinate Effectively

Although some federal and state agencies have recognized the potential offered by coordination and provided some assistance toward this end, 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 coordination initiatives 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. We found the following examples of this in our work:

- Officials in one state said that the guidance on how to share costs among programs for projects funded jointly by DOT’s JARC grants, HHS’s TANF Program, and DOL’s Welfare-to-Work Program funds did not indicate how such sharing could or should be done. Instead, the officials had to seek advice from other states.

⁴²Volpe National Transportation Systems Center, *Innovative State and Local Planning for Coordinated Transportation*.

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- While FTA disseminated coordination guidelines for FTA and HHS programs to transportation officials, some HHS and transportation officials said these guidelines were not widely disseminated to human services officials or programs.
 - According to state Medicaid offices and a national organization of individuals and agencies concerned with human services, the Centers for Medicare & Medicaid Services have not provided sufficient guidance on how to coordinate Medicaid transportation with existing public transit or other transportation resources.
 - The Coordinating Council on Access and Mobility has limited visibility for agencies actually involved in implementing coordination efforts. 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 Leadership 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 half of the states have no coordinating body, according to one report.⁴³ Officials 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.

Limited Local Leadership and Commitment to Coordinate

Even in states with a coordinating council or a lead state agency, there may be a lack of local leadership or commitment to coordination efforts. For example, one city we visited was unsuccessful in achieving a coordinated system despite state encouragement to coordinate and some state-provided technical assistance. Stakeholders there described a lack of local commitment and leadership in maintaining lines of communication among those involved in coordination efforts as a factor leading to the failure. In addition, program administrators may not have data on the extent of existing transportation services that may be available to their clients within a geographic region and, therefore, may fail to realize the extent of overlapping and complementary services within their local area. Such data can produce improvements. For example, in response to a lack

⁴³Westat, *Toolkit for Rural Community Coordinated Transportation Services*.

of data on local services, an agency in one state we visited took the lead in conducting a study that showed the extent to which various agencies provide similar transportation services within a geographic region. An agency official was hopeful that once other agencies saw the extent of overlap, they would be more willing to coordinate.

Potential Options to Improve Coordination

Federal, state, and local officials, as well as experts in the area, have suggested three potential options to improve coordination of transportation services among federal programs: (1) harmonizing standards and requirements among federal programs, (2) expanding interagency forums and providing and disseminating additional guidance and information on coordination, and (3) providing financial incentives or coordination mandates.

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 among all federal human service programs 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), driver training, and liability insurance provisions 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. These officials also commented that harmonizing the time frames under which federal funding is allocated could possibly aid collaborative planning. 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 Interagency 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 federal 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 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.
- With legislative changes, current funds allotted by multiple federal sources could be combined into one federal, 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 at the state or local level would be at a disadvantage in competing for funding with larger agencies serving more clients. 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.

Conclusions

Successful coordination among programs for the transportation-disadvantaged is not a simple matter. One clear need, given the sheer number of programs involved, is active and sustained leadership at the federal level. While the Coordinating Council on Access and Mobility is positioned to supply that leadership, its efforts are constrained in two main ways. The first is limited membership: only two departments—DOT and HHS—are members. While these departments administer nearly 30 programs that can be used for transportation, the Departments of Education and Labor administer almost as many. The absence of Education and Labor lessens the ability to muster a collective effort for greater coordination. The second constraint is a limited ability to translate a strategic vision into a set of actions. At present, there are no clear links between the long-term goals in the Council's strategic plan and the individual tasks in its action plan. Without such links, the Council risks judging its progress on the basis of activities undertaken rather than on the outcomes of those activities and their contribution toward achieving long-term goals. Linking these goals and actions to the strategic and annual performance plans of participating departments—because the Council relies heavily on support from its member agencies—would provide an additional incentive to pursue coordination activities in the departments' activities.

There is great diversity in the specific suggestions we received about how to overcome obstacles to greater coordination. Two of the three main options raised by various officials we interviewed—making federal program standards more uniform and creating some type of requirement or financial incentive for coordination—would require substantial

statutory or regulatory changes and include potential costs. The third option, expanding forums and disseminating guidance, can be done in the context of existing laws, regulations, and procedures, and may, therefore, be the most expeditious starting point. In this regard, clarification from federal agencies about how funds can be used for coordination could help state and local agencies overcome some of the obstacles identified. Similarly, state and local agencies may be in a better position to coordinate efforts if they have more knowledge about what has worked elsewhere. Although the Council has a Web site with information about coordinating transportation services, some state and local officials were unaware of it. State and local officials' point of contact is more likely to be the Web site of the department administering the program at the federal level. Establishing better links between the Council's Web site and the sites of the departments could help connect grantees with information that may help them coordinate with other programs, better serve clients, and use funds more efficiently.

