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TRANSPORTATION COORDINATION

Benefits and Barriers Exist, and Planning Efforts Progress Slowly



**Resources, Community, and
Economic Development Division**

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October 22, 1999

The Honorable Phil Gramm
Chairman
The Honorable Paul S. Sarbanes
Ranking Minority Member
Committee on Banking,
Housing, and Urban Affairs
United States Senate

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

For several decades, many human services agencies have provided special transportation services for seniors, persons with disabilities, and others through programs funded and administered by the Department of Health and Human Services (HHS). For example, program-related transportation services have enabled elderly people who no longer drive to get to sites offering nutrition services, ensured that isolated children receive benefits from Head Start programs, and transported clients to community health centers and welfare recipients to jobs. Local human services agencies providing these services have often purchased and operated their own vehicles or purchased transportation services from others. The estimates of overall spending on transportation by HHS programs in fiscal year 1998 ranged from about \$2 billion to \$3.5 billion.¹

Similarly, the Federal Transit Administration (FTA), within the Department of Transportation (DOT), awards grants to local transit operators to provide assistance for general public transportation systems, such as bus and subway systems, and also makes awards for special purposes, such as grants and loans for the special needs of elderly individuals and individuals with disabilities. FTA's overall expenditures for transportation services are estimated to exceed \$4 billion for fiscal year 1998.

¹HHS' and the Federal Transit Administration's estimated transportation expenditures, as cited in *Current State and Local Practices in Planning for Coordinated Transportation*, Volpe National Transportation Systems Center, Department of Transportation (final revised draft, May 1999).

HHS' and FTA's transportation investments, which totaled over \$6 billion in fiscal year 1998, often failed to complement each other because of a lack of coordination. Coordination can range in scope from the shared use of local facilities, equipment, training, and/or maintenance services to the consolidation of various public and social service providers' transportation services. As HHS and FTA have recognized, the lack of coordination among human services transportation providers and public transit operators contributes to the duplication or overlapping of transportation services. Thus, particular clients may be left unserved or underserved, while transportation providers serving other clients may have excess capacity.

Section 3034 of the Transportation Equity Act for the 21st Century (TEA-21) (P.L. 105-178) requires that we report on federal agencies that provide nonemergency human services transportation. As agreed with you, we reviewed (1) the benefits and incentives to human services transportation coordination, (2) HHS' and FTA's efforts to identify barriers to transportation coordination, and (3) HHS' and FTA's efforts to enhance transportation coordination through state and local transportation planning.

Results in Brief

Transportation coordination can reduce federal transportation program costs by clustering passengers, utilizing fewer one-way trips, and sharing the use of transportation personnel, equipment, and facilities. In addition, people in need of transportation often benefit from the greater and higher quality transportation services available when transportation providers coordinate their operations. A study by the Community Transportation Association of America, a nonprofit transportation association, presented five case studies that showed significant reductions in the average cost per passenger and vehicle hour as a result of transportation coordination. In one instance, the local human services agency's average cost per passenger trip decreased from \$7.92 to \$4.06, and the average cost per vehicle hour declined from \$12.83 to \$6.89. In addition, the five case studies showed that following transportation coordination, there was an increase in the number of trips per month and total trips per passenger hour, while the total number of vehicles in the agencies' fleets held steady or declined.

The most concerted effort by HHS and DOT to identify barriers occurred in 1988. At that time, acting through a Coordinating Council established in 1986, the agencies identified 64 factors that transportation and human

services representatives believed were barriers to transportation coordination. For each barrier, the Council offered a federal response that, in some cases, simply attempted to clarify misunderstandings about program requirements. Other responses, however, did not resolve the barrier because the issues required legislation, needed additional study, or were outside of the control of the Departments. More recently, the Coordinating Council held transportation meetings with most states in 1995 and 1996, but when barriers were addressed in these meetings, the comments were often limited to a word or phrase. This level of generality made a federal response difficult, and none was undertaken.

Since 1996, HHS and DOT have been directed by congressional committees to advance state and local transportation coordination through joint planning guidelines that would address issues such as the expanded use of public transit services to deliver human services transportation. In response, HHS and DOT, through the Coordinating Council, began developing planning guidelines in the spring of 1997. While some progress has been made, the joint planning guidelines are still under development. The Departments recognize that progress on the guidelines has been slow and have assigned a contractor to work with agency officials so the guidelines could be issued by the end of 1999. The agencies have also concluded that as an entity, the Coordinating Council needs to be strengthened. To this end, the two Departments are working on a draft strategic plan for the Council that not only lists goals and objectives, but specific tasks intended to make the goals and objectives a reality. However, this strategic plan has been in draft for several years, and it is unclear if and when any of the plan's proposed tasks will be undertaken. In order to focus and expedite the work of the Coordinating Council, this report recommends that HHS and DOT issue a prioritized strategic plan by a specific date and increase accountability for achieving the work outlined in the strategic plan through an action plan and an annual report on the Council's work to the Secretaries of HHS and DOT.

Background

In many cities, there are numerous public and private providers of specialized and paratransit services,² often funded by multiple agencies or funding sources.³ All too often, state and local agencies are unaware that

²Paratransit service is more flexible than conventional fixed-route transit service but is more structured than the use of private automobiles. It most often refers to wheelchair-accessible, demand-response van service.

³Human services transportation systems developed primarily out of a lack of available service for agency clients, and this need continues in many areas, as HHS notes that 40 percent of counties do not have any public transit service.

they are, in certain cases, providing transportation services identical and parallel to those of another agency. As participating agencies coordinate, the current schedules and passenger loads for each carrier/provider are analyzed to identify where opportunities exist to consolidate routes, develop ride-sharing or comingling agreements, and eliminate duplication and thereby realize efficiencies of scale.

During oversight hearings on rural transportation in 1985, a congressional committee heard testimony prompted by concerns about the lack of transportation coordination between federal programs such as those managed by DOT and HHS.⁴ Witnesses documented the complexity of the problems, such as a wide range of programs, diverse client populations, different administrative practices, and different agencies involved at federal, state, and local levels. Federal agency heads, state officials, and program operators also cited instances where coordination had improved the cost-effective delivery of human services. They called, almost in unison, for federal leadership to halt fragmentation, duplication, and the waste of taxpayers' dollars. One solution proposed by DOT during the hearings was the establishment of a joint coordinating council between DOT and HHS.

