



HOUSTON-GALVESTON AREA COUNCIL

PO Box 22777 • 3555 Timmons Lane, Suite 120 • Houston, Texas 77227-2777 • 713/627-3200

September 29, 2006

Mr. Kelly Kirkland
Public Transportation Division
Texas Department of Transportation
125 East 11th Street
Austin, TX 78701-2483

Re: Barriers and Constraint Report

Dear Mr. Kirkland:

Please find enclosed a copy of the Barriers Constraints and Opportunities Report for the 13-County Texas Gulf Coast Planning Region, which includes the following counties: Harris, Montgomery, Walker, Liberty, Chambers, Brazoria, Galveston, Fort Bend, Austin, Colorado, Waller, Matagorda, and Wharton.

The report represents information received through various mediums including public meetings, focus groups and surveys. The Houston-Galveston Area Council (H-GAC) in cooperation with the Regional Public Transportation (PTN) Coordination Steering Committee hosted 18 public meetings throughout the region that included 350 participants. Additional public comment was gathered through 12 focus groups conducted by the Texas Citizens' Fund under a separate contract with the United Way of the Texas Gulf Coast. The focus groups included more than 115 participants. More than 5,000 completed survey forms were received in response to the three (3) surveys that were distributed - one for consumers (the general public), one for employers, and one for health and human service provider agencies.

The top barriers to regional coordination planning in the Houston-Galveston region are: 1) State and federal rules and regulations, and 2) funding issues. The top constraints to coordination for the region include: 1) information sharing and communication and 2) emergency evacuation issues. Details regarding each barrier and constraint are outlined in the report. Also, in the report we have identified the opportunities as possible solutions to each barrier and constraint.

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We thank you for the opportunity to work with the Texas Transportation Commission on such an important initiative and we look forward to our future collaboration(s) to identify solutions to improve public transportation in Texas and in particular, the 13-County Gulf Coast Region.

Sincerely,

A handwritten signature in black ink that reads "Alan C. Clark". The signature is written in a cursive style. To the right of the signature is a vertical red line.

Alan C. Clark
MPO Director

cc: Steve Howard, H-GAC
Carol Nixon, TxDOT-Houston District

Enclosure

ACC/kjh

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Coordination of Public Transportation
BARRIERS CONSTRAINTS OPPORTUNITIES REPORT
submitted to TxDOT-PTN Division

From the Houston-Galveston Area Council
For the 13-County Texas Gulf Coast Planning Region

September 29, 2006



INTRODUCTION

Barriers and constraints to coordination reported herein were derived from public outreach and steering committee activities to date within the Gulf Coast region. Items and issues listed represent real experiences as well as perceptions reported by those attending public meetings and responding to associated surveys. In addition the United Way of the Texas Gulf Coast and Texas Citizen Fund conducted focus group meetings and extensively distributed surveys working with numerous social service agencies. Most of the responses derived from community outreach were consumer-oriented and much of their focus is related to the delivery and experience of transportation services.

Service-oriented comments dealt with level of service, responsiveness, and direct customer service issues, such as need for travel companions and door-to-door assistance. These comments require an additional level of interpretation to determine what the actual coordination barriers and constraints may be that contribute to individual customer service issues. Where these comments could be directly associated with a particular barrier or constraint to coordination, they have been so placed. Otherwise they will be reported with survey and public meeting summaries subsequently in conjunction with developing the regional plan and addressing service gaps of all types.

This report also reflects input from the Texas Gulf Coast Regional PTN Coordination Steering Committee. The committee includes transit operators, social service agencies, and governmental representatives, who are familiar with the day-to-day challenges and underlying factors contributing to many of the barriers and constraints.

Individual items have been grouped into categories where the underlying causes may be interrelated. Although the local steering committee has not formally ranked or prioritized the items included in this report, initial discussions have indicated that the rules and regulations category as well as the communications category are very important. Some service-related comments are listed to provide a better sense of the user frustrations that must be addressed as the end product of all transportation improvement endeavors.