Recommendations for Executive Action

- To increase communication and collaboration among the major agencies involved in providing transportation services for the transportation-disadvantaged, we recommend that the Secretaries of the Departments of Labor and Education join the Coordinating Council on Access and Mobility.
- To promote and enhance federal, state, and local transportation coordination activities, we recommend that the Secretaries of the Departments of Health and Human Services, Labor, Education, and Transportation take the following actions:
 - As member agencies of the Coordinating Council on Access and Mobility, ensure 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.
 - Ensure that strategic and annual performance plans discuss their departments' transportation coordination efforts and incorporate long-term goals and performance measures that address the need for coordination among programs for the transportation-disadvantaged.
 - Develop and distribute additional guidance to states and other grantees that encourages coordinated transportation by clearly defining the 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.

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

Agency Comments and Our Evaluation

We provided the Departments of Health and Human Services, Labor, Education, Transportation, Housing and Urban Development, and Veterans Affairs with draft copies of this report for their review and comment. We requested verification of key facts from the Departments of Agriculture and the Interior, but we did not seek comments from these departments because they did not administer significant numbers of programs that benefit the transportation-disadvantaged.

All six departments generally agreed with the findings and conclusions in the report and provided technical clarifications, which were incorporated as appropriate. The four departments to whom we made recommendations—Health and Human Services, Labor, Education, and Transportation—also generally concurred with those recommendations. In particular:

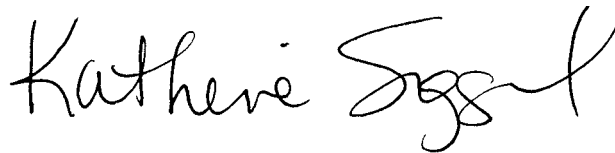
- The Department of Health and Human Services provided written comments on the draft of this report which are presented and evaluated in appendix V. The department noted that it has initiated actions to implement our recommendations, including (1) strengthening the linkage between the Coordinating Council's strategic and action plans, (2) reviewing the department-wide strategic plan for opportunities to reflect its transportation coordination efforts, (3) developing coordination guidance, and (4) linking the Coordinating Council's Web site to the Department of Health and Human Services' Web site. The department also suggested that we consider incorporating other researchers' estimates of transportation spending by health and human service programs. However, we estimated program expenditures only for those programs where there was sufficient evidence to support an estimate.
- Department of Labor officials stated that the department looks forward to joining the Coordinating Council on Access and Mobility to improve the transportation services provided by federal human service programs. In addition, department officials commented that the reauthorization of some human service and surface transportation legislation was forthcoming during the preparation of this report and that these legislative changes

may impact the future directions of the federal programs included in this report.

- The Department of Education provided written comments on the draft of this report, which are presented in appendix VI. The department said that it would look favorably on an opportunity to join the Coordinating Council on Access and Mobility and it would consider developing coordination guidance for state and other grantees and instituting methods of linking Web-based information resources about transportation.
- Department of Transportation officials said that the Federal Transit Administration is committed to accomplishing effective transportation coordination and noted that the list of the agency's activities and accomplishments in appendix III of this report demonstrate its commitment and support for coordination. It also stated that the administration's proposal for the reauthorization of surface transportation legislation, introduced in May 2003, includes provisions that would encourage further coordination efforts.

We are sending copies of this report to the appropriate congressional committees and to the Secretaries and other appropriate officials of the Departments of Transportation, Health and Human Services, Labor, Education, Housing and Urban Development, Veterans Affairs, Agriculture, and the Interior. We also will make copies available to others upon request. In addition, the report will be available at no charge on the GAO Web site at <http://www.gao.gov>.

If you have any questions about this report, please contact me at siggerudk@gao.gov or at (202) 512-2834. Additional GAO contacts and acknowledgments are listed in appendix VII.



Katherine Siggerud
Acting Director
Physical Infrastructure Issues

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 America¹ and a report prepared for the Coordinating Council on Access and Mobility.² We then supplemented and modified this inventory of programs on the basis of 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 options, we (1) conducted interviews and document reviews in the pertinent eight federal agencies that administer the 62 federal programs that fund transportation services for the transportation-disadvantaged; (2) conducted five case studies in Arizona, Florida, New York, South Dakota, and Wisconsin; (3) reviewed the literature on the challenges encountered in coordinating services for 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 & Medicaid Services, the Health Resources Services Administration, the Office of Intergovernmental Affairs, 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

¹Community Transportation Association of America, *Building Mobility Partnerships: Opportunities for Federal Investment* (Washington, D.C.: March 2002).

²Coordinating Council on Access and Mobility, *Planning Guidelines for State and Local Coordination* (Washington, D.C.: Dec. 20, 2000).