In October 1986, the Secretaries of Health and Human Services and Transportation signed an agreement establishing a Joint DOT/HHS Coordinating Council on Human Services Transportation (Coordinating Council). The Coordinating Council was established to improve the efficiency and effectiveness of specialized and human services transportation by coordinating related programs at the federal level wherever possible and promoting the maximum feasible coordination at the state and local levels. The two Departments agreed to work in concert to promote five goals that include achieving the most cost-effective use of federal, state, and local resources for specialized and human services transportation, and six objectives that include removing barriers that adversely affect the coordination of transportation services. In 1998, the Council was renamed the Coordinating Council on Mobility and Access, which, in recent years, has tried to convene for quarterly meetings. Officials from various HHS and DOT program offices support the Council on a part-time basis, and their efforts are supplemented by assistance from contractors.

⁴Hearings on Rural Transportation: The Role of Public and Non-Profit Providers, U.S. House of Representatives, Committee on Public Works and Transportation, Subcommittee on Oversight and Investigation (May 1985).

The Coordinating Council has sought to encourage state-level actions to promote coordination as a key strategy in its effort to promote the coordinated delivery of transportation services. In 1986, when the Council was established, only seven states reported any involvement with transportation coordination, according to DOT officials. State involvement has increased over the years. A 1999 draft report prepared for the Coordinating Council cited various policies for coordinating transportation at the state level, including executive orders establishing statewide coordinating committees and interagency agreements.⁵ For some states, however, the relevance of the activity listed in this draft report for coordinating transportation was unclear—examples included no formal agreement, an expired executive order, and informal interagency cooperation.

In recent years, the Congress has endorsed increased transportation coordination, as reflected by several provisions in TEA-21 supporting this coordination. For instance, one provision directs DOT to encourage transportation coordination through the metropolitan planning process. Another provision states that eligible projects funded through job access and reverse commute grants are to be part of a coordinated public transit-human services transportation planning process. In addition, another TEA-21 provision provides that to the extent feasible, governmental agencies and nonprofit organizations that receive assistance from government sources other than DOT for nonemergency transportation services shall coordinate the design and delivery of transportation services and be included in the planning for those services.

Transportation Coordination Has Been Shown to Have Numerous Benefits

Coordinated transportation services encourage efficiency by clustering passengers, utilizing fewer one-way trips, and reducing costs through the shared use of personnel, equipment, and facilities. As the Coordinating Council notes, transportation coordination can also improve overall mobility within a community, particularly in instances when human service agencies are separately providing transportation for their own clients. Coordination works by reducing the inefficiencies arising from the disparate operations and service patterns that often result from a multiplicity of providers. As the Council observes, coordination can lead to significant reductions in per-trip costs. Furthermore, people in need of transportation often benefit from the greater and higher-quality

⁵Survey of State Coordination Programs and Policies, American Public Works Association, Ecosometrics Inc., and National Transportation Consortium of States (draft, Apr. 1999).

transportation services available when transportation providers coordinate their operations.

In a comparison of the cost and efficiency of transportation services before and after coordination, a 1992 study by the Community Transportation Association of America,⁶ funded by HHS and FTA, presented case studies from five sites that showed dramatic reductions in passenger trip costs and vehicle-hour costs after coordination activities were undertaken.⁷ In addition, the study showed an increase for all five sites in the number of passengers per vehicle hour and for total trips while the number of vehicles in the fleet held steady or decreased. Table 1 shows the results of the study.

Table 1: Comparison of the Cost and Efficiency of Transportation Services Before and After Coordination/Consolidation at Five Sites

Measure	Howard County, Md.		Grand Rapids/ Kent County, Mich.		Washington County, Pa.		Greenville County, S.C.		Pitt County, N.C.	
	Before	After	Before	After	Before	After	Before	After	Before	After
Average cost per passenger trip	\$7.92	\$4.06	\$6.11	\$5.70	\$28.46	\$6.25	\$6.31	\$2.01	\$7.13	\$3.59
Average cost per vehicle hour	12.83	6.89	26.27	18.94	22.24	13.28	21.36	12.15	10.66	12.06
Average trips per month	2,236	4,713	12,180	54,762	2,800	6,300	12,558	15,850	3,880	5,126
Average passenger per vehicle hour	2.1	3.4	4.3	12.8	2.9	9.1	2.4	6.04	1.5	3.36
Number of vehicles	12	12	132	132	N/A	N/A	65	12	41	15

Legend

N/A = not applicable

Source: An Analysis of Human Services Transportation: America's Other Transit Network, CGA Consulting Services, Inc., for Community Transportation Association of America (Feb. 1992).

Medicaid transit pass programs initiated at several locations around the country provide another example of the value of increased transportation

⁶The Community Transportation Association of America 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.

⁷See An Analysis of Human Services Transportation: America's Other Transit Network, CGA Consulting Services, Inc., Community Transportation Association of America (Feb. 1992).

coordination. Medicaid is the largest source of funding for medical and health-related services for America's poorest people. In 1996, it provided health care assistance for more than 36 million persons, at a cost of \$160 billion. As HHS officials noted, federal regulations mandate that each state Medicaid agency must describe how the agency will ensure necessary transportation for clients to and from providers for clients without their own transportation. The most frequent users of Medicaid-funded transportation services are disabled individuals, elderly persons, children who are receiving counseling or other services on a regular basis, and individuals who travel regularly to medical appointments for services such as dialysis, mental health treatment, chemotherapy, or physical therapy if they are severely disabled. When Medicaid provides participants with paratransit service, it often costs about 10 times the cost of transit fares. But instead of paying for paratransit services for physically able clients, HHS and DOT note that Medicaid could provide these clients with monthly bus passes, if they can access a bus route. HHS' Health Care Financing Administration sent a letter to state Medicaid Directors in December 1996 advising them that a monthly bus pass program can be used if it is cost-effective and appropriate to the individual's needs and personal situation. In the summer of 1999, HHS and DOT issued a brochure on the results of Medicaid bus pass usage in six states.

According to DOT's Volpe Center, a notable example of the merits of such an approach is the Metro Pass program in Dade County, Florida. The Dade County program encourages those Medicaid recipients who can use the public transit system to use the monthly Metro Pass, which gives them unlimited transportation on the fixed-route system at a cost of \$30 to \$50 per month (including administrative fees). A sample calculation of monthly savings from the use of the Metro Pass program is provided in table 2.