Success stories and activities that seem to be heading in a successful direction are also reported although more input and research is needed. These are candidates for continuation strategies and further refinement. They may become examples for other regions and launching pads for other local initiatives. Finally some activities are listed that may serve as the basis for pilot projects in later phases of the coordination study either to correct deficiencies or to expand upon successes. Forms suggested by TxDOT are included to report on key individual or groups of barriers, constraints, and best practices.

BARRIERS

Rules and regulations are seen as the most serious barriers to coordination. For the most part, programmatic guidelines are the basis for how each agency operates its transportation services and deals with its passengers. Strict adherence to rules and regulations is often linked to continued funding and legislative intent. In most instances, programs are established to address very specific needs. Very specific and limiting rules help ensure that the targeted intent is met. Periodic review and re-evaluation will help ensure that at the same time, efficiencies are realized, opportunities are not lost, and (most importantly) that community needs are met.

1. The VA requires its drivers to travel directly from point A to point B and back with no intermediate stops. This does not allow for VA vehicles to pick up anyone, even other eligible veterans located along their intended route. For example, veterans located in Chambers County who need transportation to Texas Medical Center (TMC) in Houston cannot be picked up by VA vehicles traveling from Beaumont to TMC, even though they are in the same category of eligibility, transported by the same agency, and are directly on the route along I-10. It is commendable that services are available and it is understandable (especially for large statewide or national programs) that simplification of operations (point to point services) also simplifies accountability, reporting, and basic transportation service delivery. However, the overall observation from a macro viewpoint is that flexibility, attention to broader human needs, and efficiencies may be overlooked.
2. Trip chaining is not allowed by Medicaid, Veterans Administration (VA), and other providers; meaning that users must go from their origin to their destination and then back to the origin. Sometimes they can be taken to a third location but not back to the origin (which would be home for many individuals). In practice a rider could be dropped off at a store after a doctor's appointment but must, then, find another method of transportation back home.
3. Regulations that are applied to vehicles can limit sharing between agencies and services. One example is school buses that sit idle much of the day and on weekends but cannot be used for senior services because they lack seat belts or have other funding-oriented limitations.
4. Medicare offers no transportation benefits; however, many of the beneficiaries are in need of transportation to and from medical facilities. Those who may qualify for Medicaid transportation have to deal with a second agency, adding to the complication and confusion. In a similar vein, Harris County Hospital District offers medical care programs that do not include transportation benefits to target groups most in need of transportation services to access the medical care.
5. Medicare Managed Care plans limit the number of medical trips a beneficiary can receive annually. Seniors are sometimes forced to ration medical service visits to match the transportation limits. In some instances there are alternative transportation services available to supplement their need but few are knowledgeable about all of the options.

6. Users report that they do not see flexibility by Medicaid transportation providers coordinating with other services, such as facilitating transfers to fixed-route transit and taxi-voucher programs.
7. The current split of Medicaid health and transportation services between two agencies increases the problem of effective communication of benefits and regulations to the user groups. This can be improved through many forms of effective communications and information dissemination.
8. Regulations applied to drivers (testing, insurance, background check, etc.) are needed for purposes of safety, security, and good service delivery. However, they can also result in several situations that hinder coordination. It can be difficult and costly to find, train, and retain drivers. Finding volunteers who meet these criteria can be difficult or impossible. Many potential volunteers do not want to devote the extra time to becoming qualified.
9. Various aspects of insurance and indemnification are barriers to coordination and vehicle sharing in many instances. Some activities and providers have been helped with previous legislative actions with regard to tort reform. However, extending protections and applicability to private providers needs additional attention, keeping in mind that the safety and protection of the passengers is paramount.
10. City licensing of taxis often prohibits them from operating outside city limits. This, in turn, inhibits use of taxis to supplement other transportation providers for intercity or inter-county trips.
11. Recent regulations require that older gasoline powered public transit vehicles be replaced with those using alternative fuels. However, these are not widely available, are more costly to purchase, have a poor reliability record, and the fuels themselves may not be uniformly available throughout the region. This places a hardship on the originating agency and makes sharing vehicles even more complicated.
12. Data management and record-keeping requirements often act as inhibitors to sharing transportation services with other agencies while ensuring that all information is recorded properly and transferred.
13. Many providers in the Gulf Coast region can offer services only within their county making inter-county trip coordination difficult.