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 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 more than 100 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. Within each state, we spoke with state officials responsible for coordinating transportation services for the transportation-disadvantaged and/or overseeing funds from the 62 federal programs we identified. We also asked some of these state officials for recommendations of local officials and transportation providers to interview in a range of urban, suburban, and rural areas and coordinated and uncoordinated programs within the state.

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 June 2003 in accordance with generally accepted government auditing standards.

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

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

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

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

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

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

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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) ^o
Housing Opportunities for Persons with AIDS	AIDS Housing Opportunity Act	42 U.S.C. § 12907(a)(3)	Contract for services	To access health care and other services	Low-income persons with HIV or AIDS and their families	\$190,252 (partial outlay) ^o
Supportive Housing Program	McKinney-Vento Homeless Assistance Act of 1987, as amended	42 U.S.C. § 11385	Bus tokens, taxi vouchers, purchase and operate vehicles	To access supportive services	Homeless persons and families with children	\$14,000,000 (estimate) ^p
Department of Housing and Urban Development, Office of Public and Indian Housing						
Revitalization of Severely Distressed Public Housing	Housing and Community Development Act of 1992, as amended	42 U.S.C. § 1437v(l)(3)	Bus tokens, taxi vouchers, contract for services	Trips related to employment or obtaining necessary supportive services	Residents of the severely distressed housing and residents of the revitalized units	\$700,000 (estimate) ^q

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

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Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials^a	Fiscal year 2001 federal spending on transportation^b
Trade Adjustment Assistance - Workers	Trade Act of 1974, as amended	19 U.S.C. § 2296(b)	Mileage reimbursement, transit fares	To access training	Persons found to be impacted by foreign trade, increased imports, or shift in production	No actual data or estimate available from the federal agency
Welfare-to-Work Grants to Federally Recognized Tribes and Alaska Natives ¹	Personal Responsibility and Work Opportunity Reconciliation Act of 1996	42 U.S.C. § 612(a)(3)(C)	Any transportation-related use, though purchasing vehicles for individuals is not allowable	To access employment placements, employment services	American Indians and other persons of Native American descent who are long-term welfare recipients or are low-income	No actual data or estimate available from the federal agency
Welfare-to-Work Grants to States and Localities ¹	Personal Responsibility and Work Opportunity Reconciliation Act of 1996	42 U.S.C. § 603(a)(5)(C)	Any transportation-related use, though purchasing vehicles for individuals is not allowable	To access employment placements, employment services	Long-term welfare recipients or low-income individuals	No actual data or estimate available from the federal agency
Work Incentive Grants	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2864(d)(2)	Encourage collaboration with transportation providers	To access one-stop services	Persons with disabilities who are eligible for employment and training services	No actual data or estimate available from the federal agency
Workforce Investment Act Adult Services Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2864(e)(2)	Mileage reimbursement, bus tokens, vouchers	To access training	Priority must be given to people on assistance and low-income individuals	No actual data or estimate available from the federal agency
Workforce Investment Act Dislocated Worker Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2864(e)(2)	Transportation allowance or reimbursement, bus/subway tokens	To access transition assistance in order to find or qualify for new employment	Includes workers who have been laid off, or have received an individual notice of termination, or notice that a facility will close	No actual data or estimate available from the federal agency

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

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

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

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

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

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

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

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

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

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

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

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

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¹This 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.

²This 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.

³Program 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.

⁴According 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.

⁵Estimate of transportation outlays is based on data from grantee's budget allocations, as suggested by an agency official.

⁶This 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.

⁷This is a partial estimate because, according to a program official, data on transportation outlays are not available from all grantees. The program official could not provide an estimate of outlays for transportation for all grantees.

⁸HUD provided data for transportation spending by 3,187 grantees in fiscal year 2001 that totaled \$7,221,569. According to HUD program officials, there are a total of 6,323 grantees, about twice as many as reported data. The officials therefore estimated that about \$14,000,000 would have been spent on transportation from all grantees in fiscal year 2001.

⁹Estimate 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.

¹⁰Public Law 102-477 is applied to allow tribal governments to consolidate funding from several federal programs. These include: the Department of Health and Human Services's Temporary Assistance for Needy Families, and Child Care and Development Fund programs; the Department of Labor's Native American Employment and Training, and Welfare-to-Work Grants for Federally Recognized Tribes programs; and the Bureau of Indian Affairs' Employment Assistance, Indian Social Service and Welfare Assistance, Adult Basic Education, and Higher Education programs. The Indian Social Services and Welfare Assistance Program is not used for transportation outside 102-477. The Adult Basic Education and Higher Education programs do not target transportation-disadvantaged populations as defined in this study outside of 102-477. The Employment Assistance program and the HHS and DOL programs provide transportation assistance separately from 102-477.

¹¹A program official estimated that transportation outlays were approximately 1 percent of total program outlays.