Table 2: Comparison of Medicaid Recipient Transportation Costs Before and After a Metro Pass Program

Time period October 1998	Registered users	Number of trips	Cost per user	Total
Before Metro Pass Program	5,084	52,752	\$15.28 per trip	\$806,051
After Metro Pass Program	5,084	Unlimited	\$38.05 per month ^a	\$193,458
Total cost savings for October 1998				\$612,592

^aAverage cost of monthly pass.

Source: Current State and Local Practices in Planning for Coordinated Transportation, Volpe National Transportation Systems Center, Department of Transportation (final revised draft, May 1999).

As table 2 shows, and as estimated by the community transportation coordinator for Florida’s Dade County, the program saved approximately \$600,000 in October 1998. Furthermore, the local coordinator estimates that the program has saved \$24.6 million since its implementation in 1993.

HHS and DOT reported that on the basis of states’ experiences so far, if 1 percent of the Medicaid recipients in the nation’s 20 largest metropolitan areas were shifted to transit passes, the savings would be about \$215 million per year. Furthermore, HHS and DOT projected that additional fares to transit agencies in the nation’s 20 largest metropolitan areas would be from \$21 million to \$43 million annually. However, HHS and DOT cautioned that while transit passes offer the opportunity of multiple trips per month at great savings to the Medicaid program, local conditions would affect specific breakeven points. Such conditions include the proportion of Medicaid recipients in the local community, the number of medical trips per month required, and the local costs of monthly transit passes.

HHS’ and FTA’s Efforts to Identify and Resolve Barriers to Transportation Coordination Have Been Limited

When HHS and DOT formed the Coordinating Council in 1986, one of the primary objectives established for the Council was the elimination of barriers to the coordination of transportation services. In this context, the Council undertook an early effort to identify and respond to 64 factors that transportation and human services representatives believed were barriers to transportation coordination. For each barrier, the Council offered a federal response that in some cases simply attempted to clarify misunderstandings about program requirements. Other responses,

however, did not resolve the barrier because issues required legislation, needed additional study, or were outside of the Departments' control. More recently, the Coordinating Council held transportation meetings with most states in 1995 and 1996, but when barriers were addressed in these meetings, the comments were often limited to a word or phrase. This level of generality made a federal response difficult, and none was undertaken. However, the Council is undertaking several general efforts to improve transportation coordination. For example, the National Transit Resource Center, funded by HHS and FTA, disseminates information on transportation coordination, and HHS is funding another effort related to reporting and recording burdens that may be thwarting transportation coordination.

Most Concerted Effort to Identify Barriers Occurred Over a Decade Ago

In 1988, the Coordinating Council initiated a nationwide effort to identify statutory, regulatory, and programmatic barriers to the coordination of transportation services. With the assistance of 10 Regional Working Groups—each group included one transportation representative and one human services representative from each of the states—the Coordinating Council solicited the viewpoints of a broad array of individuals and organizations, including transportation providers, local human services agencies, state agencies, and industry associations. The Regional Working Groups forwarded these findings to the Coordinating Council, which, in turn, submitted them to the appropriate offices within HHS and FTA.⁸ A total of 64 barriers were identified. For each barrier, the Council offered a federal response that in some cases simply attempted to clarify misunderstandings about program requirements. Other responses, however, did not resolve the barrier because issues required legislation, needed additional study, or were outside of the Departments' control. Examples of the issues that were identified as barriers along with the federal responses follow.

Uncertainty Regarding Federal Responsibilities for Transportation

One barrier to transportation coordination that was identified was unclear federal roles and responsibilities for transportation, particularly when individuals are clients of multiple programs. This can lead individual programs to attempt to shift their client transportation costs to other programs, thus reducing the former's own costs. For example, several states expressed concern that FTA funds were being used to transport clients of human services programs, thus replacing state or local funds that had formerly been provided through HHS programs. HHS and FTA did not address this issue head on. Instead, they noted that it was impossible

⁸The Urban Mass Transportation Administration had responsibility for transit at this time but was renamed the Federal Transit Administration, which is the term used throughout this report.

for them to control the amount of funding that local human services agencies elect to devote to clients' transportation or to prevent reductions in their transportation expenditures. HHS and FTA noted that the larger question—"Where does DOT's responsibility end and HHS' begin?"—in the area of specialized or human services transportation is also unanswerable, except to say in broad terms that there is joint responsibility and that both Departments acknowledge this.

Fragmented Accounting and Reporting

Another barrier cited was the lack of standardized accounting and reporting procedures. Many states complained that there was no standardized accounting system that human services providers can use for all of their federal programs. In addition, they said that different programs have different reporting requirements, resulting in excessive paperwork for small operators and too many financial and program audits for the same system. In their view, this fosters a lack of accountability and coordination at the state level. In response, HHS and FTA pointed to simplified accounting procedures that they have suggested for use by rural and specialized transportation. Furthermore, FTA and HHS noted that they would continue to discuss existing reporting requirements and explore the development of more common performance standards, accounting, and reporting for all transportation components of FTA and HHS programs.

Uncertainty in Using Resources for Other Than Program Constituents

Some grantees stated that they believed that governmentwide regulations prohibit the use of equipment (vehicles) and facilities acquired under one grant to meet some of the needs of projects supported by different grants. HHS responded by noting that while there have been statutes governing individual grant programs that restricted use of grant equipment and facilities to activities supported by the grant, there is no general governmentwide regulation prohibiting shared use. HHS also noted that the governmentwide "common rules" on the fiscal and administrative aspects of grants require only that first priority for use of the equipment or facilities go to the grant project.

Prohibition Against Charging Fares Under the Older Americans Act

Some states believed that elderly riders should be charged a fare to provide the needed local match for federal money. HHS noted, however, that the Older Americans Act strictly prohibits means testing and denial of services because an older person cannot or will not pay for services. HHS noted that it proposed changing this provision in the past, but the necessary legislative action has not been taken. Nonetheless, HHS stated that each older person receiving a service under its programs should have the opportunity to make a contribution, but only the individual older person should determine whether to contribute and how much.

Recent Efforts to Follow Up on Earlier Barrier Identification Have Been Limited

Since the 1988 effort by the Coordinating Council, little action has been taken to identify and resolve transportation coordination barriers, and problems continue to be reported in realizing transportation coordination between HHS and FTA programs. For example, the Council took no specific action after a 1992 Community Transportation Association of America report, funded by HHS and FTA, used two focus groups to identify factors that prevent or impede transportation coordination. Among the most significant issues cited by focus group participants were those dealing with unclear federal guidelines on vehicle use by riders outside the funding agencies' constituencies, a prohibition against charging fares under the Older Americans Act, the lack of uniform cost measurement systems, and record-keeping and accounting burdens.