Funding issues often are the most difficult barriers to coordination because of closely guarded existing funding resources, unfunded mandates, and/or a perception that coordination will result in additional burdens that will increase overall agency costs.

1. Sales tax is the primary local funding source for many transit agencies. The statewide cap on sales tax significantly limits the capacity and political viability of using this source in new services or expanded service areas.
2. Neither urban nor rural formula funds for transit have automatic checks and balances to ensure that services are provided throughout the area for which the funds are designated.

3. Projects that are funded with demonstration grants (funds intended to “jump start” new services) generally have a three-year life. Often the funding resources may run out before service has had an opportunity to establish good ridership. These types of social services transportation require a longer development period.
4. Financial and other resources that are potentially available for transportation purposes are not known and/or collectively used or maximized.
5. There is a perception that the majority of funding goes to the larger cities in the region, mainly Houston. Small urban and rural funding programs do exist and perhaps factors should be included in funding formulas that give greater weight to average trip distances and scarcity of jobs and services within the immediate vicinity. There are areas in which application of the transportation needs index approach may be another useful means of highlighting the needs and pointing to the areas where creative solutions can be focused.
6. A concern has been expressed that recent changes in Medicaid transportation delivery and funding formulas for several federal transit programs may lead to lack of flexibility and sensitivity to the needs of individual regions. The regional coordination plans, developed with state agency participation, will help each region evolve its own unique plan with mechanisms to communicate back to agencies and legislators the needed statewide variations.
7. It may be very costly to share vehicles with other agencies because of insurance requirements. Insurance rates often increase when multiple persons, including volunteers, are required to be covered by a single policy. There have been some insurance initiatives, but they are not fully known and understood by all agencies and may not apply equally to public and private agencies.
8. Business owners are often inconsistent in their support for public transportation. For example, in the Economic Development Survey a majority of employers believe their employees would benefit from a vanpool program, but few are willing to commit company funds. Employer education and information on employer benefits would aid in improving this situation.
9. A recommendation has been made to implement smart card technology which could help simplify the combining of rides funded by different parties since the allocation of costs could be automated through pre-arranged formulas incorporating all participants, whether private, public, or non-profit.
10. There is little initiative, and few incentives, to pool resources (vehicles, local share match, etc.)

CONSTRAINTS

Information sharing/communication is a major problem area associated with good coordination of services. As each agency focuses on its service, perspective of the larger picture is lost. On the other hand networking is an acknowledged technique for expanding knowledge

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and overcoming a feeling of isolation. In many instances effective communication does not come easily and must be continually nurtured to maximize any benefits.

1. There is a perception that many public officials are often unaware of community needs for public transportation and/or do not understand sources of funding for public transportation. Thus, they do not become involved in coordination, or do not become effective advocates for the needs of their constituencies.
2. Dissemination of public transportation information is often limited. For example, it may not be available in alternative languages, may not be widely distributed, or is not repeated often enough to become routine. In addition there are individuals constantly moving into the area or newly eligible for various categories of service who must be educated.
3. In some communities, businesses and major employers have a limited awareness of transportation options for their employees.
4. Many agencies are concerned that there may not be established protocols for allocating operating and maintenance costs associated with shared vehicles. Splitting these and other costs in a fair manner seems to be a daunting task or one that has previously ended in bad experiences.
5. Users, agencies, cities, and/or public officials have no comprehensive list of public, private, and non-profit transportation providers, service areas, and eligibility rules in their neighborhood or in the region. This will be one of the key products of this study along with a suggested mechanism for keeping the resource up-to-date.
6. Until this study, there have been no coordination bodies or other established committees to provide an ongoing forum for advice, coordination, planning, and evaluating transportation services across all 13 counties. An ongoing mechanism is needed to continue progress.
7. Coordination with the business community is lacking or non-existent.
8. It appears that a significant proportion of Medicaid beneficiaries, social service agencies, and others are unaware that Medicaid will reimburse individual family members, friends, and others for personally providing transportation to eligible beneficiaries. This is an option that vastly expands the capabilities to meet individual needs and provide the personal assistance often needed by the users.