¹²Program funding from fiscal year 1998 and 1999 may still be spent, but the program no longer receives funding.

¹³Estimate of transportation outlays is based on a program official's review of grantee obligations.

¹⁴According 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.

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

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

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

Appendix III: Federal and State Coordination Efforts

Federal and state efforts to coordinate the services for the transportation-disadvantaged provided through their programs vary widely. This appendix offers some examples of those efforts.

Federal Coordination

In 1999, we reviewed the coordination efforts of the Coordinating Council on Access and Mobility, a body of representatives from the U.S. Department of Transportation (DOT) and the U.S. Department of Health and Human Services (HHS).¹ We made several recommendations for improving coordination between these two agencies. Table 5 shows the recommendations and actions taken in response.

Table 5: Federal Actions Taken in Response to GAO Recommendations for Improving Coordination

Recommendations from 1999 GAO report	Specific actions completed or products issued in response	Actions in progress and further concerns
The DOT/ HHS Coordinating Council on Access and Mobility should adopt a prioritized strategic plan.	In August 2000, the Coordinating Council adopted a prioritized strategic plan for fiscal years 2000 to 2004 and distributed the plan to its members.	The plan has not been updated or distributed widely because the Council is now focused on a more "product-oriented" approach. The plan will be updated at the end of 2003. The entire Coordinating Council has not met formally since December 2000, but specific workgroups have been developing action agendas and interagency agreements.
The Coordinating Council should develop an action plan with specific responsibilities.	The Council developed and issued an action plan in fiscal year 2003 and a number of actions have been completed, such as producing a series of "how to" publications on using intelligent transportation systems to assist in the coordination of HHS programs with local transit agencies.	Other actions were not completed by the expected date, such as the preparation of a promotional brochure on state Medicaid brokerage initiatives. Also, the outcome of actions is unknown due to the lack of an annual report.
The Coordinating Council should issue an annual report on its major initiatives and accomplishments to the Secretaries of DOT and HHS.	No annual report has yet been issued.	The Council plans to issue its first annual report in June 2003.

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

Appendix III: Federal and State Coordination Efforts

Recommendations from 1999 GAO report	Specific actions completed or products issued in response	Actions in progress and further concerns
DOT and HHS should ensure that planned coordination efforts reinforce one another.	The document "Planning Guidelines for Coordinated State and Local Specialized Transportation Services" was issued by the Council in December 2000 and distributed to state and local transit agencies. The guidelines are also available on the Web sites of the Council and DOT's Federal Transit Administration (FTA). These guidelines provide information to facilitate the coordination of transportation services for 12 HHS and 10 DOT programs.	Distribution to health and human service providers may not have been as thorough. According to some regional FTA and HHS officials we interviewed, the guidelines might have more impact if they are delivered to human service agencies and providers. Other officials mentioned the need for more specific guidance, such as models for cost sharing.
DOT and HHS should direct their regional working groups to assess obstacles to transportation coordination.	The Council's strategic plan provides for regional coordination action plans, including the identification and assessment of obstacles to transportation coordination.	All 10 of the regions produced action plans, but most have not been updated since fiscal year 2000. In addition, the outcomes of actions are not routinely tracked. The FTA and HHS regional offices are jointly sponsoring conferences in spring 2003 for state transportation and human service officials to, among other things, identify obstacles to coordination and best practices in successfully overcoming them.
The Coordinating Council should strengthen its Web site and make information available on obstacles to coordination and strategies to overcome them.	The Council's official Web site was discontinued due to lack of funding, but another site was established in May 2002, operated by FTA in conjunction with the Community Transportation Association of America. The site is linked to FTA's Web site. (www.fta.gov/CCAM/www.index.html)	The Coordinating Council's Web site is not yet linked to HHS's Web site. The Council's Web site does not contain an explicit list of obstacles to coordination or strategies to overcome them, but it does contain links to several reports that address these issues.

Source: GAO.

As a result of items in the Coordinating Council's strategic plan and action plan, FTA and HHS have undertaken multiple efforts to coordinate transportation services provided through their programs. Other federal agencies are also involved in coordination activities. Examples of federal coordination efforts include the following:

- The FTA and HHS's Administration on Aging have entered into a memorandum of understanding to increase coordination of transportation for older adults. For example, the agreement says that FTA and the Administration on Aging will work together to better coordinate the provision of funding opportunities to the aging services and transportation networks for the purpose of fostering coordination of transportation services and developing innovative service delivery models.
- FTA and HHS's Centers for Medicare & Medicaid Services are developing an action plan between them to address the coordination of Medicaid funded transportation.

