KDOT Statewide Coordinated Plan

Coordination of Transportation Services

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Introduction

Increasing public transportation services in any shape or form leads to an improved quality of life for the riders. Coordination of service between different transportation providers and agencies helps fill transportation gaps and makes the overall public transportation provision more efficient. Not only does it give the riders more options for destinations and time of travel but also makes more rides occur using same or fewer resources.

Coordination of Transportation Services

Many states are taking a comprehensive approach to providing coordinated transportation. For example, Kentucky’s four cabinet offices – Families and Children, Health Services, Workforce Development, and Transportation combined transportation resources to develop a new coordinated transportation system for all the participants. In New Jersey and North Carolina, counties have brought transportation, social services and employment programs to address mobility needs including the use of school buses for employment transportation. Another example from California’s Ventura County is about the local transit agency extending service hours and reworking routes to develop new service to remote work locations. Other generic examples of coordinating transportation include:

- Building on the existing transportation broker infrastructure to expand ride brokering to programs other than Medicaid.
- Establishing feeder services to connect to fixed transit routes.
- Identifying barriers to coordination in the regulatory environment and advocating for change.
- Making greater use of technology to find providers and schedule trips.
- Finding ways to group riders on the same vehicle even when they are sponsored by different funding agencies.
- Leveraging purchasing power for vehicles, fuel, maintenance, or training.
- Using school buses for community transportation or other eligible purposes.

Regardless of the type of coordination, it can involve the cooperation of:

- Transportation providers — transit agencies, school districts, social service agencies, transportation brokers, private providers, non-profit transportation programs.
- Service providers — such as doctors scheduling medical appointments based on transportation availability, land use planners including mobility options as part of zoning decisions, developers building “walkable” communities.
- People with special transportation needs.
Coordination Councils in Different States

According to National Conference of State Legislatures (NCSL)\(^1\), in 2014 at least 20 states had state-level coordination councils varying in terms of formality, complexity, size and activities to respond to states’ priorities and circumstances. The state coordinating councils vary in membership; their core duties and responsibilities; and whether they were established by a legal mandate. For example, some states have required that their coordinating council develop a strategic plan to provide solutions to challenges it has identified. Georgia and Vermont involve their coordinating council in transportation planning and allocation of funding.

Coordination councils can operate at different government levels (state, regional and local). Of the 20 states with state coordinating council, 13 also had regional coordinating councils. Fifteen states, however, had only regional councils, and 15 had neither regional councils nor active state councils. Different levels of coordination councils have different roles and responsibilities. A report from Georgia\(^2\) recommended a “top down” and “bottom up” approach to successfully implement coordination strategies. The “top down” strategies included actions that state agencies can take to ensure that coordination requirements are established and implemented consistently throughout the state, while “bottom up” strategies included “actions that can be taken at the regional level, recognizing that each region is unique.”

Challenges and Contributors to Transportation Coordination

Challenges:

- Competing systems
- Lack of funding
- No mandate to coordinate resources
- Agency attitudes
- Lack of understanding
- Cultural differences

Contributors:

- Buy-in from key decision makers
- Keeping members on track
- Building on past success

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\(^{1}\) State Human Service Transportation Coordinating Councils: An Overview and State Profiles, NCSL (2014)

\(^{2}\) Rural and Human Services Transportation Study – Phase I Implementation Plan (May 2011)
To completely understand and learn from transportation coordination examples it is important to review examples from different states. Due to limited scope of this memo, the following sections are focused on transportation coordination for services funded through Federal Transit Administration (FTA)’s 5310 (Enhanced Mobility of Seniors and Individuals with Disability) and 5311 (Formula Grant for Rural Areas) Programs.
Coordination of Services Funded by FTA’s 5310 and 5311 Programs

According to United We Ride, transportation coordination makes the most efficient use of limited resources by avoiding duplication caused by overlapping individual program efforts. There are many levels of coordination, ranging from the basic sharing of training resources to the full integration of services. Several states have made pioneering efforts in transportation coordination for special needs population at state or regional level. For example, Washington achieved state-level coordination through Agency Council on Coordinated Transportation (ACCT) which provides a structure for communicating across organizational boundaries for coordination. Similarly, Iowa has established Iowa Transportation Coordination Council (ITCC) to serve as the statewide coordination advisory group. Moreover, Chapter 324A of the Iowa Code mandates that “any agency or organization using public funds to purchase or provide passenger transportation must coordinate with one of the designated public transit systems.”

FTA’s Coordinating Council on Mobility and Access encourages state DOT’s to work with their counterparts at state human service agencies, to participate with other states in regional initiatives, and to assist local recipients and sub-recipients of Sections 5307, 5310, or 5311 funds to participate in coordinated systems at the local level, along with recipients of funds from the programs of DHHS and other Federal and state programs. Moreover, TEA-21 included a coordination mandate that local governmental agencies and non-profit organizations, that receive assistance from Federal sources other than the FTA for nonemergency transportation services, are required to participate and coordinate with recipients of assistance from FTA in the design and delivery of transportation services.

Examples of Coordination Initiatives between Section 5310 and 5311 Recipients

Section 5310 allows and encourages coordination to the maximum extent possible including vehicle sharing, ride sharing, operations sharing including joint dispatch/scheduling, maintenance, administration, and information. Moreover, FTA encourages participation of section 5310 and 5311 recipients in coordination efforts and has consistent program guideline for both programs in order to simplify program administration. Some states (as mentioned below) have clearly identified the coordination benefits and are working on implementing coordination at different levels.

Georgia

The Georgia Department of Human Resources (DHR), Office of Facilities and Support Services, Transportation Services Section (TSS) administers the state’s
Since mid-1990s DHR has laid more emphasis on purchasing service (using contracts) from transportation providers rather than purchasing vehicles to promote coordination with 5311 and 5307 fund recipients.

Georgia also has a DHR coordinated transportation system which serves clients from Division of Aging, Division of Family and Children’s Services, Division of Mental Health, Developmental Disabilities and Addictive Diseases and Department of Labor’s Vocational Rehabilitation Services. The structure of the transportation system consists of 12 regions where 4 regions make a district. The coordinated system consists of purchase of service contracts within each region working with a mix of government entities, for profits and private non-profits. In the case of 5311 funded systems, one of the statewide goals outlined by the state is coordinated service in rural areas. Interagency coordination at regional and local level – shared vehicles, shared ride, coordinated management, etc. is encouraged to improve cost effectiveness and overall service.

In 2011, the Georgia Department of Transportation (GDOT) initiated the Georgia Rural and Human Services Transportation (RHST) Plan 2.0 as an update to the Coordinated Public Transit – Human Services Transportation Plan completed in 2007. Georgia has successful working examples of service coordination at regional and state level. For instance, the Department of Labor provides transportation to its clients through the DHR coordinated transportation system. Section 5311 program coordinates with DHR coordinated transportation system with more than 50 percent of annual ridership provided as purchased service from DHR coordinated transportation system. Moreover, DHR and the Georgia Department of Transportation (GDOT) also work with other state agencies for coordination of transportation services at local level.

**Indiana**

According to Section 5310 State Management Plan (2013), Indiana Department of Transportation (INDOT) is responsible for coordination of specialized transportation services at the state and local levels. At local level, a coordination plan for all 5310 projects is developed by a wide range of stakeholders, including but not limited to, representatives of public, private, and non-profit and human services transportation providers, potential New Freedom applicants, potential New Freedom customers, advocacy organizations, medical professionals, local businesses, the general public. Local Transportation Advisory Committee and/or Metropolitan Planning Organization setup by INDOT handles the responsibility of engaging in

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3 Coordinated Public Transit – Human Services Transportation Interim Plan, Georgia Department of Transportation, Office of Intermodal Programs (2007)
4 https://dhs.georgia.gov/coordinated-transportation-system
5 Rural and Human Services Transportation Study – Phase I Implementation Plan (May 2011)
outreach efforts that enhance the coordinated process and identifying the opportunities that are available in building a coordinated system.

For coordination at state level, INDOT has established an Interagency Cooperation Group (ICG) to facilitate cooperation and coordination between INDOT administered transportation programs and the Section 5310 program.

As part of the coordination process, INDOT allows section 5310 agencies to lease vehicle(s) to another public or private transportation provider. INDOT allows this if applicant agency maintains control and responsibility for the operation of the vehicle. The lease agreement specifies that the vehicle shall be used to provide transportation service to seniors and individuals with disabilities, that the vehicle may be used for incidental purposes only after the needs of these individuals have been met, and that the sub-recipient or State must retain title to the vehicle.

**Kentucky**

According to Kentucky State Management Plan (2015), Human Services Transportation Coordination is handled by the Human Service Transportation Delivery (HSTD) Branch of Kentucky Department of Transportation. The HSTD program consolidates transportation services provided by different governmental agencies. The HSTD has ten brokers across the state through a request for proposal process. These brokers provide scheduling and transportation services more efficiently by coordinating trips in the same geographical area.

Moreover, Office of Transportation Delivery is responsible for ensuring maximum feasible coordination at both state and local levels for section 5311 recipients.

**Louisiana**

In Louisiana, coordination is required for urban public transit (under section 49 USC 5307 (c)(5)), transportation for elderly and disabled individuals (under section 49 USC 5310(d)(2)) and rural public transit (under section 49 USC 5311 (b)(2)(c)).

- Each recipient of formula based grants for public transportation in urbanized areas coordinates with transportation services assisted from other United States Government sources.
- Each recipient of section 5310 funds is part of a locally developed coordinated public transit human services transportation plan. The program of projects for section 5310 recipients need to assure that it coordinates (to the maximum feasible extent) with transportation services assisted by other Government sources.
- The state’s program of projects funded by section 5311 needs to provide maximum feasible coordination of public transportation services under this section and those assisted by other Federal sources.
Michigan

Michigan Department of Transportation (MDOT) mandates that section 5311 recipients coordinate transportation services and meet coordination requirements as a condition for funding. MDOT also provides technical assistance needed to implement coordination arrangements.

Minnesota

In Minnesota, the 5310 and 5311 programs are administered separately and day-to-day administration is handled at the district level. Decentralization helps in communication, oversight and guidance between sub-recipients and Minnesota Department of Transportation (MnDOT). MnDOT identifies the following benefits of coordination between section 5310 recipients and transit systems funded through section 5311:

- When section 5310 recipient coordinates with a section 5311 transit system, it takes advantage of an already-in-place infrastructure saving time and money required for start-up.
- Coordination may lead to expanded service (in terms of more vehicles, service area, service hours, etc.).
- Coordination of scheduling and dispatching, training, grant writing, purchases and maintenance.