History

9. Agencies that have had bad experiences with previous coordination attempts will be very reluctant to try again.
10. Sometimes previous coordination attempts ended up costing agencies more money (in dollars and staff resources) instead of saving money.

Vehicles

11. Social service transportation is often narrowly associated with vans or other specialized vehicles. However individual trip types may have more than one appropriate vehicle that can accommodate the need. Thus, ambulatory individuals may not need a lift-equipped vehicle. Some trips may be more conducive to grouping various categories of users together; other trips may need to be more individualized. Thus, identification of transit needs and coordinated planning may benefit from improved pairing of trip type and vehicle type followed by who is best at operating each service.
12. Many of the vehicles currently in service are not up to ADA standards. This situation presents a problem in sharing for users requiring that level of assistance. However, not every trip requires that level of service.

Agency Concerns

13. Some transportation service providers (especially private companies) do not want other agencies to know the internal workings of their businesses, what they have (vehicles, grant money, contracts, agreements, etc.), or what they do (services they provide, how they obtain grants, etc.). This may be out of concern that too much information sharing will disadvantage their operations, may ultimately reduce their share of funds, or may expose business practices that may not be accepted by others. Trust can only be gained by effective communication, small successes, and mutual respect.
14. There is reluctance to enter into cooperative agreements coordinated with other agencies that are (or may be perceived to be) poorly managed or poorly regarded by users or others. They do not want their reputation to be damaged by associating with an agency that is perceived as being inadequate or not providing a comparable/acceptable level of service to their clients.
15. Conversely, an agency may feel it is inadequate and has nothing to offer.

Services/Users

16. Focus group interviews report underlying reluctance by many user groups to travel because of the need for special assistance, because of concerns for safety while traveling, or because of access limitations to transit facilities. These concerns are magnified if a second agency, transfer, or other unfamiliar circumstances are involved. Thus, the comfort level of the users is a key constraint to actual use of services, no matter how well coordinated they may be.
17. There are few convenient locations for transferring between service providers to travel to destinations in Houston. Inter-jurisdictional trips can sometimes be accommodated by joint stops where passengers can transfer from one service to another. This requires good schedule coordination and a convenient location with good accessibility and basic amenities. METRO transit centers and park & rides may be convenient in some instances.
18. Respondents to the social service agency survey identified the following obstacles encountered in prior coordination attempts:

- Longer waiting lists
 - Understanding service areas and limits
 - Dividing up grant funds from the United Way
 - Getting clients to use the services
 - Timing of pick-up/drop-off (conflicting needs)
 - Who receives priority service, base clients or passengers added through coordination?
19. Advance scheduling requirements often are seen as making it very difficult to coordinate. This is particularly true of the two-day requirement for Medicaid transportation.
20. Not all agencies can use volunteer drivers because of users' privacy issues.
21. One persistent observation is that where there are no services, there is nothing to coordinate. This points to two problems. First, the gap may exist because of a failure to coordinate by adjacent providers or responsible officials within the jurisdiction. Second, coordination may be the way to redeploy available resources to the deficient area. The comprehensive plan must address all means for providing every citizen the maximum mobility.

Emergency Evacuation Issues

1. Coordination among transportation services has no greater challenge than during emergency evacuations. Despite great strides during the last year, many special needs users still are uninformed about regional transportation plans for and what to do during emergency evacuations.
2. Users who are required to pre-register their evacuation needs often need outreach and additional assistance.
3. There is a perception that FEMA can take vehicles from federally funded agencies during emergencies. They must be participants in regional plans to ensure that local preplanning is effective and not compromised and that FEMA's plans are supportable.