- Department of Labor (DOL) and DOT officials are developing guidelines about using Workforce Investment Act² funds for programs funded under DOT's Job Access and Reverse Commute Program.
- Some federal regional offices have interagency working groups to discuss transportation and other areas of mutual concern. Four of the 10 regions have formal working groups that meet regularly to discuss ways to use federal funds more efficiently, including for transportation services. These groups include officials from FTA, HHS and, in some regions, the Departments of Labor, Education, Housing and Urban Development, Veterans Affairs, and others. In 4 other regions, FTA and some components of HHS work together informally. One of the regions also has a formal working group that meets quarterly to discuss Workforce Investment Act programs.
- A study undertaken on behalf of DOT and HHS examined seven specific planning strategies that can be used as part of a flexible regional planning process for coordinating transportation services of health and human service and transit agencies. The report is available on the Coordinating Council's Web site.³
- The Community Transportation Association of America (CTAA) is an organization consisting primarily of rural and small community transportation providers, and it serves the dual role of transportation industry representative and mobility advocate. It also has responsibility for updating and maintaining the Coordinating Council's Web site. CTAA sponsored a National Summit on Coordination in May 2003 to encourage federal, state, and local coordination. The participants—who came from federal departments, human service agencies, state associations, and transit providers—discussed, among other things, obstacles to coordination and strategies for addressing them.
- CTAA established a Web site for the National Transit Resource Center, an information clearinghouse funded by DOT and HHS.⁴ The site contains links to the Coordinating Council as well as to the Community Transportation Assistance Project (CTAP) and the Rural Transit

²P.L. 105-220.

³Volpe National Transportation Systems Center, *Innovative State and Local Planning for Coordinated Transportation*, (U.S. Department of Transportation, February 2002).

⁴<http://www.ctaa.org/ntrc>.

Assistance Program (RTAP). CTAP, funded by HHS, provides information about transportation issues, such as accessibility, coordination, funding opportunities, training, management, and legislation and regulations. CTAP also compiled a comprehensive list of federal funding resources for community transportation providers. The purpose of RTAP, funded by FTA, is to provide training and technical assistance for rural public transportation operators, improve professionalism and safety of rural public transit services, promote efficiency and effectiveness of rural transit services, and support coordination with human service transportation.

- HHS and CTAA have developed and distributed an Employment Transportation Toolkit designed to help communities improve access to transportation for employment purposes.
- DOL is working with CTAA and DOT to implement several rounds of pilot projects testing various transportation strategies in support of local one-stop employment and training centers.⁵ According to DOL officials, these strategies can include referral services, transportation information, transportation services coordination, mobility management, and other transportation strategies.
- DOL also provides funding to CTAA to convene regional workshops among workforce development, human services, transportation, and business communities, and to update a technical assistance toolkit for employment transportation. The toolkit includes promising practices from the state and local levels, as well as information on how businesses can be employment transportation partners.
- According to agency officials, DOL’s Employment and Training Administration sponsored a “Promising Practices” project that includes transportation coordination efforts.
- The National Consortium on the Coordination of Human Services Transportation—an initiative of FTA and HHS, under the direction of CTAA—plans to design and conduct a survey of state Medicaid directors to compile data on the Medicaid transit pass program, brokerages, and other transportation funding mechanisms within Medicaid; develop a new

⁵In an effort to coordinate service delivery for employment and training programs, the Workforce Investment Act established one-stop centers in all states. Individuals seeking employment opportunities and training can receive services from more than a dozen federal programs that are required to offer their services through these one-stop centers.

brochure outlining the benefits of the Medicaid pass program; develop case studies of successful brokerage programs and design a brochure describing them; identify promising practices and obstacles in human service transportation coordination and develop strategies for addressing these obstacles; and provide outreach on coordination efforts and resources.⁶

- The federally-funded Transportation Research Board, an arm of the National Academy of Sciences, has several completed and ongoing projects on transportation coordination, including the following:
 - In June 2000 the board issued “Welfare-to-Work: Integration and Coordination of Transportation and Social Services.” This report identifies obstacles former welfare recipients face in making the transition to work and suggests practical strategies to improve access to job opportunities.
 - A draft report of TCRP Project B-24, “Toolkit for Rural Community Coordinated Transportation Services,” is expected in June 2003. The objective of this research is to develop a practical toolkit for use by local communities, state agencies, and tribal governments in planning and implementing coordinated community transportation services in rural areas.
 - The final report of TCRP Project H-26, “Economic Benefits of Coordinating Human Service Transportation and Transit Services,” is expected in late 2003. The executive summary has been made available for distribution. In this project, the researchers are examining the economic benefits associated with various strategies and practices for coordinating health and human services and transit providers, as well as additional benefits (beyond costs) that might be obtained through further coordination efforts.
 - TCRP Project H-30, “Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged,” has an

⁶To date, the consortium consists of the AARP, Amalgamated Transit Union, American Association of State Highway and Transportation Officials, American Public Transportation Association, American Public Human Services Association, American Public Works Association, American Red Cross, Association of Metropolitan Planning Organizations, Children’s Health Fund, Community Transportation Association of America, Easter Seals Project Action, National Association of Area Agencies on Aging, National Conference of State Legislatures, National Governor’s Association, and the Taxicab, Limousine, and Paratransit Association.

expected completion date of January 2004. The objective of this research project is to develop strategies for initiating or improving coordination of local and regional publicly funded transportation services for the transportation-disadvantaged.