In 1995 and 1996, HHS and DOT sponsored another nationwide transportation coordination outreach effort. State transportation coordination meetings were held in 9 of 10 national regions,⁹ which were attended by national and regional representatives of HHS and DOT, their counterparts within the states, plus other invited experts and guests. Topics addressed at some of the meetings included respective levels of progress toward interagency coordination of transportation services, barriers to coordination, important problem areas and issues, and plans for action. This effort differed from the 1988 effort in that not all the states addressed barriers to transportation coordination. Furthermore, when barriers were addressed in these later state meetings, the comments were often limited to a word or a phrase, such as "turf protection" or regulations. This level of generality made a federal response difficult, and none was undertaken. However, the meetings did encourage transportation coordination efforts in some states. In particular, DOT noted that the meetings held in Maryland and New Jersey stimulated vigorous statewide efforts to develop coordination mechanisms, such as a state coordinating council. In addition, HHS noted that several items were identified for federal action following these regional meetings, such as case studies on how to incorporate services for Medicaid clients into local public transportation.

While not planning any systematic efforts to identify the extent of transportation coordination barriers, the Council is undertaking other general efforts to improve transportation coordination. For example, the Community Transportation Assistance Project, funded by HHS, and the Rural Technical Assistance Program, funded by FTA, support, among other

⁹Region 9 did not hold a meeting, but two of the Region 9 states—Arizona and Nevada—attended meetings held in other regions.

efforts, a National Transit Resource Center that compiles and disseminates information to help agencies and communities develop better access and more cost-effective transportation. The Rural Technical Assistance Program, for example, supported the development of a training video entitled Transportation Coordination: A Guide to Making It Work for You that promotes the benefits of coordinated community and human services transportation by showing interviews with a number of individuals working in, or served by, such systems. Another effort is a 1996 report funded by the Community Transportation Assistance Project that identifies transportation funding sources in federal programs.¹⁰

Furthermore, on occasion, specific barriers to transportation coordination are discussed at HHS and DOT coordinating meetings. For instance, the issue of burdensome reporting and record-keeping was discussed at a July 1998 planning meeting, which led HHS to task a contractor, Ecosometrics, Inc., with doing some preliminary work at four locations to better analyze the problem. In the summer of 1999, the contractor was analyzing the results from these case studies. An initial finding from the case studies is that it is not so much any particular requirement that creates concerns but, rather, the weight of them together that frustrates transportation providers. In addition, the case studies indicate that the role of state reporting requirements may be contributing to reporting burdens to a greater extent than federal requirements. HHS considers these case studies to be the first phase of a larger project. HHS officials noted that they had received a draft report for this first phase of the project and expect to receive the final report by October 31, 1999. A representative of Ecosometrics stated that his firm expects to continue this effort with more case studies in 2000.

One recent communication tool employed by the Coordinating Council that could have an impact on the elimination of coordination barriers is an Internet site developed for the Council by a contractor in the spring of 1999. The Council's Internet site contains information about the Coordinating Council, the reasons for coordinating transportation services, transportation coordination strategies, a listing of publications about coordinated transportation, and related sites of interest. The site also solicits questions or comments about the Coordinating Council, thus providing an opportunity to clarify misconceptions that could be hampering transportation coordination efforts. The utility of the site for resolving barriers, however, is limited by two design weaknesses. First, as

¹⁰Building Mobility Partnerships: Opportunities for Federal Funding, prepared for the Community Transportation Assistance Project by the Community Transportation Association of America (May 1996).

of August 1999, the Council's Internet site had not yet been linked to the main HHS or FTA Internet sites, although it can be accessed directly when the specific Internet address is known (www.ccamweb.org). Second, while the site is designed to enable users to search on key words, our tests indicated that this design component was not working. HHS and FTA officials recognized the site's weaknesses and said the Internet site is still developmental, and they hope to develop the search feature for the site as well as develop a "frequently asked question" section that could help to mitigate barriers to transportation coordination.

Improved Transportation Coordination Through State and Local Planning Guidance Not Yet Realized

The Coordinating Council has been working on developing joint state and local planning guidelines to advance transportation coordination, as directed by congressional committees since 1996. While some progress has been made, the joint planning guidelines are still under development and have a tentative issue date set for the end of 1999. In addition, TEA-21 directs DOT to encourage transportation coordination through the metropolitan planning process. A revised DOT planning regulation is expected to address transportation coordination, and DOT expects to issue a proposed rule by the end of 1999. The Departments also recognize that the Coordinating Council, as an entity, needs to be strengthened. To this end, the two Departments are working on a draft strategic plan for the Council that not only lists goals and objectives, but specific tasks intended to make the goals and objectives a reality. However, this strategic plan has been in draft for several years, and it is unclear if and when any of the plan's proposed tasks will be undertaken.

Transportation Coordination Planning Guidelines Still in Progress

Since 1996, congressional committees have repeatedly directed HHS and DOT to develop guidelines for state and regional planning to achieve specific transportation coordination objectives. For example, in reports accompanying the DOT appropriations bills for fiscal years 1997 and 1998, the Senate Committee on Appropriations noted that the coordination of transportation for persons with disabilities, seniors, and others funded by HHS programs or by public transit authorities must be planned and implemented at the state and regional levels in order to ensure cost-effective service delivery and improve access to HHS program services. Specifically, the Committee directed the Secretary of Transportation, working with the Secretary of Health and Human Services through the Coordinating Council, to develop guidelines for state and regional planning to achieve specific transportation coordination objectives, including, but not limited to,

- the joint identification of the transportation needs of human services clients and the appropriate mix of transportation services to meet those needs,
- the expanded use of public transit services for human services transportation, and
- cost-sharing arrangements for HHS program clients transported by Americans With Disabilities Act paratransit systems based on a uniform accounting system.

In the spring of 1997, the Coordinating Council established a working group to develop transportation coordination guidelines. The working group focused on three principal efforts. First, a report on developing a framework for state and local human services transportation planning was prepared by a consultant.¹¹ The report noted fundamental differences in the role of transportation for the recipients of funding from HHS and DOT. As the report explains, transportation is the primary or even sole mission for most of the recipients of FTA funds; whereas, many recipients of HHS funding are multiservice organizations. For these multiservice organizations, transportation is seen as an ancillary service enabling them to accomplish their key missions; transportation is only one of many services offered to their clients. For FTA, the report identifies and provides background information on seven programs. For HHS, the report identifies and provides background information on 12 primary programs that frequently purchase transportation services or at times provide transportation services to program clients. As the report notes, although transportation activities vary significantly among the 12 HHS programs, many of these programs are required “to reflect the principles of devolution. This means they operate with minimal Federal guidance on transportation issues, including planning requirements, program review, priority setting, service provision, and oversight.” Recognizing the challenge of modifying the planning processes within the differing program cultures, the report presents various options for obtaining more coordinated planning, such as policy statements in support of coordinated planning efforts and technical assistance on coordinated planning practices and strategies.

Second, in order to receive stakeholders’ input at an early stage in the development of the planning guidelines, the Council convened an advisory panel workshop on July 1, 1998. The advisory panel included representatives from transit authorities, health care representatives, and

¹¹Recommended Framework for Developing State and Local Human Services Transportation Planning Guidance, Ecosometrics, Inc. (Sept. 22, 1998).

representatives from state and local governments. Key points expressed by the stakeholders at this meeting included the following:

- More coordination in the planning process would increase the cost-effectiveness of human services transportation efforts. Planning is critical to starting, improving, or expanding the coordination of services. Coordinated planning should promote the free flow of information necessary to design more responsive transportation systems.
- Coordination is difficult, and it is a lot of work. Many people need to be convinced that it is worth the effort. Most agencies do not have the basic facts and figures needed to analyze their own transportation services, particularly with respect to fully allocated costs. A data-intensive approach yields many benefits.
- Public transit services for human services agencies' programs and their clients may decline without a commitment to coordinate planning and resources. Growing elderly populations accentuate the need for additional services.
- Financial and other incentives are needed to support transportation coordination efforts, and these incentives could include added consideration during grant reviews, special recognition through the Coordinating Council, and departmental recognition efforts.

Third, DOT's Volpe Center conducted an effort in support of the development of the joint planning guidelines. On the basis of a list of selected states and urban and rural areas believed to have experience in coordinating transportation services, staff of the Volpe Center conducted telephone interviews with representatives from the candidate areas to gather information on the history and background of transportation coordination efforts in their areas. Thereafter, Volpe staff conducted a second round of interviews focusing their efforts on developing 15 case studies of transportation coordination. The case studies were used to examine broad coordination strategies, such as the joint identification of clients' needs, shared planning resources, and the establishment of cost-sharing arrangements, that can be used as part of a process for coordinating transportation services of human services and transit agencies.

For instance, the Volpe Center study notes that the joint identification of clients' needs can contribute to a coordinated approach to transportation service delivery in a number of ways. When the needs of each agency's clients are regarded collectively, the participants are then able to take the first step in scoping the size and breadth of the coordinated system. The

clients' needs will include the type of transportation needed, the origins and destinations of trips, and the timing and frequency of required trips. Once participating agencies have this information, they will be able to adjust existing paratransit services or create new services as needed while achieving efficiencies through the comingling of clientele or coordinated dispatching of services. The study cited the Mass Transportation Authority (MTA) in Flint, Michigan, as an example of achieving efficiencies through a comingled clientele. MTA provides public transportation for the Flint School District (except for special education) and comingles school children with the general public at a considerable cost savings to the district. Formerly, it cost the district \$660 per student for transportation on an annual basis. Now, MTA provides that service at \$264 per student.

Following the consultant's and the Volpe Center's reports, HHS and FTA officials planned to have their staff develop and distribute draft guidance through a multistep comment process. The status of the guidelines is addressed at periodic Council meetings along with comments about the need to bring this effort to closure. For instance, the FTA Deputy Administrator noted at an April 1998 Coordinating Council meeting that HHS and FTA have been working on a number of transportation coordination issues over the years, including the joint planning guidelines, and that these efforts need to be brought to closure. However, the development of the guidelines stalled, and, in the spring of 1999, HHS and DOT officials decided to have a contractor assist them in developing an initial draft of the guidelines.

A first draft of the guidelines was prepared on July 30, 1999. The draft provides introductory information about coordination and how interest in coordination has developed over time. The draft also contains a checklist of general steps needed for a coordinated planning process, such as the need to understand and document the transportation needs and resources of the local area and involve the local community in the planning process. Other material excerpted from the reports to the Council from the Volpe Center and Ecosometrics, Inc., consists of background information on primary HHS programs providing transportation services and FTA programs, a discussion of planning requirements, and actual case studies of how coordinated planning has led to more cost-effective transportation services in different communities. However, it remains unclear how these guidelines, as drafted, will fulfill their intended purpose, which is to assist state and local officials in achieving specific coordination objectives, including, but not limited to, (1) the joint identification of clients' transportation needs and the appropriate mix of transportation services to

meet those needs, (2) the expanded use of public transit to deliver human services transportation, and (3) cost-sharing arrangements for program clients transported by paratransit systems based on a uniform accounting system.

The guidelines will likely become more responsive to these objectives as they become fully developed and refined after reviews and revisions by various HHS and FTA program officials and outside parties via the Council's new Internet site. After comments are received and considered by HHS and FTA, the guidelines will be issued. HHS officials estimate that the guidelines will be issued by the end of 1999.

TEA-21 Encourages Transportation Coordination Planning

In addition to directing HHS and DOT to develop joint guidelines on transportation coordination during the appropriation process, TEA-21 has several provisions supporting coordinated transportation planning. For instance, one provision directs DOT to encourage transportation coordination through the metropolitan planning process. In response to TEA-21's planning provisions, DOT officials plan to issue a revised planning regulation. According to DOT, the transportation community provided extensive input on planning and environmental issues during a TEA-21 outreach effort conducted by DOT's Office of the Secretary during 1998. In order to focus and continue discussion by partners and stakeholders, the Federal Highway Administration and FTA prepared a paper entitled "TEA-21 Planning and Environmental Provisions: Options for Discussion." The document presents issues and implementation options relative to the planning and environmental provisions of TEA-21. However, the document does not address the TEA-21 provision that directs the Secretary of Transportation to encourage each metropolitan planning organization to coordinate, to the maximum extent practicable, the design and delivery of transportation services within the metropolitan planning area. According to FTA planning officials, this provision was not initially included in the options for the discussion paper because the legislative provision referred to encouraging rather than requiring coordination. These officials noted, however, that the revised planning regulation is expected to address the coordination issue. As of August 1999, the planning regulation was still under development, but FTA officials expect to issue the notice of proposed rulemaking by the end of 1999.

Furthermore, FTA officials note that a coordinated planning environment may be advanced through other TEA-21 provisions and federal transportation coordination efforts. For instance, a TEA-21 provision

provides that to the extent feasible, governmental agencies and nonprofit organizations that receive assistance from government sources other than DOT for nonemergency transportation services shall coordinate the design and delivery of transportation services and be included in the planning for those services. Another TEA-21 transportation coordination provision relates to job access and reverse commute grants and requires each application for funds to reflect coordination with and the approval of affected transit grant recipients. As an FTA official noted, advancing transportation coordination efforts becomes easier when a new program, such as job access and reverse commute grants, provides additional funds and links the receipt of the funds to the concept of transportation coordination.

In addition, the Coordinating Council sent a memorandum to HHS' and FTA's regional offices on August 20, 1999, directing them to develop regional action plans that include plans to promote transportation coordination guidelines. Regional Working Groups were instrumental in the Coordinating Council's early efforts to identify statutory, regulatory, and programmatic barriers to the coordination of transportation services. However, according to Coordinating Council members, only some regional groups continue to address transportation coordination, but the hope is that the recent memorandum will stimulate activity by all 10 Regional Working Groups.

Proposed Strategic Plan to Strengthen the Coordinating Council Still Not Finalized

The Coordinating Council was established in 1986 to improve the efficiency and effectiveness of specialized and human services transportation by coordinating related programs at the federal level wherever possible and promoting the maximum feasible coordination at the state and local levels. HHS and DOT agreed to work in concert to promote the purpose of the Council through five goals and six related objectives. A Council goal, for example, is to achieve the most cost-effective use of federal, state and local resources for specialized and human services transportation, and one of the objectives is to remove barriers that adversely affect the coordination of transportation services.

In 1995, HHS and FTA officials began efforts to strengthen the future work of the Council by providing it with a draft strategic plan- -a blueprint- -for advancing transportation coordination. The draft strategic plan list goals and objectives, as well as specific tasks intended to make the goals and objectives a reality. A draft of the Council's strategic plan shows that its efforts would be significantly expanded to 6 goals, 27 objectives, and 30

related tasks- -an ambitious undertaking, particularly since there is no prioritization of the goals, objectives, or tasks. One proposed goal is to achieve the most cost-effective use of federal, state, and local resources for transportation. Accompanying objectives for this goal include (1) maximizing opportunities for coordinating transportation program resources at federal, state, and local levels; (2) reducing the duplication of services; (3) identifying and encouraging cost-effective transportation services, and; (4) developing rapid response capabilities for implementing new technologies for transportation and/or access to community services.

Several of the proposed tasks in the strategic plan relate to barriers. For instance, one proposed task is to identify regulatory barriers to coordination. Another proposed task would highlight the work of the Council through an annual report on efforts to reduce barriers, disseminate transportation coordination information, and note special projects. An additional proposed task would be to have action plans and annual updates submitted from each member agency to the Council.

HHS' and FTA's attention to the development of this strategic plan has been sporadic, and there is no set date for finalizing the strategic plan. Although the need to issue this plan in the near future was noted at a June 1996 Council meeting, the strategic plan for the Council continues to languish in a draft state, thus it is unclear when proposed tasks would be undertaken. Furthermore, given the difficulties the Council has experienced in bringing issues to closure, the scope of the strategic plan- -6 goals, 27 objectives, and 30 tasks- -could prove to be an overwhelming agenda, particularly given the lack of any prioritization within the strategic plan.

Conclusions

Transportation coordination has the potential for realizing more efficient and cost-effective transportation services. While the Coordinating Council has a long record of supporting transportation coordination initiatives, the Council's efforts have been erratic and slow to produce results. A draft strategic plan for the Coordinating Council has a number of good ideas for moving the Council forward, such as an annual report for the Council, which, at a minimum, should include a report on barriers, dissemination efforts, and special projects. However, the draft strategic plan for the Council entails 6 goals, 27 objectives, and 30 tasks, which is a broad and perhaps overwhelming agenda, given the Council's past level of performance and the lack of any prioritization within the strategic plan. Furthermore, the strategic plan could continue to languish in draft, since there is no set issuance date.

Congressional committees have repeatedly directed HHS and DOT to develop guidelines to enhance transportation coordination through state and local planning since 1996; these guidelines remain under development and now have a tentative issuance date set for the end of 1999. Also under development is a revised planning regulation that is expected to reflect a TEA-21 provision directing that DOT encourage each metropolitan planning organization to coordinate, to the maximum extent practicable, the design and delivery of transportation services within the metropolitan planning area. However, since both of these efforts remain works-in-progress, it is unclear how, if at all, they will reinforce each other.

While efforts are under way to have the 10 Regional Working Groups develop action plans, HHS and FTA are not instructing these Regional Working Groups to assess barriers to transportation coordination. In addition, no similar action agenda exists for the Coordinating Council. However, the Coordinating Council recently developed its own Internet site, which has the potential to be a powerful communication tool, providing information on a host of coordination issues including barriers to coordination. The utility of the site for resolving barriers, however, is limited by two design weaknesses. First, as of August 1999, the Council's Internet site had not yet been linked to the main HHS or FTA Internet sites, although it can be accessed directly when the specific Internet address is known (www.ccamweb.org). Second, while the site is designed to enable users to search on key words, our tests indicated that this design component was not working.

Recommendations

In order to improve transportation coordination through better planning and enhanced accountability, we recommend that the Secretary of Health and Human Services and the Secretary of Transportation (1) require the Coordinating Council to issue a prioritized strategic plan by a specific date, (2) charge the Coordinating Council with developing an action plan with specific responsibilities, and (3) require an annual report from the Council on its major initiatives and accomplishments. As part of these planning efforts, the agencies should also (1) make sure that transportation coordination planning efforts under development reinforce one another, (2) direct the Regional Working Groups to assess barriers to transportation coordination, and (3) make information on coordination barriers and strategies for overcoming the barriers readily available through the Council's Internet site.

Agency Comments

We provided DOT and HHS with a draft of this report for their review and comment. DOT generally agreed with the draft report that measures could be taken to expedite some of the Coordinating Council's actions and sharpen its strategic planning and management processes. DOT, however, stated that the draft report did not sufficiently recognize the Council's accomplishments or the progress that has been made to improve transportation coordination. We recognize that progress has been made and conclude that the Council has a long record of supporting transportation coordination initiatives. But we also conclude that the Council's efforts have been erratic. Furthermore, many of the examples of the Council's accomplishments in improving transportation coordination cited by DOT were already recognized in our draft report. We agree with DOT that regional meetings may have led to improved coordination efforts in some states and have incorporated information in our draft report to reflect this point. Moreover, we expanded our discussion on the Transit Resource Center and its funding sources as a result of DOT's comments. The complete text of DOT's comments appears in appendix I.

HHS generally agreed with the report's recommendations. However, HHS stated that the draft report presented a narrow interpretation of the work of the Coordinating Council and noted that the draft report failed to recognize HHS establishment of the Community Transportation Assistance Project, which it considers to be the backbone of HHS' technical assistance efforts on transportation issues. While the draft report recognized the Transit Resource Center, which receives funding through the Community Transportation Assistance Project, we have added a more detailed reference to the Community Transportation Assistance Project. HHS also commented that our draft report did not recognize the significance of the transportation planning guidelines under development. Our draft report traced the history of the development of these joint guidelines. On the basis of this first draft of the guidelines, we believe that the way that they will fulfill their intended purpose is unclear. However, we note that the responsiveness of the guidelines to their intended purpose will likely be strengthened as they become fully developed and refined after reviews and revisions by various HHS and FTA program officials and outside parties. The complete text of HHS' comments appears in appendix II. Furthermore, HHS made additional technical clarifications, which were incorporated into the draft report, as appropriate.

Scope and Methodology

To review the benefits and incentives to human services transportation coordination, we analyzed state, regional, and local best practices in

human services transportation for the benefits realized and the incentives that have fostered coordinated transportation. We discussed the benefits and the incentives with HHS and FTA officials participating in the Joint Coordinating Council and with consultants for the Council, and we reviewed federal research directories and reports, including reports at the National Transit Resource Center—a national transportation clearinghouse. To review the efforts that HHS and FTA have taken to identify and address barriers to coordination, we tracked barriers identified through surveys and state outreach meetings, HHS and FTA regional input and Coordinating Council meetings, and the federal response to barriers or perceived barriers identified through these sources. We discussed the barriers or perceived barriers with HHS and FTA officials participating in the Coordinating Council and with consultants for the Council, and we reviewed transportation coordination reports. To identify HHS' and DOT's actions to facilitate planning processes that enhance transportation coordination efforts, we focused on HHS' and FTA's efforts to develop coordinated guidelines. We reviewed their primary efforts—reports and meetings—expected to contribute to the development of the guidelines and monitored the progress of the guidelines through discussions with HHS and FTA officials and attendance at Coordinating Council meetings. We also considered provisions in TEA-21 that would reinforce planning efforts aimed at transportation coordination and discussed these issues with FTA officials.

We performed our review from September 1998 through August 1999 in accordance with generally accepted government auditing standards.

We are sending copies of this report to the appropriate congressional committees; the Honorable Donna E. Shalala, Secretary of Health and Human Services; the Honorable Rodney E. Slater, Secretary of Transportation; and other interested parties. We will also make copies available to others on request.

Please call me at (202) 512-3650 if you have any questions. Major contributors to this report were Yvonne Pufahl and Ron Stouffer.

A handwritten signature in black ink that reads "Phyllis F. Scheinberg". The signature is written in a cursive style with a large, sweeping initial 'P' and a long, horizontal stroke extending from the end of the name.

Phyllis F. Scheinberg
Associate Director,
Transportation Issues

Comments From the Department of Transportation



**U.S. Department of
Transportation**

Assistant Secretary
for Administration

400 Seventh St., S.W.
Washington, D.C. 20590

September 29, 1999

Ms. Phyllis F. Scheinberg
Associate Director, Transportation Issues
General Accounting Office
441 G Street N.W.
Washington, D.C. 20548

Dear Ms. Scheinberg:

Thank you for the opportunity to review the General Accounting Office (GAO) draft report, "Transportation Coordination: Federal Efforts Slow to Produce Results," RCED-2000-1. The Coordinating Council has made progress improving communication with and among states and localities, providing technical assistance, and applying new technologies to address transportation coordination challenges. The GAO draft report could better recognize the Council's accomplishments and the progress that has been made to improve transportation coordination. Nonetheless, we generally agree that measures could be taken to expedite some of the Council's actions and sharpen its strategic planning and management processes.

Council Has Improved Communication and Awareness

The Council has done much to raise national, state and local consciousness about the need to better coordinate transportation services. The Council has convened meetings throughout its tenure to ensure states and localities are aware of the actions needed for coordination, and the benefits that can result. The Council recently developed its own web site that will provide information on coordination to internet users and will provide a mechanism to individuals around the country to communicate their concerns, issues and lessons learned on transportation coordination.

States Are Implementing Successful Coordination Programs

The states remain key in developing meaningful coordination activities, since most Federal programs and funding flow through states, with some states supplying matching funds. Over the years, states have demonstrated heightened awareness and undertaken significant actions to implement transportation coordination measures. For example, the Council held a series of regional meetings that brought state human service and transportation officials together to discuss what actions states were undertaking to promote coordination and to begin to craft new action plans to further this objective. These meetings produced meaningful results.

**Appendix I
Comments From the Department of
Transportation**

Maryland and New Jersey both started vigorous state-wide efforts to develop coordination mechanisms as a direct result of these meetings. In New Jersey, under the direction of the state transportation and human services departments, each county developed a coordination mechanism. In Maryland, a state Coordination Council was established, which has led to a number of actions at the local level.

Additionally, the Council has worked with the National Governors Association and has engaged over 20 states in producing coordinated welfare to work transportation plans. Welfare to work has generated unparalleled success in achieving a coordinated approach to transportation service development. Coordinated efforts have resulted in welfare to work transportation proposals in over 40 states. A recent survey sponsored by the American Public Works Association showed that virtually all states have undertaken transportation coordination actions.

Council Provides Effective Technical Assistance and Leadership

A primary objective of the Council is to provide guidance on best practices and offer technical assistance for those who wish to implement coordinated systems. Under the Community Technical Assistance Program funded by HHS, and the Rural Technical Assistance Program funded by FTA, the agencies have established an information clearinghouse and technical assistance center for coordinated transportation strategies. The program, known as the Transit Resource Center, offers a phone hot line and a 1-800 number, provides information and documents free of charge, holds instructional seminars, and provides peer-to-peer technical assistance services. Additionally, the Council has produced a number of technical assistance documents, ranging from best practices reports to guidance on coordination and developing uniform accounting procedures.

The Council has established a new technology working group to apply new intelligent transportation systems to coordination challenges. New automated dispatching and automatic monitoring systems make it possible to blend the services of several operators together to produce more effective delivery of service at lower unit costs. Geographic Information System based customer trip planning systems make it possible to assign clients to the most effective service for their individual trips. Smart card technologies make it possible to travel on several systems with a single card and to properly allocate costs while tracking client activity. The Council is moving to introduce these technologies by conducting demonstrations, providing guidance, and offering other types of technical assistance.

Federal Efforts Improving Transportation Coordination

Federal efforts to improve the coordination among Federally funded transportation programs are progressing on multiple levels. For example, HHS is in the process of issuing its first Head Start Transportation Regulation. The NPRM requires Head Start funding recipients to coordinate the delivery of their transportation services with other

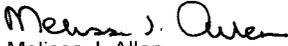
**Appendix I
Comments From the Department of
Transportation**

transportation programs. The Job Access and Reverse Commute program provides a model of effective DOT and HHS coordination at the Federal and local levels. To ensure that states and communities could fully utilize the opportunities presented by the program, DOT, HHS, and the Department of Labor jointly produced guidance on using funding from multiple sources. The Job Access and Reverse Commute program's use of targeted funding to encourage coordination has proven highly effective, resulting in 179 successful applications in over 41 states and the District of Columbia. The program's success presents a model for targeted program coordination that could be useful for facilitating efforts by the Council. Finally, the Council is moving to facilitate coordinated actions by reducing or simplifying Federal program reporting requirements when local agencies are coordinating several Federal programs to support their transportation services.

Experience has shown that where states and localities are committed to achieving coordinated transportation systems, they are able to do so. The Council has proven effective at raising awareness among affected parties, providing technical assistance, and leading the way with new coordinated programs such as welfare-to-work. While opportunities exist to further strengthen the Council and improve its operations, its accomplishments to date are noteworthy.

Thank you for the opportunity to offer comments on the draft report. Please contact Martin Gertel on 202-366-5145 with any questions.

Sincerely,


Melissa J. Allen

Comments From the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

SEP 22 1999

Ms. Phyllis F. Scheinberg
Associate Director, Transportation Issues
United States General
Accounting Office
Washington, D.C. 20548

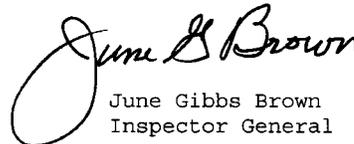
Dear Ms. Scheinberg:

Enclosed are the Department's comments on your draft report, "Transportation Coordination: Federal Efforts Slow to Produce Results." 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 extensive technical comments directly to your staff.

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

Sincerely,


June Gibbs Brown
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.

**Appendix II
Comments From the Department of Health
and Human Services**

Comments of the Department of Health and Human Services on the General Accounting Office Draft Report, "Transportation Coordination: Federal Efforts Slow to Produce Results" RCED-00-1

General Comments

We believe the General Accounting Office's (GAO) draft report presents a decidedly narrow interpretation of the work of the Coordinating Council on Access and Mobility (Coordinating Council). Early in the existence of the Coordinating Council (early 1990's) it became very clear to the membership that the dissemination of information on a broad range of coordination subjects, including but not limited to barriers to coordination, was needed at the Federal, State and local levels. The Department established the Community Transportation Assistance Project (CTAP) to compile and disseminate the needed information. The CTAP has been in place for over 8 years and is the backbone of the Department's technical assistance efforts on transportation issues. We believe the efforts of this project, currently funded at \$600,000 annually, should be included in this report.

In several sections of the report, the transportation planning guidelines, currently under development through the Coordinating Council, are referenced but with little recognition of their significance. The planning guidelines address the different planning processes of 17 Federal programs across this Department and the Department of Transportation (DOT). This is an effort with little precedent and has entailed long hours of education and negotiation to bring program representatives to the table with the depth of understanding necessary to discuss the planning processes of each other's programs. We do not believe that GAO's description of this significant effort, based on a first draft of the guidelines, which we shared with GAO in good faith, is accurate or appropriate.

GAO Recommendation

We recommend that the Secretary of Health and Human Services and the Secretary of Transportation (1) require the Coordinating Council to issue a prioritized strategic plan by a specific date,

Department Comment

The Department concurs on the need to complete the planning process. We expect the strategic plan under development will be formally approved and adopted at the December 1999 quarterly meeting of the Coordinating Council.

GAO Recommendation

(2) charge the Coordinating Council with developing an action plan with specific responsibilities, and

**Appendix II
Comments From the Department of Health
and Human Services**

Department Comment

The Department concurs with the recommendation for a process that implements the strategic plan for the Coordinating Council. Development of an annual action plan, including specific responsibilities, will be incorporated into the strategic plan.

GAO Recommendation

(3) require an annual report from the Council on its major initiatives and accomplishments.

Department Comment

The Department concurs with this recommendation. The requirement for an annual report will be incorporated in the strategic plan and will reflect the elements of the action plan for each year.

GAO Recommendation

The agencies should also (1) make sure that transportation coordination planning efforts under development reinforce each other,

Department Comment

The current efforts to develop transportation planning guidelines for 12 Department programs and 5 DOT programs include specific ongoing input from DOT's Federal Transit Administration planning office which also has the responsibility for developing the planning regulations which will implement the Transportation Equity Act for the 21st Century planning requirements. This arrangement was designed to ensure coordination of these activities.

GAO Recommendation

(2) direct the Regional Working Groups to assess barriers to transportation coordination, and

Department Comment

The Department and DOT have co-signed a memorandum to their regional offices requesting action plans in support of transportation coordination activities. The identification of barriers to coordination as well as the development of strategies to address the barriers is a well-recognized element of addressing transportation coordination issues. However, the Department also recognizes the need for our regional offices to have flexibility in the approaches used to address transportation coordination issues. These issues vary by State and region as should the specific approaches.

**Appendix II
Comments From the Department of Health
and Human Services**

GAO Recommendation

(3) make information on coordination barriers and strategies for overcoming the barriers readily available through the Coordinating Council's Internet site.

Department Comment

The Department is providing the primary support for the development of the Coordinating Council Internet site. This Internet site is a work in progress. The site is interactive and the Department is inviting comments and suggestions from Federal, State and local users for making it more useful. Transportation coordination barriers information will be incorporated throughout this effort.

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