OPPORTUNITIES

GOOD PRACTICES

1. As long as needs of target groups are fully met, let others in need use the service as well. This has been reported to be the case by the previous Medicaid service provider in Liberty County before AMR took over.
2. *Connect Transportation* previously formed a coordinating council that used seed groups to provide input. Recently the group's activities have slowed, but it is still a model for

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community interaction, with lessons learned to improve sustainability, that can be applied more broadly.

3. The Brazos Transit District and Red Cross have shared training resources to save money, improve training, and advance the schedule for training.
4. Hospital taxi vouchers are provided by existing programs in Montgomery County and the Baytown Regional Medical Center. This program could be extended to other programs such as Harris County as mentioned in Barrier #5
5. Liberty Count Project on Aging has coordinated local governments throughout the county to prepare ahead of the curve to obtain local funding commitments in advance of federal funds and to initiate limited services.

SUGGESTIONS TO IMPROVE COORDINATION

Information Sharing and Coordination

1. Provide a communications forum using direct meetings and through the internet.
2. Encourage sharing of information between businesses and transportation providers.
3. Provide transit schedules to local Chambers of Commerce.
4. Establish a single point of contact in each business to address issues concerning transportation.
5. Continue and expand the www.ridethegulfcoast.com web site and broadcast emails noting new postings.
6. Establish a regional mobility manager to maximize the dissemination and flow of information as well as to keep the process moving in successive months and years.

Services

7. Establish a personnel clearinghouse (driver, ambassador, travel assistant). Regional training that will meet the needs of all agencies could be provided in a manner to provide better training at a lower cost.
8. Investigate the applicability of the Jacksonville (Cherokee County) insurance model.
9. Apply technology such as pagers, AVL, smart card, and other hardware/software to user needs and interagency coordination.
10. Make case study information available to all agencies. The Harris County Rides eligibility process may be a good initial test.
11. Establish transit hubs in outlying areas to focus services, shorten vehicle trips, and increase transit's profile. Consider using major malls as nodes with appropriate accessibility, passenger facilities, and roadway improvements.

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12. Coordinate services, routes, and schedules in outlying areas with METRO park-and-ride and fixed-route stops to shorten vehicle trips and take advantage of METRO's extensive service network.
13. Develop a transit center that serves entire Liberty County.

Actions

14. Identify all the needs of an area and prioritize them for taking action.
15. Designate trips on certain days to certain destinations.
16. Establish an advisory committee made up of local citizens to provide input to transportation providers; as done by Connect Transportation.
17. Pursue public/private partnerships.
18. Avoid vehicle downtime when users are at medical appointments by running errands for other users.
19. Many individuals who use (or would use) these transportation services have very specialized needs. Moving from their door to the vehicle can be a challenge. Security concerns, especially at night, are a deterrent. Ability to research the alternatives may be limited. It may be that a team of transportation counselors may be able to assist individuals directly or train their agency providers and/or care-givers in mobility choices and in turn receive feedback and better sensitivity to individual needs.
20. Houston is the primary magnet for many trips, particularly those related to specialized medical care. Thus, good radial connections should be provided through fixed-route services, feeders with transfers to fixed routes, and demand response services. However there are numerous destinations throughout the region and trips within each community, county, inter-county, or inter regional should be accommodated with appropriate levels of services as part of a comprehensive regional plan for public mobility.

STANDARD FORMS

Where sufficient information and details are available, the following forms have been completed to expedite TxDOT's compilation of submittals.

Agency:

Region: GULF COAST

Barrier # 6, 7

Brief description of the Barrier:

INDIGENT MEDICAL CARE WITHOUT COMPLEMENTARY TRANSPORTATION SERVICES CAUSES CONFUSION AMONG USERS AND FORCES THEM TO FIND THEIR OWN RIDE NOT ON A COORDINATED BASIS.

Source of Barrier

Is the Barrier officially documented? If Yes, define specific source of Barrier.