State Coordination

Coordination of transportation services at the state level varies. We visited two states with formal coordinating bodies, one state with a formal arrangement between two agencies, and two states with no formal coordination. Table 6 identifies the states' coordination arrangements and the agencies involved in formal coordination efforts.

Table 6: Examples of State Coordination of Services for the Transportation-Disadvantaged

State	Type of coordination	Statewide coordinating body	Departments/ organizations involved in formal coordination
Arizona	None	None	None
Florida	State-administered brokerage system	Commission for the Transportation Disadvantaged	<ul style="list-style-type: none"> • Departments of Transportation, Education, Veterans Affairs, Children and Families, Elder Affairs, Labor and Employment Security • Agency for Health Care Administration • Florida Transit Association • Community Transportation Coordinators • Transportation operators • Nontransportation business community • Florida Association for Community Action • Early Childhood Council • Representatives for the disabled, elderly, rural, and urban populations
New York	None	None	None
South Dakota	Statewide planning body	Transportation Planning and Coordinating Task Force	<ul style="list-style-type: none"> • Departments of Transportation, Human Services, Social Services, Labor, and Health • Coalition of Citizens with Disabilities
Wisconsin	None for entire state	None	<ul style="list-style-type: none"> • Departments of Transportation and Workforce Development jointly administer Wisconsin Employment Transportation Assistance Program (WETAP)

Source: GAO.

- *Arizona* does not have formal transportation coordination efforts at the state level, though some state agencies work together informally, and some localities have similar arrangements. For example, an official from the Jobs Administration in the Department of Economic Security said that the Administration works with the Department of Transportation to try to avoid duplication of services in rural areas.
- *Florida* has a state coordinating body that oversees local coordination efforts among most programs. This body is called the Commission for the Transportation-Disadvantaged and was created in 1989 by the Florida

Legislature to oversee the implementation of coordinated transportation disadvantaged services. The commission appoints local Community Transportation Coordinators who are responsible for the arrangement or delivery of transportation services for transportation-disadvantaged persons, either by brokering services or by providing transportation directly. Agencies are required to purchase transportation through the coordinated system, unless the services offered do not meet the needs of the client or the agency can find a lower cost alternative that meets the same safety standards.

- *New York* does not have a formal coordinating body, but some state agencies work together informally and many local agencies have entered into brokerage agreements. Officials from the Departments of Labor and Transportation say they have been working together to identify needs and initiate transportation projects for employment programs. In addition, five state agencies review and comment on applications for FTA's Transit Capital Assistance Program for Elderly Persons and Persons with Disabilities.
- *South Dakota* has a state coordination task force that provides guidance to local coordination efforts, but not all localities or programs have developed coordinated systems. South Dakota established its Transportation Planning and Coordinating Task Force in 1998 at the initiative of the governor's office. Additionally, the Departments of Human Services and Transportation require all of their programs or applicants to coordinate with other resources in the community.
- *Wisconsin* does not have a single body in state government that coordinates all of Wisconsin's services for the transportation-disadvantaged, but some state and local programs do coordinate. The state Departments of Transportation and Workforce Development jointly administer the Wisconsin Employment Transportation Assistance Program (WETAP), which uses a combination of federal, state, and local funds to provide transportation for low-income residents to get to jobs and employment services. WETAP applicants are required to demonstrate coordination, and only one grant application is accepted per county. Other agencies are also working to improve coordination. The Departments of Transportation and Health and Family Services are trying to coordinate Medicaid transportation. In addition, the Department of Health and Family Services convened a conference in August 2002 to discuss ways to improve coordination of transportation for people with disabilities.

Appendix IV: Informational Resources on Coordination

Web Sites

Coordinating Council on Access and Mobility,
www.fta.dot.gov/CCAM/www.index.html

Community Transportation Association of America, www.ctaa.org

Workforce Investment Act Transportation Resources,
www.doleta.gov/usworkforce/resources/transport.asp

Reports

Community Transportation Association of America. 2002. *Building Mobility Partnerships: Opportunities for Federal Investment*. Washington, D.C.: Community Transportation Association of America.

Coordinating Council on Access and Mobility. 2000. *Planning Guidelines for State and Local Coordination*. Washington, D.C.: Coordinating Council on Access and Mobility.

Creative Action, Inc. 2001. *Coordinating Transportation Services: Local Collaboration and Decision-Making*. Prepared for Project Action. Akron, OH: Creative Action, Inc.

