

House Bill 277 Report: Coordinating Rural and Human Services Transportation in Georgia

Report 2 of 2 for the 2011 Reporting Year

Prepared for The Governor's Office of Planning and Budget

**Developed by the Governor's Development Council and the Georgia
Coordinating Council for Rural and Human Services Transportation
August 2011**

Purpose

House Bill 277, enacted on July 1, 2010, calls for the Governor’s Development Council (GDC), with assistance from the Georgia Coordinating Committee for Rural and Human Services Transportation (RHST Committee), to provide the Governor’s Office of Planning and Budget (OPB) with a report identifying means to increase the coordination of Georgia’s rural and human services transportation (RHST) system. The purpose of the legislation and the resulting report is to ensure the most cost-effective delivery of RHST services in Georgia and to best serve the clients utilizing the system. This report is to be provided to OPB no later than September 1, 2011.

This report is the second of two products developed by the GDC in the 2011 reporting year. The first document, entitled “A Primer on Rural and Human Services Transportation”, provides background information on what RHST is, how it is administered and what coordination entails.

This report provides an examination of the nine reporting tasks from HB 277 that were assigned to the GDC in O.C.G.A. §32-12-5. Consistent with agreements made between the Georgia Department of Transportation (GDOT) and the GDC at the beginning of the 2011 reporting year, this report relies on GDOT’s Georgia Rural and Human Services Transportation Plan 2.0 for background information, analysis and recommendations. This agreement was made to ensure consistency between GDOT’s plan and this report, as well as to prevent redundant work efforts. The GDC and its RHST Committee offer thanks to GDOT, especially their Intermodal Division, and their consultant team for generously sharing information and assisting in developing this report.

Upon completion of a final draft of this report on or before September 1, 2011, both this document and the primer can be accessed via the RHST Committee’s webpage at the following address:

http://www.grta.org/rhst_home/rhst_home.html

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Executive Summary

Analysis of RHST Programs in O.C.G.A. §32-12-5(1)

Legislated Task: An analysis of all programs administered by participating agencies, including capital and operating costs, and overlapping or duplication of services among such programs, with emphasis on how to overcome such overlapping or duplication.

Results:

Total RHST funding for programs in the state of Georgia in FY 2010 was over \$137.8 million. The majority of these funds came from federal sources (66%), of which there are more than 60 programs that support RHST. State dollars provide 23% of annual funding, and for the most part, are used to match federal funding sources.¹ County or local funds provide the remainder of annual funding. The primary state agencies that administer RHST delivery in Georgia are the Department of Transportation (GDOT), the Department of Human Services (DHS), and the Department of Community Health (DCH), although there are other state agencies that play a role such as the Department of Labor and the Department of Behavioral Health and Developmental Disabilities. Key funding sources include DCH's Medicaid Non-Emergency Transportation (NET), GDOT's FTA 5311 Nonurbanized Area Formula Program, and DHS's suite of human services funds. Appendix A provides a list of all potential RHST funding sources, while Appendix B provides a summary of the major RHST sources and their funding amounts.

Overlap and duplication in RHST delivery is driven by the plethora of RHST federal funding streams and the fact that several state agencies are responsible for administering them. The result is three unique RHST delivery systems among the three primary agencies that administer RHST in Georgia. This results in certain inefficiencies, such as multiple vehicle inspections for the same vehicle, and (in lesser coordinated regions) three different networks of providers covering similar ground (and similar types of trips).²

While most of the recommendations at the end of this report aim to address the overlap and duplication in RHST delivery, several do so more directly, including the development of a unified reporting manual and the development of consistent contracts and contracting processes.

¹ Georgia R/HST Coordination Plan 2.0, presented to the Georgia Behavioral Health Coordinating Council (GDOT Consultant Team, March 24, 2011). RHST funds over this \$137.8 million are difficult if not impossible to quantify since many federal programs allow HST transportation as an eligible expense, but transportation budgets are not tracked separately.

² GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.7.

The Current State of Coordination in O.C.G.A. § 32-12-5(2)

Legislated Task: (An examination of) the means by which transportation services are coordinated among state, local, and federal funding source programs.

Results:

No mandate for coordination can currently be found at the federal or state level, yet, coordinated efforts are taking place in certain parts of Georgia's RHST programs. The DHS Coordinated Transportation System provides a positive example of coordinating multiple funding streams in order to achieve more cost-effective service provision. DHS's efforts to coordinate with GDOT's FTA 5311 rural transportation systems by placing trips on these vehicles demonstrates one of the State's clearest examples of state-level coordination. At the regional level, the Coastal, Three Rivers and Southwest Georgia regional commissions have helped lead coordination efforts by administering multiple funding streams and ensuring a sharing of resources. Further, some transportation providers have been successful in winning contracts from more than one, or all, of the three predominant funding agencies, thus, making possible the mixing of services. However, this coordination is informal. As a result, major programs can be, and at times are, administered in isolation of one another. Additionally, most regional commissions play a small role in coordination, leading to fragmented delivery systems in many of Georgia's 12 regions. From this, opportunities exist for additional coordination.

Combining and/or Consolidating RHST Resources in O.C.G.A. § 32-12-5(3) and O.C.G.A. § 32-12-5(4)

Legislated Task: (An examination of) the means by which both capital and operating costs for transportation could be combined or shared among agencies, including at a minimum shared purchase of vehicles and maintenance of such vehicles; and

An analysis of those areas which might appropriately be consolidated to lower the costs of program delivery without sacrificing program quality to clients, including shared use of vehicles for client trips regardless of the funding source which pays for their trips.

Results:

There are myriad ways to coordinate RHST delivery, but some of the most successful RHST coordination efforts in the country have been led by a state coordinating entity and complemented by local and/or regional coordinating councils responsible for coordinated service delivery. State coordinating councils with their own funding source or the power to control the disbursement of funds have exhibited

substantial success in coordinating RHST delivery. Examples of this can be found in a number of states, including Florida and North Carolina.³

Beyond control over the disbursement of funds, state coordinating councils achieve success by bringing decision making and funding sources together, offering independent technical expertise and overseeing RHST policy development. Local and regional councils provide a champion for the coordinated provision of services and allow the flexibility to deliver services in a manner that recognizes unique local and/or regional needs.

Many areas beyond funding can be combined or consolidated to improve RHST delivery. These areas include call center functions, reporting and policies, and vehicle purchase, maintenance, use and insurance. A review of federal coordination guidance and best practices from around the country suggests that there are few, if any, federal regulations that preclude these areas from being combined or consolidated.⁴

While many of the recommendations at the end of this report provide means to combine or consolidate agency/program resources, several do so more directly. These recommendations include:

- The establishment of an RHST Office led by a state coordinating council together with the establishment of a formal regional coordination structure;
- The development of a unified reporting manual;
- The development of a uniform cost-allocation/cost-sharing model; and
- The development of a one-point telephone number.

Best Practices in Technology Utilization in O.C.G.A. § 32-12-5(5)

Legislated Task: An analysis of state of the art efforts to coordinate rural and human services transportation elsewhere in the nation, including at a minimum route scheduling so as to avoid duplicative trips in a given locality.

Results:

Route scheduling software, also known as computer-assisted scheduling and dispatching (CASD) has been shown to increase efficiencies and lower costs, especially for demand response providers. A paratransit operator in Santa Clara, CA was able to increase the number of shared rides from 38% to 55% and reduce the number of active vehicles in service by 35% after implementing a CASD package. In Winston-Salem, NC the deployment of CASD reduced costs per vehicle mile by 8.5%.⁵

³ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.13.

⁴ Coordinating Council on Access and Mobility, Report to the President – Human Service Transportation Coordination, 2005.

⁵ Dennis L. Goeddel, *Benefits Assessment of Advanced Public Transportation System Technologies Update 2000* (Cambridge, MA: John A. Volpe National Transportation Systems Center, 2000), p.27.

Georgia does not currently deploy CASD on a statewide basis, though roughly half of the State's 5311 rural transit providers use some form of technology.⁶ As of July 2011, GDOT is in the process of implementing CASD across all rural transit systems. This will start with the implementation of pilot projects in select regions to determine the best method to launch the software product statewide. Outside of CASD, other technologies are implemented to differing degrees based on the specific region.

Federal Funding Limitations in O.C.G.A. § 32-12-5(6)

Legislated Task: A review of any limitations which may be imposed by various federally funded programs and how the state can manage within those limitations as it reviews possible sharing opportunities.

Results:

Coordination is encouraged at the federal level and federal guidance from the entity responsible for increasing federal coordination among human services and public transportation programs indicates that few, if any barriers exist that preclude one of the ultimate goals of coordination, mixing clientele via the shared use of vehicles.⁷ However, coordination is not easy. With over 60 federal funding sources, each with their own sets of requirements, coordinating RHST delivery is a challenge for any state. In particular, the federal requirements associated with the Medicaid NET program make coordinating this significant program (59% of all RHST funding in FY 2010) a challenge. Yet, other states, and even regions within Georgia, have shown that coordination can be done and that savings can be achieved. The State of Georgia can manage within those federal impediments that do exist by applying the lessons learned from peer states and regions within the State that have implemented successful coordination models.

RHST Program Interaction with Public Transportation in O.C.G.A. § 32-12-5(7)

Legislated Task: An analysis of how agency programs interact with and impact state, local or regional transportation services performed on behalf of the general public through state, local or regional transit systems.

Results:

Coordinating human service agency trips with public transportation can be beneficial to both parties, and for this reason, it takes place often throughout Georgia. Over two-thirds of Georgia's rural transit providers provide human service agency trips.⁸ For the human service agency, public transit often offers a low cost structure, or is the only option for service in some parts of the state. For the public transit provider, these trips provide a source of revenue that has been shown to cover almost 50% of

⁶ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

⁷ Coordinating Council on Access and Mobility, *Report to the President – Human Service Transportation Coordination*, 2005.

⁸ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

operational costs for one rural system in Georgia.⁹ Medicaid trips are less frequently placed on public transit providers, yet the reasons for this have not been fully explored.¹⁰ The overall interaction between the Medicaid NET program and public transportation will be an area of focus for the 2012 report.

Cost Sharing Among Programs in O.C.G.A. § 32-12-5(8)

Legislated Task: An evaluation of potential cost sharing opportunities available for clients served by committee agencies so as to maximize service delivery efficiencies and to obtain the maximum benefit on their behalf with the limited amount of funds available.

Results:

Mixing clients from different RHST funding programs is a key end goal of coordination because of the efficiencies that can result. However, without a cost-sharing or cost-allocation approach, there is no guarantee that human service agencies will be able to take the steps necessary to capture the efficiencies gained by this increase in vehicle utilization. A cost-sharing model also ensures that each funding agency or program pays its fair share and does not cross-subsidize clients from other programs. In summary, a cost sharing model ensures fairness and allows state agencies recoup the benefits of a coordinated system.¹¹

At present there is no such cost-sharing policy or model in Georgia. GDOT has offered a statewide cost-sharing model as a potential pilot project and it is included as a recommendation at the end of this report.

Analysis of Methods to Reduce Costs in O.C.G.A. § 32-12-5(9)

Legislated Task: An analysis of possible methods to reduce costs, including, but not limited to, greater use of privatization.

Results:

Previous sections in this report analyze many methods that can be employed to reduce costs. At this time, no additional methods to reduce costs have been analyzed. An analysis of the status of privatization in RHST delivery shows that in terms of the total number of participating providers, 40% to 89% are private sector entities. The lower end of privatization occurs in GDOT's rural transit providers of which 40% are private entities. Meanwhile, 57% of DHS's transportation providers are private while 89% of DCH's are. Clearly, private providers play a key role in Georgia's RHST delivery system. An

⁹ GDC analysis March 2011, data from Coastal Regional Commission.

¹⁰ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

¹¹ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.19.

assessment of whether a greater use of privatization could help reduce costs will take place during the 2012 reporting year.

Analysis of RHST Programs

O.C.G.A. § 32-12-5(1)

An analysis of all programs administered by participating agencies, including capital and operating costs, and overlapping or duplication of services among such programs, with emphasis on how to overcome such overlapping or duplication.

RHST Program Funding

The State of Georgia spent approximately \$137.8 million (FY 2010) in federal, state, and local resources funding RHST providers and supportive administration. These funds are distributed to GDOT, DCH and DHS as reflected in Table 1 on the following page.

The Department of Community Health funding includes Medicaid funded transportation services. The Department of Transportation funded services includes the FTA 5311 rural public transportation program. The Department of Human Services funding includes FTA 5310, Division of Aging, and the Department of Family and Children's Services programs, as well as funding from both the Department of Behavioral Health and Developmental Disabilities and the Department of Labor.

There are additional federal and state programs that include transportation as an eligible expense. These include Veteran's Assistance programs funded by the Department of Veterans Affairs, the Department of Education, and the Department of Housing and Urban Development. Please refer to Appendix A for a full listing of federal programs with potential RHST funding components and Appendix B for funding amounts for the primary RHST funding sources in FY 2010.

Table 1: Georgia’s RHST Program Operating Parameters

	GDOT	DCH	DHS*
Payment Approach	Pays on a “fully allocated” eligible cost basis	Pays on a “capitated rate” basis	Pays on a “per trip” basis
Number of Regions / Providers	114	3 Brokers, 100+ providers	12 regions, 100+ providers
Agency Staffing	7	2.25	27
Program Cost	\$26,853,058	\$80,869,944	\$30,064,842
Number of Trips	1,924,007	3,104,756	2,491,373
Average Cost per Trip (statewide average)	\$13.96	\$26.05	\$13.91
* Includes Aging, Dept of Behavioral Health and Developmental Disabilities (DBHDD), Department of Family and Children's Services (DFCS), and Department of Labor (DOL)			

Source: *GDOT RHST Transportation Plan 2.0, Implementation Plan (DRAFT), p.3. Data on providers and trips are not mutually exclusive, i.e., trips under GDOT are also counted under DHS since DHS purchases trips on 5311 vehicles.*

The section below provides a brief overview of the different programs, functions and procedures required by the three primary state agencies responsible for the provision of RHST services.

Georgia Department of Transportation (GDOT) Funding

The GDOT Division of Intermodal supports and manages the General Public Transportation program and thus is responsible for administering and implementing federal funds from the Federal Transit Administration (FTA) to support RHST (i.e., Section 5311, 5316, and 5317). These funding sources provide mobility options for citizens in Georgia in rural areas, including those who are elderly, disabled, and low-income.

One of the most widely used funding sources to assist GDOT in improving access in rural areas/small towns to shopping, medical, employment and activity/educational centers are FTA Section 5311 grants. These funds are allocated to states on a formula basis and can be used for capital, operating, planning and administrative functions. The program is intended to be available to all members of the public as long as they are using service during operating hours. FTA provided 5311 grants to approximately 114 jurisdictions in FY 2010. These funds can also be used for:

- Capital costs to provide a match of up to 90% for a start-up service (with a 10% local match); and

- Pays 50% of the net operating deficit (after fare revenue is taken out). GDOT’s fare revenue policy requires that 10% of operational costs be paid via fares or other subsidies. This causes the state to pay a maximum of 45% of the costs for operations. This requires the remaining local match to be paid by local funds or non-DOT federal funds.¹²

Department of Human Services (DHS) Funding and the Coordinated Transportation System

The DHS Coordinated Transportation System provides transportation for various human services programs. Funding is provided by numerous sources within DHS (such as funds from their Division of Aging or Division of Family and Child Services) and funds contracted through DHS via the Department of Behavioral Health and Development Disabilities (DBHDD) and the Department of Labor (DOL).

Examples of specific programs include the Temporary Assistance for Needy Families (TANF) program, Title IIIB Older Americans Act, and the FTA 5310 Elderly and Disabled program (see Appendix A for a full list of DHS administered programs and Appendix B for total funding from the major funding sources).

DHS may contract with regional agencies, such as regional commissions or community service boards who then oversee subcontracting within the DHS region for transportation services. In lieu of, or in addition to this, DHS may directly contract with transportation providers. Since DHS administers many RHST funding sources, some of their programs have different trip rates. For example, some pay on a ‘per trip per hour’ basis while others have features that are based on prioritization, service hours and reporting. Some of the DHS transportation providers also perform as contractors for other programs (i.e., Medicaid brokers or rural public transportation).¹³

Department of Community Health (DCH) Funding

DCH is the state agency in Georgia responsible for receiving and administering Medicaid funding to eligible recipients. Service includes transporting Medicaid participants to and from specified health care services. The primary HST funding source within the Medicaid program is the Non-Emergency Medical Transportation (NET) program, which provides transportation for those participants who have limited means of mobility to activities such as medical appointments (treatment), medical evaluations, and trips to obtain equipment and prescriptions. In Georgia, the service is ‘broker-based’ and organized into five regions across the state. Brokers are compensated via a “capitated rate” or “per member per month” (PMPM) basis. Under this system, brokers are provided a negotiated sum of money at the beginning of each month that is based on an estimate of the number of Medicaid participants enrolled in the region. Typically brokers do not directly provide services.¹⁴ Primary duties of the DCH brokers include:

- Recruiting transportation providers and negotiating trip rates;

¹² GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.4.

¹³ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.4.

¹⁴ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.4.

- Making trips reservations assignments with approved NET providers;
- Payment administration;
- Confirming the eligibility of and coordinating with participants within their respective county for trips (i.e., non-emergency medical appointments);
- Ensuring transportation providers meet health and safety standards; and
- Administrative oversight and reporting.¹⁵

In each region a vendor is selected through a bidding process. The broker can purchase trips in a variety of ways including from approved NET providers (private, non-profit and community service organizations) or from others such as public transit systems. In Georgia there are currently three brokers that work in five regions across the state, two of which are private for-profit entities. A public governmental agency is the broker in the Southwest Region.¹⁶

Capital and Operating Costs by RHST Program

Of the total \$137.8 million dedicated to RHST delivery in FY 2010, approximately \$1.9 million, or 1.4% can be tracked to capital expenses.¹⁷ GDOT's FTA 5311 Rural Public Transportation Program is the only funding source providing capital dollars and tracking them.¹⁸ Both the DHS and Medicaid NET programs focus on the purchase of trips (operational expenses), not capital.

Program Overlap and Duplication

Overlap and duplication in RHST delivery is driven by the plethora of RHST federal funding streams and the multitude of state agencies that are responsible for administering them. The result is three unique RHST delivery systems among the big three administering agencies (GDOT, DHS, DCH). More specifically, overlap and duplication occur at both the state level in the administration of RHST programs and at the transportation provider level where trips are eventually provided. Specific areas of overlap include:

¹⁵ Georgia Department of Community Health, *Non-Emergency Transportation Broker Services and Program Requirements*, March 30, 2011.

¹⁶ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.5.

¹⁷ GDOT financial data from GDOT consultant team, 6/21/11.

¹⁸ Stakeholders have pointed out that the emphasis on providing trips rather than capital has led to an aging fleet for some human service agencies and transportation providers. For example, the state historically only purchased capital resources (e.g., vehicles) with 5310 funds. This policy changed during the mid 1990's to focus on providing trips in hopes that it would incentivize provider participation in coordinated systems to lower the overall cost of service delivery. The overall impact is that today, fewer dollars are made available for the purchase of capital resources than in the past.

- Overlap and duplication in state-level administration

GDOT, DHS and DCH each have their own unique RHST delivery systems. One of the results of this is three different sets of reporting requirements. For providers with multiple funding sources, this means filling out multiple reports when one report could potentially satisfy all requirements. This also requires administrative personnel within each agency to implement such procedures. Undoubtedly, differing federal requirements for the funding sources each agency administers causes some of these differences. Nonetheless, opportunities exist to streamline reporting requirements.

In addition, GDOT, DHS and DCH each have their own administrative procedures. An example of agency overlap resulting from this is seen in vehicle inspections. A transportation provider that contracts with each of the agencies is likely to have a single vehicle inspected by all three agencies.

- Overlap and duplication at the provider level

In the public outreach process of the GDOT planning effort, it became clear that many regions had transportation providers with overlapping service areas. Often times, this was the result of each transportation provider serving trips under one program; hence, in uncoordinated regions, you might have three (or more) providers serving rural public transportation trips, DHS program trips, and Medicaid NET trips.¹⁹

In the Northeast Georgia Region, for example, there are four distinct networks of providers: one for rural public transportation, one for DHS transportation, one for senior transportation and one for Medicaid NET, with several providers covering the same service area.²⁰ As a result, economies of scale are not taken advantage of given that so many providers purchase their own vehicles and insurance and maintain the vehicles individually. Further, with so many providers there are instances where capital resources are underutilized. This may result in low vehicle utilization rates or may mean that capital resources lay dormant when another program could utilize them.

Overcoming Overlap and Duplication

Please refer to the Recommendations section for means to overcome overlap and duplication in RHST delivery.

¹⁹ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p. 28.

²⁰ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.3.