- Federal Statute _____
- Federal Agency Regulation _____
- Federal Funding Policy _____

- Texas Statute (Transportation Code, for example) _____
- Texas Regulation (Administrative Code, for example) _____
- Texas Agency Policy, especially funding policy _____

- Regional Government Policy _____

- Local Agency Policy _____
- Local Interpretation of Federal/State law _____

Is the Barrier something you know by reference but not necessarily documented? If Yes, define your best understanding of the source of Barrier.

SPECIFIC CITATIONS BEING RESEARCHED

Specifically describe how this Barrier is obstructing coordinated regional service. *Attach additional pages as required to describe in detail and with supporting facts.*

CONSUMERS FORCED TO FEND FOR THEMSELVES, OTHER PROGRAMS NOT INCORPORATED.

Person Identifying Barrier:

Name:

Phone:

Email:

Agency:H-GAC COORDINATION STEERING COMMITTEE

Responder:		
Name:	Phone:	Email:
Agency:		

Region: GULF COAST

Barrier # 10
Brief description of the Barrier:
SALES TAX CAP RESTRICTS FUNDING FOR NEW OR EXPANDED TRANSIT SERVICES

Source of Barrier

Is the Barrier officially documented? If Yes, define specific source of Barrier.

- Federal Statute _____
- Federal Agency Regulation _____
- Federal Funding Policy _____

- Texas Statute (Transportation Code, for example) _____
- Texas Regulation (Administrative Code, for example) _____
- Texas Agency Policy, especially funding policy _____

- Regional Government Policy _____

- Local Agency Policy _____
- Local Interpretation of Federal/State law _____

Is the Barrier something you know by reference but not necessarily documented? If Yes, define your best understanding of the source of Barrier.
SPECIFIC CITATION BEING RESEARCHED

Specifically describe how this Barrier is obstructing coordinated regional service. *Attach additional pages as required to describe in detail and with supporting facts.*

LIMITING FUNDS AVAILABLE FOR COORDINATION & SERVICE INITIATIVES

Person Identifying Barrier:		
Name:	Phone:	Email:
Agency: HGAC COORDINATION STEERING COMMITTEE		

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Responder:

Name:

Phone:

Email:

Agency:

Region:GULF COAST
Barrier # 9 Brief description of the Barrier: LACK OF ACCOUNTABILITY BETWEEN FUND DERIVATION FORMULA AND SERVICE DELIVERY FORMULA
Source of Barrier <input checked="" type="checkbox"/> Is the Barrier officially documented? If Yes, define specific source of Barrier. <ul style="list-style-type: none">• Federal Statute <u>_FTA SECTIONS 5307, 5310, 5311</u>• Federal Agency Regulation _____• Federal Funding Policy _____ • Texas Statute (Transportation Code, for example) _____• Texas Regulation (Administrative Code, for example) _____• Texas Agency Policy, especially funding policy _____ • Regional Government Policy _____ • Local Agency Policy _____• Local Interpretation of Federal/State law _____ <input type="checkbox"/> Is the Barrier something you know by reference but not necessarily documented? If Yes, define your best understanding of the source of Barrier.
<u>Specifically</u> describe how this Barrier is obstructing coordinated regional service. <i>Attach additional pages as required to describe in detail and with supporting facts.</i> FUNDS TO EXTEND SERVICES AND IMPROVE COORDINATION ARE NOT UNIFORMLY APPLIED
Person Identifying Barrier: Name: _____ Phone: _____ Email: _____ Agency:HGAC COORDINATION STEERING COMMITTEE
Responder: Name: _____ Phone: _____ Email: _____