National Governor's Association. 2002. *Improving Public Transportation Services through Effective Statewide Coordination*. Washington, D.C.: U.S. Department of Health and Human Services and U.S. Department of Transportation.

Volpe National Transportation Systems Center. 2002. *Innovative State and Local Planning for Coordinated Transportation*. Washington, D.C.: U.S. Department of Transportation.

Westat. *Economic Benefits of Coordinating Human Service Transportation and Transit Services*. Transit Cooperative Research Project of the Transportation Research Board. Forthcoming.

Westat. *Toolkit for Rural Community Coordinated Transportation Services*. Transit Cooperative Research Project of the Transportation Research Board. Forthcoming.

National Transportation Consortium of States, Ecosometrics, Inc., and the American Public Works Association for the Coordinating Council on Access and Mobility. 2000. *Working Together: A Directory of State Coordination Programs, Policies, and Contacts: 1999-2000*. Washington, D.C.

Appendix V: Comments from the Department of Health and Human Services

Note: GAO comments supplementing those in the report text appear at the end of this appendix.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

MAY 30 2003

Ms. Katherine Siggerud
Acting Director, Physical Infrastructure Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Ms. Siggerud:

Enclosed are the department's comments on your draft report entitled, "Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist." The comments represent the tentative position of the department and are subject to reevaluation when the final version of this report is received.

The department also provided several technical comments directly to your staff.

The department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis J. Duquette".

Dennis J. Duquette
Acting Principal Deputy Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the department's response to this draft report in our capacity as the department's designated focal point and coordinator for General Accounting Office reports. The OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.

Comments of the Department of Health and Human Services on the General Accounting Office's Draft Report, "Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist" (GAO-03-697)

The Department of Health and Human Services (department / HHS) appreciates the opportunity to comment on the General Accounting Office's (GAO) draft report, "Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist." Overall, this is a comprehensive, well-written report that should inspire further interest in seeking ways to resolve the ongoing problem of coordination and limited resources. The department would like to offer several general comments that we feel would strengthen this report.

The department concurs with the GAO's recommendations for executive action. Implementation of several of the GAO's recommendations are already underway, including strengthening the linkage between the Coordinating Council on Access and Mobility's (Coordinating Council) Strategic and Action Plans, reviewing the HHS Strategic Plan for opportunities to reflect the department's transportation coordination efforts, working with HHS program offices to develop coordination guidance for the specific program networks, and linking the Coordinating Council's web site to the department's web site.

The department also concurs with the GAO findings regarding the need to harmonize program eligibility and reporting requirements as well as the need to develop mandates or incentives to improve coordination.

General Comments

The department suggests that the GAO consider a more concise, specific title for the report, such as "Coordination of Human Services Transportation: Progress Made but Obstacles Persist." The report has generated significant interest within Congress, federal agencies and among states and localities. A title containing the word "coordination" will make it easier for interested parties to obtain the report through electronic searches.

The report makes clear the difficulty of accessing detailed data on the expenditures or investments that fund human service transportation. Of equal importance for the planning and coordination of transportation resources is the need for detailed information on the need for these services. The department has found determining the level of need to be almost as difficult as identifying current funding outlays.

Although implied, the report does not make explicit that the Coordinating Council owes its existence to a 15 year-old memorandum of understanding between HHS and the Department of Transportation. There is no congressional charge that underlies the Coordinating Council.

**Appendix V: Comments from the Department
of Health and Human Services**

See comment 1.

The department has found it useful to attempt estimates of transportation expenditures despite the lack of available data in some of the department's programs. In earlier work by Jon Burkhardt through Ecosometrics, Inc., an estimate of 5 percent of the program expenditures was used to identify a working figure for discussion. When specific programs voiced concern that this estimate was too high, a more conservative estimate was made. Using this methodology, the department's expenditures were estimated at just under \$2 billion and by extrapolation could be estimated at close to \$3 billion currently. We suggest that the GAO take a second look at possible estimates based on the role transportation plays in health and human service programs where data is available.

The draft HHS 2002-2008 Strategic Plan is under review for opportunities to strengthen the language with regard to coordination and human services transportation. It is anticipated that there will be areas within the Strategic Plan that present options for addressing the department's support for the coordination of transportation services.

The department would like to highlight some recent hopeful developments in the effort to enhance federal coordination. The Coordinating Council recently established three targeted workgroups to address the specific transportation needs and coordination strategies for the target populations of the elderly, the medically indigent and individuals with disabilities. The Coordinating Council has also announced its intention to establish a fourth workgroup on rural transportation issues. These workgroups are using a similar model of action: developing goals and objectives, signing a memorandum of agreement between the appropriate HHS agencies and the Federal Transit Administration, developing an action plan with timeframes and performance measures, and assigning responsibility for the actions. In addition, the workgroup addressing transportation of individuals with disabilities has also been designated as a subcommittee for the HHS New Freedom Initiative. Discussions are already underway on the most effective way to include the Departments of Labor and Education in these efforts.

See comment 2.

A description of coordination efforts quickly becomes complex for many reasons and requires careful delineation of the various sectors and governmental levels involved. The report will achieve better clarity with identification of the levels, sectors and affiliations of officials and other interviewees.

The following are GAO's comments on HHS's letter dated May 30, 2003.

GAO Comments

1. HHS suggested that we consider incorporating other estimates of transportation spending by health and human service programs, particularly one estimate that assumed transportation spending accounted for 5 percent of total program spending. In developing our estimate of transportation spending, we only included actual or estimated figures for which the agencies could provide supporting evidence. For those programs that had actual or estimated spending information, on average, about 3 percent of total spending for those programs was devoted to transportation. We do not know whether this 3 percent is an appropriate estimate of transportation spending for other programs because grantees are generally not required to report transportation spending information to the federal agency administering the program. Furthermore, several officials who administer programs that had no spending data told us that transportation services probably represented less than 1 percent of their total program spending.
2. HHS proposed that we identify the levels, sectors, and affiliations of officials and others we interviewed. In all agencies and locations we talked with key human service and transportation officials responsible for the delivery and coordination of human and transportation services. We interviewed more than 100 officials in numerous federal, state, and local transportation and human service agencies as well as individuals representing service providers, consumers, and professional and industry advocacy organizations. In our scope and methodology section (see app. I), we generally describe the responsibilities and affiliations of those we interviewed.

Appendix VI: Comments from the Department of Education



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

MAY 28 2003

THE ASSISTANT SECRETARY

Ms. Katherine Siggerud
Acting Director, Physical Infrastructure Issues
General Accounting Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Siggerud:

Thank you for the opportunity to review the draft report entitled, "Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist" (GAO-03-697). I am pleased to respond on behalf of the Department of Education. Deputy Assistant Secretary Loretta Petty Chittum testified for the Department at the related joint hearing on transportation coordination held May 1 by the House Committees on Transportation and Infrastructure and Education and the Workforce.

We have reviewed the draft report and have only minor technical suggestions to Appendix II as reflected below. The Secretary of Education would look favorably on an opportunity to join the Secretaries of Transportation and Health and Human Services on the Coordinating Council on Access and Mobility. The Department would consider guidance on transportation coordination for State and other grantees, and methods of linking Web-based information resources about transportation. The Department's involvement in transportation services is in all cases to provide or allow access to the educational and other services provided through programs we administer.

While the Rehabilitation Act was reauthorized in 1998 as part of WIA, the Rehabilitation Act is typically cited independently as has been done in the entry for Vocational Rehabilitation. The Supported Employment program is contained in title VI of the Rehabilitation Act and the cite for the program should be the Rehabilitation Act of 1973, as amended, title VI, Part B. The Independent Living Programs are contained in title VII of the Rehabilitation Act and the cites for those programs are as follows: Centers for Independent Living - Rehabilitation Act of 1973, as amended, Title VII, chapter 1, Part C; Independent Living Services for Older Individuals who are Blind - Rehabilitation Act of 1973, as amended, Title VII, chapter 2; and Independent Living State Grants - Rehabilitation Act of 1973, as amended, Title VII, chapter 1, Part B. The reference to the Supported Employment program (page 41) should be edited by replacing "Severe" with "Most Significant" and a conforming change should be made to "Target Population." The USC cite for the Supported Employment program should be 29 USC 795g et seq. The USC cite for the Centers for Independent Living program should be 29 USC §§ 796f-4(5) and 706(18)(xi). The USC cite for the Independent Living State Grants should be 29 USC §§ 796e-

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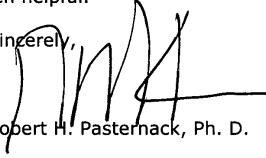
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**Appendix VI: Comments from the Department
of Education**

2(1) and 706(18)(xi). The "Target Population" box for the Vocational Rehabilitation program (page 41) could be read to imply that any individual with a disability could be eligible for transportation services. A better description would be "Persons with disabilities that result in a substantial impediment to employment and who require VR services to obtain or maintain employment."

I hope you find that our comments have been helpful.

Sincerely,



Robert H. Pasternack, Ph. D.

Appendix VII: GAO Contacts and Staff Acknowledgments

GAO Contacts

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Staff Acknowledgments

In addition to the individuals above, Christine Bonham, Bradley Hunt, Bert Japikse, Jessica Lucas-Judy, Sara Ann Moessbauer, Hilary Murrish, Ryan Petite, Stanley Stenersen, and Andrew Von Ah made key contributions to this report.

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