Conclusion

Total RHST funding for programs in the state of Georgia in FY 2010 was over \$137.8 million. The majority of these funds came from federal sources (66%), of which there are more than 60 programs that support RHST. State dollars provide 23% of annual funding, and for the most part, are used to match federal funding sources.²¹ County or local funds provide the remainder of annual funding. The primary state agencies that administer RHST delivery in Georgia are the Department of Transportation (GDOT), the Department of Human Services (DHS), and the Department of Community Health (DCH), although there are other state agencies that play a role such as the Department of Labor and the Department of Behavioral Health and Developmental Disabilities. Key funding sources include DCH's Medicaid Non-Emergency Transportation (NET), GDOT's FTA 5311 Nonurbanized Area Formula Program, and DHS's suite of human services funds. Appendix A provides a list of all potential RHST funding sources, while Appendix B provides a summary of the major RHST sources and their funding amounts.

Overlap and duplication in RHST delivery is driven by the plethora of RHST federal funding streams and the fact that several state agencies are responsible for administering them. The result is three unique RHST delivery systems among the three primary agencies that administer RHST in Georgia. This results in certain inefficiencies, such as multiple vehicle inspections for the same vehicle, and (in lesser coordinated regions) three different networks of providers covering similar ground (and similar types of trips).²²

While most of the recommendations at the end of this report aim to address the overlap and duplication in RHST delivery, several do so more directly, including the development of a unified reporting manual and the development of consistent contracts and contracting processes.

²¹ Georgia R/HST Coordination Plan 2.0, presented to the Georgia Behavioral Health Coordinating Council (GDOT Consultant Team, March 24, 2011). Additional RHST funds over this \$137.8 million are difficult if not impossible to quantify since many federal programs allow HST transportation as an eligible expense, but transportation budgets are not tracked separately.

²² GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.7.

The Current State of Coordination

O.C.G.A. § 32-12-5(2)

(An examination of) the means by which transportation services are coordinated among state, local, and federal funding source programs.

Federal-Level Coordination

At present there is no formal federal mandate for RHST programs to be coordinated. While coordination of resources is often encouraged at the federal level, particularly via the sharing of vehicles, there is only one known RHST coordination requirement. This stipulates that projects selected for funding from FTA 5310 Elderly Individuals and Individuals with Disabilities, FTA 5316 Jobs Access and Reverse Commute, and FTA 5317 New Freedom programs must be derived from a coordinated public transit-human services transportation plan.²³ From the funding details in Table 1 (see page 11), approximately 11 percent of Georgia's FY 2010 RHST funding is required to have these coordinated plans.

More recently, the federal government has taken a more proactive stance on coordinating the delivery of human services transportation. In 2004 the federal government created the Coordinating Council on Access and Mobility (CCAM). CCAM is tasked with seeking ways to simplify access to transportation for HST populations and with causing federal agencies to work together to provide cost effective services within existing resources.²⁴

State-Level Coordination

Like coordination at the federal level, there is no state mandate that coordination take place. Despite this, both GDOT and DHS have succeeded in coordinating resources in many regions throughout the State. The DHS Coordinated Transportation System merges numerous funding streams, including those received by the Department of Behavioral Health and Developmental Disabilities and the Department of Labor, into one funding stream administered by DHS. This reduces the need for multiple contracts and assists in obtaining economies of scale by streaming more funding to individual transportation providers. Further, in many parts of the state DHS places HST clients on public transit systems, thus combining their resources with local transit agencies and making fuller use of system capacity. This demonstrates a significant amount of coordination between GDOT's FTA 5311 rural transit systems and DHS's Coordinated Transportation System. In addition, DHS has numerous regional coordinating

²³ http://www.fta.dot.gov/funding/grants/grants_financing_8193.html

²⁴ http://www.unitedweride.gov/1_3_ENG_HTML.htm

committees that discuss coordination efforts in each of DHS's 12 regions and evaluate means to further DHS's RHST coordination efforts.

At present, the Medicaid NET program is generally administered separately from DHS and GDOT funding streams. The exception to this is in southwest Georgia, where the regional commission coordinates all three major funding sources (FTA 5311, DHS "suite" of funds, Medicaid NET).

Regional-Level Coordination

RHST coordination at the regional level varies from regional commissions that have no role at all to full oversight of coordinated transportation delivery. An example of the latter is in southwest Georgia. The Southwest Georgia RC (SWGRC) is the prime contractor for all three of the major RHST funding streams. SWGRC administers all RHST funds together allowing them to have fewer, and larger, contracts and service providers. This type of delivery model makes possible the achievement of economies of scale in administration and vehicle purchase/maintenance and serves to increase volume on transit vehicles. Additionally, in the Three Rivers and Coastal RC's, individual county-based rural transportation systems have been consolidated into regional systems serving all or part of those regions and reducing overall administrative costs and overlapping services.

Provider-Level Coordination

At the provider level, some RHST transportation providers successfully coordinate by winning contracts for multiple RHST funding streams. These contracts are generally good for one year. While in receipt of multiple contracts, providers have the ability to mix clientele from different funding streams and different HST populations in order to provide more cost-effective service.

Conclusion

No mandate for coordination can currently be found at the federal or state level, yet, coordinated efforts are taking place in certain parts of Georgia's RHST programs. The DHS Coordinated Transportation System provides a positive example of coordinating multiple funding streams in order to achieve more cost-effective service provision. DHS's efforts to coordinate with GDOT's FTA 5311 rural transportation systems by placing trips on these vehicles demonstrates one of the State's clearest examples of state-level coordination. At the regional level, the Coastal, Three Rivers and Southwest Georgia regional commissions have helped lead coordination efforts by administering multiple funding streams and ensuring a sharing of resources. Further, some transportation providers have been successful in winning contracts from more than one, or all, of the three predominant funding agencies, thus, making possible the mixing of services. However, this coordination is informal. As a result, major programs can be, and at times are, administered in isolation of one another. Additionally, most regional commissions play a small role in coordination, leading to fragmented delivery systems in many of Georgia's 12 regions. From this, opportunities exist for additional coordination.

Combining and/or Consolidating RHST Resources

O.C.G.A. § 32-12-5(3) and O.C.G.A. § 32-12-5(4)

(An examination of) the means by which both capital and operating costs for transportation could be combined or shared among agencies, including at a minimum shared purchase of vehicles and maintenance of such vehicles; and

An analysis of those areas which might appropriately be consolidated to lower the costs of program delivery without sacrificing program quality to clients, including shared use of vehicles for client trips regardless of the funding source which pays for their trips.

Transportation coordination has many forms as Figure 1 shows. Coordination can range from the sharing of information and policies to consolidating functions and/or operations of different agencies into a single coordinated system. However, states that are considered best practices in RHST coordination have one thing in common: a state coordinating council or state entity with broad powers and/or responsibilities governing coordination.²⁵ The sections below address a number of options from coordinating funding or call center functions to consolidating the purchase of vehicles and insurance.

Methods for Combining and/or Consolidating Funding

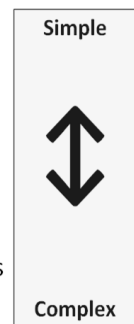
Many states have coordinating councils with a multitude of coordinating functions. While all provide – either directly or indirectly – significant technical assistance, it is the councils that provide incentive/seed funding and/or require coordination (with the power to withhold funding for non-compliance) that have successfully overseen the establishment of coordination efforts on the local/regional level. Peer state examples of combined/consolidated funding at the state or local/regional level include:

- **Iowa:** Iowa legislation states that all agencies spending public funds for passenger transportation (including Medicaid NET but excluding school

Figure 1

The Coordination Continuum

- Providing information and referrals
- Sharing policies and practices
- Sharing staff resources
- Sharing vehicles, software
- Joint procurement and co-sponsorship
- Allowing the co-mingling of trips
- Informally swapping trips
- Purchasing service from another operator
- Consolidating functions and/or operations into one coordinated system



Source: GDOT RHST Consultant Team.

²⁵ GDOT RHST Plan 2.0, *Needs Assessment Technical Memo (DRAFT)*, p.229.

transportation) must coordinate or consolidate that funding with the lead coordinator in their region.

- **North Carolina:** The North Carolina DOT created a block grant program that consolidated community transportation funding and required that each county have in place a coordination plan in order to be eligible for those block grants. Three additional pre-requisites for block grant eligibility are: (1) a transportation advisory or governing board must be established; (2) there must be a lead coordination agency designated; and (3) the lead agency must have a Memorandum of Understanding (MOU) with each of five “core agencies” which include the Departments of Social Services, Aging, Mental Health, Health, and Vocational Rehabilitation.
- **Florida:** By legislative statute Florida created the Commission for the Transportation Disadvantaged (CTD), a public state-level entity which now coordinates much of the funding for RHST in Florida. This includes some FLDOT funding, AHCA (Medicaid) funding, some other state-level human service agency funding, and funding dedicated to the CTD to help sponsor customers whose trips are not subsidized by one of its funding partners. The CTD then contracts directly with the Community Transportation Coordinator (lead coordinating agency) in each region/county.
- **Massachusetts:** The Commonwealth of Massachusetts’ Executive Office of Health and Human Services (EOHHS) established a Human Service Transportation (HST) office in 2001 to manage and coordinate human service transportation through a network of regional brokerages managed by Regional Transportation Authorities (RTAs). The three funding agencies are (1) MassHealth, which funds Medicaid NET and transportation associated with day habilitation (DayHab) programs; (2) the Department of Developmental Services (DDS), which funds transportation associated with supported employment workshops and residential supports; and (3) the Department of Public Health (DPH), which funds transportation associated with early intervention programs for children and families. While there is no MassDOT funding that runs through the HST office, the regional brokerages are all MassDOT-funded regional transit authorities, and hence, with the HST office contracting with each regional RTA/broker, the coordination of HST funding occurs at the state level while the coordination of rural public transportation and HST service delivery occurs at the regional level.²⁶

Methods for Combining and/or Consolidating Call Center Functions and Services

GDOT has identified three potential models for consolidating call center and/or RHST delivery functions. It is noted that both of the first two approaches involve first consolidating funding from state-level agencies with one regional entity (e.g., the Regional Commission).

²⁶ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.13-18.

- **Decentralized Consolidation:** This design model involves the responsible regional entity (e.g., the Regional Commission) contracting with one primary carrier for each county or set of counties (a subregion) to serve all trips from different funding programs. In a decentralized environment there is typically one carrier responsible for the trips of customers living in a geographic zone. Thus, if a customer lives in a particular county or subregion, the customer would call the carrier assigned or contracted for that county or subregion. Each carrier intakes trip requests for customers from their region, checks on client/trip eligibility as needed by the funding program, and performs scheduling, dispatching, operations, maintenance (although this could be subcontracted), reporting, invoicing, etc.
- **Centralized Consolidation:** This design model involves the responsible regional entity (e.g., the Regional Commission) establishing a one-stop call center for the entire region, in comparison with the above where there is one number to call for each subregion. In such an effort the reservations and scheduling (and sometimes the dispatching as well) are centralized on a regional basis with one entity. Organizationally, these functions could reside with the Regional Commission (RC), with the RC in effect acting as a broker (in contracting with carriers), or the RC could retain a broker or a call center manager to perform these functions (in the latter case, the difference between a brokerage manager and a call center manager is that the broker contracts with the service providers, while in the case of the call center manager, the RC contracts with the service providers). Regardless of the organizational options, the reservations intake and scheduling are centralized for the region with the RC, its brokerage, or call center manager. Because of this, there would not have to be zoned carrier assignments as there is in a decentralized environment. Thus, two compatible trips that would be called into two different entities under a decentralized environment and scheduled onto two different vehicles would likely wind up on the same vehicle in a centralized environment.
- **Statewide One-Call Number:** A further consolidation of the “one-stop” call center would be the development of a single number for the entire State of Georgia that anyone could call from any location within the state to access information about available transportation resources if not to access the transportation services themselves. The former would involve staffing an information and referral line, possibly harnessing the 511/211 program that is already in existence, as an initial point of contact. Yet another model would be to provide one 800 number that automatically distributes calls (based on the area code and exchange of the caller) to the reservations intake point of the region that the caller is calling from. Creating this kind of system would simplify the RHST services from a consumer perspective, allowing people to easily schedule a trip.²⁷

²⁷ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.27-28.

As of the initial writing of this report, GDOT is currently considering implementing one or more of the three models mentioned above as part of their pilot project evaluation. GDOT has proposed twelve projects for consideration and intends to select a total of three for implementation.

Methods for Consolidating Policies, Practices, Rates and Reporting

One of the most common concerns voiced by transportation providers, brokers and administrators is the administrative challenge of differing reporting requirements. This burden is particularly problematic for providers who hold multiple contracts. For example, throughout the regions there are providers who are contracted by a county to provide rural public transportation, by DHS to provide HST trips and at times, are also contracting with the NET broker to provide Medicaid trips. With three contracts, that provider is faced with three different sets of reporting requirements (requiring the tracking and collecting of different data points as well).

GDOT is proposing a potential pilot project to assist in the development of common sets of definitions, policies, contracting/ invoicing rates, sets of data to be tracked, and reporting requirements among transportation programs of the DOT, DHS and DCH. The pilot project itself would involve a review of the departmental manuals and guidelines related to all these contractual provisions and reporting, and a determination of how those could be streamlined and organized into one report for transportation providers to complete that would collectively provide all information needed by each of the three state agencies. By focusing one pilot on lessening this administrative burden, providers can concentrate more attention and resources on providing more trips and can potentially increase their hours of operation or the locations they serve.²⁸

Methods for Combining and/or Consolidating Vehicle Purchase, Maintenance and Use

Federal research and guidance regarding the shared use of vehicles shows that there are few federal impediments to the shared purchase and/or use of vehicles. According to the federal interagency council established to improve RHST coordination, the Interagency Transportation Coordinating Council on Access and Mobility (CCAM):

“CCAM’s preliminary analysis has identified approximately 26 federal programs that support the purchase and/or operation of vehicles for human service transportation. Most of these programs do not impose restrictions on the use of these vehicles for consumers of other federally supported programs, provided that such use does not

²⁸ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.35-36.

compromise services to their own program participants. Yet the practice of sharing vehicles among grant recipients of these programs appears to be minimal.”²⁹

Examples of shared purchase, maintenance and use from around the country include:

- **Vehicle Sharing:** In Dakota County, MN, a private, nonprofit operator called DARTS shares the operation of a FTA 5310 vehicle with the City of Farmington Senior Center and St. Michael’s Church. DARTS applied for the 5310 vehicle, paid the local match, and pays insurance and maintenance costs. DARTS operates the vehicle Monday through Thursday. The City of Farmington Senior Center operates the vehicle on Fridays and for special after hours/ weekend events. The Senior Center provides the driver and pays for fuel and a maintenance/insurance fee. St. Michael’s Church operates the vehicle on weekends using volunteer drivers; they pay for the fuel. All drivers operating the vehicle must complete DARTS drivers’ training program and be certified by DARTS.
- **Fuel:** The Kanawha Valley Regional Transit Authority (KRT) in Charleston, West Virginia implemented a bulk purchase fuel program that allowed tax exempt private and public nonprofit entities receiving FTA funds to purchase lower cost fuel from KRT. KRT administers the program for qualified eligible recipients.
- **Insurance:** In Washington State, the Nonprofit Insurance Program (NPIP) administers a Joint Insurance Purchasing program. NPIP members jointly purchase insurance and claims adjustment, risk management consulting, and loss prevention services. Primary benefits are lower insurance premiums and stable access to the insurance market.
- **Maintenance:** DARTS (from above) also established a Vehicle Maintenance Services (VMS) subsidiary that maintains vehicles for 80-90 organizations. DARTS recognized the need for reasonably priced, high quality maintenance services and in an effort to offset internal maintenance costs, marketed maintenance services to other community transportation providers.³⁰

Conclusion

There are myriad ways to coordinate RHST delivery, but some of the most successful RHST coordination efforts in the country have been led by a state coordinating entity and complemented by local and/or regional coordinating councils responsible for coordinated service delivery. State coordinating councils with their own funding source or the power to control the disbursement of funds have exhibited

²⁹ Coordinating Council on Access and Mobility, *Report to the President – Human Service Transportation Coordination*, 2005, p.25.

³⁰ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.37-38.

substantial success in coordinating RHST delivery. Examples of this can be found in a number of states, including Florida and North Carolina.³¹

Beyond control over the disbursement of funds, state coordinating councils achieve success by bringing decision making and funding sources together, offering independent technical expertise and overseeing RHST policy development. Local and regional councils provide a champion for the coordinated provision of services and allow the flexibility to deliver services in a manner that recognizes unique local and/or regional needs.

Many areas beyond funding can be combined or consolidated to improve RHST delivery. These areas include call center functions, reporting and policies, and vehicle purchase, maintenance, use and insurance. A review of federal coordination guidance and best practices from around the country suggests that there are few, if any, federal regulations that preclude these areas from being combined or consolidated.³²

While many of the recommendations at the end of this report provide means to combine or consolidate agency/program resources, several do so more directly. These recommendations include:

- The establishment of an RHST Office led by a state coordinating council together with the establishment of a formal regional coordination structure;
- The development of a unified reporting manual;
- The development of a uniform cost-allocation/cost-sharing model; and
- The development of a one-point telephone number.

³¹ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.13.

³² Coordinating Council on Access and Mobility, Report to the President – Human Service Transportation Coordination, 2005.

Best Practices in Technology Utilization

O.C.G.A. § 32-12-5(5)

An analysis of state-of-the-art-efforts to coordinate rural and human services transportation elsewhere in the nation, including at a minimum route scheduling so as to avoid duplicative trips in a given locality.

This section focuses on the application of route scheduling technology, also known as computer-assisted scheduling and dispatching software, as well as other technologies relevant to improving RHST delivery. For best practices around the country, refer to the previous section, “Combining and/or Consolidating RHST Resources”.

Route Scheduling Technology Overview

Route scheduling software, also known as computer-assisted scheduling and dispatching (CASD) software, is utilized in the assignment of demand-response transit riders to individual vehicles based on origination, destination, time, rider needs, etc. The software provides an advantage for transportation service providers by making the complex and time consuming effort of scheduling trip requests simpler and more efficient.

CASD systems increase the utilization of vehicle fleets, reduce non-revenue vehicle miles (vehicle hours) and reduce the costs of fleet dispatching. For many demand-responsive transit operations, CASD systems validate passenger trip requests for transportation services, certify pre-approved or subsidized fare payments, and record and bill agencies or passengers for the services provided.

Benefits of Route Scheduling Technology

As an example of CASD deployment, a paratransit operator in Santa Clara, CA switched to a CASD software solution for scheduling. As a result, it was able to increase the number of shared rides from 38% to 55% and reduce the number of vehicles in service from 200 to 130. This resulted in an operational savings of nearly \$500,000 in the first year of service. As a further example, the Winston-Salem Transit Authority (NC) implemented a CASD system on its paratransit fleet of 19 vehicles. The results showed a 12% increase in ridership together with a 5.6% reduction in vehicle hours. Overall, the operating cost per vehicle mile was reduced by 8.5% and the operating cost per passenger was reduced by 2.4%.³³

³³ Dennis L. Goeddel, *Benefits Assessment of Advanced Public Transportation System Technologies Update 2000* (Cambridge, MA: John A. Volpe National Transportation Systems Center, 2000), p.27.

The following list provides some of the opportunities and functional capabilities that may be derived from the application of CASD software and other related technologies that are interfaced with such software.

- Trip schedule optimization;
- Operations management;
- Cost management;
- Automated vehicle location (AVL) in real-time;
- Dispatching control (in real-time with AVL);
- Centralized client database;
- Centralized provider/vehicle database;
- Client eligibility determination;
- Centralized call intake and trip booking;
- Direct and purchased service delivery management;
- Automated and computer assisted reporting and billing; and
- Cost-conscious and goal-weighted decision making in trip assignments.³⁴

Comparison to Manual Route Scheduling

Manual route scheduling is the alternative to CASD. It is primarily performed by an individual(s) taking trip requests by phone and scheduling a pick-up/drop-off 24-48 hours in advance. A paper schedule is typically developed the night before and provided to a driver. From this it is clear that same day or last minute changes can be difficult, if not impossible to accommodate. Without the benefit of CASD software, routing is not likely to be optimized, especially if same day changes are accommodated to a schedule (i.e., the driver would determine the best route based on knowledge of the area or a paper map). The inefficiencies that result from manual route scheduling include significant staff time to develop schedules, a lack of flexibility in changing schedules, routing that is not optimized, and excessive down time between trips, to name a few.

Evaluation of Additional State-of-the-Art Technologies

The following Intelligent Transportation Systems (ITS) technologies can assist in optimizing RHST delivery efforts:

- Transportation/Transit Management Control Centers (TMCC's) provide a central call-in, scheduling and dispatching capability that allows a state-wide, regional or local RHST system to provide a one-stop shop to handle all RHST trips. A TMCC can provide better customer service, while greatly simplifying RHST intake calls, scheduling, dispatching and reporting.

³⁴ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.27-28.

- Transportation/Traffic Control Centers (TCC's) provide traffic information and control on a regional or local basis. The GDOT Georgia Navigator system is the largest TCC in Georgia covering the Atlanta metropolitan area. Where TCC's are in place, a TMCC may be integrated with the TCC to aid in route selection and avoid congested areas. GDOT runs the Georgia Navigator/511 system and as noted below, some cities also provide similar local TCC operations.
- Automatic Vehicle Locating (AVL) technology aids in the ability to optimize dispatching, scheduling and route planning, which enhances overall service fleet system efficiency. AVL systems provide real-time location of vehicles when equipped with a global positioning system (GPS), which transmits vehicle location information to the operations center.
- Mobile data computers installed in vehicles can gather and report data relating to schedules, trips, dispatch and routes.
- Electronic fare payment and collection systems on vehicles automate and simplify the fare collection and invoicing procedures for the transportation service providers. It also allows users to utilize electronic fare card technology (e.g. smart card/swipe card).
- In-vehicle diagnostics systems monitor vehicle operational conditions and transit data between the vehicle and central control, providing real-time operational data to the dispatch center.
- Software can assist in call center operations, dispatching, scheduling. The providers can easily organize this information to aid in the reporting to the major RHST programs.

In addition to providing benefits to the individual transportation service providers, ITS technologies can provide benefits at the state and regional levels as well, including the ability to manage and coordinate several systems and service providers, and facilitate the sharing of technology and information. The design of a regional system provides an excellent opportunity to bring stakeholders together to communicate their needs and desires and to determine technologies and processes to put in place. Noted below is a listing of the current and potential application of these technologies at the local, regional and state level.

Current and Potential Technology Applications in Georgia:

- **Statewide TMCC:** This effort is currently underway. As of July 2011, GDOT procured a calling, scheduling and dispatching software vendor. GDOT, in cooperation with DHS, is working on implementing three pilot projects that will determine how to best implement this software statewide (or regionally) to provide the most efficient RHST operations.

- Region 1 Northwest Georgia:** The City of Rome already has several closed loop systems (electronic wires placed in pavement that indicate the location of traffic) that they monitor from their traffic engineering and maintenance facility. They have the potential to create a joint TCC and TMCC. In addition, Paulding County Transit is under consideration to be one of the three GDOT/DHS TMCC pilot projects. Further, DHS, the City of Rome and Rome Transit funded a swipe card pilot project where the swipe cards were used to record trip data. This pilot clearly showed the benefits of using swipe cards to keep and record customer data. The City of Rome and Rome Transit has received additional funding for a smart card pilot that they will be implementing in the fall of 2011. This pilot project will determine the benefits of using a smart card approach to allow public transportation riders to conveniently pay for a trip and collect trip data more efficiently and accurately.
- Region 2 Georgia Mountains:** The City of Gainesville has several closed loop systems that they monitor from their traffic engineering/maintenance facility. They have the potential to create a joint TCC and TMCC. DHS, Hall County and Hall County Transit funded a swipe card pilot project where the swipe cards were used to record trip data. This pilot also showed the benefits of using swipe cards to keep and record customer data.
- Region 3 Atlanta:** The Atlanta Regional Commission (ARC) studied the TMCC process, but stopped the effort due to sponsor and funding constraints. ARC has placed funding for a TMCC within its Transportation Investment Act unconstrained list that is currently under consideration as of July 2011.
- Region 4 Three Rivers:** The City of Griffin has closed loop systems that they monitor and could potentially create a joint TCC and TMCC. Three Rivers has been selected for a mobility manager pilot which will assess how best to implement a future TMCC within the region.
- Region 5 Northeast Georgia:** The City of Athens has a TCC in operation. Northeast Georgia has been selected for a mobility manager pilot which will assess how best to implement a future TMCC within the region.
- Region 6 Middle Georgia:** The City of Macon has a TCC in operation. Middle Georgia has been selected for a mobility manager pilot which will assess how best to implement a future TMCC within the region.
- Region 7 Central Savannah River Area:** The City of Augusta is working towards full implementation of a TCC. In addition, Columbia County Transit is under consideration to be one of the three GDOT/DHS TMCC pilot projects.

- **Region 8 River Valley:** The City of Columbus is working towards full implementation of a TCC. River Valley has been selected for a mobility manager pilot which will assist how best to implement a future TMCC within the region.
- **Region 9 Heart of Georgia Altamaha:** Given the very rural nature of this region, the GDOT RHST statewide software solution may be helpful in providing useful technology improvements.
- **Region 10 Southwest Georgia:** The Southwest Georgia Regional Commission (SWGRC) has a central call center and uses dispatching software for its DCH Medicaid Non-Emergency Transportation (NET) operations. Public trips are routed to the individual providers directly. SWGRC also coordinates with DHS and the individual providers to provide human services trips. The City of Albany has a TCC in operation. As a potential alternate, the region could locate a TMCC in Albany's proposed multi-modal center. In addition, RHST regional provider MIDS, Inc. has a centralized call center in place and is seeking funding to upgrade its existing software to full TMCC capability.
- **Region 11 Southern Georgia:** The City of Valdosta has a TCC in operation. Further, MIDS, Inc. has a centralized call center in place and is seeking funding to upgrade its software to full TMCC capability.
- **Region 12 Coastal:** The City of Savannah has a TCC in operation. As a potential alternate, the region could locate a TMCC in the proposed multi-modal center. The Coastal Region has a one-call number in place and will be selected as one of the three initial GDOT/DHS TMCC pilot projects.
- **DCH Medicaid NET Regions:** In each of the five NET regions, the brokers (Southeastrans, Logisticare, and SWGRC) all have centralized call centers and full dispatching, scheduling, and reporting systems in place.³⁵

Conclusion

Route scheduling software, also known as computer-assisted scheduling and dispatching (CASD) has been shown to increase efficiencies and lower costs, especially for demand response providers. A paratransit operator in Santa Clara, CA was able to increase the number of shared rides from 38% to

³⁵ GDOT Consultant Team, *State of Art Technology Analysis*, July 14, 2011.

55% and reduce the number of active vehicles in service by 35% after implementing a CASD package. In Winston-Salem, NC the deployment of CASD reduced costs per vehicle mile by 8.5%.³⁶

Georgia does not currently deploy CASD on a statewide basis, though roughly half of the State's 5311 rural transit providers use some form of technology.³⁷ As of July 2011, GDOT is in the process of implementing CASD across all rural transit systems. This will start with the implementation of pilot projects in select regions to determine the best method to launch the software product statewide. Outside of CASD, other technologies are implemented to differing degrees based on the specific region.

³⁶ Dennis L. Goeddel, *Benefits Assessment of Advanced Public Transportation System Technologies Update 2000* (Cambridge, MA: John A. Volpe National Transportation Systems Center, 2000), p.27.

³⁷ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

Federal Funding Limitations

O.C.G.A. § 32-12-5(6)

A review of any limitations which may be imposed by various federally funded programs and how the state can manage within those limitations as it reviews possible sharing opportunities.

Federal Funding Limitations

Perhaps the most significant federal funding limitation is the sheer number of funding sources that drive RHST delivery. Since most sources have differences in client eligibility, trip purposes and reporting requirements, it is not a simple exercise to administer all funding sources together. Yet it is critical to note that there is no known federal law or regulation that precludes federal funding sources from being coordinated.

Perhaps the most difficult federal funding source to work with is the Medicaid NET program. For example, to qualify as a broker, an entity must post a \$1,000,000 letter of credit or performance bond and hold \$5,000,000 in liability insurance. Medicaid brokers also perform a call center function and federal requirements state that 92% of all calls must be answered within two minutes and have less than 2 minutes of talk time.³⁸ Further, once an entity becomes a broker, all trips for eligible clients must be provided, and some Medicaid trips can become lengthy and expensive. For example, if a Medicaid eligible member is referred by a doctor from Camilla to a doctor in Macon, or even Atlanta, the broker must provide that trip.

An additional funding limitation, though not limited to federal funding, is the amount of funding provided versus the identified need for services. Stakeholders have identified throughout the yearlong reporting process that the demand for services outpaces supply and that services are lacking in some parts of the state. The outreach efforts conducted by the GDOT consultant team showed that service gaps exist in every region of the state. This includes gaps created due to service availability, trip eligibility, service area, and hours of operation.³⁹

Working Within Limitations

It is critical to note that there is no known federal law or regulation that precludes RHST federal funding sources from being coordinated. In fact, according to the Coordinating Council on Access and Mobility (CCAM), most federal programs do not impose restrictions on the use of vehicles for consumers of other

³⁸ Coordinated Transit in Southwest Georgia, presented to the Georgia Coordinating Committee for Rural and Human Services Transportation (Dan Bollinger, December 8, 2010).

³⁹ GDOT RHST Plan 2.0, *Needs Assessment Technical Memo (DRAFT)*, p.232.

federally supported programs, provided that such use does not compromise services to their own program participants.⁴⁰ Given that one of the primary goals of coordination is increasing volume on transit vehicles and mixing clients from different programs, this federal guidance demonstrates that substantial progress can be made within the existing federal regulatory framework.

Further, successes across the nation and in Georgia indicate that a significant amount of coordination is possible. One of Georgia's most coordinated regions is the Southwest Georgia Regional Commission (SWGRC). SWGRC has been successful in winning contracts to broker all three of the major RHST funding sources. Clearly, administering Georgia's primary RHST funding sources together is possible.

Conclusion

Coordination is encouraged at the federal level and federal guidance from the entity responsible for increasing federal coordination among human services and public transportation programs indicates that few, if any barriers exist that preclude one of the ultimate goals of coordination, mixing clientele via the shared use of vehicles.⁴¹ However, coordination is not easy. With over 60 federal funding sources, each with their own sets of requirements, coordinating RHST delivery is a challenge for any state. In particular, the federal requirements associated with the Medicaid NET program make coordinating this significant program (59% of all RHST funding in FY 2010) a challenge. Yet, other states, and even regions within Georgia, have shown that coordination can be done and that savings can be achieved. The State of Georgia can manage within those federal impediments that do exist by applying the lessons learned from peer states and regions within the State that have implemented successful coordination models.

⁴⁰ Coordinating Council on Access and Mobility, *Report to the President – Human Service Transportation Coordination*, 2005, p.25.

⁴¹ Coordinating Council on Access and Mobility, *Report to the President – Human Service Transportation Coordination*, 2005.

RHST Program Interaction with Public Transportation

O.C.G.A. § 32-12-5(7)

An analysis of how agency programs interact with and impact state, local, or regional transportation services performed on behalf of the general public through state, local, or regional transit systems.

Human Service Agencies and Public Transportation Systems

Human services transportation trips can have a positive impact on public transit systems. For fixed route systems, HST trips provide an additional source of revenue. For the purchasing human service agency (e.g., DHS, DCH), the cost of a fixed route trip (the public fare) is typically lower than that of a demand response or private provider. An area of emphasis for many states attempting to reduce the costs of human services transportation is to maximize the use of fixed route transit systems.

For demand-response systems (e.g., rural systems on which trips are reserved ahead of time and provided door to door), human services trips are often a substantial portion of total revenues. In Georgia it is currently estimated that as much as 70-80% of ridership on rural transit systems that are coordinating with human services agencies are HST trips.⁴² This is likely why 68.2% of rural transit systems provide at least one type of human services agency trip. This data comes from a 2004 GDOT survey that also revealed that 10.6% of the rural transit providers carried Medicaid NET trips.⁴³ The reason for this discrepancy is not known and will be an area of focus for the 2012 report.

An example of the fiscal impact of HST trips on rural systems comes from the Coastal Regional Commission. In FY 2011, the rural system serving ten counties in the region is projected to receive 47.7% of its total operational costs from DHS and other human service agency fares. In contrast, just under 6% of total operational costs were received from general public fares. Overall, 53.6% of operational costs were paid for through user fares.⁴⁴ This compares quite favorably to the average farebox ratio (percentage of operational costs paid via user fares) nationwide in FY 2009 of 31.8%.⁴⁵

Though there are examples of the positive impact HST programs can have on public transportation systems, stakeholder comments indicate that interactions between human service programs and public transportation systems can at times be problematic. The nature of this relationship will be explored in further detail during the 2012 reporting year.

⁴² Three Rivers Regional Commission, 4/7/11.

⁴³ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

⁴⁴ GDC analysis March 2011, data from Coastal Regional Commission.

⁴⁵ National Transit Database, *National Transit Summaries and Trends for the 2009 National Transit Database Report Year* (Washington DC: Federal Transit Administration, 2010), p.34.

Conclusion

Coordinating human service agency trips with public transportation can be beneficial to both parties, and for this reason, it takes place often throughout Georgia. Over two-thirds of Georgia's rural transit providers provide human service agency trips.⁴⁶ For the human service agency, public transit often offers a low cost structure, or is the only option for service in some parts of the state. For the public transit provider, these trips provide a source of revenue that has been shown to cover almost 50% of operational costs for one rural system in Georgia.⁴⁷ Medicaid trips are less frequently placed on public transit providers, yet the reasons for this have not been fully explored.⁴⁸ The overall interaction between the Medicaid NET program and public transportation will be an area of focus for the 2012 report.

⁴⁶ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

⁴⁷ GDC analysis March 2011, data from Coastal Regional Commission.

⁴⁸ KFH Group, *Evaluation of the Georgia Rural Public Transportation Program (Section 5311)*, April 29, 2004.

Cost Sharing Among Programs

O.C.G.A. § 32-12-5(8)

An evaluation of potential cost sharing opportunities available for clients served by committee agencies so as to maximize service delivery efficiencies and to obtain the maximum benefit on their behalf with the limited amount of funds available.

Cost Sharing Opportunities via Common Cost Allocation Models

The importance of cost-allocation and cost-sharing policies to coordinated transportation programs cannot be underestimated. All participants (and especially funding organizations) must have a common understanding and agree upon a fair way to share the costs of a coordinated system. Without such a methodology prospective funders with a choice may not be inclined to participate in such a system, as there would otherwise be few assurances that these sponsors' funding is not being used to cross subsidize another sponsor's trips. This is why most coordinated systems, and a few states, have developed some policy or practice to split or apportion the cost of providing shared service to customers sponsored by different organizations. At this time, no such model exists in Georgia.

Note that cost-sharing applies more to dedicated service, where a vehicle is exclusively used in the coordinated system for a certain period of time during the day, and less to non-dedicated service providers (such as taxis and most volunteer drivers), which are used to augment the dedicated service and typically provide exclusive rides. Also, it is important that a state-wide cost allocation and cost sharing policy/model be flexible enough to accommodate regional differences and an array of common rate structures, both for invoicing agencies and paying service providers.

A statewide, rather than region-by-region policy for cost-sharing makes sense for two practical reasons:

- **Agency Buy-In:** Rather than have each region develop its own model, it makes sense to have a model that has been approved by each state level funding partner. This will also facilitate any state agency auditing that may be required. Conversely, if each lead regional coordinating entity has its own way of cost-sharing, it will be a challenge for state officials to validate the accuracy of costs.
- **Software Support:** GDOT is in the process of a software system procurement to support coordinated paratransit and mobility management. It would be easier and less costly for the software vendor to develop/support one cost allocation/cost sharing approach as opposed to 12 different approaches (one for each of the 12 regions).⁴⁹

⁴⁹ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.19.

Examples of Statewide Common Cost Allocation Methodologies

Both Florida and North Carolina have a statewide model that is used by regional/local coordinated systems to develop a unit cost and rate pertinent to each sponsoring agency. These are described below. New Hampshire is also currently considering the adoption of a statewide model.

- **Florida.** Florida's statewide cost allocation model is based on grant accounting principles used in the Transportation Disadvantaged Program. The method is built upon three years of both historical and projected budget data, and provides fully allocated rates with local ability to adjust rates at specified times.
- **North Carolina.** In North Carolina the statewide cost allocation model is based on grant accounting principles used for the Coordinated Transportation Program, and is built upon historical data (from an analysis of service) and projected budget data. The end product is a fully allocated rate for demand-responsive service, noting that there is a local ability to adjust the rate based on subsidy considerations.

Both of these similar models enables a lead regional coordinating entity or service provider to (1) itemize all of its costs; (2) apportion those costs to each funding sponsor based on historic ridership of that sponsor and the extent to which those trips are co-mingled with trips sponsored by other organizations; and (3) develop a unit cost per each sponsor (e.g., a rate per trip, per hour, vehicle mile, or passenger mile) for invoicing purposes. Either the Florida or North Carolina cost allocation/cost sharing model could be adopted by the State of Georgia. This alone should eliminate any issues that state agencies have about cross-subsidization.⁵⁰

Conclusion

Mixing clients from different RHST funding programs is a key end goal of coordination because of the efficiencies that can result. However, without a cost-sharing or cost-allocation approach, there is no guarantee that human service agencies will be able to take the steps necessary to capture the efficiencies gained by this increase in vehicle utilization. A cost-sharing model also ensures that each funding agency or program pays its fair share and does not cross-subsidize clients from other programs. In summary, a cost sharing model ensures fairness and allows state agencies recoup the benefits of a coordinated system.⁵¹ At present there is no such cost-sharing policy or model in Georgia. GDOT has offered a statewide cost-sharing model as a potential pilot project and it is included as a recommendation at the end of this report.

⁵⁰ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.20.

⁵¹ GDOT RHST Plan 2.0, *Alternatives Analysis Technical Memo (DRAFT)*, p.19.

Analysis of Methods to Reduce Costs

O.C.G.A. § 32-12-5(9)

An analysis of possible methods to reduce costs, including, but not limited to, greater use of privatization.

Previous sections in this report analyze many methods that can be employed to reduce costs. At this time, no additional methods to reduce costs have been analyzed. Below is an assessment of the current status of privatization in Georgia.

Privatization in RHST Delivery in Georgia

As part of the Georgia Department of Transportation (GDOT) RHST Plan 2.0 study, the consultant team gathered privatization information within each of the major RHST programs from the big three state transportation agencies (DHS, DCH and GDOT). The consultant team used this information to provide an overall estimate of privatization in RHST delivery in the State. The project team developed these percentages using the number of public and quasi-public entities versus the number of private entities providing service within each program area. To check the validity of the numerical approach, the team also compared payments to each DHS service provider, using DHS provider payment information. After comparing the results, the two approaches yielded nearly identical percentages (less than 1% difference). From this it is expected, that at least for the DHS program, using the number of RHST providers to assess the status of privatization (rather than the payments made) offers an accurate overall assessment of privatization in the State. Table 2 below, shows that the level of privatization differs between the big three agencies with GDOT's rural public transportation system relying the least on private providers (40% of all providers are private entities) and DCH relying the most on private providers (89% of DCH's providers are private).

Table 2: RHST Privatization in Georgia

Major RHST Programs	Percentage of Private Entities	Percentage of Public & Quasi-Public Entities
GDOT	40%	60%
DHS	57%	43%
DCH- Brokers	63%	37%
DCH - Providers	89%	11%

Source: GDOT Consultant Team, RHST Current Privatization by Program, July 14, 2011.

Conclusion

Previous sections in this report analyze many methods that can be employed to reduce costs. At this time, no additional methods to reduce costs have been analyzed. An analysis of the status of privatization in RHST delivery shows that in terms of the total number of participating providers, 40% to 89% are private sector entities. The lower end of privatization occurs in GDOT's rural transit providers of which 40% are private entities. Meanwhile, 57% of DHS's transportation providers are private while 89% of DCH's are. Clearly, private providers play a key role in Georgia's RHST delivery system. An assessment of whether a greater use of privatization could help reduce costs will take place during the 2012 reporting year.

Recommendations

The recommendations provided below are derived from GDOT's RHST Plan 2.0. They have been summarized and can be reviewed in greater detail once the RHST Plan 2.0 is finalized by GDOT. It is recommended that the reader refer periodically to the GDOT website for updated information.

Overview of GDOT Recommendations

The recommendations below include a mix of actions that should take place at the state level and regional level in recognition of the dual efforts required at each level to increase coordination. State level strategies refer to direction or guidance the State of Georgia can take to ensure coordination requirements are established and implemented consistently throughout the state. Regional level strategies refer to steps that can be taken at the regional level, recognizing that each region is unique and these regions vary in their current state of coordination.⁵²

Both the state level and regional level recommendations include the formation of coordinating councils with mobility managers to staff them. It is important to note that these recommendations are not intended to create an additional level of administration, nor additional costs. For example, the coordinating council at the state level would (largely) consist of staff from agencies that currently administer RHST delivery. The state mobility manager is expected to be paid for with current RHST funds, thus representing a repurposing of existing funding, not an infusion of new funding. Further, the proposed regional community transportation coordinators are envisioned to be regional commissions and would be directed by existing regional commission leadership. Regional mobility managers are also expected to be paid for through existing RHST funding streams.

This proposed coordination infrastructure is similar to other states that are considered successes in RHST coordination. Based on information provided by the GDOT consultant team, it is expected that the proposed coordination infrastructure will help the state lower its costs of service delivery and maintain or improve levels of service. This is due to the fact that coordinating councils at both the state and regional level make the joint management of resources possible; resources that are currently managed independently by each of the big three administrative agencies. Anecdotal evidence from peer states indicates that the joint management of resources helps lead to the creation of economies of scale in administration and the provision of services (among other benefits), both of which lead to more cost-effective service delivery. For a summary of the outcomes expected of each recommendation, please refer to Appendix D.

⁵² GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.1.

GDOT State Level Recommendations – Short Term

GDOT's long term recommendations anticipate the establishment of an RHST Office, led by a State Coordinating Council (SCC) and staffed by a state level mobility manager. The recommended short term structure would create an RHST Office to facilitate the recommended SCC which in the interim would be constituted by the existing HB 277 RHST Advisory Subcommittee and expanded to include broader representation by entities and organizations with a stake in the provision and use of public transportation services. The State RHST Office would be the entity for whom the State Mobility Manager works and the entity that sponsors the SCC. In the interim, the existing RHST consulting team will be used to facilitate the transition, provide technical assistance and function as and train the State Mobility Manager that is hired.⁵³

GDOT State Level Recommendations – Long Term

The following represent long term recommendations on RHST governance and projects that the GDOT study identifies as work items for the State Coordinating Council and/or State Mobility Manager.

- The State should designate an RHST Office and state-level mobility manager;
- The State should create an authorized body (the proposed State Coordinating Council) to facilitate coordination of programs and requirements of GDOT, DHS, DCH, etc;
- Empower Regional Commissions to become Regional Mobility Managers through adoption of an RHST infrastructure;
- Delineate uniform boundaries for multiple program service areas consistent with Regional Commission boundaries and the DHS boundaries;
- Develop streamlined and consistent reporting/program requirements across programs while fulfilling federal requirements;
- Develop a standardized set of program policies and procedures across programs while fulfilling federal requirements;
- Establish a common cost allocation methodology across programs;
- Develop consistent contracts and contracting process for third party operators;
- Allow greater flexibility to bundle program and non-program funds for transportation;
- Provide technical support in the form of scheduling software (this is currently being accomplished through an effort by the DOT); and
- Provide technical support to the Regional Commissions.⁵⁴

⁵³ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.11.

⁵⁴ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.12-13.

Regional Level Recommendations

An RHST Mobility Manager or Regional Community Transportation Coordinator (RCTC) approach has been selected for implementation at the regional level. It is proposed that a Regional Coordinating Council (RCC) be created for each Regional Commission to serve the purpose similar to the SCC at the State level. The RCC would be the body of representatives engaged at the regional level in the RHST programs and services and will function through the RCTC. At this point it is recommended that the RCTC be the Regional Commission.

A Mobility Manager (at the regional level) would be the lead staff person who provides operational, administrative and financial oversight in mobility management functions.⁵⁵ The RCTC would be designated by the Regional Coordination Council (RCC) in conjunction with the State Coordination Council (SCC) or RHST Office. This Regional Mobility Manager/RCTC would be the focal point of organizing the coordination of RHST service delivery in the region.⁵⁶

GDC Comments on GDOT RHST Plan 2.0 Recommendations

GDC staff supports the above recommendations with the following additional stipulations:

- All GDOT RHST Plan 2.0 recommendations should have clearly identified outcomes. Such outcomes should be connected to:
 - Increased cost-effectiveness in RHST delivery; and
 - Maintained or improved levels of service.
- State Coordinating Council (SCC) and State Mobility Manager:
 - The objectives and success of the State Mobility Manager/SCC should be stated and understood and should be connected to increased cost effectiveness in RHST delivery and a maintenance or improvement in levels of service;
 - The objectives and success of the State Mobility Manager should be defined by the SCC;
 - The SCC should clarify who leads meetings, sets agendas, and how decisions are made, including how direction is provided to the State Mobility Manager; and
 - Projects of the State Mobility Manager/SCC should be prioritized based on ability to achieve objectives and should have a date certain for completion.
- Recommendations of the State Coordinating Council:
 - Policy recommendations necessitating legislative changes or executive orders should be routed through the RHST Committee for consideration in their annual report. The purpose is to avoid two sets of recommendations to the Governor's Office of Planning and Budget.

⁵⁵ Because the size of regional commissions differ significantly, some regions may need more mobility management resources than others. This will be a point of discussion for the Advisory Subcommittee moving forward.

⁵⁶ GDOT RHST Plan 2.0, *Implementation Plan, (DRAFT)*, p.14.

Appendix A

Key Federal Programs with Transportation Components

Office/Administration	Programs with Major Transportation Components	Primary Transportation Services Funded
Department of Health and Human Services		
Centers for Medicare & Medicaid	Medicaid	Medical Trips
Administration on Aging	Grants for Supportive Services and senior centers. aka: OAA, Title III, Part B	Contract for Services
	Program for American Indian, Alaskan Native, and Native Hawaiian Elders	Purchase and operate vehicles
Administration for Children and Families	Community Service Block Grants	Taxi Vouchers, transit tokens/passes
	Social Services Block Grants	Any transportation use
	Head Start	Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies
	Temporary Assistance for Needy Families (TANF)	Any transportation use to accomplish a purpose of the TANF program and the allowable matching portion of JARC grant
	Refugee and Entrant Assistance Discretionary Grants	Transit passes
	Refugee and Entrant Assistance State Administered Programs	Transit passes
	Refugee and Entrant Assistance Targeted Assistance	Transit passes
	Refugee and Entrant Assistance Voluntary Agency Programs	Transit passes
	Developmental Disabilities and Protection and Advocacy Systems	Transportation projects or collaborate in improving transportation for people with disabilities
	Developmental Disabilities Projects of National Significance	Transportation information, feasibility studies, planning
Child Care and Development Fund	Very restricted purposes only. Rarely used	
Health Resources and Services Administration	Rural Health Outreach, Rural Health Network, Development Program	Purchase vehicles. Transit tokens
	Community Health Centers	Bus tokens. Transportation coordinators and drivers
	Healthy Communities Access Program	Improve coordination of transportation

Office/Administration	Programs with Major Transportation Components	Primary Transportation Services Funded
	Healthy Start Initiative	Transit tokens. Mileage reimbursement
	HIV Care Formula Grants	Transit tokens. Vehicle purchase by providers. Mileage reimbursement
	Maternal and Child Services Grants	Any transportation related use
Substance Abuse and Mental Health Services Administration	Community Mental Health Services Block Grant	Any transportation related use
	Substance Abuse Prevention and Treatment Block Grant	Any transportation related use
Department of Education		
Office of Elementary and Secondary Education	21st Century Community Learning Centers	Contract for service.
Office of Innovation and Improvement	Voluntary Public School Choice	Contract for service. Purchase and operate vehicles. Hire bus drivers and transportation directors, training for bus drivers.
Office of Special Education and Rehabilitation	Assistance for Education of All Children with Disabilities	Contract for service. Purchase and operate vehicles
	Centers for Independent Living	Referral, assistance, and training in the use of public transportation
	Independent Living Services for Older Individuals Who Are Blind	Referral, assistance, and training in the use of public transportation
	Independent Living State Grants	Referral, assistance, and training in the use of public transportation
	Supported Employment Services for Individuals with Most Significant Disabilities	Transit subsidies for public and Private transportation. Training in the use of public transportation
	Vocational Rehabilitation Grants, Title I	Transit subsidies for public and Private transportation. Training in the use of public transportation
Department of Labor		
Employment and Training Administration	Job Corps	Transit tokens
	Senior Community Service Employment Program, Title V	Reimbursement to access employment
	Work Incentive Grants	Encourage collaboration with transportation providers
	Workforce Investment Act Adult Services Program	Reimbursement and transit tokens
	Workforce Investment Act Youth Activities	Transit tokens
	Workforce Investment Act Dislocated Worker	Transit tokens
	Native American Employment and Training	Reimbursement and transit tokens
	Trade Adjustment Assistance –Workers	Reimbursement and transit tokens
	Migrant and Seasonal Farmworker	Reimbursement
Veterans Employment and Training Services	Homeless Veterans' Reintegration Project	Transit tokens
	Veterans' Employment Program	Transit tokens. Minor repairs to vehicles
Department of Transportation		
Federal Transit Administration	3038: Capital and Training Assistance Program for Over-the-Road Bus Accessibility	To make vehicles wheelchair accessible and Training required by ADA
Federal Transit Administration	5303: Metropolitan Transportation Planning Program	Transportation Planning
	5304: Statewide Transportation Planning Program	Transportation Planning
Federal Transit Administration	5307: Urbanized Area Formula Program	Capital assistance, some operating assist. for public transit, including paratransit services, in urbanized areas

Office/Administration	Programs with Major Transportation Components	Primary Transportation Services Funded
	5308: Clean Fuels Program	Eligible projects such as the purchase or lease of clean fuel buses used in revenue service or projects relating to clean fuel, biodiesel, hybrid electric, or zero emissions technology buses that exhibit equivalent or superior emissions reductions to existing clean fuel or hybrid electric technologies
	5309: Major Capital Investment Program and Fixed Guideway Modernization Program	Capital projects to modernize or improve existing fixed guideway systems
Federal Transit Administration	5309: Bus and Bus Facility Program	Purchase of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transportation centers, intermodal terminals, park-and-ride stations, acquisition of replacement vehicles, bus rebuilds, bus preventive maintenance, passenger amenities and miscellaneous equipment.
	5310: Capital Assistance Program for Elderly Persons and Persons with Disabilities	Contract for services. Assistance in purchasing vehicles
	5311: Nonurbanized Area Formula Program	Capital, operating, and administrative expenses for public transportation projects that meet the needs of rural communities
	5311(b)(3) Rural Transit Assistance Program	Support nonurbanized transit activities in four categories: training, technical assistance, research, and related support services.
Federal Transit Administration	5316: Job Access and Reverse Commute	Support projects that transport low-income individuals to and from jobs and activities related to employment, and for reverse commute projects.
	5317: New Freedom Grant Program	Support new public transportation services and new public transportation alternatives beyond those required by the American with Disabilities Act of 1990 (ADA), that are designed to assist individuals with disabilities.
	5339: Alternatives Analysis	Conducting alternatives analyses when at least one of the alternatives is a new fixed guideway systems or an extension to an existing fixed guideway system.
	5340: Growing States and High Density State Formula Program	To apportion additional funds to 5307 & 5311
Department of Housing and Urban Development		
Office of Community Planning and Development	Community Development Block Grant	Purchase and operate vehicles
	Housing Opportunities for Persons with AIDS	Contract for service
	Supportive Housing Program	Transit tokens. Purchase and operate vehicles

Office/Administration	Programs with Major Transportation Components	Primary Transportation Services Funded
Office of Public and Indian Housing	Revitalization of Severely Distressed Public Housing	Contract for service. Transit tokens
Department of Veterans Affairs		
Veterans Benefits Administration	Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces	Purchase of personal vehicles. Modifications of vehicles
Veterans Health Administration	VA Homeless Providers Grant and Per Diem Program	Van Purchase
	Veterans Medical Care Benefits	Contract for service. Reimbursement
Food and Nutrition Service	Food Stamp and Employment and Training Program	Reimbursement or advanced payment for gasoline expense or transit fare

Appendix B

Primary RHST Programs and Funding, FY 2010

Administrating Agency/Federal Program	Total Funding FY 2010	Total by Agency
Department of Community Health		
Medicaid NET & ETS	\$80,869,986	\$80,869,986
Department of Human Services		
Title XX – SSBG (for DBHDD)*	\$11,202,571	\$30,056,934
TANF	\$6,297,622	
Section 5310 – Elderly and Disabled	\$4,158,770	
Revenue Contracts	\$3,900,511	
Title XX – SSBG	\$2,667,342	
Title III-B – Older Americans Act	\$1,045,976	
Title I – Vocational Rehabilitation Grant Program (for DOL)*	\$484,011	
Traditional Services Support Funds	\$211,269	
Community Based Funds	\$88,862	
Department of Transportation		
5311 Non-Urban Transit/Other**	\$15,552,595	\$26,853,058
Section 5316 – JARC	\$6,075,852	
Section 5317 – New Freedom	\$5,224,611	
TOTAL	\$137,779,978	
<i>Source: GDOT Needs Assessment, p.50-51, unless otherwise noted</i> <i>* Source: DHS, 2/9/11</i> <i>** Source: GDOT Needs Assessment & 3/24/11 presentation</i>		

Appendix C

RHST Committee Enabling Legislation

SECTION 4.

Said title is further amended by adding a new chapter to read as follows:

"CHAPTER 12

32-12-1.

The General Assembly finds that there exist a number of programs designed to provide rural and human services transportation and that frequently these services are provided over large geographic areas through various funding sources which are frequently targeted to narrowly defined client bases. The sheer number of such programs lends itself to a need for coordination among the programs and agencies which implement them so as to best assist economies in purchasing equipment and operating these many programs, to better serve the taxpayers of the state in ensuring the most cost-effective delivery of these services, and to best serve the clients utilizing the transportation services provided through these programs.

32-12-2.

There is created the Georgia Coordinating Committee for Rural and Human Services Transportation of the Governor's Development Council.

32-12-3.

The Georgia Coordinating Committee for Rural and Human Services Transportation and its advisory subcommittees shall meet not less often than quarterly. Administrative expenses of the committee shall be borne by the Governor's Development Council. The members of the committee shall receive no extra compensation or reimbursement of expenses from the state for their services as members of the committee.

32-12-4.

The Georgia Coordinating Committee for Rural and Human Services Transportation shall establish the State Advisory Subcommittee for Rural and Human Services Transportation which shall consist of the State School Superintendent and the commissioners of the Department of Transportation, Department of Human Services, Department of Behavioral Health and Developmental Disabilities, Department of Community Health,

Department of Labor, the Governor's Development Council, and the Department of Community Affairs or their respective designees. The commissioner of transportation or his or her designee shall serve as chairperson of the State Advisory Subcommittee for Rural and Human Services Transportation. The Georgia Coordinating Committee for Rural and Human Services Transportation may also establish such additional advisory subcommittees as it deems appropriate to fulfill its mission which shall consist of a representative of each metropolitan planning organization and representatives from each regional commission in this state and may include other local government representatives; private and public sector transportation providers, both for profit and nonprofit; voluntary transportation programs representatives; public transit system representatives, both rural and urban; and representatives of the clients served by the various programs administered by the agencies represented on the State Advisory Subcommittee for Rural and Human Services Transportation. Members of advisory committees shall be responsible for their own expenses and shall receive no compensation or reimbursement of expenses from the Georgia Coordinating Committee for Rural and Human Services Transportation, the State Advisory Subcommittee for Rural and Human Services Transportation, or the state for their services as members of an advisory committee.

32-12-5.

The Georgia Coordinating Committee for Rural and Human Services Transportation shall examine the manner in which transportation services are provided by the participating agencies represented on the committee. Such examination shall include but not be limited to:

- (1) An analysis of all programs administered by participating agencies, including capital and operating costs, and overlapping or duplication of services among such programs, with emphasis on how to overcome such overlapping or duplication;
- (2) The means by which transportation services are coordinated among state, local, and federal funding source programs;
- (3) The means by which both capital and operating costs for transportation could be combined or shared among agencies, including at a minimum shared purchase of vehicles and maintenance of such vehicles;
- (4) An analysis of those areas which might appropriately be consolidated to lower the costs of program delivery without sacrificing program quality to clients, including shared use of vehicles for client trips regardless of the funding source which pays for their trips;

- (5) An analysis of state of the art efforts to coordinate rural and human services transportation elsewhere in the nation, including at a minimum route scheduling so as to avoid duplicative trips in a given locality;
- (6) A review of any limitations which may be imposed by various federally funded programs and how the state can manage within those limitations as it reviews possible sharing opportunities;
- (7) An analysis of how agency programs interact with and impact state, local, or regional transportation services performed on behalf of the general public through state, local, or regional transit systems;
- (8) An evaluation of potential cost sharing opportunities available for clients served by committee agencies so as to maximize service delivery efficiencies and to obtain the maximum benefit on their behalf with the limited amount of funds available; and
- (9) An analysis of possible methods to reduce costs, including, but not limited to, greater use of privatization.

32-12-6.

No later than July 1 of each year, the Governor's Development Council shall submit the preliminary report of the Georgia Coordinating Committee for Rural and Human Services Transportation to the members of the State Advisory Subcommittee for Rural and Human Services Transportation. Comments and recommendations may be submitted to the Governor's Development Council for a period of 30 days. No later than September 1 of each year, the Governor's Development Council shall submit a final report to the Governor's Office of Planning and Budget for review and consideration. The report shall address each of the specific duties enumerated in Code Section 32-12-5 and such other subject areas within its purview as the Governor's Development Council shall deem appropriate. Each report shall focus on existing conditions in coordination of rural and human services transportation within the state and shall make specific recommendations for means to improve such current practices. Such recommendations shall address at a minimum both their cost implications and impact on client service. No later than January 15 of each year, the Governor's Office of Planning and Budget shall submit the final report of the Governor's Development Council and any affiliated budget recommendations to the presiding officers of the General Assembly, with copies of said report sent to the chairpersons of the transportation committees, the appropriations committees, and the health and human services committees of each chamber of the General Assembly."

Appendix D

Benefits and Outcomes of GDOT Recommendations

Recommendations	Benefits	Outcomes
Unified reporting manual	Lowers administrative costs for agencies and providers by reducing the resources required for program compliance.	Increased cost effectiveness
Uniform cost-allocation/cost-sharing model	Consistent trip tracking and trip costs across programs. Eliminates duplication of trips across systems, eliminates duplicative and inconsistent billing practices, and streamlines accounting practices. A consistent payment policy allows providers to operate in areas that may currently be underserved.	Increased cost effectiveness Improvement in LOS
Broadened, permanent SCC	Platform to identify and address cross-program issues and to develop coordinated solutions and coordinated programs addressing cross-agency needs.	Increased cost effectiveness Improvement in LOS
Implement a coordinated infrastructure design	Creates economies of scale to lower administrative costs, reduce administrative burdens, eliminate duplication of services through complimentary trip matching, leverage funding, and develop consistent data tracking for all transit programs for future benchmarking.	Increased cost effectiveness Improvement in LOS
One point telephone number/call center	Transit information available in one place for the consumer.	Improvement in LOS
Provide technical assistance to regions	Creates economies of scale at the regional level to lower administrative costs, reduce administrative burdens, eliminate duplication of services through complimentary trip matching, leverage funding, and develop consistent data tracking for all transit programs for future benchmarking.	Increased cost effectiveness Improvement in LOS
Create an educational and awareness campaign	Educate state and regional constituents on RHST, current challenges and issues, and what can be achieved through coordination to develop champions for implementing the coordinated infrastructure design.	Increased cost effectiveness Improvement in LOS
Identify local financial support	Better leverage funds to maximize resources and ensure sustainability of the program.	Increased cost effectiveness
Uniform boundaries for agency programs	Allows providers to serve multiple programs and combine trips to avoid duplication of services. Opportunity to introduce providers to areas of the state that are currently underserved due to limited providers.	Increased cost effectiveness Improvement in LOS
Develop consistent contracts and contracting processes for third party operators	Lowers administrative costs for providers, allows providers to serve multiple programs with consistent rules, and facilitates the combination of trips onto the same vehicles to avoid duplication of services. Opportunity to introduce providers	Increased cost effectiveness Improvement in LOS

	to areas of the state that are currently underserved due to limited providers.	
Provide technical support in the form of scheduling software	Complimentary trips easily combined to avoid duplication of services. Streamlined reporting and consistent data tracking lowers administrative costs.	Increased cost effectiveness Improvement in LOS
The State should designate an RHST Office and state-level mobility manager	Creates economies of scale to lower administrative costs, reduce administrative burdens, eliminate duplication of services through complimentary trip matching, leverage funding, and develop consistent data tracking for all transit programs for future benchmarking. Establishes an impartial, dedicated resource at the state level.	Increased cost effectiveness Improvement in LOS
Regional Mobility Management / Regional Coordinating Council to serve a parallel purpose to the SCC at the State level.	Creates economies of scale at the regional service-delivery level to lower administrative costs, reduce administrative burdens, eliminate duplication of services through complimentary trip matching, leverage funding, and develop consistent data tracking for all transit programs for future benchmarking. Provides a platform to identify and address cross-program issues and to develop coordinated solutions and coordinated programs addressing cross-agency needs. Provides a centralized resource at the service-delivery level.	Increased cost effectiveness Improvement in LOS
Develop a standardized set of program policies and procedures across programs while fulfilling federal requirements	Lowers administrative costs for agencies and providers by reducing the resources required for program compliance.	Increased cost effectiveness
Allow greater flexibility to bundle program and non-program funds for transportation;	Better leverage funds to maximize resources and ensure sustainability of the program.	Increased cost effectiveness Improvement in LOS

Source: GDOT Consultant Team, 6/1/11.