Agency:
Region: GULF COAST
Constraint # 4 Brief description of the Constraint LACK OF PROTOCOL AND FORMULAS FOR SPLITTING COSTS
Source of Constraint FUNDING RULES, AGENCY PRACTICE
<u>Specifically</u> describe how this Constraint is limiting or restricting coordinated regional service. <i>Attach additional pages as required to describe in detail and with supporting facts.</i> AGENCIES DO NOT SHARE VEHICLES OR SERVICES. SHARING BECOMES TOO COMPLEX, TOO COSTLY, TOO DAUNTING.
What is your Region doing to take Local initiative to address and resolve constraint? POTENTIAL PILOT TO AGREE TO SHARING AND TRACK DATA TO DEVELOP FORMULA AND PROCEDURES
Do you need additional assistance on how other Regions have tackled and resolved similar Constraints? Would you like to post a request for advice or suggestions from other Regions on the RSP website? YES
Person Identifying Constraint: Name: Phone: Email: Agency: HGAC COORDINATION STEERING COMMITTEE
Responder: Name: Phone: Email: Agency:

Region: GULF COAST
Constraint # 15 Brief description of the Constraint RELUCTANCE OF SPECIAL NEEDS PASSENGERS BECAUSE OF SAFETY AND/OR NEED OF SPECIAL ASSISTANCE
Source of Constraint LACK OF PROVIDER ATTENTION/FUNDS, LACK OF SUFFICIENT USER INPUT.
<u>Specifically</u> describe how this Constraint is limiting or restricting coordinated regional service. <i>Attach additional pages as required to describe in detail and with supporting facts.</i> MAY BE COMFORTABLE WITH ONE PROVIDER RELUCTANT TO USE ANOTHER
What is your Region doing to take Local initiative to address and resolve constraint? POSSIBLE PILOT TO CROSS TRAIN DRIVERS IN TWO AGENCIES, CREATE INTERAGENCY AMBASSADORS, CREATE USER ADVOCATES/OMBUDSMAN.
Do you need additional assistance on how other Regions have tackled and resolved similar Constraints? Would you like to post a request for advice or suggestions from other Regions on the RSP website? YES
Person Identifying Constraint: Name: Phone: Email: Agency:HGAC COORDINATION STEERING COMMITTEE
Responder: Name: Phone: Email:

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Agency:

Region: GULF COAST
Constraint # 16 Brief description of the Constraint TRANSFER OPPORTUNITIES BETWEEN AGENCIES WITH LIMITED SERVICE AREAS OR LENGTHY TRIPS ARE LIMITED.
Source of Constraint AGENCY PRACTICE, LACK OF ADEQUATE FACILITIES, LACK OF CONSIDERATION/PLANNING
<u>Specifically</u> describe how this Constraint is limiting or restricting coordinated regional service. <i>Attach additional pages as required to describe in detail and with supporting facts.</i> THIS WOULD BE THE ESSENCE OF COORDINATION. OUTLYING AGENCY HAS SHORTER TRIPS, TRANSFERS TO CLOSE IN SERVICE COMPLETES TRIP. USER WOULD HAVE MORE FREQUENT SERVICE, MORE ALTERNATIVES.
What is your Region doing to take Local initiative to address and resolve constraint? POSSIBLE PILOT BETWEEN RURAL PROVIDER AND METRO AND/OR BETWEEN TWO RURAL LIMITED-AREA SERVICES TO COORDINATE ROUTES, SCHEDULES, FACILITIES, AMBASSADORS FOR TRANSFERS.
Do you need additional assistance on how other Regions have tackled and resolved similar Constraints? Would you like to post a request for advice or suggestions from other Regions on the RSP website? YES
Person Identifying Constraint: Name: Phone: Email: Agency:HGAC COORDINATION STEERING COMMITTEE
Responder: Name: Phone: Email:

Agency:
Region: GULF COAST
Constraint # 18 Brief description of the Constraint ADVANCED SCHEDULING OF TRIPS IS TOO LENGTHY. INCONSISTENCIES BETWEEN PROVIDERS.
Source of Constraint AGENCY PRACTICE, LIMITED RESOURCES, LIMITED SCHEDULING CAPABILITIES
<u>Specifically</u> describe how this Constraint is limiting or restricting coordinated regional service. <i>Attach additional pages as required to describe in detail and with supporting facts.</i> ANOTHER DIFFICULTY IN SHARING TRIPS/VEHICLES. RESTRICTS INTERCHANGE OF PROVIDERS
What is your Region doing to take Local initiative to address and resolve constraint? POSSIBLE DISPATCHING PILOT
Do you need additional assistance on how other Regions have tackled and resolved similar Constraints? Would you like to post a request for advice or suggestions from other Regions on the RSP website?
Person Identifying Constraint: Name: Phone: Email: Agency:HGAC COORDINATION STEERING COMMITTEE
Responder: Name: Phone: Email:

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Agency:

Region: GULF COAST
Best Practice # 2 Brief description of the Best Practice CONNECT TRANSPORTATION FORMED ITS OWN COORDINATION COUNCIL. MET QUARTERLY. 65 REPS, 2 COUNTIES. TWO-WAY COMMUNICATION OF CT NEEDS AND MEMBER CONCERNS. UNMET NEEDS ADDRESSED BY SEED GROUPS TO FIND SOLUTIONS, LINK USER AND PROVIDERS.
Which of the following does your Best Practice address? Check all that apply. Add any additional achievement that you feel is important. <input checked="" type="checkbox"/> Improve the delivery of transportation services <input checked="" type="checkbox"/> Generate efficiencies in operation/increase levels of service <input checked="" type="checkbox"/> Encourage cooperation and coordination <input checked="" type="checkbox"/> Enhance customer satisfaction <input checked="" type="checkbox"/> Improve efficiency and effectiveness <input type="checkbox"/> Other. Describe _____
Briefly describe the Constraint this Best Practice resolved or helped to overcome? COMMUNICATIONS, PROBLEM SOLVING, UNMET NEEDS
Specifically describe how this Best Practice is achieving the benefits identified above. Try to quantify to the extent possible. Attach additional pages as required to describe in detail and with supporting facts.
Can your local Best Practice be replicated in other regions? If Yes, provide a description of how this Best Practice can be of value to other Regions? MAY BE MODEL FOR THIS REGION'S PLAN. EXAMPLE OF IMMEDIATE AD HOC ATTENTION TO ISSUES IDENTIFIED.
Person Identifying Best Practice: Name: _____ Phone: _____ Email: _____ Agency: HGAC COORDINATION STEERING COMMITTEE/CONNECT
Responder: Name: _____ Phone: _____ Email: _____

Agency:
Region: GULF COAST
Best Practice # ___ Brief description of the Best Practice BRAZOS TRANSIT DISTRICT PROVIDED ITS TRAINING PERSONNEL TO RED CROSS IN LIEU OF HIRING AN OUTSIDE TRAINING SERVICE. ACCELERATED TRAINING, DRAMATICALLY REDUCED COST. MADE USE OF EXISTING CAPABILITIES.
Which of the following does your Best Practice address? Check all that apply. Add any additional achievement that you feel is important. <input checked="" type="checkbox"/> Improve the delivery of transportation services <input checked="" type="checkbox"/> Generate efficiencies in operation/increase levels of service <input checked="" type="checkbox"/> Encourage cooperation and coordination <input type="checkbox"/> Enhance customer satisfaction <input checked="" type="checkbox"/> Improve efficiency and effectiveness <input type="checkbox"/> Other. Describe _____
Briefly describe the Constraint this Best Practice resolved or helped to overcome? HIGH COST OF TRAINING, UNIFORMITY OF TRAINING, INTERAGENCY TRUST.
<u>Specifically</u> describe how this Best Practice is achieving the benefits identified above. Try to quantify to the extent possible. Attach additional pages as required to describe in detail and with supporting facts. RED CROSS SAVED SEVERAL THOUSAND DOLLARS. MINIMAL COST OR BOTHER TO BTD.
Can your local Best Practice be replicated in other regions? If Yes, provide a description of how this Best Practice can be of value to other Regions? SHARE TRAINING RESOURCES. CENTRALIZE TRAINING RESOURCES.
Person Identifying Best Practice: Name: _____ Phone: _____ Email: _____ Agency: HGAC COORDINATION STEERING COMMITTEE (RED CROSS/BTD)
Responder: Name: _____ Phone: _____ Email: _____

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Agency: